

***Doctorate in Professional Educational,
Child and Adolescent Psychology***

Programme Director: Vivian Hill



Leading education
and social research
Institute of Education
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**Doctorate in Professional Educational Child and
Adolescent Psychology**

**An Exploration of Virtual Multi-Family Groups in
Schools during a Pandemic – Physically Distanced but
Emotionally Close?**

Elizabeth Annette Williams

Student Declaration

I, Elizabeth Williams, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, explicit attribution has been made.

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Elizabeth Annette Williams

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I dedicate this work to my mother, Margaret Williams, who has always been so supportive of me no matter what and who was almost with me until the end. Also, to my wonderful father, Roland Williams, the cleverest person I know. I hope I have made you proud. I love you both very much.

Abstract

A body of evidence attests to the link between parenting styles and children's emotional, cognitive and social outcomes. Consequently, many parenting interventions have developed utilising both behavioural and relational frameworks to support family functioning. One therapeutic, evidence-based approach, Multi-Family Groups (MFG) in schools, seeks to enable families to work with and alongside other families who have similar experiences to reduce social stigma, further social collaboration and equip parents and schools with new resources to tackle individual, specific problems.

Social disruption caused by the Coronavirus outbreak has been found to cause cumulative stressors for families, potentially altering parenting practices and placing children at risk of harsher parenting. Arguably this increases the importance of effective interventions to support family functioning. This study provides a unique opportunity to explore the impact of the MFG model being delivered virtually in three, contrasting school settings as social distancing became mandatory. This case study used semi-structured interviews (n=9) with parents, school partners and educational psychologists, triangulated with the researcher's presence at MFG meetings and supervision sessions. Qualitative data collected was analysed using Thematic Analysis which elicited six key themes within the overarching theme of 'The Pandemic': 'connection as a coping mechanism'; 'processes for change'; 'challenges with online therapy'; 'challenges with the structure online'; and 'the future for online MFGs'. This study found strong therapeutic alliance online, essential for therapeutic approaches to create significant impact and benefits to all stakeholders. Implications of the research for Educational Psychology Service practice is discussed including evolving technology to enable fidelity of implementation.

Impact Statement

This research investigated strengths and challenges in the delivery of a highly relational, therapeutic parenting program online during the coronavirus pandemic. The study took place during a unique time of social disruption, increased stress and heightened emotions, all of which potentially impact upon parenting and consequently child development and outcomes.

A qualitative, case-study approach was taken, utilising semi-structured interviews and fieldwork including researcher attendance at Multi-Family Group (MFG) meetings and supervision sessions. Perspectives were gained from stakeholders including parents, school staff and educational psychologists. Findings suggested evidence for the importance of MFGs in maintaining connection between school and home at this time of emotional fragility, as well as between families, providing support through processes such as normalisation, emotional containment and joint problem-solving.

This study makes an important contribution to research into support for families, as there is minimal literature available evidencing successful delivery of a relational, family group online. Online MFGs open the possibility of schools and support services connecting with hard-to-reach groups including those who feel uncomfortable physically entering the school environment. This study demonstrated the salience of connection, the importance of a strong therapeutic alliance and highlighted several implications for schools and the EP service.

Implications for schools:

- Demonstrations that school staff are 'holding a family in mind' can deepen relationships and trust, resulting in school feeling a safer place for the child to self-regulate, potentially improving academic and social attainment.
- For a planned, proactive approach, the support of school leaders was found to be essential, so that schools could actively choose to make virtual MFG part of the school offer to reach vulnerable and hard to reach families. Material and human resources need to be prioritised (e.g. teacher time and physical items for activities). The provision of technological devices and training in skills for parents should be part of the planned approach.
- Working with educational psychologists in MFGs can support school partners in gaining complex, transferable skills which may be utilised in a variety of relational interventions.
- Technology can support flexibility as a hybrid approach may be taken in instances where a parent cannot attend a session.

Implications for EPS:

- In a future planned offer computer tools could be utilised that enable collaborative online working between families, adhering to fidelity of implementation of the principles of MFG. Time must be spent on researching appropriate tools, planning, working with and training school partners as well as cascading information to EPs.
- Online MFGs may be utilised with groups of families who are geographically distanced e.g. parents of adopted children.

- Organising supervision online is cost effective and efficient for EPs with the loss of travel time and without additional disruptions to the agenda.
- Working closely together with schools during the pandemic strengthened the relationship between school staff and educational psychologists, important for the profession moving forwards. It also ensures that psychology is kept at the forefront of the intervention.

This study highlights the significant role that EPs could have in supporting schools in the use of MFGs to gain access to, and work with, hard-to-reach families.

The findings of this research will be disseminated to the Local Authority Educational Psychology Service on a training day and used as a basis for next steps.

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Chapter 1: Introduction

1.1 Overview

The aim of this research is to explore the efficacy of Multi-Family Groups in Schools during the Covid-19 pandemic. This is a highly relational, experiential, therapeutic approach to improving parenting skills and family functioning, through problem-solving, social collaboration and stigma reduction. This research is both exploratory and evaluative. The study seeks to provide information about the impact of this virtual programme of support on family functioning as seen through the lens of parents, school partners and Educational Psychologists (EPs) in three schools across two Local Authorities (LAs). Within the unique context of the pandemic, this research aims to: evaluate strengths and challenges of the model for all stakeholders; consider how reflections on the current virtual practice and lessons learned may provide an insight into effective future practice; and help contribute towards an evidence base for this virtual approach.

I will start by considering the international context of the Covid-19 pandemic that instigated the transference from an in-person delivery of the model to a virtual one, and then shift to the national picture of mental health outcomes for Children and Young People, (CYP), in the United Kingdom. I will then review the situation for schools, families and Educational Psychology Services during this uncertain and unprecedented time. Finally, I will appraise the delivery of online therapy modes, their benefits and challenges, and introduce the model for this study, along with the rationale, aims and research questions to be answered.

1.2 International Context

On 11th March 2020, The World Health Organisation (WHO) characterised the novel severe respiratory syndrome coronavirus (Covid-19) as a pandemic, (WHO, 2020). The impact on children and families globally was profound as they faced new and evolving challenges from job loss and bereavement to school closures. To decrease transmission of the disease, authorities mandated multiple non-pharmaceutical interventions across the world such as social distancing, compulsory mask wearing and 'stay at home' directives. Covid-19 disrupted educational systems worldwide with the most vulnerable learners being the most greatly affected (UNESCO 2020, Crawley 2020). Lack of available technology, both connectivity and hardware, excluded at least one third of students worldwide from remote learning (UNESCO 2020).

One of the unusual characteristics of Covid-19 is the low risk of hospitalisation and mortality rate in children (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7223269/> - R3 Choi et al., 2020). However, social isolation, an escalation in anxiety and a lack of support from education, social and health services is resulting in concerns for longer term physical and mental health outcomes for children (Crawley et al. 2020). It has been documented that epidemics such as Ebola, serve to exacerbate situations of Domestic Abuse, (DA) (Caspani, 2015). Peterman and colleagues (2020) in their review of studies, aligned a rise in DA during pandemics to economic stress, increased exposure to abusive relationships, a reduction in available support and disaster-induced instability. Focusing on the Covid-19 pandemic, Williamson et al. (2020) cited emerging research and data which suggested raised levels of DA in China, France, Singapore, Spain, India and Australia. They argue that this is largely due to an existing pattern of abuse, increasing in frequency and intensity due to the ongoing proximity of couples. Thus, quarantining as a measure to control and prevent the spread of

disease, can expose children to protection risks, as options for social support or protective school placements are disrupted, whilst new stressors are placed on parents and caregivers (The Alliance for Child Protection in Humanitarian Action, 2019).

1.3 National Context

Recent research in the United Kingdom has indicated a substantial growth in the number of CYP with mental health difficulties over the last three years. In England in 2020, one in six (16%) of CYP between five and sixteen years of age were identified as having a probable mental disorder, a rise from one in nine (10.8%) in 2017 (Baker, 2021). Rates of disorder were more common amongst those children from a lower socio-economic background, those whose parents had experienced psychological distress, or those who were living in a family who reported problems with family functioning (NHS, 2020). Although the long-term impact of the pandemic on children's mental health is yet to be established, national statistics indicate that it has exacerbated issues with children's mental health and their well-being needs along with intensifying inequality in education (Harris and Jones, 2020). The increase in stress on children through social isolation, loss of routine and anxiety about the effect of Covid-19 on family members, coupled with a reduction in coping and supportive resources nationwide may be factors impacting children's mental health (Fegert et al. 2020).

1.4 Family Context

Learning and education, social isolation, financial difficulties and family dynamics were all stressors found to contribute to the poor mental health of CYP during the pandemic (Gilleard et al. 2020). Parents experienced cumulative stressors during the pandemic (Brown et al. 2020), disrupting family relationships (Menter et al. 2020). Repetti and colleagues (2002) argued that children's positive adjustment is negatively correlated with adversity within a family setting due to the strain that is placed on family processes. Children rely on a positive home environment for healthy development and thus when factors exert pressure within the family and alter processes, they are indirectly put at risk (Browne et al. 2015).

School closures meant that parents often had to engage in the balancing act of working from home – if that option was available to them – whilst ensuring that their children were participating in education and remaining safe. Thorell and colleagues (2021) conducted a survey across seven European countries including the United Kingdom (UK) and found that parents reported negative experiences of home-schooling for both themselves and their children. Notably, in the UK and Germany, parents described having limited contact with teachers. Parents therefore became primarily responsible for education, in addition to the burden of working from home and household duties. The study found home-schooling overall to be of poor quality with insufficient support from schools, and Thorell et al. (2021) argued that the long-term impact of this enforced home education would have adverse effects on children, contributing to the increase of existing inequalities. Gilleard et al. (2020) found stresses experienced by CYP to be focused on the availability of resources for home-schooling. These range from physical resources such as technology, online-lessons and a private space to

study, to struggles with the level of support received from, and organisational skills of, the parents.

Social isolation was also a significant source of stress. The emotional and social support available outside of the home was limited as the 'Stay at Home, Save Lives' mantra (Department of Health and Social Care, 2021) placed the strain of isolation on people. This led to intense and unrelieved contact with the immediate household members simultaneously with the depletion of existing support networks such as extended family (Peterman et al. 2020). Van Gelder and colleagues (2020) argued that social isolation compounds both personal and collective vulnerabilities whilst removing community-based networks. The pandemic presented a stressful and uncertain future and evidence demonstrates that it is exactly in times such as these that people display a powerful need to belong and seek to join other humans for support (Rofé, 1984).

Another acute stressor for families was their economic situation. Families in vulnerable socio-economic groups were affected both directly through job losses and indirectly through future uncertainty about the national economy and unemployment rates (Prime et al., 2020). Bergamini (2020) reported that workers in the lowest economic work sectors were faced with situations in which they either retained low paid work, (examples of occupations being healthcare workers or those in the food industry) but were subject to the health risks and added stressors involved with social contact, or were not able to go to work, with no possibility of 'working from home'. Patrick et al. (2022) argued that although some governmental support was available, it was often inadequate citing the example of stigmatisation created by some emergency food provision e.g. supermarket vouchers. Housing conditions for those in the lowest socio-economic groups added to inequity and adverse conditions (Judge and Rahman,

2020), and Holmes and Burgess (2020) highlighted the digital poverty and exclusion that still exists in the UK. This has exacerbated isolation for CYP who are from lower socioeconomic backgrounds from education and their peers. This research found that 22% of the UK's population lacked digital skills and so moving seamlessly to the online world was not possible for this group.

The final key stressor, family dynamics, refers to the rapidly changing relationships that occurred as family members in close proximity underwent different challenges in their individual lives. Edbrooke-Childs and colleagues (2021) argue that stress in one domain of life can impact other areas, potentially compromising parenting abilities and the provision of satisfactory childcare. Crises have been found to have the potential to alter parenting practices (Rodriguez et al. 2021) and Brooks and colleagues (2020) noted that constant close contact when a person is stressed is a risk factor for aggression and acts of violence. Since the outbreak of Covid-19 has altered family dynamics some CYP have had additional responsibilities in caring for relatives, reducing the young person's time for themselves. This, together with the witnessing of family arguments, has had a substantial impact on mental health (Gilleard et al. 2020). Prime et al. (2020) noted that there were increased demands on parents to flexibly develop new routines and rules, alongside requirements to negotiate new topics with their children that did not exist pre-pandemic e.g. novel restrictions on activities such as use of playgrounds in order to comply with social distancing.

1.5 School Context

The challenges for schools during the pandemic were immense as they coped with newly updated guidance about COVID-19 responses, processes, procedures, and

protocols on a weekly, sometimes daily, basis. Teachers were challenged to learn new technology skills and pressure on school leaders rose exponentially (Harris and Jones, 2020). Safeguarding in schools is a collective responsibility and legislation/statutory guidance states that, along with child protection, it should underpin all aspects of process and policy development (DfE, 2021). School leaders were charged with carrying out their safeguarding duties with limited access to families and, as school and childcare providers are central to identifying concerns of abuse and neglect (Fitzpatrick et al., 2020), so keeping connected with vulnerable families, that otherwise could not be reached, was vital. The Special Educational Needs and Disability (SEND) Code of Practice (2014) highlights the importance of working with, and supporting, families and Boddison and Curran (2021) found that a key responsibility for the Special Educational Needs Coordinator (SENCO) during the pandemic was maintaining communication.

1.6 Context for Educational Psychology Services (EPS)

Covid-19 fundamentally altered ways of working for EPs. To maintain effective delivery of statutory work and connection with schools, families and other agencies, EPs in the UK were required to demonstrate flexibility and creativity, turning to technology and digital platforms. Guidelines were produced by the British Psychological Society (BPS) (BPS, 2020a, 2020b) and, at a time when there were serious concerns globally about the mental health of CYP, EPs found ways to fulfil what, according to the Department for Education (DfE, 2019), is a fundamental part of their role:

‘supporting the social, emotional and mental wellbeing of children and young people, families and teachers, to help address the increase in mental health problems in children and young people’ (DfE, 2019) (p9).

Research on the impact of the pandemic on the EPS is very limited, however psychologists across the sector sought to use the psychological principles in which their professional life was grounded to help others to respond to the pandemic. The BPS (2020b) reported the significant contribution that psychologists made to the UK’s Covid-19 response, with contributions to government policy and public health messages. There is a growing evidence-base in the UK that EPs play a key role in crisis response work (Farrell et al., 2006; Rees and Seaton, 2011), and would therefore be well placed to provide support and training at this time. Reflecting on the specific contribution of psychologists in the UK, Clay (2020) reported on mental health resources and webinars produced to support adults and CYP on topics such as stress management and relationships during the pandemic, as well as signposting people to other support services.

Flexible working did, however, have additional stress for psychologists, who were found by the BPS to be working outside of their contracted working hours to meet deadlines (BPS, 2020b), and some psychologists reflected on increased demands to support others whilst experiencing upheaval in both their own professional and personal lives due to Covid-19. The BPS (2020b) also found well-being challenges faced by psychologists in relation to working from home, where some participants felt isolated and reported lowered confidence levels and motivation. A further challenge was suggested by Békés and Aafjes-van-Doorn (2020) who found that psychotherapists in general felt less connection with clients in the virtual world.

1.7 Context for delivery of therapeutic services

Telepsychotherapy services are not new in the clinical world and research into their effectiveness spans over two decades (Wade et al. 2020). However, the requirements for physical distancing that arrived swiftly with the advent of Covid-19 resulted in an exponential growth of online modes of group therapy. For most therapists with little training or experience with online therapeutic models, there has been limited time to develop specialist practice or to study the implications of using existing technology in novel ways that would support psychological growth. This has impacted on psychologists' confidence and competence (Bekes and Aafjes-van Doorn, 2020). Nevertheless, emerging research has found that telehealth was appropriate in reducing the mental health burden of Covid-19 (Zhou et al. 2020). Wade et. al (2020) proposed that the ability to engage socially, whilst also protecting oneself from the illness, made online groups one of the most powerful resources during Covid-19 and, reflecting on the future, Marmarosh et al. (2020) argued that the power of virtual groups had the potential to help people recover from the mental and emotional shock of the pandemic.

Substantial evidence demonstrates that the quality of the therapeutic alliance i.e. collaborative agreement on goals, tasks and the emotional bond between the facilitator and the client, is the best predictor of positive outcomes for all psychotherapies (Martin et al., 2000) and that this alliance accounts for more of the variation in therapeutic outcomes than components of the therapy itself (Lambert & Barley, 2001). Moore (2017) found that the more adverse a person's circumstances, the more important it is for them to have a secure and supportive relationship with others, including trusted practitioners. Forming relationships in the online world presents challenges as it is not possible to interpret reactions from people through their body language, thereby

making it possible to misinterpret verbal communication. However, Simpson and Reid (2014) found that therapeutic alliance can develop in video conferencing, with the trusting relationship and therapeutic presence equal in strength to face to face settings.

Specific challenges were faced by psychologists in transferring therapy to an online platform. Digital poverty has led to inequitable access to technology, particularly for the most vulnerable of families, and some clients may have struggled to access services on a mobile phone screen, not had access to technological equipment or not felt competent to use it (Greenblatt et al. 2021). Psychologists' concerns around the reliability of technology including the sustainability of the online platform during a session and difficulties with verbal communication such as microphones was found to negatively impact upon their well-being (BPS, 2020b; Bekes and Aafjes-van Doorn, 2020).

Managing the environment in an online setting is also challenging (Ioane et al. 2021) and clients may struggle to find a private space to join the group without interruption from other family members. Confidentiality is one of the key ethical dilemmas within virtual therapy with a salient concern being others present during the sessions and therefore potential threats to confidentiality. This may also occur due to a breach of security on the internet. This challenge with ensuring the safety of clients was noted as a prime factor that raised the stress levels for psychologists (BPS, 2020b).

A key approach to supporting families is through parenting interventions. These have previously been instigated successfully on a virtual platform largely due to geographic reasons (Reese et al. 2015) and have been found to demonstrate similar outcomes as face-to-face delivery of the same intervention. One interactive, highly relational

group intervention to support families with at least one parent with substance abuse, moved rapidly online during the pandemic and researchers found that online classes largely resulted in improved outcomes over time (Cohen and Tisch, 2020).

1.8 Context for the current study

This in-depth study explores a highly relational, family group therapeutic intervention, Multi-Family Groups in Schools, usually supported by an EP, that moved from in-person to online as a direct response to the pandemic. Effective EP practice was deemed to focus on early intervention and prevention work by the Department for Education and Employment (Kelly and Gray, 2000) and this evidence-based approach to tackling family functioning aims to support families in developing social cognition skills and thereby improving relationships.

Multi-Family Group (MFG) therapy, evolved from clinical roots and involves bringing together different families to work jointly to overcome each of their specific problems. This model emerged from a combination of family and group therapy (Asen, 2002) and supports families to develop reflective functioning, understanding the effects of their behaviour on their children. The destigmatising group format encourages families to develop relationships with and between families and to form an informal social support network (Gopalan et al, 2011). Parents have a chance to feel less isolated in their difficulties and discuss problems and coping strategies with other families (Morris et al, 2013).

1.9 Rationale and Research Questions

As probable mental health disorders in CYP escalated sharply during the pandemic (NSH, 2020) exacerbated by the measures taken to protect the nation against Covid-19, careful consideration needs to be given to support that schools and Local Authority agencies can provide to improve the life chances and outcomes of children from the most vulnerable families. Studies have found that interventions focusing on child well-being have greater impact when family members are included (Haine-Scragel and Walsh, 2015). The model of MFGs in schools gives potential to provide a relatively cost-effective intervention, that can bring about lasting change in families as it empowers participants to reflect upon their actions and decide upon behaviours for themselves within a destigmatising format, whilst preventing isolation through the formation of informal networks.

This research explores how effective this evidence-based, highly relational approach was as it moved to virtual and hybrid formats in three schools during times of full or partial school closures, pursuing connection at a time of isolation. It seeks to form an evidence base for novel ways of using this model virtually and to consider methods of delivery that would gain optimal efficacy. The world ahead remains uncertain and the potential of the Worldwide web to provide new ways of working with families in sustainable interventions remains an area that requires ongoing exploration, reflection and refinement. Marmarosh et al. (2020) argues the potential benefit of reaching geographically separated communities experiencing the same needs, which may be one adaption of this model for Local Authority EPs.

As an intervention recommended by the EP service, it is vital that MFG has a clear evidence base (Frederickson, 2002), i.e. one in which its effectiveness is supported

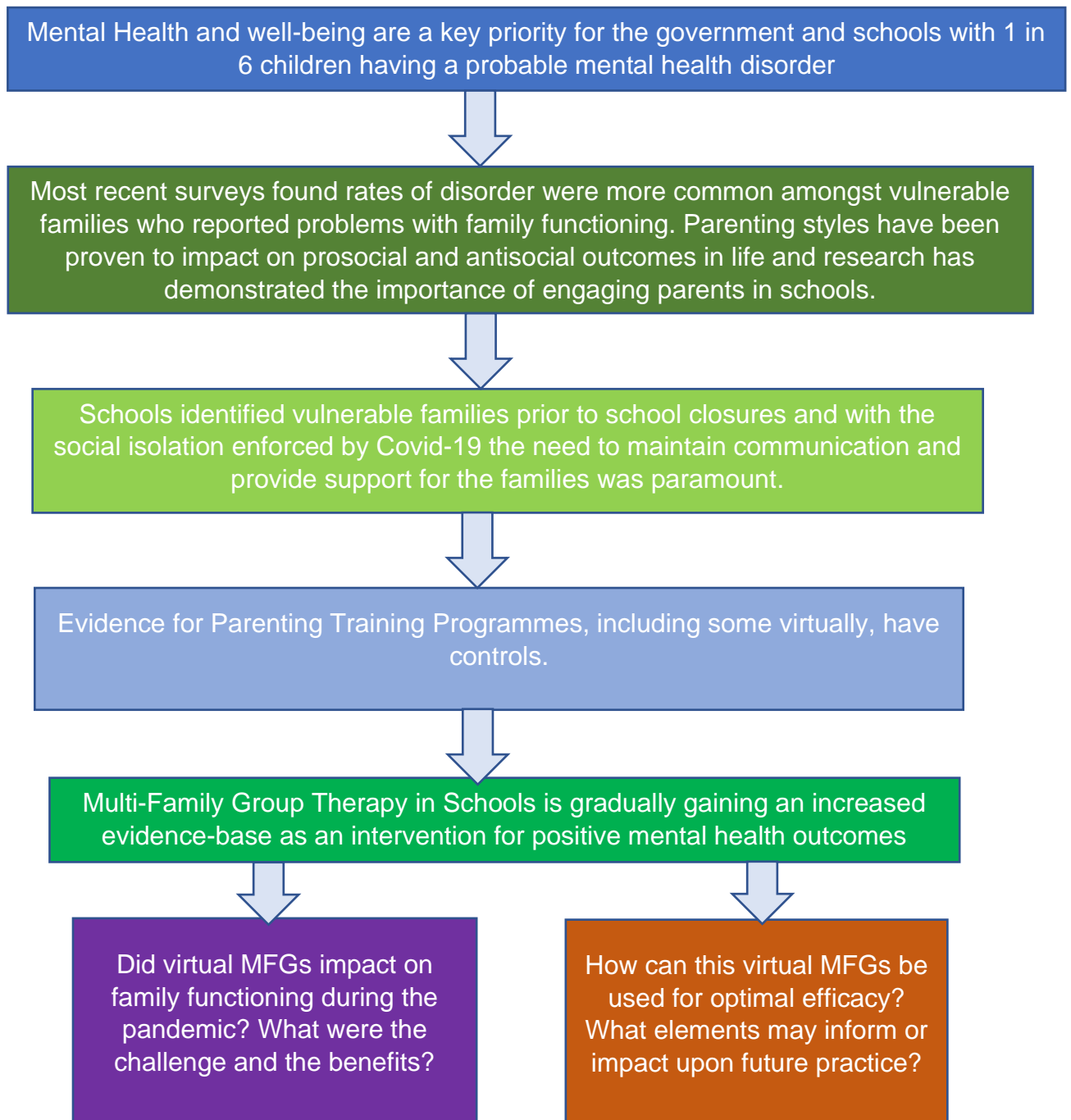
by published and peer-reviewed research and in which the effectiveness of the intervention and the supporting research has been judged to be of good quality (Dunsmuir and Hardy, 2016). It is also essential that all parenting interventions are rigorously evaluated to understand their short- and long-term effectiveness and to search for ways to improve practice and outcomes (Bloomfield and Kendall, 2007).

Research questions I will be looking to answer are:

- a) How has participation in virtual MFGs impacted upon family functioning and coping mechanisms for parents and children during the pandemic?
- b) What are the key factors for enablement and the challenges for virtual MFGs in schools?
- c) What are the key benefits of virtual MFGs for participants and wider stakeholders?
- d) What, if any, elements of the virtual MFG models can be used to inform or impact upon future practice?

The rationale for the study is summarised in Figure 1:

Figure 1: Rationale for study:



Chapter 2: Literature Review

2.1 Overview

This study aims to explore the efficacy of a highly relational approach to parenting skills which took place online during the Covid-19 pandemic. I will therefore initially examine literature that focuses on the significance of parenting and differing parenting styles on child development, as well as the evidence for parental self-efficacy as a determinant for positive outcomes. I will consider evidence that investigates the impact of parents' functioning in a heightened emotional state and the significance of this for parenting styles. I will then critically evaluate studies on behavioural parenting interventions as a mechanism for change, both in-person and online, with a view to the impact that this approach has on parenting skills.

In contrast to the behavioural approaches, I will then focus on relational approaches to parenting interventions and the nuances between differing family therapy models, including the differential between group and family therapy. Finally, I will explore the origins and key principles of the specific approach to family therapy that is taken in this study, Multi-Family Group Therapy, through empirical studies in both clinical and school contexts. I aim to investigate the emerging evidence for the efficacy of this treatment modality through the internet in clinical and social work settings, reviewing challenges that have been found and proposed solutions, using this as a frame of reference to consider the effectiveness of the Multi-Family Groups organised by schools and the EPS to support families during the Covid-19 pandemic.

2.2 Approach to Literature Review

As part of placement activity, I was initially led to key references by my placement supervisor, (Morris et al. 2013; Asen et al. 2001). I then conducted a search using the following educational and psychological electronic data bases: British Education Index, PsychINFO, ERIC (EBSCO), ERIC (Proquest), SCOPAS , JSTOR and PsychARTICLES. Search terms used originally included 'Family Therapy' and 'Multi-Family Groups'. The search engine, Google Scholar, and the UCL Libraries Explore service were also used to identify relevant articles and books. Further reading was identified from manual searches through the reference list of key articles. Abstracts of articles were read and if relevant then accessed in full. I undertook the Anna Freud National Centre for Children and Families training in order to facilitate a Multi-Family Group, examining core documents and signposted references from the training as well as Local Authority (unpublished) reports analysing the impact of recent groups.

Set within the context of the Covid-19 pandemic, further literature was evaluated using the search terms 'online' OR 'virtual parenting programs,' 'telehealth', 'families' and 'telepsychoeducation' which were combined in a variety of ways to find relevant literature. Grey Literature was also examined as an additional source for relevant, current statistics and government guidance, accessed via the Gov.uk and the World Health Organisation, (WHO), websites.

2.3 The Influence of Parenting on Child Development and Outcomes

As this study investigates the impact of delivering a parenting program online which focuses on family functioning, I will begin by examining the evidence for the salience of parenting on child development and outcomes in life.

A child's cognitive, emotional and social development is dependent upon the general climate and relationships within a family (Browne et al. 2015). In considering the specific role of caregivers, Hoghugi and Long (2004) argue that it is the act of parenting that ensures the survival, care, development and well-being of children through purposeful actions, whilst socialisation theories such as Bandura's Social Learning Theory (1977) maintain that parents play a key role in promoting social adjustment and prosocial behaviour in their children.

In 1966 Diane Baumrind conducted research with pre-schoolers who displayed distinctly different patterns of social and cognitive behaviours. She examined the interactions between the parents and the children and observed a close relationship between the techniques and normative patterns of behaviour that parents used to socialise and control their children, and the behaviours the children were displaying. From this analysis Baumrind classified three types of 'parenting style' which she identified as authoritarian, authoritative and permissive (Baumrind, 1966). An authoritarian style is characterised by a rigid adherence to obedience through strict, punitive discipline coupled with low emotional support and a lack of attention to the child's developmental needs (Kooraneh and Amirsardari, 2015). The permissive style makes few demands on children in terms of responsibility and expected behaviour, and provides a low level of responsiveness, (i.e. support, love and acceptance). An authoritative style is characterised by high expectations of children alongside high levels of emotional responsiveness. All parenting styles are comprised of a pattern of parenting practices (Kuppens and Cuelemans, 2019), which are directly observable behaviours that parents use to socialise their children (Darling and Steinberg, 1993), such as those that are designed to promote children academically e.g. attending

parents' evenings, or those pertaining to promoting positive reinforcement, discipline or problem solving.

There is a body of evidence linking Baumrind's parenting styles, the practices within them and the quality of parent-child relationships to child development and outcomes, particularly antisocial or prosocial behaviour in adulthood (Carlo et al, 2012; Yarmurley and Sanson, 2009; Scott, 2010; Malonda et al. 2019; Sanders et al., 2021). Baumrind (1996) found that pre-schoolers whose parents adopted an authoritative style demonstrated elevated levels of socially responsible and independent behaviour. Positive parenting strategies and behaviour within this parenting style such as acceptance, responsiveness, appropriate discipline and limit setting, have been found to be linked to children's prosocial behaviour (Zahn-Waxler et al. 1990; Kuppens and Ceulemans, 2019). O'Connor and Scott (2006) found that sensitivity from the parent, leading to secure attachments, good role-modelling and active encouragement for sociable behaviour, along with firm, calm limit-setting promotes good adjustment. Contrastingly, parenting styles that are characterised by coercive interchanges between parent and child, predominantly harsh and inconsistent parenting with negative parenting behaviours and strategies such as disapproval and inconsistent discipline have been related to externalising behaviour in children (Bor et al. 2002; Marshall and Watt, 1999) and to the development of antisocial behaviour and delinquency (O'Connor and Scott, 2006; Compton et al. 2003). Bailey et al. (2012) argued that parents own negative early life experiences have been linked with later negative parenting practice including increased stress, a permissive parenting style and harsh physical discipline.

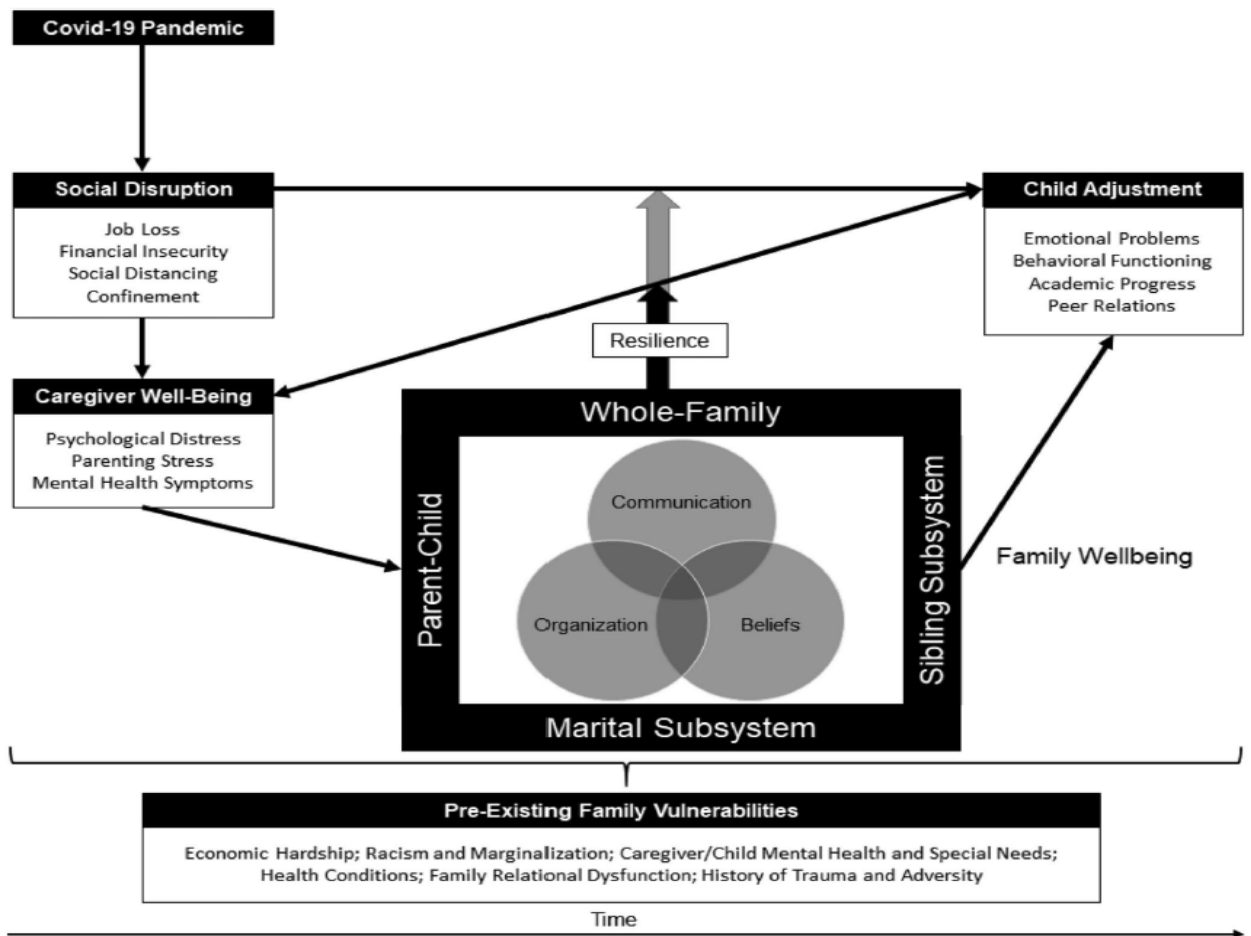
Kuppens and Ceulemans' study (2019) focused on an amalgamation of both parents' parenting styles. Results indicated that children of two authoritarian parents showed

the poorest behavioural outcomes, with significantly more internalising and externalising problem behaviour and less prosocial behaviour compared to children of parents adopting other parenting styles. Children of two positive authoritative parents demonstrated the lowest levels of conduct problems. Results should be interpreted mindfully as this study relies on parental self-report only and so there may be bias from parental self-perception and honesty due to social desirability.

The onset of the pandemic brought profound change to family dynamics with government directives confining families to their homes. Families worldwide experienced cumulative stressors, (see Chapter 1), and evidence suggested that childhood adversity increased due to Covid-19, especially in vulnerable communities (Gov.Wales, 2021). Many parents were caring for their children under stressful conditions with limited resources including a lack of community support (Coyne et al. 2020).

Prime et al., (2020), argued that there was a cascading effect of Covid-19 on children's adjustment and wellbeing. Social disruption such as financial insecurity and social isolation were seen to lead to heightened psychological distress, stress and mental health symptoms in parents which then impacted on the quality of relationships within the families. They contended that some families are at heightened risk of poor outcomes due to pre-existing vulnerabilities such as health conditions or economic hardship, however the impact of this can be mitigated by the presence of resilience. Arguably, if this is the case, working with families to increase resilience will impact positively on child adjustment. Figure 2 illustrates how stressors that impacted on primary caregivers during the pandemic may have infiltrated family processes across subsystems and resulted in developmental difficulties for children, with resilience acting as a proactive factor.

Figure 2. How social disruption caused by Covid-19 may impact child adjustment, (Prime et al. 2020).



One of the specific impacts of the pandemic on caregiver wellbeing in Prime's model is the distinct phenomenon of parental stress, which has been positively correlated with the likelihood of harsher parenting (Beckerman et al., 2016). This stress results from the parent's evaluation that the demands of the parenting role are exceeding his or her coping abilities (Miragoli et al 2018). Deater-Deckard's (1998) review found that parents with higher levels of parental stress were more likely to be authoritarian in style, negative in their parenting and less responsive to their children. In an online survey of Singaporean families, Chung et al. (2020) found that Covid-19 mediated increased parental stress resulting in reduced closeness between parents and children

and harsher parenting (e.g. spanking). Caution must be taken in the generalisability of this study across socio economic groups as 85% of participants were educated to university level and 73% were in full time employment (so taking on both a professional and home making role) and only 3% of respondents expressed their role solely as home makers.

Alongside harsher parenting lies evidence that violence within families increases during health emergencies (Rothe et al. 2015). Emerging data, such as the rise by 12% in the number of DA cases referred to victim support in mid-May 2020 (Office for National Statistics/Havard, 2021) indicates a potential increase in DA in England during the pandemic. When children are exposed to stressful events that directly affect them or the environment they live in, experiences often known as Adverse Childhood Experiences or ACEs, (Felitti et al., 1998) studies have shown that toxic stress caused by continual and intolerable levels of strain can lead to lifelong, metabolic change, (Shonkoff 2012). This can result in a greater likelihood of a range of chronic diseases such as cardiovascular disease or cancers and poorer mental well-being (Moffitt et al., 2013) and can critically impact upon brain development including the areas for learning and decision making (Sanders et al. 2021).

Parenting self-efficacy

Research has found that the factor Parenting Self-Efficacy (PSE) is a strong predictor of child developmental outcomes (Boruszak- Kiziukiewicz and Kmita, 2020). The term, PSE, derives from Bandura's concept of personal self-efficacy (Ozer and Bandura, 1990) formulated within the social cognitive theory, and is concerned with motivation,

cognition and courses of action required to exercise control over events in life. Ardel and Eccles (2001) define PSE as:

..‘the parent’s beliefs in his or her ability to influence the child and his or her environment to foster the child’s development and success.’ (p945).

Coleman and Karraker in their review of studies (1997) found that PSE should comprise

- knowledge about parenting behaviours; and
- confidence around one’s own ability to carry them out.

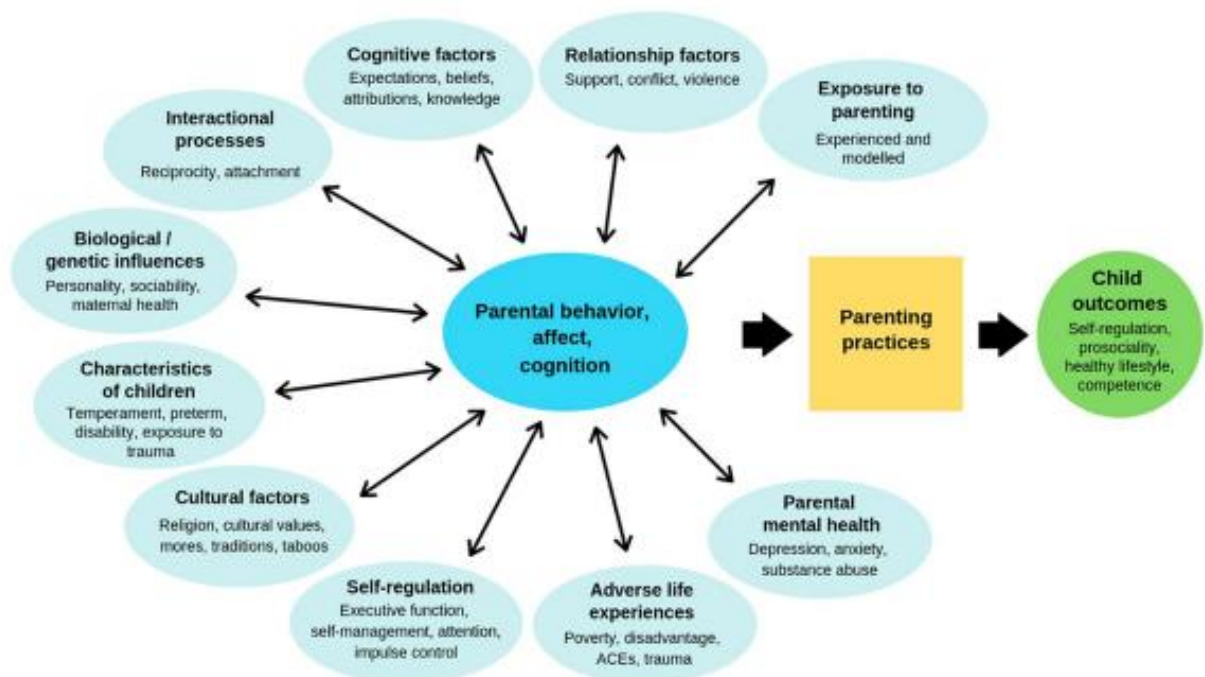
They argued that high PSE is linked to such adaptive parenting behaviours as the use of active coping strategies, responsiveness to child needs and active parent-child interactions. Evidence has suggested that parents who determine their behaviour will have a positive effect on their children and engage in positive and supportive parenting strategies (Ardelt and Eccles, 2001) regardless of the environment they are in (Jones and Prinz, 2005). Conversely, the relationship between low PSE and child outcomes was found to result in controlling and ineffectual parental behaviours, elevated stress levels, poorer developmental outcomes and behavioural problems in children (Coleman and Karraker, 1997). Factors proposed by Jones and Prinz (2005) to negatively impact upon PSE include insufficient social support, infant health and behavioural problems and parental depression. Links can be made to parental stress previously discussed where parents do not feel it is within their capabilities to carry out the parental role (Miragoli et al., 2018).

Sexton and Tuckman (1991) argued that PSE directly influences the motivation to engage in challenging situations and more effortful disciplinary approaches, therefore those with lower self-efficacy display harsher parental techniques e.g. use of harsh

words. Avoiding potential conflict in situations could also lead to a lack of ability to address challenging behaviour and gain new skills and thereby low self-efficacy beliefs become a self-fulfilling prophecy. Focusing on positive outcomes, Spoth and Conroy (1993) found that self-efficacy was positively associated with concrete behaviours such as parents' motivation to educate themselves about parenting, including reading literature supporting positive parenting, and attend interventions. Bandura et al. (1980) demonstrated that self-efficacy across modes appears to be alterable through practical means, and therefore working with parents on their understanding of competencies may potentially lead to positive change.

Sanders et al. (2021) contend that parenting practices, and therefore child outcomes, should be viewed within a wider ecological framework as a function of non-modifiable and potentially modifiable determinants (see Figure 3) and therefore access to evidence-based parenting support and interventions may be a key to optimal support of children. Determinants labelled as impacting upon parental cognition and affect, and therefore parenting practices, range from parents' own ACEs and exposure to parenting which are non-modifiable, to self-regulation and cognitive factors which may be included as part of a parenting support program and therefore enable the growth of resilience and self-regulatory abilities within children.

Figure 3: Non-modifiable and modifiable determinants of parenting and child outcomes, (Sanders et al., 2021).



Financial rationale for government initiated parenting interventions

There are high long-term financial costs of child antisocial behaviour and social exclusion. Nearly half of children with early onset conduct problems, (starting typically at three or four years of age), develop persistent, serious problems throughout their lives, including crime, violence, substance misuse and unemployment (Fergusson et al. 2005). Scott et al (2001) found that by the age of twenty-seven, children with oppositional and conduct disorders at age ten had each cost the public purse around £200,000. Mental illness carries one of the highest costs to health systems in England and Wales, (NHS England, 2016) and a more recent study estimating the health and financial costs of ACEs in these countries found a substantial economic burden on government resources, (Hughes et al. 2020) with a total estimated annual ACEs-attributable cost across England and Wales at £42.8 billion. Hughes et al. (ibid)

proposed that around a third of mental illness could be avoided if ACEs were either prevented or their impacts moderated through early intervention. With the consideration of all these costs, even interventions that produce modest outcomes could be cost-effective.

The Allen Report (2011a) advocated that parents and key professionals need to have the understanding and knowledge of how to build emotional and social capability within children. This will then empower children to break inter-generational cycles of dysfunction and underachievement. Community based, self-help and peer support are all necessary (Gov.Wales, 2021). Research suggests that early intervention and prevention of mental health and behavioural issues are more effective, and less costly, than late interventions (Allen, 2011b).

The salience of parenting practice for child outcomes increases the potential importance for parenting programs as part of early intervention (Bor et al., 2002). I will therefore examine two approaches to parenting training, behavioural and relational models, including consideration of how the former has been transferred to an online approach.

2.4 Behavioural Parent Training Programmes

Parenting programs are interventions focusing on providing parents with education on child development, strategies for enhancing parental skills, effective discipline, promoting confidence in parenting and self-management, (Webster-Stratton, 2007). Parent training programs believe that parents can actively learn to parent children and alter their practices to both bring about positive developmental outcomes for children and improve their own adult development (Sanders, 2020).

There is much empirical support for the effectiveness of parenting programs on increasing positive child-parent interactions, child functioning, and parent functioning within a wide variety of populations (Nowak and Heinrichs, 2008; McGoron and Ondersma, 2015), and culturally specific adaptations have shown comparable outcomes to the original programs (Sanders, 2020). Interventions based on Social Learning Models (e.g. Patterson, 1982), teach parents how to increase positive interactions with their children while reducing conflicting and inconsistent parenting practices (Bor et al 2002). McCart et al. (2006) found that Behavioural Parent Training (BPT) targeting both negative and positive parenting behaviours was effective for pre-school and school children exhibiting behavioural difficulties.

BPT interventions typically aim to alter dysfunctional parent-child interactions by training parents to use behavioural techniques. These interventions are usually conducted in the context of group or individual therapy and include a mixture of didactic instruction, live or videotaped modelling, and role-play. One commonly used BPT intervention receiving substantial empirical support is the program developed by Patterson and colleagues, the Parent Management Training model (PMT) (Patterson et al. 2016). This training addressed aspects of parenting most predictive of problem behaviour, (e.g. persistent coercive parenting characterised by hostility), which can lead to noncompliance and verbal and physical aggression, and which may then be maintained by parental negative responses (Snyder and Patterson, 1995). The training taught parents to avoid coercive interchanges by positively reinforcing prosocial behaviour using strategies that came directly from behavioural traditions e.g. rewarding positive behaviour through stickers and star charts, (Forgatch et al.2004), and implementing developmentally appropriate consequences for antisocial behaviour e.g. a time out system. Finally, strategies for monitoring and supervising children were

introduced to parents. The intervention has been found to be effective through Randomised Controlled Trials (RCT) at impacting on a variety of outcomes. Children whose parents received the PMT intervention showed lower rates of observed deviant behaviours (Patterson et al., 1982), decreases in problem behaviours at home and at school (Forgatch et al. 2005), and fewer police arrests (Forgatch et al. 2009).

Another BPT programme credited as a “blueprint” for violence prevention (Mihalic & Irwin, 2003) is The Incredible Years Parent Training (IYPT) (Webster-Stratton 1997; Webster-Stratton and Herman 2009; www.incredibleyears.com 2012). Evidence of the effectiveness of this programme is well documented in literature (Pidano & Allen, 2015). Menting et al. (2013) found, through a meta-analysis of studies of the IYPT, that it was an effective intervention for child behaviour as measured immediately after the intervention, however this research did not look at long-lasting effects. The programme is group based and designed to empower parents to put learned techniques into practice through role-play. There are some studies which portray less convincing evidence of its effectiveness (e.g., Helfenbaum-Kun & Ortiz, 2007).

2.5 The Evolution of Online Behavioural Parenting Programmes

The use of technology to facilitate the provision of psychological interventions is often referred to as ‘telepsychology’ (Reese et al. 2015). Online groups can be divided into two types: synchronous groups e.g. live group conferences where every participant is online simultaneously, and asynchronous, in which participants connect to the group at different times using tools such as instant message platforms (e.g. WhatsApp). In the main, online BPT uses pre-recorded, self-paced content and is only partially synchronous, (Cohen and Tisch, 2020). Studies have evaluated the impact of a range

of online therapeutic interventions. Khatri et al. (2014) found that online therapy using strict techniques e.g. Cognitive Behavioural Therapy (CBT), met the same professional standards and outcomes as face to face therapy, however the sample size was small with only five adults completing the course online and participant selection was not randomised. A meta-analysis of internet based psychotherapeutic interventions (Barak et al. 2008) found no difference in effectiveness between online and face to face interventions, although in terms of family interventions only one study included families and only six included adolescents or children. In addition, the studies spanned a wide range of therapeutic approaches making comparison challenging.

As BPT evolved, technology was increasingly harnessed to deliver programs (Jones et al. 2013). Videos were a key part of such successful group-based programs as the Incredible Years Program, (IYP) (Webster-Stratton and Herbert, 1994), to enable clear modelling of parenting skills. Concerns surrounding low participation rates that diminish the impact, reach and sustainability of parent training (Gross et al. 2011), partially fuelled the onset of online parenting courses. These were identified as a means to combat salient barriers potentially preventing parents from completing, connecting with and seeking parenting courses e.g. parents' negative perceptions of services, unavailability of services, and a fear of stigmatisation (McGoron and Ondersma, 2015). A review of studies by Spencer and Topham, (2019) proposed that online parenting courses reduces dropout rates, ensures easy accessibility and is destigmatising. In addition, this method is cost and time-efficient in terms of travel and setting up and settling into a face-to-face intervention for both participant and facilitator, (Breitenstein et al., 2014).

Evidence from a range of studies has been found to support positive outcomes from online BPT. Taylor et al. (2008) evaluated the IYP when delivered online alongside

coaching via telephone and electronic messages. Results found comparable effects between online and in-person models. Taylor et al., (ibid), found a high participation rate and that parents had achieved their goals immediately post-treatment and at follow-up assessments, however these measures are not robust evidence of the efficacy of the program in improving parenting skills. It did, however, demonstrate that populations who may not otherwise be reached by professionals, could gain key elements of parenting courses without physically being together. The researchers also noted the flexibility for trainers and thus the ability to provide highly qualified coaches to a greater number of participants.

Reese et al. (2015), analysed the efficacy of the Triple P. Parenting Program, (Australian in origin), being delivered online in a rural area of Kentucky, USA, and found it to be a viable option for delivering the intervention, reporting improvements in child behaviour and parent functioning against benchmarked effect sizes, although not in parental distress. It should be noted that benchmarks differed in severity of child behaviour measure and culture and, due to a lack of completion of post intervention measures, participant numbers in the study were low, totalling eleven. Some participants noted that they missed in-person interaction e.g. humour, and nine participants discussed that the functioning of technology was at times distracting (i.e., frozen picture, difficulty with clear audio), however nine also reported being as satisfied with the information they received from the training as they anticipated they would be in-person. Cost and time-efficiency were also noted as benefits by participants, although this model required them to travel to a clinic to view the videos, which may have resulted in the drop in attendance in the final meeting. Travel to a clinic also indicates a depth of commitment to the program which may have biased results.

Riegler et al., (2020), found evidence that a telepsychotherapy parenting skills program designed for military veterans brought about significant and clinically meaningful reduction in parenting stress and family dysfunction in addition to improvements in child behaviour. This intervention used differing methods including of web-based educational modules, video-conferencing with a therapist and 'live' coaching of positive parental skills through a wireless earpiece. Although positive in results, there was a high attrition rate, (forty-one families enrolled on the course but only twenty-two completed it). The results were self-reported measures from parents which have not been corroborated by other sources and therefore may contain bias, and there was no control group to determine significance of results compared to parents equally motivated for change.

In a meta-analysis, Spencer and Topham (2019) found that a range of online parenting programs significantly encouraged positive parenting behaviours, parent confidence and child behaviour, as well as decreasing negative parent-child interactions and discipline strategies. Controls, however, were a comparison to waitlist or self-read materials as opposed to face-to-face delivery.

Although evidence shows that training parents to use behavioural techniques can affect their children's behaviour, it is less clear which factors influence the effectiveness of BPT programs (Hinshaw, 2002). Even with successful intervention programs, studies reveal substantial variability in outcomes.

2.6 Family Interventions: Behavioural Verses a Relational Therapy Framework

The behavioural model previously discussed has considered an approach in which parents are trained to apply behavioural techniques to increase prosocial and adaptive

child behaviours and conversely to reduce maladaptive behaviours, as well as placing a focus on nurturing and positive parent-child relationships (Steenhuis et al., 2020). However, since the 1960's an extensive and heterogenous group of therapeutic approaches have emerged to support families holistically, which have taken a relational approach.

The relational framework originated from a concept theorised by Jean Baker, a psychologist who stressed the role of relationships in a person's life (Paul and Pelham, 1999). Within a relational model people are considered to grow in and through connection with others, valuing mutuality and empathy within relationships (Banks, 2006). This psychological approach places an emphasis on the importance of relationships and their influence on a person's well-being, as well as exploring peoples' interactions with others and how they impact on everyday life (Banks, 2006). Relational psychotherapy has expanded to become a widely used theoretical basis for many forms of therapy including divergent models of family and group therapy.

2.7 Family Therapy Models

Family therapy as a method of psychotherapy is defined by Epstein (1988) as

'a therapeutic approach to working with the family as a system for the purpose of functioning as individuals and as a family unit' (p120).

Family therapy marked a paradigmatic shift from conceptualising problematic behaviours as being intrapsychic, caused by the flaws of one person, to a systemic and holistic view in which difficulties are contextual, occurring within the framework of the family (Goldenberg and Goldenberg, 2009). The fundamental tenet of family therapy is the emphasis on systems, causality is viewed as cyclical, not linear, and the

epistemological base for the different treatment approaches that emerged is linked to how therapists view problems and the human condition (Roy and Frankel, 1995). Models of family therapy followed differing training programs and leaders. Some key approaches are noted in Table 1:

Table 1: Key Approaches to Family Therapy

Therapeutic Approach	Key Psychologist	Year	Epistemological base and methods
Structural Family Therapy	Minuchin	1967	Working primarily with the nuclear family, family subsystems, boundaries, alignment and coalitions are explored. Therapy aims to assess transactional patterns, clarify boundaries and restructure interactions between family members.
Multigenerational Systems Therapy	Bowen	1978	The individual's role in the extended family network system is examined. Key interlocking theoretical concepts include triangulation, family projection and differentiation.
Strategic Family Therapy	Haley	1963	Family hierarchies, triangles and transactional sequence are considered to view how the presenting problem is maintained by the family. A strategy is then constructed to alleviate the difficulty.
Psychodynamic Family Therapy	Framo	1981	The relationship between the intrapsychic and interpersonal is emphasised within the family context, amalgamating psychodynamic and systems concepts.
Experiential Family Therapy	Whitaker	1988	A humanist approach is taken. Open communication and emotional experiencing is emphasised and each family member is encouraged to maximize growth potential rather than seek solutions for specific problems.
Behavioural and Cognitive Family Therapy	Patterson	1971	A scientific, practical approach viewing behaviours as learned, maladaptive patterns within the family. Skills training is emphasised and, within cognitively orientated therapists, distorted beliefs are guided to be restructured.
Multiple Family Therapy	Lacquer	1964	Working therapeutically with a collection of families facing similar difficulties in a group setting. This method combines group processes with Systems Theory and originated in medical settings.
Functional Family Therapy	Sexton and Alexander	2003	Systems Theory, Cognitive Theory and Behavioural principles – participants are helped to understand the function or interpersonal payoff of behaviours.

Despite the divergent models of the family therapy approaches, meta-analyses conducted have found that different theoretical orientations and philosophies generally yield similar results (Pitschel-Walz et al. 2001; Shadish et al. 1993). Hazelrigg et al. (1987) in their review of family therapy outcome studies concluded that, despite their differences, the overall goal for all family therapies is systemic change and that therapies defined success by their outcome in a relatively uniform manner. However, this analysis did not include information about the complex variability of treatment methods used, resulting in difficulty drawing specific conclusions as to effective treatment models. In their review of studies Roy and Frankel (1995) concluded the outcome measure was independent of the form of family therapy used, therefore creating commonality between them in breaking dysfunctional interactions and achieving positive outcomes. Seaburn and colleagues (1995) argue that, despite differences between the models of family therapy, certain techniques and interventions tend to be applied by most therapists, often crossing the boundaries of different schools.

Regardless of its divergent formats, researchers have built up an evidence base for the efficacy of family therapy. Dixon and Lehman (1995) reviewed fifteen studies of family interventions used to tackle schizophrenia and found evidence to suggest that these methods were efficacious at delaying, if not preventing, relapse for participants with significant family contact. However, they were unable to conclude that the family interventions improved patient functioning or family well-being. In 2001, Pitschel-Walz and colleagues extended this research to a meta-analysis of twenty-five studies and confirmed evidence for the reduction of relapse and hospitalisation rates of patients with schizophrenia following family interventions. However, due to inclusion criteria, some of the studies had small effect sizes and high dropout rates.

Dixon and Lehman's review (1995) found evidence that Multi Family Groups may have an advantage over single family treatment for schizophrenic patients with more positive symptoms. In an empirical study, Meezan and O'Keefe (1998) compared the effectiveness of Multi-Family Group Therapy (MFGT) with single family therapy for improving negative child behaviours. The sample included eighty-one families who were assigned to MFGT or a comparison group receiving traditional family therapy comprising structural, behavioural and Cognitive Behavioural Techniques (CBT). The treatment ran for eight months and treatment efficacy was measured using a combination of interviews and a parental questionnaire. Results indicated improvements in family functioning, a reduction in critical areas of child abuse and neglect and that the MFGT effectively increased social competence amongst children whose families had been abusive or neglectful. Participants in the MFGT group reported fewer overall behaviour problems, greater improvements in family functioning and improved social competence in comparison to families receiving single-family therapy. This suggests that MFGT was more effective than traditional family therapy methods in fostering change.

The approach of MFGT, grounded in Family Systems Theory, integrates both family and group therapy, however there are some very clear differences which will now be explored.

2.8 Similarities and Differences between Group and Family Therapy

Both group and family therapy take place with several people at the same time and are founded on systemic principles, however they are two distinct approaches to psychological support. Behr and Hearst (2008) argued that family therapy is literally a

form of small group therapy, however Hines (1988) noted that, although both Group and Family Therapies essentially bring people together to resolve problems by emphasising inter-personal relationships, the dynamics of a family group are quite different from other therapeutic groups.

Traditionally, 'group therapy' was a process group whereby a number of adults would come together to treat specific difficulties from psychopathology, (e.g. depression), to everyday living problems, (e.g. clashes between adolescents and parents), and the interaction between group members and the therapist was seen as the primary therapeutic factor (Barlow et al., 2000). Definitions evolved and began to include more didactic psychoeducational groups and cognitive-behavioural techniques (Weiss et al. 2004). In all the models, exchanges among groups members are viewed as instrumental in bringing about change (Corey and Corey, 2016). Members in group therapy are initially unknown to one another and independent, the identity of the group being formed gradually as members interact within the group space and increasingly become entwined. Corey and Corey (2016) argue that groups provide a sense of community that demonstrates to people they are not alone and that they can explore deep rooted problems in the sessions with the opportunity to practise new social skills, apply some of their new knowledge and try new methods of coping. In this setting, individuals are rehearsing for their real-life relationships.

Families are unique, social systems in that membership is based on combinations of biological, legal, geographical and historical foundations (Carr, 2012) and units within them are distinct but inextricably interlinked in established and often complex relationships. In family therapy, members are allowed to work through problems such as how they share space and function together, the different levels of responsibility

and power between parents and their children, and how sub-groups or implicit alliances impact on the whole family.

Within the two treatment modalities, models vary widely as they are often combined with different theoretical paradigms, providing a framework for the therapist to make sense of interactions within the group and provide a form of reference for evaluations (Corey and Corey, 2016). However, both group and family therapy can help participants gain self-awareness as the group dynamic supports participants in understanding both their impact on others and how they are perceived. Both these therapies encourage mutual support and open communication. Within group therapy the individual has the chance to build a new support system, however in family therapy the ideal is to strengthen the existing support system. The framework of MFGT afford opportunities for both. Hines (1988) highlighted another common element in group and family therapy of the therapist as coach, facilitating group dynamics and change, however in a multi-family setting the position of the therapist is one of outsider, entering the world of the family. Behr and Hearst (2008) argued that MFGT removes the obtrusiveness of the therapist and allows peer learning, the therapist's role decreasing in involvement as peer and inter-family connections increased.

An additional difference to note in the therapies is between closed and open groups. Closed groups are typically time limited with attendees being present for a predetermined period of sessions, and no new members joining. Conversely, open groups have a changing membership, as members leave, new members are admitted and the group continues (Corey and Corey, 2016).

With a strong evidence base for the effectiveness of family therapy, and prior consideration as to the heavy financial burden to public resources of the outcomes

from negative parenting practices, this literature review will now explore the evolution of the cost-effective model of MFGT.

2.9 The Unique Context and Evolution of Multi-Family Group Therapy

MFGT emerged from a combination of the principles and practices of family therapy and group therapy (Asen, 2002), amalgamating the power of group processes with the systems focus of family therapy and providing great scope for indirect learning. As a modality, it facilitates change by bringing about communality, exhibiting multiple perspectives and an opportunity to learn from others' strengths (Lemmens et al. 2009). The underlying assumption for choosing multiple family therapy over single family therapy is that family functioning and growth is more fully promoted when differing perspectives other than the therapist are involved in the model (Gritzer and Okun, 1983), and Fairbairn et al., (2011), suggested that MFGT is viewed in a less threatening manner by families than single family therapy.

As a practice, MFGT has evolved from clinical roots and it is generally agreed that Peter Lacquer is the 'founding father' of MFGT (Asen and Sholtz, 2010). In the 1950's and 1960's he worked with patients with schizophrenia (Lacquer, 1964) and began to include their relatives in the treatments. He studied both beneficial and toxic influences on patients from their relatives, considering the relationship with others, not just intrapsychic forces, was the primary basis for emotional states and therefore a key focus was placed on 'dysfunctional family systems' (Foley, 1984). Lacquer (1976) stated that the MFGT model is time efficient, cost-effective and produced change faster than therapy with individual families. He discovered that joint sharing of experiences, mutual support, constructive criticism and modelling all seemed helpful when people

with similar problems shared their issues. Families found they could help each other when exchanging personal experiences of similar difficulties, providing 'outside' ideas, perspectives and suggestions, and finding different solutions to familiar dilemmas by observing other families and not becoming overwhelmed by their own contexts (Asen and Scholtz, 2010).

Lacquer's positive results inspired other clinicians to use different approaches and to adapt MFGT ideas and techniques to address a range of significant mental health problems and disorders in outpatient contexts with a variety of populations (Strelnick, 1977, Asen, 2002) including: addictions and substance abuse (Stanton and Shadish, 1997, Kaufman and Kaufman, 1979, Liddle, 2004); eating disorders (Dare and Eisler, 2000, Slagerman and Yager 1989, Voriadaki, 2015) aggressive or inattentive behaviours, (Stone et al. 1996); and bipolar disorders (Moltz and Newmark, 2002).

Fristad et al. (2003) found that children with diagnosed mood disorders or bipolar increased in positive interactions with their family post MFGT. Although results were positive, the measures were parental self-report which provides a potential for bias, and the control group condition was 'waitlist' and 'treatment as usual', eradicating the possibility of direct comparison with another form of therapy. In addition, all participants in the study including controls decreased in negative interaction over time, perhaps indicating that alternative treatments or waitlist for inclusion in the group heightened parents' awareness of need and therefore softened their attitude. Greenfield and Senecal (1995) found working with children with Attention Deficit Hyperactivity Disorder (ADHD) in a recreation-based family group to demonstrate indicators of positive impact. Results suggested improved interpersonal family communication including sensitivity to children's communication, increases in parenting skills, and self-confidence of the child.

Eisler et al.'s research (2016) compared outcomes for CYP with anorexia who had attended either single family therapy or MFGT. The study found that, although there were clinically significant improvements in both treatment arms in terms of a good outcome, (reaching 85% Body Mass Index and reduced bulimic symptoms), there was a statistically significant difference between the two after twelve months (post baseline), with better outcomes for adolescents who attended the MFGT. Both treatment arms had high attendance and Client Satisfaction ratings (although a low rate of questionnaire response for the latter). It should be noted that, if attendance at therapy is linearly associated with improved outcomes, the MFG had the option of a greater number of sessions over the time period which may have influenced results.

Although much compelling and positive evidence has been presented for MFGT, as many of the studies focus on clinical populations it is important to question the impact of other treatments including psychotropic medication, and other therapy domains etc as a supplement to family-based treatments. It is also salient to note that there are a wide number of factors that may contribute to differences in positive outcomes in studies outside of the therapy itself. Prince and Jacobson (1995) in their review of family and marital therapies found studies suggesting that family therapy patients who were unipolar, depressed inpatients, experienced worse outcomes than their individually treated counterparts, although their results may have been impacted by condition severity.

Bjornstad and Montgomery (2010) conducted a systematic review to evaluate the efficacy of family therapy interventions for reducing symptoms of inattention, hyperactivity and impulsivity in children with ADHD. Strict criteria yielded only two studies in their review and they found that a family therapy intervention was as effective, but not more, than treatment as usual in the community. A second study

examined, (Horn et al. 1991), found no statistically significant improvement for those taking part in MFGT including behavioural techniques, over families receiving psychotropic medication and treatment as usual. This may be partially due to the ability of some of the medication to remove symptoms in the short term.

Although MFGT as a well-established systemic intervention has gained an evidence-base (Asen and Scholtz, 2010), studies have centred largely on medical institutions. Aside of these settings, MFGT has been applied to families at the edge of care (Kratochwill et al. 2009), and nonmedical environments such as schools and community projects (Asen et al. 1982; Cooklin et al. 1983). Sayger (1996) noted that using MFGT with at-risk families increased the opportunity to build a sense of community and social support. Strengthening home-school involvement, including parent-training programmes within schools, has been recognised as a valuable way of dealing with behavioural, social and academic problems in school children (Cook-Darzens et al 2018). The first education setting in the United Kingdom to utilise the MFGT model was the Marlborough Family Education Centre.

2.10 The Marlborough Model

The idea for an institution specialising in promoting change for families experiencing problems crystallised (Asen et al. 2001) and a Family School was established at the Marlborough Family Service, run by teachers who were also psychotherapists (Dawson and McHugh, 1986). Up to twelve children at risk of school exclusion because of emotional, conduct and learning problems were invited to attend the Marlborough Family Education Centre (MFEC) with their parents or significant family members for the morning, up to four times a week. The classroom based multi-family

context allowed parents to view their children's educational problems and teachers to observe the family issues that may impact on the school context (Dawson and McHugh, 1986). This transparency served to ease the conflict observed by Asen (2002) in which schools appeared to put the blame for pupils' problems on the family and similarly the family blamed the school for their children's educational failure. Children then became triangulated into the conflicts between their parents and the school (Morris et al. 2013). Morris et al. (2013) argued that the focus in MFEC is on the interactions within the family, between the family and school and within the school system. So, systems within the MFEC provided a bridge between education and mental health services (Plas,1986).

According to Asen (1988) a driver for setting up the unit was to experiment with new ways of dealing with families who had one or more members who had been in extensive contact with psychiatric and social services. These families were accessing a wide range of professionals without progression, creating increasing costs and a sense of enormous anxiety (Asen,1988). Within the MFEC, families stayed engaged with one consistent source of child mental health services with daily meetings of children, parents and teachers, providing a context for the processes of reflection, mutual support and engagement (Asen, 2002). In this model, as families encountered similar difficulties, peer support and suggestions were used to problem-solve, providing participants giving the advice with a sense of self-worth. Asen (1988) argued that families often find it easier to use feedback from those who have been through the same painful, direct experiences as it appears more 'credible', their sense of isolation decreases and a social network can be further developed after families leave the MFEC.

The Marlborough model of MFGT has been recognised as good practice in several government publications including 'Every Child Matters' (Treasury, 2003), and 'Aiming High for Children, Supporting Families' (2007). However, published literature on the effectiveness of school-based MFGs as the MFEC model migrates into schools, is sparse.

2.11 Evidence for MFGT in Educational Settings

One multi-family programme that has been shown to be effective in schools is Families and Schools Together (FAST) an American evidence-based programme. This comprises an after-school, multifamily support group with the objective of increasing parental involvement in schools and improving children's wellbeing. It has been faithfully replicated and evaluated in both urban and rural settings in the United States of America (McDonald et al, 2006). Research using RCTs found that, according to parents, the project was instrumental in reducing aggressive behaviour in children from five to nine years old and in improving family adaptability, both immediately and at a one year follow up. (Kratochwill et al 2009). Another RCT conducted with Latino families (McDonald et al, 2006), showed significant impact on behavioural outcomes from those receiving FAST over control children who were receiving Family Education. This intervention was a series of pamphlets with some follow up from professionals and was also found to demonstrate some impact. Although FAST appears to be a similar model to the MFGs in the UK, there is no clear description of the format and so true comparisons are difficult.

In the UK, the Marlborough Model has migrated to school settings. The Office for Public Management (OPM, 2012) evaluated a 'Family Group' project initiated by

Services Working in Feltham and Hanworth Together (SWIFT) working with a Social Enterprise (School and Family Works) which was delivering Multi-Family Therapy in schools using the MFEC model. The aim was to reduce the risk of exclusion, increase attendance and wellbeing, and support academic attainment of those children whose families were attending the groups. Evaluation was through case studies of six families across three schools (infant, junior and secondary) in year one of running the project and six different families in year two. Within this intervention, a therapist and a school partner ran weekly groups in schools, each attended by up to eight families. Families could attend for as long as necessary, as opposed to a fixed number of sessions, and graduate when they felt they had achieved 'targets' they devised with school staff. Following graduation, in at least one school parents were invited to attend a 'graduate group' hosted by a paid, graduated parent.

Qualitative data was collected by in-depth interviews with parents, children and staff. Common themes of impact across the project included improved parent-child relationships because parents felt more confident and empowered in their parental role, an increase in feelings of support and security in children, potentially leading to improved attendance, behaviour and attainment at school, and schools reported improved relationships with parents and children, and fewer disruptions in class. Although gathering school and professional views was consistent, this was less true of parental views with 50% (three of the six parents) in the first year not providing follow up interviews. In the second year, one of the parents was not interviewed at the start of the project. Although consideration is given in this study as to the impacts on the community of continuing with the project, and a measure of success was that the schools committed their own funds to continue providing the intervention, there is no follow up data to indicate whether those leaving in year one of the project maintained

skills they gained. It should also be noted that this report was commissioned by the Foundation that funded the project which has the potential to bias the research.

Morris et al. (2013) found that, in comparison to a control group of differing parenting interventions, parents attending the MFEC programme delivered either at the centre or in schools showed evidence of statistically and clinically significant improvements in the children's behaviours and in parent-school involvement as measured by the parental report of the strengths and difficulties questionnaire. This was statistically significant with a moderate effect size and was sustained a year on. Although this does provide evidence for MFGT in education settings, it is not clear how many of the families were in the higher risk group attending at the centre for four mornings a week, and how many were in schools with one afternoon session per week. Both level of difficulty and amount of intervention given may have impacted on results. Therefore, this does not provide evidence for MFGs solely run by and set in mainstream schools where financial pressures, commitment and access to other professionals and external services, create challenges for the model to be directly transferred into schools.

2.12 The Aims and Strengths of the MFGT Model

The MFGT model provides a space for family structure and systems to be explored and considered. Both in conceptualisation and empirical practice, MFGT is versatile and provides opportunities to combine or draw from a wide variety of evidence-based techniques, modes and skills (McFarlane, 1982). However, despite its versatility, the core principles of MFGT remain constant (Asen, 2002).

Commonly, families with challenges feel socially isolated (Thorngren et al. 1998). Within MFGT families learn that they are not alone and that other families have similar

difficulties, thereby gaining validation and peer support (McKay et al. 1995). Group therapy principles of mutual support and constructive criticism come into play; the group gives families hope as they see other families learn and grow with the support and encouragement of others. Mensah and Andreadi (2016) argue that the more similarities families have, the more easily they can identify with each other and the more influential the group becomes. Therefore they propose that learning is optimal when families come together with similar experiences and similar aged children. Whitney et al. (2012) suggested that, hearing how other families deal with similar challenges initiates an implicit learning process without the need for explicitly expressing thoughts and emotions. Consequently, families feel able to view their own family patterns from multiple perspectives, (Thorngren et al. 1998) and try out new techniques and skills. This is the principle of universality that underpins MFGT (Asen et al., 2001).

As families find themselves empowered to care for and help other families, they feel an increase in their own sense of competency. Gopalan et al (2011), asserted that the groups promote strength-based, participatory decision making within families, supporting the principle of empowerment. Family members can develop skills to deal with difficulties and solve their own problems (Asen and Scholtz, 2010). McKay et al. (1995) proposed that group members can provide to each other both greater motivation and encouragement for change than can be achieved by the therapist, as well as provide advice that is perceived as less threatening than that from the therapist. They are supported to develop social cognition skills including reflective functioning and from there, the ability to create a more positive role (Gaze, 1997). The underpinning ideology is that, through discussion and reflection with other parents,

parents come to understand the effects of their behaviour on their children and feel empowered and confident in their role.

Another strength of MFGT is the destigmatising group format which encourages the families to develop relationships with and between each other, forming an informal social support network (Gopalan et al, 2011). Families can be open and feel less isolated in their difficulties, discussing problems and coping strategies with other families (Morris et al. 2013). A sense of communality is also proposed to further reduce feelings of guilt and the burden on families who are already struggling, and so enable a better recovery (Mehl et al, 2013; Whitney et al, 2012). Providing advice to other families also increases the sense of self-worth of participants in the MFG. In addition, MFGT is community based, and so any potential barriers from differences in race or socioeconomic status between the therapist and participants may be offset by the demographic similarities of the group.

When CYP are being supported by specialist mental health services, evidence shows that parental engagement has been associated with better outcomes (Haine-Schlagel and Walsh, 2015). Parents can face several barriers to engaging with mental health support services (Gopalan et al 2011) and, in providing a link through schools, the MFGT model helps parents to engage. It addresses underlying factors that influence behaviour by focusing on wellbeing and mental health through looking at issues connected with family and parenting skills, and develops more functional interactions and communication methods, leading to hope for change (Morris et al.2013). In addition, Mensah and Andreadi (2016) assert that through the public act of attending the group, families are committing themselves to change and making themselves open to peer pressure to maintain it.

The salient principles and core elements of MFGT are underpinned by several key theories discussed below.

2.13 Theoretical Underpinnings of MFGT

Family Systems Theory

One of the foundational theories for MFGT is Family Systems Theory (Kerr and Bowen, 1988), which is based in many important respects upon Systems Theory (Watson, 2012). Systems Theory diverges from an intrapsychic perspective, in which a person's problem exists within the person, and moves to the problem being attributed to the dysfunction of the system itself (Smith and Hamon, 2009). Bowen's (1976a) theory views families as complex social systems comprised of interconnected and interdependent members that make up an emotional unit. Individuals are not viewed in isolation but as part of many subsystems within a family, which are impacted by family dynamics e.g. structures, role definitions and expectations, boundaries, competing demands and cultural and institutional context. Within this context family members interact according to their role, determined by relationship agreements, and patterns develop as one family member causes another to behave in a certain way. These patterns of interaction create, maintain and perpetuate both positive and negative behaviours (Pfeiffer and In-Albon, 2021). Bowen focused on patterns that develop in families in which individuals, who do not have the capacity to think through their responses to relationship dilemmas, react instinctively in a state of anxiety. Within this theory, negative cultures develop and are maintained by self-reinforcing, dysfunctional feedback loops across subsystem boundaries. Work within MFGT aims

to identify and interrupt negative repeating sequences of behavioural exchange, (Asen, 2002).

Bowen's (1976b) theory comprised key interlocking concepts including triangles, and she applied this concept to MFGs. Within dyadic relationships tension can build easily, however with an additional person in the relationship tension can be shifted around and potentially dissipated. Within MFGT a differing third viewpoint can be gained from another family, making the group element essential in tackling difficulties through problem solving. Bowen stated that families benefit from MFGT as they can listen to other families whilst not having to prepare their next comments.

Bronfenbrenner's Ecological Theory

Another key theory that underpins MFGT is Bronfenbrenner's Ecological Theory (1979) which emphasised the importance of human development occurring in a context and being the outcome of the interplay between the child and his/her environment. Within his theory, there was therefore a focus on interactions and relationships that lead to change, the developing child consistently being seen as influencing and being influenced by the environment (Rosa and Tudge, 2013). The family comprise the key 'microsystem' in which the child grows up and in which systematic interactions or 'proximal processes' take place, forming behaviour patterns. Within MFGs families can reflect on their own situations with the support of others who see them from the outside, and can see how, over time, their behaviour and interactions within their microsystem can alter the environment and the situation.

Bronfenbrenner (1979) defines a 'mesosystem' as the relations among two or more microsystems in which the developing person actively participates, another core microsystem for a child being the school. In MFGs microsystems are widening and

working directly together, enabling communication and understanding to be learned directly and indirectly from families and professionals. Bronfenbrenner and Morris (2006) highlight development as progressive and dynamic in nature. Thus, parents become self-reliant on a widening microsystem, rather than requiring the involvement of an increasing number of professionals. Parents and children can build social networks in school which act as a protective factor at several levels of the child's social ecology.

My psychological stance is heavily influenced by Bronfenbrenner's theories, and this is expanded upon in the Methodology chapter.

Attachment Theory

A third key theory which guides MFGT is Bowlby's Attachment Theory. John Bowlby (1988) argued that people who build and maintain secure attachments with main caregivers in the early years, create a positive internal working model and consequently can regulate emotions, be attuned to others and have self-understanding and insight. Bowlby (ibid) hypothesised that secure attachment gives a person the confidence that one is socially valued and that others will be available when needed. Attachment is therefore crucial to children's psychological welfare and forms the basis of personality development and socialisation. There is now an extensive evidence base that links secure attachment to developing positive, prosocial character traits and the ability to form stable, close relationships (Mikulincer and Shaver, 2016). Studies have also found that adolescents with secure attachment to main caregivers are more able to regulate their affect and levels of arousal successfully than those with insecure attachment (Moretti and Holland, 1998).

Bowlby's (1988) attachment theory categorised three types of insecure attachment that interfere with a child's affect regulation and self-confidence in novel situations:

1. Insecure-avoidant -an emotionally unavailable or rejecting caregiver during time of distress. Consequently, the child develops attachment strategies that de-emphasise the importance of attachment and withdraw.
2. Insecure-ambivalent- an inconsistent caregiver such that the child becomes hypervigilant to attachment experiences, demonstrating heightened distress towards the caregiver.
3. Insecure-disorganised - the caregiver appears frightening to the child who is then unable to construct a consistent strategy for obtaining comfort and security.

Research has suggested that parents' internal working models of attachment, and their consequent ability to regulate their own affect, influences how they behave with their children which, in turn, influences the working model and strategies for regulation that their children build up (Robinson et al. 1997). Links can be made here with the Family Systems Theory and dysfunctional feedback loops. Parents who have not learned effective systems to manage their own emotion and arousal are unlikely to be able to assist their child to do so.

Research on attachment suggests that a relational, rather than a behavioural framework, is more effective in supporting children's behaviour (Bergin and Bergin 2009, Cozolino, 2013). When attachment patterns can be directly linked to observable behaviour within a family system, it can be particularly helpful to problem solving in MFGT and lead to reflection on functioning. Families can be helped towards empathetic, supportive attachments and relationships which Siegel (2012) asserts, are

essential for the developing brain to acquire the capacity to organise itself more autonomously as the child matures.

Research has inextricably linked attachment to school readiness and school success (Geddes 2006). Secure attachment has been found to influence students' school success, lead to greater emotional regulation, social competence and willingness to take on challenges (Bergin and Bergin, 2009).

Mentalisation based therapy (MBT) work (Fonagy et al. 1991)

A final key theory underpinning MFG in schools is Mentalisation. Mentalisation refers to the skills and attitudes developed in understanding both one's own and others' mental states and their connections with observable behaviour (Bateman and Fonagy, 2016). This is crucial for emotional regulation as well as the ability to form and maintain social relationships (Allen et al. 2008). Knowing how to read people and being aware of how others read you, i.e. having fully functioning interpersonal skills, is key for children to learn, achieve and thrive in schools (Fonagy and Allison, 2014; Fonagy et al. 2017). Fonagy and Target (1997) argue that difficulties in mentalising have a pervasive impact on the capacity of a family, and specifically on the ability of a child to function effectively in school.

A parent's capacity to mentalise, or to demonstrate reflective functioning (Midgley et al. 2021) has been found to impact upon better parental communication with children and more positive parenting skills (Rostad & Whitaker, 2016), and parents who exercise this skill have been argued to manage difficult situations with children without exhibiting overcontrolling behaviours (Borelli et al. 2016). Fonagy and Target (1997) suggest that the process of mentalisation occurs in the context of the early attachment relationship and disruptions of attachment can create a developmental vulnerability

resulting in a failure of complex meta-cognitive capacities. They suggest that the relationship between attachment and mentalising is bi-directional as the inability to represent the mental state of the self, and difficulties with reflecting on the mental states of others, can disrupt attachment relationships. In turn, a poor attachment relationship undermines the natural emergence of mentalising capacities. Asen and Fonagy (2012) state that improving a person's reflective mentalising capacity is the key to positive change in attachment patterns across the generations. Fonagy and Allison (2014) connect attachment theory with epistemic trust i.e. knowing that a person is genuine and therefore new information received is trustworthy and relevant.

2.14 The Anna Freud Model of MFGT in Schools

The Anna Freud Research Centre (2017) states that the intention of MFGT is to integrate the highest levels of skills and knowledge from schools and mental health/psychology professions to promote change, whilst being accessible and non-stigmatising for CYP and their families. The schools in this study follow the structure, format and training from the Anna Freud Centre (www.annafreud.org).

There is a consensus amongst practitioners that optimal numbers of families in MFGT are between six and eight (Asen and Sholz, 2010) meeting for a fixed duration in school, once a week. Sessions are highly structured and the circular process of the meeting flows between sessions. The model is defined by five key phases:

1. Target setting: all children have goal-based, collaboratively created, individual targets which are rated by teachers and parents during the week and reflected upon at the meeting. These aid monitoring of progress during the intervention and joint celebration of achievement.

2. Planning: tightly focused planning enables a common purpose to be established for the session.
3. Activities: games and creative media form structured activities to promote positive parent-child interaction, encouraging participants to articulate and understand feelings and identify unhelpful patterns of behaviour and responses.
4. Reflection: families discuss their experiences focusing on what they have noticed about themselves or others that led to new outcomes. This enables participants to develop confidence in tackling difficulties and to gain increased resilience.
5. Transfer: Families help each other reflect on how they could deploy new skills the following week using supportive questioning and future thinking to transfer skills.

This model is intended to be an 'open' group i.e. during the process families 'graduate' through achieving their targets, and new families join. Two professionals are in attendance each week, one from within the school and the second is usually an EP. The professionals divide their roles between context and process management i.e. one person manages how the activities will run and the other focuses on the relational events that arise between group members during the session. The second professional will aim to raise questions and be curious about communication and relationships between children, their families and the school, encouraging families to learn to do this too and thus develop reflective functioning.

In this research one LA Educational Psychology Service is working towards the evolution of the model with the clear aim that ownership of the group is transferred to

the school. This is a graduated approach and, as the intervention becomes embedded in schools and school professionals feel able to take on the facilitating role in encouraging reflective functioning to deepen cognitive skills, the model is that the EP steps back from weekly meetings, attending every third session. School professionals are supported through regular supervision with the EPs and attendance at 'supervision groups'. These function as reflective discussion groups, providing capacity for joint problem solving and a 'containing' element for staff and any concerns that may occur (Jackson, 2002). The supervision group functions in parallel with the reflective session of the MFG, as problems are discussed and worked on together. This model is reliant on commitment and resources from schools, who in turn, in times of limited financial resources, need to see an impact and significant change occurring.

2.15 Evidence for a Relational-Based Intervention Online

The evidence-base for online parenting groups suggests equivalent outcomes to in-person groups (McClellan et al. 2021), however studies are primarily based on models of a behavioural framework. The onset of the pandemic brought major challenges to the delivery of all family intervention programs at a time when emotional wellbeing, education and mental health were severely impacted (Sanders et al., 2021). Compensatory strategies for parents included telehealth for behavioural training packages and the widespread development of tailored, downloadable materials for particular challenges related to supporting parents through Covid-19 e.g. Covid specific advice in the Parenting for Lifelong health online resources (UNICEF, 2020).

One study that explored the use of a relational program that moved swiftly from in-person to online due to the pandemic was that of the 'Celebrating Families' program,

focusing support on families with the challenge of substance abuse (Cohen and Tisch, 2020). The planned program is highly interactive, relational and uses experiential methods to teach techniques including role modelling to achieve parenting outcomes and other family protective factors. Each week was designed to begin with families sharing a meal, followed by break out rooms for parents and children to take part in guided exercises, instruction and discussion, and finally the whole group would reform for an activity to consolidate learning. Moving onto a secure webinar platform, the sessions were fully synchronous but were shortened, meals taken separately and the development process was iterative as new versions of training material specifically targeted to online implementation were developed (Cohen and Tisch, 2020).

In evaluating the effectiveness of the online program, Cohen and Tisch (2020) found that, in terms of improved outcomes, (improved parenting skills, family relationships and parent self-efficacy), the online and in-person programs had similar effects. In addition, the online participants had a better completion rate than those in the in-person mode, a trend which was found in previous online parenting studies (Breitenstein et al. 2014). However, this may have been partially because at this time all activities outside the home had ceased and so there were few distractions to prevent attendance. Results were encouraging, however measures were parental self-report which may lend itself to social desirability bias, attendance at the course being mandatory for these participants, and pre-test scores for participants during the pandemic were lower, perhaps indicative of the added stress of lockdown policies and the challenges in mental and emotional health at the time. Therefore drawing comparisons with in-person models delivered at other times is challenging.

Lo et al. (2022) found positive outcomes from a MFGT project which took place in Hong Kong during the pandemic. This also began in person, changing to online due

to social distancing measures, and involved six families of adolescents with intellectual disabilities. As with Cohen and Tisch's (2020) model, the use of experiential activities and physical interaction was modified, sessions being shortened and techniques such as exercise to energise the group and break out rooms for cross familial exchange were utilised. Results suggested that participants perceived online sessions to be as helpful as in-person sessions. Participants reported that the online program provided a secure and relaxing platform for the children to play a leading role in activities and, within a mutually supportive group, parents stated an alteration in their perception of their children's capabilities. The small sample size of this study and the lack of a control group makes generalising results difficult. In addition, measures are all parental report without any means of triangulation and selection bias may be present as all participants were keen to join the group and make a difference in their lives. The dynamics of the pandemic itself may also have altered the perception of others in the family due to increased time being spent together and a heightened focus and sense of hope may have been placed upon the weekly meet up. A final consideration is that the researcher was also part of the group which may have impacted upon results.

As with these studies, two of the MFGT groups in this research began in-person and transferred to online. I will now consider potential challenges for online, relational therapeutic interventions.

2.16 Challenges with Online Therapy

Therapeutic Alliance

There is substantial evidence that the quality of the therapeutic alliance is a key predictor for positive therapeutic outcomes across modalities, including family therapy,

(Martin et al., 2000; Karver et al. 2006; Friedlander et al. 2011). Ardito and Rabellino, (2011), in their review of studies proposed the optimal therapeutic alliance to be one in which patient and therapist

'share beliefs with regard to the goals of the treatment and view the methods used to achieve these as efficacious and relevant'. (p 2).

Cook-Darzens et al. (2018) claimed that most of the interaction and change processes that lead to the effectiveness of MFGT (group cohesion, mutual learning and shared cooperative support) constitute the 'therapeutic alliance' which involves the group participants more than the therapist in this model.

Some evidence has shown there to be no significant difference between therapeutic alliance online and in-person (Simpson and Reid, 2014), however in their review and meta-analysis Norwood and colleagues (2018) found that working alliance in videoconferencing was inferior to in-person, but not true of target symptom reduction. In their review of four studies of videoconferencing in family therapy, Kuulasmaa and colleagues (2004) argue that to avoid prejudicing the outcome of therapy an initial face to face meeting is important. Similarly, Lo and colleagues (2022) advocated that, due to the importance of the MFG facilitator as a catalyst for the group processes, it is important to have face-to-face engagement with each of the families prior to therapy to establish rapport and build up a trusting therapeutic alliance.

Group relationships

In MFGT group dynamics and interaction between families are crucial to positive outcomes. Banks et al. (2020) argued that open and empathic relationships are hard to maintain when participants are distanced, and a challenge noted by Weinberg

(2020) is the lack of body language and non-verbal communication as the camera primarily captures participants' faces.

Lo et al., (2022), claimed to address this by changing the viewing mode between gallery and speaker views to help the leaders observe the process, however this does not support family relationships between families. Weinberg (2020) suggested that participants could be asked to report their bodily sensations or move around the room. Positively, he also noted benefits with clear turn-taking online and that the sense of distance over the internet may be more conducive to some participants sharing openly. In terms of relationship with the therapist, Weinberg (2020) asserted the salience of therapeutic presence to create this trust, with the therapist being fully in the moment and engaged with participants.

Reflecting on attunement in an EP delivered intervention during the pandemic, Yuill and colleagues (2021) presented results at the Division of Education and Child Psychology (DECP) conference as to whether communication was as closely aligned online as in person. Online questionnaires and interviews found that, although it took longer to establish rapport and this was easier with a prior, in-person meeting, the attunement felt different, but not lessened. This study, however, only sought views from practitioners and thus parents may have had differing perspectives.

Physical and technical challenges

Ioane et al. (2021) noted the difficulty that some clients, particularly the most vulnerable, may have with limited space to receive or participate in therapy. An added complication with MFGT is that online models have noted breakout rooms for parents and children (Cohen and Tisch, 2021, Lo et al. 2022). This also brings a requirement

for more than one technological device. Physical difficulties in use of technology were noted by loane et al. (2021) in terms of the reliability of technical resources, differences between laptops and smartphones, and the sustainability of an online platform during a session.

Safeguarding

There are specific risks and dangers in the online world including security of the platform being used and the possibility of ‘hackers’ (loane et al. 2021). One MFGT delivered by the Anna Freud Centre (Gov.UK, 2022) made the decision to move to a one-to-one online therapy model at the start of the pandemic, giving a key reason as online groups not meeting the organisations safety requirements.

2.17 Summary

This literature review has demonstrated the pervasive influence of parenting on child development and outcomes and therefore the importance of professionals working with families for optimal functioning. A strong evidence-base for MFGT in clinical settings has been presented alongside emergent evidence for this support within educational institutions. Consideration has been given to the transferability of this highly relational approach to an online delivery in the wake of the pandemic including potential challenges and benefits.

Chapter 3: Methodology

3.1 Overview

In this chapter I will explain the ontological, epistemological and theoretical beliefs underpinning the study, along with a consideration of the impact this could have on findings. I will then outline the research design and stages of the fieldwork including methods used and how data was generated and analysed. Finally, I will review ethical considerations.

3.2 Researcher Stance and Reflexivity

All qualitative research takes place within a context. Reflexivity makes explicit the recognition that the position of the researcher may impact upon the process and findings of research (Pillow, 2003) and is an essential part of strong, qualitative research (Braun and Clarke, 2013). It is an ongoing process of internal dialogue about the researcher's positionality (Berger, 2015) and makes transparent the assumption that objectivity is not inherent (Dodgson, 2018). Demonstrating an awareness of the impact of the self in creating knowledge ensures the rigor and quality of the research and is seen as the 'gold standard for determining trustworthiness' (Teh and Lok, 2018).

Willig (2013) argues that there are two types of reflexivity – personal and epistemological. Personal reflexivity requires reflection upon how the researcher's own values, experiences and belief systems have shaped the research, as well as how the research has served to impact upon the researcher in professional or personal life. The researcher's position as 'insider' or 'outsider' should be considered i.e.

whether they have shared experience with the participants (Berger, 2015), as well as potential power differentials which may impact upon openness of communication, (Dodgson, 2018).

As this study took place during the Covid-19 pandemic, I believe that my position of 'insider', from the differing perspectives of both studying and working as a professional and home-schooling as a parent, enhanced connection during the interviews and therefore openness of response. I also believe that conducting the interview through a digital platform in which the interviewee could choose the environment and time to suit them, and in which they could see the vulnerabilities of the researcher with any technological challenges that occurred e.g. loss of internet, helped address power differentials and enable participants to express their own vulnerabilities in their narratives.

Epistemological reflexivity challenges the researcher to consider such elements as how the research questions were defined, why specific data were collected, the theoretical framework from which the data is viewed and how alterations in process may have impacted findings. Berger (2015) states that it is the responsibility of the researcher to turn the lens on him/herself and consider the effect they have on data and interpretations. Covid-19 had a profound impact upon the original research design (see 3.22), although the theoretical framework remained the same. In coding and analysing parental responses I was mindful that, as EPs, providing an evidence base for the impact of interventions is essential. The original research study was mixed methods, providing breadth and depth of understanding of a phenomenon (Johnson et al. 2007), and using quantitative measures to evaluate outcomes, in addition to semi-structured interviews. As a researcher I was aware that this quantitative element was no longer accessible as the key priority for schools was to maintain connection

and attempts to conduct these types of comprehensive measures online with vulnerable families, may result in alienation. This placed greater onus upon me to ensure a high level of rigor in my analysis– coding and recoding, using member participation to ask that participants read and endorsed their interviews – and to ensure that differing sources of information, gathered both virtually and online e.g. attendance at MFG and supervision sessions, helped inform the analysis.

Reflexivity within this research was supported by a diary and record of actions which was kept providing an audit trail (see Appendix B).

3.2.1 Impact of National Context on Research

The design of this study was altered by the Covid-19 pandemic and changes were required both to the focus of the study, and the methods to be used. Prior to the pandemic the original research was a mixed methods design with a two-fold aim:

- a) To evaluate the effectiveness and impact of the MFG from the perspective of participating parents and the lasting impact of the approach twelve to eighteen months later on for parents who had graduated from groups.
- b) To explore parents' perceptions of the specific elements of the intervention that contributed to positive change both in the present and with regards to maintained change.

The rationale for these aims is that, although the impact of MFGT has been rigorously explored in clinical settings including the use of RCTs (a mark of good quality, Fox, 2003), there is a lack of systemic studies in schools in the UK for clear evidence base and paucity of evidence from the parental perspective, the group who have proven the hardest to reach. Originally, the research was intended to take place in two schools

within the local authority and focused on case studies of individual families. Parents attending the group initially completed Strengths and Difficulties Questionnaires (Goodman, 1997), an analysis of which provided a baseline for outcomes, and semi-structured interviews were to provide evidence of lived experience of the group.

In March 2020, after the research proposal had been agreed with supervisors, school closures resulted in changes to education nationwide, impacting academic learning and the development of social skills (Douglas et al. 2020). School leaders were asked to prioritise and, of the two original schools in the research, only one school had capacity and the support of the School Leadership Team (SLT) to conduct a virtual model of the MFG. I initially hoped to continue my aim of analysing the impact of a MFG on parents twelve months post attendance at the group to ascertain elements of lasting change. However, despite two school partners agreeing to this in virtual group supervision and, in the role of gatekeepers, emailing parents twice individually with information and the offer of additional incentives, parents declined to respond. School partners surmised that this was due to families' own priorities at the time and the inability of school to approach them directly. To gain data about settings or participants, researchers need to establish relationships, both with potential participants and gatekeepers who may be able to facilitate access to participants (Maxwell, 2018). Building trust and gaining access to vulnerable families at times of extreme emotional fragility proved challenging.

As the model changed to virtual delivery, a challenging concept for a highly relational, interactive programme, I discussed with my supervisors the need for an evidence base for this approach including consideration as to how effective this practice was in supporting families during the pandemic whilst following the principles of MFG. As a novel mode of delivery, it was important to consider the strengths and challenges of

the virtual approach from the differing perspectives of those involved i.e. parents, school partners and EPs, as well as lessons that could be learned for possible future virtual groups.

Therefore, in consultation with university supervisors, the research was adapted and a qualitative analysis of the efficacy of the virtual model in two schools in the original LA and one other was studied from the perspectives of the parent, school partner and EP using semi-structured interviews. Evidence gained was supported by a range of activities I undertook both face to face and virtually in MFGs and supervision groups.

3.3 Philosophical Stance

A research paradigm sets the context for a study, guiding the researcher in philosophical assumptions and methodology (Ponterotto, 2005). The paradigm used in this research is critical realism, defined by Braun and Clarke as

‘a theoretical approach that assumes an ultimate reality, but claims that the way reality is experienced and interpreted is shaped by culture, language and political interest’ (p329).

In this model ontology and epistemology are separated. The ontological standpoint is that of realism, i.e. the belief that there is a real world that exists independently of our perceptions and constructions (Maxwell, 2018). Within this study there is a reality of structured support frameworks guided by clear principles, particular foci shaped by the specific needs of those in the group, however the participants will make their own reality of those. This belief combines with epistemological constructivism i.e. the belief that we construct our knowledge of the world from a specific vantage point and therefore phenomena has individual meaning attached to people; all understanding of

reality is mediated by a conceptual lens (Bhaskar, 1989), and this research examines three different perceptions of challenges and positive outcomes from the sessions. This constructivist position maintains that meaning is hidden and must be sought through reflection stimulated by the researcher – participant dialogue (Maxwell, 2018). Critical realism also emphasises contextual importance on outcomes, context being integral to causality. The context of the nationwide situation as well as individual contexts and stressors within families are considered as causes for both challenges and positive outcomes.

3.4 Psychological Framework

In applying any psychological theory to practice, researchers are creating a framework to explain connections between phenomena effectively and efficiently and gain insights into new connections (Tudge et al 2009). Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979), adopted a holistic perspective, taking into consideration the context and wider factors, or ecology, of development (Hayes, O'Toole and Halpenny, 2017). How the child 'experienced' or perceived the world, both proximal and distal, was central to his theory (Bronfenbrenner 1979) and it was the interplay of person characteristics, context and time with bidirectional relationships, that led to development.

Bronfenbrenner recognised the importance of understanding how, not only the family and school impact significantly on human development, but broader systems do also. This research recognises the interactive systems that contribute to human development and therefore how the disruptions caused by the pandemic across multiple systems have impacted upon families (Menter et al. 2020). Bronfenbrenner's

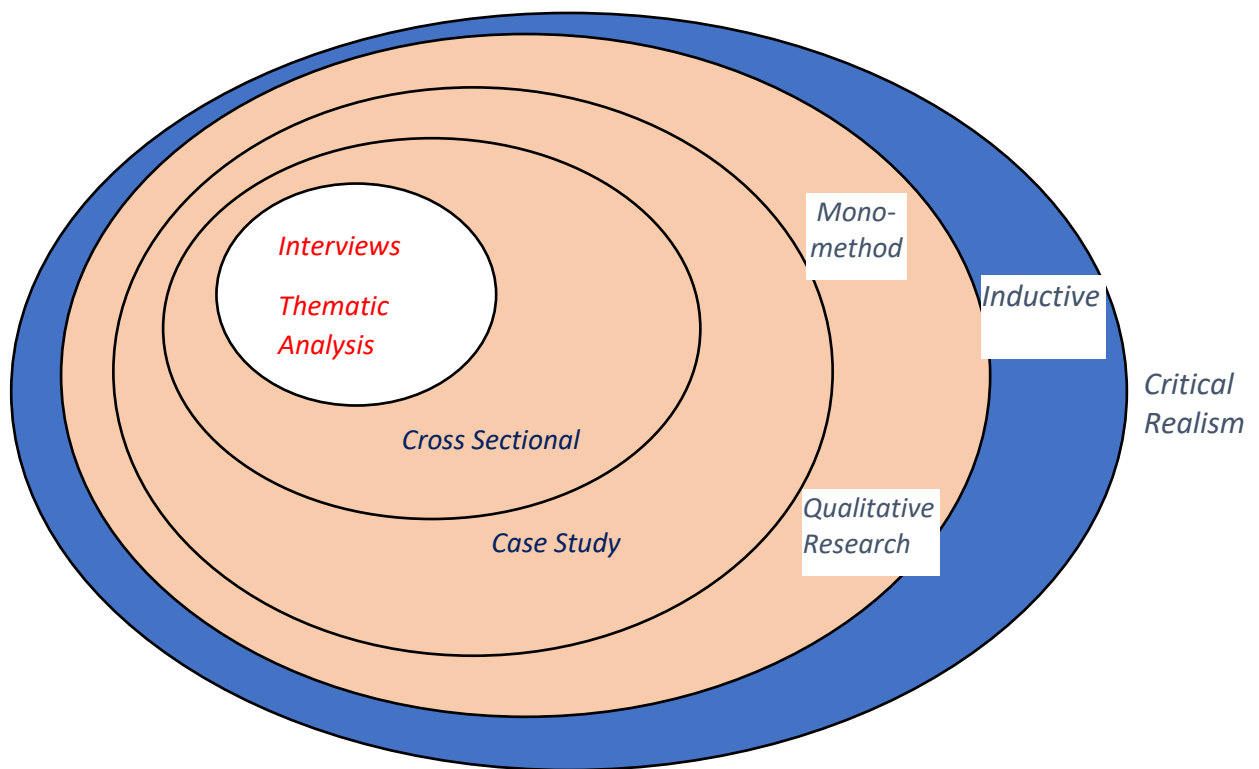
earliest paradigm was one of the child at the centre of four nested systems, each being influenced by the other, directly or indirectly (Bronfenbrenner 1979). He named the systems the microsystem, (environments closest to the child e.g. home or school), the mesosystem, (the relationship between the microsystems in which the child is active), the exosystem, (contexts that influence the child indirectly e.g. government policies on school closure during the pandemic), and the macrosystem, (shared cultural beliefs, societal values and political trends in a society). In addition, Bronfenbrenner introduced the chronosystem, reflecting change across time and sociohistorical conditions in which development occurs (Bronfenbrenner and Morris, 2006). In the context of the pandemic, the introduction of non-pharmaceutical interventions including stay at home directives, social distancing and mask wearing were highly impactful changes on children and families in a short time.

Bronfenbrenner's final model was renamed as the 'bio-ecological model of human development', focusing on a Process-Person-Context-Time (PPCT) model which highlighted the salience of proximal processes. These are interactions and activities that facilitate development, (Bronfenbrenner & Ceci, 1994) and the value of the adult's role in respecting, supporting and extending children's learning initially in dyads is paramount in this conceptualisation. Hayes, O'Toole and Halpenny (2017) state that Bronfenbrenner was demonstrating that strong, positive relationships could have the power to overcome the impacts of even damaging environments. This research explores the success to date and future capacity for a virtual approach to working with families on thinking psychologically and facilitating positive proximal processes.

3.5 Research Design

The research design is the strategic plan that provides structure– the ‘glue’ that holds the key elements of the project together (e.g. clear objectives, data sources, data collection, analysis, ethical considerations) to answer clearly defined research questions (Byrne, 2016). The ‘onion research model’ (Saunders et al. 2019) has been adapted to depict the research design and its many interacting, layers (see Fig 4).

Figure 4: The research onion, adapted from Saunders et al. 2019



This mono-method research utilises a case study approach, the rationale being that this allows for a holistic understanding of a phenomenon with real-life contexts from the perspective of those involved (Yin, 2009). This approach facilitates exploring a phenomenon within its context using a variety of data sources, generating an in-depth, multifaceted understanding of the issue, seen through multiple lenses (Baxter and

Jack, 2008). As the MFGs are being explored in the natural context in which they take place, the research is a naturalistic design (Crowe et al. 2011).

A case is defined by Miles and Huberman (1994) as a 'phenomenon of some sort occurring in a bounded context' and Yin (2009) argued that a case study methodology may be considered when the focus of the study is 'how' and 'why' questions and when the investigator has little control over the events. The research here fits an exploratory style as it is 'used to explore those situations in which the intervention being evaluated has no clear, single set of outcomes', (Yin, 2009).

3.6 Recruitment and Participants

3.6.1 Sampling technique

One of the techniques most broadly used in qualitative research to identify and select information rich cases is purposeful sampling (Palinkas et al., 2015). Purposeful sampling techniques involve selecting units, (which may be individuals, groups or institutions), experienced with a phenomenon (Teddlie and Yu, 2007), who are available and willing to participate (Spradley 1979). Criterion sampling was used in this research to gain a comprehensive understanding of how virtual MFGs during the pandemic impacted upon families and their functioning. The aim was to achieve a depth of understanding as to the degree that the virtual groups were able to adhere to the principles of MFGs and support reflective functioning in families, as well as to consider the range of physical and psychological challenges that accompanied this.

In approaching parents volunteer sampling was used. The researcher acknowledges that this may lead to possible participant bias as those likely to volunteer are those more invested in the group which may impact upon results.

3.6.2 Fieldwork – Recruitment Process

To gain participants I attended EPS supervision meetings with School Partners (SP) on an online platform and, although SPs appeared willing to engage with emerging models of virtual MFGs, reports of lack of engagement from school leaders, and logistical difficulties such as the requirement for ‘bubbles’ in school, competing priorities and staff shortages (Harris and Jones, 2020) resulted in only two schools in the LA continuing with virtual models.

One of the participating schools in the case study continued the links with the research from prior to the pandemic as the MFG moved to a virtual model. The second link was made following an expression of interest during a SP meeting. Research participants from each of these two schools included a SP, the link EP and a parent who had been participating in the virtual model. With one of the SPs I conducted a second interview, eight months after the first, to consider impact and change over time. To provide a comparison of a virtual MFG model, my university supervisor was able to act as gatekeeper to a mainstream Junior school in a London Borough who were in the process of setting up a virtual MFG and I conducted an interview with the facilitators pre and post intervention delivery. Contextual information for participating schools can be found in Table 2.

Table 2: Contextual Information for Participating Schools

	School Type		
	Church of England Primary School (Academy)	Secondary Special School Moderate Learning Difficulties	Mainstream Junior School
Age Range	4 - 11	11 - 19	4 - 11
Relative size	Larger than average	Slightly larger than average	Larger than average
Context	Suburban	Suburban	London Borough.
No. of pupils	390	156	453
Ofsted Rating	Good	Good	Good
Ethnicity	Majority White British	Majority White British	Majority Asian and African.
Pupil Premium	Below national average.	33% Pupil Premium - Above national average.	Above national average
SEN*	Above national average including EHCPs	All pupils have EHCPs***. Some have additional needs e.g. Autism.	Above national average
EAL**	Below national average	Below national average	Above national average

*Special Educational Needs (SEN)

**English as an Additional Language (EAL)

***Education, Health and Care Plan (EHCP)

As the terms progressed the format of the MFGs evolved. Table 3 provides details of the format of the groups:

Table 3: Evolving format of MFGs

School	Term 1			Term 2			Term 3		
	No of families	Year Group	Format	No. of families	Year Group	Format	No. of families	Year Group	Format
Primary School	3	3	Zoom	3	3	Zoom	3	3 and 4	Zoom
Specialist Secondary School	4	8	Zoom	2	8	Socially distance in Forest School or Canteen	2	9	Hybrid - Children at school, parents at home
Junior School							2	3	Zoom

3.6.3 Participants

To gain a multi-faceted understanding of the impact of virtual MFGs the research aimed to interview SPs, EPs and parents who fitted the criteria of consistently attending a virtual or hybrid model of MFG. In the case of the Junior school in the London Borough an EP had previously been involved and trained the home-school worker in the intervention but there was no capacity for support at that time. The school as gatekeepers were also unable to set up a meeting with a parent. However, an in-depth interview was gained with the two facilitators setting up the virtual MFG prior to the intervention and a telephone conversation with one of the facilitators after the intervention. An interview also took place with the EP who was the area coordinator for MFGs, responsible for overall supervision with SPs and who produced guidelines for the running of a virtual MFG. Table 4 clarifies involvement of participants in MFG and details interviews given:

Table 4: Involvement of Participants in MFGs and Interviews Granted.

Role in MFG	Function of role.	Professional Title	Attendance at virtual group	School Type	Gender	Number of interviews
School Partner	School facilitator	ELSA and Pupil Premium Designate	Yes	Secondary Special School	F	2 – six months apart
EP Partner	EP Facilitator	Educational Psychologist	Yes	Secondary Special School	F	1
Parent	Participant	Homemaker (gave up part time job in Covid)	Yes	Secondary Special School	F	1
School Partner	School facilitator	Family Support Worker	Yes	Primary School	F	1
EP Partner	Supervision for school facilitators	Educational Psychologist	No	Primary School	F	1
Parent	Participant	Carer	Yes	Primary School	F	1
School Partner	Facilitator	Senior Learning Mentor	Yes	Junior School	F	2 (1 joint with second school partner)
School Partner	Facilitator	School Social Worker	Yes	Junior School	F	1 joint with school partner
MFG EPS coordinator	Supervisor for MFG facilitators - coordinator	Senior Educational Psychologist	No	N/A - Area coordinator	F	1

All facilitators across the schools were female. Although both parents who agreed to an interview were female, there was one male member of the same group, however he declined to be interviewed.

3.6.4 Research tools

Semi-structured interviews were used as they are sufficiently structured to address specific dimensions of the research question whilst also leaving space for participants to offer new meanings to the research (Galletta, 2012). This method creates openings for a narrative to unfold, following areas unplanned for by the researcher and therefore providing rich data, whilst also including questions informed by theory (Smith and Osborn, 2004).

As the pandemic unfolded social distancing was mandated by the government and the Institute of Education (IoE) issued new guidance in line with this to ensure research was conducted in a virtual environment. All interviews therefore took place through synchronous video calls (except for one telephone call) as opposed to the 'gold standard' of face-to-face interviews (Mc Coyd and Kerson, 2012). Krouwel et al. (2019) considered potential challenges with online interviewing as being: limitation of access to body language; a lack of physical contact in times of interviewee distress e.g. providing tissues; a lack of protected space and therefore a chance of interruptions and the potential inhibition created by seeing a live image of the self on the screen. In comparing virtual and face to face interviews Krouwel and colleagues (2019) found that there was not a consistent difference in the essential quality of the interviews between modes and the technical issues that occurred in the study e.g. internet loss, served to unite interviewer and interviewee in a common vulnerability. The positive

elements of time and money saving due to lack of travel and the ability to reach interviewees that were geographically distanced were raised, however the study found that in-person interviews were slightly preferable to online calls as they produced a greater number of words and statements to support a similar number of codes and therefore stronger evidence for themes. This study was limited by a small sample size, (eight interviews of each type), and the sensitive topic of Irritable Bowel Syndrome may have impacted upon some interviewees' responses.

The interviews in the current research took place on one of two virtual platforms – Zoom audio and web conferencing or Microsoft Teams – being largely dependent upon which digital software program the participants could access and felt more relaxed using. Schools and EPs opted for Teams through work accounts, whilst parents chose Zoom, the same medium as was used for the virtual MFGs. Dodds and Hess (2021) argue that the trend for undertaking interviews over a video conferencing app is one which may continue beyond the pandemic.

An interview schedule was devised and refined through supervision with university tutors (See Appendix A).

3.6.5 Additional fieldwork

To gain a comprehensive understanding of the phenomenon, the researcher undertook additional fieldwork (see Table 5).

Table 5: Additional Fieldwork Undertaken During the Research

Field work undertaken			
Face to Face		Virtual	
Activity	Number of Sessions	Activity	Number of sessions
Attendance at MFG	1	Attendance at MFG	2
EP supervision session (All link EPs are invited to attend)	1	EP supervision session (All link EPs are invited to attend)	1
SP 1:1 supervision with link EP	1	SP supervision session (All SPs are invited to attend)	2
EP introduction session of the approach for school staff	1	Training in MFG (Anna Freud National Centre for Children and Families)	1 (4 hours)

3.7 Pilot Study

A pilot of the semi-structured interview for parents in the original research design took place over the telephone due to the parent's difficulty with access to the internet. This highlighted difficulties with emotional connection using this media and, except for one, all interviews in the current study took place via a video conferencing medium. A potential bias with volunteer sampling was acknowledged as the key reason for parent participation was due to the gratitude she felt towards school for supporting her during Covid-19.

3.8 Data Analysis

3.8.1 Transcription

Consent was gained for all interviews to be recorded on a digital platform. Online interviews took place in quiet environments for both participants, although sound quality for one participant was challenging due to acoustics and headphones were required for clarity. In addition, sub-optimal sound quality in the telephone interview

impacted on the write up such that quotes relied substantially on written notes taken at the time of interview.

The transcription of interviews is often presented uncritically as a direct conversion of recording to text, and the act of transcription as being an uncomplicated conduit between collection of data and analysis (McMullin, 2021). However, Kvale and Brinkmann (2009) argue that the choice of transcription method and the process itself is permeated by the judgements of the researcher including epistemological, theoretical, political, cultural and social. McMullin (2021) stresses that, as qualitative research is a highly interpretivist process, to treat transcriptions through a positivist lens can view the knowledge gained, unrealistically, as objective.

In this study transcription was completed by the researcher in full verbatim (Bucholtz, 2000) allowing such elements as hesitancy, repetition and humour to inform the analysis. Some subjective decision-making during transcription included colour coding when theoretical standpoints were referred to such as Bronfenbrenner's interlinked yet separate systems.

3.8.2 Thematic Analysis

Responses were analysed using Thematic Analysis (TA) (Braun and Clarke, 2006), to inform research questions. TA aims to identify patterns in the data and draw out common themes. It is not wedded to a particular epistemological view and thus is in keeping with the critical realist stance taken in this study.

TA involves creating 'codes' to fit data, elements of which are brought together to form 'themes'. Themes are defined by Boyatzis (1998) as patterns within data that describe and organise the information, aiding the interpretation of differing aspects of the phenomena. Braun and Clarke (2006), describe TA as flexible and as having been

designed specifically for use within psychological research. Table 5 summarises the practical elements and their purpose within the six phases of Braun and Clarke's (2006) TA method.

Table 5: A Summary of the Six Phases of Thematic Analysis (Braun and Clarke, 2006)

	Practical element	Purpose
<i>Phase 1 Data Familiarisation</i>	<ul style="list-style-type: none"> • Interviews transcribed manually by researcher • Audio played as transcript re-read • Notes added to areas of interest for later revisiting • Repeated re-reading – Searching for patterns • Start generating ideas for coding interesting data 	<ul style="list-style-type: none"> ➤ Immersing researcher in data ➤ Ensure accuracy of data ➤ Maximise familiarity ➤ Active engagement with data ➤ Initial interpretations formed
<i>Phase 2 Generating Initial Codes</i>	<ul style="list-style-type: none"> • Generate initial codes identifying features – semantic or latent content • Approach data with specific research questions in mind (but open to additional rich data) • Work systematically through the entire data set with equal attention to each data item- gain a long list of codes across the data set. • All data extracts coded and collated within each code, (each data piece may fit more than one code. • Code data inclusive of context • Maintain data that departs from the dominant story so that all elements are heard. 	<ul style="list-style-type: none"> ➤ To find the most basic element of the data that can be assessed in a meaningful way ➤ Initial organisation of data into meaningful groups ➤ Begin to consider patterns that you can see in the data sets ➤ Finding as many themes as possible within the data ➤ Ensure the context of data coding remains transparent ➤ Ensure overall conceptualisation includes all opinions, even if contradictory.
<i>Phase 3 Searching for themes</i>	<ul style="list-style-type: none"> • Use mind-maps and post-it notes to sort different codes into potential themes • Collate all the relevant coded data extracts within candidate and sub-themes • Any codes that do not fit a particular theme put in miscellaneous (do not discard!). 	<ul style="list-style-type: none"> ➤ To analyse all the codes and combine them to form an overarching theme. ➤ To start thinking about the relationship between codes and themes. ➤ To gain a sense of the significance of individual themes and to be using some interpretive analysis.
<i>Phase 4 Reviewing Themes</i>	<p><i>Level 1</i></p> <ul style="list-style-type: none"> • Read all the collated extracts for each theme and seek a coherent pattern – if there is not one, go back to the data and rework a new theme. • Discard candidate themes that have not come to fruition. • Where necessary, collapse themes into separate strands. • Produce a candidate thematic map. <p><i>Level 2</i></p> <ul style="list-style-type: none"> • Re-read entire data set. • Code any additional items that have been missed. • Ongoing reviewing and refining – when nothing new appears STOP!! 	<p><i>Level 1</i></p> <ul style="list-style-type: none"> ➤ To be rigorous in ensuring coherence in pattern in themes. ➤ To ensure candidate themes adequately capture the contours of the coded data ➤ To ensure clear and identifiable distinctions between themes <p><i>Level 2</i></p> <ul style="list-style-type: none"> ➤ To consider whether the candidate map accurately reflects the meanings evident in the data set as a whole. ➤ To understand the different themes, how they fit together and the overall story they tell.
<i>Phase 5 Defining and Naming Themes</i>	<ul style="list-style-type: none"> • Organise collated data extracts for each theme into coherent and internally consistent account with accompanying narrative. Identify what is of interest and why. • Write a detailed analysis for each theme. • Identify whether any themes contain 'sub-themes'. • Start constructing names for themes in the final analysis. • Describe the scope and content of each theme in a couple of sentences. 	<ul style="list-style-type: none"> ➤ To identify the essence of what each theme is about and what aspect of the data each theme captures (i.e. defining themes). ➤ To understand how each theme fits into the broader story that you are telling in relation to the research questions. ➤ Identifying sub-themes can provide structure and hierarchy of meaning within data. ➤ To test whether themes are clearly defined.
<i>Phase 6 Producing the report</i>	<ul style="list-style-type: none"> • Choose vivid (but not complex) examples or extracts to illustrate points. • Embed extracts within analytic narrative. 	<ul style="list-style-type: none"> ➤ To convince the reader of the merit and validity of the analysis. ➤ To produce a concise, coherent, non-repetitive and interesting account of the story the data tell. ➤ To ensure it is an argument, not description.

A key criticism that has been levelled at TA has been its limited interpretative power beyond description (Braun and Clarke, 2014). Braun and Clarke (2021), contend that TA holds the potential for ‘deeply interpretative, theorised analyses’ (p339) and that the interpretative depth lies in the skill of the researcher. Braun and Clarke (2006), urge the researcher to take a subjective, active role in relation to the research question. The research design in this study acknowledges the centrality of the researcher’s position, taking a reflective stance on the philosophical and theoretical assumptions, as well as values, professional interest and other positionings impacting the lens through which the data is read, and the story is told.

3.9 Validity and Reliability

The ‘trustworthiness’ of a qualitative research study is argued by Lincoln and Guba (1985) to depend upon the issues discussed in quantitative studies as ‘validity’ and ‘reliability’.

3.9.1 Validity

Validity is the process of verifying research data, analysis and interpretation to establish that it is measuring what it intends to measure (Guest et al. 2012). The concept of validity is rooted in the positivist tradition and scholars have debated differing terms for this process in qualitative research (Golafshani, 2003). A commonly accepted term for internal validity is ‘credibility’, defined by Holloway and Wheeler (2002) as the confidence that can be placed that research findings are true. Lincoln

and Guba (1985) argued that the concept of external validity should be replaced by the term 'transferability' or the extent to which the results of a qualitative research can be transferred to other contexts (Bitsch, 2005).

3.9.2 Credibility

In this study I immersed myself in different aspects of the phenomenon to fully understand the underpinning principles of MFGs and how they translated into school contexts (see *Table 4*) as well as to further my professional practice. Attendance at a MFG face to face, and therefore physically meeting with two of the parents in the virtual group, aided minimisation of distortion of information that could have arisen due to my presence in two online meetings. It also provided a basis for a trusting relationship with the parent and SP. In addition, attendance at the MFG aided triangulation of information as I was able to join the parents in activities with their children and experience success and difficulties, joining reflective dyadic and group conversations. This added to my perspective of the diverse understanding of realities.

Triangulation helps reduce systematic bias and in this research the impact of the approach was considered from the three differing viewpoints: the parent, the SP as key facilitator, and the EP. A differing form of triangulation occurred as a Trainee Educational Psychologist (TEP) confirmed accuracy of my transcribing through listening to the interviews and simultaneously reading the transcription.

Saunders et al. (2019) argue that semi-structured interviews can achieve a high level of credibility when conducted carefully using clarifying questions, probing meanings and by exploring responses from varied angles and perspectives. The interview schedules in the present study were piloted in a 'mock' interview with an EP who had

previous experience of facilitating a MFG and alterations were made. They were then moderated by my university supervisor. Miles and Huberman (1994) state that transparency of process is critical when arguing for the validity of findings and their analysis. Table 5 demonstrates the process through which this research progressed. Additionally, three peer debriefing sessions (Bitsch, 2005) took place during virtual workshops as part of the Doctoral in Educational Psychology course, in which groups of four doctoral students had a twenty-minute opportunity to discuss process and findings with neutral colleagues who had experience of qualitative research.

3.9.3 Transferability

Purposeful sampling helps facilitate the transferability concept (Bitsch, 2005). All three schools in the study fit the criterion of instigating a virtual model of the MFG approach, despite their different manifestations. Difficulties in generalising findings from case studies are well documented, (Yin, 2009), however Buchanan, 2012, argues that findings from one qualitative research setting may lead to generalisations across other settings where learning can be applied. In this research, the participants' perspectives are socially constructed within three profoundly different school settings. However, the principles of MFG were applied and participants all experienced a remote model with parents and children in their homes and facilitators within their own professional settings.

3.9.4 Dependability

Dependability is a term formulated by Lincoln and Guba (1985) as one that closely corresponds with the notion of 'reliability'. Ulin and colleagues (2005) argue that

dependability relies upon consistency when measuring a concept and careful attention to the rules and conventions of qualitative methodology. To ensure dependability I transcribed all interviews manually, re-reading them with the video, and member validation was gained from two participants who agreed to re-read their interviews to confirm accuracy. The method chosen of TA is an ongoing process of checking codes against the data, reviewing, refining and re-structuring them. Using a code-recode strategy, I coded selected data twice, giving a weeks' gestation period between the coding, and results were compared to see if they were the same or different (Chilisa and Preece, 2005). This helped deepen understanding of the patterns that could be found and an active understanding of the participants' stories.

3.10 Ethical Considerations

This study was carried out in accordance with the British Psychological Society's (2018) code of human research ethics and the Health Care Professional Council's (HCPC) guidance. Ethical approval was gained through the Institute of Education (IoE) and University College London (UCL) Psychology and Human Development's ethics committee.

3.10.1 Risks

The use of semi-structured interviews allows the researcher and participant to explore narratives in greater depth. Parenting and self-efficacy can be sensitive issues and reflection by parents on these skills during particularly stressful and challenging times could bring about feelings of vulnerability and discomfort. This was also a time of challenge for SPs and EPs in which expectation lay with them to provide support whilst

using technology unfamiliar to them, and at the same time coping with their own individual life stresses due to the pandemic.

The study aimed to be transparent through the provision of an information sheet clarifying the research purpose, what participating would involve, what would happen to the results and how they would be disseminated (see Appendices C and D). Potential risks and benefits were made clear to the participants and they were made aware that data obtained was for the purpose of this study and that all information gathered would be kept securely until the research project is completed in May 2022 and then destroyed. Participants were encouraged to choose a date and time that was convenient for them and when they could find privacy and feel relaxed. They were reminded that they were free to omit questions and that the data would be anonymised. It was made clear that participants could withdraw their data from the study at any time up to four weeks after the interview and video or telephone recordings would be destroyed.

3.10.2 Informed consent

Consent forms were emailed to participants, and all were returned prior to interviews (see appendix E for example). These forms emphasised the confidentiality of all information shared along with the assurance that all data will be anonymised. Participants were informed that this research would be used to support EPs in assessing the impact of support for schools during the pandemic.

3.10.3 Confidentiality

Each participant was assigned an identity code, all data was pseudo anonymised to protect participant identity and transcripts included only participant numbers. Although confidential, parents were informed that should any safeguarding concerns arise during the interviews, these would be raised with the school designated safeguarding lead and support would be provided for families.

3.10.4 Data Storage

Increasing concerns about data protection and legislation such as the General Data Protection Regulation (GDPR) which came into force in May 2018, has prompted many universities to instigate strict rules about where data from research may be stored (Da Freitas and Da Silva, 2021). Digital forms and video recordings were securely stored as encrypted files on a password-protected laptop and on an encrypted memory stick. The recordings will be deleted when the thesis has been completed and submitted and the interview data is no longer needed.

3.10.5 Debriefing and Dissemination

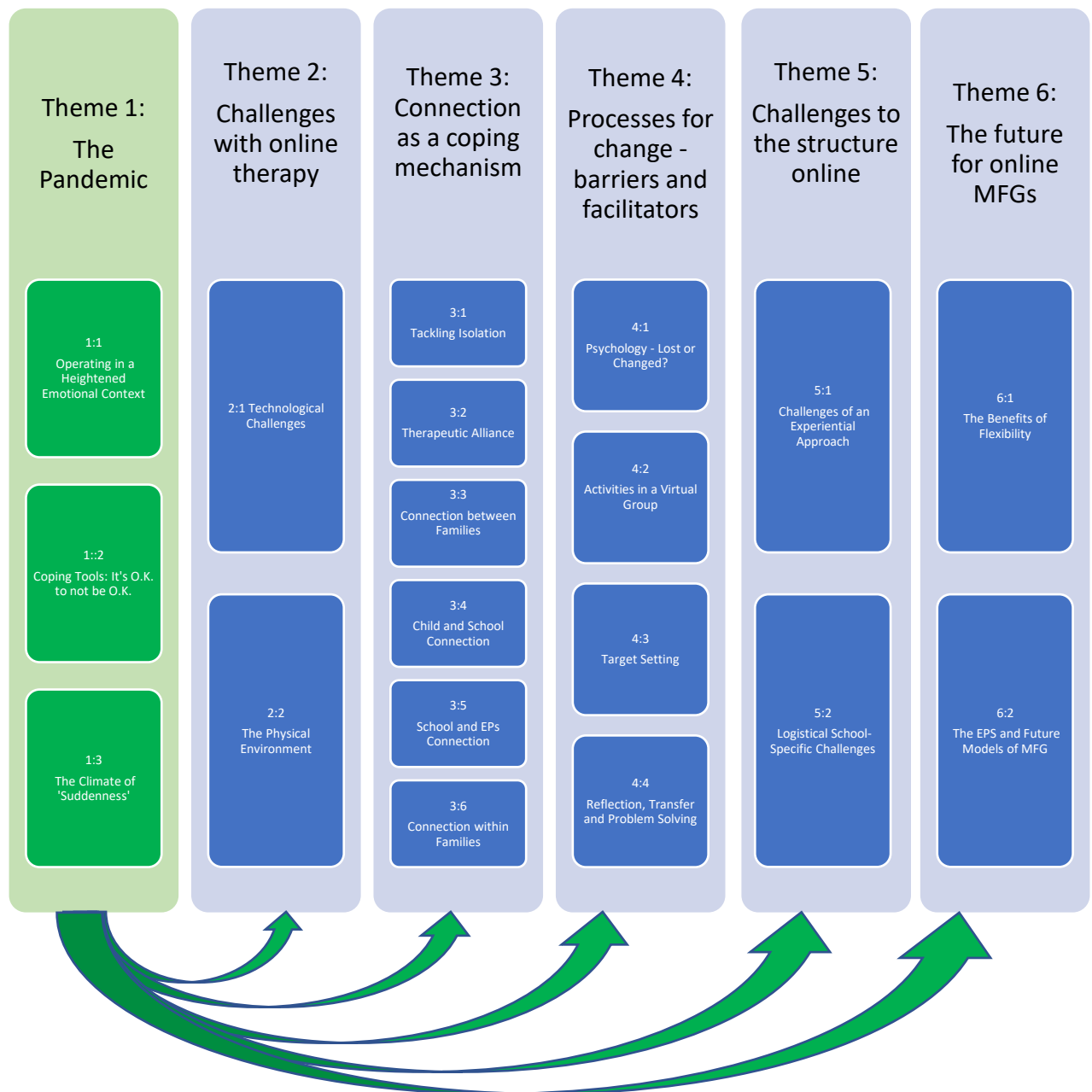
At the end of the interviews, participants received a debriefing. Contact details were made available should further support be necessary. A summary of findings will be presented to all participants and to the local EPS in a Borough wide service training day.

Chapter 4: Findings

4.1 Overview

This chapter outlines findings from the analysis of interviews across the three groups of participants – SPs, EPs and parents. Braun and Clarke's (2006) TA was applied using the six phases outlined in the Methodology section and the analysis attempts to answer the four research questions outlined in chapter 1. As the chapter progresses, I will provide a brief description of each theme and subtheme alongside quotations from the interviewees to illustrate with clarity the views of the participants. Six key themes with connecting sub-themes are analysed, representing the perceptions and experiences of the participants. Theme 1 was identified as an overarching theme, impacting on all others and is therefore central. Figure 1 presents a pictorial representation of the themes:

Figure 5: Thematic analysis of interviews



4.2 Theme 1: The Pandemic

The first overarching theme which has impacted on all other themes is the context of the pandemic.

1:1 Operating in a Heightened Emotional Context

The COVID-19 pandemic was a unique time of emotional insecurity around the world and the language of anxiety from all participants reflected the amplified emotional state in which they were functioning, regardless of whether they were facilitator or participant. One EP stated

'We were all operating with 90% anxiety the whole time, which I think we all weren't we? We were all frightened of how the world was....'(EP1)

A parent summed up her feelings by stating:

'There was a lot of anxiety particularly when everything changed without notice. I was a key worker.....(the school partner) was my emotional rock' (Parent 2).

In reflecting upon the elevated emotional state of the parents in the group, one EP demonstrated solidarity in her response to them, expressing acceptance and agreement of intense emotions revealed in the meetings:

...(parents would say) 'is everyone else doing this, does everyone else feel like I do, does everyone else feel like they're going mad, does everyone else's kid do this? Is this a normal response to a pandemic? I would say, I dunno, feels quite normal to me!' (EP1)

These comments align with the literature that highlights the psychological impact of the pandemic and the heightened risk for psychological distress, (Wu and Xu, 2020). Pre-existing vulnerabilities such as economic hardship or children with special needs were found to exacerbate the impact of social disruption, (e.g. loss of employment or social distancing), on caregiver wellbeing, (Prime et al. 2020), and both parents participating in this research shared that their children have a diagnosis of ADHD.

There were many indicators of the difficulties these families were facing each day due to Covid-19. Parent 2's comment above highlights the challenge of being a part-time working parent during the pandemic, although she explained during the meeting that she had felt it necessary to stop working to look after her daughter with inevitable financial implications. Another key stressor that was discussed between families during one meeting that I witnessed was that of helping children with homework, supporting the assertion by Schmidt and colleagues (2021) that when parents were more heavily involved in the learning there were increased negative parent-child interactions impacting upon the families' affective well-being. One SP noted:

'....I think they do feel a lot of pressure and the lockdown homework is causing more stresses for parents....' (SP2).

In the second meeting I attended, one parent became visibly upset as her son took himself away from the laptop and hid underneath a table. As a single mother isolated during the pandemic, she expressed how difficult she was finding it to deal with her son's behaviour.

Through triangulation of interviews with SPs, parents, EPs and observation of two MFG online meetings, a picture of the cumulative stressors experienced by parents at this time can be drawn, along with consideration of the impact of these on family functioning. Research has found that increased tension and stress potentially impacts upon family processes and can change the parent-child relationship and family dynamics, (McKenry and Price, 2005; Prime et al. 2020), resulting in an alteration in child development emotionally, socially and cognitively. Evidence has also demonstrated that crises potentially alter parenting practices (Lee and Ward, 2020), worsening pre-existing problems for children and parent-child relationships (Shapiro

et al. 2006). It is likely, therefore, that the stressors described and observed across two of the groups during this unique crisis would form an accumulation of risk factors and could impact upon parenting practices and functioning within these families, and ultimately on child outcomes and development.

EPs and SPs, themselves in isolation, described techniques used to enable parents to begin to cope at this time.

1:2 Coping Tools – ‘It’s O.K. to not be O.K.’

EPs and SPs expressed a unique level of deepened empathy for parents stemming from personal yet shared situations. This strengthened the use of normalisation as an emotional buffer to enable parents to cope:

‘....because we all have children as well we could empathise with (parents) when they were saying they were having a difficult day, because we would say, we know, it can be like that at times. And it’s o.k. to not be o.k.’ (EP1).

Through this psychosocial tool, parents were guided to gain perspective and to place their current situation in a longer-term context (Posselt, 2018).

A lack of predictability is a stressor that can cause dysregulation (Perry, 2020a). By creating external structure and bringing back some predictability to life, the existence of the MFG itself, providing a sense of structure in an indeterminate world, appears to be providing a coping tool as a vehicle for regulation. The act of commitment to the weekly meeting, and the knowledge that a support group would be regularly and reliably available was seen as an important factor to the success of the group. Venzin (2021) defined the new Oxford Dictionary term,

'blursday', as a phenomenon that occurred during the pandemic when, due to feelings of monotony from work-from-home culture and home-schooling, days melded into one without distinction. For one EP the group became *'a bit of scaffolding to hang my week on'* and stated:

'Two of the parents actually said it was really lovely to keep that structure in the week, to know that Tuesday afternoon was still multi-family group, even though they were at home and, even though it felt that the world had been shaken onto its head, the regularity of 1.30 on a Tuesday, we'll all be together'...(EP1).

1:3 The climate of 'suddenness'

As everyone came to terms with the 'new normal', language used by SPs and EPs in interviews exposed feelings of 'panic' that if they did not rapidly continue the groups in some format, the work setting them up would be lost along with connection with those families. One SP stated that if they hadn't *'kept it going it would have been really hard to start up again'*, (SP1), and an EP reported:

'I think the first time round was almost panicky...how can we keep this going.....quick, quick, what can we do? And it was like, we just needed to get everyone back before we lost them and I really felt this sense from school of, if we don't get them back in the first few weeks, they're gonna be gone...and we need to hang onto them and bring them back.' (EP1).

Concern was demonstrated by all SPs, one SP describing her thoughts as:

'...In my mind I thought, how on earth is this all going to work?' (SP2).

The strain on school facilitators of maintaining this therapeutic support group for parents was recognised by the MFG co-ordinator (MFGC) who talked of staff:

'..trying to do this on an already empty tank. feeling exhausted and depleted and stretched'.. (MFGC)

Schools needed to prioritise at a time when guidance was fluid and changing daily and pressure on school leaders was high (Harris and Jones, 2020). The EP MFG co-ordinator noted:

'Head teachers were having to juggle, 'is it more important for this staff member to be in this bubble, or supporting these children, or is it more important for them to run the MFG? And obviously they had a hierarchy of concern and priority' (MFGC).

Research Question (RQ)1 focuses on the impact of MFGs in schools on family functioning and coping mechanisms during the pandemic, a time of profound, continually evolving alteration in family processes and relationships (see Prime et al. 2020, Figure 1). Wu and Xu (2020) evoke family stress theory to consider the impact of the pandemic on parenting, and how parental internal resources (e.g. parenting practices or styles) and external resources (e.g. community support) along with parental perceptions about stressors, impact upon their coping mechanisms. This in turn impacts upon child development and adjustment. Through the provision of an external resource, (a weekly structured MFG meeting), the MFG aimed to impact upon parents' internal resources (e.g. ability to self-regulate through reflective functioning), at this uncertain time, however the use of technology to do so provided challenges as illustrated in theme 2.

4.3 Theme 2: Challenges with Online Therapy

2:1 The Physical Environment

Within the school environment, the facilitator for the MFG usually manages the setting and creates a holding environment (Weinberg, 2020) to make families feel at ease with refreshments, the same chairs representing equality and closed doors representing privacy and confidentiality to the group. Online this is not possible and difficulties with interruptions were highlighted by parents:

'because all of us were in our own home environments.... I mean, you've got interruption of other children, siblings, and the door rings, those kind of things. With interruptions it was actually quite tricky', (Parent 1).

The challenge of finding a private space was highlighted by both SPs and EPs:

'I think also with one of the parents it's their home situation. So, there's five of them in a one-bedroom flat so it is (difficult for them) to find some space ... to have that 1:1 time together', (SP1).

SP3 voiced similar concerns:

'Finding a protected space was difficult for one of the families. This child had four or five siblings and so mum struggled with other children, older and younger, in the room,' (SP3).

One of the EPs pinpointed the challenges with the home situation during lockdown both in terms of a lack of privacy within their own household, but also in trying to keep their own home private from the rest of the group:

'..one family.....the mum and child both sat against the bedroom door for the whole time, and I got the impression that that was...a) because home was quite chaotic,

there was a lot of children there, but also I think they were very aware that they didn't want everyone else seeing what the inside of their home was like', (EP1)

Aligning with the BPS (2020b) report of psychologists' concerns regarding online therapy, one EP also voiced concerns around her own privacy stating:

'I'm really conscious of where are we? What can you see in the background?' (EP1).

Although Weinberg (2020) argued that facial expressions can be seen much better online than in-person as we see people up close, one SP reflected upon the difficulty with not being able to read body language and therefore gain a sense of intimacy:

'It's not as intimate I don't think. When you see someone you can't read body language.....and I just think the face to face is so much better' (SP2).

In addition, one of the parents expressed her opinion that, when the group was at the end of the day, the children were tired and struggled to gain as much out of the time.

'It was shorter on zoom because I think the children.. cos it was at the end of the day after they had finished what they had been doing... school and things... they had actually had enough by then they weren't engaged so much'...(Parent 2).

2:2 Technological Challenges

A key difficulty was reliability of technological resources. SP4 addressed socio-economic inequity in the school demographic, stating that all children had been provided with a laptop during lockdown and therefore technology that may not otherwise have been within the financial grasp of a family was no longer a barrier. However, SPs and EPs from all three schools voiced concerns over the parents' familiarity with the equipment and time spent demonstrating the technology.

‘...some families had never used a laptop to do virtual calls before so that was really difficult trying to talk to them over the phone and explain to them what they needed to do. So that took a bit of time’ (SP1)

At points during all facilitators’ interviews, the ‘pitfalls that come with technology’, (EP1), appeared a genuine source of frustration, from reliability of physical resources and sustainability in a session, to the differences in using a laptop as opposed to holding a smartphone. Challenges experienced in school supported Greenblatt and colleagues’ (2021) research highlighting digital poverty including competence with technology. EP1 noted that there were ‘some parents who just couldn’t get it to work’, whilst SP2 expressed frustration with one father where ‘sound is always a bit of a problem’, and I observed that after ten minutes of struggling to hear or speak on his mobile phone, leaving and re-joining the call three times, this parent left his daughter alone to watch the remainder of the session. The technical support being given by the SP initially as the parent struggled dominated the start of the session and, whereas in a face-to-face meeting support would have been shared between facilitators, in this instance the whole group was drawn into the difficulties.

All facilitators mentioned difficulties with logging on and sustainability of internet connections, one noting emails from parents informing her that the technology ‘*doesn’t work*’ (SP1) and noted:

‘..there have been problems when the parent has struggled to try and log on and we have had to wait and we have said look it’s fine don’t worry, or um... not being able to log on myself, trying to find something to use.’ (SP1)

EP1 voiced frustration with a parent’s use of a smartphone which she observed was hindering parent and child in carrying out an activity and therefore impacting upon the

purpose of the group:

‘..so they were holding a phone up like this (holds phone horizontal in front of face, slightly distanced) for an hour, that was really hard work, particularly when they were sharing a screen with a child and, trying to do an activity, that was really hard’..

(EP1).

Further considerations concerning parents’ confidence and competence with the online platform related to the ability to create a sense of feeling safe and for parents to interject their thoughts freely, thereby learning from each other. EP1 voiced concern that for some of the parents this was a ‘level of confidence that they didn’t have’ and SP4 noted that:

‘Conversations aren’t as free are they when you are online? you can’t, someone talks....’oh you’re on mute, you’re on mute’, or...you’re talking over that person.. you can only hear one person.’ (SP4).

Although technology was brought up by all professionals as a challenge to the groups, neither parent mentioned this aspect, however one parent expressed her understanding of her daughter’s reluctance to engage when using technology, a difficulty she had not experienced in face-to-face meetings:

‘..J didn’t like seeing everybody on the video because she is quite shy..... because it is in a different environment, it made it quite difficult for her’... (Parent 2)

The BPS (2020b) found that difficulties with use of technology were negatively impacting upon psychologists’ wellbeing and there was evidence of the strain on facilitators within the interviews. EP1 stated that the MFG was *‘the one piece of work keeping me awake at nights’*...and SP1 expressed frustration when she could not log in and join the group. This may have been a contributing factor to her decision to return

to face-to-face meetings as quickly as possible, despite core difficulties such as maintaining social distancing and seeking innovative ways to connect family members, both at home and at school.

There were also some parents that it appeared were excluded virtually, either due to lack of technological competence or reasons which require further exploration e.g. one parent in school one '*preferred not to join virtually*' (SP1), although she completed activities at home separately and participated fully again when the group became in-person. The third school had very limited take up despite providing the laptops for parents. These factors give some support to loane et al.'s (2020) suggestion of the importance of fully understanding how vulnerabilities in communities influence accessibility in order to ensure equity of therapeutic modes.

Despite technological challenges instigating feelings of frustration, it was the technology that enabled a key coping mechanism for families in lockdown to take place, that of connection, something which emerged as key in Theme 3.

4.4 Theme 3: Connection as a coping mechanism

Connecting with others in times of adversity is a powerful mechanism for healing, (Yalom and Leszcz, 2005) and the language around connection between participants and facilitators emerged strongly during interviews. One EP stated:

'That was when the parents needed us most – needed to seek that connection with other people'.. (EP1).

A key principle of MFGs as a relational approach is to strengthen families through networks, providing a platform for destigmatising and creating relationships in both

micro and meso-systems (Morris et al., 2013). The virtual MFG appeared to be contributing to protective factors for parents by providing social connection removed by the pandemic.

3:1 Tackling Isolation

At this time of social distancing, the concept of connection as being paramount was prevalent in EP narratives exploring the impact of virtual MFGs.

'...the key strength is maintaining a connection with families when they are in a state of isolation....the main impact is families still feeling connected and supported in what was otherwise a very isolating period of time.' (MFGC)

One EP argued that it was this connection that was *'making life easier for some of these families right now'* (EP1) and that the physical act of SPs dropping off activities at families' homes strengthened the feelings of togetherness and was therefore a form of connection in itself:

'...to the families it was that connection, it was being able to connect with school, to know that school were holding them in mind I think and to have that kind of, almost special treatment of school are dropping off an activity for us to do.' (EP1).

A SP explained that it was connection that formed the basis for the structure of the interventions initially:

'We decided it was just about keeping in touch because it was a difficult time for everybody', (SP1).

The power of positive relationships on health (Sanders, 2020) appears to be a basis for the EP's comments on families being held in mind by, and therefore connected

with, school. The families invited into the MFG had differing stressors, however Perry (2020b) argues for the power of connectedness to counterbalance adversity. The next subtheme considers the therapeutic alliance as key for connection.

3:2 The Therapeutic Alliance

The literature review in Chapter 2 established the salience of the therapeutic alliance for the success of any therapeutic approach. This included shared goals, aims and views of methods to achieve these between therapist and client (Friedlander et al. 2011). The facilitators in a school environment have an unusual therapeutic position in that, when MFG is run face-to-face, they are very likely to see one participant, i.e. the child, between meetings and have the capacity to ease situations and provide some ongoing support. In the context of the pandemic, SPs linked connection with availability and the meetings being a conduit to initiating this communication:

'We will have our virtual meetings and say 'look, if you want to contact me in the week, if you want to send me an email you can do that' and it's just having that....connection.... staying in constant contact and knowing that you are there makes a difference. Sometimes she will send me an email and it's 'I've had a really bad day I can't cope anymore' and afterwards she will send another email and say 'oh I feel better now I've had a vent' and I'll say 'it's fine'. (SP1).

This quality of relationship was seen to supersede other relationships that the parents had with the school, putting an elevated level of trust in the facilitator:

'All of the families email me if they have any concerns rather than ring the school'..(SP1).

An open-door policy was voiced across schools:

'The parents also know after the group that they can just call the school and ask to speak with us and they say look this is cropping up or this is happening, and you can sort of, you've got that connection and that sort of relationship to support them.'

(SP3).

From the parents' perspective, one expressed a strong, positive connection with the SP, claiming that she is *'my emotional rock'*, (Parent 1), whilst a second parent cited a long-standing trusting relationship between the two:

'We had lots of communication beforehand, and she (SP) knew J from a baby....so she knew us as a family and how we worked' (Parent 2).

For this parent a key factor as to how effective she perceives the group to be is

'..if you're going to gel with who's running it. I was so lucky, both (SP) and (EP) were really understanding'.. (Parent 2).

One SP voiced the connection as:

'...the sense of belonging and feeling that somebody is looking out for them from the school.' (SP2).

This expresses the relationship as one of deep support and the term 'belonging' resonates of shared purpose. Although the facilitators were not able to remove the factors that cause dysregulation and adversities that families were experiencing, by actioning connection there was the opportunity for joint regulation and support (Perry, 2020a).

The passion from SPs themselves which was evident through body language, tone of voice and choice of expression during the interviews, could be argued as being, at

least partly, instrumental in the creation of a strong therapeutic alliance. One SP stated:

'I love it, I love Multi-Family Group I do, I really enjoy it!' (SP1)

A second SP expressed her enthusiasm for the chance to talk about the group *'because it is just so lovely'* (SP2), voicing a genuine desire to *'feel more of (the parents') support system'*.

Gaining trust is a key element to positive relationships and an EP spoke about the sceptical way in which one parent initially viewed the group and how, by pursuing the relationship at different times and calling when the parent was out on a walk, the EP was able to help her to make

'.....That shift from knowing that we weren't there as surveillance..' (EP1)

This understanding that she was *'checking in, not checking up'*, (EP1) was felt by the EP to be vital to the therapeutic alliance and the EP shared that

'She was more open and honest with me in that conversation than she had ever been previously' (EP1).

Both the SP and the EP explained that a reason for this parent's initial reluctance may have been that she was the only parent whose attendance was mandatory due to the involvement of other services. Attendance at MFG is always voluntary, and it would therefore be reasonable to assume that ordinarily parents feel positively about the group and are actively seeking connection and support. In this case establishing a positive connection was challenging for facilitators and creativity and perseverance was required to demonstrate that the group was genuinely for support and that *'We are not big Brother!'*, (EP1).

The two groups which ran throughout the lockdown period both started face-to-face and had the experience of building a foundation for their relationship prior to the online model. One EP felt that this had established them as a group and enabled a 'climate of honesty' to be set up. The third group that ran for a fixed period during lockdown was run without a prior in-person meeting and in this instance the SP described the process as a *'joint venture with school and parents'* (SP3). In this latter rationale the SP wished to convey that there was not a power imbalance between the parties which may have impacted positively upon connection and potentially the therapeutic alliance.

Cook-Darzens et al. (2018) proposed that therapeutic alliance in a MFG was comprised of mutual learning, group cohesion and shared cooperative support, involving group participants primarily. The next sub-theme explores the connection between families during the remote model of the groups and the impact of this therapeutic alliance.

3:3 Connection between Families

A key principle underpinning MFGT is universality (Asen et al., 2001). Parents feel that others are experiencing similar difficulties and become empowered to view challenges from multiple perspectives, gain validation and peer support, (McKay et al. 1995; Thorngren et al. 1998).

The language of openness and honesty resonated throughout discussions of connection between families. During the in-person model, time is given for parents to be together without children and two of the virtual models continued this parental quality time within the virtual structure and one moved to this approach towards the end. One EP described the candid way a mother spoke about her experiences during

the first in-person meeting which set the tone for others to be honest and enabled openness during lockdown:

*'There was one parent who went, 'Alright, I'll go, it's a bit ****, I'm finding it all really hard'. And everyone held their breath and thought, 'How's this gonna go?', and the other parents were like 'Oh thank goodness you've said that, I'm finding this really hardso because ...that relationship was then established.... this was an honest space and it just took one parent to be honest and really open, they then had that existing connection that they could draw upon. And that parent set the tone for everybody every week, and was the one that would always say, 'Phewor, this lockdown is messing with my head' (EP1).*

Parents expressed the importance to them of not being alone with struggles:

*'... being connected with others. And actually knowing, **actually knowing** there is other people in the same boat.'* (Parent 1).

One SP shared with me a letter from a parent who had attended virtual MFG throughout lockdown and within her narrative the honesty of other parents was pivotal to her feelings of its success:

'I can honestly say I feel that out of all of this I feel I have gained some friends who speak out about parenting and not just how lovely it is and how brilliant their children are and how lovely their lives are. They are honest that actually sometimes life does suck. So I want to thank you all.' (letter to SP from parent).

Another SP attributed increased honesty to a snowball effect of openness in the group:

'..O.K. it's not just me, there are other families going through the sameand the next week there would be two families being honest...and you can see they were a bit worried at first about what they should say. And (EP) is like, it's fine, just be honest..' (SP1)

The non-judgemental factor of the groups to establish honest relationships was stressed by all interviewees:

*'We've not been judging it's just an open, honest group and they can be themselves. One of the parents just offloads and it's just I've just had such an ****ing day and you're like.. it's just nice for them to feel normal and say how they feel.'* (SP1).

The parents echoed this non-judgemental element linking it to a place of safety and confidentiality. One parent explained that the *'group is a safe space to rant and moan'* (Parent 1) whilst another mother voiced her thoughts as:

'We had, you know, there was lots of emotions in there if you can imagine, and for parents to feel confident that what's going on in that group, stays in that group.' (Parent 2).

Another key element of MFG is empowerment as families realise they can offer valid advice to others (Asen et al. 2001). One parent explained:

'I was able to give and get advice. Why don't you try this.....you could use this?'
(Parent 2)

Unger and Powell (1980) found strong relations between social networks and a family's ability to adapt to stress and suggested there are three types of social networks: instrumental support, (for example material goods and services or financial support); emotional support, (the communication to a person that s/he is loved,

esteemed and mutually obligated to others in the network); and referral and information as a means of support. Evidence for continued emotional support outside of the group was given by one participant:

'It seems that the group very much supports each other on social media and other things.' (EP2).

Clear evidence was also seen of referral and information as support:

'....this mum said, 'Look, all you need to do is ring up this number and just say to them how you feel and they will be able to help you out', like she knew everything she was entitled to and was then giving advice and was quite confident actually and it worked really well'.....(SP1).

The importance of confidentiality to create an atmosphere of trust is addressed specifically in meetings, one SP explaining that this is so that:

'....families know that if they do discuss things that might happen at home or anything they might be struggling with then the other families don't then go and repeat that elsewhere, so everyone feels safe in that environment to have those open discussions, and the children feel safe in that as well that other children aren't going to go and repeat it to their classes etc.' (SP3)

This quotation pinpoints the salience of the children feeling a trusting connection with others in order to make the group work. Few comments were made by participants about the relationship between the children themselves in the online setting, however in the meetings I observed, some limited verbal exchange occurred between the pupils in reference to an activity and the SP told me that she could see one boy who was receiving advice on homework from another child ..*'watching the screen and kind of*

...taking it all in..., (SP2). The next subtheme explores the views expressed on how the MFG impacts on the child's relationship at school.

3:4 The Child and School Connection

School forms a key microsystem for children (Bronfenbrenner, 1979), and the pandemic caused a sudden severing of connections between pupils and school staff which may, in some cases, have cut off protective environments. One SP reflected on previous connections that have been forged through the groups:

'...sometimes the children respond slightly differently to you after you've had the group just because they may feel that you are actually aware of some of the things that go on in their little world outside of the school arena, and ... you know their mum or their dad, you know.... So I feel that actually having those connections....even when they have finished the program... they are able to come to us more before (a situation) escalates to that point because they already know that you are a safe person to have these discussions with....' (SP4)

This observation was supported by another SP who explained:

'I do definitely think that within school (the children) know where to come, who to talk to and it's just a bit of a safer place for them when all those connections have been made..' (SP3).

Perry (2020) argued that connection, and the manner of interaction that school staff have, enables pupils to feel respected and safe in their environment. Being relationally present with them, Perry asserts, will help regulate children so they are more capable of learning. This connection because of the virtual MFG was reflected upon by a SP:

‘Whenever I see him in school he will always give me a smile and I think it’s just boosted their confidence’. (SP2).

When children began to return to school post-lockdown, school environments were comprised of ‘bubbles’ to maintain consistency of those who would socialise together. This meant access to differing adults within the setting was not possible, however the depth of connection made was evidenced as one SP recalled the determination of a pupil to see her, providing him with a sense of safety and ultimately regulation:

‘One of the pupils will start banging on the filing cabinet and he’s not meant to be down here but he will come because he wants me to see him. But it’s very different to when it first started and was face-to-face because of the bubbles’ (SP1).

One SP felt a further strengthening of the relationship occurred through *‘seeing the inside of their houses’*, (SP1), as the pupil had referred to rooms in her home during later conversation.

3:5 The School and EP’s Connection

Although one of the schools had set up the virtual MFG without the current support of an EP, the model of the other two MFGs was set up in conjunction with the LA EPs. These two models also had very different relationships with the EPs, one attending almost all the virtual meetings during lockdown and one presenting in a supervisory capacity.

The BPS (2020b) found that, for psychologists, the pandemic emphasised the importance of connectedness in maintaining health and wellbeing. One EP stated:

‘For me and the two members of staff that were in MFG it made that relationship

stronger. I think also the school saw that I was committed to them', (EP1).

The fundamental need for belonging during the pandemic appeared to lead to an unusual deepening of bonds and togetherness, termed by one EP as a 'kinship':

'I do feel there was an element of going through it together...and so we would log on ten minutes before the parents and go, you alright, how's your week, what's going on for you? So, there was that, you know, I wouldn't go so far as to call it friendship, but there was a real kinship between us all to be able to just kind of...share the experiences together'

(EP1).

The SP voiced her thoughts that the EP had '*always been there*', and had '*been amazing*', (SP1), indicating that the presence of the EP had been regulatory for her. The removal of this support, however, was described by the SP as a '*fear*'. Although Aafjes-van-Doorn and Bekes (2020) found that psychotherapists in general felt less connection with clients virtually, conversely this is evidence that the relationship between the EP and SP deepened. Both parties acknowledged the extreme difficulty with delivering the MFG remotely, the only benefit of the virtual model noted as positive by the EP being the '*connection, nothing else I can think of, it's been hard to do virtually*', (EP1). A power imbalance as to how the two professional roles were viewed in school became evident as the EP was able to make a tangible difference to sharing the SP's workload with others in the setting. The SP explained:

...'after the session we need to then plan for the following week and with the member of staff who is really good but because she is a teacher she also needs to go back to the class. And with the EP's help she's been able to say, no, the session

should be for three hours.... so we have our session and then afterwards we stay to plan for the next session and to discuss what went well, what didn't go well.' (SP1).

In this way the EP was able to provide tangible support at a time of distance and to maintain a focus on the necessity for reflection, ensuring that the model is strengths-based with thoughts about what went well in sessions, as well as what could be developed. In comparison, the language of the supervisory EP was more distanced, although there had been a change in EP half-way through the lockdown and so the connection had not had the time to embed. In reflecting upon what she required from supervision with the EP the SP noted ideas for activities and

'...in the back of my mind I know that there should be maybe a little more structure....you know...targets are a bit floaty, so it would be good to have that chat and get that reassurance' (SP2).

A palpable difference in perspective early on between the EP who had facilitated MFG virtual sessions and the SP was the salience of reintroducing psychological principles, with the EP particularly concerned about a return to the evidence-based model. When this model returned to a hybrid version the SP too was keen to return to the core principles, being conscious of this from her conversations with the EP. It may be that the drive for a return to the evidence-based model will be less rigorous in the second setting where the EP's supervisory role is more distanced and the connection less.

3:6 Connection within Families

Key underpinning theories for MFGT include Family Systems Theory (Kerr and Bowen, 1988) and Attachment Theory (Bowlby, 1969). Building strong, positive connections within families is particularly salient during a time of intense emotions,

stressors and enforced, continuous proximity, when risk factors for aggression are high, (Brooks et al. 2020). Parents who may themselves have had an insecure attachment style and have struggled to regulate their own affect may exhibit anger, anxiety and difficulty in generating solutions when they are feeling agitated by their own perceptions and stressors and their child appears distressed (Bowlby, 1988). The MFG aims to help parents build up protective processes and functioning, (Asen et al. 2001), to be able to think through their responses to relationship dilemmas and manage their own emotions and, in accord with Family Systems Theory, break a dysfunctional feedback loop. Building the attachment requires time spent together in a positive environment and participants all reflected on the quality time given for connection when the group was in-person:

'I loved going there every Thursday and spending time with J and doing the activities, and sometimes I wish it was a bit longer, um....but it was such a beneficial time.. I think it was really nice for her to have some time with just me.' (Parent 2)

One SP summed up the need for this specific 1:1 time by stating:

'....sometimes its' like craving that 1:1 time with their parent, or like wanting to have that, so I think that letting them have that time where it's focused on them and their relationship and them having a time to sit down and play'...(SP3).

When reflecting on her learning from the group one parent stated *'I'm learning to be present'* (Parent 2) and specific feedback on the connection the virtual MFG provided was expressed in a letter to one SP:

'...I actually feel that me and my son have grown to having a more connected relationship now too, so that out of everything I will always be grateful for.' (letter shared by SP1, parental permission gained during pilot study).

Arguably increased connection at this time could result in altered attachment style, more positive feedback loops and ultimately improved outcomes for children. Another tool seen to enable connection for those schools that continued these during lockdown was target-setting:

'....she is doing really well with hers....., I want to spend more time with mummy and they've done it, made that connection. You know, I think that their relationship has really changed, and they've both come a long way.' (SP2).

With this sense of positivity expressed, I will now explore the elements of the structure within MFG that are suggested as a cause for positive change:

4.5 Theme 4: Processes for change – Barriers and Facilitators

The MFG contains elements within its structure designed to bring about change that proved difficult to replicate faithfully online. This theme examines the strengths and gaps in these processes, initially considering the psychological underpinnings of the model.

4:1 Psychology - Lost or Changed?

MFG in schools evolved from a clinical model (Morris et al. 2013) and is built upon methods to alter ways of thinking, enabling greater self-regulation and the ability for reflective functioning (Fonagy et al. 1991). A key concern that emerged for one EP was the loss of a focus on the psychological functioning of parents to impact upon their everyday relationships and parenting practices:

'I feel like at that point we lost a bit of the psychology, because it ended up just being' let's think of an activity that we can do', rather than that importance of..the observation, the picking out the wow moments, the reflecting, the 'when could you use this again?', 'Did any of your skills today surprise you?'all of that kind of fell by the wayside a little bit because it was 'Can we just keep this connection?' (EP1)

A SP also thought it was important to remind parents about *'what we were doing and why we were doing it'* (SP1) and in thinking about how things would change in the future the EP reflected:

'...if we were in it again, I think we would need to kind of really go back to the principles of Multi Family Group and what are we trying to achieve?' (EP1).

This opinion aligns with a study conducted by the BPS (2020) in which psychologists raised concerns about 'lessons learned' that could be taken forward in the possibility of future, similar crises, ensuring that evidence-based psychological support is provided.

A key tenet of MFG is collaborative working (Gopalan et al., 2011) and difficulties with facilitating this skill virtually were highlighted by one EP:

'MFG is really about observing others, interacting with their children and noting those positives. Virtually that is a barrier right? What is missing is learning vicariously, being able to observe others interacting with your children and that learning that is very safe'. (EP2)'

This lost process was of equal concern to one SP:

' you can't notice what the family are doing together ...so you can't say 'that went really well'.. if they are struggling, you usually try and help one family, it's quite

difficult. So if I was leading the activity online I had to rely on M and K to notice what the families were doing...’ (SP1).

Although ‘lost psychology’ was not directly referred to by either SPs or parents in their interviews, some activities that they mourned the loss of were those that encapsulated this type of learning. One SP explained with passion how she had found the use of post-it notes to praise parents and bring about the process of change extremely helpful. A parent also talked wistfully about the printed ‘Wow’ cards which helped the children to realise what they had done well and *‘make every child feel they had achieved’ (Parent 2).*

Some specific psychology was referred to when graduating families out of these groups. Facilitators were mindful of the message that may have been given to parents when it was suggested they leave and studies have found that endings in therapy often elicit complex reactions in both clients and therapists as people say goodbye (Marmarosh, 2002). In the second setting one SP expressed concern in supervision about a family’s reaction to graduating and the EP explained how she *‘had to reframe (the SP’s) thinking’* to recognise success. In the group with the EP present an approach based on narrative theory, The Tree of Life (Dulwich Centre, 2015) was selected to enable families to see and celebrate their journey and strengths.

The activities are a key mechanism in MFG for collaborative working, both between and within families. I will next review how these were adapted to the virtual sessions.

4:2 Activities in the Virtual Group

All participants described MFG virtual sessions in which activities were portrayed as successful and spoken about with passion. One parent described with empathy how

the facilitators had considered lack of resources for some parents when choosing an activity:

'...some people might not have different materials at home so we used to do things like 'you go and find something in the house that's green'....(Parent 2)

In another setting a SP also selected a scavenger hunt as one of the most successful activities (i.e. finding activities around the house that fit a specific criteria):

'I think the scavenger hunt was really good....we only had one family for (it) but it was really good for mum and her son....they were really competitive. It was nice, it was healthy competition' (SP1)

In terms of a positive bonding time for the mother and son, this was described as a helpful activity. However, taking into consideration the principles of the MFG, there was no collaborative work or feedback from other families. This activity could be equated more closely with single family therapy activities, although limited to just parent and child.

One activity described as particularly successful had additional meaning within the context of the pandemic as, an original decoration of a stress toy to aid daily regulation, became a transitional object to support the child in combatting separation anxiety on return to school:

'(the squishy) became a transitional object to come back into school. The mum put hers on her keys and the kid put it on his bag somewhere and it ended up being that kind of transitional object to go back into school' (SP1).

Another SP described an activity that she felt was the most successful as both parents and children attending jumped up spontaneously and danced together to a Christmas song:

'I think for me the nicest part was yesterday when they were dancing together. I didn't even ask the parent to get up, they got up with their child and they danced, and they looked happy and the child looked happy and for me that's been a highlight of the virtual groups' (SP2).

From fieldnotes of one MFG that I observed, the SP was seen to present herself as engaging, positive and encouraging for everyone to talk. She modelled the activity (discussing a dream home the children had all drawn and how this related to feelings), and the pupils responded well with obvious enthusiasm and enjoyment. However, technology was arguably a challenge as it was difficult for families to comment on each other's pictures and children appeared to find it difficult to remain present when it was not their turn to talk.

The literature review (chapter 2) highlighted that facilitating a group **online** requires different skills and therefore training needs for the facilitators. The BPS (2020b) study found that psychologists felt training was required for delivery of therapy online and that many reactions had been too 'knee-jerk'. In consideration of the MFG the coordinator highlighted specific skills required to enable group engagement:

'...it's not a simple thing running a group - school-based partners have very limited training in that, and that's why their supervision is so important.....building on those skills and the understanding of how to facilitate a group and how to get a group engaging with each otherthose are quite complex skills.' (MFGC).

Some activities were described as less successful, reasons being attributed to a lack of cohesion between parent and child. In one activity the family divided the intended joint decoration of a picture frame into two separate sections, working in an unconnected manner. Frustration was expressed by the EP who explained that, had this activity taken place in-person, facilitators would have intervened and supported the collaborative element of the task.

From a parents' perspective the least successful activities were those that were frustrating for their children:

'..keeping focused on a quiz that she found really difficult was hard and as she got frustrated she hid under the table, so there was a few times when she wasn't going to engage' (Parent 1).

As children returned to school but extraneous adults were not allowed in the setting, one school became creative with the MFG attempting to return to the 'in-person' model. An outdoor forest area was utilised successfully (although this provided stress for the school partner due to the possibility of inclement weather), along with the use of a large space, (the canteen), and the option for parents to join virtually. This hybrid model had both success and pitfalls. For those in school, *'shouting across the canteen'* (SP1) was not considered ideal and this was less of a private space and so other students would *'barge into'* the that safe space. For those parents attending virtually technological issues still occurred (see sub-theme 2), however it was easier to have the 'parents' only space as the students were in their classrooms.

Another key tool for the process of change in the MFG structure is target setting.

4:3 Target Setting

Targets are goal-based and collaboratively created, being used weekly to support pupils in their progress and celebrate their achievements. One EP explained how, pre-covid, target setting was a key component of MFGs:

*'When we were first starting up targets were central and they felt like this **primary** driver to bringing about behavioural change for the children, changing systems at home,' (EP1).*

However, the SP voiced concerns that, at the start of the pandemic, targets may have been additional stress for parents:

'We didn't want to then add targets because one of the mums was working nights and then trying to get her child to work online in the day, and so we said.... we'll check in, do the nice activities and check out rather than do the targets,' (SP1).

One EP explained that school incentives had been used to bolster motivation to achieve targets prior to the virtual groups, however another SP highlighted her ongoing challenge with target setting:

'That's been a really difficult part ... I've always struggled to get the teachers engaged with this, it's been even harder now because they are too busy, they're trying to sort out the academic side of the kids you know? I have asked them several times if they want me to include a target, haven't really had any feedback.' (SP2).

In this instance the SP persevered and attempted to set targets with families with mixed results. Some parents set achievable targets, however some were felt to be unrealistic (for example a father stated his daughter's target was to not watch any YouTube). In my observation of a virtual MFG meeting, pupil targets were discussed,

with both children achieving their goals and receiving positive affirmation, and parents praised their children and engaged in positive exchanges. When the parents were asked about the targets, both spoke positively, one explaining her daughter '*enjoys the challenge*', whilst the second stated:

'I would like more targets which are similar to last time to work towards. I like spending time with her and want to work with her' (Parent 1).

The only negative aspect one parent found was that if her child did not achieve a target she became upset at the thought of having to speak to the group about negative elements.

In the third school the SPs had spoken of involving the children to help each other in achieving the targets:

'So it's not always the adult telling the children what to do, sometimes it's best if the children can actually hear it from their peers.....they can actually help each other to say how to be able to achieve that target,' (SP3).

Following the zoom MFG meetings, this SP felt that school targets had been met, stating that the child had increased his ability to stay in the classroom from 50% of the time to 80%. She also stated that the parent was very positive about the child's behaviour at home.

The fourth and fifth stages of MFG are reflection upon experiences in the meeting and problem-solving to enable new skills to be deployed the following week (see Chapter 2). In the virtual world the need to discuss emotions at this unpredictable time and problem-solve together was expressed by all participants.

4:4 Reflection, Transfer and Problem-solving

Participants all referred to the importance of problem-solving with other adults, although the focus appeared to have shifted from learning gained from activities and then a transfer of new skills, to the opportunity given for parents to ‘vent’, (SP1), and problem-solve daily issues together. From fieldnotes of the two sessions that I attended, the target setting section was used for problem-solving, and the activity was followed directly by a game ending the session which was chosen by a child. This shift in the reflection and transfer time is likely to have been a combination of the novelty and uncertainty surrounding Covid-19 and the cumulative stressors embedded (Brown et al. 2020), and the difficulty in creating a truly collaborative activity online which can be shared and reflected upon together.

4.6 Theme 5: Challenges to the Structure online

5:1 Planning and Preparation for an Experiential Approach

As a highly relational, experiential therapeutic approach, the activities that families participate in during MFG sessions are pivotal for reflection and problem-solving discussions. When families are carrying out these activities remotely, concerns were expressed by SPs and EPs with regards to the availability of all resources, particularly for vulnerable families. SP3 stated:

‘....if you are running (the MFG) at home, the assumption has to be that they don’t have those things so there is a level playing field and you have to provide those things’ (SP3).

SPs described the time-consuming preparation and delivery of the resources which was additional to, and outside of, their everyday work routine:

'it was a lot of running around having to drop off packs during the day, you know, so at the end of the day when we had finished work, going to the houses, dropping the packs off, for the following session' (SP1).

However, it appeared that the greatest concern expressed by SPs was planning suitable activities and generating ideas that would both work remotely and enable reflective discussions. One SP expressed her loneliness in planning, stating that the other school facilitator *'helped with just being there....just being another pair of eyes and ears.... she didn't help with the planning or anything'* (SP2). Her concerns around planning were voiced during supervision:

'....it takes a lot of time for her to plan. I guess there was a resource book before for in-person activities and she wishes there was a virtual one' (EP2).

Additional pressure was placed upon this facilitator due to the diversity of her roles in school and the specific pressures placed on all staff during the pandemic:

'I would say her time doesn't seem very protected because people are absent and she is being called to different places, so it sounds like she is having to do last minute as fast as possible, get materials ready and sent home and stuff like that.'
(EP2).

Other constraining factors related to Covid-19 and the flexibility of staff involved the 'bubbles' and social distancing compromising the school partners being in the same room together. One EP expressed her perceptions of the challenges in planning activities online:

*'...trying to think of activities where the children and the parent were working collaboratively together when they were on a screen was **really hard**' (EP1).*

Fieldnotes from one half termly joint supervision session that I attended noted thoughtful, motivational idea-sharing, as well as time spent discussing reasons why the MFG would not be instigated in schools, largely due to capacity in terms of staff and lack of senior leadership support. These supervision sessions continued throughout lockdown and were spoken about positively by one SP, although she was concerned that she might be seen as *'showing off'*, (SP1). Unfortunately, as a group meeting logistics is inevitably challenging for all participants, and it became apparent that the timing of this meeting, on a non-working day for one SP, precluded her attending. This type of logistical stumbling block aligns with Moran et al.'s (2004) review detailing practical elements that enable or hinder the successful delivery of parenting interventions.

5:2 Logistical, School-Specific Challenges

As schools opened their doors again to pupils in bubbles and parents were still required to keep a social distance, logistics and timings of virtual groups became more complex and, according to one SP, precluded some families from joining:

'...there was a key problem that the two year 5 families could not attend on Mondays which meant we only had two families' (SP3).

The EP MFGC also noted timing as a key challenge:

'....getting the timing right, so, how to work out what is going to work for parents and

working with the school system is a complicating fact..’ (MFGC).

The model of MFG in schools (Morris et al. 2013) includes triangulation of school staff, families and EPs. One SP voiced frustration that, although teachers had been expected to pop into the groups when they were first set up, this was an ongoing challenge:

‘...it’s always been the way with this group, that teachers are really, really busy. I don’t know, and they don’t really know what goes on....’(SP2).

The MFGC described difficulties with teachers joining the group virtually:

‘Well, you could have them pop into the group but it’s not quite the same thing I think, then you are just adding more devices and there is a limit to how many people connecting via a video call as opposed to in a room’ (MFGC).

The importance of the support from school leaders, who could potentially be instrumental in expressing expectations that teachers are involved with groups to some level, was stressed by both SPs and the MFGC who stated that

‘..when it’s not possible it’s a combination of how flexible the head is willing to be alongside the resources available to the school...’ (MFGC)

4.7 Theme 6: The future for online MFG

Key benefits of online therapy have been that it is easily accessible and therefore there are reduced dropout rates (Breitenstein et al. 2014), it is monetarily efficient in terms of travel and setting up time and is destigmatising (Spencer and Topham, 2019).

Participants were asked whether an online model would be considered for use in future by schools and what benefits participants felt there were to being online.

6:1 The Benefits of Flexibility

As a relational and experiential based program embedded within a school, the keenness to return to a face-to-face approach felt palpable from all participants, although the commitment from families provided great motivation for one SP:

'I would, I'd do it again! I mean, given the choice I'd do it face-to-face, but I have seen commitment from the families and I think that speaks volumes really..' (SP2).

The flexibility of this model was noted by one EP in terms of family members' attendance at the group:

'....it doesn't require transport or time to get anywhere. It also allows different family members to be involved in a.... more flexible way so that's helpful...' (EP2).

Although this is theoretically accurate, I was only made aware by participants of one additional family member, a grandma, who attempted to join the meeting from her home but who struggled with the technology. Accessibility to the intervention for those parents who had concerns about the physical school setting due to their own schooling experiences was also voiced:

'....some families may feel intimidated by a school setting for whatever reasons. Perhaps they had a bad experience in education themselves. It can take the barrier away'... (EP2).

This EP also noted the time-efficiency within supervision, allowing for flexibility and maintaining the focus and purpose of the time allotted:

‘..virtually it allows us to more easily adapt to schedules and fit in supervision when if normally you had visited the school you might get pulled aside for other purposes and I feel like that is going well and I’m not pulled aside physically at that time..’
(EP2).

Conversely, the EP who attended most of the online sessions felt that ‘*connection*’ was the sole benefit.

6:2 The EPS and Future Models of MFG

Although there were no quantitative measures used to gauge the impact of virtual MFGs, verbal feedback from SPs and EPs laid testament to the fact that the groups *‘built (the school’s) relationship with the families, making it stronger,’* (SP1), and the positive impact they had on vulnerable families at this time of social disruption (Prime et al., 2020).

One EP described how she witnessed the change in a parent from coming in *‘with her head down,her body language was saying why am I even here’*...to being a group member who was *‘ an advocate for her child, really open and really supportive of other people and was open to seeking support from others’* (EP1). This model of working arose suddenly in amongst a time of global disruption (Song et al., 2020). The EP’s roles were totally different with one fully involved in the group and one involved in a supervisory only capacity. One SP voiced the importance she felt of having an EP attend some of the groups:

'I think for parents having an Educational Psychologist in the group was a motivator to join. If it had just been ..'we are gonna run a group in school and it's just us' it wouldn't have had...um the prestige?'(SP1).

Considering how elements of the virtual MFG could be used in future, the MFG coordinator argued that decision making would be different if the intention was to run a virtual group from the outset. This was because:

*'...decision making would be based on what seems to be sensible and effective, rather than 'we can't do it in-person so we have to do it virtually'. So there is a difference between choosing to (run the group) virtually and **having** to do it virtually...'*(MFGC).

The MFGC also made the point that:

'...if a school were to decide to run a virtual group right from the beginning and it was part of a school offer under normal circumstances, they would have certain things which they would have to put in place which would make it a lot easier'...(MFGC).

Commitment from senior leaders appeared key to the MFGC for the success of virtual groups. She felt that in the school where staff were not pulled in different directions and *'Head teachers were able to be a little bit flexible and they had space, then actually it was possible for them to do a virtual version of the MFG'* (MFGC). In referring to a recent address by a Head teacher at an EP conference, the MFGC noted with some passion that for this head teacher the group was *'an extremely meaningful and useful part of what the school does'*, (MFGC).

When considering potential future set up of a virtual MFG, EPs and SPs expressed how experience would now impact upon structure and delivery of groups. One EP felt that, having now experienced groups and the elements instrumental to effecting

positive change, she would *'almost have a platform to build on rather than starting blind'*.

The third setting reflected on the structure of the virtual MFG and concluded that they did not want to be so strict on the timing and *'give it a little more time...it is a short time to discuss things, have activities and set targets'* (SP3). This SP was also keen to *'get more creative with the activities'* and ask for suggestions from the children.

Both EPs and the MFGC were thinking of how technology could be harnessed to create situations in which families did genuinely work together, for example using *'breakout rooms through Zoom'* (EP2) for discussion and collaborative problem-solving. The MFGC considered evolution in technology that will support joint working:

*'I would say that in a year or two's time, the range of activities that we will feel confident to do using the computer, using the drawing function, actually using the computer rather than replicating in-person activities **via** a computer will make a difference.'* (MFGC).

The concept of a 'hybrid' model in which some parents were able to join remotely was raised with participants. The school partner who had experienced this concluded that:

'.. (parents) that always come, if they can't come as they've got appointments, there's a reason they physically can't come..... we would say yeah you could join virtually, but we wouldn't want them obviously to get into the habit of joining virtually because they are working together, but it's not working together in the same room, physically' (SP1).

The future of the virtual model for the EPS was described by the MFGC as being a *'different offer, rather than the same offer being second best'*. She explained that during the pandemic the virtual groups had been a *'coping mechanism rather than a*

proactive choice'. Future reasons for families to join virtually were stated as encouraging a parent who, for varied reasons is not able to attend in person, (e.g. an agoraphobic parent who may become engaged virtually with some hope of eventual attendance in-person) or for a particular group who are geographically distant (e.g. adopted children). In this case, when virtual MFGs are a preferred way of working right from the beginning, they were described as '*another feather in the bow, another option*' (MFGC).

4.8 Chapter Summary

Six themes were identified from the data with the first theme, The Pandemic, impacting upon and being inextricably entwined with the other five. These themes were: Challenges with online therapy; Connection as a coping mechanism; Processes for change – barriers and facilitators; Challenges to the structure online; The future for MFGs.

Chapter 5 will discuss the findings, examine implications for future practice and consider limitations of the study.

Chapter 5: Discussion

5.1 Overview

The following discussion will explore how Themes and Sub-themes (ST) link to the four Research Questions (RQs). The study aims to provide a balanced account through investigating the perceptions of families, schools and EPs across three school settings who decided to utilise differing virtual models of the MFG intervention in the context of the pandemic. During this research I adopted a bioecological lens to explore the impact and challenges of virtual MFG. Although my initial, primary focus was on the functioning of the groups online, it was quickly evident that, in line with Bronfenbrenner and Morris' (2006), PPCT model, successful elements and challenges could not be viewed in isolation but in terms of the synergistic interrelations between factors against the Covid-19 backdrop of uncertainty and heightened emotions.

Similar themes were raised across the participant groups e.g. the salience of connection and associated mental health and wellbeing needs during extreme isolation. The findings illustrated how the context and time fundamentally impacted upon the structure and purpose of the MFGs. I will therefore first consider the overarching theme of the pandemic and then address the four RQs in turn. Next I will consider the implications for future work within the EPS, building on a clear evidence base, and finally I will consider strengths and limitations of the study and opportunities for further research.

5.2 The Pandemic (Theme 1)

Horesh and Brown (2020) argue that Covid-19 should be viewed from a trauma perspective, with families at 'heightened risk for psychological distress' (Wu and Xu, 2020). Vulnerable families experienced severely limited access to support, unable to gain in-person support usually available in times of crisis (Osofsky et al., 2020; Ntontis et al. 2021).

There is a substantial body of evidence supporting the importance of parenting and the family environment on children's life opportunities and development (Sanders et al. 2020). A key environmental risk variable for child development is high levels of parenting stress which are associated with less effective parenting practices (Menter et al., 2020; Semke et al. 2010; McKenry and Price, 2005). Participants were all functioning within a state of heightened emotion, (ST 1:1) experiencing the substantial impact that stress has on health and wellbeing (Thoits, 2010), and parenting practices (Hutchison et al. 2016). Cumulative stressors were reported by parents in this study including financial hardship, homeschooling and caring for children with Special Educational Needs. Additionally, in one school setting, all three parents in the group were parenting without a partner, which has been found to contribute to higher stress levels (Copeland and Harbaugh, 2005; Cairney et al., 2003). In line with Prime et al.'s (2020) systemic model (see Chapter 2), stressors occurring in these families as a result of Covid-19 have the potential to impact negatively upon child development and adjustment. Furthermore, anxiety levels in families were noted as high (ST1:1) and research also indicates that parent perceptions of the impact of Covid-19 are related to increased parenting stress (Chung et al., 2020) which Freisthler et al. (2021) argue could negatively impact upon parenting behaviours.

Findings from Brown et al.'s (2020) study suggest that the amount of social and emotional support a parent was given during the pandemic linked significantly with lower perceptions of stress and in this small-scale investigation high levels of parental anxiety associated with Covid-19 were reported. Parent comments on the speed with which lockdowns were introduced and change occurred (ST1:3), creating social and medical uncertainty (Latief and Haque, 2020), aligns with Bevan and Cooper's (2021) assertion that the sudden climate of uncertainty created a 'dislocation in mental health'.

This research also highlighted the consequence of sudden change caused by the pandemic on decisions made for the delivery of already operational MFGs (ST1:3). During a time of continuous adaptation by school personnel (Kim and Asbury 2020) and relentless pressure on school staff (Harris and Jones, 2020), SPs and EPs were required to recalibrate this provision swiftly and without precedent. Significant change in the workplace beyond the control of the worker are a source of cumulative stress, impacting upon health and wellbeing (Schabracq and Cooper, 2000), and the degree of anxiety voiced as SPs and EPs strived to deliver the intervention to provide family support and prevent group attrition, was expressed by facilitators. This emotional turmoil aligns with the BPS (2020b) study which found high levels of stress were placed upon psychologists as their working practices changed with little warning, and lack of training in the use of technology to support clients left them with depleted confidence.

Within the context of the pandemic, I will now consider evidence of the impact of virtual MFGs upon family functioning and coping mechanisms.

5.3 Research Question 1: How has participation in virtual MFGs in Schools impacted upon family functioning and coping mechanisms for parents and children during the pandemic?

Positive impact resulting from the MFG at this time may be viewed from the angle of protective factors they provided for families, these being the individual and environmental factors that strengthen the ability to function well in difficult times, (Martinez-Torteya et al. 2009). Research demonstrates people's basic need for connection and belonging (Marmarosh et al. 2020; Baumeister and Leary, 1995) and the desire to affiliate with others, particularly when facing an uncertain future (Rofe, 1984). The recurring theme of connection (Theme 3) aligned with Yalom and Leszcz's, (2005) assertion of the power of connection to provide hope and decrease isolation (ST3:1). Participants voiced beliefs that a core purpose of the groups was to create the feeling of connection in the school-home mesosystem (ST3:1).

Social distancing policies, rapidly created in the macrosystem, that resulted in closure of schools created a great sense of 'loss' (Maitland and Glazzard, 2022) and MFG facilitators demonstrated an awareness of the need for families to feel '*held in mind*', (EP1), to support emotional, psychological and physical health through social connection (Uchino, 2006). Although the phrase was not used explicitly, in ST 3:2 descriptions of actions and relationships within the group appeared to represent 'emotional containment' (Bion, 1970). SPs felt they had increased the parent-school bond in the mesosystem by ensuring parents '*know you are there*' (SP1) to help in times of agitation or dysregulation.

Parents with a higher level of perceived control over situations are more likely to use coping mechanisms and available resources to manage stressors, (Duchovic et al.

2009). Brown et al. (2020) found that parents who presented with perceived control over Covid-19 decreased their perceptions of stress which then impacted upon their parenting practices. Neece et al. (2015) asserted that parenting stress and child behaviour have a symbiotic relationship and thus, to relieve one would impact upon the other. One psychosocial tool to tackle parental perceived lack of control utilised in the MFG was 'normalisation' (ST1:2). Through validating feelings and normalising the struggles (*'it's o.k. not to be o.k.'*, EP1), facilitators were able to bring perspective to parents in the pandemic, fundamental for regulation and combatting self-doubt (Posselt, 2018). This aligns with findings from the BPS (2020) study of the role of psychologists in helping raise awareness in individuals of the impact of stress on physical health and psychological wellbeing. This is also reflective of a key principle of the MFG, that of universality (Asen et al., 2001), and the knowledge that everyone is experiencing and attempting to cope with extreme challenges.

Another trigger for a perceived deficit of control is unpredictability (Perry, 2020). EPs and SPs voiced the importance of the role of the group in imposing a form of routine in unstructured times and enabling parents to cope by supporting a sense of control and emotional regulation (ST1:2). Studies have also indicated that structure may be beneficial to children, increasing their sense of security (Webster-Stratton and Reid, 2010).

A salient tool for strengthening connection and supporting attachment within families were the activities (ST4:2). *'Increased closeness'* was reported in a letter from a parent to be a direct result of the MFG (SP1), activities were discussed and seen to promote laughter and enjoyment. These positive exchanges between parent and child may contribute to the formation of more secure attachment as posited by Bowlby's (1969) attachment theory, nurturing the child's internal model and helping him/her to achieve

increased regulation of arousal levels (Moretti and Holland,1998). The need for this parent-child bonding time was described by one SP as a '*craving*' (SP1) which MFG could satisfy (ST3:6).

Within the parent-child activity phase of the group it may be argued that proximal processes (Bronfenbrenner and Morris, 1998) or the 'engines of development', occur. Activities take place at a regular time over an extended period and theoretically, as parents increase their skills, such as an ability to reflect emotions out loud to support regulation, the exchange between parent and child enables learning to take place. Bronfenbrenner and Morris (1998) made clear the synergistic relationships amongst the elements of the PPCT model, and the context may have limited opportunities as some activities were regarded as less successful in the virtual world (ST4:2), however some parents described proximal processes also occurring during the achievement of targets (4:3).

Although target setting waivered within the school due to logistical difficulties, it was still held by parents to be a powerful mechanism for change within families (ST4:3). Children who achieved targets demonstrated pride and pleasure in observed sessions, increasing self-esteem which, Sanders et al. (2020) argues, has the potential for both improved physiological and mental health. One parent attributed a learned coping mechanism to working with her child on a target in lockdown, stating '*I'm learning to be present*' (Parent 2). This type of 'mindful parenting' (Menter et al. 2020) and increased awareness of relationships may reduce reactionary behaviours. Mutual positive acknowledgement of the child's achievements could also be argued to be beneficial for secure attachment (Bowlby, 1969).

MFGs aim to promote resilience and growth through collaborative working (Asen et al.

2001) and although there were challenges with managing this remotely, a key support for parents was allowing them to 'vent' (SP1) (ST4:4), share experiences and problem-solve (ST3:3). Through designated time, parents could access joint regulation and, in line with Thorngren et al.'s (1998) assertion, be empowered by gaining differing perspectives. Open, honest and non-judgemental attitudes attributed to the groups, created destigmatising environments for learning (ST3:3). This supports the BPS (2020b) assertion of the importance for parents to reach out and embrace a community spirit for positive mental health. An increased social network, a key element of MFGs, was also noted by an EP who stated some parents now met up on a social media platform.

I will now consider RQ 2 which focuses on factors that impacted on the virtual groups.

5.4 Research Question 2: What were the key factors for enablement and the challenges for the virtual model of MFG in schools?

5.4.1 Factors for enablement

Moran et al. (2004) argued that the method of delivering parenting interventions may be as salient a factor for their success as their content. Facilitators in two schools explained recruitment processes for the groups which had been labour intensive, motivating them to maintain the group and ensure engagement from parents. Moran et al. (2004) utilised five groups of factors that enable effective implementation of a parenting intervention which will be applied to the MFG – practical; relational; cultural, contextual and situational; strategic; and structural. Structural factors were considered in section 6.3 and so I will address the former four.

5.4.1.1 Practical Factors

Groups that had begun in-person continued to run at the previously agreed time and were in place of, not additional to, homeschooling; timing was an issue for the third group which precluded 50% of the families who had agreed to attend (ST5:2). Facilitators were mindful of potential financial hardships in families - resources for activities were delivered and the third group supplied laptops.

5.4.1.2 Relational Factors

A strong therapeutic alliance is one of the most important factors for successful therapy (Ardito and Rabellino, 2011). ST3:2 found the level of trust and sense of shared purpose appeared profound. Two of the three groups originated in-person which may have aided instigation of a supportive relationship, one parent describing the SP as her *'emotional rock'* (P1). The therapeutic alliance was also likely to have been strengthened by the fact that during the pandemic facilitators were *'all sharing a bit more of ourselves'* (SP2) (ST1:2) in line with Weinberg's (2020) argument that self-disclosure aids the creation of presence online. An additional element that may have enabled the relational aspect of the group is the reflexivity expressed during the interviews by facilitators, a salient element proposed by McNair et al. (2008) in creating a safe space and thereby enabling open and non-judgemental conversations. Aafjes-van Doorn and Bekes (2020) found that psychotherapists in general felt less connection with their clients in the virtual world, however the situation which precipitated this move to online could be argued to have the opposite effect, creating a *'kinship'* (EP1), as *'we are all in the same boat'* (Parent 2).

Drop-out rates have been found to be greater when a weaker therapeutic alliance exists (Sharf et al. 2010), and in line with this, parents who were able to join virtually were reported as attending consistently until either they graduated or returned to an in-person mode. In addition, SPs expressed greater concern about how to 'graduate' parents out of the group, than new recruitment.

In MFGs, the therapeutic alliance has been argued to be equally strong amongst participants (Cook-Darzens 2018). In line with McPherson et al. (2017), facilitators and parents voiced an understanding of relationships within the groups that were underpinned by trust, honesty and a non-judgemental ethos (ST3:3) and one EP described a 'snowball' effect that as one parent opened up others felt able to reciprocate. Attending a group was expressed in terms of '*belonging*', (SP2) (ST3:2) indicating shared goals, beliefs or experiences resulting in feelings of self-respect and value (Mahar et al., 2013).

5.4.1.3 Cultural, Contextual and Situational factors

The unique ecological context of the pandemic and the need for connection was both a driver and an enabler for the MFGs (Theme 3). SPs were able to use their socioeconomic, cultural and familial knowledge to be part of '*parents' support systems*' (SP2) and one school demonstrated flexibility in spending time to train and digitally connect a grandparent to the group when the parent was working. Families had been selected who had key similarities in their parenting challenges, and ST3:3 explored parents' roles in signposting and providing advice to each other as well as receiving guidance.

All facilitators expressed a deep sense of personal satisfaction from enabling the group, contributing to the motivation for continuity and evolving improvement. This could be argued to support the findings by the BPS (2020b), in which many psychologists explained that focusing on the needs of others provided a sense of purpose and was a method of offsetting their own anxieties.

5.4.1.4 Strategic Factors

MFGs formed part of the school offer to vulnerable families and were a support system for parents. Maintaining connection with vulnerable families was a key responsibility for school leaders (Boddison and Curran, 2021; Harris and Jones, 2020), and in schools where head teachers valued the MFG as a key support for families, resources of time and funding were allocated for this intervention (ST5:2).

One family's attendance was directed by social services, which presented as a challenge as the parent was suspicious of the group as '*surveillance*' (EP1). However, the EP explained that strategies she used such as persistence and flexibility in talking to the parent whilst she walked the dog, resulted in increased trust and improved attendance. Mobilising the delivery of activities to families, regardless of their ability to join virtually, also enabled the return to the group in a face-to-face capacity (ST5:1).

5.4.2 Challenges to the Virtual MFG

Virtual groups mean that individuals can continue to meet despite group dispersion, however the concept of digital inclusion and exclusion as a continuum, (Livingstone and Helsper, 2007), focuses attention on a range of challenges for many individuals

such as access to suitable devices, for example laptops, internet connections and a variable level of technical skills (Holmes and Burgess, 2021) (Theme 2). I witnessed a family accessing sessions via a mobile phone which severely impacted on their functioning in the group. In one setting a family were unable to join virtually at all and, to maintain their connection with the group, weekly activities were delivered to them. The SP in the third setting who began the group virtually as opposed to in-person, had more time to plan and greater access to resources, and therefore was able to provide the group with laptops. Internet connection caused technical difficulties for all participants and, in line with the BPS (2020) survey caused stress for one EP as well as the SP (ST2:2).

Weinberg, (2020), highlighted the difficulty for therapists of 'managing the frame of the treatment' and being able to ensure participants feel safe and contained within the environment. ST2:1 explored the challenges for parents who were struggling to find areas of privacy in crowded homes and in one case a parent and child were sitting against a door. As the families within the groups were classified as vulnerable by schools, this appears to support evidence of the hardships experienced by families from lower socioeconomic backgrounds, who were found to be hardest hit by the pandemic and its economic impacts, (Joseph Rowntree Foundation, 2021). Additionally, one EP voiced concern as to her own background (ST2:1) aligning with similar environmental stresses experienced by psychologists throughout the pandemic (BPS, 2020).

ST 2:1 highlighted further concerns with the virtual model related to the difficulties with reading body language and therefore a potential lack of intimacy. This supports Weinberg's (2020) argument that the 'disembodied environment' lacks the mutual regulation established through body interactions (Siegel, 2010). One suggestion made

by Ogden and Goldstein (2020) to combat the phenomenon of only seeing people's heads, is to move around the room and this naturally occurred during activities. However, for those that were using mobile telephones, views were obscured as well as activities being severely curtailed. For those who were participating via a laptop, parents were focusing on the activities themselves as opposed to watching other families on-screen

MFG is an experiential intervention, a method of learning defined by Kolb (1984) as '*a process whereby knowledge is created through the transformation of experience*' (p38), for example through games. Although it may be argued that the ethos of the group was auspicious for experiential learning with the key elements of trust, respect, non-judgemental attitudes and a willingness to share (Kisfalvi and Oliver 2015) being present, ST5:1 highlighted challenges with the practicalities of planning and preparing the 'experiences' (or activities). Difficulties ranged from organising the delivery of resources to families after a working day, when staff were already functioning on an '*empty tank*' (MFGC), to the challenge of thinking of appropriate collaborative activities. With the in-person model a resource book provided ideas for recommended activities, removing this source of strain and one SP expressed her wish for a similar virtual resource. She was also unable to take advantage of joint planning due to her working pattern. In addition, working collaboratively on the planning within schools was challenging with the instigation of 'bubbles' to create Covid-safe educational institutions. Bubbles were groups of students and teachers that operated together in isolation from the rest of the school to reduce the potential for transmission of Covid-19 (Hallett, 2022). In both 'open' groups the two SPs worked in separate bubbles and this was expressed as a barrier to joint planning, although one EP observed that this could have happened online. Finally, prioritising workload within a time of

unprecedented disruption (Song et al. 2020) was a challenge, with one EP having to reaffirm boundaries of protected planning time between school staff members.

ST4:1 found that a key challenge to the purposeful delivery of MFG was considered by one EP to be '*lost psychology*' (EP1), or the opportunities afforded to facilitators to support parents' reflective functioning, alter ways of thinking and enable greater self-regulation (Fonagy et al. 1991). This may be related to the alteration in structure found in ST4:4 of the 'transfer and reflection' phase of the MFG. In the Anna Freud approach families reflected together on their experiences and considered how to apply this in their everyday functioning, whereas in the virtual MFGs with families carrying out activities in their own homes, this did not appear to take place.

Another difficulty found in ST 5:1 was that activity organisation became focused upon practicalities, as opposed to focusing on experiential learning leading to opportunities for reflection upon the groups' observations of each other, mutual positive reinforcement, multiple perspective taking and potential transfer of skills. The difficulty with working collaboratively meant that a key obstacle was learning '*vicariously*', (EP2).

5.5 Research Question 3: What are the key benefits of virtual MFGs for participants and wider stakeholders?

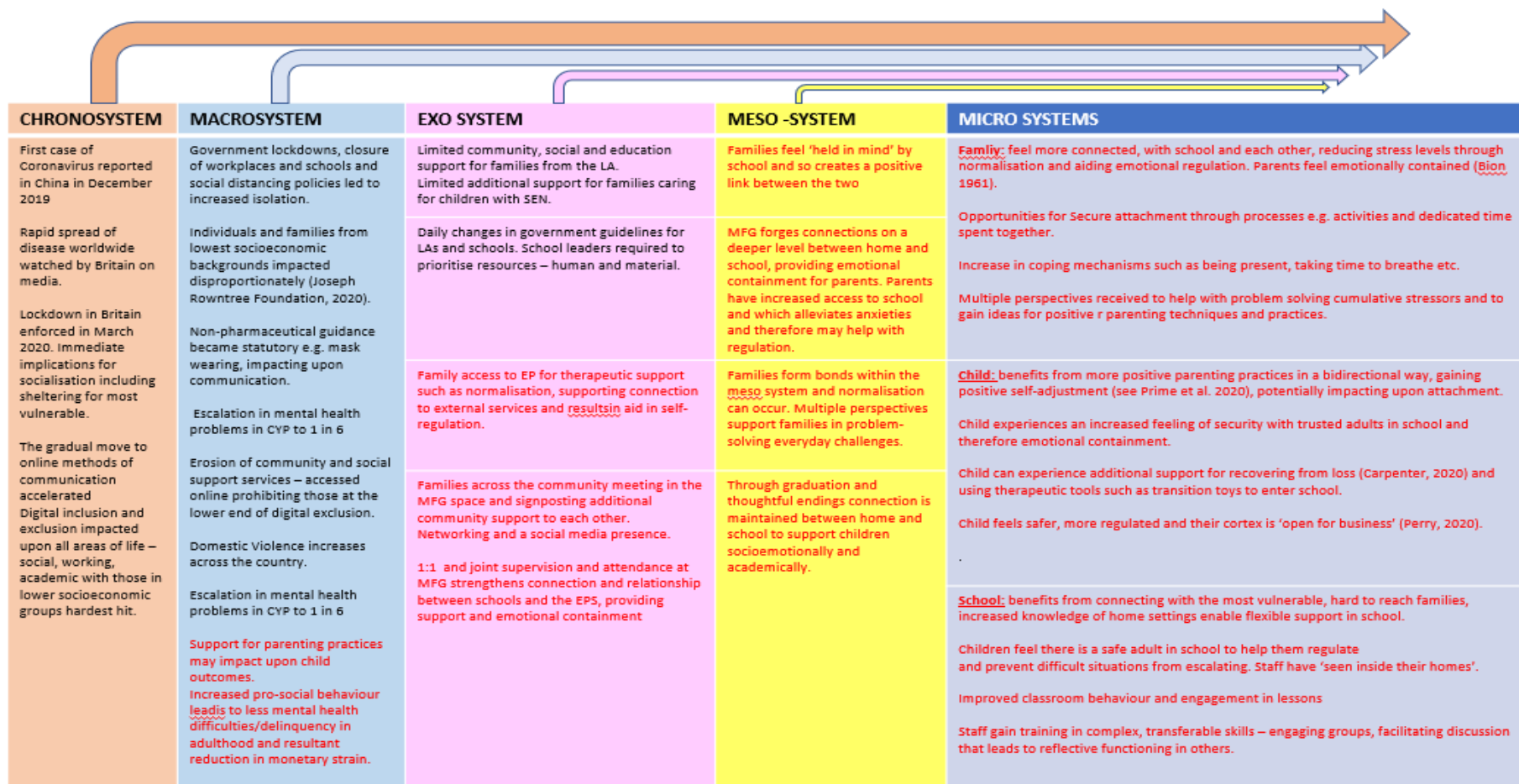
Within the confines of this study, RQ3 is embedded in the context and ecological setting of the pandemic. When asked about the key benefits of the virtual MFG, all participants spoke of relational connection in a '*time of isolation*' (MFGC) (ST2:1).. Figure 4 uses Bronfenbrenner and Morris' (2008) PPCT model to provide a summary

of factors challenging families during this time, alongside benefits proposed from the virtual groups, inclusive of opinions from this research and the literature review.

Figure 6: A summary of key benefits of the virtual MFG within the context of the pandemic.

Key: Contextual factors impacting on the virtual MFG

Benefits of the virtual MFG



Participants spoke of the increased trust between parents and school as authentic relationships brokered in the group were strengthened throughout the week through the '*constant*' (SP1) availability of the SPs via email or telephone. Working together in the mesosystem enabled psychological tools, such as a transitional object created in the virtual MFG, to be used to support children in their return to schools. The importance of this strengthened relationship can be seen in studies that have concluded meaningful, bidirectional family-school partnerships impact positively on educational and mental health outcomes (Smith et al. 2020). Benefits were spoken about for the children within the school environment, including increased feelings of safety and confidence in seeking out trusted, safe adults to support emotion regulation and prevent escalation of situations, providing emotional containment (ST3:4). The safety of these regulating interactions is argued by Perry (2020), to enable children to be more ready for learning.

Arguably, if the virtual MFG supported parents in regulating emotions through connection; provided an emotional buffer through normalisation and joint problem-solving; and impacted upon attachment through activities and ongoing work on targets, it could potentially have influenced parenting practices which, using Prime et al.'s bidirectional model of influence, could have affected child adjustment and development. This impact upon parenting practices, which comprise parenting style, could then support a decrease in mental health problems and ensuing antisocial behaviour in adulthood (Malonda et al, 2019).

One key benefit voiced by EP2 in ST6:1 was the ease and time-efficiency of arranging and executing supervision meetings online without the school-based distractions resulting from an in-person visit. She also expressed the benefit of reduced travel time and costs, supporting findings by Spencer and Topham (2019). Attendance has been

found to improve in online interventions, (Breitenstein, 2014; Cohen and Tisch, 2020), and facilitators reported in this instance consistent attendance by families that accessed the group virtually. An additional benefit proposed hypothetically by one EP was the access to a school-based group for parents who had painful personal experiences of school and therefore would resist entering a school institution.

The final research question addresses how lessons learned from these virtual MFGs may be applied to a future model.

5.6 Research Question 4: What, if any, elements of the virtual MFG models can be used to inform or impact upon future practice?

As a highly relational, experiential approach to supporting family functioning, facilitators indicated they experienced substantial stress in delivering the program online with little notice (ST1:3). Although limited appetite was demonstrated by SPs and EPs for maintenance of the online modality, all agreed that in the same context connection made was invaluable and they would deliver the program virtually again. Theme 6 emerged with participants' considerations of the future of virtual MFG. The MFGC voiced the opinion that, if this pattern of delivery was part of a *'planned offer'* (MFGC), the fact that the pandemic has increased levels of technological skills for the majority of people, albeit inequitably, (Holmes and Burgess, 2021), would result in the potential for collaborative activities using the computer, *'as opposed to replicating in-person activities'* (MFGC). Activities chosen would be based on what is *'sensible and effective'* (MFGC), not delivered *'blind'* (EP1), in a 'knee-jerk' fashion, aligning with sources of stress found by the BPS (2020b). Suggestions were made of 'breakout' rooms to be used for collaborative problem-solving, and together these methods may

allow for greater fidelity to the original intention of program implementation. Use of such techniques align with Cohen and Tisch (2020), who successfully used professional technical support to be iterative in their online offer of a similar relational approach.

As schools returned to in-person mode, one MFG adopted a hybrid model of parents joining the group virtually whilst the child remained in school. Although difficulties with this model were voiced, particularly with the parent and child working collaboratively, one SP conceded that this could be explored as a way to ensure families could still participate and maintain salient connection on the occasional instance if practical challenges prevented the parent from travelling (ST6:2).

Time for planning and the ultimate need for a virtual group to be a *'proactive choice'* (MFGC) was stressed by the MFGC. In addition, the support from senior leaders for resources and dedicated time was a key enabler to success, ensuring that the group was a *'priority'* (MFGC).

5.7 Implications for EPs

EPs are equipped with the therapeutic tools and the ability to support the social, emotional and mental wellbeing of CYP (DfE, 2019). The five core functions of EPs (Scottish Executive, 2002) are assessment, intervention, consultation, training and research. They are therefore well suited to working closely with schools on innovative practices for supporting parents with reflective functioning and facilitating effective and positive parenting skills. The MFGC viewed a key role of the EP as supporting SPs with the complex skills involved with facilitating a fully engaging group. Currently the goal for the LA EPs who worked with schools in the 'open' model was to move towards

a supervisory role for the EP. Supervision, according to Beddoe (2010), can be defined as having three functions: normative (understanding the framework for practice alongside a monitoring role); restorative (acknowledging the emotional burden on the facilitator); and formative (supporting learning and development). It may also be argued that if the group is occurring virtually along with the supervision, it would be easier for the EP to schedule attendance at regular virtual meetings.

Considering future virtual models (ST6:2), one possible use was noted by the MFGC to be to address a wider geographical audience with a specific challenge e.g. a support group for parents of adopted children. Alternatively, it was proposed that virtual MFGC could be a preferred option for schools to use collaboratively with EPs to reduce barriers, reach vulnerable populations and attempt to engage parents who struggle to come into schools due to challenges such as agoraphobia or conditions that may give rise to shame and stigmatisation (Kleykamp et al. 2020), or those who find the school environment emotionally challenging.

In line with the BPS (2020b) survey of psychologists' experiences in the pandemic, a key to the success of virtual MFGC will be preparation and training for EPs to support their confidence and motivation.

5.8 Strengths and Limitations of the Current Research

This research is important as it provided evidence that a relational, interactive intervention for parents can adapt to an online platform and give meaningful support for families at times of crises. It also gives rise to the concept of use of this program to virtually support geographically distanced but similarly challenged parents.

Strengths of this research include the triangulation of evidence including semi-structured interviews with participants and facilitators, attendance at virtual group meetings and also at supervision meetings for SPs and EPs. As a researcher I had built up trusting relationships with interviewees, and by attending and making some contributions in a virtual meeting, had demonstrated a level of commitment. As a former school leader and SENCo I was also able to empathise with SPs, as well as EPs and I feel this emotional connection enabled honest conversations.

Limitations of this research include a greater proportion of facilitator voice as opposed to parent. During the recruitment process it became apparent that accessing the parent group was extremely challenging (in line with the OPU's evaluation of the SWIFT project – see chapter 2), particularly as they could not be approached personally due to the pandemic. As a case study the results are difficult to generalise (Yin,2009), and the three schools were operating with very different models and school types. Participant bias is likely as parents who agreed to interviews came through SPs as gatekeepers and were keen to share their positive experiences.

5.9 Conclusions and Implications for Further Research

This research aimed to evaluate strengths and challenges of virtual MFGs within the context of Covid-19, consider the insight this has provided into effective future practice and contribute towards an evidence base for this virtual approach. Findings suggested that, despite challenges caused by technology and fidelity to the implementation of the planned, highly structured approach, the virtual MFGs provided invaluable connection at a time of emotional fragility for families and potentially impacted upon family functioning through processes such as normalisation, emotional containment and joint

problem-solving. This study strengthened the evidence base for relational therapeutic approaches of parenting interventions to be delivered online, giving support to future work for EPs and schools with hard-to-reach families. It also finds the potential for a virtual MFG approach that may be utilised by EPs, tailored to geographically distanced families with children with similar needs, working collaboratively online to improve family functioning.

There is a considerable need for further research in MFG in schools both in-person and virtually. An in-depth literature review found that there is limited research into the evidence base for this approach being used in schools and the specific ingredients of this intervention that constitute change in families. There is also a requirement for additional research into the long-term change in families created by the groups, only one study reviewing the impact of the groups at twelve months (Morris et al. 2013). A greater understanding of the impact of MFG from the parental perspective as a hard-to-reach group, could also reveal key elements of the process that create positive change with some focus on successful virtual MFG nationwide. Finally, it may also be useful to extend research into effective collaborative technological programs that have been used for fidelity of implementation with the proposed MFG structure. More training and development is needed for parents and facilitators to familiarise themselves with equipment. Information gained in this research may be used by the LA to inform policy and practice.

References

- Allen, G. (2011a) Early Intervention: The Next Steps. HM Government: London
www.gov.uk/government/publications/early-intervention-the-next-steps--2
- Allen, G. (2011b) Early Intervention: Smart Investment, Massive Savings. HM Government: London
www.gov.uk/government/publications/early-intervention-smart-investment-massivesavings
- Allen, J., Fonagy, P and Bateman, A. (2008). Mentalising in Clinical Practice. *American Psychiatric Publishing Inc.*
- Anna Freud National Centre for Children and Families (2022). Retrieved from
<https://www.annafreud.org/mental-health-professionals/our-help-for-children-and-families/our-clinical-work-and-projects/our-work-in-schools/multi-family-groups-in-schools/>
- Ardelt, M. and Eccles, J. (2001). Effects of mothers' parental efficacy beliefs and promotive parenting strategies on inner-city youth. *Journal of Family Issues Vol 22* 944 – 972.
- Ardito, R. and Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements and prospects for research. *Frontiers in Psychology, Vol 2*. Published online Web. <https://doi.org/10.3389/fpsyg.2011.00270>
- Asen, E. (2002). Multiple Family Therapy: an overview. *Journal of Family Therapy* 24:3 – 16
- Asen, E. and Scholz, M. (2010) *Multi-family Therapy: Concepts and techniques*. London, U.K. Routledge.
- Asen, E., Dawson, N. and McHugh, B. (2001). Multiple Family Therapy: The Marlborough Model and its wider applications. London: Karnac Books.
- Asen, E. and Fonagy, P. (2012). Mentalisation-based therapeutic interventions for families. *Journal of Family Therapy, Vol 35(4)* 347 – 370.
- Asen, E., Stein, R., Stevens, A., McHugh, B., Greenwood, J. and Cooklin, A. (1982) A day unit for families. *Journal Family Therapy, Vol 4*, 345 – 358.
- Asen, K. (1988). The Marlborough Family Day Unit. *Bulletin of the Royal College of Psychiatrists Vol 12*, 88 – 90.

- Bailey, H., De Oliveira, C., Wolfe, V., Evans, E. and Hartwick, C. (2012). The impact of childhood maltreatment history on parenting: A comparison of maltreatment types and assessment methods. *Child Abuse and Neglect* Vol 36 (3) 236 – 246.
- Baker, 2021, House of Commons Library. Briefing Paper, 13th December 2021. Retrieved from <https://researchbriefings.files.parliament.uk/documents/SN06988/SN06988.pdf>
- Bandura, A. (1977) *Social Learning Theory* Englewood Cliffs; London: Prentice-Hall.
- Bandura, A., Adams, N., Hardy, A. and Howells, G. (1980). Tests of the generality of self-efficacy theory. *Cognitive Therapy and Research*, Vol 4 39 – 66.
- Banks, A. (2006). Relational therapy for trauma. *Journal of Trauma Practice*, Vol 5 (1) 25 – 47. Doi.org/10.1300/J189v05n01_03
- Banks, S., Cai, T., de Jone, E., Shears, J., Shum, M., Sobocan, A., Strom, K., Truell, R., Peman, M. and Weinberg, M. (2020). Practising ethically during COVID-19: Social work challenges and responses. *International Social Work*, Vol 63, 569 – 583.
- Barak, A., Boniel-Nissim, M. and Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behavior*, Vol 24(5): 1867–1883.
- Barlow, S., Burlingame, G. and Fuhrman, A. (2000). 'Therapeutic applications of groups: from Pratt's 'thought control classes' to modern group psychotherapy. *Group Dynamics Theory Research and Practice*, Vol 4 115 – 134.
- Bateman, A. and Fonagy, P. (2016). Mentalisation-based treatment for personality disorders: A Practical Guide. *Oxford University Press*.
- Baumeister, R. and Leary, M. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, Vol 117, 497 – 529.
- Baumrind, D. (1966). Effects of authoritative parental control on child behavior. *Child Development*, 887 – 907. Retrieved from: <https://www.jstor.org/stable/1126611>
- Baumrind, D. (1991). The influence of parenting styles on adolescent competence and substance use. *The Journal of Early Adolescence*, Vol 11(1), 56 – 95.
- Baumrind, D. (1996). Effects of authoritative parental control on child behavior. *Child Development*, Vol 37(4). 887 – 907.

- Baxter, P. and Jack, S. (2008). Qualitative case study methodology: study design and implementation for novice researchers. *Qualitative Report, Vol 13(4)* 544 – 559.
- BBC (2020). *Coronavirus: Domestic Abuse Calls up 25% Since Lockdown, Charity Says*. Available at <https://www.bbc.co.uk/news/uk-52157620>
- Beckerman, M., van Berkel, S., Mesman, J. and Alink, L. (2016). The role of negative parental attributions in the associations between daily stressors, maltreatment history, and harsh and abusive discipline. *Child Abuse and Neglect, Vol 64*, 109 – 116. <https://doi.org/10.1016/j.chiabu.2016.12.015>
- Beddoe, L. (2010). Surveillance or reflection: Professional supervision in ‘the risk society’. *The British Journal of Social Work, Vol 40(4)*, 1279 – 1296. <https://doi.org/10.1093/bjsw/bcq018>
- Behr, H., and Hearst, L. (2008) Family Therapy: A Group-Analytic Perspective. *Group Analysis, Vol 29(1)*, 9 – 22.
- Bergin C. and Bergin D. (2009) Attachment in the classroom *Educational Psychology Review* 21, 141 – 170.
- Bekes, V. and Aafjes-van Doorn, K. (2020). Psychotherapists’ attitudes toward online therapy during the Covid-19 pandemic. *Journal of Psychotherapy Integration, Vol 30 (2)* 238 – 247.
- Bergamini, E. (2020). How Covid-19 is laying bare inequality. Retrieved from <https://www.bruegel.org/2020/03/how-covid-19-is-laying-bare-inequality>.
- Berger, R. (2015). Now I see it, now I don’t: Researcher’s position and reflexivity in qualitative research. *Qualitative Research, Vol 15(2)*. 219 – 234. Doi.10.1177/1468794112468475.
- Bevan, S. and Cooper, C. (2021). *Health and Work in a Pandemic, The Healthy Workforce*. Emerald Publishing Limited.
- Bhaskar, R. (1989). *Reclaiming Reality: A Critical Introduction to Contemporary Philosophy*. London, England: Verso.
- Bion, W. (1970). ‘Container and Contained’ In *Attention and Interpretation*. London, Tavistock.

- Bitsch, V. (2005). Qualitative research: A grounded theory example and evaluation criteria. *Journal of Agribusiness, Vol23(1)* 75 – 91.
- Bjornstad, G. and Montgomery, P. (2005). Family therapy for Attention-Deficit Disorder or Attention-Deficit/hyperactivity Disorder in children and adolescents. *Cochrane database of systematic reviews* 2. Retrieved from: <https://doi.org/10.1002/14651858.CD005042.pub2>
- Bloomfield L. and Kendall, S. (2007) Testing a parenting evaluation tool as a pre and post course measure of parenting self-efficacy. *Journal of Advance Nursing, Vol 60* 487 – 493.
- Boddison, A. and Curran, H., (2021). The experience of SENCOs in England during the Covid-19 pandemic: The amplification and exposure of pre-existing strengths and challenges and the prioritisation of mental health and well-being in schools. *Journal of Research in Special Educational Needs, Vol22(2)*, 126 – 136.
- Bor, W., Sanders, M. and Markle-Dadds, C. (2002). The effects of the Triple-P Positive Parenting Program on preschool children with co-occurring disruptive behaviour and attentional/hyperactive difficulties. *Journal of Abnormal Child Psychology, Vol 30* 571 – 587.
- Borelli, J., St. John, H., Cho, E. and Suchman, N. (2016). Reflective functioning in parents of school-aged children. *American Journal of Orthopsychiatry, Vol 86(1)*, 24 – 36.
- Boruszak-Kiziukiewicz, J. and Kmita, G. (2020). Parenting self-efficacy in immigrant families: A systematic review. *Frontiers in Psychology Vol 11*. Web. [DOI:10.3389/fpsyg.2020.00985](https://doi.org/10.3389/fpsyg.2020.00985)
- Bowlby, J. (1988). *Violence in the Family*. In: Bowlby J, A Secure Base: Parent-Child Attachment and Healthy Human Development. London; Routledge, 1988.
- Bowlby J. (1969). *Attachment and loss. Vol. 1*. London; Hogarth Press.
- Boyatzis, R. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development*. Sage
- Braun, V. and Clarke, V. (2006) *Thematic Analysis in psychology*. *Qualitative Research Methods in Psychology Vol 3*, pp 77 -101.

- Braun, V. and Clarke, V. (2013). *Successful Qualitative Research: a Practical Guide for Beginners*. London: Sage.
- Braun, V. and Clarke, V. (2014). What can ‘thematic analysis’ offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Wellbeing*, Vol9(1) Doi:10.3402/qhw.v9.26152.
- Braun, V. and Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, Vol 18(3) 328 – 352.
- Breitenstein, S., Gross, D. and Christophersen, R. (2014). Digital Delivery Methods of Parenting Training Interventions: A Systematic Review. *Worldviews on evidence-based nursing* Vol 11 (3) 168 – 176.
- British Psychological Society. (2018). *Code of Ethics and Conduct*. The British Psychological Society.
- British Psychological Society, (2020a). Adaptions to psychological practice: Interim guidance during Covid-19. Retrieved from <https://www.bps.org.uk/coronavirus-resources-professional-adaptations-psychologicalpractice-interim-guidance>.
- British Psychological Society, (2020b). Impact of Covid-19 on the well-being of psychologists. Retrieved from <https://www.bps.org.uk/coronavirus-resources/professional/impactwellbeing-psychologists>.
- Bowen, M. (1976a). Theory in the practice of psychotherapy. In P. J. Guerin. (Ed.). *Family Therapy*. New York: Gardner
- Bowen, M. (1976b). Principles and techniques of multiple family therapy. In P. Guerin (Ed.), *Family Therapy*. New York: Gardner.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, Ma: Harvard University Press.
- Bronfenbrenner, U. and Ceci, S. (1994). Nature-nurture reconceptualised in developmental perspective: A biological model. *Psychological Review*, Vol 101, 568 – 586.
- Bronfenbrenner, U. and Morris, P. (2006). The bioecological model of human development. In W. Damon (Series Ed.) and R. M. Lerner (Vol Ed.), *Handbook of Child Psychology: Theoretical Models of Human Development*. (pp. 793 – 828). New York, NY: Wiley.

- Brooks, S. Smith, L., Webster, R., Weston, D., Woodland, L., Hall, I. and Rubin, J. (2020). The impact of unplanned school closure on children's social contact: Rapid evidence review. *Euro Surveillance: Bulletin Europeen Sue Les Maladies Transmissibles Vol 25(13)* 21. <https://doi.org/10.2807/1560-7917.ES.2020.25.13.2000188>
- Brown, S., Doom, J., Lechuga-Pena, S., Watamura, S. and Koppels, T. (2020). Stress and parenting during the global Covid-19 pandemic. *Child Abuse and Neglect, Vol 110(2)* 104699. Retrieved from: <https://doi.org/10.1016/j.chiabu.2020.104699>
- Browne, D., Plamondon, A., Prime, H., Puente-Duran, S. and Wade, M. (2015). Cumulative risk and developmental health: An argument for the importance of a family-wide science. *Wiley Interdisciplinary Reviews. Cognitive Science Vol 6(4)* 397 – 407. <https://doi.org/10.1002/wcs.1349>
- Buchanan, D. (2012). 'Case Studies in Organisational Research' In G. Symon and C. Cassell (Eds.) *Qualitative Organisational Research: Core Methods and Current Challenges*. Sage Publications.
- Bucholtz, M. (2000). The politics of transcription. *Journal of Pragmatics, Vol 32(10)*, 1439 – 1465.
- Byrne, D. (2016). *Research Design*. Los Angeles, CA: Sage Publications, Inc.
- Cairney, J., Boyle, M., Offord, D. and Racine, Y. (2003). Stress, social support and depression in single and married mothers. *Social Psychiatry and Psychiatric Epidemiology, Vol38(8)* 442 – 449. <https://doi.org/10.1007/s00127-003-0661-0>
- Carlo G., Mestre M., McGinley M., Samper P., Tur A. & Sandman D. (2012). The interplay of emotional instability, empathy, and coping on prosocial and aggressive behaviours. *Personality and Individual Differences. (53)* 675–680.
- Carr, A. (2012). *Family Therapy: Concepts, Process and Practice*. John Wiley and Sons Incorporate.
- Caspani, M. (2015). Violence against women rises in Ebola-hit nations: ministers. Retrieved from <https://www.reuters.com/article/us-health-ebola-women/violence-against-women-rises-in-ebola-hit-nations-ministers-idUSKBNOME30520150318>.
- Chilisa, B. and Preece, J. (2005). *Research Methods for Adult Educators in Africa*. Pearson Education. Cape Town.

- Choi, S., Kim, H., Kang, J., Kim, D. and Cho, E. (2020). Epidemiology and clinical features of coronavirus disease 2019 in children. *Clinical and Experimental Pediatrics*, Vol 63(4) 125 – 132.
- Chung, G., Lanier, P. and Wong, P. (2020). Mediating effects of parental stress on harsh parenting and parent-child relationship during Coronavirus (COVID-19) Pandemic in Singapore. *Journal of Family Violence*, 1 – 12. <https://doi.org/10.1007/s10896-020-00200-1>
- Clay, R. (2020). *How the world's psychologists are tackling COVID-19*. Retrieved from: <https://www.apa.org/topics/covid-19/world-psychologists>.
- Cohen, E. and Tisch, R. (2020). The online adaption and outcomes of a family-based intervention addressing substance use disorders. *Research on Social Work Practice*, Vol 31(3) 244 – 253.
- Coleman, P. and Karraker, K. (1998). Self-efficacy and parenting quality: Findings and future applications. *Developmental Review* Vol 18 (1) 47 – 85.
- Compton, K., Snyder, J., Schrepferman, L., Bank, L., & Shortt, J. (2003). The contribution of parents and siblings to antisocial and depressive behavior in adolescents: A double jeopardy coercion model. *Development and Psychopathology*, 15(1), 163-182.
- Cook-Darzens, S., Gelin, Z. & Hendrick, S. (2018). Evidence-base for Multiple Family Therapy (MFT) in non-psychiatric conditions and problems: a review (part 2). *Journal of Family Therapy*, 40: 326 – 343.
- Cooklin, A., Miller, A. and McHugh, B. (1983). 'Change in Here-and-Now Systems vs. Systems Over Time'. In A. Bentovim, G. Gorell-Barnes and A. Cooklin (Eds) *Family Therapy: Complementary Frameworks for Theory and practice*. London: Academic Press.
- Copeland, D., Harbaugh, B. (2005). Differences in parenting stress between married and single first-time mothers at six to eight weeks after birth. *Comprehensive Child and Adolescent Nursing* Vol 28(3) 139 – 152.
- Corey, G. and Schneider Corey, M. (2016). Group Psychotherapy In J. C. Norcross, G. R. Vanden Bos, D. K. Freedheim and R. Krishnamurthy (Eds.). *APA Handbook of Clinical*

Psychology: Applications and Methods (289 – 306). American Psychological Association. <https://doi.org/10.1037/14861-015>

Coyne, L., Gould, E., Grimaldi, M., Wilson, K., Baffuto, G. and Biglan, A. (2020). First things first: Parent psychological flexibility and self-compassion during COVID-19. *Behavior Analysis in Practice*, Vol 14(4) 1092 – 1098. <https://doi.org/10.1007/s40617-020-00435-w>

Cozolino, L. (2013). *The Social Neuroscience of Education: Optimizing attachment and learning in the classroom*. London: Norton & Co

Crawley, E., Loades, M., Feder, G., Logan, S., Redwood, S. and Macleod, J. (2020). Wider collateral damage to children in the UK because of the social distancing measures designed to reduce the impact of Covid-19 in adults. *BMJ Paediatrics open*, Vol 4(1), <https://doi.org/10.1136/bmjpo-2020-000701>

Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A. and Sheikh, A. (2011). The Case Study Approach. *BMC Medical Research Methodology*, Vol 11(1). <https://doi.org/10.1186/1471-2288-11-100>

Da Freitas, M. and Da Silva, M. (2021). GDPR and Distance Teaching and Learning. *Iberian Conference on Information Systems and Technologies, CISTI*. <https://doi.org/10.23919/CISTI52073.2021.9476409>

Dare, C. and Eisler, I. (2000). A multi-family group day treatment programme for adolescents eating disorder *European Eating Disorders Review* 8(1): 4-18.

Darling, N., & Steinberg, L. (1993). Parenting style as context: an integrative model. *Psychological Bulletin*, Vol 113: 487–496.

Dawson, N. and McHugh, B. (1986). Families as partners. *Pastoral Care in Education*. Vol 4(2): 102 – 109.

Deater-Deckard, K. (1998). Parenting Stress and child adjustment: Some old hypotheses and new questions. *Clinical Psychology* Vol 5(3) 314 – 332.

Denzin, N. and Lincoln, Y. (2000b). 'Introduction: The discipline and practice of qualitative research' In N.K. Denzin and Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp.1 – 28). Thousand Oaks, CA: Sage.

- Department for Education (2019). *Educational Psychologist Workforce Research Report*. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912884/Research_on_the_Educational_Psychologist_Workforce_March_2019.pdf
- Department for Education (2021). *Keeping Children Safe in Education*. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf
- Department for Education (2021a). *Checklist for school leaders to support full opening: behaviour and attendance*.
- Department of Health and Social Care (2021). Retrieved from: <https://www.gov.uk/government/news/new-tv-advert-urges-public-to-stay-at-home-to-protect-the-nhs-and-save-lives>
- Dixon, L. and Lehman, A. (1995). Family interventions for schizophrenia: *Schizophrenia Bulletin*, Vol 21(4) 631 – 643,
- Dodds, S. and Hess, A. (2021). Adapting research methodology during Covid-19: lessons for transformative service research. *Journal of Service Management*, Vol 32(2) 203 – 217.
- Dodgson, J. (2019). Reflexivity in qualitative research. *Journal of Human Lactation* Vol 35(2) 220 – 222.
- Douglas, M., Katikireddi, S., Taulbut, M., McKee, M. and McCartney, G. (2020). Mitigating the wider health effects of covid-19 pandemic response. *British Medical Journal*, 369. <https://doi.org/10.1136/bmj.m1557>.
- Duchovic, C., Gerkenmeyer, J. and Wu, J. (2009). Factors associated with parental distress. *Journal of Child and Adolescent Psychiatric Nursing*, Vol 22(1) 40 – 48.
- Dulwich Centre, (2015). Part Two: Tree of Life narrative approach. *International Journal of Narrative Therapy and Community Work* (1) 81 – 89.
- Dunsmuir, S. and Hardy, J. (2016). Delivering Psychological Therapies in Schools and Communities *The British Psychological Society*, Leicester.

- Edbrooke-Childs, J., Labnoa, A., Cortinaa, M., Gilleard, A., Hayes, D., Yoona, Y., Dalton-Locker, C., Johnson, S., Simpson A., San Juan, N. and Brooks-Hall, E. (2021). Professionals' views on the mental health problems and vulnerability of children and young people during the early phase of the Covid-19 pandemic. *Mental health Weekly Digest*. Retrieved from: <https://www.medrxiv.org/content/10.1101/2021.04.26.21256103v1.full.pdf>
- Eisler, I., Simic, M., Hodsoll, J., Asen, E., Berelowitz, M., Connan F., Ellis, G., Hugo, P., Schmidt, U., Treasure, J., Yi, I. & Landau, S. (2016). A pragmatic randomised multi-centre trial of multifamily and single-family therapy for adolescent anorexia nervosa. *BMC Psychiatry*. Vol 16 (1).
- Epstein, N., (1988). 'Dilemmas and choices in the design of Family Therapy Research' In L. Wynne (ed) *The State of the Art in Family Therapy Research: Controversies and Recommendations*. New York: Family Process Press.
- Fairbairn, P., Simic, M. & Eisler, I. (2011) Multifamily Therapy for Adolescent Anorexia Nervosa. In Daniel Le Grange and James Lock (Eds) *Eating Disorders in Children and Adolescents: A Clinical Handbook*. New York; London: Guilford Press.
- Farrell, P., Woods, K., Lewis, S., Squires, G., Rooney, S. and O'Connor, M., (2006). A review of the functions and contributions of educational psychologists in England and Wales in light of the 'Every Child Matters: Change for Children'. *Nottingham, DFeS Publications*.
- Fegert, J., Vitiello, B., Plener, P. and Clemens, V. (2000). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, Vol 14(1), 20 – 20. <https://doi.org/10.1186/s13034-020-00329-3>
- Felitti, A., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M. and Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventative Medicine*, Vol 14(4), 245 – 256. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

- Fergusson, D., Horwood, J. and Ridder, E. (2005) Show me the child at seven: the consequences of conduct problems in childhood for psychosocial functioning in adulthood. *Journal of Child Psychology and Psychiatry*, 46: 837–49.
- Finlay, L. (2002). Negotiating the swamp: The opportunity and challenge of reflexivity in research practice. *Qualitative Research*, Vol 2, 209 – 230.
- Fitzpatrick, M., Benson, C. and Bondurant, S. (2020). Beyond reading, writing and arithmetic: The role of teachers and schools in reporting child maltreatment. *National Bureau of Economic Research*. Retrieved from: <https://doi.org/10.3386/w27033>
- Foley, V. (1984). Family therapy. In R. J. Corsini (Ed.) *Encyclopedia of Psychology*. New York:
- Fonagy, P., Campbell, C. and Anthony, B. (2017). Mentalising, attachment and epistemic trust in group therapy . *International Journal of Group Psychotherapy* Vol 67: 176 – 201
- Fonagy, P., Steele, M., Steele, H., Moran, . and Higgitt, A. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal* Vol 12: 201 – 218
- Fonagy, P, and Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Developmental Psychopathology* 9 (4): 679 – 700.
- Fonagy, P. and Allison, E. (2014). The role of mentalising and epistemic trust in the therapeutic relationship. *Psychotherapy*, Vol 51 (3): 372 – 380.
- Fonagy, P. and Bateman, A. (2006). Mechanisms of change in mentalisation-based treatment of BPD. *Journal of Clinical Psychology*. Vol 62: 411 – 430.
- Forgatch M., Bullock B. & Patterson G. (2004) From theory to practice: increasing effective parenting through role-play. pp. 782–813. In: Steiner H, editor. *Handbook of mental health interventions in children and adolescents: an integrated developmental approach*. San Francisco: Jossey-Bass
- Forgatch, M., Degarmo, D., & Beldavs, Z. (2005). An efficacious theory-based intervention for stepfamilies. *Behavior Therapy*, 36(4): 357-365.

- Forgatch, M., Patterson, G., DeGarmo, D. & Beldavs, Z. (2009). Testing the Oregon delinquency model with nine-year follow-up of the Oregon divorce study. *Development and Psychopathology*, 21: 637– 660.
- Fox, M. (2003). Opening Pandora's Box: Evidence-based practice for educational psychologists. *Educational Psychology in Practice*. 19 (2): 91 – 102.
- Frederickson, N. (2002) Evidenced based practice and educational psychology. *Education and Child Psychology*, 19 (3): 96 – 111.
- Freisthler, B., Grunewald, P., Tebben, E., Shockley McCarthy, K. and Price Wolf, J. (2021). Understanding at-the-moment stress for parents during Covid-19 stay-at-home restrictions. *Social Science and Medicine*, Vol 279, 114025. Retrieved from: <https://doi.org/10.1016/j.socscimed.2021.114025>
- Friedlander, M., Escudero, V., Heatherington, L. & Diamond, G. (2011). Alliance in couple and family therapy. *Psychotherapy*, 48: 25 – 33.
- Fristad, M., Goldberg-Arnold, J., Gavazzi, S. (2003). Multi-Family Psychoeducation Groups in the treatment of children with mood disorders. *Journal of Marital and Family Therapy*, Vol 29(4). 491 – 504.
- Galletta, A. (2012). *Mastering the Semi-Structured Interview and Beyond : From Research Design to Analysis and Publication*. New York: New York UP.
- Gaze, H. (1997) All in the family: latest issue in parenting education *Health visitor*, 70: 332 – 333.
- Geddes, H. (2006) *Attachment in the Classroom: The links between children's early experience, emotional well-being and performance in school*. London: Worth Publishing.
- Gilleard, A., Lereya, S., Tait, N., Edbrooke-Childs, J., Deighton, J. and Cortina, M. (2020). Emerging Evidence (Issue 3): Coronavirus and children and young people's mental health. *Evidence Based Practice Unit, London*.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, Vol 8(4) 597 – 607.

- Goldenberg, H. and Goldenberg, I. (2009). 'The revolution and evolution of family therapy and family psychology'. In J. Bray and M. Stanton (Eds.) *The Wiley-Blackwell Handbook of Family Psychology*. Wiley Blackwell.
- Goodman, R. 1997 The Strengths and Difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, Vol 38(5): 581 – 586.
- Gopalan, G. Bannon, W., Dean-Assael, K., Fuss, A., Gardner, L., LaBarbera, B., & McKay, M. (2011). Multiple family groups: an engaging intervention for child welfare-involved families. *Child Welfare*, Vol 90(4): 135 – 156.
- Government of Wales, (2021). Review of Adverse Childhood Experiences (ACE) policy: report. How the ACE policy has performed and how it can be developed in the future. Retrieved from <https://gov.wales/review-adverse-childhood-experiences-ace-policy-report-html>
- Gov. UK (2021). Reducing parental conflict challenge fund: Learning from the second phase of delivery. *Department for Work and Pensions*. Retrieved from: <https://www.gov.uk/government/publications/reducing-parental-conflict-challenge-fund-learning-from-the-second-phase-of-delivery/reducing-parental-conflict-challenge-fund-learning-from-the-second-phase-of-delivery>
- Greenblatt, R., Gumbs, S., Lemboye, S., Blanchard, J. and Bunn, H. (2021). Educational psychology in the virtual world: A small study on practice adaptations during the Covid-19 pandemic and potential benefits for future services. *Educational Psychology Research and Practice* Vol 7 (2) 1 – 11.
- Greenfield, B. & Senecal, J. (1995). Recreational Multifamily Therapy for Troubled Children. *American Journal of Orthopsychiatry*, Vol 65 (3): 434 – 439.
- Gritzer, P. & Okun, H. (1983). Multiple family group therapy: A model for all families. In B.B. Wolman & G. Stricker (Eds.) *Handbook of family and marital therapy*. (pp. 315 – 342). New York: Plenum.
- Gross, D., Johnson, T., Ridge, A., Garvey, C., Julion, W., Treysman, A. and Fogg, L. (2011). Cost-effectiveness of childcare discounts on parent participation in preventative parent training in low-income communities. *The Journal of Primary Prevention*, Vol 32(5) 283 – 298.

- Gros, F., Morland, L., Greene, C., Acierno, R., Strachan, M., Egede, L., Tuerk, P., Myrick, H. and Frueh, C. (2013). Delivery of evidence-based psychotherapy via video telehealth. *Journal of Psychopathology and Behavioral Assessment*. Vol 35(4) 506 – 521.
- Guest, G., MacQueen, K. and Namey, E. (2012). *Applied Thematic Analysis*. Thousand Oaks: SAGE Publications, Inc.
- Haine-Schlagel, R., & Walsh, N. (2015). A Review of Parent Participation Engagement in Child and Family Mental Health Treatment. *Clinical Child and Family Psychology Review*, 18(2), 133-150.
- Hallett, F. (2022). Can SENCOs do their job in a bubble? The impact of Covid-19 on the ways in which we conceptualise provision for learners with special educational needs. *Oxford Review of Education*, Vol48(1) 1 – 13.
- Harris, A. and Jones, M. (2020). Covid-19 – school leadership in disruptive times. *School Leadership and Management*, Vol 40(4), 243 – 247. <https://doi.org/10.1080/13632434.2020.1811479>
- Hayes, N., O'Toole, L. and Halpenny, A. (2017). *Introducing Bronfenbrenner: A Guide for Practitioners and Students in Early Years Education*. Routledge.
- Hazelrigg, Harris and Boruin (1987). Evaluating the effectiveness of family therapies: An integrative review and analysis. *Psychological Bulletin*, Vol 101(3) 428 – 442.
- Helpfenbaum-Kun, E. & Ortiz, C. (2007). Parent-training groups for fathers of Head Start children: A pilot study of their feasibility and impact on child behavior and intra-familial relationships. *Child and Family Behavior Therapy*, 29(2), 47–64
- Hines, M (1988). Similarities and Differences in Group and Family Therapy. *The Journal for Specialists in Group Work* Vol 13 (4) 173-79.
- Hinshaw, S. P. (2002). Intervention research, theoretical mechanisms and causal processes related to externalizing behavior patterns. *Development and Psychopathology*, 14(4): 789–818.
- Hoghugh, M. and Long, N. (2004). *Handbook of Parenting: Theory and Research for Practice*. London, England: Sage.

- Holloway, I. and Wheeler, S. (2002). *Qualitative Research in Nursing (2nd Ed.)*. Malden, MA: Blackwell.
- Holmes, H. and Burgess, G. (2020). Coronavirus has highlighted the UK's digital divide: A short paper. Retrieved from <https://www.cam.ac.uk/stories/digitaldivide>
- Holtrop, K., McNeil Smith, S. and Scott, J. (2015). Associations between positive parenting practices and child externalising behaviour in underserved Latino immigrant families. *Family Process, Vol 54(2)*, 359 – 375. <https://doi.org/10.1111/famp.12105>
- Horesh, D. and Brown, A. (2020). Traumatic stress in the age of Covid-19: A call to close critical gaps and adapt to new realities. *Psychological Trauma, Vol 12(4)*, 331 – 335. <https://doi.org/10.1037/tra0000595>
- Horn, W., Ialongo, N., Pascoe, J., Greenberg, G., Packard, T., Lopez, M., Wagner, A. and Puttler, L. (1991). Additive effects of psychostimulants, parent training and self-control therapy with ADHD children. *Journal of the American Academy of Child and Adolescent Psychiatry, Vol 30(2)*, 233 – 240.
- House of Commons Library : Domestic Abuse and Covid-19: A year into the pandemic. (2021). Retrieved from: <https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/>
- Hughes, K., Ford, K., Kadel, R., Sharp, C. and Bellis, M. (2020). Health and financial burden of adverse childhood experiences in England and Wales: a combined primary data study of five surveys. *BMJ Open. Vol 10(6)* <https://doi.org/10.1136/bmjopen-2019-036374>
- Hutchison, L., Feder, M., Abar, B. and Winsler, A. (2016). Relations between parenting stress, parenting style, and child executive functioning for children with ADHD or Autism. *Journal of Child and Family Studies, Vol 25(12)*, 3644 – 3656.
- Ioane, J., Knibbs, C. and Tudor, K. (2021). The challenge of security and accessibility: Critical perspectives on the rapid move to online therapies in the age of COVID-19. *Psychotherapy and Politics International, Vol 19(1)*. <https://doi.org/10.1002/ppi.1581>
- Jackson, E. (2002). Mental health in schools: What about the staff? *Journal of Child Psychotherapy, 28(2)*: 129-146

- Johnson, R.B., Onwuegbuzie, A.J. and Turner, L.A. (2007). Toward a definition of Mixed Methods research. *Journal of Mixed methods Research*, 1(2),: 112- 133.
- Jones, D., Forehand, R., Cuellar, J., Kincaid, C., Parent, J., Fenton, N. and Goodrum, N. (2013). Harnessing innovative technologies to advance children's mental health: Behavioral parent training as an example. *Clinical Psychology Review Vol 33 (2)* 241 – 252.
- Jones, T. and Prinz, R. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review Vol 25*, 341 – 363.
<http://dx.doi.org/10.1016/j.cpr.2004.12.004>
- Joseph Rowntree Foundation (2021). *UK Poverty 2020/2021*. York: Joseph Rowntree Foundation. <https://www.poverty.ac.uk/editorial/covid-hits-poorest-familieshardest>. Accessed on: 25/05/2021
- Judge, L. and Rahman, F. (2020). Lockdown living: Housing quality across the generations. London: Resolution Foundation. <https://dera.ioe.ac.uk/35937/>
- Karver, M., Handelsman, J., Fields, S. and Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review, Clinical Psychology Review, Vol 26(1)*, 50 – 65.
- Kaufman, E. & Kaufman, P. (1979). Multiple family therapy with drug abusers. In E. Kaufman and P. Kaufman (Eds) *Family Therapy of Drug and Alcohol Abuse*. New York: Gardner.
- Kelly, D. and Gray, C, (2000). *Educational Psychology Services (England): current role, good practice and future directions: the research report*. Department for Education and Employment.
- Kerr, M. and Bowen, M. (1988). *Family Evaluation: An Approach Based on Bowen Theory*. W.W. Norton and Company, New York.
- Khatri, N., Marziali, E., Tchernikov, I. and Shepherd, N. (2014). Comparing telehealth-based and clinic-based group cognitive behavioral therapy for adults with depression and anxiety: a pilot study. *Clinical Interventions in Aging. Vol 9*. 765 – 770.

- Kim, L. and Asbury, K. (2020). 'Like a rug had been pulled from under you': The impact of COVID-19 on teachers in England during the first six weeks of the UK lockdown. *British Journal of Educational Psychology*, Vol 90 (4), 1062 – 1083.
- Kisfalvi, V. and Oliver, D. (2015). Creating and maintaining a safe space in experiential learning. *Journal of Management Education*, Vol 39(6), 713 – 740.
- Kleykamp, B., Guille, C., Barth, K. and McClure, E. (2020). Substance use disorders and Covid-19: the role of telehealth in treatment and research. *Journal of Social Work Practice in the Addictions*. Vol 20(3) 248 – 253.
- Kolb, D. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, New Jersey: Prentice-Hall.
- Kooraneh, A. and Amirsardari, L. (2015). Predicting early maladaptive schemas using Baumrind's parenting styles. *Iranian Journal of Psychiatry and Behavioral Sciences*, Vol 9 (2), 26 – 30.
- Krouwel, M., Jolly, K. and Greenfield, S. (2019). Comparing skype (video calling) and in-person qualitative interview modes in a study of people with irritable bowel syndrome – an exploratory comparative analysis. *BMC Medical Research Methodology*, Vol 19(1) 219.
- Kratochwill, T., McDonald, L., Levin, J., Scalia, P. and Coover, G. (2009). Families and schools together: An experimental study of Multi-Family Groups for children at risk. *Journal of School Psychology*, Vol 47 (4) 245 – 265.
- Kuulasmaa, A., Wahlberg, K. and Kuusimaki, M. (2004). Videoconferencing in family therapy: A review. *Journal of Telemedicine and Telecare*. Vol 10(3). 125 – 129.
- Kuppens, S. & Ceulemans, E. (2019). Parenting Styles: A Closer look at a well-known concept. *Journal of Child and Family Studies* Vol 28: 168 – 181.
- Kvale, S. and Brinkmann, S. (2009). *Interviews: Learning the Craft of Qualitative Research Interviewing (2nd Ed.)*. London, United Kingdom: Sage.
- Lambert, M. and Barley, D. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy (Chicago, Ill)*, Vol 38, 357 – 361.
<https://doi.org/10.1037/0033-3204.38.4.357>

- Laqueur, H. P. (1976). Multiple family therapy. In *P. J. Guerin (Ed.), Family therapy, theory, and practice* (pp. 405- 416). New York: Gardner.
- Laqueur, H. P., LaBurt, H. A., & Morong, E. (1964). Multiple family therapy. *Current Psychiatric Therapies*, Vol 4, 150-154.
- Latief, F. and Haque, R. (2020). Spectacle as a response: The Covid-19 pandemic. *Economic and Political Weekly*.
- Lemmens, G., Eisler, I., Buysse, A., Heene, E. and Demyttenaere, K. (2009). The effects of adjunctive single-family and multi-family group therapy in the treatment of hospitalised patients with major depression: A 15-month follow up study. *Psychotherapy and Psychosomatics*, Vol 78(2) 98 – 105. <https://doi.org/10.1159/000201935>
- Liddle, H. (2004). Family-based therapies for adolescent alcohol and drug use: research contributions and future research needs. *Society for the Study of Addiction*, Vol 99(2), 76 – 92.
- Lincoln, Y. and Guba, E. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage
- Livingstone, S. and Helsper, E. (2007). Graduations in digital inclusion: children, young people and the digital divide. *New Media and Society*. Vol 9(4), 671 – 696.
- Lo, J., Ma., J., Wong, M. and Yau-Ng, M. (2022). Virtual care during the pandemic: Multi-Family Group sessions for Hong Kong Chinese families of adolescents with intellectual disabilities. *Journal of Intellectual Disabilities*, 1 – 18. <https://doi.org/10.1177/17446295221076693>
- Mahar, A. Cobigo, V. and Stuart, H. (2013). Conceptualising belonging. *Disability and Rehabilitation* Vol 35(12) 1026 – 1032.
- Maitland, J. and Glazzard, J. (2022). Finding a way through the fog: school staff experiences of the Covid-19 pandemic. *Cambridge Journal of Education*, pp 1 – 23.
- Malonda, E., Llorca, A., Mesurado, B., Samper, P. and Vicenta Mestre, M. (2019). Parents or Peers? Predictors of prosocial behavior and aggression: A longitudinal Study. *Front Psychology*. doi: 10.3389/fpsyg.2019.02379
- Marmarosh, C. (2017). Fostering engagement during termination: Applying attachment theory and research. *American Psychological Association*, Vol 54 (1) pp 4 – 9.

- Marshall, J. & Watt, P. (1999) *Child Behaviour Problems. A literature review of the size and nature of the problem and prevention interventions in childhood*. Perth: Interagency
- Martin, D., Garske, J. and Davis, M. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, Vol 68(3)*, 438 – 450. <https://doi.org/10.1037/0022-006X.68.3.438>
- Martinez-Torteya, C., Bogat, A., von Eye, A., and Levendosky, A. (2009). Resilience among children exposed to domestic violence: The role of risk and protective factors. *Child Development, Vol 80(2)*, 562 – 577.
- Maxwell, J. (2018). 'Collecting qualitative data: a realist approach' In *The Sage Handbook of Qualitative Data Collection* (pp.19 – 31). SAGE Publications Ltd. <https://dx.doi.org/10.4135/9781526416070>
- McCart, M., Priester, P., Davies, W. & Azen, R. (2006). Differential effectiveness of behavioral parent-training and cognitive-behavioral therapy for antisocial youth: A meta-analysis. *Journal of Abnormal Child Psychology, 34*, 527–543.
- McLean, S., Booth, A., Schnabel, A., Wright, B., Painter, F. and McIntosh, J. (2021). Exploring the efficacy of telehealth for family therapy through systematic, meta-analytic and qualitative evidence. *Clinical Child and Family Psychology Review, Vol 24(2)*, 244 – 266.
- McCoyd, J. and Schwaber Kerson, T. (2012). Conducting intensive interviews using email: A serendipitous comparative opportunity. *Qualitative Social Work: QSW: Research and Practice, Vol 5(3)* 389 – 406.
- McDonald, L., Moberg, P., Brown, R., Rodriguez-Espiricueta, I., Flores, N., Burke, M. and Coover, G. (2006). After-School Multifamily groups: A randomized controlled trial involving low-income, Urban, Latino children. *Children and Schools, Vol 28, (1)*: 25 – 34.
- McGoron, L. and Ondersma, S. (2015). Reviewing the need for technological and other expansions of evidence-based parent training for young children. *Children and Youth Services Review, Vol 59*, 71 – 83.

- McKenny, R., Galloghly, E., Porterb, C. and Burbach, F. (2021). Living in a Zoom World: Survey mapping how Covid-19 is changing family therapy practice in the UK. *Journal of Family Therapy Vol 43* 272- 294.
- McKenry, P. and Price, S. (2005). *Families and Change: Coping with Stressful Events and Transitions*. SAGE.
- McMullin, C. (2021). Transcription and Qualitative methods: Implications for third sector research. *Voluntas (Manchester, England)*, 1 – 14. <https://doi.org/10.1007/s11266-021-00400-3>
- McNair, R., Taft, A. and Hegarty, K. (2008). Using reflexivity to enhance in-depth interviewing skills for the clinician researcher. *BMC Medical Research Methodology, Vol 8(1)*, 73. <https://doi.org/10.1186/1471-2288-8-73>.
- McPherson, K., Kerr, S., Casey, B. and Marshall, J. (2017). Barriers and facilitators to implementing functional family therapy in a community setting: client and practitioner perspectives. *Journal of Marital and Family Therapy, Vol 43(4)* 717 – 732.
- Meezan, W., & O'Keefe, M. (1998). Evaluating the Effectiveness of Multifamily Group Therapy in Child Abuse and Neglect. *Research on Social Work Practice, 8(3)*, 330-353
- McKay, M., Gonzales, J., Ryland, D. & Kohner, K. (1995). Multiple family therapy groups: A responsive intervention model for inner city families. *Social Work with Groups, 18 (4)*: 41 – 56.
- Mehl, A., Tomanova, J., Kubena, A. and Papezova, H. (2013). Adapting multi-family therapy to families who care for a loved one with an eating disorder in the Czech Republic combined with a follow-up pilot study of efficacy. *Journal of Family Therapy, Vol 35(1)*, 82 – 101.
- Mensah, E. and Andreadi, H. (2016). 'Multi-Family Group Therapy' in *Clinical Practice at the Edge of Care*. (p175 – 196). Springer International Publishing.
- Menter, K., Ritchie, T., Ogg, J., Rogers, M., Shelleby, E., Santuzzi, A and Wendel, M. (2020). Changes in parenting practices during the Covid-19 pandemic: Child behavior and mindful parenting as moderators. *School Psychology Review*. <https://doi.org.10.1080/2372966X.2020.1869497>

- Menting, A., Orobio de Castro, B. & Matthys, W. (2013). Effectiveness of the Incredible Years parent training to modify disruptive and prosocial child behavior: A meta-analytic review. *Clinical Psychology Review*, Vol 33(8), 901–913.
- Midgley, N., Sprecher, E. and Sled, M. (2021). Mentalisation-based interventions for children aged 6 – 12 and their carers: A narrative systematic review. *Journal of Infant, Child and Adolescent Psychotherapy*. Retrieved from: <https://www.tandfonline.com/loi/hicp20>
- Mihalic, S. & Irwin, K. (2003) Blueprints for violence prevention: From research to real-world settings – factors influencing the successful replication of model programs. *Youth Violence and Juvenile Justice*. Journal.sagepub.com
- Mikulincer, M. and Shaveer, P. (2016). *Attachment in adulthood: Structure, dynamics and change* (2nd Ed.). New York: Guilford Press.
- Miles, M. and Huberman, A. (1994). *Qualitative Data Analysis: An Expanded Source Book* (2nd Edition). Thousand Oaks, CA: Sage.
- Miragoli, S., Balzarotti, S., Camisasca, E. and Di Blasio, P. (2018). Parents' perception of child behavior, parenting stress and child abuse potential: Individual and partner influences. *Child Abuse and Neglect*, Vol 84 146 – 156.
- Moffit, T., Arseneault, L, Danese, A., Fisher, H., Mill, J., Pariante, C., Baucom, D., Caspi, A., Chen, E., Miller, G., Halweg, K., Job, A., Heinrichs, N., Haldimann, B., Grawe-Gerber, M., Kuper-Yamanaka, M., Sanders, M, Shalev, I., and Walitza, S. (2013). Childhood exposure to violence and life-long health: Clinical intervention science and stress-biology research join forces. *Development and Psychopathology*, Vol 25(4) 1619 – 1634.
- Moltz, D. & Newmark, M. (2002). Multifamily groups for bipolar illness. In W.R. McFarlane (Eds) *Multifamily Groups in the Treatment of Severe Psychiatric Disorder*. New York: Guildford Press.
- Moore, T. (2017). *Authentic engagement: The nature and role of the relationship at the heart of effective practice*. Keynote address at ARACY Parent Engagement Conference – Maximising every child's potential. Melbourne. Retrieved from:

<https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-ARACY-Parent-EngagementConference17-Paper-Oct2017>.

- Moran, P., Ghate, D. and Van der Merwe, A. (2004). *What works in Parenting Support?: A review of the International Evidence*. Department for Education and Skills.
- Moretti, M., Holland, R., Moore, K. and McKay, S. (2004). An attachment-based parenting program for caregivers of severely conduct-disordered adolescents: Preliminary findings. *Journal of Child and Youth Counselling Work*, Vol 19, 170 – 179.
- Morris, E., Le Huray, C., Skagerber, E., Gomes, R. & Niteman, A. (2013). Families changing families: The protective factor of multi-family therapy for children in education. *Clinical Child Psychology and Psychiatry*, Vol 19(4) 617 – 632.
- Neece, C., Green, S. and Baker, B. (2012). Parenting stress and child behavior problems: a transactional relationship across time. *American Journal on Intellectual and Developmental Disabilities*, Vol117(1), 48 – 66. <https://doi.org/10.1352/1944-7558-117.1.48>
- NHS England, (2016). The five-year forward view for mental health. *Mental Health Taskforce to the NHS in England*. Retrieved from <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFVfinal.pdf>
- NHS England, (2020). Mental health of Children and Young People in England: Wave 1 follow-up to the 2017 survey. Retrieved from <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>
- Norwood, C., Moghaddam, N., Malins, S. and Sabin-Farrell, R. (2018). Working alliance and outcome effectiveness in videoconferencing psychotherapy: A systematic review and noninferiority meta-analysis. *Clinical Psychology and Psychotherapy*, Vol25(6) 97 – 808. <https://doi.org/10.1002/cpp.2315>
- Nowak, C. and Heinrichs, N. (2008). A comprehensive meta-analysis of Triple-P Positive Parenting Program using hierarchical linear modelling: Effectiveness and moderating variables. *Clinical Child and Family Psychology Review*, Vol 11(3) 114 – 114. <https://doi.org/10.1007/s10567-008-0033-0>

- Ntontis, E., Drury, J., Amlot, R., Rubin, G., Williams, R. and Saavedra, P. (2021). Collective resilience in the disaster recovery period: Emergent social identity and observed social support are associated with collective efficacy, well-being and the provision of social support. *British Journal of Social Psychology, Vol 60(3)* 1075 – 1095.
- O'Connor, T. & Scott S. (2006). *Parenting and Outcomes for Children*. Joseph Rowntree Foundation.
- Office for National Statistics, (2021). *Domestic Abuse in England and Wales Overview: November 2021*. Retrieved from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2021>
- Office for Public Management (OPU) (2012) Therapeutic early interventions to prevent school exclusion and truancy: evaluation of three contemporaneous projects <https://www.phf.org.uk/publications/therapeutic-early-interventions-prevent-school-exclusion-truancy-evaluation-three-contemporaneous-projects/>
- Ogden, P. and Goldstein, B. (2020). 'Sensorimotor psychotherapy from a distance' In H. Weinberg and A. Rolnick (Eds.), *Theory and Practice of Online Therapy: Internet-delivered Interventions for Individuals, Families, Groups and Organisations*. (pp.47 – 65). New York, NY:Routledge.
- Osofsky, J., Osofsky, H. and Mamon, L. (2020). Psychological and social impact of COVID-19. *Psychological Trauma, Vol 12 (5)*, 468 – 469.
- Ozer, E., and Bandura, A. (1990). Mechanisms governing empowerment effects: A self-efficacy analysis. *Journal of Personality and Social Psychology, Vol 58(3)* 472 – 486.
- Palinkas, H., Green, C., Wisdom, J., Duan, N. and Hoagwood, K. (2013). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research Vol 42(5)* 533 – 544. <https://doi.org/10.1007/s10488-013-0528-y>
- Patrick, R., Garthwaite, K., Power, M., Page, G., Pybus, K., Warnock, R., Aldridge, H., Flew, L., Lee, T. and Howes, S. (2022). COVID realities – documenting life on a low income during the pandemic. *Nuffield Foundation*. Retrieved from:

<https://cdn.sanity.io/files/brhp578m/production/87675ee74d31a305f15c0d8de203e3dd21c50c38.pdf>

- Patterson, G. (1982). *Coercive family process*. Castalia. OR.
- Patterson, G., Chamberlain, P., & Reid, J. (2016). A Comparative Evaluation of a Parent-Training Program –Republished Article. *Behavior Therapy*, 47(6), 804-811
- Paul, S. and Pelham, G. (1999). A relational approach to therapy. *Integrative and Eclectic Counselling and Psychotherapy*. Pages 110 – 126.
- Perry, B. (2020a). *Update on Coronavirus with Dr. Bruce Perry*. Retrieved from: <https://www.thetraumatheapistproject.com/podcast/bruce-perry-md-phd-staying-emotionally-close-in-the-time-of-covid-19/>
- Perry, B. (2020b) *On connections and relationships_*. Retrieved from: <https://www.youtube.com/watch?v=Qh1ShQZqBOo>
- Peterman, A., Potts, A. and O'Donnell, M. (2020). Pandemics and violence against women and children. *Centre for Global Development Working Paper*. Washington, DC.
- Pfeiffer, S. and In-Albon, T. (2021). Family Systems. *Comprehensive Clinical Psychology (second edition)*, Vol1 185 – 201.
- Pidano, A & Allen, A. (2015). The Incredible Years Series: A Review of the Independent Research Base. *Journal of Child and Family Studies*, Vol 24, 1898 – 1916.
- Pillow, W. (2003). Confession, catharsis or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *International Journal of Qualitative Studies in Education*. Vol 16 175 - 196.
- Pitschel-Walz, G., Leucht, S., Bauml, J., Kissling, W. and Engel, R. (2001). The effects of family interventions on relapse and rehospitalisation in schizophrenia – a meta-analysis. *Schizophrenia Bulletin* Vol 27(1), 73 – 92.
- Plas, J. (1986). *Systems Psychology in the Schools*. New York, NY: Pergamon.
- Ponterotto, J. (2005). Qualitative research in Counseling Psychology: A Primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, Vol 52(2) 126 – 136.

- Posselt, J. (2018). Normalising Struggle: Dimensions of faculty support for doctoral students and implications for persistence and well-being. *The Journal of Higher Education, Vol 89(6)* 988 – 1013.
- Prince, S. and Jacobson, N. (1995) A review and evaluation of marital and family therapies for affective disorders. *Journal of marital and family therapy, Vol 21(4)*, 377 – 401.
- Prime, H., Browne, D and Wade, M. (2020). Risk and resilience in family well-being during the COVIE-19 pandemic. *The American Psychologist, Vol 75(5)* 631 – 643.
- Rees, P. and Seaton, N., (2011). Psychologists' response to crises: International perspectives. *School Psychology International, Vol 32 (1)* 73 – 94.
- Reese, R., Sloane, N., Soares, N. and Sprang, R. (2015). Using telepsychotherapy to provide a group parenting program: A preliminary evaluation of effectiveness. *Psychological Services, Vol 12(3)* 274 – 282. <https://doi.org/10.1037/ser0000018>
- Repetti, R., Taylor, S. and Seeman, T. (2002). Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin, Vol 128 (2)* 330 – 366.
- Riegler, J., Raj, S., Moscato, E., Narad, M., Kincaid, A. and Wade, S. (2020). Pilot trial of a telepsychotherapy parenting skills intervention for veteran families: Implications for managing parenting stress during COVID-19. *Journal of Psychotherapy Integration, Vol 30(2)*, 290 – 303. <https://doi.org/10.1037/int0000220>
- Robinson, J., Emde, R. and Korfmacher, J. (1997). Integrating an emotional regulation perspective in a program of prenatal and early childhood home visitation. *Journal of Community Psychology, Vol 25 (1)*, pp 59 – 75.
- Rodriguez, C., Lee, S., Ward, K. and Pu, D. (2021). The perfect storm: Hidden risk of child maltreatment during the Covid-19 pandemic. *Child Maltreatment, Vol 26(2)* 139 – 151.
- Rofe, Y. 91984). Stress and affiliation: A utility theory. *Psychological Review, Vol 9(2)*, 235 – 250.
- Rosa, E., & Tudge, J. (2013). Urie Bronfenbrenner's Theory of Human Development: Its Evolution From Ecology to Bioecology. *Journal of Family Theory & Review, 5(4)*, 243-258.

- Rostad, W. and Whitaker, D. (2016). The association between reflective functioning and parent-child relationship quality. *Journal of Child and Family Studies*, Vol 25(7), 2164 – 2177.
- Rothe, D., Gallinetti, J., Lagaay, M. and Campbell, L. (2015). *Ebola: Beyond the Health Emergency*. Monrovia, Liberia: Plan International. Retrieved from: https://www.plan.de/fileadmin/website/04_Aktuelles/News/Downloads/Ebola_beyond_the_health_emergency_Zusammenfassung.pdf
- Roy, R. and Frankel, H. (1995). 'Family Therapy: An Overview' In *How Good is Family Therapy? A Reassessment*. University of Toronto Press. Retrieved from <https://www-jstor-org.libproxy.ucl.ac.uk/stable/10.3138/j.ctvfrxm47>
- Sanders, M. and Mazzucchelli, T. (2018). 'How parenting influences the lives of children'. In M. Sanders and T. Mazzucchelli (Eds.) *The Power of Positive Parenting: Transforming the Lives of Children, Parents and Communities using the Triple P System*. New York: Oxford University Press.
- Sanders, M., Divan, G., Singhal, M., Turner, K., Velleman, R., Michelson, D. and Patel, V. (2021). Scaling up parenting interventions is critical for attaining the sustainable developmental goals. *Child Psychiatry and Human Development*: <https://doi.org/10.1007/s10578-021-01171-0>
- Saunders, M., Lewis, P. and Thornhill, A. (2019). *Research Methods for Business Students*. Harlow: Pearson Education Limited.
- Sayger, T., Bowersox, M. and Steinberg, E. (1996). Family therapy and the treatment of chronic illness in a multidisciplinary world. *The Family Journal (Alexandria, Va.)*. Vol4(1). 12 – 21 <https://doi.org/10.1177/1066480796041003>.
- Schabracq, M. and Cooper, C. (2000). The changing nature of work and stress. *Journal of Managerial Psychology*, Vol 15(3) 227 – 241.
- Schmidt, A., Kramer, A., Brose, A., Schmiedek, F. and Neubauer, A. (2021). Distance learning, parent-child interactions, and affective well-being of parents and children during the Covid-19 pandemic. A daily diary study. *Developmental Psychology*, Vol 57, (10), 1719 – 1734.

- Scott, S. (2010). National dissemination of effective parenting programmes to improve child outcomes. *The British Journal of Psychiatry* Vol 196, 1-3.
- Scott, S., Knapp, M., Henderson, J., & Maughan, B. (2001). Financial cost of social exclusion: Follow up study of antisocial children into adulthood. *BMJ*, 323(7306), 191.
- Scottish Executive (2002). *Review of the Provision of Educational Psychology Services in Scotland: Edinburgh*. The Stationary Office.
- Seaburn, D., Landau-Stanton, J. and Horwitz, S. (1995). Core Techniques in Family Therapy. In R. Mikesell, D. Lusterman and S. McDaniel (Eds.), *Integrating Family Therapy: Handbook of Family Psychology and Systems Theory* (pp5 – 26). American Psychological Association.
- Sexton, T. and Tuckman, B. (1991). Self-beliefs and behavior: The role of self-efficacy and outcome expectation over time. *Personality and Individual Differences*, Vol 12(7) 725 – 736. [https://doi.org/10.1016/0191-8869\(91\)90228-4](https://doi.org/10.1016/0191-8869(91)90228-4)
- Shadish, W., Montgomery, L., Wilson, P., Wilson, M., Bright, I. and Okwumabua, T. (1993). Effects of family and marital psychotherapies: A meta-analysis. *Journal of Consulting and Clinical Psychology*. Vol 61 (6) 992 – 1002.
- Sharf, J., Primavera, L. and Diener, M. (2010). Dropout and therapeutic alliance: a meta-analysis of adult individual psychotherapy. *Psychotherapy (Chicago, Ill.)*, Vol 47(4), 637 – 645.
- Shonkoff, J. (2012). Leveraging the biology of adversity to address the roots of disparities in health and development. *Proceedings of the National Academy of Sciences of the United States of America* Vol 109 17302 – 17309. Retrieved from <https://doi.org/10.1073/pnas.1121259109>
- Siegel, D. (2012) *The Developing Mind: How Relationships and eh brain interact to schape who we are*. New York: Guildford Press.
- Simpson, S. and Reid, C. (2014). Therapeutic alliance in videoconferencing psychotherapy: A review. *The Australian Journal of Rural Health*, Vol 22(6) 280 – 299.
- Smith, T., Sheridan S., Kim, E., Park, S. and Beretvas, S. (2020). The effects of family-school partnership interventions on academic and social-emotional functioning: a meta-

analysis exploring what works for whom. *Educational Psychology Review*, Vol32(2) 511 – 544.

Smith, S.R., & Hamon, R.R. (2012). Exploring Family Theories (3rd ed.). New York: Oxford University Press. 400 pp. (paperback). *Family and Consumer Sciences Research Journal*, 41(1), 102-104.

Snyder J & Patterson G. (1995) Individual differences in social aggression: a test of a reinforcement model of socialization in the natural environment. *Behavioural Therapy*, 26(2) 371–391

Soltero-Gonzalez, L. and Gillanders, C. (2021). Rethinking Home-School partnerships: Lessons learned from Latinx parents of young children during the Covid-19 era. *Early Childhood Education Journal*, Vol49, 965 – 976.

Song, S., Wang, C., Espelage, D., Fenning, P and Jimerson, S. (2020). Covid-19 and school psychology: Adaptions and new directions for the field. *School Psychology Review*, Vol 49 (4), 431 – 437.

Spencer, C., Topham, L. and King, E. (2020). Do online parenting programs create change: A meta-analysis. *A Journal of Family Psychology* Vol 34 (3) 364 – 374.

Spoth, R. and Conroy, S. (1993). Survey of prevention-relevant beliefs and efforts to enhance parenting skills among rural parents. *The Journal of Rural Health*, Vol 9(3) 227 – 239.

Spradley, J. (1979). *The Ethnographic Interview*. New York: Holt, Rinehart and Winston.

Slagerman, M. and Yager, J. (1989). Multiple family treatment for eating disorders: A short program. *Psychiatric Medicine*, Vol 7(4) 269 – 283.

Smith, J. and Osborn, M. (2004). 'Interpretative Phenomenological Analysis', In G.Breakwell (Ed) *Doing Social Psychology Research* (pp.229 – 254). The British Psychological Society and Blackwell Publishing Ltd. Retrieved from <https://doi.org/10.1002/9780470776278>

Stanton, M. and Shadish, W. (1997). Outcome, attrition and family-couples treatment for drug abuse: A meta-analysis and review of the controlled comparative studies. *Psychological Bulletin*, 122(2), 170 – 191.

- Steenhuis, L., Groenman, A., Hoekstra, P., Hornstra, R., Luman, M., Van der Oord, S. and Van den Hoofdakker, B. (2020). Effects of behavioural parent training for children with attention-deficit/hyperactivity disorder on parenting behaviour: a protocol for an individual participant data meta-analysis. *BMJ Open* 2020;10e037749
Doi:10.1136/bmjopen-2020-037749
- Stone, S., McKay, M. and Stoops, C. (1996). Evaluating multiple family groups to address the behavioural difficulties of urban children. *Small Group Research* Vol 27 398 – 415.
- Strelnick, A.H. 1977, Multiple family group therapy: a review of the literature. *Family Process*, Vol 16(3), 307 – 325.
- Taylor, T., Webster-Stratton, C., Feil, E., Broadbent, B, Widdop, C. and Severson, H. (2008) Computer-based intervention with coaching: An example using the Incredible Years Program. *Cognitive Behaviour Therapy*, Vol 37(4), 233 – 246.
- Teddlie, C. and Yu, F. (2007). Mixed methods sampling: A typology with examples. *Journal of Mixed Methods Research*, Vol 1(1), 77 – 100.
- Teh, Y. and Lek, E. (2018). Who do we think we are? Disrupting notions of quality in qualitative research. *Qualitative Health Research*, Vol28(4) 673 – 680.
- The Alliance for Child Protection in Humanitarian Action (2019). *Technical note: Protection of Children during the Coronavirus Pandemic, Version 2*. Retrieved from: https://www.alliancecpha.org/en/system/tdf/library/attachments/brief_tn_v.2_english.pdf?file
- Thoits, P., (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behaviour*, Vol 51, 41 – 53.
- Thorell, L., Skoglund, C., De la Pena, A., Baeyens, D., Anselm, B., Fuermaier, M., Groom, M., Mammarella, I., Van der Oord, S., Van den Hoofdakker, B., Luman, M., Marques de Miranda, D., Siu, A., Steinmayr, R., Idrees, I., Soares, L., Sorlin, M., Luque, J., Moscardino, U., Roch, M., Crisci, G. and Christiansen, H., (2021). Parental Experiences of Homeschooling during the Covid-19 pandemic: Differences between seven European countries and between children with and without mental health conditions. *European Child and Adolescent Psychiatry*, Vol 31(4) 649 – 661.
<https://doi.org/10.1007/s00787-020-01706-1>

- Thorngren, J. M., Christensen, T. M., & Kleist, D. M. (1998). Multiple-family group treatment: the underexplored therapy. *Family Journal*, 6(2): 125-131.
- Treasury (2003). *Every Child Matters*. Norwich: Stationery Office.
- Treasury (2007). *Aiming High for Children: Supporting Families*. London: HM Treasury.
- Tudge, J., Mokrova, L., Hatfield, B. and Karnik, R. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of Family Theory and Review*, Vol 1(14), 198 – 201.
- Uchino, B. (2006). Social support and health: A review of physiological processes potentially underlying links to disease outcomes. *Journal of Behavioral Medicine*, Vol 29, 377 – 387.
- Ulin, P., Robinson, E. and Tolley, E. (2005). *Qualitative Methods in Public Health: A Field Guide for Applied Research*.
- UNESCO, (2020). Covid-19 Educational Disruption and Response. From <https://en.unesco.org/covid19/educationrespon>
- UNICEF (2020) <https://www.unicef.org/coronavirus/covid-19-parenting-tips>
- Unger, D. and Powell, D. (1980). Supporting Families under Stress: The Role of Social Networks. *Family Relations* Vol 29, (4). 566 – 574.
- Van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N. and Oertelt-Prigione, S., (2020). Covid-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinical Medicine* 21, 100348. 1 – 2.
- Venzin, M. (2021). When your message is wellness, stay the course. *Nonprofit Communications Report* Vol 19 (3). 1-2.
- Voriadaki, T., Simic, M., Espie, J. and Eisler, I. (2015). Intensive multi-family therapy for adolescent anorexia nervosa: adolescents' and parents' day-to-day experiences. *Journal of Family Therapy* Vol 37(1) 5 – 23. <https://doi.org/10.1111/1467-6427.12067>
- Wade, S., Gies, L., Fisher, A. and Moscato, E. (2020). Telepsychotherapy with children and families: Lessons gleaned from two decades of translational research. *Journal of Psychotherapy Integration*, Vol 30(2), 332 – 347.

- Watson, H. (2012). 'Family Systems' In V. Ramachandran (Ed) *Encyclopedia of Human Behavior (second edition)*, Academic Press, 184 – 193.
- Webster-Stratton, C. (2007). *The Incredible Years Parent Training Manual: BASIC program* (3rd ed.). Seattle, WA: Incredible Years.
- Webster-Stratton, C. and Herbert, M. (1994). Troubled families – problem children: Working with parents: A collaborative process. *Chichester, UK: Wiley*.
- Webster-Stratton, C. (1997). From parent training to community building. *The Journal of Contemporary Human Services, Families in Contemporary Society*, 78(2), 156–171.
- Webster-Stratton, C., and Herman, K. C. (2009). Disseminating Incredible Years series early-intervention programs: Integrating and sustaining services between school and home. *Psychology in Schools*, Vol 47(1), 36 –54.
- Webster-Stratton, C. and Reid, M. (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. *Journal of Infants and Young Children*, Vol 17(2), 96 – 113.
- Weinberg, H. (2020). Online Group Psychotherapy: Challenges and possibilities during COVID-19 – A practice review. *Group Dynamic: Theory, Research and Practice*, Vol 24(3), 201 – 211.
- Weiss, R., Jafee, W., De Menil, V. and Cogley, C. (2004). Group therapy for substance use disorders: What do we know? *Harvard Review of Psychiatry*, Vol 12 (6) 339 – 350.
- Whitney, J., Currin, L., Murray, J. and Treasure, J. (2012). Family work in anorexia nervosa: A qualitative study of carers' experiences of two methods of family intervention. *European Eating Disorders Review*, Vol 20(2) 132 – 141. <https://doi.org/10.1002/erv.1077>
- Williamson, E., Lombard, N. and Brooks-Hay, O. (2020). Domestic violence and abuse, Coronavirus and the media narrative. *Journal of Gender-Based Violence* Volume 4 (2), 289 – 294.
- Willig, C. (2013). *Introducing Qualitative Research in Psychology (3rd Edition)*. Maidenhead: Open University Press.

- World Health Organisation (WHO) (2020). *WHO announces COVID-19 outbreak a pandemic*. Retrieved from <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>.
- Wu, Q., and Xu, Y. (2020). Parenting stress and risk of child maltreatment during the Covid-19 pandemic: A family stress theory informed perspective. *Developmental Child Welfare*, Vol 2 (3) 180 – 196.
- Yalom, I. and Leszcz, M. *The Theory and Practice of Group Psychotherapy (5th Edition)*. Basic Books.
- Yarmurly B. & Sanson A. (2009). Parenting and temperament as predictors of prosocial behaviour in Australian and Turkish Australian children. *Australian Journal of Psychology*. Vol 61 77–88
- Yin, R. (2009). *Case Study Research: Design and Methods (4th Edition)*. Los Angeles: Sage.
- Yuill, N., Dasgupta, Z. and Glass, D. (2021). The digital divide: how has the move to online intervention affected accessibility to psychological support and what can we learn? *The Division of Education and Child Psychology (DECP) Annual Conference*, (unpublished).
- Zahn-Waxler, C., Iannotti, R., Cummings, E. & Denham, S. (1990). Antecedents of problem behaviors in children of depressed mothers. *Development and Psychopathology*, Vol 2, 271–291.
- Zhou, X., Snoswell, C., Harding, L., Bambling, M., Edirippulige, S., Bai, X. and Smith, A. (2020). The role of telehealth in reducing the mental health burden from Covid-19. *Telemedicine Journal of E-Health*, Vol 26(4) 377 – 379.

Appendix A

Interview Questions for School Partners

1. Please could you describe the set-up of Multi-Family Groups in your school and your role? *Prompts: how long have the groups been running for? Who else supports with the groups in the school?*
2. Thinking about the families that you invited to be part of the virtual group, how and why did you select those families?
3. Could you explain your model for the virtual MFG?
4. Can you give me an example of when the MFG has gone really well and explain why?
5. What do you think have been the main barriers to setting up the virtual group?
6. Do you feel the group has made a difference to families, and if so could you explain how?
7. How likely would you be to run a virtual MFG again?
8. Is there anything you would like to change in the model of the virtual MFG?
9. On a scale of 1 – 7, 7 being exceptional and 1 being not at all,
 - a) how would you rate virtual MFG with connecting families with school?
 - b) how would you rate virtual MFG with connecting families amongst themselves?
 - c) how would you rate virtual MFG with connecting families with other families?
 - d) How successful do you feel virtual MFGs were and why?
 - e) How likely would you be to facilitate virtual MFGs again?

Interview Questions for Parents

1. Could you share with me why your family was invited to join the MFG?
2. Has your family experienced any issues you think might be relevant in talking about the MFG? *Probe: child diagnosis, trauma experienced.*
3. What kinds of issues was your child struggling with before you started attending the group? *Probe: What impact has this had on the family? What impact has coronavirus/ school closures had on your child/family?*
4. Thinking about the online groups, can you tell me about a session that you feel went particularly well and why? *Probe: were there any skills you feel you learned from this?*
5. Again, thinking about the online group meetings, were there any sessions that were less helpful and can you explain why you feel this?
6. Were there any helpful changes that you were able to make in your role as a parent after the group? *Probe: why was this? Can you tell me more? What skills do you feel you have learned in the process?*
7. Were there any skills that your child gained as a result of the group?

8. Thinking specifically about the group being online, were there any particular challenges you experienced?
9. Is there anything else that you feel you gained from being a member of the MFG?
10. Is there anything you feel could have been better?
11. On a scale of 1 – 7, 7 being exceptional and 1 being not at all,
 - a) how would you rate virtual MFG with connecting families with school?
 - b) how would you rate virtual MFG with connecting family members amongst themselves?
 - c) how would you rate virtual MFG with connecting families with other families?
 - d) How likely would you be to recommend MFG to other parents?

Interview Questions for Multi-Family Group Coordinator

1. Please could you describe your role in terms of the Multi-Family Groups and your background in this area?
2. Please explain how you judge the overall impact of the MFGs that take place in the Local Authority under usual circumstances. *Probe: are there specific tools for measurement that you use?*
3. Thinking back to March 2020 and the lockdown, can you explain the differing models of virtual MFG that took place in schools in the Local Authority? Can you describe your role during this time including how you supported the development of virtual MFGs?
4. What do you feel were the key strengths of the MFGs running online at this time and what impact did you see talking to either EPs or school partners?
5. What do you feel were the key barriers in running the MFGs online?
6. How do you feel this method of delivering MFGs may be extended or built upon in the future?
7. On a scale of 1 – 7, 7 being exceptional and 1 being not at all,
 - a) how would you rate the impact of virtual MFG with connecting families and schools at this time?
 - b) how would you rate virtual MFG with connecting family members at this time?
 - c) how would you rate virtual MFG with connecting families with other families during the pandemic?
 - d) How likely would you be to encourage MFGs online in the future in any format?

Appendix B

Diary extract – reflections and audit trail

Friday 4th December 2020

This has been a very frustrating week in my attempts to gain participants/interviews, in particular the voice of parents, previously my focus participants. This has also given me a clear understanding of why there is little research focusing on this hard-to-reach group (see Lit Review comments on the SWIFT project – I feel I was harsh in my criticism!). On Monday 30.11.20 I was excited to receive this email from a School Partner keeping me up to date on their first virtual group meeting:

So our first MFG went well i think! It was lovely to see everyone back together (even if it was only 3 parents!) and i think it worked really well considering it was our first attempt! I have mentioned to them all about you and your research and 2 families are very much up for you to contact them. I need to chase the last parent! They are also happy for me to pass their number on to you for you to call them.

J (Mum of R) – 07xxxxxxxxxx E (Mum of A) - 07xxxxxxxxxx I'll chase I again and let you know if i get anything from him...

E was keen to talk to me and I secured a very insightful interview with her, however J did not return my email. I attempted to contact her via text and she agreed to a zoom interview this morning (04.12.20), however she did not appear. J later texted me to say she had forgotten and went out to walk the dog but has not responded to my offer of another date. I am concerned that, given her vulnerabilities at this time, she is finding my requests an additional stress so I will try to be mindful of this and discuss it with G (school partner).

On Tuesday 01.12.20 I received this email from W school with regards to parent interviews:

Hi Netty

Really sorry but we have had no replies. We asked three families. Unfortunately we don't see the parents at the moment to ask them either. I will let you know if I do hear anything.

Regards,

C

I feel strongly that the inability to meet parents face-to-face in the school environment impacts greatly on engaging them in research. Following this email I contacted K (Academic Tutor) to discuss incentivising the participation of parents in the research by offering a £10 Amazon voucher and this was agreed. On 03.12.20 I heard from the school partner:

Hi Netty.

i have just send out the emails again mentioning your incentive. I will let you know if I hear back from them. There were 3 emails, but with one of the families both parents attended over the course of their time with us, so potentially \$ parents have been asked.

Kind regards,

C

Fingers crossed that this will gain three or four parent interviews! My final interview set up for 03.12.20 was with N, a school partner in a specialist secondary school. I was very frustrated to receive this at 8.00a.m.:

Hi Netty

I am really sorry but we will have to cancel our meeting this morning unfortunately we have several covid cases which means a lot of our pupils and staff are having to self-isolate so our

time tables have all changed. I am happy for you to send a questionnaire for me to fill in if that helps?

Kind regards N

Whilst this is the first cancellation of an interview with a school partner, it feels indicative of the times which we are currently living through. I am hoping for more luck with my interviews next week!



Appendix C

An exploration of Virtual Multi-Family Groups During a Pandemic – Physically distanced but Emotionally Close?

Information sheet for Parents who have participated in a Virtual Multi-Family Group

My name is Netty Williams and I am inviting you to take part in my research project, 'An Exploration of Virtual Multi-Family Groups During a Pandemic – Physically Distanced but Emotionally Close?' I am a Trainee Educational Psychologist at the Institute of Education (IoE), University College London. Research at the IoE is world leading and forms 25% of UK education and social science research. Studies aim to ask the fundamental questions that have a direct bearing on all members of society. This research will explore the impact of virtual multi-family groups for families during the coronavirus pandemic. This information sheet will try and answer any questions you might have about the project, but please do not hesitate to contact me if there is anything else you would like to know.

Who is carrying out the research and why?

I am carrying out this research under the guidance of Dr Kxxx Qxx, and Dr xxx xxx. The Multi-Family Group (MFG) programme has a strong evidence base. The coronavirus crisis has had a life-changing impact on families across the world and some schools have been able to continue supporting families through this group by using a virtual platform. By interviewing parents who have participated in this online group, I am seeking to gain parental views on the impact of online MFGs in making a positive difference to supporting their child in both behaviour and learning during this difficult time. I am also specifically exploring the key factors that led to success and barriers for the group. Research which provides evidence of the elements that have achieved the greatest success in supporting parents may then serve to further inform and strengthen a virtual programme should it be needed again, and elements of best practice may feed into both face-to-face and virtual future practice.



In addition, in the current financial climate it is imperative that schools can evidence impact of all programmes they run in order to continue investing. This study will contribute to this evidence base.

Key research questions include:

- Has participation in virtual Multi-Family Groups in schools impacted upon family functioning and coping mechanisms for parents and children during the pandemic?
- What are the key benefits of virtual Multi-Family Groups to all participants?
- What are the key factors for enablement and the barriers to virtual Multi-Family Groups?

Why am I being invited to take part?

I am inviting you to take part as you have participated in a Virtual Multi-Family Group in school and explaining your perspective and experiences of the group is vital to evaluating its success and finding out what are the most important elements to strengthen and build on.

What will happen if I choose to take part?

The research involves an interview of approximately 30 minutes in length. The type of questions which may be asked are: 'could you give me an example of a session you felt went really well and why?'.

Will anyone know I have been involved?

All interviews are treated in strict confidentiality. All participants' contributions will be anonymised. Participants will be given participant numbers and no transcripts of interviews will have names on them. No information linking participants to their data will be used.

Could there be problems for me if I take part?

The topic of parenting can be a sensitive one and exploring thoughts and feelings in greater depth can be overwhelming. Should this happen at any time in either of the interviews, prior to or post the MFG, you will be able to stop the interview either temporarily or withdraw from the study completely should you so wish. You can also withdraw all your data from the study for up to four weeks after the interview if you change your mind about participating. There will be a contact make available within schools that you could talk to at this time should you require further support. If any disclosures occur that may lead to safeguarding concerns, these will be raised with



the school designated safeguarding lead and support will be provided from within school.

What will happen to the results of the research?

Data will be stored on a secured, encrypted laptop and no details will be maintained that could lead to the identification of the family. Results of this research will be shared with Educational Psychologists (EPs) whose responsibility it is to maintain the programme in the local County Council as well as other EPs in the Local Authority who may be contributing to the running of a group. Results will also be shared with other Trainee Educational Psychologists at the IoE. Anonymised data will be kept for up to seven years.

Do I have to take part?

It is entirely up to you whether or not you choose to take part. I hope that if you do choose to be involved then you will find it a valuable experience. This research gives an opportunity for your voice and opinion to be heard on a programme that you and your child have invested in both emotionally and in terms of your time. Your opinion could contribute to the growing evidence base and help form insights into the parts of the programme that parents specifically feel make a difference. A personal benefit may include having the time and space for further personal reflection upon the elements of the virtual MFG that you personally found helpful.

Data Protection Privacy Notice

The data controller for this project will be University College London (UCL). The UCL Data Protection Office provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk. [UCL's Data Protection Officer can also be contacted at data-protection@ucl.ac.uk.](mailto:data-protection@ucl.ac.uk)

Further information on how UCL uses participant information can be found here:

www.ucl.ac.uk/legal-services/privacy/participants-health-and-care-research-privacy-notice

The lawful basis that will be used to process your personal data are: 'Public task' for personal data.

Your personal data will be processed so long as it is required for the research project. Anonymisation of personal data will be undertaken at all opportunities. If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at dataprotection@ucl.ac.uk.

Contact for further information

If you have any further questions before you decide whether to take part, you can reach me at

Email address supplied

If you would like to be involved, please complete the following consent form and return to the school or to me personally at [email address supplied](#) by 20th March 2021.

This project has been reviewed and approved by the UCL IOE Research Ethics Committee.

Thank you very much for taking the time to read this information sheet.

**UCL Institute of
Education** 20
Bedford Way,
London WC1H 0AL
+44 (0)20 7612 6000 | enquiries@ioe.ac.uk | www.ucl.ac.uk/ioe



An exploration of Virtual Multi-Family Groups During a Pandemic – Physically distanced but Emotionally Close?

Information sheet for School Partners and Educational Psychologists who have facilitated a Virtual Multi-Family Group

My name is Netty Williams and I am inviting you to take part in my research project, 'An Exploration of Virtual Multi-Family Groups During a Pandemic – Physically Distanced but Emotionally Close?' I am a Trainee Educational Psychologist at the Institute of Education (IoE), University College London. Research at the IoE is world leading and forms 25% of UK education and social science research. Studies aim to ask the fundamental questions that have a direct bearing on all members of society. This research will explore the impact of virtual multi-family groups for families during the coronavirus pandemic. This information sheet will try and answer any questions you might have about the project, but please do not hesitate to contact me if there is anything else you would like to know.

Who is carrying out the research and why?

I am carrying out this research under the guidance of Dr Kxxx Qxx, and Dr Cxxx xxxxx. The Multi-Family Group (MFG) programme has a strong evidence base. The coronavirus crisis has had a life-changing impact on families across the world and some schools have been able to continue supporting families through this group by using a virtual platform. By interviewing school partners and educational psychologists who have facilitated these online groups as well as parents who have participated in them, I am seeking to gain views from all participants on the impact of online MFGs in making a positive difference to supporting children in both behaviour and learning during this difficult time. I am also specifically exploring the key factors that led to success and barriers for the group. Research which provides evidence of the elements that have achieved the greatest success in supporting parents may then serve to further inform and strengthen a virtual programme should it be needed again, and elements of best practice may feed into both face-to-face and virtual future practice.



In addition, in the current financial climate it is imperative that schools can evidence impact of all programmes they run in order to continue investing. This study will contribute to this evidence base.

Key research questions include:

- Has participation in virtual Multi-Family Groups in schools impacted upon family functioning and coping mechanisms for parents and children during the pandemic?
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I am inviting you to take part as you have facilitated a Virtual Multi-Family Group in school and explaining your perspective and experiences of the group is vital to evaluating its success and finding out what are the most important elements to strengthen and build on.

What will happen if I choose to take part?

The research involves an interview of approximately 30 minutes in length. The type of questions which may be asked are: 'could you give me an example of a session you felt went really well and why?'.

Will anyone know I have been involved?

All interviews are treated in strict confidentiality. All participants' contributions will be anonymised. Participants will be given participant numbers and no transcripts of interviews will have names on them. No information linking participants to their data will be used.

Could there be problems for me if I take part?

The topic of parenting can be a sensitive one and exploring thoughts and feelings in greater depth can be overwhelming for all involved. In addition, planning for and delivering new initiatives and using unfamiliar technology in pressured situations can create stress at a time when individual life stresses during a pandemic may be occurring. Should this be the case at any point in the interviews you will be able to stop the interview either temporarily or withdraw from the study completely should you so wish. You can also withdraw all your data from the study for up to four weeks after the interview if you change your mind about participating. There will be a



contact make available within schools that you could talk to at this time should you require further support. If any disclosures occur that may lead to safeguarding concerns, these will be raised with the school designated safeguarding lead and support will be provided from within school.

What will happen to the results of the research?

Data will be stored on a secured, encrypted laptop and no details will be maintained that could lead to the identification of the family. Results of this research will be shared with Educational Psychologists (EPs) whose responsibility it is to maintain the programme in the local County Council as well as other EPs in the Local Authority who may be contributing to the running of a group. Results will also be shared with other Trainee Educational Psychologists at the IoE. Anonymised data will be kept for up to seven years.

Do I have to take part?

It is entirely up to you whether or not you choose to take part. I hope that if you do choose to be involved then you will find it a valuable experience. This research gives an opportunity for your voice and opinion to be heard on a programme that you have invested considerable time in and commitment to. Your opinion could contribute to an evidence base and help form insights into the parts of the programme that make a difference. A personal benefit may include having the time and space for further personal reflection upon elements of the virtual MFG that you felt made a difference.

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If you would like to be involved, please complete the following consent form and return to the school or to me personally at [email address supplied](#) by 20th March 2021

This project has been reviewed and approved by the UCL IOE Research Ethics Committee.

Thank you very much for taking the time to read this information sheet.

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Appendix E

Institute of Education



**An exploration of Virtual Multi-Family Groups during a Pandemic –
Physically distanced but Emotionally Close?**

Consent Form

If you are happy to participate in this study, please complete this consent form and return to Netty Williams in person or at the address below.

	Yes	No
I have read and understood the information sheet about the research.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that if any of my words are used in reports or presentations, they will not be attributed to me.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can withdraw from the project any time between the start and end of participating in the MFG, and that if I choose to do this, any data I have contributed will not be used.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can contact Netty Williams within four weeks of my final interview and request for my data to be removed from the project database.	<input type="checkbox"/>	<input type="checkbox"/>
I agree for the data I provide to be archived at the UK Data Service. I understand that other authenticated researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that other genuine researchers may use my words in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	<input type="checkbox"/>	<input type="checkbox"/>

Name _____ Signed _____

Date _____

Netty Williams
UCL Institute of Education
20 Bedford Way London WC1H 0AL
Email address supplied