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# How Do We Get It Right for Parents That Engage With Health and Social Services?… Ask the Experts.

## Listening to Parents With Lived Experience: A Systematic Review of the Support Offered in Social Care, and the Co-Development of a Parent-Centred Outcome Measure.

Tricia Hart, MSc

Submitted in partial fulfilment of the requirements for the degree of

Doctorate in Clinical Psychology

School of Health and Wellbeing

College of Medical, Veterinary and Life Sciences

University of Glasgow

October 2026

University of Glasgow

School of Health & Wellbeing

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## Abbreviations

| *Abbreviation* | *Meaning* |
|---|---|
| ACES | Adverse Childhood Experiences |
| CAMHS | Children and Adolescent Mental Health Service |
| CASP | Critical Appraisal Skills Programme |
| CFC | Children's Family Centres |
| CFSW | Children and Family Social Work |
| EbE | Experts by Experience |
| fRCT | Feasibility Randomised Control Trial |
| GIRFEC | Getting It Right for Every Child |
| IPS | Infant and Parent Support |
| nTIA | Non-Trauma Informed Approach |
| NS | Narrative Synthesis |
| NSPCC | National Society for the Prevention of Cruelty to Children |
| PCG | Parent Collaborators Group |
| PEO | Population, Exposure, Outcome |
| PfC | Partnership for Change |
| PRISMA | Preferred Reporting Items for Systematic Review |
| PREM | Parent Reported Experience Measure |
| PROM | Parent Reported Outcome Measure |
| PROSPERO | Prospective Register of Systematic Reviews |
| SW | Social Work |
| TIA | Trauma-Informed Approach |
| UNCRC | United Nations Convention on the Rights of the Child |
| UofG | University of Glasgow |

## Chapter 1 – Systematic Review

# A Systematic Review of Qualitative Data from Parents Sharing Their Experiences of Receiving Support from Social Care and What They Consider Supportive.

Prepared in accordance with the author requirements for Journal of Child & Family Social Work

Link: Journal of Child & Family Social Work

## Abstract

### Background

Parents' experiences of receiving support from social care during periods of crisis remain underexplored, despite their centrality to evaluating whether services are responsive and appropriate.

### Objectives

The aim of this systematic review was to identify what factors help or hinder parents' engagement with social care and family support services.

The primary questions are: (i) Which elements of social work delivery (e.g., relationship-based practice, communication, and practical support) do parents identify as contributing to positive experiences and outcomes? and (ii) How do organisational or systemic barriers shape parents' experience of interventions?

### Methods

Three electronic databases were searched (Embase, APA PsycINFO, MEDLINE) with forward citation and reference list searching of key papers. Papers included in the review were empirical studies documenting qualitative research into parents' life experiences while working with social care. Exclusion criteria included research not involving children and family social work, and qualitative research not exploring reviews of the support offered in social care. To comply with ethical guidelines and to protect and safeguard the integrity of ongoing investigations, active child protection cases were excluded. Narrative synthesis was performed because data was heterogeneous. Data was extracted, and all studies were checked against a qualitative reporting checklist.

### Results

The aim of this systematic review was to identify what factors help or hinder parents' engagement with social care and family support services. A total of three studies were included. The narrative synthesis highlighted four themes: (1) Relational and strength-based approaches, (2) Systemic barriers shaping parents' experience, (3) Importance of trauma-informed practice, (4) Systemic approach to addressing issues. The synthesis explored the similarities and differences between the three studies.

**Conclusions**

(i) The elements of social work delivery that parents identify as contributing to positive outcomes are relationship-based and strength-based support, enhanced by empathy, effective communication, and a trauma-informed approach. (ii) Organisational and systemic barriers, including power imbalances, fear of child removal, and inconsistent procedural transparency, were consistently identified as shaping parents' experience of interventions negatively. Addressing both the relational and systemic dimensions of practice is therefore necessary to improve parental engagement and outcomes for families. This gap represents an important area for future research and practice development.

**Keywords**

Social work, parenting, family outcomes, lived experience, parents' experiences, qualitative research, narrative synthesis.

# Introduction

## The Importance of Children and Families' Social Work

This introduction provides the context necessary to situate the review within the wider evidence base. It first considers the role of children and families social work (CFSW) and the importance of parental engagement, before addressing relevant policy, legal and theoretical context. Throughout, this material is included only insofar as it supports interpretation of parents' experiences of receiving support from social work services, which is the specific focus of the current review.

CFSW interventions are a key component to protecting children from harm, supporting the stability of families, and improving long-term life outcomes (Fluke et al., 2012). This early intervention can reduce the need for statutory services, help to tackle issues such as mental health and poverty, and contribute to a safe and nurturing environment (Mercy & Saul, 2009; Grant et al., 2025). Interventions should be both person-centred and child-centred, addressing the emotional and practical needs of the whole family. Interventions should help to build parental capacity, safety, improve relationships, stability, resilience, and help families to navigate crises and develop buffers against early adversity (Mercy & Saul, 2009; Grant et al., 2025).

The lack of effective support, compounded by systemic issues such as poverty, has profound and far-reaching detrimental impacts (Tenneti, 2025). Failure to protect children can damage their emotional, cognitive, and physical development, and could lead to increased risk of removing children from their homes (Fluke et al., 2012). In turn, this could result in behavioural difficulties, dysfunctional households, and higher long-term social cost. Thus, highlighting that effective support through appropriate policies, health and social care services can break cycles of adversity and intergenerational disadvantage (Tenneti, 2025).

CFSW interventions in the UK can vary considerably, from Universal support, Early Help, Child in Need and Child Protection (Grant et al., 2025)**.** Universal offers general support and focuses on one-on-one or small groups, early help can involve setting up a community support group or interagency work such as safeguarding conferences. Child in need is a statutory intervention for children who need authorities to maintain a reasonable standard of health or development. Child protection is the most intensive statutory intervention, which can include child protection plans as the child may be at significant harm (Beckett, 2007). Interventions can include home visits, parenting support, trauma-informed practice and so forth, which are typically delivered by social workers. These statutory categories are set out in national guidance, including Working Together to Safeguard Children

(Department for Education, 2018). Understanding how parents experience these interventions, and what they consider helpful or unhelpful, is central to evaluating whether CFSW services are meeting their intended aims and is the specific focus of the present review.

**Parent Engagement and Experiences**

Experts by experience (EbE) share first-hand experience of using services and are provided with opportunities to share insights and knowledge to inform policy, enhance staff training and service delivery (Videmšek, 2017). Policy documents, for example, GIRFEC (Children and Families Directorate, 2006) and Every Child Matters (Department for Education and Skills, 2003), emphasise the importance of people's voices. Involving EbE is aligned with this agenda; it provides unique insight into what works and what needs to change. Overall, families should be recognised as equal partners in designing and improving support from services. For example, research utilising experiential knowledge from parents suggest that important factors in CFSW are collaborative power dynamics, holistic support, transparency, and preserving dignity (Buivydaite et al., 2024). It is also important for CFSW to have improved communication between services, involved in decision-making and work with the whole family and not just the child (Buivydaite et al., 2024).

**Barriers to Engagement**

Research suggests that parents face significant barriers when receiving support from social work services, including fear, stigma, and mistrust of professionals (Forrester et al., 2008; Morris, 2013). Individuals report experiencing feelings of anxiety, fear, and distrust of professionals, which may influence the development of coping strategies, such as not discussing difficulties or problems outside of the family circle (Walsh, 1996). These complex feelings and maladaptive strategies can negatively affect levels of participation and cooperation. This reluctance to engage with services may also prevent individuals from accessing the most appropriate support and fully engaging with services (Morris, 2013). The inherent hierarchical power structures, such as the ability to remove children from the family home or determine the level of support provided, can further complicate families' willingness to engage due to fear of consequences (Bundy-Fazioli et al., 2009). Other significant contributory factors include systemic issues such as structural inequalities, family dynamics, and discrimination (Bywaters et al., 2016). Families experiencing socioeconomic disadvantage are more likely to require social care support, yet they are often underrepresented in traditional feedback or research processes (Pownall et al., 2024). If research and services cannot reach the people that use them, it could be suggested that services are no longer fit for purpose.

This demographic is frequently perceived as relatively powerless within research and in their interactions with services (Pownall et al., 2024). Working collaboratively enables researchers to listen to perspectives of individuals often considered 'hard-to-reach' (Pownall et al., 2024). EbE contributing to the design of services can be a solution and has twofold outcomes: a cathartic experience for people involved to tell their story, as well as supporting the development of services through meaningful collaboration (Fox, 2020).

**Policy and Practice Context**

Legal frameworks such as the Children Act (1989) and the Care Act (2014), as well as the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989) and Getting It Right for Every Child (GIRFEC) principles (Children and Families Directorate, 2006), shape social work policies and procedures. The policies promote child-centred safeguarding and multi-agency collaboration. In Scotland, social care practice is grounded in strength-based, relationship-centred, and rights-based approaches. The Promise Scotland (Independent Care Review, 2020) emphasises the need for services to listen to families, value their lived experience and design support with families rather than for them. This approach empowers families to participate more meaningfully and collaboratively in identifying the support they need (Hardwick & Worsley, 2011). These policy and legal frameworks form part of the context in which parents' engagement with social work takes place; however, the present review is concerned specifically with how parents themselves describe and interpret that engagement, rather than with policy analysis.

**Theoretical Perspectives**

Several theories underpin child and family social work: ecological systems theory (Bronfenbrenner, 2005), attachment theory and parental capacity (Bowlby, 1969), trauma-informed approaches (Hodas, 2006), and strength-based or resilience frameworks (Saleebey, 1996). These theories help explain why particular interventions are used and are useful for understanding parents' experiences of social work involvement.

A central framework to understanding engagement, in terms of help-seeking, trust, and parent-professional relationships, is relationship-based practice, which centres around human connection as a primary medium for the intervention (Ferguson et al., 2022). To navigate internal and external challenges, it relies on systemic awareness and psychodynamic concepts. This relationship-based framework also underpins trauma-informed and strength-based practice more broadly (Ferguson et al.,

2022). The guiding principles provide actionable strategies for practitioners to reflect and reframe, focus on strengths and coping strategies, as well as ensure safety and transparency (Hodas, 2006).

It is beneficial for children and family social workers to utilise the principles and frameworks detailed in the relevant theories to gain holistic insight into internal and relational trauma and environmental stresses (Bowe et al., 2025). The principles also help to understand the child's emotional regulation and visualise the interconnected systems that affect families (Bowe et al., 2025). Combining models prevents social workers from pathologising attachment struggles, while taking into consideration other systemic factors such as socioeconomic deprivation (Bourne, 2026). A way to manage these difficulties is to adopt trauma-informed, relational and strength-based approaches. These frameworks are returned to in the Discussion to interpret parents' accounts of what helped or hindered their engagement with social work services.

### Research Gaps

A key gap in this literature concerns the lack of synthesis of parents' lived experiences and engagement with social work services. Much of the existing literature has relied on cross-sectional, self-report methodologies, which limits causal inference (Bacon et al., 2023). Moreover, there is a lack of understanding of the relational, organisational, and systemic factors that facilitate or hinder parental engagement, and this is needed to inform more responsive, relationship-based, and trauma-informed practice. It has been argued that service-level factors cannot be fully separated from wider systemic factors (Krumer-Nevo, 2016), and interventions should ideally consider both. Synthesising parents' lived experience may help clarify which factors promote or hinder engagement with services, with implications for relationship-based and trauma-informed practice.

### Objectives and Significance of Current Review

Building on the gaps identified above, this review aims to explore parents' experiences of receiving support from social work services to inform practice and policy. The objective is to systematically identify parents' experiences and consider supportive social work approaches that promote positive outcomes to help inform practice. The emphasis is on the meaning and perceptions of parents' experiences during periods when families are facing adversity. Increasing awareness of the frequency of adverse circumstances such as domestic violence, mental health problems, and substance misuse provides important context around the factors leading to child protection issues (Vseteckova et al., 2022). Social care services have a responsibility to identify helpful, supportive, and effective approaches to improve family wellbeing. This can be achieved by assessing and integrating

empirical evidence to increase and optimise the effectiveness of CFSW interventions and their overall impact.

Families often report fear of stigma, fear of child removal, shame, and mistrust of professionals (Bacon et al., 2023). Focusing on the perspectives of experts by experience provides unique and valuable insight (Videmšek, 2017). These authentic perspectives can inform services, policies and procedures and ensure that they are fit for purpose (Videmšek, 2017).

It is anticipated that these findings will be relevant to those involved in CFSW or supporting vulnerable families, for example, frontline social workers, policy makers, and early-intervention teams. The findings are intended to inform practice, deepen understanding of parents' perspectives, and improve engagement strategies. It is hoped that these insights will also support practitioners in engaging with families in a trauma-informed, supportive, and compassionate manner. Adversities such as domestic abuse, mental health difficulties, substance misuse, poverty, housing instability, and social isolation are prevalent, and research suggests that they increase the risk of families requiring social work support (Vseteckova et al., 2022; Bacon et al., 2023).

### Aim and Primary Questions

This review aims to explore parents' experiences of engaging with social work services and identify the relational, organisational, and systemic factors that facilitate or hinder engagement.

The primary questions are: (i) Which elements of social work delivery (e.g., relationship-based practice, communication, and practical support) do parents identify as contributing to positive experiences and outcomes? and (ii) How do organisational or systemic barriers shape parents' experience of interventions?

## Methods

### Study Design

This review follows the Preferred Reporting Items for Systematic Reviews (PRISMA) guidelines (2021). The review protocol was not prospectively registered on PROSPERO due to a technical issue with the platform during the registration window, which was not resolved before data collection had progressed too far for retrospective PROSPERO registration. To improve transparency, the protocol was subsequently registered retrospectively on the Open Science Framework (Link: OSF Registries) and is also available on request from the author.

## Search Strategies for Studies

An updated search was completed on 27/11/25. The same three databases (Embase, APA PsycINFO, MEDLINE) were searched again, covering the period from 15/08/24 (the end date of the original search) to 27/11/25, to capture any studies published since the initial search (Appendix A).

## Search Terms

The full search string, including Boolean operators and truncation, is provided in Appendix A. Information can also be requested directly from the author. Search terms combined concepts relating to parents, social work, and experience, using Boolean operators and truncation across all three databases. The search was limited to English-language publications, from each database's inception date to November 2025.

The search strategy was designed to be comprehensive and systematic, while minimising the risk of selection bias; for example, search terms were developed using the PEO framework and applied consistently across all three databases. Grey literature sources were also searched, including Google Scholar, Social Care Online, Open DOAR, and government websites (NICE, GOV.UK). Predefined inclusion and exclusion criteria were applied to support a systematic and transparent approach; the number of grey literature records identified and screened is reported in the Results. The only filter applied was English-language publication, which is acknowledged as a limitation.

## Eligibility, Inclusion and Exclusion

Inclusion criteria focused on research that examined qualitative data from parents who had engaged with CFSW (see Table 1).

*Table 1 – Inclusion and Exclusion Criteria*

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| Published research articles containing primary data, exploring parents' perspectives, perceptions and experiences working with CFSW. | Interventions not involving family studies, not given parent voice editorials/commentaries and quantitative only studies. |
| Studies adopting mixed-method approaches that had qualitative components, such as interviews, focus groups, and ethnographic observations, were eligible. | Studies outside of CFSW. |
| Parent-reported experiences were central to this review, but studies that also included professionals' perspectives were eligible; however, professionals' perspectives were not analysed as part of the narrative synthesis. | This does not include current Child Protection risks. High-risk child protection cases were excluded because the review focused on early and statutory intervention stages, where relational engagement dynamics are most amenable to change; child protection cases often involve immediate safety-driven decision-making that falls outside this scope. |
| Eligible studies that reported on specific interventions that were led by social workers during early help stages. | Quantitative only studies or research that did not include qualitative components. |
| Any type of CFSW intervention/collection/methodology/analysis was included. | Social work but not specifically children and families. |
| Children of families with mandatory CFSW involvement. | Qualitative studies that were not relevant, for example, not reviewing social work service. |
| The definition of parents included biological, foster, and adoptive caregivers. | |
| Parents of children under 18 years old at the time of engaging with CFSW. | |
| Early stages of CFSW support were defined as early and statutory intervention, including family support. | |

| | |
|---|---|
| There were no restrictions placed on eligible studies based on date of publication. | |
| Research from any geographical location/setting. | |
| Only studies translated into the English language were screened. | |

**Article Selection**

Studies were screened based on titles and abstracts by two researchers (TH, IH). Full-text articles were then reviewed against the inclusion and exclusion criteria, and non-relevant articles were excluded. Any uncertain studies were discussed between reviewers until agreement was reached, resulting in a final set of full-text studies meeting all inclusion and exclusion criteria. Abstracts indicating a clear focus on the review topic were prioritised for full-text review to ensure a thorough examination of the relevant literature. Full details of study numbers at each stage of screening are reported in the PRISMA flow diagram (Figure 1; see Results).

**Data Extraction**

The framework for data extraction then included the following study characteristics: general information (authors, year of publication, study title, and design) and population (sample size, target population). Study characteristics were organised within a data extraction table, and this can be found in Appendix B. Other information extracted included study design, geographical location, and each study's own participant eligibility criteria. A custom Excel sheet was used for data extraction; this form was not piloted, which is acknowledged as a limitation of the extraction process. Two reviewers completed data extraction independently; discrepancies were resolved through discussion and tracked using a clear audit trail, which helped to minimise inaccuracies. Inaccuracies were minimised by utilising duplicate independent extraction and clear decision tracking. The data extracted included parents' experiences, perceived facilitators of engagement, and barriers to engagement. The data extracted included parents' experiences, perceived facilitators of engagement, and barriers to engagement, which subsequently informed the narrative synthesis (see Data Analysis).

**Data Analysis**

After data extraction, the narrative synthesis was conducted in line with the research questions. It was based on the guidelines put forward by Popay et al. (2006). Narrative synthesis (NS) was

selected over other qualitative approaches due to the heterogeneity of research and to preserve the contexts and characteristics of the various studies.

Popay's framework (2006) identifies four elements of narrative synthesis; this review focused on two in particular: (1) the effects of interventions, and (2) the factors influencing implementation. These elements were undertaken in an iterative manner, while conducting the NS process (Table 2, Appendix C). During stage 1, a preliminary synthesis was developed using tabulation, translating data through reflexive thematic analysis of good-quality data (parent quotations). This process helped to identify emerging themes, generated by inductive reasoning from the material. For each research article, the following data was extracted and tabulated: intervention, qualitative data from the parent, study location, and a summary of the main findings. The researcher (TH) developed an initial open inductive coding framework. These codes were then used to thematically analyse the subsamples of qualitative research. This was conducted using pen, paper and then a word document. The papers were thematically analysed separately; any emergent themes were then compared with the preliminary conceptual framework. The main overarching themes and subthemes were identified in the tabulated data. Some new categories were created by grouping existing themes, while other themes were removed due to conceptual overlap or lack of support across the other studies. This process produced the preliminary conceptual framework. During stage 2, the focus was on exploring relationships within and between studies. The contextual factors influenced the consistency and variation in themes. At stage 3, the aim was to assess the robustness of the synthesis. Themes were compared with the preliminary conceptual framework developed in stages 1 and 2, to produce the final conceptual framework.

The following table (Table 2) summarises how each stage of the narrative synthesis was conducted. The 'theory/logic model' shown below reflects the preliminary, literature-informed model that guided - but did not predetermine - the coding process; it was refined iteratively as the synthesis progressed.

*Table 2 – Main Elements of the Narrative Synthesis Process Summary*

| |
|---|
| *Theory/logic model:* Articulated a programme theory based on literature and themes- relationship-based practice + practical support ⇒ engagement ⇒ improved family functioning. |
| *Preliminary synthesis:* Tabulations included building a characteristics table of included studies, which included the purpose of the study and clustered studies by intervention (Appendix B) |
| *Exploring relationships*: The comparators examined were differences by adversity type and intervention model. |

*Robustness:* The study quality and reflexivity inform confidence in each theme through actively evaluating these together and comparing the corroborating literature.

*(Popay et al., 2006)*

All coded data relating to parents' descriptions of what helped them was grouped together to address the primary question, and all data describing barriers was grouped together to answer the secondary question. To assess the sample systematically, a narrative synthesis (NS) was adopted. NS was adopted as its defining characteristic is to 'tell the story' of the findings of the studies through a textual approach and synthesise and contextualise findings (Popay et al., 2006). The primary and secondary research question aimed to incorporate the people that are the focus of the intervention, the interventions and what the outcomes were.

**Quality of Reporting Qualitative Methods**

The methods and reporting of this systematic review and narrative synthesis followed PRISMA guidance (Preferred Reporting Items for Systematic Reviews and Meta-Analysis) (Page et al., 2021). Two researchers (TH, SA) to assess the quality of the qualitative studies, determine the risk of bias and to evaluate validity independently appraised studies that met criteria. The Critical Appraisal Skills Programme tool (CASP) (Critical Appraisal Skills Programme UK, 2024) (Appendix D) was chosen because it is widely used across medical, psychological, and social research fields, and because it can be applied across a range of qualitative research designs (Dixon-Woods et al., 2007). It is also suitable for assessing rigour, credibility, and relevance within qualitative research. Some of the questions in the CASP tool were: 'was there a clear statement of the aims of the research?,' 'was the research design appropriate to address the aims of the research?' and 'was the data analysis sufficiently rigorous?'. The second reviewer assessed 100% of full text studies, assessing ten questions that relate to rigour, credibility, and relevance. This produced a quality rating of 'Yes/No/Cannot Tell', which generated a high/medium/low rating for each of these. This tool is widely used in appraising qualitative studies in systematic reviews (Dixon-Woods et al., 2007).

Discrepancies in ratings were discussed, using the structure of the CASP tool to systematically assess study design and identify logical gaps (Appendix E). Where full consensus could not be reached on a given item, the more conservative (lower) rating was retained for the quality summary. A third reviewer would have been consulted only if a discrepancy were considered substantial enough to affect a study's overall quality classification; the specific pattern of discrepancies observed is reported alongside the quality appraisal findings in the Results.

## Synthesis of Results

To synthesise findings, the review considered how contextual and temporal variables (e.g., country, service context, and timing of data collection relative to the intervention) might influence reported outcomes. Coded data were compared across studies to identify convergent and divergent patterns, from which candidate themes were developed. The strength of each candidate theme was then assessed by considering the consistency of supporting evidence across studies and the methodological quality of the contributing papers, following the approach outlined in Appendix C.

A small number of relevant research papers were identified. This resulted in the researcher considering the expansion of PICO criteria, adapting the research question, and evaluating if a narrative or critical review would be more appropriate. However, a systematic review was required within the remit of the doctorate training. Moreover, the gap in research that was highlighted was deemed to be scientifically valuable and illustrated a need for future research.

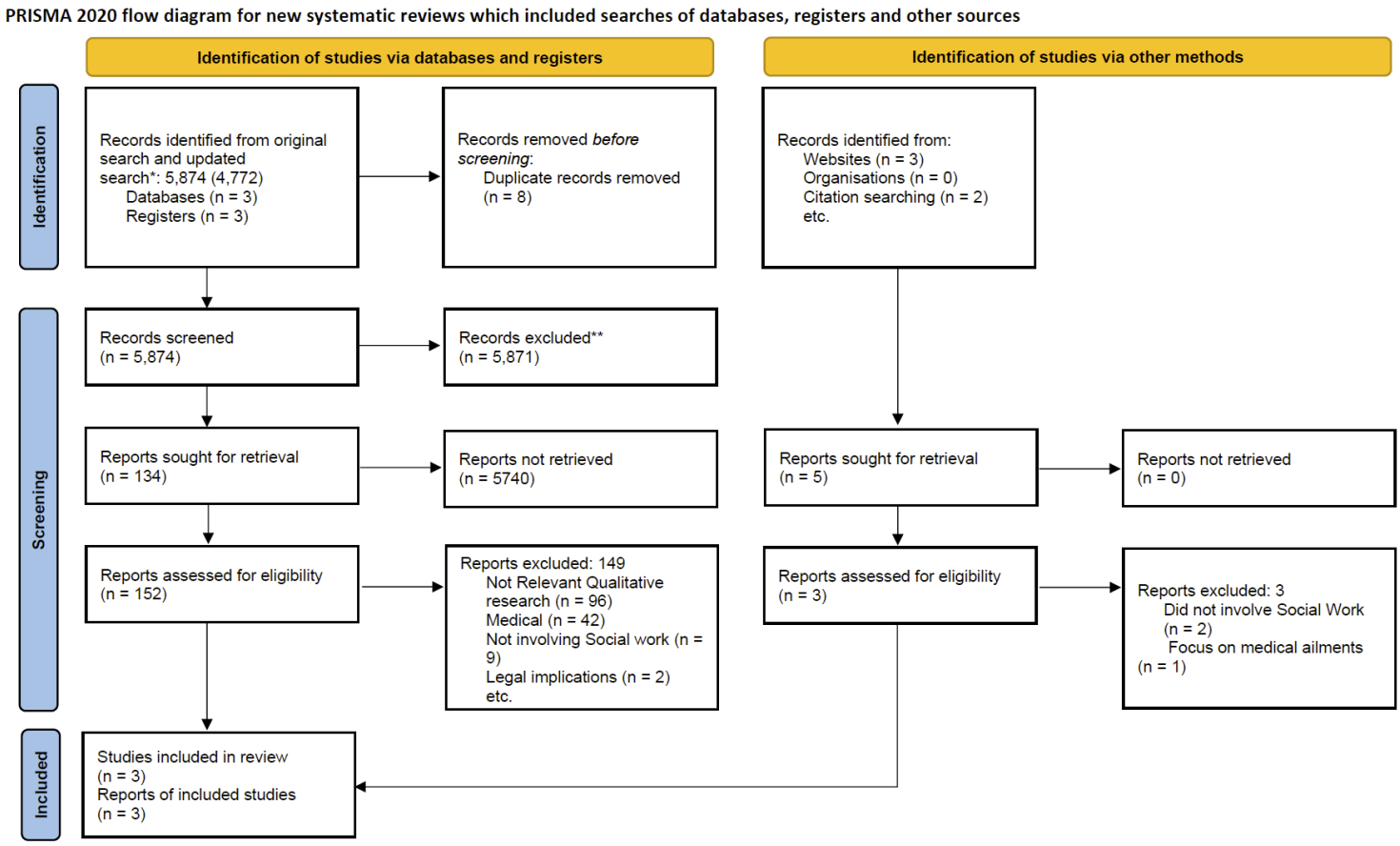
## Positionality Statement

I acknowledge that my positionality influences this research: which adopts a feminist methodology. Aiming to generate authentic and contextually grounded accounts of parents' lived experiences, which influenced the research through recognising inequality and social issues that affect families. This involved considering gender expectations and unequal power relations, alongside critical reflection on socioeconomic and political structures. Throughout the process, I have strived to authentically represent the voices of the participants accurately and transparently. All my personal and professional experiences underpin my motivation to explore methods that help to reduce the power dynamic between service users and professionals, while simultaneously supporting discussions around individual's current issues in a meaningful way.

The positionality was managed during analysis using a reflexive journal, peer debriefing, and supervision. This influenced analytical decision-making through surfacing bias and created a transparent audit trail in terms of assumptions, emotional responses and evolving methodological choices. Potential bias points, mitigations and influence on inclusion/exclusion or interpretation were identified and discussed thoroughly in supervision. Overall, this was managed through reflexivity and transparency.

## Results

*Figure 1 – PRISMA Flow Diagram*




*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).
**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

Source: Page MJ, et al. BMJ 2021;372: n71. doi: 10.1136/bmj.n71.

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### *Search Results*

The search strategy retrieved 5,874 records; 1,102 duplicate records were removed, resulting in 4,772 records screened by title and abstract. Of these, 4,638 records were excluded, leaving 134 reports sought for retrieval. Through full-text version screening of the 134 articles, a total of three studies met the inclusion criteria and were included in the review. All three articles were identified through the electronic database search. The search process is documented in Figure 1, and the full paper characteristics for the included papers can be seen in Appendix B.

### *Characteristics of Included Studies*

The included studies (*n*=3) had a similar aim: to document qualitative data from EbE regarding family support provided by social services, however, they differed in terms of the methods which were adopted to extract the data. All papers discussed the study design: naturalistic inquiry, mixed methods-

pre- and post-interviews following social work intervention and retrospective biographical research. The studies aimed to extract qualitative data from EbE to improve social services. The studies identified were published in 2007, 2009, and 2017. The three papers were conducted in three different countries: Colorado, America; Sydney, Australia; and Ghent, Belgium. It is important to note that this limited evidence base may influence the breadth and transferability of the findings.

Bundy-Fazioli et al.'s (Article 1) objectives were to examine the distribution of power in the working relationship between child welfare workers and parents mandated to services due to child abuse and/or neglect. The Fernandez (Article 2) study's objectives were to explore client outcomes from participation in family support services, which are delivered through a network of Family Centres. Schiettecat et al.'s (Article 3) objectives were to uncover and understand how parents give meaning to welfare, which strategies they develop, and how their perspectives and welfare strategies interact with child and family social work interventions. Articles 1 and 2 recruited from two different family centres, whereas Article 3 recruited from two Public Centres for Social Welfare (OCMW) and one Poverty Advocacy Group, as well as two family centres. Two studies were conducted while families were still receiving support from social care, whereas article 3 was conducted post-support. This distinction was due to circumstances influencing results, as families still receiving support may report different perceptions than those reflecting retrospectively once support has ended. Although all studies collected qualitative data from parents, article 3 collected information only from parents of young children. Article 1 collected this data from both parents and child welfare workers, whereas article 2 adopted a triangulation approach as they collected data from parents, children, and caseworkers. The studies also varied in terms of the interview length and over different periods. For example, article one conducted two in-depth, semi-structured, forty-five-minute interviews. Article 2 the semi-structured interviews were conducted on two occasions: within four weeks of families entering the service and then six months later. Article 3 also conducted open and in-depth interviews on two occasions with each family for around 1-2 hours.

In terms of analysis, article 1 used, constant comparison method (Glaser & Strauss, 1999), article 2 used grounded theory (Glaser & Strauss, 1967) and article 3 used content analysis (Hsieh & Shannon, 2005). These methodological differences highlight epistemological stances, analytical depths, and variation in research goals.

### *Quality Appraisal*

Quality appraisal using the CASP qualitative checklist indicated that all three included studies met the majority of the ten quality criteria, receiving an overall rating of high quality (see Appendix D).

Notably, all three studies scored 'No' on Q6 (relationship between researcher and participants), reflecting limited reporting of reflexivity across the sample; this is discussed further in the Limitations. Despite this shared weakness, studies were rated highly overall given strong performance across the remaining nine criteria. All studies clearly stated their research aims, used an appropriate qualitative design, and provided sufficient detail on recruitment and data collection procedures to allow judgement of appropriateness. Reporting of the relationship between researcher and participants was limited across all three studies on this domain (Q6): both Bundy-Fazioli et al. and Schiettecat et al. were rated 'No', while Fernandez was rated 'Can't Tell', indicating that none of the included studies provided a strong account of researcher reflexivity. However, this did not lower their overall rating given strong performance across the remaining nine criteria. All three studies were judged to have used rigorous data analysis methods appropriate to their stated methodology (constant comparison, grounded theory, and content analysis respectively), and all provided a clear statement of findings supported by illustrative participant quotations. Given the consistently high ratings across this small sample, no studies were down weighted or excluded from theme development, and all three contributed equally to the narrative synthesis.

In addition, a small number of items, specifically Q5 and Q8, in two of the three studies, could not be fully resolved to consensus between reviewers. In these instances, the more conservative (lower) rating was retained, and the discrepancy is treated as a limitation of the appraisal process rather than as agreement. No disagreement was considered substantial enough to alter a study's overall quality classification.

**Narrative Analysis**

1. *Relational and Strength-Based Approaches*
2. *Systemic Barriers Shape Parents' Experience*
3. *Importance of Trauma-Informed Practice*
4. *Systemic Approach to Addressing Issues*

**Narrative Synthesis**

The narrative synthesis of the qualitative data from all three articles highlighted overarching themes and sub-themes relevant to the research question: (1) Relational and strength-based approaches, (2) Systemic barriers shaping parents' experience, (3) Importance of trauma-informed practice, (4) Systemic approach to addressing issues. The synthesis explored the similarities and differences between the three studies.

***(1) Relational and Strength-Based Approaches***

One theme that was reoccurring in the data was the significant impact of relational and strength-based approaches by practitioners, which were believed to contribute to positive outcomes. The below quote demonstrates a person-centred way of working which is needs led and highlights the effectiveness of a compassionate and empathetic approach:

"*There have been days that I could only cry; that I couldn't bear it any longer; that I saw nothing but darkness. At times I called her, weeping, and she dropped everything to come by to talk. By the time she had left, I started to see everything a bit brighter again*" (Schiettecat et al., 2017).

This quote highlights the value parents placed on emotional availability, responsiveness, and compassionate support from practitioners. The participant described feeling overwhelmed and distressed, yet experienced the worker as someone who listened, responded, and provided emotional support during periods of crisis. This suggests that parents viewed supportive relationships as a key component of effective social work involvement.

*"Really getting to know me and knowing… what I need from him and then getting to know my children and know what they need from him…we both got to be on the same playing field...especially when we get a new worker. I let the kids… tell them what they like and what they don't like, and then we all ... get to know each other… for the first couple of sessions. I try to do that with the worker, then get to details and problems"* (Bundy-Fazioli et al., 2009).

This quote emphasises the importance of social workers taking time to understand both parents and children as individuals. Participants valued opportunities to build rapport before discussing difficulties, suggesting that trust and relationship-building were viewed as important foundations for more meaningful conversations about family needs and challenges. Across the studies, parents appeared to value relationships characterised by trust, respect, openness, and genuine interest in

family circumstances. These qualities were consistently associated with more positive experiences of support and engagement with services.

***(2) Systemic Barriers Shape Parents' Experience***

The qualitative data evidenced the systemic barriers that parents can face when receiving support from services, which includes reference to decisions shaped by policies, practices, and cultural norms. One example below demonstrates the disproportionate impact on people from particular demographics (class, gender etc.).

*"I asked [the social worker] if I could go back to high school. No one would have guessed that I was 20 years old... But she said: 'No, you should find yourself a job, it will bring you further in life.' I disagreed and argued that it's the diploma that brings you further. But she refused. If you're living on income support and the [service] doesn't have your back, you can forget it. So I told her: 'It's my future you're ruining"* (Schiettecat et al., 2017).

The parent's motivation was to return to education, but they perceived the worker to be discouraging and the overarching system putting barriers in place. If individuals are in receipt of state benefits and engaging with services, the perception is that there are systemic barriers and judgement from workers that are seen to be embedded in the structure of support. The parent's motivation was to return to education but perceived the worker to be discouraging and restricting choice.

The quote below highlighted the difficulty of moving from home to home:

*"I went to a foster home… it started [at a shelter] first and then from there on, I was bounced [around]…My mom fought to get me out, which I don't understand why, because her home life is like mine… My kids don't see what I had to see"* (Bundy-Fazioli et al., 2009).

This quote highlights instability, care experience, family circumstances, and adverse childhood experiences. The advocacy from her parent felt like it was a contributing factor to securing a safe environment.

***(3) Importance of Trauma-Informed Practice***

The evidence presented clearly demonstrates experiences of trauma, adversity, and challenging service interactions. One quote that highlighted the level of trauma that mothers can experience, for example domestic violence, can be seen below:

*"He lined my children up when I was walking them to school, with a thirty-thirty rifle, and was going to shoot them. Yeah, and because I was unable to keep my kids, like put them in a safe environment and stop things like that happening, they were put into care until I got my act together"* (Fernandez, 2007).

It was apparent from the qualitative data that social workers using knowledge about the effects of people's lived experience to inform practice, was considered imperative. The quotes also evidenced trauma, adversity and occasions where social workers had not maintained unconditional positive regard or used a trauma-informed approach. One example is below:

*"I had a worker that used to always say to me, 'Well, you know today could be the day that your child is removed completely?' And she used to say this all the time, right before we go to court… My counsellor and them started listening to her … [the workers said] '… This woman is more against her. This woman really wants her parental rights to be removed.' … They would help me … at times, my hurt and my anger would, like, blind me"* (Bundy-Fazioli et al., 2009).

The qualitative data from the studies highlighted anxiety regarding worker interactions, perceived lack of support, fear of child removal and SW approaches contributing to adversarial relationships.

***(4) Systemic Approach to Addressing Issues***

It was also conveyed in the transcript that supportive relationships, opportunities to discuss difficulties, awareness of needs, and collaborative problem-solving can contribute to positive outcomes. Having a consistent and supportive relationship that can be relied on was highly valued.

*"I really like that when we have conversations each week, it's not just for half an hour, she comes and we talk about everything and I [feel] really positive after we've tried to deal with some of the problems I've got"* (Fernandez, 2007).

The individual feels that *"everything"* is being listened to and addressed by the worker. It was also reported that they valued being listened to, discussing problems, feeling supported and having a positive relationship with a worker. Other quotes considered financial pressures, reluctance to seek help, feelings of pride, lack of autonomy and concerns regarding their support needs being met.

*"You are so busy surviving, helping your child and paying the bills – well, the most important bills – you can't see you might need financial support. In fact, we did know that, but we assumed that we could manage without it. It has to do with pride, but also with the fear of losing your autonomy and losing the extras that are essential to keep you going…we can cope again"* (Schiettecat et al., 2017).

The complex emotions when receiving support such as feelings around *"losing autonomy"*. Addressing difficulties in an efficient, effective, and non-judgemental way could increase families' abilities to discuss difficult issues, which may be associated with negative emotions, for example, shame or embarrassment. The quotes demonstrate perceived value in holistic support, with collaborative problem-solving, as well as an efficient process in identifying and feeling able to discuss needs.

## Discussion

### *Summary of Findings*

Contextual differences may influence the transferability of findings to UK/Scottish social work practice. Based on the qualitative data shared in the three studies, it is suggested that successful social work intervention is based on human connection, often conceptualised as relationship based or relational practice. Shared understanding and emotional containment can perhaps reduce client distress and social isolation. A relationship-focused, compassionate, holistic, and trauma-informed approach can enhance the professional relationship, contributing to positive outcomes for families. Practitioners should assess a family's needs through warmth, listening and ethical boundaries, and fully consider the psychological, biological, social, and environmental factors that affect people. This could lead to building more sustainable, strength-based, and meaningful relationships with individuals who need that most. This empathetic approach could reduce fear, anxiety and increase resilience, capacity, and psychological well-being. The review suggests that specific interventions come second to the strength-based case management.

Relationship and strength-based practice appear to be central to positive experiences and engagement with social work. Human connection and core interpersonal skills such as active listening, empathy, trust, honesty, and clear expression can enhance outcomes (Levenson, 2017). This interconnected loop triggers, feeds, and reinforces one another, which can create continuous self-reinforcing cycles (Levenson, 2017). The emotional intelligence can allow the professional to connect with service users, efficiently manage interactions, utilise reflective supervision, and could lead to increased capacity to look after their own wellbeing and minimise emotional burnout. The ability to process the heavy emotional labour can prevent compassion fatigue and increase self-awareness. Emotionally attuned professionals can lead to stronger therapeutic alliances with service users (Richardson et al., 2025).

Power dynamics in parent-professional relationships significantly affect family outcomes. Collaborative participation requires a shift from “power over” families to “power together” through partnership working and shared decision-making (O'Sullivan, 2010). It can be complex and challenging to manage institutional authority and statutory responsibilities while building strong alliances and adopting relational strength-based approaches (Miller & Mahesh, 2025). In order to balance these responsibilities, professionals should actively listen, collaborate when possible, and remain transparent about their legal role and boundaries (O'Sullivan, 2010).

Families receiving support from CFSW typically have profound trauma histories, high levels of distress and systemic pressures (Fuseini, 2024). Qualitative research suggests that parents value a trauma-informed approach (TIA) compared to a non-trauma-informed approach (nTIA) (Levenson, 2017). nTIA manages difficult behaviours such as anger or withdrawal as violations, which require some form of correction or punishment (Hodas, 2006). On the other hand, TIA recognises challenging behaviours as coping mechanisms or stress responses deep-rooted in past trauma (Levenson, 2017). Family outcomes can improve using TIAs, parents’ value collaboration, autonomy, transparency, and empathy (Levenson, 2017).

Wider structural influences such as poverty, social exclusion, poor housing, and education can be used as strong indicators of family vulnerability and stress due to the deprivation of basic needs (Krumer-Nevo, 2016). Marginalised individuals are more likely to experience inter-generational trauma and family breakdowns, which require state intervention (El-Khalil et al., 2025). It is helpful for professionals to view adversities through a systemic lens as a structural social injustice, rather than individuals’ failure (El-Khalil et al., 2025). According to this review, parents consider actions such as advocacy, challenging narratives, and rights-based practice as valuable support.

Organisational realities, such as staff workload, burnout, absenteeism, turnover and resource pressures, is important to be considered (Parry-Jones et al., 1998). These pressures can result in increased levels of distress and lack of job satisfaction (Parry-Jones et al., 1998). Social workers carry an 'unbearable emotional burden' as a routine part of their daily work, which adds to the complexity of delivering meaningful relationship-based practice (Hingley-Jones & Ruch, 2016).

### *Future Research Suggestions*

More qualitative studies exploring parents and children's experiences of CFSW would be beneficial. For example, further research exploring the process of involving EbE in co-production and service design, trauma-informed practice in social work settings and examining how organisational factors affect relationship-based practice. As well as studies involving more diverse parent populations and social care contexts.

It is important to acknowledge and contextualise the heterogeneity of the included studies, three studies from three different countries that were published in 2007, 2009 and 2017. The implications are that social work approaches will have differed greatly in comparison to present day approaches. However, this research was still deemed to be valuable as many of the issues are relevant today (Ravalier, 2025; Karadag, 2025).

### *Implications for Practice*

The findings of this review could carry several implications for social work practice. For example, the prominence of relationship-based and strength-based approaches across all three included studies suggests that practitioner training should place greater emphasis on relational skills, such as consistency, empathy, and collaborative goal setting, alongside statutory procedural competencies. Also, the systemic and organisational barriers identified, including power imbalances and fear of child removal, indicate that services could consider how procedural transparency and shared decision-making can be embedded into everyday practice. Furthermore, no included study reported adapting their methodology to engage parents more fully during acute crisis. Services and future evaluations could consider trauma-informed adaptations during support, particularly during the early help stage. The lack of co-produced outcome monitoring across the reviewed literature highlights that embedding experts-by-experience into service design and evaluation as active partners is underused, which creates an opportunity for enhancement of the service.

Measures taken to minimize bias were that studies were judged to be of equal technical quality. Towards the end of the synthesis process, the analysis of relationships within and between the studies led to an overall assessment of the strength of the evidence that was available for drawing any conclusions based on the NS. This included systematic attention to all three elements of robustness that have been discussed above. The results of the appraisal of the methodological quality of the included studies were considered in a systematic manner and the methods for assessing the quality of

intervention in the studies were well established. The methodological limitations influenced confidence in each theme as qualitative data is influenced by the researcher during data collection and interpretation, which can also be subject to potential researcher bias and therefore may not accurately reflect the opinions of the parents. In this field, the power dynamic between parent and social worker can influence results.

### *Limitations*

This review has several limitations that should be considered when interpreting the findings. First, the review protocol was not prospectively registered on PROSPERO due to a technical fault with the platform during the intended registration window. Although the protocol was subsequently registered retrospectively on OSF Registries, this occurred after data collection had begun, and the absence of prospective registration should still be considered a methodological limitation. Second, the data extraction form used in this review was not piloted before use, which may have affected the consistency and comprehensiveness of the information extracted, particularly in the early stages of the review. Third, the final sample was limited to three studies, which restricts the generalisability of the findings and reflects the narrow focus of existing qualitative literature on parents' early-stage engagement with social care specifically; a broader inclusion criterion, or the addition of grey literature findings, may have yielded further insights. Fourth, reflexivity regarding the interviewer's own position and influence was inconsistently reported across the three included studies, particularly in articles 2 and 3, which limits the extent to which power dynamics between researcher and participant during data collection can be fully assessed. Additionally, full consensus was not reached on all CASP items across reviewers; unresolved discrepancies were retained as reported rather than forced to agreement, which is a limitation of the appraisal transparency. Finally, the restriction to English-language studies may have excluded relevant qualitative research published in other languages, potentially limiting the cultural and geographical diversity of perspectives captured in this synthesis.

## Conclusion

The aim of this systematic review was to identify what factors help or hinder parents' engagement with social care and family support services. (i) The elements of social work delivery that parents identify as contributing to positive outcomes are relationship-based and strength-based support, enhanced by empathy, effective communication, and a trauma-informed approach. (ii) Organisational and systemic barriers, including power imbalances, fear of child removal, and inconsistent procedural transparency, were consistently identified as shaping parents' experience of

interventions negatively. Addressing both the relational and systemic dimensions of practice is therefore necessary to improve parental engagement and outcomes for families.

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## Chapter 2 – Major Research Project

# Parents sharing their experience of receiving support from social care and using qualitative data to develop a parent-centred experience and outcome measure.

Prepared in accordance with the author requirements for Journal of Child & Family Social Work

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## Plain Language Summary

This research developed a questionnaire that can be used to let services know more about what people are finding difficult. It was part of a larger project, called a feasibility trial, which aims to develop a new intervention for parents and young children that have social work involvement. Both projects are similar in that they are about lived experience and finding out about what matters to families. It is recognising that there are different ways in helping people to thrive and finding out families priorities to lead a happy life. This questionnaire, also known as an outcome measure, was intended to help services support parents better.

**Methods:** The research involved the researcher speaking with a group of four parents who had experience of the issues they faced when they received support from social work.

***Focus Group 1 -*** Spoke to participants to find out what they would like included in a questionnaire. This was important as the parents were the experts in the things that were difficult for them and what support they needed.

The meetings were recorded digitally and then every comment was typed up on a computer. After the researcher looked over the different ideas that were discussed, it was clearer what people agreed with, what things were important, and what things were not so important. The researcher developed draft ideas for the questionnaire, based on what the parents had said.

***Focus Group 2 -*** Asked the parents what they would change to make sure that the questionnaire included what people wanted.

Parents were shown the questionnaire concepts to see what they thought about them. It was important that the questionnaire included clear, thoughtful questions to make it easy for parents to share how things were for them.

**Results:** A questionnaire was created based on what everybody discussed. The questionnaire developed was colourful and used plain language. The questionnaire is unique as each person can change the sections to what is most important to them. People have the chance to use a number to rate how they feel and also describe their feelings using words.

After it has been fully tested to see what people think, the final version of the questionnaire will be ready to give to everyone receiving support from social work. Services such as social work and the NHS will then be able to use the questionnaire to make sure that things are getting better for families. If it works well, it could help more people get the support they need quicker.

## Abstract

### Introduction

Families with young children who have social work involvement face a range of challenging issues; often disempowered in their dealings with services, leading to their views being underrepresented. Involvement of experts by experience (EbE) in the co-development of interventions and development of research processes contributes to services meeting needs of the people who use the service.

### Aims

This research aimed to co-develop and pilot a parent-reported outcome measure (PROM) and a parent-reported experience measure (PREM), which was designed to capture information from families' perspectives more effectively than standardised outcome measures. Identifying changes that are important to families intends to increase practitioners' and services' abilities to effectively support the families they work with. Outcome measures co-developed directly with service users remain underexplored in this field.

### Methods

This two-phased study used a qualitative design, adopting a social constructionist epistemology, to co-produce a prototype outcome measure. Two focus groups were conducted with four unique Caucasian female parent collaborators, EbE, from Scotland and England. The first focus group was attended by three participants, and the second was also attended by three participants; two parents participated in both focus groups. As part of the Partnership for Change (PfC) feasibility randomised controlled trial. The prototype outcome measure that was developed will be used as part of the wider project, and it will be used in a definitive RCT once it is piloted and validated. Data were analysed using Braun and Clarke's (2019) reflexive thematic analysis, with a second rater independently coding transcripts to enhance credibility.

### Results

Four themes were identified: a) Social Factors, Intersectionality and Judgement, b) Power Dynamic, c) Trauma-Informed Approach, and d) Relational and Strength-Based Approach. These themes informed the co-development of a prototype outcome measure ('Circle of Change') comprising 19 adaptable life-domain segments, numerical rating scales, and space for qualitative comments. Parents suggested that being given greater information, insight, and involvement could help them feel

more in control, which they associated with a stronger sense of empowerment, greater accountability from professionals, and more collaborative goal setting between families and services.

# Introduction

## Health and Social Care

Children and Families Social Work (CFSW) supports families experiencing a range of adversities, including poverty, mental health difficulties, substance misuse, and domestic abuse. While policy frameworks such as GIRFEC emphasise wellbeing, participation, and empowerment (Coulter et al., 2020), families often report fragmented support, communication difficulties, and challenges receiving support from services (Cleaver et al., 2004). Previous experiences of adversity, trauma, stigma, and fear of judgement can further influence engagement with services. Consequently, relationship-based approaches that emphasise empathy, collaboration, and trust have been identified as central to effective practice and positive family outcomes (Forrester et al., 2008; Independent Care Review, 2020). Ensuring that services are responsive to families' needs requires meaningful engagement with parents' experiences and perspectives, including the development of outcome measures that capture what matters most to families. Policies and frameworks do not always adequately consider parents' hardships and wider family circumstances (Jaffee, 2017). This adversity also needs to be considered in line with other complex factors such as their previous trauma, experiences with services, and feelings of safety, which can influence engagement. Research on adverse childhood experiences highlights the importance of early intervention to mitigate poorer long-term outcomes (Felitti et al., 1998; Schickedanz et al., 2021). Taken together, this context underlines the need for tools that can capture families' own priorities and experiences directly, which is the specific focus of the present study.

Individuals in crisis may be reluctant to discuss difficulties outside the family, limiting access to appropriate and timely support (Walsh, 1996; Moran et al., 2012). In CFSW, engagement can be further complicated by hierarchical power structures, including statutory authority over child welfare decisions, which may create fear of consequences for families (Bundy-Fazioli et al., 2009). Supporting parents that have been mandated to engage due to child neglect or abuse involves navigating a complex institutional context shaped by legal and regulatory responsibilities. Practitioners must simultaneously support and empower families while assessing risk and prioritising child safety (Bundy-Fazioli et al., 2009). Balancing children's needs with transparency, openness, and an effort to minimise hostility

requires a shift in mind-set: from viewing parents as being “under investigation” to seeing them as “in need of support” (Forrester et al., 2008). Developing relationships that are empathic, authentic, and compassionate supports this shift, enabling honest discussions of challenges, collaborative problem solving, and change. Consistent with this, the Independent Care Review (2020) emphasises designing services with families rather than for them.

Collaborative, strength-based approaches can help equalise power dynamics and enhance families' resilience (Bundy-Fazioli et al., 2009). This can also build community resilience, minimising crisis, and the need for further or long-term intervention from services (Bundy-Fazioli et al., 2009). Adopting a holistic, well-informed approach is associated with more positive outcomes for families, particularly in terms of their willingness to seek help from authorities (Hardwick & Worsley, 2011).

A central tenet of evidence-based practice is to ensure that appropriate research informs practice. To gain insight into the effectiveness of interventions, services can monitor and measure the impact these tools have on assessment, decision-making, and engagement in CFSW (Hood et al., 2021). Listening to families and recording informal feedback creates measures that are more effective. However, there is a significant gap in research regarding the review of outcome measures (Hood et al., 2021). The following sections consider how involving EbE in the design of outcome measures may help address this gap.

**Experts by Experience**

As discussed in Chapter 1, experts by experience (EbE), individuals with first-hand experience of using services, are increasingly recognised as central to co-producing responsive, service-user-informed practice (Videmšek, 2017; Fox, 2020). Families encountering social care remain underrepresented in research and service feedback processes, despite being directly affected by service decisions (Pownall et al., 2024).

An example is *Partnership for Change (PfC)* (Pownall et al., 2024), a feasibility Randomised Control Trial (fRCT) focused on fostering co-production between parent collaborators, the University of Glasgow (UofG), and the National Society for the Prevention of Cruelty to Children (NSPCC) (2024). The project aimed to improve mental health through *Infant and Parent Support* (IPS), a co-produced, relationship-based early intervention for families involved with CFSW who have children aged 0-5 years, delivered within a poverty-aware and neurodiversity-informed framework.

The intervention seeks to address gaps in existing services through a relationship-focused approach with EbE. Parent collaborators were involved throughout intervention, research, and measure

development, helping to ensure that the study reflected parents' experiences, priorities, and support needs. Their involvement ensured that the trial reflected real-world emotions, challenges, and priorities parents bring with them, including experiences of shame, stigma, fear of judgement, and the influence of their own histories with social workers. By embedding parent voices directly into the design of the research and its outcomes, PfC illustrates how co-production may strengthen early intervention, improve service relevance, and support the development of meaningful outcome and experience measures. This humanising approach, which values the underlying attitudes and lived experience of families, represents a proactive step toward cultivating an enhanced culture of care for future generations of mental health and social care professionals (Unwin, 2018). The present study is embedded within this wider PfC initiative and focuses on the co-development of outcome and experience measures.

### Outcomes and Tools

There is growing interest in research for mental health and wellbeing outcome measures that inform clinical practice, both at individual and service level (Deighton et al., 2014). Outcome measures help capture service users' priorities, identify need, and assess progress. Evidence suggests that measures are more credible and feasible when developed with service users and designed to be brief, holistic, and sensitive in their wording (Deighton et al., 2014; Stasiak et al., 2013).

PfC PREMs and PROMs were developed to test whether the fRCT intervention outperforms existing services (Pownall et al., 2024). PROMs and PREMs have been used successfully to capture parents' perspectives and inform service development, quality assurance, and healthcare improvement (Desomer et al., 2018; Rindeskog & Svensson, 2025). However, there remains limited research on the development of co-produced outcome measures for families involved with social work services.

### Aims and Research Questions

This research aimed to develop and pilot PROMs and PREMs for families that have received support from SW. The research sought to ensure that the measures reflect what parents identify as important and capture meaningful change. Initially, there were two phases planned:

- **Phase 1 - Co-development**: To work with EbE to co-produce draft PROM and PREM measures, informed by qualitative research and iterative refinement.
- **Phase 2 - Piloting**: To pilot the measures within the wider feasibility trial and gather feedback on their acceptability, clarity, and usefulness.

Due to delays within the wider project, only phase 1 was completed within the timeframe of this dissertation. Piloting and further refinement of the measures are continuing as part of the ongoing PfC feasibility trial.

## Design, Methods, and Procedure

### Research Design

This two-phased study used a qualitative design that was embedded in an fRCT to co-produce a prototype outcome measure, adopting a social constructionist epistemological position (Burr, 2015). Participants from the wider study will be involved in the piloting of the measure. This research recognises that parents' experiences of CFSW are shaped by social, cultural, and institutional influences surrounding parenting and child protection. This position was considered most appropriate given the study's aim of understanding how parents' experiences are shaped by broader systemic and relational contexts, rather than seeking to describe an essential, decontextualised experience of parenthood. The study focused on the co-production of a prototype PROM and PREM (Appendix F). As noted above, piloting, and further refinement of the measures were not completed within the timeframe of this dissertation.

### Participants

The target population was the Parent Collaborator Group (PCG) involved in the fRCT from groups in Scotland and England. The PCG comprises parents with experience of receiving support from health and social care services and was therefore intended to be broadly representative of the population, for whom the final measures are designed. Two focus groups were conducted with four unique Caucasian female parent collaborators, EbE, from Scotland and England. The first focus group was attended by three participants (online), and the second focus group was also attended by three participants (face-to-face); two individuals participated in both focus groups. Recruitment aimed to include diverse experiences across age, ethnicity, disability, gender, and socioeconomic background, and no exclusion criteria were applied; however, as discussed in the Limitations, the achieved sample was more homogeneous than intended.

### Recruitment

All members of the PCG were invited to take part in the research. Participants had previously consented to take part in the wider trial and provided verbal consent for this sub-study (Appendix G & H). The lived experience leader approached members of the PCG and, with permission, shared contact

details with the researcher to arrange attendance. Participants were screened to ensure capacity-to-consent and that they were able to participate voluntarily and safely. The participants received payment in line with NHS Involvement Rates and were offered ongoing support from the lived experience co-investigator.

**Materials and Measures**

Focus group 1 explored families' experiences of services, desired outcomes, and views on how these outcomes and experiences could be captured within a measurement tool (Appendix F). Semi-structured topic guide questions were developed by the researcher, in collaboration with members of the trial team. The topic guide was influenced by existing literature around PROMs and PREMs and considered ways to build quick rapport with participants (Appendix I), to ensure that they felt listened to and as comfortable as possible when sharing difficult experiences. This process allows parents to have their voices heard, contributing to the development of a tool intended to help others (Fox, 2020).

Themes were identified in the focus group 1 transcript which became initial draft prototype concepts. Members of the trial team developed a Likert scale and draft prototype tools (Appendix F). This was presented at focus group 2 for further development, with the aim of refining it with fRCT participants later. Stimulation material was also used to facilitate discussion, for example the Outcome Star (Mackeith, 2014) (Appendix J).

**Procedures**

Both focus groups were audio-recorded with consent, then transcribed using Dragon Speech Recognition Software. Transcripts were subsequently checked against the original audio recordings by the researcher to verify accuracy and correct any transcription errors prior to analysis, then they were analysed thematically (Appendix K).

**Analysis**

Data from this research were analysed using pen, paper, and physical materials (Appendix K). This analysis followed Braun and Clarke's (2019) approach to reflexive thematic analysis. The six-step procedure was: 1. Reading and re-reading the transcriptions to become familiar with the data, 2. Generate initial codes in a systematic fashion, collating data to codes that seem appropriate, 3. Search for themes, matching themes and coded extracts to help generate a thematic map, 4. Reviewing potential themes in relation to coded data, 5. Defining and naming themes, 6. Produce the report. Defining and naming the themes allowed for the specifics to be refined. The final analysis produced the

report, which related the data to the research (Braun & Clarke, 2019). Coding and development of themes was systematic and rigorous. This method helped to identify patterns in the transcripts and synthesise information with other studies and theoretical frameworks. This research conducted the reflexive thematic analysis within a social constructionist epistemology. The data from the focus group was based on experiences, realities and a range of discourses operating within society (Braun & Clarke, 2019).

A second rater (JP), a member of the PfC trial team, independently reviewed the transcript from focus group 1 and 2, and a coded subset of the data. Most codes were agreed upon; where discrepancies arose, these were discussed and resolved through consensus, consistent with Braun and Clarke's (2019) collaborative approach to coding. Where full consensus could not be reached on a small number of codes, the more inclusive interpretation was retained to avoid prematurely discarding potentially meaningful data. The Standards for Reporting Qualitative Research (SRQR) checklist was completed to support methodological rigour and credibility (Appendix L).

**Positionality**

As a trainee researcher and co-facilitator, my professional background and training in clinical psychology were reflexively considered throughout data collection and analysis, particularly regarding how my position may have shaped participants' openness and my interpretation of the data. A fuller reflexivity statement, including relevant aspects of my personal and professional background, is provided in Appendix M.

**Data Protection**

To ensure anonymity, each participant was assigned a random number/name, which was stored in an encrypted confidential digital file. The information was password-protected and encrypted; only the researchers directly involved had access, and files will be retained for 10 years. All Caldicott Guardian guidance and principles were followed (Appendix N).

**Ethics and Governance**

Throughout this research, the British Psychological Society's (2016) (BPS) ethical guidelines were followed to maintain the highest ethical standards. Ethical approval was obtained from Medical, Veterinary and Life Sciences (MVLS) ethics committee (Ethics Approval Number: NIHR135010) (Appendix O). The research was conducted in compliance with the Declaration of Helsinki (World Medical Association, 2013). Before any information was collected, consent and assent were obtained

(Appendix H). All information was kept confidential in an encrypted digital file. Key ethical concerns included disclosure limits and the risk of participant distress; options to disable cameras or take breaks as needed were offered (Appendix G). The EbE led the focus group, and discussions were allowed to flow with what they considered important.

To protect the privacy of all participants, pseudonyms were used for all names and identifying locations. The use of quotations and anonymisation has limitations; for example, potentially identifiable incidents were discussed. However, every effort was made to maintain participant anonymity. In terms of governance, transparency was maintained by providing full details of the policies and processes involved in developing the parent-centred outcome measure (Appendix N).

### Health, Safety and Equipment

A risk assessment was completed by the venue (UofG), addressing trip, fall, and electrical hazards (e.g., securing cabling and ensuring NHS-checked electrical equipment) (Appendix N). Equipment (digital recorder, flip chart paper, Dragon Speech Recognition Software) was sourced from UofG, and participants were paid via NHS Involvement Rates.

## Results

*Figure 2 – Data Collected June 2024-September 2024*

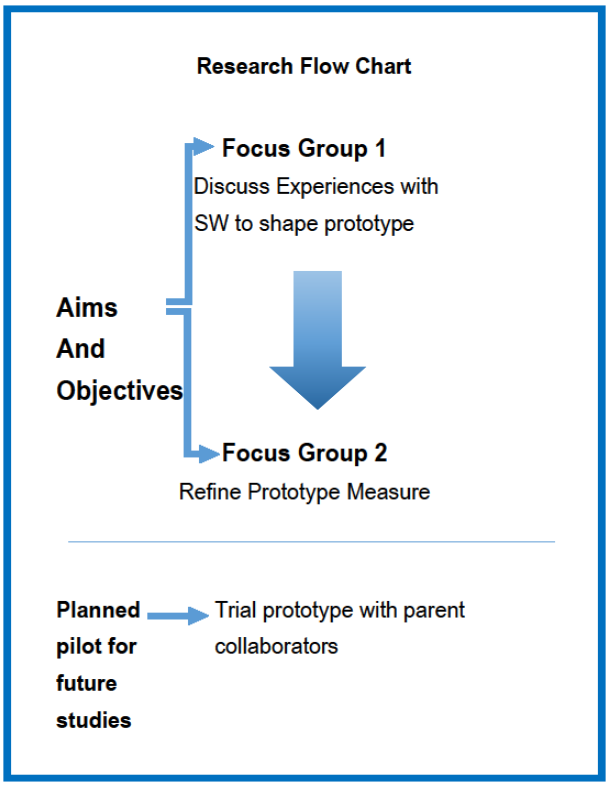


Figure 2 illustrates that phase 2 aimed to trial the prototype with parent collaborators to explore effectiveness and refine the tool; however, this was not completed in time for the write-up. The results below are presented in three stages, reflecting the co-production process undertaken. First, data from focus group 1 identified key themes in parents' experiences of engaging with social work, which informed the content of an initial draft outcome measure. Second, this draft prototype ('Circle of Change') was developed by the research team based on these themes. Third, focus group 2 reviewed and refined this prototype, informing decisions about structure, content, and design. Both focus groups raised overlapping thematic content; where relevant, it is noted below which focus group a particular theme or design decision primarily derives from.

**Focus Group 1: Co-production of Outcome Measure**

In focus group 1, participants discussed feelings of powerlessness, hopelessness, and vulnerability when receiving support from SW. The main themes identified in the transcript were : a) Social Factors, Intersectionality and Judgement, b) Power Dynamic, c) Trauma-Informed Approach, and d) Relational and Strength-Based Approach. An overview of major themes and categories from focus group 1 can be seen in Appendix K.

**a) Social Factors, Intersectionality and Judgement**

Participants' accounts highlighted a perception of judgement and stigma from social workers, particularly in relation to their own childhood experiences and to receiving support. The discussion linked to stigma, judgement, and the socially constructed expectations of the role of 'mother'. Justine explained that it feels like, *"you can't be a good mother because you've got social work involvement"* (Justine). The other participants agreed and recognised the complexity around this role and how dominant cultural narratives about motherhood contributed to their experiences of bias and stigma.

The quote *"parents don't have an understanding if they have not been parented themselves properly"* (Justine) reflects how some mothers felt their childhood experiences were viewed as individual shortcomings. This sense of pre-judgement is reinforced by comments such as "*The social worker, for me, had already made up her mind*" (Justine) and they felt it was difficult to adjust this narrative. The participants agreed that they sometimes felt unseen, misinterpreted and believed their histories and circumstances were not fully considered in assessments.

Participants discussed a strong sense of mistrust towards practitioners, particularly around transparency regarding their difficulties: "y*ou get scared to trust them because things get twisted and used against you"* (Eleanor). Parent's expressing concern that information shared could be inaccurately

represented or misinterpreted in ways that do not reflect their lived reality. This quote could also be seen to illustrate perceptions that it is a widespread experience for families. These responses highlight the complexity of the power imbalance inherent in CFSW practice and illustrate the barriers that both social workers and parents face when attempting to build an effective, collaborative, and supportive professional relationship.

**b) Power Dynamic**

Participants shared that they felt disrespected or worthless, particularly in response to how they were spoken to or treated. One parent described, *"you'll always be a wee alky [alcoholic] mother… when I said about putting a complaint in, who they going to believe?! A wee mad alky mother or an upstanding social worker…They absolutely pull you right back down into the gutter, because you just feel like you're worthless"* (Justine). The participants identified this behaviour as deeply concerning. The data highlights the feelings of powerlessness and the complexity of raising concerns regarding mistreatment.

Another area of concern raised by participants was the perception that social workers lacked compassion, which negatively affected participants' ability to break the cycle of being in crisis. One parent described this experience*, "If you've had a social worker who lacks understanding or empathy… then it's going to be a case of, 'I'm here for your child, no for you'. There's no support for the parent. [It feels like] you don't deserve support. Maybe that's why the cycle goes over and over and over again"* (Justine). This participant identifies the complexity around providing appropriate and effective support for both parent and child. Participants suggested that when support is focused solely on the child without addressing the parents' underlying needs, opportunities to break entrenched patterns of crisis are missed.

In response to this perceived judgement and lack of compassion, participants considered positive attributes from social workers. Emphasising the importance encouragement and understanding, noting that people should feel able to ask for support without fearing a negative or dismissive response: *"Just be nice, people show respect. You get respect back. We have to get to [the] stage where if people are genuinely reaching out for help, they shouldn't be slated for it"* (Eleanor). A recurring message was that trust, respect, and safety are key elements, which support positive, healthy, professional relationships.

### c) Trauma-Informed Approach

Participants highlighted the importance of social workers adopting a trauma-informed approach to recognise the impacts of past experiences and prioritise relational safety. For example, when participants were asked what they would like from a social worker, one shared, *"Personally it would be that whole trauma-informed working. …having a look through the case notes, finding out [if you should] be telling anybody anything because that's dangerous. Should you be… getting an understanding of that person's history? …realising that there is going to be trust issues… they might have problems opening up*" (Justine). This quote demonstrates the fear of interpersonal rejection and how repeatedly retelling traumatic experiences was distressing and re-traumatising. As one participant explained; *"You bury things as well, and you don't necessarily wanna bring it back up or you don't [want to] upset your children anymore… You know your [own] trigger points"* (Rosa). Professionals who had prepared before meetings were perceived as demonstrating greater understanding of triggers and were able to tailor the support more effectively and anticipate challenges around trust.

### d) Relational and Strength-Based Approaches

The participants highlighted that effective and efficient communication had a positive impact: *"pass information on to another service [and] let them know so they are aware"* (Eleanor). Joined-up working between services was perceived as reassuring, particularly when social workers took time to build relationships with each member of the family. Another participant explained: *"The workers should know the kid they're working with and say 'hello' to them. My [children] never knew some workers so would act very uncomfortable with them in the house and act up, making me more on edge"* (Eleanor). This illustrates the value of practitioners building rapport with children, as it inevitably allows them to feel more comfortable and behave in ways that more accurately reflect typical interactions. Thus, enabling social workers to develop a holistic understanding of how the family functions.

The four themes identified above directly informed the content and framing of the initial draft prototype developed by the research team following focus group 1. These concepts were then presented to participants in focus group 2, who discussed which topics parents might find difficult but important to address, directly shaping the measure's final content.

### Focus Group 2: Discussing concepts for the PROM and PREM

Focus group 2 took place, face-to-face, at UofG campus and three female parent collaborators attended. The focus of this session was to refine the concepts regarding the draft bespoke PROM and

PREM measure. The prototype measure was discussed verbally with participants and then draft prototype concepts were presented to the group (Appendix F). The topic guide focused on eliciting feedback regarding layout, design, colours, accessibility of language, usability, and the overall information to be included.

Transcripts highlighted several key themes related to maximising the function of the outcome measure which included: determining the optimal number of segments and topic areas; approaches to identifying the top three priorities; the use of numerical rating scales; and the potential for individually tailoring the measure. The participants suggested 17 key service traits for the outcome measure (see Table 3).

*Table 3 – Recommended Key Service Traits by EbE*

| |
|---|
| • Taking time to develop relationships |
| • Services are listening / let you tell 'your story' |
| • Showing care and compassion / interested in you as a whole person |
| • Being sensitive |
| • Being respectful |
| • Trauma-informed services (need to have a complete picture of parent's life situation — past and present; avoid re-traumatization by relaying the same information repeatedly) |
| • Non stigmatising / non-judgemental (awareness of family's wider struggles and need for support) |
| • Practitioners being approachable, friendly, and warm |
| • Honesty and transparency (good communication) |
| • Awareness of the barriers that families may have in utilising services (fear, anxiety, mental health) |
| • Advocate a strength-based approach (focus on parent's strengths and what they are doing right, not just what is not going as well) |
| • Involving parents in decision-making |
| • Explaining things clearly |
| • Waiting times |
| • Facilities available |
| • Refreshments |
| • Accessibility (appointments/meetings) |

Participants described how exposure to violence in childhood had shaped their understanding of what constituted a *"normal"* relationship. They also highlighted that the experience of maltreatment and domestic violence lead to them internalising and externalising behavioural difficulties, which is an example of deeply embedded trauma responses (Justine, Eleanor, Rosa, Isobel).

The participant identified that speaking to professionals was an important part of the process in coming to terms with the realities of their situation and processing the distress of the consistent threat of violence. For example, it was suggested that social workers could say something along these lines: *"I think your wee family set-up could be so different… You could benefit as a parent and help your child to be the best version of themselves… but without this, this and this, that might not be possible"* (Justine). This quote demonstrates not only the significance of reflective, trauma-informed conversations, but also the participant's compassion for other families facing similar living conditions. There is an eagerness to create better and safer conditions for children to thrive.

**Systemic Barriers**

Participants discussed times when they were open and honest with services and asked for support, and actively engaged in processes, yet did not receive the help they were seeking. They described the psychological impact of encountering systemic barriers: *"If you're struggling with your mental health and you're having to go to some of these [services] who are putting walls up, 'we can't help you, because we've just not got the houses to help you'…it's going to make their mental [health worse]"* (Justine).

Participants also reflected on the emotional consequences of situations in which professionals initially implied that support might be available, only for these requests to be *"shut down"* (Rosa). In some cases, participants felt their needs were dismissed or minimised. These experiences contributed to a sense of feeling 'let down' by services, and disappointment with the resources services have to offer, which in turn can have an impact on their mental health and the professional relationships.

**Attitudes Towards Developing an Outcome Measure**

Participants' reflections highlighted a tension between their longstanding disappointment with services and their hope that the prototype measure might help create a more constructive starting point. The comment *"we're so used to services letting us down… but we have to start somewhere"* (Justine). demonstrates how experiences shaped both scepticism and cautious optimism. Parents valued the measure highlighting progress visibly and to support individuals' feelings a sense of ownership over their journey. This is reflected in their emphasis on choice and agency - *"this is your journey… what's*

*most important to you?"* (Justine). Suggesting that the measure was valued, not only for its practical function, but also for its potential to shift power back towards families in the decision-making regarding their future.

**Co-production**

The participants developed a clear idea of what they thought the prototype would look like and operationally what would be helpful. For example, one participant said, "*you could even sit with the family and say, 'well what segment?'… 'what do you want in your segment, and what colour do you want for that particular segment?'… we've got to remember that everything in that circle is going to be affecting them"* (Justine). This reflects an appreciation for co-production and the importance of families having ownership over how the measure represents their challenges.

Participants frequently considered how people in similar circumstances might perceive and interact with the tool. They emphasised the need for flexibility, recognising that individuals facing multiple overlapping challenges may find it difficult to identify or prioritise specific areas. As one participant explained, *"it's all important… they might not be able to number them, they might not be able to name what's most important, because they are struggling with all of it, and that's okay as well"* (Justine). This highlights the important of designing a measure that considers the varying levels of emotional and cognitive capacity, particularly during periods of crisis.

Even when participants may not feel able to quantify or rank their difficulties, the conversation prompted by the measure was seen as still valuable. A participant said, "*They might not even acknowledge that they have got stuff going on [without an outcome measure like this]"* (Isobel). Some topics that could be considered difficult to discuss may feel easier using the prototype as a structure; *"might not want to talk about domestic violence, but [the outcome measure] might point it out and that…may have a way of bringing that around"* (Justine).

Participants discussed the value of a professional raising the topic in a supportive way and suggested that it could be a difference in them feeling more comfortable to disclose it. This could result in supports being put in place that might not have otherwise and offers a structure to monitor risks.

**Further Prototype Development from Focus Group 2**

***Functionality/Aesthetics of Measure/Priority Ratings***

Throughout the focus group, the participants explored what they believed would make the measure function most effectively for families, as can be seen in Table 4. Participants empathised the

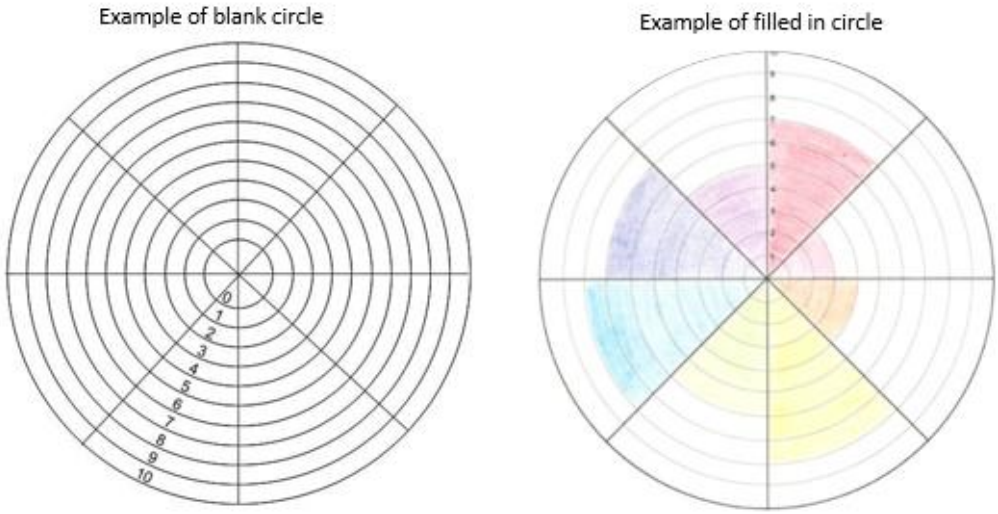
importance of a clear, intuitive and user-friendly design. A design to optimise families' ability to recognise their progress, as well as to identify when things were becoming more challenging.

*Table 4 – Parents' Priorities Regarding the Design and Structure of the Prototype*

| |
|---|
| • Clear, concise, easy to understand, and jargon-free contents. |
| • A circle with segments instead of a star-shaped design, which was described as *"patronising"* (Isobel). |
| • Each segment representing specific areas of life (e.g., homelessness, addiction, childcare, mental health). |
| • Adaptable, allowing segments to be changed based on what each family considers most important. |
| • Rating scales to quantify progress or changes. |
| • Space for written qualitative comments to add context. |
| • Overall length should be kept to no more than two A4 pages. |

Participants also expressed a preference for measures that were colourful and presented in a simple, visually accessible format. As one participant explained, *"[they] can see the different colour segments and… see it going up more [with the number rating]… dots and…[adding] it up it… just looks too complicated"* (Justine). This highlights the importance of designing outcome measures that are not only functional but also enable families to quickly visualise and interpret their progress, without feeling overwhelmed. An example can be seen in Figure 3 below.

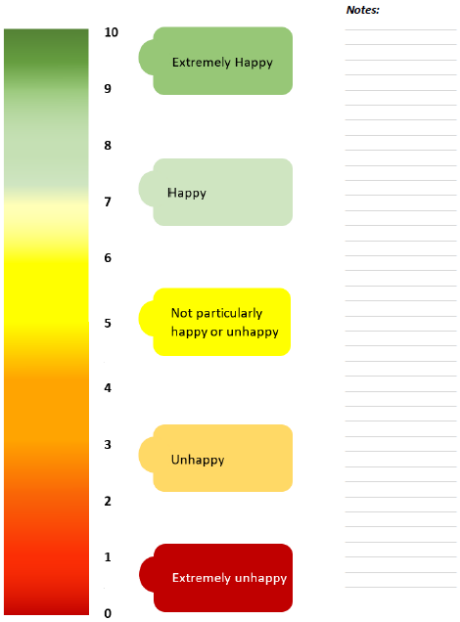
***Figure 3* – Initial Draft Prototype presented at Focus Group 2**




One participant highlighted that being able to visually track progression could increase confidence and intrinsic motivation; "*gives [a] wee self-boost and that reason to kind of go, 'oh, I really*

*want to get to 7 or 8',…and work hard to get there"* (Justine). An example that was discussed as an option can be seen in Figure 4. Suggesting that visualising tangible progress can encourage meaningful engagement and illustrates the value in support from CFSW.

***Figure 4* – Likert Scale Example for Prototype presented at Focus Group 2**




***Topics for the 'Circle of Change'***

The participants suggested 19 different topics that families could choose from to complete their 'Circle of Change' (see Table 5 below), spanning practical, relational, and psychological domains (Appendix F & K). It was identified that discussions on these topics with a professional could have been valuable during early stage support.

*Table 5 – Areas That Families Find Difficult / Need Additional Support*

| |
|---|
| • Financial difficulties |
| • Housing |
| • Addiction |
| • Mental health (of parent and/or child) |
| • Parenting |
| • Education (of parent and/or child) |
| • Employment / training |

| |
|---|
| • Physical health (of parent and/or child) |
| • Impact of Neurodiversity (of parent and/or child) |
| • Family relationships / support |
| • Significant other / partner relationship |
| • Residential area |
| • Criminal justice services /support |
| • Community support / involvement |
| • Social support / networks |
| • Domestic violence |
| • Safety / safe environment |
| • Accessing / receiving support from specialist services |
| • Practical support – e.g., signposting to other services, completing forms |

One participant was clear about the areas that she found difficult to discuss and would have benefited from SW support to manage, *"Financial difficulties, housing, impact of neurodiversity (Child or Parent)…Mental health, parent-child, family relationships, family system, education, domestic violence [and] addiction"* (Justine). Another participant emphasised the importance of including topic areas that support longer-term stability in the community for after CFSW involvement ends. Other topics that were raised were employment training, physical health, signposting to specialist services, and practical support such as completing forms.

In summary, Focus Group 1 identified the experiential themes and priorities that an outcome measure should reflect; these directly shaped the initial 'Circle of Change' prototype. Focus Group 2 then refined this prototype's content, structure and visual design to ensure it was accessible, non-patronising, and usable in practice.

## Discussion

The aim was to facilitate focus groups with parents to invite them to share their experience of receiving support from health and social care. Based on these aims, two focus groups were conducted with the EbE. A reflexive thematic analysis of the focus group transcripts highlighted themes: a) Social Factors, Intersectionality and Judgement, b) Power Dynamic, c) Trauma-Informed Approach, and d)

Relational and Strength-Based Approach. The results were used to co-develop a parent-centred experience measure and parent-centred outcome measure.

Participants said they were more likely to share their concerns if the relationship with the SW felt supportive, nurturing, non-judgemental, and trauma-informed. While managing the professional relationship, parents reported the difficulty of simultaneously dealing with personal crises, mental health difficulties, and other significant adversities (Jaffee, 2017; Felitti et al., 1998). Furthermore, they discussed challenges when communicating the needs of the family in such a distressing time of their lives. Consequently, they considered the necessity and usefulness of an effective tool to assist parents to structure difficult conversations and articulate needs efficiently and systematically. These findings align with previous research and established theories on the value of co-developed prototype measures (Fox, 2020; Winn & Lindqvist, 2019).

*Prototype Measure*

Participants engaged in dialogue regarding a new tool to highlight the wider systemic issues around individuals, which focuses on relationships and interconnectivity between different parts of a person's life (Colvin & Howard, 2022). In this study, parents held their experiences in mind when considering design, simplicity and relevance of the new prototype measure. The unique aspect of this prototype measure is its flexibility: the domains can be tailored to reflect what is most important to them, rather than completing standardised measures that may not reflect their lived experience. Given that previous research suggests that PROM and PREM's are underused, particularly in SW (Videmšek, 2017), this tool has the potential to enhance communication, strengthen relational connection, and support more responsive and meaningful interventions across a range of settings.

Parents also described anxiety and fear as barriers to articulating their needs, which can generate maladaptive coping and a repetitive cycle of distress (Pownall et al., 2024). A co-produced outcome measure may help parents communicate more effectively, particularly when practitioners respond sensitively to vulnerability (Pownall et al., 2024). Adopting systemic thinking allows professionals to consider multiple perspectives and assist families to resolve difficulties through a curious and appreciative lens. The emphasis is on collaboration, transparency, and compassion (Mason, 1993). The tool's assessment of professional relationships and services aligns with key policy frameworks, including GIRFEC (Children and Families Directorate, 2006), Every Child Matters (Department for Education and Skills, 2003), Working Together to Safeguard Children (Department for Education, 2018), and The Promise Scotland (Independent Care Review, 2020), all of which emphasise collaborative, child-centred practice.

*Theories and Psychological Mechanisms*

As in Chapter 1, ecological systems theory (Bronfenbrenner, 2005) and attachment theory (Bowlby, 1969) provide relevant context for understanding parental capacity and interconnected family systems. Two further mechanisms specific to these findings help explain participants' emphasis on practitioner empathy. According to polyvagal theory, chronic trauma can leave individuals hyper-aroused or dissociated; a relational approach may lower this threat response, supporting a transition from survival mode to social engagement (Porges, 2007). Post-traumatic growth theory similarly encourages a shift from asking 'what is wrong with you?' to 'what happened to you?', supporting resilience and self-efficacy (Tedeschi & Calhoun, 2004).

Current research also suggests that women can be treated more harshly when perceived to violate traditional gender norms, expectations and legal norms, resulting in heightened stigmatisation (Seaman & Lynch, 2022). When mothers are deemed to fail their nurturing role in the family, it can result in harsher punishments compared to fathers (Seaman & Lynch, 2022). Participants described feeling like they were being treated harshly: for example, like “inmates” (Justine). This aligns with research into 'double deviance,' whereby systemic structures such as the patriarchal criminal justice system, economic inequality, and institutionalised pressures shape harsher judgement of mothers (Lapierre et al., 2026). Social workers must understand how these structural factors shape perceptions of mothers. For example, they should view poverty as a socio-political phenomenon, not an individual’s failings.

Poverty was identified as a further major systemic factor (see also 'From Findings to Prototype Design' above). It is consistently situated at the margins of the discourse on social work practice (Morris et al., 2018; Independent Care Review, 2020). Mothers dealing with poverty, as well as substance issues or involvement in the criminal justice system can be subject to increased judgement and scrutiny, particularly within family services that involve child protection. Participants felt the perception of judgement is associated with feelings of shame, embarrassment, and humiliation when asking for support. This can result in avoidant behaviours or reduced honesty even when receiving support from services (Cook, 2017), creating a cycle of judgement, shame, and avoidance that entrenches difficulties (Pownall et al., 2024). Another central theme in mothers' accounts was perceived power imbalance that is felt to be accentuated by financial deprivation. This highlights the need for parent-professional relationships that balance support with statutory responsibilities through partnership working and shared decision-making (Rindeskog & Svensson, 2025).

Another framework that overlaps the principles of collaboration, safety and empowerment is a relational and strength-based approach, which was a main theme that arose from the transcript. A national transformational blueprint that influences policy and practice is 'The Promise Scotland' (Independent Care Review, 2020). This national mandate necessitates a focus on relational and strength-based approaches, which prioritises keeping families together (Independent Care Review, 2020).

In practice, this involves practitioners demonstrating sensitivity to trauma, validating adverse experiences, and maintaining ongoing, open conversations to identify tailored support (Levenson, 2017). Mandatory trauma-informed training for practitioners would help sustain relational, strength-based partnership working and address the long-term effects of childhood trauma. The trauma-informed model that could be used is the '4 R's' (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014): 'Realizing the impacts of trauma', 'Recognising the signs', 'Responding by integrating the knowledge into policies, procedures and practices' as well as 'Resisting Retraumatisation'.

A holistic approach supports parents' wellbeing alongside the needs of the child, requiring systemic alignment across agencies (Independent Care Review, 2020). Participants described 'silo working' (fragmented services operating in isolation) as a barrier to timely support, often leaving mothers with complex needs to coordinate their family's care alone (Keenan & Grady, 2014; Colvin & Howard, 2022).

*Unexpected Outcome*

During the focus groups, one participant accounted for a significant portion of the verbal interaction and provided a more expansive narrative than others. Although the facilitators made attempts for everyone to be included, they were mindful and considerate that this is a vulnerable, sensitive topic. Although the transcript demonstrates a conversational imbalance, quieter individuals expressed their unanimous agreement throughout, with the use of non-verbal behaviour, such as nodding.

Another unexpected outcome was the discussions around some social work documents feeling 'childish' due to the pictures and colours chosen which can inadvertently feel *"patronising"* (Isobel). An example was the use of smiley faces, which can be used inappropriately. This provides further evidence that EbE should be meaningfully involved in co-producing service documentation.

*Practical Implications*

Practical implications for real-world SW practice include increased understanding of factors leading to intervention and awareness of the interacting systems of power and cultural identity that shape families' experiences. Intersectionality theory highlights how class, gender, ethnicity, sexuality and race intersect to create unique experiences of discrimination (Crenshaw, 1989); accounting for this is important in assessment processes, child protection decisions, and practitioner bias, particularly given the relatively homogeneous sample in this study (see Limitations). Participants described the value of having their histories validated, suggesting that practitioners should find ways to encourage and empower families to share their realities (Krumer-Nevo & Komem, 2015).

Another implication grounded in the results of this research is the potential value of an outcome measure that captures a broader picture of family needs, which could help identify concerns earlier and reduce some of the pressures that contribute to practitioner burnout. In terms of support for practitioners, supervision should be seen as critical to their role and should include case management discussions. Senior members of staff should consider mandatory supervisory training and peer group supervision to prioritise staff wellbeing. Increased time to reflect on the complex emotions that influence practice can create a better work environment (MacAlister, 2022).

*Dissemination and Future Research*

This research will be disseminated to NHS and social care providers in Scotland, presented at academic symposiums, and submitted for publication in a peer-reviewed journal. Future research should address the current gap regarding the infant voice (Pownall et al., 2024), for example by developing child-friendly tools or gathering information from fathers as well as mothers. Findings are relevant to policies such as GIRFEC, Every Child Matters, and Working Together to Safeguard Children, and support the case for listening to children's voices meaningfully so that experiences shared by EbE in this study inform policy and are put into practice.

Co-producing PREM and PROM tools with EbE provides evidence-based, collaborative evaluation that can motivate both service users and practitioners (Videmšek, 2017). The data illustrates how stigma, fear of judgement, and prior trauma combine to weaken the relational connection between families and services; a co-produced measure offers a safer way to communicate needs, particularly during early-stage or crisis conversations. Embedding this tool at key points in assessment, review, or early-help practice could strengthen trust and support more anti-shame, anti-blame ways of working with families.

*From Findings to Prototype Design*

The four themes identified through the focus groups directly shaped specific decisions in the design of the "Circle of Change" prototype. Parents' accounts of stigma and pre-judgement (a-Social Factors, Intersectionality and Judgement) informed the decision to use neutral, non-stigmatising language for each life-domain segment and to avoid fixed, predetermined categories that might imply blame. Experiences of powerlessness and mistrust (b-Power Dynamic) informed the decision to let families select and prioritise their own segments, rather than complete a standardised, practitioner-led format, and to include space for open-ended qualitative comments so that parents' own words could be captured directly. Parents' accounts of the distress caused by repeatedly re-telling traumatic histories (c-Trauma-Informed Approach) informed the inclusion of optional, rather than mandatory, domains (e.g., domestic violence), allowing families to disclose difficult topics at a pace that felt safe to them. Parents' emphasis on relational, strength-based practice (d- Relational and Strength-Based Approaches) informed the decision to combine numerical rating scales with visual, colour-coded segments, so that the measure could support conversation and demonstrate progress rather than functioning solely as a scoring tool. Finally, poverty was identified as a further major systemic factor, which informed the inclusion of domains addressing financial pressures, practical support needs, and wider contextual factors within the prototype.

*Limitations*

The demographic involved in this study has faced significant barriers to engaging with research, consistent with broader evidence on the underrepresentation of families accessing social care services in research processes (Pownall et al., 2024). Participants openly discussed a fear and distrust of professionals, which could influence levels of engagement and cooperation, resulting in social desirability bias, evaluation apprehension and courtesy bias.

Another limitation to acknowledge is that all participants were female and of a Caucasian background. It is important for future research to gather perspectives from people with more diverse lived experience, including different racial backgrounds and sexual identities, to help reduce bias and support more complete research conclusions. For example, gathering children or fathers' perspectives might help deepen understanding. This raises a broader question about whether research and services that cannot reach the people that use them can be fully fit for purpose. It raises the question of what adaptations are needed to ensure that people's voices are being heard consistently and systematically in research. Some approaches to address this include specifically targeted research recruitment, flexibility outside of standard working hours, alternative formats, and specific staff training.

It is also important to note that participants received financial compensation for taking part in this study. This may have incentivised participants with a higher financial need which introduces the risk of self-selection bias, creating demand characteristics, and limits external validity of the findings.

## Conclusion

This study aimed to co-develop a parent-centred outcome measure by drawing on the lived experience of parents receiving support from CFSW. Through two focus groups, four key themes emerged - social factors and judgement, power dynamics, trauma-informed practice, and relational and strength-based approaches, which directly informed the design and content of the 'Circle of Change' prototype. While phase 2 piloting could not be completed within the timeframe of this write-up, early feedback from EbE trialling in August 2026 will be incorporated into the wider fRCT. This co-produced approach illustrates the potential value of embedding parent voice directly into outcome measure design and may offer services a more responsive, trauma-informed alternative to standardised tools, pending further piloting and validation. These findings should be interpreted in light of the small, relatively homogeneous sample (four parent collaborators, all female and of Caucasian background) and the fact that phase 2 piloting was not completed within the timeframe of this dissertation; further testing with a larger and more diverse sample is needed before firmer conclusions can be drawn about the prototype's effectiveness.

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# Appendices for Systematic Review (SR) and Major Research Project (MRP)

## Systematic Review


Appendix A – Boolean Search Strategies

Table A1 – Database: Embase 1947-Present, updated daily

Table A2 – Database: Ovid MEDLINE(R) ALL <1946 to November 26, 2025>

Table A3 – Database: APA PsycINFO

Appendix B – Characteristics of Included Studies Table

Appendix C – Main Elements of the Narrative Synthesis Process (Popay et al., 2006)

Appendix D – Critical Appraisal Skills Programme (CASP) Documents

Figure D1 – CASP Checklists – 1st Reviewer (Bundy-Fazioli et al., 2009)

Figure D2 – CASP Checklists – 1st Reviewer (Fernandez, 2007)

Figure D3 – CASP Checklists – 1st Reviewer (Schiettecat et al., 2017)

Figure D4 – CASP Checklists – 2nd Reviewer (Bundy-Fazioli et al., 2009)

Figure D5 – CASP Checklists – 2nd Reviewer (Fernandez, 2007)

Figure D6 – CASP Checklists – 2nd Reviewer (Schiettecat et al., 2017)

Appendix E – CASP Results


## Major Research Project


Appendix F – Prototype Parent Reported Outcome Measure and Parent Reported Experience Measure

Appendix G – Participant Information Sheet for Taking Part in Wider Project

Appendix H – Consent Form Template

Appendix I – Topic Guide

Appendix J – Focus Group 1 & 2 Stimulation Material

Figure J1 – Outcome Star Prompt

Figure J2 – Initial Concepts from Focus Group 1 and 2 Transcripts

Figure J3 – Draft Outcome Measure Instructions

Appendix K – Reflexive Thematic Analysis of Transcript – Examples of Initial Coding

Appendix L – Standards for Reporting Qualitative Research (SRQR)

Appendix M – Positionality Statement

Appendix N – Major Research Project Proposal and Systematic Review Links and OSF Images

Appendix O – Ethical Approval Letter and Reference Number

## Systematic Review Appendices

## Appendix A – Boolean Search Strategies

### Table A1 – Database: Embase 1947-Present, updated daily

| | | |
|---|---|---|
| 1 | exp parent/ | 359318 |
| 2 | exp stepparent/ | 219 |
| 3 | family/ | 122896 |
| 4 | (parent* or famil* or father* or mother* or paternal* or maternal* or couple* or marital* or carer* or caregiver* or (care adj giver*) or foster*).ti,ab. | 3850756 |
| 5 | or/1-4 | 3915786 |
| 6 | social worker/ | 21586 |
| 7 | Social work*.ti,ab. | 35262 |
| 8 | or/6-7 | 41695 |
| 9 | qualitative stud$.mp. | 107831 |
| 10 | nursing methodology research.mp. | 14886 |
| 11 | questionnaire/ | 1133709 |
| 12 | attitude/ | 88191 |
| 13 | focus group$.mp. | 100892 |
| 14 | discourse analysis.mp. | 4268 |
| 15 | content analysis.mp. | 68531 |
| 16 | ethnographic research.mp. | 2378 |
| 17 | ethnological research.mp. | 12 |
| 18 | ethnonursing research.mp. | 59 |
| 19 | constant comparative method.mp. | 2933 |
| 20 | qualitative validity.mp. | 258 |
| 21 | purposive sample.mp. | 8405 |
| 22 | observational method$.mp. | 3120 |
| 23 | field stud$.mp. | 29191 |
| 24 | theoretical sampl$.mp. | 1453 |
| 25 | phenomenology/ | 16337 |
| 26 | phenomenological research.mp. | 1065 |
| 27 | life experience$.mp. | 13849 |
| 28 | cluster sampl$.mp. | 13876 |
| 29 | or/9-28 | 1490390 |

| | | |
|---|---|---|
| 30 | ethnonursing.af. | 146 |
| 31 | ethnograph$.mp. | 19313 |
| 32 | phenomenol$.af. | 50902 |
| 33 | grounded theory.mp. | 22413 |
| 34 | (grounded adj (theor$ or study or studies or research or analys?s)).af. | 22741 |
| 35 | (life stor$ or women's stor$).tw. | 2489 |
| 36 | (emic or etic or hermeneutic$ or heuristic$ or semiotic$).af. or (data adj1 saturat$).tw. or participant observ$.tw. | 42914 |
| 37 | (social construct$ or (postmodern$ or post-structural$) or (post structural$ or poststructural$) or post modern$ or post-modern$ or feminis$ or interpret$).mp. | 778375 |
| 38 | (action research or cooperative inquir$ or co operative inquir$ or co-operative inquir$).mp. | 8862 |
| 39 | (humanistic or existential or experiential or paradigm$).mp. | 294833 |
| 40 | (field adj (study or studies or research)).tw. | 25526 |
| 41 | human science.tw. | 350 |
| 42 | biographical method.tw. | 36 |
| 43 | qualitative validity.af. | 258 |
| 44 | purposive sampl$.af. | 24777 |
| 45 | theoretical sampl$.af. | 1453 |
| 46 | ((purpos$ adj4 sampl$) or (focus adj group$)).af. | 140354 |
| 47 | (account or accounts or unstructured or open-ended or open ended or text$ or narrative$).mp. | 1245324 |
| 48 | (life world or life-world or conversation analys?s or personal experience$ or theoretical saturation).mp. | 105982 |
| 49 | lived experience$.tw. | 22229 |
| 50 | life experience$.mp. | 13849 |
| 51 | cluster sampl$.mp. | 13876 |

| | | |
|---|---|---|
| 52 | (theme$ or thematic).mp. | 288092 |
| 53 | categor$.mp. | 916221 |
| 54 | observational method$.af. | 3122 |
| 55 | field stud$.mp. | 29191 |
| 56 | focus group$.af. | 101323 |
| 57 | questionnaire$.mp. | 1583604 |
| 58 | content analysis.af. | 68555 |
| 59 | thematic analysis.af. | 85641 |
| 60 | constant comparative.af. | 5616 |
| 61 | discourse analys?s.af. | 4325 |
| 62 | ((discourse$ or discurs$) adj3 analys?s).tw. | 4105 |
| 63 | (constant adj (comparative or comparison)).af. | 8720 |
| 64 | narrative analys?s.af. | 2810 |
| 65 | heidegger$.tw. | 1036 |
| 66 | colaizzi$.tw. | 1933 |
| 67 | speigelberg$.tw. | 1 |
| 68 | (van adj manen$).tw. | 739 |
| 69 | (van adj kaam$).tw. | 54 |
| 70 | (merleau adj ponty$).tw. | 340 |
| 71 | husserl$.tw. | 471 |
| 72 | giorgi$.tw. | 1509 |
| 73 | foucault$.tw. | 1096 |
| 74 | (corbin$ adj2 strauss$).tw. | 594 |
| 75 | (strauss$ adj2 corbin$).tw. | 594 |
| 76 | (glaser$ adj2 strauss$).tw. | 165 |
| 77 | glaser$.tw. | 1282 |
| 78 | or/30-77 | 4871667 |
| 79 | findings.af. | 4193613 |
| 80 | interview$.af. or Interviews/ | 772066 |
| 81 | qualitative.af. | 580510 |
| 82 | or/79-81 | 5109366 |
| 83 | 29 or 78 or 82 | 8839831 |
| 84 | ((patient or self or child or parent or carer or proxy) and (report or reported or reporting or rated or rating or ratings or based or assessed or assessment or assessments or disability or function or | 2383297 |

| | | |
|---|---|---|
| | functional or functions or subjective or utility or utilities or wellbeing or well being) and (outcome or outcomes or index or indices or instrument or instruments or measure or measures or questionnaire or questionnaires or profile or profiles or scale or scales or score or scores or status or survey or surveys)).tw. | |
| 85 | 5 and 8 and 83 and 84 | 2599 |
| 86 | limit 85 to english language | 2554 |
| 87 | limit 86 to dd=20240815-20251127 | 567 |

**Table A2 – Database: Ovid MEDLINE(R) ALL <1946 to November 26, 2025>**

| | | |
|---|---|---|
| 1 | exp Parents/ | 159480 |
| 2 | Family/ | 88849 |
| 3 | Nuclear Family/ | 6105 |
| 4 | (parent* or famil* or father* or mother* or paternal* or maternal* or couple* or marital* or carer* or caregiver* or (care adj giver*) or foster*).ti,ab. | 2933239 |
| 5 | or/1-4 | 2976509 |
| 6 | Social Workers/ | 1393 |
| 7 | Social work*.ti,ab. | 21007 |
| 8 | or/6-7 | 21364 |
| 9 | Qualitative Research/ | 112314 |
| 10 | Nursing Methodology Research/ | 16442 |
| 11 | Questionnaires/ | 646707 |
| 12 | exp Attitude/ | 736184 |
| 13 | Focus Groups/ | 43525 |
| 14 | discourse analysis.mp. | 3155 |
| 15 | content analysis.mp. | 56598 |
| 16 | ethnographic research.mp. | 1441 |
| 17 | ethnological research.mp. | 9 |
| 18 | ethnonursing research.mp. | 45 |
| 19 | constant comparative method.mp. | 2166 |

| | | |
|---|---|---|
| 20 | qualitative validity.mp. | 26 |
| 21 | purposive sample.mp. | 5599 |
| 22 | observational method$.mp. | 1164 |
| 23 | field stud$.mp. | 20495 |
| 24 | theoretical sampl$.mp. | 1120 |
| 25 | phenomenology/ | 0 |
| 26 | phenomenological research.mp. | 959 |
| 27 | life experience$.mp. | 9320 |
| 28 | cluster sampl$.mp. | 11343 |
| 29 | or/9-28 | 1388058 |
| 30 | ethnonursing.af. | 141 |
| 31 | ethnograph$.mp. | 16403 |
| 32 | phenomenol$.af. | 41519 |
| 33 | grounded theory.mp. | 18004 |
| 34 | (grounded adj (theor$ or study or studies or research or analys?s)).af. | 18307 |
| 35 | (life stor$ or women's stor$).af. | 2019 |
| 36 | (emic or etic or hermeneutic$ or heuristic$ or semiotic$).af. or (data adj1 saturat$).tw. or participant observ$.tw. | 36423 |
| 37 | (social construct$ or (postmodern$ or post-structural$) or (post structural$ or poststructural$) or post modern$ or post-modern$ or feminis$ or interpret$).mp. | 720379 |
| 38 | (action research or cooperative inquir$ or co operative inquir$ or co-operative inquir$).mp. | 6962 |
| 39 | (humanistic or existential or experiential or paradigm$).mp. | 233341 |
| 40 | (field adj (study or studies or research)).tw. | 22017 |
| 41 | human science.tw. | 277 |
| 42 | biographical method.tw. | 27 |
| 43 | qualitative validity.af. | 26 |
| 44 | purposive sampl$.af. | 17797 |
| 45 | theoretical sampl$.af. | 1121 |

| | | |
|---|---|---|
| 46 | ((purpos$ adj4 sampl$) or (focus adj group$)).af. | 114412 |
| 47 | (account or accounts or unstructured or open-ended or open ended or text$ or narrative$).mp. | 974558 |
| 48 | (life world or life-world or conversation analys?s or personal experience$ or theoretical saturation).mp. | 20164 |
| 49 | lived experience$.tw. | 18609 |
| 50 | life experience$.mp. | 9320 |
| 51 | cluster sampl$.mp. | 11343 |
| 52 | (theme$ or thematic).mp. | 229714 |
| 53 | categor$.mp. | 606324 |
| 54 | observational method$.af. | 1169 |
| 55 | field stud$.mp. | 20495 |
| 56 | focus group$.af. | 85912 |
| 57 | questionnaire$.mp. | 1118553 |
| 58 | content analysis.af. | 56649 |
| 59 | thematic analysis.af. | 63231 |
| 60 | constant comparative.af. | 4496 |
| 61 | discourse analys?s.af. | 3215 |
| 62 | ((discourse$ or discurs$) adj3 analys?s).tw. | 3723 |
| 63 | (constant adj (comparative or comparison)).af. | 6884 |
| 64 | narrative analys?s.af. | 2508 |
| 65 | heidegger$.tw. | 865 |
| 66 | colaizzi$.tw. | 1859 |
| 67 | speigelberg$.tw. | 2 |
| 68 | (van adj manen$).tw. | 653 |
| 69 | (van adj kaam$).tw. | 49 |
| 70 | (merleau adj ponty$).tw. | 297 |
| 71 | husserl$.tw. | 393 |
| 72 | giorgi$.tw. | 1024 |
| 73 | foucault$.tw. | 1053 |
| 74 | (corbin$ adj2 strauss$).tw. | 542 |
| 75 | (strauss$ adj2 corbin$).tw. | 542 |
| 76 | (glaser$ adj2 strauss$).tw. | 130 |
| 77 | glaser$.tw. | 1187 |

| | | |
|---|---|---|
| 78 | or/30-77 | 3677069 |
| 79 | findings.af. | 3287494 |
| 80 | interview$.af. or Interviews/ | 574790 |
| 81 | qualitative.af. | 436145 |
| 82 | or/79-81 | 3937422 |
| 83 | 29 or 78 or 82 | 7048698 |
| 84 | ((patient or self or child or parent or carer or proxy) and (report or reported or reporting or rated or rating or ratings or based or assessed or assessment or assessments or disability or function or functional or functions or subjective or utility or utilities or wellbeing or well being) and (outcome or outcomes or index or indices or instrument or instruments or measure or measures or questionnaire or questionnaires or profile or profiles or scale or scales or score or scores or status or survey or surveys)).tw. | 1431045 |
| 85 | 5 and 8 and 83 and 84 | 1033 |
| 86 | limit 85 to english language | 999 |
| 87 | limit 86 to ed=20240815-20251127 | 82 |
| 88 | limit 86 to dt=20240815-20251127 | 124 |
| 89 | 87 or 88 | 133 |

**Table A3 – Database: APA PsycINFO**

| | | |
|---|---|---|
| S1 | DE "Parents" OR DE "Adoptive Parents" OR DE "Expectant Parents" OR DE "Fathers" OR DE "Foster Parents" OR DE "Homosexual Parents" OR DE "Mothers" OR DE "Parental Characteristics" OR DE "Single Parents" OR DE "Stepparents" OR DE "Surrogate Parents (Humans)" | 143,068 |
| S2 | DE "Family" OR DE "Biological Family" OR DE "Dual Careers" | 184,562 |

| | | |
|---|---|---|
| | OR DE "Dysfunctional Family" OR DE "Extended Family" OR DE "Family Background" OR DE "Family History" OR DE "Family Members" OR DE "Family of Origin" OR DE "Family Relations" OR DE "Family Resemblance" OR DE "Family Structure" OR DE "Family Work Relationship" OR DE "Interethnic Family" OR DE "Interracial Family" OR DE "Marriage" OR DE "Military Families" OR DE "Nepotism" OR DE "Nuclear Family" OR DE "Offspring" OR DE "Stepfamily" | |
| S3 | TI ( (parent* or famil* or father* or mother* or paternal* or maternal* or couple* or marital* or carer* or caregiver* or "care giver*" or foster*) ) OR AB ( (parent* or famil* or father* or mother* or paternal* or maternal* or couple* or marital* or carer* or caregiver* or "care giver*" or foster*) ) | 1,003,961 |
| S4 | S1 OR S2 OR S3 | 1,023,296 |
| S5 | DE "Social Workers" OR DE "Psychiatric Social Workers" | 16,806 |
| S6 | TI "Social work*" OR AB "Social work*" | 52,898 |
| S7 | S5 OR S6 | 55,684 |
| S8 | DE "Qualitative Methods" | 12,101 |
| S9 | DE "Questionnaires" | 28,914 |
| S10 | DE "Attitudes" OR DE "Abortion (Attitudes Toward)" OR DE "Adolescent Attitudes" OR DE "Adult Attitudes" OR DE "Aged (Attitudes Toward)" OR DE "Aging (Attitudes Toward)" OR DE "Attitude Change" OR DE "Attitude Formation" OR DE "Attitude Similarity" OR DE "Caregiver Attitudes" OR DE "Child Attitudes" OR DE "Childrearing Attitudes" OR DE "Client Attitudes" OR DE | 378,686 |

| | | |
|---|---|---|
| | "Community Attitudes" OR DE "Computer Attitudes" OR DE "Consumer Attitudes" OR DE "Cultural Attitudes" OR DE "Death Attitudes" OR DE "Disabled (Attitudes Toward)" OR DE "Drug Usage Attitudes" OR DE "Eating Attitudes" OR DE "Employee Attitudes" OR DE "Employer Attitudes" OR DE "Environmental Attitudes" OR DE "Explicit Attitudes" OR DE "Family Planning Attitudes" OR DE "Female Attitudes" OR DE "Gender Role Attitudes" OR DE "Health Attitudes" OR DE "Ideology" OR DE "Immigration (Attitudes Toward)" OR DE "Implicit Attitudes" OR DE "Male Attitudes" OR DE "Marriage Attitudes" OR DE "Obesity (Attitudes Toward)" OR DE "Occupational Attitudes" OR DE "Parental Attitudes" OR DE "Paternalism" OR DE "Political Attitudes" OR DE "Preferences" OR DE "Public Opinion" OR DE "Racial and Ethnic Attitudes" OR DE "Sex Role Attitudes" OR DE "Sexual Attitudes" OR DE "Socioeconomic Class Attitudes" OR DE "Sports (Attitudes Toward)" OR DE "Stereotyped Attitudes" OR DE "Student Attitudes" OR DE "Values" OR DE "Work (Attitudes Toward)" OR DE "World View" | |
| S11 | DE "Focus Group" | 876 |
| S12 | TX "discourse analysis" | 16,224 |
| S13 | TX "content analysis" | 41,652 |
| S14 | TX "ethnographic research" | 3,763 |
| S15 | TX "ethnological research" | 14 |
| S16 | TX "ethnonursing research" | 23 |
| S17 | TX "constant comparative method" | 2,216 |
| S18 | TX "qualitative validity" | 13 |

| | | |
|---|---|---|
| S19 | TX "purposive sample" | 3,837 |
| S20 | TX "observational method$" | 244 |
| S21 | TX "field stud$" | 1 |
| S22 | TX "theoretical sampl$" | 2 |
| S23 | DE "Phenomenology" | 20,018 |
| S24 | TX "phenomenological research" | 3,108 |
| S25 | TX "life experience$" | 3,842 |
| S26 | TX "cluster sampl$" | 0 |
| S27 | S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 | 497,780 |
| S28 | TX ethnonursing | 76 |
| S29 | TX ethnograph$ | 67 |
| S30 | TX phenomenol$ | 1,317 |
| S31 | TX "grounded theory" | 22,206 |
| S32 | TX ((grounded w1 (theor$ or study or studies or research or analys#s))) | 5,557 |
| S33 | TX ((("life stor$") or ("women's stor$"))) | 4 |
| S34 | TX (emic or etic or hermeneutic$ or heuristic$ or semiotic$) or TI (data n1 saturat$) or AB (data n1 saturat$) or TI ("participant observ$") or AB ("participant observ$") | 33,826 |
| S35 | TX ((("social construct*" or (postmodern* or "post-structural*") or ("post structural*" or poststructural*) or ("post modern*") or "post-modern*" or feminis* or interpret*)) | 307,358 |
| S36 | TX (("action research" or "cooperative inquir*" or ("co operative inquir*") or ("co-operative inquir*"))) | 14,552 |
| S37 | TX ((humanistic or existential or experiential or paradigm$)) | 177,810 |

| | | |
|---|---|---|
| S38 | TI ( (field w1 (study or studies or research) ) OR AB ( (field w1 (study or studies or research) ) | 22,473 |
| S39 | TI ("human science") OR AB ("human science") | 641 |
| S40 | TI ("biographical method") OR AB ("biographical method") | 63 |
| S41 | TX ("qualitative validity") | 13 |
| S42 | TX ("purposive sampl*") | 9,413 |
| S43 | TX ("theoretical sampl*") | 789 |
| S44 | TX (((purpos$ n3 sampl$) or (focus w group$))) | 10 |
| S45 | TX (((account or accounts or unstructured or "open-ended" or ("open ended") or text$ or narrative$)) | 438,941 |
| S46 | TX ((("life world") or "life-world" or "conversation analys#s" or "personal experience$" or "theoretical saturation")) | 12,160 |
| S47 | TI ("lived experience$") OR AB ("lived experience$") | 12,912 |
| S48 | TX ("life experience$") | 3,842 |
| S49 | TX ("cluster sampl$") | 0 |
| S50 | TX ((theme$ or thematic)) | 209,882 |
| S51 | TX categor$ | 1 |
| S52 | TX "observational method$" | 244 |
| S53 | TX "field stud$" | 1 |
| S54 | TX "focus group$" | 59,253 |
| S55 | TX questionnaire$ | 607,705 |
| S56 | TX ("content analysis") | 41,652 |
| S57 | TX ("thematic analysis") | 39,594 |
| S58 | TX ("constant comparative") | 4,304 |
| S59 | TX ("discourse analys#s") | 16,372 |
| S60 | TI ( ((discourse$ or discurs$) n2 analys#s) ) OR AB ( ((discourse$ or discurs$) n2 analys#s) ) | 9,737 |
| S61 | TX ((constant w1 (comparative or comparison))) | 6,380 |
| S62 | TX ("narrative analys#s") | 4,336 |
| S63 | TI heidegger$ OR AB heidegger$ | 1,899 |
| S64 | TI colaizzi$ OR AB colaizzi$ | 961 |

| | | |
|---|---|---|
| S65 | TI speigelberg$ OR AB speigelberg$ | 0 |
| S66 | TI (van w1 manen$) OR AB (van w1 manen$) | 736 |
| S67 | TI (van w1 kaam$) OR AB (van w1 kaam$) | 587 |
| S68 | TI (merleau w1 ponty$) OR AB (merleau w1 ponty$) | 801 |
| S69 | TI husserl$ OR AB husserl$ | 1,326 |
| S70 | TI giorgi$ OR AB giorgi$ | 845 |
| S71 | TI foucault$ OR AB foucault$ | 3,223 |
| S72 | TI (corbin$ n1 strauss$) OR AB (corbin$ n1 strauss$) | 834 |
| S73 | TI (strauss$ n1 corbin$) OR AB (strauss$ n1 corbin$) | 834 |
| S74 | TI (glaser$ n1 strauss$) OR AB (glaser$ n1 strauss$) | 446 |
| S75 | TI glaser$ OR AB glaser$ | 1,147 |
| S76 | S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57 OR S58 OR S59 OR S60 OR S61 OR S62 OR S63 OR S64 OR S65 OR S66 OR S67 OR S68 OR S69 OR S70 OR S71 OR S72 OR S73 OR S74 OR S75 | 1,649,209 |
| S77 | TX findings | 1,135,026 |
| S78 | DE "Interviews" | 13,489 |
| S79 | TX interview$ | 677,916 |
| S80 | TX qualitative | 485,084 |
| S81 | S77 OR S78 OR S79 OR S80 | 1,708,374 |
| S82 | S27 OR S76 OR S81 | 2,813,005 |
| S83 | TI ( ((patient OR self OR child OR parent OR carer OR proxy) AND (report OR reported OR reporting OR rated OR rating OR ratings OR based OR assessed OR assessment OR assessments OR disability OR function OR functional OR | 706,485 |

| | | |
|---|---|---|
| | functions OR subjective OR utility OR utilities OR wellbeing OR well being) AND (outcome OR outcomes OR index OR indices OR instrument OR instruments OR measure OR measures OR questionnaire OR questionnaires OR profile OR profiles OR scale OR scales OR score OR scores OR status OR survey OR surveys)) ) OR AB ( ((patient OR self OR child OR parent OR carer OR proxy) AND (report OR reported OR reporting OR rated OR rating OR ratings OR based OR assessed OR assessment OR assessments OR disability OR function OR functional OR functions OR subjective OR utility OR utilities OR wellbeing OR well being) AND (outcome OR outcomes OR index OR indices OR instrument OR instruments OR measure OR measures OR questionnaire OR questionnaires OR profile OR profiles OR scale OR scales OR score OR scores OR status OR survey OR surveys)) ) | |
| S84 | S4 AND S7 AND S82 AND S83 | 2,056 |
| S85 | S4 AND S7 AND S82 AND S83 Limiters - English language | 2,026 |
| S86 | RD 20240815-20251127 | 240,019 |
| S87 | S85 AND S86 | 152 |

| Appendix B – Characteristics of Included Studies Table | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Study** | **Country** | **Context / Participants** | **Study Design** | **Data Collection Methods** | **Study Aim** | **Sample Characteristics** | **Data Analysis** | **Results / Findings** | **Limitations / Notes** |
| **Article 1**<br><br>Bundy-Fazioli, Briar-Lawson, and Hardiman (2009) | Colorado, America (northeastern state of USA) | *N = 23 (11)*<br><br>*Parents*<br><br>*5 African American*<br><br>*5 Caucasian*<br><br>*1 Latina* | Qualitative, Naturalistic<br><br>Inquiry | Interview data collected by all three authors.<br><br>Semi-structured interviews, participant journaling logs. | Examine the distribution of power in working relationships between child welfare workers and parents mandated to services due to child abuse or neglect. | Parents mandated to social services.<br><br>Participants recruited from one of two large private, not-for-profit child and family services agencies. | The constant comparison method (Glaser & Strauss, 1999) was applied to the data to identify similarities and differences.<br><br>Conceptual and theoretical | *Quotes*<br><br>*"There is a lot more openness than before. We still have other workers that…there's not a lot of openness. It takes a little while for any family to open up, but with the one new worker…she's very nice, very easy going…it also helps when you have…more pleasant attitude".* | Represents small portion of the total child welfare population.<br><br>Reliance on self-reported data. Self-selection influences external validity. Motivation to engage in the research suggests personal interest. |

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| | | *7 Single parent homes and 4 two parent homes*<br><br>At least 18 years of age<br><br>English speaking<br><br>Location: Natural Environment | | | | | constructs of power guided the interview questions and analysis.<br><br>Lincoln and Guba (1985) data analysis process was adopted. | Three major themes – feelings of powerlessness, how parents and workers wield power in the working relationship, parents, and workers perceptions of how power is and should be distributed within the working relationship.<br><br>Emergent themes supported two out of three of the power constructs 'hierarchical-imbalanced power' and 'negotiated-reciprocal power.' 'Shared imbalanced power' was | All parents, except one, reported experiencing a positive and productive relationship with their current child welfare worker, thus potentially creating bias in the results. |

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| | | | | | | | | not supported by the data. | |
| **Study** | **Country** | **Context / Participants** | **Study Design** | **Data Collection Methods** | **Study Aim** | **Sample Characteristics** | **Data Analysis** | **Results / Findings** | **Limitations / Notes** |
| **Article 2**<br><br>Fernandez<br><br>(2007) | Sydney, Australia | *N = 51 families*<br><br>Parents: mothers (85%), fathers (5.7%), both parents (9.4%)<br><br>A spouse was present | Mixed Methods Triangulation Design - quantitative and qualitative (Strauss and Corbin, 1998).<br><br>Two phases - pre and | Mixed methods, prospective longitudinal design.<br><br>Qualitative, in depth, semi-structured interviews with carers, parents and children. Interviews conducted by caseworkers. | Strengthen families and reduce neglect and harm.<br><br>Explore family support services early intervention responses to | Three Children's Family Centres (CFC) operated by Barnardo's Australia.<br><br>Families routinely referred to the service over a period of twelve months. | Multi-domain evaluation.<br><br>Quantitative and qualitative approaches<br><br>Triangulation approach – used to cross-verify findings. | *Quotes*<br><br>*"Very compassionate, very, very understanding… nothing you told her…phased her. She would help no matter what…I think the more honest you were with her, the better advice for you…she was great."*<br><br>*"The honesty, the trusting…they don't judge you by who you* | An extended follow-up period would have captured family vulnerabilities and strength in sustaining outcomes.<br><br>Subjective rating skills completed by different people. |

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| | | in less than one third of families<br><br>Age of mothers ranged from twenty-two – fifty-five years, most frequently twenty-six – thirty-three years (32%)<br><br>Fathers most frequently forty years (19%) | post design – offered comparisons over time.<br><br>Average of 6.5 therapeutic sessions over 1 year. | Pre and post-test design (measured over 6 months). | vulnerable families, to support children's well-being and interrupt patterns of maltreatment. With interest in the implications for policy and practice. | | Strauss and Corbin (1998) techniques were adopted to capture interaction between service users, providers, and intermediate outcomes.<br><br>Grounded Theory - Inductive research methodology: open coding, axial coding, selective | *are…what you got…they don't judge people."*<br><br>Families shared that things have to 'get really bad' before they ask for help and many note shame at not being able to 'fix things on their own.' | Localised policy environment results in findings not seamlessly translating to other child welfare systems in other nations.<br><br>Pre and post difference between participants and engagement was not explicitly stated. |

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| | | Total number of children - 51 male, 58 female<br><br>Children's age – 37% under five years, 47% between five - ten years. (16%) eleven years and over.<br><br>Most parents had low levels of | | | | | coding until reaching theoretical saturation (Strauss & Corbin, 1998) | | |

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| | | education – completed the year 10 or below | | | | | | | |
| **Study** | **Country** | **Context / Participants** | **Study Design** | **Data Collection Methods** | **Study Aim** | **Sample Characteristics** | **Data Analysis** | **Results / Findings** | **Limitations / Notes** |
| **Article 3**<br><br>Schiettecat, Roets, and Vandenbroeck (2017) | Ghent, Belgium | At least one child aged between 0-3 years old.<br><br>9 different families<br><br>14 parents (10 mothers, 4 fathers, | Narrative, Retrospective biographical research. Longitudinal research approach.<br><br>Open, in-depth qualitative | The authors conducted the interviews.<br><br>2-4 Interviews (between 1-5 hours)<br><br>27 full transcribed interviews | Uncover and understand how parents give meaning to welfare which strategies they develop and how these perspective | Recruited with the help of Social Work organizations that have intervened with their families.<br><br>Two Child Care Family Support Centres, two Public Centres for Social Welfare | Content analysis<br><br>(Conventional, Directed, or Summative) (Hsieh & Shannon, 2005).<br><br>Directed approach to | *Quotes*<br><br>*"At that moment, I realized that without this support we could be even more in trouble. Yesterday, I was so glad we had [the support]".*<br><br>*"It's just because of bad luck that I've gotten into this. If the oil tank wouldn't have failed, I* | Specific group of people who had experience of living in and out of poverty. Therefore, people who live in poverty over a lifetime were excluded.<br><br>Used content analysis - have not |

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| | | aged 25-50 years old)<br><br>Parents that had encountered social welfare interventions and who had experienced financial difficulties.<br><br>Every family was deemed at risk for poverty by | interviews conducted with parents and children who have experienced poverty. | 9 visual life trajectories<br><br>Retrospective biography-construction of individual lifeline | s and welfare strategies interact with Child and Family Social Work interventions. How interventions are conducted, interpreted and if they are supportive levers in realising wellbeing of parents and children | (OCMW) and one Poverty Advocacy Group. | content analysis.<br><br>Taxonomy developed by Lister (2004) was adopted to provide a conceptual framework for results.<br><br>Analysed by qualitative content analysis/ qualitative data reduction and sense- | *wouldn't have got into trouble. I've always had bad housing and therefore, bad luck."*<br><br>Parents experience some interventions as supportive, but their poverty situation does not critically alter.<br><br>All parents associated economic mobility with a decent income and a good life. | explicitly said which type that they used.<br><br>(Conventional, Directed, Summative).<br><br>Different interviewers leave the study vulnerable to interviewer bias.<br><br>Lacks diversity in the participants. |

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| | | referring practitioners. | | | living in poverty. Explores how supports influence families' route out of poverty. | | making effort that takes volume of qualitative material and attempts to identify core consistencies and meanings. | | |

## Appendix C – Main Elements of Narrative Synthesis Process (Full Table)

| Main elements of synthesis | Effectiveness Reviews | Implementation Reviews |
|---|---|---|
| **1. Developing a theoretical model of how the interventions work, why and for whom** | ***Purpose:***<br>• To inform decisions about the review question and what types of studies to review<br>• To contribute to the interpretation of the review's findings<br>• To assess how widely applicable those findings may be | ***Purpose:***<br>• To inform decisions about the review question and what types of studies to review<br>• To contribute to the interpretation of the review's findings<br>• To assess how widely applicable those findings may be |
| **2.Developing a preliminary synthesis** | ***Purpose:***<br>• To organise findings from included studies to describe patterns across the studies in terms of:<br>o The direction of effects[1]<br>o The size of effects | ***Purpose*:**<br>• To organise findings from included studies in order to:<br>o Identify and list the facilitators and barriers to implementation reported<br>o Explore the relationship between reported facilitators and barriers |
| **3. Exploring relationships in the data** | ***Purpose:***<br>• To consider the factors that might explain any differences in direction and size of effect across the included studies | ***Purpose:***<br>• To consider the factors that might explain any differences in the facilitators and/or barriers to successful implementation across included studies<br>• To understand how and why interventions have an effect |
| **4. Assessing the robustness of the synthesis product** | ***Purpose:***<br>• To provide an assessment of the strength of the evidence for:<br>o Drawing conclusions about the likely size and direction of effect<br>o Generalising conclusions on effect size to different population groups and/or contexts | ***Purpose:***<br>• To provide an assessment of the strength of the evidence for drawing conclusions about the facilitators and/or barriers to implementation identified in the synthesis. Generalising the product of the synthesis to different population groups and/or contexts |

*Figure 5 – Main Elements of the Narrative Synthesis Process (Full Table)*

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews. A Product from the ESRC Methods Programme.* Lancaster University. https://doi.org/10.13140/2.1.1018.4643

## Appendix D – Critical Appraisal Skills Programme (CASP) Documents

**Figure D1 – CASP Checklists – 1st Reviewer** (Bundy-Fazioli et al, 2009)




CASP Checklist:
For Qualitative Research

| | |
|---|---|
| Reviewer Name: | Tricia Hart |
| Paper Title: | A Qualitative Examination of Power between Child Welfare Workers and Parents |
| Author: | Kimberly Bundy-Fazioli, Katharine Briar-Lawson, and Eric R. Hardiman |
| Web Link: | Qualitative Examination of Power between Child Welfare Workers and Parents \| The British Journal of Social Work \| Oxford Academic |
| Appraisal Date: | 31/10/25 |

During critical appraisal, never make assumptions about what the researchers have done. If it is not possible to tell, use the "Can't tell" response box. If you can't tell, at best it means the researchers have not been explicit or transparent, but at worst it could mean the researchers have not undertaken a particular task or process. Once you've finished the critical appraisal, if there are a large number of "Can't tell" responses, consider whether the findings of the study are trustworthy and interpret the results with caution.

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| Section A Are the results valid? | |
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| 1. Was there a clear statement of the aims of the research? | ☒ Yes ☐ No ☐ Can't Tell<br><br>The study aimed to understand child welfare worker and parent perceptions of power in order to better inform child welfare practices and outcomes, a goal clearly stated in the introduction. It is relevant in order to improve and influence child welfare service outcomes. |
| *CONSIDER:*<br>• *what was the goal of the research?*<br>• *why was it thought important?*<br>• *its relevance* | |
| 2. Is a qualitative methodology appropriate? | ☒ Yes ☐ No ☐ Can't Tell<br><br>A qualitative design was appropriate because the study sought to explore the subjective experiences, thoughts and feelings of parents regarding child welfare practices. Qualitative research was required to gain richer insight into the experiences of both Child Welfare Workers and parents. |
| *CONSIDER:*<br>• *If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*<br>• *Is qualitative research the right methodology for addressing the research goal?* | |
| 3. Was the research design appropriate to address the aims of the research? | ☒ Yes ☐ No ☐ Can't Tell<br><br>A naturalistic paradigm was applied, it was stated that this can lead to gaining a richer understanding. The researchers conducted two semi-structured interviews for each participant. Which allowed for in-depth exploration of parents' experiences while still addressing the specific research issue. |
| *CONSIDER:*<br>• *if the researcher has justified the research design (e.g., have they discussed how they decided which method to use)* | |
| 4. Was the recruitment strategy appropriate to the aims of the research? | ☒ Yes ☐ No ☐ Can't Tell<br><br>The recruitment strategy was appropriate. Participants were selected through purposive sampling because it was deemed that they were the most appropriate individuals to provide in-depth insights into the research topic.<br><br>The participants were all currently having a positive experience engaging with services and all volunteered. This could influence the qualitative data. |
| *CONSIDER:* | |

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| • *If the researcher has explained how the participants were selected*<br>• *If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study*<br>• *If there are any discussions around recruitment (e.g. why some people chose not to take part)* | |
| 5. Was the data collected in a way that addressed the research issue? | ☐ Yes ☒ No ☐ Can't Tell<br><br>There does not seem to be a reference made to the participants regarding the researcher influence.<br><br>*Positives*<br>The setting for the data collection was a space that was comfortable for the participant (home, Private Office/ Room Setting).<br><br>Home-based prevention services were chosen based on the assumption that child welfare workers and parents in a home-based setting have more time and opportunity to develop a relationship, thus discussing more fully their perceptions of power<br><br>The semi-structured interviews were tape-recorded and transcribed to allow for analysis. Coding, categorizing and then constant comparison method (Glaser and Strauss, 1999) were adopted. Which is appropriate methods for identifying and analysing patterns within the interview transcripts and comparing transcripts from both parent and child to identify any differences. |
| *CONSIDER:*<br><br>• *If the setting for the data collection was justified*<br>• *If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)*<br>• *If the researcher has justified the methods chosen*<br>• *If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)*<br>• *If methods were modified during the study. If so, has the researcher explained how and why*<br>• *If the form of data is clear (e.g. tape recordings, video material, notes etc.)*<br>• *If the researcher has discussed saturation of data* | |
| 6. Has the relationship between researcher and participants been adequately considered? | ☒ Yes ☐ No ☐ Can't Tell<br><br>The study used reflexivity to acknowledge potential biases of the researcher in the data collection and analysis.<br><br>However, the article did not discuss the positionality of the researcher's views. |
| *CONSIDER:*<br>• *If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location*<br>• *How the researcher responded to events during the study and whether they considered the implications of any changes in the research design* | |

| Section B: What are the results? | |
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| 7. Have ethical issues been taken into consideration? | ☒ Yes ☐ No ☐ Can't Tell<br><br>Research was aware of potential biases that may affect data collection and analysis. Naturalistic study design was adopted to try and create a co-constructed reality.<br><br>Approval was sought from three different Institutional Review Boards: a university review board, a state child welfare review board, and a voluntary agency review board.<br><br>Not sufficient details of how the researcher explained to participants if ethical standards were maintained. Uncertain if this refers to ethical standards discussion- "informed of their rights through informed consent procedures". |
| *CONSIDER:*<br>• *If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained*<br>• *If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)*<br>• *If approval has been sought from the ethics committee* | |
| 8. Was the data analysis sufficiently rigorous? | ☐ Yes ☐ No ☒ Can't Tell<br><br>Conceptual and theoretical constructs of power guided interview questions, as well as the analysis of the study. Further description of the transcriptions being coded and categorized Lincoln and Guba (1985). Further comparison and analysis to identify similarities and differences (Glaser and Strauss, 1999).<br><br>Eleven excerpts from the transcripts were provided. Contradictory data is discussed. An example is highlighting Child Welfare Workers suggesting they want to be 'supportive' but also need to 'discipline' and add consequences to things that are shared. The article discusses the complexity of both of these roles.<br><br>No reference was made to the potential researcher bias or influence in the analysis.<br><br>Units for coding does not seem to be referred and therefore it is difficult to tell what was used. |
| *CONSIDER:*<br>• *If there is an in-depth description of the analysis process*<br>• *If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data*<br>• *Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process*<br>• *If sufficient data are presented to support the findings* | |

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| • *To what extent contradictory data are taken into account*<br>• *Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation* | |
| 9. Is there a clear statement of findings? | ☒ Yes ☐ No ☐ Can't Tell<br><br>There is a clear statement of findings the power dynamic between child welfare workers and parents is multifaceted and complex. Parents are able to contribute value knowledge of this process and influence child welfare workers training of how to manage having power over others. The optimum approach is collaborative, strength-based approach. |
| *CONSIDER:*<br>• *If the findings are explicit*<br>• *If there is adequate discussion of the evidence both for and against the researcher's arguments*<br>• *If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)*<br>• *If the findings are discussed in relation to the original research question* | |
| **Section C: Will the results help locally?** | |
| 10. How valuable is the research? | ☒ Yes ☐ No ☐ Can't Tell<br><br>This research is valuable, as it aims to provide an insight into the impacts of a power-dynamic between professionals and vulnerable people that are requiring support. Discussions of the importance of power-dynamic and how to be in authority training and the importance of working within a co-active power framework.<br><br>New areas were not identified but it is adds valuable qualitative research into the importance of how professionals should handle their professional power and can contribute to the advancement of child welfare practice. |
| *CONSIDER:*<br>• *If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature*<br>• *If they identify new areas where research is necessary*<br>• *If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used* | |

| **APPRAISAL SUMMARY**: *List key points from your critical appraisal that need to be considered when assessing the validity of the results and their usefulness in decision-making.* | | |
|---|---|---|
| **Positive/Methodologically sound** | **Negative/Relatively poor methodology** | **Unknowns** |
| Applying Naturalistic Paradigm, with the belief that this unaltered setting can lead to richer information.<br><br>Discussion around how to handle authority and the training implications for Child Welfare Workers.<br><br>In line with more recent research and recommending strength-based approach. Published in 2009.<br><br>Reference to theories and frameworks used to interpret the data; Social Influence Theory,<br><br>Strength based approach compared to medical model.<br><br>Raised important issue of Child Welfare workers perceptions of mandatory engagement. Describing these tasks or groups as choice when they are in fact mandatory. Demonstrating lack of understanding and awareness of the constant implicit authority that exists. | Only using professionals that volunteer can bias the qualitative data.<br><br>Lacked discussion around researchers influence on participants, analysis and any political views. There was no declaration or positionality statement.<br><br>It could make it more transparent that interviews were conducted. | Ethical Discussions in terms of how they would feel after, what support they could access if needed.<br><br>The participants were all currently having a positive experience engaging with services and all volunteered their time. Self-selection limitations; could influence the qualitative data, those that have capacity to engage in research or feel able to do so without negative consequences. |

**Figure D2 – CASP Checklists – 1st Reviewer** (Fernandez, 2007)




CASP Checklist:
For Qualitative Research

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|---|---|
| Reviewer Name: | Tricia Hart |
| Paper Title: | Supporting children and responding to their families: Capturing the evidence on family support |
| Author: | Elizabeth Fernandez |
| Web Link: | Supporting children and responding to their families: Capturing the evidence on family support - ScienceDirect |
| Appraisal Date: | 31/10/25 |

During critical appraisal, never make assumptions about what the researchers have done. If it is not possible to tell, use the "Can't tell" response box. If you can't tell, at best it means the researchers have not been explicit or transparent, but at worst it could mean the researchers have not undertaken a particular task or process. Once you've finished the critical appraisal, if there are a large number of "Can't tell" responses, consider whether the findings of the study are trustworthy and interpret the results with caution.

| Section A Are the results valid? | |
|---|---|
| 1. Was there a clear statement of the aims of the research? | ☒Yes ☐ No ☐ Can't Tell<br><br>The study aimed to analyse data from personal interviews with caseworkers, parents and children to profile family need and change elements of child well-being, family safety, family interactions, parental capabilities and environment. With the goal to inform policy and practice, this is a relevant and valuable contribution to research into children and families service planning. This goal is stated clearly stated in the introduction. |
| *CONSIDER:*<br>• *what was the goal of the research?*<br>• *why was it thought important?*<br>• *its relevance* | |
| 2. Is a qualitative methodology appropriate? | ☒Yes ☐ No ☐ Can't Tell<br><br>A mixed methods design was adopted, drawing on both quantitative and qualitative approaches. This method was selected to combine different data sources and get accounts of every day events.<br>A qualitative approach in the tradition of Staruss and Corbin (1998) was appropriate because the study sought to explore the subjective experiences, thoughts and feelings of parents, children and caseworkers. Qualitative research was required to gain richer insight into the experiences of all of the participants. |
| *CONSIDER:*<br>• *If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*<br>• *Is qualitative research the right methodology for addressing the research goal?* | |
| 3. Was the research design appropriate to address the aims of the research? | ☒Yes ☐ No ☐ Can't Tell<br><br>Two phases using pre and post design. A triangulation approach was applied. Using multiple methods helps to increase validity and credibility. This lead to gaining a richer understanding. The researchers conducted two personal semi-structured interviews for each participant,6 months later. This allowed for in-depth exploration of participants' experiences while still addressing the specific research issue.<br><br>The pre and post-test design was adopted, to allow the researcher to be able to make group comparisons of outcomes over time and capture interactions between parents and service providers. |
| *CONSIDER:*<br>• *if the researcher has justified the research design (e.g., have they discussed how they decided which method to use)* | |
| 4. Was the recruitment strategy appropriate to the aims of the research? | ☒Yes ☐ No ☐ Can't Tell |

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| | This research was carried out at three Children's Family Centres (CFC), an integrated set of family support programs operated by Barnardos Australia. Families access the service through the child protective services, health services, other agencies and self referral. Fifty six percent of referrals were from statutory child protective services<br><br>The families routinely referred to the CFC service were recruited.<br><br>This centre was appropriate as it aims to strengthen families by reducing factors that lead to neglect or harm. These families have experience of working with caseworkers while experiencing adversity.<br><br>The caseworkers were also recruited from CFC.<br><br>51 families took part in the research, all families that were referred within a 12 months period.<br><br>It is unclear if any families were not able to take part. |
| *CONSIDER:*<br>• *If the researcher has explained how the participants were selected*<br>• *If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study*<br>• *If there are any discussions around recruitment (e.g. why some people chose not to take part)* | |
| 5. Was the data collected in a way that addressed the research issue? | ☒ Yes ☐ No ☐ Can't Tell<br><br>The setting for the semi-structured interviews with the parents and children took place in the family home. The data was collected from the caseworkers at the CFC office in a confidential and separate interview rooms.<br><br>Interviews were conducted using the North Carolina Family Assessment Scale (NCFAS) (Kirk and Reed, 2000). This tool conceptualises family functioning into five domains: environment, parental capabilities, family interactions, child well-being and family safety.<br><br>The SCARF (Supporting Children and Responding to Families) assessment and case management tool, complemented and facilitated the use of the NCFAS tool ensuring comprehensive assessments anchored in developmental and ecological frameworks. Standardised measures, including the Parenting Stress Index (Abidin, 1995) and the Child Abuse Potential Inventory (Milner, 1986) were incorporated into parent interviews.<br><br>The qualitative data was analysed with NVivo, computer based data analysis package designed for qualitative research. |

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| *CONSIDER:*<br><br>• *If the setting for the data collection was justified*<br>• *If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)*<br>• *If the researcher has justified the methods chosen*<br>• *If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)*<br>• *If methods were modified during the study. If so, has the researcher explained how and why*<br>• *If the form of data is clear (e.g. tape recordings, video material, notes etc.)*<br>• *If the researcher has discussed saturation of data* | |
| 6. Has the relationship between researcher and participants been adequately considered? | ☐ Yes ☐ No ☒ Can't Tell<br><br>It is unclear if the researcher examined her own role, potential bias and influence throughout the research.<br><br>It is unclear if the researcher responded to events during the study and if they considered implications of any changes to the research design. |
| *CONSIDER:*<br>• *If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location*<br>• *How the researcher responded to events during the study and whether they considered the implications of any changes in the research design* | |
| **Section B: What are the results?** | |
| 7. Have ethical issues been taken into consideration? | ☐ Yes ☒ No ☐ Can't Tell<br><br>It is unclear if ethical standards were maintained. Discussions around confidentiality but there are no mention of consent forms, information sheets, the effects of the study and so forth. It is unclear if the researcher clarified that taking part in the research was voluntary and not mandatory.<br><br>It is unclear if approval was sought from the ethics committee. |
| *CONSIDER:*<br>• *If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained*<br>• *If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)*<br>• *If approval has been sought from the ethics committee* | |
| 8. Was the data analysis sufficiently rigorous? | ☒ Yes ☐ No ☐ Can't Tell |

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| | Yes, there is an in-depth description of the analysis process.<br><br>The qualitative analysis was informed by methods of grounded theory and involved an interpretive process (Strauss and Corbin, 1998). The data was coded with concepts that emerged from the data and others that were informed by the family support literature. The qualitative data was analysed with NVivo, a computer based data analysis package designed for qualitative research. Main themes were developed through coding of interview transcripts, beginning with open coding and moving towards core categories until each category was saturated and no new data emerged. The application of the codes to segments of the text enabled comparison across all interview transcripts. By employing peer checking of codes applied and themes developed, in association with member checking around meanings derived, the subjectivity of isolated analyses was kept in check (Miles and Huberman, 1994).<br><br>It is unclear if the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation. |
| *CONSIDER:*<br>• *If there is an in-depth description of the analysis process*<br>• *If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data*<br>• *Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process*<br>• *If sufficient data are presented to support the findings*<br>• *To what extent contradictory data are taken into account*<br>• *Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation* | |
| 9. Is there a clear statement of findings? | ☒ Yes ☐ No ☐ Can't Tell<br><br>The quantitative and qualitative findings are explicit.<br><br>There is adequate discussion of the evidence both for and against the researchers arguments.<br>The researcher discussed triangulation and peer checking of codes applied and themes developed.<br>The findings are discussed in relation to original research question. |
| *CONSIDER:*<br>• *If the findings are explicit*<br>• *If there is adequate discussion of the evidence both for and against the researcher's arguments* | |

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| • *If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)*<br>• *If the findings are discussed in relation to the original research question* |

| Section C: Will the results help locally? | |
|---|---|
| 10. How valuable is the research? | ☒ Yes ☐ No ☐ Can't Tell<br><br>This research is valuable and comprehensive in terms of the two phases of interviews and pre and post-test design. |

*CONSIDER:*
- *If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature*
- *If they identify new areas where research is necessary*
- *If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used*

**APPRAISAL SUMMARY:** *List key points from your critical appraisal that need to be considered when assessing the validity of the results and their usefulness in decision -making.*

| **Positive/Methodologically sound** | **Negative/Relatively poor methodology** | **Unknowns** |
|---|---|---|
| The mixed methods, pre and post-test design. Conducting interviews at the start of engagement with services and then after 6 months or at the end of engagement.<br><br>With the goal to inform policy and practice, this is a relevant and valuable contribution to research into children and families service planning.<br><br>Discussing and considering structural reality of poverty.<br><br>Demonstrated improvement in outcome measures and qualitative data that there were improvements in families stressors after engagement with caseworkers. | Discussions from participants about feeling 'shame', but unclear if there was a follow meeting provided. | It is unclear if any families were not able to take part.<br><br>It is unclear if approval was sought from the ethics committee.<br><br>It is unclear if ethical standards were maintained |

| | | |
|---|---|---|
| Acknowledged importance of parents mental health and issues such as low finances and domestic violence.<br><br>Focus on how valuable the relationship and working alliance is with the caseworker. | | |

**Figure D3 – CASP Checklists – 1st Reviewer** (Schiettecat et al, 2017)




CASP Checklist:
For Qualitative Research

| | |
|---|---|
| Reviewer Name: | Tricia Hart |
| Paper Title: | What families in poverty consider supportive: welfare strategies of parents with young children in relation to (child and family) social work |
| Author: | Tineke Schiettecat, Griet Roets and Michel Vandenbroeck |
| Web Link: | What families in poverty consider supportive: welfare strategies of parents with young children in relation to (child and family) social work - Schiettecat - 2017 - Child & Family Social Work - Wiley Online Library |
| Appraisal Date: | 31/10/25 |

During critical appraisal, never make assumptions about what the researchers have done. If it is not possible to tell, use the "Can't tell" response box. If you can't tell, at best it means the researchers have not been explicit or transparent, but at worst it could mean the researchers have not undertaken a particular task or process. Once you've finished the critical appraisal, if there are a large number of "Can't tell" responses, consider whether the findings of the study are trustworthy and interpret the results with caution.

1

| Section A Are the results valid? | |
|---|---|
| 1. Was there a clear statement of the aims of the research? | ☒ Yes ☐ No ☐ Can't Tell<br><br>Based on a retrospective biographical research with parents of young children who experienced financial difficulties over time, this paper therefore seeks to uncover and understand how parents give meaning to welfare which strategies they accordingly develop and how these perspectives and welfare strategies interact with Child and Family Social Work interventions.<br><br>We aim to acquire knowledge about how interventions are constructed, interpreted and being used as potentially supportive levers in realizing the well-being of parents and children in poverty situations and explore how they may influence families' routes out of poverty. |
| *CONSIDER:*<br>• *what was the goal of the research?*<br>• *why was it thought important?*<br>• *its relevance* | |
| 2. Is a qualitative methodology appropriate? | ☒ Yes ☐ No ☐ Can't Tell<br><br>Goal of the research was to 'provide evidence on how people perceive their situations over time, how they engage with other people, deal with institutions and actively shape their circumstances and opportunities' (Ridge & Millar, 2011, p. 88),<br><br>A retrospective biographical research design was thought important as it added a time dimension to peoples' lived experiences. The research deemed this particularly valuable because longitudinal datasets have demonstrated that 'poverty is not necessarily a long-term sentence but may be short term or, all too frequently, recurrent'.<br><br>This article explored current European-Welfare states and researched child and family social work interventions. |
| *CONSIDER:*<br>• *If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*<br>• *Is qualitative research the right methodology for addressing the research goal?* | |
| 3. Was the research design appropriate to address the aims of the research? | ☒ Yes ☐ No ☐ Can't Tell |

| | |
|---|---|
| | Drawing on Lister's analytical framework of agency within the bounds of structural constraints, our research provides insights in the essentially complex, multi-layered and paradoxical nature of support and suggests that support cannot simply be perceived as synonymous to mobility out of poverty. |
| *CONSIDER:*<br>• *if the researcher has justified the research design (e.g., have they discussed how they decided which method to use)* | |
| 4. Was the recruitment strategy appropriate to the aims of the research? | ☒ Yes ☐ No ☐ Can't Tell<br><br>Participants were recruited with the help of social work organizations that have intervened in their families. Three different services<br><br>Whether or not explicitly targeted at families in poverty – as starting points: two Child Care and Family Support Centres, two Public Centres for Social Welfare (OCMW) and one Poverty Advocacy Group. Following the pre-arranged inclusion criteria, every family was deemed as at-risk of poverty by the referring practitioners and had several children with preferably one aged between 0 and 3 years old. |
| *CONSIDER:*<br>• *If the researcher has explained how the participants were selected*<br>• *If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study*<br>• *If there are any discussions around recruitment (e.g. why some people chose not to take part)* | |
| 5. Was the data collected in a way that addressed the research issue? | ☒ Yes ☐ No ☐ Can't Tell<br><br>All meetings took place at a location chosen by the respondents- their home, cafes, meeting rooms in SW buildings.<br><br>Open in-depth qualitative interviews- 27 fully transcribed interviews and nine visualised life trajectories were analysed by Qualitative Content Analysis.<br><br>They applied a directed approach to content analysis because this analytical approach allows us 'to further refine, extend and enrich the theory' (Hsieh & Shannon 2005, p. 1283) |
| *CONSIDER:*<br><br>• *If the setting for the data collection was justified*<br>• *If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)*<br>• *If the researcher has justified the methods chosen*<br>• *If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)*<br>• *If methods were modified during the study. If so, has the researcher explained how and why* | |

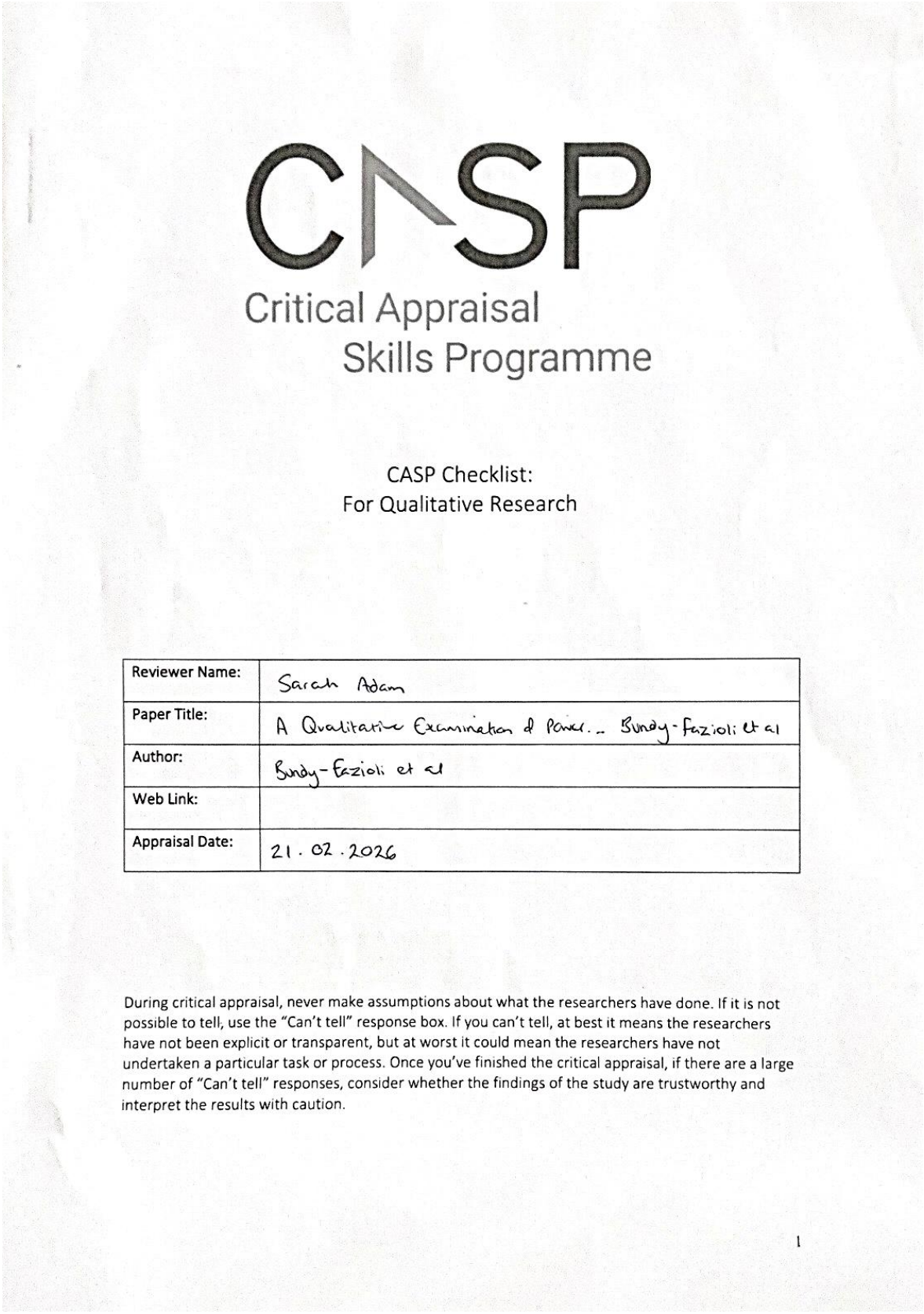
| | |
|---|---|
| • *If the form of data is clear (e.g. tape recordings, video material, notes etc.)*<br>• *If the researcher has discussed saturation of data* | |
| 6. Has the relationship between researcher and participants been adequately considered? | ☐ Yes ☒ No ☐ Can't Tell<br><br>It was unclear if the relationship with researcher and participants was considered.<br><br>It is not clear how the researcher responded to any events during the study and if this had implications on the data collection. |
| *CONSIDER:*<br>• *If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location*<br>• *How the researcher responded to events during the study and whether they considered the implications of any changes in the research design* | |
| **Section B: What are the results?** | |
| 7. Have ethical issues been taken into consideration? | ☐ Yes ☐ No ☒ Can't Tell<br><br>It is unclear if ethical issues have been taken into consideration. Mention of 'informed consent', but it does not explicitly discuss ethics.<br><br>'Negotiating Informed consent' was discussed, it was not clear what the 'negotiations' were. |
| *CONSIDER:*<br>• *If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained*<br>• *If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)*<br>• *If approval has been sought from the ethics committee* | |
| 8. Was the data analysis sufficiently rigorous? | ☒ Yes ☐ No ☐ Can't Tell<br><br>Taxonomy of agency within poverty situations (Lister, 2004) was adopted as a conceptual framework to explore how people in poverty actively negotiate their lives in adverse circumstances. This provided an in depth description of the analysis process using the categories from Lister (2004); four 'forms of agency', represented as 'getting by', 'getting (back) at', 'getting out' and 'getting organised'.<br><br>Contradictory data was discussed in the results and conclusion. |

| | |
|---|---|
| | It was not clear if the researcher critically examined their own role, potential bias and influence during the data collection or analysis. |
| *CONSIDER:*<br>• *If there is an in-depth description of the analysis process*<br>• *If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data*<br>• *Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process*<br>• *If sufficient data are presented to support the findings*<br>• *To what extent contradictory data are taken into account*<br>• *Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation* | |
| 9. Is there a clear statement of findings? | ☒ Yes ☐ No ☐ Can't Tell<br><br>The findings are explicitly stated. Examples are then provided. Discussion of evidence and the limitations of the research.<br><br>Researcher did not discuss the credibility of their findings.<br><br>Findings were discussed in relation to the original research question. |
| *CONSIDER:*<br>• *If the findings are explicit*<br>• *If there is adequate discussion of the evidence both for and against the researcher's arguments*<br>• *If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)*<br>• *If the findings are discussed in relation to the original research question* | |
| **Section C: Will the results help locally?** | |
| 10. How valuable is the research? | ☒ Yes ☐ No ☐ Can't Tell<br><br>The findings will help locally to understand support that families to ensure that they are provided support by Social Work. How to enhance the support to make it more sustainable and long-term.<br><br>Moreover, it highlighted in several cases, interventions to enable parent strategies' to get by, that brought more dignity to their daily struggles or that helped families to feel more at ease. |
| *CONSIDER:* | |

- *If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature*
- *If they identify new areas where research is necessary*
- *If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used*

| **APPRAISAL SUMMARY**: *List key points from your critical appraisal that need to be considered when assessing the validity of the results and their usefulness in decision-making.* | | |
|---|---|---|
| **Positive/Methodologically sound** | **Negative/Relatively poor methodology** | **Unknowns** |
| Exploring collective responsibility and accountability.<br><br>Using Taxonomy of agency within poverty situations (Lister, 2004) as a framework.<br><br>Theory Guided Investigation with openness to gain new knowledge and insights.<br><br>Highlighted that some interventions are not long-term or sustainable for the family. Poverty or economic mobility does not seem to change. | No ethnic diversity in the parents that took part in the study.<br><br>Data was not split up into the participant groups. It would be helpful to know if there was a difference in responses.<br><br>Researcher did not discuss the credibility of their findings. | It was not clear if the researcher critically examined their own role, potential bias and influence during the data collection or analysis.<br><br>It was not clear if visiting the participants over a period of time impacted the information provided.<br><br>'Negotiating Informed consent' was discussed, it was not clear what the 'negotiations' were.<br><br>It is not clear how the researcher responded to any events during the study and if this had implications on the data collection. |

**Figure D4 – CASP Checklists – 2nd Reviewer** (Bundy-Fazioli et al, 2009)



CASP

Critical Appraisal Skills Programme

CASP Checklist:
For Qualitative Research

| | |
|---|---|
| Reviewer Name: | Sarah Adam |
| Paper Title: | A Qualitative Examination of Power... Bundy-Fazioli et al |
| Author: | Bundy-Fazioli et al |
| Web Link: | |
| Appraisal Date: | 21.02.2026 |

During critical appraisal, never make assumptions about what the researchers have done. If it is not possible to tell, use the "Can't tell" response box. If you can't tell, at best it means the researchers have not been explicit or transparent, but at worst it could mean the researchers have not undertaken a particular task or process. Once you've finished the critical appraisal, if there are a large number of "Can't tell" responses, consider whether the findings of the study are trustworthy and interpret the results with caution.

1

| Section A Are the results valid? | |
|---|---|
| 1. Was there a clear statement of the aims of the research? | ☑ Yes ☐ No ☐ Can't Tell<br>Aims are clearly stated in the form of several research questions. The context is clearly defined and relevance discussed. |
| *CONSIDER:*<br>• *what was the goal of the research?*<br>• *why was it thought important?*<br>• *its relevance* | |
| 2. Is a qualitative methodology appropriate? | ☑ Yes ☐ No ☐ Can't Tell<br>The topic of power is a difficult one to research quantitatively. The aims of the paper are to investigate subjective experience. |
| *CONSIDER:*<br>• *If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*<br>• *Is qualitative research the right methodology for addressing the research goal?* | |
| 3. Was the research design appropriate to address the aims of the research? | ☑ Yes ☐ No ☐ Can't Tell<br>The choices made with regards to the research design are clearly justified eg. the naturalistic setting to allow for a richer understanding of the phenomenon. |
| *CONSIDER:*<br>• *if the researcher has justified the research design (e.g., have they discussed how they decided which method to use)* | |
| 4. Was the recruitment strategy appropriate to the aims of the research? | ☑ Yes ☐ No ☐ Can't Tell<br>The paper discusses why certain programmes were chosen in relation to the study aims of considering power. A description of any weighting in the sample eg. towards the female gender, was also discussed. |
| *CONSIDER:*<br>• *If the researcher has explained how the participants were selected*<br>• *If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study*<br>• *If there are any discussions around recruitment (e.g. why some people chose not to take part)* | |

| | |
|---|---|
| 5. Was the data collected in a way that addressed the research issue? | ☐ Yes ☐ No ☑ Can't Tell<br>Participants were informed of rights to withdraw etc. The interview questions are broad and did not directly reference power, the reason for this is not explained. No discussion of if methods were modified, or saturation of data. |

*CONSIDER:*

- *If the setting for the data collection was justified*
- *If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)*
- *If the researcher has justified the methods chosen*
- *If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)*
- *If methods were modified during the study. If so, has the researcher explained how and why*
- *If the form of data is clear (e.g. tape recordings, video material, notes etc.)*
- *If the researcher has discussed saturation of data*

| | |
|---|---|
| 6. Has the relationship between researcher and participants been adequately considered? | ☒ Yes ☑ No ☐ Can't Tell<br>The researcher makes reference to the need to be cognizant of biases but doesn't discuss their individual ones or their influence on the formulation of questions or sample recruitment. No reference was made to how the researcher responded to events. |

*CONSIDER:*

- *If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location*
- *How the researcher responded to events during the study and whether they considered the implications of any changes in the research design*

**Section B: What are the results?**

| | |
|---|---|
| 7. Have ethical issues been taken into consideration? | ☑ Yes ☐ No ☐ Can't Tell<br>Study was approved by 3 ethical review boards. Details of how the study was explained were provided, with reference to ethical standards eg right to withdraw detailed. |

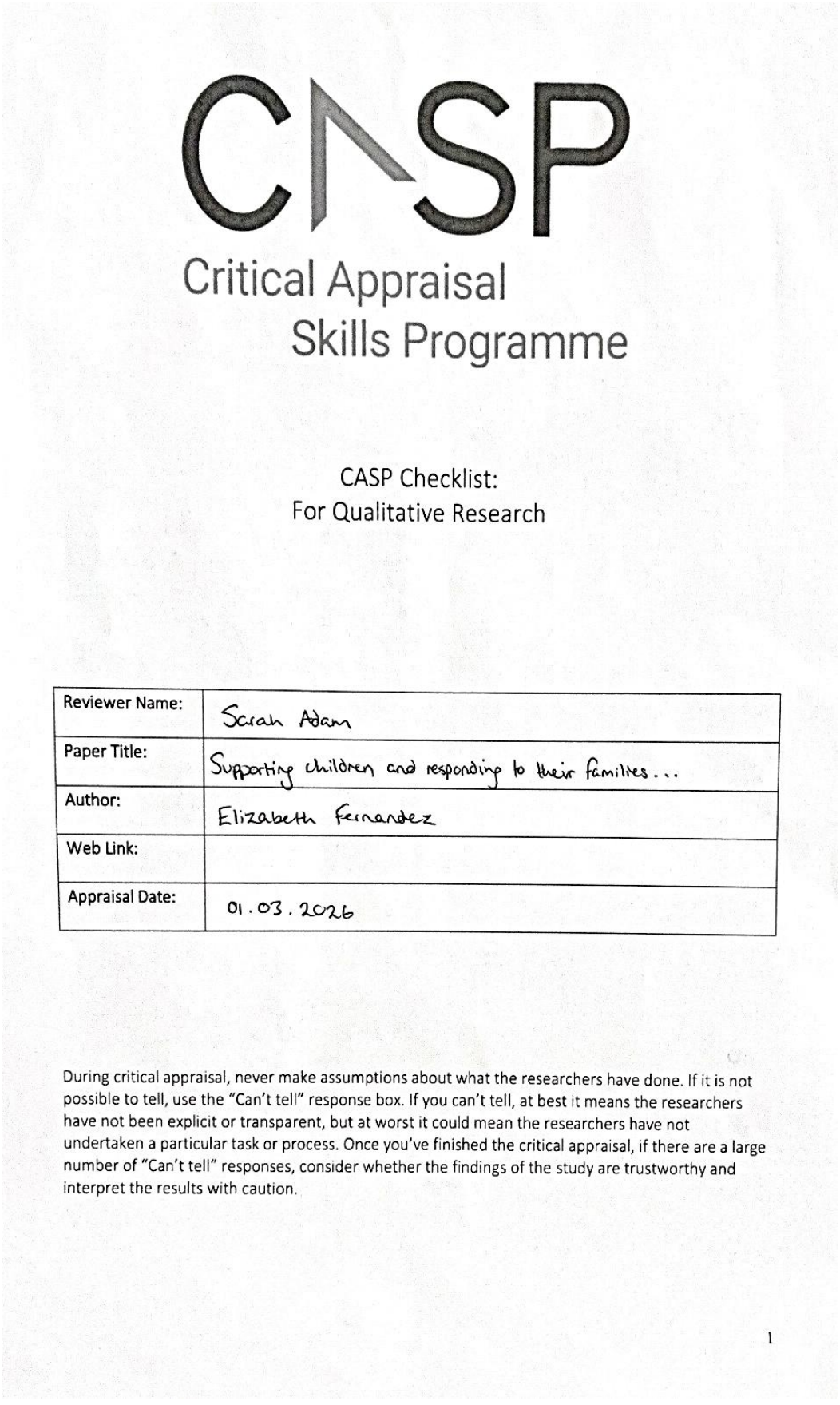
*CONSIDER:*

- *If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained*
- *If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)*
- *If approval has been sought from the ethics committee*

| | |
|---|---|
| 8. Was the data analysis sufficiently rigorous? | ☐ Yes ☐ No ☑ Can't Tell<br>There is some description of the method of data analysis, but not how units of data were selected for coding. No examples are given. No reference to contradictory data. Researcher did not examine their own role. |
| *CONSIDER:*<br>• *If there is an in-depth description of the analysis process*<br>• *If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data*<br>• *Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process*<br>• *If sufficient data are presented to support the findings*<br>• *To what extent contradictory data are taken into account*<br>• *Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation* | |
| 9. Is there a clear statement of findings? | ☑ Yes ☐ No ☐ Can't Tell<br>The findings are discussed in relation to the research questions. No discussion of credibility of findings though. |
| *CONSIDER:*<br>• *If the findings are explicit*<br>• *If there is adequate discussion of the evidence both for and against the researcher's arguments*<br>• *If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)*<br>• *If the findings are discussed in relation to the original research question* | |
| **Section C: Will the results help locally?** | |
| 10. How valuable is the research? | ☑ Yes ☐ No ☐ Can't Tell<br>The researcher identifies new questions and areas of research eg. 'Was the parent not ready for service?' |
| *CONSIDER:*<br>• *If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature*<br>• *If they identify new areas where research is necessary*<br>• *If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used* | |

| **APPRAISAL SUMMARY:** *List key points from your critical appraisal that need to be considered when assessing the validity of the results and their usefulness in decision-making.* | | |
|---|---|---|
| **Positive/Methodologically sound** | **Negative/Relatively poor methodology** | **Unknowns** |
| The use of a qualitative methodology in a naturalistic setting.<br>The theoretical underpinning for the study.<br>Examples from data are used to illustrate points throughout. | Lack of consideration of researches role in data collection and analysis. | Credibility of the findings, no methods discussed. |

**Figure D5 – CASP Checklists – 2nd Reviewer** (Fernandez, 2007)



CASP

Critical Appraisal Skills Programme

CASP Checklist:
For Qualitative Research

| | |
|---|---|
| Reviewer Name: | Sarah Adam |
| Paper Title: | Supporting children and responding to their families... |
| Author: | Elizabeth Fernandez |
| Web Link: | |
| Appraisal Date: | 01.03.2026 |

During critical appraisal, never make assumptions about what the researchers have done. If it is not possible to tell, use the "Can't tell" response box. If you can't tell, at best it means the researchers have not been explicit or transparent, but at worst it could mean the researchers have not undertaken a particular task or process. Once you've finished the critical appraisal, if there are a large number of "Can't tell" responses, consider whether the findings of the study are trustworthy and interpret the results with caution.

1

| Section A Are the results valid? | |
|---|---|
| 1. Was there a clear statement of the aims of the research? | ☑ Yes ☐ No ☐ Can't Tell<br>Context clearly established and justification for research set at. Aim: To identify perceived benefits in relation to changes in fam circumstances, parent-child interactions and family functioning. |
| *CONSIDER:*<br>• *what was the goal of the research?*<br>• *why was it thought important?*<br>• *its relevance* | |
| 2. Is a qualitative methodology appropriate? | ☑ Yes ☐ No ☐ Can't Tell<br>A mixed methods design has been used, in line with the goal of considering outcomes beyond just the final measures of placement rates. Qualitative methods are appropriate for capturing changes subjectively. |
| *CONSIDER:*<br>• *If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*<br>• *Is qualitative research the right methodology for addressing the research goal?* | |
| 3. Was the research design appropriate to address the aims of the research? | ☑ Yes ☐ No ☐ Can't Tell<br>Research design was appropriately justified. They considered how to measure and capture change across a variety of outcomes, and considered how to account for individual subjectivity. |
| *CONSIDER:*<br>• *if the researcher has justified the research design (e.g., have they discussed how they decided which method to use)* | |
| 4. Was the recruitment strategy appropriate to the aims of the research? | ☑ Yes ☐ No ☑ Can't Tell<br>The sample was described, but the reasons for selection were not. From research aims and the description of the sample, it does seem appropriate |
| *CONSIDER:*<br>• *If the researcher has explained how the participants were selected*<br>• *If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study*<br>• *If there are any discussions around recruitment (e.g. why some people chose not to take part)* | |

| | |
|---|---|
| 5. Was the data collected in a way that addressed the research issue? | ☑ Yes ☐ No ☐ Can't Tell<br>It is clear how data were collected eg through semi structured interviews and standardised assessments. Justification was provided for some methods eg use of triangulation approach to combine data sources. |

*CONSIDER:*

- *If the setting for the data collection was justified*
- *If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)*
- *If the researcher has justified the methods chosen*
- *If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)*
- *If methods were modified during the study. If so, has the researcher explained how and why*
- *If the form of data is clear (e.g. tape recordings, video material, notes etc.)*
- *If the researcher has discussed saturation of data*

| | |
|---|---|
| 6. Has the relationship between researcher and participants been adequately considered? | ☑ Yes ☐ No ☑ Can't Tell<br>The researcher employed a peer-checking method to reduce risk of bias from the subjectivity of isolated analysis when generating codes, but no other consideration is given to the impact of the researchers own role. |

*CONSIDER:*

- *If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location*
- *How the researcher responded to events during the study and whether they considered the implications of any changes in the research design*

**Section B: What are the results?**

| | |
|---|---|
| 7. Have ethical issues been taken into consideration? | ☐ Yes ☑ No ☐ Can't Tell<br>No reference is made to ethical approval or how the researchers ensured that participants knew their rights. |

*CONSIDER:*

- *If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained*
- *If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)*
- *If approval has been sought from the ethics committee*

| | |
|---|---|
| 8. Was the data analysis sufficiently rigorous? | ☑ Yes ☐ No ☐ Can't Tell<br>Description of how data analysis was informed by grounded theory was included. How themes were generated from the data is discussed, as well as a reference to peer checking to limit bias. |

*CONSIDER:*

- *If there is an in-depth description of the analysis process*
- *If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data*
- *Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process*
- *If sufficient data are presented to support the findings*
- *To what extent contradictory data are taken into account*
- *Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation*

| | |
|---|---|
| 9. Is there a clear statement of findings? | ☑ Yes ☐ No ☐ Can't Tell<br>findings are ~~explicit~~ explicitly noted and supported by quotes from the data. Many themes are considered and presented, in line with research aims. |

*CONSIDER:*

- *If the findings are explicit*
- *If there is adequate discussion of the evidence both for and against the researcher's arguments*
- *If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)*
- *If the findings are discussed in relation to the original research question*

**Section C: Will the results help locally?**

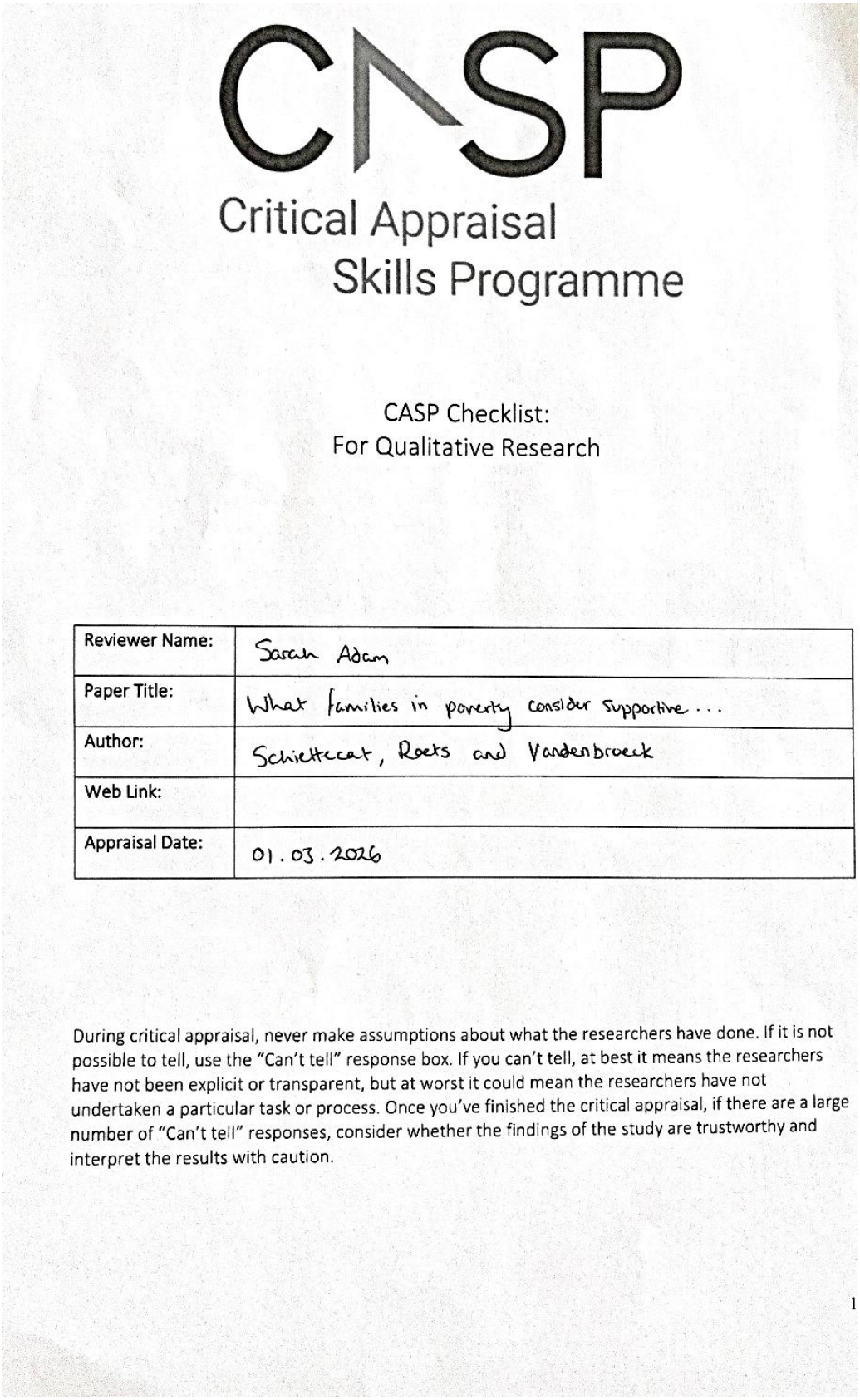
| | |
|---|---|
| 10. How valuable is the research? | ☑ Yes ☐ No ☐ Can't Tell<br>The study demonstrates the benefits of using a structured tool eg SCARF, NCFAS and discusses the implications on practice. It also makes the case for what changes are needed to improve outcomes. |

*CONSIDER:*

- *If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature*
- *If they identify new areas where research is necessary*
- *If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used*

| **APPRAISAL SUMMARY:** *List key points from your critical appraisal that need to be considered when assessing the validity of the results and their usefulness in decision-making.* | | |
|---|---|---|
| **Positive/Methodologically sound** | **Negative/Relatively poor methodology** | **Unknowns** |
| - Methodology clearly explained.<br>- Method of data analysis is clear and justifiable.<br>- Discusses the impact of the study on policy and practice appropriately. | - No discussion of ethical considerations.<br>- No consideration of study limitations. | - Whether the researcher considered the impact of their role on the research process. |

**Figure D6 – CASP Checklists – 2nd Reviewer** (Schiettecat et al, 2017)



CASP

Critical Appraisal Skills Programme

CASP Checklist:
For Qualitative Research

| | |
|---|---|
| Reviewer Name: | Sarah Adam |
| Paper Title: | What families in poverty consider supportive ... |
| Author: | Schiettecat, Roets and Vandenbroeck |
| Web Link: | |
| Appraisal Date: | 01.03.2026 |

During critical appraisal, never make assumptions about what the researchers have done. If it is not possible to tell, use the "Can't tell" response box. If you can't tell, at best it means the researchers have not been explicit or transparent, but at worst it could mean the researchers have not undertaken a particular task or process. Once you've finished the critical appraisal, if there are a large number of "Can't tell" responses, consider whether the findings of the study are trustworthy and interpret the results with caution.

1

## Section A Are the results valid?

| | |
|---|---|
| 1. Was there a clear statement of the aims of the research? | ☑ Yes ☐ No ☐ Can't Tell<br>Aim was to identify interventions that support families' mobility at of poverty. Important as historically the burden has fallen on CFSW to mobilise, indicating that families in poverty are 'passive', which isn't the case. |

*CONSIDER:*
- *what was the goal of the research?*
- *why was it thought important?*
- *its relevance*

| | |
|---|---|
| 2. Is a qualitative methodology appropriate? | ☑ Yes ☐ No ☐ Can't Tell<br>A qualitative approach is appropriate as the researchers seek to understand participants' subjective experiences of their situations and how these change. |

*CONSIDER:*
- *If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants*
- *Is qualitative research the right methodology for addressing the research goal?*

| | |
|---|---|
| 3. Was the research design appropriate to address the aims of the research? | ☑ Yes ☐ No ☐ Can't Tell<br>The design is justified in the context of the research aims. |

*CONSIDER:*
- *if the researcher has justified the research design (e.g., have they discussed how they decided which method to use)*

| | |
|---|---|
| 4. Was the recruitment strategy appropriate to the aims of the research? | ☑ Yes ☐ No ☐ Can't Tell<br>Participants were selected across 3 centres to widen the range of SW practices considered in the study. Inclusion criteria for the study were referenced. |

*CONSIDER:*
- *If the researcher has explained how the participants were selected*
- *If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study*
- *If there are any discussions around recruitment (e.g. why some people chose not to take part)*

2

| | |
|---|---|
| 5. Was the data collected in a way that addressed the research issue? | ☐ Yes ☐ No ☑ Can't Tell<br>Data collected was from a series of conversations. No reference to interview method was provided. The form of data was detailed as transcribed interviews. |

*CONSIDER:*

- *If the setting for the data collection was justified*
- *If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)*
- *If the researcher has justified the methods chosen*
- *If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)*
- *If methods were modified during the study. If so, has the researcher explained how and why*
- *If the form of data is clear (e.g. tape recordings, video material, notes etc.)*
- *If the researcher has discussed saturation of data*

| | |
|---|---|
| 6. Has the relationship between researcher and participants been adequately considered? | ☐ Yes ☑ No ☐ Can't Tell<br>No reference to the consideration of the researchers' role on and its impact on the research |

*CONSIDER:*

- *If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location*
- *How the researcher responded to events during the study and whether they considered the implications of any changes in the research design*

**Section B: What are the results?**

| | |
|---|---|
| 7. Have ethical issues been taken into consideration? | ☐ Yes ☐ No ☑ Can't Tell<br>Informed consent was referenced.<br>No reference to ethical approval, or how confidentiality was maintained, or other ethical considerations. |

*CONSIDER:*

- *If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained*
- *If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)*
- *If approval has been sought from the ethics committee*

| | |
|---|---|
| 8. Was the data analysis sufficiently rigorous? | ☐ Yes ☐ No ☑ Can't Tell<br>Some discussion of the analysis process is presented but no reference to how data was selected from the original sample. Sufficient data is presented, but no discussion of impact of researchers role |

*CONSIDER:*

- *If there is an in-depth description of the analysis process*
- *If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data*
- *Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process*
- *If sufficient data are presented to support the findings*
- *To what extent contradictory data are taken into account*
- *Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation*

| | |
|---|---|
| 9. Is there a clear statement of findings? | ☑ Yes ☐ No ☐ Can't Tell<br>Findings eg. that interventions that build on current parental strategies are supportive are explicit and backed up by evidence. No discussion of credibility |

*CONSIDER:*

- *If the findings are explicit*
- *If there is adequate discussion of the evidence both for and against the researcher's arguments*
- *If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)*
- *If the findings are discussed in relation to the original research question*

**Section C: Will the results help locally?**

| | |
|---|---|
| 10. How valuable is the research? | ☑ Yes ☐ No ☐ Can't Tell<br>The study discusses its contributions, and study limitations. |

*CONSIDER:*

- *If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g., do they consider the findings in relation to current practice or policy, or relevant research-based literature*
- *If they identify new areas where research is necessary*
- *If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used*

| **APPRAISAL SUMMARY:** *List key points from your critical appraisal that need to be considered when assessing the validity of the results and their usefulness in decision-making.* | | |
|---|---|---|
| **Positive/Methodologically sound** | **Negative/Relatively poor methodology** | **Unknowns** |
| -Recruitment strategy shows consideration.<br>- Solid theoretical underpinning for the study. | - Description of data collection could use more detail<br>- No consideration of relationship between researcher and participants. | . Form of data collected<br>• Interview schedule<br>• Whether ethical considerations of right to withdraw were considered. |

| Appendix E – CASP Results | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Bundy-Fazioli et al (2009)** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** |
| 1st Reviewer (TH) | YES | YES | YES | YES | YES* | NO | YES | Can't Tell | YES | YES |
| 2nd Reviewer (SA) | YES | YES | YES | YES | Can't Tell | NO | YES | Can't Tell | YES | YES |
| **Fernandez (2007)** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** |
| 1st Reviewer (TH) | YES | YES | YES | YES | YES | Can't Tell | NO | YES | YES | YES |
| 2nd Reviewer (SA) | YES | YES | YES | YES | YES | Can't Tell | NO | YES | YES | YES |
| **Schiettecat et al (2017)** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** |
| 1st Reviewer (TH) | YES | YES | YES | YES | YES | NO | Can't Tell | Can't Tell | YES | YES |
| 2nd Reviewer (SA) | YES | YES | YES | YES | Can't tell | NO | Can't Tell | Can't Tell | YES | YES |

*Blue writing indicates disagreement between reviewers

## Appendix F – Prototype Parent Reported Outcome Measure and Parent Reported Experience Measure

Date: Version Number:
Participant ID:

# DRAFT Participant Reported Outcome Measure (PROM) & Participant Reported Experience Measure (PREM)

## BASELINE MEASURE

Date: Version Number:
Participant ID:

## Participant Reported Outcome Measure (PROM): Baseline Measure

*(Text in italics additional instruction for researcher)*

This questionnaire asks about difficulties that you may be currently experiencing. We will ask you to fill out this questionnaire at the start of this research study and at the end to help us to evaluate how successful the intervention has been. (*Clarify that we are not promising that all the issues that the participant raises will be resolved, but the information will be useful in informing future interventions*).

1. Firstly, identify six to eight areas of your life that are important to you now and that you would like to see a change in. These might be areas of your life that you are struggling with and feel you could do with more support. They may be areas that relate to you (e.g., your mental health) or a member of your family (e.g., your child's mental health). *Participants may only be able to identify a few areas.*

2. If it helps, you can use the list below to help you identify these areas. These are areas that other families have told us they find difficult and may need additional support. They may or may not be relevant to you. *Try to get participant to nominate their own categories before presenting the list.*

3. Once you have identified the areas important to you, write them down in the space above the diagram *(there may need to be some discussion on how to best label categories, if there is overlap for example).*

4. Now, think about which area is most important to you / that is putting the most pressure on you as a family. Write this down in the first segment of the circle (*segment, n.1*). Then, put the second most important area in the second segment (*segment n2*), and so on.

5. For each area of change you identified, consider how happy or unhappy you are with this area of your life **in the past month**, using a scale of 0 (extremely unhappy/ need help/support) – to 10 (extremely happy /do not need support). For example, if you are really concerned with your child's mental health and feel that you need extra support, you may score this as a 1. If you feel you are managing financially quite well, you may score this as a 9. Please use the scale to help you fill in this section.

   *Researcher to use the LIKERT scale as an opportunity to gather qualitative data/prompt discussion. For example, prompt participant to reflect on why they have chosen that score, what each category means for them (for example, 'housing' may refer to damp housing, overcrowded housing, insecure housing, temporary accommodation, and so forth), and to discuss how they feel the situation could be improved / what would be helpful.*

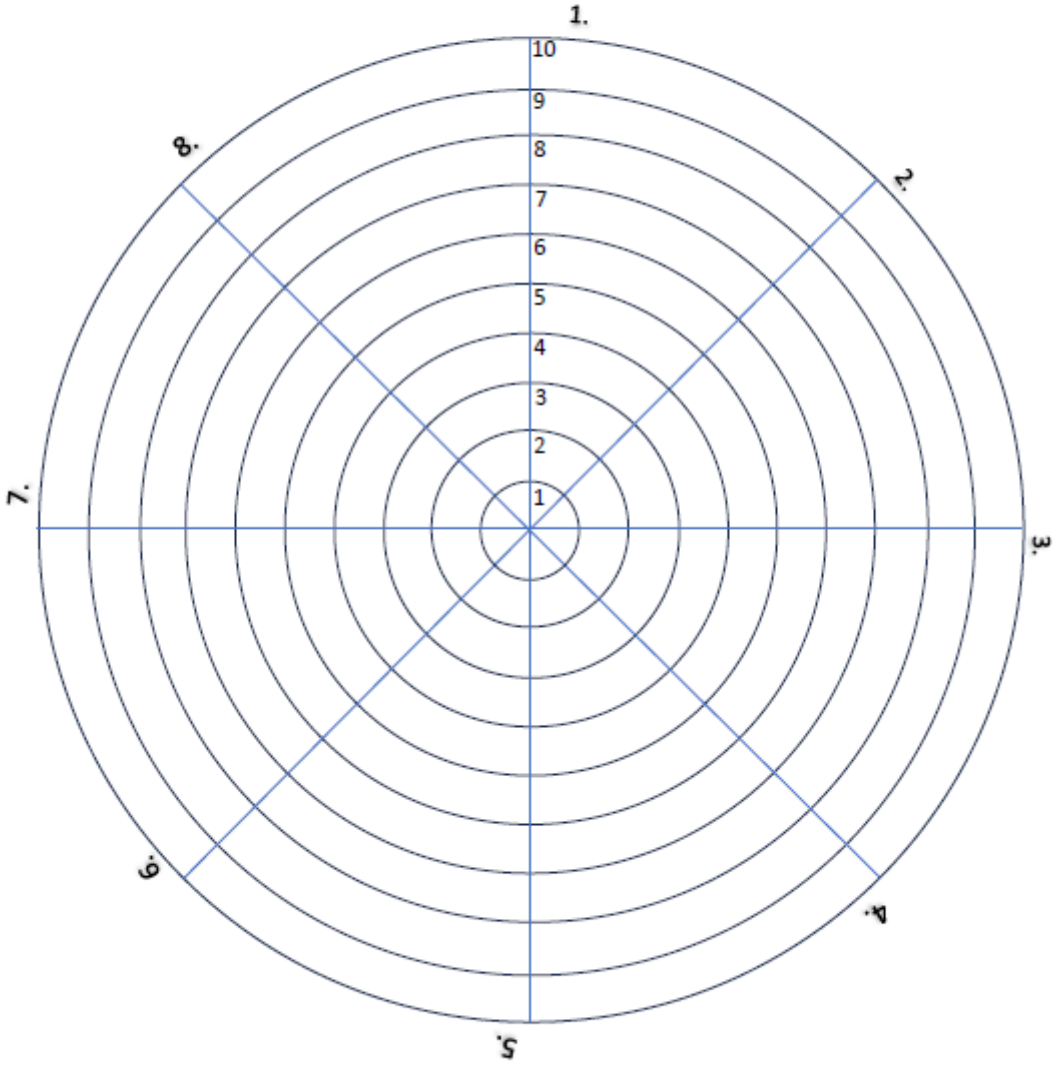
6. Once you are happy with your chosen scores for each area, mark each score on the appropriate section of the circle. You could use coloured pens to fill in each segment.

7. Opportunity for open-ended questions/comments.

Date: Version Number:
Participant ID:

**Identified Areas for Change**

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____



**Examples of areas that families have told us they find difficult / need additional support:**

- Financial difficulties
- Housing
- Addiction
- Mental health (of parent and/or child)
- Parenting
- Education (of parent and/or child)
- Employment / training
- Physical health (of parent and/or child)
- Impact of Neurodiversity (of parent and/or child)
- Family relationships / support
- Significant other/partner relationship
- Residential area
- Criminal justice services /support
- Community support / involvement
- Social support / networks
- Domestic violence
- Safety / safe environment
- Accessing /receiving support from specialist services
- Practical support– e.g., signposting to other services, completing forms.

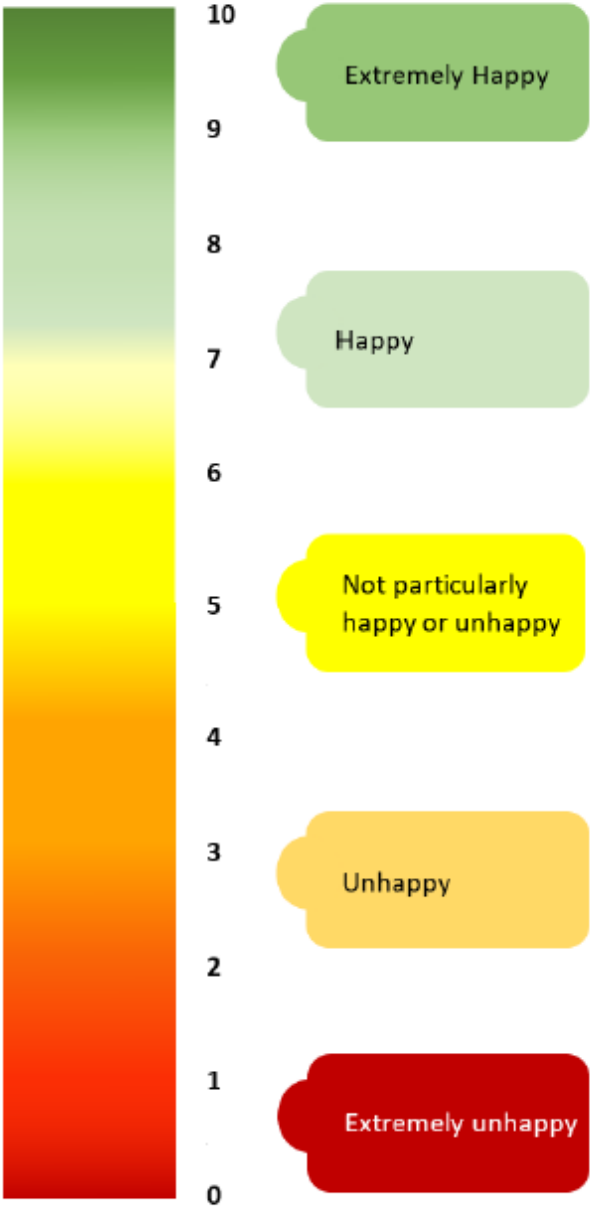
Date:
Participant ID:

Version Number:

**LIKERT Scale**

Thinking about (*the area of change identified*), over the last month, how happy have you been with this area of your life? Mark your score on the scale below.

For example, if there was nothing you would want to change and you didn't need any support or help, you might rate this as a 9-10. If you were really struggling and needed support, you might rate this as 0-1.




***Notes:***

Date: Version Number:
Participant ID:

## Participant Reported Experience Measure (PREM): Baseline

This questionnaire asks about your experiences of receiving care. We will ask you to fill out this questionnaire at the start of this research study and at the end to help us to evaluate the quality of care that you have received during the intervention.

1. Firstly, identify six to eight aspects that are important to you when accessing or working with a service. These might be things that you have found unhelpful in the past or things that have really made a difference to your or your family's care. *Participants may only be able to identify a few areas.*

2. If it helps, you can use the list below to help you to identify these. These are factors that other families have told us are important to them when accessing services. They may or may not be relevant to you. *Try to get participant to nominate their own categories before presenting the list.*

3. Once you have identified what is important to you, write them down in the space above the diagram *(there may need to be some discussion on how to best label categories, if there is overlap for example).*

4. Now, think about which aspect is most important to you when accessing a service. Write this down in the first segment of the circle (*segment, n.1*). Then, put the second most important area in the second segment (*segment n2*), and so on.

5. For each aspect identified, consider how happy or unhappy you are with how you have been treated **in the past month** when accessing or working with services on a scale of 0 (extremely unhappy) to 10 (extremely happy). For example, if you feel that services have not communicated information well with you, this may be scored as a 1-2. If you feel that flexibility of appointments was particularly helpful, you may score this as a 9. Please use the scale to help you fill in this section.

   *Researcher to use the LIKERT scale as an opportunity to gather qualitative data/prompt discussion. For example, prompt participant to reflect on why they chose that score, what each category means for them (e.g. giving examples of positive/negative experiences), and to discuss how they feel the situation could be improved / what would be helpful/ unhelpful.*

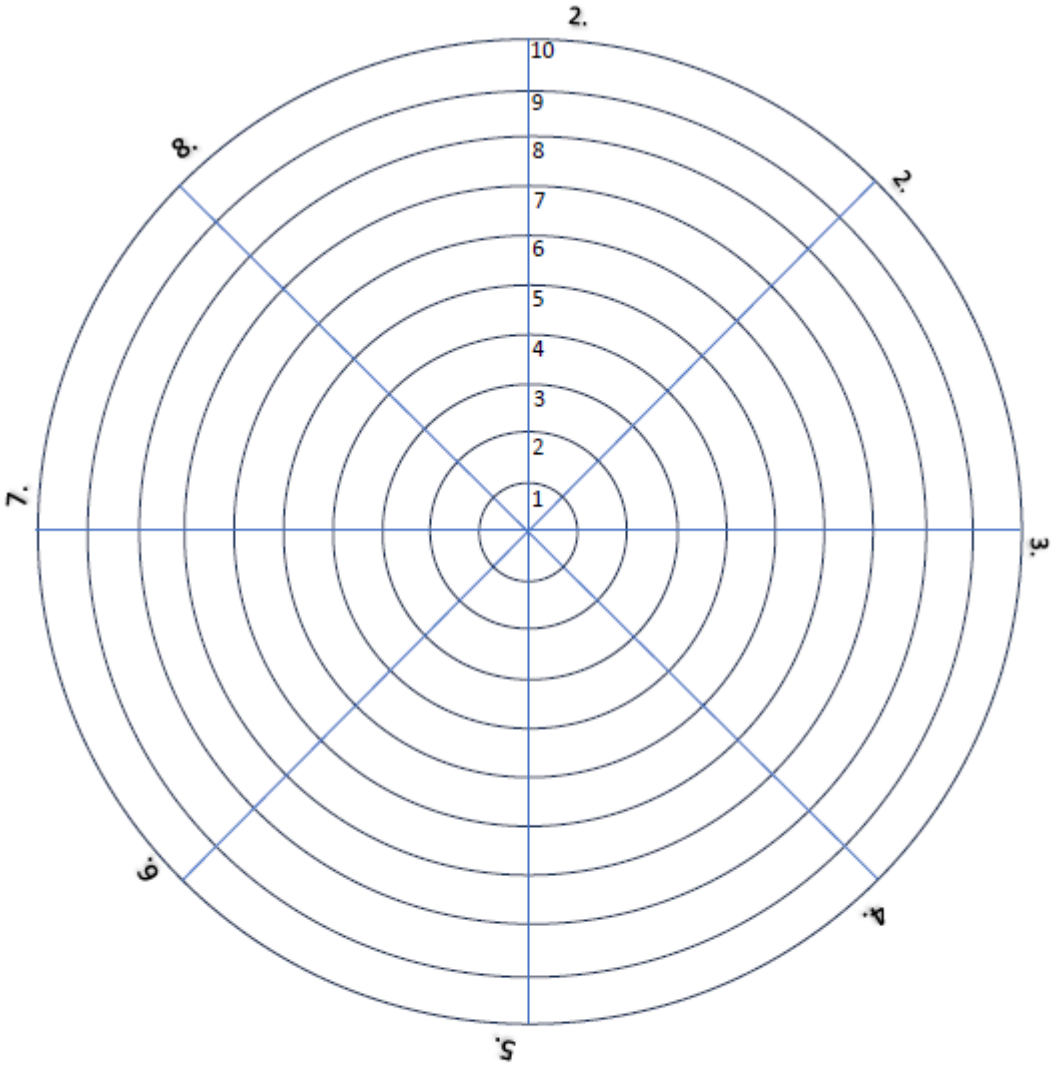
6. Once you are happy with your chosen scores for each area, mark each score on the appropriate section of the circle. You could use coloured pens to fill in each segment.

7. Opportunity for open-ended questions/comments.

Date: Version Number:
Participant ID:

**What is important to you when accessing a service?**

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____



**Examples of what families have told us are important when accessing or working with a service:**

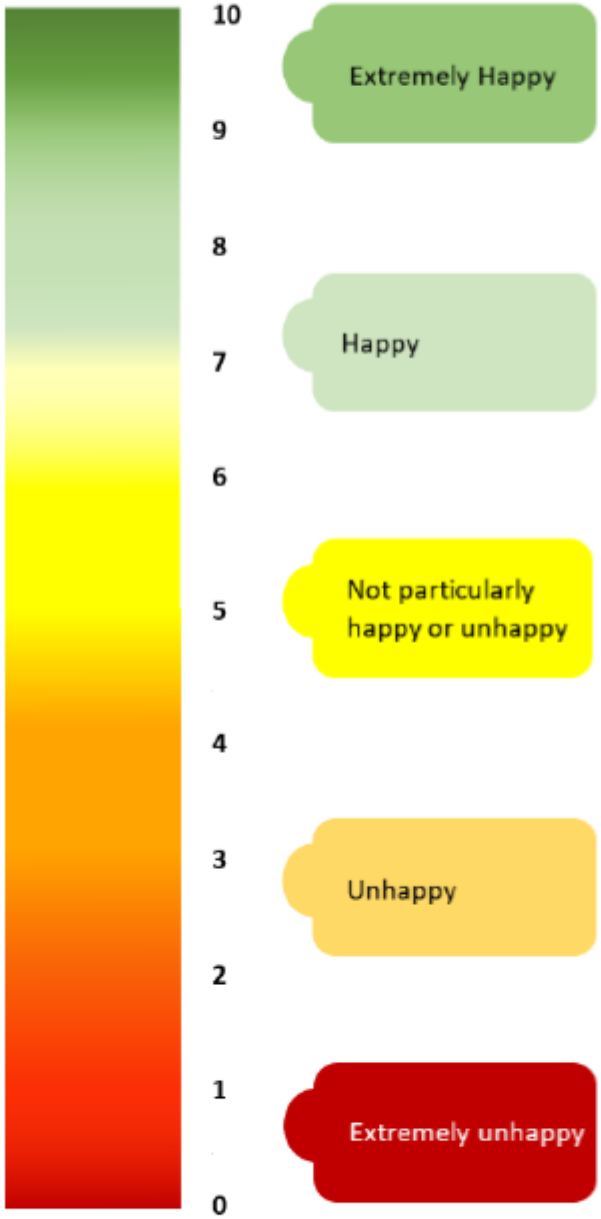
- Taking time to develop relationships
- Services are listening / let you tell 'your story'
- Showing care and compassion / interested in you as a whole person
- Being sensitive
- Being respectful
- Trauma informed services (need to have a complete picture of parent's life situation — past and present; avoid re-traumatization by relaying the same information over and over)
- Non stigmatising / non-judgemental (awareness of family's wider struggles and need for support)
- Practitioners being approachable, friendly, and warm
- Honestey and transparency (good communication)
- Awareness of the barriers that families may have in utilising services (fear, anxiety, MH)
- Advocate a strengths-based approach (focus on parent's strengths and what they are doing right, not just what is not going as well)
- Involving parents in decision making
- Explaining things clearly
- Waiting times
- Facilities available
- Refreshments
- Accessibility (of appointments/ meetings)

Date:
Participant ID:

Version Number:

**LIKERT Scale**

Thinking about (*the aspect of care identified*), over the last month, how happy have you been with aspect of accessing or working with a service? Mark your score on the scale below..




***Notes:***

Date:
Participant ID:

Version Number:

# Participant Reported Outcome Measure (PROM) & Participant Reported Experience Measure (PREM)

## FOLLOW-UP

Date: Version Number:
Participant ID:

Participant Reported Outcome Measure (PROM): FOLLOW-UP

This questionnaire asks about difficulties that you may be currently experiencing. You may remember that we asked you to fill out this questionnaire at the start of this research study. Now that this part of the study is finishing, we would like you to complete the questionnaire again. This will help us evaluate how successful the intervention has been.

1. Last time, you identified several areas of your life that were important to you and that you would like to see a change in (*show participant the filled in circle; recap*).

2. For each area of change you identified, consider how happy or unhappy you are with this area of your life **in the past month**, using a scale of 0 (extremely unhappy/ need help/support) – to 10 (extremely happy/do not need support). For example, if you are really concerned with your child's mental health and feel that you need extra support, you may score this as a 1. If you feel you are managing financially quite well now, you may score this as a 9. Please use the scale to help you fill in this section.

   *Researcher to use the LIKERT scale as an opportunity to gather qualitative data/prompt discussion. For example, prompt the participant to reflect on why they have chosen that score, compare to baseline score, explore what specific changes occurred (positive or negative), and to discuss what was and wasn't helpful in achieving this change.*

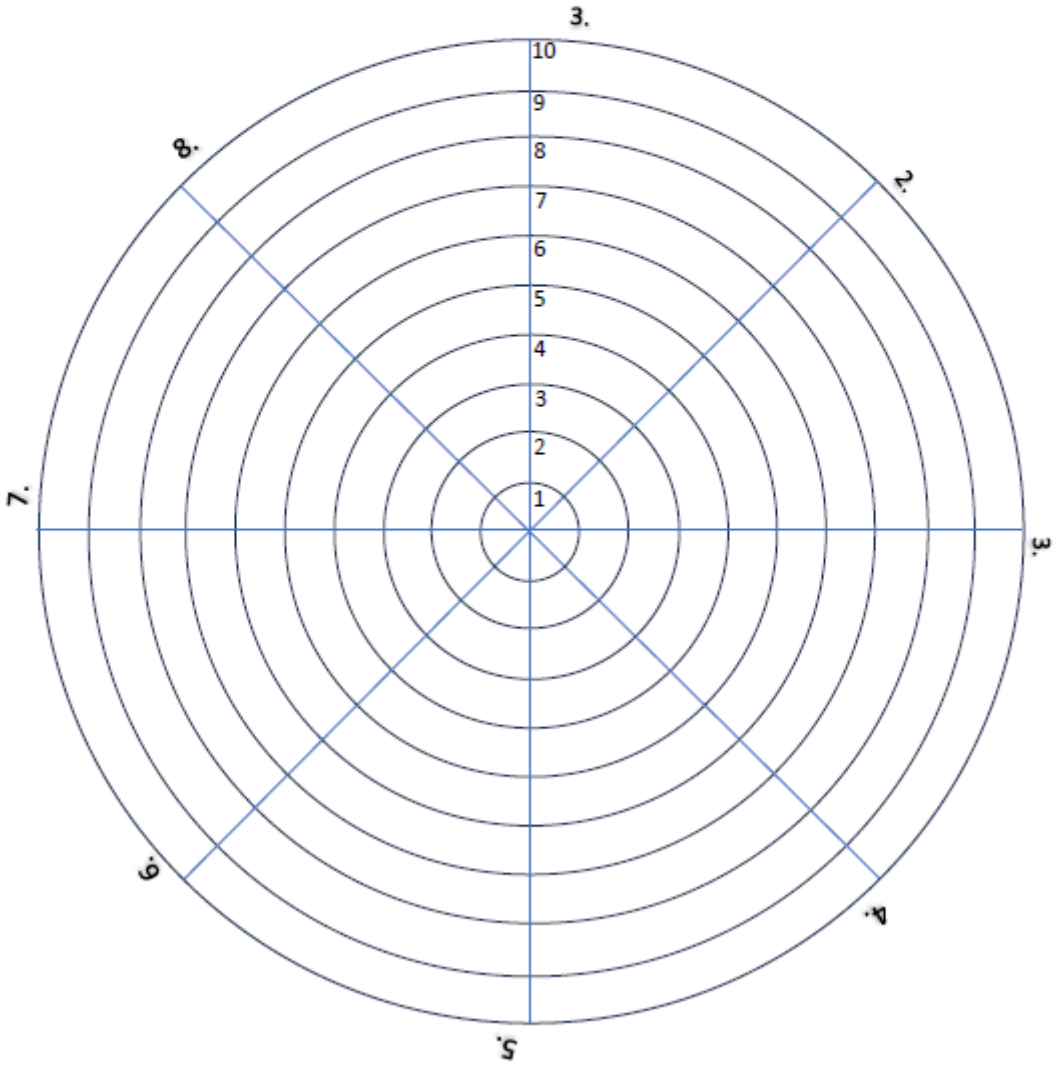
3. Once you are happy with your chosen scores for each area, mark each score on the appropriate section of the circle. You could use coloured pens to fill in each segment.

4. Opportunity for open-ended questions/comments.

Date: Version Number:
Participant ID:

**Identified Areas for Change (replicate from baseline)**

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____



Date:
Participant ID:

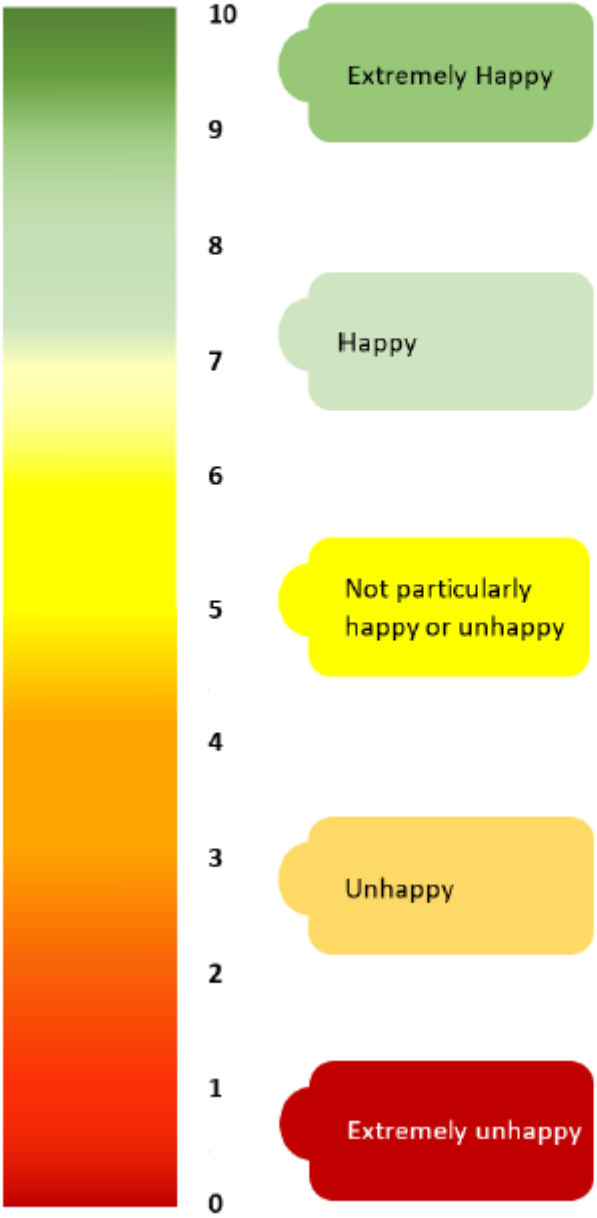
Version Number:

**LIKERT Scale**

Thinking about (*the area of change identified*), over the last month, how happy have you been with this area of your life? Mark your score on the scale below.

For example, if there was nothing you would want to change and you didn't need any support or help, you might rate this as a 9-10. If you were really struggling and needed support, you might rate this as 0-1.

***Notes:***



Date: Version Number:
Participant ID:

## Participant Reported Experience Measure (PREM): FOLLOW-UP

This questionnaire asks about your experiences of receiving care. You may remember that we asked you to fill out this questionnaire at the start of this research study. Now that this part of the study is finishing, we would like you to complete the questionnaire again. This will help us evaluate how successful the intervention has been.

1. Last time, you identified several aspects that are important to you when accessing or working with a service (*show participant the filled in circle; recap*).

2. For each aspect identified, consider how happy or unhappy you are with how you have been treated **in the past month** when accessing or working with services on a scale of 0 (extremely unhappy) to 10 (extremely happy). For example, if you feel that services have not communicated information well with you, this may be scored as a 1-2. If you feel that flexibility of appointments was particularly helpful, you may score this as a 9. Please use the scale to help you fill in this section.

   *Researcher to use the LIKERT scale as an opportunity to gather qualitative data/prompt discussion. For example, prompt the participant to reflect on why they have chosen that score, compare and contrast to baseline score, (including positive or negative examples), and to discuss to discuss how they feel the situation could be improved / what was and wasn't helpful.*

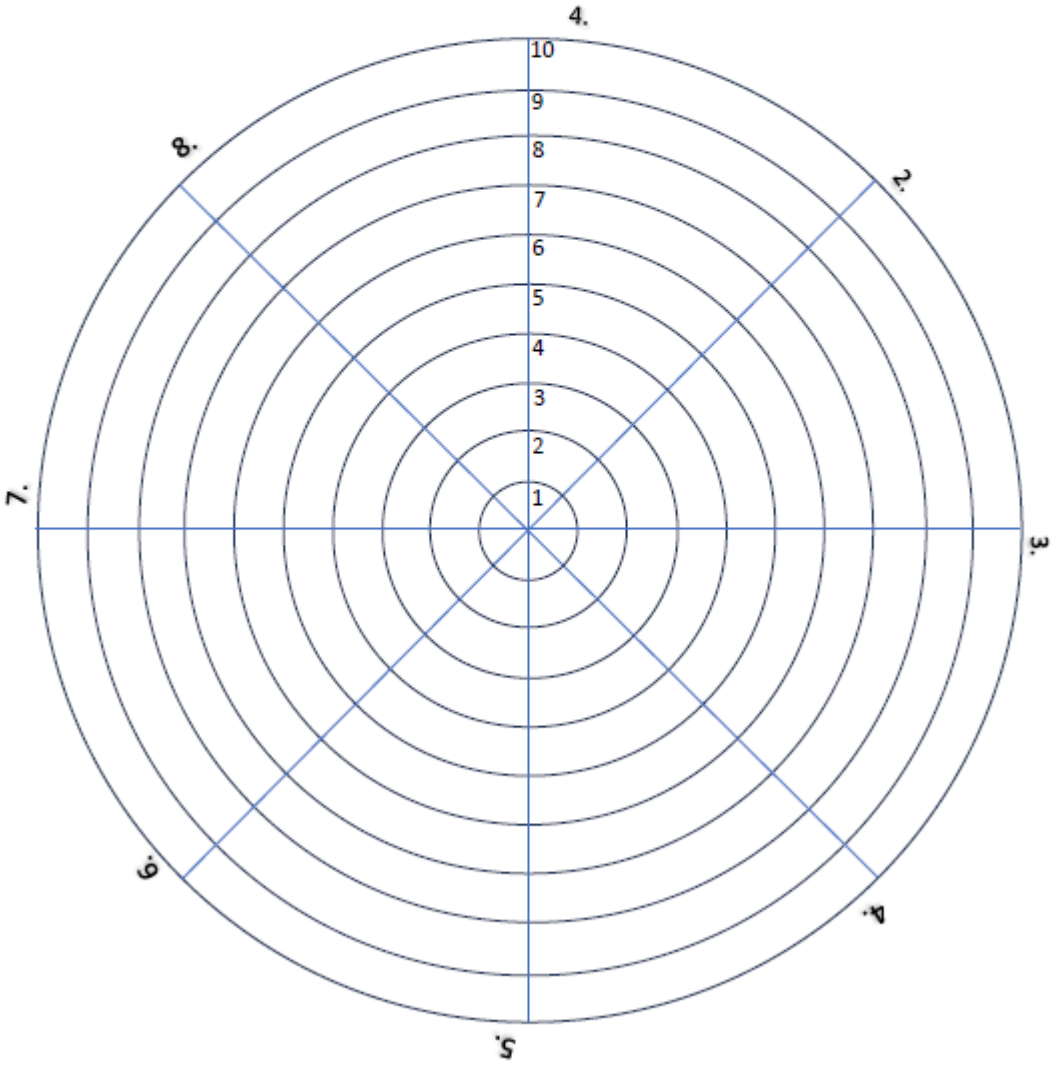
3. Once you are happy with your chosen scores for each area, mark each score on the appropriate section of the circle. You could use coloured pens to fill in each segment.

4. Opportunity for open-ended questions/comments.

Date: Version Number:
Participant ID:

**What is important to you when accessing a service? (replicate from baseline)**

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____



## Appendix G – Participant Information Sheet for Taking Part in Wider Project

The participants consented to take part in the wider project, part of that was completing the PREM and PROM. This participant information sheet was reiterated during this research, as well as recorded verbal consent.

PfC V3.1 090123

**Partnership for Change**
**Interview Participant Information Sheet**

**Invitation to take part**

We would like to invite you to take part in the ***Partnership for Change*** project. This is a research study about support services for families with young children (aged 0-5) with a social worker. We are gathering views from a range of perspectives to help inform the development of a new support service, Infant Parent Support (IPS). Before you decide if you would like to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish. Ask us if there is anything that is not clear or if you would like more information.

**What is the research about?**

We want to find out how best to support families with young children who have a social worker. We are particularly interested in exploring the effectiveness of a new service, Infant Parent Support (IPS), which we are codeveloping and codesigning with parents and practitioner stakeholders. We are gathering the views and experiences of a range of stakeholders to inform the development of this new support service.

**Why have I been asked to take part?**

You have been asked to take part because you are either a parent with lived experience of Social Work intervention or a professional with experience in this area.

**Do I have to take part?**

No, you do not have to take part in the research, and it will not affect any social work, medical/psychological services or treatment that you are receiving. You are free to withdraw from the study at any time. You can also refuse to answer any questions that you do not feel comfortable with.

---

University of Glasgow Project ID: 316 250

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

If you are interested to find out more, one of researchers will be in touch to discuss the project with you. You will have the chance to ask questions. If you would like to take part, you will be asked to sign a consent form.

You will then take part in either a 1 to 1 interview or a focus group with a small number of other stakeholders. These will take place either in person or online via Microsoft Teams or Zoom, whichever suits you best. This will enable us to gather your views.

**What will happen with the interview information?**

These interviews will be audio recorded, to allow your insights to be captured properly and then typed verbatim by a member of the research team, so that the content can be used to inform the research. All interviews will be anonymised so that participants will not be identifiable in any reports which will be produced as a result of the research.

**Who will know I am taking part in the study?**

Only certain members of the research team will have access to your information to phone you or to arrange to meet with you. It is a requirement that your records in this study are made available if requested by monitors from the Sponsor, the University of Glasgow. The Regulatory Authorities, whose roles it is to check this research is properly conducted and the interests of those taking part in this study are protected, may also need to look at your records.

**Will my information be protected?**

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. Any comments you make will be anonymised in any outputs.

All information which is collected about you during the research, including identifiable data, will be kept strictly confidential and will be held securely for 10 years after the study has ended in accordance with the latest Data Protection legislation.

The University of Glasgow is the Sponsor and Data Controller for this study and are responsible for looking after your information and using it properly.

The research team, including researchers from the University of Glasgow, will have access to your information. They will use your name and contact details to contact you about the study, to make sure that relevant information about the study is recorded, and to oversee the quality of the study.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate.

Other researchers may wish to access data from this study in the future. However, it will not be possible to identify participants from this data because it will not include names, addresses or dates of birth. The sponsor will ensure that other researchers comply with legal, data protection and ethical guidelines and have ethics approval for their research.

**What are the benefits of taking part?**

There may be no direct benefit to you. The main benefit of your participation in the study is to help us understand how effective certain types of services and treatments are for families in need of support. You may be helping to find better ways for families to get the best kind of help in the future. If you decide not to take part, you will still receive the support you would normally receive from social work and any other services you receive.

**Is there a downside to taking part?**

We do not expect that taking part will cause you any problems. If you find taking part in the research distressing, you can discuss this with us and you are free to stop at any time. We have also provided information at the end of this leaflet on where you could access confidential support if you feel you need it.

If you share information that makes the research team concerned for your safety or the safety of other people we have a duty of care to tell others who are involved in working with you. We will always notify you beforehand if we are going to do this and explain why.

If at any point during the research process there is a question about your capacity to continue with the research, we would terminate the session immediately and consult with your direct care team. We will of course discuss this with you fully before talking with anyone. If this occasion were to arise and your capacity is restored, we would require confirmation with your direct care team before continuing with any assessment.

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

The results will be published in a health science journal and the research team will make sure that the general public know about our results. Your name will not be used in any report.

**Can I speak to someone who is not involved in the study?**

Yes, for independent advice about this study please contact…

Dr Lynda Russell

Mental Health and Wellbeing

Academic Centre

Gartnavel Royal Hospital

Glasgow, G12 0XH

Tel: 0141 211 3912

Email: lynda.russell@glasgow.ac.uk

**Who is organising and funding the research?**

The University of Glasgow is the organiser of the research as well as the

Chief Investigator Professor Helen Minnis (contact details are provided at the end of this information sheet).

The What Works for Children's Social Care (WWCSC) is providing the funding for this research.

**What if I have any further questions about the study?**

If you would like to talk about the study further or have any questions about your participation, please contact Prof Helen Minnis (Chief Investigator) or Judith Fisher (Project Manager). Their contact details are listed at the end of this information sheet.

**What if something goes wrong?**

If you have a concern about any aspect of this study, you should ask to speak with the researcher who will do their best to answer your questions.

If you remain unhappy and wish to complain formally you can do this through the University of Glasgow complaints procedure here: https://www.gla.ac.uk/connect/complaints/howtomakeacomplaint/

If taking part in this study harms you, there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have ground for legal action but you may have to pay your legal costs.

**Who has reviewed the study?**

The study was reviewed and approved by the University of Glasgow Research Ethics Committee.

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

Researcher Contact Details:

Prof Helen Minnis
University of Glasgow
General Practice and Primary Care
House 1 (Academic CAMHS),
1 Horselethill Road
Glasgow
Tel: 0141 201 9239
E-mail: helen.minnis@glasgow.ac.uk

Judith Fisher
University of Glasgow
Level 4, West Glasgow Ambulatory Care Hospital,
(Academic CAMHS)
Dalnair St
Glasgow
Tel: 0141 201 9239
E-mail: judith.fisher@glasgow.ac.uk

## Appendix H – Consent Form Template

PNC Participant Consent Form (version 3 09.1.2023)



Please read the following statements and initial in the box:

| | |
|---|---|
| 1. I confirm that I have read and understood the information sheet and have had the chance to ask questions about the project and my participation. | |
| 2. I confirm that I can be contacted in the future by a member of the Partnership for Change Project Team to discuss possible participation in further research arising from this study. I understand that this will not commit me in any way to taking part in further research. | |
| 3. I understand that I do not have to take part in the research and I am free to withdraw at any time without giving any reason, and without my medical or legal rights being affected. | |
| 4. The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymisation of data, etc.) to me. | |
| 5. I agree for my GP to be informed about my participation in the study. | |
| 6. I agree to the study team accessing routinely collected health and social care data about me and my child | |
| 7. Interviews may be recorded and transcribed by a member of the research team. Following transcription the original recording will be destroyed and all personal data removed from the transcription. I agree to my interviews being recorded and transcribed for this study. Any quotes taken from transcriptions will be anonymised. | |
| 8. (i)I would like to receive a copy of the research findings (please delete as necessary)<br>(ii)My preferred method for receiving the results is via (please delete as necessary) | Yes/No<br>Email/Post |
| 9. I understand that data collected during the study may be looked at by individuals from the University of Glasgow (study sponsor) or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records. | |
| 10. I consent to members of the research team obtaining routinely collected health data including from my medical notes | |
| 11. I voluntarily agree to participate in the study. | |

If you have any further questions about the study please contact:
**Prof Helen Minnis: 0141 201 9239**

**I consent to take part in the Partnership for Change Project:**

Name (Printed): ..... Name (Signed): .....

Date: Date:

Researcher's Signature: .....

Researcher's Name (Printed): ..... Date:

## Appendix I – Topic Guide

Consent was requested through the Partnership for Change Trial; verbal consent was also confirmed before the start of the focus group. Please see consent statement below.

**MRP Focus Groups – Consent Statement and Topic Guide**

**Facilitator Introduction**

My name is Tricia Hart, and I am currently training to become a Clinical Psychologist. I am currently in my 2nd year of a Clinical Doctorate at University of Glasgow. As part of the course, I have been given the opportunity to conduct a piece of work with Dr Helen Minnis and Karen Crawford.

The aim of this research is to explore how to measure the right things and work collaboratively with experts by experience (EbE). Today we would like to invite you to speak about your experiences and outcome measures that have been previously used. The first few questions are around what was good and what wasn't good about the support that was offered, we would like you to draw on your experiences. Then we will discuss outcome measures.

First, I am going to introduce a little more information about the piece of work that I would like to discuss with you in the focus group today and then ask you for your verbal consent to take part.

**Introduction to the Study**

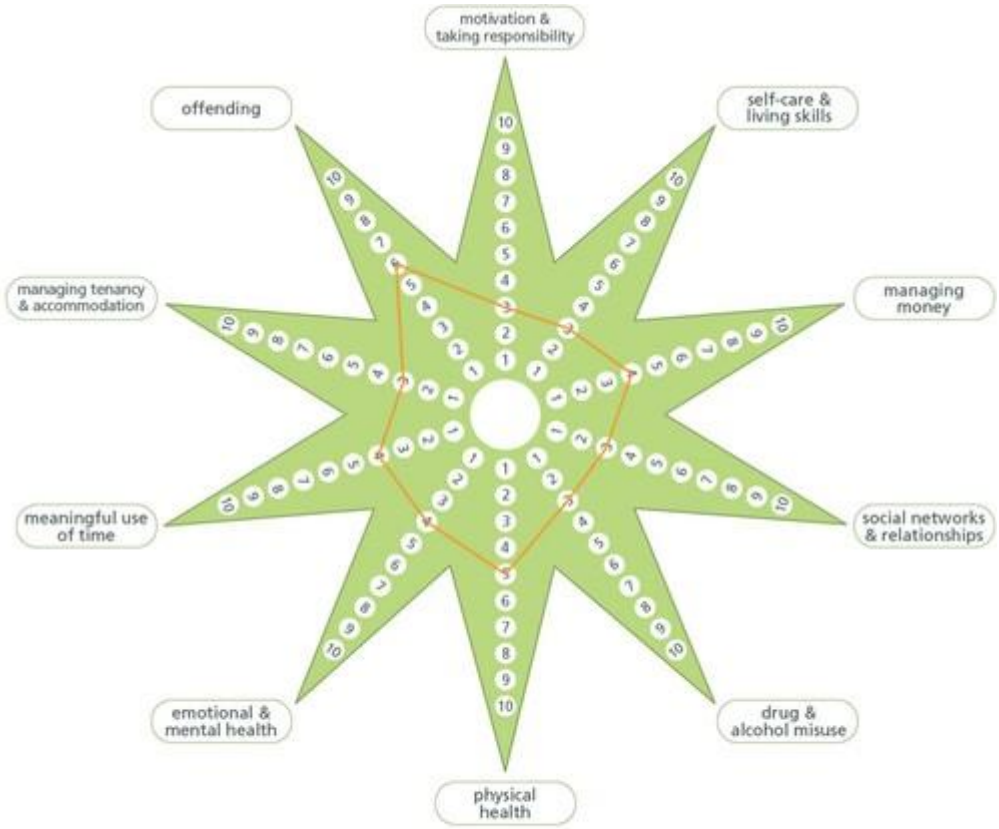
- Background – Partnership for Change- Infant Parent Support (IPS): Developing a parent-centred outcome measure with parents of children receiving support for health and social care.
- An outcome measure is a method used to capture change or performance through the use of a questionnaire.
- Outcome Measures are an important part of gathering information to assess the difficulties that people are experiencing and what is important to them. Outcome measures developed by EbE have many benefits.
- Parents that have experience of working alongside social work and health services are more aware of what information is important to them. Clinicians develop outcome measures from a different perspective.
- Conducting two focus groups, in Scotland and England, will allow us to ask questions about outcome measures and what could be added to make things easier for parents.
- The idea is to take the outcome measure developed in the focus groups and conduct a small pilot. Feedback will then be sought and amendments will be made.
- We aim for the outcome measure to be easy to read, clear and effective at communicating information.
- Developing a more accurate outcome measure will have the aim of raising important issues quickly and effectively. We hope that in turn, this will help services to build support specific to the information that is being raised in the outcome measures. Overall people will get the support that they need more efficiently.

**Verbal Consent**

- This is a University of Glasgow research focus group, which has been approved by the University of Glasgow MVLS Ethics Committee.
- Participating in the group is voluntary and you can withdraw at any time by simply leaving the face-to-face or online meeting.

## Appendix J – Focus Group 1 & 2 Stimulation Material

### Figure J1 – Outcome Star Prompt




Homelessness Star™ © Triangle Consulting Social Enterprise Ltd
Authors: Sara Burns, Joy MacKeith and Kate Graham
www.outcomesstar.org.uk

Link: What is Outcomes Star? - Outcomes Star

**Figure J2 – Initial Concepts from Focus Group 1 and 2 Transcripts**

(Images Compiled by Dr Jaycee Pownall)

## Draft Parent Reported Outcome Measure (PROM) and Parent Reported Experience Measure (PREM)

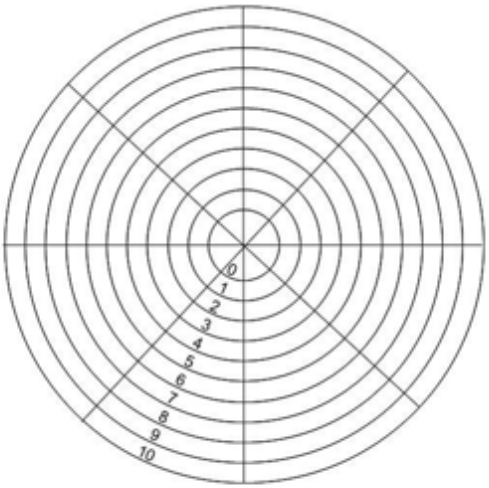
### Introduction

This is a person led PROM and avoids having pre-determined items listed to allow the participant to nominate their key concerns or desired outcomes. This is to enable the most pressing information to be captured using a person's own words. However, as it is recognised these can be difficult to generate without prompts, a list of potential outcomes will be provided from which participants can select if required. This will be the same for the PREM regarding the process/experience of care.

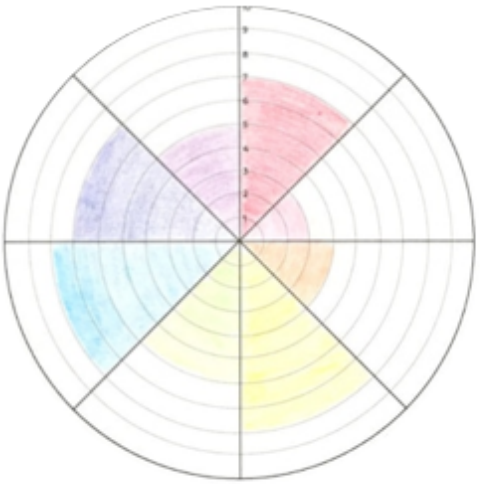
For the PROM, the 'Circle of Change' will be used to give a visual representation of the way a participant's life is currently, and tracks how it changes over a given period (for example, though involvement in the research study) in domains identified as being important to the participant. The same will be true for the PREM and changes to the process or experience of care will be tracked.

It has been called the "Circle of Change" because each of the areas of the participants life that they want to see change / aspects of care that are deemed important are mapped on a circle. The more positive a participant rates an area, the more of the triangle is filled in. How the circle changes at time point 1 and time point 2 will help to evaluate the impact of the intervention.

Example of blank circle

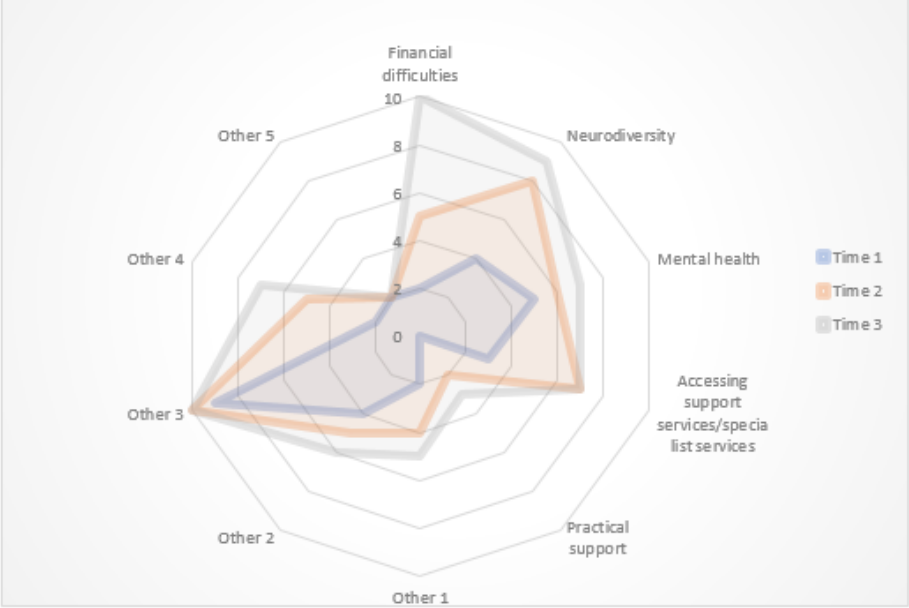



Example of filled in circle



The scores can be mapped onto a chart to allow change to be captured numerically, as shown below:

## Figure J3 – Draft Outcome Measure Instructions




Below is a template of the measure and instructions. This is a draft and comments regarding working and layout are needed.

### Participant Reported Outcome Measure (PROM)

This questionnaire asks about difficulties that you may be currently experiencing. We will ask you to fill out this questionnaire at the start of this research study and at the end to help us to evaluate how successful the intervention has been.

1. Firstly, identify six to eight areas of your life that are important to you now and that you would like to see a change in. These might be areas of your life that you are struggling with and feel you could do with more support. They may be areas that relate to you (e.g., your mental health) or a member of your family (e.g., your child's mental health).

   If it helps, you can use the list below to you identify these areas (see end of document). These are areas that other families have told us they find difficult and may need additional support.

2. Write down these areas on the diagram, one on each section of the circle.

   For each area of change identified, consider how satisfied you are with this area of your life on a scale of 0 (not at all/ need support) – to 10 (extremely/don't need support). For example, if you are really concerned with your child's mental health and feel that you need extra support, you may score this as a 1. If you feel you are managing financially quite well at the moment, you may score this as a 9.

   Mark each score on the appropriate section of the circle. You could use coloured pens to fill in each segment.

3. Qualitative questions – *some ideas*:
    a. The categories maybe quite broad, and the participant may split it into different aspects (for instance, neurodiversity may cover managing behaviour at home versus impact on school?) this may be captured here.
    b. This chart doesn't really capture priorities; not all areas will need equal attention /priority.
    c. Any other comments that arise.
    d. Include space after discussing each aspect (e.g., financial, practical help etc.) to allow participant to add comments.
    e. Another option could be asking what was helpful/unhelpful in achieving this change?

### Participant Reported Experience Measure (PREM)

This questionnaire asks about your experiences of receiving care. We will ask you to fill out this questionnaire at the start of this research study and at the end to help us to evaluate the quality of care that you have received during the intervention.

1. Firstly, identify six to eight areas that are important to you when accessing a service. These might be things that you have not found particularly helpful in the past or things that have really made a difference to your or your family's care.

   If it helps, you can use the list below (see end of document). These are areas that families often report as being important when they are accessing services.

2. Write down these areas on the diagram, one on each section of the circle.

*This is the tricky bit – usually a PREM is administered after an intervention, to assess participant's experiences of it rather than pre/post. Some options:*

a. *We ask participants how important this area is to them now, and we can capture whether it has been achieved/ where discrepancies exist.*
b. *In time 1 we just simply generate the categories from participants, and then see how well these have been achieved (more typical PREM)*
c. *Ask participants how they have been treated in past and compare to current experience. Not as reliable option and hard to interpret.*
d. *Or other suggestions please!*

3. Consider each area in turn, consider how important this is to you when you are accessing services on a scale of 0 (not important at all) – to 10 (extremely important). For example, if feeling listened to is very important to you, you may score this as a 9. If you feel being treated in a sensitive manner is not that important to you, you may score this as a 2.

   Mark each score on the appropriate section of the circle. You could use coloured pens to fill in each segment.

   In the follow up administration, participants could be asked on a scale of 0-10, how well did practitioners listen to you, etc. in areas identified as important.

4. Qualitative questions:
    a. As with PROMs.
    b. Any other comments that arise.

## List of potential categories

These lists have been generated through focus groups with parent collaborators. It is not an exhaustive list and could do with expanding further.

In addition, categories presented here are quite broad. PROMs in healthcare tend to focus on specific outcomes (e.g., mobility, selfcare, pain) so with parent collaborator help we could break down the suggestions below further. For example, financial difficulties could be broken down to housing, employment, etc…

### PROM:

- Financial difficulties
- Neurodiversity (of parent and/or child)
- Mental health (parent/ child)
- Family relationships / parenting
- Education (school / nursery support)
- Employment / training
- Physical health (parent/ child)
- Accessing support services/ receiving support from specialist services
- Practical support– e.g., signposting to other services, completing forms.
- Community support / involvement

There are two types of PREMs in the general literature; functional and relational. Functional questionnaires ask the participant about practical issues such as waiting times and facilities. Relational questionnaires ask the participant about their experience of the treatment relationship. For example, did they feel listened to, could they take part in the decision-making. Our focus group participants only referred to relational, but should we include an option for functional too?

### PREM:

**Relational:**

- Developing relationships
- Services listening / let you tell 'your story'
- Showing care and compassion / interested in you as a whole person
- Being sensitive
- Respectful
- Trauma informed services
- Non stigmatising / non-judgemental (awareness of family's wider struggles and need for support)
- Practitioners being approachable / friendly and warm
- Honestey and transparency (communication)
- Awareness of the barriers that families may have in utilising services (fear, anxiety, MH)
- Strengths-based approach
- Involving in decision making
- Explaining things clearly

**Functional:**

- Waiting times
- Facilities available
- Refreshments
- Accessibility

## Appendix K – Reflexive Thematic Analysis of Transcript – Examples of Initial Coding

*Full transcripts available upon reasonable request*

| Overarching Theme | Sub-theme | Quotes |
|---|---|---|
| Power Dynamic | Misuse of Power / Hierarchy / Interpersonal Skills | *"because things get twisted and used against you"* (Eleanor)<br><br>*"Some very stuck up and nasty and very rude."* (Eleanor)<br><br>*"My child was her first family experience, and she spoke to me quite often, like she was talking to one of the inmates"* (Justine) |
| Initial Impressions | The Initial Meeting / Preparation Beforehand | *"Don't come in stiff. Come in friendly, come in approachable"* (Rosa)<br><br>*"Check your homework before going into the home. Not a lot of people do their homework before."* (Rosa)<br><br>*"In services would need to have, you know, gone and read up on people's stories. You know, so that they're not thrashing all of that stuff out again because that can be very detrimental to families as well."* (Justine)<br><br>*"I said, have you done your homework? Have you read up on our past in the last couple of years and she actually had. And that was really helpful because, you know, you bury things as well and you don't necessarily wanna bring it back or you don't upset your children anymore"* (Rosa) |
| Trust | Fear of Repercussions | *"scared to trust them…things get twisted and used against you"* (Eleanor)<br><br>*"When you're in this type of environment, when you go through the stuff that some you know, a lot of parents, families go through. With regards to addiction and multigenerational disorder, and all of that stuff. And you find it very difficult to trust."* (Justine)<br><br>*"[They said] 'You know, they're gonna believe me before they believe you'. So these are the kind of things that people have to put up with and then, you know, there is that realisation of no wonder there's fear. And mistrust within social work services."* (Justine)<br><br>*"If you are going to pass information on to another service let them know so they are aware if it's going to be bad news don't tell them at a meeting with loads of different workers as that can make you emotional as hearing it from the first time. Then they use your reaction against you to say you are angry or unstable."* (Eleanor) |
| Relational Approach | Friendliness, Respect | *"be a bit more friendly with people, you know, at the end of day, we're all human"* (Rosa) |

| | | |
|---|---|---|
| | | *"Everyone's unique."* (Rosa)<br><br>*"Just be nice people show respect. You get respect back"* (Eleanor)<br><br>*"The workers should know the kid there working with and say hello to them my boys never knew some workers so would act very uncomfortable with them in the house and act up making me more on edge."* (Eleanor)<br><br>*"Whereas I'm afraid that the moment it's pretty much a case of if you've had a social worker who lacks understanding or empathy. Then it's going to be a case of I'm here for your child. No for you. There is no support for the parent. You don't deserve support. Maybe that's why the cycle goes over and over and over again."* (Justine)<br><br>*"Just be kind and respectful, give them the time of day to try and understand there issues instead of judging them and using them against them. They would use my lifestyle and go on for ages [in meetings] then quickly get in we have no concern about her parenting they have a great bond."* (Eleanor) |
| Invasive | Vulnerability | *"In services would need to have, you know, gone and read up on people's stories. You know, so that they're not thrashing all of that stuff out again because that can be very detrimental to families as well."* (Justine)<br><br>*"having to retell your story and retrigger"* (Justine)<br><br>*"There is no need to bring back old trauma from years ago if you are not living that lifestyle anymore."* (Eleanor)<br><br>*"You're opening up old wounds, which you don't really need to be doing"* (Rosa)<br><br>*"Things that have happened so, so long ago you asked for help gets used as a concern against you"* (Eleanor)<br><br>*"Those kind of experiences was extremely difficult on top of, you know, the trauma that I went through then having my child not having that bonding, you know, and to be thrown with these things."* (Justine) |

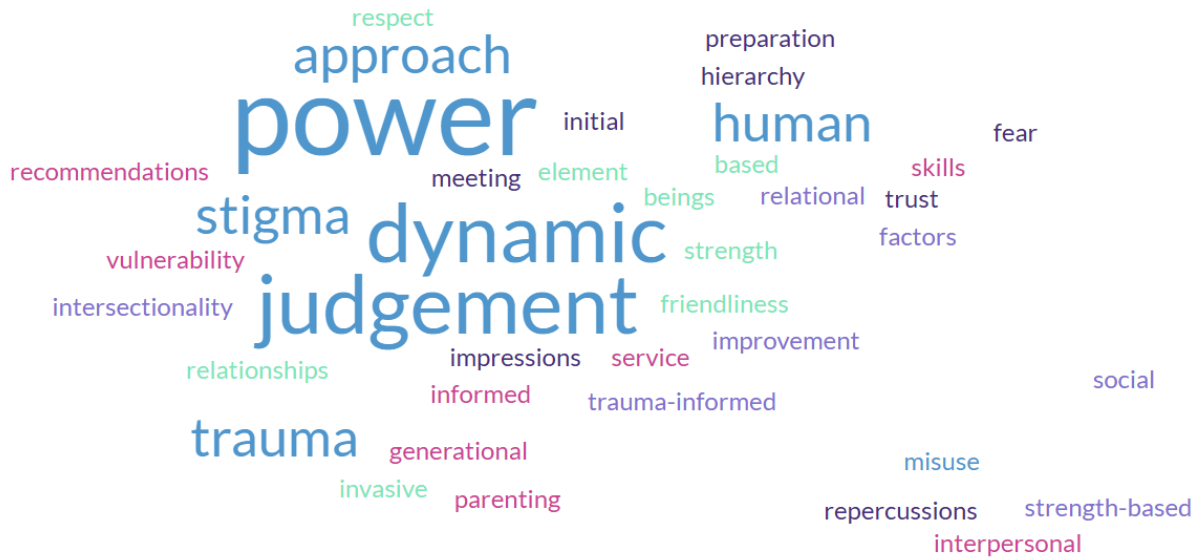
| | | |
|---|---|---|
| Judgement | Stigma | *"Some do come into the households where, you know they've already made their judgement"* (Justine)<br><br>*"As people hear that you're a parent who's had addiction issues or, you know, real and severe mental health, then it's almost like, well, you can't be a good mother because you've got social work involvement."* (Justine)<br><br>*"The social worker for me had already made-up her mind."* (Justine)<br><br>*"try and have that understanding of that they're gonna come in here with a judgement anyway"* (Justine) |
| Generational Trauma | Parenting | *"You know, it's sometimes parents don't have an understanding if they have not been parented themselves properly."* (Justine) |
| Trauma-informed Working | Recommendations on Service Improvements | *"get trauma-informed working out there"* (Justine)<br><br>*"You need to have bullet points, what you're going with. You know your trigger points"* (Rosa)<br><br>*"Just be nice people show respect. You get respect back. we have to get to this stage where if people are genuinely reaching out for help, they shouldn't be slated for it and they shouldn't be treated like a piece of crap for doing it as well"* (Justine)<br><br>*"We have to get to this stage where if people are genuinely reaching out for help, they shouldn't be slated for it and they shouldn't be treated like a piece of crap for doing it as well"* (Eleanor)<br><br>*"Personally it would be that whole trauma-informed working. You know having a look through the case notes finding out should you be telling anybody anything because that's dangerous. Should you be you know, getting an understanding of that person's history. You know, in realising that there is going to be trust issues, there is gonna be a case of they might not want to work with me. They might have problems opening up. It all just to be able to get that piece of work from the very start."* (Justine) |

| **Full Key Quotes from Transcript** |
|---|
| • *"Was on a supervision order myself when pregnant had social work on and off for 10 years. You get scared to trust them because things get twisted and used against you. They focus on the negative not the positive. I have had a number of different social workers over the years some great and some very stuck up nasty been very rude. Just be nice to people show respect and you will get respect back."* (Eleanor) |
| |

- *"When you're in this type of environment, when you go through the stuff that some you know, a lot of parents, families go through. With regards to addiction and multigenerational disorder, and all of that stuff. And you find it very difficult to trust… saying things like, you know, you'll always be a wee alky mother, and you'll never come here anything, and you know, and these were the things that I was having to take because she also stated that. And you know who they gonna believe? When I said about putting a complaint in, who they going to believe? A wee mad alky mother or… a social worker, an upstanding social worker and you know, just things like that. They absolutely pull you right back down into the gutter because you just feel like you're worthless."* (Justine)

- *"Whereas I'm afraid that the moment it's pretty much a case of if you've had a social worker who lacks understanding or empathy. Then it's going to be a case of I'm here for your child. No for you. There's no support for the parent. You don't deserve support. Maybe that's why the cycle goes over and over and over again".* (Justine)

**Word Cloud of Main Themes during Theme Development (Latter stages of theme development)**




**Main Themes**:

Social Factors, Intersectionality and Judgment

Power Dynamic

Trauma-Informed Approach

Relational and Strength-Based Approach.

## Appendix L – Standards for Reporting Qualitative Research (SRQR)

https://www.equator-network.org/reporting-guidelines/srqr/

| Title and Abstract | Page/line no(s). |
|---|---|
| **Title** – Concise description of the nature and topic of the study identifying the study as qualitative or indicating the approach (e.g. ethnography, grounded theory) or data collection methods (e.g. interview, focus group) is recommended | Title page, p.39, line no. 893-901 |
| **Abstract** – Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions | Abstract, p.41, line no. 930-958 |

**Introduction**

| | |
|---|---|
| **Problem formulation** – Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement | Introduction, p.42-44, line no. 960-1051 |
| **Purpose or research question** – Purpose of the study and specific objectives or questions | Aims and Research Questions, p.44, line no. 1041-1051 |

**Methods**

| | |
|---|---|
| **Qualitative approach and research paradigm** – Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/interpretivist) is also recommended; rationale** | Research Design p.45, line no.1053-1061 |
| **Researcher characteristics and reflexivity** - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential for actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability | Positionality, p.47, line no. 1116-1121 Appendix M, p.164, line no. 1917-1926 |
| **Context** – Setting/site and salient contextual factors; rationale** | Participants & Recruitment, p.45, line no. 1062-1077 |
| **Sampling strategy** – How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale** | Participants & Recruitment, p.45, line no. 1062-1077 |
| **Ethical issues pertaining to human subjects** - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues | Ethics and Governance, p.47, line no. 1127-1141 |

| | |
|---|---|
| **Data collection methods** – Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale** | Procedures, p.46, line no. 1090-1094 |
| **Data collection instruments and technologies** – Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study | Materials and Measures, p.45-46, line no. 1078-1089 |
| **Units of study** – Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results) | Participants & Recruitment, p.45, line no. 1062-1077 |
| **Data processing** – Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts | Analysis, p.46-47, line no. 1095-1115<br>Appendix K, p.157-160, line no. 1892-1895 |
| **Data analysis** – Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale** | Analysis, p.46-47, line no. 1095-1115<br>Appendix K, p.157-160, line no. 1892-1895 |
| **Techniques to enhance trustworthiness** - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale** | Analysis, p.46-47, line no. 1095-1115<br>Positionality, p.47, line no. 1116-1121<br>Appendix M, p.164, line no. 1917-1926 |

**Results/findings**

| | |
|---|---|
| **Synthesis and interpretation** – Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory | Results, p.48-58, line no. 1148-1361 |
| **Links to empirical data** – Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings | Results, p.48-58, line no. 1148-1361 |

**Discussion**

| | |
|---|---|
| **Integration with prior work, implications, transferability, and contribution(s) to the field** – Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field | Discussion, p.58-63, line no. 1362-1521 |
| **Limitations** – Trustworthiness and limitations of findings | Limitations, p.62-63, line no.1504-1521 |

**Other**

| | |
|---|---|
| **Conflicts of interest** – Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed | Positionality, p.47, line no. 1116-1121<br>Appendix M, p.164, line no. 1917-1926 |
| **Funding** – Sources of funding and other support; role of funders in data collection, interpretation, and reporting | Appendix N, p.165, line no. 1928-1937 |

**SRQR Reference:**

O'Brien, B. C., Harris, I. B., Beckman, T.J., Reed, D. A., & Cook, D. A. (2014). Standards for Reporting Qualitative Research: A Synthesis of Recommendations. *Academic Medicine, 89*(9), 1245–1251. https://doi.org/10.1097/ACM.0000000000000388

## Appendix M – Positionality Statement

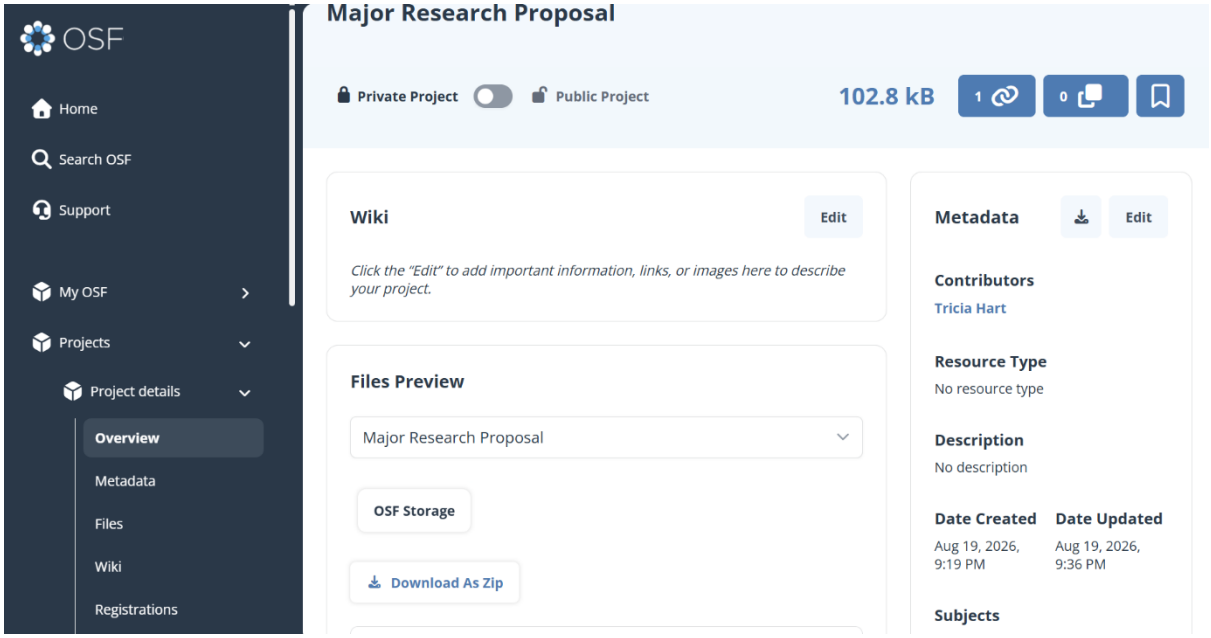
I acknowledge that my positionality influences this research: it is written from a feminist methodology with the aim of generating true and accurate information from the women participants' lived experience. I grew up in an area with socioeconomic deprivation. I am aware, from my own lived experience, of the roles and responsibilities of professionals in positions of power. This experience underpins my motivation to explore methods that help to reduce the power dynamic between service users and professionals, while simultaneously supporting discussions around individuals' current issues in a meaningful way. My positionality influenced every stage of the research journey due to my pre-existing knowledge, biases, and worldview. My lived experience will undoubtedly have influenced my interactions during the focus groups, as well as my analysis of the transcript and the write-up.

## Appendix N – Major Research Project Proposal and Systematic Review Links and OSF Images

*Both can be viewed online at OSF.*

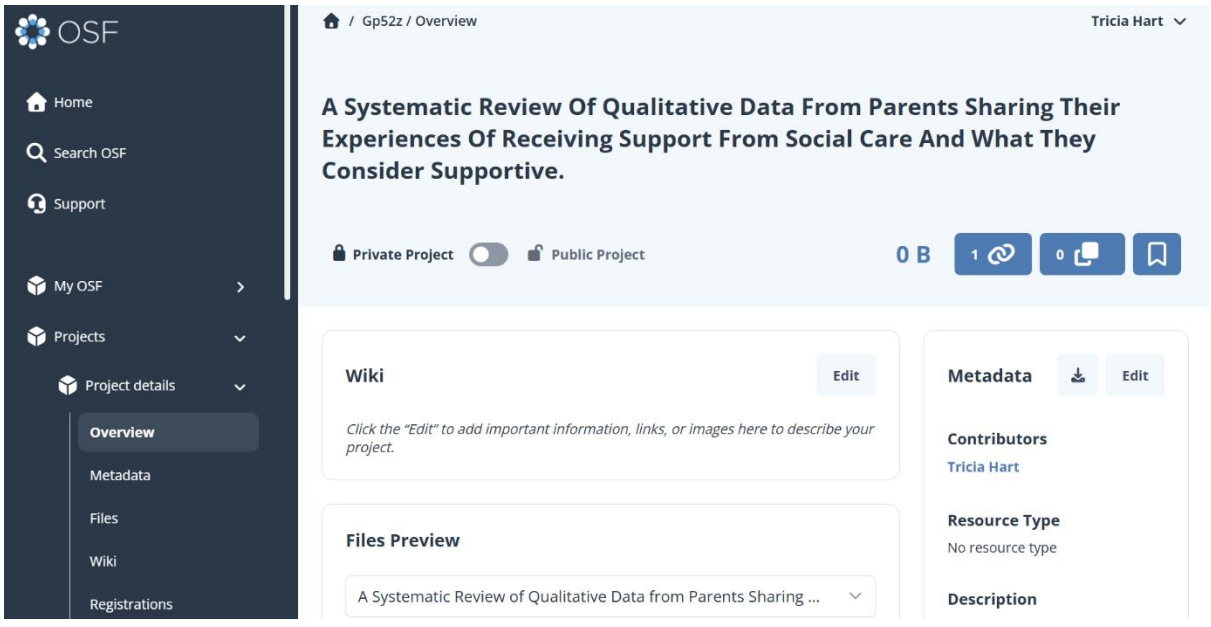
Link: MRP Proposal

*OSF image of MRP*




Link: Systematic Review

*OSF image of SR*



## Appendix O – Ethical Approval Letters and Reference Number

University of Glasgow
School of Health & Wellbeing

BC/PR

6th February 2024

Tricia Hart

Dear Tricia,

**Major Research Project Proposal**

**Parents sharing their experience of receiving support from health and social care and using this to develop a parent-centred experience and outcome measure**

The above project has been reviewed by your University Research Supervisor and by a member of staff not involved in your project and has now been deemed fit to proceed to ethics.

Congratulations and good luck with the study.

Yours sincerely

**Dr Breda Cullen**
**Senior Lecturer in Clinical Psychology**
**DClinPsy Research Director**

University of Glasgow

19th December 2023

Dear Prof Minnis,

**MVLS College Ethics Committee**

***Project Title: Partnership for change***
***Project No: 200220080***

The College Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. It is happy therefore to approve the project, subject to the following conditions:

- Consideration to changes suggested in the collated comments letter dated 19th December 2023.
- Project end date: As stated in application
- The data should be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's Code of Good Practice in Research: https://www.gla.ac.uk/media/media_490311_en.pdf
- The research should be carried out only on the sites, and/or with the groups defined in the application.
- Any proposed changes in the protocol should be submitted for reassessment, except when it is necessary to change the protocol to eliminate hazard to the subjects or where the change involves only the administrative aspects of the project. The Ethics Committee should be informed of any such changes.
- You should submit a short end of study report to the Ethics Committee within 3 months of completion.
- For projects requiring the use of an online questionnaire, the University has an Online Surveys account for research. To request access, see the University's application procedure at https://www.gla.ac.uk/research/strategy/ourpolicies/useofonlinesurveystoolforresearch/.

Yours sincerely

**Jesse Dawson**
**MD, BSc (Hons), FRCP, FESO**
Professor of Stroke Medicine
Chair MVLS Research Ethics Committee

Institute of Cardiovascular and Medical Sciences
College of Medical, Veterinary & Life Sciences
Room M0.05
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