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# **Family Stories; investigating trauma-informed narratives, change behaviours and environments in complex family experiences.**

## **Introduction**

In this paper we present our Interpretative Phenomenological Analysis (IPA) research project with parents who have experienced support from local early help social care services, broadly adopting a trauma-informed (TI) approach. Our participants had experienced a myriad of life stressors, including domestic abuse, multi-generational child abuse, mental health difficulties, and school and social exclusion. The project came from the lead author's (Emma Maynard) doctoral research investigating the lived experience of families receiving social care support. This was extended under the moniker *Family Stories*, with a small commission from the local authority and internal funding from the University.

Literature about trauma-informed practice reflects the impact of trauma, and the importance of outcomes from trauma-informed approaches (Knight, 2019), often through scoping reviews and meta analyses (Lindstrom Johnson et al, 2018). However there appears to be a gap in the literature about how trauma-informed principles are embedded into frontline practice, (Goodman et al, 2016), so to, the lived experience of trauma-informed services. The current research has two research questions. The first question (Phase 1) was *What is the parents' story of before, during and after intervention, and how does this illuminate systemic factors in changing ways of parenting?* A second study was developed, to address the question of how families are supported to sustain positive change in complex situations; *What are the lived experiences of parents who have successfully sustained change after intervention?* Our research acknowledges the importance of master narratives reflecting social norms and expectations which surround all members of society. Families in marginalised groups experience additional social judgement and pressure to conform,

articulated through mainstream culture. They may also experience these directly during intervention from support services (Stewart, 2020; Tew, 2019). Within this framework we noticed parents' lived experience of family crises, their meaning making, and their self-identified change behaviours. We also acknowledge the social expectation that parents, particularly mothers, are able to cope with family difficulties, despite the structural limitations imposed through neoliberal and responsabilization agendas, stigma and marginalisation (White et al, 2019).

### **Practice context**

In England, Children's Services are organised through a tier system. At Tiers 1-2, children's needs are managed by their family and school or setting, and primary healthcare. Tier 3 is targeted *early help* support which aims to prevent further escalation of complex problems which require the support of more than one agency (SCIE, n.d). Despite apparent power imbalances delineated by professional and cultural capital, help at Tier 3 remains informal and voluntary, meaning parents can decline support apparently without consequence. Tier 4 equates to statutory social services who are responsible for the protection of children (SCIE, n.d). At this level, consequences for non-engagement by families are determined by duly qualified personnel, who hold decision making power and responsibility for the potential removal of children into local authority care (Working Together to Safeguard Children, 2018).

Despite being termed *early help*, needs at this level are in fact very complex (Hood et al, 2020). While sometimes being preventative, early help is often either a step-down from social services, a latest episode in a case history, or, a 'new' child in a family. In none of these cases would family needs be 'early' (Maynard et al, 2019). Put simply, we suggest *early help* means the needs of the family appeared less serious than some others in the system

at their most recent point of contact with services. Furthermore, that the severity of those needs may change over time, denoting the fluctuating nature of family need between prevention and protection at tiers 3 and 4 (Hood et al, 2020) as reflected by our sample.

Evidence suggests fifty percent of families known to social care services relapse and return for further periods of intervention within five years, often with multiple occurrences per family (Troncoso, 2017). This creates enduring strain on children and families, and enduring crisis for the sector (Brooks and ADCS, 2018). Children at tiers three and four are known to be at a significant disadvantage, with clear associations between adverse childhood experiences (ACEs), poverty, compromised parenting capacity and systemic difficulties (Felitti et al, 1998; Metzler et al, 2017). However, critiques of the ACE's research identify a lack of focus on resilience and recovery, and its failure to acknowledge the wider issues of neoliberalism and responsabilization (Edwards et al, 2017).

Intervention with families begins with a practitioner or family member expressing a concern about a child, which triggers a referral to assess the child's needs (Working Together to Safeguard Children, 2018). The responsabilization of parents and parenting is apparent here, through idealised lifestyles articulated through mass media and community services, effectively used for political governance (Dahlstedt et al, 2014; Brown, 2021). Brown (2021) argues this aims to *correct* citizens to lifestyles which reflect expectations of policy makers to reduce dependence on public services. Society appears to denounce responsibility for the structural inequalities which lead to disadvantage, preferring to perpetuate a myth of choice by marginalised people. This denial of systemic factors of disadvantage in working class populations threatens the life chances of a much larger number of children and perpetuates the highly moralised role of parents (Liss et al, 2013); Simmons, 2020) and parenting pedagogies (Dahlstedt et al, 2014; Tew, 2019; Simmons, 2020). Despite support agencies' promotion of empowerment, choice, and collaboration with parents, (Knight, 2019), this sits

within the overall policy and practice agendas of responsabilization and neoliberalism. This presents an uncomfortable duality of “care with consequences” (Thoburn et al, 2013: 229).

## **Family Change**

Attempts to instigate family change requires parents to reconcile lived experience while responsabilization may perpetuate their challenges (Pycroft and Bartollas, 2014; Tew, 2019). Theories of Bruner (2002), Eisenberger (2012), Festinger (1957) and Cooper (2012, 2019) explain that social norms and exclusions motivate people to try and fit in, to feel safe in a complex world. Cognitive dissonance theory (Festinger, 1957; Cooper 2012, 2019) describes the discomfort of feeling one’s own lived experience is misaligned. This can materialise through a sense of rejection, disapproval or disconnection from social groups and authority figures, which results in a strong urge to realign with expectations and lessen the threat of rejection (Pycroft and Bartollas, 2016; Festinger, 1957; Cooper, 2012, 2019; Cooper and Carlsmith, 2015). Festinger (1957) argued that certain behaviours are used to minimise the significance of the disapproval or rejection, such as, downplaying, mirroring behaviours to *portray* meeting expectations, or, authentic adaptation, where change is not merely portrayed, but owned and sustained (Festinger, 1957; Cooper, 2012; Fivush, 2019; McAdams, 2013). Human beings learn and negotiate these expectations through scripted narratives (Bruner, 2002) which are embodied by familiar characters; the teacher, student, hero, villain and other archetypal representations. One example is the “good mother” which policy and practice actively encourages parents to enact, and by which professional agencies determine levels of risk to a child (Cramphorn & Maynard, 2021). However, even harmful behaviours can be normalised through acceptance, repetition and social congruence by people and systems that *matter*, with the potential to re-traumatise. Therefore, despite authoritarian

expectations from agencies, a family might resist change, or revert to former behaviours after a period of change (Pellegrini, 2009, Pycroft and Bartollas, 2016).

If valued social influences reinforce original behaviours, disapproval from authority figures will appear less relevant, and lead to decreased motivation for change (Pellegrini, 2009; Keddell, 2014; Cooper and Carlsmith, 2015). Given the power of authoritative agencies (Thoburn, 2013; Dahlstedt et al, 2014), people might *portray* required changed but meanwhile, return to patterns which feel subjectively more in-tune (Pycroft and Bartollas, 2016). The complexity of this position for families indicates the importance of asking how authentic change might best be supported to overcome well established but harmful patterns.

## **Methodology**

This project adopted a critical realist paradigm, which we combined with a social constructionist epistemology with realist ontology (Bhaskar, 2016; Sims-Schouten & Riley, 2019). Our method, Interpretative Phenomenological Analysis (IPA) is an inductive approach favouring small sample sizes so that individual cases can be thoroughly probed for the intricacies of idiosyncratic experience. Analysis of the data requires researchers to fully immerse themselves in multiple readings and annotations, with themes identified per participant. Cases are then brought together at superordinate level where observations can be drawn across the data set. IPA combines method and methodology, pertaining to a phenomenological, hermeneutic approach in which the researcher recognises they are limited to their interpretation of their participants' interpretation of their experience (Smith et al, 2009). IPA values subjective lived experience highly, and serves to locate perspective, while understanding this to be a key motivator for behaviour. Our guiding epistemological stance is that human beings construct events which are experienced as real, with conclusions reached through the interplay of interpretation and discourse (Smith et al. 2009; Bhaskar, 2016).

In this study, participants were parents whose families had last been seen in early help, but who may also have had social services support at other times. Our focus on parents illuminates their position amid social norms and expectations while professional onlookers both care for, and enact surveillance over them (Thoburn et al, 2013). Researchers have established a direct link between autobiographical narrative and identity, suggesting that those with strong self-narratives have fewer occurrences of depression, anxiety, and posttraumatic stress (Fivush, 2019). We have sought to identify narratives of change to understand how participants have interpreted events and constructed knowledge and self-identity (Gryzman and Mansfield, 2017) about their parenting.

The research was conducted in two phases: phase 1 with 13 participants and phase 2 with 11. In phase 1, the participants had experienced generalised family support at early help stage, working on a 1:1 with a practitioner. The phase 2 parents had experienced NVR (Non-Violent Resistance) support, which is an effective and targeted intervention for child to parent violence and conduct disorders. NVR aims to equip parents with specific strategies to deescalate children's behaviour and show unconditional love (Newman, Fagan and Webb, 2013; Omer and Lebowitz, 2016). Although the two groups had experienced these different services most recently, and participants from the NVR group reported sustained positive changes at home, these experiences are not isolated and the outcomes for families may also have been influenced by other factors over time.

Our findings have resulted from two qualitative studies, totalling N=24 interviews conducted between 2018 and 2020, through individual IPA semi structured interviews and a focus group where data analysis was sense-checked with a group of volunteer participants. Participants were recruited via the local authority, and coincidentally, all were white, with one mixed race family and two non-United Kingdom European families represented. 23 of the participants were female including one grandmother with parental responsibility, and one

father, with all participants identified as the main carer for the child, by the local authority. We acknowledge that there are further points to explore here, relating to racial and gender representation in both services and research as noted under *Limitations and Conclusions*. All parents were last seen by services at early help stage, but many were also previously known to social services. Collectively, the N=24 participants disclosed during interview experiences of; children removed (n=4), domestic violence (n=13), childhood abuse (parent) (n=5), estrangements (n=7), mental health issues for parent (n=12), child conduct disorder/challenging behaviour (n=17). These details were disclosed spontaneously during interviews; therefore, these factors are used to illustrate the complexity of family life, and apparent similarity across the two groups; they may not be exhaustive.

The homogeneity of this group (Smith, 2011) is brought to bear by shared experience of parenting and the social care system, its structures, priorities, and power imbalances (Keddell, 2014) which are experienced as real (Fletcher, 2016; Maynard et al, 2019; Maynard et al, 2022). We note that the identification of these families as incurring complex social experience, reflects the professional categorisation and illustrates the importance of nuanced, person centered analysis. The IPA interviews followed a loose semi structured schedule, which invited participants to tell their story. The researcher probed for a thick description of events and perspectives (Smith et al, 2009). All interviews were conducted and analysed by the lead author, Emma Maynard, whilst other team members supported the reflective process of comparison between these two data sets.

Each interview lasted approximately 1 hour, in the local children's centre which was a familiar and safe venue. The early help team acted as gatekeeper and sent a letter of invitation from the researcher to families who had received services in the past, and whose case had been closed. The letter introduced the researcher and her purpose carefully, mindful of possible previous encounters with services which may not have *felt* voluntary and asked for



permission for the local team to disclose contact details. Only when this consent was given were participants approached by the researcher, who gave a verbal introduction by phone and written information and consent forms over email. Consent was re-checked verbally at interview, giving the option to exclude any areas for questioning. No exclusions were noted. Due to past case histories, part of the consent process was to make exceptionally clear that any participant disclosing risk to a child would have been referred to the service. There would be no further involvement in the research to avoid any interference with a potential Safeguarding inquiry. Ethical approval and gatekeeper agreement were granted on this basis from the relevant University and Local Authority, and all participants agreed to this caveat in writing. In the write up, names were changed, and any identifying characteristics removed or obscured to protect anonymity.

The phases were initially treated as separate projects, firstly examining *What is the parents' story of before, during and after intervention, and how does this illuminate systemic factors in changing ways of parenting?* And then; *What are the lived experiences of parents who have successfully sustained change after intervention?* We acknowledge that trying to remain impartial when handling data reflecting trauma and abuse is complex, and that our own positionality includes our personal and professional experience-driven values. Therefore, we bracketed our personal responses reflexively, to centralise the participants' voices (Shaw, 2010). Recently, some discussion of IPA has embraced non-traditional approaches, such as dialoguing between different perspectives on the same phenomena. This relates to our own non-traditional approach of combining two data sets within an identified system (Larkin et al, 2019), resulting in a conceptual model. Here, one group of parents (phase 2) claimed confidently to have sustained positive change and the other group (phase 1) did not show such confidence. However, there is a significant caveat surrounding this – both *as far as we know*, and, *so far* and a change either way could be imminent for any individual within either

group. We have therefore developed our findings with respectful caution, mindful that the agency of participants stretches way beyond our inquiry. Our data sets illustrate some aspects of homogeneity, but also of uniqueness (Larkin et al, 2019) both within and between phases 1 and 2, and are presented as superordinate themes at Table 1.

The success of these families was the locus of our enquiry and is not attributable to our model, which resulted from our analysis of both data sets combined (Table 1). Given Troncoso's (2017) findings about multiple intervention episodes within five years, and our phase two families reporting sustained improvements for up to five years, we consider *long term* to mean no relapse in approximately 5 years of the last point of contact, regarding the same, or related issues. Correspondingly, we aim for our Family Stories model to help families reach or exceed the five year benchmark, by sharing the self-reported change behaviours and environments voiced by parents encountering similar challenges.

## Findings

Perhaps unsurprisingly, there was considerable synergy between the two data sets, but with noticeable and nuanced differences, as indicated in Table 1, below

### TABLE 1 HERE

When both data sets were brought together, it was evident that in both phases, participants talked about similar issues, but in different ways, and we identified a combined set of superordinate themes to reflect this; *A good parent, Separation and connection, Change, From threat to calm*, and *Mastery*. In phase one, participants tended to only discuss the present and past. In phase two there was a clear vision of a confident future, and a feeling that they, their parenting, and their relationships with their children had fundamentally changed forever.

## **A good parent**

Narratives of parenting lacked clarity in Phase 1, with participants moving between constructs, and often giving contradictory messages. In these two examples, Dave vilifies hitting children and then justifies being hit as a child himself:

*But... the men - or the cowards who will physically hit a child, won't feed the child... That's wrong. That's wrong and that's not parenting. That is not parenting. That is not parenting at all.*

*Well, hit a bit, yeah. But that's only 'cause of misbehaving and disrespecting*

*Dave, Phase 1*

These examples appear to reflect a deeply complex process for Dave in which he negotiates his previous parenting behaviours and his own upbringing, which sanctioned and reinforced physical punishments. These are contrasted with his new, corrected way of parenting his children without physical harm. Interestingly, Dave explained that when social services told him to stop hitting his children, he asked his own father's advice. He presented this in a puzzled manner "*I said, 'they want me to stop hitting the kids, Dad...and he said 'it's alright, son...give it a go''*". Dave's emotional labour in reconciling the 'right' way to discipline a child, and aligning this to the harmful yet close bond with his own father, exemplifies the juxtaposition of mainstream and familial norms (Pycroft and Bartollas, 2016), conveyed through social care mandates for protection (Thoburn et al, 2013).

Rosie narrates the way she worked through changes in her parenting with her close friend Natalie, who she met through NVR:

*Natalie said "Oh my god I'm not going to be able to do this?" [NVR] I was like, "Why?" she went, "Because I just want to cuddle him and kiss him and he's always my baby..." and I just kind of looked at her and I went... "You're off your head." She went, "What?" I went, "He's being horrible to you but you want to kiss him and cuddle him." and she was like, "Yeah, but he's still my baby." and I was like, "But no, no." I was like, "You need to stop." and she was like, "Yeah, but you don't get it." and I was like, "No, I don't! I don't get it!" And I think this is when I realise that*

*I need to take a little bit more of Natalie on than I had...I need to start showing emotions...*

*Rosie, phase 2*

Helen explains how social judgement has framed her experience of parenting and support. In Helen's case, the violence at home led to her child being removed into foster care, leaving her traumatised and isolated:

*I've been with my ex for 17 years so I've completely forgotten who I was. I've been in this abusive relationship. He has three sons so I've been a step-mum to them. I've become a mum myself. And have all of that taken away. ...People think they were choices I've made because you don't understand unless you've been through it.*

*Helen, Phase 2*

Hanna, from Phase 2 indicates the importance of regaining loss of confidence and feelings of guilt about needing support with parenting, reflecting the moralised discourse noted by Liss et al (2013), Simmons (2020) and Dahlstedt et al (2014)

*"it made me, first, more confident about my parenting skills again, because obviously, when you lose it..., then you feel so bad..."*

*Hanna, Phase 2*

Several phase 2 parents recounted their overwhelming sense of judgement and negativity from their child's school, referring to daily texts and messages about poor behaviour. They reported avoiding the school gates for this reason, feeling increasingly isolated, and reflecting the impact of social exclusion discussed earlier (Festinger, 1957; Cooper and Carlsmith, 2015; Eisenberger, 2011). This is reflected in how the parents used the peer support group, and regained connection with their families, as this seemed to counter-balance the exclusion they, as well as their children, encountered at school. Participant narratives about being a good parent centralised the impact of social judgement, and the essential value of close family members in reinforcing certain approaches. The ways in which these ideas have been

interpreted by participants reflect social adherence at two levels; *Community*, a broader social context in which experiences are norm-governed and sanctioned, and *Allyship*, reflecting more intimate bonds through which changes have been reconciled and established.

### **Separation and connection**

These observations continue through the theme of Separation and Connection and appear to show a difference between the two groups of participants. The phase one participants most often showed their positive connections were with practitioners, whereas their personal relationships illustrated disconnection, destruction, and despair. Below, Viv discusses the shared suicidal tendencies she shares with her son indicating that while their bond was strong it was also deeply harmful (Pycroft and Bartollas, 2016);

*...because what he was experiencing was out of my control. I couldn't control it and it was spiralling. So, obviously, I spiralled, as well, for a bit...*

*Viv, Phase 1*

Angela was estranged from her parents and became separated from her older children when she fled domestic abuse. Mary was also socially isolated with broken family bonds. Both reflected the importance of their connection with workers;

*...it's just nice that people can connect you to that. "Oh yes, you went to (the) Toy Library." Not in a nasty way, but in a nice way that they still remember you.*

*Angela, Phase 1*

*Then she [practitioner] went away and everyone got upset because [practitioner] left - she navigated us across the road. She left and then we were left on our own.*

*Mary, Phase 1*

Phase 1 participant Lisa illustrated how she made sense of her husband's actions, strongly reflecting separation and isolation. In this example, Lisa's narrative uses separation actively,

explaining that her husband did not take her home away from her, as the home was not hers to begin with:

*He'd lock me out the house. Things like that... Can't get in to me own, ..well it's his house. But I couldn't get in. [Int: But you lived there.] Yeah. It's meant to be your home...but... I never bought a light bulb for it. I never used any of my money for it, ever...*

*Lisa, Phase 1*

Rosie (phase 2) explains the difference between her separation from her child in the past, and her present and future relationships, with close emotional and physical bonds.

*I actually nicknamed her the devil in a sundress because... she was horrible, she was really horrible and it put a massive strain on the whole family, [brother] was absolutely petrified, ..and I was scared to look at her because I thought ..she's going to go off her nut ...so yeah, it was really, really, really tough, really tough*

*But our home life now is we laugh, we laugh so much, and she will cuddle me and she confides in me and she's like my mini best mate, and if someone had said to me four years ago things are going to turn around and you two are going to be so close, I would've gone 'you're lying'*

*Rosie, Phase 2*

### **Change in context**

Phase 2 participants narrated their peer and ally connections in a reflexive process which changed their perspective and ways of parenting. Hanna, from phase 2 had experienced the same group as Natalie and Rosie. Despite not gaining new friends herself, she still used the peer group to help her make sense of her challenges and she presents this as meaningful. This builds a sense of community around Hanna, who had previously avoided the social judgement of the school gate. Hanna indicates the self-reassurance noted in management of cognitive dissonance (Festinger, 1957, Cooper and Carlsmith, 2019).

*the people who came to NVR they were in a far worse position than we were, ... I don't know, the brothers and sisters were in danger of being attacked and, and all sorts ...very desperate, very desperate.....I just listened.*

*...I think going there showed me that we were actually not doing too badly.*

*Hanna, Phase 2*

Nancy also illustrated how strategies for change occurred in context of others. It is also noticeable that Rosie, Hanna and Nancy, all members of the same peer support group, refer to the same strategies and use the same language (in bold):

*I think you can get something from everybody [other parents] but also the workers there will then re-evaluate your steps... perhaps that day didn't quite go right because you weren't feeling it and then **you didn't strike when the iron's cold, or you didn't then have a sit-in with your supporters**, so it's the support after that would then keep you on track.*

*Nancy, Phase 2*

Phase 2 participants very clearly illustrated the significance of strategies which were visual, meaning they conjured a vivid mental picture such as *a basket [of priorities]*, and visible, meaning that those strategies were shared within the family and made prominent. This included the NVR 'announcement' technique, stuck to the fridge for the family to reference. The strategies were also transferable between family members because of this prominent and open sharing. This was evident in all the phase 2 cases. Referring to a deescalating technique, Celia states:

*You know I think about getting it tattooed on me .... strike while the iron's cold. Because it's so, so simple.*

*Celia, Phase 2*

Rosie explains how she made an 'announcement' (another NVR technique) about changing expectations and behaviour at home. She conjures an image of a big, dramatic, memorable moment in which she took hold;

*You have to do an announcement and ...I didn't just address my children, I addressed*

*my ex-husband as well, I made him sit and listen, and I think that was... a bit of a turning point for me as well.*

*Rosie, Phase 2*

Zoe, a white British mother from Phase 2, explains the diverse family influences around her attempts to handle her child's behaviour and the cultural shift for her West African husband. In fact, this is similar to white British father Dave and his attempts to desist from physical discipline, discussed earlier

*But in [names country] they're very, very like just smack isn't it, over there, you just beat everything out of them but now, he doesn't do that...he either steps back and just lets me deal with it or he will step in but he doesn't smack him. He just talks to him. And....my dad was just like he needs a good smack you know. You're too soft. You just pander to him. You let him get away with it.*

*Zoe Phase 2*

While the above example reflects cultural complexities, Sofia, non-United Kingdom participant from a European country proudly reported how her NVR skills had been used by her family back home. This was a contrast to previous social judgement about her son's behaviour with damning reports from his school. The acknowledgement and connection she gained from her family clearly indicated this was a source of pride, with significant emphasis:

*I never expected her to tell me that. She [Sofia's mother] said 'You know what? You say to me about the NVR, about this new way of thinking. [Now I] do it with you sister's daughter. And I also advised your sister how to [do it] the same lessons you're learning'. And she said 'it's not just the grandchild. It's in my business. I [have] change the way I work my business... I like this way of being open and finding the good in them*

*Sofia, phase 2*

Overall, *Separation and connection* illustrates the importance of both *Allyship* and *Community* for the participants, notable by presence and absence. There is no clear demarcation between the value derived from either one; both *allyship*, denoting close bonds, and *community*, offering a broader social context for making meaning, offer a space to



interpret and re-evaluate past present and future experience. The data reveals participants actively using *community and allyship* bonds to re-position and co-construct change through *strategy and mastery*, in connection with one another (Rosie and Natalie, Sofia and her mother, Dave and his father) or in quiet self-reflection (Hanna, Lisa and Zoe).

### **From threat to calm**

Both threat and calm arose in both phases of the data collection, identified as opposites to one another. *Calm* appeared to follow a resolution of issues that had felt threatening, which reflects cognitive dissonance theory (Festinger, 1957; Cooper, 2012; Cooper and Carlsmith, 2019). As with *Separation* and *Connection*, *Calm* was described differently in either phase. In phase one, Lisa made a total of thirty-one references to being, finding, or losing *calm*. She described her life before leaving her abusive husband in graphic, embodied terms of “*a roundabout [recurrent episodes] ...and a motorway pile up [violence]*”. She described newly found calm in changing the way she handled her teenager’s outbursts, illustrating this important shift:

*It’s the calm...whereas before I was just adding fuel to the fire...and when it does flare up, she [practitioner] gives you the tools to deal with it. Whereas before I’d be up their stairs now, up two flights of stairs like that*

*Lisa, Phase 1*

Hanna, phase 2, conveyed a range of intentional strategies which indicated the continual efforts she made in returning the family to a calm state:

*It’s also very difficult to then focus back on these things you’ve learned, you need quiet time, you need to calm down first and calm down and realise what’s been happening in the past two weeks, and then get the books out again and just have a recap.*

*Hanna, Phase 2*

Similarly, Helen from phase 2, demonstrates the effort taken in creating a calm environment,

keen to emphasise that practitioners would advocate for her efforts and

*I'm sure if you spoke to my social worker or psychologist, I did everything that I could to get my son back and get myself in a good place...I was recommended to do the ..program a year before I actually did it because I wasn't in the right headspace. And I thought it would be like what you see on the telly about Alcoholics Anonymous stand up and say, "I'm Helen, I'm a domestic abuse victim or survivor," ..and I wasn't ready for it.*

*Helen, Phase 2*

Sofia gave a powerful narrative about the dramatic changes for her and her son

*Well it gives me goosebumps to even think... I was getting so overwhelmed with all this negativity...It was a battle every day. And with the NVR it was like 'Okay, he's bad, he's swearing about you, he's kicking you in the middle of the road. Stand still, look at him, and tell him that you love him*

*Sofia, Phase 2*

And Cathy confidently conveys her personal transformation

*I'm quite a different person no you know... because I think if I was in that place again...now, I can fix this, I can do it.*

*Cathy, Phase 2*

In these examples participants give clear examples of their strategies, with specific details of what, how, and where changes have been implemented and the impact of these changes on their relationship with their child. Confidence is conveyed in this – the calm self-assurance revealed by Sofia, and Lisa's self-awareness of her clam responses. Similarly, others talk about their rational, considered and expert positioning of their strategies and we recognise this as a form of *mastery*; a higher level skill set through which this parenting efficacy is being enacted. Thus, the change behaviours identified by our participants represent the *environment* for change; *Community*, and *Allyship*, and process of change; *Strategy*, and *Mastery*.

## Discussion

### The Family Stories Model for Empowering Sustainable Change

#### [MODEL HERE]

The impetus for this study came from recognising a gap in understanding about how trauma informed approaches have been operationalised in practice and experienced by families. We have intended to address the gaps in the ACEs study which overlooked the resilience and recovery of individuals post trauma. We aimed to evidence how positive change is being sustained by parents, despite traumatic experiences, mental health needs and social disadvantage. Our study contributes to the broader literature about TI approaches by providing empirical evidence of outcomes for families and changes in their behaviour resulting from trauma-informed support. Previous research into ACEs, has positioned trauma-experienced people as passive victims, alongside neoliberalist discourses which stigmatise and blame people for their disadvantage. Conversely, our data illuminates parents' agency. We have centralised their active, contextualised interpretation and use of new strategies over time with reported confidence and success. Therefore, we have extended conceptual understandings of trauma informed approaches in an empirical way, which will hopefully enable practitioners to gain insight as to how TI support is experienced and utilised.

Our findings represent family experience by identifying participants self-reported change behaviours and environments which reflect their resilience and recovery, months and years after receiving support. We aimed to identify narratives of changing behaviours and parenting self-identity, and this became evident in participants' *before-and-after* narratives. We regard these as evolving in context of social norms and conveying a self of the past, present and future (Bruner, 2002; Fivush, 2019). We suggest this contributes to knowledge about how parents utilise trauma-informed intervention strategies, thus beginning to

illuminate the nuances of positive outcomes from trauma-informed practice (see Lindstrom Johnson et al, 2018). We have grouped these behaviours into a model which we believe will help promote sustainable positive change for families experiencing complex health and social care needs. We pay particular attention to the past traumas and enduring challenges encountered by this group of families and echo Tew's (2019) view that research which illuminates complex and traumatic experience can lead to real-world impact. In this case we offer a counter narrative to the moralized gaze on parenting.

Our study reveals the specific self-reported change behaviours of parents as they negotiate social norms and expectations. These are seen in how participants process experience, receive support and gain confidence to establish change within narrowly defined expectations. The drive to reduce cognitive dissonance is apparent in their motivation and perceived successes, where they have actively corrected behaviours which reflect mainstream expectations, so reducing the risk of social exclusions (Eisenberger et al, 2011; Festinger, 1957, Cooper, 2012). Participants reflected praise and self- appreciation in line with those same expectations. Adherence to these norms are seen in the more confident narratives where participants present themselves as loving, calm, and close with their children, and with no current need for social care support.

As discussed earlier, all participants had encountered services which self-identify as broadly trauma-informed, reflecting general TI practice (Tew, 2019). Examples of trauma encountered as children and as adults, including abuse, violence and estrangements were clearly in evidence. The apparent gap in the literature pertains to the specifics of changes made by users of TI services themselves. We have identified the self-reported change behaviours noticed by our participants and identified by them as being significant to lasting positive change and confident parenting. These behaviours have been categorised as *Allyship*,

*Community, Strategy and Mastery*, reflecting both the work of the services, and the active co-construction and reflection work of participants themselves.

We found change occurs in context of others through reflection and evolving positive self-identity and self-efficacy, both articulated and reinforced through narrative (Fivush, 2019). The peer support group (Community) mitigated some of the effects of social judgement, painfully recounted in stories of disapproval from family, friends, and perhaps most strikingly, the child's school. Being able to gain perspective with others has a contrasting effect to this, with parents repeatedly indicating their experiences as being less serious than for others. This reflects the value of processing events in calming emotional responses to social pain (Eisenberger et al, 2012), and reducing the feeling of cognitive dissonance (Cooper, 2012). Interestingly, although the community environment was a traditional peer support group running alongside the intervention, participants cited other ways in which a community might exist. They asked for testimonials "*like at Slimming World*", booklets, and online communities. This could be investigated further at a later stage. We found the community served a specific function; parents used it to gain perspective and reassurance, and it was in these spaces that they realised they "*were not the worst parent in the world*" (Hanna, phase 2) (Cooper, 2010; Liss et al, 2013). This echoes Tew's (2019) suggestion that spaces in which positive identities can be re-established may support stronger outcomes. We noted that phase 1 parents consistently revealed an isolated self. In phase 2, frequent references to "we" indicated close bonds. The *Allyship* enabler reflects these bonds where family or friends joined with the parent, such as Sofia's example, so indicating acceptance and validation in contrast to previous blame (Cooper, 2019; Eisenberger, 2011).

*Allyship* was seen in the deployment of key *strategies* for change in the family, and in phase 2 the data clearly showed those strategies were visual, visible, and few in number. There were high levels of repetition of exact phrases in phase 2, with parents recounting key

strategies, aligned to their NVR intervention, and moments of high drama where expectations of a new start were “announced” to the family. Reminders were placed in full view, and stories of children calling out the parent’s use of a strategy were given in evidence of a new way of life. We therefore suggest that visually striking strategies with mantra-style language are evident in families where change is sustained. The combination of *Community* and *Allyship* enablers provided a secure peer context in which to enact change. In contrast, phase 1 families were vague in explaining change, and some said they still did not know why they had been referred for support.

Our final enabler is *Mastery*, indicating narratives of complex learning and confident change (Cooper, 2019). Whereas phase 1 parents were hesitant, often asking the interviewer for reassurance, and checking their interpretation with her, in phase 2 they confidently asserted themselves as well informed, and successful. Phase 2 parents identified as “graduate parents”, and “practicing” their techniques, also saying they should have a certificate of completion for parenting courses. This confidence is in sharp contrast to their previous experiences of judgement, stress, and avoidance of the school gates.

Overall, we note the ways in which these participants have represented themselves as active, resourceful, and resilient. There are clear examples of their agency in their self-assertion and active, nuanced use of newly learnt strategies. Similarly, we have interpreted their references to being a *graduate parent*, and *practice*, as denoting a self-proclaimed professionalisation of their parenting. This reflects participants’ negotiation of power imbalances between themselves and professional authority figures, especially when considering the other extreme of their experience – their avoidance of the school gates and feeling overwhelmed by perceived criticisms.

## **Limitations and Conclusions**

This was an exploratory study, which has prompted further curiosity about complex family experience and behaviour. We were only able to interpret the participants' perspectives at a given point in time, and would be keen to conduct a longitudinal study to investigate how families sustain change, or not, over the longer term and whether this a perspective shared by services as well as families themselves. We would like to delve further into the validity of subjective reality in service-driven contexts. Further to this we note the sample had very minimal representations of fathers, black families and non-United Kingdom born families, and this indicates issues of accessibility we have not had scope to fully explore. Our empirical findings illustrate key theories discussed here and as a result we present a transferable set of findings for practice. We will now seek to test the Family Stories model for proof of concept. Across the two groups, the behaviours reported by parents as effective and long lasting are those identified within the model. Most typically these came from Phase 2, NVR participants, reflecting the positive outcomes associated with this intervention (Newman et al, 2013; Omer and Lebowitz, 2016). There are therefore more studies to follow, with our immediate attention turning to the interface of "Family stories in schools" (Maynard, 2022), due to significant stress expressed by parents surrounding schools, behaviour and discipline. Our findings have concluded that utilising enablers of *Community, Allyship, Strategy and Mastery* could hold some answers for helping complex families sustain change for the long term.

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