

University of Strathclyde
Department of Humanities and Social Sciences

Perceptions of the Influences upon the Parent-Professional Relationship
in a context of Early Intervention and Child Protection

by
Hazel Grace Whitters

A thesis presented in fulfilment of the requirements for the degree of
Doctor of Philosophy in Education.

2015

Copyright Statement

This thesis is the result of the author's original research. It has been composed by the author and has not been previously submitted for examination which has led to the award of a degree.

The copyright of this thesis belongs to the author under the terms of the United Kingdom Copyright Acts as qualified by the University of Strathclyde Regulation 3.50. Due acknowledgement must always be made of the use of any material contained in, or derived from, this thesis.

Signature..... Date.....

Acknowledgements

I acknowledge and appreciate the time, teaching and support from my supervisors Dr Helen Marwick and Dr Gillian Inglis, and internal reviewer Dr Graham Connelly. I also give my sincere thanks for the advice and information from the academic, and library staff of the University of Strathclyde. Finally, I express respect and gratitude to the participants for supporting this inquiry by contributing knowledge and understanding of their world.

Contents

Title page	
Copyright	i
Acknowledgement	ii
Contents	iii
Abstract	ix
Chapter 1: Introduction	1
1.1 Introduction	1
1.2 Literature review	2
1.3 Research design	7
1.4 Data analysis	8
1.5 Findings	9
1.6 Discussion	9
1.7 Conclusion	10
Chapter 2: Literature review	11
2.1 Introduction	11
2.1.1 Parameters of literature review	11
2.2 Context	12
2.2.1 Relationships in a context of early intervention	12
2.2.2 The parent-professional relationship	19
2.2.3 Policy	26
2.2.4 Culture	34
2.2.5 Perceptions	39

2.2.6 Child protection	50
2.3 Needs of service-users	60
2.3.1 Felt, expressed and normative need	61
2.3.2 Implementation of support	64
2.4 Conceptual frameworks	68
2.4.1 The Ecological Systems of Human Development	68
2.4.2 Social-Address Model	77
2.4.3 Therapeutic Alliance	80
2.5 Rationale	83
2.5.1 Gap in knowledge and understanding	84
2.5.2 Justification for this research study	86
2.5.3 Research question and aims	88
Chapter 3: Research design	90
3.1 Research design	90
3.2 Comparison of positivism and interpretivism	90
3.2.1 Methodological approach	92
3.3 Method	94
3.3.1 Scoping out the topic	94
3.3.2 Potential influences upon data collection and analysis	96
3.4 Ethical considerations	101
3.5 Ethical approval	103
3.6 Participants: parents	104
3.7 Participants: professionals	106
3.8 Semi-structured interviews	109

3.9 Construction of data collection questions	112
3.10 Implementation of data collection questions	116
3.11 Piloting the questions	119
3.12 Case study	119
3.13 Data analysis	126
3.14 Summary of research design	130
Chapter 4: Data analysis	131
4.1 Data analysis systems	131
4.2 Interviews: exploratory and explanatory	131
4.2.1 Thematic analysis	133
4.3 Analysis of case study: contextual	148
4.3.1 Documentary analysis	149
4.4 Presentation of data	153
4.5 Summary	153
Chapter 5: Findings from parents	154
5.1 Presentation of findings	154
5.2 Context of a relationship	154
5.3 Creation of a relationship	156
5.4 Communication in a relationship	162
5.5 Direct signalling of need	164
5.6 Formation of perceptions	166
5.7 Summary	173
Chapter 6: Findings from professionals	175
6.1 Presentation of findings	175

6.2 Context of a relationship	175
6.3 Creation of a relationship	178
6.4 Communication in a relationship	191
6.5 Direct signalling of need	194
6.6 Formation of perceptions	198
6.7 Summary	213
Chapter 7: Findings – comparison of service-users and providers	215
7.1 Comparison of sample sets	215
7.2 Context of a relationship	215
7.3 Creation of a relationship	216
7.4 Communication in a relationship	216
7.5 Direct signalling of need	217
7.6 Formation of perceptions	219
7.7 Summary	219
Chapter 8: Findings from the case study	221
8.1 Presentation of findings	221
8.2 Child 1	221
8.3 Child 2	223
8.4 Child 3	226
8.5 Summary	235
Chapter 9: Discussion	236
9.1 Introduction	236
9.2 First key finding	236
9.2.1 Differences in perceptions	237

9.2.2 Child protection –a positive influence	241
9.2.3 Child protection – a negative influence	243
9.2.4 Change in perceptions	245
9.2.5 Similarities in perceptions	257
9.3 Second key finding	262
9.3.1 Direct signalling of need	263
9.4 Third key finding	272
9.4.1 Roles and responsibilities	272
Chapter 10: Conclusion	281
10.1 Introduction	281
10.2 Limitations	281
10.3 Contribution to knowledge and understanding	284
10.3.1 First key finding	284
10.3.2 Second key finding	285
10.3.3 Third key finding	285
10.4 Recommendations for policy and practice	286
10.5 Concluding statement	287
References	289
Appendix A Participant Information and Recording Sheets: contents	316
Scoping group format	317
Interview questions for parents	319
Interview questions for professionals	325
Case study information and consent	332

Appendix B Codes: contents	336
Descriptive codes and definitions	337
Appendix C Figures: contents	344
Figure C1: <i>parent and multi-disciplinary team</i>	345
Figure C2: <i>parent and integrated team</i>	346
Figure C3: <i>systems of human development</i>	347
Tables 1-13: contents	viii
Table 1: <i>sample sets</i>	108-109
Table 2: <i>correlation of data collection questions</i>	114-115
Table 3: <i>inclusive and exclusive criteria for parents</i>	125
Table 4: <i>inclusive and exclusive criteria for professionals</i>	126
Table 5: <i>example of data references, codes, themes</i>	139-141
Table 6: <i>themes, sub-themes, descriptors</i>	143-145
Table 7: <i>example of thematic framework</i>	146
Table 8: <i>comparison of data from professionals</i>	147
Table 9: <i>process and outcome measures</i>	151
Table 10: <i>comparison of responses from parents and professionals</i>	218
Table 11: <i>data from chronology of case study</i>	229
Table 12: <i>contextual factors from case study</i>	230
Table 13: <i>circumstances relating to case study</i>	231-233
Figures 1-2: contents	viii
Figure 1: <i>implementation of data collections questions</i>	118
Figure 2: <i>location of factors which accompanied a change</i>	234

Abstract

Relationship-based practice provides a medium for implementation of strategies in early intervention and child protection. Scottish policy promotes a parent-professional partnership based upon honesty and trust. Little is known of the impact from personal, social, and cultural influences. This study had four aims: to investigate these influences through perceptions of parents and professionals, to compare perceptions of service-users and service-providers, to compare perceptions of professionals from three disciplines, and to investigate contextual factors which accompanied a change in perceptions. Previous studies linked positive outcomes to convergence of perceptions. The methodological approach was interpretivism. Qualitative data was collected from an integrated team of 21 health, education, and social work professionals, and 9 birth mothers affected by addictions and mental health issues. Thematic analysis was applied to interview transcripts, and documentary analysis to a 12 year case file. Parent-professional communicational styles facilitated the creation of a therapeutic alliance and indicated direct informal signalling of need. This led to timely implementation of intervention in the pre-crisis period. Participants agreed on the transferability of this positive relationship to the post-crisis context. An established therapeutic alliance was used by professionals to support parents' relationships with other service-providers. Consensus of professional opinion suggested collective practice by this integrated team. Service-users perceived child protection as a positive, developmental influence. Conversely service-providers expressed negativity associated with physical and emotional harm, and forensic investigation. This variance represented potential weakness in the organisational capacity of the parent-professional dyad. Formation of perceptions was linked to the community culture through childhood experiences and observational learning. Documentary analysis identified a lack of professional response to positive change in a parent's perceptions. Findings indicated that personal, social, and cultural influences may be perceived as strengthening and weakening the parent-professional relationship. It is recommended that perceptions should be recognised within policy and practice in order to optimise positivity, minimise negativity, and to support convergence.

Chapter 1: Introduction

1.1 Introduction

This research inquiry focuses upon the relationship of service-users and service-providers within a context of early intervention and child protection. Relationship-based practice has been recognised as an effective medium to implement interventional strategies. Previous studies have linked inter-personal skills of the professional to a relationship which leads to a positive outcome from intervention (Lamb-Parker et al. 2001; Trotter, 2002). Policy promotes the creation of an equal partnership between parents and professionals to support a period of change and development (Scottish Government, 2008a).

Interpretation of the world, formation of perceptions, and subsequent behaviour are informed by the social and cultural context (Howe, 2008; Oppenheim, 1992).

Research has indicated that convergence of the perceptions of service-users and providers correlates with a positive outcome for a child (Cleaver & Freeman, 1995; Yatchmenoff, 2005). There is little evidence pertaining to perceptions of personal, social, and cultural influences upon the parent-professional relationship in a context of child protection (Moran, Ghate & van der Merwe, 2004; Sudbery, 2010).

Several authors conducted research in a context of relationship-based practice which focused upon the personal influences that affected professionals, and clients in social work. Knowledge, emotions, and personality of social workers have been found to influence the inter-personal skills which were applied to the parent-professional relationship (Howe, 2008; Sudbery, 2010; Whitters, 2009). Experience of attachment in childhood, barriers to effective interaction with authoritative figures, and emotions have been found to impact upon the relational responses of clients (Trevithick, 2003).

Early intervention in the current Scottish context is implemented by integrated teams which are composed of professionals from three disciplines: health, education and social work (Scottish Executive, 2006e). The term integrated team refers to

professionals working together, within an identified organisational structure, towards specific outcomes for a family (Lord, Kinder, Wilkin, Atkinson & Harland, 2008). Therefore this inquiry set out to inform the topic by focusing the research upon service-users and multi-disciplinary providers from an integrated team.

This study had four aims:

1. to investigate personal, social, and cultural influences through the perceptions of parents and professionals.
2. to compare perceptions of service-users and service-providers.
3. to compare perceptions of professionals from three disciplines who practised as an integrated team.
4. to investigate contextual factors which accompanied a change in the perceptions of one service-user over a period of time.

The next section provides an overview of the thesis by presenting a summary of each chapter (Trafford & Leshem, 2008) which includes definitions of terms as applied to the inquiry. The thesis is presented in accordance with the regulations of the University of Strathclyde (University of Strathclyde, 2008; American Psychological Association, 2001).

1.2 Literature review

Chapter 2 presents a review of the literature to establish the context, examine current knowledge and understanding of parent-professional relationships, and to clarify a gap in order to inform the rationale for this inquiry. Relationship-based practice is influenced by government and local policy; therefore examples of Scottish Government and Glasgow City Council policy are included as contextual literature. Reference is also made to policy and guidance documentation from the United Kingdom Government which is accessed as a source of information by Scottish service-providers.

Context

Knowledge of individual needs provides a base to increase professional understanding, apply empathic responding, and for parent and professional to agree a process which leads to projected outcomes (Cuthbert, Rayns, & Stanley, 2011; Deacon, 2011). Early intervention for the purpose of this study is regarded as formal or informal support from the social service sector which is given to families in response to needs, within a period defined as pre-birth to eight years. Families within this context may be termed vulnerable due to issues associated with addiction, mental health, and child protection (Glasgow City Council, 2011; Scottish Government, 2011c). Intervention may occur in the pre-crisis or post-crisis period. Post-crisis refers to the stage in which mandatory child protection procedures are implemented.

This study was conducted within Glasgow which currently has a population of 118,000 children, aged 0-18 years. 35% of children in the city are living in poverty compared to the general Scotland wide figure of 20%. It is estimated that 6000 children are affected by parental alcohol and drug misuse (NHS Greater Glasgow & Clyde, Glasgow City Council, 2013).

Early intervention has been identified as a major contribution to child protection by supporting families to make a developmental transition from a negative destructive culture into mainstream society (Laming, 2009; Stormshak et al., 2002). A positive outcome can impact upon the individual, local community, and wider society which has resulted in governmental and local policy in the United Kingdom promoting early intervention as a means to an individual achieving his potential, and contributing as a responsible, effective citizen (Department for Children, Schools and Families, 2008c, 2010b; NHS Greater Glasgow & Clyde, Glasgow City Council, 2009; Scottish Government, 2008a, 2009b).

I have been practising in this field for many years, and my personal interest and professional incentive to conduct a research inquiry was based upon many hours of discussion with parents and professionals, in addition to observations in the sector,

and findings from a previous research degree (Whitters, 2009). Service-users and providers had indicated that the inter-personal skills of the integrated team affected the parent-professional relationship, and subsequently a parent's involvement or engagement with services. Each family is supported within multiple parent-professional dyads and I was keen to explore the issues in order to develop my practice, and also to contribute to knowledge and understanding of relationship-based intervention (Appendix C).

Positive relationships between parents and professionals have been associated with the success of interventional strategies (Katz, La Placa & Hunter, 2007) and formal systems, for example The National Practice Model in Scotland, give recognition to the impact upon early intervention (Scottish Government, 2010c). The development of relational skills by professionals has been publicised to the workforce as an integral component of practice within the Scottish Early Years' Framework (Scottish Government, 2008a), and the English 2020 Children and Young People's Workforce Strategy (Department for Children, Schools and Families, 2008c).

Several authors have indicated significant aspects of a relationship between a social worker and client. Sudbery (2010) applied the term medium to represent the function of a parent-professional relationship in alleviating the effects of trauma for a client, and this author noted an impact from the emotional reaction of a professional. Howe (2008) had also suggested that the social worker-client relationship was a medium through which the concept of self was formed by the client and potentially re-formed. O'Leary (1999) had noted the fluidity of relationships by applying the term living system to a dyad, due to the potential for relational change which this author felt was instigated by biological and organisational networks of an individual.

Organisational networks of professionals, who operate as an integrated team, are informed by training within the context of a specific discipline in addition to inter-disciplinary continuous professional development opportunities. Additionally mandatory registration for social service sector employees has resulted in the application of universal principles for engagement with families between disciplines

(Scottish Social Services Council, 2003). The same principles are embedded within the National Care Standards in the context of service provision and focus upon the outcome of an effective relationship: an equal partnership between service-user and service-provider (Scottish Executive, 2005b).

A further influence to understanding relationships originates within policy as applicable to all disciplines within this sector. The Scottish Government has identified the circumstances surrounding the creation of a relationship, the purpose, and expected outcomes. A relationship is regarded as being established by interactions between a parent and professional for a specified purpose, for example assessment of circumstances, information exchange, implementation of action plans, or to promote engagement with the social service sector. The relationship is contextualised as a working relationship, and equated to an outcome of meaningful involvement by a parent (Scottish Government, 2008c).

Gap in knowledge and understanding

A key message from the broad literature review of Moran et al. (2004) was the necessity to isolate issues which affected the capacity and motivation of an individual or family to engage with supportive mechanisms. These characteristics pertained to an ability and willingness to embrace a process of change. The authors identified the influence from culture and relationships as areas for future research.

The same issue was given significance in a research study which indicated that a barrier to the implementation of policy, into local practice, was a lack of recognition of the impact from community culture (Jack & Gill, 2009). These authors had accessed ecological theory (Bronfenbrenner, 1979) to highlight a potentially, positive impact from links within a community culture to practice in a context of child protection.

Subsequent to the research by Moran et al. (2004) a government review, which was applicable to England, was conducted within a context of assessment and decision making by social workers in the field of child protection. Findings promoted the

importance of establishing a therapeutic bond between social worker and client in order to provide a base for positive intervention. The research also indicated that professional comprehension of a client's interpretation of her environment would be a positive influence to practice (Munro 2010, 2011a, 2011b).

The research by Reid and Banks (2008) presented an example of a uni-lateral approach to an investigation of clients' perspectives on the quality of early years' services. This study collected data exclusively from service-users in a variety of urban and rural childcare and education settings throughout Scotland. Findings revealed that participants' perceptions of a service were linked to the relational skills and attitudes of the professionals.

Research had also indicated that perceptions could alter over time, and result in convergence of the perceptions of parents and professionals (Cleaver & Freeman, 1995; Yatchmenoff, 2005). One specific context relating to child protection was investigated by Ghaffer, Manby and Race (2011) who used a literature review and *self-report data* from families to collect parental perspectives. Findings referred to the research of Cleaver and Freeman (1995) which suggested that in order to facilitate positive outcomes to interventions operational perspectives of parents should be equivalent to those of professionals. Perceptions, or operational perspectives as promoted by these authors, related to skills and attitude within a context of change and development.

A gap in knowledge was identified as comprehension of personal, social, and cultural influences, as interpreted by service-users and service-providers, which formulated a perception of the parent-professional relationship.

Theoretical frameworks

The concept of early intervention has a projected outcome of developmental change which led to identification of a framework for generic human development (Bronfenbrenner, 1979, 2005). The framework was applied to support understanding of the direction, and impact of influences from a bi-lateral perspective of service-user

and provider (Appendix C). The research focuses upon perceptions of individuals; therefore a second framework is described which contributes to understanding personal characteristics in the reaction of each human being to the circumstances of a parent-professional dyad (Magnusson & Stattin, 2006). Intervention encompasses specific conditions in relation to role, and responsibilities of service-user and provider, and the associative effects are discussed by reference to a third conceptual framework based upon the establishment of a therapeutic alliance (Rogers, 1990).

1.3 Research design

This chapter describes the research design, and provides details of the rationale for the research paradigm, choice of method, and selection of participants.

Implementation of the research processes could not be value-free due to the potential impact of pre-conceptions upon my interpretation of data. Howe (2013) identified interpretation as an antecedent to the allocation of meaning, and ultimately comprehension of human behaviour, and this author noted influences from culture, education, and personality of a researcher. Elimination or minimisation of assumptions which were based upon my knowledge and understanding from practice and research were considered in the research design.

I was the primary tool in this inductive qualitative inquiry, based upon the paradigm of interpretivism, and details are presented of the composition of semi-structured interviews as a medium for data collection. This method provided participants with opportunities to recount their experiences by using familiar terms, and promoting explanation in situ. Ethical considerations which entailed the application of prescriptive inclusive and exclusive criteria determined the selection of participants, and ultimately the size of sample sets.

The use of participants from one setting promoted a common context from the collective perspectives of users who experienced a service, and the providers who practised as a team to deliver the service. The views of participants were considered individually, prior to comparison, which reflected the premise by Wisker (2008) that

perceptions were based upon construction of knowledge derived through personal experience. Sudbery (2010) commented that “good practice exists in the lived experience of the person who uses a service...and reflects the diverse personalities of workers.”

Oppenheim (1992) had linked perceptions with behaviour and actions; therefore comparison and contrast of the perceptions of each professional participant provided knowledge and understanding of practice related to integrative working, and potential generalisation in the sample set. This inquiry was not attempting to determine generalisation to a population; however the sample sets were representative of service-users and service-providers within Scotland, and findings may inform policy and practice.

The context of this inquiry was investigated by accessing data from the documentation of an archived case file which was chosen for instrumental value in order to explore the phenomena from the naturalistic perspective. This source of data supported research into the contextual factors which accompanied a change to the perceptions of one service-user over a 12 year period.

1.4 Data analysis

Chapter four describes the creation and implementation of a system of analysis. Two approaches to analysis were applied during the period of this inquiry in order to inform the research questions. This chapter gives details of the process of using quantitative analysis followed by qualitative re-analysis of the same data within interview transcripts. Quantitative analysis recorded the frequency of the participants' responses, and the meaning as inferred by me. Qualitative thematic analysis recorded my interpretation of the participants' knowledge and understanding.

The documentary evidence from the case file was also analysed on two occasions. Initial analysis focused upon data which occurred within specific time periods of the

chronological records; however re-analysis of the entire documentary evidence was conducted in order to eliminate assumptions of causal influences.

Validity, authenticity and reliability of data

My knowledge and experience from practice demonstrated the existence of parameters which were proposed by Miles and Huberman (1994) to support validity, authenticity, and reliability of data. The parameters were familiarity with the phenomenon of relationships between professionals and parents within the setting for data collection, and a strong interest in the concepts associated with the research question within an academic and a practitioner's role. Professional training in the multi-disciplines of health, education, and social services dissipated the inclination to approach data collection from the narrow perspective of one primary discipline, and I also had prior experience of collecting data from vulnerable participants within the same setting (Whitters, 2009).

The analysis was reviewed after a period of time in order to contribute to reliability of data. Authenticity and validity were realised by using participants' quotations, linking conclusions to practical outcomes, and creating an extant audit trail of analysis for the reader (Corbin & Strauss, 2008).

1.5 Findings

Chapters five and six present the findings from each sample set. Information is illustrated through participants' quotations. Chapter seven compares and contrasts findings from the two sets of participants. Data from the case study is given as a narrative in chapter eight, and summarised within a table which depicts a timeline of events and associative circumstances.

1.6 Discussion

Chapter nine discusses interpretation of findings in relation to the research aims, and contextualises the information within the literature. Understanding of the findings is described through reference to the principles of the three theoretical frameworks (Bronfenbrenner, 1979, 2005; Magnusson & Stattin, 2006; Rogers, 1990).

1.7 Conclusion

Finally chapter ten presents a critique of the research which includes limitations, the contribution to knowledge and understanding, and implications for policy and practice.

Chapter 2: Literature Review

2.1 Introduction

The literature review is presented in sections relating to context, focus of the inquiry, and rationale. This chapter presents information on the formalisation of early intervention, knowledge and understanding of relationships in childhood and links to adulthood, purpose of the parent-professional relationship, and potential influences. A section is included on local and national policies pertinent to the context of this inquiry. Conceptual frameworks are established and a research question promotes a gap in knowledge which leads to indication of a research design. A summary concludes the chapter.

2.1.1 Parameters of literature review

The databases Education Resources Information Centre and the British and Australian Educational Indexes generated twenty journals of potential relevance. Research on relationship-based practice has been published predominantly in the last 60 years (Trevithick, 2003). The journals were searched in accordance with the electronic parameters which encompassed this period. Searches were implemented by using combinations of descriptors for example, parent involvement, participation, family involvement, partnerships, nurturing relationships with families, early intervention, early years, parenting programmes, child protection, service-users, service-providers, professionals, clients, perceptions, and relationship-based practice.

Current research in this context was sourced from The Centre for Research on Families and Relationships, and Current Educational Research in the United Kingdom. Eight hundred articles were identified for potential inclusion in the study.

Information from three sources of primary, secondary and supportive materials, as classified by Trafford and Leshem (2008), were drawn upon in this literature review. Primary sources represented original published research, secondary publicised critiques from authors in the field of education and early childhood, and finally reference was made to expert opinion.

2.2 Context

The next section reviews the context of this inquiry in order to demonstrate the meaning, and significance of early intervention and child protection within a particular society, and period of time. The importance of relationships to a child's development is reviewed, and includes the current understanding of relationship-based practice.

2.2.1 Relationships in a context of early intervention

The literature demonstrated that historically a response to needs focused upon the provision of care and education in order to overcome or enhance factors which influenced a child's capacity, and ability for learning. These aspects continue to feature within the field of early intervention under the terms of disadvantage, child protection, and parental empowerment (Deacon, 2011).

There has been an increase in awareness of influential factors upon a child's development over the last century which includes relationships created in the earliest years (Montessori, 1964; Bowlby, 1979; Siraj-Blatchford, Sylva, Muttock, Gilden & Bell, 2002). Montessori (1964) had acknowledged the significance of interaction between educators by promoting formal information sharing sessions between parents as primary carers, and professionals as secondary carers. This system of care and education suggested that a child's learning and development could be supported by a number of individuals.

Bowlby (1979) identified the role of *significant others* to a child's development. It is interesting to note that this author applied the generic term primary carer in relation to the focus of an individual's attachment responses, and he did not exclusively equate the role with a parent, as Montessori (1964). Bowlby (1979) regarded education and care in the early years as being founded upon cooperative construction between professional and child or parent and child. Positive relationships within the dyads were associated with a child's development. Vygotsky (1994b) had also identified this co-constructivist model of development, and this author indicated that

emotions which were experienced within the relationship of child and primary carer were a major influence upon a child's interpretation of his environment.

The topic was researched by Siraj-Blatchford et al. (2002) in a study on the effect of multiple carers on children's developmental progress. 14 settings which demonstrated good practice in the early years were identified from a longitudinal study of 3000 children, termed The Effective Provision of Pre-School Education Project, 1997-2004 (Department for Education and Skills, 2004). The researchers identified three associative conditions from the data which related to an optimum pedagogy in the form of a co-constructivist model, planned and spontaneous professional-child interactions, and parent-child activities in the home environments. This study contributed to the English policy Birth to Three Matters (Surestart, 2002) and Aiming High for Children (Department for Education & Skills, 2007).

The research method applied by Siraj-Blatchford et al. (2002) included a review of case studies which highlighted the existence, and purpose of a *special* relationship between a parent and professional. This relationship was defined by parent and professional having the same understanding of a child's educational needs; therefore applying similar responsive strategies to support learning and development. A key finding indicated that the special relationship, in addition to educational input by parents, could compensate for inconsistent practice in a pre-school setting. This longitudinal study did not publicise specific examples of practice but it promoted a potential link between a medium in the form of a special relationship, and a child's development.

Relationships in childhood and adulthood

Bowlby (1979) contributed to the discussion on early intervention by studying the conditions which surrounded a period of development. This author referred to an attachment bond with a main person as providing a secure base for a child to engage in learning activities, and he applied the term of specificity to indicate a child's preference for a few individuals within the early years of life. The time period was extended by Bowlby's description of the endurance of initial attachments throughout

a human being's life cycle. The author also noted that attachments could be reorganised in priority to preference or replaced.

It seems that human beings have an inherent desire to identify an attachment figure (Bowlby, 1979). Research by Allen (2011) indicated that babies were born with an instinct to engage with a primary carer using verbal and body language. The baby's expression of emotional needs demonstrated a quest for information which was given through reciprocity and social referencing by a main carer (Thompson, 2006).

Thompson (2006) had linked the creation of a relationship and ensuing attachment status with socio-personality development. This author promoted relational experiences as central to development of a human being by informing thought processes, social skills, and personality. An example of attachment in infancy was given by Thompson as the activation of inductive capacities of infants, through social interaction, and exchanges which encompassed cultural values of family or specific circumstances. The author identified attachment status as a pivotal aspect which took into account social and emotional wellbeing, and resulted in an understanding of the inter-subjective self which included the formation of a conscience. Howe (2008) also associated secure attachment with a positive representation of self and others.

Parkinson (2012), in a recent publication of mental health indicators for young people in Scotland, emphasised a correlation between secure attachment and mental wellbeing. Parkinson had used current policy, data on adult mental health, a literature review, and expert opinion to create measurable indicators of mental health for Scottish application. This author promoted potential consequences of negative relationships as a precipitating factor in violence, and an independent predictor of mental health issues (Stewart-Brown, as cited by Parkinson, 2012).

It has been indicated by these authors that secure attachment was necessary to encourage learning and to promote mental wellbeing; thus providing protective factors to support socio-personality development, and positive interaction with environments. Bowlby (1979) expressed that the need for an attachment figure had

relevance throughout the life-span of a human being as a base for gaining knowledge and understanding of the world. This author stated that early representational models gained dominance; therefore had the potential to impact on relationships within adulthood. Attachment experiences which were acquired during the earliest years created a template for relationships in adult life, and affected the ability to collaborate with another human being. Allen (2011) also noted the necessity for an adult primary carer to have personal experience of attunement in order to replicate the concept, and contribute to the creation of a secure attachment relationship with a child.

Crittenden, Partridge and Claussen (1991) sought to establish continuity of relationships between partners and parent-child by using the format of interviews to identify the attachment status of 53 families. These participants were categorised into two groups termed *maltreating* or *adequate*. Findings indicated the existence of insecure attachment, in two generations of families, by revealing similar patterns of behaviour in the relationship of two parents within a maltreating family, and the relationship between the same parents and their children. The study concluded that insecure attachment in childhood, as described by the adult participants, affected the formation of relationships in adulthood.

It seems that a relationship with a primary carer has two purposes for a human being. This relationship fulfils a condition for learning and development by supporting a child's understanding of self, and positive interaction with his environment. Additionally a relationship formed in the earliest years provides a benchmark of knowledge and experience which can be applied to support and inform the formation of relationships throughout life.

These two outcomes of a relationship are based upon the premise of secure attachment which necessarily incorporates a human being's ability, and capacity to identify a potential attachment figure, and to respond to relational cues. The next section presents information on four types of relationships which are currently

applied within a context of early intervention and child protection (Bowlby, 1979; Fischer & Bidell, 2006), and it explores issues associated with insecure attachment.

Secure attachment

Rathmunde and Csikszentmihalyi (2006) used the four terms of coherent, behavioural, motivational, and organised in order to describe a system which resulted from an individual having a secure attachment to another human being. These distinctive adjectives were used to indicate that secure attachment was a desirable, and necessary condition to support a human being's learning and development which included an element of structure and predictability. These authors did not clarify the specific role of an attachment figure throughout this period but it was suggested by Thompson (2006) that an attachment figure *directed* learning. This responsibility appoints an attachment figure as an active participant in the development of another human being.

Rathmunde and Csikszentmihalyi (2006) believed that this figure had two responsibilities which related to the provision of a secure base, and support to instigate a period of learning. These authors noted that the attachment system was in a continual state of activation which suggested that a status of secure attachment was established or reaffirmed by interaction with a primary carer.

One interpretation of these works (Bowlby, 1979; Rathmunde & Csikszentmihalyi, 2006) could be that a human being's attachment system has the potential to respond to internal conditions, relating to emotional and biological functioning or external environmental factors. These influences may urge a human being to seek out confirmation of attachment status as a response to change.

Ambivalent attachment

The inherent desire for attachment may be so strong that a human being continues to seek a response although the need is not assuaged (Bowlby, 1979). The non-fulfilment of need results in the human being demonstrating a range of behaviour in the quest for a secure relationship. The demonstration of ambivalent attachment may

incorporate an extreme display of positive or negative emotions, for example a child may exhibit familiarity to strangers or aggression to familiar adults. Howe (2008) linked ambivalent attachment to a negative understanding of self, and inconsistent representation of others. Insecure attachment status was described by Thompson (2006) as a barrier which prevented, restricted or negatively affected a human being's ability to embrace social experiences. This author linked cognitive processes and understanding, gained in childhood, to a conceptual foundation for development within adolescence and adulthood.

Sanders (2008) commented on a negative effect upon a child from an adult which was prevalent in an insecure relationship. This author noted that an insecurely attached adult alienated a child by responding to the behaviour, rather than the original cause, and it seems that this process intensified a child's expression of emotion through aggressive behaviour. An example was given as a child's use of maladaptive strategies for self-regulation, and management of behaviour within a range of social circumstances.

Therefore it seems that insecure attachment affects the creation and maintenance of relationships in adulthood through the use of an inappropriate representational model. It may be that a barrier to the creation of an effective relationship in adulthood restricts opportunities for a human being to learn, and to develop in a social context with peers or a specific context, for example early intervention and child protection.

Avoidant attachment

If a human's needs are not met then the desire to seek attachment diminishes over a period of time (Bowlby, 1979). A person may consciously suppress attachment desires, and develop strategies which create a barrier to demonstration of his emotions. This status is currently known as avoidant attachment.

Howe (2008) indicated a link from avoidant attachment to an emotionally self-contained model of self in which others were regarded as hostile. This model does

not imply that an insecurely attached human being is emotionally competent. Terms from practice describe the outward presentation of a child with avoidant attachment status, for example *still face* or *emotionless*. These descriptors indicate a distinct lack of social engagement with the proximal environment.

Chaotic attachment

Fischer and Bidell (2006) described the fourth type of attachment as chaotic and linked the occurrence to victims of abuse and trauma. Inappropriate and appropriate representational models co-existed. Howe (2008) described the self as *bad*, and others regarded as *frightening* within this context. It appears that human beings who experience chaotic attachment status form a barrier to the creation of a relationship which is based upon negative perceptions.

Outcomes of insecure attachment and links to parent-professional relationships

Outcomes of insecure attachment were published in a report which highlighted the negative effect upon adult learning of an incomplete base of knowledge and understanding. The California Adverse Childhood Experience Study accessed 17000 participants. Findings had indicated that adults who had experienced adversity in childhood developed insecure attachment, and demonstrated a propensity to mental health issues, crime, and under achievement in education (Sroufe, Egeland, Carlson, & Collins, 2005, 2006).

Bowlby (1979) discussed sensitive phases of a human being's life-cycle. Two sources of stimuli were identified which represented motivational forces in activating these phases. An environmental stimulus was the external source, and the organismic influence occurred within a human being. This organismic influence was dependent on two characteristics of a human being which were the ability to identify an individual who could provide a secure base, and the skill to initiate overtures in order to commence a relationship (Bowlby, 1979).

It may be the case that a relationship formed within a parent-professional dyad, in a context of child protection and early intervention, could be regarded as a

motivational force to prompt a phase of development. Bowlby (1979) identified the advent of parenthood as a pre-cursor to a sensitive period for learning. This author described the impact of parenthood as a triggering mechanism which invoked a realisation of self, and resulted in the formation of a new internal working model. Recognition was given to the nature v nurture debate through reference to positive or negative effects from hereditary genetic or environmental factors. Three internal conditions relating to maturation of body, central nervous system, and endocrine balance were described by Bowlby as prerequisites to activate any behaviour pattern, and it seems that this author had equated biological changes with the onset of behaviours linking to a period of development.

This explanation suggested that human instinct, and biological changes prompted the creation of a new internal working model as a consequence of parenthood; however according to Bowlby (1979) activation of this model could only occur in the presence of three internal conditions. It may be the case that an imbalance of these conditions, for example through mental health issues or addictions, affects the development of the internal model, and influences relationships in adulthood and opportunities for development.

2.2.2 The parent-professional relationship

Relationship-based practice

Howe (2008) equated a relationship-based approach with good practice in social work, and this author described relationships as “the most important influence on both our socio-emotional development, and psychosocial behaviour.” Moullin, Waldfogel and Washbrook (2014) recently identified a criteria for successful outcomes in early intervention as the skill of professionals in creating effective relationships with clients.

Relationship-based practice has been recognised in recent years as encompassed within the role of the service-provider, and a means to implement change and development in a context of early intervention and child protection. Sudbery (2010) identified a responsibility of the social worker as the formation of a positive

relationship through responding to each client's relational needs. Edelman (2004) associated the responsibility with the organisation, and this author placed emphasis upon supervision programmes for practitioners to support the development of effective practice. Supervision was also raised by Howe (2008) as a necessary aspect of practice in order that knowledge and understanding may be gained of behaviour, personality, and relationship styles.

The concept of relationships having value, within a specific context, was promoted by Trevithick (2003) who indicated that the quality of the relationship was linked to the knowledge and skills of each practitioner. Pugh (2007) investigated the personal, and professional boundaries of social workers in a rural context. Findings indicated two features which contributed to a positive relationship between service-provider and user. Providers in the rural areas tended to reside in the neighbourhood of their employment. This aspect led to frequent contact between parents and social workers which ultimately had personalised the creation of the relationship. Pugh also commented that social workers in the study had expressed a high level of satisfaction which was linked to their personal connections, and commitment to their local communities.

Research by Crowther and Cowen (2011) sought to identify the optimum skills which contributed to the creation of a relationship between service-user and provider. The findings indicated that clear communication, consistency of practice, and inherent relational skills of practitioners contributed to a desirable skill set.

Braun, Davis and Mansfield (2006) had promoted conceptual understanding of the creation of a relationship through the establishment of a theoretical framework which was based upon a model of *helping*. This model depicted the transference of knowledge and practical skills from service-provider to user; however it did not promote understanding of the emotional effect upon the service-provider from practising within a context of child protection and early intervention.

Trevithick (2003) and Howe (2008) had identified a potentially negative impact upon a parent-professional relationship as the emotional reaction of a service-provider. Sudbery (2010) applied the term *counter-transference* to a professional's emotive response. The author described this reaction occurring within the context of a parent-professional interaction, and being prompted by a negative memory from historical experiences. It seems that the parent-professional relationship could provide a medium to implement interventional strategies, in addition to triggering memories for service-user or provider and producing an emotive reaction.

Trevithick (2003) had described a purpose of this specific therapeutic relationship as a means to contain the negative emotions of service-users in order that re-formation of the inner working model could be supported. Sudbery (2010) commented that the effectiveness of the social worker-client relationship was linked to each service-provider's understanding of self. The significance of the relationship was expressed by Howe (2008): a medium in which an understanding of self was formed or potentially re-formed within a context of intervention for a service-user.

Change and development of professionals is instigated and supported by bureaucratic processes within organisations. The current Scottish context requires mandatory professional registration for all social service sector employees, and expectations are defined as principles of practice (Scottish Social Services Council, 2009).

Supervision of the workforce, in the form of guidance and emotional support, was a recurrent aspect of the literature review. Trotter (2002) concluded from research into professional skills and client outcome that appropriate supervision for professionals was necessary to maintain good mental health of the social service workforce.

Trevithick (2003) had noted that a lack of supervision could result in a demonstration of defensive behaviour by professionals which related to mental exhaustion.

Bowlby (1979) had described the three stages of a relationship as the creation, maintenance and closure, and this author proposed that the prevalent emotion within a relationship was the incipient one which was experienced during the initial stage.

Therefore it seems that an emotional reaction which occurred in the early stages of a relationship could affect the positivity or negativity of perceptions over a period of time.

Several authors referred to an emotional reaction of a professional as a consequence of a service-user disclosing childhood abuse within a context of service implementation. Nelson and Hampson (2008) had published detailed guidance to the social service sector which identified practitioners' concerns as perceived lack of knowledge, apprehension, and a generic viewpoint that responding to childhood sexual abuse was the responsibility of a specialist.

The research of Marriott, Hamilton-Giachritsis and Harrop (2013) had focused upon resilience of service-users who were adult survivors of childhood sexual abuse. These authors recently reviewed 50 studies which were published in the last 20 years. Findings had indicated that interventions could potentially have a positive effect upon the resilience of adult survivors.

Valente and Shuttleworth (1997) had investigated support mechanisms for service-providers in this area of work, and findings indicated that good mental health of professionals could be maintained by emotional and informational support from a co-worker. These authors had facilitated a group for female childhood sexual abuse survivors, and conducted a study within this context. Conclusions suggested that this form of professional-professional support enhanced implementation of the intervention.

A few years later Bacon and Richardson (2001) reviewed the literature on attachment theory and child abuse. Findings indicated links between attachment systems and responses to child protection which applied to service-users and service-providers. These authors also promoted the practitioner's need for a secure base, and indicated a potential source as a colleague or organisation. Conclusions used the term *companionable context* to indicate an optimum supportive environment for professionals.

These studies have highlighted the potential for an emotional reaction from a professional, and indicated a link between the resilience of service-provider and implementation of intervention for service-user. The findings suggested that an integrated team of multi-disciplinary professionals could provide an effective and necessary support mechanism within a context of co-working.

Sudbery (2010) concluded that the effect from implementation of a service to therapeutic progress of a client was dependent on the knowledge, understanding, and application of a relationship by each professional. The previous studies have indicated an area for consideration as the capacity, ability, and resilience of professionals to respond positively in a context of service implementation despite emotive reaction.

Development of a sense of self and personal construct theory

Research which was based on observations of infants and their parents revealed three stages in an infant's development of self (Trevarthan & Aitken, 2001). Subjectivity referred to an infant's voluntary control of his actions, primary inter-subjectivity occurred in the reciprocal actions of a parent and an infant, and finally secondary inter-subjectivity could be observed by an infant initiating interaction with a primary carer.

Bor, Sanders and Markie-Dadds (2002) reported on the consequences of a parent's lack of response to an infant leading to anti-social behaviours. These authors indicated that an infant who was unable to form a model of behaviour through social referencing, and reciprocity from carer to child, focused upon internal or self-directed stimulation and referencing. Avoidant attachment led to a limited understanding of the autobiographical self which hindered or disrupted the development of a relationship in adulthood. Bowlby (1979) described this limited understanding as a false sense of self.

Howe (2011) extended comprehension of the false sense of self by indicating that reference to an internal working model, based upon avoidant attachment, led to a

human being adopting the emotions of others; thus the child or adult did not gain the skills to self-regulate his emotions. The resultant behaviour which Howe associated with a status of avoidant attachment responded to the needs of others rather than personal needs. It seems that these circumstances, as applicable to a context of early intervention and child protection, may result in a service-user being dependent upon the service-provider.

The descriptions of self by Fonagy, Gergely, Jurist and Target (2002) were reviewed to provide insight into the process of forming, and understanding the concept of the autobiographical self. This base of knowledge facilitated a discussion on attachment and relationships from an incomplete process with weakened links between the five aspects, as represented by vulnerable families within a context of early intervention and child protection.

Fonagy et al. (2002) described five aspects of self as levels of understanding. Each level did not exist in isolation but represented points of reference for a child which supported comprehension of the autobiographical self at four or five years of age. The first two levels demonstrated a basic development of self as a physical, and a social agent which was determined by the child's interactions with a proximal and distal environment. These interactions showed primary intersubjectivity, followed by concordant intersubjectivity in the context of appropriate care-giving by a responsive human being.

The third and fourth level of self as a teleological agent, understanding cause and effect, and an intentional mental agent, required a sophisticated environment, expectations, and responses from a primary care-giver. Fonagy et al. (2002) referred to this period as a social-cognitive revolution. The child gained an understanding of actions, purpose, reactions, and took ownership of her role in interactions with the environment. Additionally the child had knowledge of a power-base within the social and material environment, and it appeared that the development of self-esteem was linked to the child's realisation of this base, and acquisition of the third and fourth level of self.

The final level of self as a representational agent linked to the emergence of the autobiographical self. Miell (1995) described an average five year old child having an understanding of self. This concept encompassed physical attributes, gender, identity within the family unit, and comprehension of the existential self which enabled a human being to become an active participant in her environment.

Children have a predisposition to seek out interaction with others, and the resulting intersubjectivity creates a pathway for the development of theory of mind, cognition, language, and an understanding of the autobiographical self (Fonagy et al. 2002). Theory of mind was defined by Cicchetti and Toth (2006) as the shift from a situation-based to a representation-based understanding of behaviour which included the capacity to comprehend that individuals may have different thoughts about the same situation. The underlying principle of child protection and early intervention is change and development; hence this capacity to acknowledge and to understand different interpretations is integral to learning.

The research by Crittenden (1985) with a sample set of 121 *maltreating* and *adequate* parent-child dyads, as termed by this author, demonstrated that the construction and use of an internal working model had relevance to all relationships. Howe (2011) portrayed integral features of this internal reference point as the application of pre-conceptions, behavioural biases, and interpretive tendencies in the approach to new situations. It appears that a human being's interpretation of the world contributes to the formation of perceptions which influences the capacity to identify and embrace learning opportunities, and to develop relationships.

The findings from Crittenden (1985) included the existence of a link between the occurrence of social support, and appropriate child rearing activities. This study concluded by highlighting the consistency of inter-personal relationships between participants within the study, and inferred that the majority of participants accessed one internal working model in the creation of their relationships. Explanation of these findings included reference to participants' tendencies to attract or seek out social support from adults with similar internal working models. However in a

context of early intervention it may be that service-users seek support from professionals who demonstrate empathic responding, and understanding (Rogers, 1991) through reference to a different inner working model. Cain (2010) indicated that professional representation may provide a model for a parent to critically evaluate, and potentially use to redefine a sense of self.

Braun et al. (2006) agreed with Crittenden (1985) by suggesting that an internal model for the creation of relationships was influenced by personal experiences, and characteristics which prompted and informed reactions to a proximal and distal environment. The study, by these authors, had focused upon parent and professional relationships to determine a context for change and development (Braun et al. 2006).

The authors did not apply the term partnership to the parent-professional dyad but used professional responsibility to describe role modelling which supported the process of change. The role of helper, according to Braun et al. (2006), had parallels with a parenting role. Acquisition of skills which were gained within a context of parent-professional interaction could potentially be replicated in the parent-infant relationship. This suggested that parents had experienced two stages to reconstruction of their inner representation model, as a person being helped, and subsequently a helping person.

These authors have shown that childhood experiences are significant to an adult's understanding of self which informs the personal construct model. The context of early intervention and child protection provides inter-generational experiences which encompass learning, and development opportunities for extended families. It seems that the implementation of early interventional strategies may be affected by each member of a family accessing an inner working model, constructed through personal experiences which may or may not include representation of secure attachment.

2.2.3 Policy

The formalisation of early intervention led to the identification of conditions which linked to successful outcomes. Policy has focused upon an outcome of early

intervention as an equal parent-professional partnership (Scottish Government, 2010b). Trevithick (2003) commented that policy can have a direct impact upon the quality of the relationship by promoting an expectation of outcomes. Hornby and Lafaele (2011) noted that the rationale which informs changes to policy may create a barrier to parental involvement, in a context of formal education. These authors appeared to be indicating that policy could have a negative effect upon practice through the necessity to achieve projected outcomes. This aspect is discussed in the next section.

The following publications identified outcomes to the parent-professional relationship, and reflected educational changes which gave recognition to the potential impact from this partnership upon a child's development. The Plowden Report (Central Advisory Council for Education, 1967) promoted partnerships as outcomes of effective interaction between professionals and parents. The introduction of training, and auditing the workforce formalised the necessity for this type of relationship between a service provider and service user. The Care Sector Consortium (1997) responded by including the concept of partnerships in the mandatory units for Scottish Vocational Qualifications in the social service sector.

The Scottish Executive (1999) published A Curriculum Framework 3 to 5 which gave professionals guidance on the purpose of partnerships, and the Scottish Social Services Council (2003) imposed working in partnership as a registration requirement of a practitioner. This term has continued to be applied within current documents, and working in partnership is embedded within the National Practice Model, *Getting It Right for Every Child* (Scottish Government, 2010b).

Research extended understanding of the parent-professional relationship by promoting the manner in which professionals engage with service-users as an area for consideration, and indicating that *normalisation* of parenting support could enhance outcomes from early intervention (Centre for Excellence and Outcomes in Children and Young People's Services (C4EO), 2010).

Management of personnel

Consistency in the implementation of practice is dependent on the management of personnel, and auditing interventions. The Scottish framework for practice does not include the operational aspect of supervising, and managing personnel from multi-disciplines within the context of an integrated team. The Scottish Government (2010d, 2010e) implemented this framework termed Getting It Right for Every Child, with clarification of the role definitions of two key professionals. The *named person* (Scottish Government, 2010d) was identified by the regularity of contact to a family which provided frequent opportunities for the provision of support, and sharing information. Examples cited were midwife, health visitor or early years' worker. The *lead professional* (Scottish Government, 2010e) was appointed if more than one service was working with a family. This role included coordination of services to ensure that identified outcomes within a formal care plan were achieved.

The named person could adopt the role of lead professional if she had the necessary skills for coordination, and responding to child protection issues at a senior level. The practice briefings to practitioners confirmed that a lead professional was only accountable to her own agency, and this role did not include a responsibility for the actions of practitioners from other disciplines (Scottish Government, 2010d, 2010e). Professionals, who operate as an integrated team, are currently supervised by line managers from their primary disciplines.

Frost and Robinson (2007), in a study of the roles of multi-disciplinary teams in the early years, had concluded that best practice was implemented by teams which demonstrated respect to different levels of professional expertise. These authors publicised the significance of sensitive and skilful leadership of teams which were composed of different disciplines. The study had accessed five teams but the practice of the leaders was not revealed in the published article. This information may have increased knowledge and understanding of the issues.

Sudbery (2010) indicated the importance of supervision of the workforce, at opportune periods in relation to personal need, in addition to organisational

requirement. Kinman and Grant (2010) had also focused upon these issues by conducting research into the ability of trainee social workers to cope effectively with demanding conditions. Findings highlighted that service-providers may need to be supported in maintaining an appropriate personal construct model for their role, and responsibilities. The responses revealed that 43% of participants, from a sample set of 240, required psychological support to deal with work-related stress. The authors had suggested that emotional resilience training should be promoted to social work students.

The large sample set indicated a generalisation of findings, and it may be that further research could inform this important issue by investigating a potential link between work-related stress of social workers, the personal construct model, and client outcome. These aspects were not explored within the initial research inquiry (Kinman & Grant, 2010).

Auditing interventions

Three current methods of auditing an intervention were identified from the literature as the Graded Care Profile (Polnay & Scrivastava, 1995), the Scottish Integrated Assessment Framework (Scottish Executive, 2005a) and English Common Assessment Framework (Department for Children, Schools & Families, 2009b). The formal success of an intervention is regarded by professionals, funders, and governing bodies as the achievement of recorded, projected outcomes within a recognised timescale (Scottish Government, 2010b).

Graded care profile

The Graded Care Profile (Polnay & Scrivastava, 1995) promotes a qualitative and quantitative method for measuring the care of children. The profile is completed jointly by the professional and parent, prior and post intervention, in order to demonstrate an initial level of care, development, and progress.

Integrated Assessment Framework and Common Assessment Framework

The Scottish Integrated Assessment Framework (Scottish Executive, 2005a) and the English Common Assessment Framework (Department for Children, Schools & Families, 2009b) are used as media to record identified needs, interventions, and expected outcomes by a family, and an integrated team of professionals from social work, education, and health. The influences upon the family's relationships and development are recorded within the framework. Guidance notes in the margins of the form provide the writer with a prompt, and links between potential influences from family and societal culture, and normative standards.

A parent's view on wellbeing, emotional stability, and level of knowledge on a specific issue may also be sought prior and post intervention implementation. These scales do not identify potential links between the parent and child's development (Sanders, 1999). A limitation to the information which is recorded is assessment of progress, and prioritising of recordable information by each worker.

Local policies

Information was also reviewed which had particular significance to the local context of this inquiry in the form of the Glasgow Child and Family Services Plan, 2009-2012 (Glasgow City Council 2009, 2011), and the Parenting Support Framework (NHS Greater Glasgow & Clyde, & Glasgow City Council, 2009). The Services Plan is organised within five community planning themes which relate to expected outcomes: healthy, learning, safe, working, and vibrant. The themes are presented to services in the form of strategic action plans, and each organisation is required to provide evidence of practice, and achievement of identified outcomes which respond to strategic objectives for achievement of the population in a locale.

The Parenting Support Framework publicises the rationale, strategic planning, and expectation of practice by services. The evaluation and monitoring process is promoted "...as establishing Glasgow City as a pioneer in this nationally, and internationally important policy area." Implementation and evaluation of interventions are described as "...informing, and developing one another." It seems

that this approach to service delivery indicated to service-providers that auditing, and implementation of early intervention complimented one another; thus had the potential to be responsive to the local needs of a population.

Evaluating the therapeutic alliance

The parent-professional relationship is not acknowledged within any current national auditing systems in a context of child protection and early intervention which may impact upon the professional significance given to development of relationship-based practice, and consistency of application. Additionally there is not a system for recording the informal, non-predictable outcomes of interventions although pertinent comments may be recorded on a case file chronology (Social Work Inspection Agency, 2010a, 2010b).

Supervision incorporates assessment of knowledge, and practical skills against a normative standard for the workforce. Measures to evaluate the impact of early intervention are based upon achievement of projected outcomes (Polnay & Scrivastava, 1995). Chronological records may refer to a parent's status as engaged or non-engaged with services (Social Work Inspection Agency, 2010a).

Sanders and Ralph (2004) reported that the complexity of the therapeutic process was difficult to evaluate and record. These authors noted that reports of clinical trials which documented the outcomes of family intervention programmes minimised therapeutic issues within the auditing process. This research was based on evaluations completed by clients, and findings indicated that some therapists demonstrated particular skills in contributing to positive client outcome. These skills related to the professional demonstration of acceptance and empathy, and active rejection of negative behaviours such as blaming or ignoring.

Rogers (1990) promoted one outcome of the helping relationship as the construction, or realisation of a positive inner working model. The description by Rogers of a healing process, termed the helping relationship, involved a service-provider using the positive effects from a parent-professional relationship to prompt functional use

of the latent inner resources of an individual. This author stated that a professional should be able to understand, and respond to a client's frame of reference in addition to demonstrating unconditional positive regard.

Lambert and Barley (2002) also focused upon a potential system of evaluation, and the authors suggested that value could be apportioned by recognition, and recording of evidence in order to determine the existence of three characteristics. The characteristics were termed task, bonds and goals which related to behaviour, attachment, and achievement of objectives.

Howe (2013) described empathy as the ability to understand another human being's thoughts and feelings, and to respond with an appropriate emotion. The author promoted this capacity to view the world from another person's perspective as integral to positive interaction, and applied the term coping mechanism to describe the outcome for a service-user. It seems that a demonstration of professional empathy was a contributory factor in lowering the stress levels of vulnerable families, and a positive influence upon the parent-professional alliance.

A review of literature did not reveal a definitive time period in which a therapeutic alliance could be achieved but Rubin, Bukowski and Parker (2006) suggested that the positive effect from a relationship could be defined in accordance with the predominant emotions which the participant experienced. It seems that the value of a relationship was determined on an individual basis, and based upon an emotional experience.

Auditing is encompassed within the formalisation of standards for the social service workforce, and this poses a problem of identifying a method which takes into account the parent-professional relationship, the effect of time, factors originating in a particular environment, and professional or personal culture. An example of this aspect of auditing was discussed by Walker-Hall and Sylva (2001) who suggested that auditable factors were the recorded satisfaction of service users and providers in addition to attendance rates on formal parenting courses. The writers noted that

parents who suffered from depression could not accurately assess and record development so this might exclude a proportion of parents from giving feedback for evaluation purposes or affect the validity of an audit.

Howe (2008) linked the social worker-client relationship with the outcome of early intervention by using data which was collected from the service-user and provider in the form of client satisfaction, and the effectiveness of an intervention. The relationship was regarded as an integral component of the job-role which was encompassed by formal guidance. A social function was achieved by the service-provider supporting families to lead their lives effectively.

A lack of a quality assurance system which considers the parent-professional relationship suggests a potential difficulty in evaluating inter-personal skills to a standard. A standard is promoted, within a Scottish context, in the format of principles of best practice. Application of the knowledge and skills' framework which includes relationship-based practice is currently being piloted by the Scottish Social Services Council as a format for supervision of the workforce (Scottish Government, 2012d). Assessment of practice is dependent on self-reflection, and feedback based upon observation by peers.

The effect of different skill levels within a team were investigated by Trotter (2002) in a context of child protection. This study accessed 247 families and 50 professionals to explore a link between skill-sets and client outcomes. The author noted a potential weakness in the study as the narrow focus of the substantive aim; however an evidential link was recorded between the application of appropriate skills, and achievement. The methodology was retrospective, as noted by Trotter, and the study did not consider influential factors within the lives of each client and the practice of individual professionals. It may be that investigation of additional factors would inform this area of research.

The findings by Trotter (2002) highlighted the difficulty in differentiating between a professional who worked within the confines of knowledge gained from initial

training, and allocated responsibilities or a service-provider who accessed opportunities to extend the repertoire of skills. Trotter concluded by suggesting that a worker's performance was most effective if there was clarity and understanding of the role and expectations. An integrated team provides potential for learning to take place through formal continuous professional development, informal peer interaction, and self-reflection. It may be the case that the circumstance of a professional extending her skills is dependent on an organisational opportunity to demonstrate enhanced practice or the motivation and capacity of each worker.

2.2.4 Culture

Daniel, Burgess and Scott (2012) conducted a study which indicated the significance of a relationship developing over a period of time. This research also highlighted an aspect of community culture which was apparent in some areas of Scotland. The findings promoted that early interventional strategies should be sustained and brokered, as termed in the publication, by good relationships.

This research which was commissioned by the Scottish Government was implemented to determine the number of children who were experiencing neglect in Scotland, the effectiveness of services in identifying this issue, and implementation of strategies. These authors collected data from governmental statistics, questionnaires distributed to lead child protection officers in Scotland, telephone interviews with the voluntary sector, and 15 multi-agency focus groups from urban, rural, and island populations.

Findings indicated an impact from the relationship of a service-user and service-provider in the response to neglect. The authors suggested that insufficient time was spent by social workers in developing effective relationships with clients which contributed to a lack of information. It was reported that 1 child in every 1000 of the population experienced neglect in childhood. Barriers to identification included a lack of evidence regarding parents' capacity to change, transient lifestyles of vulnerable families, and inconsistent identification of emotional neglect by professionals. Communities with a high-level of poverty were associated with

neglect of children, and the authors revealed that the prevalence of neglect, in some areas of Scotland, appeared to be culturally acceptable.

Moran et al. (2004) had identified that responding to local needs was an aspect worthy of future research. The term cultural sensitivity was specified as cultural adaptation which was applied to transference of parenting programmes between countries, and culturally specific programmes which responded to a population. It seems that research could contribute to understanding the influence of culture upon community values and expectations, and potentially inform implementation of intervention.

The definition of culture by Eckersley (2006), and description by Daniels (2001), were reviewed to determine the applicability to this investigation. Culture was defined as relating to language, knowledge, beliefs, assumptions and values of individuals, groups, and generations. Culture, within this inquiry, related to concepts and actions promoted by each participant, and associated with the setting or local area.

A definition of culture was also applied to professionals as described by the Scottish Government (2010b) within the National Practice Model for the purpose of this inquiry. Culture was regarded as being the operating principles which determined the behaviour of individuals and organisations.

Rathmunde and Csikszentmihalyi (2006) viewed human development from an experiential perspective by suggesting that the provision of opportunities to humans could exert an influence, despite the intrinsic culture. An alternative view was given by Bor et al. (2002) who expressed that early intervention projected influences from several cultures upon an individual which impacted upon relationships, and subsequently development. The previous authors (Rathmunde & Csikszentmihalyi, 2006) did however acknowledge a potential influence from a community culture as physical, and social circumstances. It was suggested that over a period of time a

community developed, and promoted qualities and skills which were deemed to be valuable to the collective; thus formalising a culture within a specific context. Mead (1934) had linked role identity and culture, and he suggested that individuals adopted the attitudes of a community culture or discipline, and performed within a recognised role. Carlisle (2006) noted that human beings were not passive recipients of culture, and it may be that human agency could result in the adoption of practices associated with a particular culture. It seems that various cultures may be formed and demonstrated within a context as a result of a shared need, experience or circumstances which had relevance to role identity for example a service-user or a service-provider.

Jack and Gill (2009) promoted a basic measure of well-being as the ability of a society to protect children and young people from injury and abuse. These authors conducted a literature review of initiatives in the United Kingdom to examine the effect of professional and community culture upon the safeguarding of children. Positive factors were identified as the professional *listening* to clients in addition to *recognising*, and *supporting* community initiatives. It seems that cultural adaptation may be reflected in the behaviours and actions of the service-provider, and respond to community needs.

Vulnerable families within a community may suffer similar emotional, and physical stresses which could relate to childhood abuse, domestic violence, atrocities and trauma associated with seeking asylum or social isolation and violence linked to addictions. Factors, such as these, were described by Stormshak, Kaminski and Goodman (2002) as barriers to involvement and participation within early interventions. The authors linked the negative effect of sub-cultures to aggression and social skill deficits, and their findings emphasised the importance of the implementation of interventions which responded to contextual, cultural factors.

Parkinson (2012) also discussed the impact of culture in a recent study which was commissioned by the Scottish government to conduct research into the wellbeing of children and young people. The report proposed that culture should be regarded as a

potential indicator of wellbeing, and suggested that a culture created normality within a society. It seems that a localised effect from community influences upon development has been widely recognised within research, and the significance of professional intervention which responds to these issues has been succinctly evaluated by Parkinson as the *wellbeing of a community*.

The difficulties in supporting the most vulnerable groups within a community were highlighted within research by Stormshak et al. (2002). These authors investigated effective strategies for implementation of interventions within a context of Head Start which was an American family centred programme. One branch of the programme was termed Steps to Achieving Resilience, and an aim was a reduction in the risk of substance misuse and delinquency. The focus of this programme was parenting interventions and home-visiting for children in the pre-school age-group. The study accessed participants from five communities which included 14 sites, 11 pre-school classrooms and 9 control groups, and the findings from 146 participants demonstrated that the highest participation rates occurred within the context of home-visiting.

The study by these authors appeared to be robust, and the inclusion of control groups in addition to participants from a variety of settings contributed to generalisation of findings. The identification of home-visiting as the optimum medium for client participation suggested that implementation of strategies did consider the mitigating factors of each family which linked to a positive outcome.

These examples of research have demonstrated the impact from local culture on individuals and groups of service-users, and the next section reviews a potential effect upon service-providers.

Culture of professional practice

Lamb-Parker et al. (2001) identified factors which related to a professional culture of practice during research on barriers to families participating in parenting programmes. This study also accessed families who were involved in the American

Head Start interventions. 68 parents were interviewed and seven participants described potential barriers to implementation as factors associated with negativity from professionals. Examples were given as lack of recognition of parental achievement, disinterest in personal circumstances, and communication issues.

An interesting aspect of this research was a suggestion that parents embraced the programmes as a means of gaining respite from adverse circumstances; therefore the benefits of attending a service which offered basic necessities of heat, lighting and refreshments appeared to overcome negative perceptions. The authors described the professionals as teachers or *other staff*, and it could be the case that the negativity of professionals linked to historical differences between disciplines or bias towards particular lifestyles. However this issue was not detailed within the published work.

These studies (Lamb-Parker et al. 2001; Stormshak et al. 2002) demonstrated two aspects of the parent-professional relationship which appeared to be influenced by the context of implementation. A home environment was regarded as a setting conducive to learning, and it may be assumed that the intervention was delivered in a context which suited the needs of each family. Alternatively attractive respite opportunities, from poor conditions in the family residence, supported engagement of service-users, and consequently implementation of interventions. These findings indicated that negative perceptions could be overcome through the use of strategies associated with the implementation of early intervention by service-providers.

Handy (1976) examined the conditions surrounding the creation of a relationship, within a context of development, and this author identified the influence from a *halo effect*. The author suggested that one party demonstrated signs which prompted a particular interpretation of the relationship, and subsequently reactions in the second member of the dyad. These signs could be visual for example a professional uniform, identity badge, behaviour or the use of a particular room.

Sensory effects (Rogers, 1990) could also provoke automatic responses which had been imprinted in memory from prior experiences. The use of an attractive

environment, as previously described (Lamb-Parker et al. 2001), may have created a halo effect and contributed to the creation of a positive relationship within the parent-professional dyad.

The findings of Cleaver and Freeman (1995) identified an example of the negative or positive impact upon perceptions from memories which were prompted by an interview venue in cases of suspected child abuse. It seems that the halo effect resulted in emotions and behaviours relating to historical experiences being activated.

Oppenheim (1992) suggested that an attitude may be formed or affected by observations, and interactions with other significant individuals or groups. Human beings experiencing life within an identifiable group appeared to absorb attitudes, and expectations from the group ethos. Mead (1934) described these signs in terms of an attitude being carried forward by a professional and transferred to a parent. This phenomenon led to parents developing attitudes within the response sets of social desirability and acquiescence (Oppenheim, 1992). It seems that the halo effect had a potentially positive or negative impact upon a relationship as a consequence of personal or social referencing which ultimately influenced perceptions, and behaviour.

2.2.5 Perceptions

Previous research had identified potential influences upon the relationship as knowledge, understanding, personality, and emotional reaction (Howe, 2008; Trevithick, 2003; Sudbery, 2010). It seems that human beings are exposed to a myriad of influences from their proximal, and distal environments and interpretation imposes a subjective reality. The resultant perceptions are the unique way in which each person understands his world.

The definition of perception, as determined by Cleaver and Freeman (1995), is applied to this inquiry. These authors regarded perceptions as the rules that governed social situations, including motivations and intentions, and validity pertained to the

function. The term operational perspectives indicated the skills and attitude formed by recourse to an inner working model, and demonstrated through behaviour. Perceptions affect behaviour which was described by Oppenheim (1992) as a demonstration of attitude encompassing beliefs and emotions. This author made a distinction between different levels of attitude which affected the endurance, and ultimately the impact on behaviour over time. These levels were termed opinions, and values by Oppenheim who believed that the most influential level related to personality.

Cleaver and Freeman (1995), in a study of parental perspectives in a context of child protection, described physical, psychological and social components which occurred within the microsystem of human development (Bronfenbrenner, 1979). Physical related to an understanding of the environment, psychological linked to interpretation of phenomena, experience and expectations, and the social component included power within the relationships. Operational perspectives were affected, and modified by human interaction for example between parents and professionals in addition to environmental conditions.

Cleaver and Freeman (1995) had also indicated that parental perceptions altered within the two year period of the study, and convergence of positive perceptions by the service-providers and users was identified. The next section discusses potential influences upon the parent-professional relationship.

Gender of service-users and service-providers

The issue of gender was discussed in several publications which identified a lack of knowledge and understanding of the impact upon relationships. The study by Daniel, Featherstone, Hooper and Scourfield (2005) had associated this lack of evidence with birth fathers *and* father figures. These authors advised that the influence from male carers was a potential risk factor in a context of child protection which should be considered. Findings acknowledged that some organisations were promoting practice in response to gender.

However Daniel and Taylor (2006) had noted that a response to gender, in policy, had resulted in the term “mother” being replaced by “parent.” This change in wording reflected the definition of parent as a responsible adult who had custody of a child (The Stationery Office, 1997); therefore the *parent*, a male or female figure, was regarded as the primary carer who had the greatest influence upon a child.

It was suggested that the generic use of the term “parent,” for example the Green Paper on children’s services in England, could obscure gender implications (Daniel et al., 2005). Parent, whether applied to male or female adults, for example birth mother, father, kinship carer, a responsible adult, or the local authority in loco parentis, implies a role of primary carer which encompasses the responsibility for a child’s protection. It may be that the legal definition of a parent could exclude birth fathers, and father or mother figures from formal decision-making with regard to a child’s protection; however practice indicates that implementation of intervention by services takes into account, and responds to any member of a family who is deemed to have a positive influence upon a child.

A definition of parent, as applied to a research inquiry, may exclude birth fathers or father or mother figures from participation. Cameron, Coady and Hoy (2012) reported that there was limited evidence on perceptions of fathers in a context of child welfare services. The findings of these authors, based upon perceptions of 18 birth fathers, indicated that service-providers overlooked the involvement of fathers in the care of their children.

Spratt and Callan (2004) also commented on the difficulty in gaining the views of fathers or male partners. These authors had conducted a study which focused upon parents’ views on social work interventions. All the participants were female except one male partner of a birth mother although invitations had been issued to mothers, and their partners. Findings from Green (2003), in a quantitative study which focused upon engagement of fathers with services, showed that personal invitation to parenting programmes was regarded as a positive factor.

It seems that there are three issues associated with comprehension of the impact from gender. The first issue relates to difficulties in obtaining the participation of male carers for the purpose of researching the topic. Secondly it may be that there is a lack of recognition by service-providers of the influence from the male carer upon a mother and child. Finally inclusive or exclusive criteria, as applicable to the ethical requirements of a research inquiry, may exclude a male or female carer through definition of a “parent.” These aspects could affect the availability, and potential engagement of birth fathers or father and mother figures as participants in research studies.

However evidence of effective adaptations to early intervention programmes which specifically responded to the needs of the male parent had been identified by Fletcher (2008). This author, and also Green (2007), highlighted a weakness as the exclusion of male figures in publicity materials for the programmes. An example of an intervention which promotes parenting strategies for any primary carer of a child is The Positive Parenting Programme which includes male or female birth parents, male or female partners, extended family, and foster or adoptive parents. Publicity materials reflect and represent these groups, and evidence of positive effects for mothers and fathers has been demonstrated (University of Queensland, 2013). This programme is currently implemented in 25 countries, and has been disseminated by one Scottish local authority (Glasgow City Council, 2009; NHS Greater Glasgow & Clyde, & Glasgow City Council, 2009).

Robson, Cossar and Quayle (2014) studied the issue of gender in the context of violence towards social workers from clients. The findings indicated that female clients demonstrated a greater degree of physical aggression compared to male clients who used more subtle forms of intimidation. This literature research study was based upon seven publications, and the authors had commented on the limitation for generalisation of findings. However a link was indicated between the potential for aggression as perceived by social workers, and a long-term negative impact upon the parent-professional relationship. The study did not make a distinction between

the social worker's relationships with female or male clients or the gender of service-provider.

Scourfield (2002) had publicised potential tension in the social worker-client relationship which focused upon the professional dilemma of promoting equality of practice, and reflecting gender differences of clients. Findings indicated that professionals regarded clients as individuals, and responded in accordance with identified need as opposed to making assumptions of need based upon gender. This study had concluded by promoting evidence of unconditional acceptance, and personalised responding by professionals regardless of the gender of the client or the service-provider.

Gender has also been studied from the perspective of service-provider. The gender of social workers was found to be predominately female by Furness (2012). 77% of registered social workers in England were female as recorded in 2010. This author conducted a study which sought to identify the reason for failure of course work by male social work students. Statistics which related to England showed that there was a 5% higher failure rate for male students than female students. Findings indicated that a weakness in the practice of male social work students was the tendency to apply problem-solving techniques in supporting clients which did not include an empathetic approach. A study by Maiter, Palmer and Manji (2006) had publicised empathy as a key characteristic in the parent-professional relationship, as perceived by service-users.

Furness (2012) has indicated that the inability of male social work students to demonstrate empathic responding to clients could contribute to smaller numbers of practising male social workers, and consequently a gender imbalance in the social work profession. It seems that clarification would be required to determine if the development of this skill was directly supported within the social work course or it was regarded as an inherent, and essential characteristic for the job role which could be identified within the recruitment process.

It appears that there is a lack of evidence regarding the views of male clients (Spratt & Callan, 2004); however it seems that service-providers, in the aforementioned studies, did not perceive gender as influential to the parent-professional relationship. Statistics have indicated that the social work profession is predominantly female. It may be that the ability to demonstrate empathic responding is a key characteristic for a service-provider regardless of gender.

Maturation

Changes which occur through biological and emotional maturation lead to fluctuations in cognitive, and emotional reactions with the environment. Magnusson and Stattin (2006) suggested that this process might be affected by opposing forces within the psychobiological systems. A positive force which was described as maturation and experience led to a human being embracing change, and a negative force was the natural principle of resistance which prevented or hampered change.

Bronfenbrenner and Morris (2006) reported that a triggering event, for example parenthood, actualised the genetic potential of a mother and baby into positive outcomes by promoting the incipient stages of primary socialisation, and personality stabilisation. Primary socialisation referred to the social interactions of the family in the microsystem. Personality stabilisation was linked, by these authors, to the emotional support offered by individual family members to one another, and the holistic effect from the nuclear family.

The potential for personality stabilisation commenced at birth as the inherent predisposition for attachment was activated in the new born baby. The genotypes became observable phenotypes when the necessary proximal processes occurred between mother and baby, and primary socialisation commenced as the baby was exposed to, and immersed within the family and community cultural norms.

The impact from these historical experiences which originated in childhood was investigated in a study by Radford et al. (2011). This research indicated that experience of abuse could cause negative effects in adulthood for example poor

mental health, and delinquent behaviour. The study was conducted in the United Kingdom, and used a computer based, self-interviewing technique to collate data from over 2000 parents, and 5000 young people and adults aged 11-24 years. The findings from this research study demonstrated statistical links between childhood experiences and adult behaviour which showed that the rates of child maltreatment, reported by young adults in 2009, were lower than a similar study from 1998.

The research conclusion indicated that professionals should consider the impact from prior experiences in the support that is given to clients. The publication did not clarify a link between the development of practice in the past ten years, and reported reduction in maltreatment, and it seems that an increase in detail could have contributed further to knowledge and understanding of this issue.

Anxiety

Rathunde and Csikszentmihalyi (2006) had noted that anxiety produced a conservative response from individuals. A state of angst resulted in a protective mechanism leading to a developmental impasse. The authors suggested that an appropriate strategy was required to commence the socialisation process, and to create a readiness to learn for example by using communicative strategies appropriate to a social context.

Communicative strategies

Lupyan and Dale (2010) had applied statistical analysis to 2000 languages in order to examine a potential link between social context and linguistic structures. The authors reviewed large-scale demographic and linguistic databases. It was determined that language structures were adapted to the learning and applicational environment. An environment which was described as esoteric in the study related to a small number of people with a common interest and knowledge. An exoteric environment contained a large population in which language was potentially an interface for communication between strangers. Magnusson and Stattin (2006) also reported that language acquisition was a necessary component for development. The

use of language promoted internal processes of thinking and abstraction leading to meaningful actions, and comprehension.

The ability to apply language and verbalise emotions was a feature which was particularly relevant to the context of this study. Literature demonstrated that techniques from play therapy (Bratton, Landreth, Kellam, & Blackard, 2006) were applied to support the development of resilience in families who had experienced trauma. This process was reflected within specific parenting programmes by enabling the victims of trauma to share experiences with a professional (Sanders, 1999), and ultimately to gain an increase in understanding of self and the skill to regulate emotions.

Historical experiences

A chaotic environment which encompasses negative influences may not promote factors which are conducive to development of a sense of self. The concept of self was promoted as a necessary component to consolidate or reform the inner model of a human being and an integral part of individuality (Trevarthan & Aitken, 2001). An example was highlighted within a recent longitudinal study by Enlow, Egeland, Blood, Wright and Wright (2012). These authors collected data from 206 children to determine a link between interpersonal trauma exposure in infancy, and cognitive development. The researchers concluded that this specific type of trauma might produce adverse effects which persisted into late childhood.

Fischer and Bidell (2006) had commented that a weak comprehension of the autobiographical self could affect a child's skill and ability to participate in social and emotional reciprocity, and posed a potential barrier to the creation and maintenance of relationships as an adult. The process of reconstructing one's inner representation of the world, as described by Braun et al. (2006), also suggested that childhood experiences impacted on behaviour in adulthood; therefore it seems that knowledge gained from social referencing in childhood may be retained, and result in a stimulus-response in adulthood within a similar context.

Reid and Banks (2008) demonstrated that service-users throughout Scotland based evaluation of a service upon their experiences of interactions with service-providers. These authors conducted a research project which sought the views of parents and children regarding issues relating to their experience of support within childcare establishments. Service-users indicated that positive relationships with professionals contributed to their involvement and satisfaction with the service. Service-providers were regarded as a source of information and support.

The research design in the aforementioned study applied innovative methods in 25 interactive workshops in order to record the perceptions of the youngest service-users who were children aged 3-8 years. The design included the use of specialists in drama to conduct story workshops, and to encourage information sharing. The creation of pictures and models by children depicted their views. This method of collecting data was organised and promoted by an independent company, and the report recorded that it was necessary to implement the workshops in a flexible manner to encourage participation by the youngest children.

An aspect for consideration was the method of data collection from the youngest service-users. It is assumed that the children's drawings were interpreted against a normative standard by the researchers. The techniques for analysis of this data were not identified within the research design (Reid & Banks, 2008). It is recognised within the field of childcare that personal short or long-term circumstances can temporarily affect a child's perceptions (Lahad, 2005; Kirk, 2005) which could potentially impact upon validity of data. Lahad and Kirk both practised within the field of play therapy, and studied the impact of biological and social influences upon relationships.

Nevertheless data from adult carers was also collected within 35 structured focus groups which were held throughout Scotland, and this extensive sample set was regarded as representative of Scottish service-users in the field of childcare and education. The findings contributed to the Scottish Early Years' Framework (Scottish Government, 2008b).

Social referencing

Thompson (2006) termed social referencing as a dyadic process of referential communication between two human beings. This author described the use of social referencing by human beings as a means to interpret an event. It seems that the emotional cues from one human to another can support understanding of events, and construct social, and cultural meaning upon a situation.

Conditions for acquisition of this feature of development were described by Bor et al. (2002) in a research project which reviewed the effects of the Triple P Positive Parenting Programme on pre-school children with co-occurring disruptive behaviour, and attentional/hyperactive difficulties (Sanders, 1999, 2004). This study had a large sample group of 87 families who had a 3 year old child deemed to be at risk of developing conduct problems. The families participated in a standard or enhanced behavioural family intervention.

An integral component of these Triple P programmes was described as *active skills training* in the form of role modelling by a facilitator. An additional feature was acquisition of appropriate situation-based responsive behaviour, gained by observing partners or peers in the Triple P intervention. The study concluded by suggesting that identifying, and responding to the precise relational, and behavioural mechanisms of high-risk families, could be as effective as complex programmes of intervention. These results indicated that a significant influence upon change and development, within a context of early intervention, was social referencing from service-provider to service-user.

Social referencing between professionals may also occur in the context of the complex and unique circumstances which surround each case of child protection. A result of these factors could be the use of social referencing from peers within an integrated team in order to gauge the social, emotional, and cultural expectations of professional behaviour, and to support interpretation, comprehension, and responses to specific circumstances. It may be that information derived from social referencing is regarded by professionals as a standard of practice.

Bowlby (1979) noted that specific behaviour was induced by the effects from social releasers or suppressors. It seems that knowledge gained from social referencing may be a contributory factor within a parent-professional or professional-professional dyad which reinforces, adjusts or alters perceptions and ultimately behaviour. Rathmunde and Csikszentmihalyi (2006) had noted that agency and communion were factors which encouraged independence and inter-dependence. It could be that these factors support a human being to embrace or reject the information gained through social references. Social referencing appears to be an influential factor to the creation of an inner working model with which human beings interpret their world; thus this aspect of learning may be regarded as developmentally generative or disruptive as termed by Bronfenbrenner and Morris (2006).

Hornby (2000) focused upon the circumstances of relationships as potential barriers to parental involvement in education. This author conducted workshops for practitioners in order to review the parent-professional partnership in education, with a particular focus on the transition to primary one. Hornby did not refer to the parent-professional relationship per se but this author promoted “a model for involvement” which encompassed the roles of parent and teacher.

Hornby and Lafaele (2011) differentiated between parents who believed that teachers had the responsibility to educate children, and parents who recognised and valued their own input to children’s learning and development in conjunction with a teacher. It was noted that a parent’s interests led to the uptake of a role, and allocation of power within a parent-teacher partnership. The authors created an explanatory model of these processes which depicted potential barriers to parental involvement. Examples included the perceptions of parents regarding initial communications, and professional attitudes which were informed by historical, and current educational experiences. Additionally physical and mental health of parents was promoted as a barrier. Hornby and Lafaele (2011) have illustrated the significance of perceptions upon the involvement of parents in education in the context of partnerships.

Hornby (2000) acknowledged that working with the family of a disabled child enabled him to gain clarity of the holistic effect of influences from the systems of human development. This understanding led the author to conclude that actions which supported parental involvement on a long-term basis should be implemented in each system of human development. Hornby used the context of practitioners' workshops to promote the use of learned stimulus-responses by professionals.

It seems that Hornby (2000) has linked perceptions of parents to their involvement in educating children within the school system, and recognised an effect from professional perceptions. Hornby's work had identified barriers, within each system of human development, and indicated that professionals could be supported to overcome these negativities in order to engage parents in their children's education. This author had not specifically promoted the relationship of service-provider and service-user as integral to a parent's involvement, but Hornby focused upon the achievement of a shared understanding of roles, responsibilities, and expectations of parent and professional.

2.2.6 Child protection

The re-focusing debate which took place within the 1990s created a change in the response of services to child protection. Children's needs were addressed in the pre-crisis context by preventative measures. The development in the referral process, from mandatory to voluntary involvement, responded to a change of emphasis from post-crisis child protection to a system which included child welfare, and achievement of potential. Post-crisis referred to implementation of mandatory child protection procedures.

Pre-crisis intervention regards the resilience of a child as a protective factor in minimising the affects from adversities. The change was influenced by guidance, and legislation, promoting the rights of the child and parent in addition to parent-professional partnerships (Department of Health, 1995; Scottish Executive, 2007b; The Stationery Office, 1997; United Nations Convention of the Rights of the Child (UNCRC), 1989).

The balance of power within a relationship

The significance of a client voluntarily seeking assistance had been acknowledged in recent years within Scotland (Scottish Government, 2008e) by the formation of an integrated team of professionals from the disciplines of health, education and social work, termed Parents and Children Together (Pact). The rationale of this approach to child protection was pre-crisis management in the form of early intervention.

Additionally a self-referral to a Pact team potentially avoided the stigma, and deficit model which was attached to a social work area team referral. However this self-referral system (Scottish Government, 2008e) was instigated by professionals, and it may be that there was an implicit coercive element within the process. Evidence was not identified from the literature to explore this particular issue.

Rogers (1990) recognised the first important step in the formation of a therapeutic relationship as a client actively seeking support. This author discussed the self-referral system, and proposed that a voluntary action created an initial discussion point within the relationship for the client to develop an understanding of herself, and personal circumstances. This stage was termed as “a responsible action of the first importance” by the author.

Parents worked with the Pact team professionals on a voluntary basis for a minimum of six weeks, and a maximum period of twelve weeks. The practical implications demonstrated that the timescale was inadequate to achieve identified outcomes which pertained to parental development as a preventative measure. Therefore parents continued to access the support albeit outside the voluntary recorded contract of care (Scottish Government, 2008e). This work of the Pact teams was one example in the literature which highlighted the difficulty in projecting a timescale for the creation of a relationship between parent and professional to support a positive outcome.

A voluntary referral, resulting in the client accepting responsibility for dealing with negative issues, was differentiated from the mandatory referral which allocated an advisory role to a professional. This stage of the relationship was described as

strong. The client's dependence on the therapist gradually dissipated over time, and the power balance between the two parties altered as the professional gained comprehension of the client's felt, and expressed need (Rogers, 1990).

Progress of the relationship was charted by the client's acquisition of insight into problems, and attempts to verbalise positive actions which Rogers (1990) related to development. The achievement of a therapeutic alliance was not equated with specific timescales by Rogers; therefore generalisation of practice which was based upon a chronosystem could not be established.

The Scottish Government (2009b) had published a research report which indicated the existence of a commensurate power base between parent and professional by applying the term equal partnerships to describe the optimum relationship. This report had been based upon the initial findings from a research project (Scottish Government, 2010b) concerning implementation of the pilot national assessment, and evaluation framework. The term of equal partnerships was used to indicate an understanding of need and projected outcomes by the two parties within a parent-professional dyad. The concept of equality within this partnership appeared to be based upon the sharing of information which led to a consensus of an identified outcome.

It seems that parental engagement entailed a parent acknowledging, working towards, and achieving a projected outcome. Equal partnerships encompassed shared knowledge, understanding of the circumstances, and route towards an end goal by service-users and providers. These two terms were applied within the context of the parent-professional dyad and gave examples of different interpretations of relationships between service-users and service-providers.

Power was identified by Cleaver and Freeman (1995) as being one social dimension of an operational perspective within a context of a parent-professional working relationship. These authors defined operational perspective as socially-orientated beliefs which were associated with daily living, and influenced behaviour. This

study published findings regarding the effect of time upon perceptions of service-users. Parental perspectives were investigated by conducting a study of the documentation of 583 case files, and 30 interviews with parents in the context of suspected child abuse. A further aim of this research was the determination of a link between perspectives, interventions, and wellbeing of families. Participants were accessed from two local authorities in England.

Findings from parents' interviews, in a follow-up study two years after the initial inquiry, demonstrated that the majority of "hostile perceptions" had dissipated. It was recorded that 22 parental participants, from a sample set of 28, regarded child protection measures as a benefit to a family. The publication did not give details of the responses from the six participants who dissented from this view and clarification of these negative perceptions could have been informative to the context. Positive perceptions within the case studies appeared to be related to achievement of a projected outcome.

This study did not promote data from the service-users who had not adhered to a care plan, and it may be that further analysis of this extensive sample set could have provided useful information on influences which prevented a change to perceptions or achievement of outcome. The authors also commented that professional perceptions became more positive over time as indicated by evidence within the documentation of the case files.

The research of Cleaver and Freeman (1995) identified psychological, and social influences upon perceptions of parents and professionals. Personality, prior experiences, motivation, and expectations were also found to be influential factors. Also the transference of power within a relationship, public exposure of links to child protection, and personal attributes of individual social service workers.

Bureaucracy

The previous inquiry had indicated that convergence of parental and professional perceptions occurred over time, and linked to positive outcomes. Expectations were

identified as influential factors, and it seems that an increase in knowledge of roles, and the associated responsibilities could contribute to the formation of perceptions. Cleaver and Freeman (1995) had noted that professionals, who were involved in a child protection case for a long period of time, increased their tolerance to the existence of criteria in relation to application of formal procedures.

Circumstances of child protection may cause a range of emotions to be experienced, and witnessed by a parent and professional (Whitters. 2009). A relationship may change if a service-user and service-provider respond to one another's role signs, and attempt to fulfil perceived expectations. Relationships may also be influenced by the professional applying self protective factors, and bypassing the use of soft skills within the relationship in order to implement policies and procedures in this emotive context (Whitters, 2009; Galvani et al. 2011). Alternatively familiarity with the bureaucratic processes may affect professional assessment and judgement of criteria, as indicated by Cleaver and Freeman (1995).

However Munro (2011b) expressed a different view and findings from this author's study suggested that evaluation, and judgement within a context of child protection, was *led* by bureaucracy which restricted the application of professional expertise. Munro (2010) surveyed the strengths and weaknesses which had resulted from prior governmental reforms within the context of child protection. Findings indicated that processes associated with responsibility and accountability caused imbalance and distortion of practice priorities (Munro, 2011a, 2011b). The author acknowledged some high standards of care and protection but it was stated that these outcomes were achieved in spite of the formal structures. The details of these examples were not extracted for the reports and it seems that an opportunity to publicise the positive features of practice within a current system was not embraced at this time.

Munro (2010) had accessed an alternative approach to previous authors (Reid & Banks, 2008) by initially focusing the study upon the uni-lateral perspective of the service-provider. The professional's role within the formal systems of child protection was investigated, and Munro (2011a, 2011b) subsequently extended the

study by inviting social workers and clients, throughout England, to submit examples of the systems in practice. It may be presumed that the 600 responses represented examples of optimum practice.

This author also accessed innovative methods to collect data from the youngest service-users which included on-line pictorial questionnaires. It may be that reference to evaluation of serious case reviews could further inform this topic by publicising negative examples of practice to contribute to a discussion of links between decision making of professionals, and client outcome (Vincent, 2009).

It seems that inspectorial and management processes can also create a barrier or negative influence to professional judgements and actions. This report expressed concern about the inconsistency of choice and implementation of interventions by professionals, and it indicated that bureaucracy could prevent or hinder a social service worker in accessing the optimal skills to make professional judgements (Munro, 2010, 2011a).

The author used emotive terms within her report which might indicate the significance which Munro granted to these issues. Munro (2010) concluded by stating that the workforce of children's social care had been alienated by bureaucracy, and the final report (Munro, 2011b) promoted recommendations to the government, as applicable to England, in order to minimise the negative effects (Community Care, 2012). Munro applied a controversial title to this section of her enquiry by promoting the creation of a system that valued professional expertise which could indicate a potential weakness in the current processes.

Munro proposed that the atomistic approach to child protection, which focused on standardised processes, frameworks and procedures, should be replaced by the holistic approach encompassing a professional learning culture relating to identification, and personalised response to needs. Recommendations to alleviate the constraints of a bureaucratic system promoted the use of local initiatives, and interpretation of policy into practice which reflected a familial, and community

context (Munro, 2011b). The repetition of key words within recommendation one, for example *distinguish, set out, remove constraints, and give local attention*, portrayed this author's intention to refocus attention upon specific local factors.

A recent publication (Galvani & Forrester, 2011), which was commissioned by the Scottish Government to review the evidence of the role of social work services in recovery from substance misuse, indicated that professionals required flexible skills to adapt to a client's episodes of lapse and relapse. It seems that the implementation of support measures necessitates professional awareness and reflective responding in order to adhere to bureaucracy, *and* to accommodate the process of change for each client.

This issue was explored within a research study on the role of the general medical practitioner (GP). Tompsett et al. (2009) applied qualitative and quantitative methods to collect data from 154 general practitioners, and three focus groups of young people and parents within two English Primary Care Trusts. The research highlighted a challenge for GPs in identifying, promoting, and maintaining appropriate roles in circumstances which involved parents and children who were patients. Potential conflicts of interests were reported as the needs, wants, and rights of the child and the parent. The GP had the responsibility of being accountable for maintaining policies and procedures as an individual professional, and within an extended multi-disciplinary child protection team. Findings from this study indicated potential confusion in the role of a GP within a context of child protection.

It seems that there were discrepancies in the expectations within policy documents, and the general practitioner's interpretation of role and responsibilities. GPs regularly sought advice on their role from senior hospital-based paediatricians, and it may be the case that paediatricians interpreted the GP role from the perspective of a hospital setting. These GPs also accessed support, and confirmation of responsibilities from the local health visitors which may have added a further dimension to interpretation of their role within a community service.

Role identity, and associated responsibilities may be influenced by attitudes and expectations of self, and others (Handy, 1976). The previous research highlighted the interpretation of role identity which service-users as adults and children associated with their general practitioners. The focus group in the inquiry described the patient-general practitioner interaction as an experience; whereas the GPs focused upon personal needs of patients which indicated that a relationship was formed (Tompsett et al. 2009).

Bronfenbrenner (1979) stated that the balance of power should favour the developing person but child protection may impose a short or long term sanction on any change in equilibrium. The parent foregoes the potential for development until the wellbeing of the child is established (Petrie, 1997), but the aforementioned studies have highlighted the dichotomy of personal, and professional influences upon adherence to bureaucratic processes (Cleaver & Freeman, 1995; Tompsett et al. 2009).

The study on the role of the general medical practitioner (Tompsett et al. 2009), in a child protection context, acknowledged the rights of parents as an influential factor to implementation of policies. Reference to the rights of parents and children was also demonstrated within an audit which took place in Scotland during 2008. A review was undertaken of child protection services in each local authority (Her Majesty's Inspectorate of Education, 2009). The indicative quality indicator results highlighted that there were only 19 local authorities out of a total of 30 that scored good or very good for involving children and families in key processes. Six authorities scored satisfactory, and five scored weak. The findings indicated that the balance of power was retained by the professional. These results suggested that either professionals do not have the appropriate skills to include families in the initial stages of child protection or do not believe that families should be involved in these key processes.

This aspect of child protection was considered a pertinent issue by the United Kingdom government who commissioned a report in 2009 (Komulainen & Haines, 2009). The views of 12 participants, who were chosen from parents' support groups within 21 National Health Service Trusts across the United Kingdom, were collected

in this research study which focused upon the experiences of parents during investigations of non-accidental injuries. Findings indicated that professionals did not acknowledge the emotional, and informational needs of parents during child abuse investigations. This small sample set was accessed from a potentially large number of participants which suggested a difficulty in recruiting participants who adhered to the research criteria, and restricted generalisation of results.

Participants expressed long term negative effects, directly related to the omission of support by the professionals, as distrust of social services, distress, and anxiety. The authors reported that parents felt vulnerable during the child protection investigation which was demonstrated by heightened sensitivity to the wording of communications, and their perception of professional reactions. This inquiry highlighted potentially negative influences upon the parent-professional relationship regarding clarity of information, and inter-personal skills of professionals. It seems that these negative perceptions were retained by the service-users over a period of time.

The findings reported from a study on child protection (Cleaver, Nicholson, Tarr & Cleaver, 2008) were similar, stating that professionals did not appoint significance to emotional support and sharing information with service-users. This research project explored service-users' experiences of professional interventions through documentary evidence, and postal questionnaires. Participants had experienced domestic violence, substance misuse, and child protection processes. A group of 42 participants were identified as the total sample but throughout the period of research 25 participants had to be removed from the cohort due to the potential detrimental effect of the process on the participants' wellbeing. This reason for a reduction in sample size could potentially challenge the validity of data which was collected.

Findings indicated that only 50% of participants in the study judged their relationship with professionals as good by citing that expression of sympathy, and clear explanation of written and reported processes contributed to their positive evaluations. The authors suggested that bureaucratic processes in the form of

training provided support measures to professionals. However ensuring regular attendance of professionals at training sessions was identified as a difficulty.

These research studies have publicised knowledge of the factors which influenced the implementation of policies into practice, in addition to exposing a barrier for development of the workforce. A noteworthy point from these examples was the frequent change in circumstances of families which required re-assessment, and evaluation by the social service workforce in order to promote a personalised response, *and* to adhere to the bureaucratic processes. These two research studies also highlighted a difficulty in accessing sample sets which represented a local population, within the parameters of ethical requirements.

Cleaver et al. (2008) noted complexity in responding effectively to emotional abuse which generally entailed a range of contributory factors pertinent to individuals. The conclusion suggested that all routine contact between parents and professionals should be utilised as an opportunity to observe parent-child interactions, and to promote parenting skills informally or prompt a formal referral for intervention. Further research was suggested to investigate the influences from aetiological factors within a family in relation to emotional abuse of children.

Aetiological factors were investigated within a government funded literature review (Daniel, Taylor, & Scott, 2009), which concluded that good practice assessment techniques should take into account the total effect of stress, in addition to the influence of individual stresses. It was felt that these factors affected the behaviour of a family, and should be identified and openly discussed with case-workers. Barlow and Schrader-Macmillan (2009) had proposed that interventions should prevent, halt or address the negative effects on a child from a parent's behaviour. It seems that these outcomes may be achieved by parent-professional discussion within the context of a positive relationship.

Recognition of the potential impact of aetiological factors may extend an investigation on child abuse, to include child protection by consideration of a post-

crisis intervention as a preventative measure to a future crisis. This focus upon pre-crisis implementation of strategies which respond to personal circumstances is encompassed within current policy (Scottish Government, 2012e, 2014a, 2014b). Factors which affect each family are reviewed alongside the effect of abuse upon the child. An analysis of child deaths and serious injury recognised this issue, and criticised the practice of ignoring historical influences on a family by promoting the *start again syndrome* (Brandon et al. 2008). The impact of family influences was also published as a contributory factor to positive engagement between professionals, and parents which led to successful outcomes (Social Exclusion Task Force, 2008).

Child protection processes can involve the utilisation of an intervention which is renowned for meeting specific needs of children. An example is the Stepping Stones Triple P programme which is promoted to parents of children with a disability (Sanders, Markie-Dodds, & Turner, 2003). Two research studies gave several examples of programmes which had been investigated, analysed, and promoted as interventions in response to identified needs (Moran et al. 2004; Montgomery, Gardner & Bjornstad, 2009). This correlation between assessment of a family's normative need by a professional, and subsequent choice of intervention, may remove the potential for consideration of acute or mitigating factors within each family. Cooper (2004) had however noted that a therapeutic relationship had greater significance than the intervention which suggested that the parent-professional relationship was an integral factor to a positive outcome.

2.3 Needs of service-users

Glasgow City Council (2011) had described early intervention as general and specific measures of support for young children. Allocation of support presupposes the concept of need (Bronfenbrenner, 1979; Department for Children, Schools and Families, 2008a; Scottish Government, 2008a). There were three types of need identified in this study within the context of the parent-professional relationship of early intervention. These types were termed felt, expressed, and normative need (Scottish Executive, 2003b).

2.3.1 Felt, expressed and normative need

The three types of need were defined for the purpose of this inquiry. Felt need was a service-user's interpretation of personal need. Expressed need was a service-user's verbal or behavioural display of need which may include the expectation of a professional response, and encompass direct and indirect signalling. Finally normative need was a service-provider's interpretation of the needs of a service-user which was based upon professional standards (Care Sector Consortium, 1997).

Examples of research were identified which focused upon the expression of felt need by families through *direct help-seeking* (Broadhurst, 2003; Daniel et al. 2009).

Broadhurst (2003) used national and international examples of literature from the fields of health and social welfare to investigate help-seeking processes. The author noted that there was a lack of evidence on this topic from the perspective of service-users. Three stages were identified which were undertaken by service-users: problem definition, decision to seek help, and actively seeking support. The study concluded that there was little evidence of help-seeking which occurred within an informal context, as opposed to formal organisational processes.

The review by Daniel et al. (2009) contributed to this topic by investigating how needs were signalled by parents, and responded to by professionals within a context of neglect. These authors reviewed 20,480 examples, from a ten year period of 1995 to 2005, and focused upon 63 research reports. Conclusions indicated extensive evidence of needs being signalled indirectly but little evidence of direct help-seeking. Indirect signals related to domestic abuse, mental health issues, and factors associated with poverty. These authors linked the lack of evidence regarding direct indicators to the low self-esteem of parents whose lifestyles led to neglect of their children.

Another example of an additional need for learning was exposed in a research study as the inability of parents to recognise or to express needs (Chao, Bryan, Burstein & Ergul, 2006). These authors identified this additional need as a barrier to service-users directly seeking support. Findings were discussed within a context of a family

or community culture. This study had researched the effects of family centred interventions on 41 children aged three to five years, and the results linked communication difficulties, and behaviour problems in children. The conclusions suggested that direct help-seeking by parents would have supported the development of children within this sample set.

Sign-posting

The Social Exclusion Task Force (2008) recommended the use of specialist services to target the needs of families, and to ensure effective implementation of strategies. Communicative techniques appear to be key factors for the effective transfer of information between disciplines, for example during outsourcing of support which is commonly termed as *sign-posting*. This process inherently involves the development of a secondary relationship for the parent and professional which could potentially impose additional stress upon the disseminator of information.

The link between dissemination, and representation of information was discussed within recent research by Mazzucchelli and Sanders (2010) on the Positive Parenting Programme (Triple P). This research investigated the ability of facilitators to adapt the implementation of the Triple P programme to local cultural needs. The study was prompted by the challenge of ensuring consistency of programme implementation by 24,000 practitioners in addition to meeting the needs of populations within 25 worldwide countries.

Findings indicated that barriers existed in the presentation of materials, and expectations which were informed by the initial training of facilitators; however it was deemed that this parenting programme could be successfully transposed between countries, and cultures. It seems that the parent-professional relationship is a contributory feature of this adaption in the response to individual, and local needs.

Recording systems

Research by Frost and Robinson (2007) had publicised the necessity for professionals to supplement a formal recording system. The investigation found that

recording systems which were enhanced by discussion between professionals demonstrated good practice by multi-disciplinary teams. These authors reviewed five multi-disciplinary teams to consider issues of location, information sharing, and professional identity. The findings showed that individual professionals maintained a balanced view on a family's issues despite differences in opinion with other disciplines. Each professional appeared to have the appropriate skills to reflect upon information within a disciplinary context, and sustain core values (Appendix C).

Frost and Robinson (2007) did note that professionals, who operated within a multi-disciplinary context, had also developed local ways of working together within a community of practice for example by using informal verbal communication. The findings indicated that the medium of a recording form was not sufficient to optimise the sharing of information.

Alternatively the research by Lee and Fee (2005) had reported a different view by professional participants who expressed positivity, and indicated that the use of a formal framework provided a means to minimise verbal discourse. One interpretation of these views could be that a recording system may reduce the necessity for families to repetitively discuss their issues, and needs but also minimise the potential for the use of multiple verbal interactions to disseminate or clarify information between professionals.

The term integrated team, in this study, referred to professionals working together within an identified organisational structure, towards specific outcomes for a family (Lord et al., 2008). The team functioned holistically as a unit, and the operational aspects had the potential to formalise over a period of time according to these authors, and to develop a unique culture leading to shared attitudes, and demonstration of behaviour by the members (Appendix C).

Bronfenbrenner (1979) indicated that bi-directional links within the systems of human development enhanced, and strengthened the organisational capacities by the sharing of information between individuals. It may be the case that the creation of a

specific culture of practice had the potential to establish a consistent learning environment, and consolidation of interventional strategies.

2.3.2 Implementation of support

Environment

The Scottish Government (2008c) noted the impact of environment in an extensive research review of literature which identified conditions for engagement of service users, leading to positive outcomes from intervention. It appeared that the learning environment was an influential factor in the implementation of an intervention. Six environments were identified by Farrington and Welsh (as cited by Scottish Government, 2008c) which were successful in reducing delinquency and anti-social behaviour, as home visitation, day-care/pre-school, parent training, school base, community programmes, and multi-systematic therapy.

Stormshak et al. (2002) also reviewed the impact from environment in a study, and these authors had linked academic difficulties with economically disadvantaged homes. The findings demonstrated that attendance at parent groups, accompanied by home visiting sessions, had an increased effect on parenting skills. This study had indicated that interventions which occurred in more than one environment contributed to a positive learning experience. Variants observed within the implementation of interventions included role modelling by a professional. However the findings did not identify the role and responsibilities of the professional involved in each of the environments, and it may be that a parent's relationship with one specific professional was a common influential factor within these examples.

It may be that the role of home visitor provided the professional with an opportunity to tailor the intervention to the cultural, contextual circumstances of a family in response to expressed, and normative need. Home visiting schemes may also provide a forum for the professional to observe the parent within a familiar environment over a period of time, and to gain an insight into felt need. This suggests that the parent-professional relationship in addition to the environment is a contributory factor to implementation of interventions.

Time

An example of the effect of time, and timing of intervention in response to personal needs, was demonstrated in the same literature review (Scottish Government, 2008c). The aim of this review was compilation of knowledge which was accumulated within the last decade on assessing and evaluating parenting interventions, with a specific focus upon engagement with clients and compulsory measures.

Responses from parental participants within a Webster-Stratton programme were considered in order to inform this issue (Webster-Stratton, 2014). One of the aims of the parenting programme which is termed The Incredible Years is prevention of conduct disorders, and raising academic achievement. The programme supports families who experience adverse socio-economic circumstances by applying a “self-learning model” of experiential learning, and evaluation. Parents had expressed that support with literacy was necessary to facilitate comprehension of the Webster-Stratton programme but this issue had incurred an additional dimension, and stress to the process of the intervention. This programme was delivered within a set timescale, and it seems that the necessary level of literacy, and ability to comprehend tasks, did not match the potential shown by some of the parents at the initial stages of the intervention; thus affected the outcomes of the programme.

The chronosystem appears to have adversely affected this intervention from two perspectives. Participants demonstrated a low level of literacy skills which created a disadvantage within the parenting programme. The second barrier was created by the timescale of the intervention which did not appear to facilitate parents’ acquisition, and subsequent implementation of literacy skills. Moran et al. (2004) had indicated that the creation of a personalised learning base was an essential feature of positive parenting strategies.

It seems that formal parenting programmes may be implemented within a set timescale to facilitate evaluation, and to ensure consistency of implementation but the prescriptive delivery times may not support the additional learning needs of participants. Resource constraints may not allow time for optimal conditions for

learning to be established which was illustrated in the previous study (Aldgate et al., as cited by Scottish Government, 2008c).

Language

Grice (1975) identified the cooperative principle in relation to verbal exchanges, and this writer proposed that interactions were characterised by cooperative effort and a common purpose. Cooperative effort, in accordance to Grice, referred to an interaction involving a minimum of two human beings which demonstrated reciprocity. This author promoted the application of language as beneficial to both parties within a discourse.

Meaning

Tomasello (2006) felt that communications which were learned within a particular context, as opposed to constructed communications, could become entrenched and promoted readily during interactions. Shotter (1993) had previously suggested that meaning may be realised and occur within one moment of interaction between two human beings or be developed as verbal interaction progressed. This author discussed a common professional strategy which was used to promote meaning as the exposure of a gap in the knowledge of a developing person, and subsequent use of reciprocity to support understanding and to achieve development. These examples were techniques which were implemented within a context of early intervention (Sanders, 1999).

It was suggested (Shotter, 1993) that enhanced understanding evolved from this process and closed gaps in knowledge which had been identified by either party. The joint action between professional and client led to a production which Shotter described as “an unpredictable result with intentional quality,” and this process created higher functioning of the developing human being through enhanced knowledge and understanding.

This link between interactive communication and human development had been previously identified by Vygotsky (1978) who promoted language as an initial

medium of communication between a human being and his environment. This author subsequently applied language as a means to organise, and develop thoughts which supported the process of learning.

Social interaction also required agency and communion according to the authors Rathmunde and Csikszentmihalyi (2006). Agency and communion were interpersonal skills which demonstrated an ability to express one's thoughts, and to listen to another party's response. Reciprocity, in the form of positive verbal interaction, occurred as two human beings exhibited agency and communion.

The term of cooperative effort, as used by Grice (1975), implied that each party had an opportunity to take the role of listener or contributor. Reciprocity between service-user and provider was advantageous in supporting cooperative effort and focusing upon a common goal. A significant feature of positive verbal interaction appeared to be the clarity of information transfer which promoted discussion, and a second feature was the use of verbal discourse to express human emotion.

Words are a medium with which a human being's emotions may be publicised and linked to a specific context, and Shotter (1993) suggested that each person became socially accountable to society through the use of utterances. An example from the context of this inquiry is child protection processes. Verbal interactions between professional and parent are recordable as chronological evidence (Social Work Inspection Agency, 2010a, 2010b) which may be applied verbatim within a legal framework to justify actions by service-user or provider.

Media

Information technology was another medium used by professionals to implement support. Boddy, Smith, and Simon (2005) had evaluated one of these media termed Parentline Plus. This telephone support provided an interfacing tool but the researchers also emphasised the importance of the relational aspect by recording and publicising the call taker's manner, language, and level of response to each parent's query. The research concluded by promoting the concept of anonymity and non-

stigmatisation of the medium which were reminiscent of the values attributed to the CD-ROM (Gordon, as cited by the Scottish Government, 2008c) in the Parenting Wisely programme. The concepts of privacy, self-regulation, and non-judgemental format of the computer were features which had been associated with the use of the CD-ROM.

A parent's use of technology as a learning tool, according to the research study by Boddy et al. (2005), removed the interface of another person and opportunity for interaction. The use of technology in place of a person could potentially offer the user an opportunity to encounter adversities, and an incentive to access personal coping strategies. It seems that a service-user could interact with the medium of technology or the technology could support interaction between a service-user and a service-provider. The application of technology, in the aforementioned study, appeared to have a positive or negative effect on communication and subsequent relationships, and value was apportioned by the user and her learning style.

2.4 Conceptual frameworks

The pertinent aspects of this study which required conceptual clarification were an understanding of factors which accompanied the context of early intervention, policy and practice responses, the functioning of each party within a relationship in addition to the dyad, and the influences from proximal and distal environments which lead to the formation of perceptions. Three frameworks were identified to support conceptual understanding.

2.4.1 The Ecological Systems of Human Development

The projected outcome of early intervention is human development; therefore the Ecological Systems of Human Development (Bronfenbrenner, 1979, 2005) was considered as a potential theoretical framework for this research study (Appendix C).

Bronfenbrenner (1979) identified four systems of human development which are described in the next section. The original systems theory of human development

was extended to reflect the effects from biology, and the chronosystem (Bronfenbrenner, 2005; Bronfenbrenner & Morris, 2006).

Microsystem

Human beings exist and interact within a variety of contexts, and the microsystem consisted of the relationships and structures in which individuals were immersed within daily life (Bronfenbrenner, 1979). This system contained generic conditions pertaining to the life of a human being for example a proximal environment, and relationships associated with a family unit. The microsystem also reflected specific characteristics which influenced the generic conditions in relation to a family, community, society, and individual. The relationship of parent and professional occurs within the microsystem of human development which indicates a potential influence from culture.

Mesosystem

The mesosystem (Bronfenbrenner, 1979, 2005) supported a transitional process by linking environments in which the human being was an active participant.

Bronfenbrenner (1979) termed the changes which occurred in the development of an individual between systems as ecological transitions, and the influences which supported these changes were variable factors. This author suggested that a momentum granted meaning, and perpetuity to short-term molecular behaviours which transformed into long-term molar activities. It seems that molecular behaviours could be categorised as stimulus-responses or transitory actions. The influence from the variable factors prompted change which resulted in a molar activity occurring within a different environment, termed an ecological transition.

This author also noted that patterns of motivation and activity formed developmental trajectories which were observed within different settings. The resultant changes in the human being gained developmental validity by this representation in more than one setting which produced the mesosystem phenomenon. The literature review by Moran et al. (2004) had indicated that practical factors which enhanced parenting

programmes provided opportunities for service-users to demonstrate transferability of knowledge and skills between environments.

Emphasis was placed by Bronfenbrenner on the transferability of learning from one proximal environment to another in the process of human development; therefore the momentum which prompted this transition should be given due consideration. One particular influence which facilitated a mesosystem phenomenon was identified by this author as a secure attachment base with a primary carer. The creation of secure attachment occurred within the microsystem which was described by Moran et al. (2004) as building rapport, in a context of programme facilitation, and applying an interactive rather than didactic style of working. This provides knowledge, and understanding to interpretation of the parent-professional relationship as a medium to implement intervention.

Bronfenbrenner (1979) extended his discussion on transference of learning by reference to transcontextual dyads. A dyad of two human beings jointly applied learning which was gained within one environment to a second setting; thus developmental validity was realised. A dyad had been described by this author as consisting of a professional and a developing person; however, it could be the case that the two parties existed, independently, in a state of potential development which was activated, and realised by their joint interactions leading to a mesosystem phenomenon.

The impact from the chronosystem was highlighted by Bronfenbrenner (1979) in his description of a time-delay in the occurrence of developmental validity. The term sleeper effect was applied by the author to indicate the potential for development to be realised at a time subsequent to the initial momentum being activated. The example was cited of a client applying skills which she had acquired in the early stages of parenthood to several children of different ages.

Vygotsky had described the zone of proximal development as the guided process by which a human being transcended his present level of development, and achieved his

potential (Vygotsky, 1978). However the time-lag, as portrayed in the previous example, suggested that this guided process could have a delayed effect.

Another interpretation of Vygotsky's work could be that a human being existed within a transitory process of change throughout a lifespan, and factors contributed to achievement of this zone of proximal development at specific periods or within particular circumstances. This point was discussed in the previous section in relation to Bowlby (1979), and described as a sensitive period of learning.

Exosystem

Activities within the exosystem (Bronfenbrenner, 1979) had an indirect influence upon development. This system referred to the occurrence of events which did not involve the developing person as an active participant. The exosystem included aspects of community and societal culture which encompassed expectations and formal boundaries.

Macrosystem

The macrosystem referred to systems of governance which pertained to local and national policies and laws, and encompassed the training of professionals (Bronfenbrenner, 1979, 2005). Bronfenbrenner also included generational influences within the macrosystem by describing the ideology which resulted from these circumstances. Moran et al. (2004) had acknowledged this direct or indirect impact from interactive and interdependent factors upon parenting, by use of the term ecological context of parenting. The practice of early intervention relates to inter-generational implementation of services in recognition of the support mechanism which can be created by an extended family network.

Concept of variance

The concept of variance in developmental processes of each human being was discussed by consideration of a heritability-system (Bronfenbrenner, 2005). This author described the actualisation of genetic influences into observable phenomena, and noted that any variation in heritability was demonstrated by the joint function of

proximal processes and characteristics within the environment. This promotion of a heritability system appointed significance to the impact of genetic influences upon human development, in addition to personal characteristics, during interactions with an environment.

Bronfenbrenner and Morris (2006) also described a focus of attention within an interaction as actualising the heritability-system and contributing to an optimum developmental outcome. It seems that the parent-professional relationship has the potential to optimise the conditions for development by providing a focus of attention for service-users and providers.

Bronfenbrenner (2005) indicated that an improvement to the quality of proximal processes would lead to higher levels of heritability, and consequently elevated developmental functioning. Therefore an increase in opportunities, for example within a context of early intervention, would support the activation of genetic potential for development, and lead to an increase in knowledge and understanding of the world.

The actualisation of genetic potential was promoted by Bronfenbrenner as supporting the positive influences upon a person's development in addition to an inherent protective mechanism against negative influences. The implications were that proximal processes had more power to actualise genetic potentials regarding positive developmental outcomes in organised advantaged environments. These processes alternatively had more power to hinder genetic potentials in inconsistent disadvantaged environments (Bronfenbrenner & Morris, 2006), for example in a context of child protection.

These points were raised by Bomber (2007, 2011) within her study of the school experiences of children with attachment difficulties. This author emphasised the significance of a predictable environment from a consistent carer to the development of a child's secure attachment, and consequently an increase in involvement with the curriculum.

It seems there were two issues which related to the context of this inquiry. The activation of genetic potential required a momentum which could be provided by one party within a dyad facilitating a period of learning for a developing person. Moran et al. (2004) described this momentum as a professional style of practice. Additionally the organisation of an environment in which proximal processes existed was a determinant factor in the functioning of processes as an asset or deterrent to a person's development.

It appeared that an environment functioned, and changed as a continuously ongoing process of interaction and interdependence in respect of social, cultural, and physical factors (Magnusson & Stattin, 2006). This process demonstrated that each human being was an active intentional part of a complex, dynamic, person-environment system which supported the total functioning and development of the individual.

An example which highlights the reaction of individuals to an environment can be gained from a research project which reviewed the literature on the process of recovery from drug misuse (Galvani & Forrester, 2011). The conclusion of this inquiry noted that *exceptional* relationship-based skills were required by professionals to support clients through periods of change.

Findings indicated that each client experienced different stages of lapse, relapse and development, and the use of interpersonal skills of the professional contributed to the creation of a personalised and organised environment, supported a readiness to learn, and reconstruction of the client's inner working model. A pattern of development had emerged in which knowledge of the lower level components led to prediction, and recognition of new properties at a higher level which equated to a status of developing (Magnusson & Stattin, 2006).

The application of features which facilitated the transfer of learning to a range of environments was promoted as a positive attribute of a parenting programme (Moran et al. 2004). Magnusson and Stattin (2006) gave a description of this process by stating that humans can apply a buffering mechanism, and the effect may be retained

or minimised by repeated exposure to the same type of environmental influence. These characteristics also contained an element of demand relating to techniques which may be applied by one human being to induce a response from a second or third party, in a context of early intervention.

Bronfenbrenner and Morris (2006) reviewed the characteristics of individuals which were applied within a relationship, and indicated that demand characteristics of a parent prompted a focus of attention from the professional. These authors described demand characteristics as developmentally generative or disruptive, and the resultant actions demonstrated a social stimulus value which was apportioned by an individual.

It may be the case that the social networking, described by the research of Crittenden (1985), could be interpreted as demand characteristics of humans which created a focus of attention. The professional response to a parent's quest for support represented an understanding of a parent's inner working model, and could be termed a developmentally generative characteristic.

Bronfenbrenner and Morris (2006) described personality as person characteristics which extended the domains in which proximal processes supported development. It seems that personal characteristics of each human could be applied with intent in order to embrace or deter the impact of an influence within a context of learning and development.

Phenomenological Variant of the Ecological System's Model

Spencer's model promoted understanding of the impact from multiple environments, and human variation which included differences in perceptions (Spencer, 2006). These aspects were all applicable to this study excepting the use of culture. This author had devised a Phenomenological Variant of the Ecological Systems Theory (Bronfenbrenner, 1979) to support her research into human development within an African-American context.

Spencer focused upon culture in order to compare the development of African and American people from their early years to adolescence. Culture was defined by ethnicity, and associated political statutes; therefore the model was rejected as a valid framework for this inquiry. However the principles of an inclusive framework which were promoted by Spencer informed the choice of frameworks for the inquiry which are described at the completion of this chapter (Spencer, 2006).

Scottish National Practice Model

The National Practice Model which is termed Getting It Right for Every Child is applied within a context of early intervention throughout Scotland (Scottish Government, 2008f, 2012f, 2014b). The framework, based upon the ecological systems of human development (Bronfenbrenner, 1979), links theory and practice in order to promote knowledge and understanding of the factors which affect a child's development. These features depict positive and negative internal, and external factors which influence a child's progress, and achievement of potential. The framework promotes the holistic effect of influences through recording and positioning of information within a wellbeing wheel, a resilience matrix, and aspects of the child's world. The information is applied to support responsive practice through consistent structuring and analysing of information which incorporates the civil, cultural, economic, political, and social rights of the child (Scottish Government, 2013).

The model was rejected as a theoretical framework for this inquiry due to the lack of significance placed upon the parent-professional relationship, and the theory to support conceptual understanding. However the model was accessed to link research findings to practice in the conclusion to this study.

Glasgow Parenting Support Framework

The Parenting Support Framework (NHS Greater Glasgow & Clyde, Glasgow City Council, 2009) was reviewed due to the application within the local authority relative to this inquiry. This local framework is underpinned by the ecological approach to a

child's development as promoted by the United Nations Convention on the Rights of the Child (Scottish Government, 2013).

This framework was created as an evidence-based response to the needs of parents and families by the use of coordinated support, and it provided a rationale for the implementation of several parenting initiatives, for example the Solihull Approach, and Triple P – Positive Parenting Programme (Solihull Approach Parenting Group Research, 2009; Sanders, 1999).

Delivery of services is the focal point which is represented in diagrammatic format through a staged intervention model. The model does not consider the influences upon development within proximal or distal environments but presents four stages of intervention by identifying professional roles, and responsibilities from a strategic perspective. Emphasis is placed upon the parent-professional relationship within the supporting materials as a medium to implement early interventional strategies; however the significance of this relationship within the staged model is not identified. Each community health partnership within the area, in addition to education services, has been given the task of developing a local plan for parental engagement which explains the lack of detail within the Parenting Support Framework.

The Parenting Strategy was not considered applicable to promote conceptual understanding within this inquiry due to the variance of interpretation regarding the parent-professional relationship, and lack of theory to promote conceptual understanding. However reference was made to this model in order to inform a discussion on the context of early intervention.

Summary

Principles from the Ecological Systems of Human Development (Bronfenbrenner, 1979, 2005) are applied in practice within the context of the Scottish National Practice Model (Scottish Executive, 2006e). The framework provides information on the location of influences which potentially affect a human being throughout a

lifespan. Personalisation of the framework can be realised through insertion of details relevant to the individual which are collated, and shared by service-providers and service-users. This knowledge supports understanding by the integrated team, and service-users of the current and potential impact of influences upon learning and development. An increase in comprehension of environmental, personal, and social factors contributes to personal responding by services in the form of appropriate and timely intervention.

Application of this model to the inquiry will contribute to conceptual understanding of the factors which affect the formation of perceptions of the two parties within a parent-professional dyad, and include the contextual factors associated with early intervention and child protection.

2.4.2 Social-Address Model

The Social-Address model (Magnusson & Stattin, 2006) was a system which promoted understanding of the unique reaction of each human being to his environment by recognition of variants which impacted on development. These authors described the Social-Address Model as an example of classical interactionism, and proposed a further development of this framework to incorporate the biological and behavioural components of an individual which these authors termed the Holistic-Interactionist Model.

This framework was recognised by the principle that human development was not determined by environment but it was dependent on an individual's interpretation, adaptations, and reactions to proximal or distal environments. The three principles of novelty, pleasure, and reality were regarded as integral to the process of change (Magnusson & Stattin, 2006).

Principles of novelty, pleasure, and reality

The principle of novelty was described as a human being's inherent desire to embrace new experiences in order to learn and develop, and ultimately to achieve a higher level of knowledge and understanding. A positive experience supported the

human being to progress from the primary thinking process, by adhering to the pleasure principle, to the secondary process the reality principle. The authors (Magnusson & Stattin, 2006) noted that an experience which was interpreted as negative had the potential to hinder or prevent an individual from progressing through these processes.

Interpretation may change over time and an illustrative example of this point can be gained from the study by Yatchmenoff (2005). This author found that parents' perceptions of child protection processes changed from negative to positive, and ultimately participants had accepted the intervention as a necessary aspect of their development.

Sanders (2008) discussed application of these principles within the context of self-regulation which was promoted as an integral component of the Triple P parenting programme. The self-regulation model within this parenting initiative included five aspects: self-sufficiency, parenting self-efficacy, self-management tools, personal agency, and problem solving techniques. It was noted that this feature of the parenting programme was applied to interactions between professional and parent, and parent to child in order to alleviate negative influences, and to support reconstruction of the personal construct model.

The ability of a developing person to recognise patterns, and to transfer knowledge could lead to an environment in which the human participant was an active intentional force. Magnusson and Stattin (2006) added formative life events as predispositions for certain behaviours. The influences were termed triggering events as applied by these authors. Examples from the context of this inquiry were mental health issues or child protection, and resulted in the human being interacting with a perceived environment.

Bronfenbrenner and Morris (2006) suggested that the distinction between a perceived and an actual environment could be identified by the manner in which an individual functioned within a person-environment system. Current practice entails a

professional observing, assessing, and evaluating the functioning of a client in addition to self-assessment by the service-user (Sanders, 1999).

Readiness to learn

The Social-Address Model included a consistently organised environment as a basic condition for development to occur (Magnusson & Stattin, 2006). This environmental support created a readiness to learn by providing an individual with the opportunity to exert active control through preparation, anticipation, and participation. The issue had been raised in the conclusion of the study on effective pedagogy in the early years by Siraj-Blatchford et al. (2002). It was felt that active control increased clarity in the interpretation of a proximal or distal environment; thus supporting understanding of the perceived and actual environment as the developmental processes reflected the principles of novelty, pleasure, and reality.

Vygotsky did not restrict development to definitive ages and stages but he recognised the impact from social and cultural factors throughout a life-span (Vygotsky, 1994b). This author suggested that an incentive for learning was a human being's inherent desire to maintain life by adapting to environments. Vygotsky indicated that it was not culture per se which created an influence upon development but the human's understanding and reaction to cultural factors, and he noted that interpretation of a proximal or distal environment was activated by relationships.

Schaffer (2004) continued the discussion by highlighting an omission from Vygotsky's theory as consideration of the influences from individuality upon development. It seems that a consistently organised environment, and an ability to interpret, interact, and adapt were factors which supported learning and development. Relationships activated this process which was facilitated or hindered by each human being's personal characteristics. Additionally Cain (2010) noted that the skills of a professional, within a specific context, facilitated the development of others. This author identified the therapeutic relationship as the primary source of constructive change for a service-user.

Magnusson and Stattin (2006) had promoted a specific event as a catalyst to interactions but it may be that the potential for interaction to take place can be nurtured by the application of consistent influences over time, for example from a primary support network. Bronfenbrenner (2005) equated a family with maintenance of a child's development.

The role of an integrated team within a context of early intervention is another example of a support network. It seems that positive influences from this network could nurture a human being's readiness to learn in preparation for embracing a triggering event such as the implementation of early interventional strategies. An example from current Scottish practice is the use of a pre-birth plan (Scottish Government, 2010a).

Summary

The application of this theoretical model to the inquiry will contribute to conceptual understanding of the influence from personal characteristics of each human being upon learning and development. The model provides a means to understand the generic conditions which encompass a potential period of learning, and the individual's interpretation and interaction with the proximal and distal environment which may lead to development.

The model, as applicable to this inquiry, will support comprehension of the power balance within the parent-professional dyad which exists in a specific context of early intervention and child protection.

2.4.3 Therapeutic alliance

Rogers (1990) extended knowledge, and understanding of human development by promoting conditions which could be used by a professional to induce a therapeutic alliance in order to support the creation of a secure attachment status. Howe (2011) indicated that a secure attachment relationship optimised human survival by facilitating organisation of emotions and behaviour. Thompson (2008) equated a potential attachment figure for a child as a peer or relevant adult, for example teacher

or counsellor, and Mikulincer and Shaver (2008) noted that adults also seek confirmation of attachment status.

Research has indicated that supporting service-users to verbalise or to act out emotions facilitated an understanding and emotional resilience to negative effects (Russ, 2005; McMahon, 1992). Rogers described this skill as the ability to enter the client's perceptual world which indicated the presence of personal capacities within a professional to support the parent-professional relationship (Rogers, 1990). The next section describes these capacities and conditions for the creation of the optimum relationship by using the criteria of the Therapeutic Alliance (Rogers, 1990).

The optimal relationship within early intervention was described to the social service sector (Scottish Government, 2009) as a therapeutic relationship which promoted a healing process within the body and mind of clients. Additionally this relationship had a positive effect on the creation of personality stabilisation (Benjamin & Karpiak, 2002). The healing process subsequently nurtured conditions which were favourable to the maintenance of the therapeutic alliance. A potential long-term benefit of an effective relationship was also revealed in the comments by Braun et al. (2006) that a good relationship created a foundation which a parent could use to activate support at a future point in time.

Rogers (1990) discussed the progressive steps to the development of a therapeutic relationship within the field of psychotherapy, and parallels were drawn with a parent-professional relationship in the context of early intervention. This author proposed that there were six necessary conditions to the creation of an alliance between professional and client:

1. Two human beings, a client and a therapist, who were in psychological contact.
2. The client existed in a state of incongruence.
3. The therapist existed in a state of congruence or integrated in the relationship.
4. The therapist experienced unconditional positive regard for the client.

5. The therapist experienced an empathic understanding of the client's frame of reference and attempted to communicate this understanding.
6. The therapist achieved a positive communication of empathic understanding and unconditional positive regard to a minimal level.

Rogers (1990) suggested that the six conditions had to be fulfilled before therapeutic alliance could be achieved but this author did not give details of a definitive link between the chronosystem, fulfilment of each condition, and the outcome.

Congruence

Rogers (1990) described a state of congruence in association with emotional, physical, and social wellbeing, and he suggested that a professional had the capacity to transfer these positive effects to a client. It seems that professionals may achieve congruence through self-disclosure, articulation of thoughts and emotions, and the application of responses which are not bound by the specific requirements of the professional discipline (Klein, Kolden, Michels, & Chisholm-Stockard, 2002).

Rogers discussed the potential effect of a professional's congruence upon a client by applying the term transcendent phenomenon. This author noted a profound development within the client-therapist relationship following the transcendent phenomenon; therefore it appeared that the realisation of professional congruence was a significant stage in the development of a therapeutic alliance.

Reciprocity was a current term which emerged from the literature within this context and represented responsive care to *what comes next* (Solihull Approach Parenting Group Research, 2009). Sanders (1999) described reciprocity as the exchange of information, and response to emotions between a parent and professional for mutual benefit which suggested the existence and demonstration of congruence. Cain (2010) noted that secure attachment, and corrective relational experiences between professional and parent, had a positive impact upon congruence of both parties.

Rogers (1990) promoted his six conditions as potential outcomes from positive influences which implied that this optimum relationship could be planned and guided by a professional. Klein et al. (2002) had noted that the process of change involved antecedent factors prior to the realisation of positive outcomes; therefore it may be that a professional's congruence represented an antecedent factor which led to the transcendent phenomenon.

The achievement of a state of congruence may also affect a demonstration of positive regard, and empathy. Rogers (1990) identified an outcome of the therapeutic alliance as communication of empathic understanding, and it seems that a realisation of congruence was a necessary pre-condition for the professional to express this level of understanding. The term value system was linked to the therapeutic alliance and it was noted that the inner choices of a client had greater value than choices of compliance. Bronfenbrenner (2005) had indicated that a parent's achievement of congruence was accompanied by an element of choice. This suggested that ameliorative conditions supported the client to make choices.

Summary

The Therapeutic Alliance (Rogers, 1990) is regularly used within a context of psychotherapy and counselling to contribute to conceptual understanding of the conditions which occur, and develop in a dyad of service-provider and client. The promotion of optimum conditions by Rogers will provide this inquiry with a framework to gain comprehension of the existence or lack of these conditions in a specific context of early intervention, and child protection. This knowledge will potentially contribute to identifying weaknesses or strengths in parent-professional relationships.

2.5 Rationale

Several issues for consideration were raised from this literature review which indicated a gap in knowledge and understanding. The following sections describe the rationale which was used to underpin this research inquiry. Justification for

conducting the study is clarified in addition to the composition of a research question, and aims. Finally a research design is indicated.

2.5.1 Gap in knowledge and understanding

An extensive search of national and international literature had revealed a gap in the knowledge and understanding of relationships between parents, and professionals in a context of early intervention and child protection. The aspect for consideration was interpretation of personal, social, and cultural influences from the perspective of service-user and service-provider which formulated a perception of the parent-professional relationship.

Significance of parent-professional relationship

A key message from the literature review (Moran et al. 2004) was the necessity to isolate issues which affected the capacity, and motivation of an individual or family to engage with parenting support. This research had extracted potential factors which ameliorated the content, and delivery of parenting initiatives for parents. These features represented opposing components of interventional strategies, and suggested that a variation of medium and implementation were not necessarily detrimental to achievement of a positive outcome. The common factor appeared to be the use of relational skills to *get*, *keep* and *engage* parents. Further research was indicated to identify issues which affected an individual or familial reaction to early interventional strategies, and one area for future research was identified as relationships.

Relational skills had been investigated in previous studies, as described in this chapter, which promoted a generalisation of findings to indicate correlation between inter-personal skills of the professional, and client outcome (Bagdi & Vacca, 2006; Barlow & Schrader-Macmillan, 2009; Frost & Robinson, 2007; Ghate & Hazel, 2004; Hughes & McNaughton, 2001; Katz et al., 2007; Mitchell et al., 2006; Munro, 2011b; Petrie & Holloway, 2006; Reid & Banks, 2008; Stormshak et al., 2002; Trotter, 2002; Walker-Hall & Sylva, 2001; Yatchmenoff, 2005). However little is known of the personal, social, and cultural influences upon this relationship.

Significance of culture

Findings (Moran et al., 2004) acknowledged that implementation of support may necessitate a change to the beliefs, and perceptions of parents. The summary of information from this research had indicated that programmes with optimum long-term outcomes focused upon attitudinal, and behavioural changes. The conclusion reported that cultural aspects could potentially be influential within any area and a lack of evidence on the effect of transposing a parenting programme between cultures, internationally or locally had been noted by the authors. An area of future research was identified as investigation of cultural sensitivity, influential to the parent-professional relationship of early intervention and child protection, in the context of this inquiry.

Significance of perceptions

Each human being interprets the world in a unique way influenced by personal experiences which lead to formation of perceptions, and affect behaviour and actions. Convergence and agreement in the perceptions of service-users and service-providers have been linked to a positive outcome (Cleaver & Freeman, 1995; Trotter, 2002).

Munro (2010, 2011a, 2011b) had promoted the importance of establishing a therapeutic bond between social worker and client in order to provide a positive base for intervention. This research had also indicated that professional comprehension of a client's interpretation of her environment would be a positive influence to practice. The inquiry set out to respond by investigating operational perspectives as applicable to the two parties of the parent-professional dyad.

Significance of a bi-lateral perspective

An equal partnership, as promoted within policy, is based upon honesty, trust, and understanding (Scottish Government, 2010c). Previous research focused upon a singular aspect of the parent-professional relationship by investigating the issues from the perspective of a service-user *or* service-provider in the role of social worker. An aim of this inquiry was an investigation of issues from a bi-lateral

perspective of service-user and service-provider who shared a common context of early intervention and child protection.

Significance of three professional disciplines from an integrated team

Munro (2010) investigated the skills of social workers in making assessments and judgements within a context of child protection. Evidence of inconsistency in the allocation and implementation of strategies by professionals had been noted. Current practice emphasises the significance of holistic implementation of intervention from multi-disciplines within an integrated team, and promotes individual and collective responsibility for a child's protection (Department for Children, Schools & Families, 2006; Laming, 2009; Scottish Government, 2009b, 2010b). An aim of this inquiry is to compare perceptions of professionals who were trained in health, education or social work, and operated as an integrated team.

Summary

This inquiry set out to contribute to knowledge and understanding by investigating the influences upon the relationship of service-users and providers within a context of early intervention and child protection. The study had three significant aspects as foci to the investigation. A bi-lateral approach to data collection was used to investigate the perceptions of service-users and providers, and to identify agreement or disagreement. The use of one setting provided an opportunity for an investigation of the impact from personal, social, and cultural influences. Finally the third aspect of this study related to the professional sample set which was composed of service-providers from the three disciplines of health, education, and social work. This feature supported comparison of perceptions between each discipline.

2.5.2 Justification for this research study

The literature review revealed that the outcomes from early intervention were valuable to society and the individual by a reduction in crime, and an increase in personal capacity to learn and achieve potential (Allen, 2011; Deacon, 2011; Department for Children, Schools & Families, 2008a, 2008b; Scottish Government, 2008b, 2008c, 2009a). A significant outcome of early intervention was identified as

human development (Siraj-Blatchford et al., 2002) and one medium for implementation was a parent-professional relationship (Braun et al., 2006; Scottish Government, 2010b).

There is an increasing base of knowledge and understanding of the significance of relationship-based practice within a context of early intervention and child protection. Sudbery (2010) identified an outcome of a positive parent-professional relationship as alleviating the effects of trauma for the service-user. Dumbrill (2005) expressed that some relationships were ineffective, and increased the potential for a child to continue experiencing adversities.

The impetus for this study originated within practice, findings from a prior research project (Whitters, 2009) which was conducted in the same setting, and recent investigations (Moran et al., 2004; Munro, 2011b; Reid & Banks, 2008). Service-users and providers had indicated that the inter-personal skills of the integrated team affected the parent-professional relationship, and subsequently a parent's involvement or engagement with services.

Research which was conducted in the same setting for this inquiry revealed a variation in the terms which were applied by parents and professionals to describe their relationships (Whitters, 2009). Examples of terms used by parental participants included *professional friend*, *family*, and *special friend*. Professional participants favoured the terms *working partner*, *colleague*, and *significant relationship*. These findings suggested that service-users and providers had different expectations of their relationships.

The Scottish government also publicised particular concerns from employers concerning the lack of team work, and interpersonal skills of some areas of the workforce (SSSC, 2009; Scottish Government, 2009b). It was suggested that there may be a link between improvement of skills, productivity, customer service, use of finances, and the development of the social service sector.

Concerns regarding the use of appropriate soft skills within the social service sector were not confined to Scotland. The Department for Children, Schools and Families (2008c) raised the issue of links between attitudes, behaviours, knowledge and skills of each discipline within the children's workforce, and the outcome of early intervention. Parental engagement was promoted as being at the heart of the education system to improve outcomes for families, and society (Department for Children, Schools & Families, 2008c).

The 2020 Children and Young People's Workforce Strategy (Department for Children, Schools & Families, 2008c) promoted soft skills as a universal attribute for all employees within the Common Core of Skills and Knowledge. It was also noted in the Report of the Children's Workforce Practitioners (Department for Children, Schools & Families, 2008d) that assumptions should not be made regarding an inherent ability of practitioners to access soft skills in order to facilitate the engagement of parents.

Therefore the implementation of this research project was justified by governmental publications which indicated a necessity to investigate the use of soft skills by identifying, and understanding pertinent factors within the implementation of multi-modal interventions in order to promote positive outcomes, and to inform practice (Department for Children, Schools & Families, 2008c, 2008d; Moran et al., 2004; Munro, 2010; Scottish Executive, 2006b, 2006e; Scottish Government, 2009b).

2.5.3 Research question and aims

The next stage involved the composition of a research question, and the setting of aims which related to the identified gap in knowledge, and rationale as described in this chapter.

Research question: How do parents and professionals perceive the influences upon their relationships, within a context of early intervention and child protection?

Sub-question: What factors accompany a change to perceptions over time?

Aim 1: the research will investigate personal, social, and cultural influences through the perceptions of parents and professionals.

Aim 2: the research will compare the perceptions of service-users and service-providers.

Aim 3: the research will compare perceptions of professionals from three disciplines who practised as an integrated team.

Aim 4: the research will investigate contextual factors which accompanied a change in the perceptions of one service-user over a period of time.

The principles of three theoretical frameworks will be applied to provide an inclusive model which promotes conceptual understanding through consideration of contextual, and cultural experiences of two diverse groups, in addition to reflecting individual perceptions (Spencer, 2006).

The focus of this investigation was a dyad which was composed of two parties whose participation within the relationship was informed by the role of service-user or service-provider, in addition to personal experiences and beliefs. The research design will acknowledge these variations, and seek each participant's interpretation of factors which influence a relationship.

Chapter 3: Research Design

3.1 Summary of research design

The methodological approach was a qualitative inductive inquiry which was based upon the paradigm of interpretivism. Three theoretical frameworks contributed to understanding the multi-faceted aspects of the study (Bronfenbrenner, 2005; Magnusson & Stattin, 2006; Rogers, 1990). This study applied interpretivism to seek out, and to understand phenomena from the perspective of individuals who had direct experience of the influences upon the parent-professional relationship. Data was generated by conducting semi-structured interviews on one occasion with a sample set of service-users, and a set of service-providers. Participants were birth mothers, and professionals from health, education or social work. I was a practitioner in the setting for data collection. Initially data was analysed quantitatively by recording the frequency with which participants expressed an idea or concept, and subsequently the data was re-analysed by using a traditional approach in the form of qualitative thematic analysis. Additionally, data was collected from archival documentation within a longitudinal case file which provided an instrumental method to gain knowledge and understanding of the phenomena in the naturalistic context. The source of data from the case study was extended during the course of the inquiry and documentary analysis was applied.

The following sections describe the methodological approach, method and data analysis.

3.2 Comparison of positivism and interpretivism

I compared both paradigms. Wisker (2005) described positivism as being based upon the belief that human society is subject to fixed laws; therefore behaviour can be determined. Interpretivism was based upon the belief that meaning does not exist outside the interpretation of human beings; therefore behaviour is affected by this knowledge and understanding of the world.

Positivism

The ontological position associated with positivism states that reality is objective and exists externally to the individual. Knowledge and understanding of the world are acquired through observation and learning as a response to external stimuli, for example rules and expectations applicable to a family, community, or society. Positivism is linked to the natural sciences and encompasses an aim of establishing universal theory in order to account for, and to potentially direct human behaviour (Bryman, 2012; Giddens, 2001; Punch, 2005; Ritchie & Lewis, 2003; Wisker, 2005, 2008). A limitation of positivism is a focus upon macro-social processes and generalisation of human behaviour.

Methods of data collection which are associated with positivism are quantitative, and analysis leads to an accumulative measurable record of *what* was said by participants. The use of data collection methods such as questionnaires and attitude statements provides participants with an opportunity to select response options which most closely represent their views. The research process may affect the validity of data through the use of closed questions which direct and restrict participants' responses. Significance and understanding are inferred by the researcher's interpretation of data which results in a record of one objective reality.

Interpretivism

The ontological position in relation to interpretivism is the belief that reality is a product of individual interpretation. This paradigm is associated with the social sciences, and entails a process of capturing information, and understanding human behaviour through knowledge of singular and multiple subjective realities. Meaning is constructed by the researcher's skills of analysis. Interpretation is based upon participants' confirmation of their understanding, and contextualised by assimilating information from data, literature, and professional expertise.

The epistemological position acknowledges that personal interpretation is significant and relevant to the context in which each human being exists; however identifying diversity or uniformity of perspectives increases knowledge and understanding of the

ways in which reality is experienced. Theory is emergent and grounded in the data but a limitation may be a lack of consideration of the impact from external forces (Bryman, 2012; Giddens, 2001; Punch, 2005; Ritchie & Lewis, 2003; Wisker, 2005, 2008). An advantage to the use of interpretivism is the focus upon micro-social processes which reflects interpretation by individuals.

The methods of data collection which are associated with interpretivism, for example interviews and focus groups, provide participants with an opportunity to express their knowledge and understanding of phenomena. Explanation is promoted in the form of meaning which deepens understanding rather than identifying a definitive cause. However validity of data may also be affected by the research processes and understanding by the researcher is dependent on timely application of probes, and clarification of each participant's interpretation at the point of contact.

Participants' responses may also be affected by the research process, and this influence was described by Snape and Spencer (2003) as "interaction between the social phenomena, participants, and the researcher." A further limitation to publication of knowledge and understanding of the world, as experienced by individuals or groups, is selective reporting of information by the researcher.

3.2.1 Methodological approach to this inquiry

The area of investigation in this inquiry was the parent-professional relationship. The focus of the research was perceptions of service-users and service-providers regarding the influences upon their relationships. This inquiry was seeking to gain knowledge and understanding in order to contribute to research in the field, and to inform policy and practice. The paradigm of interpretivism was applied and findings reflected my interpretation of participants' knowledge and understanding as expressed within the context of data collection.

The rationale for the use of this approach was to gain an understanding of phenomena as interpreted by individuals who had direct experience of the influences under investigation. Human beings gain knowledge and understanding of proximal

and distal environments by experiencing the world through their senses, and interpreting the information in relation to personal contexts. Snape and Spencer (2003) described interpretation as “thinking about experiences.” The resultant perceptions encompass attitude, and influence behaviour (Oppenheim, 1992) and actions (Snape & Spencer, 2003).

Participants in this inquiry acquired knowledge and understanding through experiences which were gained within a shared context of early intervention and child protection. The participants formed relationships and experienced life in this specific context; however the world was viewed from one of two perspectives, a user or provider of a service. Each role encompassed different responsibilities, and associative outcomes. My interpretation was based upon data which promoted understanding of the phenomena from a bi-lateral perspective pertaining to individuals who operated within the same context by receiving or delivering a service.

This inquiry was not attempting to identify a definitive cause for behaviour. Perceptions of each participant gave a unique and personal insight which was further interpreted by recourse to my professional knowledge, understanding, and experience of the phenomena. Causal explanation was indicated by some participants, and my understanding clarified in situ by the use of probes. Snape and Spencer (2003) emphasised the importance of researcher and participant “negotiating and agreeing” on findings. I applied a technique to validate my interpretation of participants’ responses which I frequently use in practice. I repeated potentially ambiguous responses, presented my understanding, and I gave participants an opportunity to confirm or change my interpretation. This technique was applied during data collection as a means to minimise misrepresentation of participants’ views. The use of theoretical frameworks placed the interpretations into a broader context.

3.3 Method

This section discusses the process which led to a choice of method for data collection. Potential limitations on the reliability and validity of data are also described.

3.3.1 Scoping out the topic

A group of two parents and two professionals from the setting was used to scope out the research topic. The preparation for structuring the group, proposing topics for discussion, setting a timeline, and recording and collating information, gave me invaluable experience of the research process. A traditional purpose was applied to this group which was to establish an element of worth to a topic for research. The format was not applied to generate data but to provide an arena in which specific terminology, and supporting information on the topic was expressed by participants in order to inform the research design.

I also reviewed a recent study which I had conducted in the same setting. This study had applied quantitative and qualitative methods of collecting data in the form of attitude statements, and semi-structured interviews (Whitters, 2009). The two sets of participants, parents and professionals, had expressed that one method had restricted the opportunity to express their views. Barriers to data collection were identified in the use of questionnaires as several participants had supplemented their responses to the attitude statements with verbal, and written comments. The participants' desire to fully impart their views, by extending their recorded answers beyond the boundary of the three options within the attitude statements, gave an emotive insight into research and practice within one's own workplace. Additionally this occurrence had highlighted a potential limitation on data which may be imposed by the choice of method for collection.

The setting had been the focus of previous research (Reid & Banks, 2008; Sinclair, 2007) and the influence upon potential participants in this inquiry was considered as positive. It is also a requirement of the inspectorate, regulatory, and funding bodies, for service users and providers to evaluate a service by recourse to questionnaires or

interviews (HMIe, 2009; Scottish Social Services Council, 2009; Scottish Executive, 2007; Social Work Task Force, 2009); thus potential sample sets were already conversant with the concept of expressing and recording personal experiences for a formal purpose.

The initial stage entailed potential participants being informed of the research study and their involvement within the scoping out group. Participants were given an opportunity to consider the information for an agreed time period prior to implementation of the second stage. This process allowed potential participants time to discuss the issues with a third party, for example a professional, line manager, or family member. The second stage entailed gaining written consent from participants by recourse to the information sheet and consent form. The first and second stage took place within the familiar environment of the setting.

I used my knowledge and professional expertise to identify eight topics on which to focus a discussion on relationships between professionals and parents: parents and children commencing the service, families leaving the service, behavioural issues, non-attendance, child protection, daily contact, body language and potential influences (Appendix A). These topics were introduced to the participants and prompted discussion between service-users and providers. Each response and identification of the sample set of the speaker were recorded.

Different methods of collecting data were proposed to this group, for example postal questionnaires, individual interviews, and interviews in a group composed of one sample set or interviews with both sample sets. Questionnaires were considered by the group as a means to collect data; however it was agreed that this format might restrict the expression of personal opinion within the data in order to inform the research question. Additionally data from this source can only be analysed subsequent to the initial recording, without recourse to clarification by a participant, which may affect interpretation by a researcher.

Pre-set questions and optional answers within a survey may also lead a participant towards a response (Foddy, 1993), which could affect the validity to the research question. The group members unanimously chose a verbal communicative method, in the medium of individual semi-structured interviews, as being the most user-friendly and responsive to the learning needs and communication skills of service-users.

3.3.2 Potential influences upon data collection and analysis

The methods of collecting and analysing data which previous studies had applied were also reviewed in order to refine the design for this inquiry (Ghate & Hazel, 2004; Hughes & MacNaughton, 2001; Petrie & Holloway, 2006; Trotter, 2002). Each of these examples of research had applied a quantitative method in relation to accessing the views of multiple participants, and used qualitative methods to provide detailed information from a limited number of participants.

Pre-set categories for sorting data

Petrie and Holloway (2006) conducted an investigation within a context of early intervention, from a uni-lateral perspective, and findings were published which illustrated the responses of one specific group to an issue. The initial analytical coding categories were linked to the research questions in the context of pre-set themes. This approach to sorting the data could lead to pre-conceptions of the researcher affecting the analysis.

Repetitive use of participants for data collection

Hughes and MacNaughton (2001) used exploratory questionnaires, a focus group and individual telephone interviews to collect data from the same fifteen professional participants. The repeated use of one sample set for collection of data could result in participants seeking out information or collaborating in order to give planned responses. The potential influence upon the data could cast doubt on the validity to the research question, although this approach could contribute to reliability through triangulation of data.

Terminology of data collection questions

Two studies highlighted the significance of terminology in a context of data collection (Ghate & Hazel, 2004; Trotter, 2002). Trotter's use of closed questions to families incorporated emotive and potentially influential phrases, for example, "Has your worker discussed your *real* problems?" "Has your worker *encouraged* you?" These participants were vulnerable clients, some of whom were actively involved in a child protection case at the time of data collection.

The method by Ghate and Hazel (2004) also had the potential to engender a negative attitude by the wording of questions to participants which predominantly, but not exclusively focused upon identifying negative effects upon parenting. It seems that the use of terms was a factor which could potentially influence clients' perceptions, and subsequently the validity of data (Foddy, 1993). These features of a research design may induce a narrowing effect on participants' thought processes or direct participants' responses.

Participant and non-participant observations

Observations were also considered as a method to collect data. Ritchie (2003) differentiated between participant, and non-participant observations. I reviewed the implications of my dual role of practitioner-researcher in the use of either type of observations within the context of the setting.

The research inquiry focused upon one organisation in which admission to the service was a self-referral or supported by an agency, for example health, education, social work, addictions, domestic violence, or the homeless team. This common context encompassed the world of all the participants, and represented the local culture in which the service had evolved. The organisation was founded by residents forty years ago, and the community continues to actively participate in developing, and delivering the service in response to local needs.

Coghlan and Brannick (2001) discussed the importance of differentiating between the remit of the researcher, and the system of the organisation within a research

project in order to eliminate areas of conflict. The projected outcome of the process was the same in this instance and it was identified as change and development. Role detachment of a practitioner-researcher was discussed as a potential difficulty by these authors.

There were three possible interpretations of my dual role from the perspective of participants. The role may be considered as existing within a dyad which contained my familiar status as a practitioner, alongside the new research status. My role of researcher, within the organisation, may be regarded as having a transitory component throughout the period of the study which related to the research responsibilities. A third representation may regard the practitioner and researcher roles as separate entities which existed within specific environments.

It was noted that characteristics of the two roles could be viewed as a barrier or an enabler within the context of a research inquiry. I had regular contact with participants, and acute knowledge and understanding of the implementation of early intervention by an integrated team but pre-conceptions from practice could influence the implementation of data collection and interpretation. Familiarity with the individual needs of participants facilitated effective and responsive communication, but could cause a merging of the two roles, and associative expectations. My availability supported potential participants to gain timely acquisition of knowledge and expectations of their roles within the inquiry but fulltime work commitments had to be managed in addition to the research project.

The structure of the data gathering sessions was designed to promote consistency in application of research processes which contributed to the researcher role being conducted from an objective and neutral stance. Participant observation in which I would conduct data collection as a practising member of the organisation was not feasible as I could not fully eliminate pre-conceptions gained from the practice context. Additionally this approach could cause participants to merge my roles and associative responsibilities which could ultimately affect the validity of data, delivery

of service, and potentially impose harm upon participants as service-users or providers.

Conducting observations as a non-participant could result in the recording of information by recourse to my interpretation only; therefore by-passing an opportunity for participants to express their views, and to clarify their knowledge and understanding to me. Participant and non-participant observations were discarded as methods to collect data.

Emotional reaction from practitioner-researcher

Johnston (2009), in her doctorate study, discussed a personal and professional issue relating to dual roles as emotional reaction to the investigative processes. This author identified a “kaleidoscope of feelings” which ranged from a sense of fulfilment in contributing to knowledge, to extreme sadness as a response to the recounting of emotive experiences by participants. It was concluded that these emotions could be managed effectively with the support of a supervisor, and Johnston (2009) commented that she had gained a deeper understanding of the topic due to her emotional investment in the research.

Valente and Shuttleworth (1997) also highlighted the importance of identifying “professional survival mechanisms” during their collection of data as practitioner-researchers. These authors had implemented techniques from practice to support their emotional reaction within a research inquiry involving adult survivors of sexual abuse. Support mechanisms identified were co-working and de-briefing.

I have worked in the field of child protection for many years, and over time I have developed personal and professional resilience to adverse emotional reaction. My experience supported me to conduct the responsibilities of data collector in an effective and productive manner.

Relationships with participants in research and practice

Careful planning of the data collection process by following ethical criteria supported me to understand my responsibilities as a practitioner and researcher. Foddy (1993) advises that planning, reviewing, and piloting the research processes prior to implementation can reduce potential difficulties for an “insider researcher”. This author identified acquiescence and a fear of sanctions by participants as barriers to collection of data to inform the research question.

I was also aware that if participants merged my roles then their expectations could be inappropriate, and unfulfilled which could potentially impact upon a relationship in the context of practice. Anderson, Herr and Nihlen (2007) had highlighted a barrier to “insider research” as anxiety from a researcher with regard to a potential effect upon relationships which already existed with participants. These authors noted that negativity between participants and non-participants could also impact on their relationships with a practitioner-researcher; however it was indicated that the effect could be minimised if the research topic was applicable to the whole organisation. The research topic was applicable to the whole organisation in this inquiry, and promotion of the criteria for inclusion and exclusion, and confirmation of roles provided explanation which was understood, and received positively by participants and non-participants. Parents and professionals were familiar with the responsibilities of researchers and practitioners through information shared at induction to the organisation. The service participates in research projects on a regular basis.

Transference of *positionality* was another potential barrier identified by the previous authors which could affect the validity of data. This influence was described as a balance of power which existed in practice being transferred to the research context; thus potentially affecting empathic neutrality of the researcher and responses from the participant during data collection. My availability to share information on the inquiry with potential participants ensured that I could respond to any questions in a timely manner in order to clarify my role and responsibilities. The consent forms and supporting information guided my explanation of the process to participants, and

my conduct as a researcher. Knowledge of the forthcoming research was received with excitement and eager anticipation by the group of service-users and service-providers. Many parents and professionals sought an opportunity to participate. Data indicated that participants had separated my two roles of practitioner and researcher. During the interviews service-providers described the community setting, and needs of service-users to me in great detail although we had worked as colleagues in this environment for many years. Service-users referred to professionals as “they” which implied that participants had placed me in the role of researcher during data collection sessions, and excluded me from this generic grouping of service-providers.

3.4 Ethical considerations

Hart (2005) proposed a perspective on ethics from the viewpoint of humanism which questioned the impact from the use of standards to the validity and reliability of the research, and the information was applied to an issue pertinent to this study.

A work-based research project was chosen for this study in order to inform a topic from a local perspective by offering providers and users of a service a legitimate, and recordable means of communication. Some of the families from the service used addictive substances; therefore could be termed as vulnerable participants from the liberalist perspective (University of Strathclyde Ethics Committee, Research & Innovation, 2009). The humanist may argue that consideration of harm, which resulted in exclusion of these participants from the research investigation, was a demonstration of a preventative measure and delimited the sample group. This delimitation could be regarded as imposing a restriction on the extent of knowledge and understanding which could be gained to inform the substantive aim.

I considered the effect on the validity, reliability, and consistency of data from participants, and hypothesised as to the actual short or long term harmful effect of the research process on the participant. Any adverse effect on the validity of data would cast doubt on the reliability of the findings, the potential for identification of patterns

within and between sample sets, and the theoretical implications. Advice was sought from Hart (2005) on dealing with controversial ethical issues.

Define, clarify, isolate and analyse the issue (Hart, 2005): the issue was the inclusion or exclusion of an individual with an addiction to the sample group of participants. I considered the effect of an addiction on participation within the investigation. The literature review by Mitchell and Burgess (2009) was accessed to gain insight into the challenges encountered by practitioners in working with parental substance misuse. These authors identified the negative effect of substance misuse on a service-user's attitude, and comprehension as the creation of unfounded connections and assumptions. Practitioners were prompted to develop therapeutic relationships (Mitchell & Burgess, 2009) in order to engender trust and honest communication, but it would not be appropriate to nurture such relationships with research participants as it could be construed as leading responses.

Determine the potential effects and assess alternatives (Hart, 2005): I applied my professional knowledge and experience of the effects of addictive substances on the mental capacity and health of a human being. I concluded that the effect of an addictive substance might potentially impact on the reliability, consistency and validity of the data. One course of action was a criterion for exclusion to participation in the study. A second course of action was the collection of data during a period of stability for a participant who had an addiction. This period would require to be identified by a reliable source, for example the participant's addiction worker. This second course of action was discarded due to the adverse pressure, and responsibility which may be imposed on the participant and professional.

Select best course of action (Hart, 2005): it was determined that the current use of an illicit addictive substance was a criterion for exclusion from participating in this research. The descriptors of current and illicit were added to the exclusive criteria in order to promote equality of opportunity to the users of the service, and potentially include participants who were engaged in a rehabilitation programme, and used methadone.

The initial discussions took place with two or more potential participants in accordance with the Code of Practice, B4 (University of Strathclyde Ethics Committee, Research & Innovation, 2009), and accommodated daily commitments of the parents and professionals. Potential participants were given an opportunity to consider the written information for an agreed time period prior to giving written consent. The participants were informed that they could withdraw consent at any time, and this decision would not affect the service which was provided by the integrated team or relationships between colleagues.

3.5 Ethical approval

Permission and formal consent from the Board of Directors of the setting for this research inquiry was gained prior to application for doctorate study, and following acceptance of the research proposal by the University of Strathclyde. Final permission and consent was gained from this Board after ethical approval had been granted (University of Strathclyde Ethics Committee, Research & Innovation, 2009).

Screening procedure and consent

My role as a practitioner appointed primary and secondary access (Coghlan & Brannick, 2001) to functional areas of the organisation and documentation, data, and colleagues. Approval was gained for access in the role of researcher.

A number was allocated to each participant for administrative purposes, and the security of the number in relation to the individual's identity was maintained throughout the investigation. Participants were advised of possible limits to confidentiality, for example inclusion of the voice recording and transcribed data in the thesis for examination purposes. Participants were also informed that internal and external examiners were bound by rules of the collegiate institute to maintain confidentiality of identity, personal details, and source of data (University of Strathclyde, 2001, 2005, 2008; University of Strathclyde Ethics Committee Research & Innovation, 2009). I ensured that each participant was clearly informed, understood, and could apply this knowledge to her personal circumstances. Each participant was given the means and support to clarify the information by recourse to

an independent party, being the secretary to the ethics committee at the University of Strathclyde.

The paper and electronic copies of data were stored separately in a secure location during the data collection period. Data and accompanying materials were stored securely in a password protected file store thereafter in accordance with ethical requirements (The Glasgow Centre for the Child and Society, 2006; University of Strathclyde, 2009). Preparations were made to inform the participant, and consult with the director of the Glasgow Centre for the Child and Society if confidentiality and privacy protection had to be overruled, and legal advice or support measures for the participant sought.

Ethical approval for this project was received in February 2011, and the process for gaining ethical consent contributed to my comprehension and clarification of the distinction between the role of researcher and practitioner. This process also provided insight into the specific parameters and perspective from which an academic body, in the context of the ethics committee, interpreted and evaluated a written record of evidence. I used the experience that I had gained to regularly review the thesis in order to clarify detail, and to remove potential assumptions or ambiguous presentation of information.

3.6 Participants: parents

Two parents participated in the pilot study, and nine parents in the main study. The prescriptive nature of the selection criteria determined the number of parental participants. This circumstance clearly demonstrated aspects of vulnerability which affected the lifestyles of these service-users on a regular basis. 13 parental participants from a total of 54 service-users adhered to the criteria, within the period of data collection, and these primary carers were birth mothers.

Criteria for inclusion

1. The parent was able to give informed consent.

2. The parent had one or more children in at least one of the three age-groups of children, 0-2 years, 2-3 years, and 3-5 years, within the setting.
3. The parent had regular contact with a minimum of two professionals from the integrated team.

Criteria for exclusion

1. The child or siblings were placed on the child protection register or supervision order at the point of data collection.
2. The parent was involved in a police investigation at the period of data collection.
3. The parent was involved in a child protection investigation.
4. The parent was known to be using illicit addictive substances at the time of data collection.
5. The parent met at least one of the criteria as detailed in University of Strathclyde Code of Practice on Investigations Involving Human Beings, Section B1 (b), fifth edition, October 2009.
6. The parent was termed “at risk” as defined under the Adult Support and Protection (Scotland) Act 2007, section 3.5 and 3.6, in accordance with Glasgow City Council Social Work Services.

The parental participants were regarded as representative of the service-users during a period of physical and mental stability. However one of the criteria for exclusion, in relation to “any involvement in a police inquiry at the time of data collection” had resulted in several birth fathers being excluded from participation. Additionally, one of the criteria for inclusion, in relation to a participant’s role as main carer for a child, resulted in fathers and male or female partners being excluded from the inquiry.

The composition of a family within this setting was predominately represented by a birth mother or female kinship carer, and a male or female partner who did not have legal custody of the child. This study used the term parent as defined within the Children (Scotland) Act (Scottish Executive, 1995d), and the Pre-Birth to Three:

Positive Outcomes for Scotland's Children and Families (Scottish Government, 2010), and it referred to a female or male primary carer who had parental responsibility and parental rights of a child.

Ritchie, Lewis and Elam (2003) noted the importance of small samples of participants being compiled by recourse to a purposive sampling technique, in order to ensure symbolic representation of the prescribed group, and the diversity of the study population. The selection criteria had responded to ethical requirements and resulted in sample sets which reflected the service-users and providers, albeit within the parameters of the research. A sample size of nine maternal parents represented primary carers of children within each of the three age-groups of the setting. The age-groups were categorised into children aged 0-2 years, 2-3 years, and 3-5 years. This sample set was composed of participants who had different levels of knowledge regarding parenting and the creation of relationships with professionals.

Lewis and Ritchie (2003) described reliability in a context of research findings as replication of information. This inquiry accessed the views of participants from one gender which represented the potential study population, and eliminated bias of sample composition by the researcher; therefore reliability of findings and validity of responses to the research question were not affected by implementation of the selection criteria.

3.7 Participants: professionals

Two professionals participated in the pilot study, and 21 professionals in the main study: seven health workers, seven education workers, and seven workers from social work. The term professional referred to a qualified, registered, and practising worker. This sample group was composed of workers who were stationed in the setting, or had a peripatetic role.

A re-organisation of teams due to an economic recession resulted in the availability of 25 professional participants from a total of 60 members of the integrated team.

These participants were also female which was representative of the predominant gender of social service sector employees within this team.

Professionals were recruited through informal and formal discussion, in addition to the use of participants' consent forms and information sheets. The potential participants were given an opportunity to consider the issues for an agreed time period prior to giving written consent. This process allowed participants to discuss any issues with a third party, for example a professional, line manager or family member. Consent was gained and recorded prior to data collection, and participants were informed that this consent could be withdrawn at any time and the decision would not affect professional roles, responsibilities or relationships within the integrated team. The 25 members of the team participated in the scoping out group, pilot study or main study.

Criteria for inclusion

1. The professional had regular interaction with parents in the context of early intervention, and within the contact criteria of the discipline.
2. The professional practised within the discipline of health, education or social work.

Criteria for exclusion

1. The professional was involved in a child protection case concerning a parental participant in this study at the time of data collection.
2. The professional was involved in a police investigation concerning a parental participant in this study at the time of data collection.
3. The professional met at least one of the criteria as detailed in University of Strathclyde Code of Practice on Investigations Involving Human Beings, Section B1 (b), fifth edition, October 2009.

Table 1 presents sample set, age-group of parental participant's child, medium of participation, reference number, and professional discipline. Age ranges for children of parental participants adhered to Glasgow City Council criteria for admission to an

early years' service (Glasgow City Council Education Services, 2011). Specific details of professional job titles were recorded but omitted from the thesis to maintain confidentiality of each participant, and the setting. However reference is made in the findings and discussion to the professional discipline of participants.

Table 1
Sample set, age-group of parental participant's child, medium of participation, reference number, and professional discipline

Sample set/child's age-group	Medium of participation	Reference/discipline
Professionals	Scoping out group Scoping out group	1 Social work 2 Health
Parents, 0-5 years	Scoping out group Scoping out group	3 4
Professionals	Pilot interview Pilot interview	5 Education 6 Education
Parents, 0-5 years	Pilot interview Pilot interview	7 8
Parents, 0-2 years	Interview Interview Interview	9 10 11
Parents, 2-3 years	Interview Interview Interview	12 13 14
Parents, 3-5 years	Interview Interview Interview	15 16 17
Professionals	Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview Interview	18 Social work 19 Social work 20 Social work 21 Social work 22 Social work 23 Social work 24 Social work 25 Education 26 Education 27 Education 28 Education

Table 1

Sample set, age-group of parental participant's child, medium of participation, reference number, and professional discipline

Sample set	Medium of participation	Reference/discipline
Professionals	Interview	29 Education
	Interview	30 Education
	Interview	31 Education
	Interview	32 Health
	Interview	33 Health
	Interview	34 Health
	Interview	35 Health
	Interview	36 Health
	Interview	37 Health
	Interview	38 Health

3.8 Semi-structured interviews

Rationale

The use of interviews for data collection responded to the research paradigm of interpretivism, and granted worthiness to each participant's view by emphasising that personal interpretation of phenomena was being sought.

Validity of information to the research question was supported by the use of semi-structured data collection questions which focused upon topics of relevance to the context of the inquiry. These topics were identified from the literature, in addition to my professional knowledge of the issue under investigation, and reflected areas in which potential influences to the parent-professional relationship could be identified by participants. The use of semi-structured interviews facilitated collection of data in the form of participants' perceptions, and removed a potential barrier to interpretation which could be imposed by closed questions within structured interviews (Foddy, 1993).

Advantages

Probes and prompts were applied in situ to clarify my interpretation which was recorded as field notes, and to maintain validity of a participant's responses to the research question. The service-users in this service generally exhibited a low-level of literacy; therefore use of a verbal medium to collect data responded to these needs.

The professionals were tasked with the timely completion of records on a daily basis, and an advantage to the use of interviews was elimination of additional paperwork. Participants were able to indicate the significance of each concept by placing it within a current, historical or future context, relative to a personal perspective. This process related to the description by Charmaz (2006) of the function of an interview in supporting a participant to delineate information which contributed to personal confirmation, and understanding for participant and researcher.

I had a relationship with each participant in a professional capacity which facilitated the engagement of a participant's time and potential interest in the research. The ethos of the family centre promoted active participation of parents and professionals which engendered motivation to share views and attitudes within the context of the interviews. Oppenheim (1992) had discussed two determinant factors in choosing interviews as a data collection tool as opposed to surveys which were improved response rates, and motivation of the participant. This stage of the research project created excitement and anticipation within the setting. Many service-users had sought an opportunity to participate in the inquiry, and there was 100% participation from the parents and professionals who did adhere to the inclusive criteria. Each interview provided a unique contribution to the study.

Disadvantages

Foddy (1993) noted several disadvantages in the use of interviews which related to the reliability of findings being affected by a participant's reaction to the process, the difficulty in replicating results, and interpretation being affected by the subjective impression of the researcher in addition to selective reporting of findings. I endeavoured to overcome these disadvantages by adhering to ethical requirements, limiting generalisation of findings to each sample set, and clarifying the research process to the reader in order to test the robustness.

Oppenheim (1992) also stated negativities associated with the use of interviews as a method of collecting data. This author noted the cost and time to the service, and the interpretation and intentional use of terms by different participants. However

interviews which were semi-structured provided a timely opportunity to explore a participant's answers by using probes to verify the reliability of answers, and to promote my understanding for analysis. Prompts also elucidated the sharing of information in order to contribute to validation of responses in relation to the research question. The prompts acted as an aide-memoire, and provided a momentum and consistency within the data collection.

I actively displayed an interest, and positive body language in response to communications which were techniques designed to allay the participant's fear, and avoid stereotypical responses relating to social desirability and acquiescence (Oppenheim, 1992). Each sample set of participants had a vested interest in contributing to the research process from a professional or personal perspective. Rathmunde and Csikszentmihalyi (2006) described passionate investment, and detached objectivity as creating potential tension; therefore the inclusive and exclusive criteria for each set provided an objective prescriptive parameter to selection, and supported the creation of two sample sets with participants who had a range of interests in contributing to this study. Gillham (2005) suggested that the use of an interview had the potential to reinforce personal prejudices of a researcher but I was bound by registration requirements (Scottish Social Services Council, 2009) to maintain a non-judgemental attitude towards service-users and providers.

Generalisation

Miles and Huberman (1994) discussed the potential application of the term generalisation to a sample size by promoting the positive effects of using small levels of instrumentation. These authors suggested that an element of internal generalisation may be achieved by comparing the views of participants within, and between sample sets, and this process was used during analysis of the data. I sought examples of representation, negation and exception within the patterns of data (Miles & Huberman, 1994). The findings may be used to inform policy-makers as the context of the inquiry is representative of early intervention, and child protection service provision in Scotland.

3.9 Construction of data collection questions

The initial questions concerned familiar topics to give the participant time and an opportunity to develop a pattern of listening, considering, and responding. I adopted the funnel approach to delivery of questions (Oppenheim, 1992), maintained an objective stance, and ensured that the interaction was an information gathering session as opposed to a conversation. I interviewed participants on an individual basis in order to eliminate potential adverse effects from the dynamic of a group.

This study accessed closed questions to introduce a topic which Foddy (1993) described as priming the participant. Oppenheim (1992) distinguished between two types of interview: the exploratory using open questions and the standardised interview using closed questions. The funnel approach led the participant from a general or closed question to an open question, which was designed to elicit attitude, and a final question which encouraged the participant to reveal behaviour and practice (Appendix A).

Reliability

A technique proposed by Keats (2000) was adopted to maintain reliability of evidence by noting any patterns within participants' answers on a particular topic. The same questions were proposed to each participant within a sample set.

Validity

The principle of face validity was adhered to by the use of prompts and a feedback loop to ensure that each participant was aware of the link between the question and topic. Predictive validity was sought by the use of my knowledge and understanding of the behaviour of parents and professionals which was demonstrated by the terminology and content of the questions. The questions reflected aspects of the theoretical frameworks and contributed to the achievement of construct validity (Keats, 2000).

Table 2 demonstrates the correlation between data collection questions which were presented to participants in five sections pertaining to the context of early intervention, literature, and principles of the three theoretical frameworks.

Table 2

Correlation of data collection questions, literature and theoretical framework

Data Collection Topic	Interview Question	Literature	Theoretical Frameworks
Support	Parent: 2a, 2b, 6a, 6b Professional: 1a, 1b, 2a, 2b, 2c, 3d, 3j, 3k, 4d, 6a, 6b	DCSF (2008a) Heath (2004) Moran et al. (2004) Scottish Government (2008a)	Bronfenbrenner (1979, 2005) Rogers (1990)
Implementation	Parent: 2c Professional: 1b, 2a, 2b, 2c, 3d, 3e, 3f, 3h, 3j, 3k, 4d, 6a, 6b	DCSF (2007) Moran et al. (2004) Scottish Government (2008a)	Bronfenbrenner (1979, 2005) Magnusson & Stattin (2006)
Development	Parent: 3a, 3b, 3c, 3d, 4c, 4d, 5c, 5d, 6a, 6b Professional: 3a, 3b, 3c, 3d, 3g, 3i, 3j, 3k, 4c, 4d, 5c, 6a, 6b	DoH (2004) DCSF (2008c) Handy (1976) Lambert & Barley (2002) Rogers (1990) Scottish Executive (2006c) SSSC (2009)	Bronfenbrenner (1979, 2005) Rogers (1990)

Table 2

Correlation of data collection questions, literature and theoretical framework

Data Collection Topic	Interview Question	Literature	Theoretical Frameworks
Culture	Parent: 5a, 5b, 5c, 5d Professional: 3j, 4d, 5a, 5b, 5c, 6a, 6b	Handy (1976) Heath (2004)	Bronfenbrenner (1979, 2005) Rogers (1990)
Child protection	Parent: 4a, 4b, 4c, 4d, 5c, 5d Professional: 3j, 4a, 4b, 4c, 4d, 6a, 6b	Laming (2009) Scottish Government (2008a)	Bronfenbrenner (1979, 2005) Magnusson & Stattin (2006)

The paradigm by Foddy (1993) was used in constructing questions for interview which were summarised under the acronym of *tap*: topic, applicability and perspective. I defined the topic of each section of the interview with an introductory sentence, and applied my professional knowledge of participants' roles to ensure applicability of each question, and I clarified the perspective by recourse to the interview information sheet (Appendix A).

Foddy (1993) discussed the threat of sanctions which a participant might associate with giving information to a researcher with whom she had a professional relationship, and this author suggested that a participant could exhibit intentional behaviour in her responses. I clarified my responsibilities as a researcher to each participant, and I emphasised measures to ensure confidentiality of information in order to reassure participants that there were no repercussions to withdrawal or non-participation.

3.10 Implementation of data collection questions

Chain structure

Items were presented in a recognisable sequential order which Keats (2000) identified as the chain structure, and a link was created between questions. This technique promoted a free-flowing structure (Keats, 2000) which provided cognitive prompts to the participant. The chain structure contributed to the formation of reciprocity (Lewis, 2003) in the nurturing of a positive environment for information sharing which maintained my objectivity, and neutrality as a researcher.

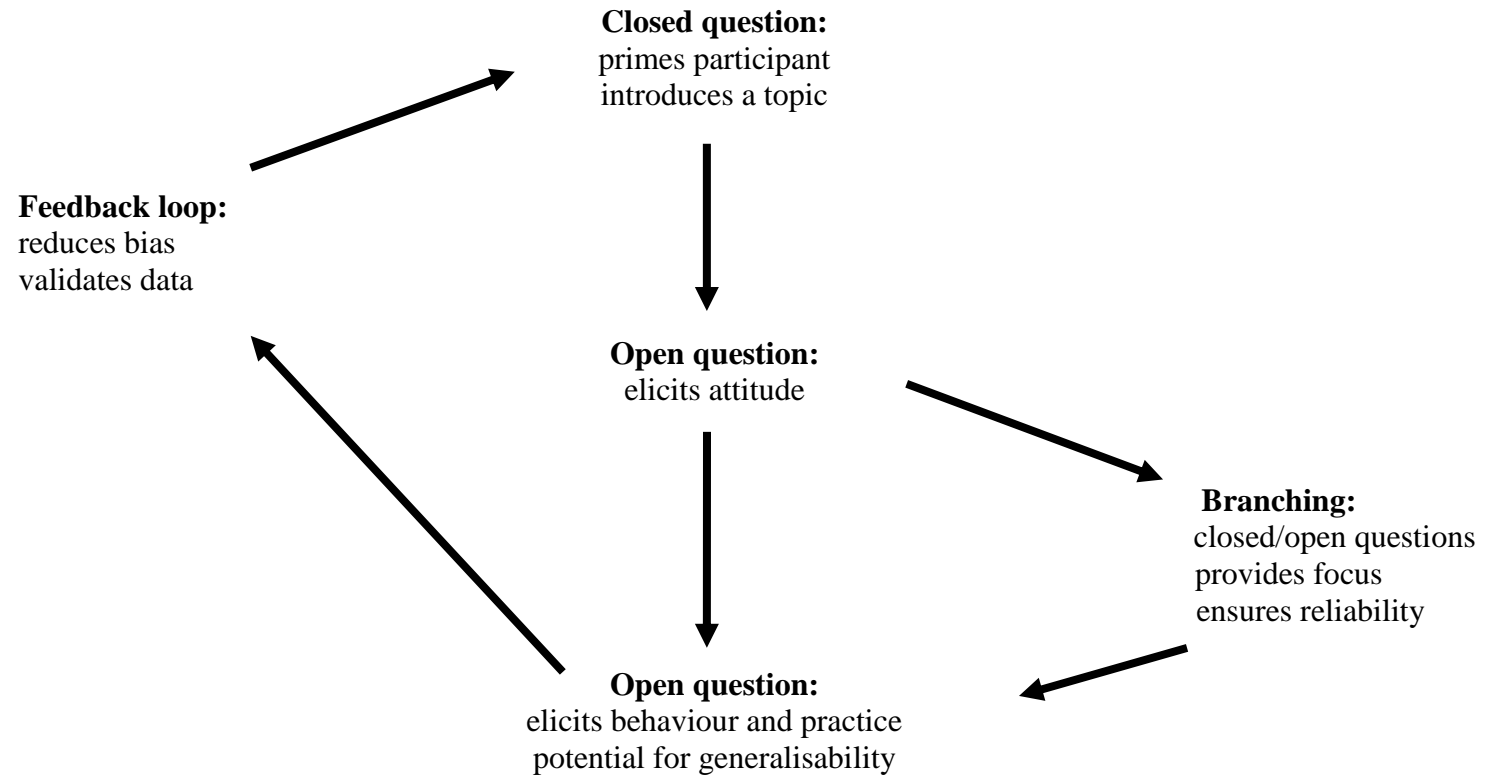
Keats (2000) recommended the use of a chain structure with simple feedback loops to strengthen validity of responses. Focus was maintained upon the main topic of a question by re-introducing the topic to the participant during the interview sequence. Each participant was invited to link expressed views back to the topic through confirmation of information. The interviews were designed to encourage each participant's description of her knowledge and understanding of the influences, and identify potential connections between the ecological systems of human development (Bronfenbrenner, 1979, 2005).

Branching structure

I accessed prompts to support the technique of a branching structure (Keats, 2000) which directed a participant's focus onto one specific aspect. This technique was applied to uphold the concept of reliability of data from individual participants, and to support comparison of data from the two sample sets (Lewis, 2003).

Figure 1 demonstrates the sequence of data collection questions.

Figure 1
Implementation of data collection questions



3.11 Piloting the questions

A pilot study was implemented to test the data collection questions by reviewing the validity of responses to the research question (Appendix A). Implementation of method at this stage of the inquiry also provided an opportunity to consider the reaction of participants to the data collection, and the use of time and resources.

An interview schedule for piloting the data collection questions was introduced to four participants: two professionals and two parents as representatives of the sample groups for the main study. Participants reported that clarity of meaning, formatting, and relevance to personal knowledge and understanding were appropriate. The participants demonstrated a positive attitude to the experience, and professional participants expressed that the interview period provided a time for reflection, and appreciation of their knowledge of each topic. The parental participants voiced surprise, and pride in the depth of their knowledge and understanding of the topics.

The interview questions were reviewed to identify and rectify three common weaknesses which were discussed by Payne (as cited by Foddy, 1993). These weaknesses within data collection questions were leading or double questions, and ambiguous wording. The implementation of the pilot study also provided an opportunity to review the resources for conducting this research inquiry without compromising service delivery. It was concluded that the pilot interview was applicable for the main study without alteration (Appendix A).

3.12 Case study: documentary evidence

Rationale

The use of interviews for data collection in this inquiry required participants to reproduce the context of a topic from memory in order to interpret and to express influences from personal, social, and cultural factors upon the parent-professional relationship. Spratt and Callan (2004) in a study on parents' interpretations of social work interventions had indicated that perceptions were influenced by the stage in which data was collected, and Cleaver and Freeman (1995) had found that perceptions altered over time. A second method for data collection was identified as

a case study which was chosen for instrumental value (Stake, 1995) in order to explore the naturalistic longitudinal context in which perceptions had formed, and changed within the setting.

The use of a case study in the inquiry reflected the purpose of this method as described by Ritchie (2003) “to give deeper meaning” within a specific context. The case study supported an investigation of the phenomena, in the context in which it had occurred, by contributing contextual information and an accurate, detailed history of events over a long time period. This information would not be expected to be gained from data collected within semi-structured interviews. The case study was archived at the time of the inquiry; therefore data was collected in the form of documentation. The use of a single case study and the collection of data from documentation are discussed.

Advantages

Yin (2003, 2014) promoted the use of a single case study to investigate the context which surrounds phenomena from a naturalistic perspective in order to promote explanation. McLeod (2010) had indicated that a singular case study can be used to extend learning by integrating theory with practice. Flyvberg (2006) had also discussed the use of case studies, and this author developed a strategy for case selection which was based upon the expectation of the information content in relation to the research question. The sub-question in this inquiry was “What factors accompany a change to perceptions over a period of time?”

Five criteria were identified by Yin (2003) in relation to the rationale for the use of one case study: a critical case, a unique case, a representative case, a revelatory case, or a longitudinal case. Four of these criteria were relevant to the case study which was chosen for this inquiry. The case study was composed of a mother and her three children who were involved with the setting, and social service sector over a 12 year consecutive period. The time-line was 1997-2009 which represented a significant stage in the formalisation of early intervention in Scotland as previously discussed within chapter 2. Circumstances of the family featured within the study, for example

personal and environmental influences, and the lengthy association with the care sector were representative of the participants as service-users in the setting for data collection. Several of the children within this setting were the second or third generation to be involved with social services, and many service-users were familiar with the workforce in this community through interactions in childhood, and adulthood.

The rationale was based upon the case study being *unique* due to the specific time-period, and the focus upon three children from one family. It was *longitudinal* with regard to the lengthy time-span, and *representative* of the local families, and service-users in a context of child protection throughout Scotland. Finally, this case study was termed *revelatory* (Yin, 2003, 2014) due to the previous criteria, and the extensive information from a variety of sources which was accessed to inform the research question.

Bryman (2012) had identified the use of documentary evidence as an unobtrusive method of collecting data due to the archived status which discounted the potential for a reaction to the research process from the participant; thus eliminating a negative effect to validity of data. The evidence pre-existed the research, and it was a representation of the social world of a participant as a service-user in a context of early intervention and child protection.

The formatting of this source of data adhered to organisational procedures; thus contributed to authenticity and credibility (Bryman, 2012). A history of incidents and outcomes was presented as chronology which included accounts from the parent recorded by professionals within a short-time scale of the interactions. These records depicted an accurate representation of events which were authenticated and validated through policies and procedures, and categorised as fact or opinion (Social Work Inspection Agency, 2010a, 2010b).

Associated documentation was identified through links from the chronology in the form of records pertaining to early intervention and child protection. National and

local policy, in addition to guidance materials for professional practice, were also reviewed as applicable to the time span. These sources of evidence provided information which supported explanation and understanding.

Bryman (2012) had suggested that documentary evidence could provide information on social and organisational realities through publicising links to the culture of an organisation. However this author had indicated that documentary sources could be biased; therefore the information might not reflect reality.

Policy documentation in this inquiry could be regarded as being politically biased by representing the views of the Scottish government over a period of time. Bias was also associated with the *writer* of each chronological record who sought to promote professional opinion, from the perspective of one discipline. It was these features which engendered interest, and contributed to understanding a process of change; therefore this source of information was regarded as reflecting reality in the implementation of policy into practice.

Contextual factors were extracted from the case study chronology and associated documentation which included evidence of the parental participant's understanding and behaviour. These types of factors were described by Yin (2003) as presumed causal events. Causal contextual factors were identified as originating in biological, psychological, and social areas of human development (McLeod, 2010). Patton (1990) described the selection of such data sources as purposive sampling which provided an information-rich case to a research inquiry.

It was not recognised practice in the social service sector to seek or record professional perceptions within a case file. Interviews with the professionals who were involved with this case were considered; however the extensive time-scale of 12 years was regarded as a significant barrier to collection of such data which could affect availability, reliability, and validity.

Yin (2003, 2014) identified strengths of documentary evidence as the consistency of information, exactitude, and quantity in relation to a time-line. The documentation was readily available to me, in my dual role of practitioner-researcher, and it had been validated within the context of the setting. These features supported initial and repetitive analysis of this extensive source of information, and contributed to the establishment of reliability of the data.

Disadvantages

McLeod (2010) had also noted that a weakness in the use of a case study was the inability to establish definitive casual links between factors. The author referred to soft causality in order to describe this circumstance. Yin (2003, 2014) cited a disadvantage to the use of a case study as the limitation of generalisation to inform theory; however McLeod (2010) disagreed, and this author promoted the potential for generalisation from a reader's own knowledge and experiences.

McLeod (2010) applied the term naturalistic-generalisation to indicate the links that each reader could make from case study data to one's own practice. It may be that this single case can be applied to extend the knowledge of practitioner-researchers, and to contribute to theoretical understanding within the field of study.

This author (McLeod, 2010) had identified one disadvantage as the potential for bias from a practitioner-researcher in interpreting data from a case study. Evidence from multiple sources, and reflexivity from the researcher were suggested as techniques to maintain reliability of information. Data from the case study in this inquiry consisted of evidence from several professionals of different disciplines: health, education, and social work. Reflexivity in the form of a declaration of my professional background, involvement, and pre-existing assumptions allowed a reader to critically evaluate the impact upon the research processes. I was a member of the integrated team which supported the family featured in the case study. Prior knowledge which contributed to this case study being included in the inquiry was the occurrence of a change in perceptions by the service-user, and an assumption of soft causality from accompanying contextual factors (McLeod, 2010).

Yin (2003, 2014) indicated that a further disadvantage to collecting data from case studies was a lengthy commitment from a researcher. However the case study in this inquiry was archived, and pertained to documentary evidence which was finite; therefore effective time management was achieved.

Ethical considerations

Category B1 (a), ix, in the Code of Practice (University of Strathclyde Ethics Committee, Research and Innovation, 2009) was applicable to this investigation due to the use of documentary evidence, and resulted in the application of inclusive and exclusive criteria in addition to protective measures (Appendix A).

Inclusive criteria

1. The case study was a closed case.
2. The status of the case study was archived.
3. The case study demonstrated a positive outcome for the family.
4. The study had instrumental value to the investigation.
5. The parent and professionals were able to give informed consent.

Exclusive criteria

1. The case was re-opened within the period of the research project.

Protective measures

1. I had consented access to the information in the case study within the auspices of my professional role. I gained additional informed consent from the participants for the use of the information within the research study.
2. The participant was given information on data retrieval, storage, usage, including publication, and confidentiality measures in a manner which was understood and enabled informed consent to be given or withdrawn at any point of the investigation.
3. The participant could access her case study to offer assent or dissent, prior to submission of the thesis for examination or publication.

Tables 3 and 4 demonstrate the inclusive and exclusive criteria for participant selection in each sample set, and case study.

Table 3

Sample frame of inclusive and exclusive criteria for parental participation

Criteria for inclusion/exclusion	Scoping group	Pilot study	Main study	Case study ^a
Informed consent	Yes	Yes	Yes	Yes
Child in age group	Yes	Yes	Yes	Yes
Professional contact (2)	Yes	Yes	Yes	Yes
Child: CPR/supervision	No	No	No	Yes
Police investigation	No	No	No	Yes
Any CP investigation	No	No	No	Yes
Section B1(b)	No	No	No	No
Section 3.5 and 3.6	No	No	No	No

Note. Yes = inclusion; No = exclusion. CPR = child protection register; CP = child protection. 2 = regular contact with minimum of two professionals. Section B1 (b) = Code of Practice Involving Human Beings 2009. Section 3.5 and 3.6 = Adult Support and Protection (Scotland) Act 2007.

^aCase study was a closed case and criteria were historical.

Table 4

Sample frame of inclusive and exclusive criteria for professional participation

Criteria for inclusion/exclusion	Scoping group	Pilot study	Main study	Case study ^a
Informed consent	Yes	Yes	Yes	Yes
Parental contact	Yes	Yes	Yes	Yes
Practising in health, education or social work	Yes	Yes	Yes	Yes
Police investigation of parental participants	No	No	No	Yes
Any CP investigation of parental participants	No	No	No	Yes
Section B1(b)	No	No	No	No

Note. Yes = inclusion; No = exclusion; CP = child protection. Section B1 (b) = Code of Practice Involving Human Beings 2009.

^aCase study was a closed case and criteria were historical

3.13 Data analysis

I applied a quantitative approach to initial analysis of data from interviews by recording the frequency of responses as expressed by participants in relation to ideas and concepts. I interpreted meaning and inferred understanding. Subsequently I re-analysed the data using a traditional qualitative approach in the form of thematic analysis. I applied documentary analysis to data from specific chronological points of the case file; thereafter I analysed data from the entire file. The next section describes and compares these approaches.

Analysis and re-analysis of the same data

Bryman (2012) had identified three levels of analysis of data:

- i. Direct interpretation as promoted by participants
- ii. Inferred interpretation by researcher from context of participant's response
- iii. Inferred interpretation by researcher in relation to policy and practice

I added a fourth level as:

- iv. Interpretation of data by researcher in relation to theoretical frameworks.

Quantitative approach: recording frequency of ideas and concepts

I recorded, analysed, and sorted data for every participant and the entire sample set, and I identified patterns and non-patterns within, and between sets. I used numbers as representation of participants' perceptions, and I had made the assumption that the characteristic of importance was relative to the repetitive expression of a perception. I attempted to establish generalisation within the sample sets by using the information to support comparison. This process may have contributed to subjectivity affecting interpretation in my role as data analyst, and limited my understanding.

Initial findings indicated a limitation upon the understanding of the phenomena which could be gained from data that had been analysed by using a quantitative approach. This approach to analysis limited interpretation of phenomena as described directly by participants (Bryman, 2012); therefore I decided to re-analyse the semi-structured interviews by using inductive qualitative thematic analysis.

Qualitative analysis

I re-analysed the data from the perspective of individuals in order to understand the world as interpreted by each participant. Comparison of participants' perceptions informed the issue by promoting knowledge and understanding of the formation of perceptions, within the shared context of child protection.

I identified themes from each participant; therefore placing importance upon individual interpretation. Subsequently patterns in the data within, and between sample sets were identified and recorded in common themes. This process supported knowledge and understanding of interpretation by a group and suggested tentative causal explanation. The thematic approach to analysis maintained a close link to the raw data which contributed to my understanding from the perspective of participants, and informed my interpretation in the role of data analyst.

Comparison of quantitative and qualitative approaches to data analysis

The process of re-analysis was straightforward and I found this part of the methodological journey to be motivational, and it engendered enthusiasm and expectancy for an increase in my knowledge and understanding of the topic. I approached re-analysis of the transcripts with curiosity, and I applied measures to reduce the impact of my pre-conceptions, from initial findings to subsequent interpretation of data, by following the steps to thematic analysis as described in the next chapter.

It was unclear in these early stages whether re-analysis of the same data would inform the research question further, and potential limitation to my interpretation of data was identified as the use of probes to clarify understanding. My use of probes had increased with each participant as my confidence in the application of research skills developed throughout the data collection. It may be that an increase in knowledge could have been gained if additional probes had been used to inform my interpretation of the responses given by all participants. Data collection could have been conducted in a manner which was more responsive to each participant for example by using respondent open questions; thus optimising the process. This issue is also presented within the section on limitations in the final chapter of the thesis.

One focus of the quantitative analysis was generalisation within, and between sample sets. Recording frequency of responses by one or more participants placed emphasis upon what was *said* rather than what was *understood*. A lack of analysis pertaining to individual interpretation limited the knowledge and understanding of the phenomena, and reduced the potential to compare perceptions of participants within, and between sample sets. Therefore thematic analysis was applied to data in order to gain comprehension of the subjective realities of individuals. This qualitative approach to analysis also supported comparison and contrast of the perceptions of human beings who shared a common context, within the roles of service-users or service-providers, which led to knowledge and understanding of multiple realities.

The same findings emerged from the quantitative and qualitative analysis; however the importance which was placed upon findings, and the understanding which was gained to inform the research question differed, and it was determined by:

1. My interpretation in the quantitative approach which focused upon *what participants were saying* and *the frequency of occurrence*.
2. My interpretation in the qualitative approach which focused upon *what participants were saying* and *understanding*. Understanding as described by a participant gives an indication of actions and behaviour. It also contributes to explanation.

Two results were promoted with greater significance due to an increase in understanding following thematic analysis. These results are presented and discussed in detail in subsequent chapters.

1. Participants agreed on the transferability of a therapeutic alliance from the pre-crisis to the post-crisis period.
2. Additionally professionals emphasised the use of an established therapeutic alliance as a medium to support a parent in the creation of relationships with other service-providers.

Documentary analysis

Data in the form of documentary evidence from the records of the case file had been initially accessed at three chronological points: the first four weeks in which a parent and child attended the service, the median four week period, and the final four weeks prior to the family leaving the service. Upon reflection I felt that this process could have imposed a limitation on data to inform the research sub-question: “What factors accompany a change to perceptions over time?”

I had made the assumption that factors which accompanied a change in perceptions would be located within the three time-points which eliminated potential evidence to inform the research question; therefore I decided to re-analyse the case file by reviewing all the data within the documentation for the entire 12 year period. The findings indicated contextual influences which had accompanied a change to

perceptions as previously identified in the original approach to analysis; however re-analysis, and analysis of the extended source of data, showed a lack of evidence pertaining to direct professional response to a service-user's change in perceptions. This finding is presented and discussed in subsequent chapters of the thesis.

3.14 Summary of research design

The methodological approach was a qualitative inductive inquiry based upon the paradigm of interpretivism. Data was collected from two sample sets by using semi-structured interviews. The data was initially analysed quantitatively, and subsequently qualitatively by using a thematic approach. Chronological records and associative information from an archived, longitudinal case file were analysed using documentary analysis. The next chapter describes thematic and documentary data analysis.

Chapter 4: Data Analysis

4.1 Data analysis systems

This chapter presents re-analysis of data from interviews by using a qualitative thematic approach, and documentary analysis of data from the records of one case file.

4.2 Interviews: exploratory and explanatory

The analytical approach to the data was thematic analysis which was discussed by Spencer, Richie and O'Connor (2003) as encompassing content and context, and focusing upon the identification of themes, association between themes, and frequency of occurrence. This approach responded to the research question which sought to explore the topic by investigating *how* participants perceived influences upon the parent-professional relationship. Interviews were applied as a method of collecting data to contribute to knowledge and explanation of phenomena from the perspective of service-users and providers (Snape & Spencer, 2003). Richie (2003) described explanatory research as identifying, and promoting links between attitude and behaviour. This author emphasised that causal explanation could only be tentative, and meaning was relative to interpretation of participants' responses by a researcher.

I did not consciously bring pre-conceptions to the process of data analysis but my role of practitioner-researcher, as discussed in detail in chapter 3, had a potential impact upon the analysis. I retain knowledge of current and historical family circumstances of all service-users which includes their emotional and behavioural responses, and attitude in a context of early intervention and child protection; therefore I implemented measures to reduce any impact which could arise from this base of knowledge and understanding.

I recorded the interviews on tape and transcribed the information on the same day. Timely transcription of data gave momentum to the investigation, and contributed to anonymity of data. A number was allocated to each participant, and identity was

retained separately from the transcript for administrative purposes. This use of a numbering system for transcripts supported me to analyse the data objectively from the perspective of a researcher as opposed to practitioner. After a period of a few months had elapsed, I noticed that I was unable to link a transcript to a specific participant without reference to the original administrative records; therefore the application of pre-conceptions which was based upon prior knowledge was reduced.

This part-time research study entailed balancing the requirements of a research degree with full-time work commitments. An essential skill was the ability to generate vast amounts of information within specific time periods, and collate and record this knowledge in a format which promoted personal understanding. Memos had been used from the inception of the research study to record ideas, and potential links between each area of the thesis (Punch, 2005; Charmaz, 2006), and this aspect of the recording system proved to be invaluable.

The memos also provided a means to record an initial spontaneous reaction to analysis, and identify preliminary links between segments of data for each participant. An idea contained within a memo had the potential to be developed into a multi-level source of reference material in order to extend knowledge and understanding.

Punch (2005) regarded the use of memos as a personal guide for each researcher; thus the memos were applied as prompts to review, and value each minute aspect of the data before creating a data-link within the chain of analysis or being discarded. Glaser and Strauss (1999) suggested that memos may support or fracture links between concepts. These two purposes of memos were necessary to the achievement of credibility within the research, and the process was reported in a transparent format for the reader to make an informed judgement on the authenticity and reliability.

Field notes provided an illustrative narrative to support the transcriptions, and give clarification to interpretation. These recordings were completed during the data

collection sessions, and included participants' emotional reactions, and familiarity with topics in addition to the emphasis placed upon each response. This information was confirmed by the voice recordings, and represented by the use of italics in transcriptions.

4.2.1 Thematic analysis

Ritchie et al. (2003) identified steps to effective management and analysis of qualitative data which was presented in the form of interview transcripts. The authors summarised the outcome of these steps as data management, descriptive, and explanatory accounts. These steps informed my knowledge and understanding in the creation of a framework which encompassed identification of data, followed by labelling, recording, interpreting, and use of data to inform the research question. The next section describes this framework, followed by exemplars from parent 15, and professional participant 31 in order to illustrate each step.

Familiarisation

I familiarised myself with the data by listening to the recordings and reading the transcripts before analysis. Ritchie et al. (2003) advised against using the entire data set for this stage due to a potential impact upon a researcher's time, and resources for an inquiry. However re-analysis provided an appropriate and timely opportunity to re-familiarise myself with participants' responses; therefore I applied this process to all data.

Applicability to research question and objectives

I re-read the research proposal to clarify my understanding of the research question and objectives in order to support my initial comprehension of the range of responses, similarities, and differences.

Identifying data

I applied a pre-cursory stage to analysis during my familiarisation with the data in each transcript. The technique by Charmaz (2006) of line by line analysis of a transcript was used to ensure that all the data was reviewed, considered, and recorded

during the analysis process. Segments of data were identified for potential use and highlighted within each transcript prior to identification of codes or themes. This order to the process of analysis was implemented as a preventative measure to minimise the formation of pre-conceptions which could have impacted upon the analysis of subsequent transcripts. An example is presented in table 5 on page 139 of the thesis.

A segment related to a participant's response to an interview question, and encompassed a word, phrase, sentence or paragraph. After the initial review of transcripts I noted that data which was not highlighted related to conjunctions, duplicate words or descriptions, and pronouns. I subsequently marked this data in the transcripts as potentially applicable to my understanding of each participant's perspective, and significant to the research question.

The segment varied in length for each participant as it represented *what* was said in response to a question, and potentially incorporated explanation, attitude and belief. Behaviour and emotions of participants also began to emerge at this point of analysis (Ritchie et al., 2003) which had been recorded in the format of field notes.

Segments of data were numbered consecutively throughout each transcript, termed as data references, and linked to the administrative number of the participant who had given the response. For example response 100 in relation to participant 5 was recorded as 5/100. This numerical *naming* of information created a simple recording system which identified examples of data which were potentially relevant to the inquiry.

Coding

Qualitative coding is a means to separate and synthesise data. An example is presented in table 5 on page 140 of the thesis. Codes were used as astringent descriptive terms which were appointed to the segments of data in order to recognise potential usage by providing a referential structure for storing, and accessing information of relevance to the research question. These codes were allocated

numbers which accumulated throughout the data of all participants. The code numbers were recorded in the margin of each transcript corresponding to participants' words.

Numerical data references for each participant, as described in the pre-cursory stage to analysis as *naming* segments of data, were replaced by these codes which represented the *meaning* of data as expressed by the participant. The definition for each code was sourced from the initial user, and promoted ideas and actions by capturing and condensing the meaning (Appendix B). This provided a clear recognition system for the reader, and promoted consistency in my interpretation of information.

Ambiguity

Codes were given definitions which ensured that the recording system maintained the participant's knowledge and understanding in order to guide my interpretation and analysis, and to eliminate ambiguity.

Examples of two codes with similar but definitive meanings:

<u>Code Number/Name</u>	<u>Code Description</u>
31/long-term relationship	relationship over a period of time
85/relationship	effective working relationship
7/prior crisis	support given prior to a crisis
16/early relationship	created before a crisis occurs
11/child protection	protecting physical/emotional wellbeing
22/difficult topics	topics relating to child protection
27/language	verbal interaction relating to culture
28/verbal interaction	any verbal interaction

<u>Code Number/Name</u>	<u>Code Description</u>
55/gang culture	culture of local area
102/culture	knowledge of local environment
76/power balance	prof/parent has control
116/balance	balance of influences
118/respect	positive attitude to others
147/+ve attitude	positive attitude

Descriptive codes reflected the emphasis or value which each participant placed upon her responses, and gave an indication of a participant's perceptions. Participants' descriptions of influences as positive or negative to the parent-professional relationship contributed to answering the research question on *how* service-users and providers perceived the influences upon a relationship.

Examples of descriptive codes:

<u>Code Number/Name</u>	<u>Code Description</u>
34 – negative effect	detrimental to relationship
41 – gradually	relationship developing over time
44 – not threatening	acceptable to parents
45 – threatening	not acceptable to parents
49 – negative interacting	detrimental interactions to development
50 – positive interacting	interactions promote development
119 – important	significant value
147 - +ve attitude	positive attitude
148 - -ve attitude	negative attitude

The next section gives an example of coding from parent 15 which includes descriptive codes to indicate perceptions. Codes are indicated in parentheses after the participant's response. Code names either used the term applied by a participant

or promoted a similar term which encompassed the meaning. Code descriptions clarified this meaning.

Participant’s response (parent 15)

“Personally if you were not feeling great yourself (code 144) there was talks for that (code 3, code 50) Talk 2 (code 4) parenting (code 18) and things like that. It was not pushed on you it was just offered (code 59)...It is definitely (119) a great thing in here (code 147, code 44) when you can come in (code 65) and even me not being a parent any more (code 102, code 169).”

<u>Code/name</u>	<u>Code description</u>
Code 3/interaction with client	interaction with client
Code 4/contact medium	face to face
Code 18/help	informational, emotional support
Code 44/not threatening	acceptable to parents
Code 50/positive interacting	interactions promote development
Code 59/professional responses	responsive care
Code 65/seek out	actively seek support
Code 102/culture	knowledge of local environment
Code 119/important	significant value
Code 144/unstable person	mental ill-health
Code 147/+ve attitude	positive attitude
Code 169/follow up	continue with relationship

Table 5 presents examples of the pre-cursory, and subsequent stages of analysis from consecutive pages of a transcript. The first page of this table, on page 139 of the thesis, gives examples of data segments which were highlighted and allocated numbers termed data references.

Page 140 indicates codes in relation to my interpretation of this participant’s responses. Each segment of data had been reviewed for relevance to the research

question, recorded or retained. Data which had been recorded was allocated a code name, number and definition. An extract from Table 5 related to participant 31. This professional responded to a question on the creation of a relationship by saying;

“You have to let parents know (code 3, code 25), first of all, that you are there (code 15, code 122) to support them (code 6) from admission (code 16)...”

<u>Code/name</u>	<u>Code description</u>
Code 3/client contact	interaction with client
Code 6/early intervention	support to promote human development
Code 15/availability	professional is contactable
Code 16/early relationship	created before a crisis occurs
Code 25/honesty	clear and consistent communication
Code 122/prof. respon.	professional responsibility.

Code numbers were recorded in the margins of each transcript in accordance with participants' responses. The complete list of codes and definitions is located within Appendix B. Finally, page 141 indicates codes in the transcript margin, and themes which are presented in italics. Participants' own words which led to identification of themes were presented in inverted commas. The allocation of themes is discussed in the section which follows Table 5.

Table 5

Participant 31/voice recording file A0505: data references

Data Reference	Transcript of participant
31/ 1	<p>Q1a What is your profession? A I am the head of centre for a pre-5 establishment.</p>
2	<p>Q1a How long have you worked in this profession? A I have worked in this profession for 35 years.</p>
3, 4, 5, 6	<p>Q1b How often do you work with each of your parents? A I see all my parents every day but not necessarily speak to them all every day. I just see them for that hello, good morning, so there is a daily contact.</p>
7	<p>Q2a Would you say that you are part of an early intervention team? A Absolutely, yes.</p>
8, 9, 10	<p>Q2b What do you think is the purpose of early intervention? A Basically to give the children and their families the best start in life – a good starting point at the earliest stage.</p>
11, 12, 13, 14, 15	<p>Q2c Can you give me any examples of early intervention within your profession, for example formal parents' groups or socially? A We don't have as much formal parents' groups. We have children from the baby room right through, offering advice, answering any questions or refer to the other establishments where they have parents' groups and the parents take work home.</p>

Table 5

Participant 31/ voice recording file A0505: codes

Codes	Transcript of participant
<p>31/ 21</p> <p>119, 85</p> <p>6, 15, 16, 27, 3, 122, 25</p> <p>15, 3, 34, 125, 156, 170, 18, 33, 2, 65, 106</p>	<p>Q2c Is it often about creating a link with other professionals? A Yes, uhuh.</p> <p>Q3a The next part is about relationships. Do you feel that relationships between professionals and parents are important or not? A Very.</p> <p>Q3b How do you create a relationship would you say? A Now that is a hard one. I think you have to let parents know, first of all, that you are there to support them, from the admission to the nursery. Let them know what you are there for and if you are needed. Friendly, cultural.</p> <p>Q3c How do you keep it going? A I think there has to be contact. I think if you are shut away in an office, then you are not seeing the parent on a daily basis and you are not tuning into what is happening in their lives, then that contact drifts and they find it hard to come to you. I don't find it hard to go to them but I think it is not as natural, not as a friend but as a professional. ...you are just there to support them.</p>

Table 5

Participant 31/voice recording file A0505: codes and themes

Codes	Transcript of participant and themes
<p>31/ 3, 85, 31</p> <p>4, 5, 7, 10, 11, 15, 16, 27, 32, 59, 95, 116, 156,</p> <p>5, 21</p>	<p>Q3d ...so would you say the purpose of a relationship is to keep that contact? A Yes</p> <p>Theme: <i>contact</i></p> <p>Q3e/3f How do you decide on the support that you are going to give the parent? I know you mentioned before that you signpost to other agencies. How do you make that decision? A I think it is just your professional judgement, your experience. But I think we get as much information as we can when they are attending nursery...the key worker...when you are tuned in. Tune in to the parent or child in the morning or maybe there's something going on. There is quite a large community where I am based, so you get another parent coming in and saying so and so has not been great...and you make a decision there.</p> <p>Themes: <i>professional skills, attunement, child protection, local cultural influences, information sharing, information gathering, decision-making.</i> <i>"professional judgement, experience," ..."tune in to the parent or child," ...something going on," ..."large community," ... "as much information as we can," ..."you make a decision there."</i></p> <p>Q3e/3f There is lots of information? A Yes, it's all from different people.</p> <p>Theme: <i>information sharing, information gathering.</i> <i>"it's all from different people."</i></p>

Themes

Following coding I reviewed each transcript to identify themes. An example is presented in Table 5 on page 141 of the thesis. I recorded the themes manually below the participant's words. This proximity of raw data to the themes supported me to apply terms used by participants, as applicable to representation, in order to retain *the voice of the service-user or provider* in the data. The use of participants' words contributed to minimisation of my pre-conceptions in interpretation of data. This technique also maintained the participants' direct input to the inquiry during the analytical stages. Ritchie et al. (2003) emphasised that a focus upon the language of the data set supported the analytical process to be "grounded in the data." The approach contributed to reliability and validity of the data to informing the research question, and adhered to the principles of interpretivism.

Multiple themes were identified from the transcripts of each participant which I reduced by merging duplicate concepts. Some themes were uniquely linked to one participant, or associated with a topic which was introduced to the participants through the interview question (Ritchie et al., 2003). I noted in the early stages of analysis that all the participants had given responses which could be recorded under the same themes. This result was not unexpected from the perspective of the service-users or providers due to the common roles, responsibilities, context, and interview questions based upon the same topics.

A master list was created of themes which had been identified within the transcript of each participant, and included recurrent themes. The compilation of information in this context was refined as the process of analysis progressed. Refinement referred to the description by Ritchie et al. of information being merged, separated, sub-divided or retained for consideration at a later stage of analysis. Sub-division resulted in the identification of sub-themes, and descriptors. Table 6 presents the themes, sub-themes, and descriptors in italics which were identified from the accumulative data of each sample set.

Table 6

Themes, sub-themes, and descriptors

<p>1 Theme: context of a relationship</p> <p>1.1 frequency of contact: <i>how often service-users and service-providers had contact</i></p> <p>1.2 circumstances – formal or informal: <i>planned within context of child protection or unplanned to gather/share information</i></p> <p>1.3 medium of contact: <i>method of communicating which was verbally in person or by telephone, written by letter or texting by phone</i></p> <p>1.4 purpose of contact</p> <p>1.4.1 informational support: <i>factual information</i></p> <p>1.4.2 emotional support: <i>a response to emotional expression</i></p> <p>1.4.3 instrumental support: <i>material goods</i></p> <p>2 Theme: creation of a relationship</p> <p>2.1 availability of professional: <i>potential for parent-professional contact</i></p> <p>2.2 personal relationship or sign-posting: <i>relationship with key worker/lead professional or referral to another professional in the integrated team</i></p> <p>2.3 professional role and responsibilities: <i>related to professional registration, national and local policies</i></p> <p>2.5 parental role and responsibilities: <i>related to expectations of policies, legislation</i></p> <p>2.6 inter-personal skills</p> <p>2.6.1 acquired through formal learning: <i>training in discipline or continuous professional development</i></p> <p>2.6.2 acquired through role modelling: <i>planned demonstration of practice from one professional to another</i></p> <p>2.6.3 acquired through peer observation: <i>spontaneous observation of practice by another professional</i></p> <p>2.6.4 personality: <i>personal characteristics</i></p>

Table 6

Themes, sub-themes, and descriptors

<p>3 Theme: communication in a relationship</p> <p>3.1 communicative techniques</p> <p>3.1.1 acquired through formal learning: <i>training in discipline or continuous professional development</i></p> <p>3.1.2 acquired through role modelling: <i>planned demonstration of practice from one professional to another</i></p> <p>3.1.3 acquired through peer observation: <i>spontaneous observation of practice by another professional</i></p> <p>3.2 frequency of communication: <i>how often communication occurred</i></p> <p>3.3 timing of communication</p> <p>3.3.1 prior crisis: <i>period before mandatory child protection procedures</i></p> <p>3.3.2 post crisis: <i>period during implementation of mandatory child protection procedures</i></p> <p>3.4 purpose of communication</p> <p>3.4.1 informational support: <i>factual information sharing</i></p> <p>3.4.1.1 honesty of parent: <i>truth in information sharing by parent</i></p> <p>3.4.1.2 honesty of professional: <i>truth in information sharing by professional</i></p> <p>3.4.1.3 confidentiality: <i>relative to data protection</i></p> <p>3.4.2 emotional support: <i>a response to emotional expression</i></p> <p>3.4.3 instrumental support: <i>material goods</i></p> <p>4 Theme: direct signalling of need</p> <p>4.1 context -informal: <i>unplanned to gather/share information</i></p> <p>4.2 parental signals: <i>cues from parents</i></p> <p>4.3 professional responses: <i>responses to parents' cues</i></p> <p>4.4 timing</p> <p>4.4.1 prior crisis: <i>period before mandatory child protection procedures</i></p> <p>4.4.2 post crisis: <i>period during implementation of mandatory child protection procedures</i></p> <p>4.5 outcome: <i>result</i></p>

Table 6
Themes, sub-themes, and descriptors

<p>5 Theme: formation of perceptions</p> <p>5.1 influences from local culture: <i>setting and the local community</i></p> <p>5.2 influences from historical experiences: <i>prior experiences from childhood to adulthood</i></p> <p>5.3 influences from organisational culture: <i>ethos and implementation of service</i></p> <p>5.4 change or consolidation of power base</p> <p>5.4.1 knowledge and understanding: <i>interpretation of power base</i></p> <p>5.4.2 influences: <i>factors which affect power balance</i></p> <p>5.4.3 outcome: <i>effect from a change or consolidation of power balance</i></p> <p>5.4.4 explanation: <i>reason for a change or consolidation of power balance</i></p> <p>5.5 similarities or differences in perceptions: <i>agreement or disagreement in perceptions</i></p> <p>5.6 change in perceptions</p> <p>5.6.1 influences: <i>factors which inform perceptions</i></p> <p>5.6.2 convergence or divergence: <i>process leading to agreement/disagreement</i></p>

Sorting the data by themes provided an opportunity to focus upon the detail within the information which contributed to interpretation and understanding. It was recommended that data should not be removed from the context of the participant's response (Ritchie et al., 2003). These authors had emphasised the importance of analysing data in context, and advised that isolating information into small segments could affect interpretation; therefore data was reviewed within the context of a participant's response to a topic.

Locating data to the original context was easily achieved by the audit trail which linked administrative number, theme, code, and participant's own words (Table 7). This recording feature had accompanied each segment of data from the preliminary stages of analysis.

The recording of information within themes presented each participant's understanding of the phenomena, and represented concepts as interpreted from the data (Ritchie et al., 2003). Some of the data was "multi-indexed" (Ritchie et al., 2003) and it was placed within different themes. Example of codes being

categorised in more than one theme are presented in Table 7. Code 100, in bold type-script, represented the service-user's induction into a service. This code for participant 31 was categorised within the themes of context and creation of a relationship in addition to formation of perceptions.

Table 7 presents examples from the thematic framework of participant 31. The main theme is depicted in bold text followed by sub-themes. The participant's administrative number, and codes relative to data are positioned in parentheses, and this numbering system represents the location of evidence in the transcript which provides a direct link to the participant's own words.

Table 7

Examples from the thematic framework for participant 31

<p>1 Theme: context of a relationship 1.1 frequency of contact (31/2, 109) 1.2 circumstances – formal and informal (31/3, 14, 100) 1.3 medium of contact (31/4) 1.4 purpose of contact (31/5, 11, 16, 18, 25, 56, 100, 122, 127, 147, 148, 156)</p> <p>2 Theme: creation of a relationship 2.1 availability of professional (31/3-6, 28, 100) 2.2 personal relationship or sign-posting (31/6, 19, 31, 46, 69, 102, 120)</p> <p>3 Theme: communication in a relationship 3.1 communicative techniques (31/9, 28, 56, 59, 96, 106, 127) 3.2 frequency of communication (31/4, 28, 156)</p> <p>4 Theme: direct signalling of need 4.1 context –informal (31/4, 19, 120, 156) 4.2 parental signals (31/1, 14, 28, 106, 121, 122, 128, 147,148)</p> <p>5 Theme: formation of perceptions 5.1 influences from local culture (31/19, 32, 100) 5.2 influences from historical experiences (31/23, 29, 45, 48, 55, 76, 91, 100)</p>

Synthesising the data

This stage of data analysis used three techniques as described by Ritchie et al. (2003). Participants' own words were retained, interpretation of data was ongoing, and data remained as listed even if it had not been used. Colour highlighting of information within the thematic frameworks of participants was used to facilitate

identification of cross references between the themes of each participant, within the sample sets, and to compare perceptions of service-users and service-providers.

Table 8 presents an example of how information was compared between participants in the final stages of analysis (Ritchie, Spencer & O'Connor, 2003). This example presents my interpretation of data from three professional participants, including participant 31, as a summary. The main theme was power within a parent-professional relationship, and the sub-themes were knowledge and understanding of a power base by the participant, influences which affected the balance of power, the outcome from change or consolidation of power, and an explanation for change or consolidation of power in a relationship. The participant's administrative number and codes are positioned in parentheses, and this numbering system represents the location of evidence in the transcript.

Table 8

An example from the comparison of data in relation to participants 31-33

5 Theme: formation of perceptions			
5.4 change or consolidation of power base			
Sub-themes			
5.4.1 knowledge & understanding	5.4.2 influences	5.4.3 outcome	5.4.4 explanation
(31/76) can be two-sided	(31/9, 96) dependent on personality	(31/34,106) relationship breakdown - affects intervention	(31/11,55) negative historical experiences
(32/122) professionals may hold power which represents a support system	(32/15, 38) organisational ethos	(32/25, 27) information sharing leads to support	(32/6,7) professional power = early intervention
(33/1, 103) I witnessed professional decision-making in other establishments	(33/59) organisational ethos	(33/135) no parental input to decision-making	(33/5, 19) professional interpretation of need/support

The information on Table 8 is produced in type-setting for presentation to the reader. During the processes of analysing data I referred to paper copies of transcripts, field-notes, memos recorded in the initial and latter stages, codes and definitions, themes and descriptors, and I consistently applied a system of colour highlighting in recording information relating to interpretation. This practical use of materials provided me with the opportunity to review multi-sources of information simultaneously, to consider and make connections, and to interpret each participant's data in the context of an entire interview (Ritchie et al., 2003).

Developing explanations

I repeatedly accessed the synthesised data, original transcripts, theoretical frameworks, and used my knowledge and understanding from a professional perspective to explore, and gain explanation of the phenomena. Explanation was presented to the reader on the two levels identified by Ritchie et al. (2003). These authors described the analytical level as pertaining to explanation by participants or inferred by the researcher. Additionally theoretical frameworks contributed to understanding.

4.3 Analysis of case study: contextual

The case study was applied as a method to inform the context of the inquiry in the form of *what* exists in the social world (Snape & Spencer, 2003). Yin (2014) indicated that investigation of the contextual conditions could lead to “an entirely new understanding of a case.” Ritchie (2003) described contextual research as promoting understanding of phenomena by investigating the conditions which potentially affected participants' experiences. This study investigated factors which accompanied a change to the perceptions of one service-user; thus contributed to explanation of the phenomena. The text of the documentation was considered as the data, and my interpretation during analysis of this source of evidence focused upon identifying factors which occurred concurrently. Data was presented in themes which emerged from the chronological records (Table 11).

The unit of analysis was the case study as defined for a 12 year period. Yin (2014) had equated the unit of analysis with the “bounding of a case” which was informed

by the research question, and included time boundaries. The case study in this inquiry related to the experiences of one participant who was a service-user over the specified time. Defining the unit of analysis also incorporated clarification of “evidence boundaries” (Yin, 2014) which referred to documentation relevant to the period of this case study.

Changes in perceptions of the service-user were readily identified by reference to chronology and associative documentation. Yin (2014) referred to this process as creating “a chain of evidence.” Evidence of change, recorded in the context of a case study by service-user and/or provider, had been defined by McLeod (2010) as comments and formal evaluations. This author had noted that comments and evaluations could include causal links, and he recommended that contextual factors should be identified prior to a significant change in order to indicate causal explanation.

However Yin (2003, 2014) had acknowledged that an advantage to using a case study was the richness of data which encompassed many contextual variables. This author compared a case study to experimental methods of data collection which removed the phenomenon from its context. Therefore it was deemed inappropriate to define a specific period in which causal factors were assumed to exist; thus the entirety of the case study materials were analysed in consecutive order.

4.3.1 Documentary analysis

I reviewed the chronological records for the twelve year period of the case study and I noted there was an average of 50 pages recorded per year. There were several periods in which limited information was recorded due to the participant attending residential rehabilitation or the children being accommodated. Chronology had been recorded daily, weekly or monthly in response to significant events or changes in circumstances which were relative to the development of the parent and her children. Each chronological record varied in length from a few sentences to a paragraph or page.

The relevant documentary material was signposted by date from the chronology, and I identified national and local policy from my professional knowledge which was confirmed by reference to Scottish Government, and Glasgow City Council websites. These multiple sources of evidence contributed to triangulation of data, reliability, consistency, and validity. Richie (2003) maintained that triangulation added detail to data as opposed to ensuring reliability. The data from this case study had originated from reliable sources (Social Work Inspection Agency, 2010a, 2010b).

I am conversant with reviewing longitudinal chronology in my role as practitioner and creating links to documentation associated with a case file. Reports for core group or workers' meetings, in addition to presentation of information to the Children's Reporter or Sheriff, require collation of information from a variety of sources. I regularly complete these tasks as a response to a particular legal inquiry or to indicate the progress of a parent and child within a context of early intervention and child protection. My knowledge and experience facilitated the process of analysing this extensive source of information.

Documentary evidence which was completed by the service-user and/or service-provider is displayed in Table 9. McLeod (2010) described these types of documentary sources as recording process and outcome measures. Data is presented in these categories which represents the application to the case file.

Table 9
Process and outcome measures from documentation

Instrument	Factors assessed	References
Service participation plan: attitude scales	Self-assessment of service-user's wellbeing and involvement	Glasgow City Council (2011); Scottish Executive (2005b)
Triple P – Positive Parenting Programme	Self-assessment of personal development, and programme evaluation by service-user	Sanders (1999)
Graded Care Profile	Assessment by service-user and provider of current knowledge, understanding and skills, projected goals	Polnay and Scrivastava (1995)
Integrated Assessment Form	Parental and professional assessment, Care Plan	Scottish Executive (2005a)
National Practice Model Resilience Matrix	Parental and professional assessment of factors relating to adversity, vulnerability, protective environment and resilience of child –updated in response to change	Scottish Executive (2008f)

- the service participation plan included wellbeing and attitude scales completed by the service-user
- personal and interventional evaluations from a formal parenting programme termed Triple P – Positive Parenting Programme (Sanders, 1999) were completed prior and post implementation of each intervention, by the service-user
- a Graded Care Profile (Polnay & Scrivastava, 1995) was also completed prior and post implementation, by the service-user and provider
- an Integrated Assessment Form (Scottish Executive, 2005a) was completed by service-user and provider
- resilience matrix from the policy Getting It Right for Every Child (Scottish Government, 2008f), completed by the integrated team and service-user

The resilience matrix identified environmental and social factors in relation to vulnerability, protective environment, adversity and resilience for each child, and encompassed parental circumstances, involvement, and attitude which were recorded as positive or negative factors to the child's development. The Integrated Assessment Form was applicable to child 2 and child 3, and the resilience matrix was relevant to child 3 of the case study due to the timing of implementation by the Scottish Government.

These sources of evidence were updated on a regular basis throughout the 12 year period of this mother's involvement with services which related to the early childhoods of her three children. The documentation had been authenticated by the parent, and chronological records by two professionals from the integrated team (Social Work Inspection Agency, 2010a, 2010b), a key worker and senior member. McLeod (2010) and Yin (2014) indicated that the use of information from more than one source reduced potential bias of a researcher. This point was particularly relevant to my role as practitioner-researcher within the setting of the case study, and a professional within the integrated team for this family.

Reliability

10% of the data from the case study and the semi-structured interviews were re-analysed in order to rationalise the percentage of agreement, and to contribute to reliability of data. A time lapse ensured that transcripts could not be linked to individual participants during analysis. This process promoted consistency and reduced bias. Three transcripts were chosen for this purpose by their position in the numerical list of participants which represented transcripts analysed at the initial, middle and final stages of data collection. There were no discrepancies in the data analysis for the case study and the three transcripts over time. This suggested that the repetitive and intensive line by line approach had ensured the robustness of the process.

4.4 Presentation of data

The presentation of data in this study adhered to guidance from Charmaz (2006). The author had suggested that a researcher used narrative to present data and to promote explanation to a reader. I used participants' quotes to illustrate the findings and to give examples of themes. The case study included a time-line of events, contextual factors, and sources of data.

4.5 Summary

This chapter described two systems of analysis in response to the use of two methods of data collection: semi-structured interviews and a case study. Thematic analysis was applied to transcripts of interviews (Ritchie, 2003; Ritchie et al., 2003; Snape & Spencer, 2003) and documentary analysis to the case study (McLeod, 2010; Yin, 2003, 2014).

Chapter 5: Findings from Parents

5.1 Presentation of findings

This chapter presents the findings from the sample set of nine parents, and includes data from each participant. The data represents service-users' perceptions of the influences upon the parent-professional relationship.

The findings are presented within key themes:

1. Context of a relationship
2. Creation of a relationship
3. Communication in a relationship
4. Direct signalling of need
5. Formation of perceptions

Quotes were selected which represented a theme with clarity to a reader. The use of italics in the quotations indicates emphasis upon a word which was applied by a participant, and established by reference to the voice recordings. Three dots at the beginning or end of a quotation indicates a partial sentence, and three dots within a quotation represents a pause by the participant, or maintains confidentiality of identity of the participant or setting. Subject matter is given in parentheses.

5.2 Context of a relationship

Early intervention and child protection

The parental participants had consensus on the purpose of contact being a child's achievement of potential which was linked to enhancing opportunities for learning, and development. Participant 9 responded;

“Some kids are shy, then there are kids that are really outgoing. It is a combination of everything. Personality, home, nursery, and it is just finding the right balance to bring a child whatever way they are going to be. To bring the best out of them obviously, and you (professionals) run round it all.”

Participant 14 emphatically expressed that the support responded to the needs of parents and children;

“Just talking about things...It’s not just about the wean. You are involved as well, which is quite a good thing.”

One parent indicated that she would continue to access support from the setting after her child had made the transition to another service. Participant 15;

“It is a definite great thing in here when you can come in, and even me not being a parent, I still feel if I had anything, any problems, I could still come in...”

Participant 17 demonstrated a positive approach to development;

“I am just so determined to try and improve all the time. It doesn’t always happen, but the intention is definitely there, and to make it better.”

Participant 15 emphasised that there was an element of choice within the support system of the establishment, and described formal and informal support;

“There were courses on...it could be anything...how to play with your child better, how to cook better, but there were also ones for you personally – if you were not feeling great yourself. It was not pushed on you either, it was just offered.”

This mother created a timely link between the advent of support, an increase in a child’s protection, and parent’s development. Participant 15;

“Professionals explain – well, we are doing this for your child’s safety. We are doing this for *you* as well.”

Parents indicated that formal parent-professional interaction, for example in the medium of the Triple P –Positive Parenting Programme (Sanders, 1999), was an effective means to receive support. One participant created a distinction between formal, and informal support through reference to involvement with the Positive Parenting Programme as opposed to daily interaction with a professional. Participant 11;

“The Triple P club or you can stay in the room with your wee ones.”

Participant 12 also emphasised that support could be given formally or informally;

“...wee classes or just knowing that they can come in and talk to staff.”

5.3 Creation of a relationship

Role and responsibilities

Parents were asked to describe personal experience of support which was offered from this setting. Many participants identified the role and responsibilities of service-users and providers as having a positive effect. Parents elaborated on these findings by indicating that the optimum effect was gained by service-users and providers working together. A parent indicated an influence from the systems of the organisation. Participant 9;

“I think basically it is based all round the relationship. What you are like, what the carer (professional) is like, you know what the whole set up is.”

One parent expressed an awareness of the compulsory elements of a professional role which encompassed parent *and* child, but this mother did not perceive these issues as a negative influence upon her relationships with the integrated team. Participant 12;

“Spotting any changes, any signs of abuse, just sort of general care, changes in mood for the child and the parent.”

This service-user also had knowledge and an understanding of the professional's emotional reactions within the application of child protection procedures, and she expressed that these circumstances would affect the parent-professional relationship. Participant 12;

“I think it would (affect the relationship) because a lot of the staff would feel personally...it is kind of difficult because they have got to stay professional as well. If they know that something is going on, they are going to have personal feelings about it, so it might just...but you have to stay professional at the same time.”

Parents did not only use personal experiences as examples of practice, but also accessed information from observations of peer group interaction with professionals. An example was given by participant 9 who also discussed the skill of the integrated team in observing, and reacting to changes in children which could potentially be an indication of a child protection issue. Participant 9;

“Somebody would notice and say this wee kid is just not the same. Why is that? I'm quite sure they would follow it through.”

Availability of professionals

All the participants remarked that the availability of professionals to provide support at any point in time was an integral component to the development of a relationship, and many parents described this aspect as “unique” to the setting. The operational strategies of this setting were sought, and it was revealed that the role of senior staff incorporated strategic and practice components. The senior staff practised alongside key-workers during each session which enabled the core service to be maintained, in addition to impromptu sessions with parents as a response to help-seeking behaviour. Participant 12 expressed that this support system was unusual;

“It is not like anywhere else, because they have their own way of working things.”

The response from participant 15 indicated that support could be offered, and accepted from any professional within the setting;

“It is the time that the staff have...say I am really upset and I need to speak to somebody, the person or somebody would drop everything and say come and we’ll get a cup of tea. I have heard that from quite a few mums that I have spoken to...they just drop everything whereas I have not heard that from anywhere else. The time you have, you are never too busy.”

This mother acknowledged that sign-posting to other professionals was regarded as an acceptable form of intervention which was offered to parents;

“If you want to, we could speak to such and such from the ...team, and they could maybe help.”

A comparison was made to other services in the local area by the same participant 15;

“You couldn’t go the doctor and you couldn’t go to the school, and say that I am upset, and I really need to speak.”

A second parent also felt that interaction did not have to be limited to the key-worker, and promoted this feature as supportive to parent-professional interaction. Participant 12;

“...just knowing that they can come in and talk to the staff. It does not have to be like the key-worker or anything, just that they can come in.”

Participant 17 admitted that she found it difficult to create relationships but responded to her child’s needs by accessing social situations. This mother also identified personal characteristics of professionals which supported her to create a relationship, as applicable to adults and children;

“I have real difficulties with other adults, and that is why I have to go out of my way to make sociable events for (child’s name) that force me into the situation. You can’t go into this job loving children but thinking I don’t really like talking to adults. Because these children come through the adults, so you (service-providers) need to be a fully rounded people person.”

Parents did not identify any specific personal characteristics as being a negative influence to the implementation of support but expressed a negative influence from a lack of positive attributes. Attributes were readily identified, and parents agreed that *honesty* accompanied by a *positive attitude* was significant to the relationship.

A recurrent view which was regarded as another unusual aspect of the setting was the consistent implementation of personalised responding in practice. One parent recognised the professional use of empathy and explanation which supported the maintenance of a relationship through negative circumstances. Participant 15;

“If you were to go to a member of staff and say look I wasn’t very happy with what happened yesterday, the staff will say I am really sorry that happened...maybe it wasn’t meant like that... come on and we will look in to that.”

Several participants referred to inter-personal skills of service-users, and denoted personality as a positive influence upon a parent-professional relationship; however participant 9 recognised a positive or negative effect and she responded;

“It depends on your personality (reference to attitudes). I think a lot of it is down to how you are and how you relate to people. Some people just don’t like anybody. Other people are really open and not difficult. There are people (parents) that you need to work at...”

Another parent also stated that personality had the potential to promote a positive or negative influence. This parental participant focused upon the personality of a

service-provider by categorising professional attitudes as vocational which she described as resulting in a positive influence. Non-vocational attitudes produced a negative impact upon the relationship. Participant 17;

“I think the person for the job is really important. I personally can see people in nurseries which are not suited to being a nursery teacher. They might be good at going through the motions but they don't have, they don't leave an impression on the parent or the child.”

Participant 11 suggested personal qualities which she felt were required by professionals to create effective relationships with parents;

“I think they have to be patient, very patient, friendly, kind.”

This mother also added that trust developed as a relationship evolved, and she identified an outcome as increase in self-confidence;

“I think they change (relationships). I think the more you get to know somebody, I think the more trust you put in that person, and I think you feel more confident...”

The response of participant 13 to a question on the inter-personal skills which supported the creation of a relationship was “good communication.”

Participant 12 also identified similar characteristics which supported a professional to create an effective relationship with a parent;

“I think to be understanding, patience, not judging anyone. Just discretion, just knowing...”

Participant 15 acknowledged the non-judgemental attitude of professionals regarding negative behaviour from children;

“...even if the child is a wee bit different, or maybe a wee bit wild, and upsetting other children...they definitely make you feel that it is not you. The child is an individual, and you have got to look at it that way.”

One of the criteria for inclusion in this study was a parent’s involvement with a minimum of two professionals from the integrated team; thus each participant had a personal base of knowledge. There was evidence of parents differentiating between the categories of felt and expressed need by illustrating the role, and responsibility of a professional. The professional role was described as including a responsibility to encourage a parent’s expression of felt need, and to recognise achievement which gave positive affirmation of parenting skills. One parent described how professionals encouraged an expression of felt need from a service-user. Participant 15;

“I am one of they people that if somebody says are you okay, I would go yeah, I am fine. The key-workers are like, are you sure, well you do not look fine or...are you sure...because you have been looking a wee bit unhappy, and you have been dropping your child off, and going. Just to let you know we are here if you do need...”

The term primary carer was used to denote professional recognition of the parenting role. Acknowledgement of parents as key figures in the lives of children was regarded as a positive influence. This set of circumstances, and subsequent change in attitude and understanding of self was expressed by several parents.

A parent gave an illustration of professionals demonstrating these positive influences in different environments and time periods, for example a residential setting and pre-birth period. Participant 12;

“When we went to camp (residential break) that was the calmest I had ever seen (child’s name). If you go back to the bit when I was expecting...I was topsy-turvy, everything was back then (reference to negative community influences)

right up to when she was born, and everything that happened. Right after... to when she was born, I had the staff constantly asking if I was okay. It is constant, no matter what else is going on.”

This mother continued by explaining the positive outcome from professional recognition of her knowledge and skills, and the creation of support mechanisms. Participant 12;

“The parent is the one which knows their child best...you know that. I know I keep going back to it, at the time that (child) was born, I didn’t really have anyone else. You know they were saying that my kids didn’t really stand a chance with us as parents. Just coming in and knowing that the staff will talk...help...or listen.”

5.4 Communication in a relationship

The majority of parents promoted the same media or circumstances as positive influences to a relationship within a parent-professional dyad. Examples were expressed as verbal interaction, parental involvement, and a personal relationship. Parents commented on the importance of verbal interaction as a medium for delivering emotional, and informational support to a parent from a professional. A parent gave an example of the interaction promoting knowledge and understanding. Participant 15;

“The staff will explain. We are doing this for you as well. Come on, and we will explain what happened. It’s not just a case of well that is the way it is and that is it, and if you don’t like it...”

A mother described the circumstances in which effective communication occurred, and she compared the practice with another service. Participant 9;

“When you come in, and they tell you about what the wee one has been doing through the day. (Child’s name) goes to another nursery...when I pick him up, I

just go *right*...and he comes away. I suppose it is not fair to compare it, but *here* there is somebody there to *meet you*.”

The parent expressed that regular communication occurred because professionals were interested in the child and family. This service-user felt that frequent interaction provided a base-line which supported a service-provider’s identification of a problem. The parent again compared the service to another setting within the community. Participant 9;

“I find here a wee bit more communicative...and I am quite sure if there was something amiss they would pick it up. They would pick it up because you are all interested. You are all interested in the children, and you are also interested in their families, and I think that makes a big difference.”

Communication by a professional, in a tactful and unobtrusive manner, was described by participant 17 as a contributory factor to a positive parent-professional relationship;

“She never outright asked questions, but she was always good in a manner that you felt, she remembered *me*.”

Participant 12 indicated a skill of service-providers which contributed to the creation of a positive relationship;

“I think to be understanding.”

One parent expressed that information which was promoted with clarity supported a parent’s comprehension of the situation. Participant 15;

“I think it explains a lot to the parent as well.”

5.5 Direct signalling of need

Participants in this sample set described a system, pertinent to the setting, in which communication of felt need took place in an informal context. Service-users applied strategies to directly signal need which encompassed the expectation of a response from the service-provider. This system was regarded as a positive influence upon the parent-professional relationship and illustrated by participant 16;

“Just having wee chats in the morning when I drop her off.”

Each parent promoted herself as the instigator of the communication and professionals agreed with this role although mention was made of the use of prompts by the integrated team members to encourage an expression of need. Parental participant, numbered 12, recognised the timing of these prompts as a necessary skill, and this service-user also acknowledged the professional parameters to the verbal interaction;

“...just knowing boundaries as well, and when to ask someone if they are okay, or whatever.”

Parents favoured the term *chat* within the word combinations, and linked it to a timescale. The participants' use of lingo from the local dialect imposed a sense of informality to the interaction. Participant 15;

“If you had been away you know the staff would notice, and come to you, and say have a wee chat, are you okay? They would not be like in a hurry.”

One parental participant described this particular type of interaction by assimilating the verbal component with social habits of the locality. Participant 10;

“We meet in the cloakroom for me to go for a wee cup of tea.”

A participant gave information on a particular point of the chronosystem which she had identified as conducive to participation in this discourse with a professional.

Participant 15;

“You come here a wee bit earlier, that wee bit of period in the morning, a wee cup of tea, have a wee chat.”

Parental participants also expanded on the purpose of the communication, and indicated that the timing related to pre-crisis intervention. Participant 10;

“...chat and it's not just to do with (child's name).”

Participant 14 gave generic and specific information on a potential purpose;

“...talking about things in general or it could be other things to do with protection.”

Participant 15 clearly described the informality of this method of seeking support;

“...it is not really a case of you going in, and saying look I really need help, just a wee chat.”

This mother continued by elaborating on the role of a professional in these circumstances;

“If you drop your child off very quickly, the staff would notice, and say we could have a wee chat. They have not been pulling it out of you, but they have been kind of encouraging you to say, are *you* sure that you are okay? Nine times out of ten you would say, well no, I am not actually okay.”

These parents had indicated that this medium to seek and gain support, in a timely manner, contributed to parental involvement and a positive relationship with members of the integrated team.

5.6 Formation of perceptions

Influences from historical experiences, local and organisational culture

A majority of parents (8/9) associated contact in a formal context of child protection with an outcome of development for the whole family, and these service-users felt that the circumstances contributed positively to their relationships with professionals. There was a common viewpoint that establishing a positive relationship in a pre-crisis context would facilitate communication for a parent if post-crisis child protection issues did occur. Participant 16;

“They should have a relationship in case anything happened with their child, you could feel that you could speak to them.”

Parents granted a degree of optimism to the topic of child protection, and this was demonstrated by the predominance of responses which indicated positivity. Participant 9 was asked for her views on parents’ understanding of child protection;

“I don’t think that probably a lot of parents would think about it at all. They would just take it for granted.”

Several parents defined the professional role and skill of interpretation of information within the specific context of child protection. One parent also demonstrated that her knowledge and perceptions had changed over time. Participant 17;

“Well, with my knowledge now, I understand that staff should see it in a different level, on a more personal level, like dangers from within the home which the child isn’t able to speak about. Maybe they cannot talk yet but they show their angst in other ways but if a teacher knows what to look for...can pick that up.”

Positivity towards child protection procedures was declared emphatically by participants 16 and 17. Participant 16;

“I think it is a good thing, because obviously you want your child to be protected wherever he or she is going to be. I think it is quite a good thing.”

Participant 17 used similar expressions to describe the advent of child protection procedures;

“But any time that I have experienced, if anybody has thought I think we will have a word with (name) about this (description of child protection issue) it has always been to...advantage that I have been made aware.”

The parents were also asked if relationships remained the same or changed over time. This interview question resulted in responses which indicated that trust, regarded as a positive influence, developed over time. Participant 11;

“I think they change, the more you get to know somebody, I think the more trust you put in that person.”

Another mother felt that the relationship changed as the children progressed through the setting. Participant 12;

“Right through from babies to school or whatever. Yeah, I think it changes as they progress.”

Participant 15 used the term persona to indicate a link between attitudinal influences from the environment and personality;

“I definitely think it would be who you personally are interacting with. Where you stay, your partner, friends...A persona because of who you speak to and where you live.”

The majority of parents indicated that the role, and accompanying responsibilities of a professional, were a positive influence to a relationship with a parent. Participant 9 and participant 12 gave their interpretation of the professional role;

“You know that there is somebody that is going to be responsible and responsive to them (children).”

“...to give everyone a support network.”

This parent referred to emotional support which might not be recognised as significant by professionals. Participant 12;

“I think just coming in and knowing that they can talk to any of the staff...they (professionals) might not think they were doing very much...but I felt that everyone (else) was against me.”

Participant 17 referred to the importance of continuous professional development;

“I think if the teacher is the type of person that they are not going to go any further than just doing their job that (relationship) will never change, unless them as an individual can change their outlook.”

Participant 15 compared family and external influences;

“I think a lot of that (family interaction) influences how you react to things and how you do things. Just sometimes it takes somebody from outside to say...”

Parental participant 12 described the effect of community influences;

“Everyone saying that I did not do (negativity from the community regarding child-parent interaction)...thinking that I can do rather than I can't.”

Participant 15 highlighted the importance of positive feedback from the professional upon her development;

“I think in here I have got a lot of encouragement as a parent. I just kind of think I am not doing that right or I am not doing that right, and you always get encouragement for you. You maybe come in, and the key-worker has said something about your child, and they say that is really good it is you that has taught that, and wee things that you would not even think.”

Participant 11 remarked upon her personal characteristics which contributed to a positive outcome from early intervention;

“I am confident. I need to be. Just confident and I am not scared to do what I want so...”

Several participants described negative cultural influences, for example the use of addictive substances and associated violence, as influencing attitudes and creating negativity within relationships. Acknowledgement was made of the holistic impact from a variety of influences. Participant 9;

“If you don’t stay in a nice area then you’ve maybe got the hassle of folk hanging about who are a bit dodgy. I just feel it maybe is a combination of life, and all the different things that fit together in your life.”

Participant 9 continued by summarising her views;

“A combination of everything. Obviously some of it is in the home, and some of it outside, and a lot to do with personality.”

Participant 11 agreed on the sources of influences upon attitude and development as being family, setting, and local community;

“I think it is being with your parent. I think nursery has a lot to do with that, and being out as well.”

This parent reiterated the significance of external influences;

“I would like to say the way your parents bring you up, but I think through experience it is through school, and nursery as well.”

One service-user described the circumstances in which observational learning occurred within the setting between peers. Participant 15;

“You have that wee bit of period in the morning. You are all just sitting in the cloakroom, and you all get to speak to each other...and obviously activities that you do with other parents.”

Another mother stated that family imposed the greatest influence to the development of her attitude and understanding of the world. Participant 10;

“...like it is just in me...and my mum has taught me that. That is definitely a nurture thing.”

This participant also referred to the circumstances of looked after, and accommodated children;

“I think it is the way you are brought up...or whoever is looking after you.”

A parent who had recently moved into the area described how she became used to negative, local cultural influences. Participant 12;

“I think it is because where I was brought up it is totally different to down here, and certainly when I moved here, it was a bit of a culture shock. You know I would look at things and think...I would never do that. I have learned to be a bit

more...not that I was judgemental to begin with...but just a bit more tolerant of everything.”

Overall parents expressed that comprehension and attitudes were gained through observation in the setting, shopping centre, street of residence, and current personal experiences. Examples from childhood were also given by participants and linked to the creation of an attitude. However some parents responded by rejecting attitudes gained through childhood experiences. One participant explained that she had gained a negative attitude from interactions with her parents throughout childhood. Participant 17;

“Definitely your experience of life itself. If you have been brought up in a household where your parents are physically abusive to you...but they didn’t understand that it was actual cruelty. That affected me. It scarred me, and I never smacked her (the child) because it was so traumatic.”

This particular parent had adopted a positive attitude during adulthood towards child protection, and she used a concise term to describe the onset of formal procedures; “...an advantage...”

Participant 14 recognised parental and personal influences upon the development of attitude, and formation of perceptions;

“People say it could be your parents. I think it could be your parents to a certain age, and after that stage I think it is down to them, because a lot of parents do get blamed when they are good parents.”

There was only one parent in this inquiry who expressed a negative attitude to the influence of child protection upon the parent-professional dyad which she related to historical experiences. This participant had linked her attitude to negative emotions which she had experienced as a child from professional intervention under the

auspices of child protection. Participant 14 commented on the influence from child protection upon her relationship with service-providers, over a period of time;

“It stays the same...”

One parent did not regard training of professionals as being significant to the development of attitude but this mother indicated that professionals had a responsibility to develop relational skills. Participant 17;

“I don’t think it is the training, although training is exceptionally important for them to know what they must, and mustn’t do. If you don’t have that skill, you can learn it or at the very least try and learn it.”

A service-user appeared to recognise a challenge which the professional faced in dealing with child protection, and throughout the interview the participant repeated terms in expressing the dichotomy of personal emotions versus professional actions. Participant 12;

“They are going to have personal feelings. It is kind of difficult because they have got to stay professional as well.”

The participant continued by using an insightful comment to describe the professional reaction to child protection;

“Staff are really sorry.”

The majority of parents felt that the passing of time had an ameliorative effect on the relationship between a professional, and a parent. Two participants agreed in their opinions, and noted that a relationship did not change over a period of time. Further discussion of this point, encouraged by the use of probes, revealed that the two participants had both attended the setting as children; therefore a positive relationship had already been established with the integrated team. The setting had a long-

standing core team of professionals. This finding indicated a historical influence upon the perception of a parent-professional relationship, and the positive model of a relationship which these two participants had experienced as service-users in childhood had been maintained in adulthood.

Finally participant 9 indicated that perceptions, and relationships do change over time although it may not always be desirable;

“Things always change in time. They don’t ever stay the same, much as we would maybe like them to, but they don’t.”

5.7 Summary

Parental participants agreed that the purpose of early intervention within a context of child protection was to support a child and family to develop, and to achieve their potential. This context was regarded as promoting positivity upon the parent-professional relationship. Some parents acknowledged that service-providers had a professional role but also a personal emotional reaction to child protection issues.

The role and responsibilities of the professional, in addition to the ethos of the organisation in the delivery of service, were factors which influenced the creation of a relationship. Historical experiences, for example relationships in childhood and previous contact with the social service sector were also perceived as influential.

These service-users described several influences as unique to the setting. Parents expressed that the availability of a support system at the point of need, and the personalisation of early intervention contributed to the creation of an effective parent-professional relationship. A communication system had evolved within this setting by which parents directly signalled their needs in an informal context, and professionals provided support or sign-posted to another member of the integrated team.

Honesty and clarity in information sharing by using terms which parents could understand was expressed as a positive influence. A relationship which was formed in a pre-crisis context of child protection was regarded as beneficial to maintenance of the relationship in a post-crisis period.

The next chapter presents findings from the sample set of professionals.

Chapter 6: Findings from Professionals

6.1 Presentation of findings

This chapter presents the findings from the sample set of 21 professionals, and includes data from each participant. The data represents service-providers' perceptions of the influences upon the parent-professional relationship.

The findings are sectioned within key themes:

1. Context of a relationship
2. Creation of a relationship
3. Communication in a relationship
4. Direct signalling of need
5. Formation of perceptions

Quotes were selected which represented a theme with clarity to a reader. The use of italics in the quotations indicates emphasis upon a word which was applied by a participant, and established by reference to the voice recordings. Three dots at the beginning or end of a quotation indicates a partial sentence, and three dots within a quotation represents a pause by the participant, or maintains confidentiality of identity of the participant or setting. Subject matter is clarified within parentheses, and each participant's discipline is indicated.

6.2 Context of a relationship

Early intervention and child protection

One participant, professional 19, used the term "unit" to describe the parent-professional dyad, and the relationship a medium with which to understand the child;

"We do the work together as a unit to support the child...through communication with the parent we find out why a child is presenting or acting in that way. It allows us to get the parent or carer the help that they require so that it has a positive effect on the child." (Participant 19, social work)

Professionals from the three disciplines of this sample set agreed that early intervention, in a context of child protection, was a preventative measure. Participant 29, from education, responded,

“I think it is to stop families reaching a crisis stage...so that we can help with parents and children before they get into difficulties.” (Participant 29, education)

Professional 21, from social work, expanded on the use of this information to assess the children’s needs, and she agreed with the sample set that frequent and informal contact was an essential feature of a positive parent-professional relationship;

“I speak to every one of my parents every day just to say hello, how are you doing. If they are having a rubbish day or they might be having a great day, but the parents are your first base to see how the children are.”
(Participant 21, social work)

A colleague, participant 37 from health, used a common scenario to give her view of early intervention;

“...stopping a case being reported to the police and going to court, and the woman presenting at Accident and Emergency.” (Participant 37, health)

Participant 38 termed access to early intervention as adhering to an “open door policy” which resulted in parents attending after a crisis had occurred;

“The majority of our clients come to us after they have been involved in a domestic situation.” (Participant 38, health)

This professional described contact as encompassing informational support or simply listening to a service-user;

“...just letting them off-load, and letting them talk, and not necessarily saying

anything back. It's about knowing the difference, knowing when to have an input, and when just to let them get on with it, and to have a good old rant and rave." (Participant 38, health)

The participants were asked four questions on the specific context of child protection. Each participant was asked to reveal her own understanding of the concept, her views on a parent's comprehension, the potential influences upon a relationship, and finally the participants were asked to identify the way in which human beings develop an attitude to concepts such as child protection.

This sample set regarded child protection as a means to protect a child's emotional and physical wellbeing from harm. Participant 18 recognised that parents may not have the appropriate knowledge to develop their parenting skills which resulted in child protection. This service-provider also emphasised the role of a professional in providing the model of a secure relationship to a service-user;

"...early intervention is to try and help the problems before they go any further...to support the parents and to give them knowledge that they maybe will not have, and security of people to go to." (Participant 18, social work)

Information was also sought from this group regarding allocation and frequency of early interventions. Professional respondents stated that the time period in which interaction occurred was influential to the relationship, and these participants expanded their views by promoting that discourse prior to a crisis had a greater positive impact to a relationship as opposed to post crisis;

"It is to try and help the problems before they go any further type thing..."
(Participant 18, social work)

Another participant, from education, clearly expressed her understanding;

“You get to know a parent well, you may notice if something is different, you can prevent something happening. You can have your input sooner rather than later.”
(Professional 25, education)

A general term of *help* was used repeatedly by professionals in this sample set to describe the reason for giving support to parents. This sample set agreed that service-users were active participants in the process;

“...to help families identify anything that may become a problem.
(Participant 33, health)

Professionals directly linked the concept of support to early intervention for parents and children, and this group equated fulfilment of their responsibilities with an increase in parents’ knowledge and their understanding;

“...to support them as a whole family rather than just the child.”
(Participant 32, health)

6.3 Creation of a relationship

Inter-personal skills

One purpose of a relationship was stated by participant 18, from social work;

“We work with the family, we speak to them constantly, reassuring them, noticing if anything is wrong. You are close to them, you do notice if they are having bad days or if they are worrying or anything. You kind of find that out with your relationship with them.” (Participant 18, social work)

Participants, from the three disciplines, described the same optimum characteristics which engendered positivity upon a relationship. The participants referred to personal attributes, or observations of practice from members of the integrated team in identifying the characteristics of *approachable*, *not threatening*, and *trustworthy*. These features were contextualised within the creation of an atmosphere which was

conducive to the development of a positive relationship. Participant 28, from education, said,

“I think personal qualities are important as well, in relation to being interested in people. I think it is important for parents to have access to help them in some situations which can be quite daunting.” (Participant 28, education)

Another participant, also from education, acknowledged that the establishment of trust was a professional responsibility which developed over a period of time;

“A parent could see it as a key worker judging them, they might not want to talk freely, they become defensive. I think there is a big element of trust and that does not come easy for a lot of our parents. It might take a long time getting that trust, but that key worker needs to invest that time.” (Participant 29, education)

Several approaches were given by health workers to support the creation of an effective relationship, and to promote change and development of service-user and service-provider within a context of child protection;

“...meeting them at whatever stage they are at, and avoid using jargon, and avoid making assumptions. We can get better, and not to judge them because of the language or the terms that they are using. I think we have to see past that or we will never get over some of these barriers.” (Participant 37, health)

Another health participant described the professional support, and expectation of a parental response within a pre-crisis period;

“Getting the families to identify what they needed as early intervention, and us identifying what we can do before it gets to a crisis point.” (Participant 34, health)

However the same participant acknowledged that the focus within her job role had changed recently;

“Now with cuts we are not doing as much early intervention. It is not so much *early* intervention. You are just dealing with the crisis as it comes in. I would say before we were (pre-crisis work).” (Participant 34, health)

Health professional 35 referred to her own personal characteristics as conducive to a positive relationship with a parent, and she suggested professional techniques in implementation of support;

“I try to be non-judgemental, friendly, kind, listening, and hope that they understand you, and trust – you have to be honest with each other. Try and quiz what they are doing, then *think* what they are doing. Not to be afraid to question *and* confirm because it might be just exactly what they need.”
(Participant 35, health)

This participant indicated an awareness that the perceptions of service-user and provider could be affected by this form of information-sharing;

“It might change the way you both think.” (Participant 35, health)

There was only one professional who used the term *equal partnership* to describe the optimum relationship between a parent and professional. Professional 20, from the discipline of social work, linked her response to a parent’s regard for her child;

“You have an equal partnership...because at the end of the day, you are looking after the most precious thing in the world to them.” (Participant 20, social work)

Most of the professionals mentioned the importance of discussing a parent’s felt need. The influence upon a relationship from a parent’s reaction was promoted by participant 28, from education;

“I think it is to do with the parents’ personal qualities. If they are able to manage their emotions, have confidence, and understanding of the situation, if they know

their rights. If they can put themselves in the shoes of the professional, it is always helpful.” (Participant 28, education)

This professional felt that a parent’s confidence could be affected by the team member within the parent-professional dyad;

“I think parents probably find they are less confident with certain people.” (Participant 28, education)

Social work participant 18 contributed an example of good practice which promoted equality of power within the relationship;

“...coming down to their level and showing them that you are the same person as them, having understanding and empathy for them.” (Participant 18, social work)

This concept was also demonstrated in the response of education participant 27;

“It’s about trying to work along with parents to help them identify what their problems are, and for us, in our knowledge and our skills to marry up their issues, and the children’s problems... to find a solution before it gets to that crisis level.” (Participant 27, education)

Respect and empathy were promoted by many professionals as integral components in the creation of relationships. Participant 37 said,

“I desperately want people not to be judged. Give that woman respect for doing what she can at that point in time...I think women sense that. It does not mean that you agree with their decisions, and their choices, and we have to make clear that there are child protection issues, but women are open to that, if you are very open about it...” (Participant 37, health)

Empathy was described by participant 34;

“...making an understanding of their situation,” and it was, “a learned thing.”
(Participant 34, health)

This professional stated that she did not receive any formal training in the creation of relationships;

“When I was at college nobody taught me that.” (Participant 34, health)

Several sources of learning were identified;

“I think the main thing is personality, and your own make-up, and how you have been brought up as well, and your life experiences.” (Participant 34, health)

Professional participants applied the term empathy to describe an emotional response to a parent’s needs. Two participants, from the discipline of health, expanded on this theme by comparing the professional reaction to a mother and child relationship;

“You become the mother figure.” (Participant 35, health)

“...a mothering or nurturing role.” (Participant 36, health)

Participant 23, from social work, had a clear understanding of procedures and she explained that a lead professional created an initial relationship with a parent;

“Well, initially the case holder would have a family, and they would go out and do an initial interview, then I would do a joint visit, explain my role, and ask the family if I could help in any way.” (Participant 23, social work)

Representatives of the three disciplines acknowledged the benefits of working in an integrated team, through reference to peers, and senior staff. Participant 20, from social work, described her decision making process, and sources of support within the integrated team;

“I give it back to a senior or another, if I feel it necessary to get the support off of.” (Participant 20, social work)

Participant 22, also social work, referred to support from the team in relation to her professional development;

“I have learned an awful lot. My team is a great support.”
(Participant 22, social work)

Education participant 26 reiterated the value of knowledge, and understanding which was gained from a professional team;

“I have always had staff to help me, and I would not be where I am today if it wasn't for the staff.” (Participant 26, education)

Health participant 32 identified a source of support in her practice from the integrated team;

“I think team building helps.” (Participant 32, health)

Participant 34, from health, identified potential difficulties in team working which she related to different levels of understanding by professionals;

“It is quite difficult to work with people if you are somebody who can identify with a family, and possibly understand what their situation is, and other people don't.” (Participant 34, health)

Prompts, applied within the semi-structured interviews, resulted in participants expressing that fluctuating circumstances of parents required personalised responses in order to nurture an effective parent-professional relationship. Professional 28, from education, gave an example of her knowledge and understanding of the personalisation of verbal interaction;

“If you recognise the person, and acknowledge who they are, in amongst all the people.” (Professional 28, education)

An example was also given by her colleague from education, professional participant 31, of the negative effect upon a relationship if reflective responding was not applied;

“You are not tuning into what is happening in their lives.”
(Participant 31, education)

This participant continued by describing the resultant relationship;

“Not as natural, not as a friend, but as a professional.”
(Participant 31, education)

Probes were used to gain understanding of this use of the term professional, and the participant indicated a formality to the relationship.

Social work participant 21 recognised personality as important to the positivity or negativity within the early stages of a relationship, and she acknowledged that this initial perception could change over time;

“I think it can change because sometimes you get a parent coming in, and they maybe don’t take to you, so it takes time to build up a bond.”
(Participant 21, social work)

This topic was also reviewed by participant 26, from education, who explained that procedures could be implemented by the integrated team if the initial relationship did not improve but she did not have direct experience of this situation within the organisation;

“I think the easier it is if somebody feels comfortable, it should be easier for them

to talk. If they have problems we have always other staff that they can maybe help with, if they cannot talk to the key worker. But it is not something that I have come across.” (Participant 26, education)

Many participants gave a response which indicated that characteristics of individual workers had a negative influence on the relationship with a parent, within the specific context of child protection. Probes were used to facilitate comprehension of this finding, and these participants described the lack of positive inter-personal skills as the source of negativity within a parent-professional relationship.

The view that negative personal characteristics, and attitude cannot be changed by recourse to continuous professional development was a recurrent viewpoint within the sample set of service-providers from the integrated team. Health professional participant 36;

“No matter how many courses you put that person on, I don’t know if it would make that much difference.” (Participant 36, health)

Social work professional 21 said,

“I think our training does help, but I think honestly, there are lots of childcare people, when it comes to speaking to parents, they can’t do it. They would admit that, and I think you’ve got to...you have got to have that stored in you to do it.” (Participant 21, social work)

However another participant 38, also from the discipline of health, expressed an awareness of the potential effect of continuous professional development by describing her own attitude;

“Seeking out what you can do as a professional to make your professionalism better.” (Participant 38, health)

Role and responsibilities

The majority of professionals demonstrated that the role and responsibilities of the service-provider were a positive influence to the creation and maintenance of a relationship with a service-user. Participants from health, education and social work were represented within this finding. Each professional participant had been prompted to discuss the objective of support, in a context of early intervention, by giving examples from the perspective of a specific discipline and personal experience.

The responses of one service-provider described the use of a professional and personal instinct in practice;

“Our lifestyles, our training, through each other, and just with your heart, give them the best that you can from yourself.” (Participant 18, social work)

All the participants in this sample set identified associative issues as time scales and environments. There was an indication that recognition and response to need were linked to knowledge and experience. Participants referred to frequent discussions with colleagues, from each discipline, to determine the optimum care plan. It seems that recognition of need was gained at one of two periods which the participants termed prior or post crisis. The findings revealed that information from the integrated team members, and observation of behaviours prompted the implementation of early intervention in order to avert a crisis occurring within a family.

Participant 20 agreed with the sample set that the professional reaction was significant to maintenance of a relationship. This service-provider, from social work, presented techniques which she had applied as the context of the relationship changed to encompass mandatory child protection procedures;

“I think some parents might feel they are under threat, but if you remain calm, and you are not judging them, you can still work through it. You can still have a

positive relationship because you have got the honesty there, and the trust.”

(Participant 20, social work)

Professional 31 emphasised that communication is not always effective; therefore professionals needed to develop their skills, and this participant, from education, also indicated repercussions;

“I think it is something you can learn to do if it does not come naturally to you. One thing you have to learn is to interact differently with different people, and not in a two-faced kind of way. They might react back to you if it is a parent who is very angry.” (Participant 31, education)

This professional showed an awareness of the parameters of practice within the relationship with a parent;

“There is a barrier between professionalism, and being their friend. You obviously can never cross that.” (Participant 31, education)

The participant continued by clarifying a service-user’s interpretation, and understanding of the relationship;

“They see you as a professional but they also see you as a real good support for them. I suppose a friend in a way, but they know the difference themselves.” (Participant 31, education)

A second service-provider remarked upon the same issue by creating a link to her length of service in one community, as a health worker, and she noted a negative influence when boundaries were broken;

“I think you have got to be very aware, especially if you have worked in an area for a long time, and you know parents very, very well, that you don’t cross the boundary to be a friend. You should be able to be a friend but in a professional

way, because if you cross the boundary then that muddies the water very much.”
(Participant 36, health)

Participant 28 explained the link between relationships and professional responsibilities in a context of her discipline of education;

“All relationships in life are important, but I think in a professional capacity you must fulfil the responsibilities of that profession, given the confines of the professional role you are in...I think you could do it in a way which is quite mechanistic but I think you can do it in a way which is very people-orientated, if that is the professional role that you are in.” (Participant 38, health)

Many factors, responsibilities, and expectations of practice were promoted by another participant from education as being influential to the parent-professional relationship. Participant 29;

“It is all about the training and development that we provide, it is all about the staff working closely, peer support, and monitoring how we develop our relationships. It is also about ethos of the organisation...it is not just about working with children. It is fundamental that they can engage with parents. It’s not a choice. It is part of the job. We haven’t had a lot of people leave us - but there’s some people, it just wasn’t for them.” (Participant 29, education)

A similar source of learning for service-users was identified by professional 25. This participant noted that practical experience in communicating with peers, and professionals in addition to opportunities for observational learning were factors which supported parents to develop relational skills;

“If they are having chats with staff or key workers when they come in, that is them learning how to build on the positive side of it. Any parents’ groups – to see how that happens. See other people coming in, and they are learning how to speak to professionals, you know outside the core staff.”

(Participant 25, education)

Availability of professional

Availability of support was raised many times as contributory to an effective relationship. Participant 36 from health had clear expectations of practice;

“I think the main thing is to be available. When people are in crisis, they want to see someone right there and then.” (Participant 36, health)

Professional 18, from social work, felt that members of the integrated team made themselves available to parents because they had an emotional investment in the achievement of families;

“I care about everybody in here. The children, the families – you always try to help them out. It does not matter what you have got on, you go and try to do your best. I think it is you, and your team trying to do the best.”

(Participant 18, social work)

The skill of personalised responding was promoted;

“I think you develop it (skill of interaction), because you change...you change from person to person. Every adult, every individual is different, so you need a broad spectrum so that you can apply to parents.” (Participant 21, social work)

This professional gave an example of professional interpretation of parents' cues;

“Even if they are having a rotten day, they maybe are flippant, and that is a way of coping, being able to laugh at people. They maybe won't come in and burst into tears, but the professional has to see through the laughter as well, to see if there is a problem, and it is not all jokes.” (Participant 21, social work)

A second participant described a responsibility of a professional as sign-posting a service-user to a colleague, in order to access the optimum professional expertise or emotional support for the parent;

“You have links to other people who can support them as well. So you can build up that bridge with other professionals, if you can’t carry that support...if they need additional support.” (Participant 27, education)

A colleague agreed with this point;

“If I can’t give them what they need, then I would take it further to other agencies or seniors, or whoever could support them better than myself.”
(Participant 32, health)

Professional 18, from social work, explained the practice of sign-posting, and decision making by professionals;

“We work as a group. We find out about other agencies and the family background. We look at the parent individually, the child individually, and we see what works best for them.” (Participant 18, social work)

Several participants noted that a significant factor in a positive relationship was a service-user’s right to seek out support from specific professionals. Participant 21, from social work said;

“Some parents have got a bond with some staff, or another key worker, and that is absolutely fine. They might feel more comfortable speaking to them or if they need to be sign-posted, I would sign-post them, I have no problems doing that.”
(Participant 21, social work)

Several participants identified a role of an intermediary as supporting the parent-professional relationship. Education participant 28 commented;

“Sometimes it is useful to have an intermediary between the parent and the professional, and all sorts of organisations or individuals can provide that.”
(Participant 28, education)

A colleague, participant 29, also from education, indicated that one professional could effectively support the creation of a positive relationship with another agency in order to overcome a barrier to communication;

“We can be the intermediary for parents with agencies that *they all fear*, and I think all that builds up to that relationship.” (Participant 29, education)

6.4 Communication in a relationship

Professionals promoted examples of practice in the context of child protection which resulted in the development of trust, and positivity within the relationship. These participants indicated that being honest with parents about potential outcomes within child protection, in addition to providing support to facilitate a process of change, contributed to an effective relationship. The experiences that parents gained in dealing with one crisis were used to promote knowledge and understanding of child protection as a preventative measure;

“We are not going to lie to them, and say that we think we know this but we are not going to do anything about it. Because we see it through with them, then they know that they can come back to us, and we will advise and help them.”
(Participant 19, social work)

Participant 20, also from social work, agreed that honesty created trust;

“...having the trust with each other and them knowing if you have got anything you need to say...will be said.” (Participant 20, social work)

One professional, from education, also acknowledged the repercussions from a lack of communicative ability within a team;

“Sometimes experienced staff are lacking a wee bit of tact and communication. If you just left that wee bit out it wouldn’t have caused conflict, and it is not important to say.” (Participant 31, education)

Participant 35, from the discipline of health, noted a change in communication associated with a relationship in a context of child protection;

“...maybe being a wee bit more forceful in you telling them, asking them, guiding them, and tactfully...A lot of people are aware of the change from a normal family to somebody who appears to be telling them what to do. That is very difficult with families who have lots of social work involvement. Your tone definitely changes with them, and sometimes that is what they need, sometimes it is not what they need...” (Participant 35, health)

Education participant 29 commented on skill-sets that supported communication with clients;

“It is about non-judgemental empathy, seeing a parent’s distress very quickly, and being able to do something about that even if it is a 10 minute chat in the corridor. I think to be able to recognise that, and to adapt to that parent’s level of need - I think that is a skill in itself.” (Participant 29, education)

A professional participant also expressed understanding and empathy towards parents within the context of child protection, and she indicated the importance of noting, and responding to the reaction from a service-user;

“Looking out for people, and how *they* receive the information.”
(Participant 31, education)

The context of child protection was promoted by health participant 36 to describe a parents’ emotive reactions, and the impact upon a relationship by the use of reflective practice which responded to needs;

“We have to say things to parents that may be difficult – child protection concerns. If you are very, very honest with the parents, they might not like what they hear, but you can take them along with you, and they accept but they maybe never agree. If you explain fully, in the language that a parent can understand, you often can continue with the relationship.” (Participant 36, health)

The differentiation of felt, expressed, and normative need was discussed vigorously by participant 36. This participant used the final question in the data collection interviews, in which she was asked for additional comments, to clearly express her views;

“I feel very, very strongly about professionals’ perceived needs for families, what we think works for families, completely opposite to what they need. The vulnerable families are not particularly good at articulating what they feel they need. It is about knowing your families, and being an advocate for what *they* think their needs are.” (Participant 36, health)

Participant 18, from social work, recognised the input, and responsibility of the integrated team in demonstrating positive relational skills to service-users. This professional also acknowledged the influence from parents’ families which she described as less effective;

“I think it is through us, we show them that there should be interaction. They might want to do it, and they will also learn from their families – that might be a little bit poorer – but we are there to show them that this is the way, or whatever...” (Participant 18, social work)

One health professional explained that exposure of a link to the domestic violence team could create an area of conflict between partners who were experiencing difficulties in their relationship; therefore verbal communication in person or via a mobile phone which was issued by the domestic violence team to a parent was

regarded as the preferable mode of sharing information. These techniques maintained confidentiality of help-seeking behaviour;

“We use very few letters, possibly for the risk factor connected to that. I am very aware that if we send something with domestic abuse on it, it might lie around for a year, and it could still create an issue with her, so we try to avoid letters. We will use the phone if we need to confirm something quickly, but generally it is face to face.” (Participant 37, health)

6.5 Direct signalling of need

There were 17 professionals, from the sample set of 21, who demonstrated knowledge and practice in the use of communicative strategies which supported service-users to directly signal need. These participants represented the three disciplines. Each professional described the purpose of these techniques as engagement of parents, and extending opportunities to seek and access support. Professional participants had used these methods with regularity to encourage parents’ expression of felt need which was followed consistently by an impromptu counselling session.

Timing

The availability of professionals to give a timely response was evident from the data. Social work participant 21 expressed;

“I am approachable. I also make sure I speak to every one of my parents every day.” (Participant 21, social work)

Another professional, from education, was definitive about the amount of time that she spent in supporting parents to express a need, and indicated personalised responding;

“I spend time with them every day. When they are picking up their children in the morning or the afternoon, I would say a couple of minutes to each parent or

more... if needed. A hello, how are you, that's all it has to be, then one day if they feel that they need to speak to you...that's fine." (Participant 25, education)

This participant also mentioned using this informal communication system in response to a concern from a professional source;

"...so if it was something that you were concerned about, rather than leaving it for weeks down the line, or months down the line, something can be done beforehand then...As I say, it can just be about something tiny, it doesn't need to be..."
(Participant 25, education)

Health participant 36 described interaction within a pre-crisis period which had been formally identified through a pre-birth assessment. This professional referred to the use of body language to promote a positive attitude, and indicated an awareness of an emotional response from a professional;

*"I see them ante-natally. You are getting to know *both* the parents really well so that they can approach you with any concerns before it escalates, and (I) obviously identify any issues that may have an impact on the children. When you meet the parents, you have got to be completely non-judgemental, you have got to be aware of your body language. No matter what we feel inside, we can't let the families know."* (Participant 36, health)

The process of using this communication system was described;

"Every day...I just try and catch them for five minutes, and just ask them if there is anything that they are needing, or anything I can help them with. Generally they will just chat to me and ask...If a parent discloses that they need help I would take it to the team. I would take it to my senior first, and then my manager after that. If there are any other agencies needing to be involved then they will be, and the parent will be very aware of everything that happens."
(Participant 26, education)

The significance of keeping parents informed was a recurrent viewpoint by the professional sample set;

“We need to be involving parents every step of the way, you have got to meet the needs of the parents.” (Participant 27, education)

Social work participant 18 gave examples of the time-frame, content, and attitude associated with the daily verbal interaction;

“Most of the day. We speak to them constantly, reassuring, and *noticing* if anything is wrong. We *never ever* judge them.” (Participant 18, social work)

The non-judgemental approach was mentioned by most of the professionals, for example a participant indicated a link to a parent’s expression of felt need;

“I think if you are looking at them, and not judging them, no matter what the protection is, then they will feel *she is not judging me*. So I think they will be open, and hopefully more talkative to you, and let you in a wee bit.”
(Participant 22, social work)

A social work colleague, participant 19, gave further details on professional techniques which supported parents to express a need and boundaries of practice;

“Very friendly, you have a bit of banter as well, but you have constantly got that rapport with them. Your guard has got to be down so that they can approach you. You can never cross that barrier of professionalism.” (Participant 19, social work)

Health professional 33 identified the role of the service-provider, and service-user within the interaction;

“...being open, listening, allowing the parent to speak, and to speak honestly, and to keep it going you have to be consistent, and know how to deal with people on

an individual basis.” (Participant 33, health)

Participant 36 advised;

“Being honest with families, and not building up their expectations unrealistically.” (Participant 36, health)

One health professional participant confirmed the context and purpose of verbal interactions. Professional participant 35;

“It can appear to be a wee chat with professional advice being given.”
(Participant 35, health)

However social work participant 24 advised that the relationship could be affected if the focus of the interactions related to a professional role and responsibilities;

“It depends on what you need to interact with them about. If you need to interact, and talk to them about your job...that influences it.” (Participant 24, social work)

Another participant’s response reflected the maintenance of confidentiality associated with the informal context in which parents were signalling need;

“It is about being able to speak to someone in a private place. Just giving them the confidence to speak out. They know that they can speak to us away from everyone else. Just giving them the informal chats and that...”
(Participant 20, social work)

One of the professionals, from social work, described that the communications occurred within the home environment, in addition to the setting, and she explained the purpose and professional techniques as applied within a family’s home;

“They get to know you, and it becomes natural, sitting on the floor, you are kind

of teaching them, because a lot of our families have not had that. You are kind of nurturing the parents, as well as the child, and hopefully that follows on.”

(Participant 23, social work)

This participant, 23 commented that some professionals did not have the necessary skills to create this type of relationship but she felt that these skills could be acquired;

“I think some professionals don’t have that much empathy or warmth or making families feel relaxed, so I think there is a lot that comes from within, and then a lot you pick up.” (Participant 23, social work)

Participant 34, a health worker, also mentioned the creation of a relationship in the context of a family’s home, and indicated understanding and respect in relation to the circumstances;

“Being able to listen, and understand, and let people have their say is very important. When you are going into people’s homes, you are *a guest* in their house, and I learned that quickly when I first worked in the community. You are not there to put them down.” (Participant 34, health)

Finally one professional noted that professional skills may vary due to individual interpretation, and personal or professional experiences;

“I think some people will always be better than others. I think we learn differently, we process the world differently, we’re thinkers, and some people are quite active, and we all have our own roles...It is how you function as a person.”

(Participant 37, health)

6.6 Formation of perceptions

Influences from historical experiences, local and organisational culture

One section of the data collection sought responses from professional participants on the factors which potentially influenced practice. Proximal and distal environments

which encompassed the daily living arrangements of families were described as chaotic and disorganised by the sample set of professionals. The capacity to signpost a client to a colleague within the integrated team was highlighted repeatedly as a responsible action which made best use of expertise, and resources. Recognition was given to the influence from the environment upon a relationship;

“Each kind of environment lends itself to how each relationship is built.”
(Participant 28, education)

The analysis of data indicated that the majority of professionals (18/21) associated the advent of child protection with a degree of pessimism. One participant also linked a negative relationship directly to an increase in risk for the child due to the parents’ lack of engagement in early intervention;

“How well the parents interact with you, and how the parents engage with the issue, and work together. There is no point if they are not with you from day one. You are not going to get them at all, and that is a big point with child protection issues...then the children are maybe seen to be remaining at risk, then there are implications for that whole family.” (Participant 35, health)

However there was another participant, number 22 from social work, who described a specific context which enhanced the parent-professional relationship;

“If they trust and understand you, and you understand them, I think it (child protection) could bring you closer actually as a parent and a professional.”
(Participant 22, social work)

A professional, from education, admitted that there may be disagreement in the comprehension of child protection between service-user and service-provider;

“I think that there is a discrepancy in terms of what a parent thinks of as *safe and without harm*, and what a professional might think.” (Participant 28, education)

This professional emphasised the impact from emotions within a context of child protection which could have an adverse effect upon the parent-professional relationship. Reference was made to historical experiences, and also knowledge and understanding of the parent;

“I think emotions can run very high. I think it is a highly charged situation in terms of emotions. It is sometimes difficult in these situations for parents to take a measured view of what people are saying to them...It will depend on the parent, history, and experience of things as well, how they view that.”

(Participant 28, education)

A service-provider commented that child protection procedures supported the implementation of preventative measures through explanation, and clarity of information sharing with colleagues in the integrated team;

“I think it (child protection) is a good thing to make all the agencies aware, and if there are any other instances it makes it so much easier for us to go and say *this* hasn't changed.” (Participant 38, health)

However this professional stated emphatically that implementation of child protection procedures could have a negative effect upon a parent-professional relationship, and specifically impact on the level of trust;

“...having built up that level of trust with the parent, they might see that (child protection) as detrimental to that, so I definitely think there is a real possibility it might have an impact on our relationships with a client.” (Participant 38, health)

Professional number 35, a health worker, felt that the emotional reaction of a parent could affect the relationship;

“...people only want to work with or work against you.” (Participant 35, health)

Alternatively professional 18, from social work, acknowledged that a negative effect upon a relationship could be minimised by the professional's response;

“I think how you deal with it...because in our place we have had a lot of child protection issues. But I think they (parents) know that we treat them the same. There's a reason for it so we help them and support them, so I think they trust us. Then they end up a success story through support.” (Participant 18, social work)

Another participant, from the discipline of education, promoted a strong relationship as an effective base for supporting a parent to accept and to engage with child protection procedures but she also acknowledged that an emotional reaction could adversely affect the relationship. This professional gave examples of emotions which parents experienced, and identified the professional responsibility to overcome these adversities;

“If you have a strong relationship with that parent, and you know how to communicate with that parent, you can make them realise that you are only looking out for their best interests, and their child's best interests. I think it would be better if you have a stronger relationship to deal with the situation better. They might start to panic...get angry...get embarrassed, so that is going to have a knock on effect, so then you have to build on the relationship.”
(Participant 25, education)

The importance of explanation to promote knowledge and understanding was described by health professional 32, in a context of child protection, as a response to a parent's emotional reaction;

“I think we would need to explain it to them because I think saying child protection would frighten them. They think social workers are these people that they do not want to know. I think they would be scared by it.”
(Participant 32, health)

The participant elaborated on this barrier by describing a parent's emotional reaction to child protection procedures, and she indicated that a service-provider could potentially change the perception of a service-user;

“Panic...I am doing something wrong...the authorities are going to get me. They are going to take my children away. I think that is what it means until they sit down, and see what it truly means to them...it is about support, the early intervention work.” (Participant 32, health)

Inter-personal skills of professionals were also linked to the setting, and described as a positive cultural ethos within the practice of the integrated team. Participant 29, an education worker, commented that the reputation of the organisation promoted the creation of a positive parent-professional relationship;

“I think it is families having that trust towards staff in the organisation, and also the reputation overall of the organisation, and working with parents.”
(Participant 29, education)

Another professional, numbered 22 from social work, highlighted formal training, observing colleagues in the integrated team, and peer support as sources of learning in the context of parent-professional relationships;

“...practice, going on the courses helps a lot, talking to other people, seeing how they deal with things...” (Participant 22, social work)

The same factors were promoted by social work participant 23 who placed particular emphasis on peer role modelling by the integrated team;

“I think you can learn a lot by going out on joint visits with other professionals. That's a valuable experience to see how they interact, and how they are with them, but I would say training or whatever.” (Participant 23, social work)

One participant had lived in the community since birth and she promoted her knowledge and understanding of the local culture, and residency as a positive influence to relationships;

“I was brought up in... so probably a lot of parents would know me. It is so nice to meet parents going through the same thing as you.” (Participant 26, education)

Participant 29 described the organisational aim;

“It evolves year in and year out – we are always looking at new ways to connect with parents.” (Participant 29, education)

Change or consolidation of power in a relationship

Professional participants were also asked to consider the existence of a power balance in the parent-professional dyad. One health participant declared an awareness and determination to promote good practice within the working environment, and she acknowledged the existence of a power balance but expressed disagreement with conduct which favoured the professional;

“It should be equal but there is a power balance.” (Participant 36, health)

Another participant, from social work, was reluctant to apply the term power balance and suggested that it be transposed with a concept of professionalism. This participant, number 19, justified the existence of a power balance by promoting the professional responsibility in responding to the vulnerability of families but she also recognised, and promoted the potential for a shift in power towards the developing person;

“These types of parents can’t be in control of themselves, they can take that control from us and carry it forward.” (Participant 19, social work)

A second participant also discussed a shift in the balance of power. This professional, from education, defined power as information, authority, and holding a role which permitted action to be instigated. The participant indicated that parents could readdress the power balance;

“Information is power, authority is power, the potential to make things happen or not. Parents also have power. A parent could influence the situation.”
(Participant 28, education)

A majority of professionals (18/21) associated a necessary power balance which favoured the professional as having a negative influence upon a parent-professional relationship. Social work participant 21 expressed that power retention by the professional was essential to protect a child, and to inform the decision making process but she did express regret at taking control from parents;

“If you are putting interventions in place you have to take control of the situation to make sure the children are alright, and unfortunately that maybe does mean taking power from the parents.” (Participant 21, social work)

Professional 23, also from social work, referred to power which was exhibited within formal child protection meetings, and she indicated a misuse of power from professionals. This service-provider’s response demonstrated her agreement and disagreement with these fluctuating circumstances;

“I think definitely being at social work meetings affects them, obviously there is a body there that is *overpowering*. Sometimes that is right...other times you think that is not the way.” (Participant 23, social work)

A second participant described a misuse of power in the context of a relationship by indicating the impact upon service-provider, and service-user. This health professional highlighted that the use of power should be supported;

“I think it is a wee power trip for some people (service-provider). The more power you give to somebody, without the proper support and guidance, it tends to go to their head, and that can impact on the people they work with (service-users). They maybe don’t see the signs that you or I would see, so that would have a huge impact on the professional-client relationship.” (Participant 38, health)

Professional 27, from education, was convinced that the power in a relationship should lie with the developing person, the service-user. This participant appeared to equate decision making, and retention of power, with making judgements on parents’ behaviour;

“You can’t make a decision about people’s lives, judging people and making decisions for them. That is *not* the professional way...”
(Participant 27, education)

One participant differentiated between felt need by a parent, and normative need as determined by a professional. The respondent, from the discipline of health, stated that this circumstance, in which need was misinterpreted, created a power balance in the parent-professional dyad which was advantageous to the professional;

“A professional person has something in their mind which is set, and they feel that they have a plan, and they are not really listening to the parent. That’s when that happens.” (Participant 33, health)

Several participants suggested reasons for the existence of the power balance which included historical experiences, trends in society, personal characteristics, and stereotypical attitudes. Health professional participant 37 said,

“It is historical trends...some professions.” (Participant 37, health)

The participant clarified that this reference regarding the existence of a power balance was to the discipline of social work. Many examples related to a power

balance which favoured the professional, a negative attitude, and links to the social work team. A second health worker, participant 34, said,

“Things go the Reporter, like a blame culture, they think it is your fault, workers sense a no win situation.” (Participant 34, health)

Participant 23, from social work, expressed,

“Child protection and fire-fighting, it just makes life more difficult.”
(Participant 23, social work)

Participant 35, from health, said,

“In a professional capacity you are limited.” (Participant 35, health)

Professionals associated their role in child protection with the expectations of their disciplines of health, education or social work, and these participants stated that attitudes were gained from professional training or role modelling by colleagues. The participants used emotive concepts in their responses to this area of the research inquiry, and service-providers from health, education, and social work described child protection as a *barrier* to a relationship. There were several examples of the perceived impact of child protection as a barrier which destroyed a relationship, and trust between a professional and a parent;

“If there is that child protection investigation, then the barriers are up.”
(Participant 23, social work)

“The barrier breaks down the relationship, then the trust goes and everything.”
(Participant 27, education)

Professional 28, from education, demonstrated knowledge and understanding of the historical influences which affected parents' reactions within a relationship, for example experience of attachment in childhood or adulthood;

“We have all been children at some point, so it goes back to the parents' own childhood, their relationships, the kind of role models and situations that they were in. Maybe through adult life things are fixed, because maybe there have been other encounters, other relationships that have challenged or enhanced what the parents sort of original thoughts on the ways of doing things have been.”

(Participant 28, education)

One participant also described the source of parents' attitudes as inter-generational learning within the local community;

“Such troubled pasts, they don't know how to trust or who to trust...it is handed down, community-wise.” (Participant 34, health)

This professional also pin-pointed childhood as a sensitive period in which a human being experienced and learned about attachment. The participant declared that adults could not learn these skills due to the timing of implementation;

“That window of opportunity when a lot of parents have missed that, when parents can't learn any more, and they find it really difficult to build up a relationship, and trust another person. They are not really passing on to their children how to build positive relationships. It is that kind of circle – if one generation something has happened, and they lack skills, and they can't even pass that on to the next.” (Participant 34, health)

Another professional, from health, indicated that a negative source of role modelling in adulthood was often interaction with friends, in a context of local cultural adversities;

“I think the young women often pick up their interaction from their peers, and again you look at that... Where are they living? Is there a gang culture? All that type of thing.” (Participant 36, health)

The ability to create and to maintain relationships in adulthood was also related to childhood experiences by participant 29, from education, and associated with an acquisition of relational skills. This professional expressed that a service-user’s inter-personal skills were influenced by the behaviour of family members towards one another. Additional influential factors were identified as encouragement, and support from a family. Social circumstances for the application of these skills were noted as general conversation, and discussing issues with agencies or individual professionals;

“I think it comes from childhood in how you interact. I think it is a learned behaviour. How you are brought up, how your family interact with each other. How your family encourages you to develop... I think you take that into adult life. Whether you can actually *sit* down, *have* that conversation, *face* agencies or professional people.” (Participant 29, education)

Another participant 27, from the same discipline of education, reiterated this point and indicated that creating a positive relationship was not inherent to some service-users, but she added that parents could be supported in this area of development;

“I don’t think it is natural for everyone, definitely with some parents that I have worked with, it is an area in which they really need to be encouraged, and supported through it. It is not a natural thing for all parents.”
(Participant 27, education)

Alternatively an education colleague, professional 25, felt that young people only adopted positive aspects from current and historical relational experiences;

“Friendships, and I suppose just relationships that they have had when they were

younger...that have been positive to them.” (Participant 25, education)

Many professional participants associated negativity with a parent’s view of a professional, within a context of child protection. One participant made a generalisation of her experiences in working with families on child protection issues;

“Any child protection work with families has always been really negative.”
(Participant 34, health)

Additionally these professionals expressed that historical and current life experiences of parents could impose negativity which were termed cultural influences;

“They try and act tough – but deep down they don’t mean it. It is just a kind of culture thing, and be accepted within that wee culture.”
(Participant 18, social work)

One professional commented upon the influence from a national standard which was accompanied by local policies and procedures;

“An institutional influence and watching colleagues. There is the individual in there and a mix of organisational roles. It is understanding how a workplace works in relation to the parent’s needs.” (Participant 28, education)

Participant 25 expressed that adopting the positive ethos of the organisation towards parent-professional relationships was her personal and professional goal;

“It is the atmosphere that the work creates, you see the interaction when you come in, you see the positive relationships that are built, and that is something that you kind of strive to work towards. I know for me interaction with parents was one of the things I noticed. It is how you are in yourself, how you make and build on relationships, but also the workplace and how you see them created as well.”
(Participant 25, education)

One professional, numbered 31 from education, related her understanding of the topic to observations and experiences which had accumulated throughout her lengthy career. The participant clearly identified that historical experiences of parents or professionals affected attitudes, and she agreed that negative influences from childhood or early adulthood could create a detrimental impact upon a relationship;

“Things will break down if there is a power from staff or parents, and I think if parents have maybe had a bad experience with professionals, teachers, ourselves in the past, they sometimes look up to you rather than as support.”

(Participant 31, education)

Several professional participants expressed that the initial relationship, which was formed between a professional and a parent, remained throughout the period of intervention, and it provided a positive model for subsequent relationships.

Participant 27, from education, commented;

“The initial relationship stays, and maybe builds their confidence to make other relationships as well.” (Participant 27, education)

Change in perceptions

This sample set was asked to describe the purpose of early intervention and identify examples of practice. Support which was applied in a pre-crisis context was regarded as imposing a positive influence upon a relationship by professionals from health, education, and social work. Evolvement of practice was identified as a supportive factor, and participants made many references to the responsibility of the professional in developing a relationship over a period of time;

“I think at the start it is wee stepping stones and then you build up and get a really good relationship with a parent. Time is a big thing, you can't just rush in there, you've got to let the parents get to know you, and you know them.”

(Participant 22, social work)

The longevity of a positive relationship was noted by one social work professional who described parents returning to the setting for support, after the child had made the transition to another service. Professional 18 regarded the feature as common to this particular establishment;

“They move on to other nurseries but they still need you there, so that shows that they do not have the bond which has been created anywhere else. That is sad, but it shows you the relationship that you managed to build with them.”

(Participant 18, social work)

Another participant, from health, commented on the same topic by expressing that the parent-professional relationship can continue after an extensive period of time. Participant 36 expressed that frequent changes of staffing within the parent-professional dyads affected the relationship;

“Families often feel let down by professionals, especially in social work where they feel that, due to the job I suppose, some very vulnerable families go through four or five social workers. I feel as if I have been the only constant in families’ lives. You know, families that I have worked with 10 or 15 years ago will seek me out, although I have maybe not seen them, and they know that you are still actually there. Just I suppose stability.” (Participant 36, health)

Many professionals expressed that the relationship changes over time, and one education participant noted a change in perceptions of parents;

“Parents who are under social work, and the children are on the child protection register – I think that is a hard one, but I think over time they do realise that you are there to support, and you are there to help. Although maybe over a year ago it didn’t seem like that.” (Participant 31, education)

A health professional, numbered 37, indicated that the passing of time resulted in equality which she described as changes in perceptions of service-users and providers;

“...the lows becoming less frequent, and the highs a common factor. People change and adapt, and it becomes a much more equal relationship. I think as they and I, become more confident with appropriate boundaries, which we are both able to maintain, then I think the relationship changes a bit.”

(Participant 37, health)

A second participant, from education, expanded on the theme by expressing that change may occur in the relationship but the impact could be positive or negative. This participant indicated a link between perceptions and the specific circumstances of each case;

“Relationships have the potential for growth and change, positive or negative. I think it depends on the circumstances which are prevailing at the time, and maybe the issues that the professional is involved in.” (Participant 28, education)

Social work participant 19 gave an example of a timescale to create an effective relationship;

“We could know a parent for a year or two years, and gradually as you get to gain their trust in you.” (Participant 19, social work)

Professional 32 specified positive and negative aspects which altered the perception of a relationship as being maturity of parents, family dynamics, and financial constraints associated with daily living. This professional had many years of experience within the setting for data collection, and she identified a positive attribute to a parent-professional relationship as familiarity with the local community, and consequently her ability to respond rapidly to the changing cultural needs;

“Circumstances change relationships. Just working in the community helps, you know what people are like, and what they need.” (Participant 32, health)

6.7 Summary

Service-providers, from the three disciplines of health, education and social work, expressed that the purpose of early intervention in a context of child protection was the protection of a child’s physical, and emotional wellbeing from harm. This context was regarded as imposing a negative influence upon the parent-professional relationship.

A non-judgemental, friendly approach was identified as conducive to an effective relationship which supported service-users to express a need. Service-providers demonstrated an awareness of practising within professional boundaries by distinguishing between the concept of friend, and professional friendliness. Honesty and clarity in information sharing in a context of child protection enabled a relationship to be maintained, particularly if the relationship had been formed in a pre-crisis period. Availability of professionals to respond to parents’ cues and expressions of need was regarded as influential to a positive relationship, in addition to the opportunity of sign-posting service-users to another member of the integrated team. Participants agreed that an established therapeutic alliance could be used to mediate a parent’s relationship with another service-provider.

Attachment experiences in childhood were described by professionals as influential to a parent’s ability to create, and to maintain a relationship in adulthood which was based upon trust. Additional influences were identified as adversities within the local area, for example community violence associated with addictions.

Responses of service-providers indicated that the most significant influences to the professional in the creation of a relationship were observational learning in practice, and role-modelling by peers from any discipline in the integrated team.

The next chapter compares the views of parents and professionals in order to indicate similarities or difference in the perceptions of service-users and service-providers.

Chapter 7: Findings

Comparison of the Perceptions of Service-Users and Service-Providers

7.1 Comparison of sample sets

This chapter presents findings from both sample sets to facilitate comparison and contrast of the responses in order to indicate similarities or differences in the perceptions of service-users and service-providers.

The findings are presented within the five key themes:

1. Context of a relationship
2. Creation of a relationship
3. Communication in a relationship
4. Direct signalling of need
5. Formation of perceptions

7.2 Context of a relationship

Similarities in perceptions

Both sample sets were asked to identify the purpose of a relationship and describe their personal experiences of the interactions in the parent-professional dyad. All parents and professionals identified the giving of support from a professional to a parent as an integral component of the professional role, and a formal responsibility pertaining to any discipline within the integrated team.

Participants from each sample set felt that the establishment of a positive, parent-professional relationship in a pre-crisis period supported the maintenance of the relationship in a specific context of post-crisis child protection.

Differences in perceptions

Service-users linked early intervention, in a context of child protection, with a process of change in the form of developmental opportunities for a child and family which were supported by the parent-professional relationship. This perception of the parental participants was expressed by a positive attitude towards the implementation

of child protection policies and procedures, and an expectation of a good outcome for the family.

Service-providers associated this concept with protecting a child from physical and emotional harm, and forensic investigative processes. Professionals described the application of child protection policies with negativity in the form of a barrier to a parent-professional relationship. These participants perceived that the process and outcome would be regarded as negative by the family.

7.3 Creation of a relationship

Similarities in perceptions

The majority of professionals and parents gave responses which indicated that characteristics of individual workers had a negative or positive influence on their relationships with a parent. Participants described the lack of positive inter-personal skills as the source of negativity within a relationship. Availability of professional support, at the point of contact, was regarded by both sample sets as conducive to the creation of a positive relationship which was particularly pertinent to this setting. Participants agreed that a personalised response to need was achieved by sign-posting parents to a professional who had the relevant skills, and experience. Trust was regarded as an integral component of an effective relationship in a dyad of service-user and service-provider.

7.4 Communication in a relationship

Similarities in perceptions

The sample sets were asked to discuss the medium which was used to implement support. Agreement in the perceptions of service-users and providers was clearly demonstrated within this theme. Verbal interaction which encompassed honesty in information sharing was regarded as the optimum method of communication. Reference was made to frequent discussions between parents and professionals from each discipline in order to determine the optimum care plan. There was an indication that recognition and response to need were linked to knowledge and experience. It

seems that recognition of need was gained at one of two time periods which the professional participants termed prior or post crisis.

7.5 Direct signalling of need

Similarities in perceptions

Participants associated the implementation and purpose of communications with the culture of the setting. The communication method and style, as described by both sample sets, related to direct signalling of need by parents in an informal context, and implementation of support from professionals in a pre-crisis period. Support was defined as responsive to emotional and informational needs. Participants agreed that this approach to communication was unique to the setting.

Table 10 presents excerpts of quotes from professional and parental participants' transcripts. Direct comparison of responses from the participants have been presented side by side in the table, for example professional 18 and parent 9 to indicate similarity of meaning by participants from each sample set.

Table 10
Comparison of responses from professionals and parents

Participant Number Professional	Professional Response	Participant Number Parent	Parental Response
18	“talking to them”	9	“more communicative”
19	“constant chat”	9	“tell you more”
20	“keep talking”	16	“having wee chats”
21	“I speak to everyone”	12	“talk to any of the staff”
22	“general chit -chat”	14	“talking in general”
23	“a wee text”	15	“have a wee word”
24	“chatty, chatty”	10	“welcoming and stuff”
25	“to each parent”	15	“never too busy”
26	“just chat and ask”	9	“Good morning...”
27	“being around”	12	“help, listen or just listen”
28	“you acknowledge”	14	“things about protection”
29	“a lot of informal”	10	“advice and stuff”
30	“talking and asking”	10	“chat and it’s not just to do with...”
31	“I see my parents”	15	“staff would notice”
32	“they come”	15	“come here earlier”
37	“face to face”	11	“getting to know everybody”
38	“a coffee”	10	“a wee cup”

The information in this table demonstrates the communicative strategies which were used by professional participants to engage with parents, for example talking, listening, questioning, sending text messages, and creating a social setting conducive to help-seeking within a professional-parent dyad. The data also portrays the common context, comprehension of purpose, and shared meaning between service-users and providers. The purpose related to the advent of emotional and informational support at the direct point of request.

7.6 Formation of perceptions

Similarities in perceptions

The majority of parents (7/9) and professionals (18/21) expressed that the passing of time had an ameliorative effect on the perception of a relationship between a professional and a parent.

The sample sets agreed that formation of perceptions was affected by historical experiences which included influences from upbringing by family or a primary carer in childhood. Current experiences, and prior relationships with professionals in the social care sector were also highlighted as contributory to the creation of perceptions. Parents and professionals indicated that influences were associated with the culture of the local community and the setting, for example addictions, violence, and child protection. Finally the ethos of the organisation, and implementation of service were promoted by participants from both sample sets as potential influences upon the parent-professional relationship.

Differences in perceptions

Differences in the formation of perceptions was indicated by disagreement of parents and professionals regarding the influence of child protection, as previously described within the theme termed *context of a relationship*. Most of the service-users (8/9) felt that this context promoted positivity, and conversely service-providers (18/21) expressed negativity.

7.7 Summary

Findings included agreement in perceptions of service-users and providers with regard to a communication system which was unique to the setting. Both sample sets identified the use of verbal communicative strategies which were associated with the culture of the organisation. Parents and professionals also agreed that personal characteristics of either party had the potential to promote a positive or negative influence upon the relationship. Sign-posting between professionals in the integrated team was regarded by service-users and providers as an effective means to access a personalised response to a family's needs. Finally participants in both sample sets

felt that the establishment of a positive parent-professional relationship, in a pre-crisis period, facilitated the maintenance of a relationship in the specific context of mandatory child protection.

Diversity in perceptions of the two samples sets was indicated regarding a contextual influence upon the relationship in the form of child protection. Service-users perceived child protection with positivity, and associated this concept with opportunities for a child and family to learn and develop. Service-providers regarded the same concept with negativity which was linked to safe-guarding a child's physical and emotional wellbeing.

The next chapter presents findings from the case study.

Chapter 8: Findings from the Case Study

8.1 Presentation of findings

This chapter presents findings from the case study in the form of a narrative which includes a timeline of events, key aspects from the chronological records, and contextual factors. Findings are also displayed in Tables 13, 14, and 15, and figure 2.

Findings from the case study focused upon the context which surrounded one mother's progression from a status of involvement to engagement with services, over a 12 year period of time. The study portrayed factors which accompanied this participant's change in perceptions, as recorded in documentation, throughout the early childhoods of her three children.

8.2 Child 1

Introduction

The service-user was a young teenage mother who had a long term addiction to drugs. The initial referral to services was made on a voluntary basis but the parent expressed that she felt coerced into liaising with services due to apprehension of the conditions attached to a potential court order. These facts, which were recorded as parent's comments within the initial referral, gave an indication of the mother's negative perception of support mechanisms and interpretation of her need at this significant point.

Referral

Child 1 was three years old at the point of referral to services which was made by a phone-call from a neighbour to the social work department. The referral method was a paper form completed by a social worker on the parent's behalf which gave details of the family dynamics, adverse circumstances, and the potential benefits of a nursery placement for child 1.

The voluntary referral was re-submitted within a short-time frame as a supported application, and included reference to the section of the Children (Scotland) Act 1995 under which the child had been placed on the child protection register (The Stationery Office, 1997). Interventions for this family included a full-time nursery placement, a parenting course for both birth parents, and a supervision order in response to the supported application.

Child 1 attended nursery for one year before she was accommodated in kinship care, her mother accessed one session of a parenting course, and she continued to use addictive substances. The mother's mental and physical health deteriorated to the extent that she was unable to adhere to the requirements of the supervision order. The fourth layer of the ecological systems' theory (Bronfenbrenner, 1979) was the macrosystem which in the example of child 1 took the form of a supervision order: a demonstration of a change which occurred within macrotime (Bronfenbrenner & Morris, 2006). The identification and implementation of support was a potent and significant feature of the early intervention which was encompassed within the auspices of a legal requirement (The Stationery Office, 1997). A care plan for child 1 was created by professionals, and it included actions to be instigated by the mother and completed within set timescales.

Therapeutic relationship

Roger's conditions (Rogers, 1990) for the development of a therapeutic relationship, included professional promotion of unconditional positive regard and empathic understanding; however these features were not apparent within the records of this case study 1, as indicated in Table 15.

Macrosystem

The case study did not give an example of a professional-parent partnership (Surestart, 2002) at this point. A review at the median point of case study 1 was undertaken and it was noted that the chronology was concise and factual. The mother had continued to demonstrate a status of involvement but non-engagement

with services, and she had agreed to a voluntary care arrangement with a kinship carer for child 1.

This child did continue to attend the service albeit within the care of a kinship carer; therefore no further review was taken of the case for the purpose of this inquiry. The case closed at the child's point of entry to the education system.

The recordings within this case study 1 illustrated the focus of attention by services on factual information, identified timescales for achievement of outcomes, and the emphasis on decision making by professionals.

8.3 Child 2

Introduction

A short time later this mother gave birth to her second child, and services responded by implementing early intervention in the early stages of childhood.

Referral

The case study of child 2 revealed a self-referral at an early age. Services had assessed that this client required informational, and emotional support in parenting her second daughter due to historical happenings, and this became the parent's normative need (Heath, 2004). The mother's expressed need (Heath, 2004) revealed that she did not feel a necessity for involvement of services but it was interesting that the mother did not cite increased competency in her parenting skills as a reason for challenging the referral.

Child 2 was referred to services by her mother on a voluntary basis at the age of 18 months, prompted by the local health team. A Graded Care profile (Polnay & Srivastava, 1995) was completed by parent and professional but a formal care plan (Scottish Executive, 2005a) was not established at this period of the early intervention.

Child 2 attended nursery on a part-time basis in addition to frequent support being implemented by the health team within the home environment. This child remained with her birth family, her mother participated in a methadone programme, and the father had limited involvement.

Parental and professional assessment of need

The family joined the service through a voluntary referral process but the mother had expressed that she felt a compulsion to become involved due to her past formal record of parenting pertaining to her firstborn child. The Graded Care Profile (Polnay & Scrivastava, 1995) was created at the initial stages of the referral by discussion between professional and parent. This recording system presented levels of care for the child within her proximal and distal environments, centred within the home and immediate locality, and the parent was required to record an assessment and response to her child's needs. The formal contract provided the mother with the means to express and to record her felt need but it also clarified the incompatibility between the professional and parental judgement of the reasons for early intervention.

The recorded assessment of need apportioned responsibility, and accountability of decisions and actions to parent and professional. The mother and professionals had assessed the child's needs and proposed methods of meeting those needs, prompted by the guidance information within the Profile. The lead professional recorded the child's normative need with reference to formal standards relating to child development and child protection (Scottish Executive, 2003a; Scottish Social Services Council, 2003), and the use of her professional judgement.

The case study demonstrated an inconsistency between the parent and professional's assessment of the child's needs. This dissent of evidence, recorded as evaluation and projected outcomes, appeared to create negativity in the communications between the social worker and parent. The incompatibility of assessment was recorded within the chronology as the mother's rejection of professional findings, and denial of the need for personal learning and development to support her child.

The subject of case study 2 seemed unable to extrapolate from her current base of knowledge to a future outcome according to the information in the chronological records. The concepts of agency and communion (Rathmunde & Csikszentmihalyi, 2006) between parent and professional were not evident at this point, and the deficiency was recorded as an obstacle to development of a care plan.

Client engagement was deemed to be an integral component of successful implementation of an early interventional strategy (Moran et al., 2004). The lead professional in case study 2 had decided to postpone completion of the care plan with the parent. There were further developments recorded within this case file which led to child 2 being accommodated for one year.

Subsequent to these events, the use of a Positive Parenting Programme (Sanders, 1999) had been disseminated across the city council services, and the course materials facilitated an exploration of this service-user's attachment history and current status. The Family Background Questionnaire (Sanders, 1999) was completed through discussion by parent and professional, and the questions prompted the parent to identify her circumstances, relationships, and support mechanisms. The mother recorded the existence of a current relationship with her children's father but she did not link the presence of her partner to a source of support; thus it did not appear that he represented a primary care-giver or attachment figure to the mother.

A discussion of care giving and attachment in childhood took place, was recorded, and revealed that this mother had been accommodated with several different kinship carers throughout the early years of life. The mother did not identify any adult as being a prominent or memorable care-giver.

Microtime, mesotime and macrotime

Time affected each party within the relationship through changes which related to biological maturity, accumulation of experiences, understanding, and application of knowledge. A review of the documentation from case study 2 was utilised after one

year to source evidence of these changes, and social work reports documented the existence of trust between the parent of case study 2 and services at this median point of the intervention.

The median review of case study 2 noted a care plan for the child, and parent's participation plan which were recorded within the framework of Getting It Right for Every Child (Scottish Executive, 2006a). The planning and creation of these contracts (Scottish Executive, 2006b) by service-user and provider encompassed a process of development for the parent.

Recording systems

The self-evaluation forms which were completed by the parent prior and post implementation of the Positive Parenting Programme (Sanders, 1999) revealed an increase in self-esteem, and understanding of self. It was noted that a supervision order (The Stationery Office, 1997) was implemented shortly after the voluntary referral to services for case study 2.

The formalisation of child protection procedures, through the mandatory supervision order, seemed to provide structure and potential objectivity to the relationship of the parent-professional dyad within case study 2. The social worker had recorded an increase in commitment to achievement of tasks by the mother following this decision. The mother's involvement with services progressed towards engagement, and indicated a state of readiness for change. A review of the closure point of this case, which related to the progression of child 2 into formal education, revealed that this mother had continued to engage with services.

8.4 Child 3

Introduction

The influences upon the implementation of early interventions changed markedly between the births of the three children. The multi-disciplinary team was re-structured as an integrated team in 2003, and one year later the Scottish Executive recommended that a common assessment framework should be adopted by all

agencies to assess the needs, and risk factors associated with the care of a child within the family structure (Scottish Executive, 2005a).

The macrosystem had been strongly influenced within the setting by guidance materials (Birth to Three Matters Framework, Surestart, 2002; Curriculum for Excellence, Scottish Executive, 2004; Birth to Three: supporting our youngest children, Scottish Executive, 2005c). Getting It Right for Every Child (Scottish Executive, 2006e) promoted audit tools to maintain the standard of practice. The three key features of Birth to Three: supporting our youngest children (Scottish Executive, 2005c) were positive relationships, personalised responsive care and unconditional respect, and the summative assessments within the nursery profile of child 3 demonstrated that these features were permeated throughout the practice.

A further example of a societal change occurring within macrotime was a national consultation (Scottish Government, 2010a) which led to legal recognition of the rights of the unborn child. This process which may entail a child being placed on the child protection register before or after birth facilitates access to services, and support for the whole family within a pre-crisis period. The requirement for determination of a category of protection was also removed (Scottish Government, 2010a) which promoted a holistic assessment of the potential needs for the child in case study 3, prior to birth.

A personalised approach to service delivery (Scottish Government, 2009b, 2009d) identified the significance of promoting the rights of individuals to choice, and flexibility regarding implementation of services, and it linked to the client's sustainability of positive outcomes from early intervention.

Referral

Child 3 was referred to the integrated team before birth, and an Integrated Assessment Form (Scottish Executive, 2005a) used to record the views of the family and professionals, assess risk to the unborn child, and to compile and record a care plan with a transparent path of accountability and a review procedure.

Intensive ante-natal care, support to access a methadone programme, and regular home visits were interventions which resulted in child 3 being placed on the child protection register at birth but remaining in the care of her family. Child 3 attended nursery on a part time basis from six weeks, and her mother was supported in developing parenting skills.

The median review gave evidence of positive outcomes for the parent and child. Child 3 remained with her birth family, and the mother continued to participate effectively in a rehabilitation programme.

Chronosystem

The family questionnaire (Sanders, 1999) had been updated at this point of the intervention process, and the mother had placed herself at the top end of the scale regarding self-esteem, and increase in parenting skills. The chronological records showed that the mother was fully engaged with services.

A review of the closure period of this case showed that the mother was described by professionals as living within a culture of rehabilitation and attainment, and it seemed that she had an increased capacity to restructure her inner working model (Bowlby, 1979). A Scottish longitudinal study (Mabelis & Marryat, 2011) suggested that barriers to the uptake of services could be challenged by the application of “informal-formal support from a community mother”, and acknowledgement of this role was recorded by the health visitor.

Table 11 presents data from the case study by indicating key events and stages within the 12 year period. The findings are categorised in themes which emerged from the case study materials.

Table 11

Data from case study linked to themes

Dimensions of case study findings	Examples linked to themes				
	Service Provision	Service Implementation	Process of Change	Culture	Child protection
Child 1: example	Voluntary followed by statutory intervention	Nursery place/group Triple P	Mother involved with services/ non-engagement	Culture of addiction/poverty/ low attainment	Statutory protection kinship care
Child 2: example	Voluntary followed by statutory intervention	Formal care plan/ nursery place/ individual Triple P	Mother in transition from involvement to engagement	Culture of rehabilitation/reforming negative inner working model	Statutory protection accommodation
Child 3: example	Statutory pre-birth intervention	Nursery place/intensive nursery-home support	Mother engaged with services	Culture of rehabilitation/ attainment/restructured positive inner working model	Statutory protection birth family

Note. Factors which accompanied a change in perception are categorised within five themes. Triple P = Positive Parenting Programme.

Table 12 presents National legislation, and local guidance which informed practice within the setting during the 12 year period of the case study.

Table 12

Contextual factors: local and national policy

<u>Date</u>	<u>Documentation</u>	<u>Reference</u>
1995	Graded Care Profile	Polnay and Scrivastava (1995)
1995	Child protection and welfare	Children's (Scotland) Act 1995
1997	Childcare and Education	Care Sector Consortium (1997)
1999	3 to 5 Framework	Scottish Executive (1999)
2002	Birth to Three Matters	Surestart (2002)
2003	Codes of Practice	Scottish Social Services (2003)
2003	Getting our Priorities Right	Scottish Executive (2003)
2004	Curriculum for Excellence	Scottish Executive (2004)
2005	Integrated Assessment Framework	Scottish Executive (2005)
2005	National Care Standards	Scottish Executive (2005)
2005	Positive Parenting Programme	Sanders (1999)
2005	Solihull Approach	Solihull Training Group (2009)
2005	Birth to Three	Scottish Executive (2005)
2006	Changing Lives	Scottish Executive (2006)
2006	Getting It Right for Every Child	Scottish Executive (2006)
2007	Adult Protection	GCC Social Work (2007)
2007	Inter-agency Guidance to Hostile	GCC Child Protection (2007)
2008	Early Years' Framework	Scottish Government (2008)
2009	Guidance for Addiction Staff	GCC Child Protection (2009)
2009	Parenting Support Framework	NHS, GCC (2009)
2009	Child Protection Consultation	Scottish Government (2009)
2009	Get Skilled	Scottish Social Services (2009)
2010	Pre-Birth to Three	Scottish Government (2010)
2010	National Child Protection Guidance	Scottish Government (2010)

Note. GCC = Glasgow City Council; NHS = National Health Service.

Tables 13 present findings from the chronological records of child 1, child 2 and child 3. The data is categorised within the six conditions of a therapeutic alliance by Rogers (1990). The intervention relative to each child is presented in the categories of emotional, informational or instrumental support. Findings indicated a lack of recorded evidence regarding personalised responding by the professionals in relation to the parent's interpretation of her environment, and change in perceptions.

Table 13
Circumstances relating to case study of child 1

Six conditions	Parent and Professional	Intervention		
		Emotional support	Informational support	Instrumental support
1. 2 people in psychological contact over time	Parent and child 1, clinical psychologist, play therapist, play therapy facilitator, key worker, social worker	<ul style="list-style-type: none"> • Clinical psychologist provided 12 formal counselling sessions to parent • Play therapist provided 1 formal session to child • Play therapy facilitator (key worker) provided 10 sessions of formal support to child and parent • Key worker offered daily opportunities for informal support to child and parent • Social worker provided informational support weekly to parent 		
2. 1 person incongruent	Parent and child 1			
3. 1 person congruent	4 named professionals			
4. 1 person unconditional positive regard	-			
5. 1 person empathic understanding	-			
6. 1 person communicates empathic understanding	-			

Note. - = no data obtained.

Table 13
Circumstances relating to case study of child 2

Six conditions	Parent and Professional	Intervention		
		Emotional support	Informational support	Instrumental support
1. 2 people in psychological contact over time	Parent and child 2, addiction worker, health visitor, key worker, social worker	<ul style="list-style-type: none"> • Addiction worker provided 10 formal sessions of support to parent • Health visitor provided informal support as requested by parent • Key worker offered daily opportunities for informal support to child and parent • Social worker provided informational support weekly to parent 		
2. 1 person incongruent	Parent and child 2			
3. 1 person congruent	4 named professionals			
4. 1 person unconditional positive regard	-			
5. 1 person empathic understanding	-			
6. 1 person communicates empathic understanding	-			

Note. - = no data obtained.

Table 13
Circumstances relating to case study of child 3

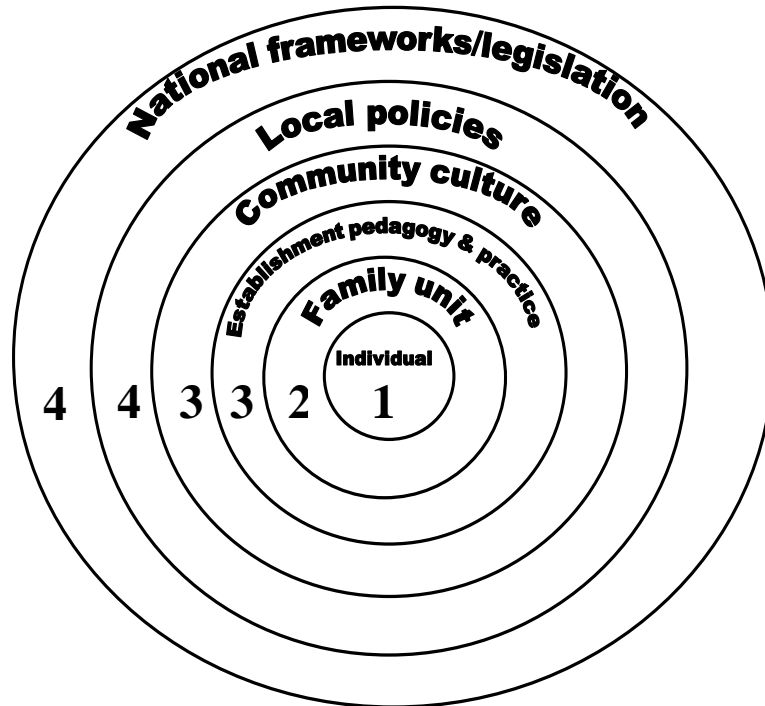
Six conditions	Parent and Professional	Intervention		
		Emotional support	Informational support	Instrumental support
1. 2 people in psychological contact over time	Parent and child 3, psychiatrist, health visitor, key worker, social worker	<ul style="list-style-type: none"> • Psychiatrist provided 6 formal sessions to parent • Health visitor provided informal support as requested by parent • Health visitor provided informational support by telephone on request • Key worker offered daily opportunities for informal support to child and parent • Social worker provided informational support weekly to parent 		
2. 1 person incongruent	Parent and child 3			
3. 1 person congruent	4 named professionals			
4. 1 person unconditional positive regard	-			
5. 1 person empathic understanding	-			
6. 1 person communicates empathic understanding	-			

Note. - = no data obtained.

Figure 2 was based upon the systems of human development as described by Bronfenbrenner (1979, 2005). Figure 2 informs knowledge and understanding by depicting the location of contextual factors from the data of the case study.

Figure 2

Location of factors which accompanied a change in perceptions of one service-user



Note. 1 = microsystem: influences from personal characteristics, biological, sociological changes, and relationships; 2 = mesosystem: influences from childhood upbringing; 3 = exosystem: influences from organisational culture, implementation of practice, and community; 4 = macrosystem: influences from local and national policy/legislation.

8.5 Summary

Analysis of the case study identified contextual factors which accompanied one parent's positive change in perceptions during the transition from a status of involvement to engagement with services, over an identified time period. This data included national and local policies, and practice of the setting in addition to biological and sociological changes of the participant. Findings suggested that the participant's interpretation of her environment, and formation of perceptions was influenced by factors from each system of human development (Bronfenbrenner, 2005). There was a lack of recorded evidence of professional response to a change in the service-user's perceptions.

The next chapter discusses the findings.

Chapter 9: Discussion

9.1 Introduction

This chapter presents a discussion of the findings in response to the research question, and four aims of the inquiry. The use of the three theoretical frameworks (Bronfenbrenner, 1979, 2005; Magnusson & Stattin, 2006; Rogers, 1990) contributed to conceptual understanding, and examples from the literature review were used to contextualise the results. The chapter concludes by summarising the discussion.

Research question: “How do parents and professionals perceive the influences upon their relationships, in a context of early intervention, and child protection?”

Sub-question: “What factors accompany a change to perceptions over time?”

The study had four aims:

Aim 1: to investigate personal, social, and cultural influences through the perceptions of parents and professionals.

Aim 2: to compare the perceptions of service-users and service-providers.

Aim 3: to compare the perceptions of professionals from three disciplines who practised as an integrated team.

Aim 4: to investigate contextual factors which accompanied a change in perceptions of one service-user over a period of time.

9.2 First key finding

This section discusses the findings which respond to aim one and aim two, and it commences with differences in perceptions of service-users and providers. Factors which accompanied a change in the perceptions of one mother are also described in the context of a process that led to convergence in the perceptions of the mother and

integrated team, and ultimately a positive outcome. Finally this section concludes by further discussion of perceptions through reference to the development of a sense of self, and the creation of a therapeutic alliance between service-user and service-provider.

9.2.1 Differences in perceptions

Child protection was perceived as a positive influence upon a parent-professional relationship by service-users, and a negative influence by service-providers

The first key finding indicated differences within the perceptions of service-users, and providers, regarding the influence of child protection upon the parent-professional relationship. Eight parents from the sample set of nine expressed that child protection was a positive influence upon relationships, and contrastingly the responses of 18 professional participants from a total of 21 indicated that the influence was negative.

Parents felt that child protection provided enhanced opportunities for a child to learn and develop, in addition to an advent of emotional and informational support for the extended family. The parents in this study appeared to regard child protection as a positive influence in creating a link between heritability, and developmental functioning through an increase in opportunities. Moran et al. (2004) reported that structured environments facilitated learning, and this feature was described by Bronfenbrenner and Morris (2006) as promoting the actualisation of genetic potential.

Data from the case study indicated that the mother's change in perceptions was initiated by formal rehabilitation in a context of mandatory child protection procedures. Therefore it may be the case that the processes associated with child protection granted a structure to the lives of the participants which encompassed rules of behaviour, definable limits for interactions, and a route to achievement of outcomes that recognised and rewarded progress (Polnay & Scrivastava, 1995). Deacon (2011) had indicated that a human being's application of knowledge could

be achieved if the person was able to take a definitive role in her responses to the environment.

It seems that vulnerable families may exist in a disorganised and inconsistent environment (Bomber, 2007, 2011). Chaotic circumstances within a household may eliminate the potential for a human being to recognise and predict events, but familiarity and routines in daily living have been found to support the balance of control and spontaneous interaction within proximal and distal environments (Geddes, 2006).

Parental participants expressed positivity regarding child protection and associated the processes with beneficial outcomes to child and family. It appeared that parents had normalised the concept, and viewed child protection as an *enabler* for accessing support to facilitate development. Bronfenbrenner (1979) termed influences as variable factors in the human system of development, and a degree of variance could be placed upon the concept of child protection in accordance with the negativity or positivity appointed by the participants. A negative value transformed child protection into a barrier as described by professionals whereas the same concept was granted positivity by parents.

Professional participants explained that their roles encompassed interactions with several or many vulnerable families on a daily basis. Effective management of each case entailed sensitive responding to the client's needs within one of three stages of a therapeutic relationship which were identified by Bowlby (1979) as creation, maintenance, and closure. Professionals had expressed a sense of pessimism regarding the onset of child protection, and it may be that this negativity prevailed throughout the three stages of a relationship.

Howe (2013) identified accurate empathy within a parent-professional dyad as based upon professional knowledge of a local culture which entailed an ability to understand, and to respond positively to a parent's values and expectations. This author noted that personal beliefs of the service-user and provider could differ. It

seems that accurate empathy is the outcome of the transcendent phenomenon as discussed by Rogers (1990). Rogers had described the transcendent phenomenon as a positive effect being transferred from one human being who had a status of congruence to another. This author had applied the term to relate to the capacity of a professional, within the context of a therapeutic alliance, to transfer positive emotions to a client.

The findings from this study had indicated negativity from the professional participants towards child protection, and it may be that a lack of professional congruence resulted in the transference of a negative emotion, through social referencing, between the disciplines of the integrated team. Several participants had demonstrated a fatalistic attitude to child protection by using negative expressions, for example “child protection is a no-win situation, always negative.”

Howe (2013) identified a cause of low empathy in professionals as compassion fatigue. This author suggested that a low level of empathy could occur if a professional was practising within a caring profession over a prolonged period, with a client group who had limited capacity to demonstrate empathy within a relationship. Campbell (2012) had previously described this phenomenon, within a context of the voluntary sector, as a lack of *reciprocity of regard* from service-user to provider. An interpretation may be that professional empathy requires particular conditions in order to be sustained, and demonstrated in response to the needs of a service-user.

Both sets of participants had indicated knowledge of a dichotomy for service-providers between professional values, and personal reaction to child protection. Several parents described an empathic response from professionals as a demonstration of understanding the perspective of a service-user. Professionals also identified the use of empathy with a non-judgemental approach but the majority of these providers declared emphatically that child protection had a negative impact upon their relationships with parents.

An opposing view was recorded by Cleaver and Freeman (1995) in which professionals had viewed the management of child protection cases as a common responsibility pertinent to the role, whereas parents had initially regarded the onset of procedures as unusual and traumatic. The findings of these authors suggested that perceptions had validity within a set time period and specific circumstances. The study concluded that operational perspectives of service-users and providers were influenced by the quality of human interaction, and the associated conditions which affected empathic sensitivity as termed by Howe (2013).

Saarni et al. (2006) conceptualised emotions as antecedents, and organisers of personal and social behaviours which suggested that the prevalence of a negative emotion could create a barrier to the development of a relationship over time. One necessary condition for the achievement of a therapeutic alliance was professional comprehension of a parent's frame of reference (Rogers, 1990); thus differences in perceptions suggests that this optimum relationship could not be achieved.

Disagreements in perceptions were regarded as opposing influences by Bronfenbrenner (1979, 2005) within the systems of human development which created a weakness in the organisational capacity of human beings. A dyad of parent and professional was described as a "unit" by one professional which was used to support a child's development. It may be that these opposing influences were a barrier to achievement of the optimum output from this unit.

However data collection in this inquiry involved a retrospective methodology which relied on the ability and willingness of participants to recall past experiences, and to reflect upon historical and current perceptions (Braiden et al., 2010). It may be that the positive attitude towards child protection, expressed by parental participants in the data collection, represented a change in perceptions.

Generalisation of findings from previous studies (Cleaver & Freeman, 1995; Yatchmenoff, 2005; Ghaffer et al., 2011) indicated that the initial negative perception of service-users to child protection changed after a period of time.

Ghaffer et al. (2011) had also reported that factors which influenced a change of attitude became apparent over time, and these authors promoted examples as an increase in knowledge relating to personal issues, associative repercussions or consequences.

The next two sections discuss the impact of the local culture by contextualising the differences in perceptions of service-users and providers regarding the influence from child protection upon their relationships. Explanation is suggested for the normalisation of processes associated with child protection by service-users which relate to inter-generational, and observational learning. The dissemination of knowledge through policies and guidance documentation, and a potential link to professional understanding are explored.

9.2.2 Child protection – a positive influence

Findings had indicated that service-users maintained an optimistic attitude towards child protection despite the negativity perceived by the service-providers. Lave and Wenger (1991) had described the process by which human beings integrate into a community by internalising a culture of practice, and it may be that normalisation of child protection was a feature of this locality.

Daniel et al. (2012) recently conducted a review, commissioned by the Scottish Government, on child neglect in Scotland. The findings from these authors publicised factors which were interpreted as barriers to identification of neglected children. It may be that two of these factors, cultural acceptance and overwhelming numbers of neglected children, could be applied to the circumstances of this study, and contribute to the normalisation of child protection by parental participants.

90% of the service-users within this setting were termed vulnerable in accordance with the local criteria for admission to a childcare and education establishment (Glasgow City Council Education Services, 2011). There were many visual indicators of child protection within the community for this inquiry which could contribute to cultural acceptance. Examples were uniformed professionals

supervising access visits in local facilities, and a preponderance of council vehicles being used to transport children to and from accommodation. Additionally each local authority service displayed the Children's Charter (Scottish Government, 2009a) which promoted that child protection was *everyone's responsibility*. Hence an interpretation of these findings was the parents' perception of child protection as one part of a process to development which may have been embraced with optimism due to the fulfilment of a cultural, and personal expectation.

Service-users and providers had identified positive and negative influences from a historical and current perspective. Both sets of participants indicated an influential factor as family upbringing, and professionals also referred to formal training. The two sets of participants described informal factors which were acquired through immersion in a community or exposure to personal and professional culture.

An expression used by one professional participant was *community-wise* to represent the context of inter-generational influences. This source of knowledge and understanding was termed social referencing by Thompson (2006), and described as a means to interpret an event, and to construct social and cultural meaning upon a situation. It may be the case that the perceptions of parents and professionals had been influenced by social referencing within a local context.

Some parents identified circumstances specific to the local community as negative influences, for example culture of addictions, associated violence, and low attainment. However, as previously discussed, child protection was accepted and normalised by the majority of these service-users. Carlisle (2006) had described human beings as active recipients of culture, and this author recognised formalisation of cultural features within a community which were deemed valuable to the collective group. Parental participants expressed that child protection had a beneficial effect upon the development of their children and the extended family; thus it appeared that the concept was given value within this locality. Research by Parkinson (2012) into adult mental health indicators in Scotland proposed that

fulfilment of a cultural expectation created normality within a society which had been indicated by the parental findings of this study.

9.2.3 Child protection – a negative influence

A majority of professional participants regarded child protection as a negative influence, within the dyad of service-user and provider, and the advent was associated with a culture of blame. The negative perception was linked to physical and emotional protection of children, and a forensic investigative process.

Professional participants described formal and informal influences to the development of their attitudes. Undergraduate training in a specific discipline and peer modelling by any member of the integrated team were promoted by participants as significant factors. Participants from the disciplines of health, education, and social work described child protection as keeping a child safe from harm. The professionals did not identify achievement of potential as an outcome.

Professional understanding is influenced from the macrosystem in the form of current or past guidance documentation. A review of documents applicable to the setting revealed that the National Guidance for Child Protection in Scotland (Scottish Government, 2010a, 2014a) was updated recently in acknowledgement of changes to legislation and practice at a local and national level, and replaced the publication *Protecting Children – A Shared Responsibility* (Scottish Office, 1998). A fundamental development, in the promotion of this concept, was positioning each child's rights and interests at the centre of processes and decision-making.

This approach encompassed the principles of *Getting It Right for Every Child* (Scottish Government, 2010b), *United Nations Convention on the Rights of the Child* (Scottish Government, 2009a), and *The Early Years' Framework* (Scottish Government, 2008a). The vision of the Scottish Government was to ensure that each child was healthy, achieving, nurtured, active, respected, responsible, included, and safe from harm and abuse (Scottish Government, 2010a). The documentation promoted safety *and* achievement of potential as an outcome of child protection, and

this feature was indicative of the holistic approach to each child's care, welfare and education which had become known as the refocusing debate. The role of services focused upon early intervention which encompassed preventative in addition to reactive, and protective measures to child protection issues (Parton, 2007). However findings indicated collective negative perceptions from the professional participants who represented the integrated team. It may be that professional perceptions were also affected by personal influences. Bowlby (1979) had expressed that the incipient emotion within a relationship was prevalent, and it may be that the initial pessimism, as described by these participants, prevailed throughout the term of the relationship.

Recognition was given to the interpretation of information from a personal and professional perspective by Galvani et al. (2011). The significance of the dissemination of knowledge to extend understanding and to promote consistency of practice was also publicised. These authors conducted a literature review on social work services and recovery from substance misuse. It was concluded that foundational training should be supplemented by continuous professional development which had a particular focus upon potential conflict caused by the dichotomy of personal and professional attitudes.

Several professional and parental participants felt that training did not have a significant impact on the relational skills of the service-provider, and identified personality as influential to the creation of a relationship. One parent expressed that it was a professional responsibility to change and develop practice. Greenfield et al. (2006), in a review of the impact of culture on human development, had noted that differences between personal and local culture created a potential for conflict and interpersonal misunderstanding. Howe (2013) had recorded that a professional's ability to empathise with a client might require suppression of a personal viewpoint or belief; therefore it seems that this is an important area of professional development.

Munro (2010, 2011a, 2011b) had described processes as negative influences which hindered social service workers in accessing optimal skills to make professional judgements. An alternative view may be that professionals embraced bureaucratic systems as support mechanisms which contributed to accountability and auditing of interventions. Findings indicated a retention of power by professionals which facilitated decision-making in this emotive context. Professional participants regarded child protection as a barrier to a relationship with a service-user which indicated that a change had occurred to the professional frame of reference or alternatively gave affirmation to established perceptions. The professional's frame of reference was potentially influenced by formative life events, for example training or practices associated with a personal culture (Braun et al., 2006).

Training of the social service workforce (Care Sector Consortium, 1997) may support acquisition of stimulus-responses, and generic expectations of interactions with vulnerable families. This traditional framework had been reviewed in recent years within the discipline of health, and innovative methods to training and assessment of skills, based upon scenarios, were designed to support students in the use of responsive, personalised care for service delivery (Agenda for Change Project Team, 2004).

Professional participants indicated the existence of similar perceptions, and potentially a collective attitude within the integrated team. One interpretation could be that guidance, and subsequently shared recording systems within the social service sector, contributed to the development of collective perceptions, and a culture of practice by professionals from multi-disciplines (Glasgow Child Protection Committee, 2009; Glasgow City Council, Social Work Services, 2007; Scottish Executive, 2005a).

9.2.4 Change in perceptions

Current guidance materials for the children's workforce (Department for Children, Schools & Families, 2010b) which are accessed by Scottish practitioners, state that a developmental process requires sensitive management, and timely responses to each

stage of the transition. The adaptation of practice over time was also reported by Munro (2011b) within the creation of a culture of learning for parent, and professional.

One parent expressed that her initial negative perception of child protection was based upon childhood experiences of family involvement with social services. However this parent admitted that an increase in knowledge and understanding had an ameliorative effect upon her perceptions. The majority of professionals commented that time had a positive effect upon perceptions, and these service-providers stated that service-users may not agree with decision-making but they will gain an acceptance of decisions over time; therefore the relationship could be maintained.

One professional had expressed that perceptions can change within one or two years of a parent's involvement with the social service sector. Data from the case study indicated that the service-user had a different frame of reference to the service-provider which resulted in non-engagement with services during the period of child 1. This data spanned a longitudinal period of 12 years, and it was noted that this service-user's perceptions had changed throughout the time. Findings suggested that consideration should be given to the effect of the chronosystem on a vulnerable parent's transition from a perceived environment to an actual environment, and consequently any impact upon the professional interpretation of need and responsive strategies.

Cleaver and Freeman's study of 1995 had demonstrated that perceptions of parents towards child protection issues had become more positive, as recorded two years after the initial data collection (Cleaver & Freeman, 1995). Yatchmenoff (2005) found similar results in a study in which client engagement of a large sample set was measured within the context of mandatory child protection. Ghaffer et al. (2011) also reported a change in perceptions and consequently convergence of parents and professionals over a two year time-scale.

Bronfenbrenner and Morris (2006) had classified time into three periods. Interaction with the environment occurred within microtime, universal epochs such as weeks or months represented mesotime, and inter-generational and societal changes took place in macrotime. It seemed that the effects from microtime, mesotime, and macrotime could have imposed variance on the interpretation of issues by participants which contributed to a change in perceptions.

Historical influences

Both sets of participants identified a profound attitudinal influence as childhood upbringing by parents and extended family in addition to influences which were gained from formal education, and exposure to experiences within the local community. One parent had recorded the influence of child protection as negative, and this mother vividly described abusive experiences from her earliest years as the source of her attitude in adulthood. Another mother acknowledged that her initial negative attitude had changed as the process supported an increase in her knowledge and understanding of the concept, and this particular participant appeared keen to emphasise her current positivity.

Several professionals identified experience of attachment in childhood as influential to a parent's capacity, and ability to create and sustain relationships in adulthood for example in the context of early intervention. Professionals acknowledged that their roles involved "nurturing, teaching, and transforming" the inner working model of an adult service-user. One viewpoint indicated that positive experiences of relationships, subsequent to childhood, could support a parent to gain knowledge, understanding and skills to seek and to create a secure attachment relationship.

Data from the case study was reviewed to inform these issues. The mother's description of her relationship with various kinship carers was termed avoidant attachment (Bowlby, 1979). This mother expressed regret that she had not experienced a consistent primary carer in childhood which indicated a positive expectation of a relationship. Exposure and frank discussion of the parent's childhood experiences was regarded as an essential component to development, and

this technique from the Triple P – Positive Parenting Programme (Sanders, 1999, 2008) had been applied to support the mother's comprehension of her current inner working model, and to initiate a discussion of reformation (Braun et al., 2006).

The parent's words, recorded within a family background questionnaire (Sanders, 1999), equated with Bowlby's response to the role of an attachment figure as the person trusted (Bowlby, 1979). Bowlby had described the necessity of this figure to be available over a long period of time, and to promote consistency in actions and responsive support. The support from a primary carer was regarded as informational and emotional, and the author stated that adults required a secure attachment as a base for formation of a stable personality. This feature led to an increase in self-esteem, and the ability to interact positively with the environment. The mother's self-esteem was low at this point which was demonstrated by a personal recording of health and wellbeing scales, and her inability to engage in the early interventional process affected the short-term outcomes.

The conclusion of the longitudinal Minnesota Study on Risk and Adaptation from Birth to Adulthood (Sroufe et al., 2005) indicated that a capacity for sustaining relationships, and achieving resilience was a developmental outcome. The mother in this case study did not respond to potential conditions for development which were promoted by the parent-professional dyads of the multi-disciplinary team. The parent could not identify a primary carer who responded to this stage of her life-cycle, termed the environmental influence by Bowlby (1979), or recognise a potential primary carer who could nurture a secure attachment. Bowlby had referred to this condition as the organismic influence.

This author (Bowlby, 1979) noted that childhood experiences affected an adult's expectations and competence in recognising the potential for secure attachment, and the parent in this case study did not seem able to access positive historical experiences to support a development of her inner working model. Fischer and Bidell (2006) had linked insecure attachment to a weak comprehension of the autobiographical self which was indicated by the self-assessments of this parent.

The findings of Sroufe et al. (2005) reported that individuals were affected by early experiences throughout a life-span which included periods *after* pronounced changes had occurred. Notes from the chronology of the case study recorded significant events in the mother's childhood and adolescence, as periods of accommodation in foster care which were interspersed with care by her birth family.

Magnusson and Stattin (2006) linked life events to changes in a human's internal frame of reference; therefore it could be that daily interactions in this community, in addition to specific events, exposed parents to potential influences. Parents had expressed that their attitudes were gained from childhood experiences, and observations within the local community. The microsystem of human development (Bronfenbrenner, 1979) was composed of features which related to daily living of these participants, for example the family centre, shopping area, and local environs. The microsystem also encompassed relationships with family, professionals, and transient encounters within the local community. Members of this inner city area appeared to spend significant periods of time each day in their locality, and the shopping centre was regarded as a focal point to wait, meet, interact, and transact.

Thompson (2006) had applied the terms blunting or sensitising to describe the effect of past experiences on knowledge and understanding. Several of the service-users expressed that an increase in self-confidence, and belief in one's own ability to achieve in the role of a parent was a positive outcome from professional involvement. The parents identified a condition for this stage of development as professional confirmation of their progress, in a context of change and development. One parent described the positive effect from professional support as minimising the impact of negativity from the community towards her family.

Saarni et al. (2006) linked human interpretation of cues to memories and personality disposition, and it may be the case that participants' attitudes were informed by these variants. These authors had studied the effect of time upon emotions and identified temporary mood states, and personality traits as influential factors in the processing

of emotional cues. It may be that knowledge of the local culture and personal needs of families enabled professionals to respond to variants.

Current influences

One parental participant had described the effect of time upon her emotions during a change which occurred to her understanding of self; thereafter this participant acknowledged an increase in her parenting skills, and confidence. The work of Thompson (2006) linked the reactions of an individual to the concept of self, and a human being's attachment status, and this author suggested that humans had the potential to adopt strategies of emotional regulation which were adaptive or maladaptive to social contexts. It seems that this parent had identified and embraced positive strategies.

Data had indicated that many professional participants identified one of their responsibilities as teaching parents by the use of role modelling. This topic was expanded by the authors Saarni et al. (2006) who proposed that role modelling by a professional was an optimal process which supported a client to gain acceptance. An interaction which occurred within the context of a parent-professional relationship could be termed an optimal process due to the potential for facilitating change in a vulnerable client.

Findings also showed that a professional source of learning was role modelling by peers, and spontaneous or planned observational learning from the practice of the integrated team. Participants did not differentiate between disciplines or levels of professional experience but emphasised the importance of acquiring relational skills from colleagues who were regarded as demonstrating good practice.

Katz et al. (2007) had focused upon role modelling in a review on barriers to parental engagement. These authors indicated that a service-provider could only create a trusting relationship with a service-user if a professional culture of trust was apparent within the organisation. It seems that the positive influence from role modelling in the parent-professional dyad was dependent on circumstances which occurred within

two systems of human development. Organisational influences from the macrosystem, in the form of policy or leadership strategies and relational influences in the microsystem, in the context of practice.

Service-users had described an organisational ethos, which was unique to the setting, and identified timely responses, availability of professional support, and a friendly manner as conducive to a positive relationship. Perceptions of professionals from health, education and social work were similar, and this finding suggested that the organisational culture affected practice in the integrated team albeit some professionals had a peripatetic role. Previous research had indicated that a culture of practice which reflected the same principles and values by each service-provider evolved within an integrated team (Lord et al., 2008).

Power within a relationship

An example of power transfer was gained from the interview data and case study. Bronfenbrenner (1979) discussed the deficit model in which families receiving financial, and emotional support consciously maintained their difficulties in order to access assistance; thereby rejecting potential devolvement of power from service-provider to user. The case study of this inquiry initially resulted in the parent transferring power, and control to the professional in a vertical relationship which created a chaotic lifestyle as the mother absolved herself from making decisions.

The mother of child 1 did not embrace opportunities for learning at the initial stages of her involvement with social services. A readiness to learn had been linked by Magnusson and Stattin (2006) to an individual's comprehension of a developmental period as a response to need. The recipient of this early intervention was a vulnerable mother, and it seemed that recognition of need was a pre-requisite for her acceptance of support (Rogers, 1990).

Bronfenbrenner (1979) had emphasised the conscious aspect of actions by families within the deficit model but reference to Magnusson and Stattin (2006) suggested that the natural principle of resistance in human beings directed families to maintain

the status quo, and eliminated the consciousness of these actions. The mother's awareness of her behaviour could not be established from the case study.

The nature of the referral system, albeit voluntary or supported, indicated the existence of the first three conditions for an alliance as detailed by Rogers (1990). However this mother expressed a feeling of coercion regarding submission of a voluntary referral; therefore she may not have accepted that her status was incongruent. It may be the case that a voluntary referral by a parent to social services was influenced by an implicit coercive element, particularly if a parent was *au fait* with policies and procedures regarding child protection. The potential of the mother to engage was termed weak at this point, and the final three conditions of Rogers were not apparent from the data.

The mother existed in a negative culture of addictions during the period of case study for child 1 but the passing of time resulted in changes to the mother's biological status, and emotional maturity, and to the implementation of early interventional strategies for child 2. Ghaffer et al. (2011) suggested that the development of an effective relationship between parent and professional was realised by the identification of an optimum intervention.

Alternatively Cooper (2004) argued that the primary vehicle for therapeutic change was the quality of relationship, as opposed to techniques or interventional strategies. Tompsett et al. (2009) reiterated this dichotomy by recording that potential conflicts of interest, in a study of general medical practitioners, were the needs, wants, and rights of the child and parents.

Some service-providers regarded the retention of power as a necessity within a decision-making process which entailed the protection of a child. Other participants felt that power should be devolved to a parent. However one professional declared that power may be misused by service-user or service-provider for self-gain. This participant advised that the use of power should be supported and managed.

Bronfenbrenner (1979) had suggested that power should be devolved from the professional to the developing person, and the literature revealed that principles associated with empowerment of clients were frequently applied within a context of early intervention. Sanders et al. (2003) promoted parental self-efficacy, self-management, and personal agency within the model of Triple P – Positive Parenting Programme which was identified by a parental participant as a positive influence to her parent-professional relationship.

The significance of power within a relationship of early intervention was also identified from examples of documentation applicable to the setting. Deacon (2011) recently noted an aim of early intervention as unlocking the potential of individuals, and the National Parenting Strategy for Scotland equated achievement of potential with empowerment of families (Scottish Government, 2012c).

The Centre for Excellence and Outcomes in Children and Young People's Services (2010) produced a comprehensive guide to early intervention which stated that knowledge gave power to parents. The early learning partnership published a framework of principles for engagement of service-users (Early Learning Partnership, 2010). One of these principles was appointing the role of decision-maker to parents, and it may be that the identification of practical strategies could support a phase of learning, and sustaining development which incorporates a transfer of power to a service-user, and potentially a change in perceptions.

Findings from the case study exemplified this aspect of the inquiry. The mother at the point of the referral for her first-born child was immersed in the daily routines of her microsystem within a culture dominated by addictive substances. The mother's need to assuage her cravings appeared to direct her choice of environment, and relationships. These factors, and the mother's perceptions influenced the connections with each professional from the multi-disciplinary team. The links seemed weak, and influences from the macrosystem had created conditions which disempowered the mother, and she demonstrated a deficit model.

The mother was only able to sustain the effects of the interventions for her two oldest children for a short term period, and Bronfenbrenner (1979) described these transient behaviours as molecular. Child 2 was accommodated for one year at the median point of the case study, and it had appeared that this action marked the beginning of a developmental phase for the mother, and a change to her perceptions. The advent of a place on a residential rehabilitation programme provided this mother with the emotional, informational, and instrumental support to commence a transition from a negative, destructive culture back into mainstream society.

Further comprehension of the context of the singular case study was gained by reference to the cycle of change within the rehabilitation programme pertaining to the mother's substance misuse (Prochaska & Di Clemente, as cited by Institute for Research & Innovation in Social Services, 2011). Six stages of change were identified as pre-contemplation, contemplation, preparation, action, maintenance, and potential relapse. This mother was undergoing the cycle of change as a process of development, in response to addictions, and it involved a focus upon the actual environment as opposed to the perceived environment (Magnusson & Stattin, 2006).

The mother was supported in her care of child 3 by interventions which complemented one another, and had a common focus determined by the two parties within the dyad of parent and professional. The molecular behaviours transformed into long-term molar activities with a recognisable outcome leading to sustained development (Bronfenbrenner, 1979).

Bronfenbrenner had suggested that molar activities required a momentum to inject meaning into the activities. The momentum in this case study 3 appeared to be initiated by joint working of the integrated team and parent, and it marked a sensitive phase of development for the mother (Bowlby, 1979; Sroufe et al., 2005). This mother demonstrated self-perpetuating methods of sustaining the outcomes from the interventions which Bronfenbrenner (1979, 2005) termed developmental trajectories.

The mother's biological and emotional status changed between the births of her three children as she passed through a transition period from adolescent parent to adulthood. The support mechanisms were determined by the macrosystem, and the statutory measures provided this mother with clarification of her actual environment. The influence of time was also observed as the "sleeper effect" of learning from interventions occurred after a period of several years (Bronfenbrenner, 1979). It seems that influences were apparent from the mesosystem as professionals in the integrated team formed transcontextual dyads with the mother (Bronfenbrenner, 1979).

Findings showed that service-users had an element of choice regarding the initial parent-professional relationship. Both sample sets identified a parent's right to seek support from any professional. Service-providers felt that this initial relationship, as chosen by the service-user, could subsequently be used as an "intermediary support" in order to facilitate the creation of relationships with other members of the integrated team.

Perceptions of service-users were described by professionals as reflecting negative emotions in the initial stages of child protection, for example *panic*, *fear*, and *culpability*. A few participants responded by giving details of the process to supporting a change in perceptions which entailed the promotion of explanation, informational, and emotional support. One professional clearly stated that a positive relationship could be applied as a mediatory tool to change a negative perception of a relationship with another provider. It seems that the medium of the parent-professional relationship could be used to transfer a positive influence within the microsystem (Bronfenbrenner, 1979, 2005), and this finding indicated strength in the organisational capacity of the dyad between service-user and service-provider.

A research study by The Institute for Research and Innovation in Social Services (2011) acknowledged that it could be difficult for professionals to maintain the motivation that was required to support clients over lengthy periods. A supervision order (The Stationery Office, 1997) was granted for child 1, and the chronological

records illustrated a focus of attention by services on factual information, for example an identified timeline for achievement of outcomes, and an emphasis on decision making by professionals. Munro (2011a) criticised the formality of these types of processes which she termed techno-rationalist, and this author suggested that a system may be weakened due to an association with highly bureaucratised practice. The care plan for child 1 was created by professionals, and it identified tasks to be completed by the mother within a set time period. This process appeared to disempower the mother further, rendering her incapable of reforming her inner working model (Braun et al., 2006), and the relationship between professionals and parent was termed non-engagement.

However research revealed that not all techniques and skills which were applied by professionals were recordable or recorded (Munro, 2011a, 2011b). Munro referred to a professional's intuition as a "*mystical unconscious process*" which was applied to the development of a relationship between a social worker and a client. The author stated that intuition was independent of language, and non-recordable.

It may be that there were positive influences to the parent-professional dyads of the case study, with regard to child 1, which were non-recordable. One parent applied a term "just knowing" to indicate a professional's ability to personalise a response to each parent. It may be that intuition is an innate characteristic which is difficult to define, and to reproduce; however the conclusions to Munro's study suggested that the use of intuition could become a conscious act, and articulated to improve practice (Munro, 2011b).

The practice guide to recording chronology by the Social Work Inspection Agency (2010a, 2010b), as applied by this setting, advised practitioners to record positive *and* negative occurrences. A limitation of data from this source was the reliance on individual professional assessment of information for inclusion or exclusion in the chronological records.

9.2.5 Similarities in perceptions

The sample sets demonstrated similarities in perceptions by identifying verbal interaction as the most effective medium for communication. This led to an outcome of parental involvement, development of the family, and a positive relationship between service-user and provider. Siraj-Blatchford et al. (2002) had found that the use of verbal interaction, as a means to share information between professional and parent, had promoted consistency of care and education which contributed to a child's achievement of potential. Data had indicated that service-providers from the integrated team of this inquiry had demonstrated knowledge and application of verbal interaction within the setting.

Personalised responding

A minority of service-providers had linked the professional response to a parent's verbal expression of need as a potential barrier to a relationship. The negativity was associated with professional assumption of need which was described as normative. One participant applied the descriptor of stereo-typical to professional interpretation of need. It seems that personalised responding, and the parent-professional relationship may be affected by this interpretation.

The majority of professional participants had worked in the local area for many years, and they acknowledged gaining experience of the needs of this particular community. Moran et al. (2004) had highlighted an area for future research as cultural sensitivity of an intervention, and it seems that this integrated team had an understanding of the application of their knowledge into practice which reflected local cultural needs.

The use of text messaging was given by service-providers as an example of a communication method which responded to specific needs or preference, for example in a case cited of parents who had a hearing loss, and young parents. Boddy et al. (2005) had evaluated the use of the telephone as a medium to implement support within the context of Parentline Plus. This research study referred to verbal interaction between service-user and provider, as opposed to text messaging, and the

findings had promoted positive features of the medium as privacy, self-regulation, and a non-judgemental format. It may be that the use of text messaging from professional to parent promoted these three features by allocating the balance of power within the relationship to the receiver of the communication. Power had been identified in the findings of Cleaver and Freeman (1995) as one social dimension of an operational perspective which influenced relationships.

A parent could halt an interaction by choosing to ignore the communication or respond after a period of reflection. The receiver of information in this medium could also choose to seek support prior to responding, for example by forwarding the text to another party such as a solicitor or peer. Alternatively the receiver of a text communication could choose to delete the correspondence, and eliminate the potential for interaction. These examples were common issues which were encountered within a context of text messaging from professional to parent in the practice of the setting.

The practice of maintaining confidentiality of information was promoted by several professionals who described the policy and procedures which pertained to information-sharing, and included parents' knowledge and understanding as integral to this system. One professional participant demonstrated in-depth knowledge and understanding of the necessity to protect vulnerable families within this context. The participant worked in the field of domestic violence, and gave a detailed explanation of her preference for using verbal interaction with a parent in order to retain information within the dyad. Recorded information, for example letters delivered to a parent's residence, could be accessed by a third party such as a perpetrator, and result in a situation of conflict.

Therapeutic alliance

Parents agreed that personality influenced a relationship, and equated this feature to a positive professional attitude and honesty in information exchange. The majority of professionals had applied two terms with regard to personal characteristics which were conducive to the creation of a relationship with a parent. These terms,

approachable and *honest*, were interpreted within the context of data collection as a predictable demonstration of empathic responding from service-provider to service-user, and clarity of information. Both sample sets agreed that the absence of an identified positive characteristic was a negative influence upon a parent-professional relationship. This finding suggested that a proactive approach, through demonstration of positive personal characteristics, was deemed to be desirable in the creation of an effective parent-professional relationship.

Cain (2010) had promoted the empathic response as contributory to a relationship which encompassed a period of constructive change. It seems that the professional participants did have an awareness of this condition of practice to support the establishment of an optimum relationship known as the therapeutic alliance (Rogers, 1990), within a context of early intervention. One professional participant gave an explanation of the strategies which were used to deliver informational, and emotional support within the setting. Information was described to a parent as actions and projected outcomes or consequences, and professional support reflected each parent's capability and motivation to achieve throughout the process. The majority of professionals acknowledged that a relationship developed over time; therefore strategies were adjusted in response to a parent's stage of learning and development.

Previous findings in this section had indicated that a positive influence from one relationship could be transferred to a different service-provider. It seems that positivity in a relationship was also transferrable between contexts in which parent-professional interactions occurred. Participants from both sample sets expressed that the positive aspects of a "strong relationship," which was created in a pre-crisis period, could be transferred during implementation of mandatory child protection procedures. This transferability of positivity to a relationship which was subject to different influences was another indication of strength in the organisational capacity of the dyad between service-user and provider.

A sense of self

The case study had demonstrated an increase in the mother's knowledge and understanding of her sense of self, exhibited by behaviour and attitude, as she progressed from adolescence into early adulthood. Stern (1998) had noted that a sense of a core self does not stop forming throughout a lifespan. This author identified an initial stage in which there was a formation of self in a human being's early years, and further time periods throughout a life-span in which compensatory or detrimental factors could reconstitute this core self.

Sroufe et al. (2005, 2006) conducted a longitudinal study which focused upon the nature of individual development. These authors suggested that an understanding of the concept of self was a necessary component of a human being's composition which supported comprehension of self-esteem, positive interactions with proximal and distal environments, and ultimately development. These features were apparent in participants' responses, and records within the case study pertaining to child 2 and child 3.

An example was the frequent references to a parent's direct expression of need by use of a communicative technique. This circumstance represented a demand characteristic which created a focus of attention, and indicated a parent's representation of herself as an active participant in a process of change. One parent had described this transition, and a change in her perception of herself, as a position of "can't do" to "can do."

However vulnerable families may demonstrate insecure attachment (Bomber, 2007, 2011) to their children and extended family, and the report by Fischer and Bidell (2006) expressed that insecure attachment led to a weak comprehension of the autobiographical self, as recorded in the case study of child 1. The study by Radford et al. (2011) also linked negative childhood experiences with poor mental health in adulthood.

It may be that insecure attachment in childhood had contributed to an incomplete understanding and development of self by the mother in the case study, during the period of child 1. Howe (2011) had noted that human beings with insecure attachment, clarified by this author as avoidant, had a limited capacity to recognise and regulate their emotions. Individuals who had this status of attachment were regarded as keen observers of mood and emotions which resulted in the insecurely attached adult reflecting the emotions of others. Bronfenbrenner (2005) described this phenomenon as the adult gaining a false sense of self, and directing cognitive attention outwards. The subsequent creation of a false sense of self formed a barrier to the acquisition of realistic expectations. Data had indicated that the mother did not acknowledge her child's needs or identify opportunities for development in the early stages of her involvement with the social service sector (Polnay & Scrivastava, 1995).

The development and skill of self-representation were discussed by Thompson (2006) as the use of self-referent emotions which were applied to invoke a realisation of self as an object of attention for another human being. Magnusson and Stattin (2006) described this occurrence as one person in a dyad using demand characteristics to create a focus from a second party. It may be that comprehension of the sense of self was a prelude for a human being to actively, and intentionally interact with others.

The findings of Trevarthan and Aitken (2001) indicated that the concept of self was a necessary component to consolidate or reform the inner working model of a human being, in addition to being an integral part of individuality. It seems that development of a sense of self supported the formation of relationships, and access to opportunities for learning.

Bronfenbrenner (1979) had described change as gaining developmental validity if it occurred in more than one environment, and an influential factor to activating this mesosystem phenomenon was secure attachment. Rogers (1990) and Cain (2010) had indicated that change, which was internally directed and motivated, contributed

more effectively to the process of development in a human being than the influence from external factors. It seems that the optimum relationship would support this development within a service-user.

Integration of complex and dynamic processes within the functioning and developmental change of an individual was identified by Magnusson and Stattin (2006) within the Social-Address Model. These processes, according to the authors, required an individual to exhibit a sense of self, and the ability to promote self-representation which led to active and intentional interaction with environments.

Both sets of participants identified a buffering mechanism (Magnusson & Stattin, 2006) which granted negativity to the development of a parent-professional relationship. Parents referred to the personality of a service-provider, and professionals described a service-user's negative emotional response to an interaction. Bowlby (1979) had stated that the incipient emotion in a relationship prevailed, and it seems that a parent's negativity might be a reaction which occurred in the initial stages of a relationship.

Cain (2010) described professionals as representing role models to clients, and this author noted that clients may internalise a professional's attitude. Service-users had identified the personality of a professional as a potentially negative influence to their relationship. It seems that parents, in this study, may have adopted negative perceptions from a professional in the initial stages. The next section discusses the second key finding.

9.3. Second key finding

The second key finding was evidence of the use of communicative strategies by parents as direct signalling of need, and empathic responding by professionals. This finding was linked to the culture of the setting, and promoted as an optimal communication system relative to pre-crisis intervention. The discussion presents this system as contributory to the creation of a therapeutic alliance, and indication of similarity in the operational perspectives of service-users and providers which had

previously been linked to a positive outcome (Cleaver & Freeman, 1995; Yatchmenoff, 2005).

9.3.1 Direct signalling of need

Style of communication between service-users and service-providers contributed to a positive relationship

The regular use of informal verbal communication, as described by both sets of participants in this study, provided the service-users with a medium in which to directly seek support in response to personal interpretation of need. The evolvment and application of this phenomenon is discussed in the context of direct help-seeking (Broadhurst, 2003), and responding within a pre-crisis period. Consideration is also given to the influence upon a parent-professional dyad, and contribution to the creation of a therapeutic alliance. Katz et al. (2007), in a literature review on barriers to engagement of families, had concluded that research into this area of child protection would inform providers on how to respond sensitively to service-users. These authors reported that parental control within support systems was a key factor to engagement.

This study suggests that communication, in an informal context, gave parents control of access to a service in response to felt need. Rogers (1990) had described the action of a client seeking support as a realisation of need, and the first step to the creation of a therapeutic alliance.

The study by Lupyan and Dale (2010) proposed that esoteric settings developed a communication system in response to learning constraints, and unique communicative needs of the users. It may be that this setting could be regarded as an esoteric niche, as described by these authors, and the use of communicative strategies may have evolved as a response to personal need, and professional role within a shared context. The population in this study had universal knowledge, and interest in issues relating to addiction, mental health, and child protection which created a specific focus to the system of interaction from the local culture.

Evidence has not been located which reveals similar communicative strategies being directly applied informally to seek support, or to respond to needs within a pre-crisis period. The literature review on early signalling and response techniques by Daniel et al. (2009b) reported that there was little evidence on how the need for support was directly signalled by families informally, within a context of child protection.

Dressler (2004) had identified culture as the basis of a community's interactive systems. Participants in this inquiry had indicated that the communicative strategies, applied within the setting, represented a means to directly access support which was not available in any other establishment. It seems that these strategies could be linked to the cultural practice within the setting. According to Dressler, the inner working model of each human was influenced by shared knowledge, and understanding of the culture within a local community. The term cultural consonance was applied by this author to describe the beliefs and behaviours of a community, although Dressler also noted that individual interpretation could result in variance.

Informal learning within the setting, and knowledge acquisition within parents' groups were described by several participants as influences which could result in variance of perceptions. The responses suggested that parents' programmes could change perceptions of service-users, and promoted the role of a professional in the delivery of informational, and emotional support. Braun et al. (2006) had applied the personal construct theory to identify the role of a professional in empowering a parent to re-construct her inner working model. These authors indicated that an inner model could be adapted to support a period of learning and development. Two studies had described conditions which contributed to this process as professional intervention, and a parent's readiness to learn (Braun et al., 2006; Bagdi & Vacca, 2006).

An example of this finding was given by a parent who referred to the Triple P – positive parenting programme (Sanders, 1999) as a source of support. This parent felt that her attitudes had also been influenced by the learning environment in the

setting, parental upbringing, and personal experiences within the school system. It appeared that cultural consonance (Dressler, 2004) was formed over a period of time, and could be changed or confirmed by the experiences of each generation.

The setting for data collection had operated in the community for 40 years, and the sample set of parents contained examples of a second generation of service-users. Additionally the second sample set included professional participants who had been employed within the local social service sector for 10-30 years. These circumstances could potentially create opportunities for acquisition of communicative strategies by members of a family, service-users within the setting, and professionals from the integrated team. Findings from Carlisle and Hanlon (2007) focused upon the role of the individual as an active agent in a process of change rather than a passive recipient of cultural influences.

Peripheral participation

Verbal interaction had been identified as the preferred mode of communicating and sharing information by both sample sets in this inquiry. The application of language pertained to the common context of early intervention, and issues relating to addictions, mental health, and child protection. Relationships between newcomers, and established community members in the setting were promoted as intrinsic conditions in the interpretation of knowledge into understanding, and a potential increase in participation. One aspect of the Participation Policy for this setting, a requirement of the inspectorate body (Scottish Commission for the Regulation of Care, 2008), was the encouragement of social relationships between service-users in order to promote inclusion for newcomers, and facilitate integration into the learning environment.

Daniels (2001) referred to a term peripheral participation, also used by Lave and Wenger (1991), as he described the initial stage of a human being's integration into a community in which collaborative learning took place. Daniels had promoted the view that knowledge was socially constructed for example within the environment of the setting.

Lave and Wenger (1991) discussed the process by which a newcomer became fully involved within an established socio-cultural practice. Legitimate peripheral participation was the means by which a newcomer internalised a culture of practice which was applied within a specific community. The resultant community of practice, in accordance with these authors, was informed by influences for example relationships.

These authors promoted learning as a process of participation within a community in which an individual becomes an agent of effective practice. Stern (1998) agreed with Lave and Wenger by noting that culture affected the significance which communities placed upon relationships, and communication. It seems that parents in this inquiry were using communication as a direct expression of need, indication of a readiness to learn (Magnusson & Stattin, 2006), and a means to initiate a relationship with a professional in order to access support.

Optimal communication

Social interaction, according to Trappes-Lomax (2004), had two inter-dependent features which related to the context and function. Therefore the specific system of social interaction in the setting related to a context of need, and an expectation of support. A health professional gave an explanation of this phenomenon by expressing that communication with a parent may appear to be an informal inconsequential conversation but it represented informational support in the form of professional advice. It seems that this type of communication applied within a different context may not have the same significance or purpose.

A primary function of speech, according to Shotter (1993), was the appointment or confirmation of a role for one human being in relation to another. The strategies for communication, as described by participants, presented a parent in the role of learner, and appointed a professional as a respondent to a parent's declaration of need. The setting was observed to be a busy establishment in which initial interactions took place in a peer group setting, and it could be that these service-users and providers

had created a means of expressing and responding to a need which maintained confidentiality of information.

One professional participant emphasised the skill of interpreting a parent's cues by identifying laughter as a false representation of a service-user's negative, emotional reaction. Cargile et al. (1994) had discussed this issue, and these authors suggested that communication strategies were personal to each speaker. A receiver absorbed and applied information from observation of behaviour, physical features of a speaker, developmental stages of speaker and receiver, and finally situational cues pertinent to each environment. Ross (2004) had termed these aspects as additional signalling devices. Furthermore the previous authors indicated that the receiver of a communication used interpretative processes based upon identified goals, current mood, and level of expertise in the subject area. Identification of expertise as influential to interpretation suggests that achievement of an optimal communication system is affected by the knowledge and understanding of the receiver, in the context of a parent-professional dyad.

Impromptu counselling sessions or signposting to other members of the integrated team were the consequences of these communications between service-users and providers which occurred with regularity. Cuthbert et al. (2011) focused upon access to services, and these authors identified that the optimum entry point was realised by any service which administered support at the initial point of contact or sign-posted a service-user to other agencies. It seems that Cuthbert et al. were proposing that the potential for a client's engagement with one establishment should be harnessed by professionals to encourage links to a broader support system. The communicative strategies, and positive parent-professional relationship appeared to be connectors in this chain of events within the setting.

Participants in this inquiry expressed that these communicative strategies were applied on a regular basis which focused upon drop-off, and pick-up periods. Extended families were also encouraged to interact with their children alongside professionals during the sessions, and several participants highlighted these

opportunities as conducive to a positive relationship. The literature review by Barlow and Schrader-Macmillan (2009), which focused upon professional responses, indicated that all routine contact should be regarded as opportunities to foster relationships, and to promote child protection.

The communications by parents confirmed their role as service-users, and responses by professional participants conveyed their responsibilities as service-providers within an integrated team. This phenomenon represented the optimal communication system which was described by Brighton et al. (2005) as a speaker signalling meaning, and a receiver using informed interpretation to conclude the same meaning from a communication. These authors agreed with Shotter (1993), and suggested that one function of communication was a demonstration of social identity but also added a second aspect as the affiliation with a group.

Lord et al. (2011) had used the term localism to describe the origin of the influences which affected development. Social ecology was used by Jack (2000) in his discussion on interactive factors from family and community. Cultural influences within the context of this inquiry referred to aspects of the familial, and community, proximal and distal environments.

The findings from this research inquiry indicated that parental participants expressed a felt need within a context of early intervention which encompassed an expectation of support. Shotter (1993) had suggested that communication was influenced by culture, and provided a means for an individual to expose emotion and to prompt a demonstration of predictable behaviour from a second party.

Turner (2012), in a study on a relationship-based approach to engaging clients, emphasised the significance of these relational experiences in which a service-user was given recognition and acknowledgement as contributory to a personal understanding of self. Peirce (1995) had reviewed the purpose of communication, in a study of dual language acquisition, and he found that human beings invested in the development of a communication system in order to organise and reorganise a sense

of self relative to their social environments. Parents and professionals in this inquiry expressed the importance of service-providers responding to parents as individuals, and confirming the parental role of primary carer. Therefore it could be the case that parents used these verbal interactions to gain an understanding of self, and validate personal existence as described by Turner within a context of child protection.

The verbal interactions between service-user and provider represented a process of help-seeking which occurred outside the formal organisational systems for communication, in this context of early intervention. Broadhurst (2003) in a literature review on help-seeking behaviours had concluded that there was little evidence from research on families who directly seek support outside formal systems.

Formal systems of verbal communication in the setting were core group meetings initiated by the social work team, and panel meetings with the Children's Reporter (Scottish Government, 2010a; Scottish Children's Reporter Administration, 2009). Formal systems of recorded communications were Integrated Assessment Forms, the Graded Care Profile, and child protection plans (Scottish Executive, 2005a; Polnay & Scrivastava, 1995; Glasgow Child Protection Committee, 2009; Scottish Children's Reporter Administration, 2009).

Harter (2006) suggested that an influential factor to changing a client's self-representational model, in order to facilitate a period of development, was the ability to share experiences with a professional. The significance of this aspect was reiterated in research by Chao et al. (2006) which found that a parent's inability to express need and actively seek support, in a context of early intervention, created a barrier to change and development.

Findings suggested that the majority of participants from each sample set used verbal interaction on a regular basis which could indicate the occurrence of a social collective function by service-users and providers, within this particular establishment (Cargile et al., 1994). The application and purpose of verbal

interaction represented reinforcing factors which potentially contributed to the development of an effective communication system within the esoteric environment of the research setting.

Demand characteristics

Conceptual understanding was sought for these circumstances by reference to the existence of demand characteristics (Bronfenbrenner & Morris, 2006; Magnusson & Stattin, 2006). These authors proposed that demand characteristics had the potential to create a joint focus of attention between two parties. Therefore the use of verbal interaction represented a demand characteristic which induced a focus of attention, centred upon the concept of need.

The research findings by Crittenden (1985) suggested that human beings gravitated towards individuals with similar internal working models in order to access support. However it may be that within the context of a parent-professional dyad the professional demonstrated comprehension of a parent's frame of reference (Rogers, 1990) from the perspective of a different internal model to the service-user. It seems that this process could potentially result in a parent appointing a positive social stimulus value to the interaction. Value, as described by participants, related to the link between a quest for support and fulfilment of an expectation within a pre-crisis period in this context of early intervention.

One participant had suggested that the professional response to verbal interaction could impose a barrier to this medium being regarded as a positive influence to the parent-professional relationship. This service-provider described professional assessment, and identification of an intervention as stereotypical, and based upon normative need. Professionals had expressed anxiety in working within a context of child protection, and it may be that pre-conception of a parent's need and reference to bureaucratic systems supported the professional to practise in this emotive area of work. Magnusson and Stattin (2006) also noted that the receiver of a communication could apply a buffering mechanism which rendered a negative social stimulus value

to the discourse, and one source of this technique was proposed as anxiety (Rathunde & Csikszentmihalyi, 2006).

The potential to apply a buffering mechanism suggested that demand characteristics may be generative or disruptive within a context in which need was exposed, and support was sought. The findings from this inquiry indicated that communication was applied with intent by service-user and service-provider, and generally regarded as conducive to interactive discourse within the parent-professional dyad.

The six necessary conditions which were proposed by Rogers (1990) were sought within this context, and it appeared that these conditions were apparent at a minimum level. The use of communicative strategies demonstrated a professional's empathic understanding, and response to a parent's frame of reference with regard to expression of need and a quest for support. An expression of need by a parent demonstrated recognition of incongruence, and consequently a readiness to learn.

Bowlby (1979) and recently Deacon (2011) had indicated that the predominance of positivity or negativity was determined by an individual's sense of self which engendered a capacity to reflect, and respond to influences. This suggested that a process of change, within the context of early intervention, entailed reformation of a parent's inner working model during an opportune period in which associative conditions supported positivity.

Bowlby proposed that a human being's determination of positivity or negativity was affected by sensitive periods within a lifespan in which the instinctive bias to embrace positive stimuli, and to reject the negative was strong. The use of communicative strategies within this setting involved a service-user directly seeking help in a pre-crisis stage which indicated a sensitive period for learning and developing.

9.4 Third key finding

The third key finding responded to aim 3, and indicated similarities in the perceptions of professionals who were trained in health, education or social work, and operated as an integrated team. A culture of practice is discussed by reference to roles and responsibilities of service-providers. The influence from bureaucracy upon the transference of power from the professional to a developing person is explored in addition to factors which contribute to formation of operational perspectives. Links are suggested between policy and practice. This section also raises the issue of the management of personnel in order to optimise a culture of practice.

9.4.1 Roles and responsibilities

Agreement in positive and negative perceptions of professionals who were trained in health, education or social work, and practised as an integrated team.

The third key finding indicated similarities in the perceptions of participants from each discipline of health, education, and social work. The results suggested the existence of a localised culture of practice within this particular setting. Lord et al. (2008) noted that an integrated team had the potential to develop a unique culture which encompassed similar attitudes, and demonstration of behaviour by members.

The findings in response to aim 3 related to the role and responsibilities of the professionals as determined by participants. Acknowledgement was given by parental participants to the potential for change in attitude, and an increase in understanding of their role and responsibilities through the administering of care and support by service-providers. The parental participants had not differentiated between the responsibilities of each discipline within the integrated team.

Professional participants also recognised that a relationship changed over time, and associated this change to the adaptation of practice in accordance with the needs of service-users. These findings give another example of a potential effect from the macrosystem upon the relationship of service-user and provider by the promotion of child welfare *and* protection as instrumental to change. The reason for creation of a relationship related initially to a child's protection but subsequent stages of

maintenance and closure encompassed the welfare of the child. Spratt and Callan (2004) had emphasised the significance of this approach as a pre-crisis measure within a context of child protection which was a prominent feature of the re-focusing debate of the 1990s.

17 out of 21 professional participants agreed that the balance of power in a relationship favoured the professional. It may be that apportioning or retaining power linked to accountability. An example was identified within the macrosystem, in the format of a Care Plan (Scottish Government, 2010a), which incorporated units of time for the achievement of outcomes, and granted an additional dimension to the role and responsibilities of the professional. Each professional within the integrated team from health, education or social work had the task of adhering to an auditable process, and creating a record of information which promoted professional accountability. Several of the professionals in this study expressed a necessity for power to remain with the decision-maker for this purpose which was clarified as a professional responsibility.

An example of power transference may also be gained from the case study of the inquiry. The case study did not give any evidence of a working partnership between the parent, and professional during the period of child 1. It was interesting to note the effect from the chronosystem, throughout the twelve year period of the case study, as governments and registration bodies sought to identify, and to promote the optimum skills of practice for the public sector workforce of which partnership working was regarded as an integral component (Department of Children, Schools and Families, 2009; Department of Health, 2004; Scottish Government, 2008f; Scottish Social Services Council, 2009).

It seems that the creation of a working partnership could be affected by a range of factors which included a formal means to recognise and publicise a client's individual needs, strengths, and aspirations. The records for child 1 indicated a lack of documentation which purported the client's viewpoint. A review at the median point of the case for child 1 was undertaken, and it was noted that chronology was

concise and factual. The mother had continued to demonstrate a status of non-engagement with services, and she had agreed to a voluntary care agreement. This mother was immersed in a culture of poverty and low attainment, and she exhibited limited self-confidence by appointing a higher value to the childcare offered by a relative as opposed to her own parenting skills. The ultimate result was a kinship care arrangement for the first-born child. Recent findings from a longitudinal study (Mabelis & Marryat, 2011) indicated that factors which pertained to non-engagement were low socio-economic classification, and a service-user's lack of confidence.

The vignette of the case study indicated that the support, proffered within the case of child 1, had a shift in parameters between the initial and median review periods. The initial voluntary referral was restated under the auspices of statutory child protection. Rogers (1990) had equated voluntary referral with a client's acceptance of responsibility for her current status. This parent had been prompted by services to make a referral. Statutory conditions rapidly superseded the initial referral, and it may be that this occurrence created a barrier to acknowledgment, and expression of felt needs or it could be the case that the mother did not recognise any areas of need.

The study by Lake and Billingsley (2000) had demonstrated an incompatibility between the perceptions of parents and professionals regarding children's needs. The authors had concluded that disagreement was regarded as a significant factor which initiated or escalated conflict within a parent-professional relationship.

Issues associated with child protection impose a sense of immediacy upon a situation, and the statutory measures in the case study had provided a means for decisions to be made within the guidelines of a formal framework. It seems that the parent in this case study was not in a state of readiness for accepting, and engaging with early interventional strategies at that time.

Magnusson and Stattin (2006) noted that a human being was required to experience, and demonstrate a state of readiness prior to embarking on a process of change. This

status supported a client to clearly differentiate between the perceived, and actual environment as a prelude to embracing opportunities for learning. The mother's perception of an environment to support her child's development did not equate with the professional assessment which affected the potential for change.

Observational learning was described by a majority of parents as imposing a negative impact upon a relationship. Historical experiences which occurred within the learning period of childhood were also cited as influential to the development of perceptions. These participants indicated that retention of power, in the form of information sharing and decision-making, could be a barrier to effective working. O'Leary (1999) had applied the term living system to a dyad due to the potential for relational change, and the findings from this inquiry suggested that transference of power was integral to the process of development within the context of a parent-professional dyad.

Bronfenbrenner (1979) and Rogers (1990) had discussed the importance of transferring power from the professional to the developing person in order to facilitate a period of learning. Cain (2010) in a critique of Roger's work had described this transference of power as increasing relational depth. This author referred to the definition of relational depth as encompassing quality of contact, and interconnections between two human beings (Mearns & Cooper, as cited by Cain, 2010).

Parents and professionals had acknowledged that the delivery of informational support to families was a responsibility of each member of an integrated team, and contributed to a positive relationship. It may be that the implementation of early intervention, in the form of information-sharing, had the potential to increase the relational depth of a parent-professional dyad. Additionally professionals described the significance of honesty, by promotion of actions and consequences, as a factor which maintained a relationship through positive and negative periods.

The professionals in this inquiry had responded to questions on the concept of power within a relationship by expressing knowledge of the potentially detrimental effect of power retention by service-user or provider. However comprehension of a link to relational depth was not revealed which may indicate an area for professional development. It could be that bureaucracy and the link to accountability may have distracted the practice priorities for the professionals in this inquiry, as described by Munro (2011a, 2011b).

The case study gave an example of bureaucratic processes by indicating a difference in comprehension, and interpretation of need by the service-user and provider. An assessment of normative need was regarded by professionals within this setting as an essential component of child protection which created a measure for accountability, fulfilled an expectation associated with responsibilities, and provided a reference point for professional judgements. Acquisition of knowledge, and understanding of normative need was sourced by participants to primary training within the macrosystem (Care Sector Consortium, 1997) and contributed to the formation of perceptions.

Oppenheim (1992) suggested that significant groups or individuals were influential factors in the formation of attitudes, and it may be that the presentation of information within the primary training of a discipline contributed to the creation of a professional attitude which was subsequently influenced by practising alongside peers. Lamb-Parker et al. (2001) had identified a negative culture of practice from professionals which was formed within the American Head Start parenting programmes. The authors described this approach to practice as a barrier to implementation. It seems that a local culture of practice can have a positive or negative effect.

The existence of collective perceptions within this study indicated a potential extension to the current role of a lead professional. It seems that this role could incorporate a capacity to recognise, and nurture a unique culture of practice which could support consistent implementation of interventions in response to local issues.

Jack and Gill's report, on a review of the gaps between policy and practice in safeguarding children, clearly identified a barrier as lack of recognition of the significant contribution from local community knowledge (Jack & Gill, 2009).

Walker (2005), in a literature review of the social work role within early intervention, recommended that the responsibilities of the lead professional within a multi-disciplinary context should be clarified, and acknowledgement made of the skill-sets that were necessary to embrace the tasks. Common practice within the setting for data collection indicated that it was a member of the social work team who was appointed as a lead professional or case-holder (Glasgow City Council, 2011). Six years after Walker (2005) published her report Munro (2011a, 2011b) highlighted this issue again, and emphasised the importance of role definition and associative responsibilities.

Professional participants identified training, peer role modelling, and spontaneous observational learning as sources of information to develop their relational skills. The method of training and educating the workforce has been reviewed in recent years in order to strengthen the transference of knowledge and understanding from theory to practice. Several approaches were identified within the literature. The discipline of health initiated a scenario-based approach to link factual information and practice for students (Agenda for Change Project Team, 2004). A review of post-registration training of newly qualified social workers also granted significance to learning from role modelling as a tool to equip professionals in practising effectively (Skinner et al., 2010). The Practice Governance Framework for Accountability and Responsibility in Social Work Practice (Scottish Government, 2011b) was applicable to all social service employees, and advocated that workers should respect and value inter-disciplinary contributions in addition to promoting joint working.

Sign-posting to colleagues within the integrated team was frequently expressed by the sample sets as an effective way to access the optimum support for a family. The research by Frost and Robinson (2007), as referred to previously, had also identified

that the most effective practice occurred in an environment in which professionals acknowledged, and embraced specialist skills related to a discipline.

Strategic and practice management

A discussion on the role, and responsibilities of a lead professional within the Scottish context of this inquiry was informed by conceptual understanding of the findings from the professional sample set. The role of a lead professional was documented within policy as a strategic specialism which incorporated responsibilities pertaining to the assessment of need, and implementation of responsive care to families by *coordinating services* (Scottish Executive, 2005a, 2006b, 2006e; Scottish Government, 2010e). Practitioners' guidance, and a recent proposal confirmed that a lead professional was accountable for coordination of services which did not include the management of personnel (Scottish Government, 2010e, 2014b).

This topic had been discussed by Frost and Robinson (2007) in an investigation of multi-disciplinary practice. These authors concluded that effective implementation of interventional strategies was achieved through reference to core values, for example consistent and effective leadership of service-providers. The report also noted that an additional core value was the maintenance of professional identity relative to each discipline within the operation of an integrated workforce. It seems that management of personnel in the context of a culture of practice by an integrated team could contribute to optimising positivity, and minimising negativity.

One participant discussed the importance of supporting the professional holder of power, within a parent-professional relationship, to prevent misuse for personal gain. The techniques of leadership which would be required to support a collective group and individual professionals indicated that an appointed lead professional would need relevant experience, and knowledge to exercise these specialist skills. Munro (2011b), in the recent review of child protection applicable to an English context, concluded that the skills of practising social workers should continue to develop

formally and informally post-registration but this author did not specifically recommend leadership training.

Munro's findings (2011b) had indicated that bureaucracy created a barrier to the use of professional expertise. However another interpretation could be that professionals embraced bureaucracy as a support mechanism in order to maintain a system for auditing, and accountability which was reflected in practice. The use of bureaucratic systems may support professionals to implement processes that could produce an emotive reaction from service-user or provider, for example within a context of child protection.

Findings from the case study further informed this issue, and responded to aim four by promoting contextual factors from the naturalistic environment of the setting. Data had indicated potential influences from each system of human development (Bronfenbrenner, 1979, 2005), and included the biological and sociological development of the parental participant. The context of this case study related to teams of service-providers who had trained in the disciplines of health, education or social work and operated jointly as an integrated team. Previous research, in studies relating to the views of service-users and service-providers from the discipline of social work, had identified similar findings over a two year period (Howe, 2008; Sudbery, 2010; Trevithick, 2003).

Many different factors had accompanied a positive change to the parent's perceptions which ultimately led to convergence between service-user and provider, and a positive outcome. The evidence presented on table 15 indicated a lack of recorded evidence regarding personalised responding by the service-providers to the parent's change in perceptions. Parents may experience similar contextual influences during the implementation of services; however each service-user experiences, and interprets her world in a unique way which ultimately affects perceptions, actions, and behaviour.

Bronfenbrenner (1979, 2005) had indicated that the organisational capacity of a developing person was strengthened if influences within the systems of human development were not opposing. Consideration of the significance of an individual's perceptions to a process of change and development may contribute to strengthening the relationship of a parent-professional dyad.

The current Scottish Practice Model reflects aspects of adversity and vulnerability, alongside protective factors (Scottish Government, 2010b). It may be that inclusion of a parent's perceptions, and potential changes over time could support professional comprehension of a client's interpretation of her environment (Munro, 2010, 2011a, 2011b), and inform the implementation of intervention.

Additional findings within the inquiry contributed similar results to previous research (Cleaver & Freeman, 1995; Whitters, 2009). Findings included agreement by a majority of service-users and service-providers of the personal characteristics which had a positive influence upon a parent-professional relationship (Magnusson & Stattin, 2006). Participants identified honesty and clarity in information sharing, and an approachable demeanour as contributory to the development of trust which created an effective relationship. The findings indicated that parental perceptions had changed over time which was also publicised in prior research (Cleaver & Freeman, 1995; Yatchmenoff, 2005).

The final chapter concludes this research inquiry by presenting the contribution to knowledge and understanding, and indicating links to policy, practice, and training of service-providers.

Chapter 10: Conclusion

10.1 Introduction

This final chapter reviews the investigation and promotes comprehension of the research topic by focusing upon understanding the findings, contribution to knowledge, and implications for policy and practice. The inquiry sought to contribute to relationship-based practice by investigating how service-users and service-providers perceived the influences upon their relationship, in a context of child protection and early intervention.

The methodological approach was a qualitative inductive inquiry based upon the paradigm of interpretivism. Semi-structured interviews were used to collect qualitative data from 21 multi-disciplinary professionals who were representatives of an integrated team, and 9 mothers who had issues relating to addictions and mental health. I was a practitioner in the setting for data collection. The documentation of one archival longitudinal case file was accessed to investigate contextual factors which accompanied a service-user's change in perceptions over time. Thematic analysis was applied to data from the transcripts of interviews, and documentary analysis to records of the case file. Three theoretical frameworks supported understanding of personal characteristics and conditions associated with the area of investigation.

The inquiry had a number of limitations which are described in the next section.

10.2 Limitations

Sample size and composition

Ethical considerations led to application of exclusive, and inclusive criteria which upheld the rights of participants to be protected from harm, and it was also a measure which contributed to maintaining validity of data. However the sizes of sample sets were ultimately determined by these prescriptive criteria.

The definition of parent, as applicable to this study, inadvertently imposed a restriction on the gender of participants who adhered to the criteria for inclusion.

The parental participants were birth mothers. This circumstance resulted in the exclusion of male and female partners; therefore imposed a limitation to the study by eliminating the views of “father or mother figures”.

Practitioner-researcher role

A potential limitation to the inquiry was the indeterminate influence from my pre-conceptions as a practitioner-researcher who had conducted an inquiry in my place of employment. I had implemented measures, as described in the research design, to minimise the impact upon my interpretation, and to maintain the validity of data to the research question.

Method

The method for collection of data relied on a participant’s ability to remember, and to verbalise perceptions of influences which may have altered. It may be that further data collection after a period of time could have informed this aspect of the investigation.

A case study was used to investigate the context of a change to the perceptions of one participant; however the use of additional case studies may have contributed to generalisation of these findings within the context of a sample set, and extended the discussion on the links between policy and practice in this locality.

Validity and reliability

Miles and Huberman (1994) discussed triangulation of data as a means to establish validity and reliability. An alternative research design may have provided opportunities for triangulation. Independent analysis by a second researcher could have contributed to reliability of data analysis in this inquiry.

Re-analysis

An integral stage of re-analysis was listening to the voice recordings again and reviewing the original transcripts. I was aware that my experience and confidence in applying research processes had increased during the period of my doctorate. Upon

reflection I noted that the data collection had been guided by a pre-conceived plan. This prescriptive planning and implementation of the data collection processes had enabled me to separate my roles, and responsibilities as a practitioner-researcher; however I reviewed the plan primarily to identify limitations for this research inquiry but also to extend my knowledge for future research.

The structure of the interviews was appropriate to collection of data for quantitative or qualitative analysis. The interview schedule was semi-structured, and questions had been applied consistently to each participant in a sample set. The order of questions was constructed using the funnel approach which commenced with closed questions on familiar topics to prime the participant, and led to open questions pertinent to a particular subject. A grid which is presented in Table 2 related questions and topics, and provided a means to evaluate the applicability of the interview schedule.

I felt that the presentation of data collection questions could have been developed. The use of a chain structure had promoted presentation of questions in a recognisable sequential order which included clear links between questions, and feedback loops in order to return the participant's focus to a topic. I had applied prompts to support the use of a branching structure within delivery of data collection questions, and to gain information on a specific aspect; however I noted that my use of probes had increased with each interview, and I feel that this development of my practice as a researcher related to an increase in confidence and skills throughout the data collection.

Re-analysis had focused upon gaining comprehension of the phenomena from the participants' perspectives, and it may be that an increase in knowledge could have been gained if additional probes, or respondent open questions had been used to inform my interpretation of information given by participants. Data collection could have been conducted in a manner which was more responsive to each participant; thus optimising the process. Reflection upon process implementation was an

essential aspect of this research inquiry which supported my professional development, and increase in capacity and ability as a researcher.

10.3 Contribution to knowledge and understanding

This study has contributed to knowledge and understanding of relationship-based practice by indicating that personal, social, and cultural influences are perceived by service-users and service-providers as strengthening and weakening the parent-professional relationship. The next section presents theoretical implications of the findings.

10.3.1 First key finding

Child protection was perceived as a positive influence upon a parent-professional relationship by service-users, and a negative influence by service-providers.

Formation of these perceptions was linked to personal, social and cultural influences within the community and organisation. Divergence of perceptions may create a potential weakness in the organisational capacity of the parent-professional dyad; therefore affecting the implementation of intervention. Several implications from this finding were identified:

- There may be a difference in the knowledge, understanding, and expectations of service-users and service-providers in relation to child protection processes, roles and responsibilities, and associative outcomes. This could potentially affect the agreement of goals, recognition of progress, engagement of parents with services, and ultimately the creation of “an equal parent-professional partnership.”
- Professionals may not be aware of this divergence or recognise changes in the perceptions of parents; therefore early interventional strategies may not be implemented in response to reconstruction of the inner working model of each parent as learning and development occur.
- A difference in perceptions may affect the service-provider’s demonstration of empathic responding to the service-user, and reduce the impact of this “necessary condition” to the creation of a therapeutic alliance.

10.3.2 Second key finding

The informal style of communication between service-users and service-providers was perceived by parents and professionals as contributory to a positive relationship.

Formation of these perceptions was linked to personal, social and cultural influences within the organisation. Convergence of these perceptions may create potential strength in the organisational capacity of the parent-professional dyad; therefore contributing to effective implementation of early intervention. Several implications from this finding were identified:

- Service-users and service-providers may have the same knowledge, understanding, and expectations associated with communication in the organisation; therefore contributing to a system which supports parents to be active participants in a process of change and development, and leads to a positive relationship and implementation of intervention in the pre-crisis period.
- The creation of an effective communication system which responds to local cultural influences may be supported by the ethos of an organisation, and knowledge and understanding of a team in addition to management and timely deployment of personnel; therefore utilising characteristics pertinent to an organisation in order to benefit the service-user, and to facilitate the role of service-provider.

10.3.3 Third key finding

There was agreement in the positive and negative perceptions of the professionals who had been trained in health, education or social work, and practised as an integrated team.

Formation of these perceptions was linked to personal, social and cultural influences within the integrated team. An implication from this finding was identified:

- A culture of practice could be based upon positive and negative perceptions of multi-disciplinary service-providers; therefore potentially affecting the parent-professional relationship, and implementation of intervention.

10.4 Recommendations for policy and practice

The setting for this research was representative of child protection and early intervention service in Scotland. The knowledge and understanding which was gained from the inquiry could be applied to development of relationship-based practice. The next section promotes recommendations for policy and practice, and identifies implications for training and supervision of the workforce.

Policy and practice

These findings suggest that policy should recognise perceptions as significant to the implementation of early intervention in a context of child protection, and promote convergence of the perceptions of service-users and service-providers.

1. I recommend that positive and negative perceptions of a parent should be recorded as protective factors or adversities in order to inform a child protection care plan, and implementation of early intervention.
2. I recommend that service-providers should identify direct informal signalling of need by service-users, as represented within a local context, in order to support implementation of strategies in the pre-crisis period, and the creation of a positive relationship.
3. I recommend that a lead professional should promote convergence of positive professional perceptions through acknowledgement and response to positivity or negativity within an integrated team.
4. I recommend training of the workforce to increase knowledge and understanding of the perceptions of service-users and service-providers, and the links to practice.

Training of the workforce

The following outcomes from training of professionals are proposed.

- An increase in knowledge and understanding of the impact of personal, social and cultural factors upon perceptions of service-users and service-providers, and links to actions and behaviour.
- An understanding and response to the dichotomy of personal and professional perceptions upon one's own practice.
- An ability to interpret parental perceptions as adversities or protective factors to a child's development and achievement of potential.
- An ability to apply this increase in knowledge and understanding to development of a child protection care plan in order to deliver timely, and responsive intervention.
- An ability to identify and respond to a change in a parent's perceptions, and to understand the impact upon a parent's sense of self, her inner working model, and behaviour.
- Clarification of the interpretation of child protection in line with policy.

Support and supervision of the workforce

Supervision of the workforce is necessary to ensure that delivery of social services adheres to policy, expectations of each organisation, and maintains standards in accordance with regulations. Additionally professionals who practice in the context of child protection require emotional and informational support to ensure that they have the ability, capacity, and resilience to respond to emotive challenges and to deliver an optimum service.

Support and supervision are mandatory, regulated processes within a context of the Social Service sector; however it is important that these strategic mechanisms are applied in response to individual needs of professionals, and reflect the interpretation and resultant perception of the service-provider.

10.5 Concluding statement

My incentive to conduct this research was rooted in my role as a practitioner, and my determination to seek knowledge and to contribute to comprehension of the parent-professional relationship. The research findings have heightened my awareness of

common practices, and given me understanding at a conceptual level which could not be gained from the context of service-delivery.

My contribution to knowledge raises the significance of perceptions, challenges assumptions, and promotes an exciting area of learning for service-providers. Relationships are complex, emotive connections which are integral to human development, and it seems that an increase in understanding of influences may contribute to the formation of the optimum therapeutic alliance between a service-user and a service-provider.

References

- Aaron, C. Cargile., Giles, H., Ryan, E. B., & Bradac, J.J. (1994). Language attitudes as a social process: a conceptual model and new directions. *Journal of language and communication, volume 14, number 3*. Retrieved May, 2012, from www.science.direct.com.
- Abercrombie, N., Hill, S., & Turner, B.S. (1984). *The penguin dictionary of sociology*. (5th ed.). (pp. 387-388). London: Penguin Books.
- Agenda for Change Project Team. (2004). *NHS job evaluation handbook*. 2nd edition. (pp. 8-13). London: Department of Health.
- Allen, G. (2011). *Early intervention: the next steps*. (pp.7, 15). London: HM Government.
- American Psychological Association. (2001). *Publication manual of the American psychological association* (5th ed.). Washington DC: American Psychological Association.
- Bacon, H., & Richardson, S. (2001). Attachment theory and child abuse: an overview of the literature for practitioners. *Child abuse review, volume 10*, 377-397. Retrieved 12 July, 2013, from www.wileyonlinelibrary.com
- Bagdi, A., & Vacca, J. (2006). Supporting early childhood social-emotional wellbeing: the building blocks for early learning and school success. *Early childhood education journal, volume 33, number 3*. Netherlands: Springerlink Incorporated.
- Baltes, P. B., Lindenberger, U., & Staudinger, U.M. (2006). Lifespan theory in developmental psychology. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology, volume 1* (pp. 620-642). New Jersey: Wiley & Sons.
- Barbour, R. R. (2008). *Introducing qualitative research*. (p. 53). London: Sage.
- Barlow, J. & Schrader-Macmillan, A. (2009). *Safeguarding children from emotional abuse – what works?* London: Department for Children, Schools and Families.
- Bell, J. (2005). *Doing your research project*. (pp. 120, 162-163). Maidenhead: Open University Press.
- Benjamin, L. S., & Karpiak, C. P. (2002). Personality disorders. In J. C. Norcross (Ed.), *Research summary on the therapeutic relationship and psychotherapy outcome* (pp. 426-427). New York: Oxford University Press.

- Berlin, L. J., Zeanah, C. H., & Lieberman, A. F. (2008). Prevention and intervention programmes for supporting early attachment security. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment, theory, research and clinical applications* (pp.745-754). New York: The Guilford Press.
- Boddy, J., Smith, M., & Simon, A. (2005). Telephone support for parenting: an evaluation of parentline plus. *Children and society, volume 19*, 278-291. Retrieved October, 2008, from www.interscience.wiley.com
- Bohart, A.C., Elliot, R., Greenberg, L.S., & Watson, J.C. (2002). Empathy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 89-90). New York: Oxford University Press.
- Bomber, L. M. (2007). *Inside I am hurting, practical strategies for supporting children with attachment difficulties in schools*. (pp. 1-9, 20-26, 50-67, 93-108, 113-131). London: Worth Publishing Ltd.
- Bomber, L. M. (2011). *What about me? – inclusive strategies to support pupils with attachment difficulties make it through the school day*.(pp. 61-81, 245-275). London:Worth Publishing Ltd.
- Bor, W., Sanders, M. R., & Markie-Dadds, C. (2002). The effects of the Triple P-positive parenting programme on pre-school children with co-occurring disruptive behaviour and attentional/hyperactive difficulties. *Journal of abnormal child psychology, volume 30, number 6*. New York: Plenum Publishing
- Bowlby, J. (1979). *The making and breaking of affectional bonds*. (pp.13, 29-30, 41-45, 84-87, 124-127, 134, 154-155, 165-174, 181-187). Abingdon: Routledge.
- Braiden, H., Bothwell, J., & Duffy, J. (2010). Parents' experience of the diagnostic process for autistic spectrum disorders. *Childcare in practice*. Belfast: Taylor & Francis.
- Brandon, M., Howe, A., Dagley, V., Salter, C., Warren, C., & Black, J. (2006). *Evaluating the common assessment framework and lead professional guidance and implementation in 2005-6*. London: Department for Education and Skills.
- Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J., & Black, J. (2008). *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005*. (p.1). London: Department for Children, Schools and Families.
- Bratton, S. C., Landreth, G. L., Kellam, T., & Blackard, S. R. (2006). *Child/parent participation therapy treatment manual*. New York: Routledge.
- Braun, D., Davis, H., & Mansfield, P. (2006). *How helping works: towards a shared model of process*. (pp. 2-5, 14). London: The Centre for Parent and Child Support.

- Brighton, H., Smith, K., & Kirby, S. (2005). Review: language as an evolutionary system. *Journal of physics of life reviews* 2. Retrieved May, 2012, from, www.sciencedirect.com.
- British Association for Counselling and Psychotherapy. (2007). *Ethical framework for good practice in counselling and psychotherapy*. Lutterworth: British Association for Counselling and Psychotherapy.
- Broadhurst, K. (2003). Engaging parents and carers with family support services: what can be learned from research on help-seeking? *Journal of child and family social work*. Retrieved February, 2012, from <http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2206.2003.00289.x/abstract>
- Bronfenbrenner, U. (1979). *The ecology of human development* (2nd ed.). (pp. 21, 26-27, 46, 56-60, 65 -72, 233, 290-291). Massachusetts: Harvard University Press.
- Bronfenbrenner, U. (2005). *Making human beings human*. (pp. 115-119, 178-183, 259-261, 267). Thousand Oaks, CA: Sage.
- Bronfenbrenner, U. & Morris, P.A. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology, volume 1* (pp.796-798, 800, 810-815). New Jersey: Wiley & Sons.
- Bryman, A. (2012). *Social research methods* (4th ed.). (pp. 4-78, 400-406, 543-556). Oxford: Oxford University Press.
- Cain, D. J. (2010). *Person-centred psychotherapies*. (pp. 5, 12, 24, 41, 67-68, 77-80, 157-169). Washington: American Psychological Association.
- Cairns, R.B., & Cairns, B.D. (2006). The making of developmental psychology. In W. Damon & R. Lerner (Eds.), *Handbook of child psychology, volume 1, theoretical models of human development* (p. 152). New Jersey: John Wiley & Sons.
- Cameron, G., Coady, N., & Hoy, S. (2012). Perspectives on being a father from men involved with child welfare services. *Journal of child and family social work*. Retrieved March 2014, from <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2012.00876.x>
- Campbell, R. (2012). *Keep the vital spark – burnout in lifeline services in the third sector*. (p. 8). Edinburgh: Clare Social Leadership Programme.
- Care Sector Consortium. (1997). *National occupational standards for early years care and education level 3*. London: Local Government Management Board.

- Carlisle, S., & Hanlon, P. (2007). The complex territory of wellbeing: contestable evidence, contentious theories and speculative conclusions. *Journal of public mental health, volume 6, number 2*, 8-13. Retrieved on June, 2012, from <http://eprints.gla.ac.uk/4137/>
- Cassidy, J. (2008). The nature of the child's ties. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment, theory, research and clinical applications* (pp. 9-17). New York: The Guilford Press.
- Central Advisory Council for Education. (1967). *Children and their primary schools ('the plowden report')*. London: HMSO.
- Centre for Excellence and Outcomes in Children and Young People's Services (C4EO), (2010). *Grasping the nettle: early intervention for children, families and communities*. (pp. 5, 49-50). London: Local Government Management Board.
- Chao, Bryan, Burstein, & Ergul.(2006). Family-centred intervention for young children at risk for language and behaviour problems. *Early childhood education journal, volume 34, number 2, October 2006*. 147-148. Netherlands: Springerlink.
- Charmaz, K. (2006). *Constructing grounded theory*. (pp. 2, 6-12, 17-18, 21-27, 35, 39, 56-58, 103-104, 114, 124, 141-142). London: Sage.
- Cicchetti, D., & Toth, S, L. (2006). Developmental psychopathology and preventive intervention. In W. Damon & R. Lerner (Eds.), *Handbook of child psychology volume 4* (pp. 511-512). New Jersey: John Wiley & Sons.
- Cleaver, H., & Freeman, P. (1995). *Parental perspectives in cases of suspected child abuse*. (pp. 9-20, 36-46, 64-76, 106-138). London: Her Majesty's Stationery Office.
- Cleaver, H., Nicholson, D., Tarr, S., & Cleaver, D. (2008). *Child protection, domestic violence and parental substance misuse: family experiences and effective practice*. (p. 5, 14-15). London: Department for Children, Schools and Families.
- Coghlan, D., & Brannick, T. (2001). *Doing action research in your own organisation*. (pp. 42-59). London: Sage.
- Cole, M. (2010). Hermeneutic phenomenological approaches in environmental education research with children. *Contemporary approaches to research in mathematics, science, health and environmental education*. Retrieved July, 2012, from www.deakin.edu.au/arts-ed/efi/.../cole-hermeneutic-phenom.pdf
- Committee on the Rights of the Child. (2006). *United Nations convention on the rights of the child*. Geneva: Committee on the Rights of the Child.

- Community Care. (2012). *The Munro recommendations on child protection in England*. Retrieved March, 2012, from www.communitycare.co.uk/static-pages/articles/munro-review-child-protection
- Cooper, M. (2004). Towards a relationally-orientated approach to therapy: empirical support and analysis. *British journal of guidance and counselling, volume 32, number 4*, 451-460. Retrieved August, 2012, from <http://strathprints.strath.ac.uk>
- Cooper, M. (2008). *Essential research findings in counselling and psychotherapy*. London: Sage Publications Ltd.
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research 3e.* (pp. 25, 298-300). London: Sage Publications Ltd.
- Crittenden, P. M. (1985). Social networks, quality of child rearing, and child development. *Journal of child development, volume 56, number 5*. Retrieved on March, 2012, from <http://www.jstor.org/stable/1130245>
- Crittenden, P. M., Partridge, M. F., & Claussen, A. H. (1991). Family patterns of relationship in normative and dysfunctional families. *Journal of development and psychopathology, 3*. Miami: Cambridge University Press.
- Crowther, K., & Cowen, G. (2011). Effective relationships with vulnerable families to improve outcomes for children and young people: final study report. York: York Consulting.
- Cuthbert, C., Rayns, G., & Stanley, K. (2011). *All babies count, prevention and protection for vulnerable babies.* (pp. 34-46). London: National Society for the Prevention of Cruelty to Children.
- Daniel, B., Featherstone, B., Hooper, C., & Scourfield, J. (2005). Why gender matters for every child matters. *British journal of social work, 35*. Oxford: Oxford University Press.
- Daniel, B., & Taylor, J. (2006). Gender and child neglect: theory, research and policy. *Critical social policy*. Retrieved on May 12, 2014, from <http://csp.sagepub.com/content/26/2/426>
- Daniel, B., Taylor, J., & Scott, J. (2009a). *Noticing and helping the neglected child literature review, research brief*. London: Department for Children, Schools and Families.
- Daniel, B., Taylor, J., & Scott, J. (2009b). Recognition of neglect and early response: overview of systematic review of literature. *Journal of child and family social work*. Retrieved February, 2012, from, <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2206.2009.00670.x/abstract>

- Daniel, B., Burgess, C., & Scott, J. (2012). *Review of child neglect in Scotland*. (pp. 4-10, 23-29, 56-60). Edinburgh: Scottish Government.
- Daniels, H. (2001). *Vygotsky and pedagogy*. (pp. 70-85, 132-133). Abingdon: RoutledgeFalmer.
- Deacon, S. (2011). *Joining the dots, a better start for Scotland's children*. (pp. 9-23). Edinburgh: Scottish Government.
- Department for Children, Schools and Families. (2006). *A guide to inter-agency working to safeguard and promote the welfare of children*. London: Cabinet Office.
- Department for Children, Schools and Families. (2007). *Effective integrated working: findings of concept of operations study*. (pp. 8, 12, 25). London: Cabinet Office.
- Department for Children, Schools and Families. (2008a). *Safeguarding the young and vulnerable*. London: Department for Children, Schools and Families.
- Department for Children, Schools and Families. (2008b). *The child health promotion programme*. (pp. 7, 13, 14, 27). London: Cabinet Office.
- Department for Children, Schools and Families. (2008c). *2020 children and young people's workforce strategy*. (pp. 7, 22, 30, 33, 36-39). London: Department for Children, Schools and Families.
- Department for Children, Schools and Families. (2008d). *2020 children and young people's workforce strategy: report of the children's workforce practitioners workshops*. (pp. 4, 16). London: Department for Children, Schools and Families.
- Department for Children, Schools and Families. (2009a). *Social Work Task Force*. Retrieved December 1, 2009, from <http://www.dcsf.gov.uk/swtf/>
- Department for Children, Schools and Families. (2009b). *Common assessment framework*. Retrieved March 11, 2009, from <http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework>
- Department for Children, Schools and Families. (2009c). *The child, the family and the GP: tensions and conflicts of interest in safeguarding children*. London: Department for Children, Schools and Families.
- Department for Children, Schools and Families. (2010a). *Breaking the link between disadvantage and low achievement in the early years, everyone's business*. (pp. 24-26). Nottingham: Department for Children, Schools and Families.

- Department for Children, Schools and Families. (2010b). *The common core of skills and knowledge*. Leeds: Children's Workforce Development Council.
- Department for Education and Skills. (2004). *The effective provision of pre-school education (EPPE) project: the final report*. Nottingham: The Institute of Education.
- Department for Education and Skills. (2007). *Aiming high for children: supporting families*. (p. 5). London: Cabinet Office.
- Department of Health. (1995). *Messages from research*. (pp. 37-45). London: Her Majesty's Stationery Office (HMSO).
- Department of Health. (1998). *The data protection act 1998*. London: Department of Health.
- Department of Health. (2004). *The ten essential shared capabilities, a framework for the whole of the mental health workforce*. (pp. 3, 13). London: Department of Health.
- Department of Health. (2007). *Good practice guidance on working with parents with a learning disability*. (pp. 43, 57-59). London: Department of Health and Department for Education and Skills.
- Department of Health and Department for Children, Schools and Families. (2003). *Safeguarding children research initiative*. London: Department for Children, Schools and Families.
- Directorate for Education. (2006). *Starting strong II: early childhood education and care, executive summary*. (p. 13, 16-18). London: Organisation for Economic Co-operation and Development.
- Dressler, W. W. (2004). Culture and the risk of disease. *British medical bulletin*, volume 69, 21-39. Retrieved June, 2012, from <http://oxfordjournals.org>.
- Douglas, H., & Rheeston, M. (2008). *The Solihull approach: ensuring children have a good emotional start in life*. Birmingham: NHS-UK.
- Draper, L., & Duffy, B. (2001). Working with parents. In Pugh, G. (Ed.). *Contemporary issues in the early years*. 3rd edition. (pp. 148-158). London: Sage.
- Dumbrill, G. C. (2005). *Child welfare in Ontario: developing a collaborative intervention model, consultation draft*. Ontario: Ontario Children's Aid Societies.
- Early Learning Partnership. (2010). *A framework for local authorities and national organisations to evaluate and improve engagement with families*. London: National Quality Improvement Network.

- Eckersley, R. (2006). Is modern Western culture a health hazard? *International journal of epidemiology*, volume 35, 252-258. Oxford: Oxford University Press.
- Edelman, L. (2004). *A relationship-based approach to early intervention*. Retrieved December 2013, from <http://www.cde.state.co.us/earlychildhoodconnections/Technical.htm>
- Enlow, M. B., Egeland, B., Blood, E., Wright, R. O., & Wright, R. J. (2012). *Interpersonal trauma exposure and cognitive development in children to age 8 years: a longitudinal study*. Retrieved April 17, 2012, from <http://jech.bmj.com/content/early/2012/03/22/jech-2011-200727>
- Farber, B. A., & Lane, J. (2002). Positive Regard. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (p. 190). New York: Oxford University Press.
- Fischer, K.W., & Bidell, T.R. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology, volume 1* (p. 377). New Jersey: Wiley & Sons.
- Fletcher, R. (2008). Father-inclusive practice and associated professional competencies. *Australian family relationships clearinghouse briefing, number 9*. Retrieved on September 2009, from <http://www.newcastle.edu.au/centre/fac/efp>
- Flinders, D.J. (1992). In search of ethical guidance: constructing a basis for dialogue. *International journal of qualitative studies in education*, volume 5. 101-115. Retrieved March 14, 2010, from <http://www.informaworld.com/smpp/content~db=all~content=a746930089>
- Flyvberg, B. (2006). Five misunderstandings about case-study research. *Journal of qualitative inquiry*, volume 12, number 2. London: Sage Publications.
- Foddy, W. (1993). *Constructing questions for interviews and questionnaires, theory and practice in social research*. (pp. 18-22, 23, 60-62, 95, 120-152, 182, 193) Cambridge: Cambridge University Press.
- Fonagy, P., Gergely, G., Jurist, E., & Target. (2002). The development of an understanding of self and agency. *Affect, regulation and the development of self*. (pp. 203-251). New York: Other Press.
- Fonagy, P., Gergely, G., & Target, M. (2007). The parent-infant dyad and the construction of the subjective self. *Journal of child psychology and psychiatry*, volume 48, number 3/4. Oxford: Blackwell Publishing.
- Frost, N., & Robinson, M. (2007). Joining up children's services: safeguarding children in multi-disciplinary teams. *Child abuse review*, volume 16, 184-189. London: Wiley Interscience.

- Furness, S. (2012). Gender at work: characteristics of “failing” social work students. *British journal of social work*, 42. Oxford: Oxford University Press.
- Galvani, S., Forrester, D., Glynn, G., McCann, M., Guppy, A., Hemsley, C., Hillson, M., & Thurnham, A. (2011). *Social work services and recovery from substance misuse: a review of the evidence*. (pp. 33-57). Edinburgh: Scottish Government Social Research.
- Geddes, H. (2006). *Attachment in the classroom – the links between children’s early experience, emotional wellbeing and performance in school*. (pp. 10, 35-44, 53, 68, 100-102). London: Worth Publishing Ltd.
- Gerhardt, S. (2004). *Why love matters*. (p. 139). Hove: Routledge.
- Ghaffer, W., Manby, M., & Race, T. (2011). Exploring experiences of parents and carers whose children have been subject to child protection plans. *British journal of social work*. 1-19. Oxford: Oxford University Press.
- Ghate, D., & Hazel, N. (2004). *Parenting in poor environments: stress, support and coping*. London: Policy Research Bureau.
- Giddens, A. (2001). *Sociology*. (pp. 8, 175). Cambridge: Polity Press.
- Gillham, B. (2005). *Research interviewing, the range of techniques*. (pp. 55-59, 60-79, 160-163, 166-168). Glasgow: Bell & Bain Ltd.
- Glaser, B. G., & Strauss, A. L. (1999). *The discovery of grounded theory: strategies for qualitative research*. (pp. 2-3, 21-23, 28, 32-37, 40, 67, 133-134). New Jersey: Aldine Transaction.
- Glasgow Child Protection Committee. (2009). *Guidance for addiction staff working with children affected by parental substance use*. (pp. 3-8). Glasgow: Glasgow Child Protection Committee.
- Glasgow City Council (2009). *Glasgow child and family services plan 2009-2012*. Glasgow: Glasgow City Council.
- Glasgow City Council. (2011). *One Glasgow, towards a new service model for Glaswegians, early intervention project implementation document*. Glasgow: Glasgow City Council.
- Glasgow City Council Education Services. (2011). *Management circular number 3a (2011)*. Glasgow: Glasgow City Council.
- Glasgow City Council Social Work Services. (2007). *Model adult protection policy and procedure*. Glasgow: Glasgow City Council.

- Glasgow City Council & NHS Greater Glasgow and Clyde. (2009). *Parenting support framework*. Glasgow: Glasgow City Council and NHS Greater Glasgow and Clyde.
- Glasgow City Council & NHS Greater Glasgow and Clyde. (2012). *Getting it right for every child, assessment and child plan – multi-agency staff briefing paper*. Glasgow: Glasgow City Council and NHS Greater Glasgow and Clyde.
- Greater Glasgow Child Protection Committee. (2007). *Inter-agency guidance on working with hostile and uncooperative families*. (pp. 3-8). Glasgow: Integrated Assessment Framework Steering Group and Greater Glasgow Child Protection Committee.
- Green, S. (2003). Reaching out to fathers: an examination of staff efforts that lead to greater father involvement in early childhood programmes. *Early childhood research*. Retrieved on December 2007, from <http://ecrp.uiuc.edu/v5n2/green.html>
- Greenfield, P. M., Lalita, K. S., & Rothstein-Fisch. (2006). Cultural pathways through human development. In K. A. Renninger & I. E. Sigel (Eds.), *Handbook of child psychology, volume 4* (pp. 655-660). New Jersey: Wiley & Sons.
- Grice, H. P. (1975). Logic and Conversation. In Cole, P., & Morgan, J.L. *Syntax and semantics*. (pp. 41-58). Retrieved January, 2012 from <http://elsevierdirect.com>.
- Hammond, H., & McKinnon, M. (2003). *Report of the Caleb Ness inquiry, executive summary and recommendations*. Edinburgh: Edinburgh and Lothian Child Protection Committee.
- Handy, C. (1976). *Understanding organisations* (4th ed.). (pp. 13, 24, 62-63, 81-89, 187-189). London: Penguin Books.
- Hanlon, P., & Carlisle, S. (2009). Is modern culture bad for our health and wellbeing. *Global health promotion, volume 16, number 4*, 27-34. Retrieved on June, 2012, from <http://eprints.gla.ac.uk/25693/>
- Hart, C. (1998). *Doing a literature review*. (pp. 13, 46-47, 82-87, 111, 174-176). London: Sage Publications.
- Hart, C. (2005). *Doing your master's dissertation*. (pp. 279-311). London: Sage Publications.
- Harter, S. (2006). The self. In W. Damon & R. M. Lerner, R.M. (Eds.), *Handbook of child psychology, volume 3* (pp. 519-525). New Jersey: Wiley & Sons.
- Heath, H. (2004). Assessing and delivering parent support. In M. Hoghughi & N. Long (Eds.), *Handbook of parenting theory and research for practice* (pp. 315-322). London: Sage Publications.

- Her Majesty's Inspectorate of Education. (HMIE, 2009). *Joint inspection of services to protect children and young people in the Glasgow City Council area*. Glasgow: Glasgow City Council.
- Her Majesty's Inspectorate of Education. (HMIE, 2009). *Summary of indicative quality indicator results from HMIE inspections, 2009*. (p. 1). Edinburgh: Scottish Government.
- Her Majesty's Treasury. (2003). *Every child matters*. London: Stationery Office.
- Her Majesty's Treasury. (2007). *The children's plan*. London: Stationery Office.
- Hoath, F.E., & Sanders, M.R. (2002). A feasibility study of enhanced group Triple P-positive parenting programme for parents of children with attention-deficit/hyperactivity disorder. *Journal of behaviour change, volume 19, number 4*. Sydney: Australian Academic Press.
- Hope, R. (2004). *The ten essential shared capabilities, a framework for the whole of the mental health workforce*. (pp. 3, 13). London: Department of Health.
- Hornby, G. (2000). *Improving parental involvement*. (pp. 1-5, 8-16, 20-23, 69-83, 143, 152). London: Cassell.
- Hornby, G., & Lafaele, R. (2011). Barriers to parental involvement in education: an explanatory model. *Educational review, volume 63, number 1*. London: Routledge.
- Howe, D. (2008). Relationship-based thinking and practice in social work. *Journal of social work practice: Psychotherapeutic approaches in health, welfare and the community*. London: Routledge.
- Howe, D. (2011). *Attachment across the life course, a brief introduction*. (pp. 32-38, 41-55, 88-112, 157-165, 211, 216). Basingstoke: Palgrave Macmillan.
- Howe, D. (2013). *Empathy, what it is and why it matters*. (pp. 49, 70-77, 86-87, 101-108). Basingstoke: Palgrave Macmillan.
- Hughes, P., & MacNaughton, G. (2001). *Building equitable staff-parent communication in early childhood settings: an Australian study*. Retrieved December 19, 2007, from <http://ecrp.uiuc.edu/v3n2/hughes.html>
- Institute for Research and Innovation in Social Services. (2010). *Effectively engaging and involving seldom-heard groups*. (pp. 2, 4). Glasgow: Institute for Research and Innovation in Social Services.
- Institute for Research and Innovation in Social Services. (2011). *Leading for outcomes, parental substance misuse*. (p. 43). Glasgow: Institute for Research and Innovation in Social Services.

- Integrated Assessment Framework Steering Group and Greater Glasgow City Child Protection Committee. (2007). *Inter-agency guidance on working with hostile and uncooperative families*. (pp. 3-4). Glasgow: Greater Glasgow Child Protection Committee.
- Jack, G. (2000). Ecological influences on parenting and child development. *British journal of social work*, volume 30, 703-720. Retrieved May, 2012, from, www.interscience.wiley.com.
- Jack, G., & Gill, O. (2009). The role of communities in safeguarding children and young people. *Child abuse review volume 19*. Retrieved June 2009, from, www.interscience.wiley.com.
- Johnston, N. (2009). The role of self and emotion within qualitative sensitive research: a reflective account. *Enquire, issue 4*. Retrieved March 2013, from, www.enquirenottingham.co.uk
- Katz, I., La Placa, V., & Hunter, S. (2007). *Barriers to inclusion and successful engagement of parents in mainstream services*. (pp. 11-21). York: Joseph Rowntree Foundation.
- Keats, D. M. (2000). *Interviewing, a practical guide for students and professionals*. (pp. 47, 52 -57, 74-77). Buckingham: Open University Press.
- Kinman, G., & Grant, L. (2010, January). *Social workers need training in resilience to reduce stress levels*. Paper presented at the annual conference of the British Psychological Society Division of Occupational Psychology, Brighton, UK.
- Kirk, K. (2005). Assessment of sibling relationships using play, art and stories. In C. Schaefer, J. McCormick & A. Ohnogi (Eds.), *International handbook of play therapy* (pp. 159-177). Maryland: Rowman & Littlefield Publishers.
- Klein, M.H., Kolden, G.G., Michels, J.L., & Chisholm-Stockard, S. (2002). Congruence. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 195-202, 210). New York: Oxford University Press.
- Komulainen, S., & Haines, L. (2009). *Understanding parents' information needs and experiences where professional concerns regarding non-accidental injury were not substantiated*. London: Department of Health and Department for Children, Schools and Families.
- Lahad, M. (2005). Transcending into fantastic reality: story making with adolescents in crisis. In C. Schaefer, J. McCormick & A. Ohnogi (Eds.), *International handbook of play therapy* (pp. 133-158). Maryland: Rowman & Littlefield Publishers.

- Lake, J. F., & Billingsley, B. S. (2000). An analysis of factors that contribute to parent-school conflict in special education. *Remedial and special education, volume 21, number 4*. Retrieved May, 2012 from www.rse.sagepub.com
- Lamb-Parker, F., Piotrkowski, C. S., Baker, A. J. L., Kessler-Sklar, S., Clark, B., & Peay, L. (2001). Understanding barriers to parent involvement in Head Start: a research-community partnership. *Early childhood research quarterly, volume 16*. Retrieved October, 2009, from www.elsevierdirect.com
- Lambert, M. J., & Barley, D. E. (2002). Research summary on the therapeutic relationship and psychotherapy outcome. In J. N. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 24-26). New York: Oxford University Press.
- Laming, The Lord. (2003). *The Victoria Climbié inquiry*. London: Cabinet Office.
- Laming, The Lord. (2009). *The protection of children in England: a progress report*. (pp. 20, 23-24, 36, 45-46, 52, 55-56, 83, 88-89, 94-95). London: The Stationery Office.
- Lave, J., & Wenger, E. (1991). *Situated learning, legitimate peripheral participation*. (pp. 29-55, 91-123). New York: Cambridge University Press.
- Lee, P., & Fee, J. (2005). *Integrated assessment framework for children in Glasgow. An evaluation*. (pp. 5, 17). Glasgow: Children and Families Research and Development Centre.
- Legard, R., Keegan, J., & Ward, K. (2003). The foundations of qualitative research. In Ritchie, J., & Lewis, J. (Eds.). *Qualitative research practice*. (p. 139). London: Sage Publications.
- Leshem, S., & Trafford, V. (2007). Overlooking the conceptual framework. *Journal of innovations in education and teaching international, volume 44, number 1*, 93-105. Retrieved June, 2012, from, <http://www.tandfonline.com/loi/riie20>
- Lewis, J. (2003). The foundations of qualitative research. In Ritchie, J., & Lewis, J. (Eds.). *Qualitative research practice*. (pp. 50-53, 64-65). London: Sage Publications.
- Love, N. (2007). Are languages digital codes? *Journal of language sciences, volume 29*. Retrieved May, 2012, from, www.sciencedirect.com
- Lord, P., Kinder, K., Wilkin, A., Atkinson, M., & Harland, J. (2008). *Evaluating the early impact of integrated children's services*. (p. 11). Slough: National Foundation for Educational Research.
- Lord, P., Southcott, C., & Sharp, C. (2011). *Targeting children's centre services on the most needy families*. (p. 6). Slough: National Foundation for Educational.

- Lupyan, G., & Dale, R. (2010). Language structure is partly determined by social structure. *Journal PLoS ONE*, volume 5, issue 1. Retrieved May 2012, from, www.plosone.org
- McLeod, J. (2010). *Case study research in counselling and psychotherapy*. (pp. 2-8, 17-42, 81-82, 139-142, 157-164). London: Sage Publications Ltd.
- McMahon, L. (1992). *The Handbook of play therapy*. (pp. 96-98). London: Routledge
- MacNaughton, G. (2003). *Shaping early childhood, learners, curriculum and context*. (pp. 42-43). Maidenhead: Open University Press.
- Mabelis, J., & Marryat, L. (2011). *Growing up in Scotland: parental service use and informal networks in the early years, no.1/2011*. (pp. 2, 3). Edinburgh: Scottish Government.
- Magnusson, D., & Stattin, H. (2006). The person in context: a holistic-interactionist approach. In W. Damon & R. Lerner (Eds.), *Handbook of child psychology, volume 1* (pp. 400-410, 418-424, 433). New Jersey: John Wiley & Sons.
- Maiter, S., Palmer, S., & Manji, S. (2006). Strengthening social worker-client relationships in child protective services. *Qualitative social work*, 5, 167-186. New York: Columbia University Press.
- Marriott, C., Hamilton-Giachritsis, C., & Harrop, C. (2013). Factors promoting resilience following childhood sexual abuse: a structured narrative review of the literature. *Child abuse review, June 2013*. Retrieved July 12, 2013, from www.wileyonlinelibrary.com
- Mazzucchelli, T. G., & Sanders, M. (2010). Facilitating practitioner flexibility within an empirically supported intervention: lessons from a system of parenting support. *Clinical psychology science and practice*. New York: Wiley Periodicals.
- Mead, G. (1934). *Mind, self and society*. (pp. 1-3). Retrieved February, 2009, from <http://www.cf.ac.uk/socsi/undergraduate/introsoc/mindself.html>
- Miell, D. (1995). The development of self. In P. Barnes (Ed.), *Personal, social and emotional development of children* (pp. 190-201). Blackwell: Open University.
- Mikulincer, M., & Shaver, P.R. (2008). Adult attachment and affect regulation. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment, theory, research and clinical applications* (pp. 503-532). New York: The Guilford Press.
- Miles, M.B., & Huberman, A.M. (1994). *Qualitative data analysis* (2nd ed.). (pp. 27-28, 30-40, 55-81, 222, 245-246, 263-267, 289-296). California: Sage Publications Inc.

- Mitchell, L., Haggerty, M., Hampton, V., & Pairman, A. (2006). *Teachers, parents and whanau working together in early childhood education*. Wellington: New Zealand Council for Educational Research.
- Mitchell, F., & Burgess, C. (2009). *Working with families affected by parental substance misuse: a research review*. (pp. 51, 53, 54, 56). Edinburgh: Scottish Government.
- Montessori, M. (1964). *The Montessori method*. (pp.48-71, 81). New York: Schocken Books Inc. (Original work published 1912).
- Montgomery, P., Gardner, F., & Bjornstad, G. (2009). *Systematic reviews of interventions following physical abuse: helping practitioners and expert witnesses improve the outcomes of child abuse*. London: Department for Children, Schools and Families.
- Moon, J. (2005). *A workshop on reflective learning*. (pp. 9-11). Exeter: University of Exeter.
- Moran, P., Ghate, D., & van der Merwe, A. (2004). *What works in parenting support? A review of the international evidence*. (pp. 49, 57, 63, 68, 75, 80, 85 93-99, 104-108, 112,122-132) London: Department for Education and Skills.
- Moullin, S., Waldfogel, J., & Washbrook, E. (2014). *Baby bonds – parenting, attachment and a secure base for children*. London: The Sutton Trust.
- Munn, P., & Drever, E. (1990). *Using questionnaires in small scale research* (2nd ed.). (pp. 15-17, 20-31). Glasgow: SCRE Publication.
- Munro, E. (2010). *The Munro review of child protection, part one*. (pp. 5, 8, 11-13, 17, 19-20, 29). London: Information Policy Team.
- Munro, E. (2011a). *The Munro review of child protection, interim report: the child's journey*. (pp. 37, 45, 108, 111-112). London: Information Policy Team.
- Munro, E. (2011b). *The Munro review of child protection: final report, a child-centred system*. (pp. 6-11). London: Information Policy Team.
- Nelson, S., & Hampson, S. (2008). *Yes you can – working with survivors of childhood sexual abuse*. Edinburgh: Scottish Government.
- NHS Greater Glasgow and Clyde, Glasgow City Council. (2009). *Parenting support framework*. Glasgow: NHS Greater Glasgow and Clyde, Glasgow City Council.
- NHS Greater Glasgow and Clyde, Glasgow City Council. (2013). *Glasgow integrated children's service plan 2013-2015*. Glasgow: NHS Greater Glasgow and Clyde, Glasgow City Council.

- O'Leary, C. J. (1999). *Counselling couples and families, a person-centred approach*. (pp. 26-46). London: Sage Publications Ltd.
- Oppenheim, A. N. (1992). *Questionnaire design, interviewing and attitude measurement* (2nd ed.). (pp. 6-7, 43, 65-72, 82-83, 101, 110, 113-114, 148, 154, 174-178, 181,183, 187-188, 195, 210-211). London: Continuum.
- Overton, W. F. (2006). Developmental psychology: philosophy, concepts, methodology. In W. Damon, W., & R. M. Lerner (Eds.), *Handbook of child psychology, volume 1* (pp. 64-64, 70-74). New Jersey: Wiley & Sons.
- Paquette, D. & Ryan, J. (2001). *Bronfenbrenner's ecological systems theory*. Retrieved January, 2007, from <http://www.psy.pax.equ/PsiCafe/Overheads/FamilySys-ChildTarget.htm>
- Parkinson, J. (2012). *Establishing a core set of national, sustainable mental health indicators for children and young people in Scotland: final report*. Edinburgh: Scottish Government.
- Parsons, T. (2006). *Dictionary of sociology*. (pp. 3-4, 284-285). London: Penguin Books Ltd.
- Parton, N. (2007). Safeguarding children: a socio-historical analysis. In K. Wilson & A. James (Eds.), *The child protection handbook*. (pp. 9-31). London: Balliere Tindall Elsevier.
- Paton, M. (1990). *Qualitative evaluation and research methods*. (pp. 169-186). Beverley Hills: Sage.
- Peirce, B. N. (1995). Teachers of English to speakers of other languages. *Tesol quarterly, volume 29, number 1*. Retrieved July, 2012, from <http://www.jstor.org/stable/3587803>
- Petrie, S. (2007). Partnership with parents. In K. Wilson & A. James (Eds.), *The child protection handbook* (pp. 388-389). London: Balliere Tindall Elsevier.
- Petrie, J.T., & Holloway, S.D. (2006). *Mother's representations of the role of parents and pre-schools in promoting children's development*. Retrieved December 19, 2007, from <http://ecrp.uiuc.edu/v8n2/petrie.html>
- Polnay, L., & Scrivastava, O. P. (1995). *Graded care profile scale*. (pp. 11-22). Glasgow: Child Protection Team, Centenary House.
- Pugh (2007). Dual relationships; personal and professional boundaries in rural social work. *British journal of social work, 37*. Oxford: Oxford University Press.

- Punch, K.F. (2005). *Introduction to social research quantitative and qualitative approaches*. (pp. 24-33, 41, 66, 171, 198, 204-210). London: Sage Publications.
- Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., & Collishaw, S. (2011). *Child abuse and neglect in the UK today*. London: National Society for the Prevention of Cruelty to Children.
- Rathunde, K., & Csikszentmihalyi, M. (2006). The developing person: an experiential perspective. In W. Damon & R. Lerner (Eds.), *Handbook of child psychology, volume 1* (pp. 468-472, 484-485, 500, 740-744). New Jersey: John Wiley & Sons.
- Reid, P., & Banks, D. (2008). *Perspectives on early years' services: qualitative research with service users*. Edinburgh: Scottish Government.
- Ritchie, J. (2003). The foundations of qualitative research. In Ritchie, J., & Lewis, J. (Eds.). *Qualitative research practice*. (pp. 24-45). London: Sage Publications.
- Ritchie, J., Lewis, J., & Elam, G. (2003). The foundations of qualitative research. In Ritchie, J., & Lewis, J. (Eds.). *Qualitative research practice*. (pp. 77-108). London: Sage Publications.
- Ritchie, J., Spencer, L., & O'Connor, W. (2003). The foundations of qualitative research. In Ritchie, J., & Lewis, J. (Eds.). *Qualitative research practice*. (pp. 219-262). London: Sage Publications.
- Robson, A., Cossar, J., & Quayle, E. (2014). The impact of work-related violence towards social workers in children and family services. *British journal of social work advance access, March, 2014, 1-13*. Oxford; Oxford University Press.
- Rogers, C. (1990). *The Carl Rogers reader*. (pp. 64-65, 75, 108, 116-118, 135-137, 221-227, 251-252, 271-272). Cornwall: MPG Books Ltd.
- Ross, D. (2004). Metalinguistic signalling for coordination amongst social agents. *Journal of language sciences, volume 26, issue 6*. Retrieved May, 2012, from www.sciencedirect.com/science/article/pii/S0388000104000518
- Rubin, K. H., Bukowski, W. M., & Parker, J. G. (2006). Peer interactions, relationships and groups. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology, volume 3* (pp. 576-580). New Jersey: Wiley & Sons.
- Russ, S. W. (2005). Building an empirical foundation for the use of pretend play in therapy. In C. Schaefer, J. McCormick & A. Ohnogi (Eds), *International handbook of play therapy* (pp. 236-238). Maryland: Jason Aronson.

- Saarni, I. C., Campos, J. J., Camras, L. A., & Witherington, D. (2006). Emotional development: action, communication and understanding. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology, volume 3* (pp. 282-285). New Jersey: Wiley & Sons.
- Sanders, M.R. (1999). Triple P-positive parenting program: towards an empirically validated multilevel parenting and family support strategy for the prevention of behaviour and emotional problems in children. *Clinical child and family psychology review, volume 2, number 2*. New York: Plenum Publishing Corporation.
- Sanders, M. R., Markie-Dodds, C., & Turner, K. M. T. (2003). Theoretical, scientific and clinical foundations of the Triple P-positive parenting programme: a population approach to the promotion of parenting competence. *Parenting research and practice monograph no.1*. Queensland: The Parenting and Family Support Centre.
- Sanders, M. R. (2008). Triple P-positive parenting programme as a public health approach to strengthening parenting. *Journal of family psychology, volume 22, number 3*. New Jersey: American Psychological Association.
- Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T. (2003). Theoretical, scientific and clinical foundations of the Triple P-Positive Parenting Program: a population approach to the promotion of parenting competence. *Parenting research and practice monograph, number 1*. Queensland: The Parenting and Family Support Centre.
- Sanders, M.R., & Ralph, A. (2004). Assessing and delivering parent support. In M. Hoghughi & N. Long (Eds.), *Handbook of parenting theory and research for Practice* (pp. 352, 359-363). London: Sage Publications.
- Schaffer, H. R. (1996). *Social development*. (pp. 205, 312, 335-336, 391). Oxford: Blackwell Publishing.
- Schaffer, H. R. (2004). *Child psychology*. (pp. 160-219). Oxford: Blackwell Publishing Ltd.
- Scottish Children's Reporter Administration. (2009). *Children under two years referred to the children's reporter*. Stirling: SCRA.
- Scottish Commission for the Regulation of Care. (2008). *Grading is coming, guidance for care service providers*. Dundee: Scottish Commission for the Regulation of Care.
- Scottish Educational Research Association. (2005). *Scottish educational research ethical guidelines for educational research*. Glasgow: Scottish Educational Research Association.

- Scottish Executive. (1999). *A curriculum framework for children aged 3 to 5*. Dundee: Learning and Teaching Scotland.
- Scottish Executive. (2002). *The freedom of information (Scotland) act, 2002*. Edinburgh: Scottish Executive.
- Scottish Executive. (2003a). *Getting our priorities right*. (p. 32). Edinburgh: Scottish Executive.
- Scottish Executive. (2003b). *A Scottish executive review of speech and language therapy, physiotherapy and occupational therapy for children and speech and language therapy for adults with learning disabilities and autistic spectrum disorder*. (pp. 27-29, 42, 56). Edinburgh: Scottish Executive.
- Scottish Executive. (2003c). *The framework for social work education in Scotland*. (pp. 18-21). Edinburgh: Scottish Executive.
- Scottish Executive. (2004a). *A curriculum for excellence*. Edinburgh: Scottish Executive.
- Scottish Executive. (2004b). *The education (additional support for learning) (Scotland) act 2004*. Edinburgh: Scottish Executive.
- Scottish Executive. (2005a). *Integrated assessment for Glasgow's children*. (Appendix 1, pp.1-9, 12-13). Retrieved April 18, 2005, from <S:\CCS\2003-05\Integrated Assessment Framework\IAF-FinalDraft.doc>
- Scottish Executive. (2005b). *National care standards early education and childcare up to the age of 16*. Edinburgh: Scottish Executive.
- Scottish Executive. (2005c). *Birth to three: supporting our youngest children*. (pp. 11, 25, 37). Dundee: Learning and Teaching Scotland.
- Scottish Executive. (2006a). *Hidden harm – next steps, supporting children, working with parents*. (p. 21). Edinburgh: Scottish Executive.
- Scottish Executive. (2006b). *Summary of key capabilities in child care and protection and their implications for voluntary sector social services*. Retrieved November 4, 2009, from <SIESWE/SSSC/Scottish Executive 2006>.
- Scottish Executive. (2006c). *Changing lives implementation plan*. (pp. 3-8, 13, 26). Edinburgh: Scottish Executive.
- Scottish Executive. (2006d). *Children and young people's mental health: a framework for promotion, prevention and care*. Retrieved April 11, 2010, from <http://www.scotland.gov.uk/consultations/health/cypmh-06.asp>

- Scottish Executive. (2006e). *Getting it right for every child implementation plan*. Edinburgh: Scottish Executive.
- Scottish Executive. (2006f). *Social work a 21st century profession: the framework for social work education in Scotland*. Edinburgh: Scottish Executive.
- Scottish Executive. (2007a). *Safer recruitment through better recruitment*. (pp. 29-32). Edinburgh: Scottish Executive.
- Scottish Executive. (2007b). *United nations convention on the rights of the child*. Edinburgh: Scottish Executive.
- Scottish Government. (2008a). *Early years and early intervention, a joint Scottish government and COSLA policy statement*. (pp. 1-20). Edinburgh: Scottish Government.
- Scottish Government. (2008b). *Early years framework – evidence briefing*. (p. 5). Edinburgh: Scottish Government.
- Scottish Government. (2008c). *Support and services for parents: a review of the literature in engaging and supporting parents*. (pp. 1-138). Edinburgh: Scottish Government.
- Scottish Government. (2008d). *The Scottish government's response to the Scottish advisory committee on drug misuse-essential care working group report*. (p. 9). Edinburgh: Scottish Government.
- Scottish Government. (2008e). *Equally well implementation plan*. (pp. 1-5). Edinburgh: Scottish Government.
- Scottish Government. (2008f). *A guide to getting it right for every child*. (pp. 1-17, 29). Edinburgh: Scottish Government.
- Scottish Government. (2009a). *UN convention on the rights of the child*. Edinburgh: Scottish Government.
- Scottish Government. (2009b). *Changing professional practice and culture to get it right for every child – executive summary*. Retrieved on April 11, 2010, from <http://www.scotland.gov.uk/Publications/2009/11/20094457/1>
- Scottish Government. (2009c). *Do the right thing, a report for under 18s on Scottish government priorities in response to the UK concluding observations 2008*. (p.1) Edinburgh: Scottish Government.
- Scottish Government. (2009d). *Changing lives*. (pp. 11-13). Edinburgh: Scottish Government.

- Scottish Government. (2010a). *National guidance for child protection in Scotland*. (pp. 1-10, 85-86, 93, 103, 114, 161) Edinburgh: Scottish Government.
- Scottish Government. (2010b). *A guide to implementing getting it right for every child: messages from pathfinders and learning partners*. (pp. 14-19, 25-35, 49-50) Edinburgh: Scottish Government.
- Scottish Government. (2010c). *Pre-birth to three: positive outcomes for Scotland's children and families*. (pp. 21-22, 37, 40, 50). Edinburgh: Scottish Government.
- Scottish Government. (2010d). *Getting it right for every child practice briefing number 1: the role of the named person*. Edinburgh: Scottish Government.
- Scottish Government. (2010e). *Getting it right for every child practice briefing number 2: the role of the lead professional*. Edinburgh: Scottish Government.
- Scottish Government. (2011a). *Changing lives*. (pp. 8-9, 16). Edinburgh: Scottish Government.
- Scottish Government (2011b). *Practice governance framework: responsibility and accountability in social work practice*. Edinburgh: Scottish Government.
- Scottish Government (2011c). *Early years framework, progress so far*. Edinburgh: Scottish Government.
- Scottish Government. (2012a). *The early years taskforce, shared vision and priorities*. Retrieved April, 2012, from <http://www.scotland.gov.uk/Topics/People/Young-People/Early-Years-and-Family>.
- Scottish Government (2012b). *Scottish government consultation getting our priorities right*. (p. 67). Edinburgh: Scottish Government.
- Scottish Government (2012c). *National parenting strategy, making a positive difference to children and young people through parenting*. (pp. 3, 49-69). Edinburgh: Scottish Government.
- Scottish Government (2012d). *Common core of skills, knowledge and understanding and values for the "children's workforce" in Scotland*. Edinburgh: Scottish Government.
- Scottish Government (2012e). *National framework for child protection, learning and development in Scotland 2012*. (pp. 2, 6, 14-23). Edinburgh: Scottish Government.
- Scottish Government (2012f). *A guide to getting it right for every child*. Edinburgh: Scottish Government.

- Scottish Government (2013). *The UNRC: the foundation of getting it right for every Child*. Edinburgh: Scottish Government.
- Scottish Government (2014a). *National guidance for child protection in Scotland 2014*. Edinburgh: Scottish Government.
- Scottish Government (2014b). *Proposal for the development of guidance to support the GIRFEC provisions in the Children and Young People (Scotland) Act 2014*. Edinburgh: Scottish Government.
- Scottish Office (1998). *Protecting children – a shared responsibility*. Edinburgh: Scottish Office.
- Scottish Social Services Council. (2003). *Codes of practice for social services workers and employers, code 1*. Dundee: Scottish Social Services Council.
- Scottish Social Services Council. (2009). *Get skilled, developing the social service workforce for the future*. (pp. 9-10). Dundee: Scottish Social Services Council.
- Scourfield, J. B. (2002). Reflections on gender, knowledge and values in social work. *British journal of social work*, 32, 1-15. Oxford: Oxford University Press.
- Seamon, D. (2000). Phenomenology, place, environment, and architecture: a review of the literature. Retrieved on July, 2012, from [http://www/arch.ksu.edu/seamon/articles/2000_phenomenology_review.htm](http://www.arch.ksu.edu/seamon/articles/2000_phenomenology_review.htm)
- Shotter, J. (1993). *Conversational realities, constructing life through language*. (pp. 26-33, 36-41, 51-54, 111, 120-123, 179-182). London: Sage.
- Silverman, D. (2013). *Doing qualitative research*. (pp. 303-323). London: Sage.
- Sinclair, A. (2007). *0-5: how small children make a big difference*. London: The Work Foundation.
- Siraj-Blatchford, I., Sylva, K., Muttock, S., Gilden, R., & Bell, D. (2002). *Researching effective pedagogy in the early years, report number 356*. (pp. 8, 11, 32, 98-102, 133-135, 141). London: Department for Education and Skills.
- Skinner, K., Macrae, R., Henery, N., & Snowball, A. (2010). *Evaluation of the post registration training and learning of newly qualified social workers*. Dundee: Scottish Social Services Council.
- Snape, D., & Spencer, L. (2003). The foundations of qualitative research. In J. Ritchie & J. Lewis (Eds.). *Qualitative research practice*. (pp. 1-23, 27, 28). London: Sage Publications.

- Soares, I., Fremmer-Bombik, E., Grossmann, K. E. & Silva, M. C. (2000). The organisation of attachment relationships. In P. McKinsey Crittenden & A. H. Claussen (Eds.), *Attachment representation in adolescence and adulthood* (p. 325). Cambridge: Cambridge University Press.
- Social Exclusion Task Force. (2008). *Think family: improving the life chances of families at risk*. (pp. 4, 7). London: Social Exclusion Task Force.
- Social Work Task Force. (2009). *Building a safe, confident future, final report of the social work task force: November 2009*. (pp. 12, 26). London: Department of Children, Schools and Families.
- Social Work Inspection Agency. (2010a). *Practice guide chronologies*. Edinburgh: Social Work Inspection Agency.
- Social Work Inspection Agency. (2010b). *Practice guide on the record – getting it right: effective management of social work recording*. Edinburgh: Social Work Inspection Agency.
- Solihull Approach Parenting Group Research (2009). *Solihull approach parenting group research and Nice guidelines*. Retrieved on March 20, 2009, from <Y:\SOLIHULL APPPROACH\Admin folders & other information\Training Handouts\The Solihull Approach Parenting Group research, NICE, outline and cost SHORT VERSION 20.03.09.doc>
- Spencer, M. B. (2006). Phenomenology and ecological systems theory: development of diverse groups. In W. Damon, & R. M. Lerner (Eds.), *Handbook of child psychology, volume 3* (pp. 829-885). New Jersey: Wiley & Sons.
- Spencer, L., Ritchie, J., Lewis, J., & Dillon, L. (2003). *Quality in qualitative evaluation: a framework for assessing research evidence*. London: National Centre for Social Research.
- Spencer, L., Richie, J., & O'Connor, W. (2003). The foundations of qualitative research. In Ritchie, J., & Lewis, J. (Eds.). *Qualitative research practice*. (pp. 199-236). London: Sage Publications.
- Spratt, T., & Callan, J. (2004). Parents' views on social work interventions in child welfare cases. *British journal of social work, volume 34*. 199-224. Oxford: Oxford University Press.
- Sroufe, L.A., Egeland, B., Carlson, E., & Collins, W.A. (2005). *The development of the person: the Minnesota study of risk and adaptation from birth to adulthood*. (pp. 12, 19, 33, 97, 167-197). New York: The Guilford Press.

- Sroufe, L. A., Egeland, B., Carlson, E., & Collins, W.A. (2006). Placing early attachment experiences in developmental context. In K. E. Grossman, K. Grossman & E. Watters (Eds.), *Attachment from infancy to adulthood: the major longitudinal studies* (pp. 48-70). New York: The Guilford Press.
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Stern, D. N. (1998). *The interpersonal world of the infant*. (pp. 137-145, 199-200, 274). London: H. Karnac (Books) Ltd.
- Stormshak, E.A., Kaminski, R.A., & Goodman, M. (2002). Enhancing the parenting skills of head start families during the transition to kindergarten. *Prevention science, volume 3, number 3, December 2002*. 231, 233. Oregon: Society for Prevention Research.
- Sudbery, J. (2010). Key features of therapeutic social work: The use of relationship. *Journal of social work practice: Psychotherapeutic approaches in health, welfare and the community*. London: Routledge.
- Surestart. (2002). *Birth to three matters framework*. London: Paul Chapman Publishing.
- The Glasgow Centre for the Child and Society. (2006). *Code of practice on research ethics*. (pp. 1-23). Glasgow: University of Strathclyde.
- The Stationery Office. (1997). *The children (Scotland) act 1995*. (pp. 1-28). Norwich: The Stationery Office
- Thompson, R. A. (2006). The development of the person: social understanding, relationships, conscience, self. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology, volume 3* (pp. 24-35, 68-69,78). New Jersey:Wiley & Sons.
- Thompson, R. A. (2008). Early attachment and later development: familiar questions, new answers. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment, theory, research and clinical applications* (pp. 348-366). New York: The Guilford Press.
- Todhunter, C. (2000). Undertaking action research. *Social research update, issue 34, Autumn, 2000*. Guildford: University of Surrey.
- Tomasello, M. (2006). Acquiring linguistic constructions. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology volume 2* (pp. 261-275, 279-287). New Jersey: Wiley & Sons.
- Tompsett, H., Ashworth, M., Atkins, C., Bell, L., Gallagher, A., Morgan, M., & Wainwright, P. (2009). *The child, the family and the GP: tensions and conflicts of interest in safeguarding children, executive summary*. (pp. 2, 3). London: Department for Children, Schools and Families.

- Trafford, V., & Leshem, S. (2008). *Stepping stones to achieving your doctorate*. Maidenhead: Open University Press.
- Trappes-Lomax, H. (2004). Discourse analysis. In A. Davies & C. Elder (Eds.), *The handbook of applied linguistics* (pp. 133-146). Oxford: Blackwell Publishing Ltd.
- Trevarthan, C., and Aitken, K. J. (2001). Infant intersubjectivity: research, theory, and clinical applications. *Journal of child psychology and psychiatry, volume 42*. Cambridge: Cambridge University Press.
- Trevithick, P. (2003). Effective relationship-based practice: a theoretical exploration. *Journal of social work practice, volume 17, number 2*. Oxford: Oxford University Press.
- Trotter, C. (2002). Worker skill and client outcome in child protection. *Child abuse review, volume 11*. 38-50. Victoria: Wiley & Sons Ltd.
- Turner, D. (2012). A relationship-based approach to engaging involuntary clients: the contribution of recognition theory. *Journal of child and family social work*. Retrieved February, 2013, from, <http://10.1111/j.1365-2206.2012.00830.x>
- United Nations Convention on the Rights of the Child (UNCRC, 1989). *United nations convention on the rights of the child*. Geneva: UNCRC.
- University of Queensland. (2013). *Triple P – positive parenting programme review of evidence*. Queensland: University of Queensland.
- University of Strathclyde. (2001). *Data protection policy*. Glasgow: University of Strathclyde.
- University of Strathclyde. (2005). *Freedom of information and environmental information*. Glasgow: University of Strathclyde.
- University of Strathclyde. (2008). *General regulations for higher degrees by research*. (regulation 3, 20.1-20.4). Retrieved April 3, 2009, from <http://www.strath.ac.uk/jhlibrary/publications/formatoftheses/>
- University of Strathclyde Ethics Committee, Research and Innovation. (2009). *Code of practice on investigations involving human beings* (5th ed.). Glasgow: University of Strathclyde.
- Valente, M., & Shuttleworth, A. (1997). The co-working relationship: groupwork with women survivors of sexual abuse. *Child abuse review, volume 6*, 219-225. Retrieved July 12, 2013, from www.wileyonlinelibrary.com

- Valsiner, J. (2006). Developmental epistemology and implications for methodology. In W. Damon & R. M. Lerner (Eds), *Handbook of child psychology, volume 1* (p. 192). New Jersey: Wiley & Sons.
- Velleman, R., & Templeton, L. (2007). Understanding and modifying the impact of parents' substance misuse on children. *Advances in psychiatric treatment, volume 13, issue 2*, 79-89. London: The Royal College of Psychiatrists.
- Vincent, S. (2009). Learning from child deaths and serious abuse in Scotland. Edinburgh: Dunedin.
- Vygotsky, L.S. (1978). *Mind in society, the development of higher psychological processes*. (pp. 84-91, 131-132). Cambridge, Massachusetts: Harvard University Press.
- Vygotsky, L.S. (1986). *Thought and language*. (pp. 7, 58-60, 240-253). Cambridge: The Massachusetts Institute of Technology.
- Vygotsky, L. S. (1994a). The problem of the environment. In R. van der Veer & J. Valsiner. (Eds), *The Vygotsky reader* (pp. 338-355). Oxford: Blackwell Publishers.
- Vygotsky, L. S. (1994b). The problem of the cultural development of the child. In R. van der Veer & J. Valsiner (Eds), *The Vygotsky reader* (pp. 57-71, 308-354). Oxford: Blackwell Publishers.
- Walker, M. (2005). *21st century social work, the statutory social worker's role in prevention and early intervention with children*. Stirling: Social Work Research Centre.
- Walker-Hall, J., & Sylva, K. (2001). What works for families of children with behaviour problems? In Pugh, G. (Ed.). *Contemporary issues in the early years* (3rd ed.). (pp. 172-175). London: Sage.
- Weber, M. (2006). *Dictionary of sociology*. (pp. 2-3). London: Penguin Books Ltd.
- Webster-Stratton, C. (2014). *The incredible years*. Retrieved October 19, 2014, from www.incredibleyears.com.
- Whitters, H.G. (2009). *Parents and an integrated team: developing and maintaining effective relationships to support early interventions*. (pp. 23, 56-57, 68). Glasgow: Strathclyde University Library.
- Wilkinson, J. E. (2003). *Policy and practice in education: early childhood education, the new agenda*. (pp. 39-41, 67). Edinburgh: Dunedin Press Ltd.

- Winter, G. (2000). A comparative discussion of the notion of 'validity' in qualitative and quantitative research. *The qualitative report, volume 4, numbers 3 & 4*. Retrieved October 21, 2010, from <http://www.nova.edu/ssw/QR/QR4-3/winter.html>
- Wisker, G. (2008). *The postgraduate research handbook*. (pp. 48-64, 68-85, 169-171). Basingstoke: Palgrave Macmillan.
- Woodcock, J. (2003). The social work assessment of parenting. *British journal of social work, volume 33*, 87-106. London: BASW Trading Ltd.
- Yatchmenoff, D.K. (2005). Measuring client engagement from the client's perspective in non-voluntary child protective services. *Research on social work practice, volume 15*. 84-96. London: Sage Publishing.
- Yin, R.K. (2003). *Case study research design and methods, 3rd edition*. (pp. 6-19, 21-27, 41-42, 52-53, 86, 125). London: Sage Publishing.
- Yin, R.K. (2014). *Case study research design and methods, 5th edition*. (pp. 29-37, 45-46, 51, 105-107, 147-148, 163, 173). Thousand Oaks: Sage Publishing.

Appendix A

Participant Information and Recording Sheets

Scoping group format	317
Interview questions for parental participants	319
Interview questions for professional participants	325
Case study information sheet and consent form	332

Scoping Group

Verbal and written consent

Define topic and give participants points for discussion

Open scoping group discussion “I am very interested in hearing your ideas on the following points.”

Close scoping group discussion “I shall recap on the points which you have discussed and please confirm or change the details as you feel appropriate to your view point. I shall list the influences which you have mentioned and please add or remove any points as you wish. Thank you for giving me your time and ideas which will be valuable to the project. You shall each receive the results of the research when it is completed.”

Discussion points

Circumstances

new parents/children
parents/children leaving service
behavioural issues
non-attendance
child protection
daily contact

Potential influences/Prompts for discussion

shaking hands
arms folded or open arms
hugging
smiling/eye contact
nodding or shaking head

verbal acknowledgement
verbal agreement
empathising by gesture
parent's body language
parent's attitude/verbal or physical
own k&u of situation
own accountability
own experience
own confidence
own workload
immediate environment (quiet/noisy)
previous incidents
prior relationship(positive/negative.)

Participants' spontaneous comments

Interview Questions
Parent

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
<p>1. The first question concerns you and your family.</p> <p>a. How long have you and your child/children been attending the nursery?</p> <p>b. What age is your child?</p> <p>2. The second question concerns extra support for families.</p> <p>a. Can you give examples of the extra support which is given to families within the nursery?</p> <p>b. What do you think is the purpose of this extra support?</p>	<p>1-1 support therapists parents' groups – leisure and learning information and care</p> <p>child's development parent's development achieving potential</p>	<p>Closed question: specific information, promotes question and answer to participant introduces topic priming</p> <p>Closed question: promotes question and answer pattern to participant</p> <p>Open question: contextualises topic to participant</p> <p>Open question: prompts reflection and exposes attitude</p>	<p>Support</p> <p>Support</p>

Interview Questions
Parent

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
<p>What makes the relationship stay the same?</p> <p>or</p>	<p>professional training personality</p>	<p>Open question: prompts reflection on experience exposes behaviour and practice</p>	<p>Development</p>
<p>What makes the relationship change?</p> <p>e. Does the type of relationship make a difference to the progress of a family in the nursery?</p> <p>Explain?</p>	<p>circumstances personality</p>	<p>Open question: informs research question exposes behaviour and practice</p> <p>Closed question: introduces outcome Feedback loop</p>	<p>Support</p>
<p>4. The next topic concerns the protection of children.</p>		<p>Branching structure</p>	<p>Child protection</p>
<p>a. What does protection of children mean to a parent?</p>	<p>love and care neglect of child social work police domestic violence</p>	<p>Open question: priming reveals knowledge and understanding</p>	<p>Child protection</p>
<p>b. What does protection of children mean to a staff?</p>	<p>social work</p>	<p>Open question: specific to participant</p>	<p>Development Child protection</p>

Interview Questions
Parent

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
<p>c. How do you feel protection of children affects the relationship between a parent and a staff?</p> <p>d. How does child protection affect the outcome from extra support?</p> <p>5. The next topic is about children and families.</p> <p>a. How do children learn to interact with other people?</p> <p>b. How do adults learn to interact with other people?</p> <p>c. How does the place where you live affect your attitude towards other people?</p>	<p>parents nursery school neighbourhood TV</p> <p>childhood influences media friends</p> <p>positive/negative environment</p>	<p>Open question: reveals knowledge and understanding elicits attitude link to behaviour and practice</p> <p>informs research question reveals behaviour and practice feedback loop</p> <p>Open question: prompts reflection and elicits attitude</p> <p>Open question: elicits beliefs and behaviour</p> <p>Open question: knowledge and understanding strength of influences</p>	<p>Support Implementation Development Child protection</p> <p>Culture</p> <p>Culture</p> <p>Support Implementation Development Culture Child protection</p> <p>Support Implementation Development Culture Child protection</p>

Interview Questions
Parent

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
<p>d. Could you put your personal qualities in order of importance?</p> <p>e. Do you have any other comments?</p>	<p>Most important is number 1</p>	<p>Creates a ranking scale to inform research question</p>	

Interview Questions
Professional

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
<p>1. The first topic concerns your profession.</p> <p>a. What is your profession?</p> <p>How long have you been working in this profession?</p> <p>b. How frequently do you work with each parent?</p> <p>2. The second topic concerns early intervention.</p> <p>a. Are you part of an early intervention team?</p> <p>b. What would you say is the purpose of early intervention?</p>	<p>process outcome prevention parenting resilience of child or parent crisis management child protection</p>	<p>Closed question: specific information about participant's experience Priming</p> <p>Closed question: specific information about participant and link to second sample set</p> <p>Closed question: priming introducing a topic</p> <p>Open question: contextualise the topic elicit attitude</p>	<p>Support</p> <p>Support Implementation</p> <p>Support Implementation</p> <p>Support Implementation</p>

Interview Questions
Professional

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
<p>c. Can you give examples of early interventions in relation to your profession?</p> <p>3. The next topic concerns relationships between professionals and parents.</p> <p>a. Do you think that relationships are important?</p> <p>b. How do you create a relationship with a parent?</p> <p>c. How do you maintain the relationship?</p> <p>d. What would you say is the purpose of a relationship with a parent in the context of early intervention?</p>	<p>context, mode parent/child focus formal/informal prescriptive method specific/generic</p> <p>support cause and effect empowering</p>	<p>Open question: specific contextualisation of topic to participant expose behaviour/practice feedback loop</p> <p>Branching structure</p> <p>Closed question: introducing topic priming attitude</p> <p>Open question: leading towards specific information exposes behaviour/practice</p> <p>Open question: prompts reflection on topic exposes behaviour/practice</p> <p>Open question: informs research question elicits attitude</p>	<p>Support Implementation</p> <p>Development</p> <p>Development</p> <p>Development</p> <p>Support Implementation Development</p>

Interview Questions
Professional

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
e. How do you decide on the appropriate support for each parent?	current need: expressed, felt or normative recorded need historical need	Open question: specific to each participant, introduces cause and effect exposes behaviour/practice	Implementation
f. Do you provide the support or use signposting?	emotional informational instrumental	Closed question: focus to relationship and context of integrated team feedback loop	Implementation
g. Does a relationship between a professional and a parent change over time?		Closed question: indication of attitude	Development
Can you identify the influences that cause these changes? or	initial contact ongoing contact closure	Open question: informs research question indicates knowledge and understanding attitude	Development
Can you identify the influences that keep the relationship constant throughout the intervention period?	professional training personality	Open question: informs research question indicates knowledge and understanding attitude	Development

Interview Questions
Professional

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
h. Which methods of communication do you use in implementing an early intervention?	verbal written role modelling media – phone, dvd, e-mail	Open question: specific to each participant priming	Implementation
i. Could you describe the power balance in the relationship between a professional and a parent?	initial contact ongoing contact closure	Open question: prompts analysis elicits attitude	Development
j. What are the factors that you feel may influence the relationship?	microsystem – personal/ professional relationship mesosystem – links, nursery, home, community exosystem – extraneous, work, addiction, additional needs, culture macrosystem – law, curricula, ethos	Open question: informs research question attitude link to behaviour and practice	Support Implementation Development Culture Child protection

Interview Questions
Professional

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
<p>k. How does the relationship impact on the implementation of an intervention?</p> <p>4. The next topic is related to child protection.</p> <p>a. What do you think child protection means to a parent?</p> <p>b. What does child protection mean to you?</p> <p>c. How do child protection issues affect the relationship between a professional and a parent?</p>	<p>professional training personality expertise/inexperience attitudes – personal or professional manner, mode, communication</p>	<p>Open question: informs research question links relationship and outcome elicits attitude feedback loop</p> <p>Branching structure</p> <p>Open question: reflection on a topic and attitude indicates knowledge and understanding priming</p> <p>Open question: specific to participant elicits attitude exposes behaviour/practice</p>	<p>Support Implementation Development</p> <p>Child protection</p> <p>Child protection</p> <p>Development Child protection</p>

Interview Questions
Professional

INTERVIEW QUESTION	PROMPTS	PURPOSE OF INTERVIEW QUESTION	DATA COLLECTION TOPIC
<p>d. How does child protection affect the outcome of an intervention?</p> <p>5. The next topic concerns children and adults.</p> <p>a. How do children learn to interact with other people?</p> <p>b. How do adults learn to interact with other people?</p> <p>c. How do professionals learn to interact with parents?</p>	<p>parents nursery school environment media</p> <p>childhood experiences role modelling</p> <p>training CPD personality</p>	<p>Open question: informs research question elicits attitude</p> <p>Open question: informs research question reveals behaviour and practice feedback loop</p> <p>Open question: elicits attitude and behaviour</p>	<p>Support Implementation Development Culture Child protection</p> <p>Culture</p> <p>Culture</p> <p>Development Culture</p>

Project Title: Perceptions of the influences upon the parent-professional relationship in a context of early intervention and child protection.

Case Study
Parental Information Sheet

Introduction

Dear Parent

My name is Hazel Whitters. I am a senior Pre-5 Worker at... and I am also studying part-time for a PhD in Early Childhood Studies at the University of Strathclyde.

My research project aims to investigate the influences on relationships between parents and professionals. The purpose of this project is to provide information which will support the creation of positive relationships between parents and professionals, and help families to learn and achieve their potential.

If you are willing, I would like to use the experiences of you and your child in the family centre in this research project.

Do I have to take part?

You may choose to take part or not. If you do not wish to take part, the service for you and your family will not be affected. If you do decide to take part in the project, you may withdraw at any time or withdraw your data.

What do I have to do?

If you decide to participate, Hazel will use information from your family's file in the ... to record your story, and the way in which you worked with professionals to achieve a positive outcome for your family. **Hazel will be the only person who knows your name and personal details.**

Hazel is studying at Strathclyde University so an examiner will read Hazel's account. **Hazel will be the only person who knows your name and personal details.** You will be able to read the account before the examiner and you may withdraw the information at any time, by informing Hazel.

Why have I been asked to participate?

You have been asked to participate because your family file demonstrates the ways in which you worked with professionals to achieve positive outcomes for your family.

What are the benefits for me?

The experiences of you and your child in the family centre will provide information to contribute to an investigation of the influences on relationships between parents and professionals.

What are the risks to me?

There are no potential risks to you taking part in this project.

What happens to my information?

Hazel will store your information safely and keep your family's personal details confidential by following the rules of Strathclyde University. Hazel will maintain confidentiality of the information and participants will not be identified. The data from the case study will be stored securely for six years, thereafter destroyed in accordance with the regulations, and the thesis will be retained in the University of Strathclyde library.

The University of Strathclyde is registered with the information Commissioner's Office who implements the Data Protection Act 1998. All personal data on participants will be processed in accordance with the provisions of the Data Protection Act 1998.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

What happens next?

If you wish to take part please discuss any issues with Hazel before reading and signing the consent form. The form should be returned to Hazel.

The project will finish by 2015 and Hazel will give you an update regularly. Hazel's thesis for her examination will be stored in the library at the University of Strathclyde. Hazel might write an article, on the information from the whole project, for publication in a journal or to present at a conference.

This investigation was granted ethical approval by the University of Strathclyde ethics committee. The researcher will adhere to the code of practice on research ethics and the statutory code of practice required by registered practitioner's status (University of Strathclyde, 2009, The Glasgow Centre for the Child and Society, 2006 and the Scottish Social Services Council, 2003). Hazel can support you in accessing any of this information if you wish.

If you wish to discuss any issues with a representative from the University of Strathclyde, please contact:

Secretary to the University Ethics Committee
Research and Knowledge Exchange Services
University of Strathclyde
Graham Hills Building
50 George Street
Glasgow
G1 1QE
Telephone: 0141 548 3707
email: ethics@strath.ac.uk

Researcher contact details:
Hazel G Whitters
Faculty of Humanities and Social Sciences,
University of Strathclyde
Jordanhill Campus
76 Southbrae Drive
Glasgow G13 1PP
Telephone: 0141 950 3033
email: hazel.whitters@strath.ac.uk

First Supervisor:
Dr Helen Marwick
Faculty of Humanities and Social Sciences,
University of Strathclyde
Jordanhill Campus
76 Southbrae Drive
Glasgow G13 1PP
Telephone: 0141 950 3592
email: helen.marwick@strath.ac.uk

Thankyou for reading all this information

Project title: Perceptions of the influences upon the parent-professional relationship in a context of early intervention and child protection.

Consent Form for Case Study

- I have read and understood the information sheet for the research project and Hazel has answered any questions
- I understand that I can choose to participate or not, and the service for my family will not change
- I understand that I can withdraw from the research project at any time
- I understand that I can read Hazel's record of my family story before the examiner, and I can withdraw the information at any time
- I understand that Hazel will be the only person who knows my name and personal details
- I consent to information from my family file being used in this research project

I have read and understood this information and give consent for the information to be accessed and used as described:

Name (print): _____

Signature: _____

Date: _____

THANK YOU VERY MUCH FOR READING THIS INFORMATION

Appendix B
Descriptive Codes

Descriptive codes and definitions	337
-----------------------------------	-----

Descriptive codes

<u>Code Number/Name</u>	<u>Code Description</u>
1 – profession	professional discipline of participant
2 – chosen time	time allocated by professional or parent
3 – client contact	interaction with client
4 – contact medium	face to face, phone, written, electronic
5 – assessment	professional assessment of need
6 – early intervention	support to promote human development
7 – prior crisis	support given prior to a crisis
8 – length of time	time relative to a relationship
9 – approachable	professional presents empathic response
10 – concerns	parent's concerns
11 – child protection	protecting child's physical/emotional wellbeing
12 – non-judgemental	professional not making presumptions
13 – body language	behaviour exhibiting attitude
14 – trust	interaction based on honesty
15 – availability	professional is contactable
16 – early relationship	created before a crisis occurs
17 – post crisis	events/issues after a crisis occurs
18 – help	informational, instrumental, emotional support
19 – perceived need	normative need
20 – actual need	felt and expressed need
21 – signpost	access support from other agencies
22 – difficult topics	topics relating to child protection
23 – environment	learning environment
24 – negative parenting	demonstration of inappropriate parenting skills
25 – honesty	clear and consistent communication
26 – acceptance	readiness to change
27 – language	verbal interaction relating to culture

Descriptive Codes

<u>Code Number/Name</u>	<u>Code Description</u>
28 – verbal interaction	any verbal communication
29 – chaotic lives	negativity associated with vulnerable families
30 – literacy skills	ability to read and comprehend information
31 – long-term relationship	relationship over a period of time
32 – professional	accessing professionally acquired skills
33 – a friend	interacting outside professional guidelines
34 – negative effect	detrimental to the relationship
35 – nurturing	caring and supporting
36 – mothering	caring and supporting as a primary carer
37 – young women	teenage mothers
38 – equal relationship	no power balance in relationship
39 – modify language	change language to suit culture
40 – emot/physical	emotional/physical wellbeing of child
41 – gradually	relationship developing over time
42 – explanations	promoting reasons for decisions
43 – mediation	mediating between agencies
44 – not threatening	acceptable to parents
45 – threatening	not acceptable to parents
46 – nursery	pre-5 establishment
47 – stability	consistent support in parent's lives
48 – calm environment	environment conducive to learning
49 – negative interacting	detrimental interactions to development
50 – positive interacting	interactions promote development
51 – older women	women aged 20 years and over
52 – not natural parenting	skills not inherent
53 – age	age and maturity
54 – living	abode

Descriptive Codes

<u>Code Number/Name</u>	<u>Code Description</u>
55 – gang culture	culture of local area
56 – inherent skills	use of natural skills
57 – life experience	maturity linked to experiences
58 – young people	teenage men and women
59 – professional responses	responsive care in professional context
60 – frightening	parenting promotes fear in individuals
61 – access parenting skills	identify and use parent’s incumbent skills
62 – expectations	realistic expectations
63 – non-professional	not conforming to professional requirements
64 – consistency	regular actions/responses over time
65 – seek out	parents actively seek support
66 – articulation	expressing thoughts clearly
67 – advocate	professional upholding rights of parents
68 – nursery/parent	nursery placement and parent support
69 – Triple P	Positive Parenting Programme
70 – school	regarded as failing in school system
71 – resources	use of resources
72 – monies	allocation of monies
73 – employment	number of years employed
74 – attachment	attachment issues
75 – future	preparing for future life
76 – power balance	professional/parent has control
77 – dependency	client dependent on services
78 – bond	creating a relationship
79 – confidence	high self-esteem
80 – accommodated	care of local authority
81 – maturation	effect of time

Descriptive Codes

<u>Code Number/Name</u>	<u>Code Description</u>
82 – role model	learning by observing
83 – precious	child valuable/valued
84 – integrated team	health/education/social work professionals
85 – relationship	effective working relationship
86 – private nursery	private sector establishment
87 - friendships	peer group socialising
88 – transparency	sharing information with clients
89 – ASN	professional response to ASN
90 – partnership	working partnership
91 – parent-child	parent-child relationship
92 – empowerment	parent develops
93 – social work	mandatory intervention
94 – outcome	final outcome
95 – process	interventional strategies
96 – personality	wellbeing and interests
97 – humour	humour as resilience
98 – listening	listening skills
99 – confidentiality	protecting information
100 – induction	initial communication
101 – CPD	professional development
102 – culture	knowledge of local environment
103 – mesosystem	different environments
104 – comfortable	feeling at ease
105 - pre-birth	prior to birth
106 – barrier	barrier to a relationship
107 – normalise	contextualise difficulties
108 – chance	offer opportunities

Descriptive Codes

<u>Code Number/Name</u>	<u>Code Description</u>
109 – prof. body	health, education or social work
110 – birth parents	in care of birth parents
111 – hatred	parent’s emotion
112 – K & U	knowledge and understanding
113 – cultural behav.	stereo-typical behaviour
114 – individual	one to one relationship
115 – child’s potential	achievement of potential
116 – balance	balance of influences
117 – atmosphere	workplace atmosphere
118 – respect	positive attitude to others
119 – important	significant value
120 - key worker	professional carer
121 – par. respon.	parental responsibility
122 – prof. respon.	professional responsibility
123 – intuition	instinctive responses
124 – facts	factual information
125 – diff.interps.	different interpretations
126 – learned behav.	learned behaviour
127 – ethos	ethos of organisation
128 – practice evolves	practice adapts to needs
129 – involvement	linked to services
130 – engagement	embracing interventions
131 – childhood	birth to sixteen years
132 – comprehension	understanding issues
133 – question	questions to confirm comprehension
134 – historical	prior experiences
135 – pre-conception	pre-conceived ideas and attitude

Descriptive Codes

<u>Code Number/Name</u>	<u>Code Description</u>
136 – holistic	care in relation to needs
137 – informal	welcoming
138 – good and bad	positive and negative relationship
139 – vocational	dedication to work
140 – non-vocational	lack of dedication
141 – school	5-16 year education
142 – isolation	parent isolated from society
143 – stable person	good mental health
144 – unstable person	mental ill-health
145 – nursery attend.	total time attending a nursery
146 – age	age of child
147 - +ve attitude	positive attitude
148 - -ve attitude	negative attitude
149 – parent involve.	parent involvement in services
150 – enabler	facilitates involvement
151 – stranger danger	protection from strangers
152 – sociable	ability to communicate easily
153 – patient	considerate to others
154 – kind	pleasant and helpful
155 – fearless	embraces challenges
156 – personal relationship	applying personal information
157 – anti-social	choose not to socialise
158 – child behave.	child’s behavioural issues
159 – vol. partic.	voluntary participation
160 – unintentional	not deliberately harming
161 – residential	residential intervention
162 – child develop.	child’s development

Descriptive Codes

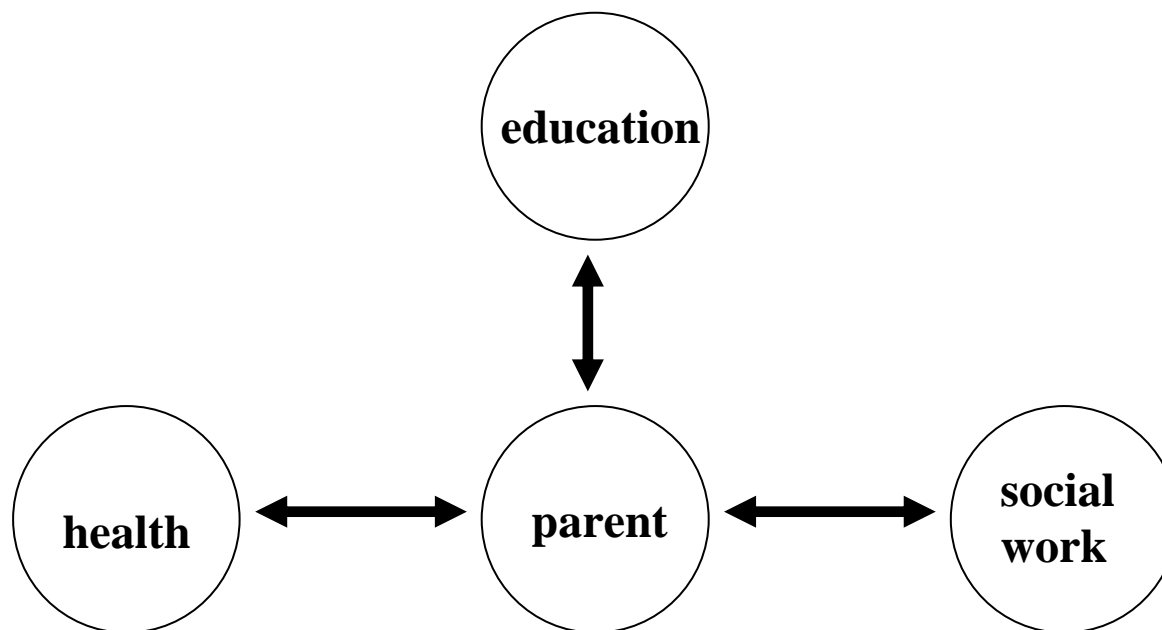
<u>Code Number/Name</u>	<u>Code Description</u>
163 – emotions	emotional impact
164 – staff support	emotional support for team
165 – combination	many influences
166 – self-talk	personal coping skill
167 – primary carer	main carer
168 – nurture	impact of upbringing
169 – follow up	continue with relationship
170 – non-comprehension	lack of understanding

Appendix C

Figures

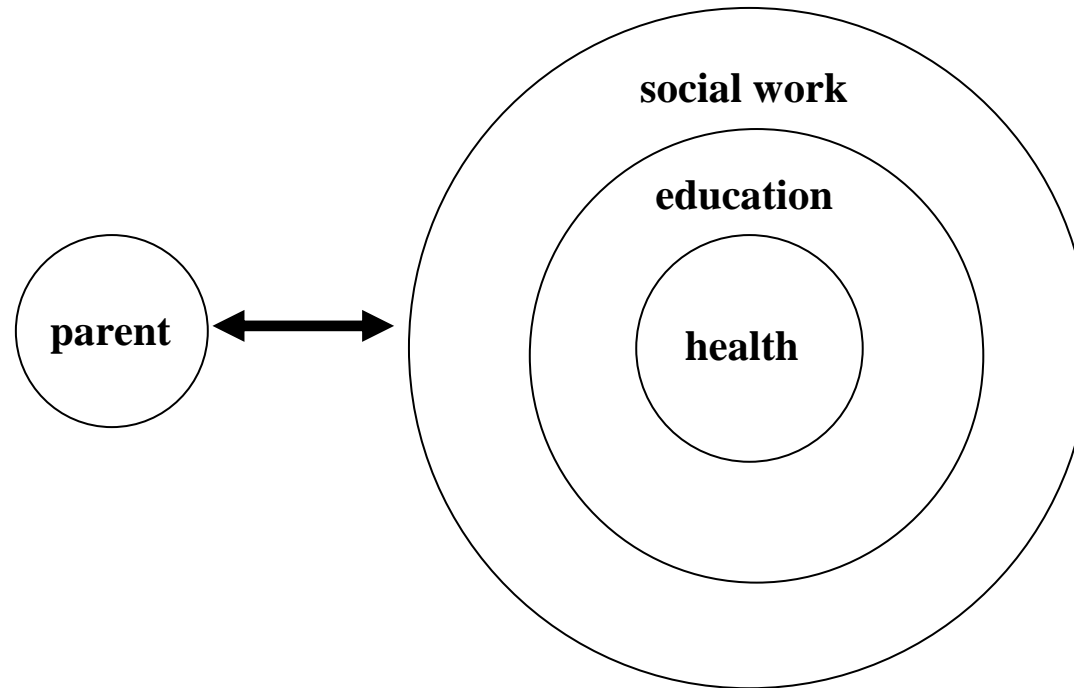
Figure C1: <i>parent and a multi-disciplinary team</i>	345
Figure C2: <i>parent and an integrated team</i>	346
Figure C3: <i>systems of human development</i>	347

Figure C1. *A parent and a multi-disciplinary team*



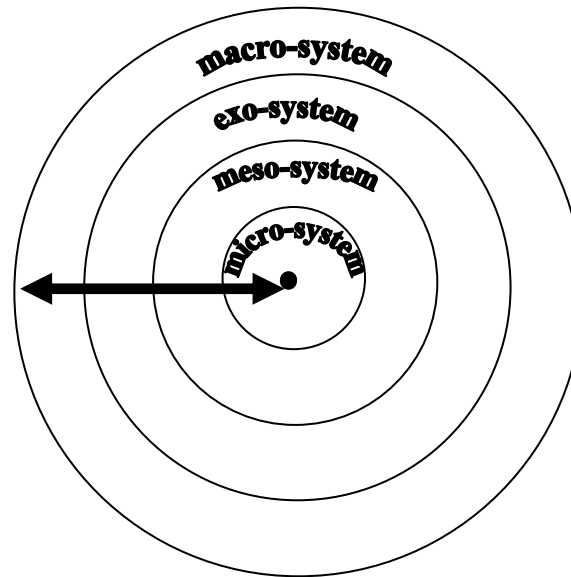
Note. Multi-disciplinary practice is implemented within parent-professional dyads.

Figure C2. *A parent and an integrated team*



Note. Integrated practice is implemented within parent-professional dyads.

Figure C3. *The Ecological Systems of Human Development (Bronfenbrenner, 1979)*



Note. The bi-directional impact of influences.

● = a human being