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UNDERSTANDING AND SUPPORTING POSITIVE PARENTING DURING HOMELESSNESS.

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Summary of the Major Research Project

Section A reviews and synthesises the current qualitative literature on parenting during an episode of homelessness. A systematic search identified 13 papers which were critically evaluated and synthesised thematically with reference to existing models of parenting determinants (Abidin, 1992) and positive parenting (Sanders, 1999). Findings indicate a substantive impact of homelessness on parenting behaviour and identified a number of adaptive, parent developed methods to negotiate the challenges of parenting in a homeless setting. Clinical and research methods are discussed

Section B details the findings of a mixed-method, formative evaluation of the feasibility of a peer-led parenting intervention for parents living in temporary accommodation. A structured, group-based intervention ('Empowering Parents, Empowering Communities- Temporary Accommodation') was delivered by peer facilitators. Intervention feasibility, acceptability and potential for impact were assessed using attendance data, qualitative interviews and standardised quantitative measures. The study found that peer-led parenting groups are feasible and potentially effective intervention for parents living in temporary accommodation and warrant further testing under controlled conditions.

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SECTION A: MAJOR RESEARCH PROJECT

How does homelessness affect parenting behaviour: A systematic review and thematic synthesis of qualitative research

Word Count: 8286

Abstract

Background; Homeless families report reduced parenting and child behavioural outcomes. However, there is currently a limited understanding of the relationship between homelessness and parenting behaviour.

Objectives; To explore parental perceptions of the impact of homelessness on parenting behaviour and identify positive parenting strategies.

Data sources; Systematic searches of multiple electronic databases were undertaken using key search terms. No publication time limits were set.

Eligibility criteria; Qualitative studies exploring parenting behaviour in homeless contexts.

Appraisal and synthesis methods: Studies were critically appraised using the CASP qualitative assessment tool and synthesised thematically using existing models of parenting determinants and positive parenting.

Results; Thirteen papers were identified. Findings indicate a substantive impact of homelessness on parental mental health, parenting authority, material resources, parenting environments and child characteristics. Parents developed a number of adaptive methods to negotiate the challenges of homeless parenting.

Limitations; All papers were from US samples and caution should be exercised when generalising findings to UK populations.

Conclusions; Homeless families face multiple threats to parenting behaviour but report a number of adaptive parenting strategies.

Implications; Service providers should tailor parenting support to resource-constrained circumstances and further research is required to better understand the homeless family population in the UK.

Keywords; homelessness, parenting behaviour, positive parenting

1.0 Introduction

Homelessness is a highly complex and multidimensional social issue. Although the typical image of homelessness is that of a single, rough sleeper, family homelessness is emerging as a prominent issue within the UK. Recent estimates place the number of homeless families in Great Britain at 88,663 (Crisis, 2015). As these figures only account for those families recognised as statutorily homeless, i.e. recognised as homeless by the local authority and entitled to rehousing in temporary accommodation, many homeless services place the actual numbers much higher. Due to the transient nature of the population and differing systems of UK housing assistance the current understanding of the population characteristics remains unclear.

Due to legislative changes and a shortage of affordable housing, the duration of families' stay in temporary accommodation has increased, with 85% remaining for over six months (Pleace, Fitzpatrick, Johnsen, Quilgars, & Sanderson, 2008). Despite this increase, there is limited research on the impact of homelessness on children and families in the UK. Traditionally, this research has been undertaken in North America and although not directly equivalent to the current UK situation, this may provide useful insights into the challenges faced by this community.

Homelessness has been described in a multitude of ways including statutory homelessness, living in temporary, emergency or sheltered accommodation and doubling up with friends or family (Danseco & Holden, 1998). Within this review, the phrase "homeless families" describes parents living with their children, without a legally recognised form of shelter either owned or rented by the parent.

1.1 Impact of homelessness on child and parent outcomes

Comparison studies with housed samples report that homeless children have greater exposure to a number of risk factors including inadequate nutrition (Grant et al., 2007), exposure to violence (Anooshian, 2005; Bassuk et al., 1996), low levels of social support (Vostanis, Tischler, Cumella & Bellerby, 2001) and parental mental health difficulties (Bassuk et al., 1996). Studies also report increased levels of physical health difficulties (Grant et al., 2007; Page, Ainsworth & Pett, 1993) and developmental delay (Webb, Shankleman, Evans & Brooks, 2001).

A matched comparison study by Lee et al. (2010) reported higher rates of behavioural and emotional difficulties in homeless children of school age as compared to a with a housed, high-risk comparison group in an urban North American setting. A UK study of homeless children aged under five, identified increased rates of specific behavioural problems including sleep disturbance, aggression and hyperactivity relative to housed peers (Vostanis, 2002). Comparison studies also report elevated rates of anxiety, depression and post-traumatic stress disorder (Masten, Miliotis, Graham-Bermann, Ramirez & Neemann, 1993; Vostanis, Grattan, Cumella & Winchester, 1997). The available longitudinal evidence suggests that these difficulties appear to outlast the period of homelessness, and may persist in children over a year later (Vostanis, Gratten & Cumella, 1998).

1.2 Positive parenting

An extensive literature has shown that parenting quality is a key mediator of child outcomes across a range of high-risk social contexts (Marra et al., 2009), including homelessness (Perlman, Cowan, Gewirtz, Haskett & Stokes, 2012). While harsh, critical and inconsistent parenting practices are associated with worse child outcomes, "positive parenting" acts as a protective "buffer" against environmental risks posed to children's development (Gewirtz, DeGarmo, Plowman, August & Realmuto, 2009). Positive parenting

has been defined in many different ways (Seay, Freysteinson & McFarlane, 2014), however for the purposes of this review it has been operationalised according to the criteria identified by Sanders (1999):

- The parent provides a safe and engaging environment which includes a safe space to play and develop.
- The parent creates a positive learning environment where child initiated actions are responded to positively.
- Consistent use of non-coercive discipline with clear and reasonable ground rules, logical consequences to behaviour, non-exclusory time out and planned ignoring.
- Realistic and age appropriate expectations of the child.
- Parental self-care to manage parenting stress and wellbeing.

The protective effects of positive parenting may promote positive child outcomes (Bassuk, Weinreb, Dawson, Perloff, & Buckner, 1997) across a number of domains including academic achievement, behaviour (Miliotis, Sesma & Masten, 1999) and peer relationships (Narayan, Sapienza, Monn, Lingras, & Masten, 2015). McNeil, Smith, Holtrop and Reynolds (2015) reported that positive parental praise mediated the effect of poor parental mental health on externalising behaviours in children living in transitional housing. Positive parent-child relationships are suggested to moderate the impact of stressors associated with homelessness as they increase the level of emotional co-regulation between parent and child, reducing a child's exposure to distress (Herbers, Supkopf, Cutttuli, Narayan & Masten, 2014). Parenting self-efficacy is also related to child behavioural outcomes in homeless families and has been shown to mediate the relationship between parenting and child adjustment (Gewirtz et al., 2009).

1.3 Parenting under pressure

Abidin (1992) conceptualised parenting stress as the central construct in his influential model of parenting behaviour. The model posits that factors such as parental characteristics, environment, marital relationship, daily hassles and life events affect a parent's internal representation of themselves "as a parent". This cognitive representation then mediates the parenting stress experienced which, in addition to resources such as social support, material recourses, cognitive coping and parenting skills competence, determines parenting behaviour (see Figure 1).

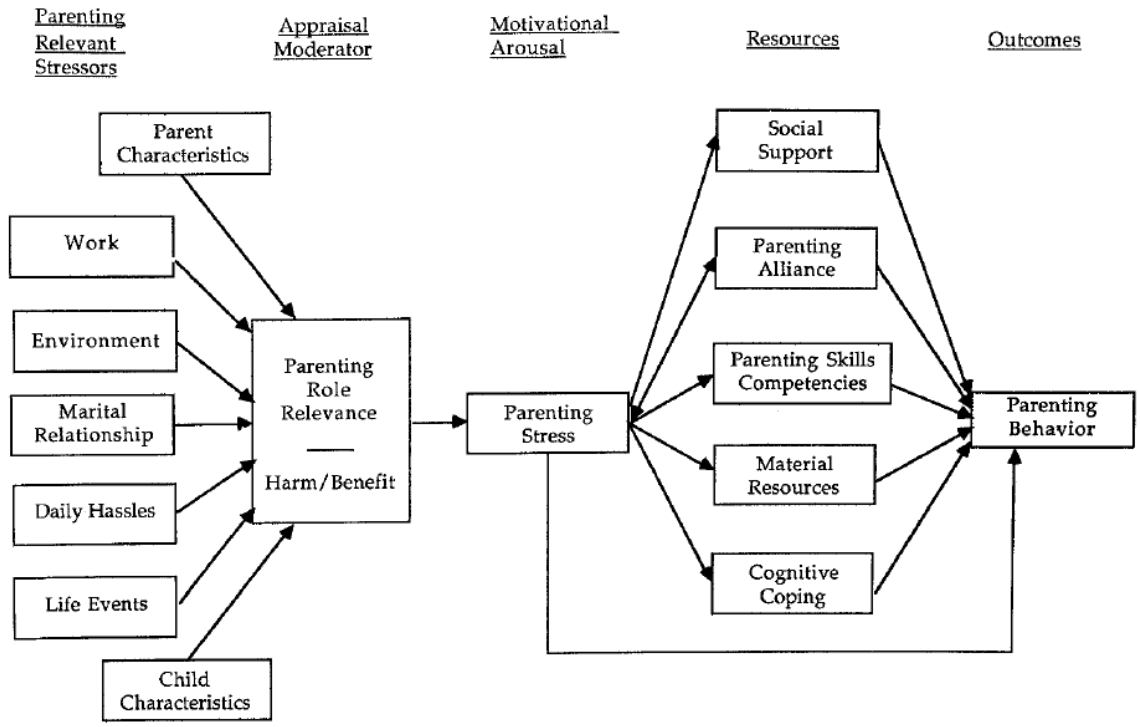

Figure 1: Abidin's model of parenting determinants (1992)

Other models have attempted to conceptualise the specific impacts of homelessness on parenting. Kilmer, Cook, Crusto, Strater and Haber (2012) used an ecologically grounded approach to identify three levels of cumulative stressors. The first is the stressful conditions preceding the episode of homelessness which may have contributed to its occurrence, i.e.

poverty and domestic violence. The second is the consequences of homelessness, such as societal stigma and its effect on employment opportunities and social relationships, which may act to compound the stressful conditions preceding homelessness. Finally, they highlight the iatrogenic effects of services for homeless families which undermine family functioning.

The effects of homelessness on parenting behaviour have largely been explored by quantitative comparison methods which commonly report elevated rates of negative parenting practices such as lower maternal warmth (Koblinsky, Morgan & Anderson, 1997). However, a recent review by Narayan (2015) emphasised the potential for positive parenting in homeless contexts and the importance of understanding which factors promote positive dyadic functioning during the complex and heterogeneous experiences of family homelessness. Spirituality (Douglas, Jimenez, Lin & Frisman, 2008), maternal self-esteem and parental warmth (Narayan et al., 2014; Torquati, 2002) were identified as predictive of positive parent-child interaction, effective problem solving and less coercive discipline. Adopting a strengths-based approach and specifically considering how different parents cope with an episode of homelessness acknowledges the heterogeneity both the experiences and resources of homeless families. This in turn undermines stigmatising and homogenising narratives surrounding homelessness. Following this review of quantitative research (Narayan, 2015), questions remain regarding how homelessness affects parenting and at what level these impacts occur (Kilmer et al., 2012).

1.4 Interventions

Parenting interventions focused on improving parent-child relationship quality and parenting practices are a first line intervention for child behavioural difficulties (NICE, 2013), although evidence of their efficacy in homeless populations is mixed (Haskett, Loehman & Buckhart, 2014). A review of 12 parenting interventions, found that although parents reported

increased levels of positive parenting knowledge after participating in a parenting intervention, it remained unclear if this led to increased positive parenting practices or improved child outcomes.

These mixed results suggest scope for more specialised interventions based on in-depth understanding of the particular challenges faced by homeless parents. Although quantitative studies have identified risk factors for parenting whilst homeless, they do not provide a detailed picture of how homelessness can impede positive parenting and how parents negotiate these impediments. Without adequate consideration of these challenges, service providers risk compounding the stigmatising narratives and iatrogenic effects described by Kilmer et al. (2012). By designing interventions based on unrealistic expectations of parents, this may further undermine the parental role (Abidin, 1992).

1.5 Systematic reviews

Systematic literature reviews have historically assessed the effectiveness of interventions using quantitative evidence from randomised controlled trials. However, there is an emerging recognition of the need to consider findings from qualitative research in order to better understand complex populations and develop evidence-based practice (Dixon-Wood & Fitzpatrick, 2001; Kane, Wood & Barlow, 2007). In particular, qualitative studies of the lived experience of homeless parents can be used to develop a more nuanced understanding about parenting and links with child outcomes in this challenging context.

2.0 Aims

2.1 Rationale and aims

There is currently a lack of systematic evidence concerning parents' perceptions of homelessness and the consequences for child-rearing and other family relationships. The

current study will undertake a systematic review of qualitative research on parenting in families affected by homelessness. A thematic synthesis of primary research findings will be used to link experiences of homelessness with existing models of positive parenting (Sanders, 1999) and parenting determinants (Abidin, 1992). The ecological basis of the effects of homelessness will be considered in relation to the level at which homelessness affects parenting (Kilmer et al., 2012).

2.2 Scope

Due to the scarcity of relevant literature, this review will not be limited to UK samples. Although the context of UK homelessness is not directly equivalent to international samples, this will be considered in the conclusions. All studies regarding families living in temporary accommodation, shelters or doubling up with friends and families are included. Research from a wide range of professional disciplines will be included.

3.0 Method

3.1 Eligibility criteria

Pre-determined inclusion and exclusion criteria were applied to each abstract. Articles were included if they were:

- Qualitative in design with a recognised methodology (e.g. thematic analysis, ethnography).
- Focused on the experience of parenting during homelessness.
- Included parental discussion of parenting practices during a period of homelessness.
- Mixed methods papers were included if the qualitative element was judged to be substantive.

Articles were excluded if they were:

- Quantitative.
- Intervention studies.
- Primarily focused on pregnant women who were not yet parenting in a homeless context.
- Primarily focused on another issue faced by homeless parents, i.e. inter-partner violence or substance abuse.
- Not available in the English language.

3.2 Information sources

A systematic search was conducted using the following databases; ASSIA, PsycINFO, Web of Science and MEDLINE. Key search terms were generated iteratively from search terms in related reviews (Meadows-Oliver, 2003; Narayan; 2015, Perlman, 2012), see Figure 2. There were two layers of search terms; homelessness and parenting which were connected with Boolean operators (‘AND’ and ‘OR’).

Search terms:
Parenting
Parent*
OR
Family
OR
Families
OR
Mother*
OR
Father*
OR
Care-giver*

AND
Homelessness
Homeless*
OR
"Emergency housing"
OR
"Transitional housing"
OR
"Family supportive housing"
OR
"Unstable housing"
OR
"Temporary accommodation"
OR
"Temporary housing"
OR

Figure 2: Complete list of search terms

In addition to online searches, thorough bibliographic and reference searches of the reviews in the area and the articles included in the full text review were also completed. A scoping review was undertaken of relevant grey literature and media articles. Due to the limited information available regarding sampling techniques and methodology, data from these sources was not included in this review.

3.3 Search process

Individual searches of relevant databases discussed were completed on 13th November 2015, yielding 5188 results. No time limit was placed on the publication date of the studies.

The electronic search excluded conference abstracts, books and dissertation abstracts and was limited to peer reviewed papers. The titles and abstracts were reviewed according to the eligibility criteria and papers which appeared appropriate were stored in a reference management software programme, RefWorks. A further 10 papers were included in the sample after reference checks of relevant review articles. The initial title and abstract screen yielded 155 papers, which reduced to 108 after removing duplicate studies. At this point, a more detailed abstract screen was conducted with the remaining 108 papers. Twenty seven papers met the inclusion criteria at this stage. Full text versions of the 27 papers were retrieved and reviewed to ensure relevance to the review criteria leading to the exclusion of 14 papers (see Figure 3 for search strategy and Appendix 1 for details of excluded papers). A summary of papers included in the review is in table 1.

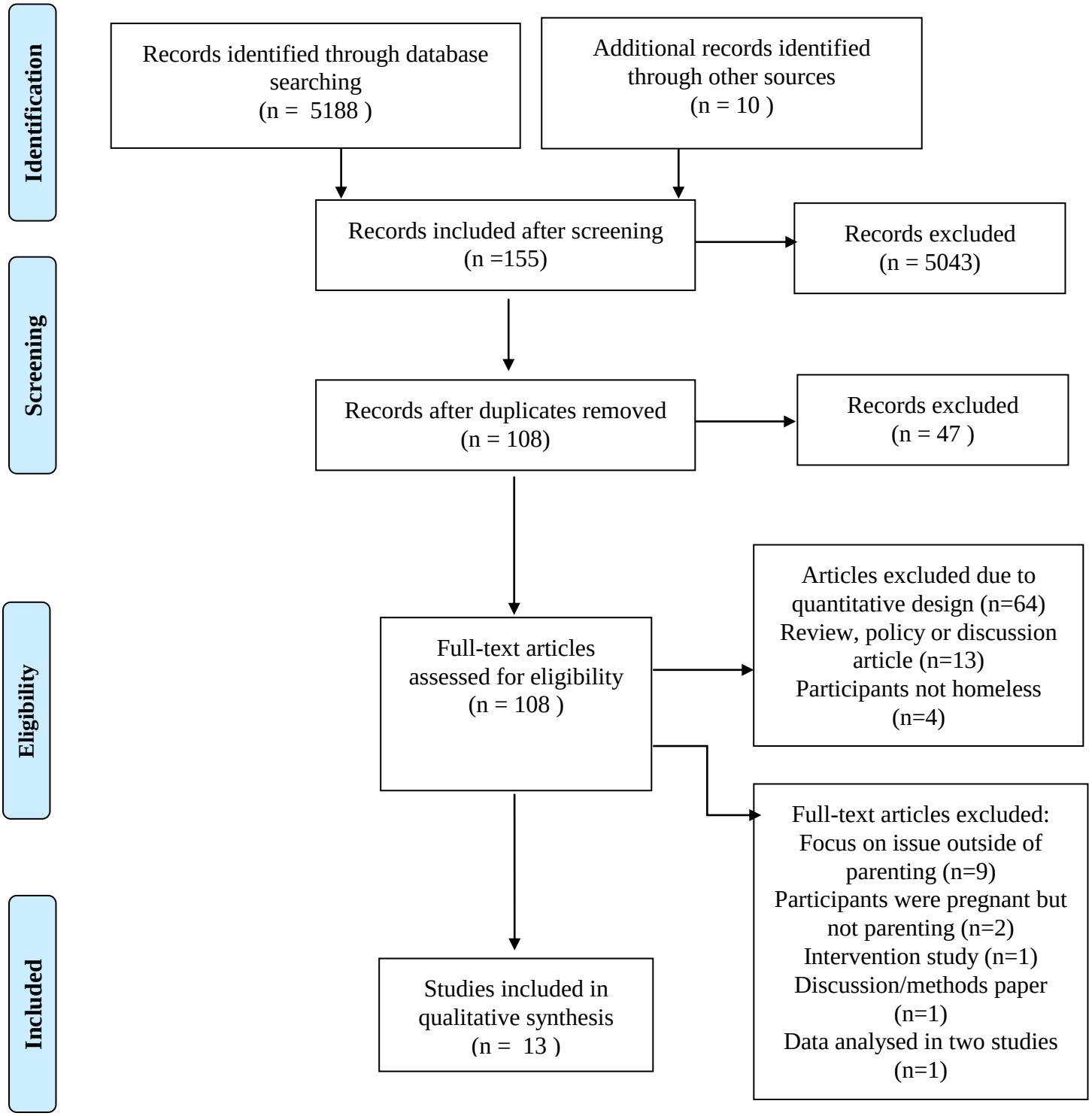

Figure 3: A flow diagram of the search process of this review

3.4 Data extraction

Each article was summarised using a data extraction proforma. Initial data were extracted regarding participant demographics, setting details, sample size, data collection and analysis methods. Each paper was then reviewed to explore (i) parents' observations of their parenting behaviour (ii) the factors which impacted on parenting behaviour and (iii) parental coping methods.

3.5 Quality assessment

The use of quality markers in qualitative research has historically been contentious (Yardley, 2000) and the reliability of quality markers over reviewer judgement has been queried (Dixon-Woods et al., 2007). However, to improve the robustness of this systematic review a quality marker tool was used.

Due to the variety of qualitative approaches used in the sample, the Critical Appraisal Skills Programme tool (CASP, 2014) was used as it is a broad-based tool which can guide the evaluation of a wide range of methodologies. The CASP assessment was synthesised into tabular form and critical summaries (see Appendix 2).

Due to the paucity of research in this area, no studies were excluded on the basis of quality. As the aim of the review was to consider the multiple impacts of homelessness on parenting, studies of higher quality were not privileged in the discussion as this could reduce the diversity of voices. However, study quality has been considered in the appraisal of the robustness of the sample.

3.6 Synthesis

Data were synthesized by comparing findings from all thirteen papers. The reviewer maintained an awareness of identifying both similarities and differences across the studies.

Textual descriptions were used to compare central themes identified during the thematic synthesis (Popay et al., 2006; Thomas & Harden, 2008).

Study findings were explored with specific reference to models of parenting determinants (Abidin, 1992) and positive parenting practices (Sanders, 1999). Findings which did not relate to existing models of parenting were included in the review and their contribution to the understanding of homeless parenting is considered in the discussion. Conclusions are drawn in terms of implications for research and practice.

The current review is written from a "subtle realist" perspective which holds the understanding that all qualitative studies are to some extent a subjective representation of a group's ideas, but that there is an underlying reality which can be studied (Mays & Pope, 2000). Consequently the aim of qualitative research is not to find one singular scientific truth but to represent that group's reality (Kirk & Miller, 1986). Within the homeless context, it is important to be sensitive to the population's representation of their experience but also to acknowledge the material environment this exists within.

Table 1

Descriptive information for papers included in the review

References	Sample	Setting	Method	Analysis	Study aim
Averitt (2003)	N = 29 Homeless mothers with pre-school children. No child age details available. Convenience sample.	Two emergency housing shelters. One large metropolitan shelter and one rural shelter based in Georgia, USA.	Focus groups. Audio-recorded and in-depth notes	Interpretive phenomenological analysis.	To describe the lived experience of being a homeless woman with preschool children living in a temporary shelter.
Baumann (1993)	N = 15 Homeless mothers. No child age details available. Purposive sample.	Three privately operated emergency homeless shelters in New York, USA.	Semi-structured qualitative interviews. No audio-recordings made, extensive field notes used Researchers used an interactive strengths based perspective during interviews.	Three level phenomenology analysis.	To understand the lived experience of being homeless for homeless women.

Cosgrove & Flynn (2005)	N = 17 Homeless women with children aged 3 months-12 years. Convenience sample.	Two strengths based emergency accommodation hostels in North-eastern USA.	Semi-structured interviews with schedule co-created with participants. Audio-recorded. Researchers used a participatory research method focusing on social justice and co-creating the study with participants	Thematic narrative analysis.	To understand the lived experience of parenting as a single mother in a shelter (including participants' experiences with service providers as they accessed the welfare and shelter system), challenge unfounded stereotypes and provide information about women's coping behaviours and resilience.
Gultekin, Brush, Baiardi & VanMaldeghem (2014)	N = 18 Five caseworkers for the homeless service agency and 13 homeless mothers with children aged 0.3-16 years. Convenience sample.	One service for homeless families in Detroit, Michigan, USA.	Focus groups with mothers and caseworkers. Audio- recorded and transcribed. Researchers used a feminist participatory action research method.	Thematic analysis.	To explore individual pathways into homelessness, understand the day-to-day experience of living in an emergency shelter and the process of rehousing, identify real and perceived barriers for families attempting to re-establish stable housing, and understand the impact of homelessness on families' overall health and well-being.
Hodnicki &	N = 6	One homeless	Qualitative	Constant	To understand the homeless families'

Horner (1993)	Homeless mothers with children aged 1-13 years. Convenience sample.	shelter in a Southern City, USA.	interviews using a structured open-ended interview guide and probing questions. Audio-recorded and transcribed.	comparative analysis.	contextual experiences to comprehend how this situational event has influenced their lives and answer the question, "What is the dimension of homeless mothers' family caring within a shelter?"
Holtrop, McNeil & McWey (2015)	N = 24 Homeless parents. No child age details available. Convenience sample.	One transitional housing programme offering temporary housing for six months to approximately 100-115 residents in Northern Florida, USA.	Mixed methods study. Semi-structured, individual interviews. Audio-recorded and transcribed. Researchers used a community based participatory research method.	Thematic analysis.	To explore parents' experiences with homelessness and living in the transitional housing community and to understand how parents describe their experiences with homelessness and living in a transitional housing community.
Kissman (1999)	N = 42 Homeless mothers. No child age details available. Sampling information not	One respite camp for homeless mothers in North-eastern USA.	Interviews with mothers. Observations of parenting group run at the camp. Field notes taken.	Descriptive analysis.	To describe the camp programme groups where women discussed issues relating to parenting whilst homeless

	available.				
Lindsey (1998)	N = 17 Female heads of household who had restabilised with children aged 0.5-16 years. Purposive sample.	Seven homeless shelters, including 2 which primarily served women and children and 2 battered women's shelters, Georgia, USA.	In depth interviews using semi-structured interview format. Audio-recorded and transcribed.	Constant comparative analysis.	To explore mothers' perceptions of how homelessness and shelter life affect relationships in mother-headed families.
Mayberry, Shinn, Gibbons-Benton & Wise (2014)	N = 80 Homeless parents currently or previously living in a homeless shelter with children aged 0-17 years. Convenience sample.	Seven homeless shelters and one rehousing shelter offering stays of up to six months, in Kansas City, Phoenix, Alameda Country and Connecticut, USA.	Semi-structured interviews. Audio-recorded and transcribed.	Constant comparative analysis.	To understand how different housing conditions influence family routines and rituals among formerly and currently homeless families and to understand the strategies families use to adapt their routines and rituals to their circumstances while preserving the meaning of the activities for the family members.
Menke & Wagner (1997)	N = 16 Homeless single mothers with children aged 0.5-12 years.	Multiple homeless shelters, transitional housing, churches and soup kitchens, in Ohio, USA.	Naturalistic enquiry and ethnographic interviews. Audio-recorded and field notes	Content analysis and constant comparison analysis	To describe the experiences of homeless female-headed families from the mothers' perspectives.

	Purposive sample.		were taken.		
Schultz-Krohn (2004)	N = 12 Homeless parents with children aged 2 months-14 years. Convenience sample.	One homeless shelter with capacity for 36 families who are accepted on a three month emergency basis, California, USA.	Two semi-structured interviews per participant. Audio-recorded and transcribed.	Thematic analysis.	To understand family routines and lived experience of homeless parents, specifically meaningful family routines obstacles and opportunities for meaningful family routines.
Swick & Williams (2010)	N = 7 Four single parent homeless mothers with children aged 2-7 years and three shelter directors. Purposive sample.	One homeless shelter in South-eastern USA	Three interviews with each of the mothers. One interview with each shelter director. Audio-recorded and transcribed.	Content categorical analysis and narrative analysis.	To explore the voices of single parent mothers who are homeless and attempt to articulate their major concerns and ideas as well as offering ideas to early childhood professionals related to these insights
Thrasher & Mowbray (1995)	N = 15 Mothers in homeless female headed families with children aged 2 months-15 years. Convenience sample.	Three homeless shelters in the Detroit metropolitan area, USA.	Ethnographic interviews. Audio-recorded and transcribed.	Ethnographic analysis.	To capture prevailing strengths in homeless mothers

4. Results

4.1 Overview

The first section will describe the study contexts, with further information regarding the analysis and research methods included in Table 1. Following this, a methodological and theoretical critique of the papers is provided. A thematic synthesis of the findings will detail how homelessness impacts parenting behaviour and explore the strategies developed by parents to promote positive parenting. Clinical and research implications will be considered.

4.2 Study context

All studies were conducted in North America, however the settings for recruitment were varied including homeless shelters, service agencies and charitable organisations (see Table 1). Only two papers stated the duration that families were able to remain in the shelters, which was three months (Schultz-Krohn, 2004) and six months (Holtrop et al., 2015). There was notable variation in the number of families housed in the shelters from 6 to over 100.

Ten papers focused on the lived experience of homeless mothers however three included fathers in the samples. Two studies interviewed staff members including case workers (Gultekin et al., 2014) and shelter directors (Swick & Williams, 2010).

The sample included 10 interview studies, two focus groups studies and one included qualitative interview data as part of a mixed methods study. A number of qualitative analysis methods were employed including thematic analysis (Cosgrove & Flynn, 2005; Gultekin et al., 2014; Holtrop et al., 2015; Schultz-Krohn, 2004), constant comparative analysis (Hodnicki & Horner, 1993; Lindsey, 1998; Mayberry et al., 2014; Menke & Wagner, 1997), ethnographical analysis (Thrasher & Mowbray, 1995), three level phenomenology analysis (Baumann, 1993), interpretive phenomenological analysis (Averitt, 2003), narrative analysis

(Swick & Williams, 2010), descriptive analysis (Kissman, 1999) and content analysis (Gultekin et al., 2014; Menke & Wagner, 1997). The researchers were from a diverse range of health and social care disciplines including nursing, family therapy, psychiatry, occupational therapy, public policy and early education researchers.

5. Critique

5.1 Methodological critique

5.1.1. Use of qualitative methodologies. With the exception of one paper, all papers clearly justified the use of qualitative approaches and methods to explore participants' lived experiences. Both studies using focus groups (Averitt, 2003; Gultekin et al., 2014) provided adequate justification for their use, positing that they would enable a community understanding of difficulties.

With the exception of three studies, the research designs were well justified. The majority of studies collected data using audio-recordings and verbatim transcripts, however two studies only used field notes (Baumann, 1993; Kissman, 1999). Swick and Williams (2010) detailed their interviews well but failed to provide information regarding the observations conducted, leaving queries over their validity.

5.1.2 Recruitment. A number of sampling methods were used, with only one paper specifically sampling with a view to theory building (Menke & Wagner, 1997). In studies based in shelters, the participants recruited have been "pre-screened" due to shelter access criteria around violence and substance use. The recruitment strategies used were widely appropriate with researchers considering the representativeness of the samples however limited attention was paid to parents' reasons for non-participation. The two studies which

included non-participation information cited parents being under 18 (Schultz-Krohn, 2004) and the parental belief that being homeless was *"their business"* (Thrasher & Mowbray, 1995, p.95) as barriers to recruitment.

The number of participants varied from four to 80. Although some studies addressed data saturation, the low numbers in two studies (Hodnicki & Horner, 1993; Swick & Williams, 2010) draws into question the generalisability of findings. Eleven of the 13 studies included focused only on the experience of homeless mothers, none of the studies identified focused on the paternal experience of homelessness.

5.1.3 Analysis. Most studies provided adequate descriptions of analytic methods and scored positively on this item of the quality assessment tool. Kissman (1999) did not provide a clear description of the analysis method or any attempts to limit the bias. The transparency and clarity of analysis was unclear in Baumann (1993), Hodnicki and Horner (1993) and Swick and Williams (2010) as despite good descriptions of the analysis methods, it was unclear if the researchers had critically examined their own role, how the exemplar quotes were selected from the wider data set and if contradictory data was presented.

Methods used to ensure the validity of the analysis included data triangulation with field notes (Baumann, 1993), researcher observations (Kissman, 1999; Menke & Wagner, 1997) and interviews with staff members (Gultekin et al., 2014; Swick & Williams, 2010). As the aim of a number of the studies was to represent the lived experience of homelessness, triangulation would be theoretically inappropriate.

5.1.4 Reflexivity. There was a low level of reflexivity and critical examination of the relationship between the researcher and participants across the sample. Only five studies satisfactorily considered reflexivity, as reflected by their choice of research paradigm, i.e.

participatory research. It is important for researchers to be aware of their prior assumptions and views about the phenomena in question (Mays & Pope, 2000), particularly in a population as highly stigmatised as homeless families.

5.1.5 Ethical considerations. One study failed to make reference to any ethical considerations (Kissman, 1999). The ethical considerations of four studies was unclear with no mention of ethical approval (Baumann, 1993; Swick & Williams, 2010) and an insufficient discussion of how informed consent was obtained (Mayberry et al., 2014; Thrasher & Mowbray, 1995). One study acknowledged that as the interviews took place in the hostel, shelter staff may have heard some of the negative comments made by participants (Averitt, 2003) which may have jeopardised the services they received and should be considered in ethical implications.

5.1.6 Generalisability and value. All studies were from North American samples, although there was notable variation in their locations in terms of urbanicity. Gultekin et al. (2014) noted that future studies could consider more diverse samples to increase generalisability. All the studies were deemed valuable from a number of professional and policy perspectives, with the exception of Kissman (1999) which was queried due to the concerns regarding methodology. Kissman (1999) was included in the sample due to the paucity of research in this area.

5.2. Theoretical critique

Four papers used participatory methods of research design and analysis including an interactive strengths based perspective (Baumann, 1993)**,** co-creation methodologies (Cosgrove & Flynn, 2005; Holtrop et al., 2015) and a feminist participatory action method (Gultekin et al., 2014). One paper used ethnography to avoid making a group the subject of study (Thrasher & Mowbray, 1995). Considering the cultural narratives surrounding homeless

parents, these participatory methods may offer a less professionally biased approach to homelessness research. However as noted by Yardley (2000) the collaboration with the participants poses a radical challenge to ideas of objectivity in research.

6. Synthesis of qualitative findings

6.1 How does homelessness impact parenting?

All studies acknowledged the challenges for families living through a period of homelessness. Homeless parenting was described as being subject to high levels of stress, sacrifice and uncertainty. Holtrop et al. (2015) discussed how parents went beyond the requirements of usual parenting in these extreme circumstances "You have to really kind of do *twice the parenting here"* (p.184). Parents discussed facing a number of stressors concurrently and were described as multi-stressed (Holtrop et al., 2015; Menke & Wagner, 1997).

6.1.1 Emotional impact of homelessness. The negative emotional impact of homelessness on parents was a notable theme across the sample. Five papers made specific reference to feelings of shame and linked this to parental perceptions of failure (Menke & Wagner, 1997) as they did not prevent the episode of homelessness. Parents described feeling ashamed during interactions with homeless services (Holtrop et al., 2015) and its effect on their parenting self-esteem:

> All I could do for them, I did: make sure they didn't get hurt; make sure they got food. It was hurting me, like I was doing them wrong, cause they hadn't ever had that experience, and I hadn't either (Lindsey, 1998, p. 247).

Two papers described how feelings of failure and shame acted as barriers to parents recruiting support from others (Gultekin et al., 2014; Holtrop et al., 2015). Parental guilt in relation to homelessness created difficulty in enforcing assertive discipline. In one example, parents struggled to implement the strategy of removing privileges as they felt their children had already lost so much *"I'm like, "Okay, you want it? You can have it." `Cause it's like, "You don't have nothing"* (Mayberry et al., 2014, p.12). Other parents in this sample discussed feeling guilty that they had no privileges to remove. Guilt also motivated some parents' coping strategies. Hodnicki and Horner (1993) discussed how parents used the strategies of self-sacrifice and neglect of their own needs to put their children first.

Numerous references were made to parental mental health issues, including extreme distress and suicidal ideation (Averitt, 2003; Menke & Wagner, 1997). Lindsey (1998) discussed how parents' persistent emotional arousal led to frustration with their children and emotional unavailability. However this view was not shared by the parents in two studies, who did not believe their emotional distress affected their children (Lindsey, 1998; Menke & Wagner, 1997).

6.1.2. Material resources. Both Abidin (1992) and Sanders (1999) emphasise the importance of material resources to provide children with a safe and engaging environment and to moderate parenting stress. However, the defining characteristic of homelessness is the absence of a safe and secure home. Parents' inability to meet their children's basic needs such as food, shelter and clothing and to protect their children from disease or physical harm (Averitt, 2003; Gultekin et al., 2014; Swick & Williams, 2010; Thrasher & Mowbray, 1995) was common in this sample. This acted to erode the parental role and contributed to the feelings of inadequacy and failure described above (Lindsey, 1998). The consequences of homelessness such as the lack of appropriate childcare and stigma meant parents were often

prevented from gaining employment which would enable access to the material resources required (Baumann, 1993).

6.1.3 Impact on parental role. Homelessness had multiple impacts on the parental role including reducing parental control and authority, inhibiting appropriate discipline strategies and increasing the threat that a child will be removed from parental custody.

Averitt (2003) reported that by entering a homeless shelter parents experienced powerlessness as they had surrendered control of their child's environment to another person. Swick and Williams (2010) noted the effect of losing control was a reduction in parental mastery and self-esteem. This was compounded by rigid shelter conditions which were perceived by parents to be a threat to their parental role and the cause of stress.

Within the studies, *"parenting in public"* (Kissman, 1999, p.374) was linked to reduced parental authority and identified as a barrier to positive parenting. Feeling *"watched"* (Thrasher & Mowbray, 1995, p.98) and scrutinised by shelter staff, particularly in relation to disciplinary strategies led to reduced feelings of parental authority (Mayberry et al., 2014). Cosgrove and Flynn (2005) reported that 60% of parents in their sample thought their parenting was being judged by staff members with one commenting *"I feel like I'm walking on eggshells"* (p. 134). These feelings of judgement were compounded by attendance at the mandatory parenting group which parents believed implied inadequacy. Holtrop et al. (2015) conceptualised this as *"parenting in a fishbowl"* (p. 185), and Cosgrove and Flynn (2005) connected this to the influence of sociocultural ideas of the "ideal mother" on homeless families (Connelly, 2000).

Cultural differences between parenting style and shelter rules were also linked to the erosion of the parental role. Parents were unable to assert their authority in the environment as they did not decide the rules (Cosgrove & Flynn, 2005). Mayberry et al. (2014) described

how staff were authorized to monitor parenting behaviours to ensure parents were not breaking discipline rules:

I was going to talk to him like I usually do and explain to him. And the staff woman is stopping me as I'm going in, and she's intervening and telling him what to do. Well, that's fine, but can you let me continue to parent, because I am his parent. (p.12)

The sense of judgement appeared to exacerbate the already restrictive shelter conditions: *"It's not so much the rules, it's just the way that it makes you feel, that you're under somebody, and you're not really the parent"* (Schultz-Krohn, 2004, p.537). Parents specifically identified staff disciplining their children after they had already done so (Kissman, 1999), reprimanding parents in front of their children (Lindsey, 1998) and undermining their rules in order to vie for the children's attention (Baumann, 1993) as undermining. Parents also described feeling judged by other parents and found attempts by other parents to discipline their children to be unhelpful (Holtrop et al., 2015; Kissman, 1999; Lindsey, 1998).

Many studies indicated that traditional disciplinary strategies were inappropriate in homeless settings (Averitt, 2003; Kissman, 1999). For example, due to limited space non-exclusatory time out meant the whole family going to bed early as they share the same room. Difficulties were also engendered by differing views on corporal punishment. Kissman (1999) discussed conflict between the parental belief that they lacked disciplinary options and the shelter's high expectations of children's behaviour. As shelters banned corporal punishment many parents felt deskilled as disciplinarians due to a perceived lack of alternatives (Kissman, 1999; Lindsey, 1998).

Parents also described the salient threat that their children would be removed by child protection services (Averitt, 2003). Mayberry et al. (2014) identified that of the 80 parents in

their sample, 20 mentioned threats of child removal and 11 had direct involvement by child services.

Interestingly, these views were not shared by the shelter directors interviewed by Swick and Williams (2010) who did not see shelters as reducing parental roles. Instead they reported that the main problems facing homeless mothers were lack of employment, good role models and poor self-esteem.

6.1.4 Daily hassles. High levels of daily hassles and *"living under pressure"* (Menke & Wagner, 1997, p. 324) were evident across all types of temporary housing and as such these environments were often characterised by high levels of tension (Thrasher & Mowbray, 1995). Mayberry et al. (2014) identified uncertainty, stress and chaos in the hostel environment as barriers to parent-child interaction as they prevented quiet learning activities between children and parents. Daily hassles were often linked to parental exhaustion, e.g. parents were unable to afford transport so had to walk everywhere with their children (Averitt, 2003). Exhaustion was also cited as an outcome of the difficulty parents experienced when interacting with governmental support agencies (Hodnicki & Horner, 1993). Gultekin et al. (2014) and Baumann (1993) described that parents felt "burned out" by homelessness, reducing the level of emotional availability they could offer their children (Abidin, 1992).

6.1.5 Physical environment and service context. Strict rules, constant contact with children, lack of space to play and threats within the hostel were identified as barriers to positive parenting from the hostel environment. Strict rules in shelters about food access, curfews and discipline were inappropriate for young families (Cosgrove & Flynn, 2005; Lindsey, 1998; Mayberry et al., 2014) and negatively impacted family routine (Schultz-Krohn, 2004). For example, having set bedtimes and eating times posed problems for families with children of differing ages. However some parents found the provision of a cooked meal

to be supportive and helped to reduce their exhaustion. The requirement that all parents constantly supervise all children was common and led to constant parent-child contact. Schultz-Krohn (2004) identified practical difficulties of managing this rule when there were multiple children in a family:

> *If it's 11:30 at night, all the kids are asleep; one wakes up and has to use the* restroom. There is only me, the o*nly adult, so I'm supposed to accompany this little one to the restroom, but I'm not supposed to leave the other ones unattended in the room.* (p.536)

The high level of contact was also linked to changes in the parent-child relationship, specifically an increase in emotional closeness (Lindsey, 1998). It also meant that parents were unable to conceal their emotional difficulties from their children (Thrasher & Mowbray, 1995). Lindsey (1998) noted that this emotional closeness could cause potential difficulties as children became mutual support for their parents.

The lack of space to play (Cosgrove & Flynn, 2005; Mayberry et al., 2014; Menke & Wagner, 1997) inhibited the creation of engaging learning environments. Baumann (1993) emphasised the lack of physical boundaries and privacy prevented parents from teaching their children developmental tasks such as toilet training (Holtrop et al., 2015) or basic life skills such as cooking (Mayberry et al., 2014). It also reduced the opportunities for caring family time (Schultz-Krohn, 2004) where families can share their own personal histories with one another (Baumann, 1993). Hodnicki and Horner (1993) described parental concern about danger in hostels, specifically the risk of abuse towards their children (Lindsey, 1998; Menke & Wagner, 1997). As a result some parents deliberately isolated themselves from other hostel users (Mayberry et al., 2014).

6.1.6 Stigma. Societal stigma and the negative stereotypes of homelessness can limit parents' opportunities to access employment, housing and services needed to provide their

children with a safe and engaging environment (Averitt, 2003; Baumann, 1993) (Sanders, 1999). Averitt (2003) identified the theme of *"when you're homeless, you ain't nobody"* (p.87) to describe parental experiences of degradation and stigma. Parents described how they struggled with the decision about whether to reveal their homelessness to others (Menke & Wagner, 1997). There was particular concern about disclosing their homelessness to landlords, who might view them as unsuitable tenants (Baumann, 1993). Averitt (2003) discussed parents' belief that the negative stereotypes around homelessness impacted on the interactions with service staff. Gultekin et al. (2014) interviewed shelter caseworkers who reported that they thought parents were *"resistant"* (p.403) and lacking commitment to the changes they needed to make in their lives.

6.1.7. Child characteristics. Homelessness had placed children in situations where they *"couldn't really be a child"* (Lindsey, 1998, p.248) due to the multiple rules and lack of space to play and develop (Mayberry et al., 2014). This inappropriate environment was linked to changes in child behaviour, as well as parental expectations of behaviour.

Sanders (1999) identified realistic expectations of children as a key principle of positive parenting, however throughout the literature a theme of unrealistic expectations of children from parents, shelter staff and the wider environment emerged. Kissman (1999) discussed how parents feared that a child's behaviour would lead to the family being evicted from the hostel, which was reinforced by threats of eviction from shelter staff (Averitt, 2003). Consequently parents used harsher disciplinary strategies in an attempt to control their children's behaviour and preserve their temporary home. Shelters' unrealistic expectations of children's behaviour, despite the adverse conditions, were central to the idea that a *"shelter is no place for a child"* (Thrasher & Mowbray, 1995, p.97).

Some papers also discussed parents' unrealistic expectations of their children, specifically in relation to their children being supporters and caring for younger children:

> We take our stress out on our older kids because we think that they supposed to help, you know, try to keep under control the smaller ones, like a lot of times I forget that my older *child is not a mama. You know, she's not the child's parent, that's my duty. She's 10.* (Averitt, 2003, p.92)

Averitt (2003) discussed how the stigma of being homeless affected children's self-esteem and increased the likelihood of being bullied at school. Parents described how homelessness negatively affected children's academic performance and behaviour due to their exposure to high levels of stress. Parents made specific mention of children becoming clingy and withdrawn (Menke & Wagner, 1997) and worried they were learning bad habits from other children (Holtrop et al., 2015). Lindsey (1998) also noted that children's emotional state was often affected by mothers' distressed emotional state and the embarrassment and shame of living in a hostel.

Abidin (1992) acknowledges that children who display more challenging behaviour require more positive parenting practices. This may be more challenging to parents and places higher demands on homeless parents' already stretched parenting resources.

6.1.8 Support. Many homeless women did not identify friends or family as resources (Menke & Wagner, 1997). Two papers identified that domestic violence prior to the episode of homelessness made it unsafe for families to access their existing support networks (Averitt, 2003; Gultekin et al., 2014).

Support systems appear to have been exhausted prior to the episode of homelessness (Gultekin et al., 2014), leading to feelings of isolation. Consequently parenting stress was not

moderated by support during the crisis of homelessness (Abidin, 1992). Baumann (1993) identified that parents wanted to maintain social connections but exhaustion, stress and entering shelters far away from family impeded this. Thrasher and Mowbray (1995) discussed how mothers who maintained their social contacts used them to promote positive parenting by recruiting practical and emotional support which mediated stress.

Many parents discussed how they were unable to ask for support from their own parents and detailed their own negative experiences of parenting. They discussed being excluded from the family (Gultekin et al., 2014), exposure to violence (Kissman, 1999) and childhood abuse (Holtrop et al., 2015; Schultz-Krohn, 2004). Some parents made an active choice to not repeat this experience in their own families and to create safety for their children, which included not contacting their families, *"I don't have no family or friends here…except my mom, and that was the situation I was wanting out of."* (Holtrop et al., 2015, p.185).

There was marked variation in parental appraisal of other homeless parents and staff as sources of support. Averitt (2003) noted that parents felt there was no one to rely on in the hostel which was compounded by hostel rules about not looking after other people's children. However, several other studies found that staff (Cosgrove & Flynn, 2005) and other women in hostels were important sources of support for parents who viewed them as an extended family (Holtrop et al., 2015). Hodnicki and Horner (1993) identified other parents in the hostels as responsible for the community activity of safeguarding their children collectively. Lindsey (1998) discussed how the shared experience of homelessness meant that parents felt highly connected to others in the hostel: *"I was closer to people in the shelter, even though people was going and coming, and the staff, than I was with my own family"* (p.249).

Perceptions of formal parenting support was also varied in the four studies in which it was discussed. Cosgrove and Flynn (2005) noted that although 71% of the parents in the sample thought the parenting group was helpful, its mandatory nature acted to undermine maternal competence and provoked feelings of inadequacy. Kissman (1999) noted that parents wanted to share challenges of parenting in the group instead of engaging in skills training which they felt reflected a deficiency in skills. Other reports were either positive (Holtrop et al., 2015) or mixed (Lindsey, 1998). Limited information about the nature of the groups was available.

6.2 How did parents manage the challenges of homelessness?

Parental strategies to promote positive parenting were varied and Cosgrove and Flynn (2005) emphasise that without careful consideration of the cultural aspects of homeless populations, researchers may incorrectly categorize the strategies used as dysfunctional or avoidant.

Despite the impediments faced by parents, the studies contained many stories of strength and resilience. In the words of one parent: *"I think [homelessness] affects peoples' parenting…it brings out a side in parents that like probably they didn't even know that they had."* (Holtrop et al., 2015, p.185).

6.2.1 Maintaining a positive mind-set. Parents discussed reframing the situation positively (Mayberry et al., 2014) and viewing homelessness as temporary (Holtrop et al., 2015). Personal characteristics such as inner strength were emphasised and themes of self-efficacy, perseverance, resilience, and resistance were evidenced in the interviews (Cosgrove & Flynn, 2005). A common theme was that self-belief gave parents the strength to keep parenting and persevering (Averitt, 2003; Hodnicki & Horner, 1993; Holtrop et al., 2015; Swick & Williams, 2010). Hodnicki and Horner (1993) described parents' attempts to guard

their children from the emotional difficulties of homelessness by demonstrating this positive mind set to their children, even when this was a challenge. Swick and Williams (2010) found that to manage homelessness, parents refined their parenting to keep their children happy and upbeat even whilst living in a shelter. Moreover, Holtrop et al. (2015) identified the parental belief that the experience of homelessness was valuable to teach their children about the difficulties people can face.

6.2.2 Valuing the parental role. Two studies noted that continuing to cherish the parental role despite the challenges reinforced parenting self-esteem (Gultekin et al., 2014; Holtrop et al., 2015). Holtrop et al. (2015) noted that experiencing homelessness did not eclipse participants' commitment to parenting and that many parents still reported that parenting was a positive and meaningful experience for them. This mind-set was motivated in one study by parent's desire to protect their children's self-esteem (Averitt, 2003) and enabled them to prioritise their children's needs such as ensuring they had access to a good education and tools that would allow them to lead successful lives.

6.2.3 Spirituality. Three studies made specific reference to parents finding solace in spirituality and faith (Averitt, 2003; Gultekin et al., 2014; Swick & Williams, 2010). However, this was also suggested to have some negative effects such as fatalism.

6.2.4. Practical strategies. Many parents developed practical strategies such as reading, writing in a journal, staying focused and going to church to manage stress (Cosgrove & Flynn, 2005). Parents in one sample made a conscious effort to increase their honesty and privacy when having important conversations with their children (Swick & Williams, 2010). Others described finding disused rooms in the hostels for short periods of the day (Mayberry et al., 2014) or using a sheet to cordon off a part of the room to make special time for the parent and one sibling (Schultz-Krohn, 2004). Families also attempted to preserve their own

routines by preserving “family hour” to spend time together as a family (Schultz-Krohn, 2004). Some parents managed issues with public discipline by making signals to their children to indicate they would discipline them later in private (Mayberry et al., 2014).

6.2.5. Support seeking. Despite the low levels of social support identified by parents, active attempts to recruit support by talking to supportive shelter staff, friends, and family were discussed (Baumann, 1993; Cosgrove & Flynn, 2005; Thrasher & Mowbray, 1995), as well as attempts to access the best shelter they could (Holtrop et al., 2015). Hodnicki and Horner (1993) identified parental use of “guarding behaviours” such as establishing links with other mothers they trusted to help them protect their children within the hostel.

7. Discussion

7.1 Overview of main findings

This is the first systematic review to explore the determinants of parenting behaviour in homeless families using qualitative evidence. It confirms that homeless parents are exposed to multiple parenting-relevant stressors (Abidin, 1992) and identified complex inter-relationships between many parenting relevant factors, specifically that:

- Parenting during an episode of homelessness is difficult and requires adaptive and effective parenting strategies to reduce the negative impact of homelessness on children’s wellbeing.
- The emotional impact of homelessness on parents and children can reduce the quality of parent-child interactions. Already distressed children may require additional support from distressed and fatigued parents.
- Limited material resources and reduced access to safe and engaging environments can increase parental stress and shame.

- Shelter conditions and service involvement can erode the parental role by limiting parental authority and reducing opportunities for positive parent-child interactions.
- Homeless shelters are often inappropriate parenting environments and the stigma associated with homelessness can prevent parents from accessing more conducive parenting environments.
- Social support in homeless families is often low, however some parents identified other homeless parents and some shelter staff as supportive.

The review also highlighted that despite these challenges, parents developed a number of creative and adaptive strategies to promote positive parenting including; maintaining a positive mind-set, cherishing the parental role, developing practical strategies and seeking support from relevant sources.

7.2 Strengths and limitations

This review's focus on qualitative evidence privileges the perspectives of homeless parents which are often unheard by policymakers (Cosgrove & Flynn, 2005) and provides a more nuanced understanding of causal pathways between homelessness and parenting. An example of is the relationship between parents' need for effective discipline strategies in shelters and the environment impediments which reduced the efficacy of traditional disciplinary techniques.

However, whilst these findings may be transferable in general terms to UK settings, i.e., multi-stressed nature of homeless parenting, its associated stigma and threats to the parental role, the historical differences in welfare provision between the US and the UK may limit it's applicability and should be considered with caution (Mays & Pope, 2000). The current study was focused on parenting behaviour and excluded studies deemed less relevant,

such as studies of maternal coping strategies (Tischler, 2009). The appropriate number of papers in qualitative synthesis is contentious (Kane et al., 2014). By reviewing too many with a wide focus, it is not possible to examine the findings in detail, but to review a small number may mean that contradictory data is not included.

7.3 Theoretical implications

This review confirmed that homeless parents are exposed to numerous parenting relevant stressors (Abidin, 1992) and that the environmental, psychological and systemic effects of homelessness can impact a parent's ability to achieve the positive parenting practices outlined by Sanders (1999). Homelessness impacts many of the relevant stressors and coping resources outlined by Abidin (1992), however this review also identified additional influences on parenting behaviour in which are common to homeless contexts which are not included in this model. The review identified that homelessness can pose multiple challenges to parenting and therefore the relationships between the relevant stressors and parenting resources are more complex, with stressors and resources having bidirectional impacts. For example, a highly salient additional theme identified in this review was the impact of the societal and service-based stigma associated with homelessness on parents' cognitive appraisal of themselves "as a parent". In addition to acting as a relevant stressor, the stigma of homelessness also reduce parents' parenting resources by limiting their access to material resources such as new accommodation and social support from friends and family. This in turn acted to further erode parent's cognitive perception of themselves as a competent parent as they were unable to provide their children with a safe and engaging parenting environment. This complex interaction suggests that homelessness may present barriers to positive parenting beyond the remits of standard models of parenting.

This review identified numerous threats to parents' cognitive appraisal of the parenting role. However, it also highlighted the increased threat to parent's physical parenting role. Parental identified the high exposure to services and the increased likelihood of having a child removed from parental custody as highly stressful. Within the Abidin (1992) model, the increased salience of role threat could be considered as a moderating factor between parenting role relevance and parenting stress.

A number of specific factors were highlighted as impediments to positive parenting (Sanders, 1999) including parents' limited control over the parenting environment which impeded the creation of safe and engaging learning environments. Moreover, shelter rules were often based on unrealistic expectations of children's behaviour. Limited space and shelter conditions were suggested to reduce the disciplinary options available to parents. Corporal punishment is not a part of positive parenting or promotive of child adjustment, however the current findings suggest that the development of alternative disciplinary techniques within homeless contexts is required to avoid blaming or deskilling parents who already perceive their parental role as under threat. Sanders (1999) highlighted the importance of parental self-care in the regulation of parenting stress. However, considering the "multi-stressed" nature of this population, the expectation that parents maintain high levels of emotional wellbeing in the face of such environmental challenges may be unrealistic and compound feelings of shame and guilt. These difficulties highlight the importance of developing a contextual understanding of homeless parenting, which focuses on parents' strengths and the creative strategies developed to promote safer environments.

As suggested by previous models of homelessness and family functioning (Kilmer et al., 2012), it would be inappropriate to view these difficulties only as a result of low parenting competence, especially considering the evidence of positive parenting in challenging

environments provided in this review. Instead, this review provides evidence for the conceptualisation of homelessness as a "double crisis" for families as they face the traumatic experience of losing one's home as well as the impediments this creates to effective parenting (Hausman & Hamman, 1993). The findings suggest that the impact of homelessness on parenting should be understood from a holistic and ecological perspective as many of the key impacts were related to factors preceding a period of homelessness, such as reduced social support, as well as the consequences of homelessness. Of key importance is the evidence this review provides of the iatrogenic effects of service interventions and conditions which compound the pre-existing difficulties such as parental feelings of shame.

7.4 Implications for clinical practice

This review highlights that despite the challenges described, many parents continue to provide their children with stability and support during an episode of homelessness. The stories of strength articulated in the literature highlight the need for services to work collectively with parents to promote parental resilience and enable parenting to be a meaningful experience. Homeless services should consider how to offer tailored support and parenting strategies that can be implemented under such resource-constrained circumstances.

Due to parental concerns around privacy and stigma described in this review, engagement with specialist services may be low. Clinicians should consider alternative service models and should be wary of taking up the "expert role" which may compound parental disempowerment. High levels of exhaustion and daily hassles may also act as a barrier to successful engagement with services, therefore clinicians should consider the importance of providing community services, which are accessible and do not increase parent's daily pressures.

7.5 Implications for future research

Considering the queries regarding generalisability, further research into the impact of homelessness on parenting in UK contexts is required. In light of the fruitful findings of this review, qualitative exploration of parenting experiences across a range of UK temporary accommodation settings may enable clearer comparisons between the current UK and US literature. Future research should also consider the perspectives of fathers, in order to better understand the impact of homelessness in a wider range of homeless families.

Further research is required to develop interventions which support homeless parents without compounding the feelings of inadequacy discussed in this review. Parenting interventions should be supportive of the parental role by including disciplinary techniques adapted for homeless contexts and have realistic expectations of parenting within environments with limited space and privacy. Considering the wide array of strategies developed by parents in this sample and quantitative evidence described by Narayan (2015), interventions should include homeless parents' own strategies of positive parenting as part of a peer development model. Considering the positive findings of peer support within the review, peer delivery models may be a useful approach to offering parenting support to homeless populations.

7.6 Conclusion

It is imperative that practitioners are aware of parenting needs of the emerging UK homeless family population. The current review indicates that this population are vulnerable to a number of threats to parenting behaviour which may negatively impact child outcomes. However, parents also report high levels of creativity and adaptability in their parenting strategies. Further research is required to better understand the UK homeless family

population as well as consideration of how best to adapt parenting interventions to meet the needs of this complex group.

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SECTION B: MAJOR RESEARCH PROJECT

'Empowering Parents, Empowering Communities: Temporary Accommodation': A feasibility study of a peer-led parenting intervention for parents living in temporary accommodation

Word Count: 8314

Abstract

Objective: To develop and test the feasibility of a peer-led parenting intervention for parents living in temporary accommodation.

Design: Formative evaluation using a mixed-method design.

Setting: Temporary accommodation hostel in London, UK.

Participants: Parents living in temporary accommodation seeking help with managing behavioural difficulties of a child (aged 2–11).

Intervention: A structured, group-based intervention ('Empowering Parents, Empowering Communities- Temporary Accommodation') delivered by peer facilitators.

Measures: We assessed feasibility in terms of attendance and completion rates (% parents completing ≥6 sessions); acceptability (assessed by satisfaction measure and qualitative participant interviews); and potential for impact (assessed by parent-reported standardised measures of child behaviour, parenting behaviour, parental wellbeing, parenting stress and social support).

Results: The intervention was delivered to N=15 parents across three group cohorts. Twelve parents (80%) completed the group programme at first attempt; one parent completed on their second attempt after re-joining in a different cohort. Reductions in child behavioural difficulties and improved parenting knowledge and practices were reported on standardised measures. Improved parental outcomes were described in qualitative interviews. Participants were highly satisfied with the intervention.

Conclusions: Peer-led parenting groups are feasible and potentially effective for parents living in temporary accommodation. These findings warrant further testing under controlled conditions.

Key words: homelessness; parent training; peer-led

1. Introduction

1.1 Family homelessness and temporary accommodation in the UK

Family homelessness is a growing issue in Great Britain with recent estimates reporting that 88, 663 families are currently statutorily homeless and live in temporary accommodation (Crisis, 2015) ranging from bed and breakfast accommodation to hostels (Shelter, 2015). Due to increased economic hardship and changes to housing legislation (Housing Reform Act, 1996), there has been an increase in the duration of time families are housed in temporary accommodation, with 41% of families in London remaining in temporary accommodation for over two years (Shelter, 2014).

The "double crisis" model of homeless parenting (Hausman & Hammen, 1993) posits that families face both the traumatic experience of losing one's home as well as the impediments this creates to effective parenting. Although research regarding the UK homeless family population is limited, homelessness has been associated with a significantly increased risk of children presenting with emotional and behavioural difficulties (Amery, Thomkins & Victor, 1995) including sleep disturbance, feeding difficulties, aggression and hyperactivity (Vostanis, 2002). The available longitudinal evidence suggests that these difficulties outlast the period of homelessness and without intervention may persist over a year later (Vostanis, Grattan & Cumella, 1998). Homeless families have been conceptualised as a multi-stressed population (Holtrop, McNeil & McWey, 2015) who face a number of concurrent risks to child adjustment (Vostanis, 2002).

Further evidence indicates that homeless children's' emotional and behavioural outcomes are moderated by positive parenting practices (Herbers, Cutuli, Supkoff, Narayan & Masten, 2014) and maternal mental health (Gewirtz, DeGarmo, Plowman, August & Realmuto, 2009), suggesting a promotive role of positive parenting. An evaluation of a UK-

based homeless family outreach service (Tischler, Karim, Rustall, Gregory & Vostanis, 2004) identified that although homeless families had high levels of contact with primary healthcare professionals, legal and social services, access to child mental health services was low. Previous research identified the prioritisation of meeting practical needs such as housing, financial and physical health concerns and parental concerns about negative stereotypes (Lindsey, 1998) as barriers to access (Tischler et al., 2004).

Due to the increase in size of this high risk population and poor access to specialist services, it is pertinent for clinical psychologists and service providers to consider how to adapt current interventions to meet the needs of this complex group of families.

1.2 Parenting interventions

Parent training programmes are currently recommended by the National Institute for Health and Care Excellence (NICE, 2013) as a first line intervention for child behavioural difficulties. They have been shown to impact a range of child outcomes, with their effects mediated through changes in positive parenting practices such as less reactive and harsh parenting methods and improved emotional communication skills (Kaminski, Valle, Filene & Boyle, 2008). Parent training programmes have been found to improve child behavioural outcomes, parenting practices (Barlow & Stewart-Brown, 2000; Dretske et al., 2008) and maternal mental health (Barlow, Coren & Stewart-Brown, 2002) in both clinic and "real-world" settings (Michelson, Davenport, Dretzke, Barlow & Day 2013). Qualitative studies of parental experience of parenting programmes reported that key outcomes for parents were reduced feelings of guilt and increased empathy for their child (Kane, Wood & Barlow, 2013). The group based nature of the programmes was suggested to create an atmosphere which promoted feelings of acceptance and support and increase parents' available social support through the connections made with other group members (Kane et al., 2013).

1.3 Parenting interventions in homeless communities

Parenting quality has been found to predict maternal mental health and child behavioural outcomes in homeless samples (Tischler et al., 2004), suggesting that parenting support may be a valuable intervention in this population. However, there is a paucity of UK-based evidence with the majority of homelessness research taking place in North America. A systematic review of parenting interventions in homeless US samples (Haskett, Loehman & Burkhart, 2014) indicated that parents responded favourably to interventions and reported increases in their parenting knowledge (Davey 2004; Ferguson & Morley 2011) but it was unclear if this led to changes in parenting practices or improved child behavioural outcomes (Haskett et al., 2014). The review offered no conclusions about the variable effectiveness of different therapeutic models, but reported that child outcomes and parental attendance rates were positively associated with the use of manualised interventions (Gewirtz & Taylor, 2009; Puterbaugh, 2009).

The only available UK research (Tischler, Vostanis, Bellerby & Cummela, 2002) reported a favourable response to individual parenting support provided by a specialist family support worker to eight homeless families living in hostels in Birmingham. No data were available regarding the families who specifically received parenting support, but families who had contact with this specialised service reported improved child behavioural and emotional outcomes and parental wellbeing as compared to a wait list control. Considering the unique challenges posed to parenting by temporary accommodation and homelessness, standard parenting interventions may be inappropriate to meet the needs of this population.

1.4 Parenting interventions in at risk populations

Due to the paucity of research in homeless samples, parenting interventions adapted for other high-risk groups may offer useful insights into intervention development. Low family income and maternal mental health difficulties are the most robust predictors of poorer child outcomes from parenting interventions (Reyno & McGrath, 2006). Disadvantaged families appear to benefit less from standard parent training, but only if initial problem severity was low (Leijten, Raaijmakers, de Castro & Matthys, 2013), therefore existing parent training programmes may require adaptation to achieve parity of outcomes for disadvantaged parents.

1.5 Peer led approaches to parenting support

Consideration of process factors such as the importance of a strong therapeutic relationship between parents and group facilitators has been suggested to be a useful basis for the adaptation of parenting training (Kazdin & Wassell, 1999). Empowering Parents, Empowering Communities (EPEC) is a community-based programme which uses a peer-led delivery model to offer parent training facilitated by parents who have previously completed the programme in the role of service user. The peer-led delivery system and community setting are posited to make the programme more acceptable to marginalised families as compared to traditional clinic-based interventions, as evidenced by high user satisfaction ratings and a 91.5% retention rate in inner-city community settings. The core content of the EPEC intervention is based on social learning, attachment and cognitive behavioural principles and has been shown to significantly increase positive parenting practices and reduce child behavioural problems (Day et al., 2012). Considering EPEC's positive outcomes in BME and disadvantaged communities, the peer-led delivery model may offer an alternative approach to parenting support in complex populations such as homeless families. However previous research regarding homeless parents' peer relationships is variable, ranging from

supportive (Tischler, Rademeyer & Vostanis, 2007) to undermining (Kissman, 1999), leaving questions regarding the acceptability of a peer led intervention.

1.6 Feasibility research

Considering the complex needs of homelessness families and the known barriers to service engagement and efficacy, feasibility research regarding adapted interventions is pertinent. Medical Research Council guidelines (MRC, 2008) state that feasibility testing is advised for all complex interventions which are designed for contexts with practical barriers to access and high risk. Feasibility refers to the "practical effectiveness" (MRC, 2008) of an intervention and its capacity to work in everyday practice, as evidenced by implementation success, access levels and participant engagement. It also includes an assessment of acceptability within the specified population. Acceptability refers to whether the identified population judge the programme positively (Bowen et al., 2009) and includes cognitive components such as perceived relevance of a population and affective components such as emotional reactions towards use (Davies, 1989). These considerations are of specific importance if engagement has historically been difficult and the population is relatively poorly understood. Feasibility research should also explore the potential impacts of an intervention and offer insights into the adaptations required to develop further evaluative research (NIHR, 2014).

1.7 Aims and rationale

This paper describes the formative evaluation of 'Empowering Parents, Empowering Communities- Temporary Accommodation' (EPEC-TA), a parenting programme based on the existing EPEC peer-led model with specific adaptations to a temporary accommodation setting. We aimed to test if EPEC-TA is a feasible intervention when delivered to parents

living in temporary accommodation. This was achieved by obtaining preliminary evidence on the:

(1) Practical implementation as assessed by peer facilitator recruitment, delivery of the intervention, attendance and completion of EPEC-TA in a temporary accommodation population.
(2) Acceptability of the intervention, as assessed by satisfaction measure and in-depth interviews.
(3) Potential impacts of EPEC-TA, as assessed by standardised measures of child outcomes, parenting behaviour and parent outcomes.

2. Method

2.1 Study design

In line with Medical Research Council guidelines (MRC, 2008), a convergent mixed methods design (Cresswell, Klassen, Piano-Clarke & Smith, 2011) was used to assess the feasibility of EPEC-TA. Quantitative measures explored the practical implementation, user satisfaction and outcomes of the intervention. Qualitative interviews with participants were conducted to obtain more in-depth data on users' experiences and areas for further development. The study was reviewed and approved by the Canterbury Christ Church University Ethics panel.

2.2 Participants

Eligible participants were parents with self-identified difficulties related to parenting and child behaviour with an index child aged 2-11 years. Participants must have been currently living in or with prior experience of living in temporary accommodation. Parents who were rehoused during the intervention were not excluded from the study due to ethical considerations and the potential impact of homelessness of child behavioural outcomes

following rehousing (Vostanis, 2002). All participants must have participated in the EPEC-TA course

It was not possible to provide interpreters for the EPEC-TA groups or data collection and therefore parents who were unable to communicate in English were excluded from the study. As two measures in the study required parents to re-assess their children's behaviour post-intervention, parents who did not have with contact index child at the beginning of the intervention were also excluded.

Recruitment was facilitated by word of mouth, leafleting in the hostel and contact with existing resources in the hostel, i.e. health visitor groups. Parents who had recently moved out of the hostel were informed of the group by local health visitors.

2.3 Setting

Participants were recruited from a large temporary accommodation hostel in North London which housed 140 families who had been declared statutorily homeless by their local authority in one-room bedsits with shared bathroom facilities and limited cooking facilities. Parents with known drug use are excluded from this hostel.

2.4 Intervention: Empowering Parents, Empowering Communities- Temporary Accommodation (EPEC-TA)

2.4.1 Intervention rationale. The 10-week programme was subtitled 'Being a Parent', as per the standard EPEC parenting course. "Being a Parent" is a structured, manualised parent management training programme delivered by trained peer facilitators. The programme aims to improve parent-child relationships and interactions, reduce child behavioural problems and increase parenting confidence by increasing parents' positive parenting skills (Day et al., 2012). The peer-led, community-based delivery model is intended

to increase access for traditionally "hard to reach" populations, by increasing intervention acceptability and reducing the stigma of professional-led, clinic-based services.

2.4.2 Intervention development. An initial group was run at the index hostel by existing EPEC peer facilitators (i.e. those without specific experience of homelessness) and delivered to 15 parents. This group is not part of the current evaluation, but provided formative data on child behavioural outcomes, parent wellbeing and satisfaction which were collected to assist in the adaptation process. Subsequent consultations between the EPEC project co-ordinators, a service participation officer, the clinical lead for a research institute, researchers involved in previous EPEC evaluations and seven parents living in temporary accommodation was held to discuss adaptations which included the course being lengthened from 8 to 10 weeks to provide more time to go over materials and an additional session on stress management. This was informed by the low wellbeing scores reported in the initial group data. The workbook was adapted to increase its relevance to parents living in temporary accommodation by including relevant material such as play methods for restrictive spaces.

2.4.3 Peer facilitator training. The adapted manual was consistent with the established EPEC service model, which requires prospective peer facilitators to experience the intervention as participants prior to facilitating a parenting group. Participants who completed the initial formative group were invited to attend an accredited peer facilitator training programme which consisted of a 10 week course including workshops and submission of a written portfolio. Prospective candidates were required to submit a written application and complete an interview, where they were selected according to standard criteria. Peer facilitators received payment for their involvement in the programme.

2.5 Materials

Peer facilitators used the adapted EPEC-TA manual, participant handouts and workbooks. Group discussion was facilitated by videos detailing child behaviour and experiential tasks such as role plays.

2.6 Procedure: Model of delivery

Three parenting groups were co-facilitated by a peer facilitator with temporary accommodation experience and an experienced EPEC peer facilitator. Of the three groups, two were run in the hostel and one in a nearby community centre.

The programme was administered over 10 weekly, two hour sessions, involving participants and peer facilitators sharing their parenting experiences, facilitator demonstration, role play, visually aided discussions, reflection and reviewing homework tasks. For a session by session plan see Figure 1. Parents were encouraged to set personal goals related to child behaviour and parenting. Throughout the course, facilitators positively affirmed parent's existing skills and encouraged problem-solving around personal goals.

2.7 Adherence to model

Group facilitators were provided with fortnightly supervision from a senior member of the EPEC team. This supervision aimed to enhance intervention fidelity, peer facilitators' skills and to support them in their role as a facilitator. EPEC supervisors were contactable by telephone to address potential safeguarding and supervisory issues.

Empowering Parents, Empowering Communities-Temporary Accommodation Course Outline

Session 1: Being a Parent
- Getting to know each other
- Goals for parent and child
- 'Good enough' vs 'perfect' parent
- Taking care of ourselves

Session 2: Feelings
- Remembering what it was like to be a child
- Acknowledging and accepting feelings
- Expressing Feelings

Session 3: Stress Management
- Coping with stress
- Managing anxiety

Session 4: Play and listening
- Non-directive play – "Special Time"

Session 5: Valuing My Child
- Avoiding 'labels' and describing behaviour
- Using descriptive praise to change behaviour

Session 6: *Understanding children's behaviour*
- Understanding children's needs and their behaviour in response to needs
- Discipline
- Commands and consequences

Session 7: Discipline strategies
- Ignoring and saying 'no'
- Rewards and star charts

Session 8: Boundaries
- Time Out
- Household rules
- Mindfulness

Session 9: Listening
- Communication styles
- 'Open' and 'Closed' questions
- Reflective listening

Session 10: Review and support
- Reviewing the course & knowing where to get support
- Ending and celebration

Figure 1: Structure of EPEC-TA course: Session plan.

3. Measures

3.1 Demographics

A specially designed proforma was used to collect descriptive data on parent age and ethnicity, employment status, index child age and the number of children aged under 18 in each family.

3.2 Feasibility outcomes

Data collected from session registers was used to assess rates of attendance, intervention completion and reasons for non-attendance and non-completion. Participants were considered to have "completed" the intervention if they attended six or more sessions.

3.3 Child and Parent Outcomes

Five standardised self-report measures were completed by participants and collected at the start of the intervention and again at the final session (10 weeks later). The burden of assessment was kept intentionally low and the questionnaires were intended for completion within 30 minutes.

Child outcomes. Child behavioural outcomes were measured using the Eyberg child behaviour inventory (Eyberg & Ross, 1978). The 36 item problem subscale of the ECBI was selected due to its high levels of problem sensitivity (96%) and specificity (98%) (Rich & Eyberg, 2001). The ECBI was used in previous EPEC cohorts, thus permitting benchmarking against a housed comparison.

The Concerns about My Child (CAMC) (Scott et al., 2001), a visual-analogue scale measure, was also used to assess child behavioural outcomes. This scale requires parents to select up to three concerns about their child and rate them at baseline and in the final session. CAMC is accepted to be a sensitive alternative to prolonged direct observation by an

independent observer and has been used to assess child outcomes in previous parent training studies (Scott et al., 2001). Idiographic child progress measures may be more sensitive to detecting change than standardised measures, as indicated by comparison to clinician ratings (Edbrooke-Childs, Jacob, Law, Deighton & Wolpert, 2015).

Parent outcomes. Parenting behaviour was measured using the Parenting Scale (Arnold, O'Leary, Wolff & Acker, 1993) which contains three subscales of parental hostility, over reactivity and laxness. Lower scores are indicative of more adaptive parenting practices. This measure reports good internal consistency and test-retest reliability.

Parental wellbeing was measured using The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007) which reports good validity and reliability.

The Parenting Stress Scale (Berry & Jones, 1995) is stated to be reliable and valid and was used to measure parental stress.

The emotional/informational support and the positive social interaction subscales of the Medical Outcomes Study: Social Support Survey (MOS-SSS) (Sherbourne & Stewart, 1991) were also administered. The MOS-SSS demonstrates good internal consistency and test-retest reliability (Gjesfjeld, Greeno, Kim & Anderson, 2010) in addition to high construct validity (Lopez & Cooper, 2011).

User experience: Acceptability. Process data on user experience was collected to (i) enable in-depth and contextualised understanding of intervention content and delivery; and (ii) highlight potential refinements to intervention design.

The Training Acceptability Rating Scale (TARS) has been used extensively in previous EPEC evaluations and was used in the current study to assess the experience of EPEC-TA for participants. The measure rates nine items (e.g. “Did the group leaders relate to the group effectively?”) on a four-point scale from “not at all” (= 1) to “a great deal” (= 4).

Semi-structured qualitative interviews were designed to explore the acceptability of the intervention and its impacts. Areas for adaptation and parents' experiences of homeless parenting were also explored. An interview guide was used to guide questioning with parents, but the researcher could inquire or follow up parental responses where relevant (see Appendix 3).

4. Procedure

4.1 Briefing peer facilitators

The researcher met with the peer facilitators prior to the intervention to explain the purpose and aims of the study. The peer facilitators reviewed the consent form, information sheet and measures and made suggestions of how to make them accessible for the parents. As a result a summary sheet in large text and simplified language was created to introduce the study to parents with language and literacy difficulties.

4.2 Consent

The researcher attended the group coffee morning a week prior to the beginning of the intervention to provide parents with the opportunity to discuss the study either in the group or privately. Parents had a week to consider participation in the study. Parents were reassured that participation was anonymous and concerns about information sharing and data protection were addressed. Recruitment to the study was largely undertaken by the researcher, however peer facilitators also provided prospective participants with information about the study.

4.3 Quantitative data collection

Measures were administered by the researcher at the time of the first group session and again at the end of the final group session. Missing participants were followed up by

telephone and separate arrangements were made to complete the measures at a convenient time and location.

4.4 Qualitative data collection

Qualitative data were collected in semi-structured interviews. Interview methods were chosen to preserve participants' privacy. The interviews took place in a private room in the hostel or at a local research centre. The time and location of the interviews was agreed at the final group session.

Prior to the interviews the researcher reflected on her preconceptions of homelessness and the societal narratives surrounding homeless parenting. In order to gain a range of perspectives regarding the intervention, the researcher did not restrict the number of interviews due to data saturation. The average duration of the interviews was 43 min (17-89 minutes). Each interview was audio-recorded, transcribed verbatim and verified in preparation for data analysis. Participants were reimbursed for their time with a £10 voucher.

4.5 Analysis

Quantitative. Demographic, attendance, user satisfaction data and outcomes data were analysed descriptively. Due to the small number of participants, significance testing was deemed inappropriate and the t-distribution statistic was used to calculate the 95% confidence intervals for the baseline and follow up means. Due to the large difference in group sizes, comparison of completers and non-completers was also deemed inappropriate. Effect sizes were calculated using Cohen's d (Cohen, 1988) and 95% confidence intervals of effect sizes were provided (Hedges & Olkin, 1985). Reliable change index scores were calculated using the relevant internal consistency statistic from the standardised measure (Jacobson & Truax, 1991; Morley & Dowzer, 2014). The data were benchmarked against data from previous EPEC evaluations (Day et al., 2012; Michelson et al., 2014).

Qualitative. Thematic analysis was used as it enabled the researcher to represent the parents' experience of the parenting programme and temporary accommodation, with reference to previous research regarding homeless parenting (Braun & Clarke, 2006). Multiple readings of the interviews enabled the researcher to become familiar with the data and initial inductive codes were developed. Relevant deductive codes were generated from the homeless parenting literature (see section A) and operationalised in a coding book (see Appendix 4). Codes were grouped into code families related to the study aims; acceptability, relevance, impacts and adaptations. Additional codes relating to homelessness and valence were also included. Interview data was analysed and coded using Atlas.ti coding software. Following an initial coding, another researcher analysed 25% of the interviews and an analysis of agreement to clarify code operationalization and ensure reliability.

Frequency data facilitated the consideration of code prevalence and co-occurrence in theme development. However, frequency data was not formally used in the analysis (Boyatzis, 1998). Themes were identified in relation to the study aims and summarised to adequately describe the dataset. Exemplar quotes were selected based on their representativeness and relevance to the research questions (Braun & Clarke, 2006).

Several strategies were employed to ensure the validity of the qualitative analysis, including verbatim transcription and the promotion of researcher reflexivity. To increase the validity of the themes identified, they were presented to a four participants as part of the process of respondent validation (Bloor, 1997). Participants confirmed the themes and subthemes generated.

5. Results

5.1. Participant characteristics

Parent demographics. 15 participants consented to take part in the study. 93% of the sample were female. Mean parental age was 29.2 years (s.d = 8.3). 86.7% were full time carers for their children, 6.7% were employed part time and 6.7% were employed full time. 60% of parents did not have English as a first language and 80% were from Black and Ethnic Minority communities.

Child demographics. The number of children per family ranged from 1 to 4 and the mean was 2. Each parent was asked to identify an index child who would be the focus of the intervention, of which 12 were female and three were male. The mean age of the index child was 3.6 years (s.d = 1.99) with a range of 2-9 years.

5.2 Practical Implementation

Peer facilitator recruitment. Fifteen parents were invited to attend peer facilitator training, of which four attended and three were successfully accredited.

Intervention completion. Thirteen parents (86.7%) completed the parenting intervention and the mean number of sessions attended was 7.2 (s.d = 2.3) with a range of 1-10. Reasons for non-completion were a clash with a college class (n = 1) and ill-health (n = 1).

Intervention attendance. Of the 13 who completed the course, one parent attempted the course twice due to illness and completed during the second attempt (see Figure 2).

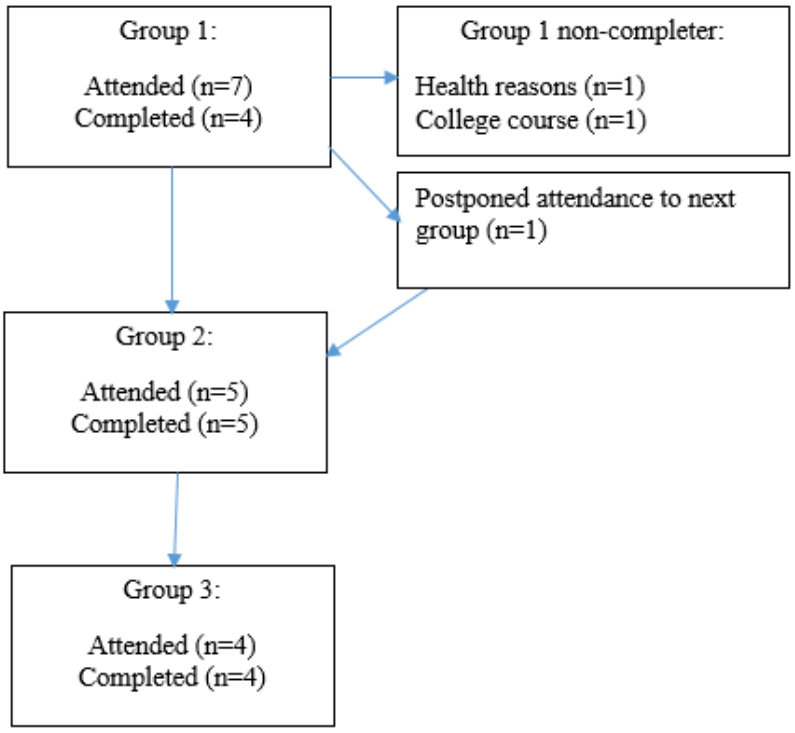

Figure 2: Flow chart of course attendance over all three groups.

5.3 Clinical outcomes

Twelve participants completed all pre and post measures. Eight completed the measures independently and seven alerted the researcher to literacy or language difficulties and the measures were administered verbally in private.

One parent did not complete any post-test measures due to social services proceedings which made follow up not possible. One parent did not complete the child and parenting post-intervention measures as the child was removed from their custody. One parent completed all measures apart from the parenting measure which they felt lacked relevance. Outcome data for these participants was excluded from the relevant analyses, but demographic data was included.

Child behavioural outcomes. Comparison of means scores on both pre and post child behavioural measures (n = 13) showed an overall reduction in child behaviour problems and parental concerns about problem severity (see Table 1). An intention to treat analysis reported a medium effect size (d = 0.675) of the reduction in reported child behavioural problems, which compared favourably with standard EPEC model outcomes (Day et al., 2012) which reports an effect size of 0.56. Prior to the intervention, 11 participants rated their children's behaviour above clinical cut off level. Eight of the 13 participants' scores reliably improved as indicated by a reliable change index calculation. Five participants' scores reduced below clinical cut-off (Eyberg & Ross, 1978). The effect size for change in the parental concern about the child's behaviour was lower than those reported in the standard EPEC model, d = 0.77, and EPEC for adolescents, d = 0.87.

Parenting behaviour. Due to the majority female sample, maternal cut off scores were used for comparison (Rhoades & O'Leary, 2007). Parental total mean scores (n = 12) reduced at follow up to below the clinical cut off score indicated by the revised scale (CCO = 3.2). This reduction had a medium effect size which is comparable to standard EPEC groups (d = -0.44). Three participants' scores reliably improved and reduced below clinical cut off.

Subscale analysis showed no difference in scores on the parental laxness scale. There was a reduction in over-reactivity scale scores although both baseline and follow up means were below clinical cut off. Parental hostility scores decreased to below clinical cut off and a medium effect size was reported. Three parents reported reliably reduced hostility scores to below cut off level and at follow up, 11 parents scored below clinical cut off.

Table 1

Primary intervention outcomes: Child and parenting outcomes

	Pre-test mean	95 % confidence interval	Post-test mean	95 % confidence interval	Effect size (Cohen's d)	95 % confidence interval
Primary Outcome: Child behaviour Eyberg Child Behaviour Inventory	17.92 (s.d= 8.69)	12.67-23.17	12.08 (s.d= 8.61)	6.86-17.91	0.679	[.276, 1.082]
Concerns about my child (CAMC)	50.13 (s.d= 29.06)	32.57-67.71	34.78 (s.d= 31.17)	15.92-53.65	0.509	[.111, .907]
Primary Outcome: Parenting Behaviour Arnold O'Leary Parenting Scale: Total scale score	3.32 (s.d=0.98)	2.70-3.94	2.95 (s.d= 0.59)	2.58-3.33	0.457	[.044, 0.870]
Laxness	3.03 (s.d= 1.09)	2.34-3.72	3.00 (s.d= 1.06)	2.33-3.67	0.028	[-.380, .436]
Over-reactivity	2.96 (s.d= 1.67)	1.91-4.01	2.36 (s.d= 1.09)	1.69-3.03	0.425	[.013,0.837]
Hostility	2.53 (s.d= 1.81)		1.78 (s.d= 0.95)	1.19-2.38	0.816	[.392,1.24]

1.39-3.67

Parental factors: Wellbeing, Parental Stress and Social Support. Parental wellbeing scores (n = 14) increased to above the Scottish population mean (M = 50.7, 95% C.I.-50.3 to 51.1) (Stewart-Brown & Janmohamed, 2008) although the effect size of this change was small. Reported levels of parenting stress (n = 13) did not change after the intervention. Emotional social support and positive interaction scores (n = 14) were reduced at follow up (see Table 2).

Table 2

Secondary intervention outcomes: Parental factors

	Pre-test mean	95 % confidence interval	Post-test mean	95 % confidence interval	Effect size (Cohen's d)	95 % confidence interval
Secondary Outcome: Parental factors Wellbeing (WEMWBS)	50.14 (s.d= 12.34)	43.01-57.27	54.5 (s.d= 9.44)	49.05-59.94	-0.396	[-.764, -.028]
Parental Stress (PSS)	36.7 (s.d = 8.15)	31.83-41.69	36.7 (s.d =7.97)	31.94-41.58	0	Unable to calculate
Social Support: Emotional Support (MOS-SSS: ES)	4.15 (s.d = 1.12)	3.50-4.79	3.63 (s.d = 0.92)	3.10-4.16	0.507	[.123, .891]
Social Support: Positive Interaction	3.74 (s.d = 1.16)	3.07-4.41	3.69 (s.d = 1.08)	3.07-4.31	0.045	[-.333,-.423]

(MOS-SSS: PI)

5.4 User experience: Acceptability

Participants reported very high levels of programme acceptability, with 100% of respondents (n = 14) stating they were either "a great deal" or "quite a lot" satisfied overall. 92.7% of participants reported that the programme helped them to develop positive parenting skills and made them more confident as a parent. 100% reported they would use the skills they had learned. Participants also reported very high acceptability ratings for the peer facilitators with 100% of participants rating them as highly competent, motivating and able to relate to the group effectively.

5.5 Qualitative analysis

Fifteen parents consented to the qualitative interviews of which 13 participated. One parent could not be interviewed due to their child's ill-health and another due to child protection proceedings. Three overarching themes were identified; parenting in temporary accommodation, experience of the intervention and potential impacts. Adaptations suggested by participants were summarised.

Parenting in temporary accommodation. Parents cited multiple motivations for course participation, most common of which were child behavioural difficulties. Over half the sample acknowledged the negative impact of temporary accommodation with their children's behaviour and emotional state, describing them as disruptive, emotional and stressed:

*"*Children *are more emotional within a hostel context, because I think because it's such a small room it's almost like you're so claustrophobic* that, sometimes you kind of easily *explode… I think they feel trapped sometimes, so they just kind of lash out." (8)*

The lack of space to play, unsafe environment, limited privacy and the awareness that other children live in permanent accommodation were identified as barriers to positive parenting and child wellbeing:

"He is getting frustrated, you know, being in the same room, but he doesn't understand he's like 'I want to move, give me space, like let me relax more'" (10)

"Having an older child who goes to school and meets her friends and has gone to *their homes and stuff like that, and it's heart*-breaking when you find your child coming up to *you and saying to you that 'I'm not happy in the environment I'm in" (12)*

The negative emotional impact of living in temporary accommodation on parents was evident, both in reaction to their children's distress and due to the lack of resources available to promote their own wellbeing. This emotional distress was described as detrimental to parenting and undermining of their role as an effective care-giver:

"I feel like I take it, you know, not take it out on them, but I kind of like get a bit dismissive towards them and it's like 'please, what can I do? I feel really helpless'. And the fact is it's not that I'm being cruel to her, it's just that I'm angry with myself because I can't do anything to make my daughter happy" (12).

Some parents felt that their current context meant they had to become the most effective parent possible, to provide their child with stability. However this may be at detriment to their own wellbeing:

"I mean every day is hard, being outside, but you have to do it for your child. That's how I see it. So that's what makes you a kind of a super person, because you just put everything that you need for yourself just on hold and forget about it and just continue – I *don't know if that's good or not, but it's the only option you have at the moment." (6)*

Parents disclosed feeling different to housed parents and expressed concern that their children were not having a "normal" childhood experience. This sense of difference was accompanied by specific reference to concerns that participation in the programme was an indication they were bad parents and could make them the subject to negative judgement from services and from other parents, with one parent describing her suspicions as:

"the social service that put me in this, you know, thinking that I'm failing as a parent, or something is wrong" (15)

Complex, and at times contentious, relationships with services such social workers and health visitors were common and a number of parents felt scrutinized by social services. High levels of service input combined with busy family lives meant that parents felt fatigued from attending multiple appointments. One parent described how she initially saw a parenting course as a low priority, but this changed after attending the group.

Experience of EPEC-TA.

Working with peer facilitators. Parents endorsed the peer-led model citing the peer facilitator's shared experiences of parenthood as basis for a common understanding which enabled them to *"feel safe and open up"* (8). Participants described peer facilitators as providing parenting information, a space to be listened to and support to complete course materials:

"They explain me do this or do this or that and it was working when they explain me. I was telling them everything when I have a problem with my kiddies" (2)

"You could always go back to them, ring or text them and then they could like explain to you what *you're stuck on so then you can be able to understand and get through it. (9)*

Parents emphasised peer facilitator's personal qualities as central to their engagement in the intervention. Peer facilitators were identified as *"welcoming" (9), "compassionate" (12), "professional" (6)* and *"friendly"(7),* with a number of participants citing their energy and humour as making the sessions engaging.

Key actions which improved the acceptability of the groups were the peer facilitators reassuring parents they were not alone, positively connoting attendance, reinforcing the parental role and creating a welcoming atmosphere, which one parent described was uncommon when living in temporary accommodation. Peer facilitators' sensitivity to confidentiality was highly important to group members to increase the acceptability of group work and to create a safe space for parents to engage with other parents.

" I was thinking 'I just don't want anyone coming in to my privacy just because we live in the same place, and then we*'re going to see each other in the class', but then, you know, that didn't happen, [PF] respected and everything that happened here was here, and when we talked, you know, it didn't come out." (6)*

"Sometimes they would just talk to [PF] by herself and te*ll her what they're going through and then, she would always encourage them to, you know, talk, 'we are a group. Nothing leaves this group. We're here to support'...I think this is what it's all about, it's about once they leave us, the people who've remained, the people who've taken this course, if we do need help we should feel that freedom to kind of go up to one of them and say 'hey, you know, my son's going through this" (8)*

Peer identification. Parents valued the peer facilitators' experiences as parents and of the course, promoting it as useful and valid source of support:

"It was more about whatever she learned from the course and she used it, and so, you *know, the difference that it made for her… I didn't know how she as a parent is, but it's* always *good to have someone who is a parent because they know what they're going through* and what we are going through." (6)

Peer facilitators' experiences of living in temporary accommodation were pertinent for some parents, although others were less aware of it. One co-facilitator had not lived in temporary accommodation, but had reflected upon her experiences of living in a small space which was appreciated by group members. Parents identified with peer facilitators' experiences of temporary accommodation and discussed the impact of having a peer facilitator as a resource in the hostel.

"She did seem to feel like she was part of us, like you could sense that she was like one of us, like she kind of understood where we were coming from." (12)

Two parents explicitly described having a peer facilitator who was in the hostel as a source of hope and inspiration.

"Listening and seeing what they are doing now and how they start, that made me feel , you know, inspired me that I want to be like that, I can be like that, I can progress" (15)

Parental response to the peer facilitators was overwhelmingly positive, however there were initial concerns about role clarity. Also, an incident where the peer facilitator had offered an alternative way of managing situation was described as upsetting for one parent, although she discussed how the peer facilitator's approach enabled them to overcome this incident.

Working with other parents. Parents largely commented favourably on working with other parents, acknowledging them as a source of new ideas, shared experiences and support.

Parents' acceptance of the new parenting knowledge was strongly related to their shared experiences as parents, and to a lesser degree, temporary accommodation.

*"Before I was like I don't know what t*o say to other parents but then I see the parents *and how they do and how the kiddies behave and I don't know, because now I feel more* experienced and know everything!" (2)

"We have something in common. We live in a temporary place where it's a room, one room, and maybe one will have two or one child. So we do live in the same kind of lifestyle, if you want to say that sense. So if you kind of, if you have worries, we have the same worries, if *we're thinking about the same thing and, you know, what are child are going through." (11)*

Negotiating difference. High levels of group diversity were recognised by the parents. The most frequently discussed were language differences, which posed problems for participation in experiential tasks such as role plays. Group differences were not difficult to negotiate due to the shared parental concerns but language support was recommended as a useful aid for future groups.

Although some differences were relatively simple to negotiate, one parent was involved with child protection procedures and described how it could be upsetting to think about parenting in this context. Despite these differences, parents reflected that the group was an acceptable and safe space to discuss their parenting experiences.

Course content. EPEC-TA content was largely perceived as relevant to parent's current situations, with non-directive play, avoiding labelling and strategies to manage disruptive behaviour named as helpful. The emphasis on parental self-care was highlighted as important in temporary accommodation due to the associated stress. The most salient topic

was being a “good enough parent”, with parents reacting with relief to discussing the sensitive topic of parental pressure.

*“The first was about the perfect parent, and it just to*uched exactly subject, which was *quite sensitive. So once I attended that I thought ‘oh, yes, I’m definitely coming over here’."* (11)

Some course content was viewed as less relevant. One participant was unsure of how temporary accommodation was related to children’s behaviour, another described how her views of discipline clashed with those of the intervention and a third had hoped to learn more specific skills such as managing picky eating.

"I remember one lesson in discipline was about the naughty ste*p, and it was like ‘I have no spare naughty step!’ … I’m like ‘apart from the toilet, there’s not really a place I can put him and he’s on his own’” (8)*

Impacts. Parents reported a number of impacts of the programme on their parenting behaviour and personal development. Increasing their positive parenting knowledge and skills was linked to a calmer parenting approach and the use of new parenting techniques, such as positive praise.

"I thought, you know, screaming in a sense was in a way of the child to understand *you’re serious, but that just makes things worse. I realised after the course, having calm* words throughout the whole conversation, however upset the child is, makes the whole situation much easier." (6)

The information gained during the course was described as valuable as it translated directly into improvements in parents’ lives and children’s behaviour.

"Before, if he cries – he used to cry a lot – or my daughter behaves in some way, I *always say 'you're a very bad girl' or whatever, I didn't* see why she was behaving like that. *So now I see her behaving angry or whatever, I sit down and look at her and now I'm looking* at the needs behind that behaviour" (15)

Importantly, parents clearly identified the use of positive parenting techniques as a mechanism for change in their children's behaviour, with parents reporting fewer tantrums, better sleep and fewer conflicts with siblings.

"She's become a bit more, you know, generous with her toys…the course it's helped me to talk to her in a way that I *never thought I could talk. I mean there's being calm and there's just allowing them to do what they want to do, and there are ways of like taking the* steps that we learnt in the course and to deal with the situation." (12)

Personal development. Parents reported feeling happier, refreshed in their approach to parenting, increased confidence, improved self-esteem and feelings of accomplishment.

"The course helped a lot when you feel really down, you know. Sharing all the experience with other parents and sharing the experience of the people who are running the course, it helps you build up more self-esteem, it helps you getting better, to be honest, less stress." (15)

These positive personal changes were linked to a multiple aspects of the course, including the emphasis on parental self-care. The development of confidence and improvements in self-esteem was linked to the influence of group members and peer facilitators providing reassurance and reducing parents feelings of isolation and self-blame. The group reinforcement that they were "doing something right" reinforced the parental role.

"I think for a lot of parents they feel like they've failed as a parent, that they can't give their child the right home. I think, for me, this course has helped me a lot because I think *it kind of confirms that I'm doing ok, I need to have that positive 'things are going to get better, there is a way'* mind-set" (8)

Parents reported feeling empowered, both as parents and as people, as indicated by statements of mastery and discussion of opportunities they had taken up since the course such as volunteering and further education. Three parents indicated that they would like to become peer facilitators themselves.

Community impacts. Social connections between parents in the hostel were strengthened and other parents described how this increased their confidence to make connections in their local community. One parent has begun a debt management group in the hostel after the course, to help those she met during the course. A number commented on the role of their shared experience of the group and temporary accommodation in cementing these new social connections.

"I already have new friends, we already talk, we've got a chat room, we talk about things, we plan to get a trip out. *And those people have kids, so you know you're not going to be alone with your, on your own thinking 'oh, I'm not going to do it because I can't take my kids with me, my baby'."(15)*

Adaptations. Parents strongly identified with the EPEC-TA model, advocating for it to be offered more widely. They also suggested a number of areas of adaptation, which are summarised in Table 3.

Table 3

Summary of suggested adaptations

Suggested Adaptation	Summary	Illustrative quotes
Location/time	Participants suggested multiple groups at different times, changes to the group times to accommodate taking older children to school and lengthening the group sessions Although the location was not ideal, it was convenient for parents.	"Maybe get a course that runs so many days in the week, instead of just one day" (3) *"I just didn't like the place, yes, the basement place, but this is an* irrelevant thing...But it was convenient at the same time, because *we are living here and we don't need to walk somewhere else, yes.* But, yeah, that basement place is so depressing space (laugh)." (11) "The time was short, because we was enjoying the sessions and we *wanted more time with them, but it's the time that they have." (15)*
Content	Adaptations were suggested to improve the programme's relevance in temporary accommodation contexts, such as	"It would be really good and, you know – there are place to go, but like what to do when, you know, taking your child outside and *things like that...Yeah, when you're out with your child, because that's different to when you're in the* house with them." (5)

	play strategies for small spaces and alternative disciplinary strategies as well as information about housing services and local resources, i.e. places to take children in the winter when they could not stay in the hostel.	*"I remember one lesson in discipline was about the naughty step, and it was like 'I have no spare naughty step!' ... I'm like 'apart from the toilet, there's not really a place I can put him and he's on his own' 'just put him in the corner', 'there is no corners. My* corners are all cupboards! (8)
Recruitment	Participants advocated for the course to be more widely advertised and mentioned face to face contact with peer facilitators early as an aid to recruitment.	"To be honest just, you know, getting more people and making it worldwide... Yeah, and letting more people know about the course...it would have been nice, even the first day if they came in and told us the other facilities for parents and help us with things like that." (5) "You could try get a few people there! Yeah it needs more people there. Definitely because I only found out through the health visitor about it because I asked her about it, about parenting classes, but I

		think that they should make it more widely available for other *parents but how would they know about it. If it weren't out there* and it was a free session, they probably think they have to pay for something like that (7) "I just think that basically either have, you know, [PF] maybe going to speak to parents, you know, get them to, you know, just knock, they have these sort of leaflets, little pamphlets they put through the letterbox" (12) "It would be good if it would be more open to everyone, to all *parents...Because I feel like if I wasn't there in that* residence I *would never have knew about the course. So if I wasn't, in that time* over there, how would I know about the course?" (15)
Language support	Parents discussed the need to support other parents who did not speak English as a first language.	*"I think if you want to try and get everybody in, I think it's* important to consider maybe those who are struggling with the language and what-have-you, like I said, having visual aids, role-

	play, more role-plays, more visual aids, and having that sort of, you know, descriptive of what it is and everything else" (12)

6. Discussion

6.1 Practical implementation of EPEC-TA

The current study successfully recruited and trained three peer facilitators to deliver EPEC-TA to three cohorts of parents living in temporary accommodation, providing encouraging evidence for its feasibility. Three participants expressed interest in training as peer facilitators, indicating that EPEC-TA is feasible model in the longer term.

Despite high levels of service input and concerns about negative judgement, attendance and completion rates were comparable to standard EPEC and conventional therapist led parent training groups in non-disadvantaged samples (Lundahl, Risser & Lovejoy, 2008). Locating the group in community settings may have facilitated these high completion rates, considering parents' multiple concurrent demands. This reaffirms the validity of the community based approach indicated by previous research which conceptualised hostel as a "portal" in which it is possible to engage parents more easily than clinic based settings where they may feel scrutinised. (Gewirtz, Burkhart, Loehman & Haukebo, 2014).

6.2 Acceptability

Peer delivery model. The current study indicated that the peer-led model, with its opportunities for peer group support and mutual identification between peer facilitators and participants enhanced the overall acceptability of EPEC-TA. Peer identification reduced concerns about negative judgement, increasing both access to the intervention and involvement in group work. This reaffirms that a focus on building strong therapeutic relationships is central to adapting parenting interventions in this multi-stressed context

(Kazdin & Wassell, 1999). Participants also discussed the relevance of the peer facilitator living within the hostel, viewing them as a source of hope and support.

Group working. Despite initial concerns around privacy, parents endorsed group working and were able to engage with other parents. Discussion of shared parental concerns reduced feelings of isolation and self-blame, replicating the findings from general population research (Barlow & Stewart-Brown, 2000). Parents perceived other group members as a useful and relevant source of new ideas, parenting strategies for temporary accommodation and emotional support. Previous research regarding peer-relationships in homeless family contexts is mixed, with some evidence suggesting that parents struggled to access social support from other homeless parents due to concerns regarding privacy and scrutiny of their parenting practices (Holtrop et al., 2015; Kissman, 1999) as well as concerns about identifying with a highly stigmatised group (Menke & Wagner, 1997). However qualitative data regarding both group members and facilitators suggests that a peer delivery and group based model is acceptable within homeless populations as it increased parental perceptions of social support and promoted self-efficacy through positive identification with the peer facilitators (Salzer, 2002).

Relevance of EPEC-TA. Parents reported that the programme content was useful and, with some exceptions, relevant in temporary accommodation. Parental self-care and "the good enough parent", were highly acceptable and relevant topics, which may be due to the impact of temporary accommodation on parental mental health (Bassuk et al., 1996) and the threats posed to the parental role from environmental restrictions in temporary accommodation contexts (Schultz-Krohn, 2004) as well as negative stereotypes of homeless parenting (Cosgrove & Flynn, 2005).

Although a parenting intervention was a low priority for some parents, the numerous challenges to parenting in temporary accommodation may have increased its relevance in this sample. Considering that problem severity moderates the outcomes of parenting interventions in disadvantaged communities (Leijten et al., 2013), the high levels of parenting difficulties in temporary accommodation suggests that parenting interventions could be potentially be effective interventions for homeless families.

6.3 Impacts

This study provides evidence of high levels of child behavioural difficulties and parental stress in a UK temporary accommodation population, with parents noting the negative impact of temporary accommodation conditions on their children's behaviour and parenting practices.

EPEC-TA showed potential for impact on parenting and child outcomes. Reliable decreases in child behavioural problems and reductions in parental concern were qualitatively supported by reports of changes in parenting practice, knowledge and parent-child interaction, consistent with Kaminski et al. (2008). Quantitative findings regarding parenting behaviour were mixed, possibly due to the small sample size. Abidin (1992) posits that parenting behaviour is determined by multiple factors. The mixed results of this study suggest that although parents may have increased their parenting skill competence and knowledge, this may not directly impact on parenting behaviour as suggested by the model. External pressures from inadequate parenting conditions, high levels of stress and low levels of social support may continue to impact of parenting outcomes.

The varied results regarding parental wellbeing, self-esteem and stress may be indicative of a complex picture of stress within this population. Improvements in parental competence and the subsequent child behaviour changes may have produced meaningful

differences in parenting stress. However, this study suggests that any model of parenting stress within homeless contexts must acknowledge that whilst a parent remains homeless, the parenting environment is still characterised by high levels of stress and uncertainty (Holtrop et al., 2015) and may not be conducive to traditional positive parenting techniques. Impacts on parental mental health reported in previous studies in the general population (Barlow et al., 2002), may not be as easily replicated in this context which should be considered in future adaptations.

6.4 Strengths and limitations

This is the first study of a parenting intervention in a temporary accommodation hostel in the UK and it offers a number of insights into the challenges facing this poorly researched population. Moreover the participants' demographic profile, with a high proportion of BME parents with English as a second language, is line with recent estimates of the temporary accommodation population (Shelter, 2015) increasing the generalisability of the findings.

Without a control group and a larger sample size, we cannot draw any firm conclusions regarding the causation of impacts in the study. However the in-depth interviews offer an insight into participant's perceptions of the impacts of participation in EPEC-TA. Due to the self-referral access route, the study could not assess the number of parents who were interested in the study but did not attend. However the hostel houses approximately 140 families, this suggests that approximately 10% of eligible parents attended. The study would benefit from the inclusion of a longer term follow up to assess the longevity of potential impacts, which is of particular relevance in a high-risk population considering the evidence of limited long-term efficacy in disadvantaged samples (Leijten et al., 2013).

6.5 Implications

The limitations of this study could be well addressed in larger cohort study using a randomised controlled trail design. It is of note that future research in this community should consider the high level of outreach work required and language and literacy barriers in this community, which may require researchers to verbally administer measures or seek language support in translating measures.

While this study provides preliminary evidence for the practical implementation, acceptability and impacts of a peer-led parenting intervention in temporary accommodation samples, it has also raised a number of issues. The prevalence of social service involvement with parents in the sample reinforces the need for peer facilitators to have high quality and consistent supervision. This requirement is imperative considering that some peer facilitators may live in the same hostel as parents in the EPEC-TA group.

Qualitative evidence suggests that homelessness can act to erode the parental role and lead to feelings of hopelessness and shame in families. This can discourage families from seeking social support from other homeless families due to the shame associated with homelessness and not wanting to further compound this shame by identifying with the homeless community. However, the social connections formed through the group based nature of the intervention, may ameliorate this and enable the parents to utilise other families as social support. This is of particular importance considering the lower levels of social support available in homelessness families due to having exhausted support networks attempting to avoid homelessness (Gultekin et al., 2014).

Careful consideration of recruitment strategies is required. The utilisation of community links within the hostels as well as local community centres, GPs and health visitor groups in addition to face to face outreach work by peer facilitators to answer parents' queries about the group may be required to increase uptake of the intervention. The challenges to

parenting described by parents suggests that some may require additional support and "catch up" sessions in order to successfully complete the intervention. For the families reporting more severe difficulties, longer term, individualised follow up may be required. This has been found to previously be helpful in disadvantaged communities (Reyno & McGrath, 2006)

Some areas of the course content were identified as less relevant temporary accommodation conditions, specifically disciplinary strategies. An important areas for future development of the EPEC-TA programme may be to develop the intervention using peer development principles to include parent generated strategies for managing temporary accommodation specific challenges in the intervention.

7. Conclusion

Addressing the parenting needs of families living in temporary accommodation presents an opportunity to improve the child outcomes in a high risk populations and despite the practical barriers of working in these contexts, it should be a priority for clinicians and researchers. The current findings suggest that a complex intervention to promote positive parenting, EPEC-TA, is feasible and acceptable to this population. It has the potential to improve child behavioural outcomes and parenting practices in temporary accommodation contexts. Further research should build on this evidence to determine its effectiveness in a randomised controlled trial.

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Appendix 1: Table of excluded papers

	Name	Type of study	Qualitative methodology?	Homeless parents?	Focus on parenting behaviour?	Reasons for exclusion
1	Benbow (2011)	Feminist, qualitative analysis of focus groups	Y	Y	N	Parents separated from children Focus is not parenting behaviour
2	Dashora, Slesnick & Erdem (2012)	Qualitative focus group research method	Y	Y	N	Focus on needs of substance abusing mothers
3	Dworsky & Meehan (2012)	Qualitative interview study	Y	Y	Y/?	Focus on pregnant adolescent mothers, not on actual parenting behaviour
4	Ferguson & Morley (2011)	Intervention- qualitative feedback	Y	Y	N	Intervention paper
5	Levin & Hefrich (2011)	Qualitative interviews	Y	Y	N	Focus on pregnancy not parenting behaviour
6	McArthur et al.,	Qualitative interviews	Y	Y	N	Focus not on parenting behaviour

	(2006)					
7	Schindler & Coley (2007)	Qualitative interviews	Y	Y	N	Focus not on parenting behaviour
8	Styron et al., (2000)	Qualitative interviews	Y	Y	N	Focus not on parenting behaviour
9	Tischler (2009)	Qualitative interviews	Y	Y	N	Focus not on parenting behaviour Observational/discussion paper
10	Tischler, Rademeyer & Vostanis (2007)	Qualitative interviews	Y	Y	N	Focus not on parenting behaviour
11	Williams & Merten (2015)	Qualitative interviews	Y	Y	N	Focus not on parenting behaviour
12	Lindsey (1996)	Qualitative interviews	Y	Y	Y	Data on parenting behaviour but not analysed in respect to this. Data-set is more suitability analysed in Lindsey (1998) which is included.

13	Banyard (1995)	Qualitative interviews	Y	Y	N	Focus not on parenting behaviour
14	Banyard & Graham-Bermann (1995)	Qualitative interviews	Y	Y	N	Focus not on parenting behaviour

Appendix 2: Tabular presentation of CASP quality appraisal.

*"Y" indicates criteria was met, "N" indicates criteria was not met, "?" indicates it is unclear if the criteria w*as met

	Averitt (2003)	Baumann (1993)	Cosgrove & Flynn (2005)	Gultekin, Brush, Baiardi &	VanMaldeghem (2014)	Hodnicki & Horner (1993)	Holtrop, McNeil & McWey	(2015)	Kissman (1999)	Lindsey (1998)	Mayberry, Shinn, Gibbons-	Benton & Wise (2014)	Menke & Wagner (1997)	Schultz-Krohn (2004)	Swick & Williams (2010)	Thrasher & Mowbray (1995)
Clear statement of the aims	Y	Y	Y	Y		Y	Y		?	Y	Y		Y	Y	Y	Y
Qualitative methodology appropriate?	Y	Y	Y	Y		Y	Y		Y	Y	Y		Y	Y	Y	Y

Research design appropriate?	Y	Y	Y	Y	?	Y	?	Y	?	Y	Y	Y	Y
Recruitment strategy appropriate?	Y	Y	Y	Y	?	Y	?	Y	?	Y	Y	Y	Y
Data collection appropriate?	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	?	Y
Relationship between researcher and participants considered?	?	Y	Y	?	N	Y	N	?	N	Y	Y	N	N

	Y	?	Y	Y	Y	Y	N	Y	?	Y	Y	?	?
Ethical consideration													
Data analysis sufficiently rigorous?	Y	?	Y	Y	?	Y	N	Y	Y	Y	Y	?	?
Clear statement of findings?	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	?	Y
Valuable?	Y	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	Y	Y

Appendix 3: Interview guide

Response to outreach/research participation

- How did you first hear about the Being a Parent course?
- What was your first reaction to hearing about it?
- What made you want to attend the Being a Parent course?
- Did you have any worries about taking part in the course?

Content/process issues

- What were your first impressions of the course?
- How did you find working with the peer facilitators?
    - Was there anything you really liked or disliked about how the peer facilitators worked?
- How did you find working in a group with other parents?
  PROBE: What was helpful/unhelpful about this/can you tell me more
- What did you think about the course workbooks/materials?
- What did you think about the topics that were covered in the group?
  [**PROBE:** How relevant was the course to your experience of being a parent in temp accommodation? Can you tell me a bit more about the main challenges of being a parent in temp accomm, as you see them? What else, if anything, could the course have included in order to help with these challenges?
- Was it ever difficult to attend the sessions?
  PROBE: What things made it difficult to attend?

Impact

Do you think the course was helpful?

- In what ways was it helpful / unhelpful?

Adverse events / Negative outcomes

- Did anything happen in the sessions which you did not like?
    - **PROBES:** If yes, can you tell me about that?
    - Did this affect you? … your relationship with the facilitators/other parents? How?
    - Do you think what happened had any effect on you and your child(ren)?
    - How do you feel about what happened now?

Other parenting support

- What has been your experience of previous parenting groups or other types of parenting support?
  If yes; what did you liked/disliked about other parent support groups. Reasons you did not continue with said groups?

- How do you think the Being a Parent course compares with previous/current support?

Overall Assessment

- Thinking about the course as a whole, how would you describe it in terms of its helpfulness to you, your family and your child?

- Do you think it is the sort of thing which ought to be more widely available to parents?

- **PROBE:** Do you think it might work well for some, not for others. Why?

- What are the most important things that we could change about the course, to make it work better for parents in the future?

Appendix 4: Coding frame

CODE FAMILY	CODE NAME	OPERATIONALIZATION
Acceptability	Working with other parents (Acpt- working with parents)	Parent discusses their attitudes towards working with other parents in the group.
Acceptability	Parenting support (Acpt- parenting support)	Parent discusses attitudes towards attending a formal parenting support intervention.
Acceptability	Peer facilitators- personal qualities (Acpt- PF- personal qual)	Parent discusses how peer facilitator qualities made the intervention acceptable.
Acceptability	Peer facilitators- peer identification (Acpt- PF- peer id)	Parent discusses identifying with peer facilitator as a parent.
Acceptability	Importance of peer facilitator temporary accommodation experience	Parent discusses peer facilitator's experience of temporary accommodation.

	(Acpt- PF- TA exp)	
Acceptability	Peer facilitators- actions (Acpt- PF- actions)	Parent discusses specifically what peer facilitators did to make group more acceptable
Acceptability	Course atmosphere (Acpt- course atmos)	Parent discusses role of course atmosphere, including snacks and creche
Acceptability	Confidentiality/privacy (Acpt- confidentiality)	Parent discusses issues with confidentiality and the group
Acceptability	Group differences (Acpt- group differences)	Parent discusses role of inter-group differences
Acceptability	Acknowledgement/validation (Acpt- acknowledgement)	Parent discusses impact of acknowledgement of difficulties
Acceptability	Safe space (Acpt- safe space)	Parent discusses group as a safe space where they are able to share or be open
Acceptability	Enjoyment (Acpt- Enjoyment)	Parent discusses enjoying group

Relevance	Motivation- Child behavioural difficulties (Rel- motivation child)	Parent discusses pre-existing child difficulties as a motivation for attending course
Relevance	Motivation- Parental factors (Rel- motivation parent)	Parent discusses personal reasons for attending course i.e. self-esteem, confidence, boredom
Relevance	Motivation- Personal development (Rel- motivation pers dev)	Parent discusses desire to develop personal skills or gain qualification as a motivation for attending the course
Relevance	Challenges of TA- space (Rel- TA space)	Parent discusses lack of space in TA
Relevance	Challenges of TA- emotional impact (Rel- TA emo impact)	Parent discusses emotional impact of TA on self including parenting stress
Relevance	Challenges of TA- parental	Parent discusses threats to parental role, including both actual

	role (Rel- TA parental role)	threat (social services) and perceived threat (views self as failure)
Relevance	Challenges of TA- impact on parenting behaviour (Rel- TA parenting behaviour)	Parent discusses impact of TA on parenting behaviour
Relevance	Challenges of TA- impact of stigma (Rel- TA stigma)	Parent discusses impact of stigma of TA
Relevance	Challenges of TA- Uncertainty (Rel- TA- Uncertainty)	Parent discusses how temporary accommodation leads to increased uncertainty
Relevance	Challenges of TA- negative impact on child (Rel- TA- negative impact on	Parent indicates how living in temporary accommodation negatively affects child/children

	child)	
Relevance	Challenges of TA- impact on child safety (Rel- TA- child safety)	Parent describes how temporary accommodation can endanger child, i.e. physical threat
Relevance	Peer facilitators as a useful resource (Rel- PF as resource)	Parent identifies PF as a useful resource
Relevance	Helpful resources (Rel- Helpful resource)	Parent mentions how course resources were helpful
Relevance	Irrelevant/unhelpful course content (Rel- unhelpful content)	Parent discusses unhelpful course content
Relevance	Irrelevant/unhelpful group experience (Rel- unhelpful group exp)	Parent discusses unhelpful or irrelevant group experiences

Relevance	Irrelevant/unhelpful peer facilitator input (Rel- unhelpful PF input)	Parent discusses unhelpful or irrelevant PF input
Relevance	Wider need for course (Rel- wider need)	Parent discusses wider need for the course, e.g. needed in temporary accommodation
Impacts	Changes in child behaviour (Imp- Child beh)	Mentions a change in child behaviour as a result of the course
Impacts	Changes in parenting behaviour (Imp- Parenting beh)	Mentions changes in their own parenting behaviour as a result of the course
Impacts	Changes in parental factors (Imp- Parent factors)	Mentions a change in parent relevant factors due to the course including; mood, confidence, self esteem
Impacts	Changes in family/partner relationships	Mentions changes in family or on partner as a result of participation in the course, include sharing information and

	(Imp- Family/partner)	techniques from the course
Impacts	Empowerment (Imp- Empowerment)	Mentions feeling empowered/confident either as a parent or as a person as a result of the course
Impacts	Future plans/new opportunities due to course (Imp- future plans)	Mentions future plans for personal/job development as a result of the course
Impacts	Community impacts/social support in hostel (Imp- Community)	Mentions making social connections and community links either within the hostel or outside of the hostel due to the course
Impacts	Increase in local knowledge (Imp- Local knowledge)	Mentions increases in local knowledge or services as a result of the course
Impacts	Desire to become peer facilitator (Imp- PF)	Mentions wanting to achieve accreditation or to become peer facilitator
Impacts	Language improvements	Mentions benefits to language skills as a result of the course

	(Imp- Language)	
Impacts	Changes to self-blame (Imp- self-blame)	Mentions how previously blamed self/thought they were alone but not now
Impacts	Changes to positive parenting knowledge (Imp- increase in knowledge)	Mentions increase in parenting knowledge
Impacts	Parental self-care (Imp- parental self-care)	Mentions prioritising self-care or time for themselves
Impacts	Developed homeless specific parenting strategies (Imp- developed homeless strat)	Mentions development/learning strategies specifically for parenting in TA.
Impacts	New ideas (Imp- New ideas)	Mentions how attending course meant parent generated new ideas for parenting.

Adaptations/barriers	Changes to materials (Adp- Materials)	Mentions need to change materials
Adaptations/barriers	Changes to course content (Adp- Content)	Mentions need to change course content
Adaptations/barriers	Changes to location/time (Adp- location/time)	Mentions changes to location or time of the group
Adaptations/barriers	Changes to relationships with services (Adp- services)	Mentions group's relationships with services
Adaptations/barriers	Change to make suitable for temporary accommodation contexts (Adp- for TA)	Mentions adaptations required to make suitable for temporary accommodation contexts, e.g. disciplinary strategies
Adaptations/barriers	Changes to recruitment (Adp- recruitment)	Mentions suggestion for changes in recruitment strategy

Adaptations/barriers	No changes (Adp- No changes)	Mentions “no changes needed” to course
Adaptations/barriers	Language barrier (Bar- Language)	Mentions language as a barrier to participation
Adaptations/barriers	Literacy barrier (Bar- literacy)	Mentions literacy/educational level as a barrier to participation
Adaptations/barriers	High level of service input/appointments (Bar- appointments)	Mentions high number of appointments to attend or service pressure as a barrier to participation
Adaptations/barriers	Fear of judgement (Bar- Judgement)	Mentions worries about judgement as a barrier to participation
Adaptations/barriers	Daily hassles/exhaustion (Bar- daily hassles)	Mentions tiredness, busy family life or daily hassles as a barrier to participation
Adaptations/barriers	Illness- physical or mental (Bar- Health)	Mentions physical ill health or mental health issues as a barrier to participation

Adaptations/barriers	Caring responsibilities (Bar- Caring)	Mentions caring responsibilities as a barrier to participation
Adaptation/barriers	Other educational opportunity/job (Bar- other educational op)	Mentions clashes with work/courses
Homeless specific context	Parent provides explanation for child behaviour- homeless (HSC- Parent model homeless)	Parent provides explanatory model for child's emotional or behavioural difficulties which is related to temporary accommodation or homelessness
Homeless specific context	Parent provides alternative explanatory model (HSC- Parent model alt)	Parent provides explanatory model for child's emotional or behavioural difficulties which is not related to temporary accommodation or homelessness
Homeless specific context	Feelings of difference (HSC- Difference)	Parent describes feeling different to others due to temporary accommodation status

Homeless specific context	Super-parent (HSC- superparent)	Parent describes how temporary accommodation context requires them to parent better/be a more competent parent
Homeless specific context	Relationships with services (HSC- relationships with services)	Parent describes relationship with statutory services
Homeless specific context	Pre-existing social support (HSC- social support)	Parent describes current or lack of social support, i.e. friends, family
Homeless specific context	Metaphors of entrapment (HSC- metaphor)	Parent describes temporary accommodation using a metaphor of entrapment, i.e. cage, prison, like animals
Homeless specific context	Public parenting (HSC- Public parenting)	Parent describes having to parent in public, i.e. parenting is watched and observed by others
Other	Positive valence (Other- positive valence)	Mentions something in a positive way
Other	Negative valence	Mentions something in a negative way

	(Other- negative valence)	

Appendix 5: Extracts from Research Diary

December 2013

Current areas of interest for study:

- Evaluating MBT workshop for service users with PD
- Measure of pain/CP in refugees??- Speak to Amanda Williams
- Fidelity measures in PMT intervention based in CAMHS.

Contacted Dr Daniel Michelson, discussed PMT intervention. DM mentioned possibility of parenting intervention trail in temporary accommodation hostel in North London. Discuss with Dr Jerry Burgess, raised issues of community work and he recommends a book about group therapy by Yalom.

May 2014

I meet with the EPEC steering committee and we plan the first coffee morning for May and begin to contact parents for the first group. The limit on the number of parents in the "recruitment group" should ideally be 12 and parents from outside the hostel are welcome. I become aware of how important the supervision of the facilitators will be after visiting the hostel for the first time.

I am really struck by how small the rooms are and that shelter staff keep the play room locked. They seem cagey about letting parents have the keys to the room, but are willing to give them to me with little hesitation. Many of the young parents in the hostel are the same age or younger than me, I see them struggling with prams in small rooms and corridors and feel frustrated when thinking about the housing crisis in London. It seems so unfair that there are huge houses in the surrounding streets which are empty, and here so many people have such little space.

June 2014

Had research proposal meeting- unfortunately did not go as well as I hoped it would. Reviewers were initially worried about my project but after discussion and clarification, mostly about the nature of homelessness/temporary housing in Britain today these concerns were changed to minor corrections and a desire for me to rewrite the proposal so it is clearer. They raised issues including:

1) Changing feasibility to practical effectiveness: reviewers felt I was "fishing" here as opposed to clearly defining feasibility. However I feel that feasibility for participants to access the programme is a better description than practical effectiveness.

2) Reviewers wanted fewer measures as they did not think these were useful for feasibility testing. However I do think they should stay in as other feasibility studies I have seen include very limited exploration of impact using outcome measures and I feel that the study is less comprehensive without them.

After this meeting, I feel more aware of the alarm that working in this population can cause with professionals. I begin to realise that the image of homelessness in this country is very much that of a rough sleeper and that the "hidden homelessness" of temporary accommodation is not something salient to most clinicians.

November 2014

Ethics approval granted.

January-May 2015

The groups have started. We are running them at the hostel and I'm beginning to think about the realities of managing parenthood during the chaos and constraints of temporary accommodation. I get talking to some of the parents during the coffee break of the group, I am struck by how varied their backgrounds are. It seems like many of them never thought they would end up in "a place like this". They talk about the difficulties of being a parent in temporary accommodation, especially during winter when it gets dark earlier and it's too cold to be outside. They begin to swap tips for ways to fill the time sitting in their rooms after the

children go to sleep, one woman offers to lend another woman her headphones so she can listen to music after her little one falls asleep. I am struck by how inventive the parents are and wonder why the literature I have read feels so medical and negative. I wonder if there is a way for these parents to implement the strategies of the group into their lives in temporary accommodation.

August 2015

I find out that we have just got funding for a third group and feel excited but also worried. I am concerned that:

- I won't have time to collect the data
- I won't be able to follow up the interviews, many participants DNA and I am having to rearrange most at least 3 or 4 times. I am aware that I want to get things done as soon as possible.
- I am also conscious that the current numbers are a bit lower than I had hoped.

I take this to supervision with DM and we decide to collect the measures from the third group and that by getting some of the interviews transcribed I should have the time to finish the data collection time.

December 2015

I have finished data collection. I have interviewed as many parents as possible and am struck by the different responses they have to qualitative and quantitative data collection. I think about how many of these parents have to fill out so many forms from GPs, health visitors, community services and wonder if the idiosyncratic measures feel more relevant than the standardised measures.

I am excited to take the initial results to the DCP conference, but also nervous. I am aware the project is not yet finished, but I feel that its findings are important and that I should try to "spread the news" as widely as possible. After meeting with the peer facilitators, I wish I

could bring one of them with me to discuss the study- their descriptions of the process of peer facilitation are so rich and engaging.

The presentation goes well- a few tricky questions but there was an appreciation that this was a new area and a challenging population to engage. I find myself thinking about the differences between myself as a "clinician" in a systemic team and as a "researcher" in the EPEC group. I am also aware of how this project is shaping my political views and thoughts on who I would like to become as a psychologist.

January 2016

My section A is finally looking more like a review. I'm aware of how much it corresponds to the experiences I have heard about from the parents in my study. I am quite consciously leaving time in between working on it and coding my interviews.

Appendix 6: Participant consent form

Please read the following carefully and write your initials in the boxes to the left if you agree.

☐ 1. I confirm that I have read the information sheet for the study and I have had the opportunity to ask questions.

☐ 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. Withdrawal from the research will not affect any services that I am receiving. The normal complaint procedures at the Anna Freud Centre will be available to me, if necessary.

☐ 3. I consent to the processing of personal information about myself and my child for the purposes explained to me. I understand that such information will be handled in accordance with the terms of the Data Protection Act 1998 which states that when data is collected for one reason, it cannot be used for a different one. I have the right to look at the data I provide. The data cannot be kept for longer than is needed and must be stored in a secure and well protected may. My data cannot be given to other people or organisations.

☐ 4. I agree to take part in the above study.

☐ 5. I understand that I will complete questionnaires and will be invited at a later time to take part in an interview.

☐ 6. I understand that the interview will be audio recorded.

☐ 7. I agree to take part in the above study, even if I leave the EPEC programme.

☐ 8. I agree to the publication of my anonymised quotes.

☐ 9. I would like to receive a copy of the results of the research.

Participant's statement: I agree that the research has been explained to me and I would like to take part. I have read the notes written above and the Information Sheet about the project, and understand what the research study involves.

Participant's name:_____

Signed:_____ Date:_____

Researcher's statement: I confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the volunteer.

Researcher's name:_____

Signed:_____ Date:_____

(1 copy for participant; 1 copy to be retained by researcher)

Appendix 7: Participant information sheet

Canterbury Christ Church University

South London and Maudsley NHS
NHS Foundation Trust

Salomons Centre for Applied Psychology

Participant Information Sheet

We would like to invite you to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

Thank you for reading this.

What is the purpose of the study?
This research is looking at how the "Empowering Parents, Empowering Communities" parenting project (or EPEC for short) works for parents in temporary accommodation. In previous research, EPEC "Being a Parent" groups were found to help mums and dads to learn positive parenting skills. Taking part in EPEC also helped to reduce child behaviour problems. This is the first time that EPEC parenting groups have been run for parents living in temporary accommodation. We would like to understand more about what it is like to attend the groups and what effects they have.

What will happen if I decide to take part?
We will invite you to answer some pen-and-paper questions at the beginning and end of the EPEC parenting programme (8 weeks later). The questions will ask about being a parent and any difficulties you may be having with your children's behaviour. Altogether, these questions will take around 30 minutes. A researcher will be available if you need any help filling out the questionnaires.

At the end of the programme, we would also like to do a face-to-face interview. The questions will be about your experiences of EPEC and parenting in temporary accommodation.

If you are happy to be interviewed, a researcher will contact you at the end of the EPEC programme. They will invite you to meet at a convenient time and place. The interview will last around 30-40 minutes and will be audio recorded. A £10 voucher (that can be used in a variety of shops) will be provided to reimburse your time.

Why have I been asked to take part?
All parents who take part in EPEC during the first part of 2015 will be invited to take part. This is the first time we have run EPEC groups specifically for parents in temporary accommodation and we would like to understand if the programme was helpful.

Do I have to take part?
It is up to you whether or not to take part in this study. If you decide to take part, you will be given this information sheet to keep and asked to sign a form giving us your permission to be in the study. You can still change your mind at any time and leave the study without giving a reason. Your decision about whether or not to take part in the study will not affect your place in the Being a Parent group. The research involves additional activities (filling out questionnaires and having an interview) that are separate from the Being a Parent group activities.

What will happen with the information that I provide?

All information that is collected about you and your experiences during the research will be kept strictly confidential. No one will have access to recorded discussions or questionnaires except for members of the research team. Recorded discussions will be transcribed and made anonymous before they are analysed. With your permission, anonymous quotations may also be used in the study report.

Information will only be shared with other professionals under exceptional circumstances. For example, when there appears to be risk of harm to yourself or others. Wherever possible we will discuss this with you first.

The information that you provide will be stored on a computer after a researcher has removed your name and other personal details. When not in use, questionnaires and computer files will be stored securely according to the Data Protection Act.

What happens at the end of the research?

The results of the research will be written up in a report and published in a journal read by health professionals and researchers. We would expect a report to be published by the end of 2016. In addition, a summary of the results will be made available to all participants. None of your personal details will be mentioned in any publications or reports resulting from this research.

What are the possible benefits of taking part?

Although taking part in this study may have no direct benefit to you, your participation may help us understand how the EPEC programme can help parents in temporary accommodation and this could help other parents indirectly. If we can better understand what would be relevant and helpful to parents like yourselves, we can make our services more accessible and helpful for other individuals and communities.

What if something goes wrong?

If for any reason you are not pleased about how you have been approached or treated during this study, you can make a complaint to Professor Paul Camic (Research Director at the Salomons Centre for Applied Psychology, Canterbury Christ Church University). He can be contacted by email at paul.camic@canterbury.ac.uk or by phone on 03330117114.

Who has reviewed this project?

All proposals for research are reviewed by an ethics committee before they can proceed. This project has been reviewed and approved by the Canterbury Christ Church Research Ethics Committee.

Who do I contact for further information?

Please contact Caroline Bradley (Trainee Clinical Psychologist) at Canterbury Christ Church University if you would like any further information about the research. If you would like to speak to Caroline, you can leave a message for her on a 24-hour voicemail phone line at 0333 011 7070. Please say that the message is for Caroline Bradley and leave a contact number so that she can get back to you. Otherwise, she can be contacted by email at c.e.bradley702@canterbury.ac.uk.

If you have no further questions and are happy to take part, please turn to the consent form on the next page.

Appendix 8: Copy of ethical approval

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Appendix 9: Coded interview transcript

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Appendix 10: Tables and figures for qualitative theme development

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Appendix 11: Eyberg Child Behaviour Inventory

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Appendix 12: Concerns about my Child

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Appendix 13: The Parenting Scale

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Appendix 14: Parenting Stress Scale

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Appendix 15: Medical Outcomes Study: Social Support Questionnaire

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Appendix 16: Warwick-Edinburgh Mental Wellbeing Scale

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Appendix 17: Training Acceptability Rating Scale

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Appendix 18: Child and Adolescent Mental Health Journal- Author Guidelines

Child and Adolescent Mental Health

Edited by: Crispin Day, Jane Barlow, Kapil Sayal, Leslie Leve and Paul Harnett

Impact Factor: 1.441

ISI Journal Citation Reports © Ranking: 2014: 64/120 (Pediatrics); 73/119 (Psychology Clinical); 75/133 (Psychiatry (Social Science)); 94/140 (Psychiatry)

Online ISSN: 1475-3588

Associated Title(s): Journal of Child Psychology and Psychiatry

Author Guidelines

Why submit to Child and Adolescent Mental Health?

An international journal with a growing reputation for publishing work of clinical relevance to multidisciplinary practitioners in child and adolescent mental health

Ranked in ISI: 2014: 73/119 (Psychology Clinical); 93/140 (Psychiatry (Social Science)); 63/119 (Pediatrics); 75/133 (Psychiatry) 4000+ institutions with access to current content, and a further 5000+ plus institutions in the developing world

High international readership - accessed by institutions globally, including North America (36%), Europe (41%) and Asia-Pacific (15%).

Excellent service provided by editorial and production offices.

Opportunities to communicate your research directly to practitioners.

Every manuscript is assigned to one of the Joint Editors as decision-making editor; rejection rate is around 84%.

Acceptance to Early View publication averages 45 days.

Simple and efficient online submission – visit http://mc.manuscriptcentral.com/camh_journal.

Early View – articles appear online before the paper version is published. Click here to see the articles currently available.

Authors receive access to their article once published as well as a 25% discount on virtually all Wiley books.

All articles published in CAMH are eligible for Panel A: Psychology, Psychiatry and Neuroscience in the Research Excellence Framework (REF).

1. Contributions from any discipline that further clinical knowledge of the mental life and behaviour of children are welcomed. Papers need to clearly draw out the clinical implications for mental health practitioners. Papers are published in English. As an international journal, submissions are welcomed from any country. Contributions should be of a standard that merits presentation before an international readership. Papers may assume any of the following forms: Original Articles; Review Articles; Measurement Issues; Innovations in Practice. Original Articles: These papers should consist of original research findings. Review Articles: These papers are usually commissioned; they should survey an important area of interest within the general field. Measurement Issues: These are commissioned review papers that aim to evaluate evidence-based measurement issues in child mental health disorders and services. Innovations in Practice: Submission to this section should conform to the specific guidelines, given in full below.
2. Submission of a paper to Child and Adolescent Mental Health will be held to imply that it represents an original article, not previously published; that it is not being considered for publication elsewhere; and that if accepted for publication it will not be published elsewhere without the consent of the Editors.
3. Manuscripts should be submitted online. For detailed instructions please go to: http://mc.manuscriptcentral.com/camh_journal and check for existing account if you have submitted to or reviewed for the journal before, or have forgotten your details. If

you are new to the journal create a new account. Help with submitting online can be obtained from Piers Allen at ACAMH (e-mail Piers.Allen@acamh.org.uk)

4. Authors' professional and ethical responsibilities

Disclosure of interest form

All authors will be asked to download and sign a full Disclosure of Interests form and acknowledge this and sources of funding in the manuscript.

Ethics

Authors are reminded that the Journal adheres to the ethics of scientific publication as detailed in the Ethical principles of psychologists and code of conduct (American Psychological Association, 2010). These principles also imply that the piecemeal, or fragmented publication of small amounts of data from the same study is not acceptable. The Journal also generally conforms to the Uniform Requirements for Manuscripts of the International Committee of Medical Journal Editors (ICJME) and is also a member and subscribes to the principles of the Committee on Publication Ethics (COPE).

Informed consent and ethics approval

Authors must ensure that all research meets these ethical guidelines and affirm that the research has received permission from a stated Research Ethics Committee (REC) or Institutional Review Board (IRB), including adherence to the legal requirements of the study county. Within the Methods section, authors should indicate that 'informed consent' has been appropriately obtained and state the name of the REC, IRB or other body that provided ethical approval. When submitting a manuscript, the manuscript page number where these statements appear should be given.

Note to NIH Grantees

Recommended guidelines and standards

The Journal requires authors to conform to CONSORT 2010 (see CONSORT Statement) in relation to the reporting of randomised controlled clinical trials; also recommended is the Extensions of the CONSORT Statement with regard to cluster randomised controlled trials). In particular, authors must include in their paper a flow chart illustrating the progress of subjects through the trial (CONSORT diagram) and the CONSORT checklist. The flow diagram should appear in the main paper, the checklist in the online Appendix. Trial registry name, registration identification number, and the URL for the registry should also be included at the end of the methods section of the Abstract and again in the Methods section of the main text, and in the online manuscript submission. Trials should be registered in one of the ICJME-recognised trial registries: Australian New Zealand Clinical Trials Registry

Clinical Trials

Nederlands Trial Register

The ISRCTN Register

UMIN Clinical Trials Registry

Manuscripts reporting systematic reviews or meta-analyses should conform to the PRISMA Statement.

The Equator Network is recommended as a resource on the above and other reporting guidelines for which the editors will expect studies of all methodologies to follow. Of particular note are the guidelines on qualitative work http://www.equator-

network.org/reporting-guidelines/evolving-guidelines-for-publication-of-qualitative-research-studies-in-psychology-and-related-fields and on quasi-experimental http://www.equator-network.org/reporting-guidelines/the-quality-of-mixed-methods-studies-in-health-services-research and mixed method designs http://www.equator-network-or/reporting-guidelines/guidelines-for-conducting-and-reporting-mixed-research-in-the-field-of-counseling-and-beyond

CrossCheck

An initiative started by CrossRef to help its members actively engag in efforts to prevent scholarly and professional plagiarism. The journal to which you are submitting your manuscript employes a plagiarism detection system. By submitting your manuscripts to this journal you accept that your manuscript may be screened for plagiarism against previously published works.

5. Manuscripts should be double spaced and conform to the house style of CAMH. The first page of the manuscript should give the title, name(s) and address(es) of author(s), and an abbreviated title (running head) of up to 80 characters. Specify the author to whom correspondence should be addressed and provide their full mailing and email address.

   Summary: Authors should include a structured Abstract not exceeding 250 words under the sub-headings: Background; Method; Results; Conclusions.

   Keywords: Please provide 4-6 keywords (use MeSH Browser for suggestions).

   Key Practitioner Message: (in the form of 3-6 bullet points) should be given below the Abstract, highlighting what's known, what's new and the direct relevance of the reported work to clinical practice in child and adolescent mental health.

   6. Papers submitted should be concise and written in English in a readily understandable style, avoiding sexist and racist language. Original Articles should not

exceed 5,500 words, including References and Tables. Occasionally, longer articles may be accepted after negotiation with the Editors. Authors should include a word count of their paper.

7. Authors who do not have English as a first language may choose to have their manuscript professionally edited prior to submission; a list of independent suppliers of editing services can be found at http://authorservices.wiley.com/bauthor/english_language.asp. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

8. Headings: Original articles should be set out in the conventional format: Methods, Results, Discussion and Conclusion. Descriptions of techniques and methods should only be given in detail when they are unfamiliar. There should be no more than three (clearly marked) levels of subheadings used in the text.

9. All manuscripts should have an Acknowledgement section at the end of the main text, before the References. This should include statements on the following:

Study funding: Please provide information on any external or grant funding of the work (or for any of the authors); where there is no external funding, please state this explicitly.

Conflicts of interest: Please disclose any conflicts of interest of potential relevance to the work reported for each of the authors. If no conflicts of interest exist, please include an explicit declaration of the form: "The author(s) have declared that they have no competing or potential conflicts of interest".

Contributorships: Please state any elements of authorship for which particular authors are responsible, where contributionships differ between the author group. (All authors must share responsibility for the final version of the work submitted and published; if the study includes original data, at least one author must confirm that he or she had full access to all the data in

the study, and takes responsibility for the integrity of the data and the accuracy of the data analysis). Contributions from others outside the author group should also be acknowledged (e.g. study assistance or statistical advice) and collaborators and study participants may also be thanked.

10. For referencing, CAMH follows a slightly adapted version of APA Style http:www.apastyle.org/. References in running text should be quoted showing author(s) and date. For up to three authors, all surnames should be given on first citation; for subsequent citations or where there are more than three authors, 'et al.' should be used. A full reference list should be given at the end of the article, in alphabetical order.

References to journal articles should include the authors' surnames and initials, the year of publication, the full title of the paper, the full name of the journal, the volume number, and inclusive page numbers. Titles of journals must not be abbreviated. References to chapters in books should include authors' surnames and initials, year of publication, full chapter title, editors' initials and surnames, full book title, page numbers, place of publication and publisher.

11. Tables: These should be kept to a minimum and not duplicate what is in the text; they should be clearly set out and numbered and should appear at the end of the main text, with their intended position clearly indicated in the manuscript.

12. Figures: Any figures, charts or diagrams should be originated in a drawing package and saved within the Word file or as an EPS or TIFF file. See http://authorservices.wiley.com/bauthor/illustration.asp for further guidelines on preparing and submitting artwork. Titles or captions should be clear and easy to read. These should appear at the end of the main text.

13. Footnotes should be avoided, but end notes may be used on a limited basis.

Review Articles

These papers are usually commissioned; they should survey an important area of interest within the general field of child and adolescent mental health disorders and services. Suggestions for topics and proposals (outline and/or draft abstract) may be sent to the CAMH Editorial Office camh@acamh.org

Measurement Issues

These are commissioned review papers that aim to evaluate evidence-based measurement issues in child mental health disorders and services: if you have a suggestion for a measurement-based overview article, please contact the CAMH Editorial Office camh@acamh.org with an outline proposal.

Manuscripts for Review Articles are Measurement Issues should follow the standard format for Original Articles but to a word limit agreed at the point of the proposal being agreed.

Innovations in Practice

Child and Adolescent Mental Health (CAMH) promotes evidence-based practice, intervention and service models. Innovations in practice, intervention and service provision may arise through careful and systematic planning, while others are responsive to need, evolution of existing services, or simply arise because of changing circumstances or technology. In this rapidly evolving field, the Editors of CAMH warmly welcome short Innovations in Practice papers which aim to allow authors to share with our wide international multidisciplinary readership knowledge and initial impact of new and interesting developments.

Manuscripts submitted as Innovations in Practice submissions should follow the standard format for Original Articles but be no more than 2500 words, including references and tables. They should briefly set out the aims and detail fo the innovation, including relevant mental health, service, social and cultural contextual factors; the evaluation methods used; relevant supporting evidence and data; and conclusions and implications. Submissions may describe

formal pilot and feasibility studies or present findings based on other evaluative methods. Contributions outlining important innovations with potential significant impact may be considered even in the absence of evaluative data. Close attention should be paid in all submissions to a critical analysis of the innovation.

Manuscript Processing

Peer Review Process: All material submitted to CAMH is only accepted for publication after being subjected to external scholarly peer review, following initial evaluation by one of the Editors. Both original and review-type articles will usually be single-blind reviewed by a minimum of two external referees and only accepted by the decision Editor after satisfactory revision. Any appeal of an editorial decision will first be considered by the initial decision Editor, in consultation with other Editors. Editorials and commissioned editorial opinion articles will usually be subject to internal review only, but this will be clarified in the published Acknowledgement section. Editorial practices and decision making will conform to COPE http://publicationethics.org/resources/guidelines and ICMJE http://icmje.org/ best practice.

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Appendix 19: End of study report for Salomons Ethics Panel

Dear Salomons Ethics Panel

I am writing to inform you of the end of the research study entitled "Empowering Parents, Empowering Communities: Temporary Accommodation': A feasibility study of a peer-led parenting intervention for parents living in temporary accommodation (reference number: V:\075\Ethics\2014). A brief summary of the study, including its finding and conclusions is detailed below.

Following your ethical approval and suggested adaptations, a mixed-methods feasibility study was undertaken to develop and test the feasibility of a peer-led parenting intervention for parents living in temporary accommodation. A structured, group-based intervention ('Empowering Parents, Empowering Communities- Temporary Accommodation') was delivered by peer facilitators to parents living in temporary accommodation who were seeking help with managing behavioural difficulties of a child (aged 2–11). We assessed feasibility in terms of attendance and completion rates. Parents were considered to have completed the intervention if they attended 6 or more sessions. We also assessed acceptability using a quantitative satisfaction measure and qualitative, semi-structured participant interviews. Potential impacts were assessed using parent-reported standardised measures of child behaviour, parenting behaviour, parental wellbeing, parenting stress and social support.

The intervention was delivered to 15 parents across three group cohorts. Twelve parents (80%) completed the group programme at first attempt and one parent completed on their second attempt after re-joining in a different cohort. Reductions in child behavioural difficulties and improved parenting knowledge and practices were reported on standardised measures and in the qualitative interviews. Improved parental outcomes were described in qualitative interviews including; feeling happier, refreshed in their approach to parenting, increased confidence, improved self-esteem and feelings of accomplishment. Parents also reported making positive social connections with other parents in the hostel. However, no change was indicated on the quantitative measures of parenting stress or social support.

Participants were highly satisfied with the intervention and endorsed the acceptability and relevance of the peer-led group format, hostel setting and programme content which had been tailored to the specific needs of parents in temporary accommodation. The study concluded that peer-led parenting groups are feasible and potentially effective for parents living in temporary accommodation and that these findings warrant further testing under controlled conditions.

Best wishes

Caroline Bradley

Appendix 20: End of study report for participants

Hello,

Thank you for taking part in our project and for attending the Being a Parent course. We ran the research project alongside the course to help us understand if it was possible to run parenting groups in temporary accommodation hostels and if this particular course was useful for parents living in temporary accommodation. Here is a short summary of the findings.

15 parents attended the group and 80% of parents finished the group.

The questionnaires and interviews showed that:

- Children's behaviour had improved after the group.
- Parents had gained new parenting knowledge and were using new strategies with their children.
- In the interviews parents described feeling happier, more confident and having improved self-esteem after taking part in the group. However, the questionnaires did not show any changes in how people were feeling day to day or stress.
- Parents enjoyed meeting other parents in the group and had made some friends in the group.
- Some parents thought they group had helped them to take up new opportunities such as becoming a peer facilitator and volunteering.

Parents suggested some changes to the group, but overall they enjoyed working with other parents and peer facilitators. They also thought that the parenting strategies from the course were useful with their own children.

Thank you again for taking the time to participate in the study, if you would like more information about the findings please let a member of the EPEC or Anna Freud Centre team know and I will send a longer report.

Best wishes

Caroline Bradley

Trainee Clinical Psychologist

Appendix 21: Dissemination strategy outline

'Empowering Parents, Empowering Communities: Temporary Accommodation': A feasibility study of a peer-led parenting intervention for parents living in temporary accommodation: Dissemination strategy

Academic dissemination:

- Present initial results at British Psychological Association- Division of Clinical Psychology Conference, 2015. Individual paper presentation. Wednesday 2nd December 2015.
- Academic papers:

  Literature review of homeless parenting.

  Feasibility study.

  Expanded qualitative study of homeless parenting in UK.

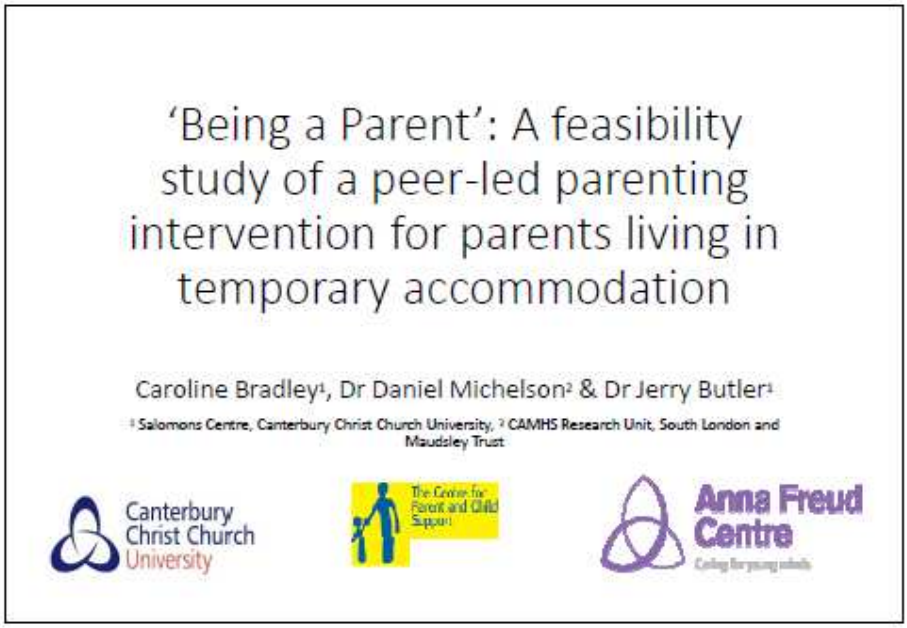
Feedback within research team:

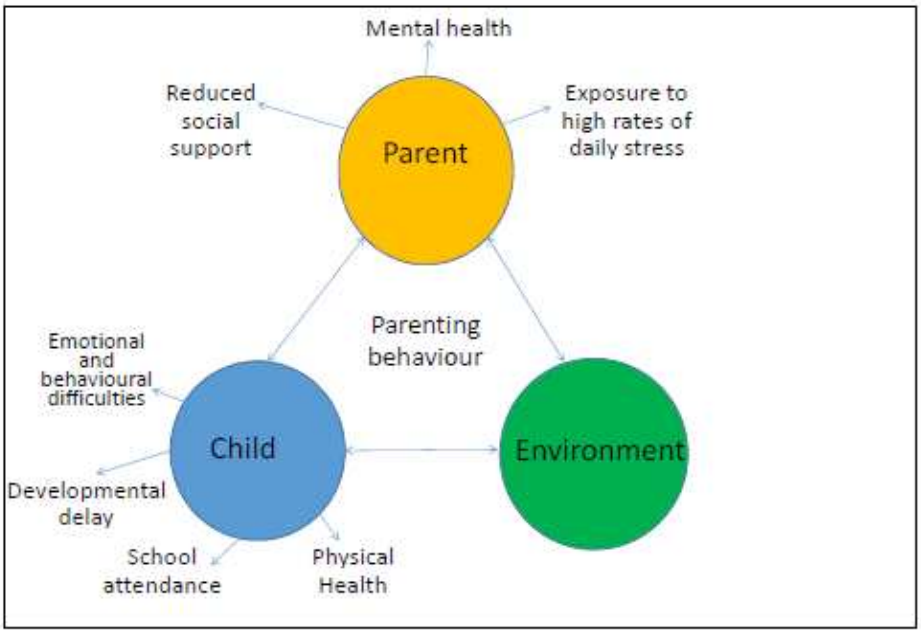
- Feedback results at steering group meeting May 2016.
- Feedback adaptations for project adaptation meeting May 2016.

Feedback to relevant stakeholders:

- Feedback to participants' alumni group March 2016.
- Project report for participants.
- Workshop at Anna Freud Centre, presented jointly with peer facilitators. Feedback to staff members working with families in temporary accommodation, 27th April 2016.
- Feedback to relevant funding bodies April 2016.

Appendix 22: Slides from BPS DCP Conference 2nd December 2015





Environmental influences

- Disconnects family routines
- Disruption and undermining of disciplinary strategies
- Environment unsuitable for children's developmental needs
- Increased rates of parent-child separation
- Cultural disconnects
- Social isolation
- Stigma of homeless parenting

Perlman, 2012

Empowering Parents, Empowering Communities

- Recruits, trains and supports local parents to run parenting groups in their communities
- The "peer facilitators" learn to use a manualised programme called *Being A Parent*
- Training is accredited by the Open College Network, equivalent to 18 NVQ credits
- After training, peer facilitators continue to receive supervision and further training from EPEC
- High user satisfaction and retention rates

EPEC programme

- Delivered using a structured manual
  - based on attachment, social learning, relational, and cognitive-behavioural principles and methods
- Sessions involve
  - sharing of information, group discussion, demonstration, role play, reflection and planning/review of homework tasks

EPEC programme

- *Session 1: being a parent*
  - "Good enough" versus "perfect" parent
  - Taking care of ourselves
- *Session 2: feelings, communication, and culture*
  - Remembering what it was like to be a child
  - Acknowledging, accepting, and expressing feelings
- *Session 3: play and listening*
  - Non-directive play ("special time")
  - Practising listening
- *Session 4: labels and praise*
  - Avoiding "labels" when describing behaviour
  - Using descriptive praise to change behaviour
- *Session 5: understanding children's behaviour*
  - Understanding children's behaviour in response to needs
  - Discipline
- *Session 6: setting boundaries*
  - Understanding boundaries
  - Rewards
  - Assertive versus aggressive behaviour
  - Time out, challenging, and saying no
- *Session 7: listening*
- *Session 8: review and coping with stress*

Empowering Parents, Empowering Communities

- 'Being a Parent'
  - Feasibility of delivery to homeless population?
  - Acceptability within homeless population?
  - Potential impacts on parenting behaviour?

Mixed methods observational design

Parents with children aged 2- 12

Demographic and attendance data

Pre and post quantitative measures

- Child behaviour outcomes
  - Eyberg Child Behaviour Inventory
  - Concerns about my child
- Parental wellbeing
  - Warwick Edinburgh Wellbeing Scale
- Parental stress
  - Parental Stress Scale
- Parenting behaviour
  - Arnold O'Leary Parenting Scale
- Social support
  - Social Support Scale

- Qualitative interviews to examine acceptability and relevance of the Being a Parent model

Outcomes

- Initial group facilitated by peer facilitators from "standard" model
- 3 parents recruited and trained as peer facilitators

Adaptations for the feasibility study:

- Extended to 20 hours over 10 weeks
- Run in temporary accommodation hostel
- Peer facilitators asked to pay particular attention to the temporary accommodation context

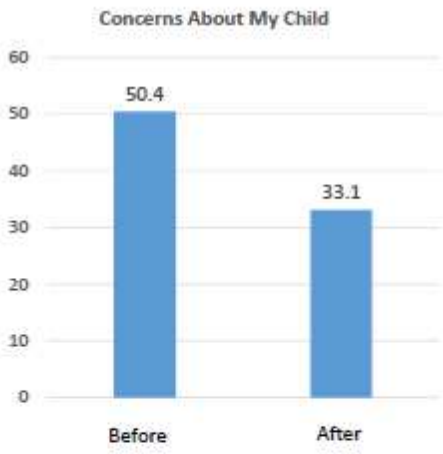
Demographics

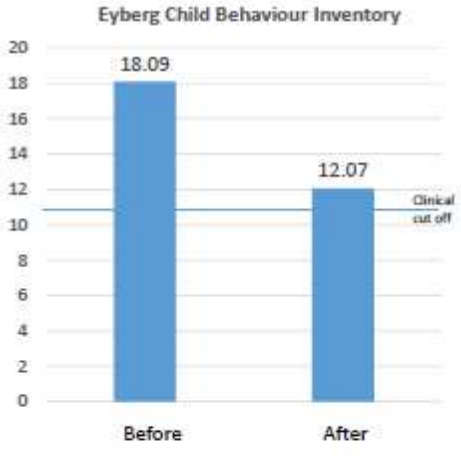
- 15 parents
- 93% Female
- Mean parental age = 30 years
- Mean age of index child= 3 years 3 months
- 13 Full time carers, 1 employed full time, 1 employed part time
- 80% BME backgrounds, 20% White British
- 40% had English as a first language

Attendance

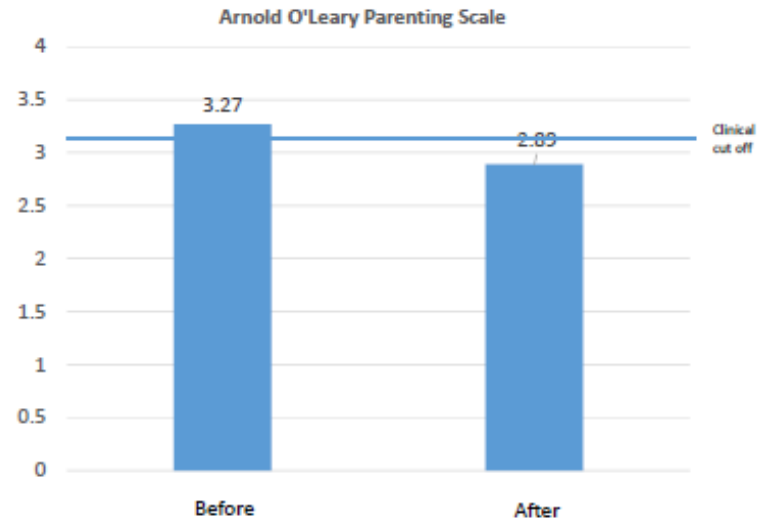
- 81.8% completion rate
- 3 participants completed over 2 courses due to personal and health reasons

Child outcomes





Parenting outcomes



Parent outcomes

Measure	Pre-intervention Mean (SD)	Post-intervention Mean (SD)
Warwick Edinburgh Wellbeing Scale	57.72 (12.08)	54.18 (9.94)
Social Support Scale	47.81 (9.64)	44.45 (12.01)
Parental Stress Scale	35.7 (7.95)	38.4 (9.21)

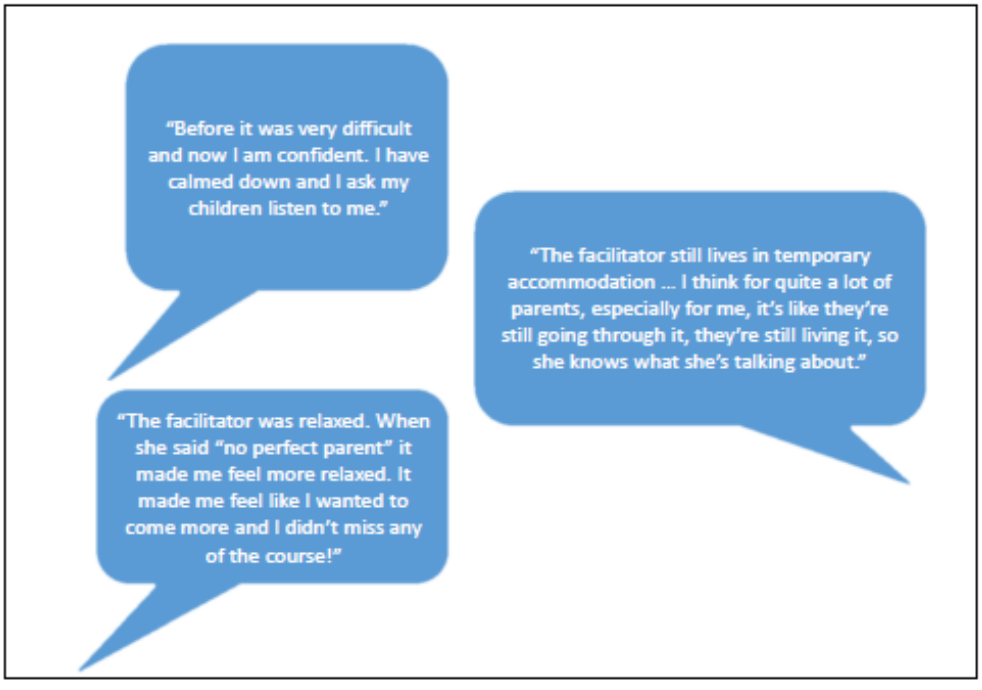
Acceptability

Has the programme	Quite a lot/a great deal
• Improved your understanding of parenting?	• **100%**
• Developed your positive parenting skills?	• **90.1%**
• Made you more confident as a parent?	• **90.1%**

Acceptability

Were the peer facilitators	Quite a lot or a great deal
• Competent?	• **100%**
• Able to relate to the group effectively?	• **100%**
• Motivating?	• **100%**
Satisfaction	
• With overall programme?	• **100%**

Video feedback



Considerations and challenges

- Outreach work required
- Privacy concerns within the hostel
- Barriers to access: relevance, literacy levels, language

- Parental strength and resilience
- Shared local knowledge
- Additional support for parents

Feasibility

- Attendance rates remained high
- High acceptability
- Positive parental feedback on relevance

Future directions

- Completion of third group
- Completed analysis of quantitative data and qualitative thematic analysis
- Qualitative interviews with peer facilitators
- Adaptation to model in line with findings and consultation with all key stakeholders

A special thank you to:

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