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# Abstract

How parents navigate the physical, social, and emotional geographies of parenting groups, particularly when considering safe and unsafe spaces, has been little studied. This paper examines how a parent’s perception of a parenting programme as a safe or unsafe landscape influenced whether they completed the programme or dropped out. Transcripts from interviews with 42 parents who had attended a parenting programme, primarily a recent Incredible Years (IY) group, were thematically analysed. We describe parents’ narratives in terms of four main themes: 1. The group as a safe space; 2. Composition of the group matters; 3. How a parent is referred matters; and, 4. The group as an unsafe space Parents’ perceptions of whether a group space felt safe and cohesive (or not) were key influences on whether the attended the group at all, whether they continued attending, and for those who did continue, whether they felt IY was beneficial. Examining how parents navigated a parenting group space has highlighted the importance of emotional safety and connections to the facilitator and other group members, and the role of good facilitation in fostering safety and connection for parents. Our findings also indicate the importance of exploring parents’ experience of a group throughout the programme and allowing them to leave a group that does not feel safe.

# Key words

Incredible Years, parenting programme, conduct disorder, group dynamics, emotional geography, safe space

# “It shows we felt safe because a few of us had tears”: Exploring how perceptions of the group space can influence experiences of parenting programmes

# Introduction

Group therapeutic work has long been used in mental and community health fields, and so understanding the dynamics of a cohesive group is important to ensure people are receiving effective support (Burlingame et al., 2018). Having a cohesive group dynamic is arguably especially relevant when group work is a core intervention as it is with parenting programmes. Worldwide, parenting programmes are one of the most commonly used initiatives when working with at-risk families and children (Alvarez et al., 2018). In general, parenting programmes:

focus on methods of instruction to strengthen the parent’s competencies in monitoring and disciplining their child’s behavior and promoting the child’s social and emotional competence… these programs at times can also attempt to train parents to use positive and nonviolent techniques to manage their children’s behaviour, or aim to foster a caring and responsive relationship between the parent and child through modelling and role playing. (Piquero et al. 2012, 232)

In the UK, parenting programmes are the nationally recommended intervention for parents whose child fulfils the diagnostic criteria for conduct disorder (NICE, 2013). Conduct disorder is defined as “a repetitive and persistent pattern of behaviour that violates the rights of others or in which major age-appropriate societal norms or rules are violated”, including potentially aggressive behaviour towards people and animals and being deceitful (Frick and Nigg, 2012, 18). Left untreated, conduct disorder is highly likely to negatively affect a child’s future in multiple ways, including their quality of life, educational attainment, employment, and may even lead to offending and incarceration (when aggression is directed towards others) (Sventivanyi and Balazs, 2018). Importantly, this is not a small population: between 5% and 10% of children and adolescents around the world are estimated to present with conduct problems (Moffitt and Scott, 2009).

However, while parenting programmes are considered to be evidence-based best practice (Gardner et al., 2019; Leijten et al., 2018), drop-out rates from these programmes have been a cause for concern (Koerting et al., 2013). While parents can refer themselves directly to a parenting programme, many are referred through GPs, schools, or mental health and social services (NICE, 2013). Previous research suggests that the way a parent is referred to a parenting programme can potentially negatively impact their perception of the intervention, but that this can be mitigated by a positive experience within the group itself (McKay et al., 2020). As a result, it is important to understand the ways in which a group space can be made to feel positive – and what positive means for parents of children with conduct disorder – in order to prevent drop-out from a programme that might otherwise be helpful.

In order to improve parents’ experiences of group-based interventions, like parenting programmes, it is important to examine the environments in which the programmes are being conducted, as well as the often entwined home and school environments in which the parents and children live. Research has also begun to explore “the shifting geographies of parenting, and how parents themselves perceive their own practices as parents in relation to these” (Jupp and Gallagher, 2013, 157). These geographies can include physical (where people tangibly are), social (who people are interacting with), and emotional spaces (how people are able to trust others when talking about their experiences) (see Dunkley, 2009). When part of a parenting group, parents are required to demonstrate their parenting within the space of the group, while trying to make sure this does not differ from how they would act in their own home. When referred to a parenting group, parents therefore navigate these two geographies while also engaging with facilitators and other parents (as well as who referred them) as they try to ensure a positive outcome for their families. Here as well, it needs to be acknowledged that a positive outcome may not look the same for each parent who attends a group.

## *Cohesion, boundaries, and safe spaces*

With the positive potential of parenting programmes dependent upon the completion of most sessions, understanding the reasons a parent stays in a parenting programme (or leaves it) becomes vital. There is a need to examine how different parents perceive the group itself: the facilitators, the other group members, and the space it’s held in.

Group dynamics, and whether a person feels their group is cohesive, can affect the relationships formed between individual group members, where the only similarity at first may simply be their attendance at the parenting programme. Kingsbury (2003) argues that the space in which therapy takes place matters as the patient needs to feel comfortable and safe. However, sharing one’s personal stories during individual therapy (private space) is a very different experience to doing so in a group (public space), especially when public spaces are often ‘purified’ of any experiences not considered socially acceptable (McGrath et al., 2008). As parents navigate sharing such personal stories, the group becomes a ‘holding space’ where they are able to reconceptualise their feelings for their child and better understand their own and their child’s behaviours (see Metcalfe and Game, 2008). The interconnection between these intangible feelings and tangible space can then be demonstrated in the ways parents build alliances (or not) with other parents, as they choose where to sit, or who to chat to before the group starts (Wilson, 2013). As Wilson (2013) argues, interactions within these “micro-spaces” can indicate how a parent fits into larger social spaces outside the school. The initial strangeness of first time encounters such as those a parent will experience in a group-based parenting programme – where groups may be made up of people with few similarities (for example, class or ethnicity) other than geographic location – may also bring freedom in that “people can develop multiple images of their identities, knowing that who they are shifts, depending upon whom they are with” (van Houtum and Ernste 2001, 102). A parent can become someone other than the ‘failed parent’ of a ‘bad child’. In contrast, a less cohesive group may end up doing more harm if parents feel they are judged on their child’s positive behavioural change, which is assumed to be (correctly or not) linked to how many sessions of the group the parents attended and how they participated in the sessions (Dumas et al., 2007).

Further, a cohesive group of people can also find power together in adapting the group to their needs, reworking a space into one that is active and empowered, as opposed to being a simply a place they were sent (Malinverni et al., 2016). The dynamic within a cohesive group can change naturally and allow for the roles of members to shift without threatening the group itself. For example, a parent may be able to support someone one week, and the next week need support themselves, without “being destroyed” by fixed identity stories (Kingsbury, 2003). This is especially important given the harm the ‘good mother’ ideal of never needing help can have on some parents (Pedersen, 2016).

Positive and negative experiences of a group can also be shaped by how boundaries are set between spaces, and whether facilitators are effective in keeping spaces safe (Kingsbury, 2003). This is especially the case when a group deals with sensitive topics or more vulnerable members. For example, mothers may be reluctant to talk about their experiences in a parenting group if they feel there is a judgmental ‘them-us’ divide between the facilitator and other members. Indeed, “given that women find it difficult to achieve the impossible ideals of the good mother” (Pedersen and Lupton, 2018), being able to say how you feel without judgement in a parenting group is especially important.

The Incredible Years (IY) parenting programme was developed by Webster-Stratton and colleagues (1997) and has been shown to be effective for children with conduct disorder younger than 12 years (Furlong et al. 2012), although there is less evidence to suggest what may help older children. Like many parenting programmes, the effectiveness of IY is dependent on the parents being able to attend most sessions, finding the session content appropriate and positive, and then consistently performing the new behaviours appropriate to their child’s needs. Indeed, while drop-out rates in parenting programmes vary (6% - Seabra-Santos et al., 2016; 40% - Koerting et al., 2013), they remain a concern as this lessens the effectiveness of the programmes (Attride-Stirling et al., 2004).

This paper examines how a parent’s perception of their IY parenting programme influenced whether they completed the programme or dropped out, particularly in terms of their feelings of cohesion and safety in relation to the group. Understanding how parents came to feel safe or unsafe, and the reasons why they chose to stay or drop out, can illuminate how best to support parents to complete the programme in order to gain the most benefit from it.

# Methods

The mixed-methods Personalised Programmes for Children (PPC) Study explored the reasons behind why parents completed a parenting programme, or why they did not. We also explored why some children’s behavioural difficulties are alleviated after their parents attend a programme while others did not benefit. Parents whose children were aged 4-10 years of age were invited to participate in Phase 1 of the study. They had to either have been referred to an IY parenting group or considered suitable for a group but not referred, usually because they had just completed another parenting group. Most parents had been referred to the parenting programme via their child’s school, the National Health Service (NHS), or social care services. The study team emphasised the voluntary nature of participation, especially to reassure parents that nothing they said would affect their further interactions with the parenting programme or the service that referred them. The UK Health Research Authority and the London Hampstead Research Ethics Committee approved the study (N-434-525). Quantitative data were collected at three time points during Phase 1: before IY started, then three and six months after it had completed, or over a comparable time if the parent dropped out of or did not attend IY.

After completing Phase 1, the qualitative research team invited participants to take part in Phase 2 which involved a semi-structured interview based on a topic guide designed by BY and KM. Questions sought to uncover parents’ experiences of IY, including their interactions with facilitators and other group members. We purposively sampled parents to ensure we included those with a diversity of experiences of IY: Group 1 comprised 14 parents whose child’s behaviour improved after IY; Group 2 comprised 18 parents of children whose behaviour did not change or worsened; and, Group 3 comprised 10 parents who dropped out or did not attend IY. Changes in child behaviour were assessed via the Parent Account of Child Symptoms (PACS; Taylor et al., 1986) scores, which the Phase 1 team collected before and after IY, or over a comparable time period for parents in Group 3. However, it must be noted that during the interviews and analysis, Group 2 narratives divided into two distinct sub-groups: 2.1 where children’s behaviour did not improve (according to the PACS scores) but during their interviews the parents reported both a positive experience of IY and the belief that their child’s behaviour had improved (15 participants), and 2.2 where children’s behaviour did not improve (according to PACS scores) and interviewed parents did not report either a positive experience of IY or belief that their child’s behaviour had improved (3 participants).

In total, we invited 54 parents fitting these requirements to take part in the Phase 2, 43 were interviewed, and interviews from 42 of these parents were included in the study analysis. Participants were relatively evenly represented over the three sites of the PPC study: 15 parents from Site A, 13 parents from Site B, and 14 parents from Site C. The diverse socio-economic and ethnic areas of London and southern England in which study was conducted were reflected in the sample, although we did not collect data on this as part of the interviews. The children’s mean age was 6.7 years, with 36 mothers participating, two fathers, and four other carers. Further details about the participants, including how parents spoke about the changes (or not) in their child’s behaviour, can be found in a previous paper examining the personalisation of parenting programmes (McKay et al., 2020).

Two researchers (KM and SP) were present at all but two interviews with one researcher leading the interview and the other making sure any uncertainties were clarified. Indeed, the aim was to make the interviews as conversational as possible, where participants felt empowered by being acknowledged as experts on their child (Berger, 2015). Before starting the interviews, parents signed a consent form after reading an information sheet they had received prior to the interview being conducted; any questions were answered by the researchers. Parents could talk for as long as they felt comfortable and this is reflected in the wide range of interview lengths from 16 to 93 minutes, with 47 minutes being the average. Thirty-seven parents agreed to the interview being conducted in their home, with three coming into a National Health Service Trust premises, and two choosing a café. As an acknowledgment for their time and contribution we gave all parents a £200 voucher.

With permission, all interviews were audio-recorded, then transcribed, and anonymised. After listening to the audios and reading the transcripts multiple times, KM undertook a thematic analysis in line with Braun and Clarke (2006). This analysis was discussed with and checked by BY and EK, with broader themes and some transcripts discussed at wider project meetings. This allowed for a more intensive reflective practice which strengthened the analytical rigour (Berger, 2015).

While carers participated in the study as well as parents, we use ‘parents’ throughout this manuscript to help maintain participants’ anonymity, and use pseudonyms where we quote or refer to individual parents. Parents’ pseudonyms are followed by a letter denoting their study site, and group number; for example, Lucy-C2.2 or Adam-A3.

# Results

Parents’ perceptions of whether a group space felt safe (or not) influenced not only on whether the parent stayed in the group or attended the group at all and, if they did, whether they felt IY was beneficial. We describe their narratives in terms of four main themes:

1. The group as a safe space
2. Composition of the group matters
3. How a parent is referred matters
4. The group as an unsafe space

## *The group as a safe space*

Participants who had a positive group experience spoke about the group in terms of belonging and safety. Indeed, Josie-B2.1 repeated the phrase ‘safe space’ twice: “And also it was a safe space, you know to um... You know people aren't going to judge you because it started out, it started out like that, saying ‘whatever is said in the group is kept in the group and, um you know, it’s a safe space to talk about how you feel’”. Having such a safe space was important because “…when you're having a really hard time you become really downtrodden” (Charlotte-A2.1). Indeed, this was especially important with some parents for whom this particular IY group was just the latest in a line of groups they had been referred to in the past, and who had felt judged by group facilitators and healthcare workers alike. Elodie-A2.1 elaborated further on discovering that her latest parenting group could be a safe space to talk. She described her initial nervousness before the group, followed by the relief at finding other parents in similar situations:

I was really nervous, I was thinking ‘oh I bet everyone’s going to be like-, not have children like mine’ but you know what, I just felt at home. Everyone had their problems with their kids. Everyone was really nice. (Elodie-A2.1)

Elodie-A2.1 felt so safe with the group that she joked the group was “a bit like a counselling session”.

Indeed, being able to openly talk about your child without fear of judgement provided validation that many parents had not felt before. Since IY, Naomi-B2.1 now felt reassured that no parent was perfect:

The parenting group was really good at giving us the support we needed to say ‘right, you are going – you are going to fail, you are going to make missteps, that doesn’t make you any less of a parent, you’re human beings!’ [laughs]…. mistakes are made; it’s how you handle them afterwards, that's the important part. And this is what people seem to forget (Naomi-B2.1)

While she still had doubts about her parenting, Margot-C2.1 found reassurance from other parents’ stories of the types of behaviour they were dealing with: “…I realised that [daughter] wasn’t that bad! [laughs]” (Margot-C2.1). Eva-C2.1 attributed her similar epiphany to revising her expectations of ‘normal’: “But actually when it’s your first you don’t know what normal looks like…. Because you haven’t got the comparison. So yeah it was useful from that point of view, it was good to talk to other parents”.

A safe group space allowed for a degree of emotional intimacy to be shared without fear of judgment or negative consequence, and emotions could be intense at times. Vivienne-C2.1 talked about the groups not only being a safe space to share emotions, but about being able to leave these spaces safely:

…it shows we felt safe because a few of us had tears.... Nobody sat there and actually judged you.... They, you know, they tried to help you and with that then it comes the discussion as to why you’re upset and how can you change that and everybody would put in. So at least you didn’t go away feeling flat. (Vivienne-C2.1)

Similarly, Violet-B1 talked of not finding her current group to be a safe space until, a few weeks in, the facilitators empathised with her after she had experienced a difficult morning. This was a breakthrough for Violet-B1. The non-judgmental approach of the facilitators and the follow-up they offered helped her feel supported:

It was OK to kind of sit there go [crying noise] ‘I can't do it!’ You know and I did on one occasion when [child] kicked me in the chest…. I couldn’t do it anymore because I was just so physically drained…. emotionally I was so drained, I just couldn’t... I was just like I can't deal with it anymore…. and they kind of spoke to me and they gave me a few things that I could try…. I felt comfortable enough to sit in there and cry…. I don’t like normally like doing that in front of people. (Violet-B1)

Indeed, some participants felt sad when the group ended as it had been such a supportive space: “I didn’t want it to end. And everyone felt like that” (Abbie-A1). For a few participants, it was their only social support and there was little indication that they would be offered anything else afterwards:

I was sorry when it was coming to an end…. Because there’s loneliness in this four walls in our house, it’s so…. I was looking forward to it all the time. But when it was coming to an end, it becomes like sour a bit that there’s nothing to do anymore on Wednesdays…. I wish it could continue but we have to move on so - sorry for me [laughs]. (Jac-A1)

Some participants who did not find the group to be a positive experience overall nevertheless found some of the conversations they had with the other parents in the group to be helpful: “I took on some on advice of other parents…. Yeah, sometimes it worked, sometimes it didn’t. It all depends. As I say, each child is different, you know” (Penelope-B2.2). At times, this had been the only benefit for these parents. For example, neither Chloe-C2.2 nor her husband thought the IY programme was relevant for their particular child it was meant to help, but they found that talking to other parents in their group gave them strategies to try for one of their other sons:

I found it quite nice as well because couple of the ladies that did it, their children have autism so obviously I’ve got quite a few, a lot of the information for [other son] from there. And so, yeah, it has been—it’s been really good. And I really liked it. I just—it just didn’t work for me because everything I try and do just—it never—it just doesn’t work. (Chloe-C2.2)

However, even eking out this benefit for another son was not enough to redeem a programme as Chloe-C2.2 had felt negatively judged by the facilitators from the very beginning.

## *Composition of the group matters*

Parents differed in how they experienced the diversity and composition of a group, both in terms of the other parents and also the needs of their children. For a mother like Ines-B1 who struggled with anxiety about her ability to parent, the group’s diversity allowed her to see that struggles were not grounded in a personal failing and helped her to realise that many people found parenting to be complex and intensely challenging:

It was just completely all walks of life. And it was single mums, and married and, you know, like all sorts of things. And so it also helped to know that there weren’t-, it wasn't just…me struggling…. it can be anybody. Because you look around and everybody seems to have it all together so perfectly. Because everybody in that group, honestly, you would never have known there was even the remotest bit of trouble. And it wasn’t trouble or problems but it was struggling. And you literally would never have known. (Ines-B1)

Similarly, Josie felt that everyone learned from each other, despite their differences. This interaction ensured that Josie never felt judged for what she struggled with:

I hate to think that I feel like I can’t cope or my child is out of control and that sort of thing. Or that, you know, I've failed in certain things or I don't know what to do with a certain situation and… there were people that were saying ‘I don't know what to do, she’s done this’ or ‘he’s done that and I don't know what to do’ and, you know, that sort of interactiveness really, really helped. (Josie-B2.1)

Eva also had facilitators who worked to give all parents a voice and bring their diverse group together:

There were one or two times when there were a couple who were quite dominant and it might have meant that.... I think [the facilitators] handled it. They did make sure to let everybody speak, they... um, there was quite a lot of like smaller group discussion…. [coughs] They tailored that quite well….” (Eva-C2.1)

However, Eva spoke at length about the ways that some families, including her own, were ‘struggling’ more than others. She thought separating IY groups by the nature of the child’s diagnosis would allow for more appropriate peer support:

If there were families whose children were you know looking at having a diagnosis for autism or a particular.... difficulty... then perhaps by them doing the same course together... they could do the same course and in the same way, but I think that support element would be stronger. (Eva-C2.1)

For other parents though, the composition of the group was the main contributor to dropping out, or even attending at all. Poppy-A3 dropped out in part because she thought the group:

was just a shambles with the people that were there because it was they were all there for different reasons.… they’d ask questions and then the facilitators would have to… they would answer things but then it would be like - it’s not relevant to other people in the group kind of… yeah, it was just a shambles. (Poppy-A3)

Indeed, Vivienne did not expect much from the second IY group she was referred to, but her positive experience was intrinsically linked to her connection with the other participants. She contrasted the previous group with her current group:

I wasn’t entirely happy. Especially after I started it last year in.…. The people in the group, I hated it…. Absolutely hated every minute of it…. So to start again this year I didn’t have high hopes. So I was.... really shocked when it.... you know after week two - it was great. So I, you know, really, really pleased I did it… I think it was one of the best things I’ve done. (Vivienne-C2.1)

Adam-A3 wondered whether he would ever fit into a parenting group after “the CAMHS worker, said ‘You are the worst case in eight years’! [laughs] I was like ‘Great!’” (Adam-A3). Yet, Adam didn’t believe he was alone in having a child with severe behavioural and emotional issues, although he did wonder how similar families spent their days:

These other people.... what goes on with their kids? Are they at school? They must be. Because if they're not at school, what are they doing?... Like what are other parents doing? They can’t be just sitting indoors like me all day. (Adam-A3)

Further, even when Adam had previously attended a parenting group, the gender split was never in his favour which created an additional hurdle to establishing a sense of belonging. When describing how it felt to walk into a room where he was the only male, Adam said:

It’s something else! [laughs]…. I was... a little bit red in the face! [laughs] It was alright and that…. I feel included. But it’s, um, like... it always happens, I’m always... 80% of the time.... It’s always mums and I’m always the dad! [laughs] I don’t mind at all, but you know. (Adam-A3)

Adam was able to shake off feeling ‘a bit red in the face’, but other fathers may not find that so easy.

*How a parent is referred matters*

Linked to the importance of group composition, the stories parents told of how they were referred to a parenting group coloured how they initially viewed the space. For the most part, parents who chose to self-refer or who felt they understood their referral tended to view the parenting group more positively. For example, Eva just assumed from the school’s advertising of the group that it sounded “exactly like the kind of thing I need so I self-referred” (Eva-C2.1).

Not all referrals were as welcome. Indeed, perhaps because of her own positive referral experience, Bryony-B1 reflected on how other parents had been referred and how this had made their experiences of the group very different to her own:

And some people, I realised, that didn’t want to be there but they had to be there because they were ordered by courts…. Yeah, I was asking for help, I was like ‘oh, I don’t - I need help’…. Yeah, I wanted to go do it. So I think it was when I went to the bathroom and a lady’s like ‘[angry sigh] I am being forced to be here, are you?’ and I was like ‘no, I want to be here, I want to make the difference.’ (Bryony-B1)

However, a negative initial reaction to the group could be swayed by greater group cohesion. Vivienne initially only attended a second IY group as a way of “ticking every box as we go”. She felt that she could not refuse the referral so as doing so might jeopardise the place on the waiting lists that her daughter was on for various assessments. However, Vivienne had connected with the other group members and had a positive experience.

Other parents looked more to the facilitators to mitigate their uncertainty. Nadia-A2.1 felt the school had “bullied” her into attending so she initially went with a “negative” frame of mind. While she ended up enjoying the group, this was harder to do initially and it appeared to require more work from the facilitator to make her feel like she was not being judged.

However, the negative referral experiences of some parents led to them having negative group experiences, including dropping out. This was exacerbated when the parents felt no connection with the facilitator or group. Poppy had done an IY programme at least once before and had not found it appropriate for her son and had only attended the current group because CAMHS had referred her again. Poppy felt that she could not refuse as she wanted support for her son. When the programme again did not meet her needs, Poppy felt disillusioned and began to think she was being referred to IY, not because it would be helpful, but simply to tick a box: “you need to send the right people to the right groups…. And I just feel like it was the social services or key workers or whatever just chuck people in them. I don’t actually feel like they’d sat down and spoke to the parents to find out actually what it is that’s going on” (Poppy-A3).

## *The group as an unsafe space*

Not all groups bonded, or were safe spaces for parents. Some parents commented that group members did not necessarily like one another, and some did not like or understand the group facilitators. When a disconnect between group members or facilitators arose, parents reported that the group experience as a whole was often negative. For example, Lucy-C2.2 felt that the other parents in her group were judging each other on how they parented as a kind of ‘self-defence’ for also having been referred:

I’m just like, ‘You don’t realise that we’re all the same in this room. Everyone’s here trying to just get the better for their kids. We might be coming at it from different angles and points of view and abilities and what have you - but nobody [should be] looking down on anybody else.’ And so, just as a knee jerk, I feel that’s what it was. And you’re not going to get away from that because that’s people. People will always be prejudiced. People will always be kind of, have their own self-defence kind of things come up. But it does get in the way. (Lucy-C2.2)

More than this disconnect however, Lucy felt the group facilitators and social workers were sharing what she told one with the other, even though she thought it had been in confidence:

Somebody asked me how it was going. And I said something and I think it got back to [the facilitators]. And I think they would have known who it was. And then that’s when they started talking to me funny. (Lucy-C2.2)

Rather than a safe space, Lucy spoke about crying during and at the end of some sessions without receiving any offer of support from the facilitators or other parents.

In addition, Lucy also felt the facilitators only valued outdoor activities that she and her husband could not undertake (for health and financial reasons), and did not value the creative activities they enjoyed as a family:

[The facilitators] kept on saying things to me like, ‘Oh, you’ve got to bring the fun in.… they were implying that they “knew” – inverted commas for the record [laughs] - that me and my husband were so strict and serious at home and were always shouting at the children and - had no fun time with the kids and what have you. We play family games. We have tickle fights. We have, you know, play around with like stick, ramming things on our heads and make jokes about them. We have lots of fun. (Lucy-C2.2)

Clara-B3 had attended two IY groups; both affected by bereavement. Before Clara began the “brilliant” first IY group, her partner had died by suicide. Just before she left the second IY group, a father attending the group died unexpectedly. Clara’s daughter had become friends with the daughter of the father who had died so had been affected by the death. The first Clara and other parents in the group knew of the father’s death was when the facilitators broke the news: “And I was like ‘oh my God!’ And then you’ve got poor little [daughter] going ‘Where’s my [friend]? Where’s [friend’s]’s daddy?’” (Clara-B3). Despite the distress this announcement caused, the facilitators did not offer group members any links to bereavement supports and Clara found herself alone navigating both daughter’s distress and her own.

However, Clara decided to leave the second IY group after a negative interaction with the childcare workers at the crèche attached to where the IY group was held. Before a group session, Clara’s daughter had refused to go into the childcare area, and the childcare workers had simply watched as Clara struggled with her daughter without offering any assistance. The childcare workers then complained about her actions to the programme facilitators. Clara felt this was a betrayal of the parenting programme’s non-judgmental spirit: “everywhere, you get a jobsworth” (Clara-B3). The childcare workers then rescinded the complaint using it as a learning opportunity: “they say ‘oh in future if they see parents having difficulties they're going to go out and encourage the child and help the child’” (Clara-B3). While the childcare workers were different to the IY group facilitators, this experience tainted Clara’s view of the space as it simply did not feel safe for her anymore.

Other parents felt judged by facilitators when they struggled with some of the strategies and tools that were taught during the programme. Chloe and her husband felt that when they talked about the difficulties they had in using these with their son, the facilitators did not offer alternatives, rather the same strategies were repeated with the implication that they were not using them correctly. The facilitators did not seem to understand Chloe’s family dynamic where their son would respond positively to praise from her husband, but if Chloe praised their son it seemed to make his behaviour worse:

[Son] will react to praise to his dad but not me. Literally, if I praise him, he will purposely do the opposite. So, I kind of think to myself, I’ve wasted eight weeks of trying to praise him when actually I didn’t need to because he just doesn’t respond to it…. he doesn’t listen to me, he doesn’t care what I say. (Chloe-C2.2)

Chloe struggled significantly with her son and none of the strategies covered during the programme seemed to help. She did not know how to keep on trying to use strategies, that rather than helping, often seemed to exacerbate her son’s behaviour. Chloe felt the facilitators believed that she was not trying hard enough to use the strategies with her son, whereas Chloe believed she had tried but the strategies were fundamentally unsuitable for her son. Like Lucy, Chloe spoke about how “[the facilitators] did make me cry” at one point when she was trying to talk to them about her struggles. She felt that the facilitators did not listen or try to help by giving her alternative strategies to try. Her experience of attending IY and trying the strategies without success made Chloe feel worse than before she started. The exhaustion, physical and emotional, had taken its toll on her relationship with her son and Chloe struggled speaking about him. Her expression was raw and she kept qualifying how she spoke, aware of the power of her words:

Um, a lot of people say well, you don’t have anything positive to say about him. I’m like well - no, I don’t. I know it sounds really horrible but…[long pause]… it’s not that I don’t love him. I do love him. Sometimes I don’t particularly like him…. he makes my life so hard. You know, and it’s very difficult to have a relationship with a child that just quite clearly does not want one. I mean, the other thing they keep on —oh, it’s not personal. I’m like, how can you say it’s not personal when he’s going out of his way to make it personal? [laughs] A lot of that I find quite difficult. (Chloe-C2.2)

Zara-B3 had similarly found the parenting group unhelpful and had dropped out. One of her main criticisms was that the Special Time tool (where parents spend 10-15 uninterrupted minutes every day with their children following their lead on an activity) had been the focus of the parenting group when she had attended but it was not appropriate for her: “But to me it was, um, unrealistic because I was trying to explain to the guy as well. I have three children, I have a husband, I work at three jobs…. I’m spending time with my children all day anyway” (Zara-B3). Indeed, Zara had three part-time jobs, including one at her son’s school and one night-shift-based, to make sure she was able to be with her children as much as possible. Throughout her interview Zara talked about struggling to balance her responsibilities as a wife and mother, and as a woman who worked. She argued that Special Time was unrealistic for her, and other working mothers like her, especially with more than one child as the time needed then grew exponentially:

But to have a specific time every day to sit down with your child, it doesn’t make sense to me?... it’s not a realistic... unless you're sitting at home all day doing absolutely nothing, then I can maybe yeah. But if you're a working parent.... And you’ve got a life and you’ve got a partner and kids and.... There is no way you say OK specifically this time every day there's going to be so-and-so. (Zara-B3)

Zara spoke of special time as a state of mind rather than as something that needed to be scheduled according to a set timetable. She gave two examples to illustrate her point that she and her children could spent time together that was special, without disrupting their already crowded lives:

You know every day is a Special Time, every minute of the day with them is special to me…. I mean they're sitting there and I’m doing my cooking, but they're literally sitting there [points to close by her]…. And I’m like ‘If you need help with your homework, you know just ask me and Mummy will help you and show you how to do it’…. And I’m still cooking, but I can do it… (Zara-B3)

And every parent has Special Time. I mean my Special Time with him is... Sundays we go to football together…. Yeah that is my Special Time, yeah that’s just me and he’s time and he loves that because his Daddy doesn’t go, it’s always me… (Zara-B3)

Zara spoke to the facilitator about these issues but did not feel that were open to offering alternatives, nor could she see how the group would be helpful if it never went past Special Time: “But he just kept persuading like this... Special Time…. and I was like OK we’ve got the Special Time, we know what that is and it’s not working for me…. So what’s the next step?.... Like there wasn’t another step” (Zara-B3). For Zara-B3, this lack of fit and the continuing lack of help or flexibility from the facilitator made the group space uncomfortable – she felt unsupported and misunderstood.

# Discussion

Exploring the geographies in which a parenting programme is being undertaken can help to better explain why some groups may feel safe for some parents and unsafe for others, and where group cohesion (or lack thereof) needs to be understood in terms of the layered relationships between facilitators and parents. The social and emotional spaces of a parenting group go far beyond the physical location of the group, to the previous experiences of the parents and the ways in which they are able to interact with and trust other parents and the facilitators. The findings in this paper demonstrate how parents perceived their experience of taking part in a parenting group in terms of safety and cohesion. How they navigated the space speaks to a taskscape perspective where “meaning and emotion, rather than being attached to places, is gathered from engagement within landscape. In that sense, it is performed” (Dunkley, 2009, 89). When parents framed the importance of emotional safety, it was in terms of connections to the facilitator and other group members. Physical surroundings were not always been explicitly mentioned, but places that were easy to access were positively perceived (see McKay et al. 2020). The ways in which diverse groups of people, referred to a group that they were often not happy about, were supported in navigating potentially emotionally difficult situations in places that they did not know affected whether parents felt safe or not. Indeed, there was a sense in Lucy’s and Clara’s stories, where they had felt particularly unsafe within the group, that even the physical space was tainted by their sense of betrayal. They found it difficult, and Clare ended up finding it impossible, to sit in the same room as people who they felt were not on their side. The interactions between physical, social, and emotional spaces has been little investigated in previous research into parenting groups. The findings indicate that while considerable emotional labour is required within the parent and facilitator dyad to build trust, there is also the opportunity to build solidarity and safety within the wider emotional space of a parenting group that might otherwise not be found in other parenting or social care places (Walby and Cole, 2019).

The parents’ narratives of safe and unsafe spaces, and group cohesion, demonstrate that an IY group is a “micro-space” (Wilson, 2013), where the parents’ perceptions of how well they fit within the group influenced both whether they found the support offered was appropriate and their perception of whether it led to positive changes in their child’s behaviour. Feeling safe was especially important for these parents as they had often felt excluded from many public spaces because of their child’s behaviour (McGrath et al., 2008). The need for safety was exacerbated for parents who felt they had a negative referral experience – Nadia-A2.1 had a much more difficult time feeling part of the group (even though she eventually ended up having a positive experience) compared to a parent like Bryony-B1 who had a positive experience throughout the entire process. A welcoming group that felt cohesive helped uncertain parents shake off their initial concerns at being referred to a parenting group. Violet-B1 was able to eventually make sense of the group work and have a positive experience because she was encouraged to stay by the facilitator and the potential for positive change, while Poppy-A3 dropped out of her group as its lack of cohesion did nothing to quell her frustration at her referral.

The safety of a group particularly proved to be a ‘holding space’ (Metcalfe and Game, 2008), as parents not only worked through the hurt they had felt at referral, but also experienced epiphanies about their child’s behaviours and their own reactions. Further, some parents’ narratives indicated that skilled facilitation could help to bring together members of a group who might otherwise seem to have little in common initially. Here, good facilitation was akin to kindness, an ‘implicit activism’ (Horton and Kraftl, 2009), where potential threats that the parents faced (such as being taken off a waiting list or being negatively impacted through social care services) were mitigated through positive group interactions. In these instances, parents did not feel judged or belittled by the facilitators despite parents having previous negative experiences with other service providers in the social care system. Indeed, it was the ‘implicit activism’ needed within these groups as facilitators, as well as other parents at times, created these potentially healing ‘holding spaces’. The stories told by Clara-B-3, Vivienne-C2.1, Chloe-C2.2, and Lucy-C2.2 demonstrated where the skill (or lack thereof) of the facilitator in balancing the social and emotional spaces in a group became apparent. Clara and Vivienne gave examples of leaving parenting groups at various times because they felt so unsafe, and while Chloe and Lucy remained in theirs, they did not benefit from the time they spent in the group. Li and colleagues (2020) examined the typology of group therapy sessions and found that not only could the typology of sessions vary as a programme progressed, but variance occurred within each individual session. A session may start off as ‘prickly standoffish’ but end up being ‘harmoniously involved’ as group members learn about and empathise with each other’s experiences. Vivienne’s example of parents being tearful at the end of her second parenting group demonstrates the safe emotional space of a cohesive group. Li and colleagues (2020) suggest that effective group facilitators need to understand the levels of engagement, avoidance, and conflict within each session, individually and across a programme. As the narratives of parents in our study highlighted, parenting groups cannot be treated as static spaces as each parent brings a different emotional context to the same physical and social space. Facilitators need to adapt to these changing dynamics, even if the content being taught is the same through the programme as a whole. In line with previous research on cohesion in group therapy (Burlingame et al., 2018), in this study, parents like Zara-B3 in groups with facilitators who were unable to adapt to changing group dynamics found their group lacked cohesion and dropped out, while others like Lucy-C2.2 also found the group was ineffective.

Parents who had been repeatedly referred to a parenting group, when their previous experience of the programme had been unhelpful or worse, perceived IY to be something they had no choice but to comply with. It was hard for such parents to believe that attending a second group would be practically useful, and often they only complied to avoid negative repercussions from services. Li and colleagues (2020) also argued that the typology of a group could also be set from the first session, where at times a ‘prickly standoffish’ dynamic might never shift because the group could not become cohesive. Poppy-A3’s experience is indicative of a group dynamic which seemed stuck, as she could not see how any solutions from attending a group with parents who had such disparate experiences. The stuckness was exhausting for Poppy as she was left feeling unable to get help for her son even though she seemed to always be in a parenting group. The struggles of parents to interact with a series of groups from which they felt disconnected, speaks to the need to permit them to leave such groups, and provide them with alternatives to avoid parents feeling disillusioned with services, or feeling that they have failed. This is demonstrated in the different perceptions between Poppy and Vivienne around being able to do the parenting group again. Vivienne did not feel she had been punished for leaving the first group when she had found the second one to be a positive experience, while Poppy felt she was being punished with continued referrals to parenting groups where she had yet to feel her attendance at any of them had been meaningful. As our findings show, parents may not gel with the first group they try, but this did not mean they were destined to have negative experience of subsequent groups. This is in line with Wilson’s ideas (2013) around how parents successfully navigated emotional encounters, however brief, in the social space of a playground. These narratives we report demonstrate the importance of parents being given the opportunity to choose a group which they feel they can fit in, rather than making them feel compelled to continue with whatever group they happen to have been allocated to, regardless of whether it is right for them. Arguably, a group may never be cohesive, or effective, if its members simply do not want to be there (Burlingame et al., 2018).

The differences in parents’ narratives as they described parenting groups that felt cohesive and safe, compared to the narratives where the parents felt neither, demonstrate how insidious feeling “really downtrodden” can become. In line with Malinverni et al (2016) and Kingsbury (2003), a group session could make a parent feel like their child ‘wasn’t that bad’ or that their child was ‘the worst case in eight years.’ In turn, these feelings shaped how participants spoke about themselves as parents and their relationship with their child, as well as with the service providers. Parents who had a positive experience had a ‘before-and-after’ narrative arc, where their child’s behaviour had been difficult before but was better afterwards, even if the change was not also quantitatively demonstrated (Group 2.1 compared to Group 1). These parents were able to shift their identity, and the identity of their child, into something more positive within the group compared to what it had been before (van Houtum and Ernste 2001). In contrast, parents who felt burdened by the group referral, whose identity was already potentially spoiled by not feeling like a ‘good’ parent (Goffman, 1986/1963), often struggled to translate any learnings from the programme into practical changes with their child. These parents existed in a liminal emotional space every time they attended a parenting group where they had to navigate a delicate line of how to share intimate stories about their child and parenting that could lead to support if the group turned out to be helpful but did not leave them vulnerable if it did not (Das and Hodkinson, 2019). Such parents, who predominated in Groups 2.2 and 3, often told their stories with a sense of exhaustion, any laughter springing from a sense of frustration at the absurdity they perceived at their situation where they attended different programmes as requested but had all but given up on them being relevant. In this way, a group in which a parent has a negative experience that is not resolved after a few sessions is a waste of time (both for the facilitator and parent) and money (programme costs that could be spent on another parent for whom the programme would be appropriate).

Indeed, feeling safe within the emotional space of a parenting group seemed to be very much based in how well a facilitator was able to not only build trust in the early sessions but maintain it among all the group members and amidst the group’s potentially changing dynamics. Here it is important to consider how people can navigate their way to safe spaces within institutions, when the institution may not necessarily prioritise a person’s individual context and safety (Philo and Parr, 2019, 2000). While parenting programmes are not an institution per se, they are developed as an intervention within the social institution of social and mental health care where balancing care (the emotional safe space) with control (making sure everyone is safe) is vital (Philo and Parr, 2019). Philo and Parr argue that the geographies of an asylum could be manipulated “to produce more ‘docile’ and ‘proper’ subjects for reintroduction into mainstream social spaces” (2000, 2). Parents like Lucy, Chloe, and Poppy worried about who was making the decisions as to whether they were ‘good’ parents, especially as they felt neither the facilitators nor the group members empathised with their experiences. Lucy and Poppy particularly worried about whether they ran the risk of losing access to services, or even custody of their children. Their narratives indicated that they were sometimes perceived as ‘trouble makers’, whose inability to ‘succeed’ at the parenting group could be seen as stemming from a more general inability to fit easily into social spaces (Philo and Parr, 2019). Yet, when trust was built within a parenting group, where people did not feel judged for being referred to the group or for any of their previous experiences, parents like Vivienne and Violet were able to shift their previous negative perception and gain benefits for themselves and their child.

A parent’s positive or negative experience within a parenting programme also indicated the type of support they needed after the programme finished. We found that parents who had a positive experience of the group felt a sense of loss when the sessions came to an end, particularly when they had struggled with social isolation before the group. Facilitators may need to support them in making social contacts before the group ends and check in on them afterwards to find out how the parents is doing and offer further support if needed. If the group has not been a positive experience, as we note above, it is more important than ever that the parent has agency in the next referral as this is important to programme effectiveness (Koerting et al., 2013; Dumas et al., 2007).

Parenting spaces are also now becoming increasingly virtual with online groups and parenting programmes being distilled into digital apps (Pedersen and Lupton, 2018). Indeed, there are times parents may consider a virtual space safer than a real-life space:

It is evident that Mumsnet offers users the opportunity to articulate feelings about their children and other aspects of their lives that are more ambivalent or even negative than the ideal of the ‘good mother’ allows. Women who feel the same type of emotions, which they may not dare to discuss with friends, family or health professionals for fear of being judged a bad mother, can find on Mumsnet posts that describe a less positive view of motherhood. (Pedersen and Lupton, 2018, 61).

Virtual spaces need to be considered for those parents for whom real-life parenting groups present significant logistical or emotional challenges.

The study has some limitations. Quantitative data was collected at three time points, but only one interview was conducted with parents. An interview at each time point would have offered a longitudinal perspective on how the parents’ perceptions shifted over time. In addition, more mothers participated than fathers or other carers, although this was also indicative of the fact that more women than men participate in groups like IY. The study’s binding to three urban sites also means that experiences of parents in more rural or remote locations were missed.

# Conclusion

This paper examined how parents navigated the physical, social, and emotional geographies of IY parenting groups they attended, and a parent’s perception of these spaces influenced whether they completed the programme or not, particularly when considering safe and unsafe spaces.

The landscape of a parenting group was demonstrated to be one that was emotionally charged for many parents. They had to work through their own emotions attached to their referral to a group, often around ideas of being a ‘good’ parent and what attending a parenting group could add to that, if anything. Parents also had to navigate their relationships with the facilitators and other group members, where building trust was essential to the creation of a group space that felt safe for parents to share stories and experiences in which they felt vulnerable. Parents who felt safe, who talked positively about attending a parenting group, had a ‘before and after’ narrative, where their vulnerability was transformed into a more positive perception of themselves and their child. Parents who did not feel safe, and consequently did not have a positive experience, did not feel this transformation, as they perceived any vulnerability they shared only added to their ‘spoiled’ identity within the system.

Findings from this study indicate the importance of being able to recognise when a parent does (or does not) feel that a parenting group is a safe space for them. This can be done by asking for feedback from the parent throughout the programme and allowing them to leave a group that does not feel safe. This not only helps to ensure that interventions are delivered in the most cost-effective way, but that parents are able to access support that is the most appropriate for their family’s needs. Good facilitation can also significantly influence a parents’ perceptions and experiences of a parenting group, so training and evaluation are important processes necessary for enhancing a facilitator’s skillset. Parenting programmes can be very effective interventions, however work needs to continue to ensure the parents who are referred have the best chance of positive outcomes.

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