Child to Parent Violence Project 2017-2018

Final report

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Acknowledgments

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Introduction

Background

The Child to Parent Violence Project was a Department for Education (DfE) funded collaboration between PAC UK, Adoption UK and the Hadley Centre for Adoption and Foster Care Research, University of Bristol. The project was designed to build upon the highly successful Peer-to-Peer service provided by Adoption UK, which uses a peer based support model to provide remote based support for families experiencing and struggling with child to parent violence or adolescent to parent violence (CPV/APV).

The emergence of the project was underpinned by increasing concern about the impact of CPV/APV on families, and the growing body of research literature that has explored CPV/APV in recent years. For example:

- The Responding to Child to Parent Violence international ESRC funded study concluded that, "*child to parent violence is the most hidden, misunderstood and stigmatised form of family violence*" (Ferrando et al, 2015). They further concluded that due to a lack of knowledge, CPV/APV was absent from both national and European policies, and interventions designed to prevent the violence of young people were lacking.

- *Beyond the Adoption Order: Challenges, Interventions and Adoption Disruption* (Selwyn et al., 2015), found that CPV/APV was the main reasons adoptions disrupted and was also experienced by adoptive families who were on the edge of disruption. Researchers were surprised by the severity of violence experienced by adoptive families. For example, interviews with adoptive parents revealed that 27% of families in the study reported worrying behaviour by their child around the use of knives.

- The national charity *Family Lives*, which runs a helpline for parents, reported that they received a substantial numbers of phone calls from parents in the general population experiencing violence from their children. In 2008, 7% of 30,000 calls to the helpline were about physical aggression from children to their parents; mostly from adolescents aged 13-15 years and usually targeted at mothers (Parentline Plus, 2008). By 2010, the number of annual calls had risen to 22,537 calls from parents reporting aggression from their children, 7,000 of which involved physical aggression (Parentline Plus, 2010).

Project Overview

The project was tasked with delivering services in three nominated local authority areas: Bradford, Hartlepool and Croydon in London. PAC UK worked directly with each local authority to identify and prioritise families who would benefit from interventions and support. The project took place between November 2016 and March 2018.

The project was led by a Steering Group which comprised the Director of Child, Family and Education Services, Project Lead (North), Practice Manager (South) Head of Peer Services. In addition to the Steering Group, a monthly CPV Practitioners Group was held with staff based both North and South. This group comprised the Project Lead, Practice Manager (South), NVR Clinical Lead, Parent Consultants, North and South NVR trained therapists.

Aims of the Project

- Develop innovative, flexible and scalable approaches in working with CPV/APV, ensuring that Adopter Voice co-produced the service design and were fully involved in the delivery model.
- Inform national understanding and delivery of 'what works' by spreading excellent practice across the sector and working in partnership with Regional Adoption Agencies.
- Increase awareness both regionally and nationally about CPV/APV.
- Provide training opportunities for professionals across social care, health and educational settings that would increase confidence and knowledge in aspects of CPV/APV.
- Provide a timely and cost effective service for families and commissioners.
- Evaluate the impact of the interventions provided through this project: a one-day CPV workshop, three-day training for professionals and 8-week adoptive parent training group.
- Secure long-term impact and sustainability beyond the period of DfE funding.

By delivering

- Two types of Peer-to-Peer support services embedded within adoption communities: support groups that would be hosted and managed locally and a Peer-to-Peer parent consultant telephone/Skype support service.
- A comprehensive workforce development programme to build practitioner's and parent's

knowledge, skills, and confidence in understanding, treating and preventing CPV/APV violence within adoptive families. The programme was planned to be available to all practitioners involved with adoptive children including those in social care, health, education, and support services.

- PAC-UK's established therapeutic intervention model adapted to enable the effective assessment and provision of specialist CPV/APV support.

- Improved measurement and evaluation of CPV/APV within adoption services. Data will be used to disseminate effective practice and directly inform the development of national policy.

Types of service provision

Peer-to-Peer Service

This service is for adoptive parents, at any stage of their adoption journey, who are experiencing challenges or difficulties. Unlike most therapeutic and support services, the Parent Consultant service is provided remotely by telephone or skype. It allows parents to access the service at a frequency and time that fits within their often busy and challenging schedules. Parent Consultants are all trained and experienced adoptive parents.

The service was embedded within the project as a Step Up/Step Down: meaning that all families had the opportunity of accessing the peer to peer service prior to or after a group or individual home based intervention.

The Peer-to-Peer Service offers an initial assessment to determine the nature of the difficulties in the family and to agree objectives for support, and a further 6 x 45 minute telephone support sessions with a trained and experienced Parent Consultant focusing on:

- Listening and empathising
- Helping parents to understand their child's history and the impact of developmental trauma
- Exploring alternative parenting techniques
- Advising and signposting
- Keeping families safe and parents looking after themselves
- Supporting parents in getting their voice heard by professionals

Group Based Intervention

The CPV parent group was underpinned with Non-Violent Resistance (NVR) approaches[1] and consisted of 8 weekly 3-hour sessions. The groups were facilitated by PAC-UK Child and Family Therapists who are experienced and trained in working with adoptive families. Parent Consultants co-facilitated the groups. As with the Peer-to Peer service, Parent Consultants were all adoptive parents and were trained in NVR approaches, as well as in other relevant skills including therapeutic parenting techniques. Adopters told us that the role of the Parent Consultant in the CPV parent group was crucial to the success of the group sessions, as this ensured that the adopter's voice was central and helped participants to have a relatable experience.

The weekly sessions included short presentations, sharing, discussion and optional role plays. Structured homework tasks reinforced the NVR principles and helped parents make an active connection to situations with their children at home. In addition to NVR, a communication model was taught to the parents to enable them to learn a different way of engaging with their child. Self-care was also a robust feature of the group based workshops.

The CPV Parent Groups were designed to teach, provide a space for sharing, and build connections and mutual support between parents. Skills were introduced to help parents resist out-of-control and violent behaviours, whilst developing a collaborative solution-focused approach to problems (for example: de-escalating conflicts, increasing parental presence, announcing their decision to make a stand, 'sit-ins' and developing support networks). Parents also learned to counter 'giving in' to their child's demands or responding in a reactive way, which can often lead to more violence. Support between the group sessions was an integral part of the service: weekly telephone or Skype sessions were offered to all parents who enrolled in a group. The level of trauma experienced in a group based setting can be very high, and at times parents may struggle to share their experiences or be overwhelmed by another's experience. The role of the "in between" support ensured that parents were provided with a safe space outside of the group setting to receive individual support. Parents

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[1]Information on NVR can be found at Avraham-Krehwinkel, C. & Aldridge D. (2017) Happy Families, Jessica Kingsley Publishers: and http://www.partnershipprojectsuk.com/non-violent-resistance-nvr/parents/

were also able to revisit some of the key NVR principles that might have become lost in the challenges of family life between the weekly workshops.

6 month support group

At the end of the 8-week CPV parent group, further support was offered through a local monthly support group for a further 6 months. The group continued to be facilitated by the same therapists and/or Parent Consultant who ran the workshops. The support groups provided an ongoing opportunity to revisit NVR principles and gain additional support, for example with 'sit ins' or 'announcements'. In these sessions, the communication model was used to check in with parents' progress and the importance of parental self-care was emphasised. A *Whatsapp* group was also set up for each group, which proved to be vital in sustaining and building parents' support network.

Individual based interventions

The CPV service can be tailored to deliver bespoke, direct and individualised support in either a clinical setting or in the family home. Individual interventions were planned for parents who needed more intensive, one-to-one support (or who were unable to attend the 8 week training groups). The direct service was based on the same principles as the group based model (NVR, Communication, self-care) and the additional services such as telephone/skype sessions and 6 monthly ongoing support were also included**.**

Cost of the CPV Service

The CPV model has been developed to allow commissioners and parents to choose from a menu of CPV services on offer (Table 1). We have developed a model of intervention that provides a robust therapeutic parenting package that is tailored to family's' needs, effective for parents and cost efficient. Our package leaves significant Adoption Support Fund (ASF) underspend, enabling parents to access remaining funds for other therapeutic interventions, if appropriate for their child/ren. Another important feature of the CPV service is that it is portable. We can deliver in the area requested by the local authority, utilise good quality low cost buildings, again seeking all opportunities to provide a low cost intervention that does not compromise on the quality of service.

Introduction

During the development of the project, we put the proposed intervention forward to a Regional Adoption Agency with whom we have very strong links. The feedback from the RAA was surprise that we were able to deliver an intervention and wrap around support service over a significant period for a very competitive cost.

Table 1: Range of CPV services for adoptive parents

Services	Referral	Delivery	Elements	Duration	Within ASF FAL
Peer-to-Peer Service	Form completed by LA or parent if self-referral	By phone or SKYPE	Initial Assessment Followed by 6 x 45 min phone sessions (units)	Variable and based on needs of parents Additional units can be provided	Yes
Parent Group based CPV	Full referral form completed by LA or parent if self-referral	Group based setting Local venue to parents	Initial Consultation (phone) 8 weeks of 3 hrs workshops 30 mins per person Tel/SKYPE support between sessions Two additional workshops *Related by Adoption* and *Shame* Follow on support group for 6 months	9 months This can be tailored to needs of parents/ commissioners (i.e. reducing or increasing length of intervention)	Yes
Individual based CPV	Same as Group based model	Typically, in family home	Same as group based model 6 months support is delivered direct to parents *Related by Adoption* workshop (delivered to members of the family's support network in their home)	Same as group base model	Mostly yes If delivered in the family home costs increase.

Project Families

Families were nominated for the project based upon their experiences of living with CPV/APV. Preliminary discussions took place with the local authorities to assist them in identifying families that would benefit from the service. These discussions considered families who were experiencing varying degrees of CPV/APV (for example children who were displaying controlling behaviour, verbal aggression, verbal abuse, physical aggression, physical violence, parents isolated without support).

Some families were referred by their local authority and some were self-referrers. In either case a referral form was completed that provided an overview of family life. The referral process assisted us in our discussions with families about the appropriateness of a CPV Service or indeed whether the family would benefit from an alternative therapeutic intervention. Aspects such as safeguarding, current or previous interventions, and a brief history of the child were also detailed in the report. The referral process ensured that there was clear and transparent dialogue between PAC UK, the parents and the local authority. It also ensured parents felt in control and that interventions provided were acceptable to families.

Following a referral, an initial consultation took place with the family, typically via phone. The initial consultations enabled us to consider with the families and their local authority which aspect of the service would be most suitable and accessible. The consultation introduced PAC UK as an agency and provided the family with a more detailed overview of the CPV service and what they might expect.

Reflections on success and delivery of the project

Engaging parents

Some families told us at the start they were "very sceptical" about the intervention and other families had been in therapy prior to attending a CPV group. One parent told us that they would try anything but did not expect to see any changes. By week two of the parent group, this same parent shared their "utter surprise" at the positive impact of de-escalation techniques. The parent had expected the intervention to be complex and labour intensive, and they were elated to find that they were already starting to see a positive impact upon family life.

The initial consultations with parents were very successful. On at least two occasions the consultations proved crucial in enabling families to see that a CPV service was right for their family's needs. The consultations also allowed us to ensure the support to a family was tailored to their individual needs. For example, when only one parent could attend training sessions, we would agree before the start of the therapy that the telephone/SKYPE sessions would be used to provide support to both parents, ensuring the parent who was unable to attend was included in the process.

Difficulties in engaging local authorities and social workers

One of the most challenging aspects of the project was engaging some local authorities and encouraging them to make referrals to the groups. Local Authorities told us both regionally and nationally that a CPV intervention was crucial for their parents and that the waiting list for this service was long. However, on a number of occasions referrals were not forthcoming and we lacked information on families who were receiving or requesting support from their local authority adoption support team. Some parents reported that although they wanted support, they had not received any information from their social workers about the CPV Service. Many parents in this situation referred themselves via our social media campaign.

In some local authorities, we struggled to engage social workers to complete referral forms prior to families attending the groups. Lack of referral forms prevented the initial consultation with families taking place, which covered areas such as suitability for the groups and the importance of parents fully participating in order to maximise the positive impact of the intervention. The detrimental effect of missing referral forms was seen in one of the first groups, where a parent did not attend for 3 weeks in a row and this had a disruptive effect on the group. Following discussions with the parents we were able to provide a CPV service to them through the Peer-to-Peer model, which was much more suited to their family lifestyle.

Adapting and flexible approach

The CPV Project initially planned to deliver a 10 week programme based predominantly on NVR. We knew however from early discussions with local authority adoption teams that families needed longer term support. Prior to the commencement of the CPV project, the Project Lead observed and worked alongside NVR practitioners delivering an NVR group. Learning from the NVR group and

feedback from attendees informed the design of the CPV parent groups. Consequently, we reduced the parent groups from 10 weeks to 8 weeks and extended the workshop time to 3 hours. We hoped that the reduced length of the course would be beneficial for parents seeking time out of work. We also put groups on during the day with a start time and end time that enabled parents to comfortably get their children to and from school.

Importance of the physical environment

The physical environment was a significant consideration when setting up the parent groups. We wished to provide parents with a comfortable, private and safe space, as we were mindful that most parents were in crisis and struggling in their day to day lives. We also wanted to create a nurturing environment from the outset. Consequently, we looked for venues that were close to good local transport links and car parks and provided food and drink during the sessions. We ensured that parents felt looked after and that attending the course did not create additional worries, for instance having breakfast on-route following a school run or having to think about bringing a packed lunch. Feedback from parents told us that they really appreciated our attention to the space and felt cared for. It also created opportunities for increasing social interaction during the breaks. We have continued to carefully choose all of our venues and develop good face to face relationships with the venue providers. We have also secured some venues for free, as the providers were supportive of the ethos of the project and wished to give something back to local families.

Adapting the content to reflect the needs of parents

From the outset parents were very generous in what they shared with us. Several parents told us that their sense of "shame" at being unable to manage their child had prevented them from seeking support earlier, and in some cases the "shame" had meant that family life reached crisis before they felt able to ask for help. Parents also told us that they felt isolated, and many reported that they had poor support networks or their friends and family did not understand the challenges they were facing. Some of these parents told us that the people in their support network when they were being assessed as adopters were no longer involved in their lives. Parents reported that it had been too difficult to maintain relationships with family and friends who believed the children were either in need of "traditional parenting and discipline", or that the children were "no bother" for them and

could not see the problems the parents faced. These attitudes further alienated parents from their support networks and induced shame, impacting on their strength to seek support.

During the course of the project we listened carefully to what parents told us. We developed a CPV brochure for parents that contained issues parents had shared with us. The brochure gave parents the opportunity to share the information with friends and family, enabling conversations such as, '*This information is what's happening in my family*'. We were also very fortunate to be able to commission two external practitioners to provide additional workshops: one to support relatives and friends of the adopters, '*Related by Adoption*' and for the participants to understand more about '*Shame*'. These workshops were delivered to two of the groups within the project.

The '*Shame*' workshop included awareness raising of the origins and potency of shame, considerations of our own response to shame as it arises in our work, and covered how to maintain or repair the connection with our child when shame is present. Parents who accessed the '*Shame*' workshop, told us that this has enabled them to think and respond differently and for some it has meant much improved communication with their children. The '*Related by Adoption*' workshop was set up to provide members of the adopters' support networks with a session that looked at how relatives and friends linked by adoption can positively support their families and friends. This workshop also provided participants with an overview of what we mean when we talk about attachment and trauma, and how this impacts children. The feedback from parents and members of the parents support networks was excellent. For some, the knowledge and strategies provided to their family and friends has meant a significant shift in their understanding of the needs of adoptive parents. We have also continued to build upon the communication and self-care models used in the workshops, and introduced Mindfulness and Theraplay Techniques. Parents have told us this has been hugely helpful for them. Mindfulness Techniques worked well alongside the self-care models, which parents said had a positive impact on them and their families. Theraplay techniques provided parents with additional ways of communicating with their children, which again has been very positive for family life and can enhance the attachment relationship.

As part of the project and offer of support to parents, we also worked in partnership with two parents accessing the CPV service to provide support to their children's respective schools. This has

been a further opportunity to raise awareness amongst adoptive parents about what support could be beneficial to them.

Case Study: The Tees Valley Group completed their 8-week CPV parent group and 6 month support in 2018. They also benefited from the 'Shame' and 'Related by Adoption' Workshops, which were piloted with this group. The externally commissioned workshops were in response to the feedback from parents about what else would be helpful to them and their families. The Tees Valley Group has been very cohesive and group attendance was excellent. Some parents travelled up to 2 hours to attend the group. The parents told us that the support they provide each other has become hugely important to them, so much so they self-funded the venue allowing them to continue to meet. PAC UK has made an application to a Tees Valley fundraising source to request funds to continue to resource and staff this group for the parents for a further year. The therapists who facilitated the 8-week workshops and 6 month support group will continue to support the parents should the application for funds be successful.

Future development

By end of the project, we aimed to transition into a CPV service that provided a service model delivery that encapsulated the adopter voice. We have achieved significantly more than we had expected to in the development of the CPV service. The CPV service now has a menu of services that enables us to provide "wrap around" packages tailored specifically to the needs of parents and commissioners. It incorporates a systemic approach that looks at the whole family and each aspect of family life.

We are currently developing the CPV parent group and individual based programme to provide a 12 month CPV package. This will incorporate all aspects delivered as part of the Project including the 'Shame' and 'Related by Adoption' workshops. It will additionally include training and therapeutic support to schools/education providers and support for parents with siblings. The group based intervention will also continue to be delivered within the Fair Access Limit.

We have been commissioned by 'Adoption Counts', Regional Adoption Agency in the North West to

deliverer 3 CPV groups across Manchester and the surrounding areas over a 12 month period. These groups commence in October 2018 and conclude in October 2019.

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Aims of the evaluation

The interventions being evaluated were: a one-day workshop for adoptive parents; a three-day training course for professionals; and an 8-week group based programme for adoptive parents. The interventions focused on understanding child or adolescent to parent violence (CPV/APV) and providing families and professionals with practical skills, using non-violent resistance (NVR) informed approach as well as including therapeutic parenting approaches. The overall aims of the evaluation were to examine whether the interventions:

- Improved professionals' awareness, knowledge and skills of CPV/APV.
- Improved adoptive parent's awareness of CPV/APV, confidence, their commitment to the child and communication within the family.
- Improved children's behaviour within school.
- Increased the quality of support to the adoptive parents.
- Decreased parental strain and child behavioural issues in the home especially reduction in number of and severity of violent incidents.

Method

Three evaluation questionnaires were designed that varied in content and length to reflect the different types of interventions. The evaluation used a pre-post method with questionnaires completed at the two time points; before the intervention began and again after the intervention had ended (Table 1). The questionnaires were co-produced with PAC-UK and the 8-week parent group questionnaire was piloted with 3 adoptive parents.

Table 2: Samples

	Number attending	Pre-questionnaires returned	Post questionnaires returned
1 day workshop	48	48	22 (46%)
3 day professional training	19	19	14 (74%)
8 week adopter parent groups	64	57	49 (77%)

The Evaluation: Aims and Method

The one-day parent workshop questionnaire focused on parents' knowledge of CPV/APV, confidence in parenting and evaluation of the day. The three-day professional training questionnaire asked participants about previous training and knowledge of CPV/APV, their confidence and skills in working with families experiencing CPV/APV. Both of these questionnaires drew on the Evaluation Framework for Child to Parent Violence, which was designed as part of the European Commission funded 'Responded to Child to Parent Violence' (RCPV) project (Ferrando et al, 2015). The RCPV brought together the UK, Bulgaria, Ireland, Spain and Sweden to study the emerging problem of violence instigated by children on their parents/carers.

The 8-week parent group questionnaires were more comprehensive asking parents a range of questions about themselves and family functioning. The next section will cover the measures selected for the 8 week parent groups.

Selecting the measures for the 8-week parent groups

Measures were selected that would assess changes in parental well-being and family functioning. We also wanted to add value to the evaluation by selecting measures that had been used with similar populations.

The development of the questionnaires was informed by the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG, http://qic-ag.org/) project. The QIC-AG is a US national project testing and evaluating interventions designed to improve support for adoptive and guardianship families. It is working with eight states over five years and is being evaluated by a partnership of The University of Texas at Austin, The University of Wisconsin-Milwaukee, and The University of North Carolina at Chapel Hill. The interventions in the US range from universal services pre-placement to specialist trauma focused post placement.

The design of our evaluation also drew on the framework developed by the RCPV and on our DfE study of adoption disruption (Selwyn et al, 2015) where CPV/APV was the main reason adoptions had disrupted.

Box 1. Measures used in 8 week parent group questionnaires

Violent Behaviour checklist

http://www.rcpv.eu/resources

The European Commission funded RCPV project created a checklist of 26 different behaviours characteristic of CPV/APV, which asks parents on a scale of 1 (never) to 5 (almost every day) how frequently these behaviours happened (Ferrando, 2015). This list was adapted for the purposes of our evaluation.

Belonging and Emotional Security Tool (BEST)

http://www.aecf.org/resources/lifelong-families-permanacy-case-practice-tools

The BEST was developed by the Casey Foundation for use with primarily foster families. It was designed to assess emotional security, through evaluating feelings of belonging and parental commitment (Frey et al, 2008). The tool was adapted for use with UK adoptive parents. Scale reliability was high (Cronbach's Alpha of 0.89 (pre-questionnaire) and 0.87 (post questionnaire)).

SCORE - 15

http://www.aft.org.uk/view/score.html

The SCORE-15 is a 15 scale measure used to assess changes in family functioning (Stratton et al, 2010; Stratton et al, 2014). Questions focus on trust, listening, caring, crises and blaming behaviours within the family. It produces an overall average score that ranges from 1 (completely positive) to 5 (completely negative). The SCORE-15 scale also measures three underlying dimensions of family functioning: strength and adaptability, disrupted communication and feeling overwhelmed by difficulties. Scale reliability was high (Cronbach's Alpha of 0.87 (pre-questionnaire) and 0.87 (post questionnaire)).

Brief Parental Self-Efficacy Scale (BPSES)

http://www.corc.uk.net/resources/measures/parent/

The BPSES is a five item scale that assesses a parent's belief that he/she can effectively perform or manage tasks related to parenting. The scale is recommended by the Child Outcomes Research Consortium for use in the evaluation of parent training and was developed by Matt Wolgar (National Academy of Parenting Research, King's College London). Scale reliability was high (Cronbach's Alpha of 0.82 (pre-questionnaire) and 0.81 (post questionnaire)).

Duke UNC Functional Support Questionnaire

http://adultmeducation.com/AssessmentTools_4.html

This scale is designed to measure a person's perception of the strength of their social support network (Broadhead et al, 1988). It consists of 8 statements, and asks participants to rank how they feel from 1 - 'as less than I would like' to 5 -'as much as I would like'. Scale reliability was high (Cronbach's Alpha of 0.86 (pre-questionnaire) and 0.90 (post questionnaire)).

Caregiver Commitment and Strain Questionnaire

https://qic-ag.org/

The caregiver strain questionnaire was designed to measure the impact of caring for a child with emotional and behavioural challenges on caregivers. The questions ask about isolation, resentment, feeling judged, financial stress, interruption of normal routines as well as hopefulness and pride. In this study we used the version that had been adapted for use by adoptive parents, which includes additional questions on caregiver commitment. The version had been adapted by the US QIC-AG researchers with the permission of the original authors (Brannan et al, 1997; Brannen et al 2012). The caregiver strain scale had a high internal reliability (Cronbach's Alpha of 0.88 (pre-questionnaire) and 0.86 (post questionnaire)). The additional questions on caregiver commitment are addressed separately in the report.

Overview

This section discusses findings from a three-day professional CPV/APV training programme for professionals. Feedback on the training was very positive with all but one participant stating that they had been able to share what they had learnt with colleagues.

Sample

The professional training programme was held in the London area and attended by 19 professionals: 16 women and three men. Before the training, professionals were asked to self-assess their knowledge of CPV/APV, their confidence in working with CPV/APV and the skills they used with families. The questions on agency context, confidence and skills levels were adapted from the European RCPV project.

Post-training professionals were asked to rate the content, their enjoyment of the training, the facilitator's skills and presentation methods. Levels of confidence and knowledge were again self-assessed. Fourteen (74%) evaluation questionnaires were returned.

Characteristics of professionals attending the training

The professionals had a variety of occupations: 9 therapists, 4 social workers, four adoptive parent AUK consultants, an inpatient nurse, and an education and well-being worker.

Professionals were asked how many families they (or their team) were currently working with where CPV/APV was an issue:
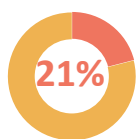
21% were **not currently working** with any families struggling with CPV/APV.
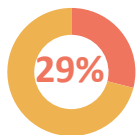
29% were working with **one or two families**.

50% were working with **three or more families**. Therapists, in particular, were working with many families struggling with CPV (range 3-15 families).

Nearly half (42%) had already had some training on CPV/APV but surprisingly only 26% had previously attended training on domestic violence.

Agency support and practice

Professionals were asked how much support they received in their workplace when working with CPV/APV families. Therapists and those working for AUK reported high levels of support whereas social workers reported very low levels or no additional support. Similarly, only one social worker reported that there was an agency expectation that all assessments for adoption support would include a question about whether the family were experiencing CPV/APV. The clinical nurse, therapists, and AUK staff reported that there was an agency expectation that CPV/APV would be addressed in assessments.

Approaches being used

Professionals were asked which approaches they used with families experiencing CPV/APV. The most comment strategies used were self-care, problem solving and improving communication skills.

Table 2: Approaches used by the professionals

	n	%
Self-care	19	100%
Developing problem solving skills	17	90%
Communication skills	17	90%
Developing support networks	16	84%
Educative e.g. trauma, neuro science	16	84%
Therapeutic parenting	15	79%
Mindfulness	13	68%
PACE/DDP	13	68%
Anger management	12	63%
Improving parental reflective functioning	12	63%
Risk assessments and safe caring practices	12	63%
Mutual respect	10	53%
Zero tolerance of violence	9	47%
Creative therapies	9	47%
Consistent discipline	9	47%
Family therapy	7	37%
Solution focused	7	37%
Positive/negative reinforcement	6	32%
Conflict resolution	5	26%
Help with the 'sit in'	4	21%
Helping with the 'announcement'	4	21%

Only four therapists were applying techniques used in NVR approaches (e.g. 'sit in' and 'announcement'). Anger management strategies were being used by 63% of the professionals although they have been shown to be unsuccessful when working with domestic violence (e.g. Babcock et al, 2004).

Findings

This section reports on the 14 professionals that completed a questionnaire before and after the 3-day training programme.

Experience of the training

Professionals were asked to rate different components of the training programme on a scale of 1 to 5, with 1 being 'very poor' and 5 being 'excellent'. Responses were very positive with the average score for all areas falling between very good or excellent (Table 3). The highest scores were for the facilitator's knowledge of the subject, the overall content of the training and enjoyment, and the interaction between the trainer and course attendees.

Table 3: Experience of the training programme

	Mean score (out of 5)
Facilitator's knowledge of the subject	4.8
Content of the training	4.6
Interaction of the trainer with course attendees	4.6
Communication skills	4.6
Your overall enjoyment	4.6
Illustration by practical examples	4.5
Question handling	4.5
Time allocated for the training	4.4
Presentation methods	4.3

Confidence in working with CPV/APV

Professionals were asked to rate their levels of confidence in working with CPV/APV on a 5 point scale with 1 being not at all confident and 5 being very confident. Pre-training most professionals rated themselves as moderately confident in working with CPV/APV, with higher levels of confidence in engaging and assessing parents and lower confidence in changing behaviours (Table 5). By the end of training, confidence had risen in every area especially in working with CPV/APV. However, these changes were only statistically significant in one area: confidence in changing ways of thinking that contribute to CPV/APV.[2]

I am more confident in using NVR.

Table 4: Professionals' confidence in working with families where CPV/APV is of concern

	Pre-training mean	Post training mean
Help increase parent's self confidence	3.8	4.5
Able to develop relationship with parents and/or child	4	4.5
Help parents and/or child to change ways of thinking that contribute to CPV	3.4	4.3*
Help parents make a distinction between normative and CPV behaviour	3.7	4.3
Working with parents who feel hopeless/helpless	3.6	4.3
Helping parents tell others about experiencing CPV	3.5	4.1
Assisting parents to be in control	3.3	4.1
Helping parents commit to resisting CPV	3.2	4

Although the professionals had reported moderate levels of confidence in their professional abilities pre-training, their self-assessed knowledge of CPV/APV and skills were considerably lower.

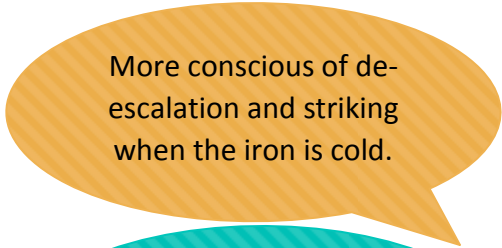[2] Wilcoxon signed rank *T*= 49, p=.026, n=14.

Three day training for professionals
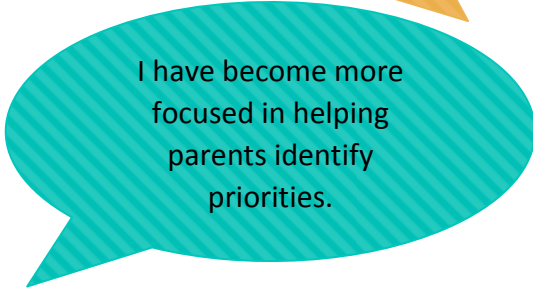
Knowledge of CPV/APV

Using a five point scale (1= no knowledge and 5=very knowledgeable), professionals were asked to rate their knowledge of CPV/APV. Although the majority of professionals were working with families where CPV/APV was of concern, they had an average score of only 2.9 out of 5 at the start of the training programme. After the training, there was a statistically significant improvement in professionals' self-assessment of their knowledge of CPV/APV and the mean increased to 4.2.[3]

Skills

Professionals were asked on a five point scale (1= no expertise and 5 = expert) how skilled they felt at working with CPV/APV. Before the training, professionals reported a low level of skills in assessment, interviewing, and giving parents skills to deal with CPV/APV (Table 5). Post training there was a statistically significant increase in participant's confidence in each of the four skills.[4]

> More conscious of de-escalation and striking when the iron is cold.

> I have become more focused in helping parents identify priorities.

Table 5: Professionals' self–report of their skills in working with CPV/APV (n=14)

	Pre-training mean	Post-training Mean
Explaining the importance of telling others	2.4	3.5
Interviewing skills	2.1	3.4
Equipping parents with specific skills	2.0	3.4
Assessing parent's experiences of CPV	2.1	3.1

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[3] $t(13)=3.593$, p=.004.
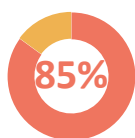[4] Assessing parent's experiences of CPV: $t(14) = 4.84$, p=.000.
Interviewing skills: $t(14) = 6.82$, p=.000.
Equipping parents with specific skills: $t(14) =10.21$, p=.000.
Explaining the importance of telling : $t(13) =6.06$, p=.000.

Professionals were also asked whether they had used what they had learnt from the training:

85% of the professionals had changed the way that they approached and worked with CPV/APV families.
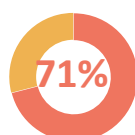
71% of the professionals had put the training into use and found it helpful.
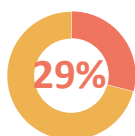
29% had not used the training material but intended to do so.

Overall, professionals were very positive about the training. There were statistically significant changes in their self-assessed knowledge of CPV/APV and their skill level in working with families. There were also small changes in professionals' confidence, however in the majority of areas these changes did not reach statistical significance. The next section will cover the findings from the one day adopter workshop.

One day workshop for adoptive parents

Overview

Here we present findings from the one-day adopter training workshop. Overall parents were very positive about what they learnt on the day, with the majority (80%) of parents feeling that they had improved their knowledge of CPV/APV.

Sample

In 2017, 48 individuals attended the one-day workshops: 22 (46%) of whom returned questionnaires they had been asked to complete before and after the workshop. The 22 adoptive parents were caring for 13 girls and 9 boys, who were on average 11 years old (range 6-20yrs) and who had been adopted on average at 3.6yrs old (range 0-10yrs).

At the start of the day, parents were given a short survey to complete that asked about:

   a) their confidence in parenting their child

   b) a list of behaviours and were asked to identify which ones they thought were CPV/APV.

   c) a self-assessment on a scale of 0-10 of their knowledge of CPV/APV.

After the workshop, they were presented with the same list of behaviours, a re-assessment of their knowledge of CPV/APV and were asked about their overall evaluation of the workshop.

Findings

Experience of the workshop

At the end of the workshop, participants were asked how much they enjoyed the workshop, whether they felt that their knowledge of CPV/APV had improved and if they felt more confident in their parenting skills. Enjoyment of the workshop was high with 85% enjoying the day, and the majority (80%) reporting that their knowledge of CPV/APV had improved.

> I found the session very informative and have since used some of the techniques.

Parents were also given the opportunity to provide additional comments and many parents commented that they had especially enjoyed the opportunity to share their experiences with others. Other participants simply wrote "Thank-you" on their evaluation sheets.

Whilst most parents had found the workshop helpful, others were not ready or willing to accept all the key messages of an NVR approach. For example, a key principle of NVR is that all forms of violence are unacceptable, which some found difficult to accept. For example, one adopter wrote:

> It was helpful to get an overview and meet other adoptive families to understand more about the controlling behaviours our children use and that we all live with, as well as some of the more obvious violence. It was interesting to consider and discuss an alternative NVR approach, which we have since adapted and applied to our child's situation of refusing to come downstairs to leave for school, because she did not consider herself ready. It made a difference involving her teachers to positively reinforce her worth and to be curious at what was going on. We would not be comfortable with stating something is not acceptable because that feels like it brings shame into the situation rather than communication.

Two participants were dissatisfied with the one-day workshop, partly because they were hoping for more help and concrete strategies. One wrote:

> I am now aware of CPV but don't feel at all equipped to implement it.

Confidence in parenting their child

After the workshop, parents were asked whether they felt more confident in their parenting skills. Twelve parents (60%) felt that their confidence had improved 'a little bit' and 8 parents (40%) felt that their confidence had improved 'quite a lot' or 'very much'.

Text comments from the pre-workshop questionnaire indicate some of the challenges parents were facing and the impact on their confidence in their parenting ability:

I know the best strategies to 'neutralise' the behaviour, but I don't always feel strong enough or I feel humiliated … so I don't always put the right strategies in place, as it's not always easy.

Aggressive, threatening and abusive behaviour from a child one has cared for, loved, brought up is a bit of a shock and confusing...

My child behaves differently towards myself and my husband.

Knowledge of CPV/APV

At the end of the workshop, 16 parents (80%) felt that their knowledge of CPV/APV improved 'quite a lot' or 'very much'. There was a small group of parents (4) who felt that their knowledge had improved 'a little bit'.

Parents were also asked to rate their knowledge of CPV/APV on a scale of 0-10, with 0 being no knowledge and 10 representing excellent knowledge. After attending there workshop, there was an improvement in parents' knowledge of CPV/APV, and this change was stastitically signficant with 16 parents reporting a positive change.[5]

Table 6: Knowledge of CPV/APV

Knowledge of CPV (0-10)	Average	Low (0-4 scores)	Medium (5-6 scores)	High (7-10 scores)
Pre-workshop	3.5	71%	19%	10%
Post workshop	6.8	14%	18%	68%

Participants' knowledge of CPV/APV was further evaluated using a violent behaviour checklist. Parents were given a list of 24 behaviours, which are characteristic of CPV/APV, and were asked

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[5] Wilcoxon signed tank *T*=149, p=.001, n=21.

which ones they believed to be CPV/APV. At both the start and end of the workshop, there was a considerable range in the proportion of participants who felt that these behaviours were CPV/APV (5% to 100% pre-workshop and 10% to 100% post workshop).

Although research (e.g. Holt, 2009; Holt, 2013; Selwyn and Meakings, 2015) has evidenced how CPV/APV is a pattern of behaviour that can include verbal, financial, physical or emotional threats or abuse, there was more agreement amongst parents that physical violence or threats of violence indicated CPV/APV. Behaviours that described verbal abuse, as well as emotional and coercive elements went unrecognised by the majority of parents. Controlling behaviours such as "trying to stop you from doing something you want" or "stopping you talking to family or friends" were not thought by the majority of parents to be CPV/APV behaviours. However, there was a shift after the workshop with more of the coercive behaviours being recognised as CPV/APV (Figure 1).[6]

Figure 1: Examples of adoptive parents' understanding of behaviours that characterise CPV/APV

The majority of attendees were positive about the workshop, knowledge and confidence in parenting had improved but about 20% of adoptive parents wanted more information on strategies and were not entirely satisfied.

The next sections will cover findings from 8-week parent group for adoptive parents.

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[6] For the full list of behaviours see appendix 2.

Overview

The CPV/APV parent groups were designed to provide information on parenting skills and strategies using NVR informed approaches, provide a space for sharing experiences, and build support networks for parents. The groups were held for 3 hours a week over 8 weeks: a total of 24 hours of training. Parents were also offered telephone support during the 8 weeks and were encouraged to set up a group *WhatsApp* with other attendees. At the end of the 8 weeks, parents reported that they had found the groups useful, learnt new skills, improved their confidence in parenting their child and reported less strain.

Method

Attendees of the 8-week CPV/APV parent groups were asked to complete two questionnaires: one before and one just after the group sessions had ended. Several standardised measures on family violence, caregiver strain and family support were used and were adapted to suit adoptive families (see Box 1 for complete list of measures).

Questionnaires were distributed at six CPV/APV groups. If both parents attended the training, the same parent was asked to complete the survey at the start and end of training. Parents were also asked to focus their responses on the main child who was causing concern.

Sampling

The six CPV/APV parent groups were attended by 64 families, including single parent families and parents who attended without their partner. Of these families, 57 (89%) consented to take part in the evaluation and completed the 1st questionnaire, and 49 (77%) went on to complete the 2nd questionnaire at the end of the 8 weeks.

In addition to the pre-post method questionnaires used in the evaluation, telephone interviews were conducted with 8 adoptive parents who completed the group sessions. This small sub-sample was selected from three different CPV/APV groups: one which had taken place in London and two in North East England. It was intended to be indicative rather than representative of parents' experiences of the group sessions.

Figure 2: Sample


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┌─────────────────────────────────────────────┐
│  64 families attended 8 week parent group     │
└─────────────────────────────────────────────┘
                      ↓
┌─────────────────────────────────────────────┐
│  57 consented to take part in research and    │
│  returned pre-parent group questionnaires     │
└─────────────────────────────────────────────┘
                      ↓
┌───────────────────────────┐    ┌──────────────────────────┐
│  49 returned post parent  │ →  │  16 parents consented to  │
│  group questionnaires     │    │  be contacted for         │
│                           │    │  telehone interview       │
└───────────────────────────┘    └──────────────────────────┘
                                              ↓
                                 ┌──────────────────────────┐
                                 │  8 parents were           │
                                 │  interviewed              │
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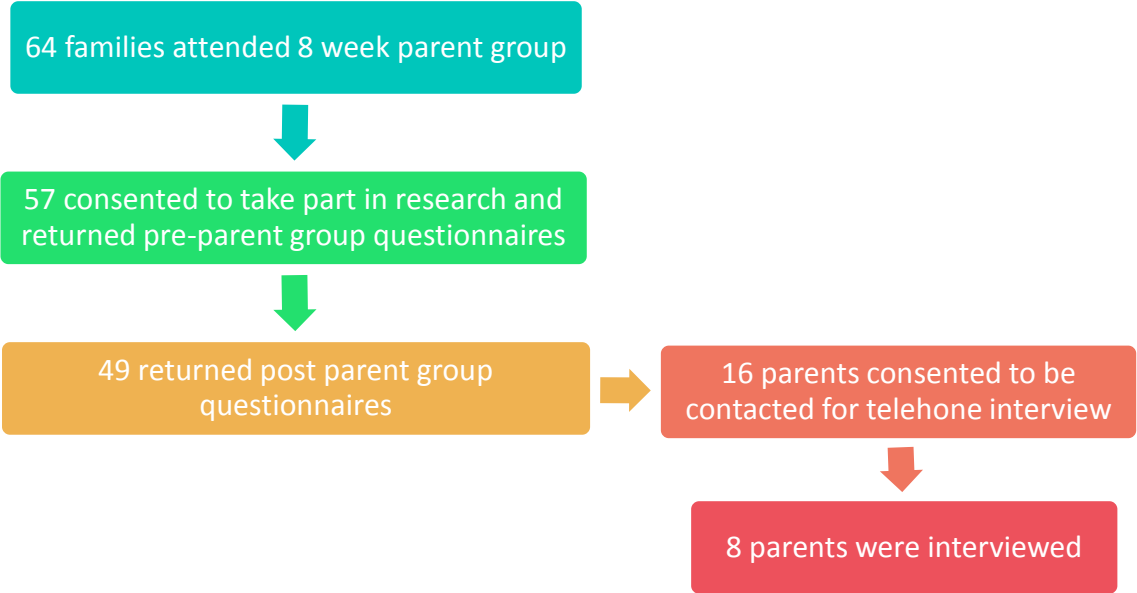
Findings

Demographics

Parents were asked to give the gender, age and the age at the time of the adoption order for the child who was of most concern. Children's current ages ranged between 4 and 20 years old, with an average age of 9 years old.

Table 7: Age of children

	Age at time of training	Age at adoption
Median	9 years	2 years
Minimum	4 years	Under 1 year
Maximum	20 years	9 years

There was also variation in the age that the children were adopted, with the youngest adopted at under a year old and the eldest adopted at 9 years old. The child's median age when parents received the adoption order was 2 years old, and 21% were adopted over the age of 4 years old. The age at adoption reflects the national picture (DfE 2017), where in 2017, 71% of looked after child were adopted at 4 years or under and 21% were adopted between 5-9 years old.

Most parents (69%) were seeking parenting support for their son. There were no significant differences in age and age at adoption between girls and boys.

Table 8: Gender of children

Gender	n	%
Girl	14	29%
Boy	34	69%
Missing	1	2%

Health

Two in five (40%) parents reported that their child had a physical health, neuro developmental or emotional and behavioural difficulty that had an impact on their daily functioning. Examples given

Table 9*:* Health of children

Heath	n	%
Yes	19	40%
No	28	60%

included learning difficulties, autism spectrum disorder, attachment issues and asthma. Eighteen (39%) children and young people had a Personal Education plan (PEP) or an Education, Health and Care plan (EHCP) in place at the start of the group sessions.

There is limited comparable data on children's health in the general population. The Family Resources Survey (FRS), a continuous household survey representative of private households in the UK, found that 8% of children were identified with a disability or long-term health condition (DWP, 2018). Children entering care have been found to have more physical complaints than their peers in the community. A UK study (Meltzer et al 2003) found in a sample of 1,039 looked after children that two-thirds had at least one physical complaint reported by their caregiver. Common complaints were asthma, bed wetting, and vision impairments and a need for speech and language services, as the development of language was delayed due to neglectful parenting.

Parents' assessment of the CPV parent groups: usefulness and impact

Parents received other types of support from the CPV project in addition to the 8 week group sessions, as decided in their consultation. Interventions included telephone support from another adopter (parent consultant), telephone support from PAC-UK, and therapeutic support provided in the family home. Eleven (22%) parents chose just to attend the 8 week parent group. In addition to the group sessions, around two-thirds (65%) of parents received either telephone support from a parent consultant or from PAC-UK. Three parents (6%) received telephone support from PAC and a parent consultant, and three (6%) received therapeutic home support in addition to telephone support.

Table 10: Types of support received

Type of support	n	%
8 week parent group only	11	22%
8WP & Telephone support from a parent consultant	11	22%
8WP & Telephone support from PAC-UK	21	43%
8WP & Telephone support from parent consultant and PAC-UK	3	6%
8WP & Telephone support from PAC-UK & Individual support	3	6%

At the end of the group sessions, parents were asked how useful they had found each type of support. All but one parent was very positive and felt that the support they received and the skills they learnt were either 'a bit useful' or 'very useful'.

Table 11: Usefulness of support

	Not at all useful	Neutral	A bit useful	Very useful	Missing
8 week parent group (n=49)	-	1 (2%)	3 (6%)	43 (88%)	2 (4%)
Telephone support from parent consultant (n=14)	-	-	3 (21%)	11 (79%)	-
Telephone support from PAC-UK (n=27)	-	-	8 (30%)	18 (67%)	1 (3%)
Therapeutic family support (n=3)	-	-	1 (33%)	2 (67%)	-

Parents were asked whether they agreed or disagreed with the following statements about their experience of the parent groups and the impact of their learning on their families. Almost all parents agreed that the strategies learnt on the course had been useful (96%), and the majority felt that there had been an increase in their parental presence in the child's life (72%) and their relationships (59%) had improved. Over half (57%) felt that attending the parent group had changed home life for the better and around half (49%) of parents felt that changes in parenting had a positive effect on their child's behaviour. Two in five (41%) parents reported an improvement in their family and social support.

Figure 3: Views on the 8 week CPV/APV parent group
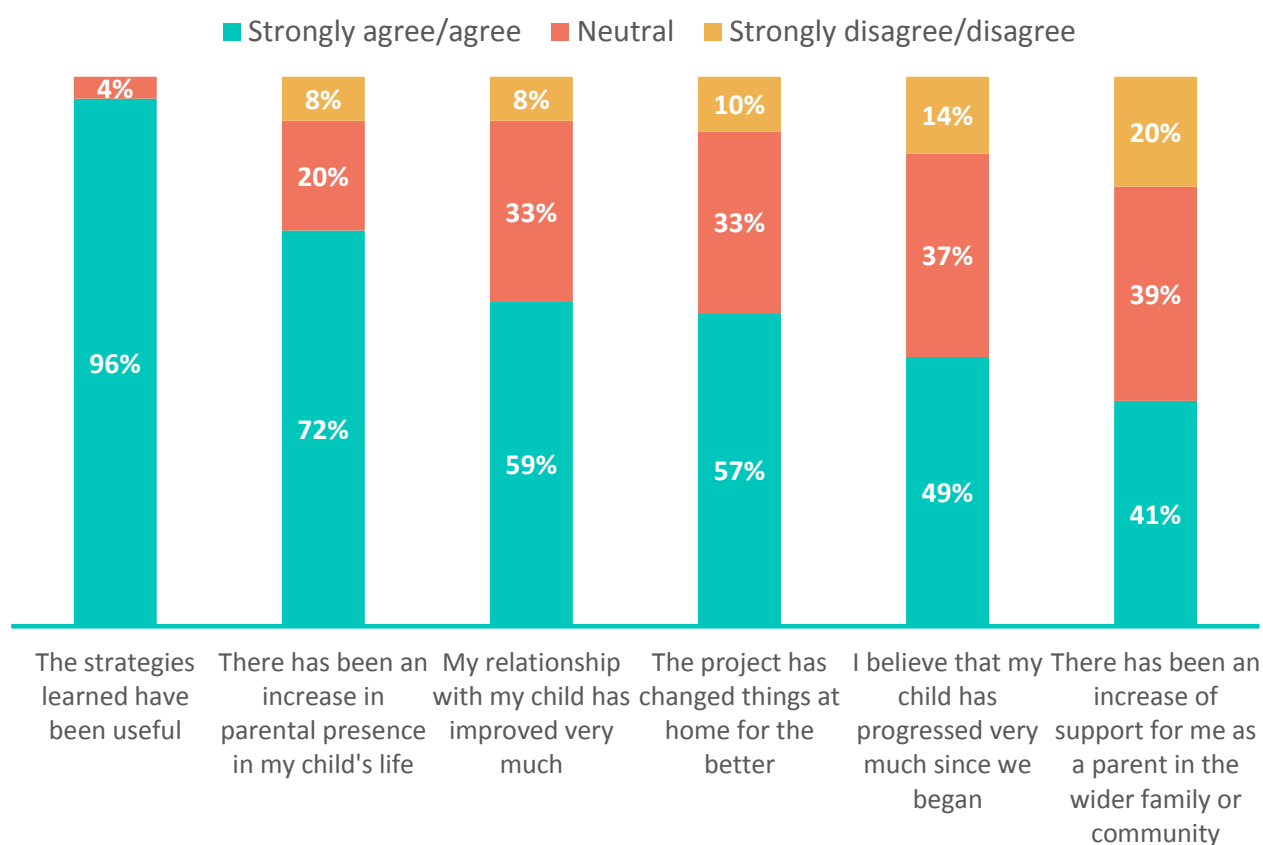
The positive questionnaire responses were reflected in telephone interviews. Overall, parents were very positive about their experiences of the parent group and the impact it had on their family life. All parents said that the group sessions had improved their confidence in managing aggressive and

violent behaviours. Most parents also said that they had seen a positive change in their child since starting to use NVR informed parenting strategies at home. However, strain on family life and ongoing challenges were continuing for many of the families, and several parents were concerned about what might happen after the support offered by PAC-UK had ended. Parents said:

Hugely positive experience, and I'm really, really glad that I was able to go on it. It has been the most useful training, and I've been on loads of training. The most concretely helpful in daily life, the most practical one that I've been on.

I went to it a bit cynically, partly I think because of the NVR name and the Gandhi thing and some of the terminology. But I have come away a complete convert, an evangelical spreader of the word.

For me, it was a wonderful mix of a different skill set to use alongside some of the stuff we already had.

We're extremely grateful that we managed to get a place. We've still got some uphill struggles, but I think if we're positive in ourselves and we keep going and we get the external services to help as well, things will get better.

I was really happy with the course, and I think it was done incredibly professionally.
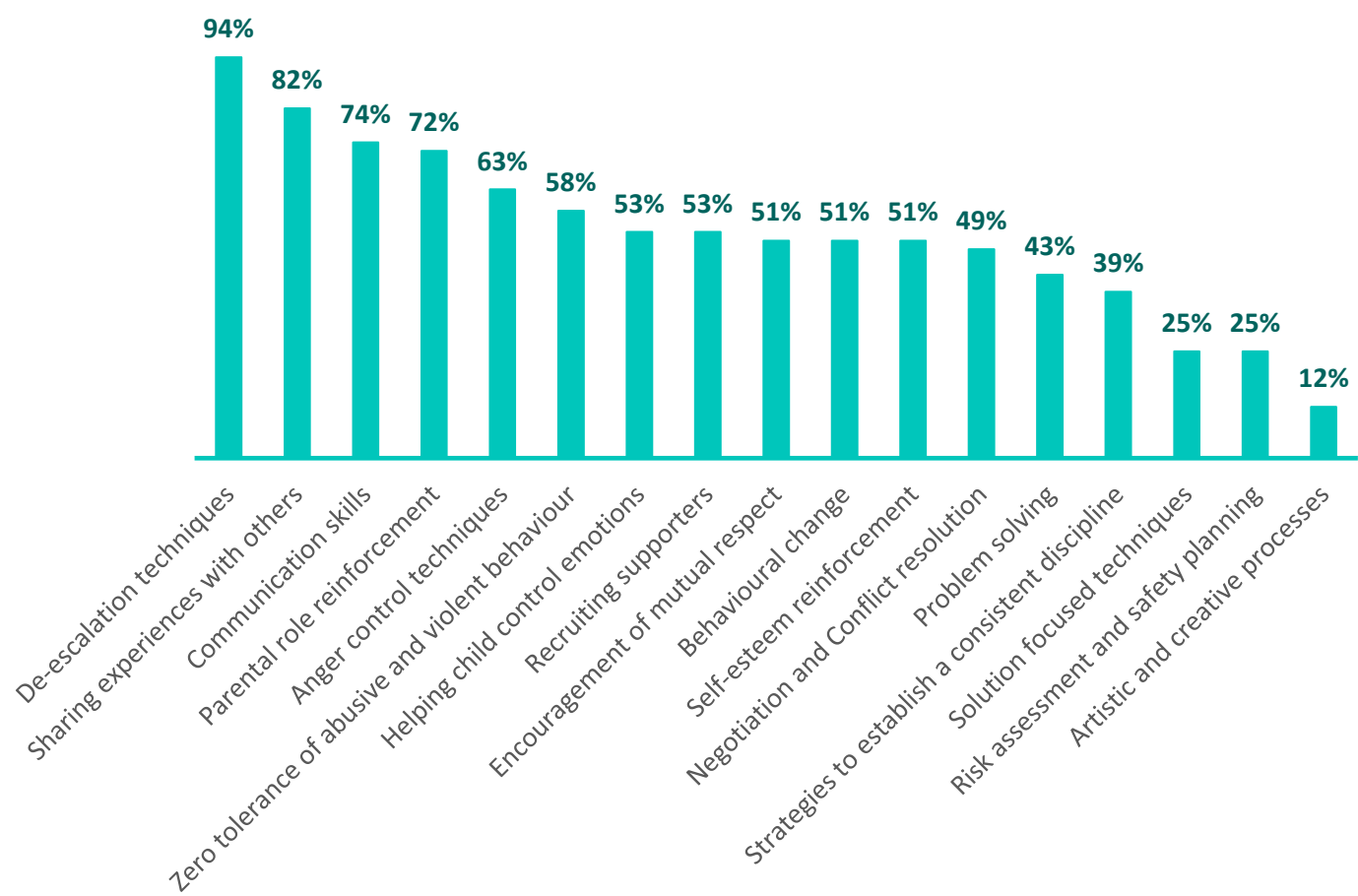
It's still early days […] We are not very far into it, so it is a bit difficult to say what the impact is going to be.

What worked?

Parents were asked which of the parenting strategies they had learnt about had been the most useful. Almost all parents (94%) selected 'de-escalation techniques' (Figure 4). The majority also found 'sharing experiences with other in a similar situation', 'communication skills', 'parental role reinforcement' and 'anger control techniques' to be the most useful.

Figure 4: Most useful strategies learnt during the group sessions

These findings were reflected in the interviews, where all parents thought that the parenting skills and strategies taught during the group sessions were practical and helpful. Some parents gave examples of how they had used techniques to a positive effect, as the following demonstrate:

Example 1:

I asked him to stop doing something that was kind of quite inappropriate in the shop. He said, "I hate you, I want you to go to Africa", […] I just repeated it back to him, in quite a calm way and he wandered off, round the corner of some shelves and then he came back and said "I'm sorry, I said that mum". And It's very unusual for him to say sorry or reflect on what he said, and we found that communication model of just echoing back what he said really, really useful and it's very deescalating.

Example 2:

[Traffic lights system] helped immensely in terms of focusing on what was actually important and which bits you can actually disregard. […] Serious eye opener into how we had been parenting previously.

Example 3:

Choosing the most important things to us, and just focusing on them, had a big impact on our relationship with [son] and his relationship with us. He is a lot more relaxed.

Improved adoptive parent's confidence, commitment to the child and communication within the family

Overall quality of parent-child relationship

Parents were asked about their relationship with their child on a 5-point scale, from very good to very bad (Figure 5). At the end of the 8 weeks, 22 parents reported that their relationship with their child had improved, 20 felt that it has stayed the same and six parents reported that it had worsened and there had been a negative change.[7] The proportion of parents who felt that their relationship with their child was either 'very good' or 'good' increased from 37% to 59% after attending the parent groups.

Parents were also asked how regularly they had difficulty in understanding their child's behaviour in the past month. At the start of the CPV/APV parent group, 82% of parents recorded that they regularly had difficulty. Although understanding increased post training, 69%, still reported a lack of understanding of their child's behaviour.

Figure 5: Relationship with the child at the start and end of group sessions

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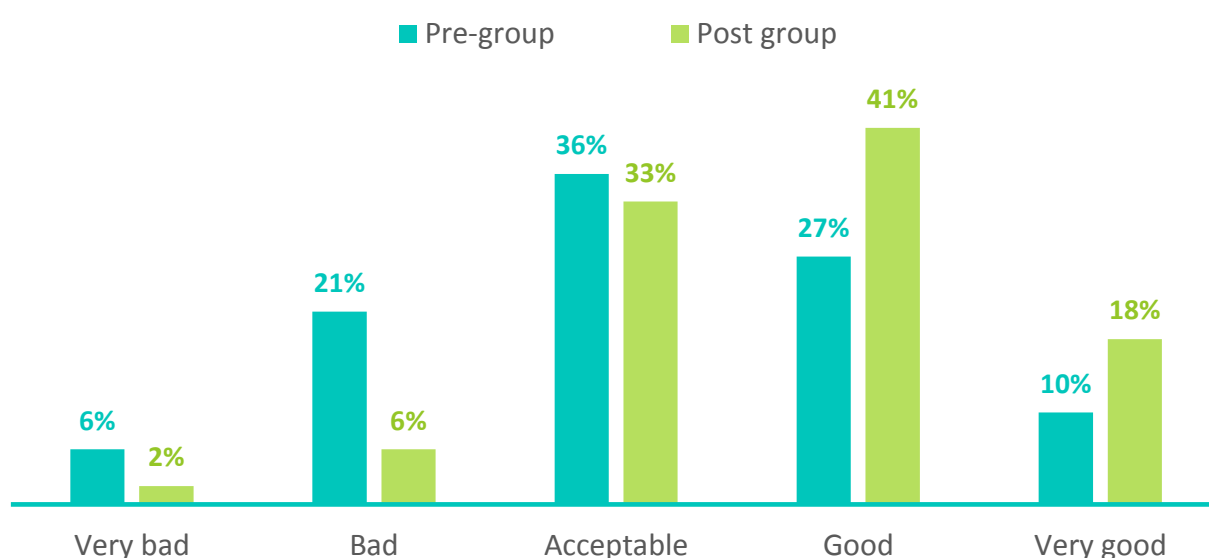
[7] Relationship with child: Wilcoxon Signed Rank *T*=333.0, p=.002, n=48.

Confidence in parenting ability

Research has shown that parents' confidence in their own parenting skills is associated with quality of parenting and ability to perform parenting tasks well (Woolgar et al, in prep). To examine parental confidence, the Brief Parent Self Efficacy scale (BPSES) was used. This scale asks parents how much they agree or disagree with 5 statements, including statements such as, 'Even though I may not always manage it, I know what I need to do with my child'. The scale has a five point range with a score of 5 representing complete confidence in parenting ability. For the majority of parents (34, 69%) their self-efficacy, their belief in their own ability to perform tasks, improved over the course of the group sessions. The mean increased from 3.7 to 4.1 out of 5 by the end of the group sessions and the change was statistically significant.[8]

Table 12: Brief Parental Self Efficacy scale (BPSES) score before and after group sessions

BPSES scores	Average	Minimum	Maximum
Pre-group training	3.7	2.4	5
Post group training	4.1	3	5

These findings were reflected in the interviews, where all the adopters felt that the parent groups had given them greater confidence in managing challenging behaviours. Several parents spoke of having a 'tool kit' with options they could draw on to manage different situations and feeling 'empowered'.

It's very empowering. We definitely feel like we have some control over what happens.

It gave me the confidence that I personally needed, to think, 'This is okay, you've got this, you can do this'**.**

[The 8 week group] has given us a tool kit, a lifeline, in the sense that you're in that situation and you think "What shall I do now?" - I'll de-escalate or do this or that.

[The 8 week group] gave us the strength.

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[8] Wilcoxon Signed Rank *T*= 787.0, p=.000, n=49.

Family functioning and communication

To see how communication within the family changed or improved over the course of the group sessions, SCORE-15 was a measure included in the questionnaires. SCORE-15 is used to explore three areas of family functioning: strength and adaptability, disrupted communication and feeling overwhelmed by difficulties. Questions focus on trust, listening, caring, crises and blaming behaviours within the family. Question used to understand 'disrupted communication' include 'People often don't tell the truth in my family', 'It feels risky to disagree in my family' and 'People in the family are nasty to each other'. The average total score can range from 1 (if every question was absolutely positively) to 5 (if every question was rated absolutely negatively). Overall there was a positive change in mean scores from 2.39 to 2.20. This change was significant, suggesting there had been an improvement in family functioning.[9] Looking at the dimensions individually, the strengths and adaptability of families improved and parents also reported feeling less overwhelmed by difficulties. However, there was no significant change in how disrupted they felt communication was in their families.

Table 13: Score 15 mean before and after parent group

	Pre-group	Post group
Strengths and adaptability	2.30	1.20*
Overwhelmed by difficulties	2.62	2.44*
Disrupted communication	2.22	2.13
Overall score	2.39	2.20*

* Significant change after the training

Although findings from the questionnaires suggest that there was small improvements in family communication, interviews with parents suggested they had seen positive changes. In the interviews, some parents said the tools they had learnt about through the programme had helped them improve

[9] Strengths and adaptability Wilcoxon signed rank *T* = 164.0, p=.002, n=46.
Overwhelmed by difficulties Wilcoxon signed rank *T*=278.0, p=.047, n=48.
Total score Wilcoxon signed rank *T*=235.5, p=.050, n=42.

the way they engaged with their child and others said that it had helped communication with their partner. A few parents also commented that they had seen relationships between siblings improve:

> Me and my wife have always had a good relationship, we do talk to each other quite a lot. I think it's just enhanced that a little bit more.

> It's helped us find ways to talk about his behaviour and what he's feeling, and how he is managing his behaviour.

> I think it allows more time for everyone to be gentle, and less on edge in all our communication.

> I'm much more able to be nicer to [son]. Because of the whole emphasis on doing reconciliation gestures, I feel that we get on better. He is more affectionate to me and visa-versa, because of the way we deal with the fall out after an episode or an outburst.

Parental commitment

Research has shown that parental commitment is an important factor in adoptive families staying together (Testa *et al.,* 2015). Two measures were used to assess levels of parental commitment: Belonging and Emotional Security Tool (BEST) and the Caregiver Strain and Commitment questionnaire.

Belonging and Emotional Security Tool

The Belonging and Emotional Security Tool (BEST) was developed by the Casey Foundation for use initially with foster families who were considering adoption. It was designed to assess emotional security, through evaluating feelings of belonging and parental commitment (Frey *et al.,* 2008). A scale is created from the responses with a maximum score of 5 (completely committed) and a minimum score of 1 (very little commitment). The tool was adapted for use with UK adoptive parents.

At the start of the 8 weeks, parents had a positive average score of 4 out of 5. There was a statistically significant change at the end of the group sessions, where 25 (66%) parents reported a positive change and the average score increased to 4.4 out of 5. [10]
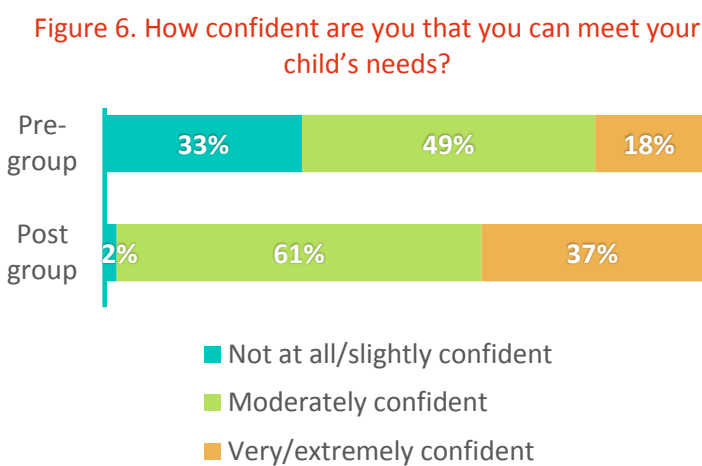
Table 14: Belonging and Emotional Security Tool (BEST) scores before and after parent groups

BEST scores	Average	Minimum	Maximum
Pre-group	4	2.75	5
Post group	4.4	3.25	5

Caregiver Strain and Commitment questionnaire

One part of the caregiver strain and commitment questionnaire asks parents about their commitment to their child. Comparing how parents felt at the start and end of the CPV/APV parent groups, there was a statistically significant changes in parents' confidence in their parenting ability and commitment to their child.

The majority of parents (98%) reported that they were confident they could meet their child's needs post training (Figure 6). There was an improvement for 26 parents and no change for 21 parents.[11] This is consistent with changes in parent self-efficacy, measured by the BPSES.

Figure 6. How confident are you that you can meet your child's needs?

Pre-group: 33% Not at all/slightly confident, 49% Moderately confident, 18% Very/extremely confident

Post group: 2% Not at all/slightly confident, 61% Moderately confident, 37% Very/extremely confident

- Not at all/slightly confident
- Moderately confident
- Very/extremely confident

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[10] Wilcoxon signed rank T=485.0, p=.000, n=38.
[11] Wilcoxon signed rank T=26.0, p=.000, n=49.

Parents were asked how they currently felt about the impact of their child's adoption on their family. They were given 7 options from 'extremely negatively' to 'extremely positively'. Responses varied, with 37% of parents answering that adopting their child currently had a negative impact, 18% responding neutrally and 45% of parents feeling that it had a positive impact (Figure 7). At the end of training, there was a statistically significant difference, with 23 parents (47%) feeling more positive about the impact of their child's adoption on their family.[12]

There were also positive changes in parents' feelings about whether they would have adopted their child if they had known then what they know now about their child (Figure 8).[13] Nineteen parents responded more positively at the end of the parent groups.

There was no significant change in how often parents thought about asking for their child to be removed. At the end of the 8 weeks, 59% of parents felt that they would 'never' ask for their child to be removed, with the remainder considering asking for removal 'rarely' or 'sometimes'.

Figure 7: How would you rate the impact of your child's adoption on your family?
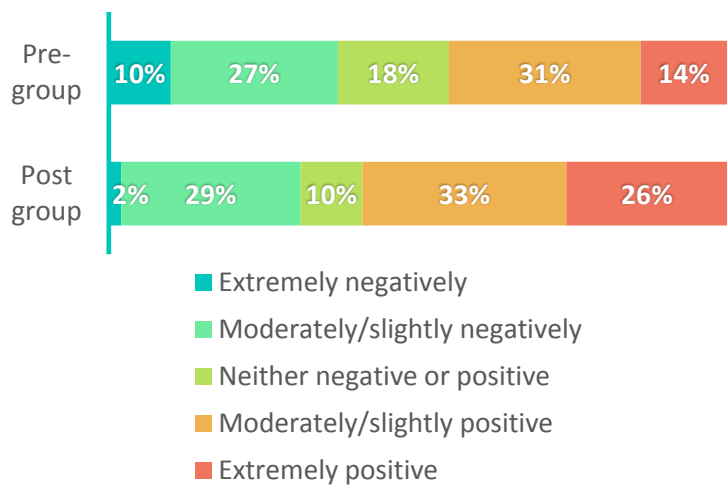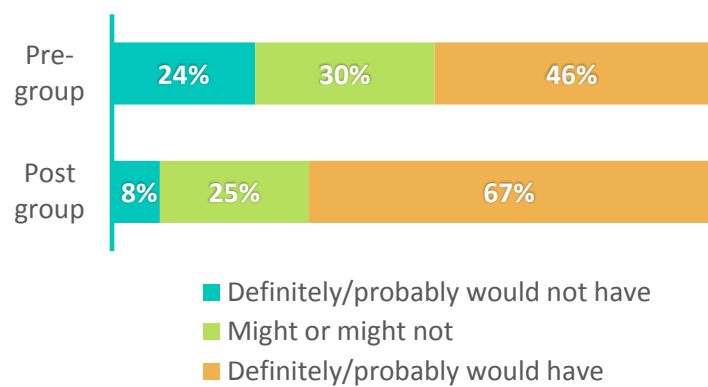
Pre-group: 10% | 27% | 18% | 31% | 14%
Post group: 2% | 29% | 10% | 33% | 26%

- ■ Extremely negatively
- ■ Moderately/slightly negatively
- ■ Neither negative or positive
- ■ Moderately/slightly positive
- ■ Extremely positive

Figure 8: If you knew everything about your child before the adoption that you now know do you think you would still have adopted them?

Pre-group: 24% | 30% | 46%
Post group: 8% | 25% | 67%

- ■ Definitely/probably would not have
- ■ Might or might not
- ■ Definitely/probably would have

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[12] Wilcoxon Signed Rank T=23.0, p=.041, n=49.
[13] Wilcoxon Signed Rank T=19.0, p=.002, n=46.

Improved children's behaviour within school

Parents were asked about their child's behaviour in school and in the community in the 6 months before the training began and at the end of the training child behaviours in the last month. Across most of the behaviours, such as skipping school or receiving a suspension, there were small changes. There was a statistically significant drop in the proportion of parents who had been called into school to discuss their child's behaviour, which fell from 58% at the start of training to 37% during the last month.[14]

Table 15: Child's behaviour at school and in the community

	Pre-group	Post group
Skipped school or classes without your permission	7 (14%)	6 (12%)
Received a suspension	8 (16%)	5 (10%)
Expelled from school	2 (4%)	0 (0%)
Been in trouble with the law or juvenile system	3 6%)	3 (6%)
Been involved in a gang	2 (4%)	1 (2%)
Parent been called into school to discuss child's behaviour	28 (58%)	18 (37%)

At the end of the parent training groups, the questionnaire asked parents what additional support would have been helpful. Several parents used the comments section of the questionnaire to expand on the challenges they had experienced with their child's school. Parents wanted more help communicating with schools about their child's needs and how their child could best be supported in that environment. Parents wrote:
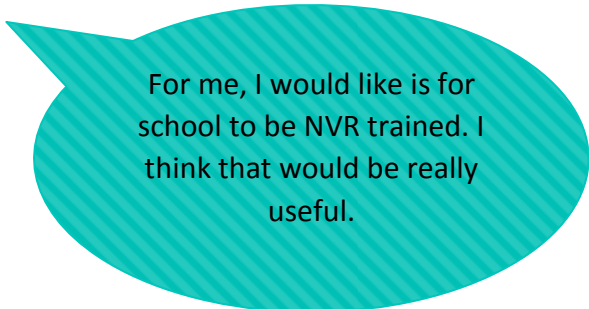
School just don't get it. Help getting them on board would be invaluable.

Our biggest source of stress throughout this project has been with our son's school and the threat of him being sent home/excluded/moved to another school. Support for us in 'managing' the school would be really helpful.

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[14] χ^2 (1, n=47) =10.409, p=.001 ϕ=.471.

Parents comments in the surveys were echoed in the interviews. Before the CPV/APV parent groups, parents described different experiences with their child's school, with some children getting on well in education and others finding it more challenging. For the parents who had a good relationship with the school, this was often attributed to their own hard work and persistence over the years. Several parents explained that their relationship with the school was difficult, as often the school's approach to managing behaviour was undermining what they were trying to implement at home. Some parents wanted teachers to receive NVR training or awareness training around CPV/APV.

> For me, I would like is for school to be NVR trained. I think that would be really useful.

Increased the quality of support to adoptive parents

We asked parents a range of questions about their support networks and the quality of that support before the group training and how that had changed over the course of the 8 weeks. One of the key components of NVR is for the family's to openly acknowledge their difficulties and the violence and build a network of supporters (Coogan, 2018).

Talking about problems to others

Parents were asked at the start and the end of the 8-weeks training whether they had ever talked to anyone else about their parenting problems. Only six parents had not confided in others and that reduced to four parents post training who were not being open with others. Most parents (41/49) had chosen to talk to their social worker, followed by friends (37/49) and family (31/49). Post training, three families were being more open with family and friends about their difficulties.

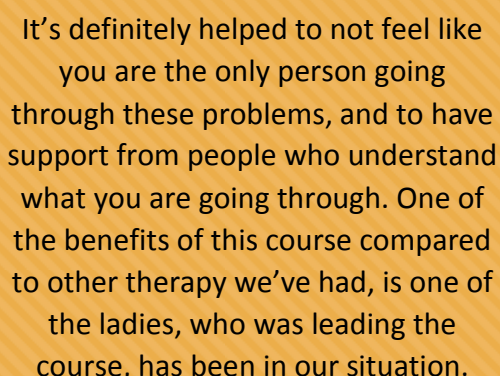### Improved support network

An aim of the training is to improve the quality of support for families. To measure feelings about support the Duke-UNC functional social support scale was used (Broadhead et al, 1988). The scale include statements such as 'I have people who care what happens to me' and 'I get chances to talk to someone I trust about my personal problems or family problems'.

At the start of the group sessions, the mean score for parents was 3.7 suggesting that most parents felt that they had relatively good support networks in place. At the end of the 8 weeks there was no statistically significant change in the average score for attendees.
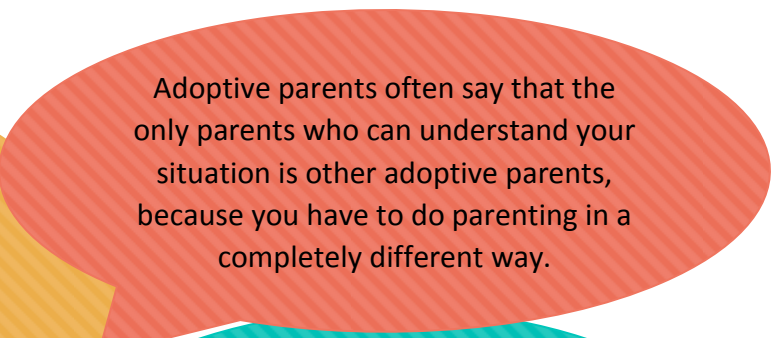
However, the telephone interviews provided a more nuanced understanding. Parents felt that the support offered by PAC-UK and their peers during the group sessions was invaluable. Many spoke of the benefits of sharing similar experiences, having a safe space to ask questions and learning from professionals and other families. Some parents found the peer *WhatsApp* group useful for support and stated that they would continue to use it after the weekly groups had ended.

For one group, most the of attendees lived far away from each other and there was some concern about continuing to meet up (maintaining that support network) once the sessions had ended. Parents said:
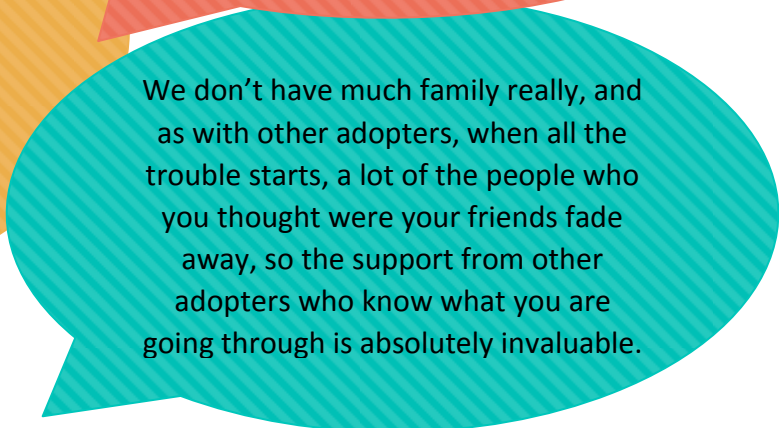
It's definitely helped to not feel like you are the only person going through these problems, and to have support from people who understand what you are going through. One of the benefits of this course compared to other therapy we've had, is one of the ladies, who was leading the course. has been in our situation.
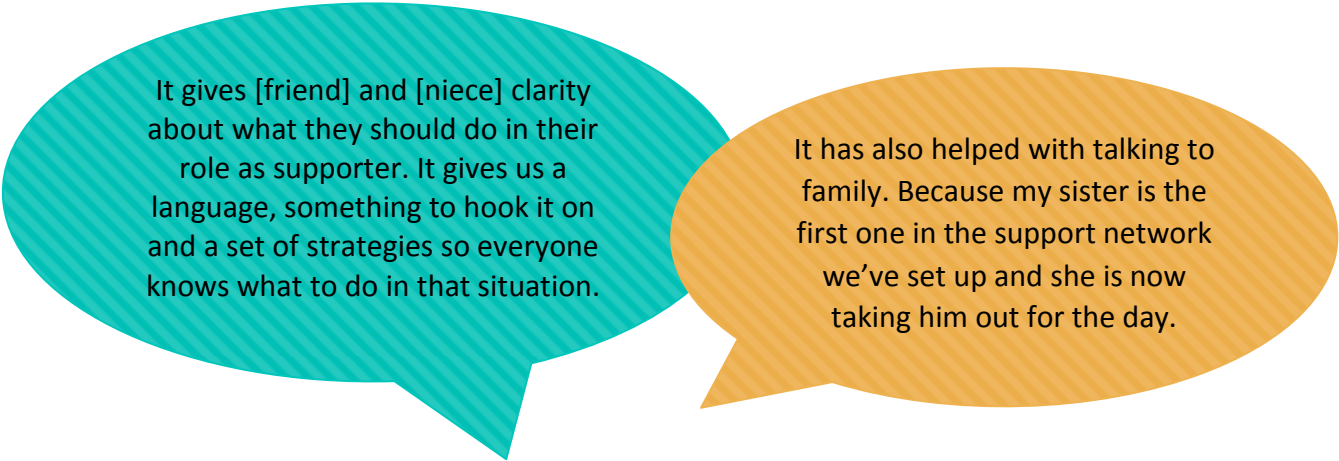
Adoptive parents often say that the only parents who can understand your situation is other adoptive parents, because you have to do parenting in a completely different way.

We don't have much family really, and as with other adopters, when all the trouble starts, a lot of the people who you thought were your friends fade away, so the support from other adopters who know what you are going through is absolutely invaluable.

Other parents said that the group sessions had helped formalise support within their own networks or helped them in working with their child's school. Parents said that the training had helped them to be more open with other family members and parents about what was going on at home:

It gives [friend] and [niece] clarity about what they should do in their role as supporter. It gives us a language, something to hook it on and a set of strategies so everyone knows what to do in that situation.

It has also helped with talking to family. Because my sister is the first one in the support network we've set up and she is now taking him out for the day.

Decreased parental strain and child behavioural issues in the home especially reduction in number of and severity of violent incidents

Changes in child violence and aggression

One of the main aims of the group training was to introduce ways of parenting that were likely to have an impact on their child's behaviour. Parents were asked about the occurrence of 24 behaviours and were asked how regularly their child was displaying them at the start and end of the training. Behaviours ranged from verbal insults, such as 'calling you names', to more violent and aggressive behaviours, such as 'threatened you with a knife or weapon'. Parents were given 5 options from 'never' to 'almost every day'.

Changes in behaviour were examined individually and a mean score was also created to assess overall change. The majority (80%, n=39) of parents reported a reduction in violent and aggressive behaviours. At the start of the group sessions, parents reported a mean score of 2.84 indicating that for most of the behaviours, parents were experiencing them 'occasionally'. There was a significant

change in the mean to 2.35 toward the end of the training, indicating a shift in the majority of cases towards 'rarely'.[15]

Looking at the behaviours individually, there was a significant change for the majority of the behaviours. Figure 9 shows five behaviours where the largest number of parents reported change. 29 parents reported a decrease in the frequency of 'pushing, grabbing or shoving', 28 parents reported a decrease in 'kicking', 27 parents reported a decrease in threats of hitting, 26 in slapping, hitting or punching and 22 reported that there had been a reduction in the times they were told they were bad parents.[16]

Figure 9: Changes in behaviours

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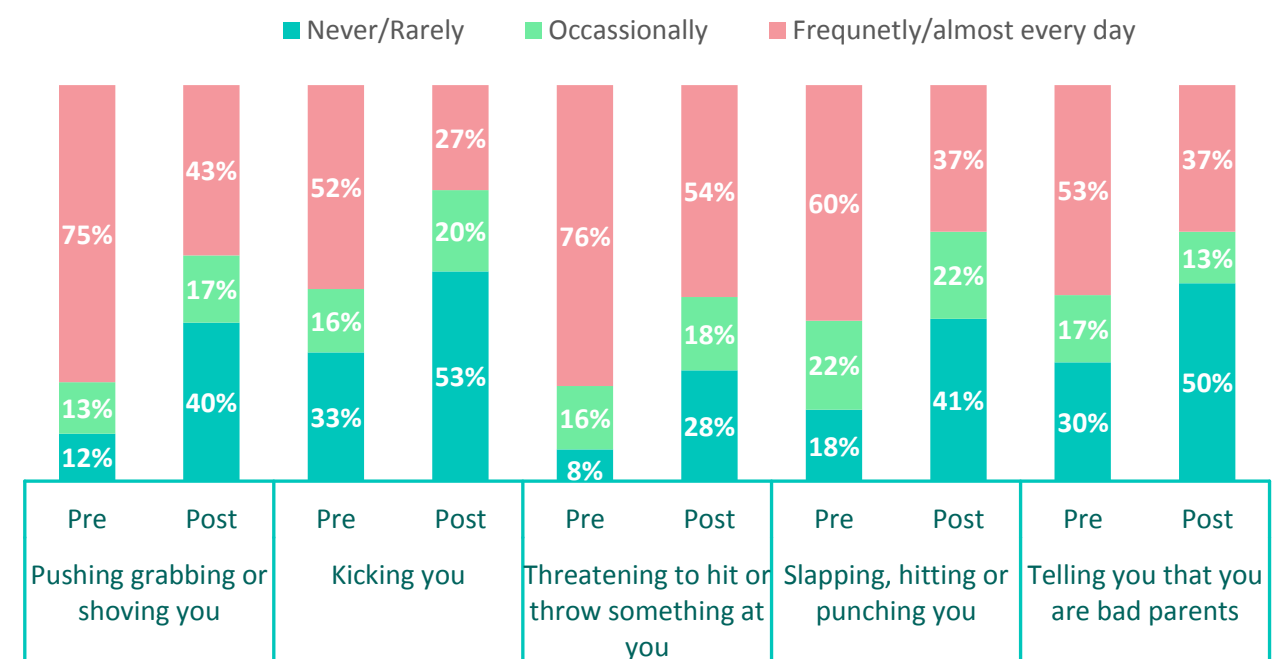
[15] Wilcoxon signed rank *T*=20.0, p<.001, n=23.
[16] 'Pushing, shoving, grabbing', Wilcoxon signed rank *T*=537.5, p<.001.
'Kicked you', Wilcoxon signed rank *T*=485, p=.001.
'Threatening to hit or throw something', Wilcoxon signed rank *T*=402.5, p<.001.
'Slapping, hitting or punching', Wilcoxon signed rank *T*=392, p<.001.
'Told you that you were bad parents', Wilcoxon signed rank *T*=310.5, p=.002.

Intensity and severity of violence

In addition to the violent behaviour checklist, parents were also asked about the severity of the aggressive and violent behaviours. At the start and end of the group sessions there was an increase in the proportion of parents who never feared for their own safety – up from 55% to 81% of parents. However, there was no change for two parents (4%), who worried regularly about their own safety and felt in danger.

Figure 10: Have you ever felt that your life was in real danger in the past month?
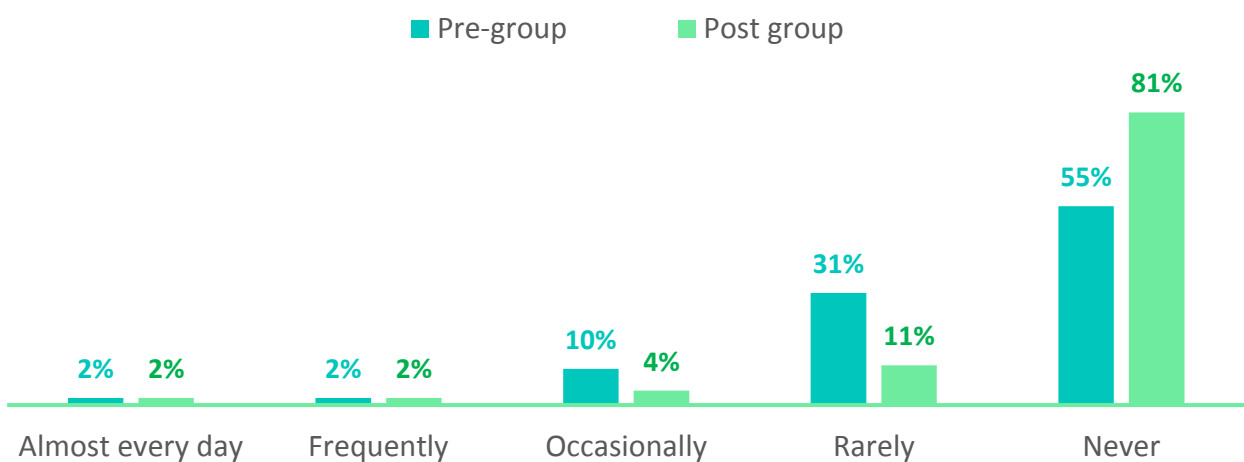
Parents were also asked whether they had been injured as a result of their child's behaviour or if the police had ever been called. In the 6 months before the parent training groups, over two-thirds (69%) of parents had been injured. Injuries included bruising, scratches, bites and punches. At the end of the training, a third (33%) of parents reported that there had been incidents that had resulted in injury in the previous month.

Table 16: Parental injury

Injured because of child's behaviour	Pre-group		Post group	
	n	%	n	%
Yes	34	69%	15	33%
No	15	31%	31	67%

For a small number of families (pre n=6, post n=4) the police had been called due to an incident. In all cases, the child was over 11 years of age.

Table 17: Calling the police to incident

Called the police	Pre-group		Post group	
	n	%	n	%
Yes	6	12%	4	8%
No	43	88%	45	92%

During the interviews, parents were asked whether they felt there had been a change in their child's behaviour, as a result of new parenting strategies. Most parents said they had seen a positive change and in some cases their child seemed calmer or less aggressive. Other parents noted that their child had an improved ability to reflect on their actions or there had also been positive changes in siblings' behaviour:

Situations don't escalate as far now, they don't get to a huge blow up as often.

Just calmer, just much calmer.

He escalates less, so he still has the frustrations, but he overcomes them usually I would say […] He is still very frustrated with lots of areas of life, but it doesn't feel like the end of the world anymore.

He's calmer, and he is more likely to try and calm himself down now when he starts to get angry. He's not been anywhere near as aggressive or violent as he was. So quite a big change in him.
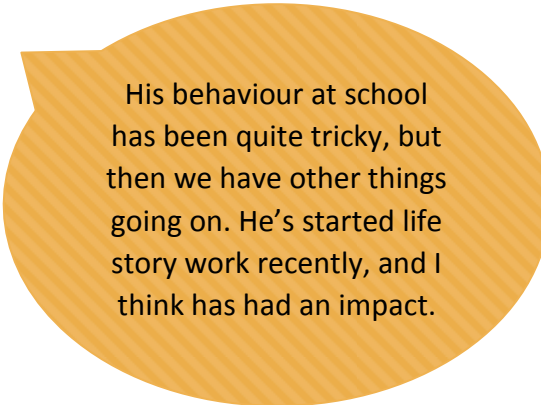
He is able to express his feelings better around these things. So be it, "I feel anger, I'm starting to get angry", he might say, which he never used to do.
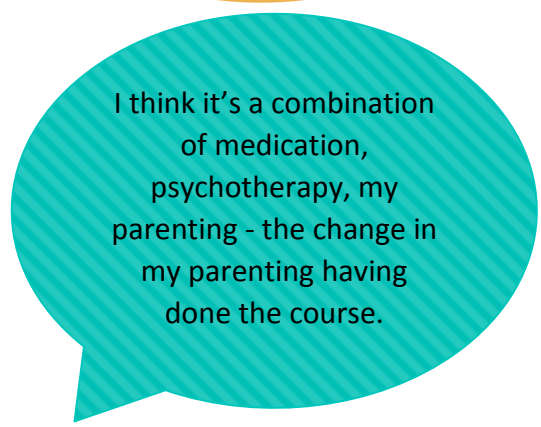
Three families had not seen a change in their child's behaviour, despite applying new parenting techniques at home.

In two cases parents attributed this to other family or life changes that had occurred. These parents believed that events such as Christmas, starting Life Story work and changes to the family structure had been disruptive, and their new parenting approaches did not have the impact they were hoping for.

> His behaviour at school has been quite tricky, but then we have other things going on. He's started life story work recently, and I think has had an impact.

Parents who had seen a change in their child's behaviour also discussed the impact of other interventions or changes in family life. Four parents said that their child had received some form of therapy either before or during the PAC-UK training. These parents attributed some of the positive changes to their child starting medication or receiving therapy, in addition to changes in their own parenting:

> I think it's a combination of medication, psychotherapy, my parenting - the change in my parenting having done the course.

Parental strain

In this study, we used the caregiver strain questionnaire that has been adapted for use by adoptive parents. The questions ask about isolation, resentment, feeling judged, financial stress and interruption of normal routines on a scale of 1-5. It also asks parents about positive emotions such as feelings of hopefulness and pride. Question responses were used to create an average score, with 1 indicating considerable strain and 5 indicating no parental strain. Comparing results between the first and second questionnaire, the mean score increased from 2.5 to 3.1. This change was statistically significant with 36 parents reporting less strain than they were experiencing at the start of the training.[17]
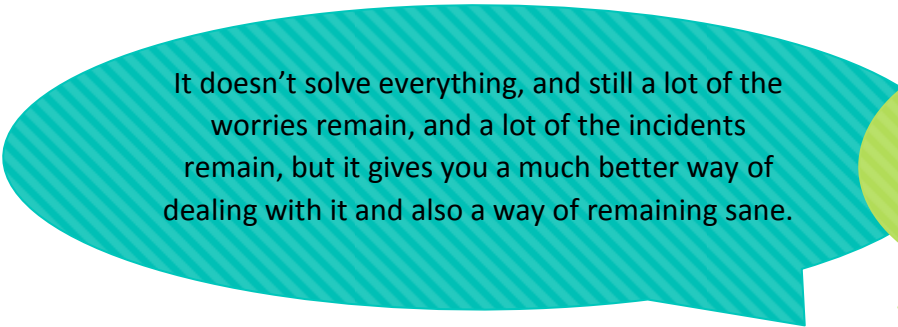
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[17] Wilcoxon signed rank *T*=76.0, p=.000, n=41.
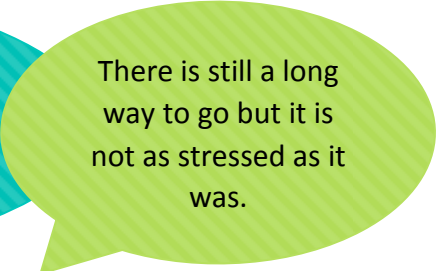
Table 18: Caregiver strain

Caregiver strain scores	Average	Minimum	Maximum
Pre-group	2.5	1.5	4.1
Post group	3.1	1.8	4.6

However, on average parents were still reporting a moderate amount of strain. In the interviews, parents reflected that although they felt there had been improvements in most cases, challenges were likely to continue, or new ones arise, as their children reached different developmental stages:
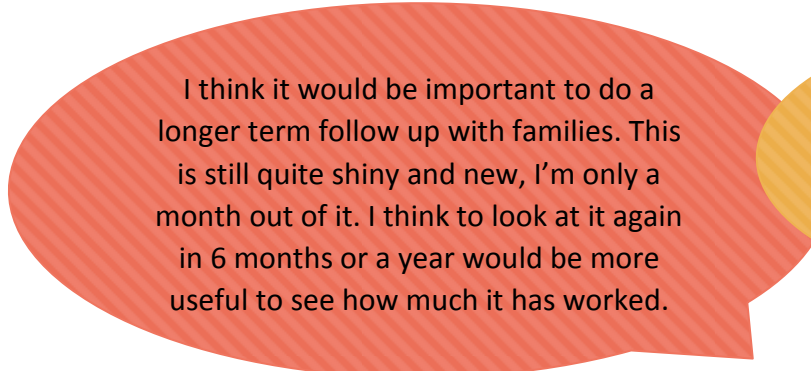
It doesn't solve everything, and still a lot of the worries remain, and a lot of the incidents remain, but it gives you a much better way of dealing with it and also a way of remaining sane.
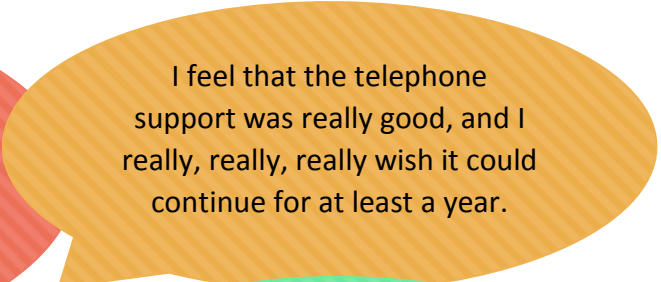
There is still a long way to go but it is not as stressed as it was.

Many were also worried about sustaining what they had learnt in the long term and accessing support in the future. Parents said:

I think it would be important to do a longer term follow up with families. This is still quite shiny and new, I'm only a month out of it. I think to look at it again in 6 months or a year would be more useful to see how much it has worked.

I feel that the telephone support was really good, and I really, really, really wish it could continue for at least a year.

It is a big jump going from weekly to monthly [support sessions].

Overall the interventions made a positive difference to adoptive parents and professionals working with families facing CPV/APV. Both professionals and adoptive parents reported high levels of satisfaction with the interventions.

Parents who were still struggling

Although the majority of families felt that the parent sessions had been helpful, there was a small group of parents (n=7, 14%) for whom their situation appeared to have deteriorated. In general, these parents felt more overwhelmed by difficulties, were experiencing greater caregiver strain, and felt that their quality of social support had decreased. These parents also reported feeling less confident in their ability to parent their child.

It was not clear from the questionnaires why these parents were struggling. All of these parents were married or had a partner, and 6 of the seven parents attended with their partner. Six of the children were boys and one child was a girl. The age of their child was not significantly different from those reporting progress i.e. they were not parenting older children.

However, there were a small number of differences compared with parents who saw improvement. None of the children were identified with a health issue at the start of the parent groups. This could suggest that these children were less likely to be receiving therapy or another intervention, such as medication. Additionally, at the end of the group sessions these parents were more likely to report that their *child's behaviour had deteriorated* compared to parents who saw change.

Now, we return to the original aims of the evaluation to assess whether they have been met:

Improved professionals' awareness, knowledge and skills of CPV/APV

Yes: After the three-day professionals' workshop, attendees reported positive changes such as increased knowledge of CPV/APV, confidence in working with families and in their skill set. There was a significant change in professionals' self-assessment of their knowledge of CPV/APV from 2.9 out of 5 before training to 4.2 post training. At the end of the training 85% of professional had changed the way that they approached and worked with CPV/APV families. Although findings from the professionals' workshop showed the intervention to be successful it was surprising to find that all but one of the social workers reported that there was no agency expectation that CPV/APV would be asked about in adoption support assessments. Asking specifically about CPV/APV during assessments was one of the key recommendations from the national study of adoption disruption (Selwyn et al. 2015).

Improved adoptive parents' awareness of CPV/APV, confidence, commitment to their child and communication within the family

Yes: Findings from the one-day workshop suggest that this type of intervention helped parents increase their awareness and knowledge of CPV/APV. However, there were smaller changes around an understanding of the emotional and coercive elements of CPV/APV. After attending the 8-week parent group, parental self-efficacy significantly improved, with 69% of parents feeling more confident in their parenting ability.

Using the BEST scale and caregiver commitment questions designed by QIC-AG, we found that there were significant improvements in parental commitment. Parental commitment has been found to be a key component of successful adoptions. An evaluation of the US photo listing service (https://www.adoptuskids.org/) found that although many adoptive families were caring for challenging children, it was parental commitment that predicted their ratings of the success of their adoption. Additionally, we found that there was an overall improvement in family functioning for parents who attended the 8-week group sessions.

Conclusions

Improved children's behaviour within school

Partly: Parents who attended the 8-week groups reported a range of experiences with their child's school, with many using the text comments and interviews to report that they often found working with schools challenging. Several parents identified that more support with schools would be beneficial for their families. There was a decrease in the proportion of parents reporting having been called school to discuss their child's behaviour at the start and end of the group sessions, suggesting that some parents had seen improvement.

Increased the quality of support to adoptive families

Partly: There were small changes in the size and quality of parents' support network and in the quality of communication within the family, but the changes did not reach statistical significance. Using the DUKE-UNC social support scale, there was no significant change in the subjective quality of parents support networks after the 8-week training. At the start of the group sessions there was a generally high levels of support, with an average score of 3.7 out of possible 5. However, this was not reflected in the telephone interviews, where all 8 participants felt that the support offered by PAC-UK and their peers was invaluable. Several parents also felt that the group session had helped them formalise their own support networks. Additionally, two in five (41%) parents reported an improvement in their family and social support. It is likely that the measure chosen (DUKE) was not sensitive enough to measures these changes.

Decreased parental strain and child behavioural issues in the home especially reduction in number of and severity of violent incidents

Yes: There was a significant change in caregiver strain scores at the end of the 8-week group. Using the caregiver strain questionnaire (adapted for use with adoptive parents), which creates an average score for parents from 1-considerable strain to 5-no parental strain. The average score changed from 2.5 to 3.1, and this change was significant. The majority (80%, n=39) of parents reported a reduction in the frequency of violent and aggressive incidents and 57% of parents felt that the parent groups had 'changed things at home very much for the better'.

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Child to Parent Violence Project 2017-18

PAC-UK, Adoption UK & Department for Education
Working together to support adoptive families

Providing a systemic approach to parents experiencing Child to Parent Violence (CPV)

What is Child to Parent Violence (CPV)?

It is a pattern of physical, psychological and emotional behaviour used by children and adolescents to gain control or power over their parent/s or carers. In families who experience CPV, it is the children or young people who hold the power within the relationship.

CPV is a serious issue for many families, which is often misunderstood or overlooked.
It can be a difficult and seemingly impossible task for parents and carers to acknowledge that this is happening in their family.

As an adoptive parent seeking help for a child who is displaying such behaviours can be a very shaming experience which can, in turn, prevent parents from accessing the support they need.

About the CPV Project

PAC-UK and **Adoption UK** are working in partnership to deliver a project that:

- increases awareness nationally about what is meant by 'child or adolescent to parent violence'

- provides training opportunities and learning to professionals across Social Care, Health and Educational settings that increases confidence and knowledge in aspects of CPV/APV

- researches and evaluates the impact of the interventions provided through this project, such as One Day CPV Awareness Raising Workshops, Peer-to-Peer Support, 10 week CPV group interventions, direct work and local support groups

- works in partnership and learns from adoptive families about what works, ensuring that the adopter's voice is enshrined within the project and beyond

- provides a service that is timely and cost effective to families and commissioners

Aims of the CPV Project

The project is DfE funded until 31st March 2018.
The CPV project is being piloted with adoptive families in Bradford, Hartlepool and London, after which it will be offered to Local Authorities, Regional Adoption Agencies and all families who have children placed in permanent families.

Attachment disruption, early life trauma and other risks leading to CPV

The term "developmental trauma" is used to cover a number of specific difficulties that can arise when a child's relational and emotional development is affected by neglect and abuse after birth (and possibly before birth too). We now know from scientific research that this type of trauma, also called complex trauma, can impact on every area of a child's development, from their physical health to their thinking, feeling, behaviour, sense of self and ability to form attachments. We know that as a result of this, children experience ongoing difficulties with attachments, with self- regulation and with the development of age appropriate competencies.

Healthy attachments are essential to a child developing well at home, school and in the wider society. 'Attachment' can be described as a deep and supportive bond between a child and their caregiver that binds them in space, endures over time and creates a sense of safety and stability. Although nobody is born attached, we are born with the drive to form attachments, primarily with our birth parents/primary caregivers. Attachments are formed in infancy through the meeting of physical and emotional needs. All babies have needs. If a baby's caregiver recognises and meets those needs consistently in the first year of life, then the baby begins to trust that their needs will be met. This trust creates a secure attachment, which gives a child a safe base from which to explore the world around him and return to when he needs comfort and safety.

Many adopted children will not have had the chance to build attachment security and that can make life hard for them.

They will have experienced attachment disruptions caused by maternal deprivation, neglect, illness, multiple carers, abuse and/or frequent moves through the care system. As a result, they tend to have an insecure attachment style that shows up as an anxious, avoidant, or disorganised way of relating to close others. They are also likely to have difficulties with self-regulation and with developing age appropriate competencies.

The above results in a series of challenging behaviours; for example, they may be loud, demanding, clingy, aggressive, controlling, lying, stealing, safety seeking, or they may "switch" off and dissociate. This is not their fault; it is how they learned to survive in an unsafe world. When children come into their adoptive families, they cannot easily change the way they think, feel and behave. Only through a process of intensive therapeutic re-parenting (often combined with child-parent therapy) can they be helped to feel safe enough to relax and learn new ways of relating to others and the world.

There are other factors to consider that impact upon children who display controlling, aggressive and violent behaviours. Children who have been exposed to domestic violence often learn destructive

lessons about the use of violence and power in relationships. Children may learn that it is acceptable to exert control or relieve stress by using violence, or that violence is in some way linked to expressions of intimacy and affection. These lessons can have a powerful negative effect on children in social situations and relationships throughout childhood and in later life. There is also some research that suggests that aggressiveness may be inherited.

Blocked care

Parenting (or teaching) a traumatised child can mean giving a lot but getting very little back. When this happens a defence may be to shut down emotionally. Going through the motions of caring – feeding, supervising, teaching - without joy or a sense of reward becomes the norm: parenting is only a chore! If a parent's care gets 'blocked' like this their stress levels need to be reduced by looking after their own needs, taking time out, having hobbies and seeking the support of somebody who listens. This self-care can help to re-ignite the parent's delight in their child and their parenting may become more rewarding again.

What is NVR?

NVR stands for Non Violent Resistance and was developed by Haim Omer and his colleagues at the University of Tel Aviv. It was originally developed as an approach to parenting and caring for young people who are violent, risk taking, aggressive or self-destructive. This approach is now being used in a variety of settings including in communities and schools and also with adults.

The concept of NVR, as its name suggests, is based on the non-violent resistance principles of those activists such as Gandhi or Martin Luther King and their approach to the oppressive regimes they were living under. They decided to take a counter intuitive approach, such as symbolic protests and non-cooperation; along with some innovative thinking and a great deal of patience these eventually bore fruit.

The great advantage of NVR is that it requires no commitment on the part of the child or young person. The NVR approach lies entirely with the person who is on the receiving end of the unwanted behaviour: the parent, carer or partner. To that end, NVR offers a number of practical ways that people can use to help the person increase their 'parental presence', increase their determination to take a firm stance against violence and achieve better control. It also allows the parent or carer to regain confidence in themselves, to better their own mental health and to rebuild rapport and trust.

In addition to the NVR approach, communication models and strategies as well as self-care are considered crucial in all aspects of the response to the issue of Child on Parent Violence.

Adopters

The aim is to provide adoptive parents with knowledge, skills and strategies that assist parents to increase their parental presence and be confident in de-escalating conflict.

The hope is that families will feel an increased level of confidence in taking a firm stance against violence.

Support is also offered via providing training and consultation in schools and other educational settings with the aim of increasing knowledge and understanding of Child to Parent Violence amongst educational staff. PAC-UK's Education Service can provide this bespoke service.

Services available within the CPV Project

PAC-UK and Adoption UK are working with parents in a number of ways as the project aims to meet individual needs at different stages. The CPV Project aims to provide a "step up/step down" tiered service as described below.

One Day CPV Awareness Raising Workshops

Child to Parent Violence is now recognised as a real risk factor in adoptive and other permanent placements. Non-violent resistance (NVR) is an approach that helps parents learn how to deal with these violent behaviours in children. This workshop will set out the principles of NVR; it is highly recommended for all parents of permanence but particularly for those whose children are violent.

Participants will become familiarised with the principles of NVR and learn how to build 'new authority' in the family and re-connections between parent and child.

For information on this workshop please visit www.pac-uk.org/training and click on 'Workshops for Adoptive Parents'.

Peer Services

For over 10 years Adoption UK's Parent Consultant Service has provided support to nearly 800 families where parents were struggling with parenting their adopted child or teenager. The Parent Consultants, all of whom are adoptive parents themselves, are trained and experienced in providing skilled support to families who are facing the challenge of parenting children with complex behaviours. Parenting these children requires a different approach to traditional models of parenting birth children.

The Parent Consultants support parents with developing and sustaining a therapeutic approach to their parenting, resulting in more positive outcomes for the whole family.

Who is the service for?

Any adoptive parent who is experiencing difficulties with, for example:

- challenging, defiant or destructive behaviour
- aggression, violence and controlling behaviours
- breakdown in communication, resulting in distance between parent and child or between parents.
- coping with the intensity and stress that can come with parenting a traumatised child
- blocked care – parents who are no longer able to find a positive connection with their child.

Unlike many support services, this service is provided by telephone or Skype. This allows parents to access the service at a frequency and time that fits within their often busy schedules and minimises the impact on the family.

For further information about this service or to make a referral visit the Peer Services page on the PAC-UK website at www.pac-uk.org/peersupport or email peersupport@pac-uk.org

CPV Parent Groups

The CPV Parent Groups are designed to teach, provide a space for sharing, and build connections and mutual support between parents. Skills that are taught help them resist out-of-control and violent behaviours whilst developing a collaborative solution-focused approach to problems (for example: de-escalating conflicts, increasing parental presence, announcing their decision to make a stand, 'sit-ins' and developing support networks). Parents also learn to counter giving-in to their child's demands or responding in a reactive way which can lead to even more violence.

The CPV Parent Group is underpinned with NVR and consists of 8 - 12 weekly 3-hour sessions which include short presentations, sharing, discussion and optional role plays. Structured homework tasks help reinforce the ideas from the sessions and help parents make an active connection to situations with their children at home.

The groups are facilitated by PAC-UK Child and Family Therapists who are experienced in working with adoptive families and hold a variety of skills including training in NVR. Parent Graduates co-facilitate the groups. They themselves are all adoptive parents and are trained in NVR as well as in other relevant skills including therapeutic parenting techniques.

Adopters tell us that the role of the Parent Graduate in the Group based CPV Parent Group is crucial as this ensures that the adopter's voice and experience helps to shape and design the service delivery.

Support between the group sessions is an integral part of the service: weekly telephone or Skype is offered to all parents who enrol in a group. At the end of the taught group sessions further support is offered by means of a local monthly CPV group support which continues to be facilitated by a therapist and/or Parent Graduate.

In addition to this, we can also offer support to children in school through PAC UK's Education Service.

Individualised/Direct CPV Support

This is intended for parents who need more intensive, one-to-one support (or who are unable to attend a CPV Parent Group).

A CPV service can be tailored to deliver bespoke, direct and individualised support in either a clinical setting or in their family home.

The direct service will be based on the same principles as the group based model (NVR, Communication, Self-Care, Educational Support and intensive group support.

What our families say about our range of CPV services

> *"'There has been no advice as valuable as the ideas and delivery of this course, even if some of it feels alien – hang on in there."*

> *"Exceptionally good, knowledgeable and experienced course facilitators. Every adoptive family needs these people. Top marks."*

Local Authorities and Regional Adoption Agencies (RAA's)

The partnership between PAC-UK, Adoption UK, DfE and Local Authorities ensures that adopters and professionals are at the heart of our services. This partnership working is enabling us to raise the awareness of Child to Parent Violence at both a local and national level, and provide effective support to families that is enriched by proven therapeutic interventions.

Training for professionals across health, social care, education and support services

Raising awareness of Child to Parent Violence is a crucial aspect of the project. Direct training to all staff in Social Care, Health, Education and Support Services is available through PAC-UK and Adoption UK. In addition to direct training, we are developing an online "knowledge hub" for professionals.

This service will also aim to contribute to well informed research. Outcome and evaluations of the CPV Services accessed by parents/families will be gathered and analysed to evidence the impact of such interventions for parents and families.

For information on relevant Training and Workshops, please visit www.pac-uk.org/training and click on 'Workshops for Professionals'.

For professionals wishing to seek additional support on behalf of a family or to make a referral, please refer to the PAC-UK website for details on how to refer a family to the CPV Service.

> *"Behaviour considered to be violent if others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence."*
>
> Paterson et al. (2002) Adolescent violence towards parents:
> Maintaining family connections when the going gets tough

Evaluation of the CPV Project

Measuring the impact of the CPV Project upon families' lives is of the upmost importance in enabling us to understand the project's effectiveness. Feedback from adopters will help us shape the service and it's sustainability beyond the project which comes to an end.

We are delighted to work in partnership with Julie Selwyn, Professor of Child and Family Social Work, who will evaluate the project which will then inform our model of future service delivery. To assist us in evaluating all aspects of the CPV Project, we will be asking families and professionals whether they would be happy to participate in this evaluation by completing pre- and post-intervention or pre- and post-training questionnaires.

Professor Julie Selwyn conducted a piece of research on adoptive families in 2014 which was summarised in 'Beyond the Adoption Order: challenges, interventions and disruption'. Among the key findings of Professor Selwyn's research was the presence of Child to Parent Violence in many more adoptive families than expected.

Below is an extract from Professor Selwyn's research:

> *"We had not expected child to parent violence to feature so strongly in parental accounts of challenging behaviour. We had expected ADHD and attachment difficulties to feature as causes of disruption and although parents described great difficulty in managing these behaviours, on their own they were not difficulties that broke families. Parents gave many examples of being beaten, attacked, threatened and intimidated. Knives had been used by 19 young people to control their parents. Young people also removed mobile phones, TV remotes, and curtailed parents' social networks in efforts to control. Young people were mainly violent to their mothers, but fathers, siblings, pets and in one case, grandparents had also been assaulted. Child to parent violence was shameful for families. It was not a topic that could be easily raised with social workers, friends, or extended family members."*

Additional research in 2015 from the Responding to Parent Violence Project Funded by Daphne lll European Union further added to the growing concern about the increase in Child to Parent Violence cases:

> *"CPV is one is the most hidden, misunderstood and stigmatised form of family violence. It involves teenage and younger girls and boys who use physical, psychological, emotional and financial violence and abuse over time to the extent that parents/carers live in fear of their child. The idea that parents, who are responsible for children's welfare, can become victims of abuse from their own child is extremely challenging not only for the parent experiencing violence from their child but also for practitioners and wider society."*

For more information about any aspect of the CPV Project please contact
Jo Mitchell, CPV Project Lead and Head of Child and Family Service (Leeds)
via phone 0113 264 6837 email jo@pac-uk.org or visit www.pac-uk.org/cpv

Appendix 2. Adoptive parent's one day workshop: understanding of behaviours that characterise CPV/APV

Behaviours	Pre-workshop definitely CPV	Post workshop definitely CPV
Criticizing you	1(5%)	4 (18%)
Spending money without consulting you	1 (5%)	2 (10%)
Stealing your money	3 (14%)	9 (41%)
Staying away from home for several hours without informing you	3 (16%)	8 (36%)
Refusing to do the chores	3 (14%)	3 (14%)
Calling you names	5 (23%)	6 (27%)
Telling you that you are bad parents	5 (23%)	6 (29%)
Putting other family members down (made critical remarks)	5 (23%)	7 (32%)
Giving you angry looks or stares	6 (27%)	7 (32%)
Trying to keep you from doing something you want to do	7 (32%)	9 (43%)
Harming her or himself	7 (32%)	8 (36%)
Trying to stop you talking to your friends or family	7 (32%)	8 (36%)
Getting upset with you/partner because something at home is not the way they want it	8 (36%)	6 (27%)
Screaming or yelling at you	12 (55%)	14 (64%)
Saying things to scare you (e.g.: telling you something "bad" is going to happen, threatening to commit suicide, telling you to watch out)	12 (57%)	14 (64%)
Threatening to hit or hitting brothers or sisters	12 (63%)	18 (82%)
Hurting a pet or threatening to hurt a pet	13 (59%)	21 (96%)
Throwing, hitting, kicking or smashing something during an argument	16 (73%)	17 (77%)
Threatening to kill you	17 (77%)	19 (86%)
Threatening you with a knife or a weapon	17 (77%)	20 (91%)
Sexually abusive or threatening to you	17 (77%)	21 (96%)
Using a knife, gun or other weapon	17 (81%)	22 (100%)
Choking or trying to strangle you	19 (86%)	22 (100%)
Pushing, grabbing or shoving you	21 (96%)	19 (86%)
Kicking you	20 (95%)	22 (100%)
Slapping, hitting or punching you	22 (100%)	22 (100%)