Parenting Groups for Parents Whose Children are in Care

Excluding very severe child abuse cases, biological parents are usually encouraged to maintain contact with their children in care. Parent-child contact is often considered important because it can maintain the child’s psychological identity and well-being. It can also maintain parent-child attachment and in some cases facilitate reunification. Improving parenting skills is viewed as an important method by which contact between children and their biological parents can be enhanced. However, mainstream parenting groups are often unsuitable for parents whose children are in care for a number of reasons. There is stigma involved with having children in care, such parents have very complex lives and there are reduced opportunities to practise skills learnt with their children. Groups designed specifically for parents whose children are in care appear to be a promising approach to improving the quality of contact between these parents and their children. This paper will review group-based approaches to working with biological parents whose pre-school-aged children have been placed in care. The paper will also report the findings of a research project designed to identify key facilitators and barriers to parental involvement in a group-based programme which includes contact between parents and their children who have been placed in care. Copyright © 2009 John Wiley & Sons, Ltd.

KEY WORDS: biological parents; children in care; parenting groups; group work; child protection

Policies and practices around child removal differ from country to country. Available data for English-speaking countries for 2006 indicate that the number of children being looked after away from home ranged from around five in 1000 in Ireland (4.5), England (5.0) and Australia (5.3) through to over six children in 1000 in Wales (6.2) and Scotland (7.0) (Australian Institute of Health and Welfare, 2007; Department for Education and Skills, 2006; Health Social Services and Public Safety, 2006; Local Government Data Unit—Wales, 2006; Scottish Executive, 2006). Data for the US shows that 6.6 children per thousand were in out-of-home care in 2005 (National Data Analysis System, 2008; US Department of

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Contract/grant sponsor: Good Beginnings Australia.
Health & Human Services Administration on Children Youth and Families, 2005). It is important to recognise that child protection reporting systems differ widely both between and within countries and caution should be used when making comparisons. For example, the statistics from the UK do not differentiate between children living away from home who are the subject of a child protection order and children living away from home for other reasons.

The involuntary removal of children from the care of their biological parents generally occurs when there has been a serious breakdown in parenting responsibility. Characterised as having poor parenting skills, many of these parents are strongly advised to attend parenting education sessions to improve their parenting skills (Wilke and Cash, 2005). The importance of maintaining contact between biological parents and children in care is emphasised in the child welfare literature and improved parenting skills are believed to provide an avenue for facilitating such contact (Dumbrill, 2006; Haight et al., 2001; Levin, 1992; Scott et al., 2005). Although contact may not always be beneficial to parents, children and their carers, it has been shown that contact can make many positive contributions to the child’s emotional and psychological well-being. Other outcomes include better adjustment to placement, appropriate developmental progress, stronger sense of identity and personal history and also greater likelihood of reunification for families (Barber and Delfabbro, 2004; Jenkins and Norman, 1972; Leathers, 2002; Loar, 1998; Mapp, 2002; Millham et al., 1986).

Parenting education sessions are usually delivered in group settings and generally aim to improve parenting practices and family functioning (Anglin, 1985). There are, however, limitations to such groups for parents whose children are in care. Parents involved with statutory child protection intervention, including those who have children in care, face a multitude of social issues. These issues, including drug and alcohol dependence, domestic violence and mental illness, impact on their ability and capacity to look after their children (Burgheim, 2005; Centre for Community Child Health, 2004; Dumbrill, 2006; Jenkins and Norman, 1972; Kovalesky, 2001; Mapp, 2002; Thomson and Thorpe, 2003). Post-removal issues including isolation, low self-esteem and feelings of powerlessness, limited access to resources, stigmatisation of having a child in care and feelings of shame may exacerbate the circumstances that contributed to child removal in the first place (Burgheim, 2005; Levin, 1992; Thomson and Thorpe, 2003). The social issues experienced by these parents contribute to their poor engagement with services and their reduced likelihood of contact and visitation, and make attendance at mainstream parenting education sessions difficult (Kovalesky, 2001; Scott et al., 2005). Moreover, parents whose children are in care do not have the...
opportunity to practise the skills that they may learn in parenting education sessions, making the application of such skills less likely. The research shows that children who are in care have higher levels of behavioural problems compared with children in the general population (Sawyer et al., 2007), the management of which requires greater levels of parenting knowledge and adaptability (Centre for Community Child Health, 2004).

**Characteristics of Programmes for Parents Whose Children are in Care**

Very little is known about which characteristics of groups for parents which facilitate or inhibit the involvement of parents whose children are in care. To extend this knowledge, a systematic review of key electronic databases (Scopus, Cambridge Scientific Abstracts, Education, ERIC, Health Sciences, PsycInfo, Psychology, Medline, Social Services Abstracts, Sociological Abstracts, Sociology, ISI Web of Knowledge and Science and Ovid) was undertaken by the authors in December 2007. The inclusion criteria included peer-reviewed articles and papers; involving parents whose children were in care and included an evaluation of a programme delivered to parents whose children were in care. The following search terms were used: ‘children in care’; ‘children in placement’; ‘looked after children’; and the term ‘children’ combined with any of the following: ‘out of home care’; ‘alternative care’; ‘foster care’; ‘alternative placement’; ‘family based care’; ‘kinship care’; ‘kinship placement’; ‘relative care’; ‘children placed’; and ‘out of home placement’. This search yielded 8046 articles. The search was then refined using the terms ‘parent’ with a range of suffixes and ‘group’. The abstracts of these 876 articles were then examined against the inclusion criteria, and where abstracts were unavailable, the titles were examined.

The purpose of the review was to identify programme evaluations of groups for parents whose children are in care; however, the search yielded only three such papers (Charbonneau and Kaplan, 1989; Simmons et al., 1973; Thomson and Thorpe, 2004). The search criteria were then expanded to include descriptions of specific interventions for parents whose children have been placed in care and was not limited to evaluations of programmes and interventions. This expanded search strategy brought the total number of articles to six (see Table 1).

The aim of all six programmes described in the articles was to maintain the relationship between children in care and their biological parents. In some cases, the aim was to facilitate reunification and/or to provide parents with a supportive non-judgemental environment within which to explore problems and issues associated with having a child in care. Only one of the six programmes

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‘The aim of all six programmes described in the articles was to maintain the relationship between children in care with their biological parents’
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<thead>
<tr>
<th>Author, year and title</th>
<th>Setting</th>
<th>Target group</th>
<th>Focus</th>
<th>Intervention</th>
<th>Evaluation</th>
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<tr>
<td>Gibbs and Thorpe (1975), The Natural Parent Group</td>
<td>Nottinghamshire Social Services Department, UK</td>
<td>Interested parents of children who had entered care during the previous year Fourteen parents participated</td>
<td>Increase the constructive involvement of natural parents in the life of their children in care, achieving rehabilitation (where appropriate) and exploring problems associated with having children in care</td>
<td>Therapeutic group work with parents whose children were in care by social workers over 10-weekly group sessions. Discussions were around unmet needs such as parenthood, parental responsibility, feelings of parents</td>
<td>Internal evaluation conducted. Parent perceptions of the usefulness of the group experience presented</td>
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<td>Charbonneau and Kapplan (1989), Group therapy for birth parents of children in foster care</td>
<td>Connecticut, US</td>
<td>Biological parents whose children are in foster care</td>
<td>Rehabilitation and reunification of parents and children. Provision of therapy for children and improve parenting capacity and functioning, provide support about dealing with emotions, understanding the child protection system</td>
<td>Group work with parents incorporating social time and a Parent Assessment Content (discussion of parents' capacity to provide nurturance and empathy, limit setting and structures, boundaries and roles, modelling reality perceptions and individuation)</td>
<td>No evaluation conducted. Programme description provided including rationale for programme components (no references in programme description)</td>
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<tr>
<td>Simmons et al. (1973), Natural parents as partners in child care placement</td>
<td>Brooklyn, New York, US</td>
<td>Six families with children between 6–11 years on long-term placement and referred from the Bureau of Child Welfare and Family Court</td>
<td>Promote greater involvement and participation by parents in the daily lives of their children</td>
<td>Two connected apartments in a housing project where parents had unlimited visiting privileges and encouraged to share with the agency the responsibility for the care of their children. Utilised child care and professional staff to assist parents and children, parents involved in decision making</td>
<td>External evaluation using experimental research design to assess the programme's effectiveness in facilitating contact between children and their biological parents. How outcomes were measured was not described. Unknown if evaluation was a comparison across groups or pre-post test</td>
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<td>Levin (1992), Groupwork with parents in the family foster care system: A powerful method of engagement</td>
<td>Brooklyn, New York, US</td>
<td>Parent whose child is currently either in an emergency foster boarding home or in a family foster home. Client able to communicate in and understand the language in which the group is run and sober when attending group meetings</td>
<td>Group work to complement casework done with parents whose child is in care to enhance parent-child reunification. Team approach between parents and workers</td>
<td>One-year structured programme outlining experiences and recommendations about working with parents. Programme content included: sharing experiences, developing self-worth and taking care of self, exploring feelings, role playing, tasks to elicit strengths, developing friendships and support networks</td>
<td>Not evaluated. Description of programme process and stages presented (pre-group planning, beginning, middle, ending, further recommendations)</td>
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<tr>
<td>Thomson and Thorpe (2004), Powerful partnerships in social work: Group work with parents of children in care</td>
<td>Queensland, Aus</td>
<td>Unknown</td>
<td>Reunification and maintaining parent-child contact</td>
<td>Fortnightly meetings on a weekday evening at Lifeline office. Group activities focused on direct support of people whose children are in care including crisis intervention, emotional support (utilising grief and loss), planning for case reviews, planning for contact, welfare rights, needs and family support.</td>
<td>External evaluation conducted. Methodology (design, measures, process used) not reported. Parental perceptions of the usefulness of the group's positive features reported</td>
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<tr>
<td>Simms and Bolden (1991), The Family Reunification Project: Facilitating regular contact among foster children, biological families and foster families</td>
<td>Connecticut, US</td>
<td>Families with children 0–12 years (biological and foster parent of each child must be involved)</td>
<td>Mental health practitioners provide neutral, nurturing and educational environment for foster children, foster parents and biological parents in which regular visits would take place while the children were in foster home placement, to help maintain parent-child relationship, to assist biological parents improve their parenting skills, to assist foster parents in understanding their roles in the foster care system</td>
<td>16-week pilot programme involving foster children, biological parents and foster carers (children and parents participate in a group activity, individual family therapy sessions, biological parent groups). Foster parents are involved in a support group</td>
<td>Not evaluated, although outcomes described. Methodology (design, measures, process used) not reported</td>
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included structured sessions to assist in the learning and practice of parenting skills; however, this programme was not formally evaluated (Simms and Bolden, 1991).

For all six programmes the structure and content of the groups differed, however, four common factors emerged as key components of the groups. The first was the provision of a neutral, supportive and non-judgemental environment where a sense of trust among group members existed. This was seen as beneficial as it allowed members to more readily acknowledge and share their innermost feelings such as anger, depression and helplessness. Group members also felt able to challenge as well as support one another.

The second factor contributing to parents’ positive experiences of the groups was the level of involvement that parents had in shaping and providing input into the direction of the groups. The level of parental involvement ranged from deciding group discussion topics, setting ground rules and group norms to organising group projects such as family trips and weekend camps. In addition, Levin (1992) commented on parents’ commitment and strength in trying to overcome the challenges they faced when trying to reunite their families.

The third factor related to the characteristics of the practitioners facilitating the groups with parents. Regardless of professional background, practitioners who were non-judgemental and accepting of parents who had children in care were welcomed readily by group members. For example, the staff involved in the Family Residential Centre Programme described by Simmons et al. (1973) allowed parents to assume greater responsibility for the care of their children if they so wished and it was appropriate to do so, consequently contributing to a relationship of trust and respect among staff and parents.

The final factor included the content of groups for parents whose children were in care across the six programmes. Much of the group discussions revolved around dealing with parental emotions related to the removal of their children and also towards child protection services. Other recurring topics related to parenting capacity and social problems such as domestic violence, housing problems, drug and alcohol misuse, and mental health issues. Three of the six articles emphasised the importance of parents working through their own problems first before being able to anticipate the needs of and care for their children (Gibbs and Thorpe, 1975; Levin, 1992; Simmons et al., 1973).

While this review highlighted some of the key characteristics of groups that support this typically ‘hard to reach’ population, it yielded little information about outcomes for group participants or the barriers to parent engagement and involvement. This paper will build on the evidence base by describing a mixed method action research project designed to:
1. Identify and enhance facilitators and reduce barriers to parental involvement in groups for parents whose children are looked after.
2. Assess the impact of the programme on social isolation, stigmatisation and parenting confidence.

**Method**

The research project was approved by the University of South Australia Human Research Ethics Committee and the Research Development Committee of the Department for Families and Communities.

**Design**

The project used an action research methodology incorporating an existing programme, The Parents Plus Playgroups, implemented in Adelaide, South Australia (see Table 2). The Parents Plus Playgroup programme is in its early stages and is still evolving. The action research methodology allowed a formative evaluation of the programme to be undertaken so that modifications could be made where required. The stages of the project included initial data collection and analysis of staff, volunteer and parent perceptions of the playgroups, programme refinement on the basis of recommendations from initial analysis and re-evaluation of the changes made to the programme.

**The Programme**

The Parents Plus Playgroups were developed by Good Beginnings Australia, and were designed for parents involved with the South Australian statutory child protection service (Families SA) who have had their child or children placed in care. The programme aims to develop the parenting skills of parents currently having supervised contact visits with their children who are in out-of-home care and to enhance the connection between these children and their parents (Mather et al., 2004). The playgroups are not designed to replace contact visits and do not guarantee parent-child reunification. This is made clear upon parents’ commencement in the playgroups. Parents Plus Playgroups is innovative as it incorporates parenting education sessions and a playgroup for children aged from birth to five years who are in care. Currently, the playgroups run one morning per week and are delivered in a community setting such as a school or community centre. The structure of the Parents Plus Playgroups is outlined in Table 3. A variety of topics were covered in the group sessions, including positive parenting, anger management, developing self-esteem, grief and loss, learning through play, building children’s trust and confidence, and budgeting and finances.
Table 2. Timeline and action research process for Parents Plus Playgroup evaluation

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<tr>
<td><strong>Parents Plus Playgroups in operation</strong></td>
<td><strong>Researcher introduced to Parents Plus Playgroup parents, volunteers and facilitators across 3 sites in Adelaide</strong></td>
<td><strong>Stage 1: Interviews</strong></td>
<td><strong>Analysis reporting</strong></td>
<td><strong>Implementation</strong></td>
<td><strong>Stage 2: Interviews</strong></td>
<td><strong>Analysis reporting</strong></td>
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<td>Three parent focus groups, 16 individual parent interviews, 1 staff focus group and 10 individual staff/volunteer interviews</td>
<td>Total of 17 parents representing 14 families and 15 staff/volunteers</td>
<td>Content analysis, 100% of interviews assessed for inter-rater reliability. Interim report with recommendations submitted</td>
<td>Changes based on recommendations: 1. Investigate transport options for parents. Minor changes made: public transport timetables for each of the sites were included in the Parents’ Resource Folder. 2. Conduct playgroup meetings which include a Families SA representative. 3. Clarify and formalise referral procedures to the playgroups and improve response times. 4. Allow parents with young children at home to maintain their involvement with the playgroups at some level and provide support/strategies during transition from the programme. 5. Secure continued funding for the programme and consider expansion to other sites across Adelaide. 6. Consider expansion of the programme to other sites within Adelaide</td>
<td>Six individual parent interviews and 9 staff/volunteer interviews 7 parents completed questionnaires</td>
<td>Content analysis, 100% of interviews assessed for inter-rater reliability. Interim report with recommendations submitted</td>
<td>Final report with recommendations</td>
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Families SA = South Australian statutory child protection service.
In the playgroups, learning is facilitated in a non-judgemental and non-threatening group environment designed to meet the needs of the parents and the children. A strengths-based approach is taken which focuses on the positive strengths of the individual to facilitate positive parenting. The Playgroup Family Workers are trained in early childhood development and are supported by trained volunteers who work with the parents to supervise the parenting and playgroup sessions, and help the parents to implement the skills they have learnt (for example, behaviour management techniques and initiating play).

Participants

Eligibility criteria for the study included:

- Parents currently involved with the playgroups and who have children in care.
- Parents who had recent involvement with the playgroups.
- Good Beginnings staff and volunteers involved in the delivery of the playgroups.
- Statutory child protection staff and volunteers who work with clients involved with the programme.

A breakdown of parents, staff and volunteers participating in the different stages of the project is outlined in Table 2. In all, 17 parents participated in the project, representing 14 families. Fifteen staff and volunteers took part in the telephone interviews and/or face-to-face interviews.

Procedures

The interviewer was introduced to all parents across the three sites and with their permission observed and participated in all components of the playgroup. The parents were then invited to
participate in audio-taped focus groups, following the playgroup session. Parents were offered a one-to-one interview if they wished to participate in the study but did not feel comfortable talking in a focus group. All parents were invited to participate in individual interviews (also audio-taped) to further explore themes identified in the focus groups. Parents were also given the option of completing a selection of questionnaires assessing playgroup acceptability, parent confidence and satisfaction, social support and perceptions of feelings (e.g., shame and guilt). Informed consent from parents was obtained prior to their participation in the project.

Staff and volunteers currently involved with the implementation and delivery of the playgroups were invited to participate in audio-taped focus groups and/or individual interviews. Informed consent was obtained prior to their participation.

Measures

Focus Groups and Interviews

In the first round of interviews, participants were asked the following questions, with a series of graded prompts depending on the level and type of involvement with the playgroups:

- What are your general perceptions of the playgroup?
- What type of things helped the success of the playgroups?
- What type of things hindered or challenged the playgroup from being as good as it can be?
- What kind of changes (if any) for yourself or your organisation/clients/family did your involvement in the playgroups lead to?
- What could have been done differently? How?

In the follow-up interviews to assess perceptions of the changes made to the programme, the following questions were asked of all participants at this stage (with specific prompts):

- What have you noticed about the playgroups that are different?
- How have you found the changes made to the Parents Plus Playgroups?
- Can you suggest any further changes to the Playgroups?
- Is there anything you would like to see done differently?

Questionnaires

The following four self-report questionnaires were administered to parents in both initial and follow-up interviews.

Parents Plus Playgroup Satisfaction Survey

The Playgroup Satisfaction Survey comprising 18 items, aimed to assess the acceptability of the playgroups to the parents currently attending. Sixteen of the items were rated on a five-point Likert scale ranging form 1 = strongly disagree to 5 = strongly agree. Higher scores on the survey indicated higher satisfaction with the
playgroups. The survey also included two open-ended questions, asking which aspects of the group were most helpful and which were least helpful.

*Parenting Sense of Competence Scale (PSOC, Johnston and Mash, 1989)*
The PSOC scale has been widely used to measure self-esteem aspects of parenting in parent-child interactions. The self-esteem aspects encompass both efficacy and satisfaction and aim to measure a parent’s ability to confidently handle parenting issues. The scale yields reasonable test-re-test reliability and has internal consistency ranging from $\alpha = 0.75$ to $0.82$ for the Satisfaction Subscale (Johnston and Mash, 1989; Lovejoy et al., 1997) and $\alpha = 0.76$ to $0.80$ for the Efficacy Subscale. Higher scores on this measure indicate greater perceived parenting competence.

*Social Support Survey*
The Social Support Survey was adapted from the Social Support Questionnaire (Short Form) (Sarason et al., 1987). The original questionnaire was designed to assess the number and type of people in the respondent’s environment who provided them with help or support, and the respondent’s level of satisfaction with that support. For the current study, the measure was simplified by not requesting personal information (names of support people and their relationships to them), but rather a count of the number of support people in the categories of families, friends and others (including practitioners) and the adequacy of that support. The higher the number of people reported, the greater the number of social supports. Higher scores on the satisfaction scale indicated higher satisfaction with the social supports. A measure of social support was included because isolation is one of the post-removal issues often experienced by parents and can contribute to poor engagement with services and diminished contact with their children who have been removed (Kovalesky, 2001; Scott et al., 2005).

*State Shame and Guilt Scale (Tangney and Dearing, 2002)*
The aim of the scale was to examine current shame, guilt and pride emotions of individuals. The scale was selected as a measure to assess the degree of stigma experienced by parents. Marschall *et al.* (1994) reported high internal consistency between the Shame ($\alpha = 0.89$), Guilt ($\alpha = 0.82$) and Pride ($\alpha = 0.87$) subscales. Higher scores on the respective items indicate higher shame, guilt or pride.

*Analysis*
Content analysis and inter-rater reliability were conducted on all focus group and interview transcripts to highlight the common
Results

Characteristics of the Participants

Three of the families attending the groups comprised both a mother and father in a de facto relationship, yielding a total of 12 mothers and five fathers ranging in age from 21–42 years. The length of time families had been involved in the playgroups ranged from one month to over two years. There were 18 children (11 girls and 7 boys) in statutory care who were involved with the Parents Plus Playgroups, ranging in age from five months to nine years. The length of time children had been in care ranged from one to eight years.

When initially referred to the Parents Plus Playgroups, all but one of the families reported a history of substance use and domestic violence. All of the families presented with low literacy skills. With one exception, none of the families was in paid employment, and related to this, the majority of families were from low socio-economic backgrounds. Other issues for some of the families included previous criminal histories, poor physical health and mental health issues.

Qualitative Findings from Initial Interviews and Focus Groups

General Feedback and Perceived Benefits of the Playgroups

Overwhelmingly positive feedback about the playgroups was given by all parents and staff who participated in the focus groups and interviews. Parents viewed the groups as a great learning experience that provided them with opportunities to apply what they learnt in the information sessions to their interactions with their children, and to meet parents who had similar life circumstances and experiences in a supported and relaxed atmosphere:

‘A very helpful group. It’s helping Mums see their kids not in their care. It’s fun and I feel good about coming. An hour and a half before the kids come we learn about different parenting strategies, how to cope with stressful situations, behaviour management, safety, healthy eating (preparing healthy meals), confidence building that is about working on your self esteem and also encouraging your kids to have more confidence in themselves’. (Parent)
The playgroups were perceived to benefit parents whose children were in care through the improvement of their parenting knowledge, skills, confidence, gaining a better understanding of child development and improving their relationships with their children but also with family members and service providers.

‘I asked myself am I worthy? Am I good enough (as a parent)? . . . The groups helped me bond with my girls and do what’s best for them because at first I was scared to see them’. (Parent)

‘This group gives parents 1:1 time with their child. She plays with other kids and I’ve made lots of friends too. I can sit down and play tea set with her and that’s not something that I’ve done before. We can have fun together’. (Parent)

Factors Facilitating Parents’ Participation in the Playgroups

Five common themes related to factors contributing to parental participation in the playgroups emerged from the initial focus groups and interviews with parents and staff involved with Parents Plus Playgroups. These themes were the characteristics of the playgroup team, the environment in which services and programmes were delivered, the mode of delivery, the groups’ characteristics, and the motivation and commitment of parents.

Characteristics of the Playgroup Team

The personal and professional characteristics of the playgroup facilitators and volunteers were seen as vital to the positive experiences of the playgroups. Staff and volunteers were described as being non-judgemental, positive, honest and down to earth, having a sense of fun, being creative and showing love of the children in the playgroups.

‘The parents were constantly told to be positive . . . you don’t get the recognition you deserve and here you get that and you know what, you eventually start to believe it. You forget the negatives and concentrate on the positives’. (Parent)

Environment in which Services and Programmes are Delivered

Several aspects of the playgroup environment were identified as important to group success. These included physical features such as having a safe and fun place for children to play, having the playgroup in a community-based centre where the focus was on the children (and separate from child protection offices), having a playground attached to the playgroup room, good equipment and lots of toys, being close to public transport and having an open space to play.

Mode of Delivery

The use of role modelling was reported by several parents and staff as being an effective component of the playgroups. Parents consistently identified the nutrition, hygiene and behaviour management
components of the groups as highlights of the group discussions. The flexibility of the programme and parents’ roles in setting the content of the discussion topics were seen as key features in the success of the group:

‘It is flexible so the parents don’t have to come in and something is going on in their lives like domestic violence but they have to sit there and listen to us telling them how much sugar is in a can of Coke. You need to be flexible with people, especially where there is so much going on in someone’s life’. (Staff/Volunteer)

**Group Characteristics**

There were several characteristics of the groups that were valued by parents and workers. Parents felt a real sense of ownership of the playgroups. In particular, they valued the fact that they were allowed to contribute in a significant way to the direction of the sessions. Parents valued the atmosphere of the group, the sense of reciprocity between the playgroup’s team and parents, and the relationship of trust among parents and between parents and the team. Rules and routines (e.g. ensuring group members were on time, and having mutual respect amongst all group members) were also seen as valuable to the parents’ positive experiences of the group.

**Motivation and Commitment of Parents**

Parents and workers involved with the Parents Plus Playgroups highlighted the significant commitment made by parents to attend the groups, and their dedication to their children:

‘Some of the families . . . it just shows their dedication, some of them are travelling for an hour and a half to get to this group and an hour and a half to get home again and that—really 3 hours travel to a 3½ hour group—takes a real lot of commitment especially on their part when their lives are quite often subject to other factors that influence how often they can get out or mental health issues or depression, some of them are in domestic violence situations where that can make it really difficult for them. Some of them have physical disabilities and still get on 2 buses to get to here and when groups start at 9.30 that’s getting up fairly early in the morning and I just think that proves their commitment to their children . . .’. (Staff/Volunteer)

Factors Hindering Parent Participation

Parents and workers identified a number of barriers to parent participation in the groups. One recurring theme was that of transport. As identified in the previous section, parents’ motivation to attend the groups helped them overcome this barrier, although it is unknown to what extent transport difficulties could be preventing other parents from attending the groups.

Another key barrier to participation in the group identified by families and staff was the requirement that parent involvement with the playgroups cease if they have young children at home (e.g. through reunification or if parents have a new baby). This was seen
as potentially removing supports at a time of great need and becoming a trigger to return to a previous lifestyle:

‘I can’t tell you how much I like it. I’m learning and I want to keep learning. It’s really disappointing that if you’ve got kids back home then you can’t go anymore’. (Parent)

Some parents and staff also raised the issue of angry parents and/or parents who do not follow the rules and disrupt the playgroup sessions as a challenge to participation. Furthermore, parents and staff highlighted the need for a larger number of families to participate in the groups to promote discussion and to allow for fluctuating group size due to parents and children not being able to attend. Finally, staff identified aspects of the current referral process such as delayed response times and confusion about whether the process should be written or verbal as barriers to programme participation.

Refinements Made to the Playgroups

Ten recommendations were made based on the analysis of the initial interviews with parents, staff and volunteers. Six of these were implemented (see Table 3 for details), however, the remaining four, which included expanding the group activities to include family days, having excursions, extending the time spent with the children to two hours and relocation of the playgroups closer to transport hubs, were not implemented primarily for funding reasons. In addition, changes were made to the Programme over this time period that were not prompted by the recommendations, these included introduction of a log book of times that Families SA volunteers dropped off and pick up the children, and inviting speakers from a range of organisations to present on topics to the group.

Findings from Follow-up Interviews

Seven parents participated in one-to-one interviews and completed the set of questionnaires for Stage 2 of the evaluation to assess their responses to the changes. Some of the parents attending the playgroups during the initial interviews had ceased attending due to full-time work commitments, different living arrangements and various other reasons, thus reflecting the lower response rate with the follow-up interviews. A combination of phone and face-to-face interviews was conducted with nine workers (5 staff and 4 volunteers) to investigate the changes made to the playgroups and also assess their responses to the changes. Four items emerged from the interviews at Stage Two regarding changes to the playgroups. These related to playgroup structure, playgroup content, interagency communication and parental involvement.
All of the staff and volunteers and some of the parents commented on the revised eligibility of families attending the playgroups. Parents noticed that other parents who had been reunified with their child/ren could continue to attend the playgroups and receive the support they were previously offered when their child was in care. Although some parents initially felt discomfort in having parents who had been reunified with their child in the playgroups, they were familiar with (and used to) the parent and child attending the group and overall were happy for the parent. Similarly, staff and volunteers noticed the change in playgroup eligibility as a huge benefit for families, especially at a time when parents need support the most. In particular, the support from the playgroups could ease the initial transition to having the child at home:

‘Allowing parents who have been reunified with their child to continue attending the playgroups means we are not dropping them in the ocean. It is a time when they are most vulnerable as their child is back in their care and this is when they need help the most’. (Staff/Volunteer)

Parents reported noticing different speakers from various organisations presenting to the groups about a range of topics, although this was not a result of the previous recommendations. There were mixed reactions from the parents about the speakers, with some suggesting it had been good and helpful, while others commented that the topics covered should be decided by the parents and should focus on what they deem as relevant and important for them.

Concerns were expressed by some parents about the lack of communication from Families SA about the late or sometimes nonattendance of their child to the playgroups. Parents requested this to be rectified and thought that the Communication Log Book where Families SA volunteers indicated the time the children were dropped off to the playgroups and what time they were picked up was a good idea. Parents also asked that they be informed as soon as possible if their child/ren could not make it to the playgroups. Some parents found it upsetting and uncomfortable when they attended the groups only to discover their child/ren would not be attending that day. Finally, comments from staff and parents were made about the inconsistency of attendance by parents to some of the playgroups which was seen as affecting the functioning and dynamics of the playgroup.

**Questionnaire Results**

Paired samples t-tests were conducted to evaluate the impact of the playgroup on parents’ scores on the four quantitative measures. Due to the parents’ involvement with the playgroups before the initial
phase of the action research took place, and the small number of participants who completed both questionnaires at both time points, the results should be interpreted with caution.

*Parents Plus Playgroup Satisfaction Survey*

Parents indicated very high satisfaction with the playgroups, however, there were no significant differences between time one (mean = 4.46, SD = 0.35) and time two (mean = 4.75, SD = 0.34).

*PSOC*

There was no significant difference in the parent confidence subscale from time one to time two. There was however a significant increase in satisfaction with the parenting role from time one (T1) (mean = 28.00, SD = 8.98) to time two (T2) (mean = 33.57, SD = 7.84; t(6) = −6.62, p < 0.001).

*Social Support*

The number of social supports that parents indicated did not differ significantly between the two time points (T1: mean = 17.42, SD = 9.58; T2: mean = 15.85, SD = 6.51). Their satisfaction with their social supports also did not show any significant changes (T1: mean = 29.40, SD = 5.20; T2: mean = 29.48, SD = 4.71).

*State Shame and Guilt*

The State Shame and Guilt Scale did not reveal any significant changes in parents’ pride and guilt scores from the two data collection time points. There was however a significant decrease in parents’ shame scores from time one (mean = 1.57, SD = 5.34) to time two (mean = 1.22, SD = 0.39; t(6) = 4.07, p < 0.01).

*Discussion*

Working with biological parents of looked after children requires innovative ways to increase their parenting capacity and enhance parent participation and parent-child interaction. This paper has reviewed the published literature on group-based approaches to working with biological parents whose children are in care, and has examined in detail one such programme in South Australia. Findings from the research project indicate that Parents Plus Playgroups was well liked by the parents and is a promising way to engage parents whose children are being looked after. The playgroups provided avenues for parents to build relationships with their
children who were in out-of-home care and other family members, improve their parenting knowledge, skills and confidence, and enhance their personal growth and well-being. Staff and volunteers also experienced personal and professional benefits from being involved in the playgroups. These findings are consistent with other programmes of this nature which report benefits including increased feelings of support and understanding, improved self-confidence and parenting confidence, more involvement in aspects of their child’s development, improvement in communication, as well as developing new friendships and social networks (Gibbs and Thorpe, 1975; Simmons et al., 1973; Thomson and Thorpe, 2004). The opportunity for parents to learn new parenting skills and to practise them with children on a regular basis under supervision is a key strength of the Parents Plus Playgroups. Parents reported that they were able to recognise the importance of play and to understand their child’s developmental needs more clearly. They also valued the opportunity to practise their newly learnt parenting skills with their child/ren thus improving their parenting confidence.

Consistent with the literature, the action research revealed that there are key elements of programmes that need to be maintained in order to enhance the quality of contact or visits between biological parents and their children in care. These include a non-judgemental and supportive environment, the characteristics of the people running the group, parents’ involvement in planning group activities, and the structure and nature of the group.

Haight et al. (2001) emphasise the importance of a rich and emotionally supportive environment to enhance the quality of contact or visits between biological parents and their children in care. Conducting the contact visits at the local child protection office has been highlighted as stigmatising and humiliating for the parent, and does not provide the optimum environment for parent-child interaction (Loar, 1998). The playgroups were delivered away from the statutory environments where participating parents’ regular contact visits with their children were normally held and provided a place where parents felt comfortable and not judged, and where their children felt safe and engaged.

Closely tied to the group environment were the characteristics of the people delivering the group programme. Facilitators and volunteers were perceived as accepting, non-judgemental and welcoming, helping to create a friendly environment for parents who are often stigmatised by society for having their children placed in care.

Parents Plus Playgroups demonstrated a high level of parental and familial involvement in the planning and implementation of the programme. The close involvement of parents ensured that a range of content was covered in the parenting sessions including the acknowledgement of parental emotions relating to the removal of
their children and agency issues which may have inhibited parent-child contact. Playgroup content also covered a range of topics designed to improve parenting capacity including parenting styles and methods, child development, and health and hygiene which were valued by the parents and which contributed to the success of the group.

The structure and nature of the environment are also a significant factor in enhancing the quality of contact and visitation. Warsh and Pine (2000) refer to purposeful visiting where there are proposed activities for parents and children to interact, as it maximises opportunities for parents to identify and respond to their children’s needs. The playgroups allowed for this interaction through parents’ supervised participation in play, songs and activities, giving them parents the opportunity to practise the parenting skills learnt in the group information sessions. Preparing children and families and foster carers for the contact visit has been shown to be crucial. This is especially pertinent at the end of each visit when children and parents find it difficult and distressing to say goodbye to each other.

An aspect of the Parents Plus Playgroups not identified in the reviewed literature was the motivation of parents to attend the groups. Some of the parents travelled for a number of hours on buses to and from the playgroups and many attended on a weekly basis. This is a salient factor as attendance at the groups was not offered to parents as an avenue for reunification with their children and did not replace other parent-child contact arrangements.

The quantitative component of the research project demonstrated improvements in parental parenting satisfaction, and decreases in parental shame over the two-month period of the project. There were no significant changes in parental efficacy, social support, pride or guilt and this may be due to the limited sample size, the short follow-up period and/or because parents had already had involvement with the programme which may have had an impact on these elements. For example, in reviewing the pre-test scores for social support and parental efficacy, parents were found to have substantial levels of these characteristics which may reflect little room for improvement in scores.

To date, evaluations of the outcomes of groups for parents whose children are in care are minimal, with more emphasis on programme description and general findings. Given the nature of the child protection field and the difficulty in conducting ‘gold standard’ randomised controlled trials (and the administration of questionnaires) on the most vulnerable population groups, qualitative studies dominate the literature, many of which do not describe and report on the methodology used to determine the findings (including the assessment tools, interview questions and procedures utilised). Much of the research has also focused on process evaluation and
much less on impact evaluation. Depending on the focus of programmes for parents whose children are in care, outcomes such as parent-child reunification, changes in parenting behaviour and parent-child attachment would provide useful outcome measures. The Parents Plus Playgroups action research project described in this paper is a first step towards assessing programme outcomes for parents whose children are in care.

**Limitations**

There are a number of limitations of this research project including: the small sample size; the length of time parents had been involved with the playgroups; timing of the interviews for both stages of the evaluation; and the short period of time available for data collection which limited the number of potential respondents available to take part in the project. The difficulty in engaging families in evaluations before they are fully engaged with the service also needs to be recognised. In addition, as involvement in the evaluation was voluntary, there may have been other views about the Parents Plus Playgroups that are not represented in this paper. The drop-in parents’ participation rates between the initial and follow-up stage may have potentially skewed the results in favour of those parents who were showing improvements and who were more willing to participate in the playgroups and the evaluation.

**Conclusion**

While the small numbers of participants involved in the research mean that findings cannot be generalised to other programmes, this action research project suggests that parenting groups that actively engage parents in the development of content and value their feedback and input ensure positive parent involvement. Similarly, a supportive, structured and supervised environment that is responsive to the complex needs of parents and provides them opportunities to learn and practise their parenting has been shown to be a promising approach in promoting quality contact between parents and their children in care.

Parents who have had their children involuntarily removed from their care may experience feelings of anger, shame, grief, guilt, loss and powerlessness (Burgheim, 2005; Fernandez, 1996). These feelings may exacerbate drug and alcohol use, mental health problems and family conflict and result in children remaining in care for extended periods of time and having decreased or low-quality contact visits (Burgheim, 2005; Levin, 1992). If programmes such as Parents Plus can have a positive impact on factors such as parental shame and parenting satisfaction, this may in turn provide
an environment conducive to attitudinal, attributional and behavioural change (Centre for Community Child Health, 2004), improving the quality of parent-child relationships and the chances of family reunification.

Outcome evaluations of such programmes are sorely needed and if shown to be effective may provide a cost-effective alternative to current ways of working with parents whose children are in care.

Acknowledgements

This research was funded by Good Beginnings Australia. The authors wish to acknowledge the contribution of the staff and volunteers of Good Beginnings Australia, Families SA and the parents who participated in the research project.

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