



Evaluation of Family Harmony - final report

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Introduction

The Family Harmony programme is delivered by the Coram Parenting and Creative Therapy Service as part of the Reducing Parental Conflict Programme (RPC), funded by the Department for Work and Pensions (DWP). The programme aims to tackle the significant negative impact that conflict within the family can have on children's outcomes[1]. Family Harmony is a multi-family group programme that adopts an innovative strength-based approach combining music, art and family therapy practices, which had not been tested in previous RPC evaluative work[2]. The programme comprises 10 sessions including two individual family and eight group sessions, some involving children while others only adults. Delivery to families started in November 2023 and ended in September 2024.

The Coram Impact & Evaluation team evaluated the Family Harmony programme. The Impact & Evaluation team is part of Coram but in a separate department and is therefore independent from the Parenting and Creative Therapy Service. The evaluation adopted a mixed methods approach to understand programme implementation and early evidence of promise.

This final report includes an executive summary, followed by a visual description of the programme as outlined in the theory of change. A brief overview of the methods used for data collection and analysis is provided. The report outlines key learnings gained from each of the data sources utilised. A set of conclusions are provided along with recommendations for practice and for future evaluation. The appendix outlines a list of enablers underpinning the theory of change, which were developed from the analysis in this report.

[1]See [What works to enhance interparental relationships and improve outcomes for children? | Early Intervention Foundation \(eif.org.uk\)](https://www.eif.org.uk/).

[2]See [Reducing Parental Conflict programme evaluation Reducing Parental Conflict programme evaluation: Summary \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/reducing-parental-conflict-programme-evaluation-summary.pdf).



Executive summary

The below summarises the six research questions explored in the evaluation, and related key learnings and recommendations.

Q1: What was the number, characteristics and engagement of parents and carers with the programme?

65 families (108 parents/carers and 103 children) were referred to the programme, of which 64% (42 families; 65 parents/carers and 58 children) took up their referral. Amongst the families that did start the programme, 60% completed it (32 parents/carers and 33 children). Families with a child with a special educational need or disability (SEND) were significantly more likely than others to complete the programme.

Q2: What was participants' experience of the programme?

Parents and carers' experiences of the programme tended to focus on their children, more than on a co-parent. Those who had had expectations aligned with the programme offer seemed to be satisfied with their experience, however some parents had expected a different type or intensity of support. Some participants had found the group setting of the programme particularly beneficial, while others had not found it suitable. According to parents and carers, some aspects of the programme worked especially well for different participants, while others could be adapted to enhance participation. They considered male attendance, children's engagement, language, ethnicity and culture.

Aspects of the programme that children particularly liked included, for example, music and art or spending time together. They did not enjoy things like talking too much or instruments being too loud.

Q3: What is staff's perception of the delivery process?

Staff emphasised the importance of conveying a clear offer to families both at referral stage and at the beginning of the programme. They identified flexibility as key for tailoring the programme to complex family lives and individual needs. Facilitating a safe space in groups was seen as paramount for encouraging the development of peer support. Time was found to be a significant factor to consider when planning cohorts, impacting both recruitment and delivery. Staff received feedback from families that they had wanted the programme to last longer. Staff also considered extending the length of sessions. Referrals and attendance were seen to be affected by the time of year and incidence of holiday periods. Staff also discussed different aspects of accessibility, including how to increase male attendance, the significant engagement of families of a child with SEND, culture, ethnicity and language.

Q4: What were the initial perceived outcomes of the programme?

Outcomes touched upon by parents and carers in describing their experiences included: family members having a better understanding of each other; experiencing strengthened communication and shifts in parenting style; children enjoying stimulating creative activities; families being able to seek further support if needed, not feeling alone in the face of challenges; connecting to their local community and spending quality time together. Some families struggled to see benefits of the programme on their communication or relationships, especially when they expected a different type of support.

The outcomes identified by staff broadly reflected those noted by parents. Supporting families to reflect on the gains reaped from the programme was identified as an area for further work.

Q5: How could a future evaluation best provide evidence on the impact of the programme?

After having piloted several measures, the Goal Based Outcome measure (GBO) was found to be the most aligned with the programme's approach and objectives. A new Children and Young People Form was also developed to capture children's experiences at the end of the programme, which aligned to the creative approach of the programme.

Q6: Is there any early evidence of promise based on pre-post analysis of change in outcome measure scores?

The findings from the pre-post analysis of data collected through the GBO appear promising, however they need to be qualified by the low completion rate of the measure.

Key selected recommendations

Recommendations for delivery

- Consider avenues for further clarifying the programme offer to participants at referral stage and at the beginning of delivery.
- Continue to work collaboratively with referring organisations to form cohorts at a similar level of need.
- Uphold the current practice of not mandating conflict disclosure as a prerequisite for referral, in order to foster programme accessibility.
- Consider the time of the year and incidence of holidays when planning cohorts.

- Continue to enable an adult-only space at the start of the programme, before introducing children to the sessions.
- Consider avenues for addressing the fact that some children might have found the time dedicated to talking in sessions excessive.
- Consider the feasibility of offering sessions at a different time (e.g., weekends) and of extending the duration of the programme and/or sessions.
- Continue to build on ways to involve in the programme those family members who are not able to complete it in person.
- Continue to reflect on the implications of group size to strike a balance between the safety of the space and opportunities for social interaction.
- Identify further avenues to support participants in reflecting on their learnings from the programme.

Recommendations for the evaluation

- Continue to use the GBO with two common outcomes set for all families, namely improving communication and strengthening relationships.
- Explore avenues to ringfence the time dedicated to the completion of outcome measures both at baseline and endline.
- Continue to capture children's experiences of the programme through a creative activity conducted in the presence of the groups' facilitators.
- Please find the full list of recommendation under the 'Conclusions' section of this report.

Family Harmony Theory of change

Why is the programme needed?

There is strong evidence that conflict in families, whatever their shape, can have a significant negative impact on children's mental health and long-term life chances.

Difficulties in communication and in parenting as well as a range of additional pressures on family life (e.g. transitions, supporting a child with SEND) can all exacerbate conflictual relationships within families.

Families face barriers in seeking support directly for family conflict, including perceived stigma and difficulties experienced by professionals in raising the topic with families.

Who is the programme for?

Families in selected areas of London in the greatest catchment of social disadvantage, who would benefit from strengthening communication within the family to manage conflict in a healthy way.

Adult participants encompass:

- Cohabiting or separating/separated parents/carers
- Single parents/carers including those who experienced a relationship breakdown and wish to repair the legacy of the breakdown, modelling positive communication for their children
- Families experiencing domestic violence are excluded

The following groups are being particularly targeted as having the potential to significantly benefit from the programme. However, not belonging to these groups does not constitute an exclusionary criterion:

- Parents/carers under 30 years old
- Families experiencing additional pressures that without support might lead to unhealthy conflict e.g. families where children are going through a transition, or where children have been identified as potentially having SEND/being diagnosed with SEND.

POST SERVICE DELIVERY TRAINING:

Professionals working directly with families in the above categories

The programme

A structured programme of ten sessions integrating family therapy and creative therapies techniques and taking a strength-based approach to prevent escalation of conflict focusing on communication.

The programme runs over ten weeks and is delivered to cohorts of up to five families each.

The sessions include a mixture of adults only and children and adults sessions, group as well as individual family-only sessions.

While tailored to individual needs, the programme covers the following themes: joining boundaries; connecting through difference and similarity; creating space for emotions; listening to understand; reacting and responding; de-escalation; mentalising and attunement; asking for help; appreciation, building on strengths.

Short term programme outcomes

- Family members spend quality time together supporting bonding
- Family members strengthen their mutual understanding and communication
- Families do not feel isolated in facing challenges and connect to their local community
- Families experience improved readiness for further support if needed
- Children enjoy stimulating creative activities supporting their development

POST SERVICE DELIVERY TRAINING

Professionals are equipped to identify and offer support to families affected by conflict in a timely and effective manner

Medium to long-term impact

- Families strengthen their relationships
- Conflict within families is reduced and managed in a healthy way
- Children thrive and are unhindered by the negative impact of family conflict

POST SERVICE DELIVERY TRAINING:

Increased recognition of and support provision for conflict in the children and families sector

[1] We explored the possibility of interviewing children. We decided at the evaluation planning stage to not interview children, as most would have been aged four years and under.

The evaluation adopted a mixed methods approach.

Subject to informed consent, evaluation participants included parents and carers, their children and Family Harmony staff. Quantitative data included:

- Quantitative data from administrative records from the start of the programme until September 2024
- The Goal Based Outcomes measure (GBO)[1]

Qualitative data included:

- Qualitative text from administrative records from the start of the programme until September 2024
- Children’s feedback provided in drawing and/or writing in the Children and Young People Ending Form between July and September 2024
- 11 semi-structured interviews with parents and carers who took part in the programme, conducted between April and September 2024
- Four focus groups with programme staff conducted in February, March, May and September 2024, each attended by three to seven participants

The following research questions are addressed in this report:

Evaluation question	Data sources used
1. What was the number, characteristics and engagement of parents and carers with the programme?	Administrative quantitative data
	Administrative qualitative data
2. What was participants’ experience of the programme?	2.a From the perspective of adults: Interviews with parents and carers
	2.b From the perspective of children: Children and Young People Ending Forms
3. What is staff’s perception of the delivery process?	Focus groups with Family Harmony staff
4. What were the initial perceived outcomes of the programme?	4a. From the perspective of participants: Interviews with parents and carers
	4b. From the perspective of professionals: Focus groups with Family Harmony staff
5. How could a future evaluation best provide more robust evidence on the impact of the programme?	Focus groups with Family Harmony staff Interviews with parents and carers
6. Is there any early evidence of promise based on pre-post analysis of change in outcome measure scores?	Outcome measures

Interview participants were purposively sampled to comprise parents and carers having accessed the programme in all three local authorities where the programme was conducted (Bromley, Camden and Lambeth) from a range of cohorts, and to also include males[1] and participants who had dropped out of the programme after commencing it. Interviews were one to one and conducted over the phone. Vouchers were provided to thank participants for their time. This was in view of promoting equity in access to interviews and to mitigate the risk that only participants having had a very positive experience would agree to take part.

Focus groups were open to all staff from the Family Harmony programme and were conducted both in person, online on Microsoft Teams or as a hybrid of the two.

Nine of the 11 interviews with parents and carers were recorded and transcribed, the remaining two were not recorded and the researcher took notes during the interview process. All four focus groups were recorded and transcribed. Notes and transcripts were analysed by conducting thematic analysis in Microsoft Word and in NVivo, going through a manual process of iterative thematic coding.[2]

Qualitative data from Children and Young People Ending Forms and from administrative records was also analysed conducting thematic analysis in Microsoft Office Excel, going through a process of iterative coding.

The quantitative administrative data was analysed descriptively using Microsoft Excel to look at the demographic characteristics of the total referred participants and those among them that will receive, are in the process of receiving, or have received the programme (in comparison with participants that didn’t complete or left before the programme started wherever relevant).

Interview participants were purposively sampled. Exploratory analysis was also conducted using R to compare the participants with those that dropped out to point out any significant differences. These have been tested with the Chi-square test, and in the cases of small cell counts, with Fisher’s Exact test. The Goal Based Outcome (GBO) measure was analysed descriptively and qualitatively, along with significance testing (at the 5% level) of the pre-post distribution (using a paired sample t-Test).

Data cleaning and final sample

While the initial dataset covered 252 respondents, 41 of these corresponded to families that had not been able to complete or even begin attending the sessions within their cohort, and were re-referred onto a later cohort. For this reason, the earlier entries were removed from the analysis to avoid double counting. There were some additional data cleaning steps taken for the existing observations to rectify data entry errors and make the data fit for analysis.

[1] Initially the Parenting Alliance Measure (PAM), the Systemic Clinical Outcome and Routine Evaluation (SCORE-15) and The STAR tool for music therapy were also tested, but were dropped during the evaluation.

This will be discussed under research question 5.

[1] As a group that tends to be underrepresented in parenting programmes.

[2]See Braun and Clarke’s 6-stage process of reflexive thematic analysis in Braun, V. and Clarke, V. 2021. Thematic Analysis: A practical guide. SAGE: London

5 key learnings

Q1: What was the number, characteristics and engagement of parents and carers with the programme?

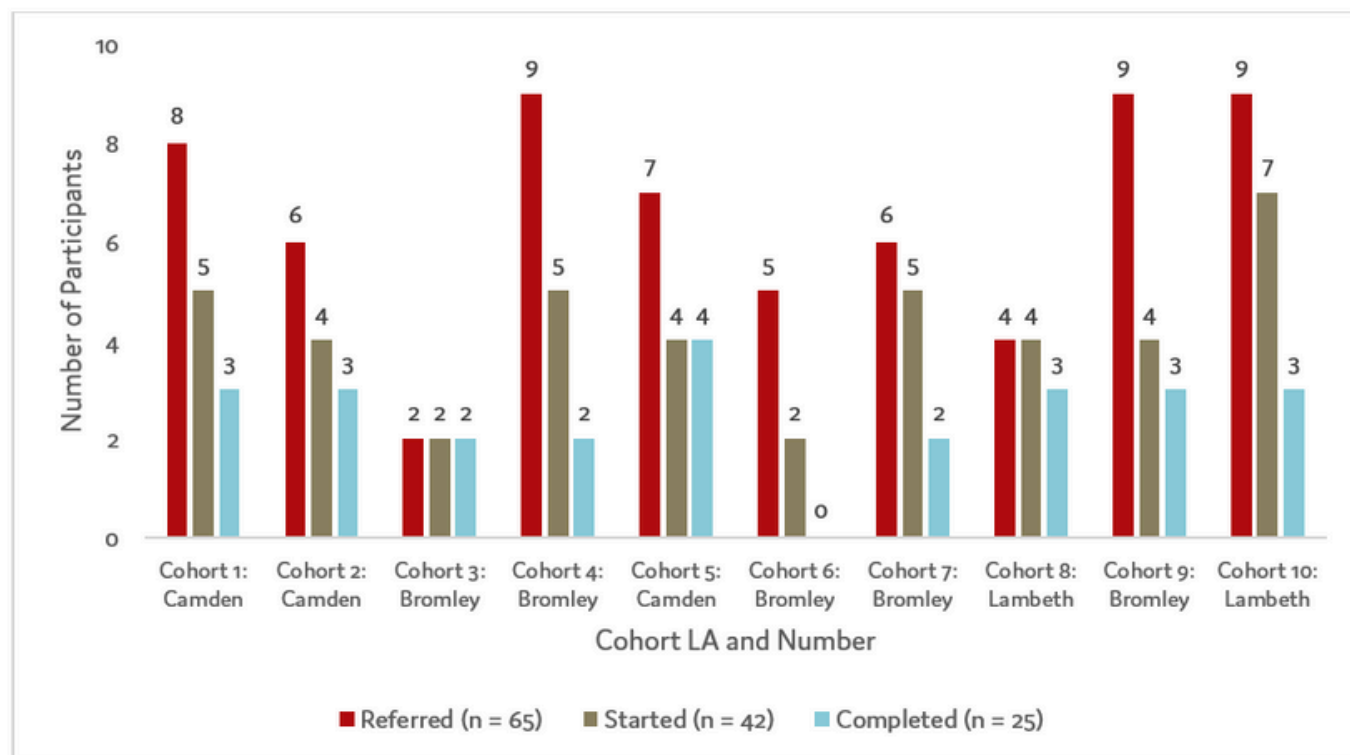
Findings from quantitative analysis of administrative records

The finalised sample consists of 211 individuals (108 parents/carers, 103 children) from 65 families across 10 programme cohorts. For some questions asked about the family, the response has been aggregated to the family level in case a large majority of the cases have identical responses within a family.

Referral and completion statistics

Most families were referred from organisations based in Bromley (48%), Camden (29%) and Lambeth (20%), with one family each referred from Haringey and Islington. By cohort, on average seven families were referred to a group, of which four started to participate and three completed the sessions. This is examined in detail per cohort in the chart below.

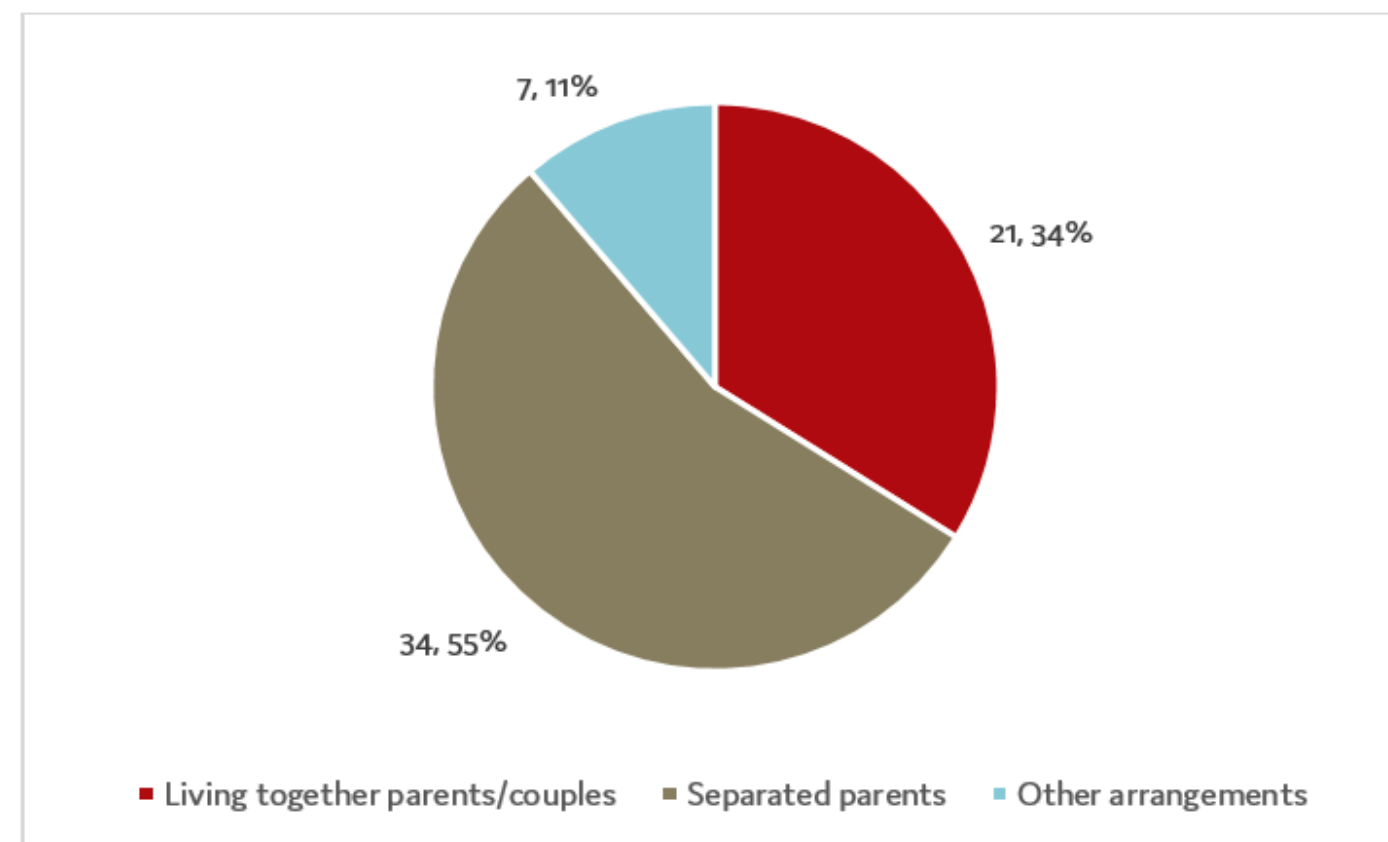
Figure 1: Cohort Size: Referred, Started and Completed



The average size of a family unit being referred to the programme was 3-4 members[1], ranging from 2-5 members. The most common family structures were two parents and/or carers and 1-3 children (57%), followed by one parent/carer and 1-4 children (38%), with the remaining three families having 3 carers and 1-2 children.

In just over half of the families, referred parents were separated (n = 34, 55%), while around a third (34%) were co-habiting couples. The remaining families (11%) mentioned other circumstances, where a grandmother was among the carers in most instances.

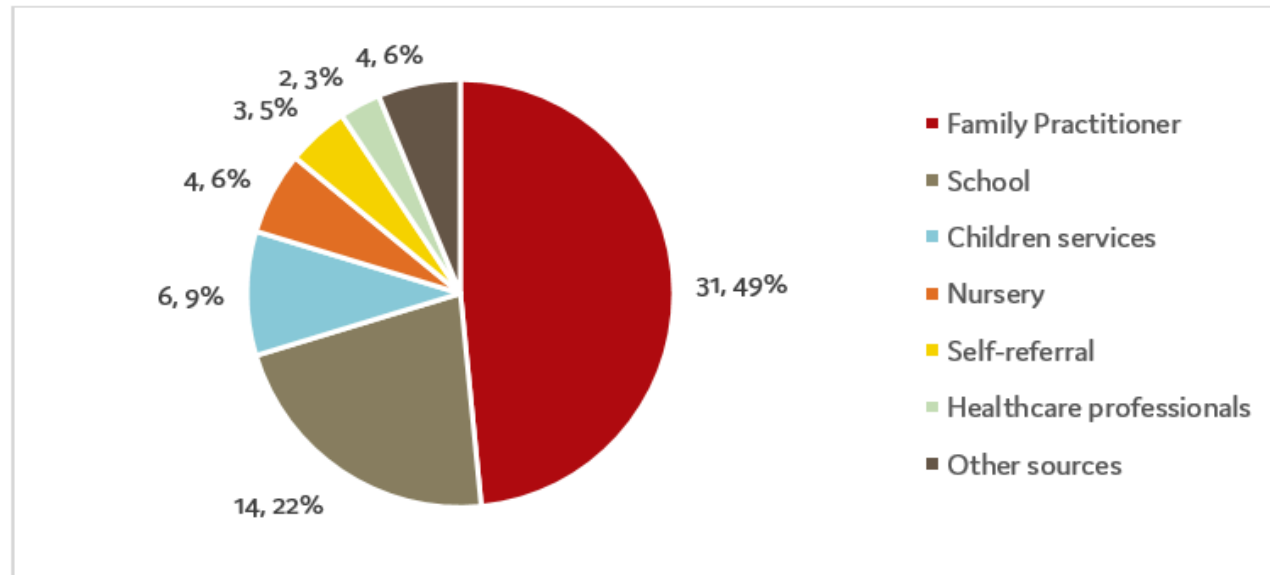
Figure 2: Family Carer Relationships (n = 62)



Just under half (49%) of the referrals were made by a family practitioner, followed by schools (22%). Referrals were also received from nurseries, children’s services, healthcare professionals and other sources. Three families (5%) self-referred into the programme. Among families with separated parents, 59% of referrals were made by family practitioners (compared to only 33% of families with living together parents/couples), while only 15% of referrals were made from schools (compared to 33% of families with living together parents/couples).

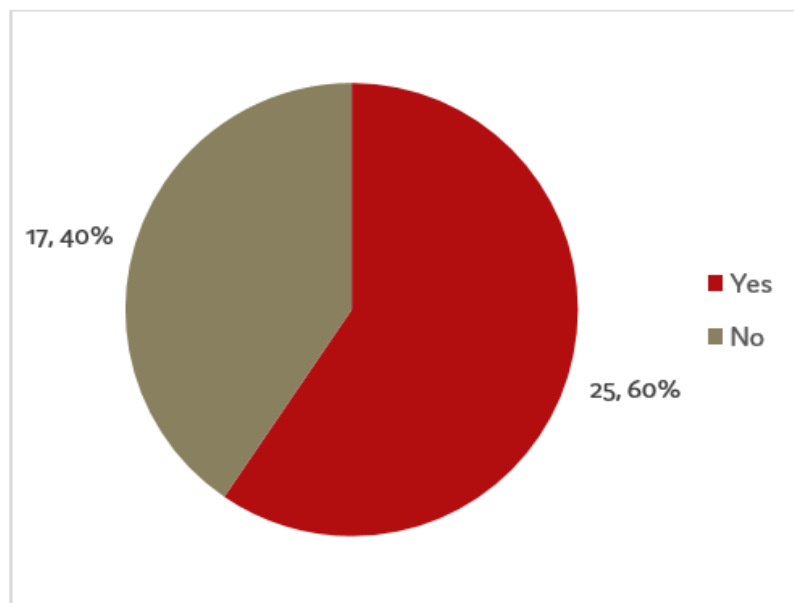
[1]The average referred parents were 1.66 and children were 1.68, summing to 3.3 members per family. We have reported both 3 and 4 to paint a clearer picture.

Figure 3: Referral Source (n = 64)



Completion of the Family Harmony programme was defined as families[1] that attended at least 60% of sessions and remained in communication with the Family Harmony delivery team until the end of the programme's ten sessions. As the graph below shows, 35% of families referred did not start the programme. 38% of the total number of referred families (comprising 65 individuals: 32 parents/carers, 33 children) completed the programme, with 26% not completing the programme, totalling 64% of the families referred who started participating in the programme. Of those that started the programme, 60% completed the programme, and 40% did not.

Figure 4: Session Completion for Programme Participants (n = 42)



[1] A family here is defined as at least 1 parent and 1 child within the overarching family unit that was referred onto the programme. This definition was used to include in the analysis families where multiple adults and/or children were referred within a family unit, but not all of them attended the sessions.

35% of families that left the programme before the start (n = 23) corresponded to 88 respondents (43 parents/carers, 45 children). However, this figure was slightly inflated as it included individuals that dropped out while their families remained in the programme. However, this suggested that the programme had more dropouts before any of the sessions as opposed to during the programme.

Sample Demographics: Participating Respondents

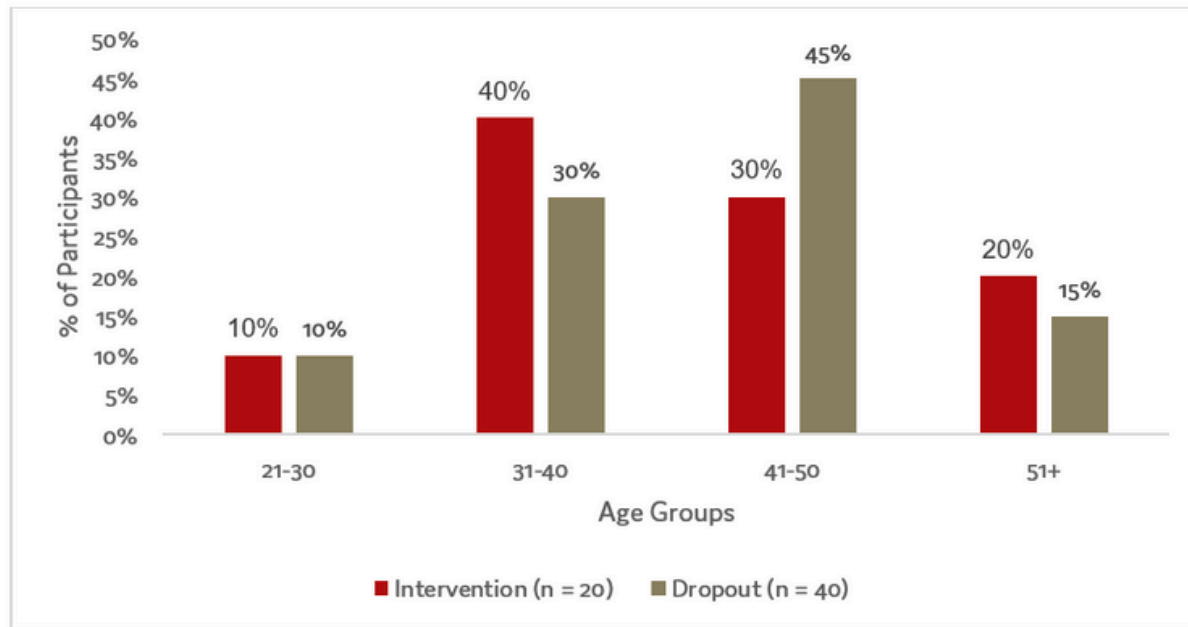
Demographics reported here include those that have completed the Family Harmony programme: 25 families (comprising 65 individuals: 32 parents/carers, 33 children). These participants will be referred to as 'programme respondents/participants'. Any differences observed in comparison with the overall and non-participating sample (referred to as the 'dropout' group) have also been reported.

All statistics have been reported and analysed separately for parents and children, as they constitute two different groups with differing demographic characteristics. Where differences were observed between the participating and non-participating sample, some further statistical testing was done to establish the significance of the difference.[1] Note that this analysis is exploratory and underpowered given the low sample size, and could be affected by confounding factors that we are unable to control for in the analysis.

Of the 65 programme participants, 49% were parents and 51% were children (n=65). The average age of the parents was 42 (n = 20), with most parents aged between 31-40 (40%) and 41-50 (30%). The ages of participants and dropout respondents are compared in the graph below. Given the lower levels of reporting among parents for this question (completed by 56% parents and 97% children), a higher share of older drop out respondents could be attributed to parents/grandparents that dropped out while their families (at least one adult and child) stayed in the programme. The difference was not statistically significant.

[1] The Chi-sq Test or Fisher's Exact Test was used, of which the latter is meant to establish a statistically significant association between two categorical variables for low sample sizes.

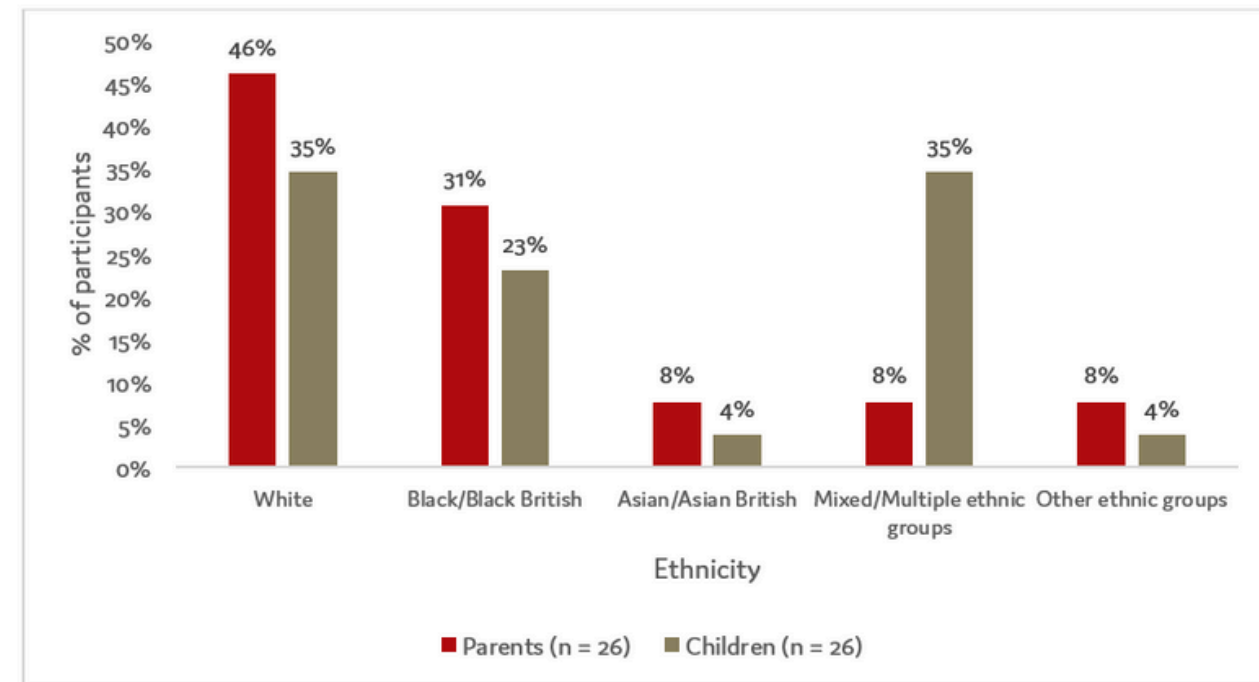
Figure 5: Parent Carer Age Distribution



- The average age of a child was eight (n = 32), with most children being either adolescents (41%) or 5-9 years (41%), with the remaining 19% aged 0-4 years. There were no statistically significant differences with those that did not complete the programme.
- 65% of the parents referred to the programme were female (n = 94). Among those that completed the programme, 75% of programme participants were female (n = 28) compared to 61% participants that dropped out (n = 66). This difference was not significant. Among the dropout group, a larger proportion of males left before the programme started, driven up by additional dropout even from families where other members completed the sessions.

- Among children, there was more balance, with 55% female children among referred families (n = 86). This figure was slightly lower for those that completed the programme (46%, n=28) as compared to those that dropped out (59%, n=58), but this difference was not significant.
- For programme participants (n = 26), there were more parents from White (46%), Black (31%), Asian (8%) and Other (8%) ethnicities compared to children. A relatively much higher share of children (n = 26) belonged to multiple ethnic groups (35%), as compared to parents.

Figure 6: Ethnicity Comparison: Programme Participants



- The distribution of ethnic groups across within the programme and dropout groups was roughly even as can be seen in the graph below.

Figure 7: Parent Ethnicity: Intervention and Dropout

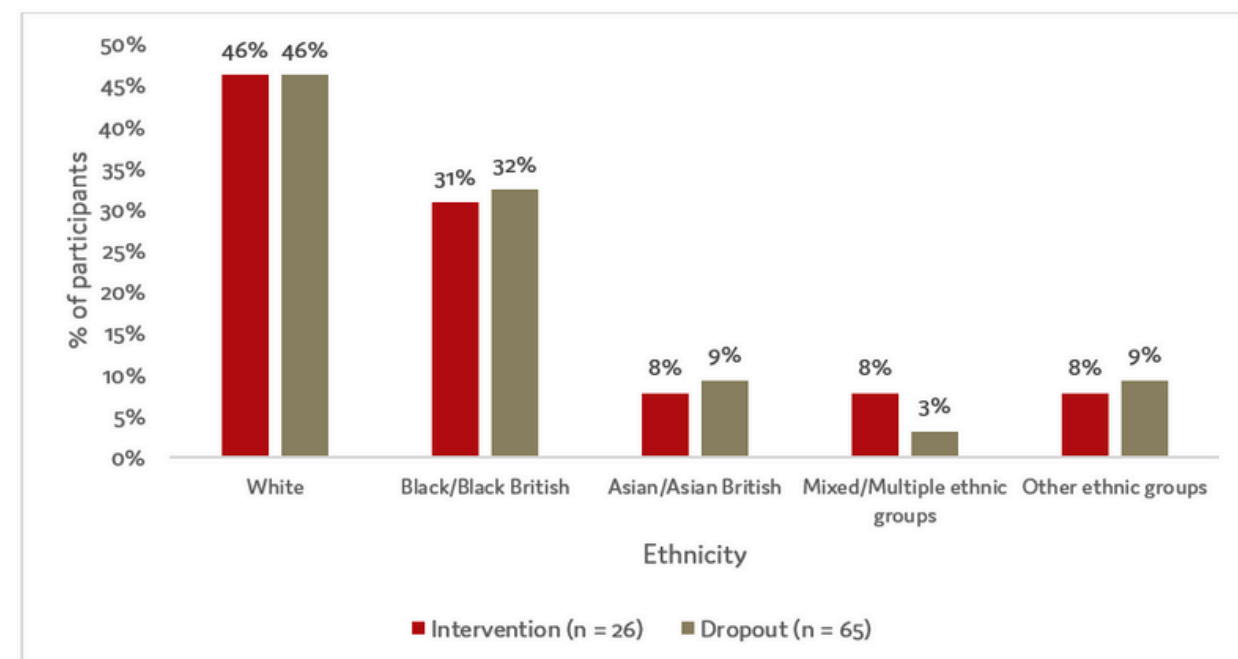
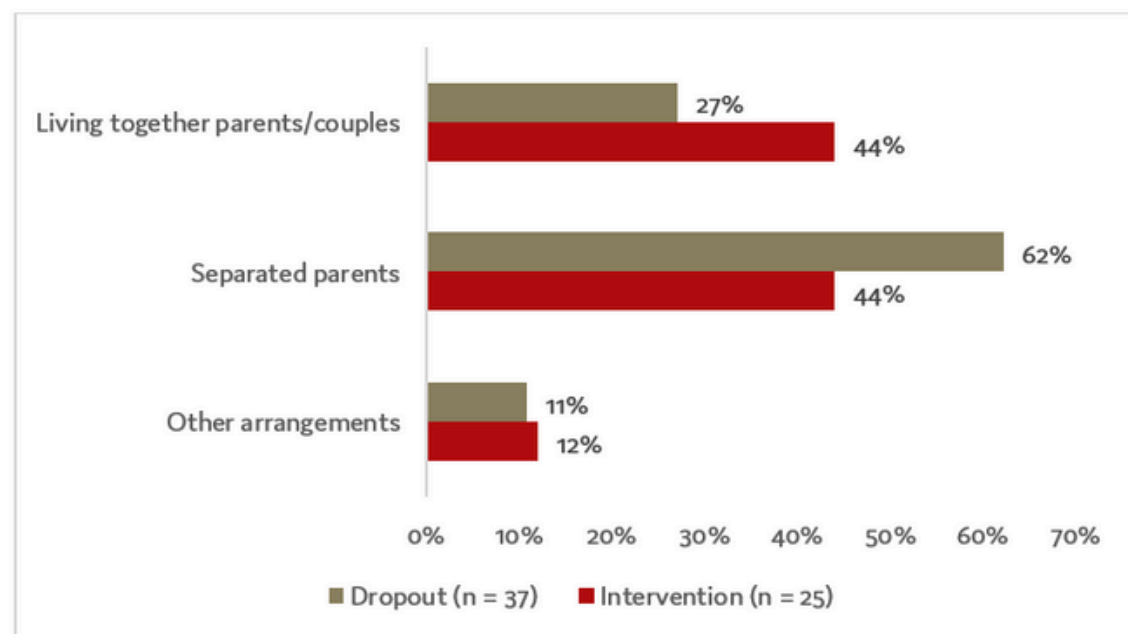


Table 1: Gender Differences within participants that dropped out

Gender	Did Not Complete (n = 29)	Left Before Start (n = 37)
Female	69%	54%
Male	31%	46%

- Intervention families (n = 25) were equally likely to be co-habiting couples (41%) or separated parents (41%), with the remaining having other caring arrangements (11%). For dropout respondents (n = 37), a large majority are separated parents (62%), followed by co-habiting parents (27%). The differences were not statistically significant.

Figure 8: Family Couple Relationship: Intervention and Dropout



- A majority of intervention (n = 32) and drop out (n = 76) parents/carers reported that they were birth/adoptive/step parents (97% and 92% respectively), while of the remaining were kinship carers or had other arrangements.
- 38% of intervention parents (n =24) stated that English was an additional language. This figure was slightly higher for dropout parents (n = 56) at 41%, however, the difference was not statistically significant.
- Nine of 67 parents (13%) stated they had a special educational need or disability (SEND). Comparing intervention and drop out, 5 of 23 parents in the intervention group (22%) said they had SEND, while 4 of 44 parents in that dropped out (9%) said they did. This difference was not significant.
- 38 of 61 children (62%) stated they had a special educational need or disability (SEND). Among those that completed the sessions (n = 24) 75% reportedly had SEND. Comparatively, 54% of children had SEND among the dropout group (n = 37). From an alternate perspective, among children with SEND, 47% reported remaining in the intervention, while this was only 26% among children without SEND. The difference between the intervention and dropout groups was significant (at 0.1 level)[1] suggesting that families with a child with SEND may be more likely to complete the programme.

Learnings from qualitative analysis of administrative data

Reasons for referral

Reasons for referral as indicated by referrers covered[1]:

- Child wellbeing and development, for example support to strengthen a child's emotional regulation or mental health, or with speech and language needs.
- Parenting support, for example help with parenting a child with SEND, boundary-setting or managing challenging behaviour.
- Family communication, such as enhancing mutual understanding, conflict management or emotional expression (e.g., anger).
- Family relationships, for example strengthening connections between siblings, co-parents, or parent-child, including in conflict situations.
- Support in the context of separation, for example with co-parenting in the case of parental separation, but also with separations involving other family members (e.g., siblings or parent-child).
- Other reasons, such as family members having an interest in the group, experiencing a transition or parent/carer's isolation.

Some referrals mentioned complex family needs, such as a past experiences of abuse, parental mental health challenges, children's social care involvement or complex living arrangements (e.g., small or unstable accommodation).

Reasons for not completing the programme

Families who were referred into the programme but did not take up the referral, or who attended part of the programme but did not complete it, did so for a range of reasons[2]. In some cases, non-completion concerned the whole family, in others just some of its members. Reasons covered:

[1] P value = 0.09915 as per Chi-sq Test.

[1]In answer to 'Please let us know why you are making the referral for the Family Harmony Group', referral form, administrative records (n=67).

[2]In answer to 'Reasons for Dropout/not entering the study', Creative Therapies administrative records (n=187).

Misalignment with needs, such as families perceiving the programme as not needed, or the need not matching the offer (e.g., speech & language support needed or more complex needs).

- Practical challenges, such as inability to attend as a family, scheduling conflicts (e.g., with work, school, parent-child scheduled contact or holidays) or unforeseen circumstances (e.g., illness or bereavement).
- Logistical reasons, such as late referral or lack of contact with family.
- Accessibility challenges, related for example to child's age, SEND, parental mental health, heightened levels of conflict in the family, or timing issues (e.g., attendance considered too demanding on a school day).
- Reasons that only applied to families who had not taken up the referral, including distance, mismatch between cohort offered and child's age, other miscellaneous reasons (lack of capacity due to having a baby, language barriers, unspecified legal reasons or separation).
- Reasons that only applied to families who had dropped out during the programme, including children preferring not to attend e.g., due to not enjoying the sessions, or the family feeling different to others in the group in terms of need.

In several cases the reason for non-completion was unspecified.



Q2: What was participants' experience of the programme?

From the perspective of adults: Learnings from interviews with parents and carers

Through analysis of interview data, we developed five themes related to parents and carers' experience of the programme: their focus on their children; the importance of a clear offer; a variety of views on the group setting; the importance of a safe, non-judgemental space; making the programme work for different participants.

Parents and carers' focus on children

Parents and carers' experiences of the programme often seemed to focus on their children more than on a co-parent (if applicable to family structure). This came up repeatedly for example in regards to their motivations to join. Many wanted support with their children. Some parents wanted to find new ways of communicating with and enhance their understanding of their children. Some experienced difficulties in managing their children's behaviour. In certain instances, SEND needs were explicitly mentioned. Support was also sought for the child's wellbeing, such as to help them understand and express their feelings. Other motivations that were centred around children included wanting to spend quality time with them, to address conflict between siblings, to expose children to creative activities or to being in a group.

'The main reason's to help me about my child which sometimes his behaviour I've no explanations for that'

In several instances, participants' focus on their children was also reflected in which family members had attended the programme. Some participants only attended with one of their children, and/or without the other co-parent (where applicable to their family structure).

Sometimes this related to the participants wanting to focus on that particular relationship, for example by spending one-to-one time with a child whom normally they would not have the chance to do so with, or due to wanting to work on something specifically related to them. Other times this was dictated by circumstances, such as the other co-parent being unable to attend due to competing commitments, or the age range of the cohort being unsuitable for their other children. Which family members attended seemed in turn to influence participants' objectives for the programme, as they tended to focus more on ones that directly related to attendees.

'...as soon as it became obvious that we cannot participate all together, I just concentrated on my child because it doesn't make a lot of sense to stop altogether if my husband cannot participate'

Another aspect in which participants' focus on their children came through in interviews was the value they attributed to their children enjoying the programme. This will be returned to when outlining initial perceived outcomes (research question 4).

'...I really enjoyed seeing him join in in different activities and just trying to make stuff'

The importance of a clear offer

Participants' initial motivations and expectations seemed to influence their experience of taking part in the programme. Several participants, who came with expectations that were more aligned with the programme's light-touch approach seemed to be satisfied with their experience. Participants who had no particular expectations at the beginning but rather had approached the programme with curiosity also tended to express satisfaction.

'I wanted to improve my communication with my son, that's why we went there together, and I think it has'

Other participants, however, had come to the programme seeking a different or more intensive type of support, for example expecting the programme to constitute therapy for their child including an assessment and treatment plan. These parents expressed less satisfaction with the programme, or tended to struggle more in identifying its effects on their family. It was suggested that further clarity around the objectives of the activities undertaken would be beneficial in helping parents and carers identify how these met their support needs.

'...the support worker suggest that I should go for this because it's a therapy for the child, but it's good. So I thought it's going to help him understand and how he should behave, rather than anything else. I thought it's more for the child rather than it's for me. I mean I'm there because I need to know as well'

Another aspect in which clarity was considered important was in regards to the group setting of the programme. It was suggested that this should be made more explicit at referral point, as a participant for example had only realised at a later stage. Experiences of the group setting will be explored in the next theme.

A variety of views on the group setting

Some participants had particularly appreciated the group format of the programme. They had for example found helpful to hear that others were having comparable experiences and realise that they were not alone in facing challenges. Learning from others was identified as a benefit. The variety of families present was mentioned as an asset, exposing families to a wider range of experiences. Having the space to share freely with other adults without worrying about the children being present in adult-only sessions was found to be beneficial. Participants spoke of forming meaningful social connections with people in their group, as will be seen when describing initial perceived outcomes (research question 4).

'...There's always questions and ideas that other people have, or issues that other people have, and it's good to listen to them and maybe learn from them. Then I think our group was very diverse, lots of different kind of kids, lots of different families, and it's good to see them'

Participants who valued the group setting also tended to identify benefits in it for their children, such as finding it helpful for the child to interact with other children. Some spoke of their children finding the group a bit intimidating at the beginning but then getting used to it. A child had perceived the programme as 'going to a party'. Another participant, given that several families had dropped out of their cohort, wished that more children had attended so that her child could have interacted with them.

'When I was there I liked it as well, meeting different parents and their children and my daughter can play with them, it was nice when I went'

Other participants however did not have a positive perception of the group format. It was felt for example that discussing very personal topics such as those addressed in the programme was inappropriate in a group, creating a sense of discomfort. Someone spoke of wanting professionals' input on their situation, rather than other parents'. Someone identified another barrier to benefitting from the group setting in mental health issues. Even a participant who had had a positive experience of the programme spoke of having disclosed the particulars of their family situation only in the individual session, rather than in the group ones.

'...whilst there was some value understanding that other people share the same issues, I don't think people were comfortable just sharing themselves with strangers, which effectively everyone is'

Some participants saw the group setting as problematic for their children, such as their child finding it uncomfortable to be amongst strangers or finding the environment too loud, for example in connection to SEND. Some participants had felt quite different to the rest of their group in terms of needs, and had perceived this to negatively impact their or their children's experiences, suggesting that this should be preliminarily addressed when forming groups.

'...my son didn't [engage]... I could tell he was a bit embarrassed'

As noted in the previous theme, it was suggested that the group nature of the programme could be made more explicit during the referral process, so that families could decide if it was suitable for them at that stage.

The importance of a safe, non-judgemental space

The importance participants attributed to establishing a safe, non-judgemental space was often expressed in interviews.

' [I liked] Just being open, being in a safe space where you can just communicate, no one's going to argue or anything, you resolve it, just working on the same page'

Many praised delivery staff, whose approach was considered as key in facilitating that sort of environment. Qualities like their helpfulness and welcoming attitude put participants at ease.

'They were welcoming, they were understanding. I think the word, "welcoming" and they were approachable as well, those are the three words that come to mind: welcoming, understanding, approachable'

Some parents spoke of having initially harboured concerns about their child's behaviour in the group and the possibility of their parenting being negatively judged because of it. They had thus found helpful the work that happened at the beginning in adult-only sessions to set expectations and ground rules. This had reassured them that there would be the flexibility required to meet their child's needs.

'...it was good for me, it was open, we could all speak our minds and set some expectations, I guess, in my case for my son not to be judged if he started being annoyed, or if he needed to wear his ear defenders and things like that, and everybody was very understanding'

Participants who did not have a positive view of the group setting, on the other hand, often seemed to owe their view to not perceiving a group format as safe enough for discussing private family situations. Individual family sessions might have felt safer or more beneficial to some, an opportunity to disclose more and receive professional input. Accordingly, there was a suggestion to include more individual sessions in the programme, if financially viable.

Making the programme work for different participants

Participants spoke of several aspects of the programme design that worked well or that could be tweaked to make it easier to attend and enjoyable across the board.

Interviews explored men's attendance, asking participants for suggestions to increase it. Work was frequently identified as a key obstacle in connection to the timing of sessions, with fathers often being the main or only source of income in the family. It was suggested that holding sessions during the weekend would be much more accessible to those men not having flexibility in their work pattern, and would also mean that children would not be tired from the school day. Pushing sessions towards the evening was also considered, noting however that this would have to avoid running into dinner or bed time and suitability might depend on a child's age. Participants also discussed holding sessions online. Some were keen on this, however a participant felt that it might be harder to engage, particularly during the first session.

'...it's all in the afternoon time and I'm at work... It would have to be weekend time or evening'

Further cultural obstacles to men's attendance were identified. Firstly, participants spoke of the widespread belief that regards the care of children mainly as the domain of women.

Although it was felt that it would be hard for the programme to address this wider issue, it was suggested that the programme could take steps to explicitly make men feel invited. Furthermore, a male respondent wondered if creative activities being quite at odds with the usual modes of expressions of many men might also be playing a role in limiting male attendance. Making the benefits of these activities more explicit to families and linking them to their needs was suggested as a way to address this barrier in some measure.

'I'm a bit of an [description] guy... these sort of things don't come natural to me...I struggle with being expressive, that's just me, so it felt really uncomfortable for me to do. It felt a bit childish...'

In regards to children, many participants spoke of how creative activities were attractive to them. They furthermore appreciated the flexibility of the programme to accommodate children's preferences, who could freely move around and engage to the extent that they wished. Seeing others engage in the activities, being able to interact with peers, and having a table for each family functioning as a safe space were other facilitating elements. Some children experienced a preference for art rather than music or vice versa, with the high volume of music being an issue for some - some participants wondered if there could be scope for letting children choose from multiple activities to second their preference, if the room's size allowed to split it. A participant furthermore suggested including some outings in the programme, to further enhance variety.

'... [The children] they did engage and I think what helped them is understanding that they could say as much or as little as they wanted'

On the other hand, some participants perceived the amount of time dedicated to speaking in sessions as excessive for children. The 'hello' introductory moment at the beginning was for example seen to take away a significant amount of time from creative activities, also in view of the limited length of sessions.

There was a suggestion to conduct more adult-only sessions where there could be talking without the children present. Someone felt that perhaps some families had dropped out due to for their teenage children not finding the sessions engaging enough and being of an age at which they could vote with their feet.

'I think that probably there should be more music and art activities than speaking activities. And I think it was always too little time left for the activities like that, because we wanted to speak and children would rather participate in music or arts more. So maybe, as a suggestion, there could be more time for just parents to speak. More parent only sessions, I don't know, maybe online just to speak because I think there was a lot of requests to speak from the parents but it was boring for the children'

Length was mentioned as an important element, both in terms of individual sessions and of the duration of the programme. Some felt that sessions could have been longer, as per the above, to allow more time for creativity. A participant however felt that the length of sessions was just right for their young children's attention span. It was suggested that an extended length would also reflect the fact that children often take time to build trust and feel comfortable around new people.

'...When you work with children, especially the first time that they see someone new, it depends on the child ... it takes a while to understand them. I think more try and spend - one hour is a bit short, especially when there's a big group.'

Interviews also sought to understand whether language, ethnicity and culture played a role in how effectively the programme supported families. None of the participants spoke of having noticed barriers related to these factors, either for their own family or for others in their cohort. Music and art were noted to be particularly helpful in overcoming language differences.

A participant with English as an additional language spoke of how staff had been supportive in helping her to find the words when she had struggled to express herself. When asked about the possibility of providing translators, this was considered as potentially helpful if any families accessed the programme in the future without the required level of English to do so independently, however doubts were raised about the feasibility of catering for a multiplicity of languages.

'...I think it [the programme] will attract people from different culture...because art and music have no language barriers'

A participant spoke of how the variety of ethnic backgrounds represented in the facilitators' team helped to make the programme feel welcoming.

'...I don't think it would be possible to feel uncomfortable because of the ethnicity because two of the three therapists were different backgrounds, different ethnicities...'

The programme was perceived as beneficial across cultural backgrounds. Someone for example noted that, despite differences in parenting styles, all cultures ultimately want their children to be happy, and felt that the programme could support this objective well across cultures.

'...I personally feel every culture can benefit from it in the sense of it's about understanding each other, parents - child, child - parents, and family and that unity as well. I definitely feel that it doesn't matter what culture you're from, that definitely people can benefit from it'

A limitation to the findings related to language, ethnicity and culture, however, stems from the fact that no one was interviewed from families that did not take up their referral. We do not know if amongst this group these factors were perceived as barriers[1]. Although several interviewees for example had English as an Additional Language, they all had a level of English sufficient to take part in the programme and in the interview.

From the perspective of children: Learnings from Children and Young People Ending Forms

Children's feedback on the programme was collected through the Children and Young People Ending Form, a creative activity conducted in the last group session in which children took part. This was completed by 12 children aged 4 to 14. The form asked the following two questions: 'What did you like about Family Harmony?' and 'What did you not enjoy about Family Harmony?'. Children could answer in drawing or writing and be supported in the activity by a parent or carer if needed, according to age and developmental stage. When children chose to draw, a brief description of what the drawing represented for them would also be written on the form, with the support of one of the group facilitators. The indication was that the writing should reflect the child's own words as much as possible. Some of the replies, however, utilised language and concepts that seemed markedly adults', suggesting an adult contribution that went beyond scribing to provide the adult's own perspective. When this was obvious to the researcher, those elements were taken out of the analysis of children's feedback. They nevertheless reflected points that are covered in the sections of this report based on adults' interviews' data.

12 children fed back on what they liked about Family Harmony. They especially liked music and/or art. They also liked spending time together, the other children, having fun, not having to argue with siblings, or an activity in which participants mirrored each other. There were also expressions of general appreciation, such as the programme making a child happy, or finding the sessions good.

What did you like about Family Harmony? You can draw or write!



Making things
drawing
Playing instruments

Nine children fed back on what they did not enjoy about Family Harmony. Several said that there was nothing they had not enjoyed. Things that others had not enjoyed included the room being too small, the instruments being too loud, talking, or being sad to say goodbye. A child said he disliked the sessions – delivery staff had the perception that this might have possibly been a jokey remark as the child had seemed to them to have enjoyed the programme, however this cannot be verified in the analysis and is therefore taken at face value.

What did you not enjoy about Family Harmony? You can draw or write!



talking
blabla

[1]It was mentioned as a reason for not taking up a referral in one case in administrative records, see research question 1.

Q3: What is staff's perception of the delivery process?

Learnings from focus groups with programme staff

Through the analysis of focus groups' data we developed five themes related to the delivery process, some of which mirror those touched on by parents and carers when talking about their experiences: the importance of a clear offer; flexibility facilitated by a skills-based framework and the growing integration of therapeutic approaches; creating a safe space; time as a significant factor; making the programme accessible.

The importance of a clear offer

Staff spoke of having gone through a generative journey of learning from delivery. The team noticed that conflict would not typically be an issue families sought support for, unless it had already escalated significantly. This led to refining the offer as catering to families who would benefit from strengthening communication and relationships, in order to prevent the escalation of conflict. It was decided that disclosure of conflict would not be a prerequisite for referral. Taking a preventative, strength-based approach widened the programme's accessibility and relevance to more families, overcoming the stigma of disclosing conflict. Working on communication between different family members according to need and family configuration, rather than concentrating solely on the interparental couple, was also intended to foster inclusivity and accessibility.

As the programme was very innovative in nature, delivery enabled the team to gain a fuller experiential understanding of its specificities, which they then worked to convey through newly designed communication materials. Staff felt the material had been helpful for referrers to better understand the programme concept and promote it more clearly to families.

Having a clearer definition of the target cohort also meant that referrers were in the position to refer into groups families at a similar (early-help) level of need that could meaningfully work together, whereas at the beginning there had been instances where the level of need in terms of conflict within a same cohort was so varied that it had been challenging to find shared objectives.

Despite the progress made in clearly describing the programme in promotional communications, however, the team noted that they had still received several referrals where families had come in with expectations that did not match the offer well, for example expecting individual therapy for their child rather than a therapeutic creative group. The team wondered if a factor at play here might have been whether Family Harmony's point of contact in the referring organisation had liaised directly with families or not. When there had been direct contact, it seemed that communication had been more effective in ensuring families came in with expectations aligned to the programme's objectives. Furthermore, staff considered that there might also be a tendency for people to revert to the familiar in terms of their understanding of the programme, regardless of the clarity of communication materials – this is especially considering that the innovative nature of the offer meant that it would not resemble anything they had previous experience of.

Staff noted links between participants' understanding of the programme and their engagement with it. They noticed for example several parents and carers coming in expecting the programme to be mainly for their children, and as a result tending to stand back as observers. It was therefore key for staff to convey that the programme was addressed to them as well, and that engaging in joint play was an important part of the process. Many parents and carers needed to be encouraged to bring themselves to the programme more fully and reflect on their wider communication as a family, rather than concentrate primarily on their child's behaviour.

They might have been expecting to receive clear instructions for parenting techniques, whereas the programme focused on experiential learning through modelling of positive communication and attunement by staff. In light of this, the team found that spending time with adult participants only at the beginning of the programme – both in the individual family and in group sessions – provided a key space for reflecting on expectations and clarifying the activities' objectives, and identified this as an area to further strengthen in the future.

Flexibility facilitated by a skills-based framework and the growing integration of therapeutic approaches

Staff identified as a key element of successful delivery the flexibility they had been able to adopt in order to tailor the programme to the specific needs of each cohort and family, while remaining firmly within the programme's main structure and objectives. A lot of individual follow-up and rescheduling was often involved. An important example of adaptation occurred due to the fact that many parents and carers, most often women, attended the programme without another adult from their family. In some cases, this was because there was no other adult involved in co-parenting, in others because their co-parent/carer was unable to attend^[1]. This situation made it necessary to equip participants with learnings that would effectively impact their whole family system, regardless of whether a co-parent/carer attended with them or not. A key instrument in enabling this was the development of a skills-based thematic framework for the programme. This entailed that every session had as its theme the development of a specific skill, which participants could then bring back home and use in communicating with others in their family.

Another element the team identified as helpful in pursuing the programme's objectives while maintaining flexibility was the increased integration they had been able to implement between the different therapeutic approaches used in the programme.

These approaches were namely systemic family therapy, music therapy and art therapy. While at the beginning of delivery different therapeutic approaches had been utilised in distinct sections of each session, they then became more seamlessly integrated. This was promoted by having two or three therapists facilitating each session, with at least one systemic family therapy and one creative therapist always present, and by collaborative working taking place right from the planning stage. The skills-based thematic framework was utilised as a structure for integration, picking for each theme the activities from the different therapeutic approaches that would best suit the cohort in question.

Creating a safe space

Staff spoke of the importance of establishing a safe space. They noted that bigger group sizes in certain cohorts might have meant that participants found it harder to experience a sense of safety.

The importance of establishing a safe space emphasised to staff the value of undertaking initial sessions with adults only, both with individual families and in a group setting. These sessions were seen as key to explore concerns, set expectations and establish ground rules. Having gained more clarity on the groups' functioning, adults would then be ready to welcome children into the space. Adults at times came in with concerns around being judged for their child's behaviour. It was therefore important to address these, for example offering reassurance that adults could take them out if they started getting emotionally dysregulated. The needs of individual children could be clarified for facilitators to adapt activities accordingly. Furthermore, the absence of children enabled adults to speak more freely about their family situation. Finding points of contact helped bonding as a group, and the shared vulnerability experienced in opening up facilitated a sense of safety.

[1] Male attendance will be explored more under the theme of accessibility

When conducting adult-only sessions was not possible, for example due to unforeseen circumstance or complex family lives, staff reflected that flexibility should be adopted to find a way to undertake this crucial work nevertheless, for example by conducting separate activities for adults and children if room size and staff capacity allow it.

The degree of ease in developing a sense of safety in the group had varied across different cohorts, according to staff. While in some groups adults had readily eased into providing peer support to each other, that had not always been the case. Staff reflected that similarity in needs and children's ages facilitated bonding over shared experience. That highlighted the role of referrers in creating groups that could work well together, based on their knowledge of families.

Staff however also reflected on the benefits of cohorts not being homogenous, so as to be enriched by the diversity of experiences. Such situations would nevertheless make the initial work undertaken to encourage the development of peer support and of a non-judgemental attitude all the more necessary. In case instances of judgemental attitude still occurred despite this preparation, staff identified following up individually with the families involved as an avenue to address them. The team also reflected that in cohorts where more differences in experiences were present, additional time might have perhaps been helpful in facilitating bonding. The impact of time will be explored in the next theme.

Time as a significant factor

In staff's narratives time was repeatedly identified as a significant factor. Firstly, it was touched upon both in terms of the duration of the programme and of individual sessions. Staff had often received the feedback from families that they had wanted the programme to last longer as they had an appetite for further support.

Staff also reflected on the differences between the programme and individual family therapy. In the latter families could go over the learnings gained in a session again and again in subsequent ones, consolidating them. The short duration of the programme and its skills-based thematic framework, on the other hand, meant that each session dedicated intensive focus to a new communication skill, with somewhat less opportunities to reinforce previous learnings over time. To counteract this and considering the value in terms of accessibility of the programme's short duration, staff identified as an area for further work that of supporting participants in reflecting on the gains reaped from the programme, including with activities they could do at home.

In terms of the duration of sessions, staff reflected on the rapidity with which one hour goes by, and wondered about the possibility of having two-hour sessions with a tea break in the middle instead. This would also facilitate the development of social connections, seen as a key benefit of the programme.

The short duration of sessions was perceived as a barrier particularly in regards to the first individual family session. This was intended to cover the process of starting to get to know the family and develop a therapeutic relationship, as well as the completion of baseline outcome measures. Staff however noted that families often came in with a strong need to verbalise their concerns and be listened to, with the session frequently representing their first opportunity to do so. Alternatively, urgent issues were raised that needed to be addressed by staff without delays. These aspects took priority, not leaving sufficient time for measures^[1].

The time of the year in which delivery was planned for was also identified as a significant factor for recruitment and attendance.

At the beginning, for example, recruitment had been undertaken through a referring organisation that had just seen a whole new intake of families, which meant that it had not had the time yet to build a relationship with them. This posed a barrier to the referrer being able to broach the subject of family communication and relationships without risking a rupture. The incidence of holidays was also identified as having an impact. In the first cohort, for example, after the Christmas period most families had not returned for final individual sessions and the completion of endline outcome measures. Similarly, in later cohorts the summer holidays had impacted attendance.

Making the programme accessible

Staff reflected on men's attendance, which was less than women's as they had expected. The main factor the team had experienced as a barrier were societal expectations around work, whereby men would not be given permission to take time out for parenting-related activities. This was coupled with financial and practical constraints that meant families often could not afford two caregivers to be free from work and/or child caring responsibilities (for siblings not attending) at the same time.

Staff also noted the impact of a widespread cultural belief seeing child rearing – as well as therapy – mainly as the domain of women, and identified this to be already at play in the relationship between referring organisations and families. Schools for example were said to often display a preference for having one named contact per family only, which usually tended to be a woman. The established relationship between referrers and female carers was seen to then translate into women being more likely to engage in the programme or feeling more committed to it. On the other hand, those male carers who did have an established relationship with family support workers seemed to be significantly engaged with the programme as well.

During delivery a male facilitator had joined the team, and staff felt that his contribution had helped to make male carers feel more engaged in the programme, to some extent. An example was given where a male carer had specifically wanted to speak privately with the male facilitator. A further adaptation the team had undertaken, when male carers were unable to attend group sessions, was to endeavour to offer individual ones at a time that would enable them to at least attend those. Staff wondered if, in the future, offering sessions outside of the most common working hours might help boost male attendance, however harbouring doubts that this would overcome gendered expectations around child-rearing.

Staff spoke of families of children with SEND (either suspected, with a diagnosis or undergoing the process of assessment) as a significant cohort reached by the programme. They related this to referring professionals identifying this group as in need of extra support, and also to the fact that several of the established contacts Coram had with schools were related to SEND. Children with SEND were furthermore seen as a group that could greatly benefit from creative therapies.

Staff perceived families of children with SEND as particularly engaged with the programme (as reflected by quantitative data), and identified as a theme in their motivations for attending that of seeking support with their children's communication. Participants were often perceived as acutely needing support due to not being currently able to receive it elsewhere, for example if their child was awaiting a diagnosis. The team reflected on the isolating experience of seeing one's child as different with no one else noticing it, and the importance it had for these parents and carers to finally feel seen and supported in their concerns. For families that were already accessing support, on the other hand, the programme offered the opportunity to try creative activities as something new they could easily replicate at home.

[1] Barriers to collecting outcome measures will be explored further under research question 5.

Other aspects of making the programme accessible to a diverse range of families that the team reflected on related to culture, ethnicity and language. Staff spoke of having made an intentional effort of weaving into the programme explorations of diversity, for example of the influence of different upbringings on participants' parenting. Another element staff noted was the increasing diversity of the facilitators' team, and how this had offered participants more possibilities for mirroring and being seen.

In terms of language barriers, the team could think of one family where this had led to a misunderstanding about the nature of the group and its objectives at referral stage. During the programme, an activity involving the singing of English nursery rhymes might have left a parent unable to fully engage in it.

Learning from delivery, the team had worked to ensure translators would be available to families, if that was their preference. In the end no situation occurred in which the need for a translator was identified. Staff saw creative activities as facilitating communication despite language barriers. The growing diversity of the facilitators' team had also created the opportunity to share experiences related to living across multiple languages. In regards to future delivery, staff considered the possibility of ensuring the availability of translators at the referral stage as well. In addition to clarifying expectations about the programme, this would also prevent parents and carers from feeling overwhelmed by the paperwork involved.

A further aspect related to accessibility that staff touched upon was perceiving families as more likely to consistently access the programme if it was offered at the school their children already attended, rather than in a different organisational setting.

Q4: What were the initial perceived outcomes of the programme?

From the perspective of participants: Learning from interviews with parents and carers

We identified a range of outcomes in the narratives of parents and carers.

Family members have a better understanding of each other and of family dynamics

Several participants spoke of shifts in how people in their family understood each other. They described understanding their children's needs better, for example in terms of supporting their teenage child's need for both independence and guidance. Sometimes participants explicitly mentioned SEND, like having gained a greater appreciation of the need of their child with ADHD to move more. Developing a better understanding of their children's needs could also lead participants to see their behaviour in a different light and react more positively to it.

'We listen a little bit more, understand each other a bit more, it's become a lot easier to deal with each other, it's nicer... We all communicate better, we've learned more about the kids, when they will express their feelings. Maybe how they act, react sometimes is not necessarily in a negative light, it's because they just feel like they can't communicate'

Having the opportunity to reflect on their family situation, speak about it with others and get an external perspective brought fresh insight into family dynamics. For example, someone spoke of having gained an enhanced understanding of situations in which they and their co-parent each needed support.

It was noted by some, that children had also strengthened their understanding of others in their family. An activity that was repeatedly mentioned for example, called 'In my shoes', involved putting oneself in the place of another family member, in order to understand their feelings and reactions in a recurring scenario. Participants spoke of children getting to understand how they feel as parents when their children behave in a certain way. Another example was a child with SEND learning to think more about their sibling's needs.

'...He had to be me, I had to be him. He was finding it useful just to find out why I have to say, "No," sometimes if you like, why that can then end up in conflict'

Families experience strengthened communication. The enhanced mutual understanding described seems to have been facilitated by shifts in how family members communicate with each other. Having a more listening attitude was a recurring theme. Another aspect of communication that was mentioned was learning to express one's feelings more. Creative activities were noted to help some children who had previously struggled to talk about their feelings to open up.

'...I learned that my children, they like art anyway but they were opening up more, saying how they're feeling. Normally they don't do that, so it was quite nice to see that they were actually opening up'

Parents and carers experience shifts in their parenting styles

Some participants spoke of shifts in their parenting or co-parenting style. These seemed to go in a direction that focused more on listening and understanding and was perhaps less authoritarian or aimed at making the child behave in a certain way.

A participant for example spoke of having become more accepting of their child's needs and differences, and of trying to avoid raising her voice. Another mentioned cultural differences in parenting styles, and of now considering alternative approaches to the ones of their upbringing. Trying to have more patience with one's children was repeatedly mentioned.

'We're a bit more understanding, before we used to bicker about it. We're a bit more understand that this is certain things they like and don't like'

This shift in parenting style seemed to lead participants to a less reactive stance when facing potentially challenging situations and to improve their wellbeing, for example by decreasing their stress or by improving the relationship between co-parents.

'I mean our relationship, it's flourishing really because we work as a team and it's just so effective.... It's after we've spoken about it that we'll now take it to the children that "look, this is how this made us feel when this happened, and things like that, instead of just reacting straightaway'

Children enjoy stimulating creative activities

Many participants spoke of how their children had enjoyed the creative activities in the programme.

'...the other children came, they played, they danced, they listened to music and they'd draw. They liked it, my daughter she used to say, every [day of the week] she used to say, "Mummy, let's go there, let's go there"... She liked it, yeah'

Participants spoke of children liking the attention and the opportunity to demonstrate their abilities or to take the lead, of feeling pride in their creations, of creative activities helping them to socialise or enabling them to express themselves. A participant whose child had SEND that limited their communication in the group, for example, spoke of how her child had nevertheless engaged in activities which they would not normally be exposed to and had enjoyed them. Creative products brought home could also be used to connect with other family members who had not been able to fully attend the programme.

'...He'll come back with these really lovely pictures, paintings and things; you can see he's got really into it. It's like, "This is this, this is that, Daddy," I'll ask him questions about, "What's this, why have you done that?" He's proper into it, I think it helps, it's an outlet for him'

Families are able to seek further support if needed

Families' readiness to seek further support in the future, if needed, seems to have been impacted in several ways. Some participants for example spoke of finding out more about the support available, by receiving information, guidance and signposting to additional activities.

'Supporting, giving advice and suggestions.... Like referring for some other places to get some help extra, or in touch with the GPs...'

A participant spoke of how their attitude shifted so that they became more open to receiving support.

'You got to realise that everybody needs help. I think in my personal case I started asked for help because I see some kind of failure, just recognising I need help for this or for that. So, it was just good to talk about things and see that everybody needs help'

Some spoke of how the programme had led them to discover specifically the effectiveness of creative methods in supporting their children, and of planning to seek more of that.

'I'm pushing for that for [child] to get that [art therapy] at school.... because he doesn't like talking, he gets in a mood a lot at school, so maybe if he's having a mood, he can do some art therapy or something ...'

Some spoke of how gaining an increased awareness into their family dynamics had led them to identify aspects that they wished to work more on in the future, in order to produce further, lasting change.

'...a lot of things to work on. I think it just opened my mind to our own situation in a different way'

Families do not feel alone when facing challenges and connect to their local community

The data suggests that one of the outcomes of the programme was to prevent isolation in the face of challenges and to support families in making connections within their local community. Some participants spoke of how they found beneficial realising that they were not alone in experiencing certain issues, and having the opportunity to share these openly. Some also made friendships in their group.

'...It's just having that, knowing that you're not alone, it's definitely helpful when – because I still remember when we had the meeting was just us parents and everyone was saying a similar thing with regard to their experience as parents and things like that. So ... a connection, I mean yeah, I've gotten a friend out of it! So that was nice'

Being able to connect with others beyond one's immediate family was found to be beneficial for parental wellbeing. A participant for example had found it helpful for their depression. Another had overcome the anxiety they previously experienced in social situation due to difficulties in managing their child's behaviour, a shift that had enabled them to start socialising more.

'Because I have this experience in the group of [inaudible] the child and not being judged for my reactions to what he was doing, how he was challenging me. When we started inviting more people to our home, which was amazing for us'

Families spend quality time together

Some participants spoke of how the programme had enabled them to spend quality time together with their families, in a way they would not normally have had the opportunity to do. Some mentioned how doing creative activities specifically with them was an aspect that their children had particularly enjoyed.

The opportunity had felt quite unique for different reasons, for example competing time pressures and multi-tasking usually not allowing for that type of attention, or not normally having the chance to spend one-to-one time because of the presence of other siblings[1]. Some spoke of their continued effort, following the programme, to create more opportunities for joint play.

'...you can benefit out of it with creative play and stuff, which you can apply at home. Probably just spending more time with your children, sometimes you forget when you get home, you've got other things to do for them, you don't really sit down and spend enough time with them. In that group setting you're spending time with your children'

Some difficulties in identifying effects on communication and/or relationships

Some participants experienced difficulties in identifying effects from the programme on their family communication and/or relationships. Others spoke of having experienced what seemed to the researcher to be significant shifts in these realms, but did not link them back to the programme when asked specifically about its effects.

This theme seemed to be linked to a range of occurrences. In some cases, understanding their family communication and/or relationships as good to begin with was given as a reason for not identifying shifts in this respect.

'...I did tell them my family relationship it was good always'

In other cases, participants saw a mismatch between their needs and the programme offer, for example if they had expected a different type or intensity of support, and seemed to be looking for effects that aligned to their initial hopes. Not feeling clear about the programme objectives was also indicated as a reason for struggling to identify such effects.

[1] This applied to participants who had attended with only one of their children.

'...This don't change anything. Only experiences to get some advice and suggestion'

For some participants the light-touch, short-term nature of the programme might have been a barrier to identifying its effects. A participant for example explained that the shifts they had experienced during the programme had not continued afterwards, as they had fallen back on habitual ways. Another emphasised how they were doing several other things in addition to the programme, which seemed to prevent them from linking the shifts they had described specifically to it.

'...It is one of the pieces of the puzzle. I do a lot to try [inaudible] him in many different settings and places'

From the perspective of professionals: Learnings from focus groups

Based on their own observations and feedback received, the team noticed the programme making a difference in a number of areas, which broadly reflect those described by the parents and carers interviewed.

Family members experience improved mutual understanding and communication

Staff gave several examples of families having improved their mutual understanding and communication through the programme. The group sessions gave participants the opportunity to observe their family's interactions as they happened, and the awareness gained by noticing communication patterns offered a starting point for change.

Feedback received included experiencing enhanced mutual listening. Parents and carers for instance seemed to listen to their children with a more curious and open attitude. Being able to speak to one's children in a more patient way was also mentioned.

Staff had observed increased reciprocity and attunement in interactions between parent and child, accompanied by a growing confidence that parenting interventions would be met by a response.

Families found new ways of communicating, using creative avenues going beyond the verbal, which felt particularly significant in the case of children with SEND. A parent for example fed back that it had been years since she had been able to communicate so much with her child.

The sessions also afforded some children the opportunity to open up in ways they had not had the chance to previously, initiating unexpected conversations that could then be continued at home. This again increased carers' understanding of the reasons behind their children's behaviours.

Family members strengthen their relationships

Staff spoke of different ways in which relationships had been strengthened. The programme offered family members the opportunity to spend quality time together in a way they would not normally have been able to do, with joint play enabling them to connect on a different level. A co-parenting couple for example had been able to devote more attention to one of their children, due to the other not attending, and made going to each session into a special occasion for family time. Another family had spoken of experiencing calmer relationships thanks to enhanced mutual listening. Additional feedback received included a co-parenting couple having improved their relationship, which was previously in crisis.

Families do not feel isolated in facing challenges and connect to their local community

Staff felt that one of the most significant benefits of the programme was to enable families to combat isolation and connect to their local communities.

Adults, for example, had the experience of realising that the challenges they faced in parenting were similar to others. Conflicts had previously often been dealt with very privately, shrouded by the fear of their parenting being negatively judged. The opportunity to share freely and feel seen was thus liberating, normalising their experiences. Individual family sessions offered adults a therapeutic space where they would be listened to. Adult-only group sessions allowed a degree of opening up with peers that would not have been possible with children present. The shared vulnerability this allowed offered a basis for building meaningful connections, with parents for example socialising outside of sessions or creating a WhatsApp group for continuing with peer support. Staff also spoke of children making friendships through the programme.

Families experience improved readiness for further support if needed

Staff observed how the programme in several cases had led participants to gain insights into family dynamics they were previously unaware of, and thus identify aspects they wished to undertake further work on. The programme could therefore be seen as an initial stepping stone for participants to access more support, increasing their readiness for it. Participants often left with an appetite for more, which staff also linked to the limited duration of the programme. In the case of families of children with SEND, accessing the programme often seemed to respond to a need to for their concerns to be seen and validated by services and thus to be given access to further help.

Stimulating creative activities support children's development

Staff spoke of how children had been stimulated by creative activities, which they generally seemed to enjoy.

Where children had started off a bit shy and hesitant to engage, they had usually been able to step out of their comfort zone and get stuck into the activities by the end. This was seen for example with improvising, which some children had initially worried about. Often, children seemed to be more confident in expressing their thoughts and feelings with the aid of creative media. A parent fed back how happy she was of having persevered with the programme, which her child with significant additional needs had started off finding difficult but had ended up getting a lot out of.

The role of staff in supporting participants to identify changes

Staff reflected on the phenomenon whereby some participants had struggled to identify effects of the programme on their communication and/or relationships. This also included cases where participants had fed back to them what appeared to be significant changes, but somehow did not link them to the programme.

Staff considered that further intentional work could be devoted in the future to support participants in reflecting on the changes experienced. This was particularly so as the short-term duration of the programme meant that families were asked to do a significant amount of work relatively quickly, with limited opportunities for noticing the shifts they were experiencing and reinforcing learnings over time. Furthermore, the type of learning offered by the programme was experiential and engendered by modelling, and thus more subtle to notice than the specific instructions for parenting techniques that some participants had expected. Another relevant element was potentially the fact that many participants had missed the last individual family session^[1], which could have been an opportunity for reflection.

[1] Poor attendance of individual family sessions at the end of the programme will be touched on again in the section of the report dedicated to research question 5.

Reflective activities given as homework were suggested as a way to potentially overcome the barriers posed by the short duration of the programme. A further suggestion was that, if resources allowed, more individual family sessions could be weaved into the programme, in order to feedback the practitioner's observations and build on the learnings from the group.

Staff also connected the difficulty of some participants in identifying effects on their relationships and communication to the fact that they had expected a different intensity or type of support, which again underscored the importance of a clearly conveyed offer.

Q5: How could a future evaluation best provide more robust evidence on the impact of the programme?

Learnings from focus groups with programme staff

Streamlining outcome measures and identifying barriers to completion

The programme had started off with piloting several outcome measures, namely the Parenting Alliance Measure (PAM), the Systemic Clinical Outcome and Routine Evaluation (SCORE) 15 and the Goal Based Outcome measure (GBO). Through delivery, however, the team first dropped the PAM, followed by the SCORE 15, concluding that the GBO was most suited to the programme.

According to staff, the PAM was not perceived as relevant by many of the families who attended the programme, due to its focus on monitoring the parenting alliance whereas families might not have disclosed any issues with it.

For the families for which this was relevant, on the other hand, staff felt that it opened up conversations that could have easily taken up several individual sessions, which the programme unfortunately did not have capacity for.

Moreover, given that the PAM presupposed the existence of a parenting alliance, staff considered that it might have felt alienating for families where a single adult held all the parenting responsibilities.

The SCORE 15's language was seen as more suitable in this respect, as it referred to family more broadly. The SCORE 15 was, however, seen as too long in proportion to the light-touch and short-term nature of the programme, particularly in conjunction with the PAM, and more suited to an individual family therapy intervention rather than a therapeutic group.

The GBO had initially been used with open goals that participants could choose for themselves. However, staff had perceived this to cause some confusion in terms of participants' expectations for the programme, missing an opportunity for clarification when there was a mismatch with the actual offer. On the basis of this, in the course of delivery the team modified the GBO to include two set goals for all participants, namely improving communication and strengthening relationships, although participants could choose whether to apply these broadly to their family or in relation to a specific family member. The third goal was left open. With this modification, the GBO was seen by staff as the measure most aligned to the programme's activities, objectives and light-touch nature.

In terms of completion rates for measures, several barriers were reported by staff. In addition to experiencing measures as too lengthy, particularly when several were used in conjunction, other barriers included: competing priorities during the initial individual session with families taking precedence over the completion of measures, leading staff to give measures to families to complete at home in their own time with poor return; the timing of delivery of certain cohorts having provided a rupture, with families not coming back for the final session where they would have completed the endline measures; a possible mismatch between the programme offer and participants' expectations, particularly in earlier cohorts, potentially leading participants to feel less predisposed to provide feedback;

participants often missing the last individual session, potentially due to having undertaken a significant ending in the last group session already and having moved on since, making them less keen to continue to engage. Staff reflected that building additional time into the programme specifically for the collection of measures would help in ensuring a greater degree of completion. The suggestion that referrers could potentially be more involved in this was also considered, however feasibility seemed to vary across referrers.

Capturing children's experiences

The collection of children's views started off using the GBO (age 8+), the SCORE 15 (age 12+) together with its version for younger children the Child Score (age 8-11), and the STAR tool for music therapy. Return rates however were very low. Furthermore, Coram's Ethics Committee recommended finding avenues for collecting children's feedback including younger children and asking more open questions on their experience of the programme than those included in these measures. The programme tested a questionnaire they had successfully used with children in previous therapeutic interventions, named the End of Service Questionnaire for children and young people, however completion remained very low.

Exploring the causes behind this in focus groups, a reason identified was the fact that staff had no opportunity to meet individually with children to complete questionnaires, whereas with adults they could complete them during the adult-only individual family sessions. Questionnaires were thus given to parents to fill in with their children in their own time, however this might have been experienced negatively by families as further paperwork.

It was generally felt that the support of staff who knew the children well would be needed for effective completion. Staff furthermore suggested that feedback forms could mirror the programme's use of creative activities to capture children's views in more engaging ways.

On the basis of this, two new feedback activities were developed to be conducted in the last 15 minutes of the last group session with children. The first was the Children and Young People Ending Form, on which children could draw or write. This was the tool used to collect the data analysed under research question 2b. Staff who used this activity with their cohorts since its introduction reported children's engaging with it and having a lot to say. Staff who were not able to use it spoke of unforeseen circumstances taking place in the last session, for example children becoming emotionally dysregulated in relation to the ending, which had to take priority over the evaluation. The doubt was also raised that running the activity in the final session might influence feedback, as children might be sad about the ending, thus raising the question of possibly undertaking this activity earlier. Generally, it was noted that the meaningfulness of this activity would rest on sufficient time being built into the programme specifically for collecting children's feedback, possibly without cutting into the time allocated to sessions as these were already experienced as quite dense.

The second activity piloted utilised tokens, with children answering 'yes' or 'no' to the question 'Have you enjoyed Family Harmony?' by putting their token in one of two boxes with corresponding emoticons while leaving the premises, with the help of their parent or carer if needed. The observation was made that younger children would find it difficult to think in terms of the broad timespan of the programme as a whole in this way. When considering the possibility of counteracting this issue by conducting the activity at the end of every session, however, staff were concerned about potential evaluation fatigue. This activity was viewed as more accessible to older children, nevertheless staff seemed to prefer the Children and Young People Ending Form to it, finding the feedback to its open questions more valuable for learning and adapting the programme. The second activity was only completed with one cohort and then discontinued; hence it was not reported on under research question two and is not considered for future delivery without further modifications.

Learnings from interviews with parents and carers

Interviews sought to explore participants' experiences in filling questionnaires as part of the evaluation. Several did not remember filling them in, or did not have any particular comments on them. Others mentioned that their length and/or the questions included felt appropriate.

'...It's okay. It's average, not too long, you can do like in 10 minutes'

Some participants on the other hand identified some areas for improvement. The first related to finding it difficult to complete the questionnaires at home in their own time, rather than during the session, particularly due to their length. Some spoke of having forgotten to send the questionnaires back to staff. Furthermore, a participant spoke of struggling when having to select goals at the beginning, as she had joined the programme with no particular expectations.

'They were a little bit long, the only thing I had, I'm quite terrible with filling in paperwork. We had to take some questionnaires home, when you're dealing with family life you forget to fill them in. I think when we were sitting there in the room and had to fill them out, it was a lot easier, we were there doing it. When you've got to take them home, I find for myself it's not the first thing I'm going to be doing'

Q6: Is there any early evidence of promise based on pre-post analysis of change in outcome measure scores?

Data on outcome measures was collected from participants (both parents and children) at the time of the first and last sessions of each cohort. Limited responses were received for all measures at both baseline and endline.

No data was collected against the Child SCORE measure or the STAR measure, and very limited responses were received for the Parenting Alliance Measure (baseline = 6, endline = 1) and the SCORE (baseline = 11, endline = 1). In focus groups delivery staff identified a series of barriers to the completion of outcome measures, which are outlined in the previous section of this report dedicated to research question five. Based on these difficulties, all the measures except the Goal Based Outcome measure were dropped for the remainder of the programme data collection and we will not be reporting on them. This section will only focus on the responses to the GBO, with a descriptive and qualitative outline and a pre-post analysis of the measure scores. The GBO was also modified at both baseline and endline to classify the first two goals of the family members into two categories: 'improve communication within the family' and 'strengthen relationships within the family', with the third goal still being an open text response. Given that before this, all goals were open-text responses, they have been standardised and classified into either of the above categories, or labelled as 'other goals' to be consistent with changes to the questionnaire.

Findings from outcome measures

Findings from the GBO data analysis appear promising, alluding to participants feeling further along the journey to their goals at the end of the programme, however results need to be considered in light of the low completion rate of the measure, as outlined below.

Response Rates

The response rates for the pre and post measures of the GBO for participants that completed the programme are detailed in the table below. In terms of participants, 23 participants reported goals (47%) and 18 reported proximity scores, i.e., how close they were to their goals (37%) at baseline, with 10 (20%) reporting both items at endline.[1]

For Goal 1 (which had the highest responses), participants from 20 families (80%) and 15 families (60%) reported goals and proximity scores as part of the pre-measures, which dropped to 10 families (40%) for both goals and proximity scores at endline.[2]

Table 2: Reporting on the GBO

Goals	# of Pre-Scores (Proximity Scores)	# of Post-Scores (Proximity Scores)
First Goal	23 (18)	10 (10)
Second Goal	21 (18)	11 (10)
Third Goal	18 (14)	8 (7)

Qualitative exploration of goals

Of the 62 goals reported by participants at baseline, 55% were under 'improving communication with the family', 27% were under 'strengthening relationships within the family' and 18% fell under 'all other goals'. In line with the reformulation of the instrument, 91% of all the first goals (n = 23) were under 'improving communication', 62% of all the second goals (n = 21) were under 'strengthening relationships within the family' and 55% of all third goals (n = 18) fell under all other goals. Among these goals, participants mentioned:

- Wanting to be confident in their own ability as a mother, wanting the child to be more confident
- Managing emotions, anger and temper without escalation
- For the child to participate and be happier attending the sessions
- Wanting to become more open, understanding and non-judgemental
- Having more boundaries and social boundaries
- To have a better routine for themselves and their child

[1] Percentages calculated on the total number of participants who completed the programme and were eligible for GBO completion (age 8+).

[2] Percentages calculated over the total number of families that completed the programme.

Pre-Post Analysis

To analyse pre-post change, goal proximity scores were individually compared and also averaged across all three goals to compare the change in the average score from baseline to endline. In total, there were eight participants from eight different families (six parents/carers and two children) that had reported at least one goal at baseline and endline. Of the 22 goals set by these 8 participants, all of the eight first goals were under 'improving communication with the family', seven of the eight second goals were under 'strengthening relationships within the family' and four of the six third goals fell under all other goals. In the following table, for the individual goals and the aggregated goal score, the average pre and post scores as well as the average difference and its significance are detailed.

Table 3: Average Goal Scores and Pre-Post Differences

Goals	Average Pre-score	Average Post-score	Average Difference	Significant Difference (p value)
Goal 1 (n = 7)	4.0	6.9	2.9	Yes (0.008)
Goal 2 (n = 8)	4.8	7.4	2.6	Yes (0.004)
Goal 3 (n = 4)	4.3	6.0	1.8	No (0.235)
Aggregated Score (n = 8)	4.2	7.0	2.8	Yes (0.0005)

In both individual and aggregated cases, average pre-scores ranged between four and five, and average post scores ranged between 6 and 7.5. The average pre-post difference was 2.8 for the aggregated score, with the average difference decreasing from goal 1 to goal 3. In spite of the small sample, a paired two-sample t-test showed a significant difference between the aggregated pre-post scores, as well individual goal 1 and goal 2 scores. While there was a difference between goal 3 scores, there was no significant difference, possibly owing to the lower observations (n = 4). Overall, this is a promising finding, alluding to participants feeling further along the journey to their goals at the end of the programme. However, the results have to be qualified by the low completion rate, as only 8 participants (12% of the total that participated) from 8 families (32% of the total that participated) were included in this analysis. Due to the small sample sizes, we weren't able to conduct any sub-group analyses.

Q1: What was the number, characteristics and engagement of parents and carers with the programme?

Research question one highlighted the following:

- 65 families (108 parents/carers and 103 children) were referred into the programme, of which 64% (42 families; 65 parents/carers and 58 children) took up their referral. Amongst the families that did start the programme, 60% completed it (32 parents/carers and 33 children).
- On average seven families were referred to a group, of which four started to participate and three completed the sessions. Just under half (49%) of the referrals were made by the family practitioner, followed by schools (22%).
- Referrals were made by referrers based on a range of reasons. Key reasons included seeking support for the child's wellbeing and development or with parenting, aiming to strengthen communication, or to enhance the relationships between various family members. Separation or complex family needs, for example children's social care involvement, were mentioned in some instances.

- In accordance with its design, the programme included parents with varying carer relationships: 55% (n = 34) of families with separated parents and 11% (n = 7) with other parental arrangements (including grandparent carers).
- Those that dropped out before or during the programme, appear to have done so for a variety of reasons. Key reasons ranged from a mismatch between need and offer, to practical reasons (e.g., a scheduling clash) or logistical ones (e.g., late referral), together with accessibility challenges (e.g., mental health). Some reasons only applied to families who had not taken up their referral (e.g., geographical distance from the sessions), others exclusively to families who dropped out during the programme (e.g., children preferring not to attend or the family feeling different in terms of needs from others in their cohort).
- Of the 65 programme participants, 49% are parents and 51% are children (n=65). The average age of the parents is 42 (n = 20), with most parents aged between 31-40 (40%) and 41-50 (30%). The average age of a child is eight (n = 32), with most children being either adolescents (41%) or 5-9 years (41%), with the remaining 19% aged 0-4 years.
- More female parents/carers were referred to the programme (65%) and an even higher proportion participated in the programme (75%). Most of the parents and children in the programme were White (46% and 35% respectively), but many more children were of mixed ethnicity compared to parents (35% as compared to 8%), indicating attendance from mixed couples with different ethnicities.

[1] Percentages calculated on the total number of participants who completed the programme and were eligible for GBO completion (age 8+).

[2] Percentages calculated over the total number of families that completed the programme.

- Intervention families (n = 25) were equally likely to be co-habiting couples (41%) or separated parents (41%). For dropout respondents (n = 37), a large majority were separated parents (62%), followed by co-habiting parents (27%). However, the differences were not statistically significant.
- 38 of 61 children (62%) stated they had a special educational need or disability (SEND). Among those that completed the sessions (n = 24) 75% reportedly had SEND. Comparatively, 54% of children had SEND among the dropout group (n = 37). From an alternate perspective, among children with SEND, 47% reported remaining in the intervention, while this was only 26% among children without SEND. The difference between the intervention and dropout groups was significant (at 0.1 level)[1] suggesting that families with a child with SEND may be more likely to complete the programme.

Q2: What was participants' experience of the programme?

Parents and carers' experiences often seemed to focus on their children more than on a co-parent. Motivations to join, for instance, often centred around children, such as seeking support to understand them better or to manage their behaviour. This theme was also reflected in attendance patterns, with several participants attending with only one of their children and/or without their co-parent (where applicable to family structure).

Participants' initial expectations seemed to influence their satisfaction with the programme, suggesting the importance of a clear offer being conveyed to families from the referral stage. While some had expectations aligned with the light-touch nature of the programme, others had expected a different type or intensity of support. There was a variety of views on the group format of the programme. Some parents and carers appreciated the possibility to learn from others and make connections, while others found the setting inappropriate for discussing personal family situations, or otherwise uncomfortable. Having a safe, non-judgemental space was considered important. Staff's welcoming attitude was seen as key to facilitating that.

Suggestions for increasing male attendance included delivery on weekends or later in the day, as well as communications explicitly inviting men to the programme and addressing the possible hesitation towards creative activities by making their objectives clearer.

According to their parents and carers, children had for the most part enjoyed the flexibility of the programme and the creative activities, with some preferring one type of activity over another. Time dedicated to talking however might have been too much for some, particularly in the context of the short duration of sessions. Some found the group setting uncomfortable, sometimes in connection with SEND. These aspects might relate to the qualitative finding from administrative records suggesting that a reason for some families to drop out of the programme was their children preferring not to attend (research question 1).

Participants had not noticed language, ethnicity and culture posing barriers to the programme successfully supporting families, either their own or others in their group. However, we did not speak with families who were referred into the programme but who did not take up the referral, so we do not know if this group would have expressed a different opinion on these factors.

Nevertheless, this finding seems substantiated by the quantitative analysis undertaken under research question one, which found no statistical difference in programme dropout rates relative to language or ethnicity.

Children's experiences of the programme included liking music and/or art, spending time together, the other children, having fun, or the programme making them feel happy. Things they did not enjoy ranged from the room being too small, the instruments being too loud, talking, to being sad to say goodbye.

Q3: What is staff's perception of the delivery process?

Staff's narratives highlighted the importance of clearly conveying the programme offer to referrers and to families. Through a generative journey of learning from delivery, the team refined the offer as aimed at families that would benefit from strengthening communication and relationships, taking a preventative approach to conflict. Excluding disclosure of conflict as a prerequisite for referral helped in overcoming the stigma that families might associate with it, and in forming cohorts of families at a similar (early-help) level of need in terms of conflict, which could meaningfully work together around shared objectives.

Nevertheless, the team noted that they still received a number of referrals where families' expectations did not match the offer, for example seeking individual therapy for their child. The mismatch between expectations and offer then seemed to negatively influence participants' engagement with the programme. This led the team to emphasise the importance of spending time with adults only at the beginning of the programme, as a space of reflection to clarify the programme's offer and objectives.

Staff had found flexibility in delivery key for adapting the programme to complex family lives and to the specific needs to each cohort, while maintaining it firmly within its structure and objectives. Key tools in this respect were the adoption of a skills-based thematic framework, dedicating each session to the acquisition of a specific communication-related skill; and the growing integration from the planning stage between the therapeutic approaches used in the programme.

Staff noted that establishing a sense of safety in groups was a key element of delivery. Spending time with adults only at the beginning of the programme was instrumental to that. When similarities in terms of needs and children's age were present in a cohort, these also seemed to accelerate the process of adults' bonding. Accordingly, feeling different from one's group in terms of needs came up both as a reason for dropping out of the programme (research question one) and as a barrier to benefitting from the group setting (research question two).

Time was also identified as a significant aspect of delivery. The barrier to reinforcing learnings over time posed by the short duration of the programme could be counteracted in the future by providing families with further activities to conduct at home. Staff also reflected on the possibility of extending the duration of each session, and considered the impact of the time of the year and incidence of holidays on referrals and attendance.

In terms of the programme's accessibility, key barriers to male carers' attendance were identified in the clash between the timing of sessions and work commitments, as well as in the cultural belief seeing child rearing as mainly the responsibility of women. Families of children with SEND on the other hand were identified as a cohort particularly engaged with the programme.

[1] P value = 0.09915 as per Chi-sq Test.

This finding is substantiated by the quantitative analysis undertaken under research question one, which found a statistically significant lower dropout rate for this group, compared to other families. Staff saw these families as greatly needing the extra support, and their children as particularly benefitting from creative therapies. Programme accessibility was also enhanced by intentionally weaving explorations of cultural diversity into sessions, by the growing ethnic diversity of the facilitators' team and by working to ensure that translators would be available when a family wanted them. Translators' availability at referral stage was identified as an area for future consideration.

Q4: What were the initial perceived outcomes of the programme?

Parents and carers' experiences often seemed to focus on their children more than on a co-parent. Motivations to join, for instance, often centred around children, such as seeking support to understand them better or to manage their behaviour. This theme was also reflected in attendance patterns, with several participants attending with only one of their children and/or without their co-parent (where applicable to family structure).

Initial outcomes from the perspective of parents and carers included noticing people in their family developing a better understanding of each other and of family dynamics. Some parents and carers for example understood their children's needs better and saw their behaviour in a different light. Some spoke of experiencing strengthened communication, for example through listening and expressing their feelings more.

Several parents and carers spoke of a shift in their parenting or co-parenting style, for example having adopted a more listening and accepting attitude and being less reactive in the face of challenging situations. Children in their eyes had for the most part enjoyed stimulating creative activities, enabling them to demonstrate their abilities, socialise and express themselves.

Other shifts the programme had contributed to, according to some interviewees feeling able to seek further support if needed. This was for example seen in terms of getting information on other support available, or becoming more aware of aspects participants wished to work on further. Another aspect touched on was not feeling alone when facing challenges and connecting to the local community, for example by making friends in their group. Family members had also had the opportunity to spend quality time together, in a way that they would not normally have been able to do.

Some parents and carers however struggled to identify effects of the programme on their family communication and/or relationship, for example because they considered these as good to begin with, or because they were expecting a different type of support.

The initial outcomes from the perspective of professionals delivering the programme were largely aligned to those noticed by parents and carers.

Staff had also noticed the struggle of some participants in identifying effects of the programme on their family communication and relationships. This highlighted the role of facilitators in supporting participants to identify changes, an area to which further work could be devoted in the future.

Q5: How could a future evaluation best provide evidence on the impact of the programme?

In relation to research question five, a parent made the point that completing questionnaires at home did not work well for them. Having piloted several measures, staff concluded that the GBO was the most aligned to the programme's objectives and light-touch nature, when adapted to have the two set outcomes of improving communication and strengthening relationships for all families. The GBO was also used with children aged 8+. In addition to streamlining the measures, it was felt that ringfencing dedicated time in sessions for outcome measure completion both at the beginning and end of the programme, so that they would not need to be sent home, and clearly conveying the programme offer from referral stage would also increase completion rates in the future.

In regards to capturing children's experiences, the programme piloted several measures and an End of Service questionnaire used in other Coram therapeutic services. However, completion rates were poor, with a key barrier identified in the fact that staff did not meet with children other than in group sessions, and therefore had no chance to complete questionnaires with them. A new Children and Young People Ending form was therefore devised on which children could draw or write, to be used in the last group session with them. This activity was perceived to be more aligned with the creative approach of the programme and children engaged well with it. The GBO also continued to be used with children aged 8+ for analysis of pre-post change, as seen in research question six.

Q6: Is there any early evidence of promise based on pre-post analysis of change in outcome measure scores?

A pre-post analysis of the GBO measure scores across individual goal scores and an aggregate goal score showed an average increase of at least 1.8 points for the Goal three, 2.6 points for Goal two, 2.9 points for Goal 1 and 2.8 points for the aggregated score. A paired two-sample t-test showed a significant difference between the aggregated pre-post scores, as well individual goal one and goal two scores. While there was a difference between goal 3 scores, there was no significant difference, possibly owing to the lower observations (n = 4). This is quite a positive finding, alluding to participants feeling further along the journey to their goals at the end of the programme.

However, the results have to be qualified by the low completion rate, as only eight participants (12% of the total) from eight families (32% of the total) were included in this analysis. Nevertheless, these results broadly reflect the learnings from qualitative analysis on initial perceived outcomes (research question four).

The following recommendations aim to consolidate the learnings already gained by the programme.

Promotion and referral

- Consider avenues for further clarifying the programme's objectives and its group format to participants at referral stage, as well as at the start of the programme, in order to ensure alignment between expectations and offer.
- Continue to build on the partnership with referring organisations and to leverage their pre-existing knowledge of families to form cohorts of families that have a similar level of need and can find shared objectives working as a group.
- Continue to build on the preventative approach of the programme that does not consider the disclosure of conflict as a prerequisite for referral, in order to overcome the barrier of stigma associated to conflict disclosure and to reach families at an earlier stage.
- Continue to consider the time of the year and incidence of holiday periods when planning cohorts, in view of their effects on recruitment and attendance.

Delivery

- Continue to conduct adult-only sessions at the start of the programme, given their value for ensuring a shared understanding of the group objectives and its ground rules, for clarifying the needs of individual children and how the programme might need to be adapted accordingly, as well as for starting to build trust and peer connections. When complex family lives pose a barrier to attendance, explore avenues to ensure that the work these sessions would have covered still takes place.
- When families in the same cohort do not share many similarities in terms of needs and children's age, explore avenues for providing extra encouragement for the development of peer support.

- Consider the feasibility of conducting sessions at a different time. Weekends are likely to work for more male carers. Weekday late afternoons/early evenings are likely to work for more male carers but might not work for families with younger children, or children who find going to sessions on a school day too demanding.
- Additional avenues for boosting male attendance could be explored to make men feel explicitly invited to the programme, building on the progress made by having a man in the facilitators' team, and to overcome possible hesitation around creative activities.
- Continue to build on ways to involve family members who were not able to complete the programme. Avenues identified include the thematic framework dedicating each session to a particular communication skill that can then be applied at home, providing homework activities and involving them where possible in individual family sessions.
- Consider avenues for addressing the fact that some children might have found the time dedicated to talking in sessions excessive, with adults, however, mostly finding it beneficial. This could for example involve more adult-only online sessions being included in the programme.
- Consider the feasibility of increasing the length of sessions, and/or potentially the number of sessions, to facilitate the development of trust, opportunities for bonding and to build further on the effects of the programme.
- Continue to offer the option of having translators attend sessions, and consider the feasibility of providing this also at referral stage.

- Continue to reflect on the implications of group size to strike an effective balance between the safety of the space and opportunities for social interaction.
- Consider building into the programme further activities to support participants in reflecting on the learnings gained from the programme, including potential activities to carry out at home. Individual family sessions at the end of the programme also constitute a key opportunity for reflection, hence exploring avenues to increase their attendance is likely to be beneficial.
- Build on the strong engagement of families of children with SEND with the programme, by exploring the possibility of further tailoring the offer to their specific needs.

Recommendations for future evaluations

- In light of the streamlining process of outcome measures undergone through the evaluation, continue to use the GBO with both adults and children with two common outcomes set for all families, namely improving communication and strengthening relationships. Given the promise in the GBO findings, consider evaluating future cohorts using this measure to build upon the current research. Other measures piloted are not recommended for future use as in retrospect they are less aligned to the programme. We also recommend this in order to reduce both practitioner and participant burden and increase the chance of getting more responses.

- Explore avenues to ringfence time dedicated to the completion of measures both at baseline and endline, in order to avoid asking participants to complete them at home in their own time and again increase completion rates. Addressing competing time pressures in the initial individual family session and barriers to attendance of the final one is likely to be beneficial. Establish a plan for when to complete the GBO with children, as currently facilitators do not meet with them outside of group sessions. Consider the feasibility of building into the programme additional time for supporting participants with evaluation activities, in order to avoid cutting into the time of sessions which were already experienced as quite dense.
- If the programme is rolled out further, consider avenues for further strengthening the evaluation design. This could include the creation of control groups from waitlists or randomisation, if the programme was extensively expanded to allow for adequate sample size. At the programme's current delivery size, these options are not proportionate.
- Continue to seek children's feedback on the programme through the Children and Young People Ending form. Explore ways to strengthen the guidance and support provided for completion, so that responses reflect as much as possible children's own words even when they are helped by adults. Consider the possibility of completing this activity in the penultimate group session with children, in order to reduce the impact of endings on children's responses and emotional availability to engage, as well as to counteract the risk posed by absences or other unexpected occurrences to completion rates.

Enablers of change underpinning the Family Harmony theory of change

- The following list of enablers has been developed from the analysis conducted in this report.
- Framing the programme as strength-based and preventative makes it accessible to families who would otherwise not identify conflict as an issue and overcomes the stigma associated to disclosure.
- Establishing a clear understanding of programme objectives and of its group format at referral stage and at the beginning of the programme enables participants to effectively engage with it.
- Establishing a safe space in the group setting enables participants to speak openly about their family situation and provide peer support to each other.
- Running groups of families with similar level of need and children's age facilitates bonding and peer support.
- Modelling by the facilitators enables experiential learning of different approaches to communication.
- Joint play enables family members to spend time bonding with each other, in a way that modern life often leaves little space for.
- Adopting flexibility around the basic structure of the programme makes it accessible to participants with complex family lives, adjusting to their shifting circumstances.
- The adoption of a thematic skills-based framework enables the programme to impact whole family systems, even in instances where not all family members are able to attend it.
- Integrating different therapeutic modalities allows drawing from each modality the most appropriate tools for each particular situation.
- Integration is supported by joint planning and the presence of at least two therapists in the session (one family, one creative/music).
- Creative modalities enable communication beyond language barriers and are particularly effective in enabling children with SEND to express themselves.



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