Building Respectful Families

Safe! Support for Young People Affected by Crime

AN EVALUATION OF THE BUILDING RESPECTFUL FAMILIES SERVICE

Mixed-methods analysis

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Building Respectful Families

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A mixed methods evaluation of the Building Respectful Families service.

Plain English Summary

The aim of the research
This piece of research aimed to evaluate how useful the SAFE! Building Respectful Families (BRF) provision was for carers and young people referred to the service. The research also aimed to understand if it would be possible to conduct a large-scale evaluation project of the service.

The BRF groups are for young people and carers who have been referred to SAFE! due to child-to-parent violence (CPV) issues within their family. The groups for carers typically include eight to ten carers with two SAFE! practitioners to facilitate the groups. The young people attend separate one-to-one support with a SAFE! practitioner. The content across the two groups is complementary with varying delivery styles.

Methods of collecting data for evaluation
The practitioners at SAFE! collected information from the carers and young people, about their demographics, wellbeing and child-to-parent behaviours, before they began attending the service, then again immediately after finishing. Upon finishing the course carers and young people were invited to be interviewed by an independent member of the SAFE! team (not their practitioner) and the SAFE! practitioners were interviewed by an independent researcher. A researcher, independent from SAFE!, analysed the questionnaire and interview/free text data collected from the carers, young people and practitioners.

Originally, the groups and data collection were to be conducted face-to-face. However, COVID-19 restrictions caused delays and the parents courses had to be held on-line via video-conference. The majority of the young people were seen face-to-face but some used a hybrid of face-to-face and online support. The delays caused by COVID-19 also meant we could not collect six-month follow-up data as we had originally intended.

Results from the questionnaires
Data were collected between July 2020 and August 2021. During this time frame 116 families were referred to the service and were suitable to receive the BRF service. Eighty-seven families were offered BRF parent group and young person one-to-one provision support. The remaining 29/116 families were assessed and offered different support via SAFE! services. Of the 87 families who began the BRF groups, 73 completed the course (84% retention rate). We have completed baseline data sets from 39/73 families. We were not able to gather data from the remaining 34 families.

We have data from 39 carers and 39 young people who consented to be part of this study. The carers and young people who were referred to the service but from whom we do not have data either disengaged from the service, encountered extenuating circumstances i.e. exclusion from school or COVID-19 related disruption i.e. many young people only felt

comfortable meeting with practitioners in their schools but for 5 months the schools were shut. As with all research there was some missed data collection from the carers and young people, either because of non-attendance at a session or from incomplete or missing data collection forms.

Most of the carers and young people were from a white ethnic group and only two of the carers self-reported as adoptive parents the others were all biological parents. The group of young people were evenly split between girls and boys but the group of carers were 95% women. A large proportion (53%) of the young people had either received a diagnosis of a mental health conditions or were currently under assessment for such a diagnosis.

The wellbeing of the young people was significantly less impaired than that of the carers. The wellbeing of the young people did improve from the beginning to the end of the support however the change was not statistically significant. This lack of a statistically significant change might be due to the "floor effect" where-by the young people had relatively good wellbeing at the beginning of the support and therefore there was not much room for improvement to happen. The carers, who had worse wellbeing scores at the beginning, did demonstrate a statistically significant improvement in their wellbeing scores after attending the BRF groups.

The young people and carers both responded to 25 questions about CPV behaviours. Before attending the sessions they responded if the behaviour was present or not and after attending the groups they responded whether the behaviours were less, the same or more since completing the groups. The most commonly reported CPV behaviours reported by the young people before attending the sessions were: 'telling the carer to shut up' (85%), 'pushing/shoving the carer' (81%), 'calling the carer names' (77%), 'throwing things' (73%), 'kicking/slapping/punching the carer' (65%), 'insisting the carer drops what they are doing to comply with the young person's demands' (62%), 'refusing to do chores' (62%) and 'verbal threat of physical harm' (54%). The CPV behaviours which were most commonly reported by the young people to have become less since completing the BRF course were: 'pushing/shoving' (69%), 'throwing things' (58%), 'telling the carer to shut up' (50%), and 'kicking/slapping/punching' (50%). The CPV behaviours which were most commonly reported, by the young people, to remain the same after the BRF course were: 'telling the carer to shut-up' (39%), 'name calling' (31%) and 'insisting the carer drops what they are doing to comply with the young person's demands' (27%). From the young people's self-reports it seems as though the CPV behaviours which most commonly improved since completing the BRF course were physical CPV behaviours. And, the CPV behaviours which most commonly remained the same were some of their verbal CPV behaviours.

The carers were more likely to report more CPV behaviours than the young people. The most commonly reported behaviours reported before beginning the course were: 'insists you drop what you are doing to comply with their demands' (95%), 'refuses to do chores' (92%), 'telling carer to shut up' (92%), ' pushes/shoves' (90%), 'kicks/slaps/punches' (87%), 'controls the running of the house' (87%), 'name calling' (84%), 'throws things' (82%), 'verbal threat of physical harm' (66%), 'demands you buy things which you cannot afford' (58%) and 'threaten to self-harm or actually harm' (50%). The CPV behaviours which the

carers most commonly reported to have lessened since attending the BRF course were: 'kicks/slaps/punches' (63%), 'pushes/shoves' (55%), 'throws things' (55%) and 'controls the running of the house' (50%). The CPV behaviours which the carers most commonly reported were the same after attending the course were: 'insists carer drops what they are doing and complies with young person' (50%), 'tells carer to shut-up' (34%) and 'pushes/shoves' (26%). Again, 3/4 of the most frequently reported CPV behaviours to have lessened were physical CPV behaviours and 2/3 of the most frequently reported CPV behaviours to have remained the same were verbal CPV behaviours.

Results from the interviews

Eight carers, two young people and six practitioners were interviewed to understand their perspectives of the BRF course. When trying to understand the experience of carers when joining the groups, they explained that they were **desperate for help** and felt that other organisations had said "*"we've handed you over, it's nothing to do with us anymore, goodbye."* The carers did experience anticipatory anxiety before attending the first BRF session. As we only interviewed carers who did attend the groups, we do not know if anticipatory anxiety could have prevented others from attending. The carers explained how they felt **scared and unsure** about what the BRF groups would be like. They were nervous because they felt others perceived that they had *'failed as a parent.'*

The carer's and practitioners understood the main goal for carers attending the BRF sessions was to **reduce the violence and arguments** within their home and for their child to treat them with **respect.** Their secondary goals were to feel less **isolated and ashamed.** They thought they would learn **useful techniques** and **understand** why the CPV behaviours were happening. The carer's explained that they wanted the changes not only for themselves and their child who was performing the CPV behaviours but also to **support the siblings** and other family members. The practitioners explained that occasionally carers joined the groups and wanted a more solution focused approach, when they did not find this, they rejected the groups and left. The practitioners highlighted the importance of clearly explaining what the BRF service is and is not in order to manage expectations as much as possible.

The carers and the practitioners shared views as to the content which resonated with the carers most i.e. understanding the types of **parenting styles**, the effect of **communication and body language,** understanding **emotional responses** and developing **boundaries**. The young people saw the BRF service less about learning specific techniques and more about having a **safe space to be heard** and being with someone from whom they can learn. Some carers found their **emotional** response to some of the BRF content challenging whereas others and the two young people who were interviewed reported that it was not difficult but enjoyed the content. Carers and practitioners highlighted that even when the content was challenging the participants were safe and through gentle support the challenges were overcome.

There were mixed views regarding the on-line delivery of the groups. Many carers and practitioners felt the **on-line delivery reduced their anxiety** because they knew they could leave at any point, and it reduced the demands upon them to organise **childcare and**

transport for attending face-to-face groups. However, others felt that there was a lot of **lost communication**, **less peer-support** building opportunities and **less tangible feelings of support**.

The management of the groups was applauded, the participants and the practitioners recognised that groups have challenges with different personalities however the SAFE! teams were recognised as very adept at **managing expectations**, keeping **on-time** and on track, and maintaining **equal support** for all members.

In addition to the content and management of the groups the carers explained how being part of a group of people in a shared situation, coupled with the unconditional support from the SAFE! practitioners, **helped them feel less alone, learnt from different perspectives on the same problem and** made them feel better. The young people, again, reflected how having a **protected time and space** for them to work things out was the most useful element for them.

The practitioners and carers identified how carers can be put off attending the groups if they worry that they will not fit in i.e. they hold **stereotypes.** However, once the carers had attended they realised, *"…there was a real range of people which was quite nice and I found that quite surprising to see the* ***different parents and we were all having very similar struggles****."*

In addition there were more practical issues for non-attendance raised by the practitioners including, **incorrect referral,** complex **external situations**, attendees **not being ready** or **under supported** to make the changes. Whilst it was recognised that the SAFE! practitioners could help carers with their **support and motivation**, it became apparent that the people who attended the BRF course were **highly motivated** to make the changes, which might not be representative of all carers. This resonates with the practitioners theme of 'families who are **under-resourced** or **not ready to change**.'

When reflecting on how things had changed since participating in the BRF course young people and carers both felt their **home was calmer** than before. The carers and practitioners noticed that young people and their carers were developing helpful relationships where they **work together**. However, one young person specifically mentioned that they did **not feel their relationship with their carer had improved.**

The carers felt there were definitely less CPV behaviours since completing the BRF course. They caveated that the changes could be small and they felt the changes would continue over a long period of time, *"It's still* ***gradual.*** *We knew that things were never going to change overnight and they haven't, we're still not where we want to be, but we're trying to work towards it."* However, the carers explained that even gradual small changes were hugely important to them, ***"even if it's only small ways it's helped, it has helped."***

Practitioners extended the caveat to explain that **for some families there were no changes** and these tended to be the families who lost contact with the service and therefore, are not represented in this report.

Young people, carers and practitioners all felt that the course gave them more **awareness** about what was happening, and why they were behaving the way they were. The carers noticed the course had reduced anxiety and anger in their child. In parallel, the carers noticed huge changes in their personal growth, citing feeling more **confident, empowered, happier, relaxed** and **accepting.**

The carers also shared how people external to the immediate family i.e. **grandparents and schools had noticed the positive change** in the young people and the carers.

Summary

In answer to the research question, how useful was the SAFE! BRF group course for carers and young people referred to the service, we can report that the course reduced CPV behaviours and made both carers and young people feel better. The service users also report understanding the situation and themselves better which could indicate a progressive long-term growth and improvement.

A trend we noticed was that the physical CPV behaviours were most commonly reported to have improved after the BRF course and some of the CPV behaviours which were often reported to be the same after the course were verbal behaviours. Perhaps physical behaviours change before verbal behaviours change or perhaps the BRF is more effective at changing physical CPV behaviours. This is not fully understood and could be explored further in a future in-depth investigation.

The carers report greater impairment to their wellbeing than the young people and consequently the course improved the wellbeing for the carers more than the young people. The course produced meaningful, small improvements to the young people’s CPV behaviours, which are anticipated to improve further over time. The course gave parents psychological support, they reported feeling less alone and more confident to use the skills they had learnt in the course to maintain a healthier relationship with their child/children. The young people felt the course gave them space and resources to become more aware of themselves and the effect their actions have upon their carers. In answer, to the second research question, if it would be possible to conduct a large scale evaluation project of the service. It does seem feasible to conduct a full trial. The BRF service reports good retention rates (84%). The service encountered problems of engaging young people to complete outcome measurements and accepting invitations for interviews. This highlights the importance of funded administrative support for the SAFE! practitioners when conducting formal research.

A mixed methods evaluation of the Building Respectful Families service

Research question

Is the Building Respectful Families (BRF) service useful for young people and carers who have been referred to SAFE! for support with child to parent violence (CPV)? And, is it feasible to conduct a trial to comprehensively examine the effectiveness of this service?

Aim

To conduct an in-service evaluation of the BRF intervention to ascertain how it is received by carers and young people and to understand if and how a full trial could be conducted.

Objectives

1. Collect demographic data of the BRF attendees and track how many people were invited to attend but either declined or did not attend
2. Collect and compare quality of life, wellbeing and CPV behaviours/consequences before and after attending BRF course
3. Collect and triangulate qualitative data from carers, young people and practitioners participating in the BRF course

Methods

Design and procedure

This mixed method service evaluation project is designed to explore: (1) whether the BRF intervention is meaningful and useful to service users (young people and carers) and (2) whether it is feasible to conduct a fully powered effectiveness trial to test the effectiveness of BRF.

Recruitment

Any young people-carer dyads from the Thames Valley region who were referred to the SAFE! team regarding CPV were assessed and if appropriate were offered the opportunity to join a BRF group. If the invitation was accepted, the SAFE! team then invited participants to participate in the service evaluation project which involves quantitative and qualitative data collection.

If informed consent was provided, the SAFE! practitioners collected quantitative data immediately before joining the first BRF session, again after the 8-week BRF course had finished, and follow-up data were collected again six months after the groups have finished. Once the course was finished the invitation to participate in the interviews was reiterated and if participants provided informed consent the interviews were scheduled at the participants convenience.

Data collection

Once participants had consented to participate, the SAFE! team collected demographic information from both young people and carers. Young people were given three outcome measurements to complete before beginning the BRF course:

- The World Health Organisation-Five Wellbeing Index (WHO-5, (1)) We included a psychometrically validated wellbeing assessment in order to provide data which could be compared to other intervention studies.
- The SAFE! Wellbeing Assessment (appendix 1). This has been developed from the clinical expertise of the SAFE! team over years. It gathers data on the elements of wellbeing which have been identified by the young people and carers involved in CPV.
- The SAFE! CPV assessment (appendix 2) includes sociodemographic questions, CPV behaviours, and free text questions. This measurement was developed by the SAFE! team from their clinical expertise from young people and carers involved in CPV.

Carers were given the same SAFE! CPV assessment but worded from the carer's perspective alongside the SAFE! parent wellbeing score.

Data management

The quantitative outcome measurements were collected via Microsoft Forms software via the SAFE! website. The data from Microsoft Forms were downloaded and saved in Microsoft Excel on the SAFE! shared drives. SAFE! shared the anonymised excel data files to the independent researcher who managed the quantitative data in SPSS.

Participants who consented to participate in the interviews, after they had finished the BRF course, were invited to attend a video-interview on Microsoft Teams. A member of the SAFE! team (not a group practitioner) conducted the interviews with the carers and young people and the independent researcher conducted the interviews with the SAFE! BRF practitioners, in order to avoid demand characteristics. The interviewers used a semi-structured interview guide (appendix 3) developed between the SAFE! BRF team and the independent researcher to answer the research questions.

The interviews were recorded in Microsoft Teams then the audio files were downloaded and the online video content deleted. The audio files were saved on SAFE! shared drives then uploaded onto secure transcription service websites. The audio files were transcribed verbatim with any identifying data redacted. The independent researcher then downloaded the anonymised transcription files from the website. The transcriptions and the free text answers from the SAFE! assessment measurements were uploaded and managed using NIVIVO software.

Data analysis

The quantitative data were analysed descriptively. Our protocol planned to conduct a same sample comparison of means from participants at baseline, post-BRF and 6-month follow-up after completing the groups. Our aim was to examine if there was a statistically significant difference between the mean scores taken at baseline and those taken when the participants had completed the BRF intervention and again at 6-months post completion.

The free text qualitative data collected from the young people in their SAFE! assessment questionnaire were analysed separately from the interview data using thematic analysis (2)

by the independent researcher. These data are presented as themes in answer to the six open ended questions included in the assessment.

The qualitative data collected in the semi-structured interviews were analysed using a framework analysis (3) approach to assess the meaning, acceptability and usefulness of the BRF intervention as per the research question. The analysis was conducted by a single researcher who was independent from the SAFE! organisation. The transcripts were first analysed within the groups of carers, young people and practitioners. The data were then triangulated across the three groups. The resultant shared and independent themes were grouped under overarching theme headings to produce a table of qualitative data in response to the research question.

Results

Quantitative data

Data completion

Of the n=208 families referred to the BRF programme between 01/07/2020 and 31/08/2021, n=92 families did not progress to receive any services from the BRF team. The reasons for not using the service were:

- N=21 families received an inappropriate referral (i.e. child too young or not CPV)
- N=33 families declined any support
- N=5 families withdrew their referral
- N=3 families moved out of the area
- N=23 families could not be contacted
- N=7 families were referred on to a different SAFE! support service

Of the n=116 families who progressed to receive SAFE! BRF services we have complete data sets from n=39 families. Reasons for loss to follow-up included:

- Families disengaging from support and not being contactable
- COVID-19 interruptions (i.e. non-attendance due to COVID-19 then lost contact)
- Families not engaging with on-line service provision

Of the n=39 families who provided informed consent to join the study n=1 ended up not joining any BRF services, n=2 withdrew consent to share their data with this research and n=2 had missing data at baseline and onwards.

We report here on the n=34/39 young people who consented to participate in the study and provided complete baseline data.

For the SAFE! wellbeing assessment n=19/39 of the young people have completed both pre- and post-BRF intervention wellbeing data. And, n=15/39 young people provided complete pre-to-post WHO-5 data.

For the SAFE! assessment n=34/39 young people completed the assessment at baseline, and n=26/39 completed the assessment post-BRF intervention. Therefore, n=13 young people had missing data post-BRF intervention.

We report here on data from the n=39 carers who provided baseline data, n=14/39 (36%) provided completed pre-to-post BRF intervention data on the SAFE! parent wellbeing outcome measurement. N=10 carers had missing wellbeing score data at baseline, n=5 carers had missing data at baseline and post-BRF timepoints. And, n=20 had missing data at post-intervention timepoint.

Carers' data completion for the behavioural assessment questionnaire was higher (n=21/39) than the young people, yet still demonstrates a low data completion (54%).

We were unable to capture 6-month follow-up data due to the delays caused by the COVID-19 interruption.

Sociodemographic and clinical description

Table 1 present the sociodemographic and health needs from the n=34 young people who shared this data at baseline.

Table 1: Sociodemographic and biopsychosocial descriptive data for young people

	N=34 (100%)
Sex	
Male	19 (56%)
Female	15 (44%)
Ethnicity	
White	30 (88%)
Asian	1 (3%)
Mixed/Multi-ethnic	2 (6%)
Not specified	1 (3%)
Home county	
Oxfordshire	15 (44%)
Buckinghamshire	3 (9%)
Berkshire	15 (44%)
Not specified	1 (3%)
Child health needs	
Mental	13 (38%)
Under assessment for mental diagnosis	5 (15%)
Physical	1 (3%)
None	15 (44%)

Table 2 presents the sociodemographic and biopsychosocial descriptive data from the n=38 carers at baseline.

Table 2: Sociodemographic and biopsychosocial descriptive data for the carers

	N=38 (100%)
Sex	
Male	2 (5%)
Female	36 (95%)
Ethnicity	
White	37 (97%)
Mixed/Multi-ethnic	1 (3%)
Employment status	
Yes	25 (66%)
No	12 (31%)
Furlough (COVID)	1 (3%)
Home county	
Oxfordshire	18 (47%)
Buckinghamshire	4 (11%)
Berkshire	16 (42%)
Carer health needs	
None	21 (55%)
Physical	10 (26%)
Mental	3 (8%)
Both	4 (11%)
Abusive relationship	
Yes	16 (42%)
No	22 (58%)
Support network	
Available	30 (79%)
Not available	8 (21%)
Parental status	
Biological	35 (92%)
Adopted	2 (5%)
Unknown	1 (3%)

Wellbeing and quality of life outcomes

Table 3 presents the baseline SAFE! wellbeing scores collected from young people and carers using the same measurement. We conducted an independent sample t-test and identified a statistically significant difference between young people and carers. Carer's had higher scores, indicating poorer wellbeing compared to young people.

Table 3: Young People and Carer's SAFE! wellbeing scores at baseline

	n	Mean (SD)	Mean difference (95% confidence intervals)	t	p
Young people	19	8.3 (3.1)	-4.7 (-8.0, -1.4)	-2.9	<0.01
Carer	14	13 (6.1)			

Table 4 presents the mean and standard deviation scores alongside a test of mean difference (same sample t-test) for data collected at baseline and immediately after completing the BRF intervention. A higher score on young people wellbeing and young people WHO-5 indicates a better outcome, whereas a higher scores on carer wellbeing indicates a poorer outcome.

Table 4: The pre-to-post BRF mean, standard deviation and t-tests for young people and carer's wellbeing and quality of life

	N	Baseline mean (SD)	Post-BRF (mean, SD)	Mean difference (95% CI)	t-test	Significance (2-tailed)
Young people WHO-5	N=15	59.47 (19.18)	60.27 (19.09)	- 0.80 (-11.56, 9.96)	t=-0.16	p=0.88
Young people wellbeing	N=19	8.26 (3.12)	7.15 (3.91)	1.11 (-0.59, 2.80)	t=1.37	p=0.19
Carer wellbeing	N=14	13.00 (6.08)	6.79 (4.53)	6.21 (2.83, 9.60)	t=3.97	p<0.05

We did not identify an observable difference in the wellbeing and quality of life scores for for the young people who provided data. However, this effect was not statistically significant. The effect was mirrored in the carers' measurements and the difference between their pre-to-post intervention mean scores were statistically significantly different from one another.

Behavioural assessment outcomes

Young people

The 25 CPV behaviours which young people were asked about are presented in Table 5. We have data from n=34 young people reporting if the behaviours were present at baseline and whether they remained the same, less or more after participating in BRF. The baseline column presents the number of young people who reported performing the CPV behaviours and the % of the total number of young people (n/34*100). The less/same/more columns represent the number of young people who reported less/same/more and the percentage is of the total number of young people (n/34*100).

Table 5: Young people self-reports of CPV behaviours at baseline and post-BRF

	Baseline present n (%)	Post-BRF less n (%)	Post-BRF same n (%)	Post-BRF more n (%)
Kicks/slaps/punches	17 (65%)	13 (50%)	1 (4%)	1(4%)
Pushes/shoves	21 (81%)	18 (69%)	4 (15%)	0
Throws things	19 (73%)	15 (58%)	3 (12%)	1 (4%)
Home damage	10 (39%)	12 (46%)	1 (4%)	0
Spits	4 (15%)	3 (12%)	0	0
Damages other’s belongings	9 (35%)	6 (23%)	4 (15%)	0
Verbal threat of physical harm	14 (54%)	13 (50%)	2 (8%)	0
Name calling	20 (77%)	13 (50%)	8 (31%)	0
Threatens to kill carer or other family members	10 (39%)	6 (23%)	0	0
Runs away or stays out	3 (12%)	7 (27%)	1 (4%)	0
Threatens to call authorities on carer	8 (31%)	5 (19%)	3 (12%)	0
Reports carer to services under false pretences	2 (8%)	1 (4%)	1(4%)	0
Steals money	6 (23%)	3 (12%)	0	0
Steals belongings	8 (31%)	3 (12%)	3 (12%)	0
Sells other’s belongings	0	1 (4%)	0	0
Incurs debts carer has to repay	2 (8%)	3 (12%)	1 (4%)	0
Demands carer buy things which they cannot afford	7 (27%)	8 (31%)	3 (12%)	1 (4%)
Tells carer to shut up	22 (85%)	13 (50%)	10 (39%)	1 (4%)
Insists carer drops what they are doing and comply with young people	16 (62%)	10 (39%)	7 (27%)	1 (4%)
Controls the running of the house	6 (23%)	8 (31%)	5 (19%)	0
Isolates carer from others	4 (15%)	4 (15%)	2 (8%)	0
Sends abusive messages via social media	3 (12%)	6 (23%)	0	0
Tries to be sexually threatening	0	0	0	0
Threaten to self-harm or actually harm	13 (50%)	5 (19%)	3 (12%)	0
Refuses to do chores	16 (62%)	12 (46%)	5 (19%)	1(4%)

The CPV behaviours which were **most commonly reported (more than 50% of young people) at baseline** included:

- Telling carer to shut up 85%
- Pushes/shoves 81%
- Name calling 77%
- Throws things 73%
- Kicks/slaps/punches 65%
- Insists carer drops what they are doing to comply with young people demands 62%
- Refuses to do chores 62%
- Verbal threat of physical harm 54%

The CPV behaviours which were **most commonly reported (more than 50% of young people) to have become less** frequent post intervention included:

- Pushes/shoves 69%
- Throws things 58%
- Tells carer to shut up 50%
- Name calling 50%
- Verbal threat of physical harm 50%
- Kicks/slaps/punches 50%

The CPV behaviours which **most commonly remained the same (more than 25% of young people)** post-intervention included:

- Tells carer to shut-up 39%
- Name calling 31%
- Insists carer drops what they are doing and complies with young people 27%

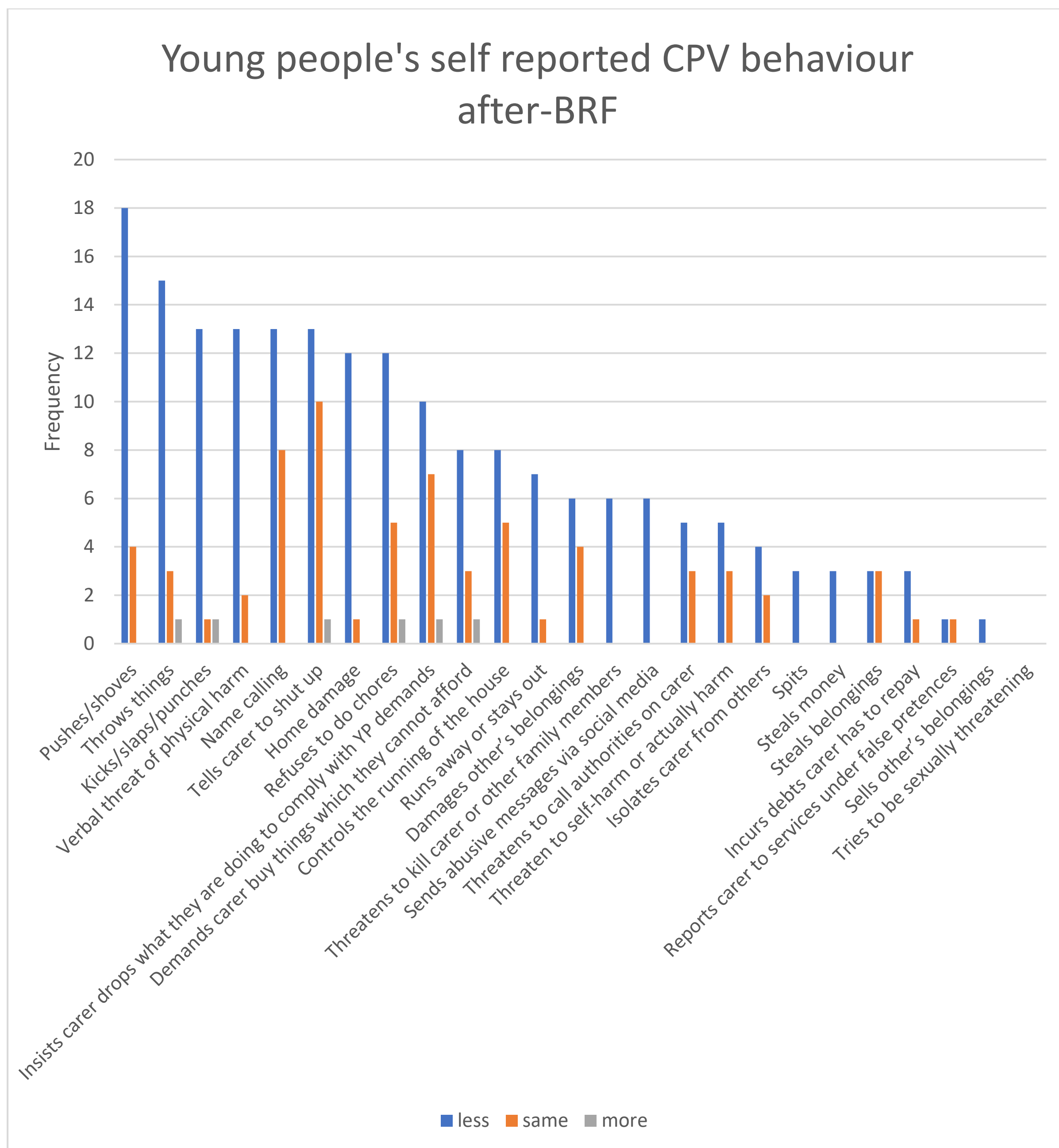

Figure 1: young people self-reported CPV behaviours post-BRF

Figure 1 depicts the CPV behaviours which were most commonly reported to have become less after the BRF intervention to the left and these are compared to those behaviours are rated to occur at the same frequency or more compared to before beginning the BRF intervention.

We identified discrepancies between young people who reported a behaviour present/absent at baseline and then present/absent at post-BRF timepoint. For example, n=10/26 reported home damage behaviour was present at baseline but 12/26 reported that this behaviour was less after the BRF intervention. Therefore, it is not meaningful to examine the % change from pre to post.

Carers

The 25 CPV behaviours which carers were asked about are presented in Table 5 alongside whether the behaviours were present at baseline and whether they remained the same, less or more or whether the carer reported that they had never experienced the behaviour, after participating in BRF. The cells present the frequency of carers who reported the CPV behaviour (n) and the percentage of the total number of carers (n=38) are presented in the table (n/38*100).

Table 6: Carer reports of CPV behaviours at baseline and post-BRF

	Baseline present n (%)	**Post-BRF less**	**Post-BRF same**	**Post-BRF more**
Kicks/slaps/punches	33 (87%)	24 (63%)	7 (18%)	1 (3%)
Pushes/shoves	34 (90%)	21 (55%)	10 (26%)	1 (3%)
Throws things	31 (82%)	21 (55%)	7 (18%)	3 (8%)
Home damage	18 (47%)	10 (26%)	9 (24%)	2 (5%)
Spits	6 (16%)	9 (24%)	0	1 (3%)
Damages other belongings	18 (47%)	10 (26%)	9 (24%)	2 (5%)
Verbal threat of physical harm	25 (66%)	18 (47%)	6 (16%)	2 (5%)
Name calling	32 (84%)	15 (39%)	8 (21%)	7 (18%)
Threatens to kill you or other family members	17 (45%)	13 (34%)	3 (8%)	1 (3%)
Runs away or stays out	11 (29%)	7 (18%)	2 (5%)	0
Threatens to call authorities	18 (47%)	14 (37%)	5 (13%)	0
Reports you to services under false pretences	5 (13%)	8 (21%)	3 (8%)	0
Steals money	10 (26%)	6 (16%)	3 (8%)	2 (5%)
Steals belongings	12 (32%)	3 (8%)	7 (18%)	0
Sells other’s belongings	1 (3%)	2 (5%)	2 (5%)	0
Incurs debts you have to repay	4 (11%)	6 (16%)	2 (5%)	0
Demands you buy things which you cannot afford	22 (58%)	8 (21%)	9 (24%)	3 (8%)

Tells you to shut up	35 (92%)	16 (42%)	13 (34%)	6 (16%)
Insists you drop what you are doing to comply with their demands	36 (95%)	11 (29%)	19 (50%)	4 (11%)
Controls the running of the house	33 (87%)	19 (50%)	11 (29%)	4 (11%)
Isolates you from others	15 (40%)	8 (21%)	7 (18%)	1 (3%)
Sends abusive messages via social media	10 (26%)	12 (32%)	2 (5%)	0
Tries to be sexually threatening	1 (3%)	2 (5%)	0	0
Threaten to self-harm or actually harm	19 (50%)	10 (26%)	4 (11%)	1 (3%)
Refuses to do chores	35 (92%)	10 (26%)	17 (45%)	5 (13%)

The CPV behaviours which were **most commonly reported (more than 50% of carers) at baseline** included:

- Insists you drop what you are doing to comply with their demands 95%
- Refuses to do chores 92%
- Telling carer to shut up 92%
- Pushes/shoves 90%
- Kicks/slaps/punches 87%
- Controls the running of the house 87%
- Name calling 84%
- Throws things 82%
- Verbal threat of physical harm 66%
- Demands you buy things which you cannot afford 58%
- Threaten to self-harm or actually harm 50%

The CPV behaviours which were **most commonly reported (more than 50% of carers) to have become less** frequent post intervention included:

- Kicks/slaps/punches 63%
- Pushes/shoves 55%
- Throws things 55%
- Controls the running of the house 50%

The CPV behaviours which **most commonly remained the same (more than 25% of carers)** post-intervention included:

- Insists carer drops what they are doing and complies with young people 50%
- Tells carer to shut-up 34%
- Pushes/shoves 26%

Figure 2 depicts the CPV behaviours which were most commonly reported to have become less after the BRF intervention to the left and these are compared to those behaviours are

rated to occur at the same frequency or more compared to before beginning the BRF intervention.

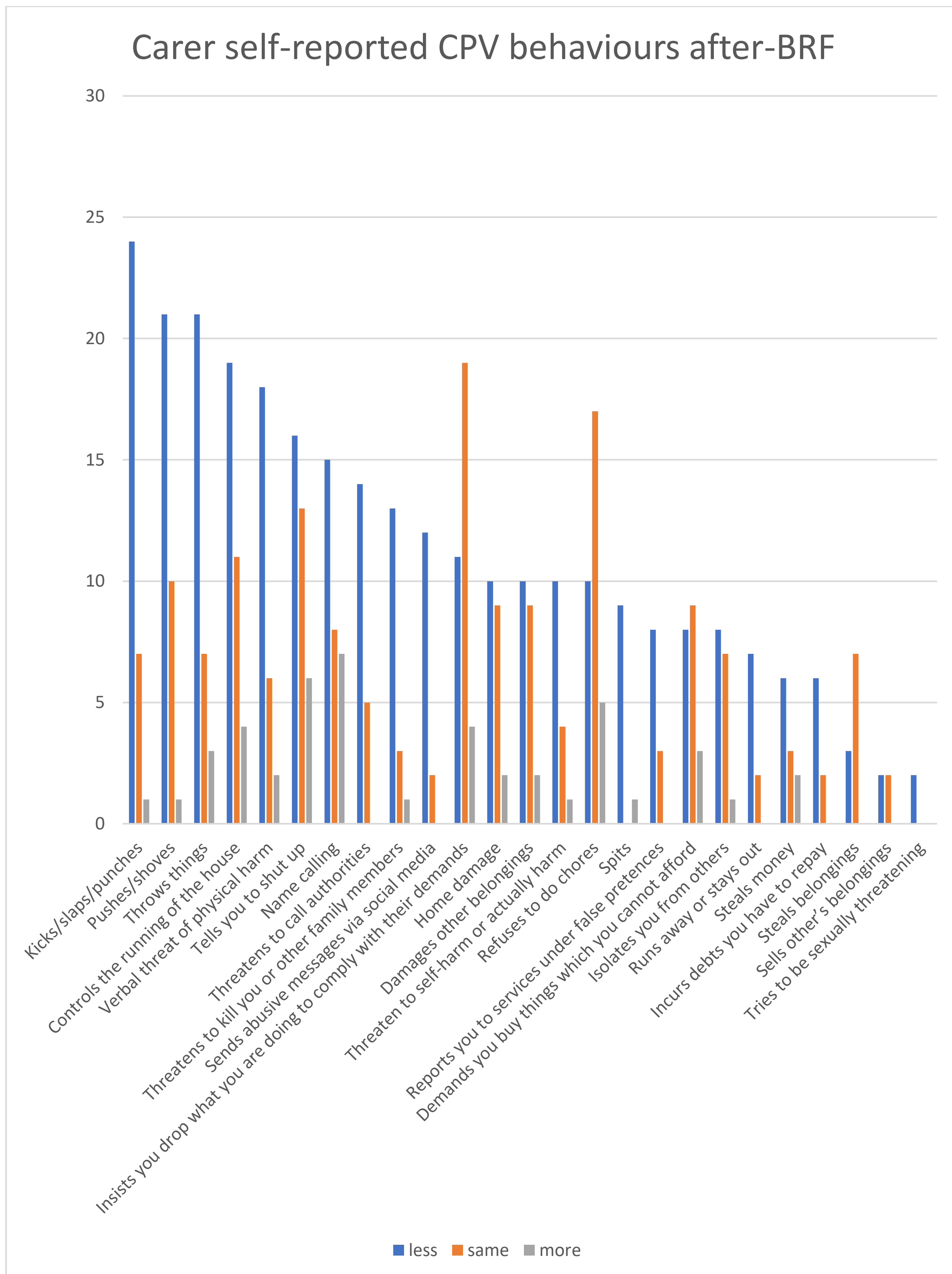

Figure 2: Frequency of CPV behaviours as reported by carers after participating in BRF

Qualitative data

Free text reports from young people

The young people were offered the opportunity to write in the free text boxes in their baseline assessments and all n=36 completed these free text options. We have data from n=26 young people after they finished the BRF course and all 26 completed the free text options.

We present the themes arising from the young people in response to each of the questions from the baseline and the post-BRF assessment timepoints.

Police involvement

At baseline, n=15/36 (42%) young people reported that the police had (at any time) been called to their home due to their behaviour. The young people were asked, *"Do you understand why they were called?"* Some young people reported that their carer called the police based on false information. They did not admit to causing CPV, *"Mum gets told off by the Police for wasting their time,"* and *"'Mum said that I had a knife and that I threatened to stab her, but I didn't."* However, the majority of young people who had experienced the police being called to their homes identified that it was because of their specific behaviours, *"Yes I throw a chair and hit her head*" and *"Yes because I punched in my door."*

After completing the BRF groups, 3/26 (12%) young people reported the police had been called to their homes, because of their behaviour, since beginning the BRF course. Two of the three did not understand why they had been called but one felt they understood.

Responsibility for getting up and into school/college

At baseline, *"Do you take responsibility to get up and ready for school/college each day?"* and young people shared a range of response, from a lack of responsibility, *"no, needs mum to help ,lots of conflict"*; through joint responsibility status, *"Yes sets alarm and parents wake me up. I get my own breakfast and dress myself."* Some young people wished they could have more responsibility, *"I'd like to, but my mum feels it is her responsibility to do all these things*." And finally, some young people reported being fully responsible, *"yes in general I'm well organised and independent."*

The responses from young people after finishing the BRF group remained as varied as before. However, some young people reported changes happening now which may not have happened beforehand, *"Yes, I set an alarm now"* and *"Things are better. Attending every day."*

Enjoying school

At baseline, there was a range of responses to the free text question, *"Do you enjoy school?"* Some young people explained how school was a very negative experience for them, *"No, I don't feel supported sometimes by my teachers and I am bullied regularly and the school won't stop this."* Others reported schools had some positive and some negative elements, *"I like seeing my friends. I don't like learning. I like seeing my friends as I can talk*

to them not an adult." And some young people reported that the really enjoyed school, *"Yes. Big yes."*

Again, the range in young people's reports of enjoying school were similar to those gathered before attending the BRF groups. Some young people demonstrated an acceptance of liking some parts and not liking other parts of school, *"I don't mind school, bits I don't like, but I guess that's natural."*

Paid work

At baseline, none of the young people reported having a consistent paid job however some reported ad hoc work, *"I make websites for people which I get paid for. This is as hoc usually through friends or family"* and/or an intention to begin working, *"No but I have an interview on Sunday for a marquee company."*

Similar, to baseline the majority of the young people were not in paid work. Two young people did report having a job and four others reported an intention to find a job.

Carer relationship

At baseline, the young people were asked, *"What is going well in your relationship with your carer at the moment? What do you enjoy doing together?"* Some of the young people did not report any positive elements to their relationship with the carers, *"nothing to be honest"* and *"Nothing, we don't normally do things together. Even when my brothers go to bed, mum is usually on the phone. I ask to do something sometimes but this often doesn't work out."* However, the majority of the young people reported some positive elements in their relationships with their carers. For example, some reported simply spending time with their carer as a positive experience *"We like sitting together independently using technology, it is a relaxed atmosphere."* Others reported enjoying specific activities such as cooking or watching films, which they did with their carers, *"Watch movies/series with Dad. Playing board with family. Bake and read with Mum. Good relationship."* Another theme which arose was the young people enjoying time with their carers but finding it challenging when their siblings are there, *"I enjoy playing games with mum. I find it hard when my sister and my brother are there as they get the attention"* and *"Good with parents - not sister."* However, other young people explained how they enjoyed time with the carer and sibling, *"Dad is abroad, with Mum we enjoy with my sister and mum we have a family movie night on Friday or Saturday."*

After attending BRF, all bar one young person reported an improved and/or a good relationship with their carer. The young people specifically explained how things had improved, *"Relationship with mum better, not been as much fighting"* and "*Dad is becoming more involved with helping, getting that one-to-one time*."

The young people identified some mechanisms which they perceive to help their relationships, *"Communicate better, taking ownership of behaviours on both side"* and *"Respecting some boundaries around gaming. At times communication can be better with mum."*

An additional theme which emerged from the young people's responses was how their relationships improved from having additional time at home with their carers either due to lockdown "*enjoying being at home in lockdown, helped with relationships*" or summer holidays, *"Because we have broken up for the summer, we are able to spend more time together and I'm talking to her more. We go on walks together and like spending time together."*

Sources of support

At baseline, the young people identified six sources of support which helped them. Carers, siblings, grandparents, friends, school and social support services. However, some could not identify any support, *"to be honest I don't know"* and *"no-one I don't need support. Sometimes I need support, if I get hurt I'll go to Mum, but don't talk to people about feelings."*

After completing the BRF course all bar one young person felt they had support.

Interview data completion

We invited all young people and carers to participate in the qualitative interviews. N=4 of the young people accepted the offer but n=2 were unable to find time to conduct the online interview. The main reason for a young person not attending the interview was loss of contact with them following the group's completion. N=8 of the carers accepted the offer. All 6 of the practitioners who delivered the BRF intervention were invited and accepted the invitation to interview.

The data have been thematically analysed within the framework of the research question, *"Is it feasible and acceptable to conduct a trial to examine the effectiveness of the BRF intervention for carers and young people involved in CPV?"* and triangulated between the carers (n=8), young people (n=2) and practitioners (n=6). Shared themes are presented in one row and the themes are subsumed under a major theme heading.

Interview data themes

Overarching theme	Carers (n=8)	Young people (n=2)	Practitioners (n=6)
Reasons to join			
Facilitators	**Hope/relieved** *"Any help that we could get, because we hadn't really any support or help"* BRF carer 3		**Hope/relieved** *"Some parents who …have been asking for help for years and finally I'm being offered something and are quite relieved"* Practitioner 2 *"most of the parents … have felt quite relieved… to have that platform of parents that could."* Practitioner 3
	Desperate for help *"It's very easy for other people like CAMHS or MASH or LCSS to say "we've handed you over, it's nothing to do with us anymore, goodbye". Or Early Help have done that recently to us, and closed our case, but we still have the support from BRF. So I feel that we've not been forgotten by BRF, but we have from everyone else."* BRF carer 4		**Desperate for help** *"There can quite often be desperation, particularly if it's been going on for years, and they feel like they've been through everything and nothing helps. A lot of the families present as being, this is the last thing, I don't know what else to do."* Practitioner 1 *"" I've had enough." And that can be really painful to hear, and really painful to see people at their absolute lowest*

			ebb. But that's why we're here" Practitioner 4 "people do come at it with just generally that they've been desperate for some help and support, you know, and they say, "At last, I've been asking for this and here it is."" Practitioner 5
Barriers	**young person's permission required** *"I did get a bit cross, because I was told that I needed to have my son's permission and I just felt that at thirteen, it was very hard to a get permission from a son, I felt that he's still a child at thirteen, we're the parents, why should he have the permission he was hurting me, therefore why couldn't I just overrule it."* BRF carer 4		**Father's engagement with BRF** *"I mean, over the last year it's been usual that there's not been any males in the group, …we have had parent couples. We have had a single dad that came before and stuck with it. The group we've got coming up we've got more dads in. I think it does help if we've got more than one, I think it really does…how do we engage dads, and do we need to do something specific for them? So that may be an adaption in the future to think about."* Practitioner 1 *"we've been quite fortunate where there has always been at least two men. So, there has never been one on their own. So, I think that has probably helped."* Practitioner 2
	Scared/unsure		**Scared/unsure**

	"it was really scary and I was really unsure, but I knew that I wanted to be there." BRF carer 7 *"I wasn't convinced that it would work and I was even more worried that my son wouldn't participate"* BRF carer 4		*"anxiety about starting a group, you know, speaking to strangers and being in a group setting."* Practitioner 2
			Do not know how or from whom to ask for help *"there is a certain level of shame …they think that they have failed as a parent … It makes it really difficult for parents to talk to others about what's happening in their home because they don't want their child to be thought of as bad or they don't want them to be judged."* Practitioner 2
Goals			
Young people's behaviour changes	**Reduce CPV** *"The violence in the home was really not good and I was really hoping that we were going to be able to get to a stage where that would be less"* BRF carer 1		**Reduce CPV** *"I think their goals are definitely to stop the violence and arguments in their home."* Practitioner 1 *"I'd say the main overriding goal is to experience less violence within the home."* Practitioner 6
	Increasing respect *"Obviously for my son to start treating me with a bit of respect"* BRF carer 8		

Carer personal changes	**Not feeling isolated/ashamed** *"I wanted to know that I wasn't alone in my situation because it is quite a unique situation to be in I think. So it was really, really comforting as I said to know that I wasn't just me that was going through that"* BRF carer 7 *"So, you don't feel that shame, that stigma that actually there's something wrong with you, there is other people out there"* BRF Carer 5		**Not feeling isolated/ashamed** "They feel like they're blamed by a lot of people. And they feel really isolated. So a lot of them don't share what's happening in their family, even with close family. So a lot of them will say, "My sister doesn't even know." "My parents don't even know." "I've not shared it with anyone." So that kind of shame of being a bad parent, or being perceived to be a bad parent." Practitioner 1 *"I think the main goal is for parents to feel validation…a safe space to speak… they're listened to and that they are believed…."* Practitioner 3 *"really want to meet other parents and families that are going through the same thing. Because this is still a taboo, this is still a niche area. It's not spoken about. It's something that people feel a lot of guilt, a lot of shame, a lot of confusion around."* Practitioner 4
	Learning useful techniques		**Learning useful techniques**

	"I hope that I can learn some new skills or explore different parenting techniques" BRF carer 2 *"I wanted the tools and the mechanisms to be able to just go forward'* BRF carer 4		*"… just some advice and some tools to be able to make some changes."* Practitioner 4
	Increasing understanding *"Just sort of understanding the situation a bit more"* BRF carer 1 *"…just hoping for some help, guidance really."* BRF carer 3 *"get a little bit more understanding of how to deal with him."* BRF carer 4		**Learning about themselves to effect change** *"allowing them* [carers] *to have that growth and development and freedom to really do a bit of inner work, and reflect upon what's going on for them."* Practitioner 4 *"the aim really is to give them a tool or two, … for them to explore …what part they have to play really, and that they can do something about it. A lot of the time, I think people think that they can't do anything about this situation. It's all for somebody else to sort out for them, …."* Practitioner 5
			Increasing resilience and reducing stress for carers *"it's about improving the resilience of parents because the stress and the isolation that they experience is massive."* Practitioner 2

Family changes	**Calm home** *"I wanted my family home to feel calmer."* BRF carer 7 **Want to protect other siblings** *"for him to be a little bit less aggressive to his siblings as well"* BRF carer 8 *"But it's her sister who's only 18 months older and we were getting to the point that X, who's her sister, just was in tears all the time. As soon as Y would start, just that hint that things were turning, X would be off in another room crying already preparing for the worst."* BRF carer 2		**Calm home** *"We hear the phrase 'walking on eggshells' a lot. That's a really common phrase. That's how they feel in their homes, that they're walking on eggshells."* Practitioner 1 *"they're looking for is just a bit more peace …And to have a relationship with their children… a positive one"* Practitioner 4
Experience of BRF group intervention			
Specific helpful content for carer	**Type of parent** *"they did one session which was about **what type of parent** you are and there are three options. And it was a triangle and things, and I'd never really thought about it before, and I still didn't really know once we'd been through the session and kind of raised it in the group and said, "I don't really know." And then when it was highlighted that I was like the rescuing parent, then it all kind of slotted into place, and so now I'm aware of*		**Type of parent** *"looking at parenting styles, actually, and how their own upbringings have influenced their own parenting styles. That always generates a lot of conversation. I think parents engage really well with that, yes."* Practitioner 2

	when I'm trying to do that, and actually sometimes people don't really need rescuing." BRF carer 1		
	Communication/Body language *"Basic communication… using the iMessages, they take some thought from me, but they also take some thought with my daughter who's receiving … and they take out like the anger and the rage that you initially would get from a very simple blunt answer or comment about how you're feeling."* BRF carer 7 *"one thing I found that was really good was the "I" messages… I slip out of it and I suddenly go, "I feel really" and go with that and then she sometimes goes, "Oh." And I think it's because I've changed the way that I've spoken to her"* BRF carer 2 *"the **body language** and the fact of trying to read what your teenager's doing, or even what I'm doing as a mum. The eye contact, the arms crossed, the way that we stand, that was probably the one that I really took on board, that actually, may be if I just put my shoulders down…I found really effective."* BRF carer 4		**Communication/Body language** *"Communication and body language, which we think is helpful. Asking parents to reflect and think about how they talk in order to expect a change from their young person, that can be quite enlightening"* Practitioner 6

	Understanding emotional reactions/responses *"I would say for me, pausing, so when your emotions do get too heightened, pause, and breathe, so you've got that space between you and your emotions."* BRF carer 5 *"We also learnt about the anger iceberg … that was a really big one for me … to try and work out the emotions that are causing it and sort of take it bit by bit instead of just dealing with the anger itself and then putting it away because those emotions are still there underneath that…"* BRF carer 7		**Understanding emotional reactions/responses** *"I think parents often connect quite well with the anger iceberg and looking at emotion and where anger might come from."* Practitioner 2 *"Anger Iceberg then, where we talk about a lot of things going on underneath the surface. I think that that is one that really resonates with people. And our Window of Tolerance, as parents, that is something that really resonates."* Practitioner 4
	Responsibility and boundaries *"… you were giving children more responsibility …which can end up in an argument … But actually the way that they'd explained it, it had really good outcomes."* BRF carer 2		**Responsibility** *"we also use a couple of poems that they really l…one about, I Love You Enough, and it's all about, 'I loved you enough to say no… encouraging their children to take a bit of that responsibility themselves...saying no, isn't saying you don't love them, and that tends to be quite an emotive one"* Practitioner 1
			Drama triangle

			"And then the drama triangle, … recognising the victim, the perpetrator, and the, (laughter) whatever the other one is, the rescuer… that one seems to hit home..." Practitioner 1 *"She was talking through this incident…and I was like, "Oh, that's the drama triangle. You've just described it perfectly," and she's like, "Oh, is that what it is?" and I think sometimes when people get it … they connect with it."* Practitioner 5
			Stress response *"simplified version of the brain and the effects of stress on the brain, and the parents really take that on board, in terms of what their young people can take in at a point of stress."* Practitioner 1
			Toolbox of strategies *"we give this toolbox to, you know, virtual toolbox, to our families and it's their responsibility to go off and do what they need to do with that."* Practitioner 4
			Different modalities of communicating the content

			"We read … the poem about 'I loved you enough'…and she just got really fixated on this one part of it …she just got so cross at this. She wouldn't hear the rest of the poem. She just thought, "Well, how ridiculous are you?"…So, what we've done, … we use all different modalities to just try and help… different people learn in different ways." Practitioner 5
			Safe space for carers to be heard *"It's a safe, confidential space for that reflection, and we do get parents being really honest. … I think once parents sometimes have that acknowledgement, even though they might know it up here, sometimes saying it out loud, as we know, kind of … you've put it out there then."* Practitioner 6
Specific helpful content for young people		**Not specific just a place to talk and be heard** *"all of it just sort of helped and I don't think there was like one specific part."* Young person 2 *"I think just mainly talking …I had a fight about what's happened at*	**Safe space for young people to be heard** *"to offer a safe space for young people to be able to talk about what they're experiencing."* Practitioner 2

		home, like if anything's happened." Young person 1 *"there's like someone there that I can learn from and talk to."* Young person 2	
Unhelpful/missing content	**Older children focussed** *"doing different things for older children. I know that in the group we were in, most of the people's children were quite a bit young than X… some things might work on younger children that wouldn't necessarily work on teenagers so maybe you need to do different groups for different ages. Maybe under twelves and over twelves."* BRF carer 3		**Carer wanted specific strategies** *"we had one parent who was very clear that they wanted very specific strategies on how to manage things…she was quite open that she'd expected us to take her through, what do I do in this situation… there are other things, I mean, there's the non-violent resistance course and things like that, that are a bit more strategy led that we can signpost people onto"* Practitioner 1 *"there can be a misconception around us telling them what to do… people think that … they're going to come to our group and they're going to be told what to do in that situation. And that isn't what we do."* Practitioner 4
			Specific training for young people with neurological conditions

			"a lot of the children had diagnoses of like neurological conditions, and you would get a lot of the parents saying, "But we've tried this and it doesn't really work with my child." I think it'd be really useful to have a bit more training, a bit more understanding..." Practitioner 3 *"...because if 50% of our young people have got an additional need, we can't run the programme as if it's all for (those without additional needs)...The complexities that we have is when there are children with additional needs, which adds another layer because you're not just dealing with anger. You're dealing with a neuro-diverse condition which can drive a behaviour which might not even have a trigger."* Practitioner 6
Emotional effect of content	**Challenging** *"I think emotionally it's quite a tough thing to do."* BRF carer 7 *"I think each person will find different parts difficult to the parts that they need to heal within themselves."* BRF carer 8		**Challenging** *"When we talk about childhood trauma and the impact that that has …it's quite a heavy topic in itself."* Practitioner 2
	Not challenging *"I didn't find anything difficult really"* BRF carer 8	**Enjoyed and comforting** "how much have you enjoyed your BRF sessions? *R: A lot, like,*	

		ten out of ten I guess, yes." Young person2 *"I guess it's just been like really good and comforting"* Young person 2	
Online groups	**Reduces anxiety of joining group** *"I did enjoy not having to go out and that was less apprehensive going out meeting people doing it all online. That did reduce that anxiety."* BRF carer 2 *"I felt being online was probably better so I was able to sort of turn my camera off if things were getting a bit too emotional for me to give myself that time to sort of regroup myself"* BRF carer 7		**Reduces anxiety of joining group** *"some parents in terms of their own social anxiety or depression, … and meet a whole group of strangers. Whereas I think there is some sort of safety …you can sit in your home with a cup of tea and switch the camera off if you're really struggling"* Practitioner 2 *"the whiteboard, and people can just type quite freely because you're not seeing who's doing it."* Practitioner 3 *"running it online has actually made it a lot more accessible for people. It's, you know, we're working with some single parent families, or people that have got multiple children and younger children, and they can't be going out of an evening to access that."* Practitioner 4

	Reduces childcare and travel cost barriers *"It actually suited me more to be online because I don't have a lot of childcare anyway. So it actually was convenient for me"* BRF carer 8		**Reduces childcare and travel cost barriers** *"I think there are parents who would not have been able to come to a face to face group, either because they wouldn't be able to find childcare or they wouldn't be able to travel somewhere because it's a big time commitment…we cover such a wide area that potentially the travel could be enormous and the cost of doing that as well"* Practitioner 2
	Lost communication *"It didn't not work but I think for me, and I find this in work when we do online meetings and things like that, you don't have the same level of communication."* BRF carer 3 *"when we were doing more group discussions, that was a bit harder. A lot of people didn't know whether to talk or not, because obviously you don't get those body gestures of who's going to say something and you miss that little bit of body language to know what might be said and when."* BRF carer 2		**Harder to build peer support community** *"I think the downside is you don't build those connections physically with people, which then might sustain afterwards."* Practitioner 6
			Online is less effective for change *"I think it's much harder to see the changes at the moment online and remote, than when we met the families face to face and we'd see them more."* Practitioner 1 *"I definitely think face to face would be a million times better."* Practitioner 3 *"I think that some parents have missed out on having that connection to other*

	"I would have felt more supported because you have that sort of faceto-face interaction." BRF carer 7		*parents. It's harder to develop that online."* Practitioner 4
			Surprised how effective online is *"when I had a conversation with her afterwards, she'd taken so much in. So, it's so hard online because you just don't get the …I just find it remarkable. So, even online, people have engaged."* Practitioner 5
			Technical challenged of online delivery *"technical problems, yes, there were a few of those, …one day, I just disappeared completely…, parents have dropped in and out, sometimes because they're maybe doing it on their mobile phone."* Practitioner 5
			Safeguarding issues *"We did have quite a good safeguarding structure all in place, but I mean it hasn't been noticeable that it's been bad. …sometimes people have had to bring their little baby in and bounce them on the screen … but it hasn't really been that there's been a child hanging round a screen or anything like that."* Practitioner 5

Group management	**Organisation and structure** *"it just seemed really well organised, structurally, supportively, it ran on time"* BRF carer 1		**Organisation and structure** *"…You know, just different times of days might have brought up different stuff for people... It's just if people sign up for something in the daytime, I wonder if they feel quite differently than they'd given up some of their evening."* Practitioner 5
	Management of group discussion *"Sometimes there were quite some strong characters and they would sort of take-over"* BRF carer 2 *"I always struggle to talk out in a group. I suppose personally, I don't like being judged with a group of people, so I do find it incredibly difficult to actually speak up, even though we went into breakout rooms, I still found it really hard."* BRF carer 4		**Management of group discussions** *"you do see the dynamics within the group… if there's anything that we feel that, in that particular group, that person was particularly quiet, that's when we have the follow-up call the next day or a couple of days after, just to check in with them"* Practitioner 3 *"we always have to be careful around managing people's emotions…We just try and move it along, in the nicest possible way."* Practitioner 6
	Timing of group *"if I was doing a group, luckily my groups fell in when the children were at school, and Lucy did her groups at school, so it all fitted*		

	in really well and slotted in in the right places." BRF carer 2 *"It's difficult because you can't please everybody and I think the evening session that was offered to us wasn't really … It wouldn't have been right…because that's when we have family time with the boys and we try … have our evening meal together"* BRF carer 3 *" I'm a single parent and it was just not feasible for me to do in an evening where I can talk freely and the kids need looking after and things."* BRF carer 1		
			Managing expectations *"occasionally it feels that the expectations are so high that it feels a bit unrealistic and trying to manage some of that as well. And just really, you know, we use the phrase it's not a magic bullet"* Practitioner 2
Non-therapeutic issues	**Learning from peers** *"the other parents said things that they obviously use for their coping strategies and stuff and so that's… You learn things from those sort of people."* BRF carer 8	**Space and time for them** *"I think it's just, it gives me a bit of time out of lessons, so I just like… Because being in the same room all day is just kind of like*	**Learning from peers** *"It's that, "Oh, I really understood what so-and-so was saying today." Obviously, that's the beauty of a group."* Practitioner 5

		annoying. But when I get to do these, it gives me a bit of a break." Young person 1	
	Shared group experience was helpful *"We were all sort of in the same boat and there for the same reasons sort of thing and it was nice just knowing you're not on your own, really."* BRF carer 2 *"…there was a real range of people which was quite nice and I found that quite surprising to see the different parents and we were all having very similar struggles."* BRF carer 7		**Shared group experience was helpful** *"think, definitely, the isolation one… the parents are just so relieved to know that there's other people. …one of the parents was, like…, "I'm hearing my own experience."…, "This is amazing to know that somebody else is living the same as me." "* Practitioner 1 *"it's a sense of relief, and the thing about isolation, you know, they felt less isolated"* Practitioner 5
	Unconditional support from BRF facilitator *"they're just such empathic people and you can tell that they want … there's no judgement, they just want the best for people and that's massive."* BRF carer 5 *"Absolutely, yeah in such a tricky situation, I can't fault them, because without them being there or just there as a face like you are, telling me that everything's going to be okay, or telling me not to worry and that I'll get through this, or just being there, I wouldn't be here. (crying)"* BRF carer 4		

Attendance at BRF			
Barriers	**Fear that they are "weird" and will not fit in** *"worried that they wouldn't understand, or there was no way that other parents could be in the same situation as I was in, because it is such a tabooed subject. No-one talks about it, no-one comes forward, no-one says actually "do you know what, it's okay my son's been hitting me, but it's okay because you will get the help". "* BRF carer 4 *"I suppose you don't know if other people ... obviously we're all in similar situations but we didn't know what age other people's children were and that sort of thing, and I suppose with it all being online, how you're going to come across because it's not in person, and that sort of thing. I don't know if you feel that."* BRF carer 3		**Stereotype of who will attend the groups** *"we have a lot of parents from all different backgrounds. I think this kind of issue could get stigmatised thinking that it would only happen within families where there's other issues"* Practitioner 6
	Having to spend time listening to others *"the idea of giving up an hour and a half a week to sit and, this sounds awful, but listen to other people's lives, I thought, "Do I really have time, is this really something I need at the moment?" "* BRF carer 1		**Carer without resources to make changes at that point** *"the realisation that there is that development and inner work to be done, and it is hard work within families… people have to be in the right space to do that. And sometimes it's too overwhelming…"* Practitioner 4

			Incorrect referral *"I do think it's to do with the referrals really, why. If people drop out, it's because they weren't the right people in the first place."* Practitioner 5 *"I think there is still an element of (mis)understanding of what we do … I think referrers have big expectations of what we can do… every organisation is stretched to the max, but everyone's trying to get rid of a case to go somewhere else…So, if they can, sort of, fit it into BRF, they will try."* Practitioner 6
			Do not like groups *" [Carers] don't really like groups and they don't want to attend groups, but they are prepared to do it because they will do anything..."* Practitioner 5
			External situations excusing attendance *"it's quite a complex family…Two parents who are separated but came to the group together …They did engage, but then the mum's dad passed away. So, understandably, but the dad never came back."* Practitioner 6

			Young people not prepared for what the group involves / need more preparation time *"Often parents or professionals don't want to talk to the young person until it's literally about to start …I found that they (young people) haven't really been told what the programme is really for or it's been very vague and then when they find out it's a bit more, like, "Oh, actually, now I'm not up for this.""* Practitioner 2
Facilitators	**SAFE! contacts made carer's feel supported and this motivated them to attend** *"I just felt supported and it was actually fine and I wouldn't want to miss it because then you miss things, you're always kind of learning things on these courses."* BRF carer 1		**Referral and online accessibility aids attendance** *"in the last nine months we really haven't had a great deal of drop off. And I think that is partially to do with the accessibility online, and partially to do with the better communication at referral stage."* Practitioner 4
	Motivated members *"It was always something that I knew I was going to throw myself into."* BRF carer 1		
Outcomes			
	Calmer home	**Calmer home**	

Young people and carer relationships	*"We do, we have ups and downs but our home does feel calmer. We're no longer walking on eggshells with each other"* BRF carer 7 *"she didn't express them in a healthy manner, but she didn't know how to, and I didn't know how to, to be honest with you, it was two children at loggerheads because I hadn't learnt that, I couldn't teach her that because I didn't know that."* BRF carer 5	*"I don't know, I can just sort of like be calmer now and yes, just not so like worked up."* Young person 2 *"It's a lot more chilled. It's a lot more… There's not as many arguments as there used to be."* Young person 1	
	Young people and Carer working together *"it also made us feel like we were working together because we both knew, and I'd say to her when I was on the course and stuff in the evenings, she'd tell me when she'd seen our support worker and stuff. And we both knew that we were working together to make these changes, whereas everything else we've done over the past three years has been very one-sided."* BRF carer 7	**Does not feel young person and carer relationship has improved** "Now you've finished, how do you feel your relationships are at home? *R: Not very good."* Young person 2	**Young person and carer working together** *"But at the age of nine, at that real transformative age for that daughter, for her to be building that relationship with her mum that has been very disconnected for a very long time, actually, is incredible."* Practitioner 4 *"her and her daughter's relationship has improved so much, just because she's reacting differently and because the work with her daughter."* Practitioner 6
	Small, prolonged reduction in CPV		

Young people CPV behaviour after BRF	*"And it's not perfect, obviously, it's never going to be, but when you can see the little changes, that's definitely worth it."* BRF carer 1 *"It wasn't gonna happen overnight. It wasn't gonna change, even though I wanted it to. When you come out black and blue and you're emotionally, physically and mentally abused, you always want it to be okay the next day and I knew it wasn't, but actually, oh my goodness, I've come such a long way…"* BRF carer 2 *"It's still gradual. We knew that things were never going to change overnight and they haven't, we're still not where we want to be, but we're trying to work towards it. There's still days when things are really difficult and will get on top of us, but it has helped and even if it's only small ways it's helped, it has helped."* BRF carer 3 *"He was always aggressive really on a day-to-day basis and he's so rarely anymore."* BRF carer 8		**Reduction in CPV** *"I think, definitely, for a lot of the families we've worked with there has been a reduction in the violence and arguing."* Practitioner 1

	Less reduction in CPV for older child *"he'd say to us if we tried to use something, I know what you're doing, I've done that too. He'd sort of throw it back at us. In that case, some of it wouldn't work… I was just going to say maybe for older children, it might be better to look at doing something different maybe, approaching things in a different way…"* BRF carer 3		**Can be no change** *"there would definitely be some families where things haven't changed… they tend to be the families who don't give us as much feedback so… it's harder to know what we could have done differently, or what they would have appreciated more."* Practitioner 1
Young people's psychological changes	**Able to apologise/awareness** *"I mean yesterday he snapped at X and I said to him that he'd upset X and he went in and he said to you that he was sorry … and gave her a hug and said, "I didn't mean it, I didn't mean it to come out that way" … Twelve months ago, no, he wouldn't have done that."* BRF carer 3	**Awareness** *"I like being able to like sort of analyse different parts of my life so I guess I could say that."* Young person 2	**Young people need help to become aware** *"young people … can hold their hands up and say, yes, I'm violent, I will hit my mum, I will punch her, I will spit at her… The level of honesty and, for some of them, just that desire to change as well … they just need to know better."* Practitioner 2 *"haven't met a young person yet who doesn't want to change or is happy, sorry, or is happy with the situation"* Practitioner 6
	Reduced young people's anxiety and anger *"she's not getting angry and anxious about things."* BRF carer 2		

Carer's Psychological changes	**Acceptance and awareness** *"things that have happened in my past that I've been able to put behind me."* BRF carer 1 *"you might want to protect your child from everything but actually sometimes you can't."* BRF carer 3 *"one day he might apologise and if he doesn't apologise, that's okay, because I've now got my head around it."* BRF carer 4 *"what you might think is being assertive, it's not. It's more being almost like a dictator."* BRF carer 3 *"there was a lot of self-realisation on my own behaviours and the things that I was doing that were causing a bit of conflict where I never would have seen then before."* BRF carer 7	**Carer has more awareness and understands** *"I just think like dad being spoken to has just made him kind of listen more."* Young person 1	
	Confidence / empowerment *"So I just felt like I was just coming out more confident, whereas I was really under-confident before."* BRF carer 1		**Confidence/empowerment** *"I think even for families where they don't necessarily report an improvement in behaviour, they're feeling less alone and*

	"so if anything, I can walk away, I can turn my back on him and it is okay to have my time … I think without BRF just telling me that, I don't think I would be where I am today." BRF carer 4		*a bit more resilient and therefore has a positive improvement."* Practitioner 2 *"It's really amazing how empowering it can be for parents."* Practitioner 4
	Happier/relaxed *"I'm more relaxed and I haven't got my shoulders above my head anymore."* BRF carer 4 *"X's turned a corner now, which just helps everybody really, because then your stress is a lot less."* BRF carer 1		
External validation of positive changes	**Family** *"And my mum says, "Oh, he just seems to be coping with life better"… My boyfriend took some furniture apart with him and he said, "Oh, he really listened, you can see he's less agitated or he's trying to cause trouble less.""* BRF carer 1 *"My mum's noticed, definitely, so mum comes over quite a lot. In fact, my mum used to have to come over in the evenings to help with bedtime and we've not had to do that…it's got easier and easier."* BRF carer 2		

	"she's feeling generally happier within herself. Her teacher has seen it, my mum, I've noticed it. So, I just believe it's just a knock-on effect with everything." BRF carer 5		
	School *"But they [school] obviously saw the difference in him and they saw the difference in me"* BRF carer 8 *"They [school] said she is literally like a different child. So, in her maths, she's advanced, her reading, she's advanced"* BRF carer 5 *"Just again, like just getting on with things, it's just his attitude is more mature. [report from school]"* BRF carer 1		
Siblings			
Effect upon siblings	*"she wanted to know how she could help her sister. And it was really hard, because I said, "Well, I don't know and that's why I'm doing what I'm doing." So yes, that was really hard and I don't know if there's anything you guys can do for that, whether there's maybe just a little booklet that could*		*"…to restore and repair relationships within the family home to make it a healthier environment for everyone that lives in the home, including any other siblings because that has a massive effect on them as well."* Practitioner 6

	go together for a sibling to say, "This is how you could help mummy, daddy and your brother/sister. Listen to mummy and daddy, try and understand what they're saying, follow the instructions." Because a lot of the time X would want to help but Y's kicking off and we're going, "No, just step away, just leave." But she'd want to get in there and try and calm her down as well." BRF carer 2		

Synthesis of interview data themes

Carer's were **desperate for help** and felt that other organisations had said "*we've handed you over, it's nothing to do with us anymore, goodbye."* The carers were **scared and unsure** about what the BRF groups would be like. They were nervous because they felt others perceived that they had *"failed as a parent."*

The carer's explained that their main goal for attending the BRF was to **reduce the violence and arguments** within their home and for their child to treat them with **respect.** Their secondary goals were to feel less **isolated and ashamed.** They thought they would learn **useful techniques** and **understand** why the CPV behaviours were happening. The carer's explained that they wanted the changes not only for themselves and their child who was performing the CPV behaviours but also to **support the siblings** and other family members.

The carers and the practitioners shared views as to the content which resonated with the carers most i.e. understanding the types of **parenting styles**, the effect of **communication and body language,** understanding **emotional responses** and developing **boundaries**.

The young people saw the BRF service less about learning specific techniques and more about having a **safe space to be heard** and being with someone from whom they can learn.

Some carers found their **emotional** response to some of the BRF content challenging whereas others and the two young people who were interviewed reported that it was not difficult but enjoyed the content.

There were mixed views regarding the on-line delivery of the groups. Many carers and practitioners felt the **on-line delivery reduced their anxiety** because they knew they could leave at any point, and it reduced the demands upon them to organise **childcare and transport** for attending face-to-face groups. However, others felt that there was a lot of **lost communication**, **less peer-support** building opportunities and **less tangible feelings of support**.

The management of the groups was applauded, the participants and the practitioners recognised that groups have challenges with different personalities however the SAFE! teams were recognised as very adept at **managing expectations**, keeping **on-time** and on track, and maintaining **equal support** for all members.

In addition to the content and management of the groups the carers explained how being part of a group of people in a shared situation, coupled with the unconditional support from the SAFE! practitioners, **helped them feel less alone, learnt from different perspectives on the same problem and** made them feel better.

The young people, again, reflected how having a **protected time and space** for them to work things out was the most useful element for them.

The practitioners and carers identified how carers can be put off attending the groups if they worry that they will not fit in (i.e. they hold **stereotypes).** However, once the carers

had attended, they realised, *"…there was a real range of people which was quite nice and I found that quite surprising to see the **different parents and we were all having very similar struggles**."*

In addition, there were more practical issues for non-attendance raised by the practitioners including, **incorrect referral,** complex **external situations**, attendees **not being ready** or **under supported** to make the changes. Whilst it was recognised that the SAFE! practitioners could help carers with their **support and motivation**, it became apparent that the people who attended the BRF course were **highly motivated** to make the changes, which might not be representative of all carers. This resonates with the practitioners' theme of 'families who are **under-resourced** or **not ready to change**.'

When reflecting on how things had changed since participating in the BRF course young people and carers both felt their **home was calmer** than before. The carers and practitioners noticed that young people and their carers were developing helpful relationships where they **work together**. However, one young person specifically mentioned that they did **not feel their relationship with their carer had improved.**

The carers felt there were definitely less CPV behaviours since completing the BRF course. They caveated that the changes could be small and they felt the changes would continue over a long period of time, *"It's still **gradual.** We knew that things were never going to change overnight and they haven't, we're still not where we want to be, but we're trying to work towards it."* However, the carers explained that even gradual small changes were hugely important to them, ***"even if it's only small ways it's helped, it has helped."***

Practitioners extended the caveat to explain that **for some families there were no changes** and these tended to be the families who lost contact with the service and therefore, are not represented in this report.

Young people, carers and practitioners all felt that the course gave them more **awareness** about what was happening, and why they were behaving the way they were. The carers noticed the course had reduce anxiety and anger in their child. In parallel, the carers noticed huge changes in their personal growth, citing feeling more **confident, empowered, happier, relaxed** and **accepting.**

The carers also shared how people external to the immediate family (e.g. **grandparents and schools) had noticed the positive change** in the young people and the carers.

Discussion

This research aimed to understand if the BRF service is meaningful and useful to young people and carers referred to SAFE! for CPV. The qualitative data identified that carers and young people's primary goals for the BRF service were to reduce the CPV violence and to increase understanding and respect between the carers and the young people. The SAFE! CPV behavioural assessment reports a reduction in primarily physical CPV behaviours such as pushing/shoving but less change to verbal CPV behaviours such as telling the carer to shut up.

Our questions about police involvement before and after being involved in BRF does not allow a fair comparison. The baseline question asks if police have ever been called due to their behaviour (i.e. at any point in their lives) whereas the follow-up question asks if police have been called since the young people have begun work with BRF i.e. six weeks. Consequently, there was always going to be fewer instances of police involvement over a shorter period of time compared to a whole lifetime. To assess whether there is less police involvement we need a baseline assessment of how often police have been called over the previous 6 weeks then we can meaningfully compare this to the frequency they have been called after BRF. This would be an important area to test in a full trial.

Data from the free text and the qualitative interviews found that all, bar one, of the young people felt their relationship with their carer had improved. All the carers felt their relationship with their young person had improved. Both groups felt that by understanding each other, developing boundaries and increasing respect and time for each other were the mediating factors which have helped the relationships improve.

When assessing the wellbeing of the young people and carers we see that the carers had lower wellbeing than the young people before joining the groups. We found that the carers wellbeing improved significantly after being part of the groups. While the young people's wellbeing did signal an improvement it was not statistically significant. Due to the low wellbeing impairment reported by the young people before joining the groups, it could be a 'floor effect' whereby their wellbeing impairment was so low that it could not become much lower.

When we consider the qualitative data, we see that the carers describe a large amount of personal growth since attending the groups. They felt confident, not isolated anymore, happier and accepting of their situation. This appears to correlate with them feeling that their wellbeing was less impaired and experiencing a better relationship with their children. This was echoed by the young people in their free text data where they felt they were communicating better with their carer and the improvement in the relationship was making them feel better.

We must consider these findings in the context of this small service evaluation of 39 families. The sociodemographic data collected from the carers at baseline reported the majority were from a white ethnic group (only one participant was not white), were female (only 2 male participants) and were all, bar two, biological parents. The young people were both male and female, the majority were white and many were either diagnosed or were

under assessment for a mental health condition. The sociodemographic data collected at baseline experienced good completion rates. Therefore, we assume the study sample is representative of those who were referred to the SAFE! BRF service. However, this does leave a query as to whether carers from non-white ethnic groups, or male carers, or adoptive/foster carers may respond differently to the offer of participating in a trial.

A secondary aim was to assess if it was feasible to conduct a full-scale trial to test the effectiveness of the SAFE! BRF intervention. The study encountered high rates of missing data and attrition. This must be considered in the context of the study being conducted during the 2020-2021 pandemic which meant all of the groups had to be shifted onto an online working platform and many face-to-face opportunities for engaging service users and collecting data were lost.

The carers and practitioners were aligned in their descriptions of carer's motivations to join the groups, the barriers and facilitators for attendance and outcomes. However, there were interesting points which the carers raised which could inform future iterations of the BRF. For example, identifying the differing needs of older children as opposed to younger children and calling for additional support for siblings affected by CPV. Equally the practitioners reflected on the low attendance of fathers and whether this in itself becomes a barrier for fathers to join future groups because it is often an all-female group.

The carers and practitioners also differed slightly when reflecting on the acceptability of on-line groups. The practitioners were more negative about adopting online groups whereas the carers felt the online groups reduced their logistical and anxiety barriers to attending the BRF group.

In summary, the BRF intervention appears to be a meaningful and useful intervention for carers and young people referred to the service. The groups appear to give carers a framework for personal growth and parenting behaviour change. This service supports carer's personal growth and improves their wellbeing. The young people feel their relationships have improved since participating in the groups and view the groups as a safe space to be heard, to learn and possibly open a new way of communicating with their carer.

The feasibility of conducting a full-scale trial is dependent upon certain recommendations being supported. In order to run a full-scale trial the SAFE! team will need to include protected costs to support recruitment and data collection. They will also need to engage new methodology to support their engagement of young people with data collection and engagement with interviews. Without this the perspectives of the young people will be under-represented.

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Appendices

Appendix 1: SAFE! Wellbeing Assessment

Well-being Assessment - young person opening

This assessment is to be completed at the beginning and end of the programme.
For each of the following statements indicate which best represents your view of yourself.

* Required

1. My Full Name *

2. The initials of my Parent / Carer *

3. I sleep well. *

- Never
- Sometimes
- Often

1/6/2021

4. I worry about how angry I get. *

- Never
- Sometimes
- Often

5. I feel like running away. *

- Never
- Sometimes
- Often

6. I feel lonely. *

- Never
- Sometimes
- Often

7. I feel so sad I can hardly bear it. *

- Never
- Sometimes
- Often

8. I like spending time with my family. *

- Never
- Sometimes
- Often

9. I am good at things I do. *

- Never
- Sometimes
- Often

10. I think life isn't worth living. *

- Never
- Sometimes
- Often

11. I prefer to spend time on my own. *

- Never
- Sometimes
- Often

12. I find it hard to say sorry. *

- Never
- Sometimes
- Often

13. I am aware of how I feel. *

- Never
- Sometimes
- Often

14. I have things that I want to achieve. *

- Never
- Sometimes
- Often

15. Are you happy for us to share this information with our researcher? All information passed to her will be anonymised. Your BRF worker will be able to explain this process in more detail. *

- Yes
- No

Appendix 2: SAFE! CPV Assessment for young people

Assessment Questionnaire opening - young people

This questionnaire should be completed alongside a facilitator who can take further notes alongside these answers.

* Required

Personal Information

1. Full Name *

2. Which county do you live in? *

- ○ Oxfordshire
- ○ Berkshire
- ○ Buckinghamshire

3. Date of Birth *

Format: M/d/yyyy

1/6/2021

4. Gender identity *

5. Do you think that you have any additional needs or diagnosis that we should be aware of? What do these mean for you? *

6. How would you describe your Ethnicity? *

- White
- Black/Black British
- Asian/Asian British
- Any mixed/multi-ethnic group
- Other ethnic group

please specify: *

- English/Scottish/Northern Irish/Welsh/British
- Irish
- Gypsy or Irish Traveller
- Other

8. please specify: *

- African
- Caribbean
- Other

9. please specify: *

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other

10. please specify: *

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multi-ethnic background

11. please specify: *

- Arab
- Other

12. Who will be attending this programme with you? (full name of parent/carer)

13. Please tell me about the people that you live with and any other extended family that you see as important. *

Behaviours

These questions ask about the types of behaviour you use in the home. Please think honestly about which you have used over the past 6 months.

14. Physical Violence *

	Yes	No
kick/slap/punch	◯	◯
Push/shove	◯	◯
Throw things	◯	◯
Damage the home e.g punch hole in the wall/door	◯	◯
Spit at someone	◯	◯
Damage others belongings	◯	◯

Emotional/verbal Abuse *

	Yes	No
Threaten verbally with physical violence	◯	◯
Call names i.e Bitch, Bastard, Whore	◯	◯
Threaten to kill family members	◯	◯
Threaten to run away	◯	◯
Run away or stay out all night without permission	◯	◯
Threaten to report parents to police, social care etc.	◯	◯
Report parents under false pretences	◯	◯

16. Financial Abuse *

	Yes	No
Stole money	◯	◯
Stole belongings	◯	◯
Sold belongings without permission	◯	◯
Incurred debts with had to be paid by family member	◯	◯
Demand things are		

Controlling Behaviour *

	Yes	No
Told someone to shut up	◯	◯
Insist others stop what they are doing to comply with your demands	◯	◯
Control the running of the house	◯	◯
Isolate family from their friends and family	◯	◯
Sent abusive or threatening messages via text/social media	◯	◯
Been sexually threatening/abusive/violent	◯	◯
Threatened to hurt yourself or actually hurt yourself	◯	◯
Refused to do chores	◯	◯

18. Have the police ever been called to your home due to your behaviour? *

◯ Yes

◯ No

19. Do you understand why they were called? *

School/College/Employment

20. Do you take responsibility to get up and ready for school/college each day? *

21. Do you enjoy school? *

22. Do you currently do any paid work? Please tell us about this. *

Your relationships

23. What is going well in your relationship with your parent/carer at the moment? What do you enjoy doing together? *

24. Where do you get your support from? *

Building Respectful Families

Safe! Support for Young People Affected by Crime

Is there anything else that you would like to add?

26. Are you happy for us to share this information with our researcher? All information passed to her will be anonymised. Your BRF worker will be able to explain this process in more detail.

- ◯ Yes
- ◯ No

Appendix 3: Semi-structured interview guides (carers, young people and practitioners)

SAFE BRF

Interview guide for carers/parents

V.1 [14 January 2021]

The overarching question is, "Is this is useful intervention?"

Notes to interviewers
When considering each question try to probe (if appropriate) on

- **Physical** considerations
  - Attending the groups – barriers, facilitators, on-line versus face-to-face
  - Behaviours
- **Psychological** considerations
  - Positives e.g. Support, feeling like there is hope
  - Negatives e.g. embarrassed, shame, not feeling like anyone else was the same as my case
- **Social** considerations
  - Positives e.g. shared experience with other carers
  - Negatives e.g. I am not the same as other people in this group, I do not want to be associated, I want someone like me to be experiencing this

- For every question try and elicit the response which is closest to what they really think and **not what they want you to hear**.
- Participants might **change their mind** whilst answering
- If you **probe uncertainty** then they might explain more complicated issues
- Try **not to take the first answer** as the only answer
- **Let awkward silences happen** – this gives participants time to consider their answer, try to make them comfortable and encourage them taking their time to really think what do they want to answer.
- **Simple probes** – can you tell me a bit more about that? Can you expand on that for me so I can understand what you were feeling and how we could have supported you? etc

Before recording

- Spend 5 minutes to explain that there are no right or wrong answers
- This is to really understand what works, what doesn't work, how it can be improved or changed to help more in the future.
- Please be as honest as possible, all we want from these interview is to learn from you as the experts in this situation.
- Feel free to change your mind as we go along,
- The interview will be recorded but anything which could be personal information will be removed from the transcripts i.e. name, or location etc

- Explain that you will be start recording on Teams

How to do the recording on Teams

- At the top of your Teams window when you are in a meeting there are three dots '…' click on this and you will see a 'start recording' function. Simply click on this. When you have finished recording either 'Leave' the meeting or return to the '…' and click 'Stop recording'
- If you look in the conversation tab [looks like a speech bubble] there will be a recording of your interview. You will also be emailed a copy of the recording.
- Follow the links to the recording and download it.
- Once downloaded right click and select 'Audio only .mp3' and save this to a secure location.
- Then upload the audio .mp3 file onto the Transcription service website.
- Ask them to redact any personal information i.e. name or location etc
- When they have transcribed the audio file you will be able to download the written transcript which must be saved with an unidentifiable participant ID number. The log book which links which participant ID to which participant personal details must remain encrypted and locked at all time.
- The anonymous transcriptions may then be sent to Beth Fordham who will analyse them in NVIVO software.

Questions for the interview

1. **When you were told about the BRF groups what did you first think?**
   a. **Probe both positive and negative**
   b. **Physical** e.g. having time to get to the groups / having enough privacy at home to join the group?
   c. **Psychological** e.g. fear? Worry? Relief?
   d. **Social** e.g. did you know the SAFE team well? Did you feel included and ok or isolated ?

2. **Did you think about not attending the first session?**
   a. **Yes –** can you explain, can you remember why? Can you think what might have helped you then/ More support/more information?
   b. **No –** were there any sessions when you thought I am not going to go, I do not feel up to it? If yes probe as before. Really important to understand **accessibility, acceptability, adherence**

3. **What were the top three things you wanted to achieve from joining the BRF group?**
   a. Probe to expand on them, explain to someone who has no idea about your situation
   b. Probe anything which was not alluded to i.e. if they only talk about outcomes for the <u>child</u> e.g. behaving better and getting on in school then probe on <u>them as the carer</u> e.g. and did you wish to feel calmer? Less stressed? Etc try to get as broad a picture as possible but also allow for differences in opinion

some may have been truly focussed on the child and not cared about their own distress. Be aware of our own biases and expectations from answers…best to leave silence and gaps for the participant to fill in.

4. **At this stage to what extent to you feel you have or have not achieved those goals (outline the three goals set out in answer to question 3)**
    a. Keep probing for each of the 1/2/3 goals e.g. can you expand on that point
    b. **Try summarising what you understand and check that is what the participant wanted to convey**, once they hear it summarised they may want to change it or add something new

5. **Can you explain in any way in which day to day life has changed since you completed the BRF groups?**
    a. Keep probing each response, any more information, was the change noticed straight away or was the change gradual?
    b. Other people noticed any changes in you or the child?

6. **Can you offer us any advice on how you would like the groups to be changed?**
    a. Remember physical (practicalities)
    b. psychological(feelings/thoughts)
    c. social (cohesion/isolation/pressure…?)

7. **Can you let us know any parts of how the groups are run, hosted (face to face, online, group or individual) which were good or which were difficult for you?**
    a. Focus on the online video nature of the delivery here
    b. What were the barriers
    c. What were the facilitators
    d. What support did you need

8. **Can you identify anything specific you learnt from the groups which has been really important and helpful to you?**
    a. **No** – can you remember anything in particular, even if it was not very helpful to you?
    b. **Yes** – can you describe what it is, how it has helped and whether you think it will continue to help?

9. **Was there anything which you really did not enjoy or felt was really problematic for you from being a part of the BRF groups?**
    a. You can refer back to points raised in question 6 – this is to really get people to think again and reflect on their answers
    b. Reassure there is no pressure from you as the interviewer, we want to know how to improve and make it accessible and beneficial for everyone.

10. **And finally…is there anything else you would like to comment on, suggest to us, reflect upon overall. We want to know is are the BRF groups helpful, if so how and why, and if not what can we do to improve them?**

a. Really offer the floor up and let the participant chat and chat. These can be the best answers once they are warmed up from all the structures questions beforehand.

SAFE BRF

Interview guide for practitioners

V.1 [4 MARCH 2021]

The overarching question is, "Is this is useful intervention?"
What are the **providers** expectations from the course
- Have these been met
- How can the course be improved
- What are the barriers/facilitators for running these courses (face to face or online)

Notes to interviewers
When considering each question try to probe (if appropriate) on
- **Physical** considerations
    - Attending the groups – barriers, facilitators, on-line versus face-to-face
    - Behaviours
- **Psychological** considerations
    - Positives e.g. Support, feeling like there is hope
    - Negatives e.g. embarrassed, shame, not feeling like anyone else was the same as my case
- **Social** considerations
    - Positives e.g. shared experience with other carers
    - Negatives e.g. I am not the same as other people in this group, I do not want to be associated, I want someone like me to be experiencing this

- For every question try and elicit the response which is closest to what they really think and **not what they want you to hear**.
- Participants might **change their mind** whilst answering
- If you **probe uncertainty** then they might explain more complicated issues
- Try **not to take the first answer** as the only answer
- **Let awkward silences happen** – this gives participants time to consider their answer, try to make them comfortable and encourage them taking their time to really think what do they want to answer.
- **Simple probes** – can you tell me a bit more about that? Can you expand on that for me so I can understand what you were feeling and how we could have supported you? etc

Before recording

- Spend 5 minutes to explain that there are no right or wrong answers
- This is to really understand what works, what doesn't work, how it can be improved or changed to help more in the future.
- Please be as honest as possible, all we want from these interview is to learn from you as the experts in this situation.
- Feel free to change your mind as we go along,
- The interview will be recorded but anything which could be personal information will be removed from the transcripts i.e. name, or location etc
- Explain that you will be start recording on Teams

How to do the recording on Teams

- At the top of your Teams window when you are in a meeting there are three dots '…' click on this and you will see a 'start recording' function. Simply click on this. When you have finished recording either 'Leave' the meeting or return to the '…' and click 'Stop recording'
- If you look in the conversation tab [looks like a speech bubble] there will be a recording of your interview. You will also be emailed a copy of the recording.
- Follow the links to the recording and download it.
- Once downloaded right click and select 'Audio only .mp3' and save this to a secure location.
- Then upload the audio .mp3 file onto the Transcription service website.
- Ask them to redact any personal information i.e. name or location etc
- When they have transcribed the audio file you will be able to download the written transcript which must be saved with an unidentifiable participant ID number. The log book which links which participant ID to which participant personal details must remain encrypted and locked at all time.
- The anonymous transcriptions may then be sent to Beth Fordham who will analyse them in NVIVO software.

Questions for the interview

11. **Could you describe the BRF programme to someone who has never heard of SAFE or BRF?**
    a. PROBE on any missing information or any interesting novel ways of describing it

12. **Can you describe what you see the aim of the BRF programme is?**
    a. PROBE on the aim for them as a practitioners and then aim for the participants in the course both the carers and the service users

13. **Can you describe what participants are like when they first join the BRF programme?**
    a. Worried / resistant / embarrassed?
    b. Desperate for help / relief / high or low expectations?
    c. PROBE: Do you think participants need more information before beginning the course?

14. Have you experienced participants quitting the course or wanting to leave the course?
   a. Can you explain why you think this might be?
   b. Be aware of our own biases and expectations from answers…best to leave silence and gaps for the participant to fill in.

15. At this stage do you think you have achieved the goals?
   a. **Do you think the carers have achieved their goals?**
   b. **Do you think the service users have achieved the goals?**
   c. Keep probing for each of the practitioner/carer/service user goals e.g. can you expand on that point
   d. Try summarising what you understand and check that is what the practitioner wanted to convey, once they hear it summarised they may want to change it or add something new

16. Do you find some elements or specific pieces of advice are often really useful?
   a. Keep probing each response, any more information
   b. Were there occasions where these were not helpful?

17. Do you find some elements or specific pieces of advice provoke unhelpful reactions or are not useful at all?
   a. Keep probing each response, any more information
   b. Were there any occasions where they did help someone?

18. Can you offer us any advice on any other elements of the course content which you wish to be changed
   a. Things needing added or needed removing

19. Do you have any suggestions for changes to the BRF format or how the groups are hosted (face to face, online, group or individual). Were there elements which you think were good for some any challenging for others?
   a. What were the barriers
   b. What were the facilitators
   c. What support did you need

20. And finally…is there anything else you would like to comment on, suggest to us, reflect upon overall. We want to know is are the BRF groups helpful, if so how and why, and if not what can we do to improve them?
   a. Really offer the floor up and let the participant chat and chat. These can be the best answers once they are warmed up from all the structures questions beforehand.

Building
Respectful
Families

Safe! Support for Young People Affected by Crime

Interview guide for young people

1. **Can you tell me about the sessions?**

2. **Would you be able to say what you would mark sort of out of 10, one being not so good, 10 being really good, where would you place them?**

3. **And anything in particular you'd like to say about why that might be?**

4. **Have your sessions changed how you manage things at home?**

5. **Can you give any examples?**

6. **Do you feel any better to manage your emotions?**

7. **So what would you give that out of 10?**

8. **How does it make you feel?**

9. **Before you started the sessions what were relationships at home like?**

10. **And how do you feel after you've done your work and after talking? How do you feel the relationships are? Is there any change?**

11. **Can you say in what way you feel that's happened?**

12. **So we could get better at doing our work, what parts of the sessions did you feel were really helpful?**

13. **Can you tell us things that we could do better in working with you? What would have helped, or what would you have liked to have happened that didn't happen?**

14. **Can you tell me anything that's different at home now?**
15. **What are your hopes and dreams for the future? What are you thinking about in your future?**