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Family stories; investigating trauma-informed narratives, change behaviours and environments in complex family experiences

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Abstract

This paper presents our Family Stories model identifying self-reported change behaviours and environments by families developed from our two-phase research in an inner-city area in the south of England. The research focused on parents whose families had experienced complex issues impacting behaviour, wellbeing, learning and or safety of children, and who had received social care support from services broadly adopting a trauma-informed approach. We identified parents' self-reported change behaviours and environments, in context of the high rate of families relapsing and returning for multiple episodes of support. We also identify key challenges to securing long term positive change, including the barriers to nurturing a strong and successful parenting identity, in which parents are more able to sustain positive change. Our model identifies four enablers, evident in the self-reported change behaviours narrated by our participants; Community, Allyship, Strategy and Mastery.

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Main document

Introduction

In this paper we present our Interpretative Phenomenological Analysis (IPA) research project with parents who have experienced support from local Early Help social care services, broadly adopting a trauma-informed (TI) approach. Our participants had experienced a myriad of life stressors, including domestic abuse, multi-generational child abuse, mental health difficulties, and school and social exclusion. This project came from the lead author's doctoral research investigating the lived experience of families receiving social care support. This was extended under the moniker *Family Stories*, with a small commission from the local authority and internal funding from the University.

Literature about trauma-informed practice reflects the impact of trauma, and the importance of a and outcomes from trauma-informed approach (Knight, 2019), often through scoping reviews and menta analyses (Lindstrom Johnson et al, 2018). However there appears to be a gap in the literature about how trauma-informed principles are embedded into frontline practice, (Goodman et al, 2016), and literature about the lived experiences of traumainformed services is also absent. The current research has two research questions. The first question (Phase 1) was; *What is the parents' story before, during and after intervention, and how does the illuminate systemic factors in changing ways of parenting?* A second study was developed, to address the question of how families were supported to sustain positive change in complex situations; *What are the lived experiences of parents who had successfully sustained change after intervention?* Our research acknowledges the importance of master narratives reflecting social norms and expectations which surround all members of society, and that families in marginalised groups experience additional social judgement and pressure to conform, articulated through mainstream culture and directly as part of intervention from support services (Stewart, 2020; Tew, 2019). Within this framework we noticed parents' lived experiences of family crises, their meaning making, and their self-identified change

behaviours. We also acknowledge the social expectation that parents, particularly mothers, are able to cope with family difficulties, despite the structural limitations imposed through neoliberal and responsibilization agendas, stigma and marginalisation (White et al, 2019).

Practice context

In England, Children's Services are organised through a tier system. At Tiers 1-2, children's needs are managed by their family and school or setting, and primary healthcare. Tier 3 is targeted Early Help support which aims to prevent further escalation of complex problems which require the support of more than one agency (SCIE, n.d). Despite apparent power imbalances delineated by professional and cultural capital, help at Tier 3 remains informal and voluntary, meaning parents can decline support apparently without consequence. Tier 4 equates to statutory social services who are responsible for the protection of children (SCIE, n.d). At this level, consequences for non-engagements by families are determined by duly qualified personnel who hold decision making power and responsibility for the potential removal of children into local authority care (Working Together to Safeguard Children, 2018).

Despite being termed *early* help, needs at this level are in fact very complex (Hood et al, 2020). While sometimes being preventative, early help is often either a step-down from social services, a latest episode in a case history, or, a 'new' child in a family - in none of these cases would family needs be 'early' (Maynard et al, 2019). Put simply, we suggest early help means the needs of the family appeared less serious than others at the most recent point of contact with services, and that severity of need may fluctuate over time, denoting the fluctuating nature of family need between prevention and protection at tiers 3 and 4 (Hood et al, 2020) as reflected by our sample.

Evidence suggests fifty percent of families known to social care services relapse and return for further periods of intervention within five years, often with multiple occurrences per family. This creates enduring strain on children and families, and enduring crisis for the sector (Brooks and ADCS, 2018). Children at tiers three and four are known to be at a significant disadvantage, with clear associations between adverse childhood experiences (ACEs), poverty, compromised parenting capacity and systemic difficulties (Felitti et al, 1998; Metzler et al, 2017). However, critiques of the ACE's research identify a lack of focus on resilience and recovery, and fails to acknowledge the wider issues of neoliberalism and responsibilization (Edwards et al, 2017).

Intervention with families begins with a practitioner or family member expressing a concern about a child, which triggers a referral to assess the child's needs (Working Together to Safeguard Children, 2018). The responsibilization of parents and parenting is apparent here, through idealised lifestyles articulated through mass media and community services, effectively used for political governance (Dahlstedt et al, 2014; Brown, 2021). Brown (2021) argues this aims to *correct* citizens to lifestyles which reflect expectations of policy makers, and reduce dependence on public services. Society appears to denounce responsibility for the structural inequalities which lead to disadvantage, preferring to perpetuate a myth of choice by marginalised people. This denial of systemic factors of disadvantage in working class populations threatens the life chances of a much larger number of children, and perpetuates the highly moralised role of parents (Liss et al, 2013); Simmons, 2020) and parenting pedagogies (Dahlstedt et al, 2014; Tew, 2019; Simmons, 2020). Despite support agencies promotion of empowerment, choice and collaboration with parents, (Knight, 2019), this sits within the overall policy and practice agendas of responsibilization and neoliberalism. This presents an uncomfortable duality of "care with consequences" (Thoburn et al, 2013: 229).

Family Change

Attempts to instigate family change requires parents to reconcile lived experience while responsibilization may perpetuate their challenges (Pycroft and Bartollas, 2014; Tew, 2019). Theories of Bruner (2002), Eisenberger (2012), Festinger (1957) and Cooper (2012, 2019) explain that social norms and exclusions motivate people to try and fit in, in order to feel safe in a complex world. Cognitive dissonance theory (Festinger, 1957; Cooper 2012, 2019) describes the discomfort of feeling one's own lived experience is misaligned, perhaps best expressed as a sense of rejection, disapproval or disconnection from people and systems such as those in authority and social groups resulting in a strong urge to realign with expectations and lessen the threat of rejection (Pycroft and Bartollas, 2014; Festinger, 1957; Cooper, 2012, 2019; Cooper and Carlsmith, 2015). In order to do this, Festinger (1957) advocated three groups of behaviours minimising the significance of the disapproval or rejection, adopting required behaviours to *portray* a meeting of expectations, or, authentic adaptation, where change is not merely portrayed, but owned and sustained by individuals (Festinger, 1957; Cooper, 2012; Fivush, 2019; McAdams, 2013).Human beings learn and negotiate these expectations through scripted narratives (Bruner, 2002) which are embodied by familiar characters; the teacher, student, hero, villain and other archetypal representations. One example is the "good mother" which policy and practice actively encourages parents to enact, and by which professional agencies determine levels of risk to a child (Cramphorn & Maynard, 2021). However, even harmful behaviours can be normalised through acceptance, repetition and social congruence by people and systems that *matter,* with the potential to retraumatise. Therefore despite authoritarian expectations from agencies, a family might resist change, or revert to former behaviours after a period of change (Pellegrini, 2009, Pycroft and Bartollas, 2014).

However, if valued social influences reinforce original behaviours, disapproval from authority figures will appear less relevant, and lead to decreased motivation for change (Pellegrini, 2009; Keddell, 2014; Cooper and Carlsmith, 2015). Given the power of authoritative agencies (Thoburn, 2013; Dahlstedt et al, 2014), change which is expected or required might be portrayed returning to patterns which feel personally more in-tune (Pycroft and Bartollas, 2014). The complexity of this position for families indicates the importance of asking how change might best be supported to overcome well established but harmful patterns.

Methodology

This project adopts a critical realist paradigm, which combines a social constructionist epistemology with realist ontology (Bhaskar, 2016; Sims-Schouten & Riley, 2019) and our method, Interpretative Phenomenological Analysis (IPA) is an inductive approach favouring small sample sizes so that individual cases can be thoroughly probed for the intricacies of idiosyncratic experience. Analysis of the data requires researchers to fully immerse themselves in multiple readings and annotations, with themes identified per participant, prior to bringing cases together at superordinate level where observations can be drawn across the data set. IPA combines method and methodology, pertaining to a phenomenological, hermeneutic approach in which the researcher recognises they are limited to their interpretation of their participants' interpretation of their experience (Smith et al, 2009). IPA values subjective lived experience highly, and serves to locate perspective, while understanding this to be a key motivator for behaviour. Our guiding epistemological stance is

that human beings construct events which are experienced as real, with conclusions reached through the interplay of interpretation and discourse (Smith et al. 2009; Bhaskar, 2016).

In this study, participants were parents whose families had last been seen in Early Help, but who may also have had social services support at other times. Our focus on parents illuminates their position amid social norms and expectations while professional onlookers both care for, and enact surveillance over them (Thoburn et al, 2013). Researchers have established a direct link between autobiographical narrative and identity, suggesting that those with strong self-narratives have fewer occurrences of depression, anxiety and posttraumatic stress (Fivush, 2019). We have sought to identify narratives of change in order to understand how participants have interpreted events and constructed knowledge and selfidentity (Grysman and Mansfield, 2017) about their parenting.

The research was conducted in two phases. In phase 1, the participants had experienced generalised family support at early help stage, working on a 1:1 with a practitioner. The phase 2 parents had experienced NVR (non-violent resistance) support, which is an effective and targeted intervention for child to parent violence and conduct disorders. NVR aims to equip parents with specific strategies to deescalated children's behaviour and show unconditional love (Newman, Fagan and Webb, 2013; Omer and Lebowitz, 2016). Although the two groups had experienced these different services most recently, and that participants from the NVR group reported sustained positive changes at home over some years, these experiences are not isolated and the outcomes for families may also have been influenced by other factors over time.

Our findings have resulted from two qualitative studies, totalling n=24 interviews conducted in 2018 and 2020, through individual IPA semi structured interviews and a focus group where data analysis was sense-checked with a group of participants who volunteers. Participants were recruited via the local authority, and coincidentally, all were white, with

one mixed race family and two non-UK European families represented. 23 of the participants were female including one grandmother with parental responsibility, and one father, with all participants identified as the main carer for the child, by the local authority. We acknowledge that there are further points to explore here, relating to racial and gender representation in both services and research as noted under *Limitations and Conclusions.* All parents were last seen by services at Early Help stage, but many were also previously known to social services. Collectively, the n=24 participants disclosed during interview experiences of; children removed (n=4), domestic violence (n=13), childhood abuse (parent) (n=5), estrangements (n=7), mental health issues for parent (n=12), child conduct disorder/challenging behaviour (n=17). These details were disclosed spontaneously during interviews; therefore, these factors are used to illustrate the complexity of family life, and apparent similarity across the two groups; they may not be exhaustive.

The homogeneity of this group (Smith, 2011) is brought to bear by shared experience of parenting and the social care system, its structures, priorities and power imbalances (Keddell, 2014) which are experienced as real (Fletcher, 2016; Maynard et al, 2019; Maynard et al, 2022). We note that the identification of these families as incurring complex social experiences reflects the professional categorisation, and illustrates the importance of nuanced, person centered analysis. The IPA interviews followed a lose semi structured schedule, which invited participants to tell their story, with the researcher probing for a thick description of events and perspectives (Smith et al, 2009). All interviews were conducted and analysed by the lead author, whilst other team members supported the reflective process of comparison between these two data sets.

Each interview lasted approximately 1 hour, in the local children's centre which was familiar and safe venue. The early help team acted as gatekeeper and sent a letter of invitation from the researcher to families who had received services in the past, and whose case had

been closed. The letter introduced the researcher and her purpose carefully, mindful of possible previous encounters with services which may not have *felt* voluntary, and asked for permission for the local team to disclose contact details. Only when this consent was given were participants approached by the researcher, who gave a verbal introduction by phone and written information and consent forms over email. Consent was re-checked verbally at interview, giving time for questions and/or to exclude any questions. No exclusions were noted. Due to past case histories, part of the consent process was to make exceptionally clear that any participant disclosing risk to a child would have been referred to the service with no further involvement in the research to avoid any interference with a potential Safeguarding inquiry. Ethical approval from the relevant University, and gatekeeper agreement were granted on this basis, and all participants agreed to this caveat in writing. In the write up, names were changed and any identifying characteristics removed or obscured to protect anonymity.

The phases were initially treated as separate projects, firstly examining *What is the parents' story before, during and after intervention, and how does this illuminate systemic factors in changing ways of parenting?* And then; *What are the lived experiences of parents who had successfully sustained change after intervention.* We acknowledge that trying to remain impartial when handling data reflecting trauma and abuse is complex, and that our own positionality includes our personal and professional experience-driven values. Therefore, we bracketed our personal responses reflexively, to centralise the participants' voices (Shaw, 2010). Recently, some discussion of IPA has embraced non-traditional approaches, such as dialoguing between different perspectives on the same phenomena. This relates to our own non-traditional approach of combining two data sets within an identified system (Larkin et al, 2019), resulting in a conceptual model. Here, one group of parents (phase 2) claimed confidently to have sustained positive change and the other group (phase 1) did not show

such confidence. However, there is a significant caveat surrounding this – both *as far as we know*, and, *so far* and a change either way could be imminent for any individual within either group. We have therefore developed our findings with respectful caution, mindful that the agency of participants stretches way beyond our enquiry. Our data sets illustrate some aspects of homogeneity, but also of uniqueness (Larkin et al, 2019) both within and between phases 1 and 2, and are presented as superordinate themes at Table 1.

The success of these families was the locus of our enquiry and is not attributable to our model, which resulted from our analysis of both data sets combined, illustrated at superordinate level at Table 1. Based on Troncoso's (2017) finding of multiple intervention episodes within five years, and our observation that the phase two families had sustained positive change for up to five years, we consider *long term* to mean no relapse in approximately 5 years of the last point of contact, regarding the same, or related issues. Correspondingly, we aim for our Family Stories model to help families reach or exceed the five year benchmark by sharing the self-reported change behaviours and environments voiced by parents encountering the same or similar challenges to a wider audience.

Findings

Perhaps unsurprisingly, there was considerable synergy between the two data sets, but with noticeable and nuanced differences, as indicated in Table 1, below

Table

Table 1: Combined superordinate themes phases 1 & 2

Phase 1 Superordinate Themes	Phase 2 Superordinate themes

A good parent; parenting identities moralised and defended, compared, justified, complex, and conflicted between present and past.	**A good parent;** past judgement from family and child's school, contrasted with present; a confident parent identity, projected to the future
Separation; discussion of estrangements, refusal or reluctance to share with children, emotional distance in relationships, a sense of an isolated person coping with children alone	**Connection;** detailed examples of a change from polarised relationships to being together, physically close, laughing together. Reflection with others, and shared approaches
Learning & Change; Change presented as complex and still evolving, previous family patterns appear to pull parents back to previously rehearsed patterns and behaviours	**Learning in context of others;** Direct use of peer group communities and allyship to develop resonant learning and change
Threat; domestic abuse, past suicide ideation self and others, stigma of services, judgement, abuse of children in present and previous generations including self, community based conflict and violence	**From threat to calm;** Thick description of change from heightened threat in the home, to calm confidence. Daily attention to maintaining calm as a lifestyle choice

Calm; Represented as an ideal, novel, and fleeting. Striking contrast to thick descriptions of violence and embodied trauma	**Mastery narrative;** self-portrayal as at ease with her own priorities, as a parent knowledgeable and responsive to their child's needs. Significant use of hierarchical language "I'm trained", "I practice", "I know" especially in communication with child's school

When both data sets were brought together, it was evident that in both phases, participants talked about similar issues, but in different ways, and we identified a combined set of superordinate themes to reflect this; ***A good parent, Separation and connection, Change, From threat to calm,*** and ***Mastery***. In phase one, participants tended to only discuss the present and past, whereas in phase two there was a clear vision of a confident future, and a feeling that they, their parenting, and their relationships with the children had fundamentally changed forever.

A good parent

Narratives of parenting lacked clarity in Phase 1, with participants moving between constructs, and often giving contradictory messages. In these two examples, Dave vilifies hitting children and then justifies being hit as a child himself;

> *But... the men - or the cowards who will physically hit a child, won't feed the child... That's wrong. That's wrong and that's not parenting. That is not parenting. That is not parenting at all.*

> *Well, hit a bit, yeah. But that's only 'cause of misbehaving and disrespecting -*

> *Dave, Phase 1*

These examples appear to reflect a deeply complex process for Dave in which he negotiates his previous parenting behaviours and his own upbringing, which sanctioned and reinforced

physical punishments, with a new, corrected way of parenting his children without physical harm. Interestingly, Dave explained that when social services had told his to stop hitting his children, as asked his own father – presenting this in a puzzled manner *"I said, they want me to stop hitting the kids, Dad…and he said 'it's alright, son…give it a go'"*. The emotional labour Dave has engaged with in reconciling the 'right' way to discipline a child, and aligning this to the harmful yet emotionally close bond with his own father, exemplifies the juxtaposition of mainstream and familial norms (Pycroft and Bartollas, 2014), conveyed through social care mandates for protection (Thoburn et al, 2013).

Rosie narrates the way she worked through changes in her parenting with her close friend Natalie, who she met through NVR. In this example, Rosie reflects on changes with their children's behaviour in which she challenges and reflects

> *Natalie said "Oh my god I'm not going to be able to do this?" [NVR] I was like, "Why?" she went, "Because I just want to cuddle him and kiss him and he's always my baby..." and I just kind of looked at her and I went... "You're off your head." She went, "What?" I went, "He's being horrible to you but you want to kiss him and cuddle him." and she was like, "Yeah, but he's still my baby." and I was like, "But no, no." I was like, "You need to stop." and she was like, "Yeah, but you don't get it." and I was like, "No, I don't! I don't get it!" And I think this is when I realise that I need to take a little bit more of Natalie on than I had…I need to start showing emotions...*

> *Rosie, phase 2*

Helen, explains how social judgement has framed her experience of parenting and support. In Helen's case, the violence at home led to her child being removed into foster care, leaving her traumatised and isolated ;

> *I've been with my ex for 17 years so I've completely forgotten who I was. I've been in this abusive relationship. He has three sons so I've been a step-mum to them. I've*

become a mum myself. And have all of that taken away. ..People think they were choices I've made because you don't understand unless you've been through it.

Helen, Phase 2

Hanna, from Phase 2 indicates the importance of regaining loss of confidence and feelings of guilt about needing support with parenting, reflecting the moralised discourse noted by Liss et al (2013), Simmons (2020) and Dahlstedt et al (2014)

"it made me, first, more confident about my parenting skills again, because obviously, when you lose it..., then you feel so bad...

Hanna, Phase 2

Several phase 2 parents recounted an overwhelming sense of judgement and negativity from their child's school, referring to daily texts and messages about poor behaviour. They reported avoiding the school gates for this reason, feeling increasingly isolated, reflecting the impact of social exclusion discussed earlier (Festinger, 1957; Cooper and Carlsmith, 2015; Eisenberger, 2011). This is reflected in how parents used the peer support group, and regained connection with families, as this seemed to counter-balance the exclusion they, as well as their children, encountered at school. Participant narratives about being a good parent centralise the impact of social judgement, and the essential value of close family members in reinforcing certain approaches. The ways in which these ideas have been interpreted by participants reflect social adherence and two levels; *Community*, as a broader social context in which experiences as norm-governed and sanctioned, and *Allyship*, reflecting more intimate bonds through which changes have been reconciled and established.

Separation and connection

These observations continue through the theme of Separation and Connection, and appear to show a difference between the two groups of participants, with the phase one participant connections being most often with practitioners, and personal relationships disconnection,

destruction and despair. Below, Viv discusses the shared suicidal tendencies she shares with

her son indicating that while a bond was strong is was also deeply harmful (Pycroft and

Bartollas, 2014);

> *...because what he was experiencing was out of my control. I couldn't control it and it was spiralling. So, obviously, I spiralled, as well, for a bit...*

<div align="right">

Viv, Phase 1

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Angela, who was estranged from her parents, and who fled domestic abuse leading to separation

from her older children, and Mary, who was also socially isolated with broken family bonds,

both reflected the importance of connection with workers;

> *...it's just nice that people can connect you to that. "Oh yes, you went to (the) Toy Library." Not in a nasty way, but in a nice way that they still remember you.*

<div align="right">

Angela, Phase 1

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> *Then she [practitioner] went away and everyone got upset because [practitioner] left - she navigated us across the road. She left and then we were left on our own.*

<div align="right">

Mary, Phase 1

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Phase 1 participant Lisa illustrated how she made sense of her husband's actions, strongly

reflecting separation and isolation. In this example, Lisa's narrative uses separation actively

explaining that her husband did not take her home away from her, as the home was not her to

begin with;

> *He'd lock me out the house. Things like that... Can't get in to me own, ..well it's his house. But I couldn't get in. [**Int**: But you lived there.] Yeah. It's meant to be your home...but... I never bought a light bulb for it. I never used any of my money for it, ever...*

Phase 2 participant Rosie explains the difference between the past clearly indicating separation from her child, and the present and future family, with close emotional and physical bonds.

> *I actually nicknamed her the devil in a sundress because... she was horrible, she was really horrible and it put a massive strain on the whole family, [brother] was absolutely petrified, ..and I was scared to look at her because I thought ..she's going to go off her nut ...so yeah, it was really, really, really tough, really tough*
>
> *But our home life now is we laugh, we laugh so much, and she will cuddle me and she confides in me and she's like my mini best mate, and if someone had said to me four years ago things are going to turn around and you two are going to be so close, I would've gone 'you're lying'*

Rosie, Phase 2

Change in context

Phase 2 participants narrated their peer and ally connections in a reflexive process to change their perspective and ways of parenting. Hanna, from phase 2 had experiences the same group context as Natalie and Rosie. Despite not gaining new friends herself, she still used the peer group to help her make sense of her challenges and she presents this as meaningful. This builds a sense of community around Hanna, who had previously avoided the social judgement of the school gate. Hanna indicates the self-reassurance noted in management of cognitive dissonance (Festinger, 1957, Cooper and Carlsmith, 2019).

> *the people who came to NVR they were in a far worse position than we were, ... I don't know, the brothers and sisters were in danger of being attacked and, and all sorts...very desperate, very desperate......I just listened.*

> *...I think going there showed me that we were actually not doing too badly.*

Hanna, Phase 2

Nancy also illustrates how strategies for change occurred in context of others. It is also noticeable that Rosie, Hanna and Nancy, all members of the same peer support group, refer to the same strategies and use the same language (in bold):

> *I think you can get something from everybody [other parents] but also the workers there will then re-evaluate your steps... perhaps that day didn't quite go right because you weren't feeling it and then **you didn't strike when the iron's cold**, or **you didn't then have a sit-in with your supporters**, so it's the support after that would then keep you on track.*

Nancy, Phase 2

Phase 2 participants very clearly illustrated the significance of having strategies which were visual, meaning they conjured a vivid mental picture such as *a basket [of priorities]*, and visible, meaning that those strategies were shared within the family in prominent positions through the NVR 'announcement' technique, and stuck to the fridge for the family to reference. The strategies were also transferable between family members because of this prominent and open sharing. This was evident in all of the phase 2 cases. Referring to a deescalating technique, Celia states;

> *You know I think about getting it tattooed on me .... strike while the iron's cold. Because it's so, so simple.*

Celia, Phase 2

Rosie explains how made an *'announcement'* (another NVR technique) about changing expectations and behaviour at home, ensuring that the change was tangible with a visible shift in her own parenting. She conjures an image of a big, dramatic, memorable moment in which she took hold;

> *You have to do an announcement and ...I didn't just address my children, I addressed my ex-husband as well, I made him sit and listen, and I think that was... a bit of a turning point for me as well.*

Zoe, a white British mother from Phase 2, explains the diverse family influences around her attempts to handle her child's behaviour and the cultural shift for her West African husband. In fact, this is similar to white British father Dave and his attempts to desist from physical discipline, discussed earlier

> *But in [names country] they're very, very like just smack isn't it, over there, you just beat everything out of them but now, he doesn't do that...he either steps back and just lets me deal with it or he will step in but he doesn't smack him. He just talks to himAnd….my dad was just like he needs a good smack you know. You're too soft. You just pander to him. You let him get away with it.*

Zoe Phase 2

While the above example reflects cultural complexities, Sofia, non-UK from a European country proudly reported how her NVR skills had been used by her family back home, in contrast to previous social judgement about her son's behaviour with damning reports from his school. The acknowledgement and connection she gained from her family clearly indicated this was a source of pride, with significant emphasis;

> *"I never expected her to tell me that. She {Sofia's mother} said 'You know what? You say to me about the NVR, about this new way of thinking. [Now I] do it with you sister's daughter. And I also advised your sister how to [do it] the same lessons you're learning'. And she said 'it's not just the grandchild. It's in my business. I [have] changes the way I work my business... I like this way of being open and finding the good in them"*

Sofia, phase 2

Overall, *Separation and connection* illustrates the importance of both *Allyship* and *Community* for the participants, notable by presence and absence. There is no clear demarcation between the value derived from either one; both *allyship*, denoting close bonds, and *community*, offering a broader social context for making meaning, offer a space to interpret and re-evaluate past present and future experience. The data reveals participants actively using *community and allyship* bonds to re-position and co-construct change through

strategy and mastery, in connection with one another (Rosie and Natalie, Sofia and her

mother, Dave and his father). or in quiet self-reflection (Hanna, Lisa and Zoe).

From threat to calm

Both threat and calm arose in both phases of the data collection, identified as opposites to one

another; calm appeared to follow a resolution of issues that had felt threatening, which reflects

cognitive dissonance theory (Festinger, 1957; Cooper, 2012; Cooper and Carlsmith, 2019). As

with *Separation* and *Connection, Calm* was described differentiating in either phase. In phase

one, Lisa made a total of thirty-one references to being, finding, or losing *calm*. She described

her life before leaving her abusive husband in graphic, embodied terms of "*a roundabout*

[recurrent episodes] …and a motorway pile up [violence]". She described newly found calm

in changing the way she handled her teenager's outbursts, illustrating this important shift;

> *It's the calm...whereas before I was just adding fuel to the fire…and when it does*
> *flare up, she [practitioner] gives you the tools to deal with it. Whereas before I'd be*
> *up their stairs now, up two flights of stairs like that"*

> *Lisa, Phase 1* Hanna, phase 2, conveyed a range of intentional strategies with
>
> indicated the continual efforts made in returning the family to a calm state:

> *It's also very difficult to then focus back on these things you've learned, you need*
> *quiet time, you need to calm down first and calm down and realise what's been*
> *happening in the past two weeks, and then get the books out again and just have a*
> *recap.*

> *Hanna, Phase 2*

Similarly, Helen from phase 2, demonstrates the effort taken in creating a calm environment,

keen to emphasise that practitioners would advocate for her efforts and

> *I'm sure if you spoke to my social worker or psychologist, I did everything that I could*
> *to get my son back and get myself in a good place…I was recommended to do the*
> *..program a year before I actually did it because I wasn't in the right headspace. And*
> *I thought it would be like what you see on the telly about Alcoholics Anonymous stand*

*up and say, "I'm Helen, I'm a domestic abuse victim or survivor," ..and I wasn't
ready for it.*

<div align="right">

Helen, Phase 2

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Sofia gave a powerful narrative about the dramatic changes for her and her son

*"Well it gives me goosebumps to even think... I was getting so overwhelmed with all
this negativity…It was a battle every day. And with the NVR it was like 'Okay, he's
bad, he's swearing about you, he's kicking you in the middle of the road. Stand still,
look at home, and tell his that you love him"*

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Sofia, Phase 2

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And Cathy confidently conveys her personal transformation

*"I'm quite a different person no you know… because I think if I was in that place
again…now, I can fix this, I can do it."*

<div align="right">

Cathy, Phase 2

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In these examples participants give clear examples of their strategies, with specific details of

what, how, and where changes have been implemented and the impact of these changes on

their relationship with their child. Confidence is conveyed in this – the calm self-assurance

revealed by Sofia, and Lisa's self-awareness of her clam responses. Similarly, others talk

about their rational, considered and expert positioning of their strategies and we recognise

this as a form of *mastery*; a higher level skill set through which this parenting efficacy is

being enacted. Thus, the change behaviours identified by our participants represent the

environment for change; *Community,* and *Allyship*, and process of change; *Strategy*, and

Mastery.
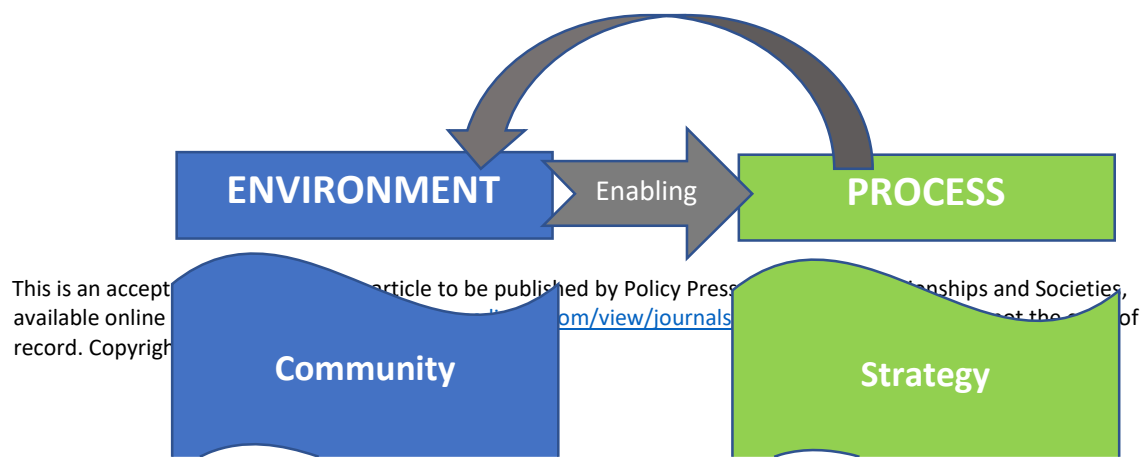
Discussion

The Family Stories Model for Empowering Sustainable Change

Allyship   **Mastery**
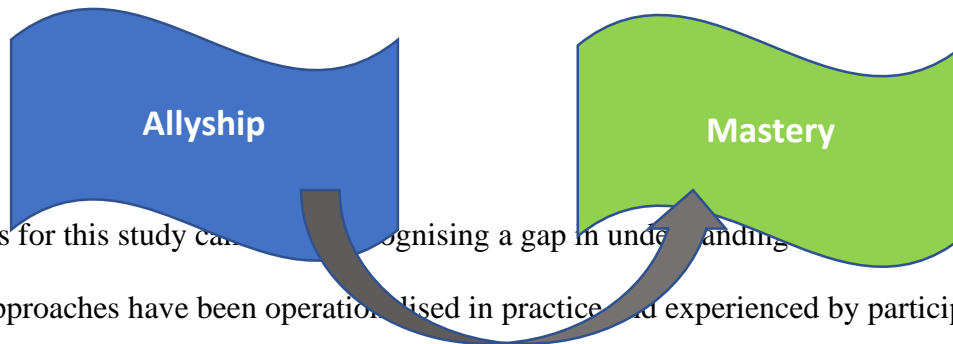
The impetus for this study ca... ...ognising a gap in unde... ...anding ... ...auma informed approaches have been operatio...lised in practice... ...d experienced by participants themselves. We have intended to address the gaps in the ACEs study which overlooked the resilience and recovery of individuals post trauma, and show evidence of how positive change is being sustained by parents themselves, despite traumatic experiences, mental health needs and social disadvantage. Our study contributes to the broader literature about TI approaches by providing empirical evidence of outcomes for families and changes in their behaviour resulting from trauma-informed support. Previous research such as ACEs, has positioned trauma-experienced people as passive victims, alongside neoliberalist discourses which stigmatise and blame people for their disadvantage. Conversely, our data illuminates parents' agency. We have centralised their active, contextualised interpretation and use of new strategies over time with reported confidence and success. Therefore, we have extended conceptual understandings of trauma informed approaches in an empirical way, which will hopefully enable practitioners gain insight as to how TI support is experienced and utilised.

Our findings represent family experience by identifying participants self-reported change behaviours and environments which reflect their resilience and recovery, months and years after receiving support. We aimed to identify narratives of changing behaviours and parenting self-identity, and this became evident in participants' *before-and-after* narratives

about their episodes of support. We regard these as evolving in context of social norms and conveying a self of the past, present and future (Bruner, 2002; Fivush, 2019). We suggest this contributes to knowledge about how parents utilise trauma-informed intervention strategies, thus beginning to illuminate the nuances of positive outcomes from trauma-informed practice (see Lindstrom Johnson et al, 2018). We have grouped these behaviours into a model which we believe will help promote sustainable positive change for families experiencing complex health and social care needs. We pay particular attention to the past traumas and enduring challenges encountered by this group of families and echo Tew's (2019) view that research which illuminates complex and traumatic experience can lead to real-world impact. In this case we offer a counter narrative to the moralized gaze on parenting.

Our study reveals the specific self-reported change behaviours of parents as they negotiate social norms and expectations. These are seen in how participants process experience, receive support and gain confidence to establish change as guided to within narrowly defined expectations. The drive to reduce cognitive dissonance is apparent in their motivation and perceived successes, where they have actively corrected behaviours in line with mainstream expectations, so reducing the risk of social exclusions (Eisenberger et al, 2011; Festinger, 1957, Cooper, 2012). So to, participants reflected praise and self- appreciation in line with those same expectations. Adherence to these norms are seen in the more confident narratives where participants present themselves as loving, calm, and close with their children, and with no current need for social care support.

As discussed earlier, all participants had encountered services which self-identify as broadly trauma-informed, reflecting general TI practice (Tew, 2019), and specific examples of trauma encountered as children and as adults including abuse, violence and estrangements were clearly in evidence. The apparent gap in the literature pertains to the specifics of changes made by users of TI services themselves. Here, we identify some self-reported

change behaviours noticed by our participants and identified by them as being significant to lasting positive change and greater confidence in parenting. These behaviours have been categorised as *Allyship, Community, Strategy and Mastery*, reflecting both the work of the services, and the active co-construction and reflection work of participants themselves.

We found change occurs in context of others through reflection and evolving positive self-identity and self-efficacy, both articulated and reinforced through narrative (Fivush, 2019). The peer support group (Community) mitigated some of the effects of social judgement, painfully recounted in stories of disapproval from family, friends, and perhaps most strikingly, the child's school. Being able to gain perspective in the comparison with others has a contrasting effect to this, with parents repeatedly indicating their experiences as being less serious than those of others, reflecting the value of processing events in calming emotional responses to social pain (Eisenberger et al, 2012), and perhaps reducing the feeling of cognitive dissonance (Cooper, 2012). Interestingly, although the community environment was a traditional peer support group running alongside the intervention, participants cited other ways in which a community might exist. They asked for testimonials *"like at Slimming World"*, booklets, and online communities. This could be investigated further at a later stage. We found the community served a specific function; parents used it to gain perspective and reassurance, and it was in these spaces that they realised they "*were not the worst parent in the world"* (Hanna, phase 2) (Cooper, 201: Liss et al, 2013), echoing Tew's (2019) suggestion that spaces in which positive identities can be re-established may support stronger outcomes. We noted that phase 1 parents consistently revealed an isolated self. In phase 2, frequent references to "we" indicated close bonds. The *Allyship* enabler reflects these bonds where family or friends joined with the parent, such as Sofia's example, so indicating acceptance and validation in contrast to previous blame (Cooper, 2019; Eisenberger, 2011).

Allyship was seen in the deployment of key *strategies* for change in the family, and in phase 2 the data clearly showed those strategies were visual, visible, and few in number.

There were high levels of repetition of exact phrases in phase 2, with parents recounting key strategies, aligned to their NVR intervention, and moments of high drama where new expectations of a new start were "announced" to the family. Reminders were placed in full view, and stories of children calling out the parent's use of a strategy were given in evidence of a new way of life. We therefore suggest that visually striking strategies with mantra-style language are evident in families where change is sustained. The combination of *Community* and *Allyship* enablers provided a secure peer context in which to enact change. In contrast, phase 1 families were vague in explaining change, and some said they still did not know why they had been referred for support.

Our final enabler is *Mastery*, indicating narratives of complex learning and confident change (Cooper, 2019). Whereas phase 1 parents were hesitant, often asking the interviewer for reassurance, and checking their interpretation with her, in phase 2 they confidently asserted themselves as well informed, and successful. Phase 2 parents identified as "graduate parents", and "practicing" their techniques, also saying they should have a certificate of completion for parenting courses. This confidence is in sharp contrast to their previous experiences of judgement, stress and avoidance of the school gates (Cooper, 2019; Eisenberger et al, 2011).

Overall we note the ways in which these participants have represented themselves as active, resourceful, and resilient. There are clear examples of their agency in their selfassertion and active, nuanced use of newly learnt strategies. Similarly we have interpreted their references to being a *graduate parent*, and *practice,* as denoting a self-proclaimed professionalisation of their parenting. This reflects participants' negotiation of power imbalances between themselves and professional authority figures, especially when

considering the other extreme of their experience – their avoidance of the school gates and feeling overwhelmed by perceived criticisms.

Limitations and Conclusions

This was an exploratory study, which has prompted further curiosity about complex family experience and behaviour. We were only able to interpret the participants' perspectives at a given point in time, and would be keen to conduct a longitudinal study to investigate how families sustain change, or not, over the longer term and whether this a perspective shared by services as well as families themselves. We would like to delve further into the validity of subjective reality in service-driven contexts. Further to this we note the sample had very minimal representations of fathers, black families and non-UK born families, and this indicates issues of accessibility we have not had scope to fully explore. Our empirical findings illustrate key theories discussed here and as a result we present a transferable set of findings for practice. We will now seek to test the Family Stories model for proof of concept. Across the two groups, the behaviours reported by parents as effective and long lasting are those identified within the model. Most typically these came from Phase 2, NVR participants, reflecting the positive outcomes associated with this intervention (Newman et al, 2013; Omer and Lebowitz, 2016). There are therefore more studies to follow, with our immediate attention turning to the interface of "Family stories in schools" (Author, 2022), due to significant stress expressed by parents surrounding schools, behaviour and discipline. Our findings have concluded that utilising enablers of *Community, Allyship, Strategy and Mastery* could hold some answers for helping complex families sustain change for the long term.

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