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Date:
2020-07-01

Citation:
Levickis, P., McKean, C., Wiles, A. & Law, J. (2020). Expectations and experiences of parents taking part in parent–child interaction programmes to promote child language: a qualitative interview study. International Journal of Language and Communication Disorders, 55 (4), pp.603-617. https://doi.org/10.1111/1460-6984.12543.

Persistent Link:
https://hdl.handle.net/11343/276875

Title: <PE-AT>Expectations and experiences of parents taking part in parent-child interaction programmes to promote child language: a qualitative interview study

Running head: Parent views of parent-child interaction programme

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This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/1460-6984.12543.

Conflicts of interest: The authors report that they have no conflicts of interest.

Acknowledgements: We would like to thank all of the parents who took part in interviews and the speech and language therapists who acted as gatekeepers to participants. Dr Levickis was supported by the European Union's Horizon 2020 research and innovation programme under the Marie Sklodowska-Curie grant agreement No. 705044.

ABSTRACT

Background: Parent-child interaction therapies are commonly used by speech and language therapists (SLTs) when providing services to young children with language learning difficulties. But the way that parents react to the demands of such interventions is clearly important, especially for those from socially disadvantaged backgrounds. Parents play a central role in the therapy process, so to ensure parent engagement and maximise intervention effectiveness, parents' views must be considered.

Aim: To explore the expectations and experiences of parents from socially disadvantaged backgrounds who had taken part in a parent-child interaction programme aimed at promoting language development in 2-3 year olds with language difficulties.

Methods & Procedures: The sample included parents who had a child aged 2-3 years and had attended a parent-child interaction programme to promote their child's language development. Parents were eligible to take part if they were living in the 30% most deprived areas in a city in the North of England that constituted the study site. Ten parents participated in a qualitative semi-structured face-to-face interview in the home. Framework analysis was used to analyse the interview transcripts.

Outcomes & Results: Parents' expectations prior to taking part in parent-child interaction interventions contribute to how they may engage throughout the intervention process. Barriers include parents' uncertainty about the nature of the intervention and differing attitudes regarding intervention approaches and strategies. Facilitators during the intervention process include gaining support from other parents, reassurance from the SLT regarding their child's language development and their own ability to support their child's language learning, as well as increased confidence in how they support their child's development.

Conclusions & Implications: Parents respond very differently to parent-child interaction intervention for children with language difficulties, depending on their expectations and

attitudes towards intervention. Thus, it is critical that these different perspectives are understood by practitioners before intervention commences to ensure successful engagement.

Key words: Parent-child interaction; language development; social disadvantage; qualitative methods; parent intervention <PE-FRONTEND>

What is already known on this subject

Parent-child interaction interventions are widely used to promote child language development. Parents play a central role in the therapy process of such interventions, so to maximise effectiveness, parents must be appropriately 'engaged' in that intervention. This involves attending, fully participating and having appropriate attitudinal and/or emotional involvement. The reciprocal nature of engagement means that parents are more likely to become engaged in intervention over time when they are supported by their SLT.

What this study adds

Parental expectations about the intervention process vary considerably and often need to be negotiated prior to the start of intervention. Reassurance and supporting positive attitudes to co-working with their SLT may be particularly important for families living with social disadvantage. Supporting parent engagement in parent-child interaction programmes can contribute to the parents' capability to continue implementing language-promoting strategies outside the intervention context and beyond the end of therapy.

Clinical implications

Parents have different expectations regarding programme involvement. Therefore, having a two-way, open dialogue between parents and SLTs from the beginning is clearly important.

Not just as a way of sharing information, but also to build on parents' understanding of what the intervention will involve and trust that the SLT will be able to deliver the intervention in collaboration with the parent. SLTs can enhance parent engagement by supporting parents to feel confident and providing reassurance in terms of their child's development and how they can support their child's language learning.

Introduction

The importance of good quality parent-child interaction in the first years of a child's life is well-recognised, resulting in countries worldwide implementing parent-focused interventions ([*removed for peer review]*; Asmussen *et al.* 2016). Early childhood is a critical time for children's development and learning, and there are strong arguments supporting early intervention for the prevention of child developmental problems. In particular, parent-child interaction programmes that enhance responsive parenting are reported to benefit children's cognitive and socioemotional development (Britto *et al.* 2017; Morris *et al.* 2017).

Early oral language development has been identified as a 'life chance indicator' (Law *et al.* 2017), critical to both individual wellbeing and human health. While many children appear to acquire language skills with ease, approximately 7% of 4-5 year olds have persisting language difficulties which impact on their communicative and educational functioning (Norbury *et al.* 2016). In turn, these difficulties can lead to lifelong deficits in communication, social-emotional well-being, employment opportunities and health literacy (Law *et al.* 2009; Dewalt and Hink 2009).

Social disadvantage is one of the factors strongly associated with poor oral language skills, with the distribution of language abilities following a clear social gradient (Law *et al.* 2011). The prevalence of language difficulties more than doubles for children growing up in areas of greatest social disadvantage (Law *et al.* 2011). It is also acknowledged that how well or poorly a child acquires language is likely to be determined by an inter-play between genetics and environmental factors (Newbury and Monaco 2010). The early language environment is one factor thought to mediate the relationship between socioeconomic disadvantage and oral language skills. Differences have been shown in parental linguistic input by level of socioeconomic status (SES), with parents from more socioeconomically

advantaged backgrounds providing a more language rich environment with respect to both quantity and quality of input (Hart and Risley 1995; Huttenlocher *et al.* 2007; Rowe 2008).

Since the seminal work of Girolametto and colleagues in the 1980s (Girolametto *et al.* 1986), the number of published parent-child interaction interventions aiming to address child language difficulties has been increasing (Roberts *et al.* 2019; Buschmann *et al.* 2009), with a number targeting socioeconomically disadvantaged groups (Suskind *et al.* 2016; Mendelsohn *et al.* 2005). These interventions typically aim to support parents to modify their own behaviour and adopt language-promoting strategies to use within the home environment, often focussing on increasing parental responsiveness and reciprocity in parent-child interactions. Overall, such parent-focused interventions have been shown to be positively associated with child language outcomes and parental use of strategies (Roberts *et al.* 2019). However, some studies examining the effectiveness of these interventions have produced null findings or small effect sizes without sustained benefits (Wake *et al.* 2011; McGillion *et al.* 2017; Hampton *et al.* 2017). In addition, the most disadvantaged are often underrepresented in trials demonstrating effects on language outcomes (Burgoyne *et al.* 2018). It is evident that care needs to be taken to ensure equitable access for families across the social gradient.

The success of an intervention partially depends on the extent to which parents engage with services provided to assist in their child's language development. In the current study, we draw on Melvin *et al.*'s (2019) recently developed definition of parent engagement in early speech and language therapy intervention. We use this to inform the interpretation of our findings and to examine the perspectives of parents from socially disadvantaged areas who had been involved in a parent-child interaction programme. Our aim is to provide insights to guide service delivery design and parent-therapist communications that could promote successful engagement with this group of families.

Melvin *et al*. (2019) define engagement not merely as the state of attending the intervention sessions, but rather, a process of involvement (e.g,, attendance and participation in intervention) and investment (e.g., attitude and/or emotional involvement). Engagement in early speech and language therapy intervention is "a complex, multifaceted state where parents are ready and empowered to take an active role in their child's intervention, both inside and outside early speech and language therapy intervention sessions" (Melvin *et al*. 2019, pg 10). Engagement occurs when parents are optimistic, ready and empowered to take an active role in therapy and trust the process and therapist (King *et al*. 2014; Melvin *et al.* 2019). Relationships of trust can be particularly difficult for families living with social disadvantage for whom previous experiences or experiences of friends and relatives with health and social care professionals may be negative and punitive in nature. By increasing understanding of the processes that determine both engagement and disengagement during intervention, therapists can work with parents to facilitate the achievement of intervention goals (D'Arrigo *et al*. 2017).

A number of studies have examined the effectiveness of language interventions, collecting quantitative survey data about parent involvement in the intervention. These methods provide only narrow and partial understanding of parents' experiences and views, for example, eliciting only parental evaluation of satisfaction with the intervention and parental ratings of child outcomes (Wake *et al.* 2011; Glogowska and Campbell 2000). As such, these findings do not provide adequate information about the barriers or facilitators to parent engagement and uptake of the intervention to inform practice. A further limitation in many such studies and explored below is the difficulty of asking the relevant parents about acceptability if they are not engaged in the study to begin with. As with much research, participants in efficacy studies tend to over-represent more socially advantaged groups. To gain a richer and deeper understanding of the relevant issues, qualitative methods that are

more suited to eliciting detailed and diverse views and which seek to understand, describe and explain the range of parents' experiences are warranted.

In a qualitative study conducted with parents to explore their experiences of speech and language therapy services, Lyons and colleagues (2010) ran a focus group with parents of 2-3 year olds with language difficulties, both pre-intervention (8 parents) and post-intervention (3 parents). Findings revealed a possible mismatch between the parents' expectations of therapy and the service provided. This highlights the need for therapists to work in partnership with parents from the outset of intervention as parents' beliefs may influence their engagement in the therapy process (Lyons *et al.* 2010). Due to potential differences between parents' and therapists' perceptions of the intervention process, dialogue and discussion between parent and therapist is needed at all stages of intervention (Glogowska and Campbell 2000). While some evidence suggests parents take a 'passive' approach and are reliant on the therapist as the expert (Roulstone 2015), other studies report more active and agentic perceptions in parents (Marshall *et al.* 2007). For example, a qualitative study by Marshall and colleagues (2007) examining parental views of language development, language problems, and intervention for their preschool children referred to speech and language services, found that parents viewed themselves as the expert in terms of their child's language development. Evidence also suggests that, while parents may be uncertain of their 'intervener' role (that is, acting as the primary agent of change in supporting their child's language learning) (Davies *et al.* 2017), they do view themselves as an advocate and a learner but also do recognise that their role can change during the course of intervention from 'advocate' to 'intervener' (Davies *et al.* 2017).

The parent-child interaction approach is one of the main forms of intervention provided in the early years (i.e., 0-4 years of age) (Roulstone *et al.* 2012), so it is vital that it is delivered so that all families who might benefit can access and engage effectively. There

are key features highlighted in the literature that services should consider. First, parents' expectations and desired outcomes need to be considered, particularly as there can be great diversity in parents' views on language development, language delay and intervention. Parent's beliefs may also impact on their engagement in parent-child interaction interventions (Marshall *et al.* 2017; D'Arrigo *et al.* 2017). Second, thought needs to be given to the views of parents from socially disadvantaged backgrounds. In one of the few qualitative studies including parents from socially disadvantaged backgrounds, Marshall *et al*. (2007) found parents viewed themselves as experts on their child and had varied ideas about the role of the SLT, which did not always match the SLT's views. Given the challenges of engagement faced by SLT services regarding attendance and retention of these families, further insight into the expectations and experiences of socially disadvantaged parents is warranted. Third, consideration needs to be given to methods to promote parent engagement, which are critical to the delivery of parent-child interaction interventions in speech and language therapy (Klatte and Roulstone 2016). Once again, there is limited research identifying the factors that impact parent engagement and how SLTs can facilitate successful engagement (Melvin *et al*. 2019). In a recent qualitative study by Klatte and colleagues (2019), SLTs were interviewed about their views on delivering parent-child interaction therapy with parents of children with language difficulties. They found that mutual understanding, the formation of constructive relationships between the parent and SLT, and parental empowerment in terms of parents' choosing strategies and setting own goals influence engagement. However, parents' views remain under-explored.

Thus, this qualitative study aimed to examine the experiences and expectations of parents from socioeconomically disadvantaged areas, who had taken part in parent-child interaction programmes. Specifically, this paper addresses the following questions:

1) What are parents' expectations of a parent-child interaction programme before taking part in it?
2) What are the barriers and facilitators to parents' engagement throughout the intervention process?

Methods

Study design

We employed a qualitative methodology to examine the expectations and experiences of parents from socioeconomically disadvantaged backgrounds who had taken part in parent-child interaction programmes. As we were seeking to understand the reality of the parents' experiences and wanted to remain open to new insights and understandings emerging from the data, an existing framework was not used to guide the design of the study. Instead, we took an inductive (bottom up) approach, whereby themes were generated from the data (Nowell *et al*. 2017).

Participants and recruitment

This qualitative study took place in a city in the North of England between July and November 2017. Participants were recruited via the Paediatric Speech and Language Therapy (SLT) services, which is provided by the publicly funded National Health Service Trust in England. The service has an open referral system, which means anyone, including parents can refer. In the case of the parent-child interaction programmes, referral is predominantly by health visitors following child developmental checks.

The first author worked with the Lead SLT for Early Years to invite parents taking part in parent-child interaction interventions into the study. Parents of toddlers (aged 2-3 years) attending these programmes and from socially disadvantaged areas based on the

English Index of Multiple Deprivation (IMD) (Department for Communities and Local Government, 2015) were eligible to participate. Disadvantage was defined as living in a household in the 30% most deprived lower super-output areas in England. The SLTs working with parents and their children checked individual postcodes to ensure that families from these most deprived areas were included.

Referrals to the city's SLT services are mostly from health visitors (UK community child health nurses), but parents may also self-refer. An SLT reviews all referrals to decide which pathway of assessment and intervention a child will be offered. For children aged 2-3 years (the focus of this study), the parent-child interaction programme is the service's core pathway for young children who are slow to develop spoken language. The aim of the programme is to enhance parent-child interaction through the use of Hanen-based (Girolametto *et al.* 1986) language-promoting strategies. Where the SLT considers a child and their parent/s would benefit from the parent-child interaction programme, the SLT considers, in discussion with the family, which of the three versions of the programme is most appropriate and accessible for that child and their parent/s. The three types of parent-child interaction groups ('Parent Language Groups', 'Starting Points' and 'Home Play') are described in Table 1. The decision to recommend a specific group to parents is made in collaboration with the SLT and depends on a range of factors, including how likely the parent will be to access services outside of the home, whether parents have physical disabilities or if parents will need the information to be presented in a 1:1 environment, rather than in a small group. When a child is placed on the waiting list for one of these parent-child interaction groups, the SLT discusses what will happen with the parent, so they can consent to this next step. A written information sheet is also provided to parents. In the parent-child interaction sessions, SLTs demonstrate the strategies and parents observe the SLTs in practice with their

children. The SLTs also use the sessions to assess pre-linguistic and early language skills and signpost to other services or triage/prioritise them for treatment.

[Please insert Table 1 here]

We used purposive sampling to ensure that parents were recruited from the three types of programme offered, as well as to ensure both mothers and fathers were included. The first author attended a 'Parent Language Group' and 'Starting Points' session prior to recruitment to observe how the groups were run and become familiar with the research setting. Entering the field prior to data collection is a crucial component to producing high quality qualitative research (Gibbs *et al.* 2007). In order to establish trust and build rapport, the study was introduced via the SLTs already working with the parents and children. Parents were provided with a brochure informing them of the study. Those parents interested in taking part were then asked if they were happy to pass on their contact details to (*removed for peer review)* via their SLT. (*Removed for peer review)* contacted parents to discuss the study and arrange a time to conduct a one-off face-to-face interview either in the home or at another location of the interviewee's choosing. Of those who provided their contact details, 39.3% (11/28) were contactable, and of those, 90.9% (10/11) consented to take part.

Ethics approval

All participants gave written informed consent. The study received ethical approval from the National Health Services East Midlands - Nottingham 2 Research Ethics Committee (17/EM/0088), as well as Health Research Authority approval (#208243). All participant and family member names were changed when transcribed for purposes of anonymity. Protocols were in place to mitigate any risks such as participant distress/anxiety, concerns with healthcare services being received or issues of safeguarding.

Data collection

We consulted with the Lead SLT for Early Years and decided to offer face-to-face interviews in participants' homes as this was likely to be the most feasible and acceptable method for this population. Participants were also given the option to complete the interview via phone or at another location of convenience, if they preferred. All interviewees chose to have the interview take place in the home. Interviews were audio recorded using an encrypted audio recorder.

The interview topic guide was developed with the guidance and feedback of both SLTs and parents. It included prompt questions to encourage more detailed responses from the parent. The key areas and questions covered by the topic guide are shown in Table 2.

[Please insert Table 2 here]

Research team and reflexivity

The lead author (*removed for peer review)*, who conducted the interviews, is an academic in the field of child language. Co-authors (*removed for peer review)* are both academics at the university and have both worked clinically as SLTs. Co-author (*removed for peer review)* is an SLT in paediatric speech and language services. The lead author does not have clinical qualifications and informed interviewees that she was an academic and not an SLT. By having registered SLTs of whom one was practising on the research team, the interviewer could check that important clinically relevant questions were not being overlooked due to the interviewer's non-clinical background. Furthermore, (*removed for peer review)* could challenge assumptions or biases of the other team members based on their roles and experiences.

Analytic approach

Data analysis was carried out using the 'Framework' method of analysis (Richie and Spencer 1994; Ritchie *et al.* 2003), which is situated within the broader method of thematic analysis. The broad approach of thematic analysis includes identifying commonalities and differences in qualitative data and then focusing on relationships between the data in order to draw descriptive and/or explanatory conclusions from derived themes (Gale *et al*. 2013). Framework analysis, developed by Ritchie and Spencer (1994), "is a matrix based analytic method which facilitates rigorous and transparent data management such that all stages involved in the 'analytical hierarchy' can be systematically conducted" (Ritchie *et al.* 2003, pg 220). We chose to use this approach as it not only provides a systematic method for managing and analysing data, but the matrix allows for analyses of key themes across the dataset, while connecting individual participant's views to other aspects of their account within the matrix (Gale *et al.* 2013). Therefore, the context of an individual's views is retained. The key stages of framework analysis include: familiarisation; coding and developing a framework; indexing, charting and mapping data into the framework; and interpretation. Our analysis using the framework method is detailed below.

The first step involved familiarisation whereby the first author transcribed verbatim the audio recordings of each interview, and then read and reread the transcripts, noting initial issues emerging from the data. Second, the first author coded four transcripts, which involved going through each transcript line-by-line and applying a label (i.e., code) that described the line or passage. As we had taken an inductive approach, coding was open, in that anything that might be relevant from various perspectives was coded (Gale *et al.* 2013). The four transcripts were then coded by co-authors (*removed for peer review)*, and all authors met to discuss, refine and agree on the set of codes to be applied to the remaining transcripts. Next, codes were grouped into categories, which formed the framework. This was an iterative

process. The analytic framework was revised as the first author continued coding the subsequent transcripts and data emerged, which had not been identified from the initial codes.

The finalised framework which was derived from the data was applied to all transcripts by indexing the data using the existing codes and categories (a number and abbreviation was assigned to each code). The framework was created in Excel, with each category on a separate chart (matrix), 'sub-categories' as column headings and participants located in rows. The next step was to chart the data, which involved summarising the indexed (coded) data for each category from each transcript (see Table 3 for an example section from a chart). This involved a balance between reducing the data, while also retaining the original meanings of the participants' words (Gale *et al.* 2003), so both direct quotations (italicised in the charts) and summaries were included.

[Please insert Table 3 here]

The first author carried out initial mapping and interpretation of the charted data and then met with co-authors (*removed for peer review)* to discuss patterns and each co-author's own sensemaking of the data (Parkinson *et al.* 2016). To ensure credibility and interpretation of data, the paediatric SLT (*removed for peer review)*, who was the gatekeeper to the participants, was asked to also review the data coding, as well as conclusions and interpretation based on the codes. Finally, we drew on Melvin *et al*.'s (2019) framework of engagement to help inform our interpretation of findings.

A number of techniques were employed to enhance the robustness of the interpretation. These included: a) reflexivity - the lead researcher kept a reflexive journal to assist with ensuring awareness of the influences of their own experiences on the research process and the impact of the research process on the researcher; b) crystallisation - all authors reflected on the analysis in an attempt to identify patterns and themes emerging from the data; and c) peer review and consensus of coding procedures - the researcher presented

the coding procedures to colleagues experienced in research and knowledgeable in the field for consideration and feedback (Balandin and Goldbart 2011).

Results

Nine interviews were conducted with 10 participants (one of the interviews was with a mother and father). Interview length ranged from 25 to 45 minutes, with the majority lasting for around 40 minutes. The ten interviewees included seven mothers, one set of parents, and a father. Table 4 shows the characteristics of each of the interviewees and their households. Six parents had attended the Parent Language Groups, one had attended Starting Points and three had received home play therapy. While most of the parents were from areas of greater deprivation, one family (ID# M17) was from an area of less deprivation (Index of Multiple Deprivation: 70-80%). The framework analysis, in which every line of the transcripts was assigned a code, demonstrated that this parent's data aligned with that of the other participants and for all data, at least one other parent shared the same code.

[Please insert Table 4 here]

Results are presented under two key themes with sub-themes and are shown in Table 5. These reflect the parents' journey through the intervention in terms of their expectations and hopes of the parent-child interaction programme prior to taking part and the perceived facilitators and barriers to engagement throughout the intervention process. Quotes from parents are marked with either 'M' for mother or 'F' for father, followed by the ID number.

[Please insert Table 5 here]

1. Parents' hopes and expectations before taking part in the programme

Gaining reassurance

Some parents hoped they would be reassured by the SLT regarding their child's development. For example, one mother said that she was hoping for the therapist, *"...to understand, like,*

just for her to give me peace of mind that he is developing as he should be, he's just, maybe he is just a little bit behind..." (M14) Another parent said that she was hoping to receive "*just basically advice and… help… obviously like, everybody googles and researches and stuff like that but you know, you get so much conflicting advice that people put on there. It's getting it from an expert who actually knows*." (M26) This highlights that there was an expectation of the SLT as the 'expert', a knowledgeable professional who can help the parent to understand their child's language difficulties and offer advice based on their in-depth knowledge, skills and experience.

Learning how to help support their child

There were some parents who demonstrated hope and expectations that they would be learning new ways to support their child's language learning. As one father stated: "*I kind of expected to be told how to help him more than them helping him. Because not a lot can be done in an hour over three weeks, so I was sort of expecting more information to be passed to me rather than actually helping him."* (F25) One mother said, *"I just thought, yeah, happy to come along because I might learn something like, that like we're not already doing or you know, identify things where we're going wrong."* (M26) Another mother hoped to learn by working alongside the SLT, which highlights the importance of how parents learn in these parent-child interaction programmes. For this parent, it provided "*an opportunity where I would be able to work alongside the speech and language therapist who could give me strategies to use with him and again that was helpful to know that what I was doing to support him was the right things to support him."* (M2)

Hoping that "they'll come out talking"

A number of parents commented that they had expectations and hopes that their child would be talking by the end of the programme: "*I think, like everybody hopes going along it'll be that, almost like a magic wand and like, they'll come out talking."* (M26) Another mother said she *"was hoping by the end of it that he was going to be this fantastic little talker."* (M17), while another mother commented that she hoped "*Just to see improvement in Alan's speech and language.*" (M23) One mother commented, "*I'd had, quite high expectations, I don't know why, but I thought at the end of it he'd be able to just talk like, you know, normal but… that didn't happen."* (M16) Parents' comments imply that there is an expectation that the intervention will be a 'magic wand' or 'cure' but realise that this is unrealistic.

2. Barriers and facilitators to parents' engagement throughout the intervention process

Gaining reassurance from taking part in the programme

One parent said that although she already had a good understanding of child language development and was using a lot of the strategies taught in the programme, she still found it valuable. Attending the groups was reassuring, "*because you never know it all… more reassuring than anything else, because again you know, you've just got the right people who are on board and working with you to check how things are going.*" (M2) Parents viewed receiving information and advice from trusted professionals as important. Another parent expressed finding reassurance that language difficulties are common and that it is not due to something that the parent has done wrong: *"It was reassuring that it's not just him…it's a common problem, especially with boys. And that… so you know, you haven't failed, you haven't done something wrong.*" (M26)

Uncertainty about the programme

There were several different uncertainties raised by parents, including a) anxiety about attending; b) misunderstanding the purpose and expecting the programme to be child focused; and c) scepticism about learning anything new. These are described below.

Some parents reflected that, while they received information over the phone it was often difficult to recall because of the gap between the call and when they actually started the intervention: *"…but I couldn't remember… so it was a bit daunting on the first day… sort of going along, because even though they sent a letter out, they don't, the letter doesn't actually explain what happens."* (M26) This parent may have felt anxious about attending the group sessions, because they did not feel that they knew what would happen or what taking part in the programme actually involved.

Parents reflected on uncertainty regarding the purpose of the programme, such as the strategies being used, for example expecting a child focused intervention rather than parent focused one. One mother said, *"I thought it was more sign language, I didn't want my son, I wanted my son to speak and not to do sign language... We attended one and I rang them up and I said that I wouldn't be attending any more for the simple fact is, I wanted him to speak not... sign language."* (M14) There was potential for this parent to become disengaged, but they then received one-to-one therapy in the home where the therapist could modify the intervention to suit the parent's needs. The mother said that the therapist was *"really fantastic"* and *"we found the whole lot really, really good, we enjoyed the whole process of it"*. (M14) Another parent who said her child would play during the sessions without talking stated: "*Everything was good I felt. But the only thing is, there should be more focus on asking from the kid. I mean, as the kid is not speaking, you need to ask the kid, what is it?"* (M15) This mother also commented that she "*thought he would get to know about the words, he would catch up the words, would hear what the teachers, staff members are saying... but it was like random play.*" (M15)

To support parent engagement, parents also needed to feel that it was a worthwhile and helpful approach to enhancing their child's language development. One parent had read websites that included information from different mums' groups, so was sceptical about learning anything new at the group sessions as she thought the information would be the same as the advice given on the websites. "*They say same what is in the internet, that's why, I don't know… we all the time using same what they tell, I know before because all the time I have internet, I read about internet. I guess all the time trying playing with her, more speaking with her and singing, and reading, but, doesn't matter. Not very big progress."* (M21)

Differing attitudes towards intervention

An important factor to consider in terms of parents' participation and engagement in parent-child interaction interventions is the family's socio-cultural background. One mother said that, "*For me it's strange because in our country they more saw maybe if she not speaking normal they give some medical, they go to different doctors, all, but here no. They say, need waiting. What waiting? That's why I'm worried.*" She said her daughter speaks, but not like "*a normal, old people*", not like other children her age. (M21) This mother expressed difficulty in understanding the purpose of the programme, as she was expecting a medical approach based on what is typically done in her home country. She went on to say that she expected, "*I don't know… Maybe better, more working with her, I don't know, maybe more looks on her, maybe she has some problem with ears or maybe with something else, I don't know*". (M21)

Parents' knowledge and confidence

Parents reported developing knowledge about language development and learning how to support their child and address their needs. One mother expressed how beneficial the programme was in enhancing her understanding of child language problems and that there are things that as a parent, you can do to help promote your child's language development: *And it's like learning how you can help to get past that barrier as opposed to… almost waiting for him to start talking.*" (M26) Parents' engagement may be fuelled by an interest and a desire to understand their own child's development: "*You know, he seems to have like gone from, like it says from single words to sentences, and he seems to have missed out the single words and gone straight to sentences and things like that. So, it was interesting... Yeah, so it's just like learning all about the different, you know, obviously there's no manual when you become a parent.*" (M26) Gaining knowledge through participation in the intervention about what to expect regarding children's development can help with parents' confidence: "*So no, just confidence and being a bit more patient and learning that it's not just going to come, you know what I mean, overnight. Basically*." (ID16) Although this parent also commented that she "*was just getting into the swing of things and then they just stopped, and I know that there's a million children out there, do you know what I mean, and I know it's down to time and resources... just a couple more weeks, until you feel 100% comfortable*." (M16)

Gaining support from other parents

The benefits of the group format of the programme were illustrated by parents' comments related to sharing personal experiences with other parents and learning from one another. As one mother stated: *"But that was quite nice, just sitting and listening to other parents as well, talking about what particularly motivates their child and it made me think a*

little bit more about what I could do, in terms of his play to get a little bit more communication between the two of us." (M2)

Another mother described her experience during the first group session when a few mothers were sitting in the room after separating from their children. One mother in the group said her older child spoke without any problems, so she could not understand why her younger one had difficulties: "*I was like, well I'm from the other point of view, he's my first, I'm thinking I've done something wrong. She's like, well no, I've done exactly the same for the first as I've done for the second and things like that, she says, so… it was nice, talking to other people about it and shared experience and things like that."* (M26) For this mother, attending the sessions provided her with the knowledge that language difficulties are common and that the cause of her son's delayed language was not a result of her parenting.

Parents' continued use of intervention strategies outside of the intervention

The successful engagement of parents as learners is clearly important in order to give them confidence and to enhance their knowledge of language development and language difficulties, as well as teach them strategies for promoting their child's language learning. Several parents gave examples of how they changed the way they interacted with their child as a result of learning through either the group or home sessions. They explicitly described the strategies they used and asserted that these were used at home, outside of the intervention sessions. The mother and father who received home play therapy gave examples of the language-promoting strategies that they had learned to use with their son, "*...add action words into it like, 'this is a red car', and adding, making sentences with words explaining what it is, not just what the object is. Like instead of saying just, 'this is a car' like, 'this is a red car', 'this is a blue car', stuff like that.*" (D14) The mother also gave an example, stating "*...instead of just saying 'we're going on the trampoline', 'we're going to jump on the*

trampoline', adding them extra words into it, which has been very helpful because he's picked up a lot of it." (M14) Both parents were able to give clear examples of how they had changed the way they interact with their son based on what they learned from the therapist.

One parent who was concerned with his child's behaviour found the strategies from the sessions helpful and said they are now implementing these at home: "*Even now we're following on from that, making him sit and wait his turn when he's starting to get jumpy and a bit agitated, just make him sit and wait. And seeing them do that, it gave me a little bit more confidence to just make him sit and wait. It's good for him because he's learning to sit and wait, whereas we've sort of, possibly been a bit impatient with him, whereas they were just, stop, just wait, stop just wait, whereas we sometimes just tell him off, which is probably not the right way to go but it's what it was.*" (F25) Another parent commented that letting her child lead the play was something that she picked up from the sessions: "Y*eah, letting him lead the play and I obviously just follow him instead of 'Thomas, you know, we'll play with this toy, and this toy does this' with me telling him all the time.*" (M17) These examples from parents highlight that they are using intervention strategies at home, continuing to work on supporting their child's language development after they have completed the programme.

Discussion

In this study we explored: a) parents' expectations of taking part in a parent-child interaction programme; and b) the barriers and facilitators to parent engagement during involvement in the programme. A number of key themes emerged from this study that illustrate some of the barriers and facilitators to engagement, as well as parents' expectations, for the target group of parents from socially disadvantaged contexts. Expectations included gaining reassurance and learning what to do to promote their child's language development. Facilitators of parent engagement was expressed in terms of encouragement to be actively involved, taking

responsibility for adapting their interactions with their child and being involved in the programme together with other parents. Barriers to parent engagement included uncertainty, limited understanding of the purpose of the intervention and a limited opportunity to build a relationship with the SLT. The discussion considers facilitators and barriers to engagement with language-promoting parent-child interaction interventions for parents from socially disadvantaged areas using Melvin *et al*.'s (2019) model to frame the interpretation of parents' experiences.

Melvin *et al*.'s (2019) review of parent engagement in early SLT interventions identifies engagement as both a process (i.e., becoming engaged) and a state (i.e., being engaged). We found that at the outset, parents reported notable differences in knowledge, skills, and expectations of the parent-child interaction intervention. This potentially related to different degrees of engagement, with some parents appearing engaged from the beginning and others becoming engaged over time (Melvin *et al*. 2019). Parents are expecting to be reassured and seek guidance from participation in parent-child interaction interventions, so by assisting parents to understand what is expected of them has the potential to strengthen the process of becoming engaged. Expectations and hopes to learn ways to support their child's development, as expressed by some parents in this study, may reflect an intention to invest in the intervention, providing an optimal client state for engagement (King *et al.* 2014). Davies *et al*. (2017) reported that from initial involvement with an SLT, parents often expect to be learners. Parents who expect to be learners may be more likely to immediately engage with intervention.

Understanding the facilitators and barriers to parent engagement may assist in strengthening the state of remaining engaged. A facilitating factor for parent engagement is parents discovering the different ways that they can be actively involved in supporting their child's language development. Working with SLTs supports parents to keep working at

home, with engaged parents demonstrating ownership and empowerment by taking an active role both within and outside intervention sessions (Melvin *et al*. 2019). In the current study, engaged parents referred to ongoing use of intervention strategies after completion of the programme. Watts Pappas *et al.* (2016) found parents believed it was their role to actively observe the SLT working with their child during intervention sessions and for the parent to work with the child outside of sessions. This approach was highly valued by parents in the current study. Parents appeared to feel increased capability to support their child at home when they were shown by the SLT during sessions how to implement strategies and were provided with opportunities to then interact with their child and put those strategies into practice during sessions (Gibbard and Smith 2016).

Another facilitating factor suggested by findings from the current study is enhancing parents' confidence, which may grow during involvement in the intervention and in turn, strengthen engagement. Parents gain confidence in supporting their child's language development through both working together with SLTs and shared experiences with peers. Melvin *et al.* (2019) state that engagement results from open, two-way communication between parents and SLTs. While this conceptualisation of engagement as a process dependent on the two-way interaction with an SLT is valuable, it is also important to consider the potential benefits of identifying with other parents in similar positions. Previous studies (e.g., Klatte *et al.* 2019; Glogowska and Campbell 2000) have highlighted that parents of children with language difficulties may lose some confidence and feel that they have done something wrong, which may in turn hinder engagement. Promoting parent confidence may be more readily addressed through sharing with others in similar circumstances as they realise that they are not to blame for their child's language difficulties. The group format can provide parents with positive peer support via shared experiences of their child's difficulties, which can reduce feelings of isolation and increase parent engagement in the programme

(Niec *et al.* 2005), as demonstrated by parents in the current study. This is particularly relevant to short intervention models for parents from socially disadvantaged backgrounds, where trust in external agencies may not be instinctive (Bonevski *et al.* 2014) and supportive, and positive relationships established with other parents can help foster engagement.

The views voiced by parents suggest a potential barrier to engagement is the limited understanding of the parent-focused intervention. One example of this was the perceived lack of information provided prior to attendance, making the process 'daunting' for parents. Previous research has highlighted uncertainty about what participation in the intervention will involve as a barrier to engagement (Glogowska and Campbell 2000; Davies *et al.* 2017). This can impact on parents' initial level of engagement, so there needs to be a greater focus on parents' needs and concerns during the early phase of the intervention process (Glogowska and Campbell 2000). It is not enough just to provide information, but an open, shared dialogue between parents and SLTs needs to be established to ensure parents understand the information provided and feel they are partners in the intervention process (Melvin *et al*. 2019).

Another potential barrier to engagement is the uncertainty parents expressed about the intervention itself (such as the content and delivery) and differing attitudes towards intervention. In order to address uncertainty, effective communication is essential. SLTs can support parents to become engaged by listening to them and accepting and addressing any differing attitudes or concerns, giving them a voice such that their views are respected, and discussing their central role both at the beginning and over the course of intervention (Melvin *et al.* 2019; Klatte *et al.* 2019). A barrier identified by SLTs regarding how they engage with parents is the potential challenge of working with families from diverse cultural backgrounds, who may have different attitudes towards disability and intervention (Melvin *et al.* 2019). The cultural expectations of professionals may not match those of the parents and these need

to be considered before the commencement of therapy. For example, parents may be expecting more of a 'medical' approach focussed on diagnosis and identification of a physical cause of a child's language difficulties. It is important for SLTs to consider parents' beliefs and feelings in order to adapt their approach and work with parents to set achievable goals, noting that families from the same socio-cultural background will not necessarily respond and engage with services in the same manner (Klatte and Roustone 2016). Therefore, time and permission must be given for families to express their comfort or otherwise with the approaches suggested to promote their child's language and where necessary, compromise sought.

Recommendations and implications for practice

The process of engagement, including involvement and investment (Melvin *et al.* 2019), is built not only through trust in the SLT with their expertise and knowledge, but also through engaging with parents who are going through similar experiences. Prior to their attendance at the parent-language groups, providing parents with 'testimonials' or feedback from parents who have completed the programme may assist in engaging with parents who may feel uncertain or have concerns about taking part. For example, hearing about the benefits of speaking to other parents with similar experiences; realising that language difficulties are a common childhood problem; or hearing about the content and format of the programme from a parent's perspective. Testimonials and video clip examples of parents taking part in the sessions may also assist parents who are expecting a more medical model to consultation and/or structured and didactic examination when their child is assessed.

The uncertainty expressed by parents regarding information provided prior to participation in the intervention and regarding the delivery and content of the intervention highlights the importance of effective communication from the outset. Adequate information

and effective communication, together with the opportunity to share expectations and uncertainties, are critical to engender parents' confidence about what to expect from intervention which in turn supports engagement to be maintained and potentially to grow throughout the intervention process. In addition, depending on the parent's awareness and knowledge of child language development and parent-child interaction, some parents may need additional sessions to consolidate what they have learned from taking part in the programme. The ability to tailor intervention delivery is therefore vital.

Future research

Further work is needed to identify the range of approaches SLTs can adopt to promote successful engagement and collaborative working with parents and importantly, how to tailor them to the needs of different families. Identifying ways to increase parent trust and confidence, particularly in the context of relatively short interventions offered by many services, is vital. Most participants in the current study either sought help for their child's language difficulties or were keen to receive help when they were informed that their child's language was low. An important gap in current evidence remains the exploration of the beliefs and experiences of parents who are not being reached by current services, and either do not attend or drop out from such programmes.

Strengths and Limitations

A major strength of the current study is the recruitment of 10 families from predominantly socially disadvantaged backgrounds (with the exception of M17), given recruitment from this population is often difficult. The parents in this study provide crucial insights into some of the barriers and facilitators to engagement for these families which can inform current and future parent-child interaction programmes. The rigour of qualitative methods is also a study

strength. As highlighted in the methods section, this included employing reflexivity, crystallisation, and peer review and consensus of coding procedures.

A limitation is the potential for interviewer bias, which can occur due to bias towards a preconceived response based on the structure, phrasing or nature of questions during the interview process. However, the researcher did not have experience providing SLT services, limiting any bias they would have in terms of pre-existing beliefs or views when developing the interview topic guide and analysing/interpreting data. Another limitation is the challenge of recruitment, with only 36% of those parents invited to take part recruited to the study. Making contact with potential participants was difficult as mobile numbers would often change or become disconnected, or the phone would not be answered. Text messages were sent and voicemails were left, in addition to calling at different times and on different days to attempt to contact potential participants. This is a common challenge for studies with populations from areas of social disadvantage (Pescud *et al.* 2015). In this study, once contact was made only one of 11 parents decided not to take part in the study citing time as the reason. A potential way of improving the contact rate with parents could be to contact them via social media such as Facebook. Facebook is increasingly being used by professionals as a method for recruitment and retention, particularly with 'hard-to-reach' populations, because, unlike a home address or telephone number, Facebook profiles remain fairly stable over time (Weiner *et al.* 2017).

It must be noted that in the current study 'social disadvantage' was defined using the rather liberal criterion of living in a household in the 30% most deprived areas in the country. It is also important for future research to consider how to include the perspectives of parents and families who are 'under-served' by SLT services and/or who infrequently participate in research (Marshall *et al.* 2017).

Conclusions

Parent-child interaction interventions are routinely offered to parents of young children with language difficulties. The process of parent engagement in intervention starts even before they begin the programme and this can be harder to establish with parents from socially disadvantaged areas. It is essential that SLTs understand the barriers that parents experience and ensure families have a realistic expectation of intervention before and during the process, including opportunities to build collaborative relationships with SLTs as well as share experiences with other parents. This can build parental confidence and provide reassurance throughout intervention. In addition, to ensure that services are equitable, it is essential they can accommodate differences in parent expectations, needs and concerns, allowing all families to engage sufficiently for their child to benefit.

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Table 1: Description of parent-child interaction groups offered

	Description of intervention	Population served
Parent Language Groups	A core group run for children aged 2 to 3 years by the mainstream community SLT service at a central location consisting of three sessions over three weeks	All families who are referred to the SLT service and agreed in discussion between parent/s and SLT that this is the most appropriate and accessible parent-child interaction intervention (after SLT assessment of child).
Starting Points	A version of the Parent Language Groups offered to parents living in low socioeconomic areas. The duration of the programme is longer (6 weeks) and the strategies are introduced to parents at a slower rate.	Adapted/specialist group for parents living in the most deprived 30% of areas based on IMD (which is determined by postcode) and held at local Community Family Hub (CFH) centres, which provide help and support to children, young people and their families
Home Play	Using the same strategies that are used in the Parent Language Group, this version of the intervention involves the SLT conducting the sessions with the parent/s and child in the family home. Typically, parent/s and child receive 6 sessions over 6 weeks.	Adapted/specialist 1:1 for parents living in the most deprived 30% of areas who SLTs felt would benefit more from the parent-child interaction strategies being introduced and demonstrated in the family's home.

Table 2: Interview topic guide

Topic area	Questions
1. About this service	• Can you please tell me about the parent language programme that you took part in
2. Expectations	• Can you tell me why you decided to take part in the parent-child interaction programme • Tell me about your expectations before starting the programme/what did you expect to happen
3. Experiences	• Can you tell me what you think of the programme now that you have done it
4. Change	• What do you think are the main things that you have got from taking part in the programme? • What would you tell a friend or family member if they were thinking about taking part in the programme, but were unsure about it?

Table 3: Example section from framework analysis chart

	3 Access to support and help seeking		
Participant	*3.1 Concern about development*	*3.2 Suggested by others (e.g. HV or playrgoup staff)*	*3.3 Help seeking to gain reassurance*
ID 002		Proactive. Thought child's lang was behind so put in own referral, then at two year HV check, HV suggested referral also. *"So she was just kind of keeping a check in line with how things were moving forward, because that's all she would have... that would've been the path that she would have taken anyway.*" (1)	Wasn't too worried at time of referral as knew it was early in terms of what could be done but reassured that child would be seen [in the system] (1-2). *"Reassuring… because again you know, you've just got the right people who are on board and working with you to check how things are going."* (3)
ID 014	M: *Because I was worried with Matthew's speech he was just, he was very slow and very behind*" Turns out he could say		M: *"...to give me peace of mind that he is developing as he should be, he's just, maybe he is just a little bit behind and she didn't actually, she was more nice*

more than M thought.

" *Em, it was me that asked for him to have something like this..."* (2)

about it than horrible if that makes sense." (2)

Table 4: Interviewee and family characteristics

Interviewee & group attended	IMD	Household	Languages spoken at home
ID 02: mother; PLG	2	Mother, father, five year old daughter and two year old son	English
ID 14: mother (14m) and father (14f); home play	1	Mother, three sons including three year old who attended programme. The father, "*pops in every now and again. Well, pretty much every day."* (14m)	English
ID 15; mother; starting points	3	Mother, father and twin boys, one of which attended the programme	Mother and father are from India and use English at home, but *"...mostly my language, uhh, that is Urdu, my home language"* (15)
ID 16; mother; home play	4	Mother, oldest daughter aged 18, second daughter aged 10, one son aged three and child from programme also aged three. And the dog, Molly	English
ID 17; mother; PLG	7	Mother, oldest son who is six and younger son who is two and attended the programme. And, "*...their dad as well, but he works away a month at a time. He does*	English

		like a month on and a month back home." (17)	
ID 21; mother; PLG	3	Mother, father and three year old daughter	The child is exposed to Russian at home, as the parents speak Russian. At home "*all the time Russian*" (21)
ID 23; mother; PLG	1	Mother, father, thirteen year old son and three year old son who attended programme	English
ID 25; father; PLG	1	Father, mother, five year old daughter and two year old son who attend programme. "*We do have other close family as well like, um, Claire's brothers, they're around quite a bit, er, but just four of us that live here yeah, and obviously the dog (laughs)."* (25)	English
ID 26: mother; PLG	2	Mother who is pregnant with second child, father, two year old son who attended programme and pet dog	English

Note: IMD: Index of multiple deprivation, where 1 is the 10% most deprived small areas and 10 is the least deprived small areas of England; PLG: Parent Language Group

Table 5: Key themes and subthemes of parents' perspectives of taking part in a parent-child interaction programme

Theme	Sub theme
Parents' hopes and expectations before taking part in the programme	*Gaining reassurance* *Learning how to help support their child* *Hoping that "they'll come out talking"*
Barriers and facilitators to parents' engagement throughout the intervention process	*Gaining reassurance from taking part in the programme* *Uncertainty about the programme* *Differing attitudes towards intervention* *Parents' knowledge and confidence* *Gaining support from other parents* *Parents' continued use of intervention strategies outside of the intervention*