

‘Every day is hard, being outside, but you have to do it for your child’: mixed-methods formative evaluation of a peer-led parenting intervention for homeless families

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Introduction

Homeless families are among the most marginalized and vulnerable in society. In the UK, around 95,000 families with dependent children aged under 18 are statutorily homeless, meaning that they have been deemed to lack of suitable and stable housing by a local authority (Crisis, 2016). Most homeless families are able to access some form of “temporary accommodation” including bed and breakfast accommodation and temporary accommodation hotels provided through local statutory agencies, but they are nevertheless subject to highly precarious circumstances

Although research regarding the homeless families population is limited but expanding within the UK and has begun to influence housing policy (Centrepoint, 2015). The current research demonstrates that homelessness has been associated with a significantly increased risk of children presenting with emotional and behavioral difficulties (Labella, Narayan, McCormick, Desjardins, & Masten, 2019) , which may outlast the period of homelessness (Vostanis, Grattan, & Cumella, 1998). Other research has shown that the emotional and behavioral outcomes of homeless children are mediated by positive parenting practices (Herbers, Cutuli, Supkoff, Narayan, & Masten, 2014), consistent with a large body of literature on the protective effects of positive parenting strategies such as nondirective play, positive praise and consistent limit setting (Osofsky & Thompson, 2000).

Relatedly, group-based parent training programs founded on principles of social learning have been recommended as a first-line intervention for child behavioral difficulties (NICE, 2013), reflecting evidence for improved child and parent outcomes from more than 20 randomised controlled trials (RCT) (Barlow, Coren & Stewart-Brown, 2002; Barlow & Stewart-Brown, 2000; Dretzke et al., 2008). However, secondary analyses have shown poorer retention and outcomes for families with complex psychosocial needs (Reyno & McGrath, 2006; Maliken & Katz, 2013), raising questions about the generalizability of standard parenting interventions to highly vulnerable subgroups such as homeless families.

Most of the limited research on parenting interventions for homeless families has been carried out in the USA. A systematic review of 12 evaluations (Haskett, Loehman, & Burkhart, 2014) indicated that homeless parents responded favourably to parenting interventions in terms of acceptability and reported increases in their parenting knowledge, but it was unclear if this led to changes in parenting practices or improved child behavioral outcomes. Other research has described the manifold structural barriers faced by homeless families when accessing statutory mental health services for both parents and children (Tischler, Karim, Rustall, Gregory & Vostanis, 2004), indicating a need for more accessible, community-based provision of parenting support.

Peer-led approaches to parenting support: Empowering Parents, Empowering Communities

Empowering Parents, Empowering Communities (EPEC) is an evidence-based program, originating in the UK, which uses a peer-led service model to deliver a structured parent training curriculum to participants from disadvantaged communities. Historically it was not targeted to parents with specific housing needs. It is provided in a group format by pairs of peer facilitators who have previously experienced EPEC in the guise of service user, before going on to complete intensive training and supervised practice overseen by parenting professionals. The peer-led delivery system and community setting are designed to enhance accessibility and acceptability for disadvantaged families, who may be less likely to use or derive benefit from traditional clinic-based interventions (Leijten, Raaijmakers, de Castro, & Matthys, 2013). The core content of the EPEC intervention is based on social learning, attachment, and cognitive-behavioral principles. When tested in an RCT in inner-London, EPEC showed significant effects on positive parenting practices and reduced child behavioural problems (Day et al., 2012), as well as achieving high user satisfaction ratings and a 91.5% retention rate. Having been successfully applied with parents from a range of socioeconomically deprived groups, EPEC provides a promising platform for developing a tailored parenting intervention of specific relevance to homeless families.

This paper describes the formative evaluation of Empowering Parents, Empowering Communities-Temporary Accommodation (EPEC-TA), a parenting intervention based on the existing EPEC peer-led model with specific adaptations for a temporary accommodation setting. Formative assessments of intervention delivery processes have been recommended for all complex interventions prior to larger-scale implementation, particularly in resource-constrained contexts (MRC, 2008). In line with Proctor et al. (2011), we operationalized intervention ‘feasibility’ in terms of actual fit and utility of the intervention in the study context (assessed by patterns of intervention use and preliminary parent-reported outcomes). ‘Acceptability’ of the intervention was considered in terms of user satisfaction (assessed by parent-reported questionnaire) and more specific aspects of user experience (assessed by semi-structured qualitative interviews). ‘Appropriateness’ was explored in terms of perceived relevance and usefulness among parent participants (assessed by semi-structured qualitative interviews).

Method

Study design

A formative mixed-methods design was used. A mixture of qualitative and quantitative data sources were used in order to best answer the research questions and enable meaningful triangulation of sources. The study was reviewed and approved by the Canterbury Christ Church University Ethics Panel.

Participants

Eligibility criteria. Eligible participants were parents with self-identified difficulties related to parenting an index child aged 2-11 years (i.e., no formal screening for child psychopathology or parenting behavior was undertaken). The index child refers to the child who is the focus of the outcome measures administered. Participants were currently living in temporary accommodation. Due to resource constraints, it was not possible to provide interpreters for the group intervention; it was therefore stipulated that participants should be conversant in written and spoken English.

Participants' level of written and spoken English was jointly determined by themselves and facilitators in a meeting prior to the first group session.

Participant recruitment and setting. Participants were recruited from a large temporary accommodation hostel in an inner London borough with high rates of socioeconomic deprivation and ethnic diversity. Temporary housing was available for up to 140 families who had been declared statutorily homeless by their local authority, offering one-room 'bedsits' (studio rooms) with shared bathrooms and cooking facilities. Recruitment of parents into the study was facilitated by word of mouth, leafleting in the hostel and contact with an existing children's play group on the same premises. Participants were reimbursed for time incurred in completing research assessments with a £10 shopping voucher. In contrast to standardised EPEC recruitment, EPEC-TA facilitators, supervisors and the researcher spent considerable time engaged in outreach work in the hostel to generate initial self-referrals and maintain commitment from participants throughout the intervention. This included multiple discussions with possible participants about the nature of the group prior to the first session, support to attend the group (i.e. meeting parents in the hostel and accompanying them to the room) and frequent telephone contact prior to the beginning of the group and between sessions to support attendance. We are unable to offer details with regard to parents who did not wish to attend but anecdotally EPEC-TA facilitators reported that parents indicated multiple other parenting, caring or work commitments as barriers to attendance.

Intervention

Intervention development. The starting point for development was the existing EPEC intervention, which has been implemented and tested in other socially disadvantaged settings in the UK (Day et al., 2012). Initial insights about potential adaptations were gained by delivering the standard EPEC group curriculum for 10 parents residing in the hostel, with facilitation provided by established EPEC group leaders. Following this, individual consultations with parent participants were carried out by EPEC supervisors. The purpose was to identify potential adaptations to the core content, structure, materials and facilitation process, as required to improve fit with the specific

needs and preferences of the target population. Parents emphasized the parenting stress and practical difficulties faced when playing and disciplining children in cramped hostel rooms with little privacy. Consequently, the group curriculum was lengthened from 8 to 10 weeks to provide more time for learning and practicing positive parenting strategies, along with a dedicated session on stress management. In addition, an accompanying parent-completed workbook was adapted to increase its relevance to parents living in temporary accommodation by including material such as play methods for restrictive spaces.

Intervention providers. Participants who completed the initial formative group were invited to apply for a place on an accredited EPEC peer facilitator training course (Day et al., 2012). Four prospective facilitators were selected for training based on a written application and interview with program supervisors, with selection criteria focused on reflective capacity, understanding of positive parenting, and aptitude for group facilitation. Three of the candidates subsequently completed the 10-week training course and received accreditation. Supplementary instruction was provided in the specific adaptations required to implement the modified EPEC-TA manual. Each of the newly accredited facilitators was paired with an experienced EPEC group leader (i.e., a parent who did not have specific lived experience of homelessness, but did have extensive prior experience of delivering EPEC for mixed groups of parents). Each facilitator pairing participated in fortnightly supervision to maintain fidelity and address group process issues. Facilitators received payment (at a standard hourly rate) for preparation and delivery of the intervention.

Intervention procedures. The EPEC-TA curriculum was designed to: (i) improve positive parenting skills; (ii) reduce child disruptive behavior and behavioural difficulties; and (iii) enhance coping with the specific parenting challenges and stress presented by the experience of homelessness. The content was organised into 10 weekly sessions, as outlined in Figure 1. Each session was delivered on hostel premises in a designated 'play room'. Each session followed a set agenda delivered through facilitator demonstration, role-play, visually-aided discussions, and review of homework tasks.

[Figure 1: Structure and content of EPEC-TA]

Measures

Demographics. A specially designed proforma was completed by parents to collect descriptive data on parent age and ethnicity, employment status, index child age/gender, and family composition.

Feasibility outcomes: participation. Data from session registers were used to assess rates of attendance and completion (operationalized as attendance at six or more sessions).

Feasibility outcomes: potential for impact. Standardized parent-reported measures were collected at the start of the intervention, and again immediately following the final session (10 weeks later). The burden of assessment was kept intentionally low, with the aim of completing administration within 30 minutes.

Child outcomes. Child behavioral outcomes were measured using the problem scale of the 36-item Eyberg Child Behaviour Inventory (Eyberg & Ross, 1978), which has excellent sensitivity and specificity as an index of disruptive behavior problems (Rich & Eyberg, 2001), and is among the most widely used child outcome measures in parenting intervention trials (Michelson, Davenport, Dretzke, Barlow, & Day, 2013).

The Concerns about My Child (CAMC; Scott et al., 2001) is an idiographic measure that requires parents to nominate, prioritize and rate up to three key concerns about an index child. The respondent indicates their corresponding level of concern on a visual analogue scale, which is transformed into a score from 0-10 (0=*not a problem at all*; 10=*couldn't get any worse*). Only the primary concern was used in analysis, as some parents were unable to nominate three concerns. CAMC is considered to be a sensitive alternative to prolonged direct observation by an independent observer, and has been used to assess child outcomes in previous parenting intervention trials (Scott et al., 2001), as well as evaluations of EPEC more specifically (Day et al., 2012a, 2012b; Michelson et al., 2014).

Parent outcomes. The Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993) is a 30-item parent-reported measure of dysfunctional discipline, containing three subscales of parental hostility, over-reactivity and laxness. It has good internal consistency and test-retest reliability and correlates significantly with observational ratings of parenting behavior.

Parental well-being was measured using the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS; Tennant et al., 2007). It consists of 14 positively worded items (scored from 1=*none of the time* to 5=*all of the time*), with higher scores indicating more positive mental well-being. This self-report measure has been validated in diverse populations, and has been used in previous intervention studies with socially disadvantaged parents (Simkiss et al., 2013).

Additional outcome data were obtained using validated measures of parenting stress (Parenting Stress Scale; Berry & Jones, 1995) and social support (Medical Outcomes Study: Social Support Survey [MOS-SSS]; Sherbourne & Stewart, 1991). Two subscales were selected from the MOS-SSS in order to assess potentially modifiable social support deficits: emotional/informational support (8 items) and positive social interaction (3 items).

Acceptability and appropriateness. User satisfaction with EPEC-TA was assessed using the Training Acceptability Rating Scale (TARS). This self-report measure was adapted from previous EPEC evaluations (Day et al., 2012a; Day et al., 2012b; Michelson et al., 2014), and rates nine items (e.g., “Did the group leaders relate to the group effectively?”) on a four-point scale (1=*not at all* to 4=*a great deal*). In addition, a semi-structured interview guide was used to explore the process, outcomes, and motivations behind intervention participation in greater depth, as well as considering perceived relevance and usefulness of intervention content.

Procedure

Consent. A researcher attended a preliminary information session one week prior to the intended start of each parenting group. Parents were informed verbally about the study's aims and methods, as well as receiving a printed participant information sheet. It was emphasized that participation in

the parenting program was not contingent on participation in the corresponding study. Parents were given up to a week to decide about participation.

Quantitative data collection. Each participant completed pre-test measures on the same day as the first intervention session, while post-test measures were administered to participants immediately following the final intervention session. Any missing participants were followed up by telephone and separate arrangements were made to complete the measures at a convenient time and location. A researcher was present during the administration of all parent-reported measures, providing clarifying information as needed.

Qualitative data collection. Qualitative data were collected in semi-structured interviews (M duration=43 minutes, Range 17-89 minutes). Each interview was audio-recorded and transcribed verbatim for analysis.

Analysis

Quantitative data. Data on attendance, user satisfaction, and outcomes were analysed descriptively. Due to the small number of participants, significance testing was deemed inappropriate and the *t*-distribution statistic was used to calculate the 95% confidence intervals for the baseline and follow-up means. Effect sizes were calculated using Cohen's *d* (Cohen, 1988) and 95% confidence intervals (Hedges & Olkin, 1985). Reliable change index scores were calculated using the relevant internal consistency statistic from the standardised measure (Jacobson & Truax, 1991; Morley & Dowzer, 2014).

Qualitative data. Thematic analysis was undertaken according to the method outlined in Braun & Clarke (2006). First, transcripts were reviewed by one of the authors (CB), with general annotations made for potential codes. Second, prominent features of the data were identified and initial codes were created and recorded in a coding frame. Third, codes were structured into emergent themes and associated sub-themes reflecting the study aims. Participant quotes were selected as exemplars based on their representativeness and relevance to the research questions. Fourth, themes were

inspected by a senior author (DM) to certify that data extracts supporting each theme were meaningfully linked and different themes could be clearly distinguished. Fifth, any discrepancies were deliberated and further refinements were made to themes and their definitions. Finally, themes and sub-themes were subjected to respondent validation with four participants (Bloor, 1997); this did not identify any substantive changes to the thematic framework.

Results

Participant characteristics

Family demographics. Fifteen parents (mean age=29.21 years) consented to take part in the study, including one male and 14 females. Thirteen participants (87%) were full-time carers for their children, with the remaining parents working part- or full-time. Nine parents (60%) did not have English as a first language and twelve parents (80%) were from black and minority ethnic communities. The number of children per family ranged from 1 to 4 (mean=2). Index children (mean age=3.6 years, range 2-9 years) included 12 females and 3 males.

Feasibility outcomes

Intervention participation. Thirteen parents (87%) completed the intervention. The mean number of sessions attended was 7.2 (*s.d.* = 2.3), with a range of 1-10. Reasons for non-completion were a clash with a college class (*n*=1) and illness (*n*=1). Of the 13 participants who completed the intervention, one parent attempted the intervention twice (i.e., attended two separate group cohorts), after discontinuing at the first attempt due to illness (see Figure 2).

[Figure 2: Flow chart of intervention participation]

Potential for impact. All participants completed pre-test measures: eight completed the measures independently, and seven alerted the researcher to literacy or language difficulties requiring further assistance. Paired pre- and post-test outcomes were available from twelve participants (80%). Two

parents did not complete any post-test measures. One parent completed all measures except for the Parenting Scale.

Comparisons of paired pre- and post-test outcome measures (see Table 1) showed improved child outcomes, with medium effect sizes on both the ECBI problem scale ($d=0.68$, 95% CI .28 to 1.08) and CAMC ($d=0.51$, 95% CI .11 to .91). Prior to the intervention, 11 participants rated their children's behavior above the established clinical cut-off (15) on the ECBI problem scale. At post-test, eight of out of 13 parents (62%) reported reliable improvements on the measure, including 5 cases that had moved out of the clinical range. No participants reported a deterioration in ECBI problem scores.

Reported parenting behavior showed an overall improvement, with the mean score on the Parenting Scale reduced at follow up to below the clinical cut-off level. A medium effect size was reported ($d=0.46$, 95% CI .04 to .87). Three participants' scores reliably improved and were also below clinical cut-off.

Subscale analysis of the Parenting Scale showed that parental hostility reduced below the clinical cut-off, with a large effect size reported ($d = 0.82$, 95% CI .39 to 1.24). Three parents reported reliably reduced hostility subscale scores to below cut-off level. There was also a reduction in over-reactivity subscale scores from a relatively low baseline (both baseline and follow up means were below clinical cut-off). A negligible pre-post difference was observed on the laxness subscale

[Table 1: Parent-reported outcomes]

Parental well-being scores ($M = 50.7$, 95% C.I.-50.3 to 51.1) increased above established population norms from the UK (StewartBrown & Janmohamed, 2008) although the effect size was small. Reported levels of parenting stress did not change after the intervention. The positive social interaction score was unchanged, while the emotional/informational support score reduced at follow up (see Table 1).

Acceptability and appropriateness: user satisfaction

Participants reported high levels of program acceptability, with 100% of respondents ($n=13$) stating they were either "a great deal" or "quite a lot" satisfied overall, while 93% of participants reported that the programme helped them to develop positive parenting skills and become more confident in the parenting role. Participants were also very satisfied with the quality of peer facilitation, with 100% of participants rating the peer facilitators as "high" with regard to how motivating they were, how competent they were, and how able they were to relate to the group.

Acceptability and appropriateness: qualitative interviews

Thirteen parents participated in qualitative interviews. Four overarching themes were identified: (1) Expressed needs and motivations for parenting support, (2) appropriateness of intervention content, (3) experience of group delivery processes, and (4) individual and systemic impacts.

Theme 1: Expressed needs and motivations for parenting support. The most common reason cited for participating in EPEC-TA was the desire to learn strategies for improving child behavioral and emotional difficulties. This was closely related to parents' views about the direct adverse effects of the hostel environment on their children.

"Children are more emotional within a hostel context, because I think because it's such a small room it's almost like you're so claustrophobic that, sometimes you kind of easily explode... I think they feel trapped sometimes, so they just kind of lash out." [Participant 8]

"He is getting frustrated, being in the same room [as me]... He's like 'I want to move, give me space, like let me relax more.'" [Participant 10]

Parents also discussed the negative impact of temporary accommodation on their own well-being. This emotional distress was described as detrimental to parenting and undermining of their role as an effective care-giver:

"I feel like I take it, not take it out on them, but I kind of like get a bit dismissive towards them and it's like 'please, what can I do? I feel really helpless'... I'm angry with myself because I can't do anything to make my daughter happy." [Participant 12]

Some parents described the pressure of trying to compensate for the challenging conditions in the hostel, leading to daily sacrifices for their children's benefit.

“Every day is hard, being outside, but you have to do it for your child. That's how I see it. So that's what makes you a kind of a super person, because you just put everything that you need for yourself just on hold and forget about it.” [Participant 6]

Parents expressed concern that their children were not having a “normal” childhood experience. For some parents, this sense of difference was accompanied by unease that participation in EPEC-TA might signify to peers and services that they were “bad” parents:

“The social service that put me in this [parenting group], thinking that I'm failing as a parent, or something is wrong” [Participant 15]

Contentious relationships with statutory services were common. High levels of service input combined with busy family lives meant that parents felt fatigued from attending multiple appointments.

Theme 2: Appropriateness of intervention content. EPEC-TA content was largely relevant to parents' current situations, including specific favorable perceptions of nondirective play, avoiding labelling, positive discipline and self-care. Session 1, which focused on “good enough” parenting which aims to support parents to feel less guilty and establish realistic expectations for themselves parents. This was highlighted as being especially salient given the pressure felt by parents to mitigate constantly against the adverse hostel conditions.

“The first [session] was about the perfect parent, and it just touched the exact subject which was quite sensitive. So once I attended that I thought ‘oh, yes, I'm definitely coming over here.’”
[Participant 11]

A minority of participants reported that some of their expectations of the course had not been met. Specifically, they raised concerns about a lack of attention to specific child behavior problems

(e.g., fussy eating) and strongly held views (e.g., about discipline) that were not directly compatible with the program ethos. Some of the recommended parenting strategies (e.g., timeout) were also challenging to implement in the hostel environment:

"I remember one lesson in discipline was about the naughty step, and it was like 'I have no spare naughty step!' ... I'm like 'apart from the toilet, there's not really a place I can put him and he's on his own.'" [Participant 8]

Theme 3: Experience of group delivery processes. *Subtheme 1: Working with peer facilitators.*

Parents endorsed the peer-led model by citing the peer facilitators' shared experiences of parenthood as the basis for a common understanding which enabled them to *"feel safe and open up"* [Participant 8]. Peer facilitators' additional experiences of living in temporary accommodation were pertinent for some parents, although others were less aware of it.

"She did seem to feel like she was part of us, like you could sense that she was like one of us, she kind of understood where we were coming from." [Participant 12]

Two parents explicitly described having a peer facilitator who was in the hostel as a source of hope and inspiration.

"Listening and seeing what they are doing now and how they start, that made me feel, you know, inspired me that I want to be like that, I can be like that, I can progress." [Participant 15]

Parents also emphasised peer facilitators' personal qualities as central to their engagement in the intervention. Peer facilitators were identified as *"welcoming"* [Participant 9], *"compassionate"* [Participant 12], *"professional"* [Participant 6], and *"friendly"* [Participant 7], with a number of participants also praising their energy and humour.

Key actions which improved the acceptability of the groups were the peer facilitators reassuring parents that other parents shared their experiences, praising parents for attending the course,

reinforcing the parental role, and creating a welcoming atmosphere. One parent described the latter as being untypical of their lived experience in temporary accommodation.

Subtheme 2: Working with other parents. Most parents commented favorably on working with other parents, acknowledging them as a source of new ideas, shared experiences, and support.

"We have something in common... so if you have worries, we have the same worries, if we're thinking about the same thing and, you know, what are child are going through." [Participant 11]

However, parents also expressed initial concern about maintaining privacy among peers living in the hostel. In this regard, peer facilitators' sensitivity to confidentiality was seen as essential to creating a safe space for parents to engage with fellow participants.

"I just don't want anyone coming in to my privacy just because we live in the same place, and then we're going to see each other in the class, but then that didn't happen, [the peer facilitator] respected and everything that happened here was here, and when we talked, you know, it didn't come out." [Participant 6]

Apart from their common experiences as parents living in the same hostel, participants also acknowledged the considerable sociodemographic diversity in the parenting groups, especially in terms of spoken languages. Parents largely felt that these differences were managed effectively, although difficulties in spoken English limited some experiential tasks such as role plays.

Theme 4: Individual and systemic impacts. *Subtheme 1: Parent and child behaviour.* Parents reported a number of impacts stemming from their participation in EPEC-TA. Enhanced positive parenting was linked to acquisition of new skills for parenting and coping with stress, which in turn enabled changes in children's behaviour (e.g., fewer tantrums, better sleep, and reduced sibling conflict).

"She's become a bit more generous with her toys... the course, it's helped me to talk to her in a way that I never thought I could talk. I mean, there's being calm and there's just allowing them to

do what they want to do, and there are ways of like taking the steps that we learnt in the course and to deal with the situation." [Participant 12]

Subtheme 2: Personal development. Parents reported feeling refreshed in their approach to parenting, with improved self-esteem and a sense of accomplishment. These positive personal changes were linked to multiple aspects of the program, including a focus on parental self-care, peer support and normalizing discussions to counteract self-blame.

"I think for a lot of parents they feel like they've failed as a parent, that they can't give their child the right home. I think, for me, this course has helped me a lot because I think it kind of confirms that I'm doing OK, I need to have that positive 'things are going to get better, there is a way' mind-set." [Participant 8]

Participants reported feeling empowered, both as parents and as people, with examples of individuals taking up volunteering and further education as a consequence of their experience in EPEC-TA. Moreover, three parents indicated that they would like to become peer facilitators themselves.

Subtheme 3: Systemic impacts. Social connections between parents in the hostel were strengthened and other parents described how this increased their confidence to make connections in their local community.

"after the group I actually started going a lot more, practically every day now, don't we, unless we've got plans already...because where I wasn't going out with him, through fear of meeting new people and being judged" [Participant 3]

"I already have new friends, we already talk, we've got a chat room, we talk about things, we plan to get a trip out. And those people have kids, so you know you're not going to be alone with your, you know, on your own thinking 'oh, I'm not going to do it because I can't take my kids with me, my baby'" [Participant 15]

Discussion

EPEC-TA was implemented with three cohorts of parents living in temporary accommodation hostels as part of initial field testing. Attendance and completion rates were comparable to standard EPEC and conventional professional-led parent training groups in non-disadvantaged samples (Lundahl, Risser & Lovejoy, 2008). Locating the group in a hostel may have facilitated these high completion rates, considering parents' multiple concurrent demands. This reaffirms the value of a community-based approach in which the hostel serves as a point of first service contact/entry (Gewirtz, Burkhart, Loehman & Haukebo, 2014). Moreover, three participants expressed interest in training as peer facilitators, providing an initial indication that EPEC-TA could be a sustainable peer delivery model in the longer term.

High user satisfaction was reported, with in-depth interviews suggesting that the peer-led model enhanced the appeal and experience of EPEC-TA among parents who often experienced difficult relationships with services. Participants valued opportunities for group-based discussion of shared parental concerns, which reduced feelings of isolation and self-blame. The positive functions of these group processes have been described in previous literature on peer-delivered services (Salzer, 2002), as well as previous qualitative research on EPEC (Thomson et al., 2014).

Parents reported that much of the programme content was useful and, with some exceptions, relevant in temporary accommodation. Parental self-care and "the good enough parent" were considered to be highly appropriate topics, reflecting the well-established links between homelessness and parental mental health (Bassuk et al., 1996), the challenges posed by the physical environment in hostels (Schultz-Krohn, 2004), as well as negative stereotypes of homeless parenting (Cosgrove & Flynn, 2005). Some parents reported that certain parenting strategies were not very relevant, such as timeout, due to the space restrictions of temporary accommodation. This is in line with previous findings that environmental constraints placed on families in hostels can reduce the effectiveness of traditional disciplinary techniques (Bradley, McGowan, & Michelson, 2018).

Most parent participants reported reliable reductions in child behavior problems, while parental outcomes were more mixed. Although the small sample size limits the conclusions that can be drawn, more robust evaluations of EPEC and other parenting interventions have also shown relatively stronger effects on child outcomes with more equivocal effects on parenting behavior and emotional functioning (Day et al., 2012).

Notwithstanding sample size issues, the varied results regarding parental wellbeing and stress among homeless parents may otherwise be indicative of multiple chronic stressors (Holtrop et al., 2015), which may not be easily amenable to change. The provision of adjunctive psychosocial support, as well as more specialised parental mental health interventions, could be a valuable future direction for further development of EPEC-TA and service provision for homeless families more generally.

Future research directions would include a controlled evaluation of EPEC-TA, comparing outcomes with alternative support for families in temporary accommodation. Moreover, the longer-term impacts of parenting programs in temporary accommodation are unclear and require further research. Future work should also consider practical challenges such as language and literacy barriers, which may require researchers to verbally administer measures, provide translated versions, or otherwise simplify assessment materials to improve accessibility.

While this study provides preliminary evidence for the feasibility, acceptability, and appropriateness of EPEC-TA, it has also raised a number of issues. The prevalence of social service involvement with parents in the sample reaffirmed the value of EPEC's quality assurance and safeguarding procedures, which include manualized systems for peer facilitator recruitment, training, accreditation, supervision, practice observation, and continuing development. These procedures are highly valued by EPEC peer facilitators (Thomson et al., 2014).

We also note that the social support scale failed to detect improvements in the quality of emotional/instrumental support and social interactions, with the former showing a trend towards

less (rather than more) support over the course of the program. This may be a reflection of expressed privacy concerns among participating parents in the hostel, which possibly inhibited interactions with peers outside of the parenting groups. However, the small sample size and brevity of the social support scale (which may restrict its reliability) are such that we do not make any strong inferences. The potential strengths and limitations of situating the intervention on hostel premises, and its delivery in a group format, warrant further investigation.

As discussed, EPEC-TA facilitators and supervisors spent considerable time engaged in outreach work to support both recruitment and attendance at the group. Facilitators supported parents to attend the group and offered more additional time at the early recruitment stages to develop relationships with participants which in light of the often complex relationships between homeless families and professional agencies (Kilmer et al., 2012) appears to have been a valuable augmentation to the EPEC protocol. Further research and program development would usefully focus on optimal engagement strategies. A valuable line of future research would examine potential applications of EPEC-TA to other precariously-housed settings for example bed and breakfast accommodation, with due attention to context-specific recruitment issues and other engagement challenges.

Conclusion

This pilot study has reported promising preliminary results for an adapted peer-led parenting intervention that was intended for homeless parents and their children. Improving outcomes for this highly vulnerable population requires innovative approaches for working in under-resourced physical settings, with additional efforts required to overcome significant attitudinal barriers to engagement. The current findings suggest that EPEC-TA has the potential to improve child behavioral outcomes and parenting practices in temporary accommodation contexts. EPEC TA is a highly innovative initiative designed to meet a developing need for families and children in the UK.

Moreover, since its pilot it has been incorporated into routine practice and service delivery by the Anna Freud Centre. In light of this encouraging evidence, further research should build on the current evidence to determine its effectiveness in a randomised controlled trial.

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