



**Expectations and experiences of parents taking part in parent-child interaction programmes to promote child language: a qualitative interview study**

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## 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

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3 attitudes towards intervention. Thus, it is critical that these different perspectives are  
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5 understood by practitioners before intervention commences to ensure successful engagement.  
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10 **Key words:** Parent-child interaction; language development; social disadvantage; qualitative  
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12 methods; parent intervention  
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20 *What is already known on this subject*  
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22 Parent-child interaction interventions are widely used to promote child language development.  
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24 Parents play a central role in the therapy process of such interventions, so to maximise  
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26 effectiveness, parents must be appropriately ‘engaged’ in that intervention. This involves  
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28 attending, fully participating and having appropriate attitudinal and/or emotional involvement.  
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30 The reciprocal nature of engagement means that parents are more likely to become engaged in  
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32 intervention over time when they are supported by their SLT.  
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39 *What this study adds*  
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41 Parental expectations about the intervention process vary considerably and often need to be  
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43 negotiated prior to the start of intervention. Reassurance and supporting positive attitudes to  
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45 co-working with their SLT may be particularly important for families living with social  
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47 disadvantage. Supporting parent engagement in parent-child interaction programmes can  
48  
49 contribute to the parents’ capability to continue implementing language-promoting strategies  
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51 outside the intervention context and beyond the end of therapy.  
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58 *Clinical implications*  
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3 Parents have different expectations regarding programme involvement. Therefore, having a  
4 two-way, open dialogue between parents and SLTs from the beginning is clearly important.  
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6 Not just as a way of sharing information, but also to build on parents' understanding of what  
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8 the intervention will involve and trust that the SLT will be able to deliver the intervention in  
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10 collaboration with the parent. SLTs can enhance parent engagement by supporting parents to  
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12 feel confident and providing reassurance in terms of their child's development and how they  
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14 can support their child's language learning.  
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## 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

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3 backgrounds providing a more language rich environment with respect to both quantity and  
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5 quality of input (Hart and Risley 1995; Huttenlocher *et al.* 2007; Rowe 2008).  
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8 Since the seminal work of Girolametto and colleagues in the 1980s (Girolametto *et al.*  
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10 1986), the number of published parent-child interaction interventions aiming to address child  
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12 language difficulties has been increasing (Roberts *et al.* 2019; Buschmann *et al.* 2009), with a  
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14 number targeting socioeconomically disadvantaged groups (Suskind *et al.* 2016; Mendelsohn  
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16 *et al.* 2005). These interventions typically aim to support parents to modify their own behaviour  
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18 and adopt language-promoting strategies to use within the home environment, often focussing  
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20 on increasing parental responsiveness and reciprocity in parent-child interactions. Overall, such  
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22 parent-focused interventions have been shown to be positively associated with child language  
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24 outcomes and parental use of strategies (Roberts *et al.* 2019). However, some studies  
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26 examining the effectiveness of these interventions have produced null findings or small effect  
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28 sizes without sustained benefits (Wake *et al.* 2011; McGillion *et al.* 2017; Hampton *et al.*  
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30 2017). In addition, the most disadvantaged are often underrepresented in trials demonstrating  
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32 effects on language outcomes (Burgoyne *et al.* 2018). It is evident that care needs to be taken  
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34 to ensure equitable access for families across the social gradient.  
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40 The success of an intervention partially depends on the extent to which parents engage  
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42 with services provided to assist in their child's language development. In the current study, we  
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44 draw on Melvin *et al.*'s (2019) recently developed definition of parent engagement in early  
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46 speech and language therapy intervention. We use this to inform the interpretation of our  
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48 findings and to examine the perspectives of parents from socially disadvantaged areas who had  
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50 been involved in a parent-child interaction programme. Our aim is to provide insights to guide  
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52 service delivery design and parent-therapist communications that could promote successful  
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54 engagement with this group of families.  
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3 Melvin *et al.* (2019) define engagement not merely as the state of attending the  
4 intervention sessions, but rather, a process of involvement (e.g., attendance and participation  
5 in intervention) and investment (e.g., attitude and/or emotional involvement). Engagement in  
6 early speech and language therapy intervention is “a complex, multifaceted state where parents  
7 are ready and empowered to take an active role in their child’s intervention, both inside and  
8 outside early speech and language therapy intervention sessions” (Melvin *et al.* 2019, pg 10).  
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10 Engagement occurs when parents are optimistic, ready and empowered to take an active role  
11 in therapy and trust the process and therapist (King *et al.* 2014; Melvin *et al.* 2019).  
12 Relationships of trust can be particularly difficult for families living with social disadvantage  
13 for whom previous experiences or experiences of friends and relatives with health and social  
14 care professionals may be negative and punitive in nature. By increasing understanding of the  
15 processes that determine both engagement and disengagement during intervention, therapists  
16 can work with parents to facilitate the achievement of intervention goals (D’Arrigo *et al.* 2017).  
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33 A number of studies have examined the effectiveness of language interventions,  
34 collecting quantitative survey data about parent involvement in the intervention. These  
35 methods provide only narrow and partial understanding of parents’ experiences and views, for  
36 example, eliciting only parental evaluation of satisfaction with the intervention and parental  
37 ratings of child outcomes (Wake *et al.* 2011; Glogowska and Campbell 2000). As such, these  
38 findings do not provide adequate information about the barriers or facilitators to parent  
39 engagement and uptake of the intervention to inform practice. A further limitation in many  
40 such studies and explored below is the difficulty of asking the relevant parents about  
41 acceptability if they are not engaged in the study to begin with. As with much research,  
42 participants in efficacy studies tend to over-represent more socially advantaged groups. To gain  
43 a richer and deeper understanding of the relevant issues, qualitative methods that are more  
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3 suited to eliciting detailed and diverse views and which seek to understand, describe and  
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5 explain the range of parents' experiences are warranted.  
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8 In a qualitative study conducted with parents to explore their experiences of speech and  
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10 language therapy services, Lyons and colleagues (2010) ran a focus group with parents of 2-3  
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12 year olds with language difficulties, both pre-intervention (8 parents) and post-intervention (3  
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14 parents). Findings revealed a possible mismatch between the parents' expectations of therapy  
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16 and the service provided. This highlights the need for therapists to work in partnership with  
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18 parents from the outset of intervention as parents' beliefs may influence their engagement in  
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20 the therapy process (Lyons *et al.* 2010). Due to potential differences between parents' and  
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22 therapists' perceptions of the intervention process, dialogue and discussion between parent and  
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24 therapist is needed at all stages of intervention (Glogowska and Campbell 2000). While some  
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26 evidence suggests parents take a 'passive' approach and are reliant on the therapist as the expert  
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28 (Roulstone 2015), other studies report more active and agentic perceptions in parents (Marshall  
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30 *et al.* 2007). For example, a qualitative study by Marshall and colleagues (2007) examining  
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32 parental views of language development, language problems, and intervention for their  
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34 preschool children referred to speech and language services, found that parents viewed  
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36 themselves as the expert in terms of their child's language development. Evidence also suggests  
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38 that, while parents may be uncertain of their 'intervener' role (that is, acting as the primary  
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40 agent of change in supporting their child's language learning) (Davies *et al.* 2017), they do  
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42 view themselves as an advocate and a learner but also do recognise that their role can change  
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44 during the course of intervention from 'advocate' to 'intervener' (Davies *et al.* 2017).  
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51 The parent-child interaction approach is one of the main forms of intervention provided  
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53 in the early years (i.e., 0-4 years of age) (Roulstone *et al.* 2012), so it is vital that it is delivered  
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55 so that all families who might benefit can access and engage effectively. There are key features  
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57 highlighted in the literature that services should consider. First, parents' expectations and  
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3 desired outcomes need to be considered, particularly as there can be great diversity in parents'  
4 views on language development, language delay and intervention. Parent's beliefs may also  
5 impact on their engagement in parent-child interaction interventions (Marshall *et al.* 2017;  
6 D'Arrigo *et al.* 2017). Second, thought needs to be given to the views of parents from socially  
7 disadvantaged backgrounds. In one of the few qualitative studies including parents from  
8 socially disadvantaged backgrounds, Marshall *et al.* (2007) found parents viewed themselves  
9 as experts on their child and had varied ideas about the role of the SLT, which did not always  
10 match the SLT's views. Given the challenges of engagement faced by SLT services regarding  
11 attendance and retention of these families, further insight into the expectations and experiences  
12 of socially disadvantaged parents is warranted. Third, consideration needs to be given to  
13 methods to promote parent engagement, which are critical to the delivery of parent-child  
14 interaction interventions in speech and language therapy (Klatte and Roulstone 2016). Once  
15 again, there is limited research identifying the factors that impact parent engagement and how  
16 SLTs can facilitate successful engagement (Melvin *et al.* 2019). In a recent qualitative study  
17 by Klatte and colleagues (2019), SLTs were interviewed about their views on delivering parent-  
18 child interaction therapy with parents of children with language difficulties. They found that  
19 mutual understanding, the formation of constructive relationships between the parent and SLT,  
20 and parental empowerment in terms of parents' choosing strategies and setting own goals  
21 influence engagement. However, parents' views remain under-explored.  
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47 Thus, this qualitative study aimed to examine the experiences and expectations of parents  
48 from socioeconomically disadvantaged areas, who had taken part in parent-child interaction  
49 programmes. Specifically, this paper addresses the following questions:  
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- 52 1) What are parents' expectations of a parent-child interaction programme before taking  
53 part in it?  
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3 2) What are the barriers and facilitators to parents' engagement throughout the  
4 intervention process?  
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## 10 **Methods**

### 11 *Study design*

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13 We employed a qualitative methodology to examine the expectations and experiences of  
14 parents from socioeconomically disadvantaged backgrounds who had taken part in parent-child  
15 interaction programmes. As we were seeking to understand the reality of the parents'  
16 experiences and wanted to remain open to new insights and understandings emerging from the  
17 data, an existing framework was not used to guide the design of the study. Instead, we took an  
18 inductive (bottom up) approach, whereby themes were generated from the data (Nowell *et al.*  
19 2017).  
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### 33 *Participants and recruitment*

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35 This qualitative study took place in a city in the North of England between July and  
36 November 2017. Participants were recruited via the Paediatric Speech and Language Therapy  
37 (SLT) services, which is provided by the publicly funded National Health Service Trust in  
38 England. The service has an open referral system, which means anyone, including parents can  
39 refer. In the case of the parent-child interaction programmes, referral is predominantly by  
40 health visitors following child developmental checks.  
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49 The first author worked with the Lead SLT for Early Years to invite parents taking part  
50 in parent-child interaction interventions into the study. Parents of toddlers (aged 2-3 years)  
51 attending these programmes and from socially disadvantaged areas based on the English Index  
52 of Multiple Deprivation (IMD) (Department for Communities and Local Government, 2015)  
53 were eligible to participate. Disadvantage was defined as living in a household in the 30% most  
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3 deprived lower super-output areas in England. The SLTs working with parents and their  
4 children checked individual postcodes to ensure that families from these most deprived areas  
5 were included.  
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10 Referrals to the city's SLT services are mostly from health visitors (UK community  
11 child health nurses), but parents may also self-refer. An SLT reviews all referrals to decide  
12 which pathway of assessment and intervention a child will be offered. For children aged 2-3  
13 years (the focus of this study), the parent-child interaction programme is the service's core  
14 pathway for young children who are slow to develop spoken language. The aim of the  
15 programme is to enhance parent-child interaction through the use of Hanen-based (Girolametto  
16 *et al.* 1986) language-promoting strategies. Where the SLT considers a child and their parent/s  
17 would benefit from the parent-child interaction programme, the SLT considers, in discussion  
18 with the family, which of the three versions of the programme is most appropriate and  
19 accessible for that child and their parent/s. The three types of parent-child interaction groups  
20 ('Parent Language Groups', 'Starting Points' and 'Home Play') are described in Table 1. The  
21 decision to recommend a specific group to parents is made in collaboration with the SLT and  
22 depends on a range of factors, including how likely the parent will be to access services outside  
23 of the home, whether parents have physical disabilities or if parents will need the information  
24 to be presented in a 1:1 environment, rather than in a small group. When a child is placed on  
25 the waiting list for one of these parent-child interaction groups, the SLT discusses what will  
26 happen with the parent, so they can consent to this next step. A written information sheet is  
27 also provided to parents. In the parent-child interaction sessions, SLTs demonstrate the  
28 strategies and parents observe the SLTs in practice with their children. The SLTs also use the  
29 sessions to assess pre-linguistic and early language skills and signpost to other services or  
30 triage/prioritise them for treatment.  
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58 **[Please insert Table 1 here]**  
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6 We used purposive sampling to ensure that parents were recruited from the three types  
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8 of programme offered, as well as to ensure both mothers and fathers were included. The first  
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10 author attended a 'Parent Language Group' and 'Starting Points' session prior to recruitment  
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12 to observe how the groups were run and become familiar with the research setting. Entering  
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14 the field prior to data collection is a crucial component to producing high quality qualitative  
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16 research (Gibbs *et al.* 2007). In order to establish trust and build rapport, the study was  
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18 introduced via the SLTs already working with the parents and children. Parents were provided  
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20 with a brochure informing them of the study. Those parents interested in taking part were then  
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22 asked if they were happy to pass on their contact details to (*removed for peer review*) via their  
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24 SLT. (*Removed for peer review*) contacted parents to discuss the study and arrange a time to  
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26 conduct a one-off face-to-face interview either in the home or at another location of the  
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28 interviewee's choosing. Of those who provided their contact details, 39.3% (11/28) were  
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30 contactable, and of those, 90.9% (10/11) consented to take part.  
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### *Ethics approval*

40 All participants gave written informed consent. The study received ethical approval from the  
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42 National Health Services East Midlands - Nottingham 2 Research Ethics Committee  
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44 (17/EM/0088), as well as Health Research Authority approval (#208243). All participant and  
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46 family member names were changed when transcribed for purposes of anonymity. Protocols  
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48 were in place to mitigate any risks such as participant distress/anxiety, concerns with healthcare  
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50 services being received or issues of safeguarding.  
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### *Data collection*

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3 We consulted with the Lead SLT for Early Years and decided to offer face-to-face interviews  
4 in participants' homes as this was likely to be the most feasible and acceptable method for this  
5 population. Participants were also given the option to complete the interview via phone or at  
6 another location of convenience, if they preferred. All interviewees chose to have the interview  
7 take place in the home. Interviews were audio recorded using an encrypted audio recorder.  
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14 The interview topic guide was developed with the guidance and feedback of both SLTs and  
15 parents. It included prompt questions to encourage more detailed responses from the parent.  
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19 The key areas and questions covered by the topic guide are shown in Table 2.  
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22 **[Please insert Table 2 here]**  
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#### 26 *Research team and reflexivity*

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

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53 Data analysis was carried out using the 'Framework' method of analysis (Richie and Spencer  
54 1994; Ritchie *et al.* 2003), which is situated within the broader method of thematic analysis.  
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58 The broad approach of thematic analysis includes identifying commonalities and differences  
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3 in qualitative data and then focusing on relationships between the data in order to draw  
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5 descriptive and/or explanatory conclusions from derived themes (Gale *et al.* 2013). Framework  
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7 analysis, developed by Ritchie and Spencer (1994), “is a matrix based analytic method which  
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9 facilitates rigorous and transparent data management such that all stages involved in the  
10  
11 ‘analytical hierarchy’ can be systematically conducted” (Ritchie *et al.* 2003, pg 220). We chose  
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13 to use this approach as it not only provides a systematic method for managing and analysing  
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15 data, but the matrix allows for analyses of key themes across the dataset, while connecting  
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17 individual participant’s views to other aspects of their account within the matrix (Gale *et al.*  
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19 2013). Therefore, the context of an individual’s views is retained. The key stages of framework  
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21 analysis include: familiarisation; coding and developing a framework; indexing, charting and  
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23 mapping data into the framework; and interpretation. Our analysis using the framework method  
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25 is detailed below.

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30 The first step involved familiarisation whereby the first author transcribed verbatim the  
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32 audio recordings of each interview, and then read and reread the transcripts, noting initial issues  
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34 emerging from the data. Second, the first author coded four transcripts, which involved going  
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36 through each transcript line-by-line and applying a label (i.e., code) that described the line or  
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38 passage. As we had taken an inductive approach, coding was open, in that anything that might  
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40 be relevant from various perspectives was coded (Gale *et al.* 2013). The four transcripts were  
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42 then coded by co-authors (*removed for peer review*), and all authors met to discuss, refine and  
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44 agree on the set of codes to be applied to the remaining transcripts. Next, codes were grouped  
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46 into categories, which formed the framework. This was an iterative process. The analytic  
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48 framework was revised as the first author continued coding the subsequent transcripts and data  
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50 emerged, which had not been identified from the initial codes.

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

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19 **[Please insert Table 3 here]**

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

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29 A number of techniques were employed to enhance the robustness of the interpretation.  
30 These included: a) reflexivity - the lead researcher kept a reflexive journal to assist with  
31 ensuring awareness of the influences of their own experiences on the research process and the  
32 impact of the research process on the researcher; b) crystallisation - all authors reflected on the  
33 analysis in an attempt to identify patterns and themes emerging from the data; and c) peer  
34 review and consensus of coding procedures - the researcher presented the coding procedures  
35 to colleagues experienced in research and knowledgeable in the field for consideration and  
36 feedback (Balandin and Goldbart 2011).

## 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 **Results** 59 60

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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



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3 *from an expert who actually knows.”* (M26) This highlights that there was an expectation of  
4 the SLT as the ‘expert’, a knowledgeable professional who can help the parent to understand  
5 their child’s language difficulties and offer advice based on their in-depth knowledge, skills  
6 and experience.  
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### 13 *Learning how to help support their child*

14  
15 There were some parents who demonstrated hope and expectations that they would be learning  
16 new ways to support their child’s language learning. As one father stated: *“I kind of expected*  
17 *to be told how to help him more than them helping him. Because not a lot can be done in an*  
18 *hour over three weeks, so I was sort of expecting more information to be passed to me rather*  
19 *than actually helping him.”* (F25) One mother said, *“I just thought, yeah, happy to come along*  
20 *because I might learn something like, that like we’re not already doing or you know, identify*  
21 *things where we’re going wrong.”* (M26) Another mother hoped to learn by working alongside  
22 the SLT, which highlights the importance of how parents learn in these parent-child interaction  
23 programmes. For this parent, it provided *“an opportunity where I would be able to work*  
24 *alongside the speech and language therapist who could give me strategies to use with him and*  
25 *again that was helpful to know that what I was doing to support him was the right things to*  
26 *support him.”* (M2)  
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### 47 *Hoping that “they’ll come out talking”*

48  
49 A number of parents commented that they had expectations and hopes that their child would  
50 be talking by the end of the programme: *“I think, like everybody hopes going along it’ll be that,*  
51 *almost like a magic wand and like, they’ll come out talking.”* (M26) Another mother said she  
52 *“was hoping by the end of it that he was going to be this fantastic little talker.”* (M17), while  
53 another mother commented that she hoped *“Just to see improvement in Alan’s speech and*  
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3 *language.*" (M23) One mother commented, *"I'd had, quite high expectations, I don't know*  
4 *why, but I thought at the end of it he'd be able to just talk like, you know, normal but... that*  
5 *didn't happen."* (M16) Parents' comments imply that there is an expectation that the  
6  
7  
8 intervention will be a 'magic wand' or 'cure' but realise that this is unrealistic.  
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## 14 **2. Barriers and facilitators to parents' engagement throughout the intervention process**

### 15 *Gaining reassurance from taking part in the programme*

16  
17  
18 One parent said that although she already had a good understanding of child language  
19 development and was using a lot of the strategies taught in the programme, she still found it  
20 valuable. Attending the groups was reassuring, *"because you never know it all... more*  
21 *reassuring than anything else, because again you know, you've just got the right people who*  
22 *are on board and working with you to check how things are going."* (M2) Parents viewed  
23 receiving information and advice from trusted professionals as important. Another parent  
24 expressed finding reassurance that language difficulties are common and that it is not due to  
25 something that the parent has done wrong: *"It was reassuring that it's not just him...it's a*  
26 *common problem, especially with boys. And that... so you know, you haven't failed, you haven't*  
27 *done something wrong."* (M26)  
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### 46 *Uncertainty about the programme*

47 There were several different uncertainties raised by parents, including a) anxiety about  
48 attending; b) misunderstanding the purpose and expecting the programme to be child focused;  
49 and c) scepticism about learning anything new. These are described below.  
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54 Some parents reflected that, while they received information over the phone it was often  
55 difficult to recall because of the gap between the call and when they actually started the  
56 intervention: *"...but I couldn't remember... so it was a bit daunting on the first day... sort of*  
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3 *going along, because even though they sent a letter out, they don't, the letter doesn't actually*  
4 *explain what happens."* (M26) This parent may have felt anxious about attending the group  
5  
6 sessions, because they did not feel that they knew what would happen or what taking part in  
7  
8 the programme actually involved.  
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11  
12 Parents reflected on uncertainty regarding the purpose of the programme, such as the  
13  
14 strategies being used, for example expecting a child focused intervention rather than parent  
15  
16 focused one. One mother said, *"I thought it was more sign language, I didn't want my son, I*  
17  
18 *wanted my son to speak and not to do sign language... We attended one and I rang them up*  
19  
20 *and I said that I wouldn't be attending any more for the simple fact is, I wanted him to speak*  
21  
22 *not... sign language."* (M14) There was potential for this parent to become disengaged, but they  
23  
24 then received one-to-one therapy in the home where the therapist could modify the intervention  
25  
26 to suit the parent's needs. The mother said that the therapist was *"really fantastic"* and *"we*  
27  
28 *found the whole lot really, really good, we enjoyed the whole process of it"*. (M14) Another  
29  
30 parent who said her child would play during the sessions without talking stated: *"Everything*  
31  
32 *was good I felt. But the only thing is, there should be more focus on asking from the kid. I mean,*  
33  
34 *as the kid is not speaking, you need to ask the kid, what is it?"* (M15) This mother also  
35  
36 commented that she *"thought he would get to know about the words, he would catch up the*  
37  
38 *words, would hear what the teachers, staff members are saying... but it was like random play."*  
39  
40 (M15)  
41  
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47 To support parent engagement, parents also needed to feel that it was a worthwhile and  
48  
49 helpful approach to enhancing their child's language development. One parent had read  
50  
51 websites that included information from different mums' groups, so was sceptical about  
52  
53 learning anything new at the group sessions as she thought the information would be the same  
54  
55 as the advice given on the websites. *"They say same what is in the internet, that's why, I don't*  
56  
57 *know... we all the time using same what they tell, I know before because all the time I have*  
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3 *internet, I read about internet. I guess all the time trying playing with her, more speaking with*  
4 *her and singing, and reading, but, doesn't matter. Not very big progress." (M21)*  
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#### 10 *Differing attitudes towards intervention*

11

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

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40 Parents reported developing knowledge about language development and learning how to  
41 support their child and address their needs. One mother expressed how beneficial the  
42 programme was in enhancing her understanding of child language problems and that there are  
43 things that as a parent, you can do to help promote your child's language development: *And*  
44 *it's like learning how you can help to get past that barrier as opposed to... almost waiting for*  
45 *him to start talking."* (M26) Parents' engagement may be fuelled by an interest and a desire to  
46 understand their own child's development: "*You know, he seems to have like gone from, like it*  
47 *says from single words to sentences, and he seems to have missed out the single words and*  
48 *gone straight to sentences and things like that. So, it was interesting... Yeah, so it's just like*  
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3 *learning all about the different, you know, obviously there's no manual when you become a*  
4 *parent.” (M26) Gaining knowledge through participation in the intervention about what to*  
5  
6 *expect regarding children's development can help with parents' confidence: “So no, just*  
7  
8 *confidence and being a bit more patient and learning that it's not just going to come, you know*  
9  
10 *what I mean, overnight. Basically.” (ID16) Although this parent also commented that she “was*  
11  
12 *just getting into the swing of things and then they just stopped, and I know that there's a million*  
13  
14 *children out there, do you know what I mean, and I know it's down to time and resources... just*  
15  
16 *a couple more weeks, until you feel 100% comfortable.” (M16)*  
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#### 24 *Gaining support from other parents*

25  
26 The benefits of the group format of the programme were illustrated by parents'  
27  
28 comments related to sharing personal experiences with other parents and learning from one  
29  
30 another. As one mother stated: *“But that was quite nice, just sitting and listening to other*  
31  
32 *parents as well, talking about what particularly motivates their child and it made me think a*  
33  
34 *little bit more about what I could do, in terms of his play to get a little bit more communication*  
35  
36 *between the two of us.” (M2)*  
37  
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40 Another mother described her experience during the first group session when a few  
41  
42 mothers were sitting in the room after separating from their children. One mother in the group  
43  
44 said her older child spoke without any problems, so she could not understand why her younger  
45  
46 one had difficulties: *“I was like, well I'm from the other point of view, he's my first, I'm thinking*  
47  
48 *I've done something wrong. She's like, well no, I've done exactly the same for the first as I've*  
49  
50 *done for the second and things like that, she says, so... it was nice, talking to other people*  
51  
52 *about it and shared experience and things like that.” (M26) For this mother, attending the*  
53  
54 sessions provided her with the knowledge that language difficulties are common and that the  
55  
56 cause of her son's delayed language was not a result of her parenting.  
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*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

1  
2  
3 lead the play was something that she picked up from the sessions: “*Yeah, letting him lead the*  
4 *play and I obviously just follow him instead of ‘Thomas, you know, we’ll play with this toy, and*  
5 *this toy does this’ with me telling him all the time.*” (M17) These examples from parents  
6  
7  
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9  
10 highlight that they are using intervention strategies at home, continuing to work on supporting  
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## 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

1  
2  
3 different degrees of engagement, with some parents appearing engaged from the beginning and  
4  
5 others becoming engaged over time (Melvin *et al.* 2019). Parents are expecting to be reassured  
6  
7 and seek guidance from participation in parent-child interaction interventions, so by assisting  
8  
9 parents to understand what is expected of them has the potential to strengthen the process of  
10  
11 becoming engaged. Expectations and hopes to learn ways to support their child's development,  
12  
13 as expressed by some parents in this study, may reflect an intention to invest in the intervention,  
14  
15 providing an optimal client state for engagement (King *et al.* 2014). Davies *et al.* (2017)  
16  
17 reported that from initial involvement with an SLT, parents often expect to be learners. Parents  
18  
19 who expect to be learners may be more likely to immediately engage with intervention.  
20  
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23

24 Understanding the facilitators and barriers to parent engagement may assist in  
25  
26 strengthening the state of remaining engaged. A facilitating factor for parent engagement is  
27  
28 parents discovering the different ways that they can be actively involved in supporting their  
29  
30 child's language development. Working with SLTs supports parents to keep working at home,  
31  
32 with engaged parents demonstrating ownership and empowerment by taking an active role both  
33  
34 within and outside intervention sessions (Melvin *et al.* 2019). In the current study, engaged  
35  
36 parents referred to ongoing use of intervention strategies after completion of the programme.  
37  
38 Watts Pappas *et al.* (2016) found parents believed it was their role to actively observe the SLT  
39  
40 working with their child during intervention sessions and for the parent to work with the child  
41  
42 outside of sessions. This approach was highly valued by parents in the current study. Parents  
43  
44 appeared to feel increased capability to support their child at home when they were shown by  
45  
46 the SLT during sessions how to implement strategies and were provided with opportunities to  
47  
48 then interact with their child and put those strategies into practice during sessions (Gibbard and  
49  
50 Smith 2016).  
51  
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55 Another facilitating factor suggested by findings from the current study is enhancing  
56  
57 parents' confidence, which may grow during involvement in the intervention and in turn,  
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2  
3 strengthen engagement. Parents gain confidence in supporting their child's language  
4 development through both working together with SLTs and shared experiences with peers.  
5  
6 Melvin *et al.* (2019) state that engagement results from open, two-way communication between  
7  
8 parents and SLTs. While this conceptualisation of engagement as a process dependent on the  
9  
10 two-way interaction with an SLT is valuable, it is also important to consider the potential  
11  
12 benefits of identifying with other parents in similar positions. Previous studies (e.g., Klatte *et*  
13  
14 *al.* 2019; Glogowska and Campbell 2000) have highlighted that parents of children with  
15  
16 language difficulties may lose some confidence and feel that they have done something wrong,  
17  
18 which may in turn hinder engagement. Promoting parent confidence may be more readily  
19  
20 addressed through sharing with others in similar circumstances as they realise that they are not  
21  
22 to blame for their child's language difficulties. The group format can provide parents with  
23  
24 positive peer support via shared experiences of their child's difficulties, which can reduce  
25  
26 feelings of isolation and increase parent engagement in the programme (Niec *et al.* 2005), as  
27  
28 demonstrated by parents in the current study. This is particularly relevant to short intervention  
29  
30 models for parents from socially disadvantaged backgrounds, where trust in external agencies  
31  
32 may not be instinctive (Bonevski *et al.* 2014) and supportive, and positive relationships  
33  
34 established with other parents can help foster engagement.  
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42 The views voiced by parents suggest a potential barrier to engagement is the limited  
43  
44 understanding of the parent-focused intervention. One example of this was the perceived lack  
45  
46 of information provided prior to attendance, making the process 'daunting' for parents.  
47  
48 Previous research has highlighted uncertainty about what participation in the intervention will  
49  
50 involve as a barrier to engagement (Glogowska and Campbell 2000; Davies *et al.* 2017). This  
51  
52 can impact on parents' initial level of engagement, so there needs to be a greater focus on  
53  
54 parents' needs and concerns during the early phase of the intervention process (Glogowska and  
55  
56 Campbell 2000). It is not enough just to provide information, but an open, shared dialogue  
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3 between parents and SLTs needs to be established to ensure parents understand the information  
4 provided and feel they are partners in the intervention process (Melvin *et al.* 2019).  
5  
6

7  
8 Another potential barrier to engagement is the uncertainty parents expressed about the  
9 intervention itself (such as the content and delivery) and differing attitudes towards  
10 intervention. In order to address uncertainty, effective communication is essential. SLTs can  
11 support parents to become engaged by listening to them and accepting and addressing any  
12 differing attitudes or concerns, giving them a voice such that their views are respected, and  
13 discussing their central role both at the beginning and over the course of intervention (Melvin  
14 *et al.* 2019; Klatte *et al.* 2019). A barrier identified by SLTs regarding how they engage with  
15 parents is the potential challenge of working with families from diverse cultural backgrounds,  
16 who may have different attitudes towards disability and intervention (Melvin *et al.* 2019). The  
17 cultural expectations of professionals may not match those of the parents and these need to be  
18 considered before the commencement of therapy. For example, parents may be expecting more  
19 of a 'medical' approach focussed on diagnosis and identification of a physical cause of a child's  
20 language difficulties. It is important for SLTs to consider parents' beliefs and feelings in order  
21 to adapt their approach and work with parents to set achievable goals, noting that families from  
22 the same socio-cultural background will not necessarily respond and engage with services in  
23 the same manner (Klatte and Roustone 2016). Therefore, time and permission must be given  
24 for families to express their comfort or otherwise with the approaches suggested to promote  
25 their child's language and where necessary, compromise sought.  
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### 51 *Recommendations and implications for practice*

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53 The process of engagement, including involvement and investment (Melvin *et al.*  
54 2019), is built not only through trust in the SLT with their expertise and knowledge, but also  
55 through engaging with parents who are going through similar experiences. Prior to their  
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3 attendance at the parent-language groups, providing parents with ‘testimonials’ or feedback  
4  
5 from parents who have completed the programme may assist in engaging with parents who  
6  
7 may feel uncertain or have concerns about taking part. For example, hearing about the benefits  
8  
9 of speaking to other parents with similar experiences; realising that language difficulties are a  
10  
11 common childhood problem; or hearing about the content and format of the programme from  
12  
13 a parent’s perspective. Testimonials and video clip examples of parents taking part in the  
14  
15 sessions may also assist parents who are expecting a more medical model to consultation and/or  
16  
17 structured and didactic examination when their child is assessed.  
18  
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20  
21 The uncertainty expressed by parents regarding information provided prior to  
22  
23 participation in the intervention and regarding the delivery and content of the intervention  
24  
25 highlights the importance of effective communication from the outset. Adequate information  
26  
27 and effective communication, together with the opportunity to share expectations and  
28  
29 uncertainties, are critical to engender parents’ confidence about what to expect from  
30  
31 intervention which in turn supports engagement to be maintained and potentially to grow  
32  
33 throughout the intervention process. In addition, depending on the parent’s awareness and  
34  
35 knowledge of child language development and parent-child interaction, some parents may need  
36  
37 additional sessions to consolidate what they have learned from taking part in the programme.  
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40 The ability to tailor intervention delivery is therefore vital.  
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#### 47 *Future research*

48  
49 Further work is needed to identify the range of approaches SLTs can adopt to promote  
50  
51 successful engagement and collaborative working with parents and importantly, how to tailor  
52  
53 them to the needs of different families. Identifying ways to increase parent trust and confidence,  
54  
55 particularly in the context of relatively short interventions offered by many services, is vital.  
56  
57 Most participants in the current study either sought help for their child’s language difficulties  
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3 or were keen to receive help when they were informed that their child's language was low. An  
4  
5 important gap in current evidence remains the exploration of the beliefs and experiences of  
6  
7 parents who are not being reached by current services, and either do not attend or drop out from  
8  
9 such programmes.  
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### 14 *Strengths and Limitations*

15  
16 A major strength of the current study is the recruitment of 10 families from predominantly  
17  
18 socially disadvantaged backgrounds (with the exception of M17), given recruitment from this  
19  
20 population is often difficult. The parents in this study provide crucial insights into some of the  
21  
22 barriers and facilitators to engagement for these families which can inform current and future  
23  
24 parent-child interaction programmes. The rigour of qualitative methods is also a study strength.  
25  
26 As highlighted in the methods section, this included employing reflexivity, crystallisation, and  
27  
28 peer review and consensus of coding procedures.  
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33 A limitation is the potential for interviewer bias, which can occur due to bias towards a  
34  
35 preconceived response based on the structure, phrasing or nature of questions during the  
36  
37 interview process. However, the researcher did not have experience providing SLT services,  
38  
39 limiting any bias they would have in terms of pre-existing beliefs or views when developing  
40  
41 the interview topic guide and analysing/interpreting data. Another limitation is the challenge  
42  
43 of recruitment, with only 36% of those parents invited to take part recruited to the study.  
44  
45 Making contact with potential participants was difficult as mobile numbers would often change  
46  
47 or become disconnected, or the phone would not be answered. Text messages were sent and  
48  
49 voicemails were left, in addition to calling at different times and on different days to attempt  
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51 to contact potential participants. This is a common challenge for studies with populations from  
52  
53 areas of social disadvantage (Pescud *et al.* 2015). In this study, once contact was made only  
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55 one of 11 parents decided not to take part in the study citing time as the reason. A potential  
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3 way of improving the contact rate with parents could be to contact them via social media such  
4 as Facebook. Facebook is increasingly being used by professionals as a method for recruitment  
5 and retention, particularly with 'hard-to-reach' populations, because, unlike a home address or  
6 telephone number, Facebook profiles remain fairly stable over time (Weiner *et al.* 2017).  
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12 It must be noted that in the current study 'social disadvantage' was defined using the  
13 rather liberal criterion of living in a household in the 30% most deprived areas in the country.  
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15 It is also important for future research to consider how to include the perspectives of parents  
16 and families who are 'under-served' by SLT services and/or who infrequently participate in  
17 research (Marshall *et al.* 2017).  
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### 26 *Conclusions*

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28 Parent-child interaction interventions are routinely offered to parents of young children  
29 with language difficulties. The process of parent engagement in intervention starts even before  
30 they begin the programme and this can be harder to establish with parents from socially  
31 disadvantaged areas. It is essential that SLTs understand the barriers that parents experience  
32 and ensure families have a realistic expectation of intervention before and during the process,  
33 including opportunities to build collaborative relationships with SLTs as well as share  
34 experiences with other parents. This can build parental confidence and provide reassurance  
35 throughout intervention. In addition, to ensure that services are equitable, it is essential they  
36 can accommodate differences in parent expectations, needs and concerns, allowing all families  
37 to engage sufficiently for their child to benefit.  
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**Table 1: Description of parent-child interaction groups offered**

	<b>Description of intervention</b>	<b>Population served</b>
<b>Parent Language Groups</b>	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).
<b>Starting Points</b>	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
<b>Home Play</b>	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	<ul style="list-style-type: none"> <li>• Can you please tell me about the parent language programme that you took part in</li> </ul>
2. Expectations	<ul style="list-style-type: none"> <li>• Can you tell me why you decided to take part in the parent-child interaction programme</li> <li>• Tell me about your expectations before starting the programme/what did you expect to happen</li> </ul>
3. Experiences	<ul style="list-style-type: none"> <li>• Can you tell me what you think of the programme now that you have done it</li> </ul>
4. Change	<ul style="list-style-type: none"> <li>• What do you think are the main things that you have got from taking part in the programme?</li> <li>• What would you tell a friend or family member if they were thinking about taking part in the programme, but were unsure about it?</li> </ul>

Table 3: Example section from framework analysis chart

<b>3 Access to support and help seeking</b>			
Participant	<i>3.1 Concern about development</i>	<i>3.2 Suggested by others (e.g. HV or playrgoup staff)</i>	<i>3.3 Help seeking to gain reassurance</i>
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: <i>Because I was worried with Matthew's speech he was just, he was very slow and very behind"</i> Turns out he could say more than M thought.		M: <i>"...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</i>

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

*actually, she was more nice about it than  
horrible if that makes sense." (2)*

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For Peer Review Only



**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, " <i>pops in every now and again. Well, pretty much every day.</i> " (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 " <i>...mostly my language, uhh, that is Urdu, my home language</i> " (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

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3	ID 17; mother;	7	Mother, oldest son who is six and younger son who is two and attended	English
4				
5	PLG		the programme. And, "... <i>their dad as well, but he works away a month at</i>	
6			<i>a time. He does like a month on and a month back home.</i> " (17)	
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10	ID 21; mother;	3	Mother, father and three year old daughter	The child is exposed to Russian at
11				home, as the parents speak Russian.
12	PLG			
13				At home " <i>all the time Russian</i> " (21)
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17	ID 23; mother;	1	Mother, father, thirteen year old son and three year old son who attended	English
18				
19	PLG		programme	
20				
21	ID 25; father;	1	Father, mother, five year old daughter and two year old son who attend	English
22				
23	PLG		programme. " <i>We do have other close family as well like, um, Claire's</i>	
24			<i>brothers, they're around quite a bit, er, but just four of us that live here</i>	
25			<i>yeah, and obviously the dog (laughs).</i> " (25)	
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30				
31	ID 26: mother;	2	Mother who is pregnant with second child, father, two year old son who	English
32				
33	PLG		attended programme and pet dog	
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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	<i>Gaining reassurance</i>
	<i>Learning how to help support their child</i>
	<i>Hoping that "they'll come out talking"</i>
Barriers and facilitators to parents' engagement throughout the intervention process	<i>Gaining reassurance from taking part in the programme</i>
	<i>Uncertainty about the programme</i>
	<i>Differing attitudes towards intervention</i>
	<i>Parents' knowledge and confidence</i>
	<i>Gaining support from other parents</i>
	<i>Parents' continued use of intervention strategies outside of the intervention</i>