Joining the Circle: Parents' Experiences of an Attachment-Based Intervention in UK Parent-Infant Mental Health Services

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Abstract

Background: The Circle of Security Parenting (COSP) programme is an attachment-based intervention aimed at enhancing caregivers' reflective functioning and sensitivity to their child's needs. Despite its growing adoption across clinical settings, prior to the present study, research had not yet explored how parents experience COSP within UK Parent-Infant Mental Health Services (PIMHS).

Aim: This study aimed to qualitatively explore parents' experiences of COSP within UK parent-infant services, with a focus on understanding the perceived utility, the experience of delivery methods, and the role of culture within UK contexts.

Methods: Using a reflexive thematic analysis approach, semi-structured interviews were conducted with a purposive sample of 15 parents who had completed the COSP programme in UK PIMHS.

Results: Six key themes were identified, 1) Building a More Confident and Connected Parent; 2) Reflecting on the Self in the Parenting Role; 3) Group Format as a Space for Connection or Disconnection; 4) Cultural Relevance and Fit of COSP; 5) Structural Barriers and Accessibility Challenges; and 6) COSP in Everyday Life and Beyond. Participants' feedback reflected the perceived value of the intervention, challenges related to accessibility and delivery, and the influence of individual and cultural context on engagement.

Conclusion: This qualitative study offers novel insights into how parents in UK PIMHS have experienced COSP, highlighting its perceived benefits in enhancing confidence, emotional connection, and reflective capacity. Findings also emphasise the need for more inclusive, culturally resonant, and flexible delivery to ensure accessibility across diverse family contexts. These contributions advance the UK evidence base for COSP and support the need for its sensitive adaptation and implementation within PIMHS.

Contents

Introduction

1.0 Chapter Overview

This chapter introduces the theoretical foundations of attachment theory and summarises key research that demonstrates the importance of early attachment relationships for future developmental outcomes. It then considers how parental mental health and the quality of the parent-infant relationship are linked and provides an overview of interventions that aim to strengthen these early relationships. The Circle of Security Parenting (COSP) programme is introduced as an intervention being used more widely in the UK, and a systematic review of the literature is presented to explore whether COSP can help improve caregivers' mental wellbeing. Finally, the chapter outlines the rationale for the present research, highlighting the gap it aims to address and the relevance of it within the wider context of Parent-Infant Mental Health Services (PIMHS).

1.1 Theoretical Foundations of Infant Attachment Theory

The first 1001 days of life, spanning from conception to age two, are a critically important period for development that lays the foundation for the rest of a person's life (Leach, 2017). This is supported by substantial and compelling research, showing that infants' brains develop fastest during this period and are also at their most adaptable, forming millions of neural connections, which are heavily influenced by their environment and early experiences (Harvard University Centre on the Developing Child, 2024). As infants' early experiences are predominantly shaped by their relationships with primary caregivers (most commonly parents), the parent-infant relationship is especially important in development.

To understand how these early relationships shape development, it is essential to consider the concept of attachment and the behaviours that reflect it. Attachment behaviours, such as infants seeking proximity to their parent and distress when separated have been

observed in a range of mammals across the animal kingdom, and are thought to be innate, serving an important survival function (Ein-Dor & Hirschberger, 2016). Harlow's (1958) famous ethological study demonstrated this using infant rhesus monkeys. The study showed that the monkeys instinctively sought comfort and security from a 'surrogate mother' made of cloth, preferring this over a surrogate mother made of bare wire, which provided milk but no comfort. Such ethological studies highlight that emotional needs play a crucial role in early development and laid the groundwork for later theories of attachment.

John Bowlby, a pioneering psychoanalyst, first coined 'attachment theory' which is foundational in parent-infant relationship work today. He defined 'attachment' as a "lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194) and proposed that infants develop a mental framework called the 'internal working model of attachment', based on their early interactions with their primary caregivers.

He defined 'attachment' as a "lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194) and proposed that infants develop an 'internal working model of attachment' - a mental framework shaped by their early interactions with primary caregivers. This early model was said to begin forming long before infants were able to speak, yet could impact how they went on to navigate, give meaning to, and develop relationships with others in their lives as they grew older. For example, when a caregiver consistently responds with warmth and attentiveness, soothing their child when they cry and meeting their needs, the child gradually builds an internal working model where they learn to trust that their caregiver will be there for them in times of need. As the child grows, they are more likely to approach new situations with confidence, feeling secure in knowing that support is available from others when needed.

On the other hand, when a caregiver responds inconsistently to a child's needs, sometimes offering comfort but at other times ignoring distress or reacting with frustration, the child learns that their needs will not be reliably met. This inconsistency creates insecurity in their early experiences of care and leads to the development of an internal working model in which others are seen as unpredictable. As a result, they may experience difficulties with trusting and relying on others, or in believing they are worthy of consistent love and care.

Attachment theory was further developed by Mary Ainsworth and colleagues (1978) in their famous 'strange situation' experiment. The experiment observed patterns of behaviours displayed by infants aged 11 to 15 months, when their mothers left them in a room with a stranger and toys and then returned after a few minutes. The behavioural observations of the infants in this situation were categorised into different 'attachment patterns', comprising 'secure attachment', when infants showed distress upon mother leaving, but were quickly soothed by their mother's presence again upon her return; 'insecure-ambivalent attachment', when infants showed intense distress upon mother leaving but were not quickly soothed by her return and may have also shown resistance towards her; and 'insecure-avoidant attachment', when infants showed no distress upon the mother leaving and little interest/indifference upon the mother returning. Secure attachment was thought to reflect the infant's view of their mother as a safe base, boosting their confidence to explore the environment, while also trusting that she would respond sensitively to their needs and provide comfort.

1.2 Early Attachment and Later Outcomes

A large body of research has replicated the strange situation experiment in various settings (Simonelli et al., 2014; van Ijzendoorn & Kroonenberg, 1988) and research has gone further to show associations between attachment patterns and differential outcomes.

Concerningly, there is robust evidence showing that infants with an insecure attachment pattern are at higher risk of maladaptive emotional and social outcomes later in life, compared to those with secure attachment patterns (Kim et al., 2021; Moss & Dubois-Comtois, 2005; Sroufe, 2005). For example, Sroufe et al. (1999) conducted a seminal longitudinal study in Minnesota, USA, which found that infants categorised as having secure attachments to their caregivers at 12–18 months demonstrated greater self-confidence and social skills by age 10, had a lower risk of psychiatric symptoms during adolescence, and experienced higher relationship satisfaction and emotional stability in early adulthood, compared to those with insecure attachments.

Research has also demonstrated a connection between infants' attachment patterns and their physical health later in their adult lives. Puig et al. (2013) found that adults who had insecure attachments as infants had a higher incidence of inflammation-based illnesses compared to those with secure attachments. Along with other research, these findings reinforce the critical importance of early attachment relationships in shaping long-term emotional and physical well-being. It should be understood, however, that whilst early attachment is said to lay the foundation for some later outcomes in life, it does not entirely dictate a person's developmental trajectory. Sroufe (2005) emphasised that, in the 1999 longitudinal study, it was found that positive peer relationships in childhood could also help individuals with insecure attachments develop healthier relationships over time, while reducing potential risks for poor social, behavioural and emotional outcomes, such as poor social skills, aggressive behaviour and emotional dysregulation. The view that attachment patterns are not static and can be changed across the lifespan, is also asserted in Crittenden's (2005) highly regarded dynamic maturational model (DMM) which will be discussed further in subsequent sections. Thus, early attachment should be understood as not entirely

deterministic, where supportive environments and later positive life experiences can improve outcomes, even for those who faced challenges in attachment early on.

1.3 Context of Parent-Infant Interventions

As understanding of the importance of infant attachment grew, there also came the development of parent-infant interventions in the 1980s to 1990s, which aimed to both strengthen the parent-child attachment relationship and improve parental mental wellbeing. In a highly influential and pioneering paper by Fraiberg et al. (1975), multiple case examples are provided which were used to illustrate that caregivers who faced neglect, abuse, or difficult relationship patterns during their own childhood, may unintentionally recreate these maladaptive parenting patterns with their own children. Whilst these were not explicitly linked to attachment theory by Fraiberg et al. (1975), it was postulated that parents' unresolved early experiences, metaphorically referred to as "ghosts from the past", could influence how they respond to their children. For example, if a mother was previously in a pattern of being ignored or rejected by her own caregivers as a child, she would be more likely to struggle to respond sensitively to her own baby's emotional needs. This is not because she does not love them, but because she has been conditioned to disconnect from her distress, as a way to cope for herself. Over time, this could manifest into patterns of emotionally distant, harsh, or inconsistent caregiving behaviours.

As such, the psychotherapeutic approach which evolved from this seminal paper, emphasised the importance of parental reflective functioning. Through helping parents to recognise their "ghosts" and work through them, it was proposed that interventions could help them break out of dysfunctional cycles and improve attachment security with their children.

1.4 Parental Mental Health and Infant Attachment

Research has also explored the relationship between parents' mental health and its potentially bidirectional relationship with child attachment. For instance, the 'Still Face experiment', conducted by Tronick and colleagues in the late 1970s, was aimed at observing how infants respond to the disruption of emotional communication with their caregivers (Tronick et al., 1978). During the experiment, an infant and caregiver (usually the mother) interact naturally with one another, typically in a playful manner. This is followed by a 'still face phase' in which the caregiver suddenly adopts a flat, expressionless face, becomes silent, and stops interacting with the infant while still maintaining eye contact. Observational results showed infants often became visibly distressed during the still face phase - first attempting to elicit a response from the caregiver through vocalisations, gestures, and facial expressions, before, when these attempts failed, becoming withdrawn, engaging in self-soothing behaviours, or starting to cry. This experiment appeared to illustrate the crucial role of caregivers' emotional availability in supporting infants' emotional regulation. Additionally, it highlighted the importance of responsive and 'attuned' caregiving, whereby 'attunement' can be understood using the definition provided by van Otterloo (2022): "being aware of and responding to the emotions of another person".

The implications of the Still Face experiment are particularly relevant in cases where caregivers are not consistently emotionally attuned or responsive to their infants, which is commonly observed in parents experiencing psychological distress. For instance, research has shown that higher levels of maternal anxiety, depression and stress were associated with lower levels of sensitivity to infants' behavioural cues (Field, 2010; Glover 2014). Additionally, such disruptions in caregiving can interfere with the development of secure attachments, heightening the risk of insecure attachment patterns. In turn, this may negatively

impact an infant's emotional regulation, social competence, and attachment security in the future.

Moreover, a parent's perception of their relationship with the infant may impact their own wellbeing too. For example, research has found that lower levels of parental self-efficacy were negatively associated with parental mental health (Albanese et al., 2019), and mothers' negative views of their parental abilities were found to be a risk factor for developing post-partum depression (Beck, 2001). Therefore, it ought to be understood that parental emotional unavailability or lack of attunement to their child caused by mental health difficulties may negatively affect their infants' emotional development. In turn, when parents lack confidence in their ability to care effectively for their child, this can also further undermine their own mental wellbeing, creating a potentially cyclical pattern in which each influences and exacerbates the other.

1.5 Context of UK Parent-Infant Mental Health Services

1.5.1. Current Landscape and Initiatives Shaping PIMHS

As of 2025, there are 47 Parent-Infant Mental Health Services (PIMHS) in the UK (Parent-Infant Foundation, 2025a). These services focus on three key aims:

1. Strengthening relationships between babies and their caregivers.
2. Improving caregiver mental health.
3. Supporting babies' early development and well-being, particularly for those at risk (Parent-Infant Foundation, 2025b).

The landscape of parent-infant support services in the UK has changed significantly in recent years. Following a key government initiative in 2009, many Sure Start children's centres were established to integrate services for young children and families, addressing key

issues such as child development and parental employment support. However, due to a 62% cut in council spending on early years services between 2010 and 2019 (Action for Children, 2019), many Sure Start centres have since been decommissioned and closed. Existing parent-infant services today are primarily commissioned at the local authority level, with funding and strategic direction provided by the central government.

In more recent years, the UK government's 'Best Start for Life initiative' highlights the critical importance of the first 1,001 days of a child's life, from conception to age two (HM Government, 2021). A key part of this initiative is the rollout of Family Hubs, designed to provide integrated services for families with children of all ages. In February 2025, the Department for Education and the Department of Health and Social Care released a programme guide outlining the objectives and expectations for the Family Hubs and Start for Life programme for 2025-2026 (Department for Education & Department of Health and Social Care, 2025). The guide emphasises transforming family services, ensuring parents and caregivers can access timely support.

Additionally, to expand and strengthen Family Hubs, the government announced an additional £126 million in funding in January 2025. This investment aims to create a nationwide network of Family Hubs, enhancing the accessibility and effectiveness of family support services.

1.5.2 The Role of PIMHS in Supporting Mental Health

While a formal mental health diagnosis is not required for families to access PIMHS, many parents using these services experience mental health challenges. Some PIMHS operate alongside specialist Perinatal Mental Health Teams (PMHTs), creating integrated care pathways for parents and infants.

The evidence base for PMHTs and PIMHS is growing, with an increasing number of empirical studies involving families who have accessed these services (Parent-Infant Foundation, 2023). Ongoing research is essential for informing service development and delivery. Notably, the National Institute for Health and Care Excellence ([NICE], 2020) has acknowledged the lack of research on psychological interventions that focus specifically on the parent-infant relationship within perinatal mental health contexts and has highlighted the need for new research to address this gap.

1.5.3 Public Awareness and Future Directions

Generally, public interest in early childhood development is also increasing. The Royal Foundation Centre for Early Childhood (2021), led by Kate Middleton, Princess of Wales, launched the 'Shaping Us' campaign in 2021, to raise awareness of the importance of investing in early relationships for children up to 5 years old, in shaping both individual and societal well-being.

There have also been various early years initiatives and approaches designed to support parents and promote positive relationships between parents and their pre-school children. Parenting programmes such as the Solihull Approach (Douglas & Johnson, 2019) and Triple P - Positive Parenting Programme (Sanders et al., 2014) have been widely implemented, aiming to enhance parental confidence, emotional attunement, and responsive caregiving. These interventions often combine psychoeducation with group-based support, and form a key part of the broader strategy to improve early relational health and child development outcomes. Thus, given the UK's ongoing commitment to early years support, there is a drive to expand PIMHS and explore new parent-infant interventions that could be integrated into these services.

1.6 Overview of Circle of Security Parenting Programme

In recent years, the Circle of Security Parenting programme (COSP; Cooper et al., 2009), has been implemented in some UK PIMHS. The original Circle of Security Intensive protocol (COSI) was developed by Marvin, Cooper, Hoffman and Powell (Marvin et al., 2002). However, due to it being more time-consuming and requiring extensive resources, Cooper, Hoffman and Powell (2009) later developed COSP as a shorter, less intensive intervention (Circle of Security International, 2019).

COSP is described as a "parent reflection programme" (Circle of Security International, 2019), and it incorporates core theories and research related to attachment theory, including ideas from Fraiberg et al. (1975) on the importance of parental self-reflection on their own childhoods, and how this can impact them in their parenting. Furthermore, COSP aims to help parents to reframe infant needs from being perceived as threats, which aligns with key concepts in the dynamic maturational model (DMM; Crittenden, 2005). Importantly, it also incorporates the view that attachment is dynamic and changeable rather than static or fixed.

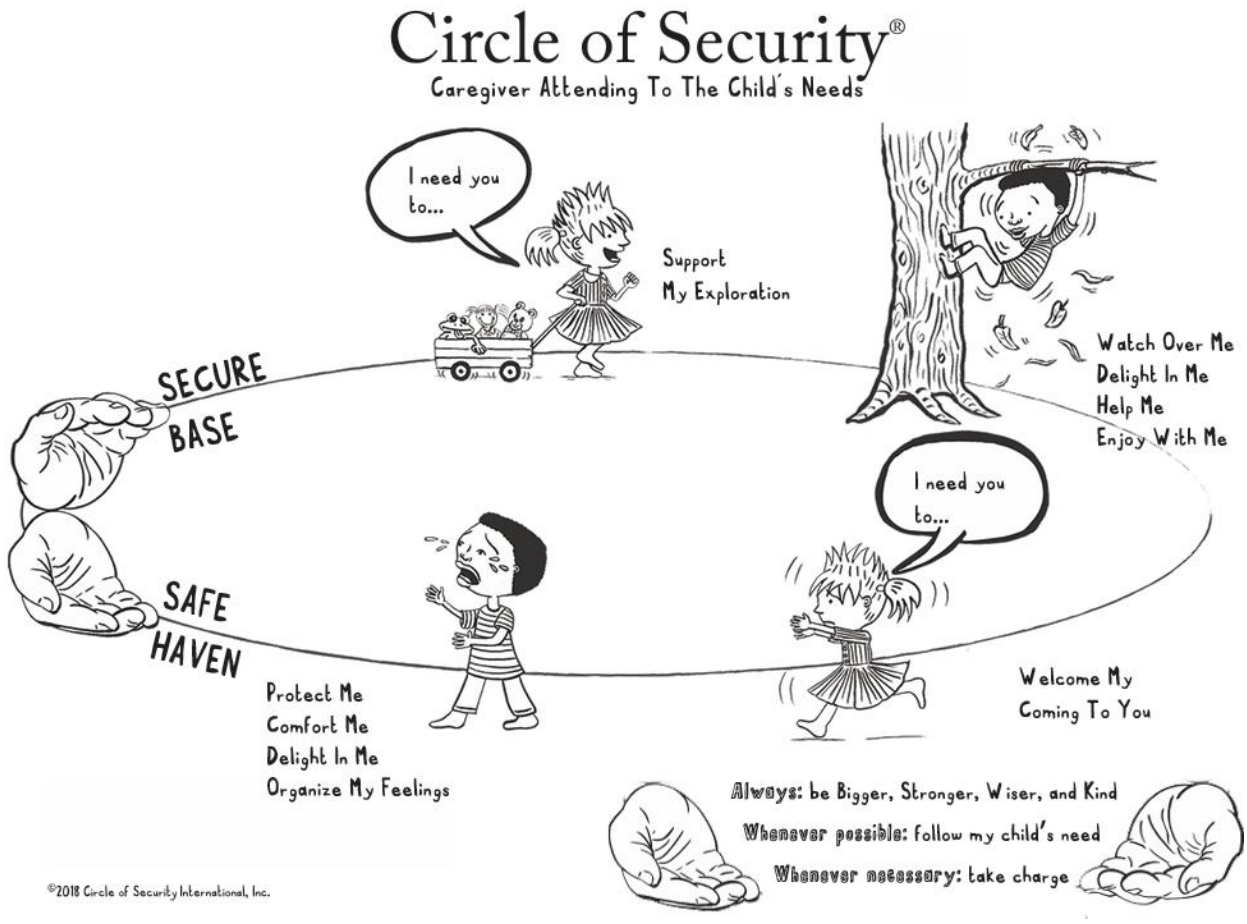
The COSP intervention was designed to be manualised and replicable and is delivered to primary caregivers in the hope that they will increase their sensitivity to their infant's needs, in turn increasing the likelihood of developing a securely attached relationship (Cooper et al., 2009). Participants are generally parents of children aged between four months and five years, and the intervention is run over the course of eight sessions, either delivered within groups or individually, and in-person or online.

The main concept of the intervention is presented in a circular diagram to caregivers (see Figure 1), showing that children need: 1) to be supported by parents in their exploration of the external world; 2) to feel safety returning back to their home base for comfort and protection from their caregiver; and 3) to know that their caregiver can take charge when

necessary but trust they will do so in a kind manner. In the programme, parents are encouraged to more accurately "see" their child's attachment needs, which are said to be "hidden in plain sight", and to notice any feelings or responses that get in the way of this. Parents' feelings of threat or unease are represented by the metaphor of "shark music," an ominous tune taken from the Jaws movie (Speilberg, 1975). Another core idea teaches that "perfect parenting" does not exist, and that the aim should only be to be "good enough", as a way to reduce pressure and a high self-criticism. There are eight chapters informing the sessions, in which different aspects of the circle are explored alongside the use of video material and discussions around parents' observations, experiences, achievements, and difficulties.

Figure 1

Full Circle of Security Graphic



COSP was created in the USA but has now been branched out internationally across several countries, including the UK. At present, there is a relatively small but growing body of research exploring the effects and experiences of COSP, with a lack of uniformity in measures explored, with studies variably looking at child behavioural measures, maternal sensitivity, maternal satisfaction, and depressive symptoms, to name a few (Cassidy et al., 2017; Ramsauer et al., 2020; Richards, 2022). It should be noted that COSP was developed using a sample of parents in the USA, and since then, the vast majority of research conducted on COSP has also been applied with parents from Western cultures, in Western countries. Its applicability across other parts of the world could therefore be questioned.

1.7 Cultural Differences in Attachment

Despite its growing use in PIMHS, research on COSP remains heavily based on Western samples, with little exploration of its applicability to ethnic minority and other minoritised cultures (Helle et al., 2023; Maxwell et al., 2021; Ramsauer et al., 2020; Reay et al., 2019; Richards, 2022). This reflects a broader issue in psychotherapy research, where 90% of studies are conducted with Western, Educated, Industrialised, Rich, and Democratic (WEIRD) participants, despite these populations making up only 12% of the global population (Henrich, 2020). Consequently, the need for new research to explore cultural variations in attachment and the effectiveness of COSP across diverse populations has been recognised (Helle et al., 2023).

While attachment theory posits that the attachment behavioural system is universal, the way attachment is expressed, valued, and understood varies across cultures. For instance, Keller (2018) critiques the assumption that attachment theory is universally applicable, arguing that it is largely based on a Western paradigm that does not always account for culturally specific caregiving practices and beliefs about what constitutes healthy attachment.

Similarly, Aghishtein and Brumbaugh (2013) suggest that cultural moderators, such as individualism and collectivism, influence attachment patterns and caregiving behaviours.

For example, in many Western cultural contexts, secure attachment is often associated with behaviours such as maintaining eye contact, verbal responsiveness, and encouraging independence. However, in other cultural contexts, such as some Indigenous or collectivist communities, secure attachment may instead be demonstrated through physical proximity and body-to-body contact, with less emphasis on direct eye contact, which may even be considered disrespectful (LeVine et al., 2014). There are also notable cultural differences in the distribution of attachment patterns; for instance, research has found higher rates of avoidant attachment in Northern European countries and more anxious-ambivalent patterns in Southern Europe (van Ijzendoorn & Kroonenberg, 1988). Therefore, while certain attachment needs may be universal, their manifestations may be deeply shaped by cultural contexts. Cultural issues will be further explored in the systematic literature review discussion section.

1.8 Systematic Literature Review

1.8.1 Introduction

As previously discussed, Circle of Security-Parenting (COSP) is a parenting intervention rooted in attachment theory, and whilst it has been widely disseminated and implemented across mainly Western populations, its empirical evaluation remains limited.

The randomised controlled trials (RCTs) conducted on COSP have produced mixed results regarding its effectiveness. For example, Cassidy et al. (2017) and Risholm Mothander et al. (2018) reported only limited significant improvements in family outcomes when comparing COSP to waitlist controls or treatment-as-usual. Cassidy et al. (2017) reported on a relatively large study, examining 141 mothers and their children enrolled in

Head Start programs, and found that there was no significant effect of COSP on child attachment type. This study did not directly assess parental stress, which is a key outcome of interest. In contrast, smaller studies, such as a pilot evaluation by Kohloff et al. (2016) involving 15 mothers, found significant reductions in parental stress following COSP participation. Research has indicated a link between attachment difficulties and parental stress, whereby insecure attachment in parents (especially avoidant and anxious) was associated with higher parenting stress and less emotionally supportive parenting behaviours, whereas secure attachment has been linked to lower stress and healthier, more affectionate parenting (Kim et al., 2019). Additionally, Quintigliano et al. (2021) found that when insecure maternal attachment styles were combined with high parenting stress, this was associated with more negatively biased perceptions of the child, leading to less affection in their parenting, and potentially reinforcing a negative cycle in the attachment relationship. It is important to note however, that this study employed a self-report attachment style questionnaire rather than a direct measure of internal working models. Therefore, parental stress should be considered an important factor, not only in the context of parental wellbeing, but in the parent-infant relationship too.

The majority of COSP research primarily depends on parental self-reports. Since attachment security in children is challenging to assess over short intervention periods, many studies rely on parent-reported data rather than direct observational methods. However, this approach may introduce bias, as parents' perceptions might not accurately reflect changes in attachment behaviours and may also be influenced by social desirability bias (Cassidy et al., 2017). Gold-standard assessments, such as the Strange Situation Procedure (SSP), require specialised training and are seldom used in COSP evaluations (Yaholkoski et al., 2016). Therefore, given that parent-infant services prioritise both child attachment and parental well-

being, and that COSP is increasingly used in these settings, it would be beneficial to use parental self-reports to assess its impact on caregivers' mental health and wellbeing.

The existing evidence base presents notable gaps, particularly regarding COS-P's effects on caregiver mental health and psychological well-being. To address this, the present systematic review aims to evaluate whether participation in COS-P is associated with measurable reductions in parental stress and broader improvements in psychological distress.

A review by Gerdts-Andresen's (2021) explored a range of outcome measures in COS-P studies, including child behavioural outcomes and parental self-efficacy, and focused specifically on multi-problem families often referred by child protection services. However, the present systematic review takes a novel approach by focusing specifically on parental measures directly linked to caregiver psychological well-being, without targeting a specific high-risk population, thereby enhancing the generalisability and applicability of its findings.

Given the predominance of quantitative methodologies in existing COS-P research and the limited number of qualitative studies on this topic, this review aims to contribute to the literature by synthesising the available quantitative evidence and highlighting gaps for future exploration. This approach also allows for a broader representation of the literature and supports the rationale for the main empirical research presented later in this thesis.

Therefore, this review employs a systematic search strategy to identify relevant studies that have quantitatively measured psychological distress in caregivers both before and after COSP intervention. The review includes studies using various quantitative methodologies without restrictions on geographic location, providing a comprehensive overview of the current state of research on COSP and its impact on caregivers.

The following sections outline the systematic search process, inclusion and exclusion criteria, data extraction methods, and the approach used for narrative synthesis.

1.8.2 Method

1.8.2.1 Search strategy

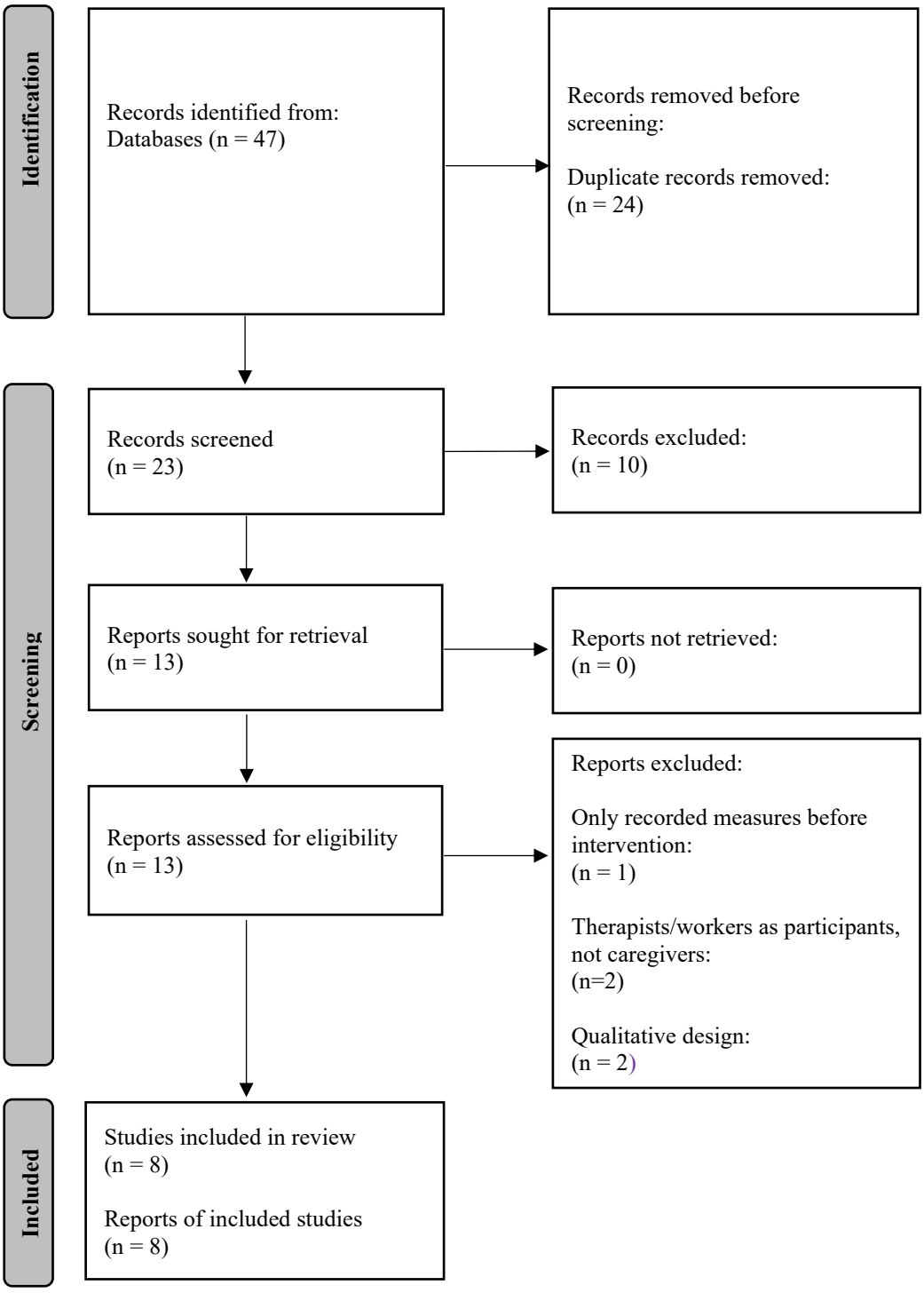
A systematic electronic search for relevant studies was carried out on December 15, 2024. Using the EBSCOhost research platform, an advanced search was performed across four databases simultaneously: APA PsycArticles, APA PsycInfo, CINAHL Ultimate, and MEDLINE Ultimate. The search employed specific terms using Boolean operators, which were combined and restricted to the abstracts field only:

1. “circle of security*”
2. "mental health" OR "wellbeing" OR “well-being” OR "resilience” OR “parental stress”
3. #1 AND #2

Records were not limited by year of publication but were limited to publications written in English. To ensure a transparent search strategy and allow future replication of this review, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021) were followed (see Figure 2).

Figure 2

PRISMA flow diagram for systematic reviews



1.8.2.2 Inclusion and exclusion criteria

Papers were thoroughly reviewed by examining their titles and abstracts based on predefined criteria. Once the papers were retrieved, their full texts were closely evaluated to determine eligibility. The inclusion criteria were: studies needed to have collected quantitative measures of caregivers' psychological distress, both pre-COSP and post-COSP. Exclusion criteria were: if it was not an empirical study, if the measures pertained to participants other than caregivers (such as COSP facilitators or children), or if the study only reported qualitatively on psychological measures of distress.

This criterion was included because the objective of this review focused on evaluating the effectiveness and predictability of the intervention outcomes, rather than examining the meaning and experiences of the phenomena, which would be better suited to qualitative research.

Following the guidance of Aveyard (2019), an inclusive approach was adopted, ensuring that all studies that fulfilled the criteria were incorporated in the review, regardless of their methodological quality. This approach allows for a more comprehensive understanding of the evidence base. Studies employing any type of quantitative methodology were considered, and research from any country was included.

1.8.2.3 Data extraction and quality rating

The quality of the papers was evaluated using a widely cited tool - the 'Checklist for assessing the quality of quantitative studies' (Kmet et al., 2004), which was designed to be applicable to any type of quantitative study design. This tool provided a consistent and equitable approach for appraising all studies included in the review, extracting information and facilitating a more structured analysis (Aveyard, 2019). Although numerical scores were calculated, they are not included in this paper as they could be misleading. Instead, it is

considered more valuable to highlight key strengths and biases (Critical Appraisal Skills Programme [CASP], 2022). Based on the calculated scores, studies were categorised into three quality levels: 'low,' 'moderate,' or 'high.'

1.8.2.4 Statistical methods

Quantitative systematic reviews often include a meta-analysis; however, this is not always feasible when there is insufficient data in the papers or when studies lack similarity (Campbell et al., 2019; Popay et al., 2006). In this review, a meta-analysis was not considered appropriate due to the absence of standard deviations in some studies and significant heterogeneity across studies, such as variations in study designs and sample characteristics. Despite this, effect sizes were calculated for some studies and are presented in Tables 2 and 3, along with any reported pre-post intervention means and *p*-values.

1.8.2.5 Narrative synthesis

A ‘narrative synthesis’ is an approach used to summarise and interpret the findings of a systematic review, relying primarily on words and text (Aveyard et al., 2019). This method is commonly used as a practical alternative when more specialised synthesis approaches, such as meta-analysis, are not suitable. To address the lack of structured guidance for this method, Popay et al. (2006) developed a widely used framework specifically designed for studies investigating the effects of interventions and the factors influencing their implementation. This review followed this framework to improve transparency and enable the synthesis process to be replicated.

1.8.3 Results

1.8.3.1 Overview of Studies and Outcomes

A total of eight studies met the criteria and were used in this systematic review (Birdsey et al., 2023; Kohlhoff et al., 2024; Krishnamoorthy et al., 2020; Kubo et al., 2021;

Røhder et al., 2022; Sadowski et al., 2022; Shai et al., 2024; Zimmer-Gembeck et al., 2022). All studies' key characteristics, and their quality ratings assigned, are given in Table 1.

In the studies used, the measures regarding psychological distress were constructs on the following four areas: parental stress, depression, helplessness and anxiety and dysphoria. The results on these are presented in two tables: studies using randomised controlled trial (RCT) designs (see Table 2), and studies using a non-RCT design (see Table 3), in whichever way they varied. They have been split in this way as RCTs are widely regarded as the gold standard for demonstrating the effectiveness of clinical interventions (Akobeng, 2005), as they allow for stronger conclusions about causation. Therefore, distinguishing RCTs from non-RCTs is useful when assessing intervention efficacy, as non-RCTs tend to have a greater risk of bias.

The results from the full scale RCTs (Kohlhoff et al., 2024; Røhder et al., 2022; Zimmer-Gembeck et al., 2022) are shown in Table 2 and results from non-RCT studies (Birdsey et al., 2023; Krishnamoorthy et al., 2020; Kubo et al., 2021; Sadowski et al., 2022; Shai et al., 2024) are shown in Table 3.

Table 1.
Characteristics of all Included Studies

Author	Country	Study Design	COSP mode/length	Control Groups	COSP Completers (N)	Caregiver Mean Age (years)	Caregiver Ethnicity (%)	Caregiver Relationship to Child (%)	Children's Age (mean) and Characteristics	Study Quality
Birdsey et al. (2023)	UK	Single-arm trial	Group: 7, weekly sessions. Removed 'being with infants' session	-	4	30s to 50s	White British (100%)	Mothers (100%)	9.75 years (Range: 5 – 12) With learning disabilities	Low
Kohlhoff et al. (2024)	Australia	RCT	Group: 8, 2hr sessions, weekly	Waitlist control (COSP used as an active control)	13	33.1 (Range: 22 – 43)	Caucasian: 68% Middle Eastern: 14% Hispanic: 9% Asian: 9%	Mothers (100%)	19.5 months (Range 14 - 25 months)	High
Krishnamoorthy et al. (2020)	Australia	Single-arm, two-site trial	Group: 8, 2hr sessions, weekly.	-	32	47 (Range: 23 – 64)	Not reported	Foster carers: Female (74%) Male (9%) Not available 17%	8.2 years (Range: 6-12). Severe/complex psychological/ behavioural problems.	High
Kubo et al. (2021)	Japan	Non-randomised, double-arm trial	Group: 8, 1.5hr sessions, weekly, + follow-up session after 1 month	Matched controls	20	40.6 (Range: 32.1 – 47)	Not reported	Mothers (100%)	7.3 years (Range: 4.2 – 12.3). Diagnosed with ASD.	High
Røhder et al. (2022)	Denmark	RCT	Individual: 9 sessions (2 antenatal, 7 postnatal). Session order modified.	Waitlist	34	Not reported	Not reported	Mothers (100%)	9 months	High

RCT, Randomised Controlled Trial; ASD, Autism Spectrum Disorder.

Table 1. (continued).

Author	Country	Study Design	COSP mode/length	Control Groups	COSP Completers (N)	Caregiver Mean Age (years)	Caregiver Ethnicity (%)	Caregiver Relationship to Child (%)	Children's Age (mean) and Characteristics	Study Quality
Sadowski et al. (2022)	Australia	Double-arm comparative trial	Group: 8, ~ 1.5 hr, weekly sessions Individual: up to 3 hrs, 8 – 14 sessions.	-	Group: 7 Individual: 7	Group range: 22 to 47 Individual range: 21 to 38	Not reported	Relationship not stated: Female (79%) Male (21%)	Not reported	Moderate
Shai et al. (2024)	Denmark	Pilot, double-arm trial	Group: 8, 1.5 hr, weekly sessions	Waitlist	12	33.5	Not reported	Mothers (100%)	9.5 months	Moderate
Zimmer-Gembeck et al. (2022)	Australia	RCT	Individual: 8, 1 hr, weekly sessions	Waitlist	35	35	Not reported	Mothers (82%) Fathers (15%) Aunt/grandmother (3%)	Range: 1 – 7 years. Disruptive behaviours.	High

RCT, Randomised Controlled Trial; ASD, Autism Spectrum Disorder.

Table 2.

COSP on caregiver psychological distress: RCTs

Author	Parental Stress				
	Mean start score	Mean end score	*p*-value	Effect size	Mean follow-up (4 months)
Kohlhoff et al. (2024)	PSI-SF: 99.45	92.39	**p* =.03	*d* = 0.55	82.23 (**p* =.03; *d*: 0.79)
Røhder et al. (2022)	PSI-SF: -	59.9	**p*=.04	β=-8.51	-
Zimmer-Gembeck et al. (2022)	PSI-SF composite: 2.77	2.01	***p*<.001	*η*2=0.22	-
	Depression				
Røhder et al. (2022)	EPDS: -	-2.7	*p* =.39	β=−0.71	-
Zimmer-Gembeck et al. (2022)	BDI-II: 11.49 (11.29)	8.31 (9.62)	**p*=.04	*η*2=0.04	-
	Helplessness				
Kohlhoff et al. (2024)	CHQ-MH: 15.76	13.62	*p* =.06	*d* = -0.46	10.27 (*p* =.15; *d*:-0.58)

**p*<.05. ***p*<.001. PSI-SF, Parenting Stress Index-Short Form (Abidin, 1995); CHQ-MH, Caregiving Helplessness Questionnaire mother helpless scale (Solomon & George, 1999); EPDS, Edinburgh Postnatal Depression Scale (McBride et al., 2014); BDI-II, Beck Depression Inventory-II (Beck et al., 1996).

Table 3.

COSP on caregiver psychological distress: non-RCTs

Author	Parental Stress			
	Mean start score	Mean end score	*p*-value	Effect size
Birdsey et al. (2023)	PSS: -	-	-	-
Sadowski et al. (2022) - Group COSP - Individual COSP	PSS: -	Median Difference (Pre-Post): 4.3 Median Difference (Pre-Post): 5.5	**p*=.02 **p*=.02	- -
Krishnamoorthy et al. (2020)	PSI-4: 93.37	84.27	***p<.001*	*g*=0.47
Shai et al. (2024)	PSS: 49.08	39.75	*p*=.47	*d* = 0.08
	Helplessness			
Birdsey et al. (2023)	CHQ: -	-	-	-
	Depression			
Kubo et al. (2021)	GHQ-SD: 0.30	0.25	*p*=.19	η2=0.30
	Anxiety and Dysphoria			
Kubo et al. (2021)	GHQ-AD: 2.25	1.40	**p*=.01	η2=0.11

**p*<.05. ***p*<.001. PSS, Parental Stress Scale, (Berry & Jones, 1995); PSI-4, Parenting Stress Index IV - Short Form (Abidin, 2012); CHQ, Caregiving Helplessness Questionnaire, (George & Solomon, 2011); PSS, Parental Stress Scale, (Berry & Jones, 1995); GHQ-SD, General Health Questionnaire-30 Suicidal Depression scale, Nakagawa (1985); GHQ-AD, General Health Questionnaire-30 Anxiety and Dysmorphia scale, Nakagawa (1985).

1.8.3.2 Statistical results

RCTs

Three RCTs were included within this review (Kohlhoff et al., 2024; Røhder et al., 2022; Zimmer-Gembeck et al., 2022).

Parental stress. All three RCTs reported that COSP led to a significant decrease in measures of parental stress, comparing pre- and post-intervention. Differing statistical analyses were used, but all demonstrated a moderate to large effect of COSP on parental stress.

Kohlhoff et al. (2024) reported a moderate effect size ($d = 0.55$), indicating a significant reduction in parental stress. Mean scores decreased from 99.45 (SD = 18.58) at baseline to 92.39 (SD = 21.13) post-intervention, with further improvements observed at the four-month follow-up (M = 82.23, SD = 21.06; $p = .03$). This yielded a larger effect size ($ES = 0.79$), suggesting continued benefits over time.

Similarly, Røhder et al. (2022) found a statistically significant reduction in parental stress ($p = .04$), with a standardised effect estimate of $\beta = -8.51$, indicating a moderate negative relationship between the intervention and parental stress levels. However, the study did not report specific baseline or follow-up scores.

Lastly, Zimmer-Gembeck et al. (2022) identified a moderate effect of the COSP intervention, with a partial eta squared (η^2) of 0.22. Parental stress scores declined from 2.77 (SD = 0.77) to 2.01 (SD = 0.60), with a highly significant p-value ($p < .001$), reinforcing the intervention's effectiveness.

Depression. In the RCTs that examined depressive symptoms (Røhder et al., 2022; Zimmer-Gembeck et al., 2022), findings on the effectiveness of COSP in reducing parents' self-reported depression were mixed. Røhder et al. (2022) did not provide baseline depression scores,

and the observed reduction in depressive symptoms was not statistically significant (p = .39). Contrastingly, Zimmer-Gembeck et al. (2022) reported a statistically significant reduction in depressive scores (p < .04) with a small partial eta squared (η^2) of 0.04.

Helplessness. Kohlhoff et al. (2024) was the only RCT that investigated the impact of COSP on parents' self-reported scores of helplessness. Results showed a marginally non-significant difference immediately post-intervention (p=.06; d = -0.46) and clearer non-significant difference at 4-month follow-up (p =.15; d=-0.58).

Non-RCTs.

Five non-RCT studies were included in this review (Birdsey et al., 2023; Krishnamoorthy et al., 2020; Kubo et al., 2021; Sadowski et al., 2022; Shai et al., 2024).

Parental stress. Two of the non-RCTs reported a statistically significant reduction in parental stress. Sadowski et al. (2022) observed improvements in both the group format (p=.02) and individual format (p=.02). Krishnamoorthy et al. (2020) reported mean stress scores decreased from 93.37 (SD=21.72) to 84.27 with a highly significant p value (p<.001) and a moderate effect size (g=0.47).

On the other hand, Shai et al. (2024) found no significant change in parental stress (p=.47). Birdsey et al. (2023) did not provide any mean scores, but instead presented the individual pre-post measures for each of the four participants in the study. Whilst two of the participants reported slightly lower scores of stress, the other two reported higher levels of stress post-intervention. Therefore, the non-RCTs provide mixed and inconclusive results on the impact of COSP on parental stress levels.

Helplessness. Among the non-RCTs, only Birdsey et al. (2023) measured parents' self-reported helplessness. As with stress, no mean scores were reported. Of the four participants, two reported reductions, one remained the same, and one showed increased helplessness. A reliable change was only observed for one mother, whose score decreased post-intervention.

Depression. The only non-RCT that recorded depressive symptoms was Kubo et al. (2021), who reported no significant difference in scores pre and post intervention.

Anxiety and Dysphoria. Kubo et al. (2021) was also the only non-RCT in this review which explored the impact of COSP on anxiety and dysphoria, as measured by the General Health Questionnaire-30 Anxiety and Dysmorphia scale (Nakagawa, 1985). They found a significant decrease in anxiety and dysphoria scores from pre-intervention (M = 2.25) to post-intervention (M = 1.40), $p = .01$, with a moderate effect size ($\eta^2 = 0.11$), indicating a meaningful reduction in anxiety and dysphoria.

1.8.3.3 Study controls.

Waitlist controls were used by all the RCTs (Kohlhoff et al., 2024; Røhder et al., 2022; Zimmer-Gembeck et al., 2022) as well as by Shai et al. (2024) in their two-arm trial design. It is worth noting that Kohlhoff et al. (2024) explored the use of a different parenting intervention, and used the COSP condition as an active comparison condition, in addition to a waitlist condition. Additionally, Kubo et al. (2021) used matched controls, whilst Sadowski et al. (2022), Krishnamoorthy et al. (2020) and Birdsey et al. (2023) did not use any controls.

One benefit of using controlled study designs, particularly randomised controlled trials (RCTs) or matched controls, is that they allow for stronger causal inference. By comparing COSP to a control condition, researchers can determine whether improvements in parental psychological distress are due to the intervention itself rather than external factors such as time

or spontaneous improvement. Waitlist controls further help by ensuring that changes in outcomes are not simply due to the passing of time, but are attributable to the intervention.

However, one limitation of controlled designs, especially waitlist-controlled trials, is that they may not fully account for real-world variability in implementation and participant engagement. Participants in the waitlist group may experience increased distress while waiting for the intervention, which could artificially inflate the effect size when comparing groups. Additionally, single-arm trials (e.g., Krishnamoorthy et al., 2020) lack a direct comparison group, which hinders the ability to determine whether the observed outcomes can be attributed specifically to COSP rather than to external influences, such as increased parental awareness from participation in any structured program.

1.8.3.4 Variability in intervention delivery.

All the studies included used COSP, which was originally designed to be used in a group setting, across a minimum of eight sessions, and at least 90 minutes long (Cooper et al., 2009). However, there was some notable variation in the ways the intervention was used among the studies, regarding the number of sessions, length of sessions, and order of sessions to name a few (see Table 1). Most studies delivered COSP across eight sessions. However, Birdsey et al. (2023) only used seven sessions, skipping the 'being with infants' session, while in Røhder et al. (2022), there were nine sessions and the order of sessions was adjusted to better suit a perinatal sample. Sadowski et al. (2022) ran two conditions, an eight-week group delivery and an individual format spanning eight to 14 weeks, tailored to each individual.

Some studies reported the length of each session to be 1.5 hours (e.g. Shai et al., 2022), whilst session length in others was two hours long (e.g. Kohlhoff et al., 2024). Session length was also not reported in some studies (e.g. Sadowski et al., 2022).

Additionally, there was variation in the settings of COSP delivery, where some were conducted in more controlled research settings (e.g. Zimmer-Gembeck et al., 2022), some in community service settings (e.g. Sadowski et al., 2022) and also in participants' homes for individual sessions (Røhder et al., 2022). Therefore, when comparing study results, it is important to consider how variability in intervention delivery may have influenced the outcomes.

1.8.3.5 Sample characteristics.

The vast majority of participants represented in this literature review were female or mothers. This was the case for all participants in five out of the eight studies (Birdsey et al., 2023; Kohlhoff et al., 2024; Kubo et al., 2021; Røhder et al., 2022; Shai et al., 2024). However, there was a small percentage of male participants in the other three studies, including 15% fathers (Zimmer-Gembeck et al. 2022), 21% male caregivers (Sadowski et al., 2022) and 9% male foster carers (Krishnamoorthy et al., 2020).

Furthermore, as this literature review did not specify 'biological parents', other carers were also included, such as in Krishnamoorthy et al. (2020)'s study which assessed the impacts of COSP on foster carers and Sadowski et al. (2022) who did not specify the participants' relationship to the child for whom they were attending COSP. As shown in Table 1, there was also variation in participants' other characteristics, including the age range of children in the caregiver-child dyads and neurodiversity. For instance, Kubo et al. (2021) implemented COSP with mothers whose children had autism spectrum disorder, and Birdsey et al. (2023) included children with learning disabilities.

In Krishnamoorthy et al. (2020), the children were reported to have 'severe or complex psychological or behavioural problems', whilst Zimmer-Gembeck et al., (2022) reported children in the sample had 'disruptive behaviours'. Other studies did not explicitly state whether children were neurotypical or had additional needs.

For caregivers, there was also some variation in inclusion criteria, where they may have reported parenting distress (Zimmer-Gembeck et al., 2022), been identified as having struggles in within the family relationships (Sadowski et al., 2022), or identified as being high risk to developing mental health problems in the perinatal period (Røhder et al., 2022). The age ranges of children in the studies also widely varied from the youngest being less than one-year olds (Røhder et al., 2022; Shai et al., 2024), up to 12-year-olds at the oldest (Birdsey et al., 2023; Kubo et al., 2021; Krishnamoorthy et al., 2020).

Furthermore six out the eight studies did not report the ethnicity of the caregivers/children dyads. However, Birdsey et al. (2023), the participants were all White British, and in Kohlhoff et al., (2024) the majority of participants were Caucasian (68%), with a small number middle Eastern (14%), Hispanic (9%) or Asian (9%).

In terms of geographic distribution, four of the studies were conducted in Australia (Krishnamoorthy et al., 2020; Kohlhoff et al., 2024; Sadowski et al., 2022; Zimmer-Gembeck et al., 2022), two in Denmark (Røhder et al., 2022; Shai et al., 2024), one in the UK (Birdsey et al., 2023) and one in Japan (Kubo et al., 2021).

1.8.3.6 Sample sizes.

Sample sizes in the studies were relatively small. The largest number of COSP condition completers was 35 (Zimmer-Gembeck et al., 2022), while the smallest included only four participants (Birdsey et al., 2023). Although the RCTs in this review employed robust research designs, smaller sample sizes reduce statistical power and increase variability. As a result, larger effect sizes are required to reach statistical significance. This increases the risk of Type II errors, where real effects go undetected, leading to false negatives (Cohen, 1992).

Small sample sizes in the non-RCT studies present similar challenges. These studies are already limited by their inability to control for confounding variables. In these cases, small samples further increase the risk of selection bias, reducing the generalisability of findings. Additionally, limited sample sizes constrain the ability to adjust for confounders, increasing the likelihood of spurious results due to unmeasured variables (Austin & Stuart, 2015).

1.8.3.7 Quality appraisal.

Five studies were rated as overall being of 'high' quality in this review (Kohlhoff et al., 2024; Røhder et al., 2022; Zimmer-Gembeck et al., 2022; Kubo et al., 2021; Krishnamoorthy et al. (2020), with two rated as 'moderate' quality (Sadowski et al., 2022; Shai et al., 2024), and Birdsey et al., (2023) rated as 'low'. The lower quality studies lacked methodological rigour and sufficient reporting, therefore making it inappropriate to generalise and draw conclusions.

1.8.4 Discussion

1.8.4.1 Interpretation of Findings.

The most robust findings from this systematic literature review were that COSP resulted in significant reductions in parental stress, as evidenced by all three RCTs included (Kohlhoff et al., 2024; Røhder et al., 2022; Zimmer-Gembeck et al., 2022). Additionally, two of the non-RCTs (Krishnamoorthy et al., 2020; Sadowski et al., 2022) also add weight to this as they reported statistically significant reductions in parental stress following COSP. While the other two non-RCTs did not reflect these findings, they were lower in quality, meaning that less weight can be given to their results.

However, results on the impact of COSP on depression were less promising and more ambiguous as there were mixed results in the RCTs, and the non-RCT (Kubo et al., 2021) that explored depressive symptoms did not find a statistically significant reduction. Furthermore, it is

important to note that while COSP may enhance parents' insight and understanding of their caregiving patterns, such insight would not necessarily lead to immediate improvements in depressive symptoms. The primary aim of the intervention is to promote the parent-child relationship, and it is possible that improved parental mental health is a longer-term, indirect benefit of successful engagement.

Like the mixed findings for depression, the evidence for the impact of COSP on helplessness was also weak, with the one RCT that explored it showing non-significant reductions (Kohlhoff et al., 2024) and the other study (Birdsey et al., 2023) lacked methodological rigour, meaning limited scope for conclusions to be drawn.

The only study in this review that explored the effect of COSP on anxiety and dysphoria was Kubo et al., (2021). Although this was not an RCT, it was rated as high quality and provided preliminary evidence that COSP may reduce anxiety and dysphoria in parents.

Therefore, whilst results on helplessness and depressive symptoms were weak or inconsistent, the strongest evidence for COSP's effectiveness in reducing psychological distress was in lowering parental stress. There was also some preliminary evidence for its ability to reduce anxiety and dysphoria.

1.8.4.2 Heterogeneity in intervention delivery.

Across the eight studies included in this review, there was notable variation in the ways the COSP intervention was employed, which may have influenced the outcomes. For instance, there were variations in the number of sessions, session length, group vs. individual format, and delivery setting. Although COSP was designed as a manualised intervention, the research shows that there have been some deviations from treatment fidelity, suggesting some inconsistency in how it has been applied, which may reduce replicability. This high level of heterogeneity also

limits the ability to draw firmer generalisable conclusions about COSP's efficacy across other settings, as it becomes unclear how much of the outcome is linked to the intervention, or variations in the intervention's implementation. However, recognising this variability also provides a critical understanding of the flexibility in how COSP is being applied and adapted in the real-world and research settings, due to various purposes. Given that these are quantitative studies, there was less scope for exploration of how the mechanisms and core elements of the intervention were experienced by the participants, in the differing types of intervention delivery.

1.8.4.3 Various study settings.

A range of factors in the study settings should be considered when ascertaining the generalisability of the results of this literature review and the studies within it. For instance, an overwhelming majority of participants were female or mothers, comprising 100% of the sample in most studies (Kohlhoff et al., 2024; Shai et al., 2024; Birdsey et al., 2023; Røhder et al., 2022; Kubo et al., 2021), with fathers or male carers represented only as a minority in two studies (Sadowski et al., 2022; Zimmer-Gembeck et al., 2022). This trend is common across parent-child attachment research, where fathers and other caregivers are often underrepresented, and most research is focused on mothers. While this reflects that mothers are more likely to access interventions, it should still be considered that male caregivers may have different experiences.

Although this literature review focused on the caregivers' self-reported measures, these may also have been influenced by the characteristics of their children and how those children responded to their parents' COSP-informed behaviours. For example, in Birdsey et al. (2023), the parents were of children with learning disabilities. The authors highlighted that some parents commented on the difficulty of applying some of the COSP ideas, such as the 'Bigger, Stronger, Wiser, Kind (BSWK)', in which parents are taught to take charge of situations in which their child may not be agreeing with them, and not 'giving in' to what their child wants when it is

inappropriate to do so. For instance, some parents in the study shared that if their child is having a “meltdown”, they felt the safer approach to keep the child and others physically safe, may be to give in to them, rather than to stand firm in a way that aligns with BSWK.

Additionally, the British Psychological Society (BPS, 2017) highlight that parents of children with intellectual disabilities (ID) often encounter multiple challenges in forming secure attachment bonds. These challenges may include heightened emotional strain, difficulties interpreting their child’s communication cues and developmental needs, and increased stress levels. Such factors can impact parents’ ability to respond to their child in a sensitive and attuned manner, posing an additional challenge to developing a secure attachment, compared to parents of children without a learning disability.

In Kubo et al.’s (2021) study, participants were mothers of children with autism spectrum disorder (ASD), which may also limit generalisability. COSP was originally designed for caregivers of those with neurotypical children, and some research into COSP intentionally excludes parents of those with developmental disorders or ASD (Cassidy et al., 2017; Nielsen et al., 2020), due to a potential misfit of the model. For instance, infants with ASD may show fewer or atypical responses to caregiver interactions, reducing opportunities to strengthen attachment relationships, and this is a unique difficulty for these caregivers (Adamson et al., 2001). As a result, these parents may find it more difficult to interpret their child’s attachment needs and respond appropriately, compared to caregivers of neurotypical children.

However, McKenzie and Dallos (2017) argue that children with ASD do have attachment needs, and even if these are expressed differently or are harder for parents to read, secure attachments can still be formed. This is said to be particularly when parents demonstrate high sensitivity and strong ‘parental synchrony’. Parental synchrony refers to moments of shared attention, matching the child’s pace and focus, and creating a shared experience. Therefore,

while COSP may still be useful for families with children with ASD, differences in its application compared to use with neuro-atypical children ought to be considered.

1.8.4.4 Cultural considerations.

When considering the generalisability of the results, another pertinent factor to consider is the ethnic and cultural backgrounds represented within the samples. Surprisingly, only two of the eight studies provided details on participants' ethnicities. One reported a mainly Caucasian sample (Kohlhoff et al., 2024), and the other's sample was all White British (Birdsey et al., 2023). One piece of information available for all studies is the countries in which they were conducted, with the most common country being Australia with four studies (Krishnamoorthy et al., 2020; Kohlhoff et al., 2024; Sadowski et al., 2022; Zimmer-Gembeck et al., 2022), followed by Denmark with two (Shai et al., 2024; Røhder et al., 2022), one in the UK (Birdsey et al., 2023) and one in Japan (Kubo et al., 2021). Therefore, all but one of the studies were conducted in highly individualistic societies (Hofstede, 2001), with the exception of the study conducted in Japan, which is traditionally collectivistic.

While individualistic cultures often promote exploration, autonomy, and self-reliance in children, the COSP intervention - originally developed in the USA, aligns with these Western attachment values. This contrasts with collectivistic cultures, which tend to prioritise interdependence and harmony within the family system over individual autonomy (Hofstede, 2001).

Within collectivist countries, there are also considerable differences in cultural norms surrounding parenting. For instance, in China and India, parenting styles tend to be more authoritative and hierarchical, with more importance placed on obedience from children (Keller, 2013), whereas in Latin America, extended family members may play a stronger role in attachment relationships rather than just primary caregivers (Kagitcibasi, 2017). Similarly in

some African cultures, it is common for there to be multiple caregivers such as siblings or others in the extended family (Nsamenang, 2006). In these ways, it is clear that culture may play an important role in the way COSP may have impacted caregivers in these studies. However, none of the studies conducted in individualistic cultures discussed the influence of participants' cultural backgrounds on their experiences of COSP, which limits the generalisability of the findings to other cultural contexts.

1.8.4.5 Limitations.

A limitation that threads through this review, is the narrative synthesis method employed. Although guidelines set by Popay et al. (2006) were followed in order to increase the replicability of this review, this does not remove certain subjective elements of the synthesis. For example, in considering what to include as measures of parents' 'psychological distress', it was decided not to include measures of emotional regulation. Although other researchers may have included emotion regulation as it has been strongly linked to levels of psychological distress like anxiety and depression (Aldao et al., 2010), it was deemed not a direct measure of psychological distress in itself, and rather, a better indicator of coping mechanisms and resilience factors (Troy et al., 2010).

Amongst the distress measures that were included in this review - parental stress, helplessness, depression, and anxiety and dysphoria, there was also variation in the measurement tools used, which poses another limitation. For instance, when considering depression scores, across the review, these were extrapolated from three different depression measurement tools: Edinburgh Postnatal Depression Scale ([EPDS], McBride et al., 2014), Beck Depression Inventory-II ([BDI-II], Beck et al., 1996) and General Health Questionnaire-30 Suicidal Depression scale, ([GHQ-SD] Nakagawa, 1985). There are considerable differences across the three measures, whereby the EPDS focuses on perinatal depression (McBride et al., 2014), the

BDI-II measures clinical depression including some somatic symptoms (Beck et al., 1996) and the GHQ-SD places an emphasis on suicidal ideation (Nakagawa, 1985). Therefore, the variability of measures does not allow for all depression results to be combined and interpreted in the same way, as this would distort the results. For this reason, each of the measures has been reported separately and are clearly differentiated in the results table.

1.8.4.6 Implications for further research.

This literature review has highlighted a broad variation in the ways COSP has been used in research studies, which makes conducting a meta-analysis of intervention effects unsuitable. As mentioned previously, a qualitative systematic review was not conducted due to the relative sparsity of papers for a full review. However, of the few qualitative studies available, results showed that participants in the COSP intervention (Helle et al., 2023; Birdsey et al., 2023) reported greater self-awareness, a better understanding of their own needs, and improved parenting skills. Conversely, Birdsey et al. (2023) highlighted the specific challenges faced by parents of children with learning disabilities, particularly the difficulty of applying COSP principles in high-stress situations involving complex behavioural issues. Facilitators (Reay et al., 2019; Nielsen et al., 2020) observed that while COSP encourages deep reflection and long-term change, it can also be emotionally demanding for participants. Nielsen et al. (2020) further identified systemic barriers to implementation, including time constraints, limited supervision, and organisational challenges. The format of the intervention also influenced participants' experiences. Sadowski et al. (2022) found that both home-based (IHCOSP) and group-based (GCOSP) settings had distinct advantages and difficulties. Home-based sessions provided greater flexibility and personalised support but also placed additional strain on facilitators' time. In contrast, group settings fostered supportive interactions but presented engagement challenges for some participants.

Therefore, the qualitative studies have provided some insight into how COSP has been experienced by participants, within certain settings and with particular populations. However, Birdsey et al. (2023) remains the only peer-reviewed research study in the UK, so there is a shortage of research generally within the UK, exploring the use of COSP in clinical settings. Additionally, an undergraduate dissertation study was a small-scale project with five parents from one service, exploring their longer term views of COSP (Cartwright, 2024). The study shed light on six key themes that arose: 1) Support from the course, 2) Reframing what the parents already do, 3) Feeling empowered, 4) More in tune with the child, 5) Acknowledging the improvements still to make and 6) Praise for the course. At the time of writing this review, data collection is taking place for a multi-site RCT across UK specialist perinatal mental health services (PMHTs) (Rosan et al., 2023), but the study is not yet complete. While this may provide useful insights into UK PIMHS, there remains a lack of research into exploring the use of COSP in UK PIMHS.

In considering the impact of COSP on parents' wellbeing, longitudinal future research may also be useful to see if the impacts are lasting for years to come, or if these are only short-term impacts. Additionally, more efforts should be made to explore how cultural factors may interact with experiences of COSP, and future research ought to consider how to include other caregivers too such as fathers, since mainly only mothers are represented currently.

1.8.4.7 Conclusion.

This systematic literature review highlights the strongest evidence for COSP's effectiveness in reducing parental stress, with multiple RCTs and non-RCTs supporting this outcome. However, findings on its impact on depression, helplessness, anxiety, and dysphoria remain inconsistent or weak. The heterogeneity in intervention delivery, variations in study settings, and lack of diverse participant representation all limit the generalisability of these

results. Additionally, cultural considerations, methodological differences, and limited research within the UK further emphasise the need for caution in interpreting these findings. This field of research is still relatively new, with all studies for this review being conducted within the last five years. Further research should continue, with future studies exploring long-term impacts, cultural influences, and the inclusion of diverse caregivers to strengthen the evidence base for COSP's effectiveness in improving parental well-being.

Additionally, a qualitative approach would enable a deeper understanding of how and why COSP can impact parents' mental well-being and distress. Given that the process of change in parenting is complex, and particularly in capacities such as parental confidence and sensitivity which are challenging to operationalise, qualitative insights may also be especially valuable in capturing these.

1.9 Research Rationale and Aim

Rationale: Despite the demonstrated efficacy of the Circle of Security intervention in improving parental mental wellbeing through reducing stress, to date, there has been no qualitative research examining its implementation and impact in UK PIMHS. Additionally, most existing studies focus on quantitative outcomes and are conducted in Western countries, often overlooking potential cultural nuances and structural differences in delivery between service contexts. This study addresses these gaps by qualitatively exploring the experiences of parents who completed the Circle of Security intervention within UK parent-infant services. By examining parents' perceptions of the intervention's utility, delivery methods, and cultural relevance, this research seeks to contribute to a nuanced understanding of its implementation in a UK context as well as its broader applicability.

Aim: To qualitatively explore parents' experiences of the Circle of Security intervention within UK PIMHS, with a focus on understanding the perceived utility, the experience of delivery methods, and the role of culture within UK contexts.

This has the potential to make a novel contribution to the growing body of research and practice, expanding the evidence base for parent-infant interventions.

Methodology

2.0 Chapter Overview

This chapter outlines the research philosophy, design, and ethical considerations guiding the study. It begins by establishing the ontological and epistemological framework, which informs the research approach. The study design is then described, including the research procedure, recruitment process, and method of data analysis. The chapter also details participant criteria, outlining the inclusion and exclusion factors. Ethical considerations such as informed consent, confidentiality, and potential risks are addressed to ensure adherence to research standards. Finally, measures for quality assurance and the plan for disseminating findings are discussed.

2.1 Research Philosophy and Positioning

2.1.1 Ontology

When any research is undertaken, underpinning it, there are fundamental assumptions made around the nature of the world and the structure of reality; this is referred to as ontology (Chamberlain, 2014). In qualitative research, ontological assumptions shape how researchers interpret the phenomena they investigate and define what they regard as real and meaningful within their study.

The present study adopted a critical realist ontological and epistemological position. The critical stance meant the research analysis sought to actively unpack the meaning around the topic rather than simply capture participants' own understanding, and the realist position aimed to also capture their reality as expressed within the dataset (Fryer, 2022). For instance, in this study, participants' own truths and experiences of parenting were sought (Willig, 2013), as well as how this manifested into further meanings. At the same time, the impact of the real-world

COSP intervention on their experience was also of interest, and it was assumed that through language, meaning and experience were articulated in a generally unidirectional way. Additional details of the study design will be further discussed in subsequent sections.

The critical realism stance also posits that an objective reality exists independently of human perception, yet our comprehension of this reality is shaped by social, cultural, and linguistic constructs (Maxwell, 2012). This philosophical stance is particularly applicable to the form of qualitative research undertaken in this study as it acknowledges both the existence of tangible phenomena, such as the impacts of interventions like COSP, and the interpretative nature of human understanding. As is postulated by Lawani (2021), reality could therefore be conceptualised across three domains: 1) 'The Real', which refers to underlying mechanisms or structures (e.g., the theoretical utility or actual effects of COSP); 2) 'The Actual', which refers to events that are triggered by these mechanisms, regardless of whether they are observed (e.g., parents' changed behaviours or feelings post-intervention); 3) 'The Empirical', which indicates the observable and measurable (e.g., what participants articulate during interviews).

By taking this stance, the study recognises that parenting experiences, and the impact of the COSP intervention, have real and potentially causal effects. However, it also acknowledges that we only access these through participants' accounts and our interpretation of them. Thus, the focus is both on the structures (i.e. COSP as an intervention) and on meaning-making (i.e. how participants describe their parenting and experience of COSP).

Alternative ontological stances that do not align as closely with the present study include positivism and social constructivism. Positivism assumes reality is completely objective, measurable and separate from human perception, and it is usually in line with quantitative research whereby knowledge is sought through quantitative methods, and statistical analyses (Creswell & Creswell, 2018). On the opposite end of the spectrum, social constructivism holds

that reality is fully constructed through language and social interactions, and that there is no objective reality distinct from human interpretation. Its overemphasis on subjectivity misaligns with the present study's interest in exploring the underlying processes of the real-world COSP intervention. Thus, critical realism provides the best balance between exploring real-world impacts of interventions, whilst also acknowledging that participants' experiences are subjective (Maxwell, 2012).

2.1.2 Epistemology

Epistemology in research explores how knowledge is formed, what is considered valid, and the relationship between researchers and their subject of study (Willig, 2013). It informs the process of data collection, analysis, and interpretation, shaping the selection of appropriate methods and tools for generating and assessing knowledge (Willig, 2013).

In line with its critical realist ontological position, this study also adopts a critical realist epistemology, which holds that while an objective reality exists independently of human perception, our access to that reality is inevitably shaped by social, cultural, and linguistic contexts (Bhaskar, 2008). From this perspective, participants' accounts are understood as offering mediated insights into real phenomena, such as the impact of the COSP) intervention, rather than direct, unfiltered truths.

This epistemological stance supports the use of Reflexive Thematic Analysis (RTA; Braun & Clarke, 2021a), which is used in this study to explore underlying patterns of meaning. The researcher plays an active role in interpreting the data, generating themes that reflect both participants' lived experiences, and the broader structures shaping those experiences. This is compatible with critical realism's emphasis on moving beyond the empirical level (what is said

or observed) to consider deeper processes that may not be directly observable, but still influence experience.

While valuing the subjective accounts of parents, this approach recognises that these accounts are situated and shaped by broader systemic and relational dynamics. Thus, knowledge is seen as both contextually constructed and oriented toward uncovering real mechanisms that influence parenting experiences and the perceived effects of COSP.

2.2 Researcher Position Statement

To enhance transparency regarding this research context, a first-person account detailing the researcher's background and positionality is provided below.

Before embarking on this research project, I had previous experience working in quality improvement and service development for UK Perinatal Mental Health Services (PMHTs). Through this work, I have interviewed and spoken with hundreds of patients and staff members, and dozens of service managers, regarding the key areas of achievement and challenge faced within services. This highlighted several themes and patterns across the landscape of perinatal services, including quickly expanding and inexperienced teams, changing service provisions, an appreciation of parent-baby bonding activities and a general underrepresentation of ethnic minority patients within services. Many perinatal services were also trying to decipher their role in relation to PIMHS, which were fewer in number, and were often less established. This background knowledge and experience has driven my personal interest in conducting research which may inform practical guidance and ideas to PIMHS in their onward development, and hopeful expansion across the country.

In terms of my own identity, I am a 28-year-old British-Bangladeshi woman, with an upbringing between the two cultures which has at times been conflicting. I have personally

experienced how Bengali culture is less understood in mental health settings and by healthcare professionals. Through my upbringing, I also developed ideas around how my more collectivist Bengali background differs from that of the more individualistic British culture. It appeared that different social constructs were prioritised in varying degrees across both cultures, and parents encouraged these in their children. For instance, it seemed independence and self-sufficiency were more emphasised in British culture, whereas abiding by gender norms and taking care of your elders were more valued in Bangladeshi culture. In line with Bangladeshi culture, much of my childhood was spent surrounded by a wider family network, including grandparents, aunts, and uncles, all of whom played an important role in my sense of safety and attachment relationships, as well as my parents. Because of this, I may have a tendency to consider broader relational networks when thinking about parenting and caregiving, beyond the nuclear family. Therefore, these cultural influences and early experiences may have influenced how I engaged with the data, what stood out to me, and the interpretations I brought to the research.

As someone who has trained to be a Circle of Security facilitator, I also found there was limited discussion or consideration of the interplay with parents' cultures and the teachings of the intervention, during the training. Therefore, I approached this study with a personal interest in how differing cultural scripts may influence parents' experiences of the programme, and if or how they implemented any teachings with their children.

As a trainee clinical psychologist, I had the opportunity to shadow a COSP group within a PIMHS setting and to take part in group supervision sessions led by a psychotherapist alongside the COSP facilitators. These supervision discussions focused on group dynamics, individual differences, and the facilitators' reflections on delivering the intervention. These experiences inevitably shaped how I came to think about parents' potential experiences of the COSP group. For instance, during the group I observed, I noticed that parents gradually became

more confident in engaging with COSP concepts, sharing their understandings more openly with each session. This gave me valuable insight into the process that may follow within a group setting, however, this may not necessarily reflect the experience within other COSP groups.

Moreover, I have experience caring for children in both work and personal settings, from newborns to adolescents, and I have observed many interactions between them and their parents. However, I am not a parent myself, so do not have an experiential understanding of parenting.

Throughout this research I have reflected on my own positioning, biases, views, thoughts and feelings, through conversations with my research supervisors, both of whom have differing positions to my own. I have also kept a reflective journal, which as described by Watt (2007), has involved an ongoing dialogue with myself, helping me understand what I claim to know, how I may have come to these conclusions, and how these variables may affect the research. Additionally, attending reflective practice with COSP facilitators has also allowed me a space to reflect on how my own personal characteristics and experience may interact with concepts within the COSP intervention. Whilst this practice could be seen as enhancing validity in qualitative research by minimising a researcher's unconscious bias (Watt, 2007), reflexivity is also a way to value the researcher's subjectivity and unique perspective (Olmos-Vega et al., 2023). Overall, my aim has been to pursue this research remaining cognisant of how my own ideas may influence how I interpret and analyse data, whilst being mindful not to overpower participants' own stories and truths.

2.3 Design

This study employed a multi-site cross-sectional design, with participants recruited from three Parent-Infant Mental Health Services (PIMHS) in the UK. These included two National

Health Service (NHS) organisations located in the Southeast of England and London, as well as one charity organisation based in the West Midlands.

While the study considers the broader service context of PIMHS in the UK, recruiting from multiple sites allows for greater insight into parental experiences of the Circle of Security Parenting (COSP) intervention across different service settings. This enhances the transferability of findings, facilitating broader learning beyond a single service.

A qualitative approach was adopted, using semi-structured individual interviews to collect in-depth data on participants' experiences after completing the COSP intervention. To ensure accessibility and convenience, all interviews were conducted remotely via Microsoft Teams, a secure online video conferencing platform.

A qualitative design was chosen over a quantitative approach, as qualitative research allows for meaning-making and deeper exploration of participants' lived experiences (Braun & Clarke, 2019). This approach facilitates interpretation of the data, enabling the researcher to generate meaning from within it and develop a nuanced understanding of parents' experiences, which was central to the study's objectives.

As outlined earlier, Braun and Clarke's (2019) Reflexive Thematic Analysis (RTA) was selected as the data analysis method. This approach aligns with the study's ontological and epistemological stance, ensuring that the research question is addressed effectively and remaining a pragmatic choice for a doctoral research project. RTA is designed to be rigorous and systematic, yet also fluid and transparent, requiring the researcher to actively reflect on their assumptions and positionality, which inevitably shape the thematic analysis process (Braun & Clarke, 2019).

In line with qualitative research principles, this study focuses on interpreting and constructing meaning from data, rather than seeking to identify an absolute or objective "truth". The emphasis is on understanding experiences and perspectives through analysis and interpretation (Braun & Clarke, 2019). Consequently, the analysis and themes generated are context-bound, shaped at the intersection of the researcher's positioning and the data itself.

2.4 Procedure

2.4.1 Recruitment Sites and Process

This study received ethical approval from both the University of Essex (see Appendix A) and the National Health Service (NHS) Health Research Authority (HRA) (see Appendix B).

Initially, three PIMHS were identified as recruitment sites:

1. An NHS PIMHS in South-East England.
2. An NHS PIMHS in London - Recruited through snowball sampling, where the first NHS PIMHS introduced the researcher to this service, which initially agreed to participate.
3. A charity-run PIMHS - Recruited via opportunistic sampling after an advertisement was placed in the Parent-Infant Foundation's online newsletter, which sought PIMHS that had recently delivered COSP.

However, after obtaining ethical approval, the London-based NHS service became unresponsive, and recruitment from this site could not proceed. Consequently, recruitment efforts focused on the remaining two services. The researcher attended a team meeting at one service and met with a COSP facilitator at the other to outline the ethically approved recruitment procedure.

To identify additional eligible PIMHS, the researcher also posted an enquiry in an online group chat for UK Perinatal Psychologists, asking whether they were aware of PIMHS currently running COSP groups. Although three other services expressed interest, their COSP programmes would not have completed the full eight-session intervention within the study's recruitment period. Due to these timing issues, they could not be included.

To meet the target of 15 participants, an additional NHS PIMHS in London was later added to the study. The researcher obtained ethical approval from the local NHS trust and subsequently implemented a non-substantial amendment to include this new recruitment site (Appendix C). Therefore, in total, 15 participants were recruited from two NHS PIMHS and one charity-run PIMHS, all based in England, UK.

2.4.2 Sampling and Participant Eligibility

A purposive sampling method was used, whereby PIMHS clinicians identified potential participants who met the study's eligibility criteria. These clinicians then informed eligible parents about the study and, if they were interested in taking part, gained verbal consent to share contact details with the researcher. PIMHS staff then provided the researcher with a list of consenting participants' contact details. Finally, the researcher contacted the potential participants, explained the study, and sent them the participant information sheet and consent form.

To participate in the study, individuals had to meet the following eligibility criteria:

- Be a parent over the age of 18.
- Have completed the COSP intervention through a UK PIMHS within the last 12 months.
- Have started COSP when their infant was under five years old.
- Have attended at least six of the eight COSP sessions.

2.4.3 Target Sample Size and Considerations

This study aimed to recruit 15 participants, in accordance with academic guidance from the University of Essex. However, it is important to note that the idea of seeking a fixed sample size in qualitative research is contested (Braun & Clarke, 2021b). Some researchers suggest that 12 participants can be sufficient for thematic analysis, referring to this as reaching 'data saturation', a point at which no new information emerges (Schweitzer, van Wyk, & Murray, 2015). However, the concept of data saturation has been critiqued, as it implies a quantifiable point of completeness in understanding the data, which may not always be applicable (Braun & Clarke, 2021b). Instead, the richness and meaningfulness of qualitative research derive from the dataset itself and the interpretative process within its specific context, rather than from a predetermined number of interviews.

Therefore, although 15 participants were sought, qualitative research acknowledges that new understandings can always emerge through ongoing data engagement or by examining the data from different perspectives (Mason, 2010). Mason (2010) also emphasises that sample size should be guided by the aims of the study. As this research sought to represent a diverse range of parents' views from multiple PIMHS, recruiting a relatively large sample could make it possible to include voices from a broader set of PIMHS, thereby enhancing the diversity of perspectives and supporting a richer exploration.

2.4.4 Interview Procedure

As outlined previously, once the researcher received the contact details of interested participants, they made an initial phone call to introduce themselves and the study. For those who remained interested, the researcher then emailed the Participant Information Sheet (Appendix D) and Consent Form (Appendix E). After participants returned their signed consent

forms, interview times were arranged, and Microsoft Teams video links were sent to each participant.

Individual semi-structured interviews were chosen over group interviews to allow participants to share their experiences in a more private and comfortable setting, particularly as the study explored the sensitive topic of parenting. One-to-one interviews were considered more appropriate for reducing potential concerns around confidentiality and social desirability bias (Guest & Mitchel, 2017), which may have been heightened in a group format with other parents present.

All interviews were conducted online rather than in person, to reduce the time burden on parents of young children, offer greater scheduling flexibility, and accommodate the geographical spread of participants across three different UK cities.

At the beginning of each video call, the researcher reiterated the purpose of the interview and clarified the following: that their PIMHS would not be informed of their participation; that their individual responses would not be shared with the service; and that participation would not affect their current or future care. The researcher also checked that participants understood the information provided and were still willing to proceed with the interview. Recognising that participants were parents of young children, the researcher reassured them that they could pause the interview or attend to their child at any time. This approach was intended to create a less rigid, more comfortable atmosphere.

The researcher always kept their camera on throughout the call to promote rapport, while participants were given the option to keep their camera on or off, according to their comfort. Before beginning the interview, the researcher informed participants that the recording would start, using Microsoft Teams' built-in recording and transcription feature. The interview was then

guided by a semi-structured interview schedule (Appendix F), which allowed flexibility to explore participants' individual experiences.

At the conclusion of the interview, the researcher stopped the recording and conducted a debrief. This provided an opportunity for participants to reflect on the interview, raise any concerns, or ask questions. The researcher explained that the recording would be transcribed, all personally identifiable information would be removed to ensure anonymity and the original recording would then be deleted.

Following the interview, the researcher collected demographic details, asking participants for their age, their child's age at the start of the COSP intervention, and their ethnicity.

Participants were also asked whether they would be interested in attending an online group meeting after data collection, where they could reflect on the relevance of the themes developed from the interviews and share their views on how these findings could inform clinical practice in PIMHS settings across the UK.

2.4.5 Online Group Meeting

All participants interviewed gave consent to be invited to a follow-up online group meeting, where they would have the opportunity to share their views on the themes generated through the RTA. The purpose of this meeting was to explore how these themes could be shared with PIMHS in the UK, and to gather suggestions for implementing the findings in clinical practice.

Although RTA does not require participant validation or involvement in theme development, as the researcher is responsible for interpreting and generating them, this study included a co-production element. This decision was made due to its intervention-based focus of

the research and its emphasis on practical applicability within PIMHS. Including participants in this additional step was considered valuable for enhancing the clinical relevance and real-world application of the findings.

This approach aligns with the Ladder of Co-production framework (Think Local Act Personal, 2021), which promotes meaningful collaboration between service providers and service users across various domains, including research, policy, and intervention development. The ladder outlines different levels of power-sharing, and in the context of this study, the level applied was Level 2: Co-design. At this level, participants helped shape aspects of the research process and actively informed the application of the findings, though they did not take a lead role.

Once the key RTA themes were developed, the researcher separately emailed each participant the group meeting information sheet (Appendix G), consent form (Appendix H) and details of the scheduled date and time for the online meeting, which was held on Microsoft Teams. The group meeting was scheduled to take place a few weeks later and in the early afternoon, as this time of day was most commonly suggested by participants as being the most convenient, when their individual interviews were organised.

Three participants confirmed their attendance to the online meeting, but two participants attended, and the meeting lasted for approximately one hour. During the session, the researcher presented the key themes identified through the RTA and invited participants to reflect on whether they found the themes useful or relevant and to share ideas on how the findings could inform clinical practice in PIMHS. The insights and suggestions shared from this meeting will be discussed further in the Results and Discussion chapters.

2.5 Materials

In addition to the Participant Information Sheet and Consent Form, the main tool used by the researcher was a semi-structured interview schedule (Appendix F), which guided the interview process.

Semi-structured interviews are widely used in qualitative research, particularly when conducting thematic analysis, as they offer a balance between structure and flexibility (Bradford & Cullen, 2012). This format allows researchers to prepare a set of guiding questions aligned with the research topic and aim, while still giving participants the freedom to introduce and expand upon relevant areas that may not have been anticipated (Braun & Clarke, 2013).

This flexibility promotes a more natural and conversational dialogue between interviewer and participant, leading to richer, more in-depth data (Braun & Clarke, 2013). It also enables individualised responses that reflect participants' unique perspectives, thereby supporting the identification of recurring patterns and the emergence of unforeseen themes, both of which are key features of thematic analysis (Kallio, Pietilä, Johnson & Kangasniemi, 2016).

The interview schedule was carefully developed using open-ended questions, which were designed to minimise bias and avoid leading language. Questions were constructed to explore participants' experiences of undergoing the COSP intervention, in line with the study's aims. Two questions relating to participants' cultural backgrounds and identities were adapted from the Cultural Formulation Interview (CFI; Aggarwal & Lewis-Fernández, 2020). The CFI is a clinical tool designed to help practitioners use patient-centred language to gather cultural information and develop culturally informed case formulations. These items were incorporated to better understand how cultural perspectives may have influenced participants' engagement with the COSP programme.

The interview schedule (Appendix F) was created by the researcher with input from research supervisors and feedback from staff at one participating PIMHS, who reviewed the first draft and contributed to its refinement.

Given that all interviews were conducted remotely, participants needed access to a computer and a stable internet connection to use Microsoft Teams, the platform used for the interviews.

2.6 Method of Data Analysis

As previously noted, this study used reflexive thematic analysis (RTA) to analyse the qualitative interview data. RTA was considered the most appropriate method due to its suitability for exploring the study's qualitative research question and its flexibility across various epistemological positions (Braun & Clarke, 2006). In particular, RTA is compatible with a critical realist epistemology, which underpins this research. This philosophical stance assumes that meaning and experience are articulated through language and that patterns of meaning can be identified through the analysis of participant narratives. RTA recognises the active role of the researcher in the analytical process, acknowledging that themes do not simply "emerge" from the data but are instead constructed through interpretation (Braun & Clarke, 2019). As such, themes are not considered to exist independently of the researcher; they are shaped through engaged interaction with the data, and influenced by the researcher's values, expertise, training, and experience.

Alternative qualitative analysis methods were considered but ultimately not selected for this study. One such method was Interpretative Phenomenological Analysis (IPA), which is highly effective for exploring individual lived experiences through intensive analysis. However, IPA typically involves smaller sample sizes and is less suited for capturing a broader range of

participant perspectives (Hefferon & Gil-Rodriguez, 2011), which was essential in this study to explore shared parental experiences within the COSP programme and support the transferability of findings.

Focused Ethnography (FE) was another method considered. Although FE offers strengths in its attention to cultural and social contexts, it generally requires extensive fieldwork and prolonged immersion in the research setting (Altheide, 1987). These requirements exceeded the scope and aims of the present study and were not necessary to answer the research question effectively.

Given its alignment with both the epistemological position of the study and its pragmatic advantages, including flexibility, depth, and the ability to engage meaningfully with participants' narratives, RTA was determined to be the most suitable qualitative method for this project. The NVivo 13 software (QSR International, 2023) was utilised as part of data analysis, as it allowed for the electronic coding of data and easier organisation as themes were developed and refined.

The six phases for conducting a RTA, laid out by Braun & Clarke (2021a) were followed:

1. Familiarising with the dataset: The researcher immersed themselves in the data by listening to the interview recordings, transcribing them, and reading through each transcript twice. This thorough engagement enabled early reflections, which were recorded as handwritten notes. These preliminary insights helped to gain a sense of potential overarching narratives within the dataset.

2. Coding: Once the researcher had become thoroughly familiar with the data, they began identifying initial codes that captured relevant and meaningful content, using NVivo 13 software (Appendix I). Codes were selected based on their relevance to the research

question, with efforts made to include a wide range of responses. For increased rigour, two rounds of coding were carried out (Braun & Clarke, 2021a). In the first round, the dataset was coded in sequence, from beginning to end. During the second round, the researcher began coding from the middle of the dataset, working both forwards and backwards. This was done to reduce potential order effects. Afterwards, the codes were refined and reorganised to remove any overlaps or repetitions, ensuring clarity and consistency before moving to theme development.

3. Generating initial themes: Once coding was finished, the researcher printed out all the identified codes and physically cut them into individual strips. This hands-on approach helped with sorting and grouping similar codes together to begin forming broader themes (see Appendix J). According to Braun and Clarke (2013), themes are patterns of meaning that appear throughout the dataset. During this process, some codes were revised, divided, or removed to make sure the final themes clearly and accurately represented the data.

4. Developing and reviewing themes: The researcher carried out a detailed review of the themes to make sure they were clear, relevant, and meaningful. As part of this process, some themes were adjusted, refined, split, or combined where needed. This helped to ensure that each theme accurately reflected the data and captured the richness of participants' experiences.

5. Refining, defining and naming themes: The researcher gave each final theme a clear and concise name that reflected its main message. Following Braun and Clarke's (2013)

guidance, the names were designed to be both creative and informative, helping to improve readability and clearly communicate the key insights from the data.

6. Writing up: The final stage focused on producing a clear, narrative-style report in which the findings were presented alongside selected quotes from the interviews. The researcher carefully chose excerpts that strongly illustrated the main points, making sure to include data from the full range of participants to capture the variety of perspectives within the dataset (Byrne, 2021).

This study took a mainly inductive approach, allowing themes to develop directly from the data rather than being guided by a pre-determined theoretical framework (Braun & Clarke, 2013). Both semantic and latent levels of analysis were used, meaning the researcher explored not only the surface-level, explicit content of the data but also the deeper, underlying ideas and assumptions that influenced participants' experiences (Braun & Clarke, 2006; Byrne, 2021).

2.7 Participants

In total, 15 participants took part in this study, all of whom were parents. An additional 11 parents expressed interest during recruitment but did not proceed to the interview stage.

2.7.1 Inclusion Criteria

As outlined earlier, purposive sampling was used in this study, in which participating PIMHS services were made aware that only participants meeting the following criteria should be approached and invited to take part in the study:

- Parent aged over 18 years old
- Has undergone the COSP intervention through a UK PIMHS
- Has undergone COSP within the last 12 months

- Commenced the COSP intervention when their child was less than five years old
- Attended at least six of the eight COSP sessions

2.7.2 Exclusion Criteria

Participants were not eligible to take part in the study if they were unable to speak conversational English. To minimise sampling bias, PIMHS involved in recruitment were asked to inform all parents who met the inclusion criteria about the study.

However, if staff member felt that based on their clinical judgement and knowledge of the parent, it would be inappropriate to approach a particular individual, they were asked to record their rationale and share it with the researcher.

Only one service reported one of these cases, whereby a parent who met all the inclusion criteria was not informed about the study. The reason provided was that the parent had expressed feeling overwhelmed by personal challenges and had already found it difficult to fully engage with the COSP programme, making participation in the study unsuitable at that time.

2.7.3 Demographic details

Out of the 15 participants, 13 were female and two were male. Thirteen described their ethnicity as White British, with one being Spanish and the other being of mixed European ethnicity. The demographic breakdown is shown in Table 4:

Table 4.

Participant Demographics

Variable	Category	n	%
Age (years)	25 - 30	1	6.7%
	31 - 35	10	66.7%
	36 - 40	1	6.7%
	41+	3	20%
Gender	Female	13	86.7%
	Male	2	13.3%
Ethnicity	White British	13	86.7%
	Spanish	1	6.7%
	Mixed European	1	6.7%
Child's age (at COSP commencement)	0 - 1 year	2	13.3%
	1 - 2 years	7	46.7%
	2 - 3 years	2	13.3%
	3 - 4 years	3	20%
	4 - 5 years	1	6.7%

2.8 Ethical Considerations

As outlined briefly in Section 2.4, ethical approval was granted by both the NHS Health Research Authority (HRA) (Appendix B) and the University of Essex (Appendix A). Research managers at all involved NHS Trusts were also informed about the study and provided their approval to proceed.

2.8.1 Informed Consent

Gaining participants' informed consent is a fundamental ethical requirement in research and refers to participants being made fully aware of the purpose of the study, the procedure, any potential risk of harm, and their rights, so they can make an informed decisions about whether they want to take part (Manti & Licari, 2018). Additionally, participants should provide their consent freely, without feeling pressured to take part and should be able to withdraw their participation or decline to take part, without this affecting their care if they are accessing a health service (World Medical Association, 2013). These points are also emphasised by NHS HRA, meaning comprehensive checks were conducted by the Research Ethics Committee (REC) to ensure these standards were satisfactorily met in the research method.

PIMHS staff served as the initial point of contact for all eligible parents and were specifically instructed to inform them that participation in the study was entirely voluntary and that their decision would not affect their care in any way.

During the researcher's initial phone call with each participant, it was also emphasised that the research study was independent of their PIMHS and that all information shared, including their interview responses, would be kept anonymous and not shared with the service.

Consent forms were completed electronically and as password-protected files on an encrypted computer. The participant information sheet clarified that access to the data during the research process would be restricted to the researcher and their main research supervisor.

2.8.2 Confidentiality

In qualitative research, confidentiality plays a vital role in ensuring that participants' identities are protected, and their data is handled securely and respectfully (Kaiser, 2009). Information about confidentiality was provided to participants through the participant information sheet, the consent form, and was also reiterated verbally before each interview began.

Participants were informed about how their data would be stored, used, and protected. To maintain high standards of confidentiality, the researcher transcribed each interview recording at the earliest opportunity, after which the original recordings were immediately deleted. All identifiable details such as names, dates and locations were removed from the transcripts. These transcripts, along with other data files, were saved as password-protected files on a secure NHS computer.

To ensure anonymity, each participant was assigned a pseudonym, which was used to label their transcript and demographic information. Participants' names and email addresses were stored separately and securely, with access limited to the chief investigator and research supervisor.

During both the interviews and the online group meeting, participants were also given the option to turn their camera on or off, providing an additional layer of confidentiality for those who preferred not to have their face known or recorded by the researcher.

2.8.3 Risk of Harm

The researcher was mindful that participants were parents, and that discussing their experiences of COSP and personal parenting could feel exposing. Some may have felt under scrutiny when speaking about their relationship with their infant, particularly given that it is not uncommon for parents to worry about being judged or fear potential involvement from social services or other punitive consequences. Topics such as parent-infant attachment and bonding can be sensitive, sometimes prompting individuals to reflect on their own childhood experiences and parental relationships. As a result, it was possible that some participants may have experienced emotional responses during the interviews.

To minimise the risk of psychological distress, the researcher began each interview by clearly restating the purpose of the study and made a conscious effort to ask questions in a compassionate and sensitive manner. As a trainee clinical psychologist, the researcher also drew on their clinical skills and judgement to navigate emotionally charged discussions and provide a supportive presence throughout the interview. Participants were also reminded that they could pause the interview, skip any questions, take a break, or end the call at any point if they wished.

At the end of each interview, the researcher conducted a debrief, offering participants space to reflect on their experience and raise any concerns. While some participants may have found certain topics challenging, it should also be noted that there was also the potential for some to find the experience positive and validating, appreciating the opportunity to share their thoughts and have their perspectives acknowledged by the researcher.

The researcher also considered the emotional impact that conducting the interviews could have on themselves. Although no emotional distress was experienced, had support been needed,

the researcher would have been able to discuss this with their main research supervisor, an experienced clinical psychologist. All interviews were conducted remotely, which removed any lone working risks for the researcher.

2.8.4 Quality Assurance

In order to ensure rigour and quality in this qualitative research, Yardley's (2000) widely cited quality criteria were adopted by the researcher throughout this study, alongside her more recent commentary (Yardley, 2017) which builds upon four key principles:

1. **Sensitivity to Context:** This requires a clear understanding of the research context, including the social and cultural environment, as well as the subtleties in how participants view their experiences. It is essential to recognise how these elements shape both what participants share and how the researcher interprets that information. For example, the researcher remained cognisant of how participants' different personal backgrounds and service settings could influence their experience of COSP.

2. **Commitment and Rigour:** Yardley (2017) highlights the importance of collecting data in a comprehensive way and carrying out a careful, detailed analysis. This principle also involves showing genuine commitment to the research topic and using suitable methodological skills throughout the study. For instance, the researcher completed two coding cycles in order to refine themes and increase reliability.

3. **Transparency and Coherence:** Clearly documenting the research process and organising it in a logical way strengthens the credibility of the study. This involves presenting a well-structured narrative that is consistent with the research aims and chosen methods. This is demonstrated through a detailed description of decisions made by the

researcher in the research methodology, and how direct participant quotes were provided to show how themes were created from the data.

4. **Impact and Importance:** The research should make valuable contributions to the field by exploring relevant issues and offering insights that are important not only within the scope of the study but also in wider contexts. For instance, the discussions section will offer real-life applications of this study's findings, ensuring that recommendations could be used by COSP practitioners in tailoring support, PIMHS providers and policymakers.

By embedding these principles, this study strived to ensure rigour, depth, and real-world relevance. Sensitivity to context helped capture authentic parenting experiences, commitment and rigour strengthened data collection and analysis, transparency and coherence ensured methodological clarity, and impact and importance could be highlighted the study's practical contributions.

2.9 Dissemination

Upon completion of this thesis project, the researcher will prepare a condensed paper for publication. The edited, condensed paper will be submitted to relevant peer-reviewed journals, such as the 'Infant Mental Health Journal' and 'Attachment & Human Development'.

In addition, copies of the paper and a summary of key findings will be shared with national organisations including the Parent-Infant Foundation and the Royal College of Psychiatrists' Perinatal Quality Network. These organisations have already been informed about the research and may choose to disseminate the findings through their upcoming newsletters, which are distributed to professionals working in PIMHS and PMHTs across the UK.

The timing of this study is particularly relevant. At the Parent-Infant Foundation's national conference in Spring 2025, the organisation announced its intention to gather new evidence from PIMHS settings over the next one to two years, to inform the development of best practice guidelines and a national parent-infant relationship (PAIR) Pathway. The findings of this study may contribute to that initiative by providing practice-based evidence from UK PIMHS settings, specifically regarding the implementation and perceived utility of the COSP intervention. This contribution could help shape future national frameworks and inform the development of PIMHS service provision across the country.

To further enhance dissemination, the researcher will offer to present the findings at a future Parent-Infant Foundation Trust Conference and share key insights with each of the PIMHS that participated in the study.

Results

3.0 Chapter Overview

This chapter presents the themes and subthemes generated through the Reflexive Thematic Analysis (RTA) of participant interviews. Each subtheme is illustrated with verbatim quotes, using pseudonyms to protect participants' identities. Following this, the researcher's reflexive reflections on the process of conducting the interviews, through to producing the results, are provided. The chapter ends with two participants' reflections on the results and a brief summary of findings.

3.1 Overview of Themes

In total, there were six main themes, and between them, 16 sub-themes, all of which are presented in Table 5.

Table 5.

Themes and Sub-themes

Main Theme	Sub-theme
1) Building a More Confident and Connected Parent	1a. Strengthened Parent-Child Relationship
	1b. Gaining Confidence and Emotional Regulation
	1c. Emotional Validation and Reduced Guilt
2) Reflecting on the Self in the Parenting Role	2a. Revisiting Own Upbringing
	2b. Developing Self-Awareness
	2c. Emotional Demands of the Programme
3) Group Format as a Space for Connection or Disconnection	3a. Connection and Normalisation
	3b. Gendered Dynamics
	3c. Limitations in Group Experience
4) Cultural Relevance and Fit of COSP	4a. Perceived Cultural Disconnect
	4b. Need for UK-Centric and Inclusive Content
5) Structural Barriers and Accessibility Challenges	5a. Access Issues
	5b. Difficulty Understanding Concepts
	5c. Inclusion of Diverse Needs
6) COSP in Everyday Life and Beyond	6a. Practical Application in Daily Parenting
	6b. Beyond the Parent-Child Dyad

3.2 Theme One: Building a More Confident and Connected Parent

This theme was prominent across the majority of interviews. Parents often spoke openly about the personal growth they experienced since completing COSP, describing a greater sense of confidence in themselves and a stronger emotional connection with their children. In some cases, these changes were expressed directly, whereas in others, they were subtly reflected in the way parents described their day-to-day interactions. This theme includes three subthemes: strengthened parent-child relationships, gaining confidence and emotional regulation, and emotional validation and reduced guilt.

3.2.1 1a Subtheme: Strengthened Parent-child Relationship

This subtheme reflects how parents described feeling closer to their children after COSP. They spoke about better communication, deeper understanding, and shared moments of joy. These changes often showed up in everyday situations that they had come to see differently, through a more relational perspective.

Laura, for example, shared how her understanding of her role in these small but important moments had changed since attending COSP:

> "*Now, I do notice when he goes off and plays, he then kind of comes back to me or brings me a toy back, or looks back to me, as if to say 'look at what I'm doing!' kind of thing, do you know what I mean? (sounding upbeat) […] it makes me feel like, happier when I notice that… if I hadn't have gone to [COSP] I would have just been like, 'ah yeah he's just coming back to see me or whatever', but now I'm here like, 'aw, he's coming back because he wants to involve me, he wants to show *me* his toy'. He's checking in with me, and it makes me feel quite happy and proud" (Laura)*

Moments like these helped parents see just how much they mattered in their child's world. This often led to a greater appreciation of the relationship and encouraged more positive, connected interactions.

Tessa also described how her approach to her child's exploration had changed:

> *"I do notice now when he's coming to me, when he's needing me. And when he's going away, I do let him […] rather than bringing him away from it because I feel like it's not safe or anything, I let him explore his surroundings a little bit more. And I try and let him come to me when he's ready, and I'm there - I'm more open to him when he does need me." (Tessa)*

Tessa's reflection shows how she had grown in confidence and trust in her child's needs. Like others, she had become more comfortable letting her child explore, feeling reassured that he would come back to her when he needed support.

3.2.2 1b Subtheme: Gaining Confidence and Emotional Regulation

Another important impact of COSP was how it helped parents feel more confident in their ability to manage both their own emotions and those of their children, particularly during moments of heightened emotions. Before attending COSP, many parents described feeling less in control when either they or their child became emotionally overwhelmed.

Alison described how the idea of being "bigger and wiser," introduced in COSP, helped her stay calm and respond with more intention. She shared how this shift in her own regulation had a noticeable effect on her daughter's behaviour:

> *"It definitely made a massive difference to both me and my daughter […] and how I was more aware of having to react… knowing that when she's having big emotions, the way I*

react can make it better or worse - you know, taking that step back and keeping calm in the situation. Whereas before, it might, you know, build up and then I would just be shouting because erm, you're frustrated, and you want them to stop doing something… and so I noticed that it was kind of stuck in my head, you know, like being the 'bigger and wiser' person, to try and take control of the situation and analyse it, not just, you know, react. And her behaviour? Yeah, changed so much and like it made a big, big difference." (Alison)

James also spoke about how COSP supported him in staying calm when his daughter was upset and how by being more emotionally regulated himself, he felt better able to support her through difficult moments:

"In particular, if she's having big feelings, […] when I feel regulated enough, I can just be with her and be kind of, acknowledging her feelings and like, helping her through that." (James)

Similarly, Charlotte reflected on how her relationship with her child had changed. She used to describe it as "rocky," but now felt more capable in moments when her daughter was struggling:

"*I would say that that is less so the case now, because I feel better equipped to deal with her in the moments where she's struggling with her emotions." (Charlotte)*

What stood out in several of the interviews was how parents spontaneously used COSP specific language, such as "being with" and "bigger and wiser", when explaining their new ways of thinking and responding. This suggests they had integrated these concepts into their parenting, and that these ideas gave them more confidence in handling everyday challenges.

3.2.3 1c Subtheme: Emotional Validation and Reduced Guilt

Many parents described how taking part in COSP had a positive impact on their mental wellbeing. One common thread across their reflections was the experience of feeling emotionally validated. Alongside this, several spoke about letting go of guilt and the unrealistic pressure to be a perfect parent.

Amy captured this shift clearly. For her, acknowledging her own efforts around trying to understand her baby's needs, became a reassuring realisation:

> *"I see that I'm now trying to understand [the baby], and that's reduced the feeling of guilt. And like I'm a bad mum. I see myself now as I'm being a good mum because I'm trying to figure out her needs. Even though I don't always get it right… I'm trying." (Amy)*

This shows a move away from self-criticism and towards a kinder, more compassionate view of her parenting. Rather than needing to get everything right, Amy's focus on the effort to understand her child helped her recognise herself as a good enough parent, and others also echoed this sense of release from pressure to be perfect. For Hannah, COSP helped her feel more at ease when things did not go perfectly. When asked whether the programme had impacted her wellbeing, she explained:

> *"Yeah, because you feel less guilty when you have reacted bad, like you think 'ah that wasn't the best way' but you're tired or frustrated, you know? So it's like not beating yourself up or 'you should've been better'. You know for me, I may be lucky if I can do it 80% of the time […] but I know it's not going to happen all the time, so yeah, it reassures you that you're on the right path and it's okay that you're not perfect." (Hannah)*

Hannah's words reflect a powerful shift from self-blaming to self-acceptance. The idea that it is okay not to get things right all the time seemed to lift the emotional burden many parents had carried. In turn, this allowed them to feel more present and enjoy time with their children without the constant weight of guilt or pressure, ultimately, seeming to improve their general emotional wellbeing.

3.3 Theme Two: Reflecting on the Self in the Parenting Role

This theme came through in nearly every interview. Parents often spoke about how COSP encouraged them to think more deeply about themselves in their role as a parent. In some cases, this reflection was shared directly, whereas in others, it was woven into their stories in more subtle ways. Many described becoming more aware of their own emotional patterns, parenting behaviours, and the lasting influence of how they were raised. Three subthemes are included: Revisiting Own Upbringing, Developing Self-Awareness and Emotional Demands of the Programme.

3.3.1 2a Subtheme: Revisiting Own Upbringing

Several parts of the programme invited parents to reflect on their own childhood experiences and the parenting they received. These reflections seemed to play a meaningful role in how they made sense of their current parenting approaches.

For example, Laura described how she began thinking more about the emotional environment in her childhood and how that shaped the way she responds to her child's feelings now:

> *"Surprisingly, I did think a *lot* about my parents and *my* childhood during the group and that opened up quite a lot about how my parents were. […] My parents never really*

spoke about emotions much, and would speak about positive thing but they didn't really enjoy speaking about negative things. So, they were happy to speak about positive emotions, less happy to speak about negative emotions." (Laura)

Her reflection highlights how the group prompted her to consider what had been normalised in her family and how that now influenced her comfort with certain emotions in her own parenting.

Gareth also explored how his beliefs about discipline had been shaped by how he was brought up. He explained that these beliefs had made it harder to manage conflict with his daughter as she grew more independent:

"One belief that I think I had, as a result of my upbringing, was that [children] can't challenge parents. And I think that's why I found it difficult, especially as my daughter was, you know, becoming a bit older and she was starting to push some of the boundaries. It was sort of like, how to discipline and things like that? […] I think my unconscious belief was that, you know, you have to put someone in their place, basically."

Gareth's words show how COSP helped him notice an old way of thinking that had gone unquestioned. By linking his struggles with his daughter to his own early experiences, he began to create space for change, similar to what other parents also expressed.

3.3.2 2b Subtheme: Developing Self-Awareness

This subtheme came through strongly in many of the parents' reflections. It was often closely linked to the development of emotional regulation, as participants described becoming more aware of their own internal states and reactions. Several parents offered particularly rich

insights into how their thinking had changed, and how this helped them feel more in control during challenging moments.

Sophie, for example, described how her thinking had become clearer and more intentional. Her quote captures both cognitive and emotional self-awareness:

> *"I just feel like I have a clearer view of what I need to do and why I need to do it-and how much I can compromise, and when the compromise is OK, and when it's not. […] But yeah, I just think I have a clearer thought process, and I stop at my 'shark music' […] I know that I feel uncomfortable with it… and it's not a her thing, it's a me thing, and I need to not react emotionally." (Sophie)*

Sophie explained how she had learned to pause and recognise her own emotional responses. She was able to separate her discomfort from her child's behaviour, which allowed her to respond with more awareness and less reactivity. Like several other parents, she used the concept of "shark music" (a term from COSP) as a way to describe and make sense of her inner reactions. This idea had become a helpful internal tool for reflection.

Claire also spoke about how naming and understanding her "shark music" had given her a new way to manage situations where she might otherwise shut down or become overwhelmed:

> *"What was interesting was, I had always had those feelings, like the 'shark music', but I've never put a label on it like that and I'd never talked about it, so […] I probably would be more inclined to like, bottle it up, and like close down, or like, lose my temper. Whereas just being aware of it as a concept was very useful because then I can kind of acknowledge this. It's like 'oh I can hear my shark music' and that would allow me to acknowledge it, think about it, and then kind of stop it." (Claire)*

For Claire, the ability to notice these feelings in the moment marked an important shift. The concept gave her something concrete to work with, helping her to stay present and avoid old patterns of emotional withdrawal or frustration.

Beyond 'shark music', other parents described a broader sense of growing self-awareness too. For instance, they spoke about becoming more curious about their own emotional reactions and more willing to explore what was going on beneath the surface. Charlotte explained this in the following way:

> *"It did a lot in terms of prompting thoughts about why you feel a certain way, why your reactions to certain things are a certain way. And I think […] it was interesting from my own perspective to think about why that this is something that I have a shorter fuse on versus something else." (Charlotte)*

Charlotte's reflection shows how COSP prompted her to look inward, considering not just what she did as a parent but why certain situations felt more difficult than others. This kind of insight seemed to be a key part of the programme's impact.

Overall, self-reflection appeared to be central to how parents experienced COSP. Rather than being a course that simply taught parenting strategies or behavioural fixes, COSP encouraged parents to think deeply about themselves, and this in turn, led to meaningful changes in how they understood and related to their children.

3.3.3 2c Subtheme: Emotional Demands of the Programme

While self-reflection was often described as a powerful and valuable part of COSP, it also came with emotional demands. Several parents acknowledged that engaging deeply with the material could be difficult at times. For some, this was because it stirred up distressing emotions.

Others reflected that their own capacity for self-reflection helped them engage with the programme, but they were mindful that this might not be the case for every parent.

Charlotte explained that her openness and willingness to explore uncomfortable feelings allowed her to benefit more fully from the programme:

> *" I think that COS has been so helpful to me because I'm a fairly open and reflective person […] I feel like some of the people that I know or it's just anyone who is maybe a little bit more reticent to talk about their feelings and willing to kind of dwell on things and actually engage with, maybe some of the more uncomfortable feelings that they have, they might not get as much from it because, they you know, you kind of have to think and you know… deal with moments when you are struggling with things. So I feel like that was something that helped me get a lot out of it." (Charlotte)*

Her reflection speaks to how emotionally intense the programme can be and suggests that COSP is most impactful when parents are ready to reflect on their inner world and engage with difficult feelings which may arise. She also raised the possibility that for some, the emotional work required may feel too demanding, limiting what they take away from the experience.

For others, they specifically highlighted that the most emotionally challenging moments came when the course prompted them to think back to their own childhood. Laura described how this process triggered difficult emotions for her:

> *"When I was like, thinking about my childhood, a bit more anxiety and a bit of like negative mental energy, a bit like depression, came up." (Laura)*

Laura's account shows that reflecting on early experiences, even briefly, can bring up feelings of anxiety or low mood. This resurfacing of emotion, while temporary, was part of the deeper work many parents encountered in the programme.

Gareth also reflected on the emotional and mental effort required to take part in COSP. He raised an important point about how even in the absence of trauma, the content could still feel intense:

> *"The programme is not just a pep talk. It also makes you revisit things from your past. You know, some people might find this challenging - I mean I found it challenging -even though I don't have any traumatic experiences - your brain has to be switched on to take so much on." (Gareth)*

His words emphasise how the programme demands both emotional and cognitive engagement whereby it requires parents to reflect deeply, think critically, and process personal material and this can feel overwhelming.

Although several parents described feeling worse before they felt better, there was a common sense that the discomfort was part of a meaningful process. For many, working through these difficult moments eventually led to growth, insight, and emotional relief.

3.4 Theme Three: Group Format as a Space for Connection or Disconnection

This theme reflects that most participants completed COSP in a group format and described it as a meaningful and often therapeutic space. The group setting allowed them to connect with other parents, share their experiences, and listen to the stories of others, which in turn helped many feel less isolated in their parenting journey. However, while the sense of connection was commonly described, some participants also reflected on moments of

disconnection or a sense of difference from others in the group, which impacted how they engaged. Three subthemes included are: Connection and Normalisation, Gendered Dynamics and Limitations in Group Experience.

3.4.1 3a Subtheme: Connection and Normalisation

For a number of participants, the group space provided a unique sense of validation and normalisation. It gave parents the opportunity to realise that their struggles were not unusual, and that others shared similar doubts, challenges, and emotions. This led to a sense of reassurance and solidarity that was deeply valued.

Alison described how the in-person format, compared to online alternatives, created a more engaging and affirming environment:

> *"It's really good to be there and share experiences, rather than doing this kind of thing online. And yeah, 'cause you can bounce off each other when you're there as well, and hear other people's experiences, and know that you're not alone and that this is normal." (Alison)*

Rebecca also spoke about how the group helped challenge her internal doubts and fears about her parenting. Simply by knowing that other parents also experienced self-doubt was enough to ease some of the pressure she had placed on herself. This kind of shared insight helped many participants feel seen and understood in a way that individual support might not have offered:

> *"I find it really useful to understand that like… It's more common than you think, that others also might think like 'Oh gosh, I'm failing as a mother.'" (Rebecca)*

Carmen reflected on how the value of the group did not come from forming friendships, but rather from being part of a supportive community:

> *"And [in the group] we're not friends - we're not in contact anymore - it was not the social side. It was more like… more like the community thing." (Carmen)*

In Carmen's experience, the sense of connection did not require ongoing relationships. What mattered was the feeling of shared purpose during the group sessions. Some parents who had experienced both group and individual COSP, also spoke about the benefits of individual sessions, such as more personalised support and space to reflect. Still, they generally expressed that they gained more overall from the group format, which offered peer insight and emotional connection.

3.4.2 3b Subtheme: Gendered Dynamics

Another significant topic raised by participants was the gender imbalance in group attendance. Groups were overwhelmingly made up of mothers, and this led to reflections on how the inclusion of fathers might shift the tone and dynamic of the sessions. Some parents saw the presence of fathers as a positive contribution, while others noted that male representation in these spaces was still limited.

Sophie appreciated having a father in her group and spoke about the value of hearing his perspective:

> *"There was a dad there as well, which was nice. It was interesting to hear his side of things, and like, everything that he wanted to be as a dad - that was really nice to see, because it was so heavily women…" (Sophie)*

Her comment suggests that even a small degree of gender diversity made the group feel more inclusive and opened up different kinds of discussions.

Gareth, who was the only father in his group, shared that having more men present, or even a male facilitator, could create a better balance and possibly help fathers feel more at ease:

> *"It would be interesting if there were more men in the group, or maybe even a male practitioner. That would give a different slant on things. Someone who's also a father, perhaps. […] I think [having more dads in the group] would just give a more balanced feel, really." (Gareth)*

His reflection points to the importance of relatability and role modelling, suggesting that men may be more likely to engage meaningfully in the programme if they feel represented and understood. Gareth also described the lack of safe, reflective spaces for fathers outside of COSP, noting that most opportunities to meet other dads through similar services, tended to stay at a surface level, such as 'Stay and Play' groups:

> *"That's something I've always felt was a barrier: finding a group of fathers who are willing to just talk like this, like we did in Circle of Security… in the usual drop-in environment, when you're looking after your child, it doesn't really go beyond the casual stuff. There's often a lot niggling away beneath the surface." (Gareth)*

Sophie raised a similar concern, reflecting more broadly on the way parenting services are structured and questioning why fathers remain less involved or visible:

> *"I don't know how much of it's down to parenting, but you've got a real gender divide in how the services are provided. And I'm not sure if it's just the women being more vocal about it, but there's something to be said about the space we create." (Sophie)*

Therefore, these reflections raise important questions about gender inclusivity in parenting spaces. While COSP was seen as a valuable experience, there was a shared sense that more could be done to make it feel welcoming and relevant for fathers, many of whom may also benefit from the reflective and relational focus of the programme.

3.4.3 3c Subtheme: Limitation in Group Experience

Although most parents valued the group format, some described ways in which it could also limit their experience. For a few, the idea of sharing personal thoughts in front of others felt uncomfortable or exposing, and for others, differences between group members made it harder to fully connect.

Sophie reflected on the emotional vulnerability that came with sharing in the group:

> *"It's awkward - like… sharing your confusing thoughts. That feels quite vulnerable, and it's not something I do regularly, especially in front of a big group of people." (Sophie)*

Her words highlight the tension between the group as a supportive space and the very real discomfort that some feel when asked to open up in front of others. This discomfort did not appear to be universal, but for some, it shaped how much they were willing to engage.

Alison pointed out that the age of her child set her apart from other parents in the group, making it harder to feel understood:

> *"I felt like because my child was the oldest [compared to the other children], maybe the other parents didn't quite get what I was saying sometimes, just because they hadn't been through that stage yet." (Alison)*

In Alison's case, developmental differences between children affected how relatable the group discussions felt. This suggests that a greater awareness of such differences could help facilitators support group cohesion.

Claire mentioned that the varying levels of engagement among group members was another limitation of the group experience. For instance, when others were quiet or disengaged, it poorly affected the dynamic and reduced the sense of connection:

> *"I definitely felt like I was more engaged than other people. Because it's a group setting and some people kind of said nothing. Some people didn't attend." (Claire)*

Her experience suggests that consistency and participation play a significant role in shaping how supportive and effective a group feels. When these elements were lacking, the space felt less connected and less meaningful.

Overall, while the group setting was seen as a core strength of COSP, it was not without its challenges. The emotional vulnerability it required, along with group differences and occasional disengagement, meant that the experience varied for each individual. Nevertheless, the potential for connection, validation, and shared understanding was clear, and most participants found the group format to be a powerful part of the programme.

3.5 Theme Four: Cultural Relevance and Fit of COSP

This theme conveys that several participants offered thoughtful reflections on how culture shaped their experiences of COSP. Some shared personal responses, while others considered how the programme might resonate with people from different backgrounds. A common view was that some COSP concepts, though meaningful, may not align easily with non-Western parenting values. Several also noted that the American tone and style of the materials

felt mismatched in a UK context. Participants suggested adapting the programme to better reflect British cultural realities and acknowledge greater diversity in parenting traditions. Subthemes included are: Perceived Cultural Disconnect and Need for UK-Centric and Inclusive Content.

3.5.1 4a Subtheme: Perceived Cultural Disconnect

Some participants described a sense of disconnect with the American tone and cultural framing of the COSP materials. Although this did not always prevent engagement, it did, at times, create a subtle barrier to feeling fully connected to the programme.

Rebecca, for instance, described her experience of the materials as feeling slightly culturally mismatched:

> *"It felt like a little bit brash in places […] like the people spoke, the way they did things […] it just felt…a little bit culture clashy for me." (Rebecca)*

Similarly, Charlotte reflected on the emotional language used in the programme and how it felt unfamiliar and slightly alienating:

> *"The kind of Americanness of it came through a lot […] their way of speaking and thinking about emotions, was clearly quite American. I never quite, tuned in with this idea of 'filling one's emotional cup'. Like I think I know what they meant by it, but I don't know. It just felt like such a foreign kind of concept, in that I would just never have phrased it that way myself. I don't feel that it was like super in tune with the way that we kind of talk about emotions and feelings." (Charlotte)*

These reflections suggest that the experience of disconnect was not only about accents or presentation style, but also about the underlying ways emotions and parenting were

conceptualised and discussed. For some British parents, this emotional framing felt less relatable and at times overly prescriptive.

In addition to this, some participants considered how COSP's core principles, which are grounded in emotional openness, child-centred caregiving, and reflective practice, might contrast with the parenting values of other cultural backgrounds. Tessa, for example, reflected on how her partner, who is from a Moroccan cultural background, might experience the programme very differently:

> *"Family is very important, and disciplining as well. I mean... expressing your emotions is not something they really encourage. To explore their emotions is… it's a bit of a taboo, I think. When a child is misbehaving, rather than explore their emotions, they discipline them - they won't let them express themselves." (Tessa)*

Tessa's example illustrates how COSP's emphasis on emotional validation and exploration might clash with more hierarchical, discipline focused values around parenting found in some collectivist cultures.

Gareth raised similar points when speaking about his family's Chinese heritage, describing how some COSP values might feel unfamiliar or even inappropriate within that cultural frame:

> *"For them, COSP would be a bit alien. In my experience, children in Chinese culture are expected to follow their parents' lead - there's this sense of 'children are to be seen but not heard.' Expressing emotion or saying sorry can be seen as losing face, so the child isn't always given space to be understood. The adult would quickly shut the child down." (Gareth)*

These reflections highlight the potential cultural disconnect that can arise when parenting programmes developed in Western contexts are introduced without adaptation. Key ideas such as emotional attunement, rupture and repair, or giving space for emotional expression may conflict with cultural norms that prioritise obedience, authority, or emotional restraint.

Gareth also pointed out that some aspects of COSP rely heavily on cultural references that may not be accessible to everyone, particularly those whose first language is not English:

> *"It's heavily reliant on people who understand English […] like the 'shark music' one was great... but would everyone have seen, for example, or know the reference to Jaws, the movie? Not everybody would have. So what would be that person's equivalent? Something that would've frightened them as a child, or something from their background - like, 'when you hear this noise, what do you think of'?"(Gareth)*

In this example, Gareth draws attention to how metaphors or examples used in COSP may not translate well across cultures, reducing their relevance or even excluding some parents from fully engaging with the material. Thus, these reflections speak to a broader need for cultural sensitivity and flexibility in how COSP is delivered and framed.

3.5.2 4b Subtheme: Need for UK-Centric and Inclusive Content

Building on the concerns raised above, several participants suggested that COSP would benefit from more culturally relevant and updated content, especially for UK based families. This subtheme was characterised by explicit calls to adapt the programme's language, visuals, and tone so that they better reflect the diversity of modern British society.

Paige noted that both the American content and the dated presentation style felt out of sync with her expectations:

"The only things that kind of jarred me a little bit about the course was the content was American, and…it also felt like a little bit dated. Like, it looked quite old. And I just thought maybe it might have been more culturally relatable if it was based in the UK and was a bit more representative of like, the UK population" (Paige)

Similarly, Hannah reflected on the need for COSP to stay current and responsive to the needs of its intended audience:

"I'd definitely say it could do with some updating. [...] I guess looking at the service users that are going to be using it and... making it more relevant to the times, I suppose." (Hannah)

These comments suggest that while the core ideas of COSP were appreciated, the way they were presented sometimes felt outdated or disconnected from participants' lived realities. The visual and cultural elements of the programme were seen as particularly in need of updating.

Gareth also proposed a more collaborative approach to programme development, where different communities could contribute to making COSP more inclusive:

"In terms of expanding this project outwards, it would have to be designed with groups that could inform the programme from their own perspective" (Gareth)

This final point reflects a desire for not just surface-level changes but a deeper process of consultation and co-production. Participants wanted to see COSP adapted in ways that acknowledge cultural diversity, include voices from different communities, and reflect a wider range of family structures and parenting traditions.

Overall, this theme suggests that while COSP was valued, some participants were critically aware of its cultural limitations. Their reflections point to the importance of revisiting how the programme is delivered, including its language, imagery, and metaphors, so that it can better reflect the realities and needs of the families it seeks to support.

3.6 Theme Five: Structural Barriers and Accessibility Challenges

This theme captures participants' reflections on the structural and practical challenges they encountered when accessing COSP, as well as the barriers some faced in understanding or applying the content. While the programme was largely valued, several participants described systemic issues such as delays, lack of awareness within services, and limited accessibility for families with diverse needs. These challenges affected how easily parents could access support, as well as how well the material resonated with their particular circumstances. Subthemes included here are: Access Issues, Difficulty Understanding Concepts and Inclusion of Diverse Needs.

3.6.1 5a Subtheme: Access Issues

Several parents spoke about the delays they experienced in accessing COSP after initially seeking help, which left them without meaningful support during a period of need. In some cases, there was a clear sense that they had fallen through the cracks of the system, with little communication or continuity from services in the meantime.

Alison described how after asking for support, she experienced a significant delay before being placed on the programme and felt left alone during that waiting period:

> *"From when I reached out for help, it was until like 6 months later, we'd done the programme. And so that really wasn't helpful for me, because I was kind of left to it, like*

[the health visitor said], 'we don't know... but there's this programme', and then they put me on it. But you know, they should have kept in contact with me and said, how long they think this is gonna take. Because I wasn't aware of how long it was going to take to do the programme and when it will start." (Alison)

Alison's experience highlights a lack of clarity and follow-up at a time when early support would have been especially important. This delay undermines the principle of early intervention and left her feeling unsupported during a crucial window in her parenting journey.

Others reflected on how professionals they were in contact with appeared unaware of COSP altogether. James shared his experience of this disconnect, describing how even services intended to support parents failed to signpost to COSP:

"One thing that could be improved is to […] make more people aware of it - I suppose social services and people like that 'cause they didn't seem to have a clue [COSP] even existed, which I thought was kind of a bit shocking really. We were given, you know, some like support through social services, but they never mentioned the [Parent-Infant] service. It feels like this is something that they should be encouraging people towards early on, when they experience any kind of issues, like we experienced." (James)

James' account suggests that the reach and visibility of COSP within wider support systems is still limited, reducing the chances of timely and appropriate referrals.

Carmen also touched on this theme, expressing her frustration that there is no clear or accessible pathway for parents to share or recommend COSP to others who might benefit:

"I really want to share this with other people. I have so many mum friends who would benefit from it. But there isn't like a clear way [to get access to COSP in] how it's shared

with the public. […] The interest is there. But I don't know how I could share it with people in a fast and easy way. […] I was thinking - I wish I could refer people in a more effective way." (Carmen)

Her comments highlight how even enthusiastic engagement with COSP can be dampened by unclear referral routes and limited accessibility for the broader community.

Therefore, feedback reflected there were gaps in communication and service coordination that left parents without timely access to COSP. These systemic oversights may particularly disadvantage families who are not already connected to specialist or well-informed services.

3.6.2 5b Subtheme: Difficulty Understanding Concepts

In addition to access-related challenges, some participants described finding parts of the COSP content difficult to understand. Although many of the ideas were eventually understood with explanation and reflection, there was a shared sense that some of the core concepts required more time or support to grasp fully.

Carmen shared that certain COSP ideas took time to make sense and sometimes needed additional explanation across sessions:

"I struggle with some concepts though. [...] The miscues were tricky to understand and shark music. But it's something where you could go, take it home. Maybe think about and then if it didn't make sense, bring it to the next session." (Carmen)

Her reflection points to a potential barrier in the way material is delivered. While facilitators are encouraged to support reflection, parents who feel less confident speaking in a group may struggle to voice confusion. For parents who are less familiar with the emotional

vocabulary used, or whose first language is not English, concepts like “miscues” may be especially difficult to understand without more tailored support.

Tessa described how receiving additional explanations and hearing examples from other group members helped her gradually make sense of the material:

> *“Some of them... I didn't quite understand. But after I had quite a few explanations, it kind of helped - having the explanations and having other parents there as well.” (Tessa)*

This highlights the value of peer discussion and facilitator support, which allowed participants to make sense of abstract or unfamiliar concepts through real world examples and shared understanding.

Paige further suggested that the sessions might benefit from being extended or spread out over a longer period to allow time for deeper exploration:

> *“And the only thing is, I know it wasn't their fault, but more like… taking more time to explain things. [...] So I think it could have been done over a longer period, so you could go more in depth with it and speak in more depth.” (Paige)*

Her feedback recognises that facilitators are often working within the constraints of a fixed programme structure but still points to a need for more flexible pacing to ensure concepts are fully understood and meaningfully integrated.

3.6.3 5c Subtheme: Inclusion of Diverse Needs

This subtheme captures how some parents felt that COSP, as currently delivered, was not always inclusive of children with diverse developmental or physical needs. While the core

principles were still valued, there was a sense that more explicit consideration of neurodiversity and disability would help parents feel more supported and seen.

Paige reflected on how COSP appeared to assume a neurotypical and physically able child, particularly during sections of the programme that focused on developmental milestones or exploration:

> *"[There should be an] understanding that not every child's the same. Obviously, it was based on neurotypical [or able-bodied children] because they're on about a lot of motor skills and things like that, but some disabled children haven't got that ability. Not every baby is born with the ability to do things, and… especially as now I've got my own child with a disability, I'm looking at her - how would she do this sort of stuff? It would be nice to include children with disabilities too." (Paige)*

This quote highlights a gap in the representation of diverse parenting experiences. While Paige later shared that she was able to adapt COSP principles to her situation, it required her to bridge this gap herself without any formal guidance or reference within the programme:

> *"So I go to play groups, but she just wants to run off and do what every other child is doing, but she can't… but I still need to let her try. And it was the Circle of Security that made me understand that - and that it's OK for her to go off, but she'll come back to me" (Paige)*

Her experience demonstrates that COSP can still be useful for parents of children with disabilities, but that greater inclusion and representation in the course materials would make this application feel more accessible and affirming.

Rachel, a parent of a neurodiverse child, also reflected on how COSP still offered meaningful insights for her, even if some parts of the course felt less directly applicable:

> *"All children have emotions, don't they? All children. Whether they're neurodiverse or not, most children don't know what they want and what they're crying for, until they hit a certain age." (Rachel)*

Rachel's comments suggested that at its core, COSP is relevant for all children, but that more recognition of neurodiversity would help parents feel their unique experiences were reflected and supported within the programme.

Therefore, these reflections call for COSP to explicitly acknowledge and include the experiences of families with children who have additional needs. Greater flexibility, relevant examples, and open discussions could help ensure that all families feel included and better supported in their parenting journey.

3.7 Theme Six: COSP in Everyday Life and Beyond

Finally, theme six captures how parents continued to use and reflect on COSP principles after completing the programme. Because participants were interviewed between one and twelve months following their involvement in COSP, they had varying amounts of time to observe whether and how the ideas had been integrated in their everyday lives. Many parents described meaningful changes, not only in how they approached parenting but also in how they thought about relationships more broadly. These reflections suggested that for some, COSP left a lasting impact that extended well beyond the sessions themselves. Subthemes included are: Practical Application in Daily Parenting and Beyond the Parent-Child Dyad.

3.7.1 6a Subtheme: Practical Application in Daily Parenting

One of the most prominent ways participants engaged with COSP after the programme was by incorporating its concepts into daily parenting routines. Several parents described how the theoretical ideas introduced in COSP, particularly the notions of the "secure base" and "safe haven" became real, lived experiences that shaped the way they interacted with their children.

Emma illustrated this shift clearly. She described a change in how she viewed her child's exploration and her supportive position in it:

> *"Now I want [my child] to experience as much as he can, not really bothered how much mess he makes or how dirty he gets. I want him to experience life, and doing the circle of security, had made me see, like, we are his safe haven. And whatever he wants to do, we'll be here." (Emma)*

Emma's words reflect a significant transformation, from focusing on controlling her child's environment to embracing the value of exploration, with confidence in her emotional availability when he returns to her for support. This shift in mindset highlights a core COSP idea - children's independence is fostered through the security of knowing their caregiver is present and emotionally responsive.

Rachel also shared how her behaviour changed in everyday moments, particularly during time spent outdoors with her son:

> *"Before, I was always like, 'Oh, don't touch this. Don't touch that! Don't climb that - you'll fall over, or you'll hurt your head'. Whereas now, I let him go." (Rachel)*

Her account suggests a growing comfort in allowing her neurodiverse child to explore his environment, trusting both in his capabilities and in her ability to respond when needed. This

change points to an increased sense of confidence in her parenting and a deeper understanding of how to support her child's autonomy.

Aside from shifts in behaviour, parents also described how COSP helped them build reflective habits in their daily interactions with their children. For example, Gareth explained how the programme shaped the way he now thinks through emotionally charged moments:

> *"So it's those sorts of reflective practices that COSP encouraged, and they really got me thinking, 'OK, this is what my daughter's going through. How do I be with her in that? How do I spend time with her emotions, but also look after myself in those moments?'" (Gareth)*

This quote demonstrates how COSP principles had been internalised as a framework for emotional presence and self-awareness. Gareth's reflection illustrates the ongoing, dynamic process of responding to his child's needs while also attending to his own emotional capacity, which is a key aspect of secure caregiving.

Considered together, these accounts show that parents were not only applying specific COSP strategies, but also engaging with the deeper emotional mindset that underpins the programme. Through emotional insight, behavioural flexibility, and an increased sense of connection, COSP had become part of their everyday approach to parenting.

3.7.2 6b Subtheme: Beyond the Parent-Child Dyad

While the majority of participants focused on how COSP influenced their relationships with their children, a few also shared that the impact of the programme extended to other areas of their lives. In these cases, COSP concepts appeared to offer insight into other important relationships, particularly those involving communication and emotional roles.

Gareth reflected on how COSP supported his communication not just with his child, but also with his partner:

> *"[COSP] has helped me to improve my communication, not just with [my child], but also with my partner, who does think differently to me." (Gareth)*

His comment illustrates how the programme encouraged him to notice and adapt to different relational dynamics. The ability to understand and respond to emotional needs is a central idea in COSP which proved useful in navigating adult relationships as well, especially those that involved differing perspectives or emotional styles.

Sophie also shared an insight into how COSP helped her recognise attachment dynamics playing out in adult relationships. She described noticing her own role in supporting others in ways that echoed parenting patterns:

> *"It kind of makes you realise you've played… like a mum role in some relationships - if people are coming back to you to check that everything's OK, or to check that whatever they're doing is safe." (Sophie)*

This reflection suggests that COSP encouraged a broader kind of emotional literacy, helping participants become more aware of how they support others and the relational patterns they take on. For Sophie, the concept of being a "safe haven" for others extended beyond parenting, offering new insight into familiar dynamics.

These accounts suggest that for some participants, the value of COSP extended well beyond just the parent-child dyad. The relational insights gained through the programme also seemed to be transferable, helping some parents make sense of other relationships and develop a greater awareness of emotional roles across different areas of their lives.

3.8 Researcher Reflections

In the following section I offer personal reflections upon the research process including conducting the interviews and completing the reflexive thematic analysis (RTA).

Throughout the interview process, participants offered overwhelmingly positive feedback about their experiences with the Circle of Security Parenting (COSP) programme. Many expressed a strong appreciation for what the programme had given them, and several also expressed their view that COSP should be made more widely available within the UK.

The experience of conducting these interviews was deeply insightful and at times, quite moving. I felt genuinely honoured that parents took the time to speak with me, despite their busy lives and ongoing responsibilities. Some were interviewed while caring for young children, and in several cases, their children were present on the call. This created a more natural atmosphere and reminded me that each participant had engaged with COSP not just as an individual, but also for the benefit of their child, and this helped me keep the child more in mind. It served as a powerful reminder that parenting interventions are shaped by real-life circumstances, and the impacts of them can extend beyond the individual, to their developing child.

Interviewing parents in their home environments also added an authenticity to the process. I became more aware of the many tasks they were balancing and gained a deeper appreciation for the time, energy, and mental space required to take part in the research. It also prompted me think about the families who may have been unable to participate in the study. Some may have wanted to contribute but could not, perhaps quite literally because they had their hands full with their young children.

Through the interviews I witnessed wide range of emotions, including moments of pride, joy, humour, and hope, alongside moments of uncertainty, contemplation, grief and sadness. There were tears, divided attention, technological issues, laughter, and some deep reflection. I aimed to draw on my clinical training to help create a space in which participants could speak freely and feel supported. I also wonder whether their knowledge of my background as a Trainee Clinical Psychologist influenced how comfortable they felt during the interviews and may have contributed to their openness about their thoughts, emotions and mental wellbeing.

One area that stood out was the way participants responded to questions around culture. Given the shared Western background, I had not anticipated British families to describe a sense of disconnection with American content. This emerged as a notable theme and challenged some of my assumptions about grouping together similarities of Western cultures. Although most were not from non-Western backgrounds themselves, some still reflected on how parenting can differ in mixed culture households, and on how their partners might have related differently to COSP due to cultural values.

Additionally, I was also surprised by how much time participants often needed to reflect on cultural aspects of their parenting and how these might interact with COSP. While I had spent considerable time thinking about these issues myself, through both personal reflection and conversations with others, I came to realise that this level of engagement was not shared by all. The cultural question tended to prompt the longest pauses, and participants sometimes seemed to be considering the topic in relation to COSP for the first time. Because I hold a strong personal interest in the role of culture in parenting, I had anticipated that this part of the conversation would flow more quickly. However, I recognise that I brought certain expectations into the space, shaped by my own cultural background and familiarity with these ideas. In some

interviews, I offered a personal example from my Bangladeshi heritage to illustrate how cultural values might influence the COSP experience. This appeared to open up the conversation, with several participants offering more detailed reflections once the topic had been made less abstract and understandable.

From both the perspective of a researcher and a clinician, I found the interviews particularly enriching. From a research perspective, it was exciting to hear participants introduce ideas I had not previously considered, such as differences in British and American culture. These moments often sparked new lines of questioning and helped shape the direction of the conversation. Clinically, my experience of having observed a COSP group gave me a deeper understanding of what participants were referencing. This context helped me connect with their reflections more fully. At the same time, I remained mindful that my familiarity with the programme might have shaped my expectations, and I tried to stay open to what participants were really trying to express regarding their individual experiences.

At the end of one interview, a parent asked me at the end whether I myself was a mother. Although this was asked at the end, I wondered how the interview might have unfolded differently if that information had been shared earlier. It reminded me that the perceived identity of the interviewer, and assumptions about shared experience, can influence the dynamics of the conversation in subtle but important ways.

One of the more challenging parts of the research process came during the analysis, when I had to narrow down themes and select which quotes to include. Ideally, I wanted to honour all the rich and thoughtful contributions that parents had made. There were many powerful excerpts that offered unique and nuanced insights, and it was not easy to exclude them. Each quote carried

a particular tone, and unique perspective and deciding what to leave out felt like letting go of something valuable.

Interestingly, none of the participants offered strong criticisms of the programme, even when there were some suggestions or critiques offered. As a result, I was left with an overall sense of hope and optimism. It felt as though COSP had offered something genuinely valuable, and that parents were keen for others to benefit from the experience in the same way.

Overall, speaking with these parents and hearing their reflections was a meaningful and humbling experience. It reinforced the idea that parenting programmes like COSP have the potential to make a real difference, but also that their effectiveness depends on how accessible, relevant, and inclusive they feel to those who engage with them. I remain grateful to each participant for what they shared and for helping to shape this research in such an honest and thoughtful way.

3.9 Group meeting

As outlined in the methodology section, once the preliminary themes and subthemes had been developed, all participants were invited to attend an online group meeting with the researcher, during which the themes were presented. Although three participants initially confirmed attendance, two attended in the end, each from a different PIMHS.

During the meeting, participants were invited to reflect on whether the themes and the researcher's overall interpretation resonated with their own experiences. They were also asked to share their thoughts on how these findings might be applied in clinical practice.

Both participants expressed that the themes strongly reflected their own experiences of COSP and felt that the analysis had captured the essence of what the programme meant to them.

While they found all themes understandable, they identified three as particularly central to their own experience: 1) Building a More Confident and Connected Parent, 2) Reflecting on the Self in the Parenting Role, and 3) COSP in Everyday Life and Beyond.

In addition to validating the themes, the participants offered their ideas and suggestions on potential clinical applications for UK PIMHS, which will be further explored in the Discussion chapter.

Conclusion

The findings of this study, developed through RTA of parent interviews, highlight six overall themes that capture the varied and meaningful ways the Circle of Security Parenting (COSP) programme impacted participants. Many parents described feeling more confident and emotionally connected in their parenting role, which was linked to stronger relationships with their children and a greater sense of enjoyment in parenting. These changes were reflected not only in what parents said but also in how they spoke about their increased awareness and emotional responsiveness. The programme appeared to support self-reflection, with parents becoming more attuned to their own emotional experiences and patterns of behaviour. This will be elaborated upon in the discussion section.

Most participants experienced COSP in a group setting, which many found supportive and therapeutic. The group provided a space to share personal experiences and hear from others, although some parents also described moments of disconnection or discomfort within the group dynamic. Cultural relevance was an important issue for several participants, who raised concerns about how some COSP concepts might feel out of step with their own cultural values or with the experiences of families from non-Western backgrounds. They suggested that COSP could be

improved by adapting the content to better reflect the UK context and by acknowledging cultural differences more explicitly.

Parents also spoke about barriers to accessing the programme, including challenges related to understanding the material or its applicability to families with additional needs. Finally, many described continuing to use COSP ideas in their daily lives, showing that the programme had a lasting influence too.

Discussion

4.0 Chapter Overview

This chapter discusses how the present study's findings relate to existing literature and theory, offering an interpretation of the results. It then outlines the study's strengths and limitations, followed by tentative clinical recommendations for Parent-Infant Mental Health Services (PIMHS) based on the insights gathered. Directions for future research are proposed, and the chapter concludes with a reflective statement from the researcher. The final summary highlights the study's key contributions and overall significance.

4.1 Aims and Summary of Findings

This study set out to qualitatively explore parents' experiences of the Circle of Security Parenting (COSP) intervention within UK PIMHS. The aim was to better understand how parents perceived the value of COSP, how the method of delivery shaped their experience, and how culture influenced their engagement with the programme. In doing so, this study contributes new insights to the growing body of research and practice around parent-infant interventions, particularly in the UK PIMHS context.

Fifteen parents took part in the study and were recruited across three different UK PIMHS. Six overarching themes were developed using a reflexive thematic analysis, which reflected: 1) how parents experienced increased confidence and connection with their children; 2) how the programme encouraged self-reflection; 3) how the group format could support or hinder engagement; 4) reflections on COSP's cultural relevance; 5) practical and systemic barriers to access; and 6) the longer-term use of COSP ideas in everyday life.

Some key novel insights are reflected within the themes, including reflections on how COSP's content and structure interacted with gendered expectations in parenting roles, how the programme's American tone and examples sometimes clashed with UK cultural norms, and how parents of neurodiverse or disabled children experienced limitations in a generic group format. Together, these findings offer a nuanced view of how COSP may be received by parents in UK PIMHS, including on its perceived usefulness and some areas for consideration.

4.2 Interpretation of Findings

4.2.1 Building a More Confident and Connected Parent

This theme captured parents' reflections on how COSP enhanced their sense of confidence in their parenting role and connection with their children. Parents described developing stronger emotional bonds with their children, gaining confidence in their ability to respond sensitively, and experiencing reduced guilt and stress. Although parents did not use formal attachment terminology such as feeling their relationship with their child was more 'secure' than 'insecure', their feedback suggested there were clear and meaningful changes within themselves, and in how they perceived their relationship. Overall, parents were generally upbeat about the positive impact of COSP on their confidence, connectedness with their child and general wellbeing.

These findings align with existing literature showing that parents often feel more empowered and more attuned after COSP. For example, Cartwright (2024) interviewed a group of parents who had accessed a support service related to Special Educational Needs and Disabilities (SEND) and found a theme in parents feeling 'more in tune with the child'. Similar improvements in parental confidence and connection were also observed in other studies. For

instance, Maxwell et al., (2021) where parents reported positive changes in their view of themselves in the parenting role and the parent-child relationship, leading to improved parenting confidence.

The feedback in this study also suggests some possible processes behind the reductions in parental stress observed in earlier research on Circle of Security Parenting (COSP). These may include increases in self-efficacy and improved emotion regulation. Several participants described how gaining confidence in understanding their child's behaviour, alongside learning to manage their own emotional responses, helped to reduce feelings of overwhelm and anxiety. This supports findings from previous studies that have shown links between higher levels of maternal anxiety, depression, and stress with lower sensitivity to infants' behavioural cues (Meade and Dozier, 2013; Glover, 2014). It also reflects evidence that increased parental self-efficacy is associated with improvements in mental wellbeing (Albanese et al., 2019).

In line with research by Horton and Murry (2015), parents in this study also described developing better emotional regulation skills as parents. Several spoke about how these improvements were central to managing their child's behaviour. Many recognised the reciprocal nature of parent-child dynamics, noting that how they responded emotionally often shaped their child's responses. This finding echoes the work of Lyons-Ruth (2007), who found that when parents feel stressed, overwhelmed, or anxious, they are more likely to reject a child's bids for closeness and comfort. This in turn increases the likelihood of insecure attachment patterns. COSP may therefore support the development of reflective capacities that allow parents to self-regulate more effectively and remain emotionally available during challenging moments.

Another strong sub-theme involved a reduction in feelings of guilt. For some parents, this included a shift in how they thought about being a 'good enough' parent. Winnicott's (1953)

concept of the ‘good enough mother’ offers a reassuring perspective on this, in a cultural and political climate where parents can often feel blamed whilst wider social factors are minimised. He suggests as the infant grows, a mother’s small and inevitable failures to fully meet their needs are not only acceptable, but are developmentally important. These moments support the infant’s developing understanding of reality, where others are separate from them, and help build their capacity to tolerate frustration.

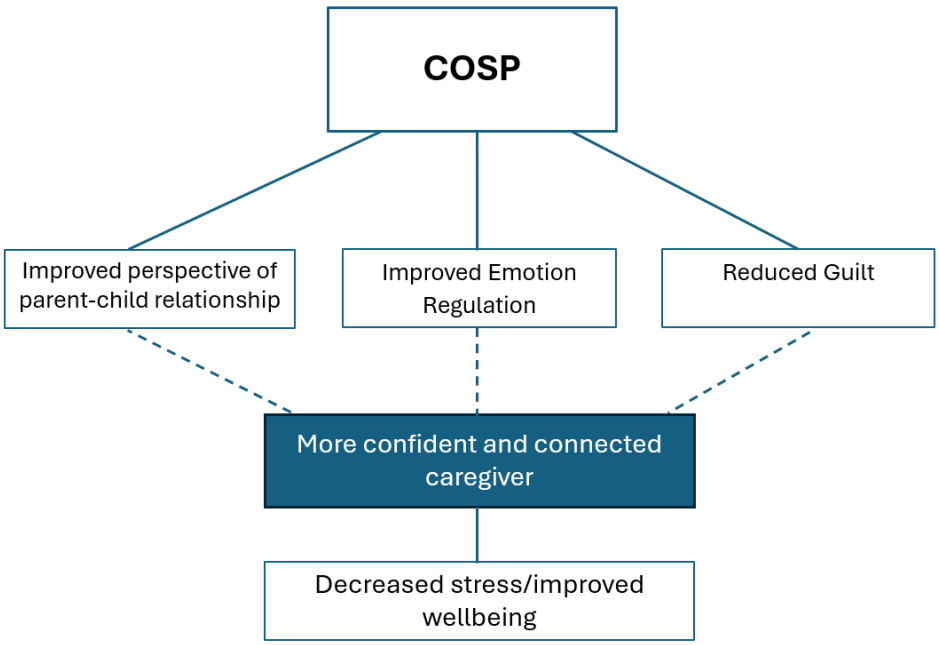
In this study, several parents reflected on the internal pressure to be perfect, and described how the programme helped them begin to let go of that ideal. This is particularly meaningful considering research showing that higher levels of guilt and shame in parents are closely linked to lower parenting self-efficacy and greater parenting stress (Parenting Research Centre, 2017). Reducing guilt may therefore be another important factor behind the effectiveness of COSP. Interestingly, this contrasts with findings from Shai et al. (2024), who reported no quantitative improvements in self-compassion or perceived parenting competence. However, their study’s small sample size and methodological approach may account for this.

Overall, these findings offer insight into how COSP may reduce parental stress and support emotional wellbeing, even when noticeable changes in children’s behaviour are not reported. Confidence, a stronger sense of agency, and feeling more capable as a parent have all been consistently associated with enhanced parental wellbeing in previous studies (Kohlhoff et al., 2016; Maxwell et al., 2021; Rose et al., 2018). This theme of becoming a more confident and connected caregiver therefore helps to explain why parents might experience emotional benefits even without measuring behavioural change in their children.

Figure 3 presents an interpretive diagram that illustrates the connections between the areas discussed within this theme. Rather than suggesting quantified causal links, it offers a visual map of how the qualitative data might be meaningfully understood.

Figure 3

Interpretive Connections between Theme 1 and its Subthemes



While this study supports earlier research showing that COSP can help reduce parental stress and improve wellbeing (Kohlhoff et al., 2024; Røhder et al., 2022; Zimmer-Gembeck et al., 2022), it also suggests that these benefits might take time, going through a process to emerge. Parents may first gain a deeper understanding of their child's needs, which can then lead to more positive and attuned interactions. As these changes build over time, parenting may begin to feel more enjoyable and less stressful, which can eventually support better mental health. This gradual process highlights why long-term outcomes of COSP are important to explore, even though they are often not captured in many studies.

In this way, the current findings contribute to the evidence base by reinforcing earlier studies that have demonstrated the potential of COSP to reduce parental stress and enhance mental wellbeing. Beyond this, the study also extends existing knowledge by highlighting possible underlying processes, including improved emotion regulation, reduced guilt, and more positive perceptions of the parent-child relationship. However, it is important to recognise that these benefits may come gradually rather than immediately. A possible process for this could involve parents developing greater insight into their child's emotional needs, which in turn leads to more attuned interactions. As these interactions become more positive and reciprocal, parenting may feel less stressful and more rewarding, eventually supporting longer-term improvements in mental health. This emphasises the need for future research to explore the longer-term effects of COSP, as short-term evaluations may not fully capture the depth of change experienced by parents.

4.2.2 Reflecting on the Self in the Parenting Role

This theme explores how COSP encouraged parents to reflect more deeply on themselves, not only in their current parenting role but also in relation to how they were parented. Parents spoke about noticing their emotional patterns, becoming more aware of their internal reactions, and drawing connections to past experiences. Some concepts introduced in the programme, such as 'shark music,' were helpful for many in articulating and understanding their internal processes in new ways. Rather than simply offering strategies to manage their child's behaviour, COSP seemed to create space for personal insight and emotional growth for parents. This suggests that COSP may create a space for parents where meaningful psychological change can occur.

This process of parents revisiting their own upbringing aligns with foundational ideas in parent-infant psychotherapy. Fraiberg et al.'s (1975) metaphor of 'ghosts in the nursery,' captures how unresolved childhood experiences can influence parenting, and resonates strongly with what parents described. For instance, several participants explained how the programme helped them recognise repeating patterns from their own upbringing. Identifying these patterns seemed to open the possibility of interrupting them, allowing for more intentional and responsive parenting.

Parents developing more self-awareness about their own previous thoughts and judgements are also consistent with ideas from the Dynamic Maturational Model (DMM) of attachment (Crittenden, 2005). For instance, the DMM emphasises how past experiences of threat or trauma can shape how a parent interprets a child's behaviour, and some parents described a shift in their perception, moving away from viewing their child's actions as manipulative or difficult, to seeing them as efforts to connect - seeking connection rather than simply 'seeking attention'. This shift in understanding appeared to support greater emotional availability and sensitivity, which is in line with COSP's core aims.

Other qualitative studies of COSP have identified similar themes around parental reflection. For instance, Helle et al. (2023), studying COSP in a mental health setting in Norway, reported themes such as 'connecting the dots' and 'seeing oneself more clearly.' This is echoed by participants in the present study, who described how they gained a clearer understanding of their own story and highlighted the value they found in COSP.

A particularly striking insight from participants was that COSP also seemed to help them develop a language for self-awareness and reflection. Phrases like 'now I stop at my shark music' show that parents were better able to pause and consider their reactions before responding

during moments of creeping anxiety. This suggests the vital role of language in supporting reflection and it could be that without having these tools, some parents previously lacked the language to make sense of their emotional world, or to speak about it meaningfully.

Although these findings around reflection align with several qualitative studies (Helle et al, 2023; Maxwell et al, 2021), they contrast with quantitative research that has found no significant improvement in reflective functioning after COSP (e.g., Kohlhoff et al., 2024; Zimmer-Gembeck et al., 2022; Sadowski et al., 2022). One possible explanation for this is that the standardised self-report measures used in the quantitative studies may not capture the more nuanced and personal changes described by parents in this study. Using a qualitative approach may have allowed for more subtle and individualised reflections to be recorded. Furthermore, Shai et al.'s (2024) findings could be seen to support this, where following COSP, observational methods were used with parent-child dyads and showed improvements in parents' non-verbal synchrony and responsiveness to their children through their bodily posture, gestures and movement. Therefore, these findings suggest that COSP may foster meaningful shifts in how parents reflect on and relate to emotional experiences, and these changes may be more readily observed in embodied interaction and personal narratives, than captured through standardised questionnaires.

It is also important to recognise that engaging in this kind of reflective work was emotionally demanding for some participants. Revisiting painful or unresolved past experiences appeared, in some cases, to result in a temporary dip in mood. This may help explain why some studies have reported mixed findings regarding the impact of COSP on depressive symptoms (Røhder et al., 2022; Zimmer Gembeck et al., 2022). These findings emphasise the importance of

COSP facilitators being skilled in containing emotional distress and offering additional support to caregivers who may find the reflective process challenging.

At the same time, for many participants, the opportunity to reflect on sensitive personal material in a structured and emotionally supportive environment was therapeutic and for some, the emotional intensity could be seen as a catalyst for deeper personal change. Staying with and managing distress during group sessions reflected a growing capacity for emotional tolerance. This resembles what is described in Dialectical Behaviour Therapy (DBT) as distress tolerance (Linehan, 1993), which is a key therapeutic skill that enables individuals to navigate intense emotional states in a constructive and regulated way. This also relates to subtheme 1b, in building emotional regulation skills.

From this perspective, one of COSP's most valuable features may be its ability to offer a safe and containing space where caregivers can explore difficult emotions in ways that ultimately feel manageable and beneficial. Like with Bion's (1962) concept of containment as a core area of focus in family work the programme can be understood as providing a therapeutic container in which caregivers' intense or confusing feelings are received, held, and thought about before being returned in a more digestible form. The role of the facilitator in supporting this process was often viewed as supportive and consistent, mirroring the containing function that Bion (1962) describes, and reflecting the kind of emotional security the programme encourages caregivers to provide for their own children.

This kind of emotional containment may also be especially important for caregivers who face additional psychosocial challenges. Supporting this, Krishnamoorthy et al. (2020) found that COSP was associated with reductions in parental distress in families with heightened

vulnerability, highlighting the potential benefit of emotionally sensitive and well supported delivery for those who may need it most.

In sum, this theme reinforces the idea that the capacity for reflection is not fixed, but can be developed through structured and emotionally supportive experiences. The findings provide a more nuanced picture of how COSP may nurture this skill, even in cases where quantitative measures do not capture the change. While research on outcomes such as reflective functioning remains mixed, the insights here suggest that many parents do experience meaningful shifts in how they understand themselves and their children. These shifts may well be among the most significant drivers of change.

4.2.3 Group Format as a Space for Connection or Disconnection

This theme examined how the group format of COSP influenced participants' experiences. While many parents responded positively to attending in a group setting, several notable limitations also emerged. For some, the group offered a sense of connection, shared understanding, and emotional validation. Others however, reported feeling disconnected, which was often attributed to inconsistent attendance by other participants, gender dynamics, or a mismatch between the group format and their personal needs. There was very limited commentary on alternative delivery modes, such as individual or online formats, so these were not explored within the theme.

A commonly valued aspect of the group was the emotional connection that came from listening to others' experiences, which helped to normalise parents' own struggles. This finding aligns with Sadowski et al. (2022), who reported that group-based COSP helped reduce feelings of isolation by fostering a sense of shared parenting challenges. Exposure to diverse perspectives

also appeared to broaden participants' understanding of parenting, which is often seen as a key strength of group-based interventions. Participants highlighted the role of facilitators in cultivating a space where such connections could be made. Reflecting COSP principles, the group was described as ideally functioning like a 'secure base,' with facilitators modelling the 'safe hands' they encouraged parents to provide for their children.

Despite these benefits, participants also spoke about challenges associated with the group format. Some described difficulties when discussions did not align with their child's developmental stage, or when there was insufficient time to share their experiences due to the constraints of the group structure. These concerns echoed those raised by Sadowski et al. (2022). Variable levels of engagement among group members also affected the experience, with inconsistent participation or disengagement diminishing group cohesion and limiting potential benefits. While Nielsen et al. (2020) reported that facilitators recognised logistical challenges such as time constraints, the present study offers a more nuanced account of how these dynamics were experienced by COSP participants. As Sadowski et al. (2022) also concluded, both group and individual formats can be beneficial and may reduce parenting stress. In light of the specific difficulties described by some participants, it may be important to consider individual delivery as an alternative in certain contexts.

Gender dynamics emerged as a significant subtheme, particularly in relation to the underrepresentation of fathers, with only two participating in this study. This reflects a broader pattern across PIMHS, where fathers are often underrepresented and underserved. The limited presence of fathers in COSP groups may reduce opportunities to reflect on how gendered parenting expectations influence relational patterns with children. It may also affect the group

dynamic itself, particularly when groups are predominantly composed of mothers, creating a space that some fathers might find less accessible.

Reflective notes from the research process suggested that culturally embedded assumptions about gender roles, such as viewing fathers more as disciplinarians than nurturers, could shape who chooses to participate and how they engage with the material. These assumptions may also impact how facilitators or services approach engagement with fathers more generally.

While some other studies, such as Maxwell et al. (2021) and Savella et al. (2025), have included fathers in COSP research, they have typically made up only a small proportion of the sample. Few studies have explored how gender dynamics might shape experiences within the group setting. In this respect, the current study offers a novel contribution by highlighting how gendered assumptions and participation patterns can influence group-based interventions like COSP.

Overall, the findings suggest that while the group format offers meaningful relational benefits, parents' experiences are shaped by a range of factors, including the level of engagement among group members, the degree to which other parents' experiences feel relatable, and the gendered dynamics that emerge within the group setting. These results support Sadowski et al.'s (2022) recommendation that both group and individual delivery formats should be available. At the same time, the findings reinforce the value of group delivery as a default, particularly given the relational possibilities it can offer in attachment-based interventions. For parents who may be more vulnerable, or whose needs require more protected time and individualised attention, however, a one-to-one format may provide a more suitable and supportive alternative.

4.2.4 Cultural Relevance and Fit of COSP

This theme captures participants' reflections on how culturally relevant and accessible they found the COSP programme. Although the sample was predominantly White British and based in the UK, many participants still described elements of the content as culturally disconnected, particularly in terms of language, tone, and underlying norms. This reflects a broader critique of the assumed cultural universality of attachment-based interventions. Several participants suggested that developing COSP content that is specific to the United Kingdom would make the material easier to relate to and more meaningful for parents in this setting.

Some parents noted that COSP's emphasis on emotional expression and nurturing responses did not always align with cultural values present within the non-Western parts of their family background, especially regarding discipline and obedience. These concerns echo Keller's (2018) critique of attachment theory, which argues that although the concept of attachment may hold relevance across cultures, its application is often framed through Western perspectives. The findings suggest that even among a largely Western sample in the United Kingdom, some participants recognised that COSP parenting values, shaped by Western ideals, may not fully resonate with other cultural traditions. Given the limited research exploring COSP in non-Western contexts and the fact that some studies have not reported participants' cultural or ethnic backgrounds (for example, Krishnamoorthy et al., 2020), it remains difficult to draw clear comparisons. Nevertheless, this study offers a valuable starting point.

An unexpected but important insight was that a sense of cultural disconnect was also reported by parents from Western backgrounds. Some participants described difficulty in relating to the COSP video materials, which featured families from the United States. Certain metaphors, such as 'fill my cup,' were seen as uniquely American, and the overall tone of communication

felt unfamiliar to some parents who identified with a more reserved or hesitant British style. This highlights the importance of attending to language and tone when adapting interventions. Even when core principles remain transferable, the language used must feel relevant and familiar to those engaging with the material. Since language helps shape thought (Boroditsky, 2011), the absence of culturally resonant language may limit participants' ability to fully process and apply new COSP concepts.

Participants' feedback also emphasised that cultural adaptation should not focus only on ethnic background or on a binary distinction between Western and non-Western cultures. Rather, it should consider more nuanced differences across regions, communities, and national contexts. The presence of cultural diversity within Western countries serves as a reminder that one version of an attachment-based programme is unlikely to be experienced in a universally effective way.

Parents in this study also called for COSP to be adapted for more culturally diverse audiences across the United Kingdom, including families with mixed heritage who are navigating multiple cultural frameworks. As COSP is introduced more widely, there will be a need for inclusive versions that take into account both content and delivery. Suggestions from parents included developing locally produced video materials, incorporating a broader range of family experiences into example scenarios, and directly addressing cultural values and expectations in parenting discussions.

Ultimately, while attachment theory provides a compelling foundation for understanding human relationships, this study underscores the importance of examining how it is applied in real world settings. By considering cultural and contextual fit, services can ensure that the COSP programme is delivered in a way that is culturally sensitive and practically relevant for the families it seeks to support.

4.2.5 Structural Barriers and Accessibility Challenges

This theme highlights key barriers to engaging with the COSP programme, particularly among parents navigating additional challenges such as neurodiversity, cognitive needs, or broader systemic obstacles to access. While many participants valued the core content of COSP, several felt that the programme was not fully inclusive or adaptive to their individual circumstances, especially when parenting children with additional needs.

A central issue identified by parents was the difficulty of applying COSP concepts when raising a neurodivergent child. Some participants expressed that the material did not fully reflect their lived realities, particularly in relation to behavioural unpredictability, sensory sensitivities, and limited emotional understanding in children with developmental or learning disabilities. These concerns are consistent with findings from Birdsey et al. (2023), who noted that parents of children with learning disabilities found specific COSP concepts, such as the 'Bigger, Stronger, Wiser, and Kind' framework, difficult to apply. Similarly, parents in this study described some COSP ideas as too abstract or disconnected from their day-to-day experiences and stressed the importance of acknowledging difference within the programme itself.

For example, parents reported heightened anxiety around encouraging independent exploration, especially when their child had developmental delays or limited risk awareness. In such cases, embracing the COSP principle of supporting exploration felt more challenging. The COSP video materials were also criticised for failing to represent children with additional needs, leaving some parents feeling unseen or excluded. This experience echoes Birdsey et al.'s (2023) observation that parents of children with learning disabilities may feel overwhelmed or emotionally depleted when faced with materials that do not reflect their parenting reality.

Despite these limitations, participants in this study also acknowledged the value they gained from COSP. This aligns with findings from Cartwright (2024), who reported that parents accessing a SEND advice service experienced benefits even when the programme was not tailored specifically to their needs. Similarly, Kubo et al. (2021) found that COSP significantly reduced anxiety and emotional distress in parents of children with autism spectrum disorder (ASD), while also improving their sense of self-efficacy. McKenzie and Dallos (2017) point out that when attachment difficulties exist in children with ASD, these are often not fully explored, as the ASD diagnosis tends to take priority for clinical professionals. This can also happen with other developmental conditions that share similar features, such as difficulties with social interaction. Considering this, the current study's findings are encouraging, suggesting that COSP can offer meaningful support to parents of neurodivergent children. Making thoughtful adaptations to the programme may further enhance engagement and ensure the content feels relevant to their experiences.

Group composition emerged as another important consideration. While Kubo et al. (2021) worked with a group composed entirely of parents of children with autism, the present study involved a mixed group setting. In such contexts, parents of neurodivergent children may feel isolated or unable to relate to the experiences shared by others. This raises an important point for services working in parent and infant mental health: while group formats can foster connection and mutual understanding, they must be managed carefully to ensure they do not marginalise participants whose parenting experiences differ from the majority. Mixed groups may benefit from explicitly acknowledging and embracing difference, offering space for tailored discussions and examples that reflect a wider range of parenting experiences.

Participants also spoke about broader systemic access issues. Some described unclear referral processes, a lack of publicly available information about COSP in their area, and practical constraints such as session timing. These issues reflect the early developmental stage of many COSP services in the United Kingdom, where referral pathways and communication strategies are still evolving. Parents suggested straightforward yet meaningful improvements, such as providing flyers or clear website information for both referrers and potential participants. These suggestions point to the need for improved visibility and clearer communication from services offering COSP.

In addition to structural challenges, some participants found certain COSP concepts, such as ‘miscue,’ difficult to understand. Given the richness and complexity of the programme content, facilitators are encouraged to strike a balance between maintaining fidelity to the model and offering the flexibility needed to meet diverse comprehension needs. Using real world examples and creating space for reflection may help ensure that all participants can access the material in a meaningful way. The relevance and accessibility of COSP concepts are central, and facilitators need to keep these priorities in mind throughout delivery.

This theme adds to the limited but growing evidence base on COSP’s application in neurodiverse and complex family contexts. While studies such as Kubo et al. (2021) offer promising preliminary findings, the broader literature still lacks robust examination of how COSP does or does not support parents of children with diverse needs. Given that children with autism are statistically less likely to form secure attachments than neurotypical children (Rutgers et al., 2004), families raising neurodivergent children may have the most to gain from attachment-based interventions. However, this potential can only be realised if COSP is made more inclusive, representative, and flexible in both content and delivery.

Overall, this theme underscores the importance of inclusive practice, accessible services, and cultural humility in the implementation of COSP across diverse parenting populations. Tailoring materials, acknowledging difference, and removing systemic barriers could significantly enhance the programme's reach and impact, helping to ensure that fewer parents are left feeling unseen or excluded.

4.2.6 COSP in Everyday Life and Beyond

A key finding of this study was that COSP concepts were not only taken on board by parents during the intervention but were also often sustained as part of their parenting approach well after the course had ended. This continued use of COSP in everyday life aligns with findings from Helle et al. (2022), who also reported that parents applied core COSP ideas in their routine interactions with their children after the programme concluded. Similar to the current study, their study noted that parents frequently referred to frameworks such as the Circle and the concept of 'shark music'.

Participants in the present study described how COSP language became part of their internal dialogue, offering a way to make sense of relational and emotional experiences with their child. Despite some variation in the time that had passed since attending COSP, ranging from one to twelve months, the ongoing use and referencing of COSP materials suggested a substantial level of internalisation. This echoes findings from Cartwright (2024), whose research took place twelve to eighteen months after the intervention and similarly showed that participants continued to find value in the programme, reporting sustained behavioural changes and an increased sense of emotional attunement to their children.

The extent to which parents can meaningfully apply COSP concepts over time is likely connected to their individual capacity for self-reflection. For some participants, this reflective ability extended beyond the parent and child relationship. Although COSP is designed to support a broad range of relationships and not only those with children, this wider relational impact has not been widely explored in the literature. However, the current study offers early evidence that a few parents began to apply their enhanced relational awareness and emotional understanding in interactions with other important people in their lives. While this was not a dominant theme, it represents a valuable secondary outcome of the intervention.

In summary, these findings contribute further to understanding the perceived utility of COSP, highlighting its potential for lasting impact both within the parenting relationship and beyond it.

4.3 Strengths and Limitations

4.3.1 Methodological Rigour and Research Design

This study followed Braun and Clarke's (2019) six-phase approach to reflexive thematic analysis, and the researcher kept a reflexive journal, to aid with embedding reflexivity throughout. This helped to enhance the methodological rigour and transparency of the research design. Additionally, the semi-structured interview format allowed flexibility and depth in capturing parents' lived experiences, allowing for unexpected themes and insights to be shared.

However, a potential limitation in the design could be seen as the use of self-report methods, which may have reduced the validity of the results. Participants were first informed of this study by staff within their respective PIMHS and as such, may have demonstrated social desirability in their responses, particularly if they believed their responses would impact on the

PIMHS or their care received within it. To minimise the risk of this, the researcher emphasised confidentiality at the start of each interview and assured participants that they were conducting this project separately to the PIMHS. Another important consideration with this parental self-report method is that it reflects parents' perspectives but does not necessarily demonstrate observable behavioural changes in the child.

The qualitative design of this study could also be viewed as a limitation, particularly in the context of policy and funding decisions, where quantitative methods such as randomised controlled trials (RCTs) are often prioritised. This preference stems from the perception that quantitative research offers more objective, generalisable, and causal evidence to guide large-scale service decisions (Cartwright & Hardie, 2012). However, the strength of qualitative research is in its ability to explore the lived experiences of participants, provide insight into complex processes, and highlight how interventions are understood and implemented in real-world contexts. In this study, the qualitative approach allowed for a rich exploration of how parents experienced the COSP intervention within UK PIMHS. These insights are essential for informing policy development and service delivery, which is specific to context (Greenhalgh & Papoutsi, 2018).

4.3.2 Sample Characteristics and Representation

The sample used in this study included parents from three different PIMHS teams, including NHS and charity organisations across three different regions in the UK. This multi-site recruitment is a strength, as it may enhance the representativeness of the findings. Another strength in the sample is that although there were only two, fathers were still included, which is less common in many parenting intervention studies which only include mothers (Birdsey et al.,

2023; Kohlhoff et al., 2024; Kubo et al., 2021; Røhder et al., 2022; Shai et al., 2024). Having their inclusion provided valuable insight into gender dynamics within COSP groups.

A further strength of this study is its high ecological validity, whereby participants' experiences reflect the real-world implementation of COSP within UK PIMHS settings, rather than in a research-specific setting. As such, the results may more accurately reflect how COSP is experienced by parents in everyday PIMHS settings.

However, the sample was still predominantly White British and female, despite efforts to recruit a more ethnically and assumed culturally diverse sample. This limits the representativeness of the findings for other populations. Broader ethnic representation may have added further depth, though meaningful cultural insights were still gained through the nuanced narratives shared.

In addition, some formal demographic data were not collected, such as relationship status, and education level, which may have helped to contextualise the findings more fully. This decision was made to minimise participant burden while still meeting the aims of the study. In relation to COSP's effectiveness, there have been mixed findings on whether education level impacts outcomes (Horton & Murray, 2015; Zimmer-Gembeck et al., 2022), so it is possible that it may not have significantly influenced participants' perceived utility of the programme.

4.3.3 Innovation, Relevance, and Contribution to the Field

A major strength of this study is that it is the first known UK-based qualitative study exploring COSP within PIMHS. It has also been completed at a particularly relevant time, given the increased national interest and investment in early relationships and development of PIMHS (Parent-Infant Foundation, 2025c). Furthermore, this study bridges a gap between a

predominantly quantitative evidence base and lived experience, offering a richer insight into COSP's application and meaning for parents within this setting.

The broad scope of this qualitative study allowed for rich and diverse insights, including novel findings on gender dynamics in COSP groups, such as fathers' inclusion and participation, the cultural dissonance between American materials and UK contexts, and experiences of parents of neurodivergent or children with disabilities within general COSP groups.

4.3.4 Participant Involvement and Ethical Considerations

The study incorporated elements of co-production by sharing themes with participants and integrating their feedback into service recommendations. Although this practice is not typical in reflexive thematic analysis, it can be seen as highly valuable, as it ensures that participants' voices are carried through the research process. This is especially important given that ultimately, parents are who this research aims to support.

4.4 Clinical Recommendations

Based on the findings of this study, their interpretations discussed above and informed by the follow-up meeting with two of the participants, the following recommendations are proposed for PIMHS who plan to deliver COSP within their service. It should be noted, these recommendations are tentative and grounded in the subjective accounts of the relatively small sample. They are intended to highlight areas of consideration for service delivery, and potential future investigation within services. The recommendations have been organised into four categories: before facilitating COSP, whilst facilitating COSP, after facilitating COSP, and longer-term aspirations.

4.4.1 Before Facilitating COSP

- **Recommendation 1: Set caregivers' expectations by clearly framing COSP as a reflective and relational intervention.** During the assessment phase, clinicians ought to inform caregivers that COSP is a reflective and relational intervention, for self-reflection and relationship-building between themselves and their child, rather than simply teaching them behavioural techniques to manage their child's behaviour. As discussed earlier, the capacity to self-reflect appears to be an integral part of the intervention, and informing parents of this beforehand may better prime them for what to expect and help them prepare mentally and engage more effectively.

- **Recommendation 2: Assess parents' reflective capacity during the referral or intake process**. As part of the assessment phase, clinicians should also explore parents' readiness and capacity for self-reflection using open, exploratory questions that may illicit reflection on their view of themselves within the parent-child relationship. This can help determine whether COSP is an appropriate fit for them. Understanding a parent's reflective stance may also guide clinicians in tailoring support, pacing the intervention, or identifying the need for a more directive or individualised approach.
- **Recommendation 3: Consider group readiness when setting up COSP groups.** As discussed previously, the group dynamic and composition can play a critical role in either fostering or hindering connection. Facilitators should assess each caregiver's readiness to engage in a group setting, including their capacity to consistently attend sessions, and willingness to participate with others. Where parents are not yet able to engage reliably or may find group processes overwhelming, individual delivery or deferring to a future

group cycle may be more suitable. Thoughtful group composition is more likely to enhance cohesion and psychological safety.

- **Recommendation 4: Offer individual COSP delivery when group participation is not suitable.** Some parents may benefit more from individual COSP delivery, particularly those who experience group settings as overwhelming, feel misunderstood in group contexts, or present with more complex needs. One-to-one sessions may provide a more tailored and emotionally safe space for their reflection. Notably, research comparing individual and group formats has found both to be similarly effective in reducing parental stress (Sadowski et al., 2022), which supports the flexibility of delivery formats based on clinical judgement and parent preference.
- **Recommendation 5: Provide interim support while caregivers wait to begin COSP.** Participants in this study described challenges with access issues and long waiting periods before accessing COSP. Those attending the group meeting suggested that services offer check-ins or provide some resources to reduce the stress of long waits, and help parents feel supported.

4.4.2 While Facilitating COSP

Recommendation 6: Ensure COSP facilitators are psychologically informed and emotionally attuned. As discussed in previous sections, given the reflective and often evocative nature of COSP, COSP may result in strong emotional responses, particularly relating to past experiences. Facilitators should be equipped to offer empathy, containment, and clinical skill, embodying the 'safe hands' that the model encourages caregivers to provide for their children. This is essential for creating a safe environment, where parents feel supported to engage openly with the material. It is also important that

facilitators have access to protected supervision time and regular reflective spaces, to support their capacity to hold this work.

- **Recommendation 7: Offer optional one-to-one check-ins.** Linked to the recommendation above, between COSP group sessions, some parents may benefit from being offered individual check-ins from facilitators. This could be offered as a drop-in directly before or after group sessions, or as phone calls, for any parents who would like additional support to process difficult emotions raised during the group.
- **Recommendation 8: Create space to explore cultural influences.** As discussed in previous sections, although there are cultural differences in parenting norms, the COSP programme does not explicitly refer to this. Therefore, facilitators should make an active effort to invite discussion of how someone's cultural values, beliefs, and norms may shape their parenting practices, and this could validate diverse parenting perspectives. By providing space for these reflections, some parents may be more able to contextualise COSP concepts within their own cultural frameworks, enhancing its relevance and inclusivity.
- **Recommendation 9: Ensure facilitators are receiving culturally reflective supervision.** Facilitators working with culturally diverse families may benefit from supervision that supports their reflection on identity, cultural dynamics, and potential biases around parenting. This could better enable them to explore cultural issues during COSP delivery, taking a more sensitive and inclusive approach.
- **Recommendation 10: Tailor COSP delivery to support neurodiverse families**. This recommendation relates to theme five, which discussed how some parents felt COSP materials primarily represented neurotypical children. While research has shown that

COSP can be valuable for families with neurodivergent children, such as those with ASD (Kubo et al., 2021), facilitators may need to acknowledge neurodivergence explicitly and make space for tailored discussion. This could include more relatable examples and support around how COSP principles can be meaningfully applied. In this way, the accessibility and relevance of COSP for these families may be improved.

4.4.3 After facilitating COSP

- **Recommendation 11: Offer follow-up support to help consolidate and sustain learning.** In the group meeting, parents expressed that revisiting COSP, both in the interview and in the follow-up meeting, helped refresh their memories and consolidate learning. They suggested that PIMHS teams offer optional follow-up sessions six or twelve months after COSP, providing space to revisit COSP ideas as their children develop. This could include a one-off group session or an individual check-in. If implemented, this may support long-term integration of COSP principles and promote sustained relational benefits.

4.4.4 Longer-term Aspirations

- **Recommendation 12: Promote the inclusion of fathers and male caregivers in COSP.** Fathers remain underrepresented in parenting services, reflecting a broader systemic issue highlighted in earlier sections. To address this, services could explore offering father-specific COSP groups or explicitly advertising the programme as inclusive of all caregiving roles. Referrers and clinicians should make a conscious effort to invite fathers and male caregivers, helping to challenge assumptions around parenting roles and foster spaces where fathers feel welcomed and valued.

- **Recommendation 13: Adapt COSP content to better reflect UK families and cultural context**. As explored in theme four, some parents found it difficult to fully connect with the COSP video material, noting that the American accents, terminology, and examples felt culturally mismatched. This feedback was echoed by participants in the group meeting, who suggested that more locally relevant, UK-based content would enhance engagement. Creating new videos featuring UK families could improve relatability and allow COSP to resonate more strongly in this context.
- **Recommendation 14: Involve parents from underrepresented communities in the co-design of COSP materials**. Linked to recommendation 13, services should actively seek to involve parents from underrepresented backgrounds in designing and reviewing new COSP content. Co-production with families from minoritised communities could help address underrepresentation, ensuring the intervention reflects a wider range of lived experiences. Creating these collaborative opportunities may also communicate that all families are valued and heard within the service.

On the whole, this study offers several practical insights for UK PIMHS delivering the Circle of Security Parenting (COSP) programme. While COSP was widely regarded by participants as a valuable and meaningful intervention, its impact could be enhanced further through delivery that is sensitive, psychologically informed, culturally relevant, and practically accessible. Attention to these elements may help ensure the programme resonates more deeply with a broader range of parents.

Rather than viewing COSP solely as a standalone intervention, services might also consider how its core concepts and frameworks could be integrated into wider models of family-centred care. Embedding COSP principles across different points of contact within the service

could reinforce key messages and support continuity of care. This aligns with Stern's (1995) suggestion that effective support for parents and infants often takes place not through a single method, but through a series of complementary interventions delivered at multiple 'ports of entry'. In this context, COSP can be seen as one valuable component within a broader, more layered approach to intervention, enhancing its impact when used alongside other therapeutic models.

Although the findings of this qualitative study are not intended to be generalised in a statistical sense, the patterns of meaning and key themes identified in parents' accounts offer important insights into how COSP may be experienced within UK PIMHS contexts. These insights may be especially relevant as UK services continue to expand and develop their provision. Services planning to implement or refine COSP delivery may wish to draw on these findings to inform group structure, facilitator training, and broader service design.

The study also reflects the diversity of current COSP practice in the UK, with participating parents referred through various routes including family support workers, health visitors, and psychologists, and accessed by both NHS and charity PIMHS. This range strengthens the relevance of the findings across multiple service settings.

4.5 Future Research

This study offers a foundation for further exploration of parents' experiences of COSP within UK PIMHS and opens several avenues for future research. While this research was qualitative in nature, future studies could build on its findings by exploring theme topics quantitatively, helping to understand how common these experiences are and whether they relate to other factors across a larger group of parents. Theoretical insights from qualitative work like

this often provide a starting point for developing more structured outcomes and informing wider field development. Quantitative research can also support policy and funding decisions by providing more generalisable evidence.

One potential direction for future research is to explore how different personal and demographic factors might influence people's experience of COSP. For instance, it would be valuable to investigate whether outcomes or perceived relevance vary based on parents' age, ethnic background, education level, or trauma history. This could be explored using survey-based or longitudinal studies that track outcomes over time and help build a fuller picture of who is most likely to benefit from COSP and under what conditions. Related to this, follow-up studies that explore whether parents continue to draw on COSP concepts months or even years later could shed light on its longer-term impact.

The cultural dimension of COSP also warrants further attention. Participants in this study raised subtle but important reflections on cultural fit, particularly regarding how the American framing of the content sits within UK services and family life. Future research could investigate these issues more deliberately, especially among families from non-Western backgrounds, who remain underrepresented in COSP research globally. Exploring how cultural beliefs and parenting norms interact with COSP content could help inform more inclusive delivery and ensure a better fit across different communities.

Fathers also remain underrepresented in parenting research more broadly, and COSP is no exception. This study included some father voices, but future studies could focus specifically on their experiences, perhaps even trialling COSP with groups made up entirely of fathers to explore whether engagement, participation, or group dynamics differ in this context. This could

provide valuable insight into how to better include and support fathers in early intervention work.

While this study focused on parents' experiences, it may also be valuable to explore the perspectives of clinicians delivering COSP within UK PIMHS. Their views on what it's like to facilitate these groups when working with families with more complex trauma histories could offer another angle on how the programme is received and adapted in practice. Facilitators may have to navigate a tension between staying close to the manual and responding flexibly to participants' needs, particularly when working with diverse groups. There is currently a wider debate around treatment fidelity versus adaptation within evidenced-based interventions (von Thiele Schwarz et al., 2021), and this could be another rich area of study, both qualitatively through facilitator interviews and quantitatively by measuring how adaptations affect outcomes.

Another important consideration for future research is how COSP could be integrated more flexibly and widely within the broader network of early years family support. For example, health visitors or early years staff could draw on core COSP ideas, such as the Circle diagram or the 'bigger, stronger, wiser, kind' concept in everyday work with families. These principles might also be incorporated into one-to-one therapeutic approaches, helping to create a more integrated, consistent framework across services. Exploring how COSP concepts translate into different formats or modalities, including individual sessions or trauma-informed adaptations for those who may not feel comfortable in group settings, could extend its reach and accessibility.

Finally, it is worth noting that child development is rapid during the early years, and future research may need to account for this when interpreting parent-child outcomes following COSP. Observed changes in children's behaviour might be linked to developmental stages as

much as to changes in parenting behaviour. This complexity could be addressed through longitudinal and mixed-method designs that gather data from multiple sources.

Together, these suggestions aim to support a growing evidence base that is methodologically diverse, culturally responsive, and inclusive of multiple perspectives. As COSP continues to be used across UK PIMHS, ongoing research can help ensure it meets the needs of the families it aims to serve.

4.6 Researcher Reflections

Conducting this research has been both professionally and personally meaningful. As a trainee Clinical Psychologist working in a PIMHS service during the write-up of this project, I was immersed in early relational health from both clinical and academic perspectives. This allowed me to bring theoretical learning into real-world settings and helped deepen my understanding of the area. At the same time, I tried to approach the data with openness, letting participants' voices lead the analysis rather than relying on my own clinical assumptions.

At the start of the project, I expected that parents would focus mostly on practical strategies to manage their children's behaviour and would value visible behavioural changes most. But through the interviews, I saw how much parents connected with the reflective parts of COSP. Many spoke about changes in how they thought about parenting and their own emotional responses, which they found incredibly valuable. This challenged some of my early assumptions and reminded me how important it is to stay curious about people's experiences, even when they differ from my expectations.

From the beginning, I was aware of the differences between myself and participants, especially as I am not a parent. While this meant I could not directly relate to their experiences, it

also helped me avoid comparing their stories to my own or becoming overly identified with one particular view of parenting. I didn't disclose my parenting status, but I sometimes wondered whether participants sensed this, and if it might have shaped how much they chose to share. I tried to remain mindful of this during interviews and stayed attuned to how these differences might influence the connection between us.

My interest in cultural issues has been a longstanding one and shaped how I approached this research. While that perspective inevitably influenced how I saw the data, I was careful not to impose my own frameworks on participants' stories. I was struck by reflections about cultural differences between the UK and the US, and how these shaped participants' connection to the COSP material. These insights highlighted the importance of paying attention to subtle cultural differences, not just between broad regions of the world, such as Eastern and Western, but also within them, as these can significantly affect how parents relate to an intervention.

One of my aims for this project was to include voices that are often underrepresented in psychological research, especially parents from minoritised ethnic backgrounds in the UK. Although I was working in a diverse area, these families were still less likely to access COSP, which made recruitment difficult. This experience deepened my awareness of wider structural issues around access and inclusion. While some participants did reflect on cultural matters from the perspective of people in their lives, there was limited direct input from ethnic minority parents. This strengthened my commitment to finding ways to improve access and reach in future work.

Throughout the research process, I became more conscious of the pressures that parents face today. In my personal life, I've seen how conflicting parenting advice, especially on social media, can create anxiety about doing things the 'right' way. I felt a strong responsibility in how

I presented the findings and was careful not to add to these pressures. I wanted to frame parents' reflections in a way that felt respectful and compassionate, and I tried to bring that same tone into the interviews.

My clinical training shaped how I interpreted information in the interviews and data. Concepts like 'emotional regulation' inevitably guided what I noticed and thought was meaningful. Practising reflexivity throughout the process helped me stay aware of this clinical lens and remain open to alternative interpretations, such as the societal pressures on parents to appear calm or the participant's own cultural beliefs about expressing emotion.

Thematic analysis required both flexibility and creativity, which I usually enjoy, but working within a tight timeframe brought its own challenges. Developing the themes was a thoughtful and often non-linear process. One of the harder parts was setting aside insightful participant comments that did not quite fit the research question or were not echoed elsewhere in the dataset. I want to acknowledge that these reflections, though not visible in the final write-up, have stayed with me and will continue to shape my clinical work.

Interviewing participants was sometimes an emotional experience. While I had not attended a COSP group as a participant myself, I had the opportunity to observe one, where I saw how parents gradually became more reflective and open with each other. This influenced how I approached the interviews and the kinds of questions I asked. Even without direct parenting experience, I carry my own history of relationships and ideas about future caregiving, which I know may shape how I engage with parenting material. Being aware of this helped me stay grounded and thoughtful in my approach.

Towards the end of the project, I was struck by the under representation of fathers in the COSP groups described by participants. This was also reflected in the sample for this study. It reinforced the ongoing gendered patterns in parenting interventions and the systemic barriers that can make it harder for fathers to engage. Hearing this theme echoed in several interviews strengthened my belief in the need for services that are inclusive of all caregiving roles and responsive to a wider range of family structures.

Overall, this project has been a deeply meaningful learning experience. It expanded my understanding of parent-infant work in the UK and gave me a richer sense of the realities families face when engaging with interventions like COSP. Participants' reflections left me feeling hopeful about the potential of compassionate, reflective support to make a lasting difference in the lives of both parents and their children.

Conclusion

This study is the first known qualitative exploration of how parents experience the Circle of Security Parenting (COSP) programme within UK-based Parent-Infant Mental Health Services (PIMHS). It offers novel and timely insight into COSP's perceived impact and delivery in real-world UK settings, directly addressing a gap in the existing evidence base.

Parents described COSP as a valuable intervention overall, that strengthened emotional connection with their child, encouraged self-reflection, and increased confidence. Many continued using COSP ideas beyond attending the programme, suggesting lasting relevance. While the group format offered opportunities for connection, some parents found limited engagement and noted that the predominance of mothers affected the gender dynamic.

Key areas for development were identified, including barriers to access, limited cultural representation, and challenges applying COSP concepts to neurodiverse family contexts. Several parents also found the American video content culturally misaligned and suggested UK-specific materials may improve engagement.

These findings contribute to the growing UK-based COSP literature by exploring parents' lived experiences and supporting the value of the programme. They highlight the need for more flexible, inclusive, and culturally resonant delivery, and this paper offers practical guidance for services aiming to sensitively deliver COSP for the diverse families they support.

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Appendix A

University of Essex Ethical Approval

12/03/2024

Miss Hafiza Ali

Health and Social Care

University of Essex

Dear Hafiza,

Ethics Committee Decision Application: ETH2324-0986

We are writing to advise you that your application to register an external ethical approval of your research project entitled "Exploring Parents' experiences of an Attachment-based Intervention in UK Parent-Infant Mental Health services" has been reviewed by the REO Research Governance Team. We are pleased to inform you that the University of Essex will accept the ethical approval granted by HRA NHS REC for the project named above and you will not be required to make a full application for ethical approval through the University's ethics review process.

Please do not hesitate to contact the REO Research Governance Team (reo-governance@essex.ac.uk) if you require any further information or have any queries.

Yours sincerely,

REO Research Governance Team

Appendix B

NHS Health Research Authority Ethical Approval

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

NHS
Health Research Authority

Ms Hafiza Ali
Trainee Clinical Psychologist, Doctorate of Clinical Psychology student
University of Essex
Wivenhoe Park
Colchester
Esse
CO4 3SQ

Email: approvals@hra.nhs.uk

05 March 2024

Dear Ms Ali

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**Exploring Parents' experiences of an Attachment-based Intervention in UK Parent-Infant Mental Health services**
IRAS project ID:	**331657**
Protocol number:	**N/A**
REC reference:	**24/NE/0026**
Sponsor	**University of Essex**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Appendix C

Non-substantial HRA Amendment

IRAS Project ID 331657. HRA and HCRW Approval for the Amendment

Dear Ms Ali,

IRAS Project ID:	331657
Short Study Title:	Experiences of Circle of Security in Parent-Infant services V1
Amendment No./Sponsor Ref:	ETH2324-0986
Amendment Date:	10 January 2025
Amendment Type:	Non Substantial Non-CTIMP

I am pleased to confirm **HRA and HCRW Approval** for the above referenced amendment.

You should implement this amendment at NHS organisations in England and Wales, in line with the guidance in the amendment tool.

Appendix D

Participant Information Sheet

University of Essex

School of Health and Social Care

NHS
Essex Partnership University
NHS Foundation Trust

Information Sheet for Research Project:

Title: Experiences of Circle of Security in Parent-Infant services

Chief Investigator: Hafiza Ali

Introduction

Research Invitation

My name is Hafiza Ali and I am a Trainee Clinical Psychologist from the School of Health and Social Care at the University of Essex. I would like to invite you to take part in a research study.

This research is being conducted under the supervision of Dr Richard Pratt (Clinical Psychologist and Lecturer) and Dr Joseph Rehling (Clinical Psychologist and course tutor). The research sponsor is Dr Mantalena Sotiriadou from the University of Essex. Any reference to 'we' in this document refers to the sponsor and not the local parent-infant site, and 'I' refers to the Chief Investigator, Hafiza Ali.

Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information.

Summary

You have been invited to take part in this research based on meeting the following inclusion criteria: You are a parent aged over 18 years old, who has undergone the Circle of Security Parenting (COSP) intervention through a UK parent-infant service within the last 12 months; you commenced the COSP intervention when your infant was less than 2 years old; and you attended at least 6 (out of 8) COSP sessions. Only those who meet all the eligibility criteria listed above will be able to take part in this study, as this is the target population to be studied.

In this research study we will use information given from you in interviews. We will only use information that we need for the research study. Everyone involved in this study will keep your data safe and secure. We will also follow all privacy rules. At the end of the interview, we will save the data until the study has been written up for a research paper. We will make sure no-one can work out who you are from the reports we write.

The information pack below tells you more about this.

What is the study is about and what are its aims?

Research has not yet explored the use of COSP in UK Parent-Infant services. As part of a doctoral research study, this study aims to explore parents' views and experience of COSP, any concepts they found particularly helpful or difficult, and any ideas they have for how COSP could be better run in the future. Study findings could improve staff training within parent-infant services, by highlighting possible considerations to the delivery of COSP, and how it could be more effectively implemented.

What would taking part involve?

Taking part in this study would involve having an individual online video call with myself (chief investigator, Hafiza Ali) and answering some questions about your experience and views around COSP. The online call will last for around 45 minutes to 1 hour and you can decide whether to have your camera on or off. I will video and/or audio record the call. The purpose of this is to allow me to go back to the interview and transcribe the responses, to create text to be analysed. I will remove any identifiable details you might mention, including names, places, dates etc., from the transcription to ensure your anonymity.

After the interview and write-up of the study results, I may invite you to an optional online group meeting with other participants, (up to 1.5 hours long), to share your ideas around how the study results are shared with others, such as parent-infant services.

Further information

Possible benefits and risks

Your feedback could help to guide services in using COSP with other parents in the future and may highlight ideas for future parent-infant interventions. Through your interview, you will also have the chance to speak openly, reflectively and confidentially about your own unique COSP experience which you may find personally valuable.

All participants will be asked personal questions around parenting and their experiences, which may be of sensitive nature to some. If you would rather not answer a question, you are welcome to skip it and move on to the next.

How will I be recruited for the study?

Parent-infant services who signed up this study were sent details on the participant inclusion criteria (as detailed in the summary box). These services compiled a list of all people who fit the criteria, and then contacted these people to ask if they were interested in the study and if they consented to their details being shared with me. I then contacted you using this list of details and have emailed you this participant information sheet alongside a consent form. After reading this document, if you decide to take part in this study, you will need to read and sign the consent form within 28 days and email it back to me (ha22467@essex.ac.uk). I will then get back to you to confirm whether you can take part, and will arrange a date and time to hold your interview.

Do I have to take part? /What if I don't want to carry on with the study?

It is entirely up to you to decide whether you wish to take part in this study. If you do decide to take part, you will be required to provide written consent.

You are free to withdraw from the study at any time, without giving reasons and without penalty, even after data has been collected. There will be no impact on your access or treatment at your parent-infant service. To withdraw your participation from the study, you can inform me at any time. However, we will keep anonymised information that we already have. It would not be possible to withdraw anonymous participant data after it has already been collected.

Before the interview commences, I will ask you what you would like me to do in a situation where you may leave the interview early (whether accidentally e.g. if you lose internet connection, or purposely, e.g. if you become distressed). Where you choose to exit the call, it will be up to you if you would like for me to video/audio call you back and offer support, if you'd like me to email you to check-in, or if you would not like for any further contact attempts to be made, and I will follow your wishes.

How will my information be kept confidential?

As stated above, your data will be kept confidential in this study. The only instance where confidentiality would be breached is if you were to mention something that led me to believe that you or others are at risk of harm, where I have a duty of care and would need to inform others.

Your fully anonymised and non-identifiable interview data will be stored separately to any identifiable data (e.g. your names and email addresses). These will only be accessible by myself (chief investigator) and my academic research supervisors. All data will be stored electronically, on a University of Essex Computer, using an M-Drive. The M-Drive is a secure, backed-up, online location in which to store files. All files will also be password-protected, for additional data security.

Who can I contact if I have any concerns or complaints?

If you want to complain about how your information has been handled, you may contact the parent-infant service who linked you to this study. If you are not happy after that, you can contact the Data Protection Officer at dpo@essex.ac.uk. If you are not satisfied with their response or believe they are processing your data in a way that is not right or lawful, you can complain to the Information Commissioner's Office (ICO) (www.ico.org.uk or 0303 123 1113).

If are still concerned or you think your complaint has not been addressed to your satisfaction, you can contact the University of Essex Research Integrity Manager, Mantalena Sotiriadou (email: ms21994@essex.ac.uk), or the departmental director of research, Professor Camille Cronin (camille.cronin@essex.ac.uk).

If you heard about this study through the Essex Partnership University Trust (EPUT) parent-infant service, you could also send complaints to the Patient Advice and Liaison Service (PALS): epunft.pals@nhs.net. If you heard about this study through the North East London NHS Foundation Trust (NELFT) parent-infant service, you could send complaints to their PALS department: nelftpals@nelft.nhs.uk.

What is the legal basis for using the data and who is the Data Controller?

The legal basis for processing your data would be your freely-given informed consent, given by clear statements on the participant consent form. The Data Controller will be the University of Essex and the contact point is the University Information Assurance Manager (dpo@essex.ac.uk).

What will happen to the results of the research study?

Once the study has been completed and the results are written up, these will be used for a doctoral thesis paper. The paper will be available to view online at (https://repository.essex.ac.uk/). If you would like a summary of the findings, please let me know and I will email this to you. The study will also be written in the form of a research journal article for publication in the public domain.

The summary of results may also be shared in relevant conferences such as with the Parent-Infant Foundation, and parent-infant services in the UK.

Who has reviewed the study?

This study has been reviewed by the National Health Service (NHS) Health Research Authority (HRA) which protects and promotes the interests of patients and the public in health research.
The HRA Health and Care Research Wales ethics review body has reviewed and approved the research application for ethical approval: reference 24/NE/0026.

What should I do if I want to take part?

If you are interested in signing up to the study or would like more information, I'd be grateful if you could please email me: ha22467@essex.ac.uk. If you have decided you would like to take part, please read, sign and email back the participant consent form.

Additional details on your information

How will I use information about you?

I will need to use information from you for this research project. This information will include your name, contact details and experience of the COSP intervention. I will use this information to do the research or to check your records to make sure that the research is being done properly. After the interviews have been completed and transcribed, I will anonymise the data and store it securely and separately to

your identifiable information (name and email address). People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.

I will keep all information about you safe and secure in a database only to be accessible by myself and research supervisors. Direct anonymous quotes from you may be published in the final write-up. I will write all reports in a way that no-one can work out that you took part in the study.

Once I have finished the study write-up, we will keep some of the data so we can check the results. All data will be deleted after the completion of the project and study write-up, no later than September 2025.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, such as leaving the interview early. However, after interview data has been transcribed and anonymised, it would not be possible to withdraw your anonymous data.

As I need to manage all participant records in secure ways, I would also not be able to let you see or change the data I hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information:

- at www.hra.nhs.uk/information-about-patients/
- at www.hra.nhs.uk/patientdataandresearch
- by emailing the sponsor's Data Protection Officer at dpo@essex.ac.uk
- by emailing the Departmental director of research, Professor Camille Cronin at camille.cronin@essex.ac.uk
- by reading the HRA patient data and research leaflet: https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/data-protection-and-information-governance/gdpr-guidance/templates/template-wording-for-generic-information-document/

Appendix E

Interview Consent form

Consent form for Research Project:

Title: Experiences of Circle of Security in Parent-Infant services

Chief Investigator: Hafiza Ali

	Put an 'X' in the boxes below:
1. I confirm that I have read and understand the Information Sheet dated 24/02/24 (version 2) for the above study. I have had an opportunity to consider the information and ask any questions.	☐
2. I understand that my participation is voluntary and that I am free to withdraw from the interview at any time without giving any reason and without penalty. However, once my interview has been transcribed and anonymised, this data cannot be withdrawn.	☐
3. I understand that due to the nature of this research, I may be asked personal questions about parenting and my experiences around it.	☐
4. I understand that my interview will be video and audio recorded for the purpose of data transcription.	☐
5. I understand that all identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained. Confidentiality may only be broken where there is concern around mine or others' safety.	☐
6. I understand that my fully anonymised data may be used for a thesis project and research publication.	☐
7. I understand that my fully anonymised direct quotes may be used for a thesis project and research publication.	☐
8. I understand that following my interview and write up of the study, the chief investigator may invite me to an optional meeting to share my ideas around disseminating the study results.	☐
9. I agree to take part in the above study.	☐

Once you have ticked all the statements above, please complete the section below to provide your written consent to take part in the study. (You may type your signature instead of inserting your handwritten signature).

Participant Name	**Date**	**Participant Signature**
_____	_____	_____

Participant email address

_____

Please email a copy of your signed consent form to the chief investigator: ha22467@essex.ac.uk

To be completed by researcher:

Researcher Name	**Date**	**Researcher Signature**
Hafiza Ali	_____	_____

After the chief investigator has signed the form, one copy of the form will be provided for the participant and another copy retained by the chief investigator.

Appendix F

Interview Schedule

Semi-structured Interview schedule

For use with parents from parent-infant services who have undergone COSP

Before commencing the interview, ensure informed consent has been secured. Then explain the following to the participant:

My name is Hafiza Ali - a trainee Clinical Psychologist researching the use of the Circle of Security parenting programme in parent-infant mental health services. Thank you for agreeing to take part - your reflections on the Circle of Security parenting programme are important and valuable in improving parent-infant services. Before I start with the questions, there are a few things to run through:

- Your interview responses, personal details, and identity will be kept confidential.
- You will not be identifiable in the report and there will be no impact on your relationship with services.
- The only instance where I would need to share your information is if you mention something that makes me concerned for your safety or someone else's – and in that case I would let you know.
- The interview will last for about 45 minutes to 1 hour, and I've got a set of questions to ask you. Remember there is no right or wrong answer.
- If there are any questions you would prefer not to answer, let me know and we can skip those. You can also leave the interview at any point if you want to.
- Do you have any questions before we begin?

1. **Before you began the Circle of Security programme (COSP), what were you hoping to gain from it?**
    - Did it cover what you expected it to?
    - Were you given any prior information about what the programme was?

2. **Before starting the COSP, did you try anything else to improve your relationship with your child?**
    - Other interventions within the PIMHS?
    - Interventions outside of the PIMHS?
    - Support from family?

3. **How would you describe your overall experience of the Circle of Security programme (COSP)?**
    - Did you find it helpful?
    - Was it easy to understand and follow?
    - Did you do it in a group or individually? What was the group setting like?

4. **For you, what are the most important aspects of your background and identity?**
    - Ethnicity?
    - Views on gender norms?
    - Family values?

5. **Are there any aspects of your background or identity that you think made a difference to your experience of COSP?**

- Do you have any examples of where it affected your view?

6. **Since COSP, have you noticed any changes in your relationship with your child?**
   - Do you communicate differently? *[Using COS terminology: e.g. when you notice the shark music come up?]*
   - Is there a difference in how you interact with them?
   - Is there a difference in how you understand your relationship?
   - Has anything made this easier/harder?
   -
7. **Have you noticed any changes in your relationship with other adults in your life?**
   - Do you communicate differently?
   - Is there a difference in how you interact with them?
   - Is there a difference in how you understand your relationship?

8. **How would you describe your mental health before, during and after attending COSP?**
   - Do you think this impacted your experience of the programme?
   - Did it impact how you interacted with your children?
   - Did it impact if you could make any changes?
   - Was this discussed with the facilitator?
   - Is there anything the facilitator could have done to help with this?

9. **Sometimes healthcare professionals and service users misunderstand each other because they come from different backgrounds or have different expectations. Have you been concerned about this and is there anything that could've been done differently with the programme, to provide parents with the care they need?**
   - Did you feel understood?
   - Did you feel you could speak openly with the facilitator and in the group setting?

10. **Do you have any other comments about the programme that we haven't covered?**
    - What was helpful?
    - What was unhelpful?
    - What could be improved?

Debrief:

- Thank you for your time and taking part in this interview.
- How did you find answering those questions?
- Do you have any questions for me?
- Discuss next steps – anonymity and analysis of data
- After the study is completed, would you like to be sent a copy?
- After the results write-up, would you like to take part in an online meeting (up to 1.5 hours long) to discuss how the results of the study are shared with services?

Appendix G

Group Meeting Information Sheet

University of Essex

School of Health and Social Care

NHS
Essex Partnership University
NHS Foundation Trust

Information Sheet for Group Meeting:

Title: Experiences of Circle of Security in Parent-Infant services

Chief Investigator: Hafiza Ali

Introduction

Group meeting Invitation

My name is Hafiza Ali and I am a Trainee Clinical Psychologist from the School of Health and Social Care at the University of Essex. I would like to invite you to take part in an online group meeting as part of my research study. This research is being conducted under the supervision of Dr Richard Pratt (Clinical Psychologist and Lecturer) and Dr Joseph Rehling (Clinical Psychologist and course tutor).

Before you decide whether to take part in the group meeting it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information.

Summary

You will have already taken part in an online individual interview with me, to discuss your experience of the Circle of Security Parenting (COSP) intervention.

Now, I am inviting you to take part in an online group meeting (lasting up to 45 minutes) to hear your ideas around how I share the main results/themes from the study's interviews, with organisations such as parent-infant services.

The information pack below tells you more about this.

What is the group interview about and what are its aims?

After the study results have been written up, an optional online group meeting will be held with some study participants who have already attended the individual interviews. The aim of this meeting will be for participants to contribute their ideas around how key results of the study should be shared in a helpful way with stakeholders, such as parent-infant services. As you have personal experience of accessing a parent-infant service, I would really value your views around how the study results could be best shared with them.

What would taking part involve?

There will be an open discussion on the topic above, facilitated by myself, Hafiza Ali. The other attendees of the online group meeting will be other parents, who have also taken part in the individual interviews for this study first. You will not be required to disclose any personal information about yourself in this meeting, and could use a pseudonym or keep your camera off during the call if you do not feel comfortable sharing your real name/face within the group setting.

The online meeting will take place via MS teams and will be recorded, to allow me to go back and make clear notes on what was discussed in the meeting. First, a group agreement will be discussed by the group – around maintaining a feeling of safety, respect, each other's' confidentiality and anonymity, respect, and voicing disagreements. Once this has been agreed, I will share the key results and themes from the study's individual interviews, and I will ask participants to share their ideas around how these results should be shared with services and organisations. The meeting will last for up to 45 minutes. I will playback the recording of the meeting, make notes on the ideas discussed, and these may influence how the study findings are disseminated. If any identifiable

details are mentioned in the meeting, (such as names, places, dates, etc.), I will remove these from the meeting notes.

Further information

Possible benefits and risks

Your ideas could help to guide services in using COSP with other parents in the future. Through the interview, you will have the chance to influence how the study findings are phrased and shared with organisations. This can impact how services deliver COSP for parents going forward.

The group will be made up of several parents who have completed the COSP intervention and individual interview for this study. The group will be set up with clear boundaries, however, you may have differing ideas with other parents within the meeting, which may be uncomfortable. If you find any of the questions particularly difficult or intrusive, you do not have to answer them and you can leave the group early if you need to. You will be reminded, that you can ask to stop, take breaks or withdraw from the study at any time, and will be offered a debrief with myself at the end of the meeting.

How will I be recruited for the group meeting?

You will have taken part in an individual interview with me, before being invited to take part in this group meeting. If you expressed interest in this meeting at the end of your individual interview, I am now emailing you this information sheet. After reading this information document, if you decide to take part in this study, you will need to let me know and I will then send you the accompanying consent form.

Do I have to take part? /What if I don't want to carry on with the meeting?

It is entirely up to you to decide whether you wish to take part in this meeting. If you do decide to take part, you will be required to provide written consent.

How will my information be kept confidential?

As stated above, I will keep your data confidential in this study. The only instance where confidentiality would be breached is if you were to mention something that led me to believe that you or others are at risk of harm, where I have a duty of care and would need to inform others.

There will be other parents present in the online group meeting setting. However at the start of the meeting, there will be a group agreement where all attendees are asked to keep details of the meeting confidential, including who attended and the contents of what was discussed. As stated previously, you may also choose to use a pseudonym instead of your real name within the group meeting, and could also keep your camera off if this makes you feel more comfortable.

Your fully anonymised and non-identifiable interview data will be stored separately to any identifiable data (e.g. your names and email addresses). These will only be accessible by myself (chief investigator) and my academic research supervisors. All data will be stored electronically, on a University of Essex Computer, using an M-Drive. The M-Drive is a secure, backed-up, online location in which to store files. All files will also be password-protected, for additional data security.

Who can I contact if I have any concerns or complaints?

If you want to complain about how your information has been handled, you may contact the parent-infant service who shared your details for this study. If you are not happy after that, you can contact the Data Protection Officer at dpo@essex.ac.uk. If you are not satisfied with their response or believe they are processing your data in a way that is not right or lawful, you can complain to the Information Commissioner's Office (ICO) (www.ico.org.uk or 0303 123 1113).

If are still concerned or you think your complaint has not been addressed to your satisfaction, you can contact the University of Essex Research Integrity Manager, Mantalena Sotiriadou (email:

ms21994@essex.ac.uk), or the departmental director of research, Professor Camille Cronin (camille.cronin@essex.ac.uk).

What is the legal basis for using the data and who is the Data Controller?

The legal basis for processing your data would be your freely-given informed consent, given by clear statements on the participant consent form. The Data Controller will be the University of Essex and the contact point is the University Information Assurance Manager (dpo@essex.ac.uk).

Who has reviewed the study?

This study has been reviewed by the National Health Service (NHS) Health Research Authority (HRA) which protects and promotes the interests of patients and the public in health research.
The HRA ethics review body has reviewed and approved the research application for ethical approval: reference 24/NE/0026

What should I do if I want to take part?

If you are interested in signing up to the group interview or would like more information, I'd be grateful if you could please email me: ha22467@essex.ac.uk. If you have decided you would like to take part, please read, sign and email back the group meeting participant consent form.

Additional details on your information

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, such as leaving the meeting early. However, after interview data has been transcribed and anonymised, it would not be possible to withdraw your anonymous data.

As I need to manage all participant records in secure ways, I would also not be able to let you see or change the data I hold about you.

Where can you find out more about how your information is used?

You can find out more about how we use your information:

- at www.hra.nhs.uk/information-about-patients/
- at www.hra.nhs.uk/patientdataandresearch
- by emailing the sponsor's Data Protection Officer at dpo@essex.ac.uk
- by emailing the Departmental director of research, Professor Camille Cronin at camille.cronin@essex.ac.uk
- by reading the HRA patient data and research leaflet: https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/data-protection-and-information-governance/gdpr-guidance/templates/template-wording-for-generic-information-document/

Appendix H

Group Meeting Consent Form

Group Meeting Consent form for Research Project:

Title: Experiences of Circle of Security in Parent-Infant services

Chief Investigator: Hafiza Ali

	Put an 'X' in the boxes below:
1. I confirm that I have read and understand the Group Meeting Information Sheet dated 24/02/24 (version 1) for the above study. I have had an opportunity to consider the information and ask any questions.	☐
2. I understand that my participation is voluntary and that I am free to withdraw from the group meeting at any time without giving any reason and without penalty. However, once the meeting notes have been written up and my feedback is anonymised, this data cannot be withdrawn.	☐
3. I understand that I may be asked alongside the group, what my personal opinion is on the way research findings should be shared.	☐
4. I understand that the group meeting will be video and audio recorded for the purpose of data transcription.	☐
5. I understand that all identifiable data provided will be securely stored and accessible only to the members of the research team directly involved in the project, and that confidentiality will be maintained. Confidentiality may only be broken by the research team where there is concern around mine or others' safety.	☐
6. I understand that my fully anonymised data may be used for a thesis project and research publication.	☐
7. I understand that my fully anonymised direct quotes may be used for a thesis project and research publication	☐
8. I agree to take part in the above group meeting.	☐

Once you have ticked all the statements above, please complete the section below to provide your written consent to take part in the study. (You may type your signature instead of inserting your handwritten signature).

Participant Name	**Date**	**Participant Signature**
_____	_____	_____

Participant email address

_____

Please email a copy of your signed consent form to the chief investigator: ha22467@essex.ac.uk

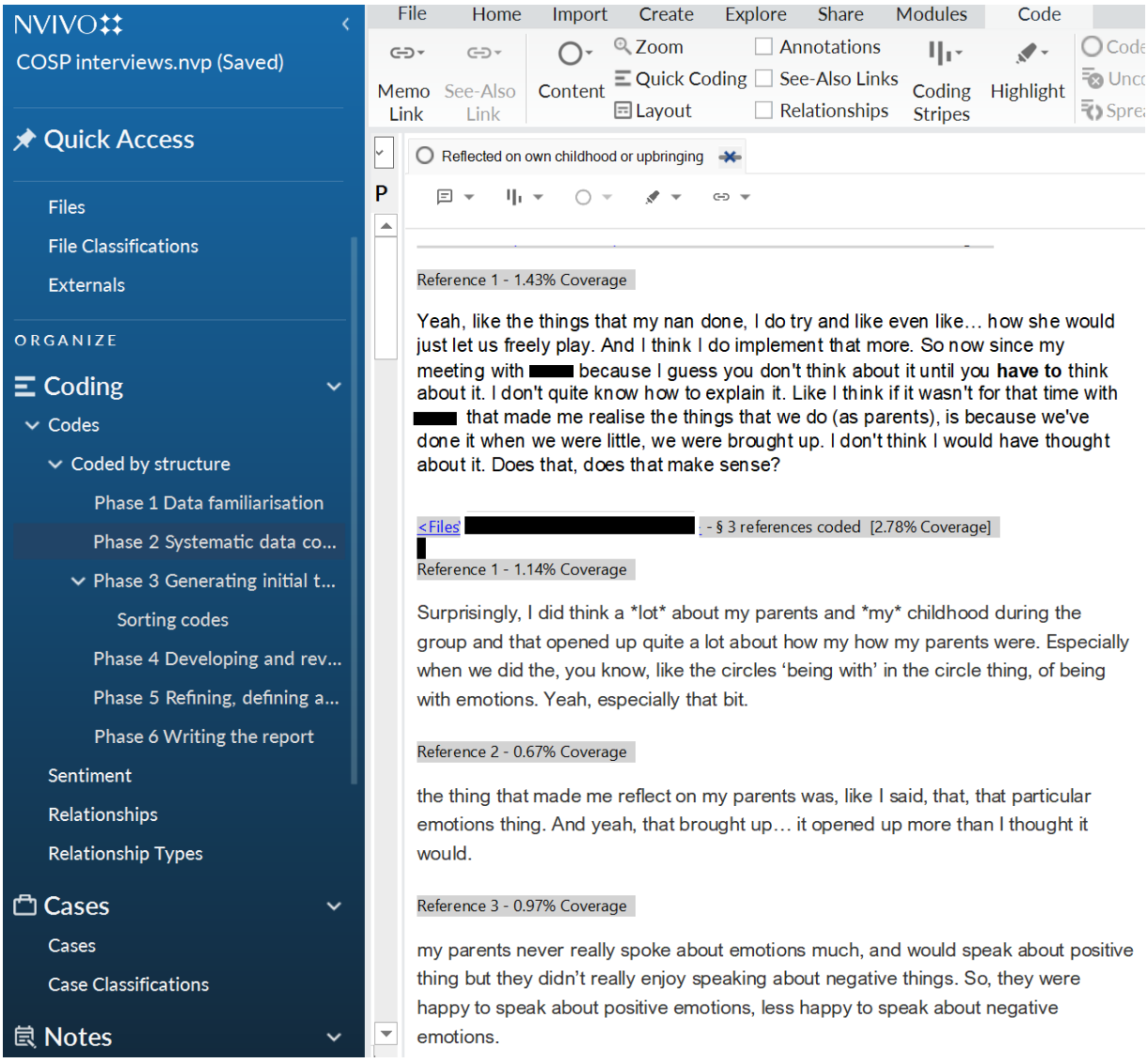
To be completed by researcher:

Researcher Name	**Date**	**Researcher Signature**
Hafiza Ali	_____	_____

After the chief investigator has signed the form, one copy of the form will be provided for the participant and another copy retained by the chief investigator.

Appendix I

Utilising NVivo 13 Software



Appendix J

Development of Themes