



# **Evaluation of STOP Children's Service 2020-2021: Parents/caregivers and teachers' perspectives on the effectiveness of the STOP Children's Service**

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# INTRODUCTION

Mā te rongō, ka mōhio;  
Mā te mōhio, ka mārama;  
Mā te mārama, ka mātau;  
Mā te mātau, ka ora.

From listening comes knowledge;  
From knowledge comes understanding;  
From understanding comes wisdom;  
From wisdom comes wellbeing.

## Research objectives

This project explored the effectiveness of STOP's Children's Service through interviews with parents/caregivers and principals/teachers of child clients who accessed the Service during 2020-2021. This time frame included experience of the effects of Covid-19, providing the possibility of learning areas for improvement of the service to families in remote rural areas where access to in-person clinical services are limited.

## Research methodology

The study used a qualitative methodology, employing interviews with participants, adopting Kvale's (1996) notion that, "[t]he qualitative research interview is a construction site of knowledge" (p. 2). The initial design planned to interview parents/caregivers and teachers of 15 children who had been clients of STOP Children's Service during 2020-2021. Ethical review of the study was approved by the University of Waikato Division of Education Human Research Ethics Committee. Some small developments were subsequently made to the initial design to extend the range of dates that clients first engaged or completed their time with the service.

Potential participants were approached initially by the Children's Service Manager to explore their interest in participation. Potential participants were then asked to contact the researcher so that they could agentively select to decline or to participate. The researcher consulted participants about informed consent, firstly by phone or email, and then at the interview. Participants then signed a consent form except where, due to Covid lockdown, consent was given verbally within an online recorded interview. The parent/caregivers of 15 children agreed to participate, however one caregiver had to withdraw at the last moment due to personal circumstances.

While 30 interviews were planned, the study completed 28 interviews with 32 participants. There were 14 parent/caregiver interviews (see Table 1 below): 12 female and 3 male (one interview included a mother and stepfather together); and 14 school interviews (see Table 2): 10 female and 7 male (three interviews included two staff members). The interviews were transcribed orthographically (Braun & Clarke, 2013), i.e., verbatim, by a professional transcriber, and then sent to participants for checking. The transcripts were analysed for themes (see Braun & Clarke, 2006) as well as socio-political and sexuality/gender discourses (see Flanagan, 2019). These are discussed below within key strengths and barriers. All names are pseudonyms.

It is important to note that children were not participants in this research. The research plan determined that the experience of significant adults (parents/caregivers and school-related adults) should be the focus of this inquiry.

**Table 1. Summary of information about Parent/Caregiver Participants and Children in their Care**

15 parent/caregivers: 4 grandparents, 10 parents, 1 stepparent	12 female (80%); 3 male (20%)
8 caregivers identified being on their own	57%
14 children referred to STOP	3 female (21%); 11 male (79%)
Children's range of ages at referral	5 years through to 12 years of age Mean = 10.9 years
Referral sources for children: [figures do not = 100% as some children had more than one referral source]	7 Oranga Tamariki (50%) 3 Doctor GP (21%) 6 School (43%) includes Social Worker in School 1 Counsellor (7%)
Children identified with mental health issues	9 (64%)

**Table 2. Summary Information about School-Based Participants**

14 schools - 17 participants	10 female (59%); 7 male (41%)
Roles identified within school	8 Principals (47%) 5 Acting and Deputy Principals (29%) 4 Teachers, incl. Behaviour Support, Learning Team Leader (24%)

## The research period

The interviews conducted as part of this research relate to adults significant in the lives of child clients whose contact with STOP included referral prior to 2020 with closure during 2020-2021; and referral during 2020-2021 with closure by the end of March 2022. Interviews were conducted in May and July 2022, in Christchurch, Nelson and Timaru, and scoped the participants' experience of the service from initial contact through to closure. The study was considered a timely opportunity to include the effects of Covid-19 on the provision of services and how participants had experienced the service during this time. The study could then possibly contribute further outcomes for STOP about evaluating the service during Covid-19 disruptions and offer insights into how STOP can improve their provision of an effective service to remote rural areas where access to in-person clinical services are limited.

## Key strengths

The STOP Children's Service was regarded highly by all who were interviewed for this study.

Participants all spoke highly of the service and their experience of engaging with STOP from initial contact through to completion. Key areas are summarised below:

- Response time after first contact or inquiry: In each interview, parents and caregivers reported on the quick turnaround from the time of initial contact with STOP and the response. Examples included when an agency made a referral, parents and caregivers were contacted quickly to set up a date for a phone call and/or appointment or assessment. A further example were

parents/caregivers making an initial phone call and leaving a message, or making contact through the website, telling the researcher of a response to their enquiry within hours, at least within a day.

“[I]t was amazing to find an organisation that could step in, take it seriously, and get us the help we wanted” (Phil).

- The quality of experience at STOP, and as a service without charge, from reception through assessment and the therapy: Participants then described a range of experiences when engaging with staff at STOP. Communications over the phone were described as caring and professional, as were their experiences when coming into the STOP reception and therapy spaces. They acknowledged welcome and care at reception and in therapy.

“It was a fantastic [first] meeting in here [at STOP]...the meeting made me feel really comfortable and encouraged that there was some support here for us” (Sally).

Some talked about the relationships that developed, always professional, but with a quality that held significance for the families coming along.

“I recommend the programme. It’s on the level with children...And for me, I don’t have the finances to pay for that service” (Grandma).

- Comments were given about the care and expertise of therapists: Some participants reported the experience of care for them, without any judgment of their role as parents, and with care for their child who was referred.

“[S]he was not only there for [my son], but she was there for me...ask how I was...she understood how hard it was for me...we used to have a good, probably 10-15 minutes about me” (Anne).

“She was very empathetic and just reassuring...that my child wasn’t damaged beyond repair, and she made me feel like I wasn’t a complete outcast” (Hayley).

One participant commented about working online during lockdown:

“She [the therapist] did do a couple of laptop interviews during Covid – that was amazing” (Grandma), describing how the therapist requested pens and paper to be ready for the time planned online.

“So he [child] was at home looking at her drawing, she’s drawing on the other side – and then at the end they both held up their pictures. It was just a connection with him, and it was really cool”.

A further acknowledgement was a sense of approachability and accessibility of the staff to caregivers if needed. Pete was asked whether he thought he could phone the therapist if it seemed important to reconnect. He replied,

“[Therapist’s name]...on the phone”, while checking the contacts on his mobile phone.  
“Right there, yeah, just there. I can get hold of her” (Pete).

- Comments were made about STOP’s care for families/whanau where a parent was parenting alone: A significant number of children coming to STOP during this period are parented by single or separated parents, frequently navigating the tensions of negotiating arrangements with the child’s other parent.

“I really valued that they had the experience working with ‘broken families’...where the child lived between houses and the parents weren’t particularly amicable...and they navigated that space for me” (Lucy).

- The post-completion follow-up phone call was viewed as helpful, and yet several parents/caregivers would appreciate more. Commenting on the educational component for parents/caregivers in the Children’s Service, Lucy said,

“...that process with families is that education part – ‘Once you’re kind of done with us here, you’ve got to take it home and walk it’. The steps for walking it, or where you get support for walking it...that part was missing for me”.

Lucy also reflected on how the subsequent follow-up might enquire about both developments and relapses:

“What are the positive things that you should be looking for as milestones consistently over six months, 12 months, to know that you can feel safe?”

“These are the red flags that you missed the first time round...As a parent, don’t forget to look for...some of the signals”.

Jenny recalled joining in an information session about pornography. She had found it really helpful for the conversations she had with her son. Pete similarly requested further follow-up:

“...he’s [child] already benefitted from it, but I think he should have gone back for a refresher course...wait three months”.

**Recommendation 1:** That STOP consider the further follow-up contact with families, possibly at six months post-completion in addition to the current three months, to check in and explore what developments have been identified, and what further support may be required. This could possibly include information sessions on specific topics, such as pornography.

While participants did not speak to the following points as strengths, analysis of the transcripts and considering the range of participants and their stories, brought these areas to the fore:

- That a significant number of children come to the STOP Children’s Service with mental health issues, many of them formally diagnosed. This aspect of the work is not to be underestimated and gives evidence to the complexity and potential difficulty of the work undertaken by STOP therapists. STOP Children’s Service is providing effective mental health services to children and their families.

**Recommendation 2:** That STOP examines the level of support they are offering to families where a mental health diagnosis is provided, and to clearly include this information within reports for benefactors and funders, to give evidence that the outcomes of STOP’s work is more widespread than a narrow focus on stopping harmful sexual behaviour. A further benefit of this explicit reporting could be further acknowledgement of the staff’s excellence in their responses to families from welcome, to therapy, and at completion.

- That STOP has wide networks with numerous community health and social agencies, both in terms of referrers to STOP for families to access services, but also where STOP staff may be working with families alongside, or referring onto, for children. This community and professional networking should not be taken for granted. However, research participants did comment frequently on their understanding that there is a greater need for STOP’s name and purpose to be more widely known. Opportunities for promotion and information of STOP’s programmes, particularly the Children’s Service, should be extended into the community, specifically education and health settings. STOP has an education team, which has recently been involved in a project focussed in South Canterbury. The effects of Covid-19 have also probably been a further interruption to an ongoing education programme plan. One principal (Jack) suggested that an article be written for the *Education Gazette* about STOP and its allied agencies in Aotearoa (namely, WellStop and Safe Network). Jane (Acting Principal and SENCO) also stated, “I think STOP needs to have visibility in publications...the *Education Gazette* goes into every single school in New Zealand”. Another suggested that brochures be sent to schools (Katie), although this seems an expensive option. Adam, a principal, wondered whether connections with principals’ associations might be useful, and possibly the NZEI (NZ Educational Institute).

The participants in schools (principals, teachers with responsibility for pastoral care or special needs) were asked about who in the school holds information about STOP and its work. The offer for taking up of educational opportunities was given following the interviews. In at least

two schools, school personnel were confused between STOP and START and that these are distinct agencies with different foci.

Jane's final remarks were telling:

“I think you shouldn't know about them [STOP] just because you need them. You should know about them because they're there.”

**Recommendation 3:** That STOP builds upon its effective networking among social services, education and health agencies, and plans for a cyclical education programme that includes the promotion of STOP's services in education and health contexts, e.g., school staff training and general practice centres. Collaboration with like agencies on an article for the *Education Gazette* could be considered within this plan.

- Among the parent/caregiver participants, a significant number identified as single parents, some who were separated, and with one widowed. Noting the valuable support parents/caregivers received from STOP staff/therapists, might there be value in exploring particular support for those parenting/caring for a child on their own? There might also be value in reviewing the awareness of services in other agencies who could support parents and caregivers, where the work is beyond the brief of STOP.

Furthermore, with 80% of the participant parents/caregivers identifying as female, and close to 80% of the children referred being male, STOP is recommended to consider whether there could be new developments to support women who are taking up responsibility for their sons/grandsons. Flanagan (2019) questioned “the gendering of adult responsibility for childhood and sexuality” (p. 313) and noted that men are conspicuously invisible. Could STOP respond to this phenomenon of gender imbalance about “responsible women and absent men” (p. 312)? Many adults, and male adults in particular, struggle to find the language to speak about sexuality with their child(ren), and to find spaces that are safe to speak about this with other adults. Again, there might be potential to explore services in other agencies better suited to support parents and caregivers.

**Recommendation 4:** That STOP consider additional support possibilities for parents and caregivers caring on their own for children referred to STOP;

- a) to support women who access STOP Children's Service for their children; for example, a parents/caregivers' group or possibly a women's group that encourages and promotes support and reduce any sense of isolation.
  - b) explore the feasibility of offering particular avenues for men, fathers and grandfathers, male caregivers, to engage and participate in their child's therapy; for example, information on the website, and/or group opportunities, or referrals to agencies where services to support men/fathers might be useful.
  - c) and that information to support single parents/caregivers could be in the form of online information or advice, and referral to appropriate services that may be geographically closer and focussed on parenting support.
- Victim/survivor support, apology work, use of supervision: Where therapy includes approaches to restoring relationships within a family, such as abuse within sibling relationships, that further care and effort is provided to support victims/survivors of harmful sexual behaviour against them by the child accessing STOP Children's Service. One family reported that the process did not really help their daughter when their son (the STOP client) presented his apology. Where apology work may occur, the process of how this is best to occur in each situation be given careful consideration holding the experience of the victim/survivor at the forefront of the plan.

**Recommendation 5:** That STOP review their work in this area to explore how to clearly hear the voices of victim children, toward clearer understanding of the hopes and experiences of victims/survivors, and to look to ways to expand the provision of processes that are respectful, effective, and restorative.

## Key barriers

The areas commented on here respond to issues for which the STOP Children's Service has taken some action, but in the light of the analysis of the data, require further action to provide an enhanced quality of service or service accessibility.

- Further to Recommendation 3 above, participants considered that knowledge of STOP among key stakeholders in education and health could be improved. Some of those commenting were staff in education contexts, some were caregivers who had experienced consulting a range of professionals prior to being directed towards STOP as the appropriate agency. This recommendation is therefore repeated here as a potential barrier of access to STOP Children's Service.

**See Recommendation 3:** That STOP plans for a cyclical education programme that includes the promotion of STOP's services in education and health contexts, e.g., school staff training and general practice centres.

- As previously noted, there is no cost for families to access STOP Children's Service. However, the cost of taking time off work and the cost of travel can have effects for some parents and caregivers' engaging with services at STOP. Offering of the Children's Service only within business hours may have effects for some parents and caregivers being unable to participate with the child(ren) as they, and STOP clinicians, would prefer.

**Recommendation 6:** That STOP review their service delivery in 2023 of the Children's Service, so that looking forward, there could be an examination into offering services beyond normal business hours, e.g., after hours on a weekday or on weekends.

- Website: Approximately half of the participants had looked for support from an appropriate agency online. Some people had entered search words to find a service that would help them as educators or parents to find information or access to expertise in response to a child's harmful sexual behaviour. Most did not find what they were looking for unless they had known of STOP and included the name in their search. Donna (principal), knowing about STOP and the website, commented that she had used the website to "find those bits of information to run through my head like a checklist", referring to the web page on 'What is normal and concerning sexualised behaviour'.

**Recommendation 7:** That while STOP is currently engaged in development of its website, there might be a cycle of review to ascertain its accessibility and 'success', and to enhance the material on the website, to respond to developments and concerns for parents/caregivers and stakeholders within education, health and social service contexts. For example, avenues for support and information around responding to questions about pornography and fluid gender identity (including LGBTQI+ and transsexual and transgender questions).

## Recommendations Summary

**Recommendation 1:** That STOP consider the further follow-up contact with families, possibly at six months post-completion, to check in and explore what further support may be required. This could possibly include information sessions on specific topics, such as pornography.

**Recommendation 2:** That STOP examines the level of support they are offering to families where a mental health diagnosis is provided, and to clearly include this information within reports for benefactors and funders, to give evidence that the outcomes of STOP's work is more widespread than a focus only on stopping harmful sexual behaviour. A further benefit of this explicit reporting could be further acknowledgement of the staff's professional excellence in their responses to families from the time of welcome, in therapy, and at completion.

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**Recommendation 7:** That STOP develop a cycle to review accessibility and 'success' of the website, and to enhance the material on the website, to respond to developments and concerns for parents/caregivers and stakeholders within education, health and social service contexts. For example, support around responding to questions about pornography and fluid gender identity (including LGBTQI+ and transsexual and transgender questions).

## Summary

STOP Children's Service is a therapeutic service approached by people to find a solution to the problems of a child's actions of concerning or harmful sexual behaviour. It is clear from the research participants' stories of their experience with STOP, that the effectiveness of focussing on solutions has enhanced the relationships of children with their parents and caregivers, and the relationships with education staff, in many, and mostly beneficial ways. The work of the team at STOP contributes to significant identity development for the young people who come to this service.

Evaluating the effectiveness of current services offers the opportunity to develop and grow. While there is much that the STOP Children's Service can celebrate, which should be retained and sustained, there are specific areas for improvement and new development. The Covid-19 pandemic has shifted communications more online than previously. Accurate and up-to-date website information and access is critical for current inquirers, and the possibility for online (phone, zoom, or similar) communication much needed for families who are remote and for those struggling financially with the current cost of living crisis – where time off work; costs and time of travel will have significant effects for attendance and engagement.

The STOP Children's Service team is to be congratulated for their excellence in service and effectiveness in therapeutic outcomes. I hope that this evaluation report offers encouragement and enthusiasm for further development of services to the children of Te Wai Pounamu:

I orea te tuatara ka patu ki waho  
A problem is solved by continuing to find solutions

## REFERENCES

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