

Barriers to inclusion and successful engagement of parents in mainstream services



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Barriers to inclusion and successful engagement of parents in mainstream services

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1 Introduction

Recent years have seen a huge growth in the provision of family support services. The Green Papers *Supporting Families* (Home Office, 1998) and *Every Child Matters* (DfES, 2003) – preceding the 2004 Children Act – emphasised the Government's commitment to expanding these services. The policy shift towards parents has been accompanied by a shift towards prevention and early intervention. Engaging parents in preventive mainstream services (such as schools, family centres and children's centres) has become a key issue for policy makers and service providers. Engagement and inclusion are particularly important for preventive services because, unlike more intensive 'crisis' services where there is often a degree of compulsion, preventive services usually rely on parents actively seeking help or voluntarily accepting help offered to them. In addition, engaging parents in services can benefit the quality of the service (Barnes and Freude-Lagevardi, 2002) and make it more likely that the service will actually address the real problems within families (Moran *et al.*, 2004).

Awareness of the need for mainstream services to involve parents has increased, as evidenced by *Every Child Matters* (DfES, 2003) and the guidance for initiatives such as Sure Start and the Parenting Fund (Sure Start Unit, 2002; NFPI, 2004). But there are still gaps in our understanding of what persuades parents to participate and the factors that facilitate the involvement of those least likely to access services. Parents who are most in need of services, including those who lack informal support, are often the least likely to access them (Ghate and Hazel, 2002).

Recent legislation such as the Disability Discrimination Act 1995 and the amended Race Relations Act 2002 have also influenced policy and practice, requiring changes in service delivery to accommodate the needs of particular groups as a right rather than simply as a matter of good practice.

This review

The primary focus of this review is on research evidence addressing the barriers that parents face in engaging with mainstream support services, and the ways that services have successfully responded to overcoming those barriers. The review takes a broad view of 'mainstream' services, and includes health, education, social services, youth justice and leisure services. It focuses mainly on preventive services: in other words the 'primary' and 'secondary' levels of the 'Hardiker' Grid (Hardiker, 1992; Hardiker *et al.*, 1995). These refer to services which are either universal or

aimed at high-risk families or communities, but not to ‘tertiary’ services such as child protection, looked-after children and parents or children in institutions (for example, hospitals, prisons, young offender institutions and children’s homes). However, not all the relevant research makes this distinction, and there are some important studies concerning tertiary services that have been included.

In this review, ‘barriers to inclusion’ refers to factors about parents or the context in which they are living which make them less likely to access services. ‘Successful engagement’ refers to the process by which the services reach out to parents and continue to provide a service to parents once they have made contact. In some ways these are two sides of the same coin. For example, parents may lack knowledge of services – creating a barrier to inclusion – and the successful engagement strategy will be to produce user-friendly information and disseminate it at appropriate locations. But while the research literature identifies distinct issues for parents that create barriers, it must be stressed that the vast majority of barriers are not of parents’ making. Parents generally want to receive help if it is appropriate to their needs.

It must also be noted that the evidence base for this review is rather thin. Although there is a literature on parental access and engagement with services, this is often in the form of practice guidance – based on ‘common sense’ and anecdote, or small, descriptive studies of selected groups of parents or practitioners. We have found no research that compares different methods of engagement. In addition, it seems that parents whom services find ‘hard to reach’ (such as asylum seekers, disabled parents, fathers, and black and minority ethnic parents) have also tended to be ‘hard to reach’ for researchers. Like service users, the majority of research participants have been white, able-bodied mothers.

Which parents?

In 2001 the National Family and Parenting Institute (NFPI) conducted a national mapping of family services in England and Wales (Henricson *et al.*, 2001). One of the key findings was that availability was patchy across the country, but take-up of services by parents tended to be low across the board (with the exception of targeted services). Some specific groups of parents were less likely to access services than others, in particular:

- fathers

- disabled parents

- parents of teenagers
- black and minority ethnic (BME) families
- asylum-seeking parents
- homeless or peripatetic families
- rural families.

A parallel survey by NFPI of parents (NFPI, 2001) found the majority had concerns that could be helped by services, and that just over half wanted more information about child development and sources of help. These findings indicate the real need that exists in the community for a wide range of parenting and family support services.

2 Barriers to inclusion

Research offers a number of different reasons for the lack of engagement in mainstream services by parents in general and the 'hard to reach' groups mentioned above in particular. The barriers to inclusion should not be seen exclusively in terms of the characteristics of parents, nor as the characteristics of services, but rather as the quality of interaction and 'fit' between the needs and expectations of parents and the provision of services. Parents face three basic types of barriers to involvement:

- physical and practical
- social
- stigma.

Physical and practical barriers

One major reason for limited engagement by parents is their *lack of knowledge* of local services and how they could help (Gibbons and Thorpe, 1989; Henricson, 2002). For example, Bhabra and Ghate (2004) reported on the evaluation of Parent Information Point (PIP), a pilot project that aimed to provide parents with a one-off session in schools to give them information about parenting and inform them of local services. They found that 55 per cent of non-participants had never received information about the event, and that knowledge levels of both attenders and non-attenders was very low.

Physically accessing a service can also prove challenging. Parents dependent on public transport to travel to a service have to take account of the cost of travelling to the service as well as practical considerations such as push chairs or transporting babies. There are also groups of parents prevented from accessing services because of time pressures – a particular issue for single parents and parents in employment (Johnson, 2003). Disabled parents face physical barriers to accessing services (Ellis, 2003; Olsen and Wates, 2003; Morris, 2004a, 2004b). Morris (2004a) points out that in addition to physical barriers, some disabled parents are challenged by factors such as lighting and colour contrasts, which can affect visually impaired parents.

The *geographical location* of a service has a significant influence on parents' ability to attend. Smith (1996) argues that even 'universal' services, supposedly open to all parents, are restricted in reality by their geographical location. Many parents cannot

realistically be expected to attend services unless they are conveniently located in their own community or neighbourhood. In the UK, Frost (2001) explored family support services in rural communities and found that many families were failing to engage in services because they were physically inaccessible. He argues that these families are slipping through the net because of policy-making assumptions that families in need live in urban environments. The Countryside Agency (2003) similarly found that the main challenges facing effective service delivery in rural areas included the different perceptions of need between disparate communities, the lower expectations of service availability, lower levels of resources and trained staff and a lack of suitable premises. The additional time and cost of providing services coupled with the risk of attracting low numbers of participants created further disincentives. However, Kissane (2003), who interviewed poor female parents living in Philadelphia about their use of social services, found that the physical distance of a service from the neighbourhood they lived in was not important as long as it was accessible by public transport. The perception of an area as 'safe' in terms of crime was also influential in decisions about whether a service was used. This indicates that physical accessibility must be seen in the context of the type of community served by the service, rather than purely as an issue of geographical distance.

Social barriers

Social barriers refer to the cultural institutions and structures that impinge on individuals, including gender and ethnicity. They can influence the ability of groups and individuals to engage in services and they can also feed into the organisation and implementation of services. The research literature highlights a number of different groups of parents who face social barriers when accessing mainstream preventive services, most notably:

- parents from black and minority ethnic (BME) communities
- disabled parents
- fathers
- parents living in poverty.

Families from *BME communities* have been shown to face a number of different barriers accessing services (Butt and Box, 1998; Jones *et al.*, 2001; Becher and Hussain, 2003; Thoburn *et al.*, 2004). Frost *et al.* (1996), studying the delivery of Home-Start family support programmes, found this to be a particular problem for

Asian women. Mothers were isolated because their own families were living in Asia or as a result of problematic relationships with partners or extended families. Some were further isolated by their poor grasp of English (Frost *et al.*, 1996).

Cultural barriers have also been identified (De La Luz Reynoso and Tidwill, 1996; Davies, 1998; Barlow *et al.*, 2004). For example, it has been argued that most parenting support programmes originate from white middle-class values which do not automatically recognise different cultural attitudes towards child rearing (Bailey-Smith, 2001; O'Brien, 2004). Johnson (2003) has suggested that culture and language place particular difficulties in the way of immigrant and refugee parents in the United States. School personnel may perceive that immigrant parents do not take an active interest in their children's education. Yet this may be the result of parents' inability to communicate in English and a lack of bilingual staff. Minority ethnic and refugee parents may also originate from cultures where parents are not expected to take an active interest in child education or educational services. Webster-Stratton (1999) argues this can reinforce teachers' negative perceptions that parents are uninterested in forming partnerships with them. Conversely, in some cultures, parents put complete trust in the school and rarely question its authority and the decisions it makes. The perception of the classroom may be different, too. In many cultures, children assume responsibility for their own learning, for instance through rote memory in a traditional teacher-fronted classroom. Schools where children, parents and teachers consistently interact may seem foreign and out of place to minority ethnic and refugee parents.

Comparable issues can apply to other services. For example, Katz and Pinkerton (2003) found that some parents of South Asian origin rejected the idea that their children's emotional and behavioural difficulties could be resolved by discussions with a professional. They viewed these problems not as psychological, but as deviations from a moral norm, and preferred to consult relatives or religious leaders.

Although the findings about the greater barriers to inclusion facing BME families are consistent, some care should be taken in their interpretation. This is because BME families often differ from white families on demographic dimensions such as socio-economic status (SES) and family structure, as well as culture and race. Creasy and Trikha (2004), for example, found that although an initial analysis of the Home Office Citizenship Survey had shown that black parents were more likely to report being dissatisfied with parenting information than white parents, this was actually attributable to higher rates of lone parenthood and lower socio-economic status. Similarly Thoburn *et al.*'s (2004) review of literature on childcare services concluded that the 'over' and 'under' representation of BME families in child protection cases hid considerable variation between communities, and that demographic characteristics

(such as SES) accounted for much of the differences between the numbers of white and BME families.

The issue of access for *disabled parents* has become more recognised in the UK as a result of the Disability Discrimination Act 1995, which came fully into force in October 2004. With regard to services, providers have been asked to make reasonable and permanent adjustments to the way they deliver services so that disabled people can physically access them. It would, however, appear that the number of disabled parents accessing support groups is very low. This applies especially to deaf parents and parents with learning difficulties and visual impairments (Olsen and Wates, 2003). Alongside physical barriers to access, Olsen and Wates (2003) found that disabled parents viewed their involvement as isolating and stigmatising. The NFPI's mapping report on family support services showed that although non-English parents were the least likely to take part, they were closely followed by disabled parents. The study also reported that only a fifth of parental support groups made special attempts to include disabled parents (Henricson *et al.*, 2001).

There is extensive evidence that mainstream preventive services fail to engage *fathers*. One of the reasons for this is that many fathers perceive that the available services are not relevant to them (O'Hagan, 1997; Ghate *et al.*, 2000; O'Brien, 2004). This conclusion may be justified, since research has repeatedly found that the majority of parenting services are framed around mothers. It follows that specific efforts must be made to target fathers if services are going to engage with them (Daniel and Taylor, 2001). Although the problem is increasingly well recognised, progress towards engaging with fathers is very slow (Ghate *et al.*, 2000).

O'Brien concluded that men's reluctance to access services was due to a combination of individual psychological characteristics and social and institutional factors (O'Brien, 2004). With regard to the latter, she suggests that the nature of the institutions and the staff discourage male involvement. Work by Ghate and colleagues (2000) on fathers' involvement in family centres drew similar conclusions. They found that men not only regard these centres as not geared to their needs, but view them with hostility and suspicion (Ghate *et al.*, 2000). The services were, in their view, run for and by women.

The authors went on to argue that childcare in contemporary Britain is highly gendered through being largely perceived as 'women's work'; institutions and services throughout society tend to reinforce this. Despite changing perceptions of 'masculinity', a traditional view continues to emphasise self-sufficiency and independence rather than help seeking and service use (O'Brien, 2004). While these

views are not necessarily insuperable as a barrier to male participation, Ghate and colleagues (2000) found such views among individuals who attended family centres and the staff. Some family centre services failed to acknowledge differences in child rearing by men and women, treating their needs as similar. Official and self-referral policies also acted as barriers against male participation. Women were more likely than men to find themselves in places where they would find out about opportunities in their local family centres. A lack of male workers in family centres also affected men's perceptions. Looking at a local Sure Start programme, Lloyd and colleagues (2003) reported a more positive situation where most fathers felt welcome at local services being provided. However, men also found their minority status among large numbers of women as 'daunting'.

Parents living in poverty are more likely to be stressed and depressed, and this may hinder them from accessing family support services (Elder *et al.*, 1985; Larzelere and Patterson, 1990; Harris and Marmer, 1996). In America, the National Centre for Education Statistics (1998) found that parental response to school efforts to involve them in their children's education varied depending on the activity offered. The most consistent differences, however, related to poverty and minority ethnicity. In general, schools with high poverty concentrations and minority enrolments reported lower parent involvement than other schools. Lack of parents' education to help their children, language differences and the perceived safety of the school's neighbourhood were the biggest barriers to involvement in poor areas. In general, parents in areas of concentrated poverty often feel they lack the skills to become more involved; while high levels of mobility among the population in some disadvantaged neighbourhoods place another barrier in the way of sustained relationships between parents and local schools.

Ten years ago it was noted that two of the most widespread parenting programmes in the UK, Parent Network and Family Caring Trust, appeared to be largely accessed by middle-class parents (Smith, 1996). This is likely to be the result of middle-class parents being able to afford to take time off to participate and having access to various social networks and information concerning service availability. Ghate and colleagues (2000), meanwhile, found that parents across all social classes would approach a Citizens Advice Bureau, but that half as many parents from lower socio-economic groups would access government information or approach the local council compared with more affluent parents.

Suspicion and stigma can also act as a barrier to parents' involvement in services (Gibbons and Thorpe, 1989; Smith, 1996; Ghate *et al.*, 2000; NFPI, 2001; Kissane, 2003). For example, Smith (1996) argues that parenting programmes need to reassure users that they will not be labelled as failed parents for participating. In

the United States, Kissane (2003) found that low-income parents avoided visible services such as food cupboards and soup kitchens that were perceived to carry more stigma than less visible welfare such as food stamps. Race and ethnicity also played a part. Services tended to be avoided if they were perceived as being mainly used by African-Americans even further down the income scale. In the UK, Gardner (2003) found that the organisation providing the service was a factor for many parents in accessing services. They generally preferred services provided by voluntary organisations to those provided by social services. However, some parents were reluctant to access services provided by NSPCC out of fear they would be labelled as child abusers. In addition, Becher and Hussain (2003) found that parents of South Asian heritage are particularly resistant to accessing some types of support, including social services, because service users are stigmatised in some communities.

Understanding how parents seek help

Service engagement involves a degree of initiative on the part of parents as well as attempts by services to engage them. Parents need to understand that there is a problem, believe that a service could help them, and make the effort to engage with the service. According to one recent review of help-seeking behaviour (Broadhurst, 2003), the key issue for research and practice is to engage with parents as active help seekers rather than as passive recipients of services. Conversely, although the inaccessibility of services is a key issue, there are also parents to whom the description 'service resistant' applies. In most cases they have particular needs or 'issues', such as mental illness, substance misuse or criminal records, which prevent them engaging with services (Docherty *et al.*, 2004). Studies of parents in poverty by Fram (2003) in the USA and Ghate and Hazel (2002) in the UK both found that those in most need were commonly the parents least likely to access support – whether formal or informal. The latter point is significant because research in this area has repeatedly found that parents often prefer to approach trusted adults for support than to approach professionals. Ghate and Hazel's (2002) study found that most parents relied on informal support systems such as extended family and friends for support, and were least likely to mention formal agencies such as social services. NFPI (2001) similarly found that parents would prefer to receive support and information about child rearing from informal sources.

However, researchers have warned against a simplistic view that strengthening informal support networks must necessarily be the most appropriate response to service provision for these parents (Thompson, 1995; Ghate and Hazel, 2002; Sheppard, 2004). Social networks depend on reciprocity and can be conflicting

and unsupportive as well as supportive. Parents who are not able to reciprocate (sometimes because of personality or mental health problems) are often the ones most in need of support. Services able to reach out to these individuals can help in ways that informal networks cannot. The optimal solution is, therefore, for services to work alongside social networks, facilitating informal support, but making it directly available when needed. Unfortunately, there is currently little research evidence on the best ways for services to engage with informal support networks to offer sustained help to the most vulnerable parents.

3 Successful approaches to increasing engagement

There are a number of strategies which can be used by parenting and family support services to engage with parents; broadly speaking these fall under the following headings:

- personal relationships between staff and service users
- practical issues
- service culture
- consultation, information and targeting
- service delivery issues
- community development approaches.

Personal relationships between providers and service users

The relationship between front-line providers and service users has consistently been identified as a major factor influencing the engagement of parents in mainstream services (Cleaver and Freeman, 1995; Department of Health, 1995; Forehand and Kotchik, 2002; Katz and Pinkerton, 2003; Dale, 2004; Lee and Ayon, 2004; Morris, 2004a). Through comparative research on child welfare systems, Cooper and colleagues (2003) identified three principles which enhance the relationships between users and providers: *trust*, *authority* and *negotiation*. However, if practitioners are to develop trusting relationships with service users, they must work within an organisational context where they themselves are trusted, and where professionals from different organisations trust each other. However, the authors concluded that professional culture in children's services in the UK is 'risk averse'. In other words, practitioners are overly concerned with agency imperatives such as information-sharing protocols, targets, financial constraints and potential media vilification if they get things wrong (Cooper *et al.*, 2003). This makes them less able to think about ways of establishing trusting relationships with parents than is the case in continental Europe (Hetherington *et al.*, 2003).

Moran and colleagues (2004), reviewing effective parenting support, have argued that patterns of service delivery should be changed to enhance the success of programmes. This would involve using staff who may already be known to parents and are fully trained with good communication skills. The most effective interventions seek to build rapport with parents before they even begin to formally use a service (for example, through home visiting). Research also suggests that practitioners can best involve parents through an interactive style as opposed to one where they consistently take the lead and dominate without allowing space for parents to speak and suggest alternatives.

It is easier to build initial rapport when working with parents in distinct linguistic or cultural groups if staff are perceived to be the 'same' rather than the 'other' (Harachi *et al.*, 1997; Gross *et al.*, 2001). But while managers may worry over the importance of achieving a precise match between the characteristics of users and those of staff (age, gender and ethnicity, for example), there is no robust evidence to support this as essential practice in engaging parents (Forehand and Kotchick, 2002). User perceptions of 'what makes a good worker' tend to focus much more strongly on style of working and interpersonal skills than on fixed attributes. The ability of individual staff members to form constructive relationships with parents appears to transcend other issues (Moran *et al.*, 2004). Moreover, by changing the attitudes of staff it is possible to influence parents' willingness and capacity to engage with services.

As seen, staff attitudes towards particular groups of service users can play an especially significant part in influencing engagement. In their study of fathers' use of family centres, Ghate and colleagues (2000) found that although staff often perceived working with men as 'a good thing' in principle, some centres did not actively pursue the engagement of fathers in practice. Many fathers, meanwhile, felt that the presence of more men and male workers would make the experience of entering a female-oriented environment more positive. Thus, although research does not support the view that staff need to be demographically 'matched' with service users, it may still be that the 'visible mix' of a staff team is important in encouraging parents to access services (Ghate *et al.*, 2000). Lloyd and colleagues (2003), in their evaluation of fathers' participation in a Sure Start programme, recommended that the number of male staff in local programmes should be increased and all staff provided with more training on working with fathers.

Focusing on disabled and mentally ill parents, Olsen and Wates (2003) also highlight the importance of staff attitudes. The assumption that mental illness is a risk factor for child abuse leads staff to ignore the wider needs of the parents and children, and consequently acts as a disincentive for parents to engage with services. In another study (Morris, 2004a), parents with learning difficulties reported that teachers did

not fully recognise or understand their access needs. Some found it frustrating that teachers used words that they did not fully understand. This was exacerbated for deaf parents who might have little knowledge of mainstream schools and what to expect of them. Teachers could misconstrue deaf parents as rude or abrupt. Similarly, Booth and Booth (1994) asserted that although parents with learning difficulties were not dissimilar in their needs to other parents, many workers in mainstream services equated low intelligence with child neglect and placed them under surveillance, or even sought to have their children placed in care.

Staff training is also important. While there is some debate, particularly in the field of parenting support, about whether training is a significant factor (Henricson *et al.*, 2001) there is clear evidence that trained staff are more effective in relation to their impact on parents and children (Chaffin, 2004; Moran *et al.*, 2004).

Practical issues and patterns of delivery

A number of practical issues have been shown to be important in understanding how best to engage 'hard to reach' parents in a range of different services. These apply to all services, but in particular to parenting services and family centres.

First, while it is important to study why parents are not accessing services, it is also necessary to address the question of why many parents ask for help but are turned down by services. These include parents whose problems are not deemed sufficiently serious and who 'fall below the threshold of provision'. There have been relatively few studies of this group (Ghate and Hazel, 2002; Olson and Wates, 2003; Sheppard, 2004). But it is clear enough that parents whose request for help is turned down can become disillusioned with services and are less likely to ask for help in the future. This makes it more likely that they will allow problems to escalate.

A similar issue concerns the circumstances in which referrals are made to mainstream services. Ghate and Ramella (2002) evaluated the Youth Justice Board's parenting programmes and found that parents who were subject to parenting orders had been initially reluctant to approach services. Once they were compelled to take part in parent training by the courts they were often remarkably positive about the service they received, and wished they had been offered the service sooner. However, Sheppard (2004) found that parents who had been referred to child protection services by others were far more resistant to services than parents who consented to the referral or were self-referred. Dale (2004), similarly, found hostility by parents to child protection services, especially when parents perceived themselves to be subject to monitoring and surveillance rather than being provided

with support. Nevertheless, it does appear that a degree of coercion can be effective in keeping parents engaged with services (Forehand and Kotchick, 2002; Ghate and Ramella, 2002). While this is inimical to the philosophy of most preventive programmes, there seem to be some parents who need a 'stick' as well as a 'carrot' to engage with supportive services.

The opening times of services can constitute another practical barrier, prompting researchers to recommend that services are run at times convenient to users, and that the venue can be reached easily and without cost (Forehand and Kotchick, 2002; Ghate *et al.*, 2000). For example, one of the biggest barriers for employed fathers is their inability to attend services that are only available during the working day (Smith, 1996; Ghate *et al.*, 2000). In the United States, Johnson (2003) found that use of support services by immigrant and refugee parents was often impeded by their having more than one low-paid job, sometimes working complicated and night shifts.

The type of premises in which a service is delivered is also important. A comfortable, non-stigmatising and conveniently located venue that provides refreshments appears to be one important factor in keeping parents attending regularly (Moran *et al.*, 2004). Smith (1996) argues that independent parenting programmes should take place within the home of the facilitator. But while this may provide a secure and comfortable context for some parents, the idea of entering the private sphere of the facilitator may prove discomfiting for others. The ability to provide a crèche on the premises is also important. Barlow *et al.* (2004) found that some individuals attending parenting programmes had to arrange their own childcare as it was not provided throughout the duration. Many relied on their partners, which meant they had to participate without them. Butt and Box (1998) found that a majority of the family centres that they studied were inaccessible to disabled users and many lacked essential facilities such as a disabled toilet.

It also appears that the cost of a service is influential on how accessible it is perceived to be (Smith, 1996; Kissane, 2003). Paying for services often acts as a disincentive for parents. Services funded by statutory agencies such as education or health do not usually charge fees (Smith, 1996) although individuals may contribute on a voluntary basis, for example to the costs of refreshments. However, independent parenting programmes, such as Family Caring Trust, are generally self-supporting and parents pay a fee. Some independent programmes also provide subsidies for parents who cannot meet the costs of a course.

Service culture

The overall culture of services and ways they perceive their users can erect barriers to participation. For example, as discussed, the culture in some family centres has excluded fathers and discouraged their involvement (Ghate *et al.*, 2000). The ability of services to engage parents can also be influenced by whether they are organised in a hierarchical fashion that structures their overall running. Thomson (2001) argues that the potential for parent participation in educational services for their children extends from support at home with academic work to involvement in the classroom and in school decision-making. However, many parents are put off because of the hierarchical nature of schools and unequal power relations between parents and schools. Parental support can be constructed as a one-sided affair, with schools perceived as the 'experts' and parents 'in need of help'. Big organisations like schools can also be unresponsive and have off-putting bureaucratic procedures. Research by Winnail *et al.* (2000) and reviews by Desforges and Abouchaar (2003) and Ellis (2003) confirm that many parents feel intimidated by schools, and that schools which reach out to parents are likely to engage them more in activities and their children's education. Research on parenting services provided in school premises, meanwhile, indicates that most parents feel comfortable with schools as a venue for services (Bhabra and Ghate, 2004), but that a significant minority, many of whom have had poor relationships with schools, view them as a barrier to inclusion (Hallam *et al.*, 2004).

Another barrier can occur when service providers construct a culture that is unresponsive to the needs and views of users. Heyne and Schleien (1997) in the United States noted how recreation providers had failed to develop services for disabled children based on their views and those of their parents. This had led to isolation and frustration and a feeling that disabled children were being denied their rights. In Britain, a review commissioned by the Department of Health of 14 research projects on family support made a similar point in the context of what parents wanted in general:

... parents wanted services to treat them like adults and to see them as partners in solving their problems. These key elements in service delivery are matters of style. They have few implications for resources.
(Quinton, 2004, p. 81)

Consultation, information and targeting

There has been significant recent investment by central and local government in the UK in increasing consultation with service users, including parents. Indeed 'consultation' is one of the 'Four Cs' of the Best Value approach that local authorities use for improving quality of services (the others are *challenge*, *comparison* and *competition*). Consultation with service users and their involvement in planning services have been seen as an effective means of reducing barriers to engagement and advancing social inclusion. For example, Heyne and Schleien (1997) note how parents can play significant roles in inclusive decision-making with reference to recreation services for disabled children. Smith (1996) also argues for the involvement of parents in the design and implementation of parenting support, even when a tightly structured programme is being used. Since facilitators need to know which topics, themes or examples of difficulties parents expect them to cover, she suggests the use of a needs survey before designing or implementing parenting support groups. The survey could also be used to discover types of services and interventions of interest. Looking strategically at the wider question of how service providers can achieve better results for children and families, Utting *et al.* (2001) propose that families be actively consulted and involved in planning local services and setting targets for better outcomes.

One of the key findings of Barnes and Freude-Lagevardi (2002), in a review of early interventions for preventing mental health problems in children, was that the success of programmes is determined as much by implementation as by the precise model chosen for the intervention. Put another way, if a preventive service was not established in a way that engages potential service users, then it struggled to attract users and its effectiveness was compromised.

Yet none of the available reviews shed much light on the advantages and disadvantages of different approaches to engaging with potential users as part of service implementation. There are no studies comparing the quality or outcomes of services that have consulted with users against those that have not. There is therefore little rigorous evidence to demonstrate that consultation is an effective strategy for engaging parents, let alone in deciding which forms of consultation are likely to lead to higher-quality or more effective services.

Nevertheless, effective methods of disseminating information about services are clearly important. The type of information and how it is communicated should be sensitive to the different abilities and backgrounds of parents. Johnson (2003), in the United States, argues that refugee and immigrant parents who speak little or no English find language a major barrier to communication between home and school.

As a result, she argues that it is good practice to translate materials from the school wherever it is possible. Webster-Stratton (1999) recommends sending children home with notes for parents, making positive phone calls, publishing classroom letters and making home visits as means of facilitating parental involvement and disseminating information.

Morris (2004a), examining barriers for disabled parents to engagement in their children's education, points out that many parents, particularly those with visual impairment, find written reports difficult. This is compounded when English is not their first language. She also argues that good communication and information sharing can include the use of faxes, texting and emailing to communicate with deaf and disabled parents. Westcott (1992) suggests that information provision is best developed in partnership with parents and children whenever possible.

However, while many parents appreciate professional information about children and parenting, this is not universal. For example, an NFPI survey in 2001 found that 48 per cent of parents were just 'not interested' in receiving information regarding the different stages of child development. It also found that six out of ten parents received information from friends and family, compared with 28 per cent who got it from parent education and support groups. Social class, educational attainment, gender and age are significant factors affecting whether parents hear about specific services from others or locate them through individual initiative (Smith, 1996; Ghate *et al.*, 2000). But willingness to seek out information and advice also seems to be related to age. Older parents are far less likely to use any organisation compared to younger people.

In general it seems likely that information for parents which is locally, contextually and culturally specific and targeted towards different communities will be more effective. This view is substantiated by a Home Office study (Creasey and Trikha, 2004) which found that the vast majority of parents were satisfied with the information and advice they had been given about parenting but that:

- fathers and parents with lower levels of educational qualifications were less likely to use formal sources of parenting advice and information
- disabled parents, lone parents and parents with non-resident children were less likely to report being satisfied with the amount and quality of parenting advice and information available
- younger parents had higher rates of accessing both formal and informal sources of advice

- older parents were less likely than younger parents to be aware of or to have received advice and information from formal sources.

The authors concluded that information and advice to parents need to be tailored not only in content but also in the mode of delivery, so that parents from different groups can have equal access.

Service delivery issues

Services also need to consider how they adapt their implementation procedures to enhance engagement and maintain the interests of parents. Otherwise, the way services are organised and delivered can erect further barriers to participation in health, social and educational services. For example, some parents may not understand the meaning or relevance of particular techniques such as role playing, meditation or group work (O'Brien, 2004). Parents are also frequently critical of services which they perceive as being unco-ordinated and fragmented. Joined-up support services are far more likely to engage with parents. For example, research has consistently found that parents are very resistant to repeated assessments and to having to tell their story again and again to different professionals (Cleaver *et al.*, 1999). The Green Paper *Every Child Matters* (DfES, 2003) acknowledges this, and the Common Assessment Framework being introduced in England and Wales for all professionals working with children and young people is an attempt to prevent unnecessary duplication.

More generally, fears about a lack of privacy and confidentiality can act as major disincentives to parents engaging with services. Many people are anxious about participating in groups because they do not want others (in addition to those running the services) to know about their problems. For example, Evans and Harris (2004) found that privacy was a major issue for mental health service users. Confidentiality can be enhanced when other individuals using the service are told not to discuss information shared in the group with others. In these circumstances the need for mutual confidentiality usually preserves the privacy of any information divulged.

Service delivery should, meanwhile, be responsive to the different needs of particular service users. For example, Moran *et al.* (2004) argue that parenting programmes need to provide a good match between parents' level of need and the length and frequency of the intervention. Their review of evaluations showed that longer, more intensive programmes were more appropriate for parents experiencing severe difficulties, while shorter, low-level interventions were more effective with parents experiencing less serious problems.

Community development approaches

Most of the research cited in this review refers to *inclusion* and *engagement* at the individual level. However, recent policy developments envisage a wider-ranging role for parents. They are now expected to become involved in the strategic aspects of service design, planning and management (Sure Start Unit, 2002; Parsons *et al.*, 2003; NFPI, 2004). Parents can be included in services at a number of levels other than as service users:

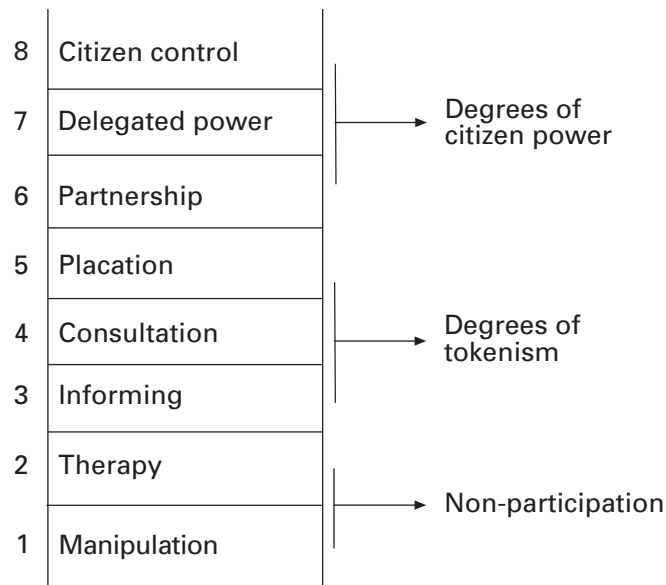
- decision-making within service delivery
- involvement in case planning
- involvement in service evaluation; monitoring service planning; and strategic planning.

Often parents in the most disadvantaged neighbourhoods require ongoing support, and the communities themselves require a great deal more capacity building than is possible with most community development projects, which tend to be small and short-lived. Nevertheless this approach has enormous potential for engagement of parents. This is because, unlike most attempts at engagement, community development has empowerment and capacity building as a basic principle (FCWTG, 2001).

The 'ladder of participation' (Arnstein, 1969), a classic conceptualisation of the degree of engagement (participation) is shown in Figure 1. The suggestion here is that 'true' participation is only achieved in a small number of community development projects (Cannan and Warren, 1997; Buyssee *et al.*, 1999; Parsons *et al.*, 2003).

One innovative approach to providing parent training interventions at community level was piloted by Triple P (Positive Parenting Programme) in a neighbourhood in Sydney, Australia. The programme was provided as a universal service, where more than 1,000 parents participated over a two-year period. The evaluation findings showed high levels of uptake and satisfaction of parents as well as positive changes in their parenting (Dean *et al.*, 2003). In the UK, there is also some evidence that a successful method for empowering parents is to help them develop from dependent service users into volunteers or paid workers in the service, and ultimately become involved in managing the service (Gibbons, 1992; Parsons *et al.*, 2003).

Figure 1 Arnstein’s ladder of participation



However, community development projects have tended to be researched using action research or empowerment methods. These methods are congruent with the philosophy of the intervention and are also helpful for service development, but they are not able to systematically compare the effectiveness of different approaches in relation to outcomes.

Recently the National Evaluation of Sure Start (NESS) reported on the early outcomes of the Sure Start local programmes (SSLPs). The report concluded that SSLPs which successfully implemented the whole programme (including parental involvement) had more impact on children’s well-being than those which were less able to do so. A specific finding was that more *empowerment* was related to more stimulating home learning environments for three year olds (NESS, 2005). These important findings provide perhaps the first robust empirical evidence that empowerment and participation of parents in programme development and management can lead to improved outcomes for families.

4 Conclusions

There is a growing body of evidence that identifies the barriers for different groups of parents to accessing services. Some of these barriers are generic to all parents and some are specific to particular groups of parents or individuals. The available research indicates that although some parents are resistant to services (or don't know about them), the more important factors preventing parental access relate to the mismatch between the parents' perception of their needs and what the service is able to provide them.

More research needs to be done on parents' own help-seeking behaviours and attitudes, so that services can become more sensitive when they attempt to reach out to parents. Comparative research with other countries can pinpoint some of the specific cultural barriers in the UK to accessing services.

With regard to successful approaches to engaging parents, the existing research base is far from robust. Not surprisingly, parents want services that are reliable, accessible, sensitive to individual need and well co-ordinated. The key factors seem to be whether parents can build up a trusting relationship with the front-line service providers and the degree to which parents feel they are in control of the help they are receiving.

The effectiveness of different approaches – for example, consulting parents, involving them in service planning and management, or the employment of staff that are demographically matched to users – has not been rigorously researched. Although regarded as good practice, we cannot be sure that such approaches are indeed successful in engaging parents in mainstream services. It could be argued that this is irrelevant since involving parents can be justified irrespective of whether it engages more parents as programme participants. According to this view, service users have a right to have their views represented in service planning and development. But the moral obligations of services to citizens should not be confused with evidence of effectiveness.

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