EARLY
INTERVENTION
FOUNDATION

SUMMARY

Engaging disadvantaged and vulnerable parents

An evidence review

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Acknowledgments

About EIF

The Early Intervention Foundation (EIF) is an independent charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.

EIF is a research charity, focused on promoting and enabling an evidence-based approach to early intervention. Our work focuses on the developmental issues that can arise during a child's life, from birth to the age of 18, including their physical, cognitive, behavioural and social and emotional development. As a result, our work covers a wide range of policy and service areas, including health, education, families and policing.

Summary

To read the full report, please visit: https://www.eif.org.uk/reports/ engaging-disadvantaged-and- vulnerable-parents-an-evidence-review

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REPORT COMMISSIONED BY THE DEPARTMENT FOR WORK AND PENSIONS

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Summary

Background to the review

Reducing parental conflict and supporting family relationships has become increasingly prominent in national policy in recent years. In 2017, the Department for Work and Pensions (DWP) announced a new national Reducing Parental Conflict (RPC) programme, investing up to £39 million until 2021 to support both the supply and demand for evidence-based interventions to tackle parental conflict at a local level. To inform the delivery of this new programme, the Early Intervention Foundation (EIF) was commissioned by DWP to undertake a review to understand what is known from the literature about encouraging disadvantaged and vulnerable parents to take up, fully participate in and complete parenting and parental conflict programmes and services. This work will also inform those delivering and commissioning family services more broadly.

The objectives of this rapid evidence review were:

- to summarise the evidence on how to engage disadvantaged and vulnerable parents in parenting and parental conflict programmes and services, so as to inform policy and practice
- to provide practical recommendations on how to effectively engage and retain families in DWP's national Reducing Parental Conflict programme.

Findings of the review

To present a comprehensive overview of the evidence, we examined the general parenting and specific relationship support literatures. The findings are predominantly drawn from literature reviews and qualitative studies with parents and couples, as well as service users, practitioners and providers. Although we did include some impact and process evaluations, report findings are rarely based on specific evaluations that have tested the effectiveness of recruitment and retention strategies and should therefore be interpreted as plausible approaches rather than well-evidenced strategies.

Barriers to engaging parents and couples

Engaging with parenting or parental conflict interventions can be daunting and there are several logistical and emotional barriers which parents face. These include *awareness barriers* such as a lack of knowledge on the availability of local support services or a lack of recognition of the need for support; *accessibility barriers* such as the time, cost and location of interventions; and *acceptability barriers* which include feelings of personal failure associated with seeking help. There are also specific barriers for accessing relationship support, such as the perception that interventions can be unsuitable or detrimental to people's needs, the notion that relationships are private and should be managed only by the couple, and the fact that couples are reluctant to access support before crisis points are reached. Some individuals also hold a 'non-developmental' view that relationships cannot be improved, while acrimony and power imbalances within relationships hinder other couples from engaging in support.

Disadvantaged and vulnerable groups that tend to be less likely to engage

Disadvantaged and vulnerable groups, such as low-income families, ethnic minorities, men, families with young or LGBTQ+ parents, and individuals with mental health problems, tend to be less likely to engage in interventions. Part of the reason why these groups can be 'harder to reach' is because they are often underrepresented in existing service provision. As an example, ethnic minority groups, LGBTQ+ parents and men, have highlighted that existing interventions lack sensitivity and appropriate tailoring to their needs, which can leave these individuals feeling unwelcome and underserved. In addition, many of the barriers to participant engagement, such as the lack of awareness, accessibility and acceptability, are likely to disproportionately affect disadvantaged and vulnerable families who are faced with multiple adversities and complex needs.

In particular, some groups may also be reluctant to engage in relationship support. For example, couples considered to be at higher risk for relationship distress, due to demographic variables such as age, income and education, as well as wider stressors including financial hardship and psychological distress, tend to be underrepresented and less engaged in relationship support. Couples that are unequal in terms of resources, information, power, education and religious views, have also been identified as less likely to access relationship support. In contrast, there is some evidence to suggest that married couples tend to be more likely to engage in support; however, rather than marriage itself being the key influencing factor, authors have proposed that relationship quality and commitment are the important factors in increasing the likelihood and motivation of couples to engage. Finally, individuals who have experienced domestic abuse tend to be reluctant to engage in couple support due to barriers of risk, fear, shame and adherence to religious, social and cultural norms.

Strategies for recruiting parents and couples

Multiple communication channels, well-integrated services and a personal offer targeted at disadvantaged and vulnerable groups are all seen as good methods for driving participant recruitment. This includes:

- Widespread, creative and informative advertisement to reach a wider audience and raise awareness of the support that is available.

- Recruitment information targeted at specific populations so that individuals can easily determine how interventions would benefit them.

- Face-to-face contact with parents before the first session to ensure that the correct people are recruited, that their individual needs and concerns are acknowledged, and that they feel comfortable, heard and reassured by the practitioners.

- Motivational interviewing for engaging high-risk families who may hold negative expectations of services prior to intervention commencement.

- Monetary incentives to increase participant enrolment and first attendance rates, although it is unclear whether incentives can help to increase sustained attendance.

- Meaningful and collaborative partnerships with agencies that work with disadvantaged and vulnerable families (such as employment services) to help enhance referral rates.

- Recruiting couples into support services using professionals and services with whom a couple already has contact, particularly at key transition points such as the birth of a new child.

- Offering universal and preventative interventions, or embedding relationship support within these, to improve access before crisis points are reached.

- Encouraging both parents to attend and cooperate in cases of parental separation but approaching mandatory interventions with caution.

Strategies for retaining parents and couples

Even when parents have been recruited into interventions, many fail to complete the course, which reduces the likelihood of intervention effectiveness. Interventions are most likely to be successful when they address retention barriers, which includes being as accessible as possible to the target audience, adapting intervention content and delivery, developing a strong therapeutic alliance and removing the stigma that can be associated with seeking support.

Designing intervention delivery around the needs of the target population

- Intervention delivery should be designed around the needs of the target population, prioritising the barriers most frequently encountered and balancing these with the resources available.

- Interventions should be delivered at suitable and flexible times, as well as in convenient locations, and offer to provide transportation, childcare and free or subsidised support where this addresses key access barriers for the target population.

Considering intervention characteristics

- Determining whether an individual, group-based, or self-directed intervention that is delivered remotely, is the best fit for the target participant needs.

- Ensuring sessions are enjoyable and keep participants fully engaged, with many opportunities for learning through various activities, including group discussions, one-to-one coaching and role play.

- Creating a safe and informal space, conducive to honest dialogue in which experiences and lessons learned are shared, can provide participants with the social support and sense of belonging that will keep them coming back.

- Tailoring the intervention content to ensure it matches participant needs, for example ensuring that the content is culturally relevant for engaging ethnic minorities. Similarly, adapting interventions to couples of different types and needs, depending on the relationship duration as well as the age and life stage of the partners in question.

- Follow-up or booster sessions to help couples continue practising previously learnt skills, preventing them from separating or requiring more intensive support in future.

Ensuring that practitioners have the relevant skills, experiences and characteristics

- There is good empirical evidence to demonstrate that a strong therapeutic alliance between a practitioner and participant is critical for effective engagement.

- Maintaining frequent contact with participants through follow-up phone calls, text messages, emails or home visits. This is particularly relevant for disadvantaged and vulnerable families, as it can help practitioners address practical barriers and identify wider needs that must be addressed.

- Linking up with specialist services such as domestic abuse services, to support high-conflict couples.

- Recruiting practitioners who resemble parents, in that they come from comparable back-grounds, speak the same language, are of the same gender and share similar experiences.

- Skilled practitioners who are well trained, supported and supervised are critical to intervention effectiveness. There are also important interpersonal qualities that contribute to a practitioner's competency. In particular, service users value practitioners who are respectful, compassionate, non-judgmental, empathetic, patient and honest.

- Within a broader skill set, the practitioner's ability to deal effectively with emotion, acrimony and power issues is particularly important in relationship support, especially for high-conflict couples.

Conclusions and recommendations

This review highlights various strategies that could be employed to better recruit and retain parents in evidence-based programmes and services. There are, however, a number of barriers which hamper efforts to engage parents. While this review was designed to inform delivery of the RPC programme, the recommendations are relevant to a range of audiences, including those involved in designing interventions, engaging participants and conducting evaluations, as well as those within the wider early intervention system.

PROGRAMME DEVELOPERS & INTERVENTION PROVIDERS	NATIONAL POLICYMAKERS
LOCAL LEADERS, MANAGERS & COMMISSIONERS	RESEARCH FUNDERS
DEPARTMENT FOR WORK & PENSIONS	GENERAL RECOMMENDATIONS

1. Interventions should be closely matched with the needs, concerns and lifestyles of the target audience.

Interventions are likely to be most effective in engaging parents when designed around the needs, concerns and lifestyles of the populations that they are seeking to reach. Rather than viewing potential participants solely as recipients of interventions (for example, by expecting them to adapt to organisational requirements), the target audience should, where possible, be involved in the design and implementation of interventions, or at least their experiences and views should closely inform intervention design and implementation. This will help to ensure that interventions are appropriately tailored and that the recruitment and retention strategies are realistic and practical. This should work with the requirements of delivering with fidelity for well-evidenced interventions, supporting commissioners to understand whether interventions are likely to recruit and retain the target population.

PROGRAMME DEVELOPERS & INTERVENTION PROVIDERS

1.1 Programme developers and intervention providers should work closely with the target audience in order to design interventions and implementation processes that will address the needs of the populations they are seeking to reach.

PROGRAMME DEVELOPERS & INTERVENTION PROVIDERS

1.2 Developers should clearly advise those who deliver their programme on how best to reach target audiences, by providing an assessment of the barriers to participation and identifying relevant strategies that could be used to overcome these.

LOCAL LEADERS, MANAGERS & COMMISSIONERS

1.3 Local commissioners should assure themselves about the close match between interventions and the needs, concerns and lifestyles of the target audience, and identify whether local adaptations which can be co-produced to improve the match are appropriate and feasible.

2. Monitoring data about attendance should be collected throughout intervention delivery.

The success of an intervention is partly dependent on the extent to which the targeted participants are successfully recruited and attend on a regular basis. However, problems with participant attendance are common and attrition is inevitable, particularly when innovating. Although it is reasonable to aim for high recruitment rates by, for example, estimating how many people need to be approached in order to achieve the target number, it is also sensible to plan for attrition and to enable adaptation by collecting attendance data throughout intervention delivery. Not only will this data help to identify and address ongoing issues with participant engagement, it will also assist with the planning of future interventions.

LOCAL LEADERS, MANAGERS & COMMISSIONERS

2.1 Local leaders should ensure that live monitoring data is routinely collected – for example, by requiring intervention facilitators to collect details on participant attendance and satisfaction rates. Doing so will enable them to identify and address early issues in participant engagement, which will offer the interventions being delivered a better chance of positive impact.

PROGRAMME DEVELOPERS & INTERVENTION PROVIDERS

2.2 Programme developers and intervention providers should support practitioners in the planning and monitoring of local recruitment and retention by, for example, developing a suitable tool for estimating how many participants need to be approached to reach the target recruitment figures. A monitoring system should also be developed, as this would encourage those responsible for delivering interventions at a local level to review and address recruitment and retention issues on an ongoing basis in order to ensure high attendance rates. The data collected could also be used to determine whether the 'right' participants have been enrolled in the intervention or whether mid-course corrections, such as referring participants onto more intensive interventions, need to be made.

DEPARTMENT FOR WORK & PENSIONS

2.3 DWP should plan for high attrition rates, for example, by overestimating how many individuals should be approached for recruitment, oversubscribing interventions and allowing for attrition in their target setting.

DEPARTMENT FOR WORK & PENSIONS

2.4 DWP should ensure that monitoring data is collected at a local level throughout the RPC programme delivery, so that providers can identify early signs of interventions failing to recruit, retain and engage participants, and intervene as and when appropriate. Given DWP's aim to engage disadvantaged and workless families, it will be particularly important for contract package areas to report to the department on whether they are recruiting a representative sample of the disadvantaged families present in their area.

3. Engagement requires a multifaceted response which addresses the main barriers encountered by the target population before an intervention begins.

Disadvantaged and vulnerable parents tend to experience multiple barriers which can make them less likely to access interventions. Evidence suggests that no single approach will be effective in engaging all parents and that a range of strategies are required. A multifaceted response is therefore needed to address barriers to participant engagement before they commence an intervention, prioritising those which have the greatest impact on the target population.

LOCAL LEADERS, MANAGERS & COMMISSIONERS

3.1 In planning for implementation, local areas should consider the resources required to address the barriers faced by parents accessing support. The effectiveness of interventions depends on paying close attention to the local conditions which help or hinder participant engagement.

DEPARTMENT FOR WORK & PENSIONS

3.2 The principles outlined in this report should be used by DWP to inform the delivery of the RPC programme, including any requirements made of new providers in this territory. For example, DWP should ensure appropriate planning is in place for the way that parents are recruited into the interventions delivered as part of the programme. In particular, DWP should consider how the RPC programme reaches out and recruits disadvantaged families who are considered less likely to access support on their own initiative. By liaising with schools, job centres and housing services, for instance, DWP may be better able to identify and reach out to the eligible families already known to these services.

DEPARTMENT FOR WORK & PENSIONS

3.3 DWP should seek opportunities for local staff to be trained in increasing participant interest, motivation and commitment to attend interventions, including for example as part of the practitioner training planned for the RPC programme. This will provide an opportunity for the staff responsible for recruiting participants and delivering interventions, to review and respond to the key engagement barriers facing the parent populations that they are seeking to target.

4. A focus on workforce skills and capacity is needed to build the strong relationships that are conducive to sustained engagement.

There is evidence to suggest that a workforce which is skilled in building strong relationships with families is central to effectively recruiting and retaining families in interventions. It is also important that practitioners are given enough time and capacity to develop a strong therapeutic alliance with participants.

LOCAL LEADERS, MANAGERS & COMMISSIONERS

4.1 Local areas should consider how they can best recruit, develop and retain staff in order to minimise disruption to the relationship building process. During recruitment, alongside considering practitioner skill, importance should also be given to the personal attributes of the practitioner (such as their compassion, respect, empathy, patience and honesty), as these qualities are highly valued by service users.

LOCAL LEADERS, MANAGERS & COMMISSIONERS

4.2 Providing staff with the desirable skills and sufficient time to engage families in frequent contact is also important, particularly for disadvantaged and vulnerable families who tend to require more time to build trust.

LOCAL LEADERS, MANAGERS & COMMISSIONERS

4.3 Local areas should seek to encourage providers to recruit practitioners with similar experiences to the target population, as this can be a powerful way to build stronger therapeutic relationships and improve participant engagement.

DEPARTMENT FOR WORK & PENSIONS

4.4 DWP should seek opportunities to include messaging, within local staff training, about the importance of maintaining frequent contact with participants and addressing barriers to engagement as and when they arise. It is also imperative that intervention facilitators are trained on how to develop effective relationships with parents.

5. Growing the UK evidence base on engaging families depends on fostering a culture which values evaluation and evidence-based decision-making.

Based on the studies included in this review, we found that while many of the barriers to participant engagement were already well known, the majority of recruitment and retention strategies identified were based on commonsense approaches rather than approaches which had been tested and shown to be effective. A lack of robust evaluation evidence limits the extent to which we can advise local areas to embed certain recruitment and retention strategies within their existing processes.

NATIONAL POLICYMAKERS

5.1 Those involved nationally in generating evidence should consider what research is needed to strengthen the UK evidence base on the best ways of engaging families in interventions and how this question could be included in the evaluations of existing or planned initiatives such as the RPC programme. There is also a role for policymakers to support and encourage service providers to test the effectiveness of engagement strategies, by providing support for this aspect of local evaluation.

5.2 Local leaders should ensure that evaluation is an integral part of the vision and culture that they create in their area. To do so they should encourage and support local providers to pilot and test the effectiveness of recruitment and retention strategies, inspiring them to share their 'test and learn' journey with others.

5.3 DWP should review opportunities within the RPC programme to develop more robust evaluation evidence for engagement strategies, including through the programme evaluation and in work at a local level.

5.4 Research funders who typically support intervention trials (e.g. ESRC, Nuffield Foundation) should also consider funding more empirical research to rigorously test the effectiveness of different recruitment and retention strategies.

6. A functioning local early intervention system is necessary for engaging families.

Some parents do not recognise that they or their children have problems which need to be addressed and, if they do, they are often unaware of the support services available to them. Engaging families early depends on a wider infrastructure of prevention and early intervention services which build trusting relationships between practitioners and participants. However, wider system stresses and instability make the availability and careful implementation of these services challenging. We need to recognise that supporting children and families with complex problems requires a resource-intensive, long-term approach.

6.1 The successful delivery of parenting and relationship support depends on a coordinated approach across all agencies that work with children, parents and families. Many of the local solutions depend on a national commitment, which demands political leadership, an improvement to the fragmented nature of existing services and new and sufficient investment. In addition, local leaders have a vital role to play in ensuring that services are communicating, planning and working together effectively to screen, identify and refer families in need of parenting or relationship support. This should include embedding relationship support within universal provision; targeting individuals at particular transition points in their relationship; and training and equipping practitioners within mainstream services (such as teachers and GPs) to effectively identify and refer families to relevant evidence-based interventions.

7. **Action is needed to remove the stigma associated with accessing relationship support.**

Relationship difficulties are often seen as a private matter, with societal norms militating against accessing interventions until couples are in crisis. Seeking out and engaging in support can therefore be a daunting experience. Programmes and services are more likely to be successful in engaging couples in a timely way if the national and local dialogue about relationship support removes the stigma that can be associated with seeking help.

GENERAL RECOMMENDATION

7.1 There is a need to destigmatise relationship difficulties so that participation in interventions becomes a socially normative experience rather than something that is perceived as a sign of failure. National policymakers, local leaders and intervention providers all have a role to play in this and could help by, for example, exposing relationship difficulties as a common problem, ensuring that positive language is used when advertising relationship support services, and running public health campaigns which seek to bring a spotlight on relationship support. The RPC programme in particular is a key vehicle at a local and national level for transforming how policymakers, service providers and the public understand the positive benefits of relationship support.

Definitions

Parental conflict

Conflict between parents can range across a continuum of severity, from constructive to destructive conflict. Destructive conflict, which puts children's mental health and long-term life chances at risk, includes aggression, non-verbal conflict or 'the silent treatment'. By contrast, constructive conflict, which is linked to lower risks of child distress, involves situations where there continues to be respect and emotional control, and where the conflict is either resolved or explained. In this review, *parental conflict* refers to both constructive and destructive conflict; however, it does not focus on relationships in which there is domestic abuse.

Programmes and services

For the purpose of this review, a *programme* is defined as a manualised and well-specified package of activities, designed to address a clear set of outcomes among a predefined target population. A *service* is used as a much broader term to describe a more general type of early intervention activity, such as the statutory services delivered by schools, the police and health visitors. The term *intervention* is used interchangeably to refer to a programme and/or service.

Disadvantaged and vulnerable families

Within this review, our definition of *disadvantaged families* refers to either low-income or workless families with a low socioeconomic status. In contrast, *vulnerable families* is used as a much broader term referring to those who have complex needs or require additional support. Often these families are at increased risk of poor outcomes due to a range of personal, familial and/or environmental factors. In this review, vulnerable families included, but were not limited to: ethnic minority groups, young parents, LGBTQ+ parents and individuals with mental health problems.

Participant engagement

In the context of this review, we refer to *recruitment* as a process in which a proportion of the eligible target population is approached to take part in an intervention and indicates intention to attend. *Enrolment*, on the other hand, is a term only used once the recruited participants have attended at least one of the first intervention sessions. *Retention* is defined by the extent to which participants sustain their attendance throughout the duration of the intervention, while *involvement* has more to do with active participation – that is, engaging with the material and applying what has been learnt by implementing skills both within and between sessions. *Engagement* has been used much more loosely within this review as a term that covers all of the above.