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Engaging parents in parenting programs: Lessons from research and practice

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ABSTRACT

When evidence-based parenting programs are implemented in real-world settings they often fail to produce the results shown in efficacy trials. One reason for this is difficulties in engaging parents. This paper identifies lessons from a review of literature on engaging parents in parenting programs and presents a case study of the implementation of the Incredible Years BASIC program in the context of a randomized controlled trial. It examines the challenges encountered and efforts to overcome them. Key recommendations include: a clear recruitment process; good communication and liaison with stakeholders; incentives for recruitment and retention; active and creative outreach work; investment in building relationships with parents; making programs easily accessible; and having realistic expectations.

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1. Introduction

Interest in evidence-based parenting programs in the UK has increased in recent years as policy-makers and senior service managers seek proven and cost-effective methods of improving child well-being (Klett-Davies, Skaliotis, & Wollny, 2009). This interest is fuelled by evidence of the poor state of child well-being in the UK relative to other affluent nations and historically (Bradshaw, Hoelscher, & Richardson, 2007; Collishaw, Maughan, Goodman, & Pickles, 2004) and the resulting costs for society consequent on problems for individuals in later life (Scott, Knapp, Henderson, & Maughan, 2001).

Evidence-based programs are methods of improving child outcomes that have been shown to work when researched rigorously, and often repeatedly, by experimental studies (Allen, 2011; Elliott, 2009; Flay et al., 2005). Examples include parenting programs such as the Incredible Years BASIC program. These work on the premise that many children develop problem behaviors because parents lack, or inconsistently use, key parenting skills, and that these skills can be improved (Hutchings, Gardner, & Lane, 2004).

However, there is accumulating evidence of considerable 'treatment failure' with these and other evidence-based programs, meaning that the results found in initial trials are not replicated, or at least are harder to reproduce, in the real world (Bumbarger & Perkins, 2008; Little, 2010). This has caused some to question the desirability of implementing

such programs in the UK, particularly given the cost and complexities of translating models into a new context — for example, from the US to the UK (Thoburn, 2010).

One of the main causes of treatment failure concerns difficulties in engaging families. Only about a third of invited families enroll in prevention projects, by which is meant they attend at least one program session; of these, 40–60% drop out even when financial incentives, childcare, refreshments and transport are provided (Baker, Arnold, & Meagher, 2011). Parental mental health or substance misuse problems or a history of abuse or neglect are particular issues in parent engagement (Utting, Monteiro, & Ghate, 2007).

For the purposes of this paper 'engagement' refers to recruitment (getting parents to sign up to and attend a program) and retention (getting them to keep attending). It does not include engagement with the program material per se, although arguably this contributes to retention. In targeted parenting programs, groups require a minimum number of parents to work well and to be cost-effective. Poor engagement can lead to difficulties achieving required numbers (Lindsay et al., 2008), and this may tempt practitioners to relax target group criteria — for example, allowing parents whose children have less severe needs to participate. This may increase numbers, but, as the program's effect is weaker for children whose behavior problems are less severe, the impact of the program is diluted.

This paper examines why it can be difficult to engage parents in parenting programs — or, put another way, why such programs are often difficult for parents to use. It also describes strategies that can help to address this problem. It identifies lessons from the literature and discusses an initiative to increase the uptake of the Incredible Years BASIC parenting program.

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2. Lessons from research

A survey of the literature on parent engagement was conducted. Several electronic databases were searched using the terms "parent engagement + program" and "enrollment + parenting program": Web of Science, PubMed, InformaWorld, IngentaConnect, Jstor, CINAHL, and PsycINFO. The search was limited to material published from January 2000 to September 2011, but earlier publications were obtained based on citations and material already known to the research team. Hand searches of relevant journals were also conducted and experts in the field were contacted for sources. From the materials identified, the research team focused on papers aiming to identify barriers to parent engagement and strategies to increase parent engagement with parenting programs. Five main messages emerged.

2.1. Work together

Effectively reaching families who are most in need requires communication and cooperation between practitioners and the range of children's services agencies (Pearson & Thurston, 2006; Spoth, Clair, Greenberg, Redmond, & Shin, 2007; Spoth & Redmond, 2002; White & Verduyn, 2006). Where this does not occur, the process of engaging families breaks down. For example, Sure Start centers' ability to engage parents with antenatal services has been thwarted by the reluctance of midwives to refer parents and the lack of collaboration and ownership of the project by other professionals (Pearson & Thurston, 2006).

Conversely, improving ownership of a project by multiple agencies and securing endorsement of the project by influential people in the community promotes more proactive and effective identification, recruitment and retention of parents (Spoth & Redmond, 2002; Spoth et al., 2007; White & Verduyn, 2006). There is also evidence linking effective collaboration and communication between central support and frontline community teams with higher recruitment rates to parenting programs (Spoth et al., 2007).

2.2. Build relationships with parents

Providers need to build and capitalize on relationships with potential service-users (Caspe & Lopez, 2006; Daro, McCurdy, Falconnier, & Stojanovic, 2003; Evangelou, Coxon, Sylva, Smith, & Chan, 2011; Garbers, Tunstill, Allnock, & Akhurst, 2006; Gray, 2002; Gray, 2009; Leung, Tsang, Dean, & Chow, 2009; Orrell-Valente, Pinderhughes, Valente, Laird, & The Conduct Problems Prevention Research Group, 1999; Pearson & Thurston, 2006; Spoth & Redmond, 2002). The fact that people delivering the program may be unknown to the parent can make starting a program intimidating for parents and cause them to refuse to take part in, or disengage from, a service (Barnes, MacPherson, & Senior, 2006). One study found the source of referral to be an important predictor of parent attendance in a parent management training program, with referrals from clinical psychologists predicting better attendance compared to other health professionals and social workers (Peters, Calam, & Harrington, 2005). It suggested that this could be due to the way the program was presented to the parents as well as the confidence parents had in the person referring them. Hence, several routes for referral should be identified and referrers should be trained on how to best present parenting programs to parents (Whittaker & Cowley, 2012).

Not making contact with a family prior to the first appointment to confirm they are willing to attend increases the likelihood of parents not attending (Coulter, 2007). By contrast, if a dedicated worker who knows the family makes initial contact, followed by sustained efforts by other workers to engage the family, this can lead to successful engagement (Garbers et al., 2006; Orrell-Valente et al., 1999). Of course, there are reasons why this ideal process of contact does not happen as much as it should. The primary one is lack of staff time and resources (Davidson & Campbell, 2007). It is also essential that staff have the necessary capacity and skills for engaging parents. Staff responsible

for engaging new service users should be trained to have the required interpersonal skills to notice possible barriers and to be able to address them (Ingoldsby, 2010; Spoth, Redmond, & Shin, 2000). Training on how to address barriers is particularly important, since families with multiple and enduring difficulties are often known to the services but staff can be ambivalent about engaging these families due to concerns about engaging hostile and resistant families (Morris, 2011). Staff should also be given the time and opportunity to engage with parents: there is evidence from a home-visiting program that lower caseloads contribute to greater success in retaining families (Daro et al., 2003), and that matching participants and providers in terms of ethnicity and ensuring providers were parents themselves also helped. Time is especially important for engaging so-called 'hard-to-reach' parents (Caspe & Lopez, 2006; Evangelou et al., 2011). Research shows the value of face-to-face contact with parents and also of approaching families in their own communities through a person they know (Caspe & Lopez, 2006; Spoth & Redmond, 2002). This should be backed up by well-timed and attractive publicity materials (promotional videos, leaflets, information displays) at the places routinely visited by parents and by newsletters and incentives for attendance (Spoth, Redmond, Hockaday, & Shin, 1996; Spoth et al., 2007).

Parents should also have several opportunities to enroll on a program and receive information on the program in various formats (Heinrichs, Bertram, Kuschel, & Hahlweg, 2005). Recruitment is not a one-off event: it is a sustained process. Further, practitioners should have confidence that evidence-based programs will be popular and will work. Focus groups show that parents value information from people they view as experts and endorse support that allows them the opportunity to talk without feeling they are being judged (Miller & Sambell, 2003). A survey of parental preferences for prevention programs revealed nearly all parents prefer programs that are proven to improve children's behavior (Spoth & Redmond, 1993).

Recruitment does not stop when a family agrees to attend. Home visits prior to the first session, and phone calls and visits if there is no attendance are effective ways to increase engagement (Gorman-Smith, 2002; Sterrett, Jones, Zalot, & Shook, 2010; Taylor, Toner, Templeton, & Velleman, 2008). Addressing the possible practical and psychological barriers to attending a parenting intervention is likely to increase participation (Sterrett et al., 2010), so these are now discussed in more detail.

2.3. Make programs accessible

Programs that are too formal and inflexible can also be a cause for reduced parent engagement (Pearson & Thurston, 2006). Indeed, research on various types of programs serving different populations consistently shows that time demands and scheduling issues are the main barriers to parent participation (Barnes et al., 2006; Garbers et al., 2006; Heinrichs et al., 2005; Ingoldsby, 2010; Spoth & Redmond, 2000; Spoth & Redmond, 2002; Spoth et al., 1996; Taliaferro, De-Cuir-Gunby, & Allen-Eckard, 2009). Practical time-related issues can explain why parents from large families (three of more children) and dual earner families have been found to be significantly less likely to enroll on and attend parenting programs (Eisner & Meidert, 2011). Sometimes parents sign up to attend a program but then unforeseen personal commitments or family circumstances prevent them from attending (Barnes et al., 2006; Sanders, Prior, & Ralph, 2009; Taylor et al., 2008). A longer program may cause reluctance to sign up (Leung et al., 2009), although some parents may prefer a more intensive and longer program if they perceive it to be valuable (Spoth & Redmond, 2000). There is research suggesting that, overall, program duration and type do not have a significant impact on enrolment rates (Matthey, Patterson, Mutton, & Kreutzfeldt, 2006).

In addition to these timing issues are a lack of transport and childcare, which make it harder for many parents to attend a parenting program (Bell, 2007; Dyson, Gorin, Hooper, & Cabral, 2009; Ingoldsby, 2010). Such parents would welcome logistical support to increase program participation (Bell, 2007; Spoth et al., 1996). Taking care of practical barriers