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Support and Services for Parents: A Review of the Literature in Engaging and Supporting Parents

Education and Training



**SUPPORT AND SERVICES FOR PARENTS:
A REVIEW OF THE LITERATURE IN
ENGAGING AND SUPPORTING PARENTS**

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Scottish Government Social Research
2007

It should be noted that since this research was commissioned a new Scottish government has been formed, which means that the report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not therefore be treated as current Government policy. The name ‘Scottish Executive’ has also been changed to ‘Scottish Government’ since inception of the evaluation.

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CHAPTER ONE INTRODUCTION

1.1 This literature review aims to draw together existing knowledge on assessing and evaluating parenting interventions. In conducting the literature review, the research team was interested in re-examining the historical policy context to locate the rationale for the introduction of Parenting Orders and the apparent under use of the provisions; to re-examine the evidence of risk and protective factors and the inter-related issues of antisocial behaviour and child care; alongside effective approaches to family service provision. These themes set the context and framework for examining the evidence on the practice of engagement with clients and the use of compulsion.

Method

1.2 Given the level of interest the topic has attracted in recent years, there is a vast body of literature pertaining to parenting. Parenting literature is also available from a wide range of sources in the academic, public and voluntary sectors. Literature for the review was selected from this large ‘bank’ on the basis that any empirical research documented met the usual standards of reliability and validity, and that the article/document held relevance to the focus of the review. Selection was further limited to the source being published in the English language, and being no older than 10 years. However, where a study was deemed particularly relevant, and no similar, more up-to-date work was available, it was included regardless of publication date.

1.3 Given the multidisciplinary nature of the topic, the following range of databases was consulted:

- ASSIA (Applied Social Sciences Indexes and Abstracts)
- BIDS (Bath Information and Data Services)
- ERA Online (Educational Research Abstracts Online Database)
- ERIC (Education Abstracts)
- IBSS (International Bibliography of the Social Sciences)
- Ingenta
- NCJRS (National Criminal Justice Reference Service Abstracts)
- PAIS (Public Affairs Information Service)
- Social Services Abstracts
- Sociological Abstracts
- Web of Knowledge

1.4 Searches were also conducted on the Edinburgh University Library catalogue, and various relevant organisation’s web pages. These included the Joseph Rowntree Foundation online research catalogue, the Youth Justice Board, the Policy Research Bureau, NCH, the Australian Institute of Family Studies, the National Children’s Bureau, Parenting Across Scotland, the Family and Parenting Institute, Parenting UK, Children in Scotland, Children 1st and the National Institute of Child Health and Human Development. In addition, government websites were utilised and a number of specific academic centres, such as the SCoPiC Network and the Thomas Coram Research Unit, were referred to throughout the review.

1.5 Initial database and catalogue searching employed the general terms ‘parent*’ and ‘family*’. Given the specific nature of the review, further searches were undertaken employing the terms ‘compliance’, ‘engagement’, and ‘motivation’. This generated a large quantity of articles and documents, and in order to keep the results as relevant as possible to the focus of the review searches were limited to ‘socio*’, ‘social*’, ‘child*’, ‘parent*’, and ‘family*’. On the basis of information gathered from the initial searches and emerging themes from ongoing interviews with relevant professionals, more specific terms were used in following searches. These included ‘child protection’, ‘education act scotland’ and ‘attendance orders’. As per suggestions by the Scottish Executive, searches were also conducted latterly using ‘compulsion’, ‘mother’, ‘father’, ‘services’ and ‘involvement’.

1.6 From the initial general literature searches, four key themes emerged. These included parenting, parenting styles and impact on children; effective interventions (‘what works?’) in parenting support; engaging individuals and families with support; and the use of parenting orders and critical analysis of the legislation. Although the range of the subject matter gleaned from these searches was broad, it was deemed necessary to include all four in the review as each ‘fed into’ the next. The key focus of the review was intended to focus on material relevant to the Parenting Order legislation, principally the engagement of individuals and families with services and intervention, and the use of compulsory measures to facilitate this. However, it was anticipated that the main issues emerging from the literature on risk and protective factors, understanding parenting and the impact of parenting styles and behaviour on outcomes for children, would provide a crucial insight as to why parenting had become such an important issue for policy. Moreover, the issue of engagement is intrinsically linked to the provision of effective services and the debate on ‘what works?’ in relation to parenting support. On the basis of these key themes, the following report is divided into six sections:

- Historical background and policy context
- Risk and protective factors
- Effective approaches to family services
- Engaging with children and their families
- Parenting Orders – the use of compulsion on parents
- General discussion and conclusions

CHAPTER TWO HISTORICAL BACKGROUND AND POLICY CONTEXT

2.1 This review was carried out in a changing context of developing policy on children and families' services. Parenting Orders were introduced as part of a raft of measures under the Antisocial Behaviour etc. (Scotland) Act 2004. Intervention with a family at risk of being considered for an Order, however, must be considered within the wider framework of UNCRC (1989) and the subsequent Children (Scotland) Act 1995 which places responsibilities on local authorities and children's hearings to promote the welfare of children. In 2005, the Scottish Executive consulted on its proposals for changes to children's services including the Children's Hearings System (2005) as part of the report *Getting it Right for Every Child*.

2.2 The policy vision is to raise all children to be confident, effective, successful and responsible, which requires children to be safe, nurtured, healthy, achieving, active, respected, responsible and included. In practical terms, and of relevance to our review, the consultation called for, *inter alia*: a concentration on preventative educative programmes; agencies to take full responsibility for children in their focus and not simply pass them on to other agencies; and more intensive structured programmes for parents. The consultation proposals were subsequently published in a *Draft Children's Services (Scotland) Bill Consultation* in 2006 by the Scottish Executive.

2.3 In this section, we explore some of the legislative and policy background to the child care system in Scotland to understand better the trajectory of governmental and professional thinking behind the introduction of Parenting Orders legislation and also to set the scene for an exploration of why that legislation has not been utilised by those with professional responsibility for the best interests of children in Scotland.

2.4 The Children Act 1908 was, according to Hothersall (2006, p. 11), considered to be the first children's charter as it drew attention to children's rights. However, it was not until the Children and Young Persons (Scotland) Act 1937 that courts were required to have regard to the welfare of the child rather than simply the need to punish. Following the death in foster care in England of Denis O'Neill, the Children Act 1948 attempted to tighten up the care of children within the public care system and the suggestion was made during the Parliamentary Committee stage of the Bill to place a duty on local authorities to support the parents of children at risk of being neglected. In the end, local authorities were directed to 'keep in mind' the need to do all they could to protect children in their own homes (Hothersall, 2006, p. 14).

2.5 The McBoyle Committee, initiated in 1961 by the Scottish Advisory Council in Child Care to consider measures to combat 'the suffering of children through neglect in their own homes', informed the Children and Young Persons Act 1963 which finally placed a duty on local authorities to carry out preventative work with children and families. The Kilbrandon Committee, established in 1961, was at the same time examining methods for reducing and preventing juvenile delinquency and took the view that the distinction between children in need of care and protection and those involved in offending was '*very often of little practical significance*' (para. 13) and that the role of the State was "*...wherever practicable to strengthen, support and*

supplement them [parents] in situations in which for whatever reason they have been weakened or have failed in their effect” (para. 35).

2.6 The Kilbrandon proposals were incorporated in the Social Work (Scotland) Act 1968 which introduced Children’s Hearings and placed a duty on local authorities to promote social welfare (s12). Guidance at the time stressed that

the duty is not merely that of reacting to known needs. It implies that the local authority should seek out existing needs, which have not been brought to the authorities’ attention, identify incipient needs and try to influence social and environmental developments in such ways as will not only prevent the creation of social difficulties , but will positively lead to the creation of good social conditions (Circular No SW6, December 1968).

2.7 The model of decision making proposed emphasised consensus and working in partnership with parents with the expectation ‘*that in many cases it would be possible to enlist the co-operation of parents from the outset*’ (Lockyer and Stone, 1998, p. 20). However, the Kilbrandon committee recognised that co-operation might not always be forthcoming and could lead to conclusions that ‘*action needs to be directed as much (if not more so) against the parents as the child*’ (para. 17) even to the point of ‘*placing of parents directly under compulsory measures of supervision in consequence*’ (para. 18(c)) ... ‘*aimed at bringing home to parents their responsibilities*’ (para. 18). This thinking is very reflective of current debates leading to the introduction of Parenting Orders.

2.8 The Kilbrandon committee concluded that the notion that

the co-operation of parents as adult persons can be enlisted by compulsive sanctions, is fundamentally misconceived and unlikely to lead to any practical and beneficial result (para. 35).

It argued that

under the guise of promoting the welfare of the child, such proposals appear to be in risk of ending in the application of coercive measures against the parents on the basis of a somewhat vaguely-defined aim of improving the quality of family life... (para. 20).

2.9 The Kilbrandon approach placed emphasis on voluntary early intervention and compulsory measures on the child (rather than parent) only as a last resort. It could be argued that, given the focus on the best interests of the child and the often pressing need to protect children from their parents or carers, one conclusion from this philosophy was that where, in extremis, parents or other carers either could not, or would not, care adequately for their children, consideration would be given to removing the children from the parents’ nominal care.

2.10 The current context for universal prevention and early social intervention measures in family life lies within the United National Convention on the Rights of the Child (UNCRC, 1989). UNCRC principles reflect international recognition of the interconnected factors which expose children to risk and result in them coming to the

attention of authorities as in need of protection or on account of their offending behaviour. UNCRC sets out the terms in which children and young people “by reason of... physical and mental immaturity, need special safeguards and care, including appropriate legal protection”. UK jurisdictions have entered a number of reservations to UNCRC’s guiding principles, nonetheless international law requires that none of these reservations compromise the spirit or principles of the Convention¹.

2.11 Benchmark practice standards have been set by international agreements and regulations including the European Convention on Human Rights (ECHR), UNCRC, and its associated international instruments and guidance [e.g. Minima Rules for the Administration of Juvenile Justice (Beijing Rules), UNICEF, 1985; Directing Principles for the Prevention of Juvenile Delinquency (Riyadh Guidelines), 1990; Minima Rules for the Prevention of Minors Deprived of Liberty (Havana Rules), 1990; Minimum Rules for Non-custodial Measures (The Tokyo Rules), 1990; Administration of Juvenile Justice: (the Vienna Guidelines), 1997] provide directing principles for welfare and justice for children and young people in practice.

2.12 Article 3 of UNCRC requires that

in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

This is referred to as the ‘paramountcy’ principle and stresses the importance of involving children and parents in decision making. Article 8 of ECHR provides families with the right to avoid unnecessary state involvement.

2.13 The Children (Scotland) Act 1995 was a direct result of the requirements of UNCRC to incorporate key principles – the ‘best interests’ or paramountcy principle, the no order (minimum intervention) principle and the right to be heard and participate in decision making – and enshrine them in legislation. The 1995 Act attempts to tackle the tensions between care and control by specifying parental responsibilities as: to safeguard and promote the child's health, development and welfare; to provide direction and guidance, in a manner appropriate to the stage of development of the child; if the child is not living with the parent, to maintain personal relations and direct contact with the child on a regular basis; and to act as the child's legal representative (Part I, Section 1).

2.14 To support parents in these responsibilities, local authorities are required to safeguard and promote the welfare of children in need and promote the upbringing of such children by their families through the provision of a range of appropriate level of services (Part II, Section 22). Section 21 also acknowledges that there may be other “appropriate persons” who could help in the delivery of these duties and, if asked, those appropriate persons must assist. Appropriate persons may be other local authorities or health boards. Section 19 of the Act requires local authorities to publish plans setting out the children’s services available and, following publication in 2001

¹ The Children (Scotland) Act 1995 has just such a proviso, allowing Children’s Hearings and courts (Section 16.5) and local authorities (Section 17.5) to make decisions which do not give paramountcy to the needs of the child in order to protect the public from serious harm.

of the Scottish Executive report *For Scotland's Children*, all children's service plans have to be integrated with the plans of other providers (Hothersall, 2006, p. 51).

Parenting Orders

2.15 A Parenting Order may be made by a Scottish sheriff summary court, on application from a local authority, if the court is satisfied that either the 'behaviour condition' or the 'conduct condition' is met. The 'behaviour condition' requires that the child in question has engaged in antisocial behaviour and the Order would be desirable in the interests of preventing the child from engaging in further antisocial behaviour. The 'conduct condition' requires that the child has engaged in criminal conduct and the Order would be desirable in the interests of preventing the child from engaging in further criminal behaviour.

2.16 In addition, a Parenting Order may be made by the Principal Reporter if the court is satisfied that either the behaviour or conduct conditions have been satisfied, or the court is satisfied that the 'welfare condition' has been met. Under the 'welfare condition', the Order would have to be desirable in the interests of improving the welfare of the child (*Antisocial Behaviour etc (Scotland) Act 2004, Section 102*).

2.17 In its *Consultation on its Draft Guidance on Parenting Orders*, the Scottish Executive noted that

poor parenting can have a significant detrimental effect on a child. Children who are the subject of inadequate parenting are more likely to be placed at risk, to offend and behave in an antisocial manner (December 2004, p. 1).

2.18 Responses to the consultation indicated there was general agreement across Scotland about the importance of parenting. However, there was less universal agreement about the need to introduce compulsory Parenting Orders in Scotland. *Guidance on Parenting Orders*, suggests that where a parent may be being considered for a Parenting Order, the family is likely to be well known to the local authority and the Children's Hearing System (April 2005, para. 34). It stresses that Parenting Orders are not about punishing parents but are intended to assist parents change their behaviour in respect of their child, and to take responsibility (ibid. para. 9). No clear rationale, however, is presented in the guidance for the change from the Kilbrandon approach outlined above other than that

having considered the comments received, Ministers remained of the view that parenting orders would be a useful tool in improving the position of children who are not getting the support they need from their parents (ibid. para. 10).

2.19 There are a large number of ways in which concerns in Scotland about poor parenting and their impact on children can be identified and acted upon. It is not the purpose of this review to discuss these in any detail but it is relevant in the context of understanding the potential role of the Parenting Order legislation in this panoply of child protection practices and procedures. Scottish Children's Reporter

Administration (SCRA) statistics show that there were 40,941 children referred to the Hearings System on non offence grounds in 2005-2006. Of these, 17,801 were referred to Hearings because of lack of parental care; 5,107 were thought to be beyond control; and 3,004 were making bad associations or were in moral danger (*SCRA Annual Report: 2005-2006*). In 2005-2006 there were 17,624 referrals to the Children's Reporter on offence grounds (*SCRA Annual Report: 2005-2006*). There are, therefore, in principle, a large number of children coming to the attention of local authorities and to the Principal Reporter whose parents could fall within consideration of a Parenting Order.

Summary

2.20 Key principles enshrined in domestic law and international law are well established in Scottish child care practice. These set the context for understanding the trajectory of government and professional thinking behind the introduction of Parenting Orders and their implementation.

2.21 The principles outlined by the United Nations Convention on the Rights of the Child (UNCRC, 1989) reflect international recognition of the interconnected factors exposing children to risk of poor outcomes. Its core principles are enshrined in The Children Act (Scotland) 1995.

2.22 The Kilbrandon Committee recommendations, incorporated in the Social Work (Scotland) Act 1968 placed an emphasis on partnership with parents, although in recognition of the difficulties of achieving cooperation, recommended a system wherein compulsory measures could be used on the child for protection. The Committee argued the use of compulsory sanctions on parents to achieve cooperation was '*fundamentally misconceived*' and unlikely to succeed.

2.23 Parenting Orders were introduced as part of a raft of measures under the Antisocial Behaviour etc (Scotland) Act 2004. *Draft Guidance on Parenting Orders* stresses that Parenting Orders are not about punishing parents but are intended to assist parents change. Responses to the consultation on the guidance indicated there was general agreement across Scotland about the importance of parenting but less universal agreement about the need to introduce compulsory Parenting Orders.

CHAPTER THREE RISK AND PROTECTIVE FACTORS

3.1 This section of the review focuses on factors in the lives of children which research has identified as presenting a risk that a child may become involved in disruptive, antisocial or criminal behaviour or may otherwise act beyond the control of their parents or carers. There is, however, a considerable body of research literature on risk and protective factors and much of it has been reviewed and compiled many times already by others. Our concern is, therefore to identify the main concepts and to summarise briefly what the literature says about current knowledge and understanding.

3.2 Our main concern in this review is to discuss children at risk of requiring formal intervention to ensure their welfare is protected as well as those who are at risk of demonstrating antisocial or criminal behaviour. Much of the research literature (see for example, Washington State Department of Social and Health Services, 2005 and DePanfilis, 2006) does, however, identify risk and protective factors for potential neglect that are similar to the known risk factors for potential disruptive or criminal behaviour. While the overlap between factors associated with antisocial behaviour and criminal activity and disadvantage and neglect are well established, evidence on the precise mechanisms of the inter-relationship between antisocial behaviour, neglect and abuse remains limited. Much of the published material is from the USA although there is a growing body of UK research (McCarthy, Laing and Walker, 2004, p. 13).

Despite the high prevalence of child neglect and its serious consequences, relatively little attention has been accorded to this phenomenon by researchers, clinicians and policy makers (Browne and Lynch, 1998, p. 73).

3.3 The shortage of research is paralleled by limited theoretical work on neglect and how this relates to other forms of mistreatment of children. An NSPCC study (Evans, 2006) notes that there were physical abuse concerns in a third of cases where neglect was the main issue; in a fifth of physical abuse cases there were also concerns about neglect, and in a quarter of sexual abuse cases there were neglect concerns. If there is indeed a lack of clarity, then it is symptomatic of a more general fragmentation of knowledge and concern in modern societies. Many of the recommendations of child abuse enquiries such as Victoria Climbié (Victoria Climbié Inquiry Report, January 2003) or the O'Brien report on the death of Caleb Ness (Edinburgh City Council, 2004) focused on the need to improve interagency working, communication and information sharing. As already identified, however:

knowledge about how to prevent or stop child neglect is severely constrained. To date, researchers and practitioners have been unable to develop a proven technology for preventing or treating this form of maltreatment, even though research is now identifying family characteristics that are correlated with neglect (LWVC, 1998).

3.4 This conclusion is broadly supported by a Scottish Executive child protection review (2003, p. 44). The report notes that "...there is no single agreed definition of child abuse and neglect or child protection" and that "[t]he research findings are also inconclusive in relation to the causes of child abuse and neglect."

3.5 The Scottish Executive's *Framework for Parenting Orders in Scotland* (2007) emphasises offending issues and provides a summary of the risk factors identified by research (p. 7-8). The *Framework* also notes that "*Early behaviour is a powerful predictor of later antisocial and criminal behaviour*" and that "*by contrast young people who begin to commit offences in adolescence are much more likely to grow out of offending before adulthood*" (p. 7).

3.6 The Scottish Executive's *Framework* (2007) emphasises the need for, and benefits of, early intervention. It is early intervention which does, however, bring out clearly the tension between care and control. The *Framework* suggests that Parenting Orders should be targeted at changing parents' behaviours (p. 3) and it identifies the early features known to predict later problem behaviours in children. While the policy is one of a continuity of care, there is no clear acknowledgement that if we know what some of the early neglect predictors are of later problems in children, we also need to know what the predictors are of the neglect.

Protective Factors

3.7 Not all children and young people exposed to multiple risk factors become offenders or are involved in antisocial behaviour, nor do all children and young people who offend or are involved in antisocial behaviour grow up in socio-economic difficulty. Research has highlighted that there are important aspects of the lives of young people that can protect them against risk in the same way that some personal and social factors are strongly associated with the likelihood of offending. Studies suggest that many children appear to survive even serious risky experiences with no major developmental disruptions (Kirby and Fraser, 1998; Newman and Blackburn, 2002).

3.8 The literature on childhood resilience has defined resilience as resulting from an individual constellation of characteristics and capacities, or as the result of interpersonal processes that mitigate the impact of biological, psychological and social factors that threaten a child's health. Fraser and Galinsky (1997, p. 265–75) define this resilience as

an interaction between risk and protective factors within a person's background, which can interrupt and reverse what might otherwise be damaging processes.

Masten (2001) uses the term to refer to

individuals having some measure of success even though coming from situations where success is not predicted' or as 'good outcomes in spite of serious threats to adaptation or development.

3.9 Just as risks can have a cumulative effect, so cumulative protection is thought to reduce and act as a buffer against risk in relation to many social and health problems. Individual characteristics, such as having a resilient temperament or a positive social orientation, positive and warm relationships that promote close bonds

with family members, teachers, and other adults who encourage and recognise a young person’s competence, as well as close friendships with peers, can operate as protective factors that can reduce the impact of risks or change the way a child responds to them. Social workers can enhance resilience by building on existing strengths and reducing risk factors (Jackson, 2000).

3.10 Research on resilience in children has documented a lengthy list of characteristics associated with positive outcomes (see Table 3.1). It has also been shown that a number of protective mechanisms operate in children’s lives. Protective mechanisms are processes and factors that promote favoured outcomes. According to Rutter *et al.* (1998) these include eight mechanisms that:

- reduce the child’s sensitivity to risk, usually through experiences of successful coping;
- reduce the potential for risk factors to impact on a child, as when a parent in a high-crime neighbourhood adequately monitors their adolescents’ social activities;
- reduce negative chain reactions so that a problem like family strife doesn’t lead to family breakdown;
- increase positive chain reactions as when that same family in crisis finds the supports it needs to stay together;
- promote self-esteem and self-efficacy through experiences coping successfully with stress;
- neutralise or compensate for the risks the child faces, as when an abused child is placed in a secure and loving foster home;
- open up positive opportunities for change and growth, as when access is gained to good schools and recreation facilities, coaches and equipment; and finally,
- encourage the positive cognitive processing of negative life events in order that hopefulness may replace feelings of helplessness.

3.11 Combined, these eight mechanisms provide a matrix of ways children (and adults) successfully overcome adversities (see Annex 1). Newman and Blackburn (2002, p. 10) identify key concepts in helping equip children and young people overcome adversities (see Table 3.1 below).

Table 3.1 Key concepts in overcoming adversities

All developmental stages: key resilience promoting interventions	Benefits to children and young people
Opportunities to take part in demanding and challenging activities	Children will become less sensitive to risk and more able to cope with physical and emotional demands
Where children are in situations of conflict at home, contact with a reliable and supportive other	Reduction in exposure to and impact of parental conflict
Facilitating contacts with helpful others or networks who can provide activities or opportunities for work	Helps break the sequence of negative ‘chain effects’ that occur when children are in highly vulnerable situations
Exposure to manageable demands and opportunities to succeed in valued tasks	Promotes self-esteem and self efficacy

Compensatory experiences – exposure to people or events that contradict risk effects	Helps counter the belief that risk is always present
Opportunities for careers or further education	Greater likelihood of adult stability and increased income
Teaching coping strategies and skills and being helped to view negative experience positively	Capacity to re-frame experiences and be an active rather than a passive influence on one’s own future

Notes to table

Source: Newman and Blackburn (2002, p. 10)

3.12 The literature on resilience, while empirically based, still includes relatively few accounts of specific strategies achieving positive outcomes. Some resilience characteristics may be relatively fixed while others may be difficult to influence, especially for children and families facing multiple and complex difficulties. Nonetheless the evidence counterbalances the tendency of focusing on strategies that can be adopted by professionals in health, education and social care and helps recognise that when children are helped to succeed the most important influences are likely to be members of extended families, informal networks and positive peer association.

Neglect risk factors

3.13 Of all the findings from literature seeking the risk factors for neglect, abuse and future delinquency, key among them is the existence of earlier incidents of neglect, abuse and delinquency. Research findings identify an interplay of social factors and

a considerable overlap between physical, emotional and sexual abuse, and children who are subject to one form of abuse are significantly more likely to suffer other forms of abuse (Mullen and Fleming, 1998).

3.14 One British review looked at 16 studies (15 from the USA and one from Australia) dealing with the substantiated recurrence of maltreatment in children (Hindley, Ramchandani and Jones, 2006). By maltreatment, the authors meant neglect or emotional, physical or sexual abuse. Importantly, the authors found that the “*balance of research suggested that neglect is the type of abuse associated with the highest risk of future maltreatment*” and that “*a prior history of maltreatment was the factor most consistently associated with recurrent maltreatment*” (2006, p. 7).

3.15 An NSPCC study which surveyed 2,869 18 to 24 year old (Cawson, 2000) suggests that neglect is an act of omission whereas physical (and perhaps emotional abuse) are acts of commission. As many as 17% had experienced neglect and 20% had experienced a lack of parental supervision that might give rise to concern. The study found that 6% of the sample said that, as children, they had experienced what the researcher termed ‘a serious absence of care’, including frequently going hungry or having to go to school in dirty clothes. A further 9% of the sample described ‘intermediate or intermittent absence of care’ and further 2% demonstrated what the researcher called 'cause for concern' for example wearing dirty clothes to school.

3.16 Five percent of the sample were said to have experienced a ‘serious absence of supervision’ when they were children, which included, under the age of 10, being allowed to stay at home overnight without adult supervision, or, under 14 and being allowed out overnight without their parents knowing their whereabouts. A further 12% of the sample were described as having experienced ‘intermediate absence of supervision’ through being left unsupervised overnight when aged 10/11; being allowed out overnight at the age of 14/15 without their parents knowing their whereabouts; or, under the age of 12, and being frequently left in charge of younger siblings while their parents were out. Finally, a further 3% demonstrated ‘possible cause for concern’ by having been under the age of 10 and being allowed to stay at home in the evening without an adult or allowed to go to the town centre without an adult or a much older child.

3.17 An American user manual on child neglect, published by the Office on Child Abuse and Neglect within the U.S. Department of Health and Human Services, provides a comprehensive discussion of the possible risk and protective factors (DePanfilis, 2006). The manual, based on a review of research and literature, highlights that neglected children may display a variety of emotional, psychosocial, and behavioural problems at various stages in their developmental life cycle including failing to cope intellectually and socially at school. Examples of this might be: an inability to control emotions or impulses; having difficulty getting along with siblings or classmates; acting socially or emotionally inappropriately for their age; displaying apathy; displaying poor coping skills; abusing alcohol or drugs (2006, p. 25-26). DePanfilis suggests that neglect may be more detrimental to children’s early brain development than physical or sexual abuse (2006, p. 9) and expresses concern that

[a]lthough child neglect is the most common type of maltreatment, its causes, effects, prevention, and treatment often are not as prominently discussed and explored as are those for physical or sexual abuse (2006, p. 71).

3.18 Other US research (Washington State Department of Social and Health Services, 2005) suggests that families referred for neglect have greater re-referral and recurrence rate than those referred for physical or sexual abuse. Table 3.2 (below) combines the risk factors for neglect from the NSPCC paper (2006), the research by DePanfilis (2006), the Washington State fact sheet (2005), and a Scottish Executive review (May 9 2003).

Table 3.2 Risk and Protective Factors Associated with Childhood Neglect

Community/Social	Parent/caregiver	Child	Protective factors
Poverty/low family income/unemployed	A lone mother or a transient male	Previous referrals for neglect	Affectionate parents or good role models
Lower levels of social support from the community and families	Mother younger than 21 at the birth of first child	Child learning disabilities/acute school problems	High self esteem/positive disposition/lack of self blame
Social isolation and stress	Mother having more than one child in her teens	Being older (15-17) associated with increased risk of physical neglect for females and children in father-only families	Parents having stable relationships with their parents
Lack of support services for families	Large family/mothers having a greater number of live births, more pregnancies and unplanned pregnancies	Being under 1 year old.	Good health in the child/adequate development
	Prematurity or very low birth weight of children	Being male.	Higher than average IQ
	Low educational attainment		Hobbies and interests for child
	Presence of marital violence		Sense of humour in child
	Substance abuse		Good peers relationships/good social skills
	Mental health problems, high levels of depression and stress		
	History of physical and sexual abuse or neglect in the parent's childhood		
	Neglectful mothers show poor attachment to their primary caregivers while they were growing up		
	Neglectful families are less cohesive and poorly organised, with parents rarely displaying warmth and positive interactions with their children		
	Significantly lower self-esteem		
	History of substance abuse		
	History of victimisation as a child		
	Poor household management skills		

3.19 Much of the literature suggests caution should be exercised on generalising from the various research findings. Methodological limitations are commonplace; for example reviews rarely say whether regression analyses were carried out in the studies reviewed to assess the independent effects of the various risk factors. In addition, as already emphasised, there is little consistency about demarcations between when neglect becomes emotional or physical abuse and to what extent effective responses to sexual abuse can be readily separated from effective responses to disadvantage, neglect and other forms of physical abuse. For example, Bethea (1999) in an article on primary prevention of child abuse defines ‘child abuse or maltreatment’ as including “*physical abuse, sexual abuse, psychological abuse, and general, medical and educational neglect*”.

3.20 As with all complex issues, commentators suggest child neglect has to be viewed holistically and that research findings seeking to identify key risk factors tend to acknowledge that the majority of subjects demonstrating key risk factors do not go on to demonstrate the aberrant characteristics (offender; victim). Reviewing a range of theories of child abuse, a Scottish Executive review (2003) notes that this view is normally incorporated within a social ecological approach:

Social ecological approaches hypothesise that where environmental conditions are unfavourable to families the incidence of abuse is likely to be higher. Stress as a result of living in environments that are not conducive to psychological health and development is seen to be a major contributory factor to child maltreatment which points to solutions other than focus on the individual, most notably community-based initiatives, to break down isolation and create a sense of belonging and shared problems (p. 34).

3.21 But even here caution should be exercised. Bethea (1999) writes from an American standpoint that, what she calls the ecologic model:

“...views child abuse within a system of risk and protective factors interacting across four levels: (1) the individual, (2) the family, (3) the community and (4) the society. However, some factors are more closely linked with some forms of abuse than others.”

3.22 All factors impinging on a child’s life are of relevance as to how that child will ‘turn out’. The greater the accumulation of risk factors the greater the risk for criminal behaviour (McCarthy *et al*, 2004, p. 16). But one factor may be sufficiently strong or influential to be decisive. Criminologists speak of pathways into and out of criminality (Hine, 2005²). Regardless of the nomenclature, the research on risk factors clearly points to the necessity to balance knowledge about all the influences on a child’s life, recognising that each child is different and towards what is often referred to as integrated theory.

²<http://www.esrc.ac.uk/ESRCInfoCentre/PO/releases/2005/december/crime.aspx?ComponentId=13293&SourcePageId=6482>

Physical and sexual abuse risk factors

3.23 Up to this point the review has focused on child neglect while drawing attention to the general uncertainties over definitions, theories and causes. We have noted that a number of research reviews and studies conflate neglect and abuse under general headings such as maltreatment. Often, this would suggest that the research on risk factors hold equally for neglect and for abuse. For example, Bethea (1999) notes that “*poverty is the most frequently and persistently noted risk factor for child abuse*”, by which she means physical, sexual and psychological abuse and general, medical and educational neglect. Much of the published evidence recognises that an integrated approach is necessary in acknowledgement of the complex and inter-related nature of the issues and the individuality of all victims. Mullen and Fleming (1998) note:

...the overlap between the possible effects of child sexual abuse and the effects of the matrix of disadvantage from which abuse so often emerges was so considerable as to raise doubts about how often, in practice, child sexual abuse could operate as an independent causal element.

3.24 With this in mind, the Scottish Executive’s *Framework for Parenting Orders in Scotland*, in its list of risk and protective factors to consider when developing targeted parenting provision (2007, Appendix 2), does not distinguish between forms of neglect or abuse, or between child protection and offending characteristics but rather, lists the factors according to developmental stages (for example, pre-natal, under 3, aged 3 to 8 etc.).

3.25 The Scottish Executive’s *Framework* includes a small section on risk factors associated with offending behaviour. This is, at one and the same time, both understandable and potentially confusing. It is understandable because, as discussed, there are clear overlaps between early childhood neglect and abuse risk factors and offending risk factors. It is potentially confusing in that it risks a failure to recognise that the early life risk and protective factors have a strong relevance for work with children displaying antisocial and criminal behaviour.

3.26 In relation to the sexual abuse of children, statistics and research suggest that the majority of perpetrators are men and that they are usually known to the victim. Women are more likely to be implicated in the physical abuse of a child but other factors have to be taken into account. Given the links with single parenthood and poverty, it may not be too surprising that more women are accused of the physical abuse of their children (Scottish Executive, 2003, p. 39).

Offending and antisocial behaviour risk factors

3.27 There is a substantial and expanding body of research literature on the risk and protective factors in relation to antisocial and criminal behaviour and it is not our intention, therefore, to repeat that work here. It has already been argued that there is a considerable overlap between the risk and protective literature in relation to the mistreatment of children and offending. The criminological researchers have, however, often broken down factors into sub categories such as harsh and erratic

discipline, poor parental supervision, parental conflict, parental rejection, early separations, as commonly associated with delinquency (Farrington, 1996). Child learning disabilities including ‘hyperactivity and attention deficit disorder’ (McCarthy *et al.*, 2004, p. 16-17) have been added to the long standing factors from research - impulsiveness, restlessness, hyperactivity and inattentiveness - which often prevent children from learning and socialising well (Rutter *et al.*, 1998). Rutter *et al.* distinguish between longstanding developmental and short term situational issues which have implications for the kind of service response. Long term issues include personal control issues; poor ability to manipulate abstract concepts; low empathy; being a victim of trauma; poor internalised norms and attitudes; and desire for material gain and status with peers. Short term issues include boredom; frustration; alcohol or drug misuse; opportunities for antisocial behaviour and offending and perceived costs and benefits of offending.

3.28 Less attention appears to have been given to the question of whether or not there is a distinction between antisocial behaviour and criminal behaviour. Intuitively, antisocial behaviour is behaviour not condoned by communities/society but which falls short of a legal definition of criminal behaviour. Unfortunately, much research literature talks of antisocial behaviour but clearly refers to criminal behaviour. For example, an Australian report by Hemphill *et al.* (2005) writes that “*antisocial behaviour includes violence and covert forms of aggression...*” (p. 7).

3.29 It has been a common understanding in criminological literature that offending behaviour is commonplace and more ‘normal’ than ‘abnormal’ particularly among males and that most offenders grow out of offending behaviour. Graham and Bowling (1995) found that among young people aged 14–24 in England, 55 per cent of young males and 31 per cent of young females admitted committing at least one of a list of 23 offences at some time in their lives. Most only admitted one or two offences but a small proportion accounted for a wholly disproportionate amount of crime (3 per cent of the young people were responsible for 26 per cent of the offences).

3.30 Research on young people who offend has highlighted at least two distinctive groups identified as ‘adolescent limited’ (AL) and ‘life course persistent’ (LCP) (Moffit, 2003). While these two ‘types’ are hard to distinguish during adolescence in terms of their offending patterns, they are different in their earlier offending histories and in adult behaviour. Findings from the Dunedin study (Moffit and Harrington, 1996) estimated that about 5% of boys had persistent antisocial behaviour throughout their lives. The LCP boys were more likely than the AL boys to come from families with high levels of internal conflict; they had weaker attachment to their families, had poorer reading skills, lower IQs and low self esteem. The criminal propensity of girls has been a long neglected area of research. McCarthy *et al.*, (2004, p. 64-65) reporting on the Dunedin study notes that girls had fewer risk factors and were less likely to become LCP offenders.

3.31 The most commonly admitted crimes for both males and females involved dishonesty, in particular theft and handling stolen goods. Most studies since then (Jamieson, 1999; Audit Scotland, 2002; British and Scottish Crime Surveys) provide fairly similar findings. The early sweeps of the Edinburgh Study of Youth Transitions and Crime (Smith *et al.*, 2001, p. 197) paint a similar picture of delinquency at the age

of 12 or 13 in Scotland. Well over half of respondents admitted to two or more kinds of delinquency within the previous 12 months; 12% or 13% of respondents accounted for half of the incidents, which were overwhelmingly group activities. The study found a clear pattern of relationship between three personality characteristics and delinquency. Lack of impulse control was strongly related to delinquency, as was alienation and feelings of persecution. There was a relatively weak association between delinquency and low self-esteem. Social class was only weakly related to self-reported delinquency at the age of 12 or 13.

Early Onset

3.32 For some young people, early criminal activity combined with multiple disadvantages does provide a warning sign for later difficulties (Rutter *et al.*, 1998). Early involvement in offending or antisocial behaviour may be a stepping stone in a pathway to more serious, violent, and persistent offending (Loeber and Farrington, 2000). A US Youth Survey suggested that the risk of becoming involved in persistent offending is two to three times higher for a child who has offended or been involved in antisocial activity aged under 12, than for a young person whose onset of delinquency is later (McGarrell, 2001). However, because children tend not to commit particularly serious or violent offences and because they usually have not acquired an extended pattern of criminal behaviour, they often receive limited appropriate attention for this behaviour. Children at risk of more serious or violent behaviour often exhibit clear behavioural markers of violent activity in their earlier years including:

- bullying other children or being the target of bullies;
- exhibiting aggressive behaviour or being alternately aggressive and withdrawn
- truanting from school;
- being arrested before age 14;
- belonging to delinquent or violent peer groups;
- abusing alcohol or other drugs;
- engaging in anti-social behaviour, such as setting fires and treating;
- animals cruelly (Loeber and Farrington, 1998).

3.33 Lipsey and Derzon's review (1998) examined predictors of violent or serious offending in adolescence and early adulthood. Table 3.3 (below) lists the predictors at ages 6–11 and ages 12–14 of violent or serious offending in later life in order of significance determined by statistical analysis and in groups based on estimated aggregated effect size.

Table 3.3 Predictors of violent or serious offending in later life

Ranking of ages 6-11 and ages 12-14 Predictors of violent or serious offending at ages 15-25	
<i>Predictors at ages 6-11</i>	<i>Predictors at ages 12-14</i>
<i>Rank 1 Group</i>	
General offences (.38) Substance use (.30)	Social ties (.39) Anti-social peers (.37)
<i>Rank 2 Group</i>	
Gender (male) (.26) Family socio-economic status (.24) Anti-social parents (.23)	General offences (.26)
<i>Rank 3 Group</i>	
Aggression (.21) Ethnicity (.20)	Aggression (.19) School attitude/performance (.19) Psychological state (.19) Parent-child relations (.19) Gender (male) (.19) Physical violence (.18)
<i>Rank 4 Group</i>	
Psychological state (.15) Parent-child relations (.15) Social ties (.15) Problem behaviour (.13) School attitude/performance (.13) Medical/physical characteristics (.13) IQ (.12) Other family characteristics (.12)	Anti-social parents (.16) Person crimes (.14) Problem behaviour (.12) IQ (.11)
<i>Rank 5 Group</i>	
Broken home (.09) Abusive parents (.07) Anti-social peers (.04)	Broken home (.10) Family socio-economic status (.10) Abusive parents (.09) Other family characteristics (.08) Substance abuse (.06) Ethnicity (.04)

Notes to table

Source: Lipsey and Derzon (1998) in Whyte, 2001

3.34 Each such predictor should be considered in detail and in context. Obviously, for older offenders, statistically, the more previous convictions or referrals someone has the higher the risk that they will offend again. As a consequence the ‘risk principle’ from criminological literature on effectiveness suggests that the most intensive interventions should be used only for those most at risk (McNeill and Whyte, 2007). For a child between the ages of 6 and 11, the first offence or anti-social behaviour may prove to be an early warning sign but there are likely to have been many other early warning signs of a non criminal nature. This evidence supports the contention that early preventive intervention should be non-stigmatising, non-

punitive and should not result in deviancy amplification which may do more harm than good.

3.35 Many US studies have noted that problem behaviour often starts early with the combination of temperamentally difficult toddlers and inexperienced parents, which can lead to a downward spiral toward early onset where ineffective monitoring and discipline inadvertently reinforces pre-school childhood difficulties. It has been argued that the early onset group are not only different but more 'predictable' and their needs identifiable early compared to the adolescent onset group (Patterson and Yoerger, 1997).

3.36 Patterson and colleagues (Patterson, 1996; Patterson and Yoerger, 1993; Patterson and Yoerger, 1993; 1997) in the USA have concluded that this is often reflected in a mix of temperamental risk and coercive parenting. Patterson's 'coercion model' traces a developmental course that begins during the toddler stage and is transformed during pre-school and elementary (primary) school. For example they describe persistent attention-seeking behaviours during infancy that, in turn, lead to non-compliance and aggression by age 24 months. Overt antisocial behaviours often seem to be well established by the time the child begins school. At (primary) school the successful strategies for gaining attention tend to expand to include lying, stealing, cheating, and truancy. Lack of pro-social skills mean they often don't mix well and are unpopular and isolated, rejected by other children which in turn results in their gravitation into the company of similarly antisocial peers. Three major risk factors associated with antisocial behaviour become observable in school setting during elementary (primary school) years including persistent physically aggressive behaviour, fighting and bullying (Robins, 1978; Farrington, 1996), poor academic attainment and academic failure (Maguin and Loeber, 1996) and low commitment to school (Dreyfus, 1990).

3.37 The consistent evidence that persistence into late adolescence and into adulthood in chronic offending, violence and other chronic forms of antisocial behaviour is strongly associated with early age of onset underlines the importance of family and school factors (Sampson and Laub, 1993; Farrington, 1996).

Family influences

3.38 Reviews of family factors associated with youth offending have found that poor parental supervision, harsh and inconsistent discipline, parental conflict and parental rejection are important predictors of offending; broken homes and early separations (both permanent and temporary) and criminality in the family are commonly associated with delinquency (Farrington, 1996). Children brought up in families with lax parental supervision and in poor neighbourhoods are viewed as being at higher risk of becoming persistent offenders (Sampson and Laub, 1993; Audit Commission, 1996, p. 60). While children living with both natural parents are less likely to offend than those living with one parent or in a reconstituted family (Graham and Bowling, 1995), family structure seems to be less important than parenting style and parent-child attachment. However, studies suggest that family structure is likely to be less important than factors such as parenting.

Parenting style

3.39 Current findings support these longstanding research findings and point to the importance of family life on young people's involvement in crime, in particular the importance of parental supervision and parental involvement, family disruption and parental attitudes to crime. Studies on which these reviews were based are now somewhat dated, particularly regarding major changes in family structure over the last 25 years and the commonplace nature of family disruption and reconstitution. Disrupted family life has been confirmed by all major longitudinal studies (Juby and Farrington, 2001) as a predictor of criminality. In a 25 year longitudinal study, Johnson *et al.* (2004, p. 925) found support for the link between poor parenting in New York and the development of antisocial and criminal behaviour in offspring. Interestingly, these researchers found that this link held for offspring aggression into adulthood regardless of the temperament of the child (2004, p. 926). While much is known about parenting styles generally, parental practices and differences among the various types of households is still not well understood (see below). Parental attitudes towards crime and parents' expectations of the young person's behaviour are also seen as good predictors of juvenile offending. Young people from families where issues such as friendships, use of money, bedtime, and behaviour are monitored carefully by parents are significantly less likely to be involved in delinquent activity (Laybourn, 1986).

3.40 The relationship of other aspects of family background, such as lone parent families and parents who are out of work, are also fairly weak. There is, however, a marked tendency for children who have been in public care to have higher rates of delinquency and victimisation than others. Findings from the Edinburgh Study of Youth Transitions (Smith, 2002, p. 63) suggest that being a victim of crime may be one of the most important predictors of delinquency. Delinquency is significantly related to family controls, relationships and activities, and there is a particularly strong association between delinquency and lower levels of parental supervision (p. 95). Attitudes to school, relationships with teachers and behaviour in school are all very closely related to delinquency, suggesting that school factors may play a role in the complex interactions leading to offending (p. 200; also see Zedner, 2002 on victimisation).

3.41 For the 12 to 14 year old, a lack of social ties may well simply be a proxy risk factor for the over influence of deviant peers, but it is also likely to be linked to the level of parental supervision which is also a strong risk/protective factor for antisocial and criminal behaviour (Smith, 2004). Using drugs emerges as a key predictor of serious or persistent offending in young people aged 12-17 (Flood-Page *et al.*, 2000) and similarly alcohol use (Honest *et al.*, 2000).

Summary

3.42 The overlap between factors associated with antisocial behaviour and criminal activity, disadvantage and neglect are well established, although evidence on the precise mechanisms of the inter-relationship between antisocial behaviour, neglect and abuse remains limited.

3.43 Earlier incidents of neglect, abuse and delinquency can be early warning signs of future delinquency and antisocial behaviour.

3.44 Research on resilience in children has documented a lengthy list of characteristics associated with positive outcomes. These are important aspects of the lives of young people that can protect them against risk in the same way that some personal and social factors are strongly associated with the likelihood of offending. When children are helped to succeed the most important influences are likely to be members of extended families, informal networks and positive peer association.

3.45 The complex and inter-related nature of child neglect, abuse and delinquency should be responded to holistically and in an integrated way.

3.46 Family factors such as parenting style, poor parental supervision, harsh and inconsistent discipline, parental conflict and parental rejection are associated with youth offending and antisocial behaviour.

3.47 Evidence of early onset can emerge by the age of 3 and manifest by pre-school and school entry in isolation, poor achievement and difficult behaviour, consolidating through peer association in antisocial behaviour.

CHAPTER FOUR EFFECTIVE APPROACHES TO FAMILY SERVICES

4.1 It can be seen from the preceding discussion on risk and protective factors, that positive parenting can have beneficial impact on a child's future outcomes (Department for Education and Skills, 2007) and that the use of inappropriate parenting style or behaviour can heighten the likelihood of future offending and other poor outcomes. It is these outcomes that frequently bring children to the attention of support services, whether it be on welfare or offending grounds (Department for Education and Skills, 2007; Saint-Jacques *et al.*, 2006; Whyte, 2003), and it is the factors leading to these outcomes that must be addressed in effective intervention. As highlighted in the 'Aiming High for Children: Supporting Families' report (Department for Education and Skills, 2007, p. 9), the Child Poverty Review (2004) found evidence that services adopting a whole family approach in intervention proved successful in boosting protective factors for children within relatively short time frames and are therefore considered both beneficial and cost effective.³

4.2 Much attention has been paid in recent years to the issue of providing effective support for parents and families in order to eliminate or minimise related risk factors for children. The issue has been high on the political agenda and its prioritisation has led to a plethora of publications evaluating effectiveness or so-called 'what works?' (Moran and Ghate, 2005). Not only has there been a focus on evaluating existing services and interventions, but a number of comprehensive reviews and meta-analyses of the evidence base have been undertaken. Given the wealth of such information already in the public domain there seems little merit in simply repeating evidence from the numerous existing reviews of individual evaluations here. Instead, this section will focus on providing a brief overview of the extensive analyses of the evidence base, highlighting key characteristics for successful interventions, with a number of examples of often cited exemplar interventions.

4.3 Before commencing discussion there are a number of qualifications to the data that must be noted. Moran and Ghate (2005) stress that the majority of meta-analyses and evidence reviews only include data gained from rigorous evaluations using large samples, randomised control group testing, and measurement of long term outcomes. Whilst this is undoubtedly a desirable evidence base, they assert that most studies of this nature are USA based and therefore less likely to be directly transferable to a UK context. Thus the weight of the evidence is somewhat lessened. Analyses of 'what works?' in the UK often have to rely on 'weaker' evidence (Moran and Ghate, 2005; Farrington and Welsh, 2003) due to the trend for provision of locally based services with small client bases and the demands of policy makers for measurement of immediate rather than long term impact (Moran and Ghate, 2005, p. 331). Moreover, Farrington and Welsh (2003) state that there is a need to increase the number of

³ The terms 'intervention', 'service' and 'programme' are often used in the literature on 'what works?' to describe the ways of working with parents and families. However, there does not appear to be any documented and universally accepted definition for any of these terms, and they have been found to be used interchangeably by the various authors cited in this review. To avoid misconstruing the evidence discussed here, it was decided by the research team that the use of the terms in this review should simply reflect their use in the original source and that, in the absence of any explanation offered by the sources cited, no other definitions be imposed by the authors of this report.

independent evaluations as a large proportion are conducted by service providers themselves and are therefore subject to obvious biases and methodological limitations. Certainly, it has been a notable finding of this particular review that the available literature on ‘what works?’ for UK based parents and families has been relatively scarce.

4.4 Further, little attention has been paid within the existing evaluations to differentiating families, for example by ethnic background or by gender of the children. The existing evidence on such issues did not emerge strongly in our search strategy and more attention is clearly needed to do a separate review on this area in its own right. However, Moran *et al.* (2004, p. 8) state that the information on ‘what works?’ and ‘for whom under what circumstances’ is as yet largely unavailable in the UK. Finally, it is a notable finding of this review that existing evaluative studies are lacking in terms of consultation with parents on their perceptions on ‘what works?’ and what they consider to be appropriate and effective support.

Factors leading to successful intervention

4.5 Moran *et al.* (2004) conducted a review of the evaluations of 88 interventions and over 50 research reviews in an attempt to ascertain ‘what works?’ in parenting support. Following this, they were able to identify a number of key characteristics and types of intervention that had been shown to be successful in effecting change in parental behaviour and family functioning. Moran *et al.* (2004) surmise, like a number of others (Carr, 2000; Gordon, 2002 in Wiley, 2002; Whyte, 2003; Farrington and Welsh, 2003), that a variety of different types of intervention are required to meet the very different needs of families.

4.6 Similarly, Farrington and Welsh (2003) undertook a review and meta-analysis of the effectiveness of 40 family-based crime prevention programmes and identified six broad categories of programmes that were *all* successful in reducing delinquency and antisocial child behaviour. Categories cited were: home visitation; daycare/preschool; parent training; school based; home/community programmes for older children; and Multi-systemic Therapy (Farrington and Welsh, 2003, p. 145). Degrees of success of the programmes were found to vary however, with Farrington and Welsh (2003) asserting that programmes using behavioural parent training are most effective and school based programmes are least effective. This discrepancy is supported by Lipsey (1992 in Whyte, 2003) who found the most successful family focused strategies for dealing with delinquent behaviour to be those based in the home or the community. The most effective interventions using such strategies are cited here as early home visitation and pre-school education, parent training, and structured family work (Whyte, 2003, p. 11).

4.7 Looking to the key characteristics of successful interventions, it is argued that early intervention is likely to have the best outcomes for children (Schweinhart & Weikart, 1997; Whyte, 2003; Moran *et al.*, 2004), but that later intervention, for example to address adolescent conduct problems, can also have a positive impact on parental capacity and coping (Moran *et al.*, 2004, p. 7). Universal interventions are argued to be successful in tackling common parenting needs at the lower end of the risk spectrum and targeted services have had documented success at the higher end

(Moran *et al.*, 2004; Department for Education and Skills, 2007). Both group and individual work have proven efficacy (Moran *et al.*, 2004), although only when used appropriately. Moran *et al.* (2004) also state that at the lower end of the risk spectrum, simple and short interventions focusing on the provision of advice and information have been shown to boost parent knowledge and change behaviour, and at the higher end of the spectrum, longer cognitive and behavioural interventions teamed with follow up and booster sessions have been effective.

4.8 There is also an apparent general consensus throughout the literature that *any* successful intervention, irrespective of its overall aim or targets, is underpinned by common factors. For Moran *et al.* (2004) these factors include: interventions being developed with a strong theory base with clearly stated aims; implemented with the maintenance of programme integrity, whereby programmes are ‘delivered as intended in theory and in practice’ (Whyte, 2003, p. 9); and delivered by appropriately trained and skilled staff (Lipsey and Wilson, 1998). Moreover, sufficient attention must be paid to engaging and sustaining families throughout, as drop out is highlighted as a key factor in limiting the success of an intervention (Moran *et al.*, 2004; Department for Education and Skills, 2007). It is also claimed that services and intervention responses need to be tailored to the individual needs of parents and families (Tunstill and Aldgate, 2000; Whyte, 2003; Hutton and Whyte, 2006; Department for Education and Skills, 2007) and the evidence cited above that different responses are effective for different needs clearly supports this notion. Furthermore, evidence supports the case for service approaches being integrated, and adopting a holistic approach to a family’s needs (Hutton and Whyte, 2006; Department for Education and Skills, 2007), allowing multiple ‘routes in’ for families to ensure accessibility (Moran *et al.*, 2004). Finally, it is noted that a key element of integrated services is the planning of exit strategies to support high risk families withdrawing from specialist services and rejoining mainstream support (Department for Education and Skills, 2007, p. 67).

A strategic approach to service provision

4.9 It can be seen from the evidence above that no one single intervention can be highlighted as the answer to parenting support. Indeed, Carr (2000) concludes that it is only by the provision of a continuum of support that the needs of children and families can be met. The provision of a range of interventions, such as those cited above, should be complemented by a strategic response to need according to each stage of child development and risk (Carr, 2000; Tunstill and Aldgate, 2000).

4.10 According to Carr (2000) effective responses are likely to be staged and vary across the life course involving, for example, the provision of parent training with telephone support for parents of under-8s, parent training supplemented by individual work on social skills and problem solving for parents of 8-12 year olds, and the provision of Functional Family Therapy for the parents of adolescents. For adolescents with severe and long term difficulties, Multi-systemic Therapy should be employed (Carr, 2000). This evidence suggests that ‘pick up’ mechanisms through health visiting practice, pre-school provision and at entry to primary school provide structural opportunities to address disadvantage and difficulty through universal and targeting means without stigmatising children and before antisocial behaviour consolidates through peer association and further school failure by adolescence.

4.11 A similar approach is incorporated within the implementation of the multi-level, preventative Triple-P Positive Parenting Programme advocated by Bunting (2004). Triple-P, if rolled out fully, provides five levels of intervention for parents of children from birth to age sixteen, ranging from universal distribution of parenting information to intensive behavioural family intervention (Bunting, 2004, p. 338-9). The various levels of Triple-P have been subject to rigorous evaluation and been found to be successful in reducing child behaviour problems, although its effectiveness as a population level strategy has yet to be determined (Bunting, 2004).

4.12 Returning to Carr's (2000) approach to service provision, much of the literature on 'what works?' highlights key examples of successful interventions, a number of which are cited on a recurring basis, to address the needs and risks at each stage of child development. Evidence on risk factors by age 3 is growing (see Paterson in section 3 above). However, evidence on 'what works?' with very young children remains thin on the ground as interventions for the parents of the under-3s have typically not been subject to the same level of evaluation and scrutiny as other parenting and family interventions in recent years, with follow up data to measure effectiveness rarely available (Barlow *et al.*, 2005, p. 39). In spite of this lack of evidence Barlow *et al.* (2005) highlight that the caregiver environment is important in the early years in predicting externalising disorders at school entry, and this is a key theme for effective intervention with parents of this age group.

4.13 With regard to early intervention for parents of children aged 3 and up, the Perry Pre-school Programme is often heralded as the exemplar approach (Whyte, 2003; Moran and Ghate, 2005; Department for Education and Skills, 2007). Targeting both high and low risk parents and children, this programme was implemented in Michigan in the 1960s and combined early childhood instruction (taught by masters-level teachers) with weekly home visits providing parenting assistance and modelling (Moran *et al.*, 2004; Department for Education and Skills, 2007). It adopted what has been shown to be a key methodology for effective outcomes, namely home visitation work provided by trained and committed volunteers or skilled professionals such as health visitors or social workers aimed at helping, and sometimes training, parents of young children in adversity, using in-home and direct social modeling techniques. Such approaches have consistently shown positive effects on crime and crime risk factors.

4.14 A longitudinal evaluation of Perry pre-school (Schweinhart and Weikart, 1993) compared long term outcomes for the programmes cohort against a control group. The programme group were found to perform better in school and into employment, and to have markedly lower arrest rates. Crucially, by the age of 27, arrest rates were at 7% and 35% for the programme and control groups respectively and it had been estimated that every dollar spent on the programme had resulted in saving of \$7 of public money. An evaluation of the Syracuse Family Development Programme which adopted similar methods found only 6% of the programme group had a conviction by age 15 compared with 22% of the control group. This programme group showed 73% reduction in statutory supervision (probation) by age 15 (Lally *et al.*, 1988; Sherman *et al.*'s review, 1997).

4.15 These longstanding findings have given rise to a range of service developments in Scotland and other countries in recent years including Sure-start, Home-start and Health-start projects. However, the key ingredients to success, namely the intensity of the home visiting and the nature of the methods adopted i.e. in-home social modeling, may be the element most likely to be ‘watered down’ as programmes are rolled-out and delivered in centre based provision.

4.16 This notion is supported by the recent findings of two separate studies conducted in the USA on the long term effects of early and pre-school centre based childcare. Belsky *et al.* (2007) and Loeb *et al.* (2007) have both reported that early experience of centre based childcare was significantly associated with the manifestation of problem behaviour in later childhood. Loeb *et al.* (2007) claim that the younger the child on commencing centre based childcare, the greater the negative behaviour effect. Belsky *et al.* (2007, p. 697) also highlight that time in any form of non maternal care is related to less harmonious patterns of mother-child interaction in the first three years of life, and, where attachment between mother and child is already weak, can elevate insecure attachments. Given that this is recognised as a potential risk factor for poor child outcomes, such findings are important to bear in mind given the vast investment in family centre provision in Scotland.

4.17 Belsky *et al.* (2007) are clear however, that the nature of their data does not allow them to determine any causal links between childcare, attachment and future problem behaviour. It is clear that centre based childcare, whilst offering a number of potential benefits in terms of cognitive child outcomes (Belsky *et al.*, 2007; Loeb *et al.*, 2007), is not necessarily a desirable response for this age group. The evidence suggests that there is a need to consider carefully the most appropriate method of intervention here. Barlow *et al.* (2005) argue that there is a need for further development of provision for the parents of the under 3s, arguing that early parenting programmes could be put to use with parents of infants to establish foundation skills, with follow up courses appropriate to child development.

4.18 With regard to parent training, there are two interventions that stand out: the Webster-Stratton programmes and Parenting Wisely. The Webster-Stratton programmes can be implemented as early intervention or for parents of older children in order to teach parents positive parenting skills, such as anger management, and to teach children key social skills, such as empathy and conflict-management (Moran *et al.*, 2004, p. 162-3). Delivery is via group work modelling, including discussion and role play, and is bolstered by home-based activities and support for parents (Mockford and Barlow, 2004; Moran *et al.*, 2004).

4.19 Rigorous evaluation has found the Webster-Stratton programmes effective in addressing a number of parent and child outcomes (Moran *et al.*, 2004); although the findings of Scott’s (2005) evaluation of the Webster-Stratton Incredible Years Programme highlight that the elements of the approach are less successful when used in isolation than as a complete response. In Scott’s (2005) study, the parent focused Incredible Years programme was used to address the antisocial behaviour of a UK based sample of 3-8 year olds. Most of the sample is reported as having experienced socioeconomic disadvantage and the children presented with peer relationship difficulties. At the one year follow up, parents were found to have successfully maintained a reduction in their child’s antisocial behaviour but Scott (2005) reports

that the children were still experiencing peer relationship difficulties. Given the established association between peer relations and future offending, Scott (2005) posits that parental modelling must be carried out in conjunction with direct work with the child employing, for example, the Webster-Stratton Dinosaur programme, which addresses social skills.

4.20 A further issue with the Webster-Stratton programmes is the level of literacy required for participation. Aldgate *et al* (2007), in their evaluation of a community-based projects in Scotland, reported that parents found the Webster-Stratton programmes challenging and would have liked more help with the literacy element. This is not to negate the documented success of the programme, but serves to highlight the need for suitable assessment of parent capacity in order to target appropriate support and attention for parents who may struggle with its demands.

4.21 The Parenting Wisely programme also delivers parent and child training in key communication and management skills but differs from the Webster-Stratton programmes in that it is delivered via a self-administered CD-ROM series (Gordon, 2002 in Wiley, 2002). Moreover, the Parenting Wisely programme has also been adapted for use by parents of adolescents. A number of rigorous evaluations, some utilising control group trials, have shown Parenting Wisely to increase the participation levels of high risk families and contribute to the acquisition of parenting knowledge and skills, and as a result improve family relations and child behaviour (Gordon, 2002 in Wiley, 2002). Gordon (2002, in Wiley 2002, p. 26) attributes the positive treatment effects to the relevance of the content of the programme, the level of interaction demanded of the parent and child, and the 'privacy, self-paced, and non-judgemental format of the computer'.

4.22 Finally, there are two intensive family interventions, both recommended by Carr (2000), with proven efficacy in addressing high levels of need at different stages in the life course. The first of these is Functional Family Therapy (FFT), which is aimed at families of adolescents whose conduct is out of control. The approach of FFT is to recognise problem behaviour as reflecting the needs of the adolescent and the needs of the various other family members, and as located within the multiple systems in which the family live (Gordon, 2002 in Wiley, 2002). Cognitive behavioural therapy is used to address problematic interaction and dynamics between the family members and is followed up with training, modelling, and role play (Gordon, 2002 in Wiley, 2002; Whyte, 2003). Again a number of rigorous evaluations using control group comparisons have shown Functional Family Therapy to reduce recidivism in adolescents by notable amounts (Gordon, 2002 in Wiley, 2002; Whyte, 2003). For example, citing Alexander *et al.*'s (2000) review of Functional Family Therapy outcome studies, Gordon (2002 in Wiley, 2002, p. 16) states that the average reduction in recidivism or out-of-home placements was 34.6%. FFT has been shown to reduce the re-offending rates of youth by 25% to 80% in repeated trials. One trial with serious and persistent offenders showed that participants were almost six times as likely to avoid arrest (40% vs. 7%) than the control group (Barton *et al.*, 1985).

4.23 The second intensive family intervention is multi-systemic intervention or therapy aimed at older adolescents and youth (Borduin *et al.*, 1995). This intervention is again targeted at families of adolescents displaying antisocial or offending

behaviour with the aim of improving family functioning to reduce the problematic behaviour (Moran *et al.*, 2004, p. 148). The approach is very similar to Functional Family Therapy in that the context of the behaviour and the systems within the family are very much the focus of the intervention (Whyte, 2003; Moran *et al.*, 2004), with the broader ecology in which the family sits considered as well. Trained and qualified staff or therapists oversee the assessment of the family and determine the steps needed to change behaviour and support and sustain such change. Evaluation findings (Borduin *et al.*, 1995) indicate that rigorous trials of Multi-systemic Therapy have shown reduction rates between 25% and 70% for persistent young offenders, which again demonstrates a high level of success with the most at risk families. As Whyte (2003, p. 12) points out, while intensive, structured interventions such as Functional Family Therapy and Multi-systemic Therapy may be costly and resource intensive, in addition to the positive impact on outcomes for at risk children and families, they are likely to cost less than a quarter of what institutional care of such children would. This cost effectiveness, combined with the ability to impact on outcomes, is what makes such interventions stand above the rest in terms of the ‘what works?’ agenda.

The gender issue

4.24 A final outstanding issue recurring in the literature is that of the often gendered approach to the development and implementation of interventions. Few studies explicitly refer to the involvement of father in interventions, but those that do highlight this as a crucial issue to address in terms of the overall success of interventions. As Carr (1998) explains, father involvement in family therapy has been consistently shown to enhance the effectiveness of programmes, and when fathers are not involved families are more likely to drop out. To further illustrate the point, Mockford and Barlow (2004) discuss that mothers undertaking a Webster-Stratton programme without their partner found it difficult to implement their new techniques at home. This was down to partners not taking on board the new techniques and maintaining their old methods of parenting. Given that inconsistency of parenting style is likely to exist prior to commencement of an intervention (Gordon, 2002 in Wiley, 2002) it is not surprising that only involving the mother in parent training proved unsuccessful. Thus it is clear that any ‘what works?’ agenda must address the issue of involving fathers as this is key to the success and efficacy of any intervention.

4.25 In short the literature indicates that a strategic approach, based on need and stage of development, is required in the provision of parenting and family support. Carr (2000) provides a clear model for such provision and there are a number of existing effective programmes that would apparently ‘fit’ into a population wide support strategy offering both universal and targeted services. Notably, the review of the provision of parenting support in Scotland by Hutton *et al.* (forthcoming) reveals that attempts are being made to develop strategic approaches in service provision. However, while strategies are based on a continuum of need, provision across the various stages of child development was found to be patchy, particularly for 5-12 year olds. Provision for fathers was also weak and the key element of successful intervention, in-home provision, was distinctly lacking. Intensive support, such as FFT and MST, was not widely available either. Thus there is considerable discretion between the ‘ideal’ model of provision and what is presently available for Scottish

parents. If the 'ideal' model is to be accepted more investment in these weaker areas is required.

Summary

4.26 A variety of different services and interventions are required to address the often very different needs of families and the multiple risk factors that impact on children's outcomes.

4.27 It has been established that the most effective family support comes in the form of early intervention, based within the home or community, tailored to the individual needs of the family.

4.28 The research evidence the case for a strategic approach to family services which provides a continuum of support that is staged to ensure different methods are delivered to meet differing needs.

4.29 Different approaches are required for preschool children (home visitation and in-home modelling), children under 8 (parent training), 8-12 year olds (parent training supplemented by direct individual development work), for adolescents (functional family methods), and for older teenagers and youth (multi-systemic approaches).

4.30 From the available evidence, it is clear that further examination of the appropriate 'mix' of effective methodologies utilised at different stages is also required.

4.31 It would appear that that the evidence identified has been adopted in policy in Scotland and England & Wales, although it is widely acknowledged that key universal services are patchy in their provision and that the required intensity of support is unlikely to be achieved.

CHAPTER FIVE ENGAGING WITH CHILDREN AND THEIR FAMILIES

5.1 Effectively engaging clients with support services and interventions is recognised throughout the literature as a key factor in their success at resolving problems and effecting positive change in families' lives. This key factor is at the crux of the Parenting Order legislation and the debate it has generated about the role of compulsion within that process.

5.2 A number of studies of engagement have been conducted and a number of research reviews have also been published. Much of the existing literature relies on professional commentary rather than empirical evidence for its claims. It is also notable that where empirical data exists, a number of qualifications must be borne in mind when using the data to measure the success or failure of services in engaging clients or to determine the factors leading to success or failure. Typically, studies employing solely quantitative analysis of client databases look at rates of take up, completion and attrition, employing completion of the intervention or support programme as the benchmark of successful engagement. As Morawska and Sanders (2006, p. 30) note, however, much of the quantitative analyses of the factors associated with engagement have actually established few causal links, and many of the variables examined have been found to impact positively or negatively on engagement.

5.3 The use of relatively simplistic quantifiable indicators is understandable but, as some commentators have claimed, they are inadequate measures of the concept of engagement. Yatchmenoff (2005, p. 84), for example, argues that measuring rates of take up, attendance and completion is inadequate to monitor the success of engagement strategies as "*compliant behaviours may or may not signify meaningful involvement in the helping process*". Where compliance with the terms of attendance is achieved without the client's co-operation, collaboration and readiness to change, Yatchmenoff argues that engagement has failed and that the client is merely "*going through the motions*". The debate recognises that there are different levels of compliance from the purely legal or technical compliance through to meaningful and purposeful engagement and finally compliance to sustaining change in the long term.

5.4 This viewpoint is supported by Littell and Tijama (2000, in Dawson and Berry, 2002, p. 296) and Trotter (1999) who posit that collaboration between the client and the worker, wherein the client has an active role in defining goals and planning the support they receive, is a crucial element of client engagement. While, therefore, it is important to measure compliance, it is clearly also very important to acknowledge that studies relying on such crude indicators can miss fundamental elements of the concept of engagement and are thus limited in their ability to assess its operation and its applicability to practice advice.

5.5 Where collaboration between clients and workers is examined in the literature, the available empirical data is, again, limited. Typically, data has been generated through 'convenience' methodologies (Morawska and Sanders, 2006), focusing on parents and families who successfully engaged with support services and interventions rather than those who did not, or seeking the perspective of service

providers rather than clients (Quinton, 2004; Yatchmenoff, 2005). For example, a study of parents' experience of interventions, Dumbrill (2006) relied on a sample of parents who had been deemed by caseworkers as likely to consent to participation; and in investigating possible means of boosting parental involvement, Saint-Jacques *et al.* (2006) relied solely on an examination of practitioner discourse.

5.6 There is little data to profile the characteristics of those who do not engage with services and little or no exploration of the perspectives of this group on the barriers and attitudes towards participation in services and interventions. Whether, therefore, they represent a distinctive and unique group of individuals and families who do not engage is, as yet, apparently unknown and thus the empirical data provides little in terms of advice for practitioners on how to improve the scope of their service outreach. Nevertheless, the existing studies do provide valuable insight into the complexities of the issue of engagement.

Barriers to engagement

5.7 The issue of engagement of parents and families is long-standing in health and social care. The Black Report (1980 in Pearson and Thurston, 2006) highlighted discrepancies in take up of antenatal care, where women from manual classes were less likely than women from middle class backgrounds to book and attend sessions. Since then, much work has been undertaken to try and explain the difference in rates of take up across the spectrum of parent and family services, with much of the attention focusing on potential barriers to engagement and ways to overcome these.

5.8 The factors associated with lack of engagement identified in the literature are wide ranging. Much of the work focuses on practical and easily resolvable, 'low level', issues although a number of commentaries highlight contextual and structural issues that do not allow for a 'quick fix' solution to the problem of involving parents and families with services. At the lower end of the spectrum however, the work on engagement flags up a number of barriers to families that could be relatively easily overcome. For example, Becker *et al.* (2002) discuss the potential impact that the approach and timing of the individual worker could have on a family. For example, an overzealous worker who attempts to tackle too much too soon with a family runs the risk of overwhelming family members with the extent of the problems they need to tackle. Such an approach is easily remedied through appropriate training.

5.9 Morawska and Sanders (2006) highlight that practical barriers, such as a lack of transport for accessing services, have been shown to impact on family involvement. They also claim that a perception of fewer practical barriers, even where a high number of such barriers may be actually present, is related to increased participation from parents. In the same vein, Lamb-Parker *et al.* (2001), following their analysis of interviews with mothers participating in Head Start, state that where mothers claimed to have competing demands on their time and energy, involvement in the service was low. Interestingly, self-reported lack of interest in the programme was not significantly associated with a low rate of attendance, although Wierzbicki and Pekarik (1993) in Morawska and Sanders (2006) argue that parental motivation is a factor significantly associated with completion.

5.10 Crucially, although perhaps obvious, Pearson and Thurston (2006), in their evaluation of a Sure Start education programme, stress that the timing of support provision, classes and so on can be a major barrier to engagement of parents. They argue that support programmes are often geared towards parents who do not have paid employment. Therefore, parents requiring support but with 9am-5pm working hours are effectively excluded from participation. It is clear from such evidence that a number of barriers exist that which could be resolved.

5.11 Morawska and Sanders (2006) also point to a number of possible factors whose impact on engagement has yet to be ascertained. A range of factors have been analysed in various studies with varying results. Interestingly, they claim that socio-demographic factors, such as employment or income, have been found to impact both ways on engagement. For example, high and low socioeconomic status have both been found to lead to greater drop out amongst families, and in some studies to have no impact at all. It is notable however that higher levels of educational achievement among parents have been consistently found to be associated with greater levels of participation (Morawska and Sanders, 2006, p. 31).

5.12 Other inconsistently associated barriers to engagement identified by Morawska and Sanders (2006) include the ethnic background of the parents, single parenthood, lack of family support networks, age of parents, age of child/children, severity of child's problem behaviour, and previous parental antisocial behaviour. Crucially, as we have already outlined in this review, a number of these factors are also associated with increased risk of child neglect and harm and with children at risk of getting into antisocial and criminal behaviour.

5.13 Continuing to move up the spectrum in terms of the severity of the problems leading to lack of engagement, Morawska and Sanders (2006) suggest that a combination of factors contribute to 'resistance' to support and intervention amongst parents. They argue that some forms of resistance, such as irregular attendance or drop out, simply reflect the chaotic lifestyle that some parents can lead. As Petras *et al.* (2002, p. 228) argue, the behaviour exhibited by a parent is influenced by their own developmental history and personal characteristics and their social connectedness to their environment. Looking solely at engagement with parents accused of neglecting their children, they argue that such families are characterised by social isolation and a "*pervasive sense of hopelessness*", with both factors compounding the issue of engagement and the ability to develop cooperative and trusting relationships with practitioners (Petras *et al.*, 2002, p. 233).

5.14 To further illustrate that non-engaging parents sit in a context of multiple and intractable difficulties, Atkinson and Butler (1996) claim that a review of case files of Canadian parents who failed to comply with court ordered children's aid appointments were characterised by transience, antisocial behaviour, violent spousal relationships and substance misuse. Interestingly, Taylor and Kroll (2004), in assessing the issues of working with parental substance misuse in the UK, highlight that statutory childcare team workers did not fully recognise alcohol misuse in families and underestimated its impact on parental capacities. Practitioners also reported real difficulties in understanding and assessing parents' substance misuse, as parents were very aware of the multiple consequences their disclosure would have and were typically guarded and secretive as a result. Fear of the consequences of

professional intrusion in such situations, often coupled with a perceived inability to cope in the face of complex and multiple difficulties, are important barriers to bear in mind when considering failure to engage. Crucially, substance misuse has already been identified in this review as a key risk factor in the context of neglected and abused children and those at risk of offending. To address such barriers is likely to require a holistic approach to meet the complex range of needs of affected families.

5.15 Morawska and Sanders (2006) also posit that resistance to support and interventions, in cases where the problematic behaviour of the child has led to social work attention, may stem from a history of parental avoidance of confronting or taking responsibility for the child. As Gordon (2002 in Wiley, 2002) contends, for the parent of an offending teenager, intervention may have come too far down the line when they have already disengaged from their child due to a history of defeat and feeling ineffective at managing their behaviour. At this stage it may not be surprising that parents do not engage in interventions where they may be expected to confront a potentially intimidating or abusive teenager. Family dynamics are also a crucial element in successful engagement with parents, and again the resolution of the barriers dysfunctional relationships can create is no small or easy task. This may be a comment more about the appropriateness of earlier intervention rather than lack of intervention. A large scale Scottish study on children referred for offending found that *'on average, first referral to the Hearing system for the 465 young people was 10 years of age, indicating difficulties of a long-standing nature'* (Whyte, 2004, p. 403).

5.16 In the face of the difficulties highlighted, some authors have directed responsibility for failure to engage not at the clients and potential clients but at the very structure of professional practice. The implication is that it is not families who put up the barriers to engagement but rather the system they are required to participate in creates barriers. In this vein Gordon (2002 in Wiley, 2002) argues that the responsibility for engagement lies with the therapist, worker or practitioner and not with the client.

5.17 A number of elements of social work practice have been subject to criticism for hindering the engagement process. An important element to consider is the inherently unequal power relationship between client and practitioner. Qualitative studies of parents' experience of child protection and child welfare involvement have highlighted how such an imbalance of power, or at the very least a perception of imbalance, can seriously affect parents' attitudes towards practitioners and participation with the terms of intervention (Dumbrill, 2006; Spratt and Callan, 2004). For example, in Dumbrill's (2006) Canadian study of child protection processes, parents expressed their fears of workers being judgemental and heavy handed in their approach to the family problems, with intervention being forced upon them. Crucially parents reported feeling powerless when workers did not take on board their point of view or empathise with the difficulties they were facing. Where workers took steps that parents felt were inappropriate to their needs, parents reported feeling unable to challenge the preconceptions of the worker or the action plan formulated from their assessment.

5.18 Spratt and Callan (2004) found a similar scenario in their study of child welfare processes in England, where families reported an inability to question or challenge the view of social workers despite dissatisfaction with what they perceived

as unnecessary or inappropriate intervention. Spratt and Callan (2004) explain this power imbalance as a product, *inter alia*, of the adversarial nature of statutory childcare proceedings. Coupled with the multiple difficulties families subject to such measures encounter on a daily basis, it is easy to see why confronting the social work team and the ‘muscle’ of the local authority is perceived as a mighty task. As Dumbrill (2006, p. 31) states “*To overwhelmed parents, child protection services appeared indomitable.*”

5.19 Amongst his particular sample, Dumbrill (2006, p. 33) found that parents in such situations reacted in one of two ways: they ‘fight’ and openly challenge the worker (sometimes in court); or they ‘play the game’ and feign co-operation, echoing Yatchmenoff’s (2005) notion of clients ‘going through the motions’. The barriers to effective communication between client and worker, imposed by the very structure of the system of child protection, are clearly not conducive to effectively engaging problematic and mistrusting parents and families (Petras *et al.*, 2002), and furthermore, it could be argued, impede the development of effective action plans to address client defined problems.

5.20 Woodcock (2003) is another critic of the operation of social work practice in relation to parents and families. Based on in-depth interviews with social work practitioners, she asserts that parenting assessments and subsequent action plans are frequently grounded in inadequate interpretation of the problems of parents. She claims that social work assessments tend to classify parents as ‘good’ or ‘bad’ without adequate investigation into the causes of parents’ behaviours.

5.21 From a psychological perspective, Woodcock (2003) argues that good parenting is learned behaviour for which many parents receiving social work attention have had no good modelling. Lack of support in the early years can lead to poor attachment between parent and child, which in turn impacts on the child’s behaviour towards the parent in later life. In a cyclical manner this impacts further on the parent’s capacity to be a ‘good’ parent, and so on. Woodcock (2003) argues that this pattern, coupled with multiple sources of stress and disadvantage in the wider social environment, undermine family relationships. She asserts that social workers must pay greater heed to these ecological factors in assessing parent and family functioning. Once again, this echoes the message emerging from the earlier review of risk factors in Chapter 3 of this report.

5.22 Woodcock (2003) found attention to these ecological factors to be scant amongst her sample of social workers. The outcome of ignoring these factors is interventions that fail to address underlying risk factors of the problems that bring individuals to social work attention. As highlighted by Dumas and Albin’s (1986) study of parent training outcomes, where families are affected by adverse conditions, they are unlikely to be changed through parent training alone as the ecological context hinders the acquisition of skills. When parents ‘fail’ to change as a result of inappropriate intervention, Woodcock (2003) found them to be regarded by practitioners as resistant to change and their ‘resistance’ became the social work target. Thus, because of a lack of adequate information, what is in fact a service failure is misconstrued as client failure.

5.23 Woodcock (2003) is critical of this approach to parenting, arguing it to be the result of the skewed focus of the legal requirements of child protection on social work practice. The focus on the needs of the child is clearly necessary and irrefutable but it is also apparent that tipping the balance slightly towards the needs of the parent, and the recognition and development of appropriate interventions to address them, may impact positively on parental engagement with practitioners and services. Moreover, addressing the issues highlighted by Woodcock (2003) and taking a more holistic view of the family context of a child in need may go some way to overcoming the problems encountered above by Dumbrill (2006) and Spratt and Callan (2004). In effect, as noted earlier in this review, the professional task is always one of getting the balance right between care and control for each individual family.

5.24 The structure of social work practice has been further criticised for its almost systematic exclusion of fathers from child welfare. Taylor and Daniel (2000) posit that in child care and protection practice the term 'parent' is typically synonymous with 'mother' and therefore the female carer becomes the focus of intervention. They claim that social work assessments are "*riddled with gendered assumptions*" about male and female roles, with the resulting aim of intervention frequently being to support a mother in a stereotyped gender role (Taylor and Daniel, 2000, p. 15).

5.25 Scourfield (2006) argues that this practice culture, wherein dominant discourse places men as a threat or risk to their family, or as useless or absent, and engaging with men is not regarded as a core skill, combined with gendered social policy assumptions and the conformity of men to ideals of masculinity, all act to disengage men from parenting support and services. While it is true that men have been responsible for most abuse and maltreatment within the home (Cavanagh, Dobash and Dobash, 2005), and that aggression can be directed towards frontline social work staff, Scourfield (2006) argues this is no excuse for excluding them from practice and from working constructively towards change. He challenges the dichotomy in thinking wherein men become classed in assessment as 'either' a risk 'or' an asset, stating this to be unhelpful.

5.26 A number of authors have examined the practical difficulties in engaging fathers with services 'on the ground'. Ghate *et al.* (2000) conducted a comprehensive study of how family centres in England and Wales work with fathers and found a number of barriers, at the cultural, individual and organisational levels, to father involvement. Interestingly, while factors such as gender stereotypes of appropriate male and female roles and spaces, and practical difficulties surrounding male employment patterns, were found to hinder men's engagement with family centre services, the most frequently cited barriers in interviews with fathers and centre staff were those created by the operation of the centres themselves (Ghate *et al.*, 2000). A number of barriers cited echoed the discussion above by Taylor and Daniel (2000) and Scourfield (2006), including the focus of staff on mothers and children rather than the whole family, negative staff attitudes, and child protection anxieties.

5.27 Men also cited the overwhelmingly female environment as off-putting, claiming the lack of other men (in terms of staff and service users) and lack of 'male' activities had led to their alienation. The need for activities oriented towards men is also endorsed by Carr (1998) on the back of his research on father involvement in family therapy. He claims that men and women are different in terms of how they

communicate and in the coping strategies they employ under stress. Thus interventions must be geared towards these differences to have resonance for both, with men being offered instrumental coping strategies and task-focused communication from practitioners.

5.28 From this it would appear that practitioners must necessarily be aware of gender difference to successfully engage women and men with support and intervention. Indeed, Ghate *et al.* (2000) claimed that family centres that had no identifiable or explicit strategy towards working with men were the least successful in doing so. Meek (in press) further highlights that differences between men as well as differences between men and women must be considered in developing services and techniques for working with fathers. In her evaluation of a prison based parenting course she found a number of young fathers from particularly vulnerable backgrounds who claimed to have felt excluded from previous attempts at parenting support by virtue of their age. Thus it is evident that it is not sufficient to generalise services for men as different groups have different needs.

‘Boosting’ Engagement

5.29 The preceding discussion serves to illustrate that engagement is about more than simple recruitment of parents and families to support services and programmes, and makes clear that a number of complex factors combine to hinder the meaningful involvement of parents and families. Hoskin *et al.* (2005) argue that engagement is a process consisting of three stages, commencing with the development of underpinning factors that need to be in place prior to commencement of an intervention process, continuing through to getting a parent or family on board, and then maintaining their involvement through to satisfactory completion of a programme. Their argument is that each stage of intervention requires a number of different engagement strategies and that there is no one single method for achieving meaningful involvement. Such strategies are recognised as a key element of the success of programmes, services and interventions and, it has been argued, should form a core element of their planning and implementation (Morawska and Sanders, 2006).

5.30 Much of the literature on engagement proffers advice on strategies and techniques to encourage and increase parent and family involvement with social work and active and constructive participation in support and interventions. The complexity that Hoskin *et al.* (2005) describe is reflected in much of the advice offered in the literature, with authors and commentators offering a raft of techniques to bolster the various aspects of the process. Given the broad range of strategies documented, and bearing in mind the process outline by Hoskin *et al.* (2005), the following paragraphs will be categorised according to the following headings: Service Development; Assessment; Case Management Techniques; and Practitioner Qualities. There will also be a final section on engaging fathers.

Service Development

5.31 The development and delivery of appropriate and effective services is a crucial underpinning factor of successful, meaningful engagement. If such services are not

available, it seems apparent that the involvement of parents and families is not only doomed to failure but becomes almost a waste of time and other resources. A key element for successful engagement with services seems to be the adoption of what has been termed 'a strengths based' approach (Quinton, 2004; Hoskin *et al.*, 2005; Saint-Jacques *et al.*, 2006), wherein parents are regarded as the experts concerning their children and the existing positives within the family are accentuated and built upon. Saint-Jacques *et al.* (2006) claim such an approach to be crucial where parents have low self-esteem and may not cope in the face of negative feedback. Highlighting the positives is argued to boost families' confidence and hope for the future and therefore encourage active participation.

5.32 There are a number of other ways in which the confidence of parents and families can be boosted to encourage meaningful and active participation in services. Aldgate *et al.* (2007) report that parents enjoyed meeting other parents using the same services to socialise, and the opportunity to share their experiences and difficulties with those in similar situations. In the same vein, (Corlett *et al.* 2006) noted in their evaluation of a Scottish family centre that parents appreciated the informal parent-led sessions wherein they could 'chat' with other parents. However, the formation of these supportive groups does not occur 'naturally' and parents also discussed the difficulty in sustaining group sizes and wide participation. This highlights that practitioners and project staff need to undertake groundwork in establishing such groups and helping parents participate in mutual support. A further means of encouragement was reported by Aldgate *et al.* (2007) as the involvement of parents in the running of services and projects. Allowing parents to voice opinions on staff recruitment and the opportunity to volunteer to support future parents was an experience valued by their respondents.

5.33 Another key feature of services that enhances participation is argued to be their location, with a number of authors positing the provision, where practical, of home-based services as a means of securing engagement (Pearson and Thurston, 2006; Dawson and Berry, 2002; Gordon, 2002 in Wiley, 2002) particularly for 'hard-to-reach' families. Bringing the services to the family, rather than placing an onus on the family to bring themselves, alleviates issues of transportation and maintains the family in a comfortable, private and familiar environment.

5.34 Providing the possibility of home-based work or home visitation further provides an example of the flexibility and adaptability that Gordon (2002 in Wiley, 2002) argues that services should provide. Gordon (2002 in Wiley, 2002) argues that service provision needs to be adaptable to allow for different individuals and their different requirements. Another example of adaptability was found by Pearson and Thurston (2006) in their evaluation of a Sure Start antenatal parent education course. Retention of parents for the course of 6 sessions had proved difficult and thus staff reduced the number of sessions to 4. Moreover, catch-up sessions were offered to parents who had missed out due to other commitments. Staff believed that in making such adjustments, retention of parents had improved.

5.35 It is also argued that providing services that are both simple and effective increases the likelihood of engaging parents. For example, Burgess and Walker (2006) report that when consulted about the content of parenting programmes, parents generally indicated that they regarded the provision of straightforward practical tips

and skills for managing their child's behaviour as the most beneficial. Dawson and Berry (2002) also claim that small simple tasks with easily achievable goals, particularly at the beginning of an intervention or programme, boost the chances of a parent or family bonding with their caseworker and feeling encouraged enough to continue with the programme. A case in point is Gordon's (2002 in Wiley, 2002) use of the simple Parenting Wisely (PW) programme as a means of engaging families with Functional Family Therapy (FFT) (see paragraphs 4.8 and 4.16 to 4.18 for more detailed discussion of PW and FFT). Gordon (2002 in Wiley, 2002) states that workers visited a sub-group of target families with a simple self-administered CD-Rom based PW programme to bolster their basic skills prior to commencing the more intensive FFT. He claims that, compared with those who did not receive the Parenting Wisely programme, families better understood the purpose of FFT and were less resistant to participating in discussions about parenting practices and were more likely to practice the skills. It is clear that undertaking basic groundwork with families can increase their active and constructive participation and lessens the likelihood of resistance or Yatchmenoff's (2005) 'going through the motions'.

Assessment

5.36 The use of adequate assessment practices is a recurring theme throughout the literature on engagement, as it is recognised that, put to good use, thorough assessment is a cornerstone to getting families and parents on board with programmes and interventions. Petras *et al.* (2002) and Tunstill and Aldgate (2000) recommend that parenting assessment has multiple foci, acknowledging the multiple influences on parenting style and behaviour and the myriad problems that families often face. Accounting for all possible influences in this way is heralded as crucial in the development of an intervention that has both resonance for a family and is responsive to their immediate and long term needs (Becker *et al.*, 2002; Dawson and Berry, 2002; Gordon, 2002 in Wiley, 2002; Pearson and Thurston, 2006).

5.37 Particularly in cases of child welfare and protection (Woodcock, 2003), there is a requirement to extend assessment beyond the needs of the child to account for the needs of the parent/s and their capacity to meet the needs of the child and change accordingly to do so. As Dawson and Berry (2002) argue, if families are lacking in resources such as housing, transport and finance, and these needs are not acknowledged or met, the likelihood of their being able to engage with any parenting or family programme is extremely low. Indeed, the preceding discussion on the barriers to engagement highlights that the problems families face can be intractable and complex and the level of need within some is high. Attempting to impose the demands of intensive parenting programmes upon individuals with such a low capacity for engagement is doomed to failure. Thus adequate assessment of the needs is crucial to determine what support is required before parenting work can commence. Thorough assessment, coupled with services that are responsive and fit for purpose, will greatly bolster the capacity of a parent or family to engage with parenting programmes and allow for tailored services that will maintain their interest and investment.

Case Management Techniques

5.38 The ways in which practitioners manage individual cases is another key element of successful engagement flagged up in the literature. It is recognised as an important element in both the initial stages and in maintaining client involvement. A major facet of what is deemed to be effective case management is the agreement between client and worker on the problems to be dealt with and the goals of the programme or intervention (Trotter, 1999; Aldgate and Statham, 2001; Quinton, 2004; Saint-Jacques *et al.*, 2006). Without achieving such an agreement, the likelihood of client resistance is increased. As Saint-Jacques *et al.* (2006) argue it is most effective for workers to use the parents' own concerns as a starting point, as they are the expert on their situation. This allows the parent more control over the course of action taken and a greater input to the overall process, affording them a greater feeling of power and facilitating a greater relationship with the worker, thus increasing their active involvement (Aldgate and Statham, 2001; Quinton, 2004; Saint-Jacques *et al.*, 2006; Dumbrill, 2006). Crucially however, workers and practitioners must keep clients realistic in their expectations and in their goal setting, in order to avoid crippling disappointment or frustration, and maintain optimism and hope for the future (Saint-Jacques *et al.*, 2006).

5.39 In addition, professional commentators advocate the use of open and clear communication between worker and client. Saint-Jacques *et al.* (2006) emphasise the importance of the worker facilitating client understanding of the processes they are involved in and clarifying the role both have to play. Parents and families must be left in no doubt as to the requirements placed upon them and of the responsibilities of the worker. Citing Rooney (1992), Dawson and Berry (2002, p. 302) assert that practitioners must seek to make clear and specific requests of families and seek overt commitments from their clients in return. Portraying the qualities of respect and of trust whilst providing clarity is key to building a relationship of trust and therefore critical in maintaining involvement and participation. Furthermore, commentators argue that case management should be flexible to meet and accommodate the varying requirements of individuals and families in order to facilitate their involvement (Dawson and Berry, 2002), including changing allocated workers if necessary (Dumbrill, 2006). The authors cited here set a clear standard for case management that heightens the likelihood of encouraging and maintaining engagement.

Practitioner Qualities

5.40 The social skills and qualities of workers and practitioners are the most oft cited factors for successful engagement of clients and Dawson and Berry (2002) go as far as to state that the behaviours related to these skills are the most important factor in determining success. Saint-Jacques *et al.* (2006) define the most important qualities as flexibility, openness and sensitivity, with a number of authors describing the minutiae of successful practitioner behaviour more in depth. They go on to describe the most successful workers as adopting a flexible and honest approach with families and being able to convey sensitivity to, and empathy with, their problems (Saint-Jacques *et al.*, 2006). Interpersonal and communication skills are highlighted as central to this achievement, including listening to the parent and taking their concerns and fears on board, whilst being able to offer verbal encouragement and

convey belief in their abilities (Aldgate and Statham, 2001; Hoskin *et al.*, 2005; Dumbrill, 2006). Where the views of parents are included in evaluations of services and programmes, it is notable that the qualities of workers are often cited as contributing to an overall positive experience of support or intervention. Workers who convey warmth and understanding are praised by parents (Ghate and Ramella, 2002; Quinton, 2004; Aldgate *et al.*, 2007) and the trusting, supportive relationships that such qualities foster are appreciated and valued (Burgess and Walker, 2006; Corlett *et al.*, 2006).

5.41 Other skills highlighted in the literature as having been utilised with success include the use of informal and (appropriate) humorous delivery to make parents and families feel at ease (Pearson and Thurston, 2006) and the sharing of personal experiences with parents to foster a sense of common understanding and genuine sympathy (Spratt and Callan, 2006). Gordon (2002 in Wiley, 2002) also advocates the use of a sensitive ‘salesperson’ technique whereby workers use their empathic communication skills to ‘sell’ a programme on the basis of the costs to the family of not using it. While much of this advice would seem to rest on the idiosyncratic qualities of individual practitioners, it is clear that there are certain core interpersonal skills that can be drawn upon throughout the process of engaging parents and families in order to increase the likelihood of developing successful working relationships and encouraging meaningful involvement.

Engaging fathers

5.42 Aside from the general advice on improving the prospect of engagement, there is a body of literature addressing the more specific issue of how to engage fathers and other significant men in family and parenting programmes and interventions. Given the complex structural roots of this particular problem (discussed in detail above), the means to address the issue merit specific attention. The advice documented in the literature falls into two camps: those advocating change from the top down and those advocating change at the ground level of service delivery. However, implementing change at the ground level does require some reconsideration of approach at a higher, strategic level.

5.43 Scourfield (2006) argues that gender and gender based assumptions need to become explicit at the policy level in order for social work and other relevant practitioners to begin engaging effectively with fathers. He posits that in order to tackle the roots of the problem, and discourse, of men as a risk in child protection proceedings, policy needs to begin serious attempts to tackle gender inequality and the behaviours stemming from this (Scourfield, 2006; Taylor and Daniel, 2000). On the back of this work and the generation of more sophisticated theory for practice, new strategies for working with men are to be developed. Taylor and Daniel (2000) and Ghate *et al.* (2000) support the need for men to be regarded as ‘core’ business, advocating the development of models for assessment of fathers’ role within families and proactive strategies for both engaging and working with them. Scourfield (2006) states the need to provide genuine whole family strengths based services, with Carr (1998) suggesting the tailoring of delivery to accommodate the differing coping strategies and communication allegedly used by men.

5.44 At a more basic level Ghate *et al.* (2000) highlight the need to provide more ‘male-friendly’ environments, starting with an increased level of male staffing and the provision of activities and tasks that men enjoy and find useful. The use of explicit father referrals is also regarded as crucial to the process, stepping away from older practices of referring mothers and assuming fathers will follow at will. In addition, Carr (1998) argues it may be useful to take much more direct routes to fathers by way of simple measures such as telephoning them personally and not conveying messages through partners. Such strategies are increasingly evident in practice in the UK, as the National Evaluation of Sure Start (2005) has pointed out, although are still far from universal in their application. It is also clear that if such simple strategies are to be successful in increasing father and male involvement, gender inequality must be tackled at all levels. Again, it would seem that no single method documented here is enough to wholly address the complex problem and that it is a combination of methods that is required to take on board such a multifaceted issue.

5.45 In short, there are a number of key strategies that can be employed throughout the engagement process to increase the likelihood of success with parents and families. It must be noted that no author advocated that any documented method be used in isolation. Successful engagement rests on a combination of these strategies, the pattern of which is determined by the needs and response of each individual family (Becker *et al.*, 2002). It is important that the onus for securing engagement is firmly placed on the practitioner and their team and on the strategists responsible for developing service responses. Their responsibility for addressing the barriers to engagement is clearly demarcated across the field of literature. Also of note are the concluding comments of Dawson and Berry (2002, p. 312) that these key qualities of practice, deemed necessary for engagement, must be applied in a “*supportive and non-punitive manner*”.

Summary

5.46 Engaging parents and families is recognised as key to the efficacy of services and interventions. This issue is at the crux of the Parenting Order legislation.

5.47 The available data on engagement is, for a number of reasons, limited. Little data is available to profile the characteristics of those who do not engage and no exploration has been undertaken of the perspectives of this group on barriers and attitudes to participation. Nevertheless, the existing studies provide valuable insight into the complexities of the issue of engagement.

5.48 The factors associated with lack of engagement are wide ranging. Much of the literature focuses on practical and easily resolvable issues, but a substantial body of work points to much more complex contextual and structural issues.

5.49 Practical barriers identified include transport difficulties, timing and availability of provision and competing demands on parents’ time.

5.50 Others have identified that the context of families prevents their successful engagement, for example some families present high levels of need and a number of complex problems that impact on their capacity to engage.

5.51 Some have argued that, as the purpose of social work and other practice is to support families in addressing their needs, the responsibility for lack of engagement lies as much with the structure of such practice.

5.52 Practice related factors include the inherent power imbalance between client and worker, inadequate assessment of need, practitioner attitude, and the pervasive gendered assumptions influencing both service development and practice.

5.53 Suggested strategies for 'boosting' engagement were found to fall into four broad categories: service development; assessment; case management techniques; and practitioner qualities. There is also a body of work dedicated to improving the engagement of fathers and other significant men with family based intervention.

5.54 Key features of services for successful engagement include the use of a strengths based approach, the provision of home based support, and the flexibility to accommodate the practical needs of parents and families. Simplicity and easily achievable goals were also identified as important features.

CHAPTER SIX PARENTING ORDERS – THE USE OF COMPULSION ON PARENTS

6.1 It is clear from the preceding discussion that successful engagement of parents and families is regarded as a cornerstone of success of support services and programmes in achieving desirable outcomes. However, it is acknowledged widely that the process of engagement can go awry and that, where service provision is adequate and fit for purpose, more could be done to bolster and improve practitioners' and strategists' attempts to resolve this issue.

6.2 Recent policy initiatives in UK jurisdictions and beyond have attempted to address the issue by introducing compulsory mechanisms as a means for local authorities to require parents by law to accept support. Given the relative 'newness' of such initiatives, there is little available data to suggest whether or their introduction can have or has had a successful impact on engagement, and, where data does exist, more in-depth research is required to examine the effect on all the aspects of engagement outlined in the previous section. This section examines the relevant legislation in Scotland and England and Wales, and examines the evidence from each jurisdiction as to the impact compulsory measures have had. This is followed by a more general discussion relating to the use of compulsory measures on parents in respect of their children before conclusions are drawn. The original intention of this review was to examine the experience of other jurisdictions, most notably Western Australia and Belgium, but the infancy of the legislation means that there is simply insufficient data to merit their inclusion.

Scotland

6.3 In Scotland, compulsory mechanisms for parents have been introduced in the form of Parenting Orders, provided for in Part 9 of the Antisocial Behaviour (Scotland) Act 2004. The Act provides that a parent, for the purposes of Parenting Orders, is an individual who is a 'relevant person' as defined in Section 93(2)(b) of the Children (Scotland) Act 1995. Relevant persons include parents and persons who are vested with parental responsibilities as per the Children (Scotland) Act 1995, or any person who is ordinarily in charge of the child. A 'child' for these purposes is someone under the age of 16.

6.4 A three year National Pilot of Parenting Orders was launched in April 2005. Mechanisms were put in place to allow Local Authorities and the Scottish Children's Reporter Administration (SCRA) to apply to the Sheriff Courts for Parenting Orders with respect to parents failing to engage voluntarily with support services. Applications can be made on offending grounds (where a child has been involved in anti-social or offending behaviour) or on welfare grounds (where a child's welfare or safety is found to be neglected). The case is put before a Sheriff and the decision to proceed with the Parenting Order or not is made.

6.5 The Parenting Order is intended as an order for the 'small minority' of parents who are found to be unwilling to accept help in fulfilling their parental responsibilities where a clear need for support has been identified on the grounds specified above

(Scottish Executive, 2007, p. 1). It is stipulated that a Parenting Order must only be used as a last resort measure, whereby all attempts at voluntary persuasion have failed. Any application to the courts must demonstrate the attempts of the Local Authority Social Work Department and SCRA to engage the parent. If a Parenting Order is granted, the parent who does not comply has committed a criminal offence and can therefore be sanctioned in court. Current guidance states that the sanction for failing to engage under a Parenting Order is a fine (Scottish Executive, 2005). Failure to pay this fine leads to the imposition of a supervised attendance order and so on.

6.6 The Scottish Executive guidance is also clear on when not to apply for a Parenting Order. The framework (Scottish Executive, 2007) states that when the needs of the parent are so great that they are unlikely to be able to change or improve their parenting behaviour within a timescale reasonable to protect child welfare, they are not suitable for an order. Moreover, where a parent is unable to exert influence over their child's behaviour, for example for fear of the threat of violence, alternatives must be found (Scottish Executive, 2007, p. 21).

6.7 In spite of the inclusion of these apparently careful stipulations in the relevant guidance, the Parenting Order legislation has attracted fierce criticism. The infancy of the legislation and the lack of use of the Orders to date means that there is no empirical evidence to support the negative claims made against Parenting Orders any more than there is strong evidence to support their use. Nevertheless, the theoretical arguments presented by the critics merit some attention.

6.8 A major critique of the legislation is its apparent conflict with existing practice philosophies in Scotland (Cleland and Tisdall, 2005; Walters and Woodward, 2007). Walters and Woodward (2007) argue that the lack of use of Parenting Orders reflects the preference for inclusive and voluntary intervention, with Cleland and Tisdall (2005) citing the legislation as marking seismic change within a child welfare system built on Kilbrandon principles (see the introductory section of this review). They argue the legislation to be at odds with the recommendations of the Kilbrandon report, through its granting of decision making power regarding the welfare of families to the criminal courts and its holding of parents as responsible for the actions of their child (Cleland and Tisdall, 2005) denying shared or partnership responsibility between family and the state. These significant shifts, it is claimed, represent important changes in the relationship between the state, children and parents (Cleland and Tisdall, 2005, p. 396), wherein the criminal court is placed as mediator. Whilst Parenting Orders are couched in supportive discourse, their location in the allegedly inappropriate setting of the formal, punitive setting of the court, and the threat they carry of criminal sanction, is clearly of concern to these commentators.

6.9 Walters and Woodward (2007, p. 5) further this discussion, expressing their concern that Parenting Orders represent what they term 'punitive intolerance' towards underprivileged parents. They argue that the legislation is based on flawed assumptions as to the causes of offending and antisocial behaviour and that the judgement to apply a Parenting Order would necessarily be based upon inadequate pathological assumptions of individual and family failure (Walters and Woodward, 2007, p. 10). To judge a parent or family in need as unwilling and shunning their responsibilities would represent a serious failure to recognize the impact of external social factors such as poverty and disadvantage on family life and individual capacity

(Walters and Woodward, 2007). This failure of recognition, it is implied, merely sets parents up to fail and be punished for their hardship. Such an argument is extreme and, given the lack of any Parenting Orders, is as yet unsupported by evidence. Nevertheless, the claims regarding the backgrounds of families coming to the attention of social work are consistent with the evidence in the section of this report dealing with risk factors that families in need of support from the welfare services often live in deprived communities and face multiple difficulties. Moreover, Walters and Woodward (2007) and Cleland and Tisdall (2005, p. 416) highlight the potential of Parenting Orders to stigmatise the most vulnerable families and lead to the labelling of parents as either 'good' or 'bad'.

6.10 A major concern of the critics lies with the criminal sanctions a parent might incur by not making use of the services required by their Parenting Order (Cleland and Tisdall, 2005). The previous section of this report discussing the barriers to engagement touched upon the notion that parents and families were least likely to engage with, and more likely to drop out of, services that did not meet their immediate needs or that they perceived to be irrelevant or not making a difference to their family life. The means suggested to overcome this was the use of thorough and appropriate assessment of parents and families. This perhaps poses a problem in the current climate of Scottish social work practice as Daniel (2004, p. 215) reports that the Scottish multidisciplinary child protection review found that assessments of parental need, demonstrating their ability to use support and capacity to change, were inconsistently applied across the board. Poor assessment was found to have led to instances of heavy investment of support resources in individuals with very poor prognosis for improvement (Daniel, 2004, p. 215). In the light of such inadequacies of practice, there could be a modicum of support for the notion that to apply punitive sanctions to parents failing to engage is heavy handed and unjust. Lack of faith in the ability to assess and understand parents' needs may also help explain the lack of use of Parenting Orders to date. Equally it could be argued that an application for a Parenting Order would be subject to the independent scrutiny of a sheriff who has the duty to examine the history of the case and attempts made to gain the voluntary support of the parent. In practice however there is no standardised method in Scotland for ensuring that such background information can be consistently provided.

England and Wales

6.11 England and Wales have also implemented provision for compulsory Parenting Orders. However there are a number of key differences between the two jurisdictions. The following is a summary of the key similarities and differences, utilising information from the Home Office guidance on implementing Parenting Orders (Home Office, 2004).

6.12 Parenting Orders in England and Wales have been available since 1st June 2000 under the Crime and Disorder Act 1998. The provision was, however, amended in the Antisocial Behaviour Act 2003, introducing a statutory basis for Parenting Contracts, a preceding step on the ladder to Parenting Orders and providing a formal framework for working with a parent on a voluntary basis, which is at present unavailable in Scotland. Breaches of the terms of Parenting Contracts are used as key evidence of failure to cooperate in the application for a Parenting Order.

6.13 An important difference between Scotland and England and Wales is the grounds on which an Order can be applied for. Parenting Orders in England and Wales are available on offending grounds (if a child or young person has engaged in criminal conduct or antisocial behaviour, or behaviour that could develop into offending behaviour) or if a child has truanted or been excluded from school. Unlike Scotland, there is no explicit welfare 'condition'. Owing to the different focus of the England and Wales legislation, and the difference in criminal justice and welfare systems, Youth Offending Teams (YOT) and Local Education Authorities are the key administrative agencies for Parenting Orders and Parenting Contracts. Parenting Orders are granted by magistrate or family courts for a maximum period of twelve months, and breach is punishable by a fine, although courts are granted discretion over the nature of the sentence imposed.

6.14 Another key difference in the England and Wales legislation is that a formal assessment is required in the application for a Parenting Order in respect of a child or young person's behaviour. First, the YOT completes a standardised (ASSET) assessment form for the child. Where this suggests parenting is a significant factor in a child's behaviour, a detailed assessment of the parent is carried out. This identifies a number of key factors, such as parenting risk and protective factors, individual needs and circumstances, suitability for the parenting programme, any cultural or religious sensitivities to be accounted for, and any other issues affecting a parent's ability to participate in a programme. Both assessments must be used as evidence in submitting an application to the court. As yet, there is no such requirement for formal assessment in Scotland.

6.15 The structure of Parenting Orders is also different in England and Wales. In England a Parenting Order has two elements; the first being a parenting programme designed to support parents and develop parenting skills, and the second being a series of specific requirements for the parent to carry out, such as ensuring their child attends school every day or avoids contact with specified individuals. This second element differs from the Parenting Order requirements in Scotland. It appears that terms similar to those issued with an Antisocial Behaviour or Restriction of Liberty Order are imposed on the child but with the parent held wholly responsible for the child meeting them. One explanation for this very different approach could be that England and Wales has a long history of enforced parental accountability and responsibility (Arthur, 2005) and therefore a fundamentally different approach to child welfare from Scotland.

6.16 By September 2005 over 6000 Parenting Orders had been issued in England and Wales (Walters and Woodward, 2007, p. 7). Despite these figures, however, there has been no focused evaluation of the implementation and operation of Parenting Orders in England and Wales, although assessment of the use and impact of Parenting Orders has formed an element of two separate large scale evaluations.

6.17 The evaluation of the pilot Youth Offending Teams (Holdaway *et al.*, 2001) examined *inter alia* the use of Parenting Orders over a limited time period. However, the analysis provided is limited, as the research team reported difficulties in obtaining relevant data and ensuring adequate record keeping on the part of the YOTs. Over the YOT pilot period, take up of Parenting Orders is reported to have been slower than

expected. Predictions had been made of up to 400 Orders, whereas only 248 were made between September 1998 and March 2000 (Holdaway *et al.*, 2001, p. 99). Holdaway *et al.* (2001) attribute this lower than expected use to a lack of established parenting programmes and professional misgivings as to the use of compulsory measures.

6.18 In terms of success, it is documented that around one in five Orders were not completed satisfactorily (Holdaway *et al.*, 2001, p. 102) and just over one quarter of Parenting Order cases had three or more failures to attend over the course of the programme (Holdaway *et al.*, 2001, p. 105). Holdaway *et al.* (2001) contend that factors contributing to the relative success of some Orders in achieving completion included ensuring a mix of voluntary and compulsory clients in groupwork and the provision of completion certificates at the end of a programme.

6.19 Interviews with parents subject to Orders highlighted that many had ‘initial misgivings’ about the process but that these had been outweighed or dispelled by the experience of being on a parenting programme and the positive impact this had on family life (Holdaway *et al.*, 2001, p. 105). Moreover, it is reported that YOT staff, while reluctant to embrace the legislation in practice at the outset, had begun to see Parenting Orders as a ‘regretted necessity’ (Holdaway *et al.*, 2001, p. 108).

6.20 In spite of these relative successes, two major areas of concern are highlighted in the YOT evaluation. The first is the disproportionate targeting of women by the legislation. The ratio of women to men for the pilot period was found to be 3:1, and the researchers speculate that this was a result of high numbers of absent fathers and stereotypical assumptions made by professionals and the courts as to fathers’ and mothers’ responsibilities (Holdaway *et al.*, 2001, p. 100). The lack of father involvement is rightfully highlighted given the evidence cited in previous sections of this report that fathers have a key role in the success of any family intervention. The second area of concern was the ‘minimal assessment’ and recording of parental problems that could impact on the success of Orders (Holdaway *et al.*, 2001, p. 100). Only 70 of the 248 cases examined had had a recorded assessment, leading the researchers to conclude that “*insufficient attention is paid to the context of the parenting order for the parent*”. Given the importance of assessment to the both the engagement process and the effectiveness of interventions discussed in previous sections of this report, this is a particularly worrying finding. In light of such evidence, the concerns cited above for the implementation of Orders in Scotland, where there is no formal assessment framework for a Parenting Order, have some support.

6.21 The second evaluation giving some attention to the impact of Parenting Orders was an evaluation of the Youth Justice Board’s Positive Parenting Programme (Ghate and Ramella, 2002). The Positive Parenting Programme was designed with the Parenting Order legislation in mind, to provide an educative service for parents needing to change their behaviour to prevent offending or antisocial behaviour by their child. However, the programme was not intended solely for parents with Parenting Orders and Ghate and Ramella (2002b) report that during the evaluation period only 16% of referrals came via Parenting Orders, claiming, like Holdaway *et al.* (2001), that this represented a lower than expected take up rate.

6.22 Interestingly, Ghate and Ramella (2002) found little difference in rates of attendance between parents referred on a voluntary basis and those referred via a Parenting Order. Voluntary parents were reported to have an overall attendance rate of 72% and those with Parenting Orders just slightly higher with an overall rate of 74% (Ghate and Ramella, 2002, p. 29). Importantly, Ghate and Ramella (2002, p. 36) highlight that parents referred via Parenting Orders were more likely to feel negative about participating in the project, with 22% citing negative feelings at the outset compared with only 6% of those referred on a voluntary basis. However, the overall proportion with negative views was lower in both groups on exiting the programme, at only 10% of those referred via a Parenting Order and 4% of those referred on a voluntary basis.

6.23 Again, in spite of the documented successes, Ghate and Ramella (2002) highlight a number of worries regarding the legislation in practice. Like Holdaway *et al.* (2001), they point to the disproportionate numbers of women both referred to the programme and subject to Parenting Orders, stating that men only accounted for 18% of the total case load (Ghate and Ramella, 2002, p. 19). The researchers argue that more attempts should be made to actively engage fathers and have them shoulder some of the burden that mothers often bear alone. They also discuss the high level of need amongst the parents subject to Parenting Orders, citing a number of the difficulties they presented, such as poverty, distress, chaos and, crucially, histories of poor and inadequate contact with supportive agencies. They suggest that it is, in fact, this high level of previously unmet need that has been one of the major contributors to the success of the programme in maintaining parents and achieving positive feedback.

6.24 To conclude, Ghate and Ramella (2002) speculate, in the absence of a control group, that Parenting Orders do have a place in practice but only as a last resort. Moreover, they argue that current popular discourse portraying Parenting Orders as punishment for bad parents is unhelpful as Parenting Orders should operate simply as a “*mechanism for triggering support and help for parents*”, that is, they should be applied only to get parents through the door of a genuinely supportive and quality assured programme (Ghate and Ramella, 2002, p. 78).

6.25 Parenting Orders in England and Wales have also been the subject of intellectual criticism, similar to that published in Scotland. Arthur (2005) contends that the legislation is not a serious attempt by policy makers to address youth crime and its causes; rather it is representative of government bowing to populist notions and failing to acknowledge the context of youth offending. Arguing that the families of young offenders are typically damaged and in need, Arthur (2005, p. 237) claims that the punitive nature of Parenting Orders is both alienating and counterproductive. He posits that the Orders serve to criminalize families for their unmet need, whilst undermining parents’ abilities and increasing conflict within the home. Gelsthorpe (2001 in Bottoms *et al.*, 2001, p. 160), an eminent criminologist, also acknowledges the troubled nature of the families of young offenders and suggests that the use of Parenting Orders acts to stigmatise parents as ‘bad’ for not conforming to idealistic “*white, middle class notions of parenthood*”.

6.26 The perceived aggressive approach of the legislation leads Arthur (2005) to claim that the implementation of Parenting Orders is at odds with the requirements of international and domestic law. Arthur (2005, p. 244) highlights that the United

Nations Convention on the Rights of the Child, 'The Beijing Rules' and 'The Riyadh Guidelines' (see introductory section) all posit that

in order to reduce the risk some children face of becoming offenders, the best strategy is to promote positive life and family experiences for all children, and not to penalize families.

6.27 Thus, he contends that Parenting Orders legislation directly flouts these requirements and that the state has failed in its duty to families under international law. Moreover, Arthur (2005) claims that had the state fulfilled its requirements vis-à-vis the Children Act 1989 and implemented the appropriate preventive measures to help families in need there would have been no need to instigate Parenting Orders. Overall, Arthur (2005) concludes that the state has been unwilling to fulfil its duty in providing parents and families with adequate support and through the use of punitive measures has attempted to shift responsibility onto families themselves.

6.28 In all, while the existing body of literature on Parenting Orders in England and Wales is small, a number of interesting points have emerged. While there are some undeniable indicators of success in the levels of attendance achieved by using the Orders, these must be qualified as nothing is known about the context in which the Orders were applied and the nature of the parents' prior 'resistance' to engagement. Given the high level of unmet need of the families and the characteristic lack of satisfactory involvement with support identified by Ghate and Ramella (2002), it is also questionable whether, if parents had been provided with the same quality of service provision before the introduction of the legislation, they would have engaged on a voluntary basis. The gendered nature of the use of Orders is also a concern in that the disproportionate targeting of mothers is not congruent with the evidence on what works for families of children and young people who offend. Father involvement has been identified as key to the success of family intervention and clearly parenting orders have not successfully addressed this issue.

6.29 The theoretical critiques, although extreme in their perspective, are also useful to consider as it would appear that many of the worries they raise, particularly in relation to the troubled context of young offenders, is supported by the empirical evidence. It is clear however, that an in-depth examination of the impacts of the legislation on those who breach their Parenting Orders is required before the outcomes the critics hypothesise can be verified. Finally, Arthur's (2005) point regarding the flouting of domestic and international law serves as an important forewarning for future implementation issues.

6.30 The existing body of literature regarding the use of compulsory measures to engage parents with services and interventions is currently very small and limited in scope. Much emphasis has been placed on engaging parents and families on a voluntary basis, with little attention paid to the notion of the use of compulsory mechanisms. Typically, commentators' responses to compulsory measures are negative and dominated by a perception that such measures are alienating and not conducive to the building of co-operative relationships between clients and practitioners.

6.31 It could be argued that the empirical evidence for this negativity is as limited as the empirical evidence for compulsory measures on parents, although Dawson and Berry (2002 citing Rooney, 1992) claim that service drop out rates are highest amongst involuntary or court-ordered clients and Atkinson and Butler (1996) found from experience that non compliant mothers tended to remain non compliant to court orders. Perhaps more persuasive is the finding of Dumbrill (2006) that when clients perceived that the power of the social worker was being used over them or against them, they were less likely to engage, suggesting indeed that wielding power in the form of compulsory mechanisms will not be conducive to engaging parents. There remains a debate about the value of direct compulsion on an adult and its impact on their engagement or caring capacity. Traditional methods of social work attempt to use 'leverage' to create a situation where adults maintain 'choice within restricted circumstances' (Barber 1998).

Summary

6.32 The need for parental support can be evidenced on the basis of the offending or antisocial behaviour of a child, or on the grounds of welfare concern regarding the child.

6.33 Recent policy initiatives in the UK have attempted to address the issue of engagement by introducing compulsory measures as a means for local authorities to require by law, 'the small minority' of parents who are found to be unwilling to accept help, accept support.

6.34 Currently there is no Scottish data is available support the view that their introduction can make a successful impact on engagement.

6.35 The guidance issued by the Scottish Executive on the implementation of Parenting Orders is clear that where a parent is unable to change or improve their parenting behaviour, Parenting Orders are an unsuitable response.

6.36 The introduction of Parenting Orders in Scotland has been criticised for the marked departure of the legislation from the principles outlined by the Kilbrandon Committee and that they are likely to be stigmatising and reliant on inadequate pathological assumptions regarding the causes of offending and family dysfunction.

6.37 Parenting Orders have been in operation in England & Wales since June 2000, following their introduction under the Crime and Disorder Act 1998. The legislation is different from that in Scotland in a number of ways including the statutory basis for parenting contracts; the lack of welfare grounds for application; the formal framework for assessment; and the requirements that can be placed on parents.

6.38 The legislation in England and Wales has also been subject to intellectual criticism, claiming it to be alienating, counterproductive and stigmatising. Claims have been made that the legislation is at odds with the requirements of international law and the UNCRC.

6.39 There has been no dedicated evaluation of the orders themselves although two evaluations have included an examination of Parenting Orders practices. The studies expressed concerns regarding the disproportionate focus of the orders on mothers and on the high levels of need amongst the families in question found; and take up of Orders was slower than expected. Nonetheless they identified a degree of success in terms of impact on attendance.

6.40 Studies found that the families had histories of unsatisfactory contact with support agencies prior to referral for a Parenting Order raising questions as to whether, if such families had had access to such support before, they would have required the compulsory measure at all.

6.41 The existing body of literature regarding the use of compulsory measures on parents generally is relatively small and limited in scope, although studies have found compulsory measures to have little impact on compliance, and that clients are less likely to engage where they perceive the power of practitioners to be being yielded over them.

CHAPTER SEVEN GENERAL DISCUSSION AND CONCLUSIONS

7.1 The aim of this review was to explore key themes emerging from the current literature on the use of legislation and the role of compulsion over parents and how these fit with evidence on risk factors for children, the effectiveness of parenting interventions and engaging individuals and families effectively with services and interventions.

7.2 Scottish policy and practice has for many decades been directed by what is often referred to as the ‘Kilbrandon principles’. These stress the importance of working in partnership with parents and focusing compulsion, as a last resort, on protecting the child. While recognising that a lack of parental co-operation is a major concern in practice, this approach has ruled out compulsion on parents as an appropriate approach to effective work with families. There remains a debate about the value of direct compulsion as opposed to ‘leverage’ which creates a situation where adults maintain ‘choice within restricted circumstances’ (Barber 1998).

7.3 This longstanding approach to practice has been challenged by the introduction of compulsory Parenting Orders. While the guidance stresses that these orders are not intended to punish parents but to facilitate the provision of help and support, it is silent on the evidence to suggest that compulsory methods may be effective for some groups of parents other than that this is, or was, the dominant political view.

7.4 Evidence on risk factors highlight consistent findings over many decades of the complex and inter-related influence of poverty and social disadvantage alongside factors relating to early childhood development and experience, family and parenting style and methods, schooling and neighbourhoods. Theoretical and empirical support is consistent about the inter-related nature of neglect, abuse and offending but the causal mechanisms operating are not established, nor are any precise methods for dealing effectively with these issues.

7.5 Nonetheless positive direction can be found from empirical and practice commentaries. Research highlights that many children who experience socio-economic difficulty seem ‘resilient’ to the worst effects of these so called risk factors. This gives direction to the importance of maintaining and promoting resilient qualities within families and children as a key priority for service providers through preventive and early intervention services. Both research and practice wisdom recognise the interplay of influences and support holistic, whole family and multi-modal approaches, increasingly referred to as integrated or social ecological approaches, to effective provision as both beneficial and cost effective. These principles and approaches are consistent with UNCRC principles incorporated within Scottish children’s legislation.

7.6 Emergent from the literature on effectiveness, is the beginning of a strategic direction for the kinds of provision likely to be required at different ages and stages across the life course, matched and tailored to the specific needs and requirements of individual children and families within their community context. Demonstrably

effective methods tend to be behavioural and skill based and include home visitation and the use of social modelling techniques alongside daycare/pre-school provision for pre-school children; direct child development work, parent training and school based provision for the primary aged child; structured family work alongside community programmes for adolescents; and multi-systemic approaches which integrate many of the other methods for older adolescents. The issue of the importance of a 'gendered approach' to the development and implementation of interventions remains under developed. Common factors including interventions being developed with a strong theory base, with clearly stated aims; implemented integrity and delivered as intended in theory and in practice are associated with greater effectiveness.

7.7 While the directionality of this evidence is encouraging, it has to be considered with some critical caution. The evidence would seem to support the case for the establishment of a framework for better strategic and staged provision, differentiated across the life course, without providing a clear formula for the best 'mix' of universal, targeted, and special services required at each age and stage or how to avoid the unintended consequences of labelling, stigma, net-widening and deviancy amplification. At the same time there is convincing evidence to suggest that over reliance on single methodologies such a centre based approaches can be counter-productive.

7.8 This evidence suggests that 'pick up' mechanisms existing in Scotland through health visiting practice, pre-school provision and at entry to primary school provide structural opportunities to address disadvantage and difficulty through universal and targeting means without stigmatising children and families and before antisocial behaviour consolidates through peer association and further school failure by adolescence. The issue of multi-disciplinary co-operation is not addressed in this review.

7.9 The importance of parenting assessments, subsequent action plans and matching to 'fit for purpose' provision are recognised. There is some evidence to suggest that where these are grounded in inadequate assessment and interpretation of the problems of parents, there is a tendency for service failure to be (mis)construed as client failure and resistance.

7.10 A primary focus of this literature review was on the issue of engaging parents and families in family related services, assuming appropriate services exist. While the provision of effective services and interventions for parents and families is a key element in the engagement process, a number of complex factors combine to hinder the meaningful involvement of parents and families. In examining the merits of compulsory measures as a means to secure engagement by families some key messages emerge.

7.11 Engaging clients with support services and interventions is recognised throughout the literature as a key factor in their success at resolving problems and achieving positive change in the lives of families. The research evidence reflects practice wisdom that the most effective approaches and methodologies are more likely to achieve their potential when parents are partners in the endeavour rather than coerced. The overwhelming consensus is that power issues, meaningful opportunities to participate in and challenge decision making and planning, to understand processes,

‘readiness to change’ and worker style are crucial to effective engagement and the promotion of the role of parents as the real ‘experts’ in their child’s development.

7.12 Some commentators would go so far as to suggest that mobilising appropriate methods can be effective with all ambivalent parents except those who cannot be engaged. If this is the case or the practice assumption, then the only people eligible for compulsion are those who cannot or will not change. Scottish guidance recognises that such a group exists and, paradoxically, excludes them from consideration for compulsory provision through Parenting Orders.

7.13 The existing body of literature regarding the use of compulsory measures to engage parents with services and interventions is currently very small and limited in scope. Much emphasis has been placed on engaging parents and families on a voluntary basis, with little attention paid to the notion of the use of compulsory mechanisms.

7.14 Commentators’ responses to compulsory measures are negative and dominated by a perception that such measures are alienating and not conducive to the building of co-operative relationships between clients and practitioners. It could be argued that the empirical evidence for this negativity is as limited as the empirical evidence for compulsory measures on parents.

7.15 There is clearly a need for more in-depth work to examine in more detail the perceptions of parents on the use of power and compulsion in practice. Nonetheless Ghate and Ramella (2002), based on their study in England and Wales, speculate, in the absence of a control group, that Parenting Orders do have a place in practice but only as a last resort.

7.16 It seems clear that there is an assumption that a group of parents, who do not fall within the category of ‘unable to engage’ or that larger category of parents whose needs might be met by the provision effective approaches and services, can be influenced by the ‘leverage’ of compulsory measures to engage meaningfully in a change process. The evidence for this remains limited to one jurisdiction and is problematic. The lack of Parenting Orders in Scotland does not allow us to draw any conclusions on the use of compulsion on parents at this stage.

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ANNEX 1 THE KEY CHARACTERISTICS OF RESILIENT CHILDREN AND YOUTH

Adapted from Rutter *et al.*, 1998

Individual attributes

Competence (intellectual, physical), past and present
Self-efficacy, internality
Positive self-concept/self-esteem
Self-awareness or insight
Sense of humour/creativity
Positive outlook/optimism/hopefulness
Goals and aspirations/personal mission
Problem-solving ability
Healthy sexual identity
Initiative and planning
Perseverance
Empathy for others
Emotionally expressive
Autonomy and independence or dependency (as appropriate to situation)
Morality
Spirituality
Constructive use of time

Interpersonal attributes

Meaningful relationships with others/social bonding
Maintains a network of school, home, community and peer associations
Emotional management in stressful situations
Social competence (understands what motivates others, how to act appropriately, etc.)
Assertiveness, resistance to negative and controlling behaviours by others
Capacity to restore self-esteem when threatened by others
Interpersonal planning skills
Interpersonal problem-solving skills
Evoking personality, engages with others, elicits positive attention

Family attributes

Parents monitor the children in age-appropriate ways
Quality of parenting
Financial resources sufficient to meet family's needs and social expectations
Avoidance of dangerous or threatening family interactions
Family emotional expressiveness
Collaborative family problem-solving
Flexibility
Low level of family conflict

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