View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by National Documentation Centre on Drug Use

EARLY INTERVENTION FOUNDATION

# Engaging disadvantaged and vulnerable parents

## An evidence review

April 2019

Inês Pote, Lara Doubell, Lucy Brims, Judy Larbie, Laura Stock & Ben Lewing

## Acknowledgments

The authors are grateful to the Department for Work and Pensions for supporting this research.

We would also like to thank those who contributed substantially to the contents of this report through their considerate comments and advice, including EIF colleagues Kirsten Asmussen, Sarah Taylor, Tom McBride and Donna Molloy, as well as Patrick Myers, Kati McHugh and Jenny Ballantyne from DWP.

Finally, we would like to thank everyone who provided advisory support on this project, including Dr Nick Axford, Dr Vashti Berry, Alison Challis, Dr Lester Coleman, Dr Crispin Day, Richard Meier, Jayne Moules, Dr Mark Penman, Honor Rhodes, Professor Stephen Scott, Dr Jon Symonds, Huw Thomas and Professor Janet Walker.


## About EIF

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

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

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


REPORT COMMISSIONED BY THE
DEPARTMENT FOR WORK AND PENSIONS

Department for Work & Pensions

EIF IS PROUD TO BE A MEMBER OF
THE WHAT WORKS NETWORK

What Works Network



**Early Intervention Foundation**
10 Salamanca Place
London SE1 7HB

W: www.EIF.org.uk
E: info@eif.org.uk
T: @TheEIFoundation
P: +44 (0)20 3542 2481



This paper was first published in April 2019. © 2019

The aim of this report is to support policymakers, practitioners and commissioners to make informed choices. We have reviewed data from authoritative sources but this analysis must be seen as a supplement to, rather than a substitute for, professional judgment. The What Works Network is not responsible for, and cannot guarantee the accuracy of, any analysis produced or cited herein.

EIF is a registered charity (1152605) and a company limited by guarantee (8066785).



**Download**
This document is available to download as a free PDF at:
https://www.eif.org.uk/reports/engaging-disadvantaged-and-vulnerable-parents-an-evidence-review



**Permission to share**
This document is published under a creative commons licence: Attribution-NonCommercial-NoDerivs 2.0 UK
http://creativecommons.org/licenses/by-nc-nd/2.0/uk/

For commercial use, please contact info@eif.org.uk

# Summary

## Background to the review

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

The objectives of this rapid evidence review were:

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

## Findings of the review

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

### Barriers to engaging parents and couples

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

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

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

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

## Strategies for recruiting parents and couples

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

- Widespread, creative and informative advertisement to reach a wider audience and raise awareness of the support that is available.
- Recruitment information targeted at specific populations so that individuals can easily determine how interventions would benefit them.
- Face-to-face contact with parents before the first session to ensure that the correct people are recruited, that their individual needs and concerns are acknowledged, and that they feel comfortable, heard and reassured by the practitioners.
- Motivational interviewing for engaging high-risk families who may hold negative expectations of services prior to intervention commencement.
- Monetary incentives to increase participant enrolment and first attendance rates, although it is unclear whether incentives can help to increase sustained attendance.
- Meaningful and collaborative partnerships with agencies that work with disadvantaged and vulnerable families (such as employment services) to help enhance referral rates.
- Recruiting couples into support services using professionals and services with whom a couple already has contact, particularly at key transition points such as the birth of a new child.
- Offering universal and preventative interventions, or embedding relationship support within these, to improve access before crisis points are reached.
- Encouraging both parents to attend and cooperate in cases of parental separation but approaching mandatory interventions with caution.

## Strategies for retaining parents and couples

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

### *Designing intervention delivery around the needs of the target population*

- Intervention delivery should be designed around the needs of the target population, prioritising the barriers most frequently encountered and balancing these with the resources available.
- Interventions should be delivered at suitable and flexible times, as well as in convenient locations, and offer to provide transportation, childcare and free or subsidised support where this addresses key access barriers for the target population.

### *Considering intervention characteristics*

- Determining whether an individual, group-based, or self-directed intervention that is delivered remotely, is the best fit for the target participant needs.
- Ensuring sessions are enjoyable and keep participants fully engaged, with many opportunities for learning through various activities, including group discussions, one-to-one coaching and role play.
- Creating a safe and informal space, conducive to honest dialogue in which experiences and lessons learned are shared, can provide participants with the social support and sense of belonging that will keep them coming back.
- Tailoring the intervention content to ensure it matches participant needs, for example ensuring that the content is culturally relevant for engaging ethnic minorities. Similarly, adapting interventions to couples of different types and needs, depending on the relationship duration as well as the age and life stage of the partners in question.
- Follow-up or booster sessions to help couples continue practising previously learnt skills, preventing them from separating or requiring more intensive support in future.

### *Ensuring that practitioners have the relevant skills, experiences and characteristics*

- There is good empirical evidence to demonstrate that a strong therapeutic alliance between a practitioner and participant is critical for effective engagement.
- Maintaining frequent contact with participants through follow-up phone calls, text messages, emails or home visits. This is particularly relevant for disadvantaged and vulnerable families, as it can help practitioners address practical barriers and identify wider needs that must be addressed.
- Linking up with specialist services such as domestic abuse services, to support high-conflict couples.
- Recruiting practitioners who resemble parents, in that they come from comparable back-grounds, speak the same language, are of the same gender and share similar experiences.
- Skilled practitioners who are well trained, supported and supervised are critical to intervention effectiveness. There are also important interpersonal qualities that contribute to a practitioner's competency. In particular, service users value practitioners who are respectful, compassionate, non-judgmental, empathetic, patient and honest.
- Within a broader skill set, the practitioner's ability to deal effectively with emotion, acrimony and power issues is particularly important in relationship support, especially for high-conflict couples.

# Conclusions and recommendations

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

PROGRAMME DEVELOPERS & INTERVENTION PROVIDERS

NATIONAL POLICYMAKERS

LOCAL LEADERS, MANAGERS & COMMISSIONERS

RESEARCH FUNDERS

DEPARTMENT FOR WORK & PENSIONS

GENERAL RECOMMENDATIONS

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

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

PROGRAMME DEVELOPERS & INTERVENTION PROVIDERS

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

PROGRAMME DEVELOPERS & INTERVENTION PROVIDERS

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

LOCAL LEADERS, MANAGERS & COMMISSIONERS

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

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

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

LOCAL LEADERS, MANAGERS & COMMISSIONERS

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

PROGRAMME DEVELOPERS & INTERVENTION PROVIDERS

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

DEPARTMENT FOR WORK & PENSIONS

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

DEPARTMENT FOR WORK & PENSIONS

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

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

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

LOCAL LEADERS, MANAGERS & COMMISSIONERS

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

DEPARTMENT FOR WORK & PENSIONS

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

DEPARTMENT FOR WORK & PENSIONS

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

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

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

LOCAL LEADERS, MANAGERS & COMMISSIONERS

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

LOCAL LEADERS, MANAGERS & COMMISSIONERS

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

LOCAL LEADERS, MANAGERS & COMMISSIONERS

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

DEPARTMENT FOR WORK & PENSIONS

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

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

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

NATIONAL POLICYMAKERS

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

LOCAL LEADERS, MANAGERS & COMMISSIONERS

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

DEPARTMENT FOR WORK & PENSIONS

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

RESEARCH FUNDERS

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

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

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

GENERAL RECOMMENDATION

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

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

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

GENERAL RECOMMENDATION

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

## Definitions

### Parental conflict

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

### Programmes and services

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

### Disadvantaged and vulnerable families

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

### Participant engagement

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

# Contents


Summary ..... 3

1. Introduction ..... 14
   1.1 Policy context ..... 14
   1.2 Review rationale ..... 17

2. Methodology ..... 20
   2.1 Overview of methodology ..... 20
   2.2 Overview of search results ..... 22
   2.3 Overview of study limitations ..... 23

3. Review findings ..... 24
   3.1 Barriers to engaging parents and couples ..... 24
   3.2 Disadvantaged and vulnerable groups that tend to be less likely to engage ..... 31
   3.3 Strategies for recruiting parents and couples ..... 38
   3.4 Strategies for retaining parents and couples ..... 47

4. Conclusions and recommendations ..... 61
   Designing and planning interventions ..... 61
   Recruiting and retaining participants ..... 63
   Research and evaluation ..... 64
   Wider system recommendations ..... 64

References ..... 66

Appendix 1: Detailed methodology ..... 71
   Search strategy ..... 71
   Eligibility criteria ..... 73
   Screening and extraction of literature ..... 74
   Search results ..... 75
   Description of studies ..... 76
   Strengths and limitations ..... 76

Appendix 2: Included studies ..... 78

Appendix 3: Advisory group ..... 93

# 1. Introduction

## 1.1 Policy context

Reducing parental conflict and supporting family relationships has become increasingly prominent in national policy in recent years. In 2017 the Department for Work and Pensions (DWP) launched the *Improving Lives: Helping Workless Families*[1] strategy to tackle the multiple and complex disadvantages that impact workless families, including how parental conflict and poor mental health can have a long-term negative impact on children's outcomes (Department for Work and Pensions, 2017a). This followed the 2016 publication of an evidence review by the Early Intervention Foundation (EIF), led by Professor Gordon Harold from the University of Sussex, on *What works to enhance interparental relationships and improve outcomes for children*.[2] The review presented robust research evidence that the quality of the relationship between parents, whether they are living together or separated, has a significant influence on effective parenting as well as children's long-term mental health and future life chances. More specifically, where conflict between parents is frequent, intense and poorly resolved, it can impact on children's emotional, behavioural, cognitive and social development (Harold et al., 2016).

National policy on relationships has evolved from a focus on family stability, as in the 2010 green paper *Support for all: Families and relationships*,[3] to an emphasis on reducing parental conflict regardless of family structure and how 'children's chances in life are strongly influenced by their parent's relationship, whether they are together or separated' (ibid). There is also an increased focus on mental health, as in the 2017 green paper *Transforming children and young people's mental health provision*,[4] which recognised the importance of good parental relationships as a protective factor for children and young people's mental health. Building on the 2015 *Future in Mind*[5] strategy and the 2016 *Five Year Forward View for Mental Health*,[6] the green paper highlighted how children 'exposed to persistent and unresolved parental conflict are at a greater risk of early emotional and behavioural problems, antisocial behaviour as an adolescent and later mental health problems as they transition into adulthood' (Department of Health & Department for Education, 2017). The Troubled Families programme which was launched in 2012 and expanded in 2015 to support families with multiple and complex needs, through providing targeted and earlier interventions to address family problems before they escalate, will include a greater emphasis on addressing parental conflict in its final phase.

### Disadvantaged families

The *Improving Lives* strategy has a particular focus on helping workless and disadvantaged families, where a parent's ability to work is affected by complex and overlapping issues such as poor mental health, problem debt, parental conflict, drug and alcohol dependency

1 See: https://www.gov.uk/government/publications/improving-lives-helping-workless-families

2 See: https://www.eif.org.uk/report/what-works-to-enhance-interparental-relationships-and-improve-outcomes-for-children

3 See: https://www.gov.uk/government/publications/support-for-all-the-families-and-relationships-green-paper

4 See: https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

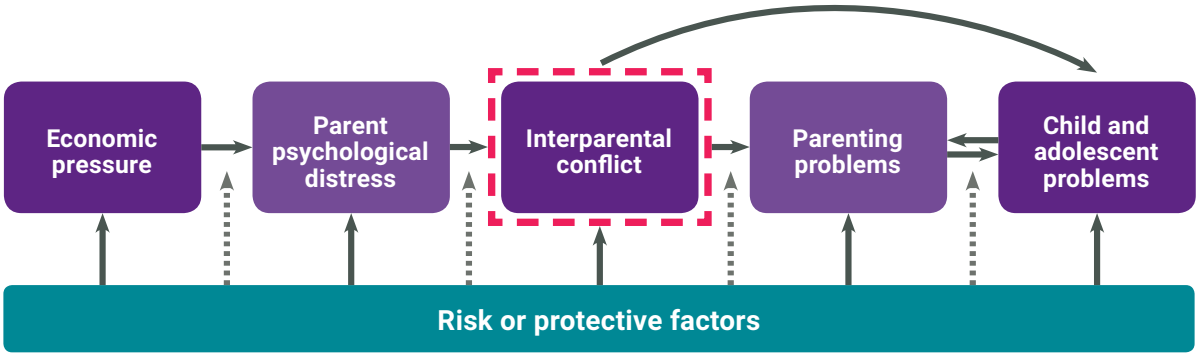
5 See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

6 See: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

and homelessness (Department for Work and Pensions, 2017a). DWP analysis estimates that relationship distress affects 11% of children who live with both their parents; however, this figure is almost three times more prevalent in workless families (28%) as compared to families where both parents are working (DWP 2013/14 data) (Department for Work and Pensions, 2017b). EIF's evidence review on *Interparental conflict and outcomes for children in the contexts of poverty and economic pressure*,[7] provided rigorous longitudinal evidence that parents in poverty or under economic pressure are more likely to experience relationship conflict, which can impact children's outcomes (Acquah et al., 2017). As postulated by the family stress model (figure 1), being in poverty or facing economic pressures such as worklessness or ill-health increases parental psychological distress. This in turn increases the risk of parental conflict and poor parenting, which impacts negatively on child outcomes. The model also identifies a range of factors which are associated with resilience to parental conflict and parenting difficulties in low-income families, including effective coping strategies as well as community and neighbourhood support. Importantly, what is clear from the family stress model is that parental conflict is identified as a central mechanism by which economic pressure impacts on poor parenting and negative child outcomes. This means that parenting interventions in families where there are high levels of parental conflict are unlikely to be effective.

**FIGURE 1**

The family stress model




Source: EIF

Despite the increased risk for parental conflict, disadvantaged families and those on low incomes are often reluctant to engage in relationship support and family services. This is in the context of increased concerns over social mobility and child poverty. The Social Mobility Commission's annual *State of the Nation Report* (2016) found that social mobility is getting worse for the current generation of young people. Their 2017 report also highlighted a significant divide in social mobility across different areas of the country, as well as stark disparities in school readiness, education attainment, employment opportunities and housing costs (Social Mobility Commission, 2017). Recent data published by the Department for Work and Pensions (2019) shows that the proportion of children in low relative income households in 2017/18 is at a similar level to that a decade ago: before and after housing costs the rate currently stands at 22% and 30% respectively. However, since 2012/13, these rates have risen from lows of 17% before housing costs and 27% after housing costs – that is, by five and three percentage points respectively.

7 See: https://www.eif.org.uk/report/interparental-conflict-and-outcomes-for-children-in-the-contexts-of-poverty-and-economic-pressure/

## The national Reducing Parental Conflict programme

DWP is seeking to increase effective provision to tackle parental conflict, with a particular focus on workless families at higher risks of relationship difficulties and the associated negative impacts on children. A new national Reducing Parental Conflict (RPC) programme, announced in 2017, invests up to £39 million until 2021 to support both the supply and demand for evidence-based interventions at a local level. This builds on the Local Family Offer programme established in 2015 to enhance the support offered to families and to help local authorities embed a focus on interparental relationships.

The RPC programme includes:

- face-to-face interventions for workless families, delivered through four regional contracts in the South West, London, East of England and the North East
- strategic leadership support for every local authority area to plan for reducing parental conflict, using a new Planning Tool
- training and guidance for the frontline workforce, to improve identification and effective referral to appropriate support
- training for the relationship support workforce to deliver interventions in order to increase the supply of evidence-based help
- exploring the potential of digitally delivered support, particularly around key life events known to increase the risk of conflict
- regional support to embed addressing parental conflict at a local level, from needs assessment to delivery
- two funds, an Innovation Fund and a National Infrastructure Fund, to test support for families where parents misuse alcohol
- a Challenge Fund to test approaches to providing digital support to families, including particular groups of disadvantaged families
- a 'what works' function to help local commissioners understand the evidence on why addressing parental conflict is important and how to address it
- a national evaluation to continue building the evidence base.

The main aims of the RPC programme are to resolve the following issues: (i) that supporting parental relationships is recognised as a significant problem by those working with families but is not yet mainstream in family services, and (ii) that the availability of both relationship support and evaluation evidence on what works is underdeveloped at a national and local level. In some areas, there is a lack of clarity about how best to reduce parental conflict in existing family services, including how to access, recruit and retain families who are disadvantaged or workless and so at the highest risk of relationship difficulties. Similarly, while there is a growing international body of well-evidenced parental conflict interventions that indicate positive impacts on child outcomes, the state of intervention evidence in the UK is still at a very early stage of development. There are significant gaps in knowledge about how to engage families effectively, how to replicate quality interventions at scale, how to facilitate provider capacity, and most crucially, evidence gaps in how interventions can improve child outcomes. The RPC programme will be testing eight face-to-face parental conflict interventions, some of which are new to delivery in the UK and it provides a vital opportunity to test and learn what works to support disadvantaged and vulnerable families.

## Parent–child interaction

Early intervention can strengthen parents' and caregivers' capacity to support children's development. In doing so, it can help children develop the skills they need to live happy, healthy and successful lives, and work to reduce the negative impacts of economic

disadvantage. In addition to our work on generating and translating evidence on reducing parental conflict to improve child outcomes, at EIF we also have a longstanding interest on a broader set of early intervention programmes, including parenting programmes. *Foundations for Life: What works to support parent–child interaction in the early years* (Asmussen et al., 2016),[8] for example, describes the strength of evidence underpinning interventions which provide additional support to vulnerable parents, helping their children build strong relationships, manage their emotions, communicate and solve problems.

Some of the interventions selected by DWP for the RPC programme[9] are focused on supporting parenting practices, improving broader family relationships and addressing child behaviour. As an example, the 4Rs 2Ss Strengthening Families programme is a targeted-indicated[10] intervention for families with a child diagnosed with disruptive behaviour disorder. Although the intervention is designed to support family-level influences on child disruptive behaviours, it has been selected for inclusion in the RPC programme because it targets factors which potentially impact child mental health service use and broader family outcomes (for example, parental stress).

## 1.2 Review rationale

EIF was commissioned by DWP to undertake a rapid review of the literature on how to engage disadvantaged and vulnerable parents in parenting and parental conflict programmes and services. DWP commissioned this work to inform the delivery of their RPC programme while recognising that the project also generates learning for parenting interventions and family services more broadly.

### Why is engagement necessary?

Evidence that an intervention has worked in the past is important but not sufficient to guarantee similar results in the future or in a different location. When selecting interventions, it is therefore important to balance the strength of evidence with consideration of other factors such as implementation capability, fit with local context, cost–benefit analysis and an understanding of local population needs (Asmussen et al., 2017). Indeed, for an intervention to be successfully implemented and stand a higher chance of being effective, it is crucial that participants are engaged. In this context, not only does engagement involve identifying and recruiting the participants for whom the intervention was designed, but also sustaining their involvement by ensuring regular attendance and active participation.

Evidence suggests that, on average, less than 20% of eligible parents are recruited to attend universal[11] parenting programmes, whereas for targeted interventions, recruitment rates are somewhat higher, at 40–60% (Asmussen, 2011; Prinz et al., 2009; Spoth et al., 2007). In addition, programme attrition is often high, with 50% of recruited parents participating in less than half of the sessions (Asmussen, 2011; Heinrichs et al., 2005). Attendance rates for parenting programmes also seem to decrease over the duration of a programme, with dropout rates as high as 75% even for programmes where attendance is mandatory (Asmussen, 2011). Without an adequate number of participants with sustained attendance to a programme, it might not be possible to run the programme sessions as intended (Dumka et al., 1997). Moreover, insufficient exposure to the intervention may result in participants not attaining expected outcomes (Axford et al., 2012; Dumka et al., 1997; National Academies of Sciences, Engineering, 2016). Low retention rates may therefore limit programme reach

8 See: https://www.eif.org.uk/report/foundations-for-life-what-works-to-support-parent-child-interaction-in-the-early-years

9 See: https://www.eif.org.uk/files/pdf/cg-rpc-4-3-face-to-face-support-interventions.pdf

10 Targeted-indicated: programmes that target a smaller group of families or children on the basis of a specific, pre-identified issue or diagnosed problem requiring more intensive support.

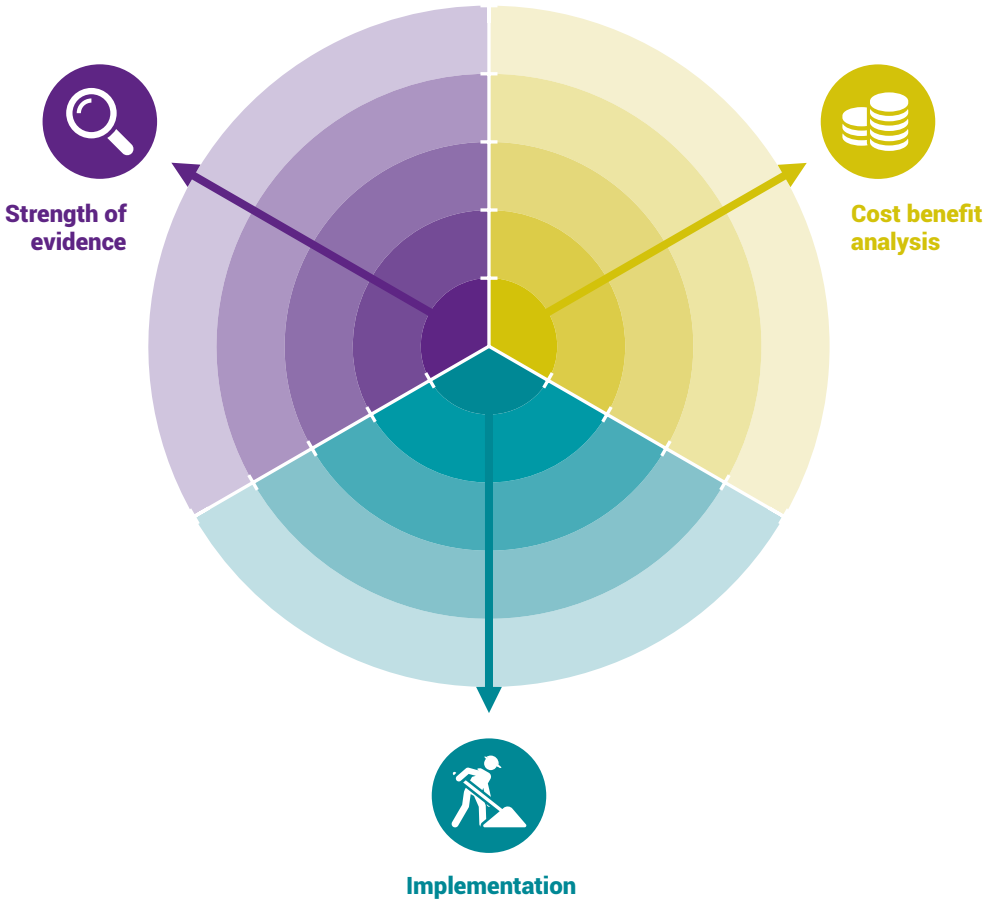
11 Universal programmes are those that are available to all families. Typically, these programmes involve activities that take place alongside or as part of other universal services, including health visiting, schools or children's centres.

and dilute the benefits of the programme for both parents and children. For these reasons, it is necessary to ensure that participants are effectively recruited and retained, with special attention given to disadvantaged and vulnerable groups that tend to be less likely to engage in programmes and services.

*Foundations for Life* (Asmussen et al., 2016) sets out three aspects of strategic commissioning which influence the success of interventions, no matter how strong the evidence for impact on child outcomes (see figure 2). It explains the importance of the quality of local infrastructure, including the local referral system, workforce skills and availability, resources for supervision and many other local factors. The quality of engagement depends on effective implementation.

**FIGURE 2**

Three aspects of strategic commissioning




Source: EIF

## Research objectives

The main objective of this review is to understand what is known from the literature about encouraging disadvantaged parents to take up, fully participate in and complete parenting and parental conflict programmes and services.

The specific research objectives are:

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

## Research questions

*Primary questions*

- What enables the recruitment and retention of disadvantaged and vulnerable parents in parenting and parental conflict programmes and services?

*Secondary questions*

- What are the barriers and challenges to recruiting and retaining disadvantaged and vulnerable parents in parenting and parental conflict programmes and services? Why are disadvantaged and vulnerable parents less likely to access or complete these programmes and services?
- Which parents are the hardest to engage in parenting and parental conflict programmes and services? Which parents are underserved by these programmes or services? Why?
- What are the barriers to engaging low-income parents, fathers, and both parents (whether together or separated)?
- What are some of the effective strategies for recruiting and retaining disadvantaged and vulnerable parents in parenting and parental conflict programmes and services?
- How can the awareness, accessibility, and appropriateness of parenting and parental conflict programmes and services for disadvantaged and vulnerable parents be improved? How can we increase recruitment and retention within this population?
- What practitioner skills or programme characteristics contribute to effective engagement of disadvantaged and vulnerable parents?
- How can both parents be encouraged to attend and complete parenting and parental conflict programmes and services?
- How can we engage parents with high levels of conflict? How can we recruit parents early before problems reach crisis point?

At this stage it is also important to note that when we had initially scoped this review, we had set out to identify effective strategies for recruiting and retaining disadvantaged parents in the eight face-to-face interventions selected as part of the RPC programme. Early in the literature search, however, we realised that there were a limited number of impact and process evaluations assessing these eight interventions. We therefore decided to take a more generalised approach, focusing on a broader set of research questions, which would still enable us to achieve the research objectives originally agreed upon.

# 2. Methodology

For this review we adopted a mixed-methods approach combining a rapid evidence assessment with a qualitative evidence synthesis (Grant and Booth, 2009). A rapid evidence review assesses what is already known about a policy or practice issue, using a more structured and rigorous search of the evidence than a simple literature review, but is not as exhaustive and resource intensive as a systematic review.

Limiting the search strategy to academic databases, as is often done in rapid evidence assessments and systematic reviews, was not considered suitable for identifying broader literature such as process evaluations, qualitative studies and government or voluntary sector reports (Higgins and Green, 2011). We felt that the current study required the examination of this broader literature, to explore issues around the implementation of interventions, delivery barriers and facilitators, as well as service user and practitioner observations (Grant and Booth, 2009). Therefore, alongside the rapid evidence assessment, we used a more targeted and purposive sampling approach for the qualitative evidence synthesis, where the extent of searching was driven by the need to reach theoretical saturation (Higgins and Green, 2011). In our case this involved using expert recommendations, conducting citation forward searches and handsearching reference lists, in conjunction with more traditional database searches.

Overall, our mixed-methods approach was well aligned with the available timeframe for this review. A brief overview of the methodology, search results and study limitations is provided below; see appendix 1 for a more detailed description.

## 2.1 Overview of methodology

### Search strategy

The search strategy for this review had three main components:

1. contacting subject-matter experts
2. handsearching the reference lists of key studies and conducting citation forward searches
3. supplementing the above steps with targeted searches of Google Scholar and grey literature websites, using predefined search terms to fill identified gaps in the literature.

Expert academics, practitioners and providers were contacted to identify relevant studies for inclusion in the review. By selecting a subset of key recommended papers, we then handsearched the reference lists of these and conducted citation forward searches. Subsequently, we carried out an initial analysis of key themes and identified specific gaps in the literature, which we used to inform our more targeted searches. Although this was a somewhat iterative process in which the results of our initial searches informed future searches, we limited the supplementary database searches to Google Scholar and grey literature websites, and used predefined search terms to fill existing gaps in the literature (for more details on the search terms and websites used, see appendix 1).

## Eligibility criteria

Only full-text papers published in English since January 2008[12] were eligible for inclusion in the review, with the exception of key studies submitted by subject-matter experts. When considering what papers to include in the review, we also prioritised the following criteria.

- **Type of study:** the inclusion criteria prioritised systematic reviews, literature reviews and meta-analysis; however, it also included impact and process evaluations, qualitative studies, and grey literature documents such as government policy papers and voluntary sector reports.
- **Origin of study:** international papers were not excluded; however, we did prioritise studies conducted in the UK or in comparable countries, including other European countries, the US and Canada.
- **Population of focus:** given our research objectives, we focused on studies targeting disadvantaged (for example, workless or low-income) families. We also included studies of vulnerable populations considered to be at greater risk of parenting and parental conflict difficulties or underserved by the relevant services (for example, fathers or ethnic minorities).
- **Intervention of focus:** given the population of focus, we prioritised papers that referred to targeted-selected and/or targeted-indicated interventions, rather than universal interventions.[13]

Despite our reliance on the criteria included above, we did not always exclude studies targeting the general population and/or discussing universal provision, as we felt that some of these studies were likely to inform learning on engaging participants in parenting or parental conflict programmes and family services more broadly.

## Screening and extraction of literature

Once the literature search had been completed, all identified studies underwent a screening process in order to determine the quality of their evidence, which was based on some simple criteria. In the case of systematic, literature and meta-analytic reviews, for example, robust studies were regarded as those which used multiple methods to identify relevant literature (for example, using several search databases, handsearching journals and contacting experts) in order to reach data saturation. In the case of impact evaluations, while we did not conduct a full EIF assessment, the quality of the evidence was determined based on some important criteria relating to sample size, randomisation method and strength of measurement. With regards to qualitative research, studies were considered robust if they had a thorough description of the methods, a well-thought-out sampling approach and a sufficiently large sample size. Any studies that failed to report their methods in any or insufficient detail were considered to be of low or unknown quality, and the findings were treated with caution. While it was our intention to only include papers of high methodological quality, we did include some papers that did not meet this standard in order to address specific research questions that had not been extensively examined through rigorous and systematic methods. For this reason, within the body of the report, we have highlighted cases where the findings discussed are based on less robust evidence.

12 The 2008 cut-off date was chosen for pragmatic reasons, to be able to manage the number of papers generated from the search strategy, as well as to accommodate for recency. Despite this, we recognise that limiting the inclusion of papers published prior to 2008 may have resulted in the exclusion of key references. The review advisory group concluded that, while there has been some progress made in previous years, the findings have not changed dramatically, and our report captures the key points identified in literature published prior to 2008.

13 Targeted-selected refers to programmes that target or select groups of families on the basis of an increased incidence or risk of broad personal or social factors. Targeted-indicated refers to programmes that target a smaller group of families or children on the basis of a pre-identified issue or diagnosed problem requiring more intensive support. Universal programmes are those that are available to all families. Typically, these programmes involve activities that take place alongside or as part of other universal services, including health visiting, schools or children's centres.

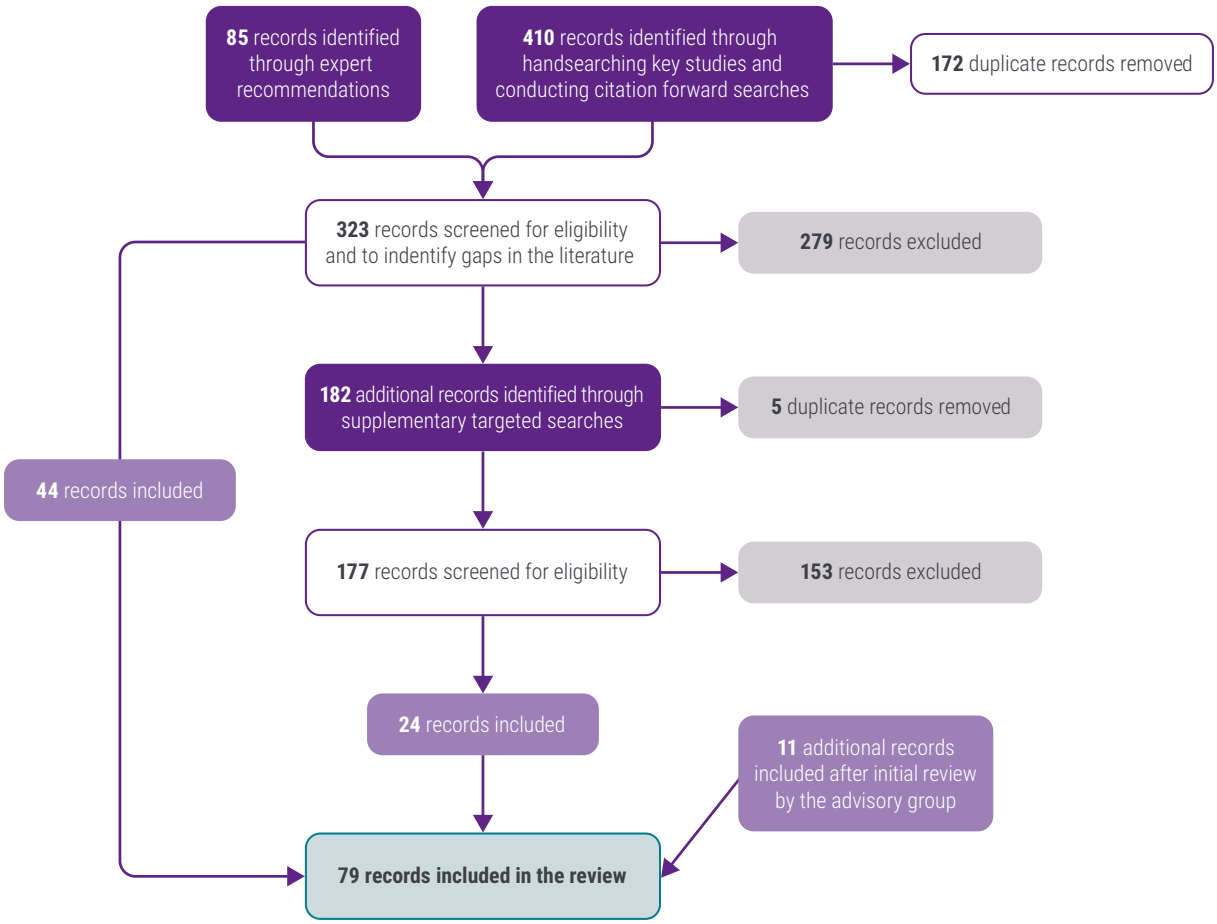
At the end of the screening process, the final number of references to be included in the review were agreed upon. These references were then reviewed, and the relevant data was extracted into an analysis framework, which was created based on the research questions that we had previously defined for this review.

## 2.2 Overview of search results

A flow diagram documenting the steps in our literature search is provided in figure 3.

**FIGURE 3**

Flow diagram of literature search




Source: EIF

From a total of 85 articles recommended by subject-matter experts, we identified 410 additional articles through handsearching the reference lists of some key papers and conducting citation forward searches. Once duplicates had been removed, 323 articles were screened for eligibility and used to inform an initial analysis, which led us to conduct supplementary targeted searches. Of the 323 articles screened for eligibility, 279 were excluded and the remaining 44 were included in the review. The targeted searches yielded 182 results, or 177 nonduplicate records, of which 153 were excluded based on our eligibility criteria. The remaining 24 papers were included in the review, alongside the 44 already identified, resulting in a total of 68 included papers. An additional 11 papers were included after initial review of the draft report by the advisory group. Therefore, in total, 79 papers were included in this review. The papers were of varying quality and employed a range of methodological techniques to address their research objectives. See appendix 2 for a more detailed description of the studies included.

## 2.3 Overview of study limitations

The methodological approach used in this review did not involve an exhaustive search of the literature. Moreover, only 36 of the 79 studies included in this review (46%) were focused on disadvantaged or vulnerable families. Therefore, while we do feel that we reached theoretical saturation, there is a risk that we have missed key references and that key themes are not included or given the appropriate emphasis. Our reliance on expert opinion coupled with a non-exhaustive search of the literature, also means that the papers we included in this review may not be entirely representative of all available literature. In addition, to address research questions not yet extensively examined through rigorous methods, we included some papers of limited rigour. Conclusions drawn from these papers are therefore less robust and more subject to bias, and we have explicitly noted this where applicable within the body of the report. Finally, it should also be noted that the findings presented in this report are rarely based on evaluation studies (for example, impact or process evaluations) that have tested the effectiveness of recruitment and retention strategies. As a result of this and the available evidence, the extent to which we can define certain recruitment and retention strategies as effective, is limited.

# 3. Review findings

To present a comprehensive overview of the barriers and strategies for recruiting and retaining parents and couples in parental conflict programmes and services, we examined the general parenting and specific relationship support literatures. In the findings section of this review, we first introduce some of the most commonly cited barriers to participant engagement. We then identify groups that are less likely to engage in support, exploring some of the reasons for why this may be. Next, we highlight the strategies for recruiting participants into parenting and relationship support, followed by a description of some retention strategies. Importantly, the findings discussed here are rarely based on impact evaluations testing the effectiveness of recruitment and retention strategies; therefore, they should be viewed as plausible suggestions of what might work rather than what has been evidenced to work. Please also note that while we have commented on the underpinning methodology of the findings presented, readers should consult appendix 2 for a more detailed outline of the studies included.

Throughout this section of the review we have also incorporated a number of case study examples, drawn from studies that have trialled and tested a combination of engagement strategies, to show how these strategies have been put into practice. It should, however, be noted that the methodology used for identifying these examples was not systematic, and so these should be treated as illustrative case studies only.

## 3.1 Barriers to engaging parents and couples

In this section we report on general barriers to engagement, as well as highlight findings that are particularly pertinent to disadvantaged and vulnerable groups or that only emerged in the relationship support literature.

### Key findings

**Awareness barriers**

- Parents and couples are often unaware of the parenting and relationship support available in their communities.
- Individuals who do not recognise that they or their children have problems and that their problems need to be addressed are unlikely to seek support.

**Accessibility barriers**

- Time constraints can make it challenging for families to prioritise attending support services.
- The location of intervention delivery can hamper attendance, especially if the site is hard to reach.
- People vary in their willingness and ability to pay for parenting and parental conflict support; therefore, interventions that require a participation fee may preclude some people from attending.
- A lack of childcare may prohibit some parents from accessing support services.

### Acceptability barriers

- Feelings of personal failure and fear of being labelled a 'bad parent' can prevent some people from seeking help. Some parents are also reluctant to access help from social or statutory services, as they worry that their children might be removed from their care.
- Previous experiences of accessing specialist support, such as mental health services, can impact on some people's willingness to engage in interventions.

### Specific barriers to engaging parents and couples in relationship support

- The perception that services do not match couple needs or will be actively detrimental, by raising problems that have been buried in the past, can hinder enrolment.
- The notion that relationships are private is seen as a key barrier to engaging couples in relationship support. This is connected to a culturally endorsed perspective that relationship difficulties should be managed by the couple, without the need for external support.
- Individuals who hold a 'non-developmental' view that relationships cannot be improved are unlikely to access relationship support.
- Couples are reluctant to access support before crisis point is reached, but in retrospect, feel as though they should have accessed help sooner.
- Acrimonious relationships and power imbalances within relationships can hinder separating or separated couples from engaging in support services.

## Awareness barriers

For the purposes of this report, *awareness* refers to the degree to which people know what programmes and services are available to them, as well as the degree to which they are able to recognise a need for accessing this support.

### *Individuals are often unaware of the support available*

Several studies have reported that a major barrier to accessing parenting and relationship support is a lack of awareness of the programmes and services available. This finding was drawn from studies of varying methodologies, including a literature review, a qualitative study with parents, a cross-sectional study surveying married individuals, two mixed-methods reviews and a multi-methods study which incorporated interviews with service users and providers (Axford et al., 2012; Corlyon, 2009; Lindsay et al., 2014; Spielhofer et al., 2014; Walker, 2010; Williamson et al., 2014). More specifically it was noted that parents and couples are often not aware of what support is available to them, and if they are, they are not given sufficient information to fully understand what this support entails (Axford et al., 2012; Spielhofer et al., 2014). According to the authors of one mixed-method review, this lack of awareness also suggests that parents are not always aware of the benefits that might be accrued by attending evidence-based parenting programmes (Lindsay et al., 2014). As noted by Corlyon (2009), this awareness barrier might also affect non-resident parents in particular, as reduced contact with their children may result in them not actively seeking out this kind of information.

With respect to couple relationship education services, a qualitative study involving 99 couples reported some existing confusion regarding the nature and focus of these interventions, which was arguably due to the fact that they are not yet commonplace (Burr et al., 2014). Feelings of uncertainty and unease can therefore also act as a barrier to accessing interventions, as people do not know what to expect and so cannot appreciate the potential benefits of attending.

*Lack of perceived need to access support may hamper participant engagement*

Engaging parents in parental support can be hampered by the fact that parents may not feel there is a need to access these interventions (Axford et al., 2012). For example, if parents do not or are not made to recognise the need to address problems in their child's behaviour or their own parenting style, they are unlikely to seek support, and may instead perceive participation in these interventions as a waste of time.

According to a qualitative study and a mixed-methods report that incorporated a qualitative component, a similar issue was identified with regards to relationship support services, whereby parents who did not recognise the need for help would not seek the necessary support (Callanan et al., 2017; Walker et al., 2010). In relation to this, an impact evaluation assessing the effectiveness of a relationship support programme for African American families noted that engaging parents in prevention programmes was particularly difficult due to a lack of perceived need, particularly prominent among families who are not in crisis (Barton et al., 2015).

Practitioners also disclosed that they find it challenging to identify relationship difficulties if they are not trained to do so, which in turn can hinder timely referrals to appropriate services (Callanan et al., 2017).

## Accessibility barriers

For the purposes of this review, *accessibility* refers to the degree to which people are able to access and make use of the programmes and services available to them.

*Time constraints may prohibit some parents from accessing support*

Time-related issues are often cited as a barrier to engaging parents. As an example, findings from literature reviews, a meta-analysis and a mixed-methods report which included focus groups and interviews with fathers, practitioners and academic experts, noted that parents and couples may not be able to honour the time commitments required to attend parenting or relationship support interventions (Axford et al., 2012; Bayley et al., 2009; Levert, 2017; Moodie and Ramos, 2014; National Academies of Sciences, Engineering, 2016).

There are various reasons for why time constraints are viewed as an accessibility barrier. For instance, parents who have a desire to be involved in these programmes and actually sign up to do so, may later find that they are unable to attend due to unforeseen personal circumstances that take priority (Axford et al., 2012). This may be a particular issue for parents of dual earning or large families (of three or more children), as they would inevitably have less time available to commit to these programmes (Axford et al., 2012). Other parents may be unwilling to ever enrol in these programmes due to a preconceived fear that it would be too time consuming (Axford et al., 2012; Lindsay et al., 2014). In relation to this, the length of programme sessions has been suggested as a reason for why parents may discontinue attendance (Moodie and Ramos, 2014). Moreover, as mentioned in a mixed-methods review and feasibility trial, some parents choose not to prioritise parenting programmes given that they feel too busy and tired in their day-to-day lives (Barnes and Stuart, 2016), while others prefer to do something else in the absence of a programme that is relevant to their needs (Baker et al., 2011 cited in Axford et al., 2012).

Clashes with working hours are frequently mentioned as a specific barrier to participant engagement, as is simply not having the available time (Bayley et al., 2009; Corlyon, 2009; Levert, 2017; National Academies of Sciences, Engineering, 2016). If programmes take place during the working day, for example, many parents struggle to attend as this would require them to take time off work. In contrast, shift workers may struggle to consistently attend sessions even if these were to occur outside of typical working hours. In line with this and according to a mixed-methods study, which incorporated qualitative research with service users and providers, one of the main priorities for parents and couples considering

attending relationship support was the convenience of the time and location of delivery (Spielhofer et al., 2014).

Finally, one qualitative study examining the experiences and needs of 1,000 parents reported that long waiting times tended to curb participant interest in accessing support services (Walker et al., 2010).

### *Location of delivery is an important consideration for parents*

In cases where interventions are not provided locally, some participants will need to travel far in order to access them. Not having or being able to afford the necessary transportation to reach the location of intervention delivery is therefore a potential barrier to participant engagement (Axford et al., 2012; Corlyon et al., 2011; National Academies of Sciences, Engineering, 2016). Similarly, the time required to travel can also prevent some people from attending, particularly if this would take too much time out of their day, as identified in an EIF mixed-methods report involving 46 interviews with national and local stakeholders including providers of relationship support (Callanan et al., 2017).

### *Programme affordability may influence participants' decision to attend*

The cost of attending interventions was sometimes referred to as an accessibility barrier (Barlow et al., 2014; Corlyon et al., 2011; Walker et al., 2010). For some this was because they could not afford to pay for such services, while for others it was because they did not think it was worth their financial investment. In the CANparent trial (a government initiative to examine the development of a universal offer of parenting classes to those with children aged 0–5 years), authors found that parents differed in their willingness to pay for parenting classes. Parents from higher-income households, for example, were more willing to pay for the parenting classes as opposed to those from lower-income households who were either not willing or not able to financially prioritise such services (Lindsay et al., 2014).

A similar finding was reported in the relationship support literature, whereby a mixed-methods study including in-depth interviews with participants attending relationship support interventions, marriage preparation courses and relationship counselling, found that the cost of accessing these services, even if delivered at a reduced rate, was deemed far too high. Some individuals also felt that they were not making sufficient progress to justify the cost and therefore decided to end counselling early (Spielhofer et al., 2014). Similarly, in a qualitative study exploring access to couple relationship education, some individuals were not convinced that the benefits of the intervention outweighed the cost (Burr et al., 2014).

### *Childcare is frequently cited as a barrier to participant engagement*

If parents are unable to afford or organise adequate childcare, this may hinder their ability to attend parenting or relationship support programmes (Axford et al., 2012; Moodie and Ramos, 2014; National Academies of Sciences, Engineering, 2016). This can also make it more difficult to find an ideal time in which to run a programme, as children are more likely to be in their parents' care after normal working and school hours, which may have otherwise been the most convenient time to offer support.

## Acceptability barriers

For the purposes of this review, *acceptability* refers to the degree to which programmes and services are viewed favourably by service users and the wider population. There is also an element of personal acceptability within this which refers to how service users feel when accessing help, and not just whether it is deemed worthy of their time.

*Fear of personal failure, of societal perceptions and of statutory services can hamper engagement*

Social stigma is frequently cited as an engagement barrier in both the parenting and parental conflict literature. According to a literature and qualitative systematic review on engaging parents in parenting programmes, there is evidence to suggest that some individuals are concerned that services might label them as 'bad parents', instilling in them a sense of failure and worry about what others might think (Axford et al., 2012; Mytton et al., 2013; Wilson et al., 2018). For some, this sense of failure may be associated with issues around seeking help and admitting to existing problems (Corlyon et al., 2011; Ramm et al., 2010; Spielhofer et al., 2014; Walker et al., 2010). Stigma may also be self-imposed, particularly for those accessing mental health and relationship services (Robinson and Parker, 2008), although this is based on a study that did not clearly report its methods and may therefore be of limited generalisability.

In addition, there is stigma associated with receiving help from social or statutory services because of its links to poor childcare (Callanan et al., 2017; Corlyon, 2009; Corlyon et al., 2011). Largely based on qualitative interviews with service providers, evaluators and users – including those in separated families – parents are sometimes fearful of involvement with social services, as they worry that their children might be removed from their care (Callanan et al., 2017; Corlyon, 2009; Walker et al., 2010). This sense of stigma may be particularly prevalent among disadvantaged and vulnerable parents who have been in contact with these services in the past.

*Previous experiences of accessing support may influence participant engagement*

For some people, accessibility barriers may be driven by prior experiences of accessing support services. According to a small-scale qualitative study in which parents with personality disorder were interviewed on their experience engaging in a parenting intervention, some parents described feeling judged and/or blamed by clinicians for their child's difficult behaviour (Wilson et al., 2018). Because of their own diagnosis, parents also felt that clinicians would automatically perceive them as 'bad parents', leaving them with no option but to accept the help offered, lest they be viewed as uncooperative. By reflecting on the views that emerged, study authors suggest that there is a need for programmes to address engagement challenges among populations with complex psychosocial needs, including feelings of mistrust and difficulties relating to others (Wilson et al., 2018).

## Specific barriers to engaging parents and couples in relationship support

*Perceiving interventions as unsuitable or detrimental can impede participant recruitment*

Based on our review of the literature, a barrier for accessing relationship support seems to be that interventions are sometimes perceived as unsuitable or even detrimental to people's needs. As reported in a study analysing couples' perceptions of relationship support, some felt that couple relationship education would not be relevant or necessary for them (Burr et al., 2014). Furthermore, in two studies of differing quality, it was reported that couple support is often assumed to be counselling (Robinson and Parker, 2008), with counselling perceived by some to be for those with mental health problems (Spielhofer et al., 2014). In the most robust study of the two, authors also referred to service users viewing counselling as a resource for people lacking the moral fibre to resolve their own problems, which again acted as a barrier for accessing support (Spielhofer et al., 2014). Another negative perception was that interventions tend to be biased against one gender, with one paper highlighting that many men, and a few women, felt that the mediation process was biased against them and their interests (Barlow et al., 2014).

In addition, some felt that accessing relationship support might negatively impact on their relationship by identifying or 'bringing up' uncomfortable issues that were not necessarily important but could damage the relationship nonetheless (Burr et al., 2014; Robinson and Parker, 2008). This finding was based on two studies which were underpinned by literature review and qualitative research with users of relationship support (Burr et al., 2014; Robinson and Parker, 2008). Finally, reluctance to access support was also provoked by fears about what might happen if problems were acknowledged, including how it would affect the children (Walker et al., 2010).

***Perceiving relationships as private can prevent some couples from seeking help***

Couple's perception that relationships are private emerged as a key barrier to engaging couples in relationship support (Burr et al., 2014; Chang and Barrett, 2008; Marjoribanks, 2015; Ramm et al., 2010; Robinson and Parker, 2008; Spielhofer et al., 2014; Stewart et al., 2016; TNS-BMRB, 2013; Walker et al., 2010). Several papers reported this barrier, including literature reviews and qualitative studies with relationship support providers and service users. In addition, we found that this barrier was connected to a culturally endorsed perspective that relationship difficulties belong in a private space and should be managed by the couple, without external support (Chang and Barrett, 2008; Walker et al., 2010). One paper discussed the 'myth of naturalism', which refers to the idea that a satisfying marriage should come naturally and effortlessly, causing couples to feel they should deal with their difficulties in private (Chang and Barrett, 2008). Similarly, several papers highlighted the perception that seeking support denoted a failed relationship or disloyalty to one's partner (Marjoribanks, 2015; TNS-BMRB, 2013; Walker et al., 2010). The idea of privacy is also related to the belief that programmes will be intrusive and may raise uncomfortable issues (Robinson and Parker, 2008). As identified through qualitative research with diverse samples, individuals also reported discomfort in 'opening up' and talking about their personal and emotional experiences, especially if they were required to do so in a group session (Burr et al., 2014; Ramm et al., 2010).

***Individuals who hold a 'non-developmental' view that relationships cannot be improved are unlikely to access relationship support***

For some, seeking relationship support was perceived as a sign that a relationship had already failed or was 'not worth saving', as reflected in a series of rigorously conducted interviews and surveys (Ramm et al., 2010; TNS-BMRB, 2013). These perceptions hindered people from accessing relationship support. Indeed, whether individuals believe that relationships can adapt in the face of challenge, influences their perception of relationship support, as is captured in the concept of 'developmental' and 'non-developmental' relationship views (Ramm et al., 2010; Coleman, 2011 in TNS-BMRB, 2013). 'Developmental' perspectives are characteristic of those who consider relationships to change over time; that relationship work could make a difference and that people are active agents with control over the course of their relationship (Coleman, 2011 in TNS-BMRB, 2013). Conversely, 'non-developmental' perspectives are characterised by the belief that a couple cannot learn to improve their relationship (Ramm et al., 2010). In the underpinning qualitative research, quotes illustrating this perspective reflect the tendency to avoid conflict when problems exist, opt for a 'quiet life', and see relationship problems as fatalistic (Ramm et al., 2010). Those holding a non-developmental view of relationships are therefore less inclined to access relationship support (Ramm et al., 2010; Coleman, 2011 in TNS-BMRB, 2013). One qualitative study found that 'developmental' and 'non-developmental' relationship beliefs occurred across a variety of differently perceived relationships. For example, 'non-developmental' relationship beliefs were not confined to those reporting dissatisfying relationships (Ramm et al., 2010).

*Couples are often reluctant to access relationship support before crisis point is reached*

Drawing on literature reviews and qualitative research with users and prospective users of relationship support, there is evidence to suggest that this kind of support is typically accessed at crisis point, often after several years of serious interpersonal problems (Corlyon, 2009; Corlyon et al., 2011; Marjoribanks, 2015; Ramm et al., 2010; Robinson and Parker, 2008; Spielhofer et al., 2014; Stewart et al., 2016; Walker et al., 2010). Accessing help as a last resort should be understood in the context of barriers already discussed. For example, fear of being classed a failure and reticence about talking openly about personal problems, are likely to explain why people are reluctant to access interventions before feeling forced to do so given the severity of the situation (Corlyon, 2009; Marjoribanks, 2015).

We found that couples did not typically engage in preventative programmes, aimed at strengthening individual and family-related factors. Therefore, once relationship support was finally accessed, working through serious issues was a challenging and protracted process (Robinson and Parker, 2008; Walker et al., 2010), with some couples going directly to the courts in order to resolve conflicts following separation (Marjoribanks, 2015). Studies also reported that, in retrospect, couples felt that they should have accessed help sooner rather than viewing relationship support as a last resort (Robinson and Parker, 2008; Walker et al., 2010). This is therefore not necessarily a barrier to accessing interventions, but a barrier to accessing them when they are most likely to be effective.

*Acrimony and power dynamics within couple relationships can hinder engagement*

Emotionally charged and often acrimonious relationships between separating or separated couples were identified as a common barrier to engaging with services (Barlow et al., 2014; Corlyon, 2009; Fletcher and Visser, 2008; Kneale et al., 2014). These findings primarily arose from literature reviews or primary qualitative research with couples, individuals and service providers. The papers were of varying quality, but included some fairly robust studies, and were all focused on mediation or other family dispute resolution processes. In most studies, painful feelings of disappointment, jealousy, indignation and anger were mentioned, as were disagreements over children's upbringing and a lack of trust between partners. This contributed towards difficulty in interacting constructively, or even being in the same room as ex-partners. Another barrier was the willingness of only one of the partners to mediate (Barlow et al., 2014; Walker, 2010).

Some papers also referred to participants feeling emotionally unprepared to actively engage or absorb new information, following a separation (Barlow et al., 2014; Marjoribanks, 2015; Walker et al., 2010). Again, this finding emerged from literature reviews and primary qualitative research of varying quality, which suggested that people felt too emotionally raw or preoccupied with the loss of a relationship to be able to engage in mediation (Barlow et al., 2014; Marjoribanks, 2015; Walker et al., 2010). Based on primary research, two of these studies also highlighted concern regarding power dynamics as a barrier to participating in mediation (Barlow et al., 2014; Walker et al., 2010). Some individuals were concerned with power imbalances between the two parties and the mediator, while others were reluctant to engage in mediation as they felt that their partner would have an advantage in the negotiations or would use the process to browbeat them.

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

In this section we draw on evidence from the parenting and relationship support literature, to identify groups that tend to be less likely to engage in support, as well as explore the reasons for why this may be. Disadvantaged and vulnerable groups can be 'harder to reach', partly because they are often underrepresented in existing provision. When considering the reasons for this underrepresentation, it is important to note that many of the barriers we have already explored are likely to disproportionately affect disadvantaged and vulnerable families who are often faced with multiple adversities and complex needs.

## Key findings

### Disadvantaged families with low socioeconomic status

- Families with low socioeconomic status are likely to experience multiple stressors in their daily lives, diverting attention away from their relationship and parenting responsibilities.
- Disadvantaged families are often unaware of what services are available as they tend to be less embedded within the social networks which use these services.
- Parents with low levels of education tend to be poorly engaged in interventions, possibly due to literacy barriers.
- Low-income families are likely to be affected by the costs of accessing support and the cumulative effect of this and other accessibility barriers can be overwhelming.

### Ethnic minorities

- Ethnic minority groups are less likely to attend interventions due to multiple factors, including the fact that interventions are often not culturally tailored. Many universal interventions have been designed for white western cultures and so the content and approaches used may not align with the values and beliefs of ethnic minority families.

### Men and fathers

- Some men can be reluctant to engage in relationship and family support programmes. A number of studies suggest that men are less aware of available services as well as more hesitant to seek help and discuss their emotions openly. However, there is also evidence that the way interventions are designed, their location and the times they are available can make it hard for men to access them.
- Even when aware of existing services, men are less likely to engage due to feelings of insecurity and discomfort in what is traditionally considered a woman's domain. A contributory factor is likely to be the feminised nature of relationship and family services, which are often predominantly staffed by women, and geared towards women and children.
- Social workers also tend to work more closely with mothers and to regard them as the primary caregiver. Practitioners are therefore not always adept to working with fathers, which can pose challenges to engaging fathers in parenting interventions.
- Non-resident fathers are underrepresented in parenting services and therefore less likely to engage. Evidence suggests that there is a lack of mainstream support to help non-resident fathers develop a healthy ongoing relationship with their child.

### Young parents

- Young parents, especially those facing other adversities such as low income and insecure housing, tend to be harder to recruit and retain in support services. This may be due to life stressors disrupting attendance and completion of interventions, as well as feelings of judgment from other mothers acting as a barrier to engagement.

### LGBTQ+ parents

- Very few parenting interventions directly target the LGBTQ+ community. LGBTQ+ individuals, practitioners and stakeholders have also highlighted that current services lack sensitivity and tailoring to this group, meaning that LGBTQ+ parents can feel unwelcome and underserved.

### Individuals with mental health problems and limited self-confidence

- Parents with mental health problems can feel judged or blamed by clinicians for their children's problematic behaviour.
- Individuals struggling with poor mental health often perceive the cause of their problems as external (e.g., poverty, abusive partner) rather than internal factors, which can act as barriers to accessing support.
- Participants with limited confidence in their ability to practice previously learnt strategies may find it difficult to engage in programmes and hence limit their attendance.

### Specific groups that are more reluctant to engage in relationship support

- Couples who are married tend to be more likely to engage in relationship support. However, rather than marriage itself being the key influencing factor, authors have suggested that relationship quality and commitment are important factors in increasing the likelihood and motivation of couples to engage.
- Couples considered to be at higher risk for relationship distress, due to demographic variables such as age, income and education, as well as wider stressors including financial hardship and psychological distress, tend to be underrepresented and less engaged in relationship support.
- Couples that are unequal in terms of resources, information, power, education and religious views, as well as those who use informal help-seeking tools (e.g., self-help books), were identified as less likely to access or engage in relationship programmes and services.
- Individuals who have experienced domestic abuse are difficult to engage in couple support due to barriers of risk, fear, shame and adherence to religious, social and cultural norms.

## Disadvantaged families with low socioeconomic status

Low-income families have been identified as a high-need population (Action for Children, 2010; Whittaker and Cowley, 2012). Yet, in a systematic review of engaging parents in behavioural parent training, authors found that socioeconomic status (SES) influenced programme attrition, with families of low SES more likely to discontinue programmes compared to families of high SES (Chacko et al., 2016). Similarly, a pre/post study testing the effectiveness of a recruitment strategy for parent-led support groups in a predominantly low-income minority sample, identified low SES groups as being more reluctant to engage (Brown et al., 2018), while a meta-analysis of 63 peer-reviewed studies evaluating the effectiveness of parent training programmes, identified SES as a participant characteristic that hampered programme effectiveness (Lundahl et al., 2006).

SES can be defined by a variety of factors, including income, occupation, education level and minority group membership. Nonetheless, according to a meta-analysis focusing on attrition from school-based parenting programmes, it is the combination of income and education/occupation level that is most commonly used and which has demonstrated evidence of being a significant predictor for premature termination of interventions (Levert, 2017).

One of the reasons why disadvantaged families of low SES are difficult to recruit and engage in interventions is due to a lack of awareness. This has already been mentioned as a general barrier, but it may particularly affect low-income families as they are less likely to be embedded within the social networks in which relationship support services are widely utilised (Williamson et al., 2014). Similarly, authors reviewing the literature on relationship education services, including lessons learnt from implementation, noted that low-income couples tend to be less exposed to relationship education and are historically less likely to seek counselling services (Hawkins and Ooms, 2010; Stewart et al., 2016). According to a qualitative study that we conducted, support for parents in poverty was identified as a gap in accessibility, suggesting that services are not specifically targeting these families (Callanan et al., 2017).

Aside from not knowing what support is available to them, parents who have low levels of education also tend to be poorly engaged in interventions when they do access them, as reported in a literature review on engaging parents in parenting programmes (Axford et al., 2012). Some of the reasons for why this is the case were highlighted in the review and included feelings of social isolation, difficulties reading, and an increased likelihood of needing an interpreter.

In a randomised trial of Family Foundations involving 89 couples, authors analysed the degree to which sociodemographic characteristics, individual wellbeing and couple relationship quality predicted engagement in the intervention. According to the authors, families with low SES are likely to experience multiples stressors in their daily lives, which can distract them from focusing on the quality of their parenting and relationship responsibilities (Brown et al., 2012). Parents may, for example, have greater difficulty in finding the time to attend programmes (due to working multiple jobs or having unpredictable work schedules), as well as lack the financial resources to pay for interventions and organise alternative childcare (Brown et al., 2012).

Having to pay for interventions is an important accessibility barrier for low-income families. As highlighted in a focus group study exploring mediation services for distressed couples, authors were concerned by the decline in legally aided clients, as this suggested that families who were more financially stressed were not able to access mediation (Kneale et al., 2014). The authors did, however, note that their findings should be interpreted with caution as they were based on limited empirical research with 18 members of the *Relate* mediation staff. For those with low incomes and limited access to public transport, travelling to programme locations can also be an accessibility barrier that prohibits attendance (National Academies of Sciences, Engineering, 2016; La Placa and Corlyon, 2014). In sum, it is the cumulative effect of multiple barriers that can be too much for disadvantaged families to overcome.

Finally, it is worth considering how the overall aims of an intervention align with these multiple barriers. According to a review of marriage and relationship education, low-income couples are more likely to encounter problems in their romantic relationships due to a lack of economic resources, poor educational opportunities, unstable jobs, unsafe neighbourhoods, drug addictions and traumatised childhoods (Hawkins and Ooms, 2012). These families may therefore require help beyond positive relationship skills and education. For example, it may be necessary to provide these families with support to 'make ends meet', so that they have the capacity and headspace to focus on their relationship difficulties as and when these arise (Hawkins and Erickson, 2015).

### Ethnic minorities

Two literature reviews, a narrative review and a pre/post study investigating recruitment strategies noted that engaging ethnic minorities in family support programmes can be challenging (Brown et al., 2018; Moodie and Ramos, 2014; National Academies of Sciences, Engineering, 2016; La Placa and Corlyon, 2014). Reasons cited for lower levels

of engagement among ethnic minority groups are varied, but include factors such as language and accessibility barriers, socioeconomic constraints and a mismatch between a programme and the cultural values of the individuals it addresses. Moreover, as with lower-income families, many ethnic minorities are likely to encounter more than one barrier when accessing services.

In comparison to other ethnicities, an analysis of the participants in the intervention Promoting Strong African American Families note that African Americans are often less likely to attend couple support programmes (Barton et al., 2015). The authors of this evaluation propose that both systemic barriers (such as mental health disparities and discrimination) and sociodemographic risk factors (such as economic disadvantage) disproportionately affect African Americans, which may explain – at least to some extent – why this ethnic minority group is more reluctant to engage in prevention programmes. According to a narrative review of 57 qualitative and quantitative papers, black and minority ethnic (BME) parents are likely to come up against cultural differences such as language barriers, as well as negative experiences from previous generations, which may also reduce their willingness to engage with services (La Placa and Corlyon, 2014).

Cultural differences are a particularly challenging problem, especially when considering that many universal interventions, including parenting and couple relationship programmes, have traditionally catered for white western cultures and have therefore been developed with them in mind (Kumpfer et al., 2002; La Placa and Corlyon, 2014; Stewart et al., 2016). For this reason, the content and approaches used in these interventions may not align well with the cultural values of BME families (La Placa and Corlyon, 2014). Indeed, according to a meta-analysis and a discussion paper describing a framework for ensuring that evidence-based parenting programmes are socially inclusive, programmes which are not culturally tailored may struggle to recruit and retain minority groups (Barlow, 1999; Davis et al., 2012). In agreement with this, the findings of two literature reviews noted that participant engagement is influenced by the extent to which a programme is sensitive to the cultural characteristics of its target population (Axford et al., 2012; Moodie and Ramos, 2014). Cultural barriers that hinder engagement tend to involve a lack of understanding from either the practitioner or provider of the target populations' cultural norms (Moodie and Ramos, 2014) – a particularly pertinent barrier given that family roles and parenting attitudes, values and beliefs vary dramatically across cultures.

Social and cultural barriers can also be structurally embedded within organisations, which will inevitably discourage ethnic minorities from engaging with these interventions (La Placa and Corlyon, 2014). As an example in a multi-methods review, Marjoribanks (2015) claims that promotional information about couple support services can often be generic and untailored to specific target groups. The author suggests that this kind of impersonal information may have a negative impact on the likelihood of ethnic minorities choosing to engage with support services, as there is no reassurance that their cultural needs will be met.

### Men and fathers

Drawing on evidence from literature reviews, questionnaires, interviews and focus groups with users and prospective users of services, we found numerous papers noting that men are less aware of which services are available to them, more reluctant to seek help, as well as harder to recruit and retain (Barlow et al., 2014; Barton et al., 2015; Bayley et al., 2009; Chang and Barrett, 2008; Hawkins and Ooms, 2010; Royston and Rodrigues, 2013).

According to a multi-methods study which investigated barriers to paternal involvement, one of the reasons for why fathers tend not to be as present in parenting interventions as mothers, is because they are not aware that these interventions exist (Bayley et al., 2009). Indeed, as reported in a survey of families with children aged 0–5 years living in deprived areas of South West England (n=170), 86% of the men questioned claimed not to know what

services were available to them, compared to 67% of women (Royston and Rodrigues, 2013). Even when fathers are aware of existing services, they can still be reluctant to attend due to concerns that the programme will try to dictate how they should parent (Bayley et al., 2009).

Men are also less likely than women to access professional help before problems become severe, and instead tend to wait until their relationship is at a point of breakdown before accessing support (Robinson and Parker, 2008; Stewart et al., 2016). Interestingly, Wilkins (2013) connects this issue to broader evidence which suggests that men are generally less likely than women to seek help for physical and mental health problems, and therefore are less frequent attendees of all primary care services. Explanations for this centre on gender differences in help-seeking behaviours, with men facing particular barriers in discussing emotions and relationships openly, as well as being less willing to seek out help (Ramm et al., 2010; Robinson and Parker, 2008; Spielhofer et al., 2014; Wilkins, 2013). Seeking help or admitting struggle is also suggested to be at odds with traditional ideas of masculinity, whereby men learn from a young age to conform to a cultural stereotype which does not easily allow for the admission of vulnerability (La Placa and Corlyon, 2014; Wilkins, 2013).

In addition, the feminised nature of relationship and family services, which are often predominantly staffed by women and geared towards women and children, can cause men to feel unwelcome and unable to fit into established female-dominated groups (Bayley et al., 2009; Pruett et al., 2009). According to a narrative review and a pre/post study testing the effectiveness of a recruitment strategy, the notion that mothers have traditionally taken on the childcare responsibility is one of the reasons why fathers are less likely to engage (Brown et al., 2018; La Placa and Corlyon, 2014). In a multi-methods study with both practitioners and separated families in low-income areas, Corlyon (2009) noted that fathers who attended parenting programmes encountered hostility from women, confirming their feelings of not belonging. This hostility can lead fathers to feel self-conscious or insecure of their parenting capabilities, questioning whether they have the required skills and knowledge for competent childcare (Maxwell et al., 2012).

There is also evidence to suggest that social workers tend to work more closely with mothers and to regard them as the primary caregiver. Practitioners are therefore not always adept to working with fathers, which can pose challenges to engaging fathers in parenting programmes (Maxwell et al., 2012). Moreover, fathers tend to be labelled as either 'all good' or 'all bad', leading to practitioner assumptions about their reliability and trustworthiness. As argued by Maxwell and colleagues (2012), such labelling can also result in practitioners struggling to hold the views and opinions of 'bad fathers' in high regard, doubting their ability to change during the intervention process.

Organisations that deliver parenting programmes rarely have policies on fathers' involvement, as reported in a multi-methods review exploring barriers to paternal engagement (Bayley et al., 2009). For example, there is usually a lack of organisational information on how to engage fathers, as well as limited infrastructure to allow for ongoing paternal support. According to two papers which do not report their methodology in sufficient detail and therefore should be considered with caution, some men are reluctant to access services because they do not have faith in the practitioner's ability to work with them (Robinson and Parker, 2008; Stewart et al., 2016). To add to this, for fathers who are the main breadwinners, logistical barriers such as programme schedules clashing with working hours are a particular problem, especially when they feel pressured to provide financial support to their family (Bayley et al., 2009).

### *Non-resident fathers*

A particularly underserved and 'hard to reach' group includes non-resident fathers. According to a multi-methods study comprising both a literature review and qualitative study with separated families and service providers, there is a lack of mainstream support to help

non-resident fathers develop a healthy ongoing relationship with their child (Corlyon, 2009). Services targeting separated families tend to focus on the whole family, rather than specifically developing targeted support for non-resident fathers, which may explain why they tend to be less likely to engage in parenting interventions. According to Corlyon (2009), non-resident fathers can be 'hard to reach' due to their own desire not to be involved; however, for some of the fathers who do want to be involved, it is their (ex)partner's desire for them not to be involved that often takes precedence. As reported in a narrative review that focused on literature from 2000 to 2010, some mothers will not disclose information about the father of their child due to 'fear that the father may gain custody, anger at the father for being in a new relationship or fear of the father's reaction, particularly if there has been a history of domestic abuse' (Maxwell et al., 2012).

### Young parents

Review studies identified that young parents, especially those facing adversities, are harder to recruit and retain into parenting and parental conflict interventions (Levert, 2017; Lundahl et al., 2006; McHale et al., 2012). For example, McHale and colleagues (2012) note that co-parenting programmes have rarely been successful in recruiting teenage parents who are not co-resident and have low levels of education, with some exceptions. Review authors outlined various hypotheses for this, including that family adversity, comprising young age, unstable housing and low SES, disrupts engagement with parent training processes and the implementation of recommendations (Lundahl et al., 2006). Another hypothesis is that older mothers have, through life experience, learned techniques to protect them from stressors that could otherwise lead to programme drop out (Levert, 2017). According to a small qualitative study, young low-income mothers (aged 15–23 years at the birth of their first child) felt that they were judged by other mothers when attending parenting programmes, which compromised their attendance and decreased the benefits they might have gained from accessing such programmes (Romagnoli and Wall, 2012).

### LGBTQ+ parents

Evidence stemming from literature and narrative reviews has observed that many Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) parents are trying to adjust to parenthood; however, few studies have explored the parenting experience of this group (National Academies of Sciences, Engineering, 2016; La Placa and Corlyon, 2014). According to study authors, LGBTQ+ parents are likely to experience similar levels of stress to heterosexual couples, and therefore could benefit from the same (or similar) support structures. Nonetheless, as reported in a mixed-methods study involving interviews with key stakeholders and providers of relationship support services, LGBTQ+ parents feel underserved and unsupported by existing services which do not target them (Callanan et al., 2017). This finding is based on the views of providers rather than LGBTQ+ parents themselves, therefore, further work will be needed to confirm this.

Some studies have also indicated that certain subsets of LGBTQ+ parents might experience increased stress upon becoming parents (National Academies of Sciences, Engineering, 2016). For example, Wojnar and Katzenmeyer (2014) conducted interviews with 24 non-biological lesbian mothers and found that they often felt unwelcome and misunderstood when engaging with healthcare services. This resulted from experiences such as staff not recognising them as an equal parent and forms referring to 'father' rather than partner. With regards to gay adoptive fathers, another study found that in their sample of 230 fathers, less positive gay identity was significantly associated with increased parenting stress (Tornello et al., 2011). Alongside the routine stresses of parenting, LGBTQ+ parents and their children may face social stigma and discrimination (National Academies of Sciences, Engineering, 2016), and in some countries, they may even receive less legal, cultural and institutional support (Riskind et al., 2013 cited in Rubio et al., 2017). Taken together, this highlights the

importance of inclusive and tailored services, which engage in a positive way with LGBTQ+ parents (Callanan et al., 2017; Tornello et al., 2011; Wojnar and Katzenmeyer, 2014).

### Individuals with mental health problems and limited self-confidence

Parents and couples with mental health problems are an important group to consider. According to a qualitative study investigating the help-seeking and participatory experiences of parents with personality disorder, some parents disclosed feeling judged and/or blamed by clinicians for their child's disruptive behaviour (Wilson et al., 2018). This is not surprising given that individuals with personality disorder tend to be highly sensitive to rejection and personal alienation. Every effort therefore needs to be made to ensure that these individuals feel validated and involved throughout the support that they receive (Wilson et al., 2018).

Individuals with mental health problems are also more likely to experience adverse life events, which may explain why they are sometimes reluctant to access support. Indeed, as highlighted in one systematic review, individuals struggling with mental health can sometimes perceive the cause of their problems as external rather than internal factors, which can themselves act as barriers to accessing support (Beresford et al., 2008). The three main external causes (or barriers) identified in the review included poverty, past or current exposure to abuse, and experience of managing a troubled child (Beresford et al., 2008). According to the authors, women who had an abusive partner were often fearful of accessing services because it could upset their partner. In addition, having to manage a troubled child tended to result in women prioritising their child's needs before their own. Some mothers also felt that if they could help their child, they would automatically be able to relieve their own stresses and therefore would not require the help offered by support services (Beresford et al., 2008).

In addition, according to a literature review on factors associated with poor engagement in parenting programmes, participants with limited confidence in their ability to practise previously learnt strategies may find it difficult to engage in programmes and therefore limit their attendance (Whittaker and Cowley, 2012).

### Specific groups that are more reluctant to engage in relationship support

#### *Couples with lower relationship quality and lower levels of commitment*

For some interventions, marital status has been identified as a strong predictor of engagement, with unmarried couples enrolling and attending relationship support programmes at a lower rate than married couples (Barton et al., 2015; Brown et al., 2012). These findings emerged from evaluation studies analysing predictors of engagement in a transition to parenthood programme open to married and unmarried couples, as well as a marital enrichment programme (which was also open to cohabiting couples albeit only for those with a definite marriage date). For these programmes, being married was associated with higher attendance rates for both men and women. Interestingly, relationship commitment was found to be especially important for women, since women with higher levels of commitment attended significantly more programme sessions (Barton et al., 2015).

Drawing on other literature, authors suggested several reasons for why marital status is a strong predictor of programme engagement (Barton et al., 2015; Brown et al., 2012). Marital status may, for example, capture individual characteristics that influence participation and engagement, including higher education, older age and greater income. Further, married couples and those with higher relationship commitment, arguably represent stronger relationships with less conflict, better communication, greater relationship security and a stronger investment in the future. Married couples, for example, are typically more committed to creating a family and therefore more motivated to attend relationship support programmes. In sum, relationship quality and commitment appear to be key factors in predicting the recruitment and retention of participants into relationship support

programmes. Couples that are unmarried or have lower relationship security are more likely to feel that certain programmes are less suitable and relevant to them. This reflects the fact that some programmes assume that 'one size fits all', rather than tailoring services to various relationship types (Bradbury and Lavner, 2012).

***Couples considered to be at higher risk for relationship distress***

We found that couples described as 'higher risk', particularly those at higher risk for relationship distress, tended to be underrepresented and less engaged in relationship support services (Barlow et al., 2014; Barton et al., 2015; Bradbury and Lavner, 2012; Brown et al., 2012; Burr et al., 2014; McHale et al., 2012; Petch et al., 2012; Stewart et al., 2016). These findings emerged from literature reviews and studies analysing predictors of engagement, participation and reach. Couples were classed as high-risk due to demographic variables such as age, income, education and marital status, as well as family or couple stressors including financial hardship, marital dissatisfaction, relationship conflict, psychological distress experienced by one or both partners, and low levels of family cohesion.

Despite this, previous experience of therapy or other forms of relationship support can increase the likelihood of accessing future help, as was determined through both qualitative research and an analysis of predictive behaviours (Spielhofer et al., 2014; Stewart et al., 2016; Williamson et al., 2014). According to Williamson and colleagues (2014), this may be because the prior experience of accessing support can act as a gateway to future help-seeking behaviour.

***Unequal couples and couples engaging in informal support***

Couples that are unequal in terms of resources, information, power, education and religious views, were identified as being less likely to engage in programmes and services (Barlow et al., 2014; Barton et al., 2015). Couples who use informal help-seeking avenues (for example, self-help books) also tend to be less accessible to researchers and less likely to interact directly with clinicians (Stewart et al., 2016).

***Individuals who have experienced domestic abuse***

Although not the focus of this review, we found that people who had experienced domestic abuse were more reluctant to engage in couple support due to barriers of risk, fear, shame and adherence to religious, social and cultural norms (Barlow et al., 2014; Fletcher and Visser, 2008; Petch et al., 2012; Robinson and Parker, 2008).

## 3.3 Strategies for recruiting parents and couples

In this section we explore strategies for recruiting and enrolling participants into parenting and parental conflict programmes and services. The findings highlighted here are drawn from multiple studies of varied methodologies, but predominantly include literature reviews, mixed-method reports and qualitative studies (typically involving interviews and focus groups) with parents, couples, service users, practitioners and providers. Some 'lessons learned' from the perspective of providers and evaluators are also included, as are studies that quantitatively analyse predictors of engagement. Moreover, the included studies are of varying methodological quality. For example, while some qualitative studies used large diverse samples and provided a detailed methodology explaining the data collection strategies and analysis used, others did not explain their procedure for sample selection and provided limited-to-no details of the methods chosen. Finally, it should also be noted that the findings presented here are rarely based on impact evaluations that have tested the effectiveness of specific recruitment strategies. The strategies we discuss should therefore be interpreted as plausible strategies that might work, rather than strategies that have proven effective.

## Key findings

- Widespread and creative advertisement, which includes using former participants as recruiters, can be used to reach a wider audience and raise awareness of the support available.
- Recruitment information should be targeted at specific populations so that individuals can easily determine how interventions may be beneficial and worth their while.
- Face-to-face contact with parents before the first session can help to ensure that the correct people are recruited, that their individual needs and concerns are acknowledged, and that they feel comfortable, heard and reassured by the practitioners.
- Motivational interviewing is a promising practice for engaging high-risk families who may hold negative expectations of services prior to intervention commencement, but further research is required to assess its effectiveness.
- Informative advertisement, which provides details on whom services are for, what they involve and how they can benefit children and families, may be necessary to obtain participant buy-in.
- Monetary incentives may help to increase participant enrolment and first attendance rates, although it is unclear whether incentives help to increase continued attendance.
- Meaningful and collaborative partnerships with agencies that work with disadvantaged and vulnerable families (such as employment services) help enhance referral rates.
- Recruiting couples into support services using professionals and services with whom a couple already has contact is valuable, particularly at key transition points such as the birth of a child.
- Offering universal and preventative interventions, or embedding relationship support within these, was suggested by service users and providers as a potential strategy to improve access before crisis points are reached.
- Encouraging both parents to attend and cooperate in cases of parental separation is promoted; however, mandating interventions and services should be approached with caution.

### Widespread, creative and informative advertisement can raise awareness of the support available and help reach a wider audience

According to multiple studies of varied methodologies, including impact evaluations, literature reviews and qualitative research with a range of stakeholders, using widespread advertisement distributed through a range of outlets can be a powerful tool to raise awareness of available services. Studies suggested multiple advertising outlets, including radio shows, TV infomercials, newspapers, billboards, community fairs, noticeboards, local businesses, libraries, supermarkets, registry offices, children's centres, GP practices, health clinics and religious centres (Barton et al., 2015; Chang and Barrett, 2008; Dewson et al., 2006; Hindson et al., 2016; Robinson and Parker, 2008; Zemp et al., 2016). Additionally, given that most people have internet access, including those that are considered vulnerable and disadvantaged, authors suggested that providers should use this to their advantage and advertise their programmes and services online (Hindson et al., 2016; Stewart et al., 2016).

By utilising more creative and imaginative advertising, programme providers may be able to reach a wider range of audiences, including families that tend to be more reluctant to access help. Creative advertisement could, for example, involve using former programme participants as recruiters, encouraging them to share their experiences first-hand (Hindson et al., 2016; Ooms and Wilson, 2004; Spielhofer et al., 2014). Similarly, securing endorsement

from influential people in the community can also promote participant recruitment (Axford et al., 2012). Ensuring that past-participant experiences are presented in an accessible manner, was also suggested in a mixed-methods study as a way of providing potential participants with a fuller picture of the interventions on offer (Spielhofer et al., 2014). Other suggestions noted in a multi-methods study conducted by DWP included distributing marketing products to spread the message through the use of balloons, mugs, soft toys, carrier bags and pens (Dewson et al., 2006).

To create a strong advertising campaign, one study that did not report its methodology in detail proposed that programmes should consider collaborating with the relevant marketing and promotion sectors, so that they are better able to reach as wide an audience as possible (Robinson and Parker, 2008). Providers should also be encouraged to try out and test different combinations of advertising mechanisms, so that they can eventually settle for the most successful approach (Dewson et al., 2006). In sum, it is important for potential participants to receive information about existing programmes through a range of formats, as well as to be given several opportunities to enrol (Bayley et al., 2009).

### *Develop targeted recruitment strategies and engage wider family networks in order to enrol groups who might be reluctant to engage*

In a report describing a recruitment toolkit for the Safe Start Promising Approaches initiative, authors identified the importance of defining their population of interest in order to target programmes and services appropriately (Barnes-Proby et al., 2017). To better recruit fathers, for example, interventions should be advertised in places where men are more likely to notice, including sporting events, job centres and workplaces (Cortis et al., 2009; Maxwell et al., 2012). Using appropriate language that directly engages men is also particularly important, especially when considering that recruitment strategies typically target primary caregivers, which for some is synonymous with mothers (Bayley et al., 2009; Maxwell et al., 2012). Moreover, as was noted in a narrative review on engaging fathers, the way in which fathers are first approached is important for their subsequent involvement (Maxwell et al., 2012). As an example, consulting with fathers after initial contact has been made and issuing invitations for first appointments, has been described as an effective way of improving initial engagement (Maxwell et al., 2012; Wilkins, 2013). One report which did not describe its methods in detail but drew on insight from Relate counsellors and help-seeking literature, also suggested that partners and spouses may be used to recruit men, as they are well placed to communicate the benefits of participation (Wilkins, 2013). The crucial issue here seems to be about valuing the role of fathers and designing interactions to reflect this at every stage.

Furthermore, according to a literature review focused on engaging Black and Latino parents in family support programmes, there seems to be a greater tendency among families of colour for individuals to rely on their wider family members to help out with some parenting tasks (Moodie and Ramos, 2014). The support of the wider family is therefore critical for these individuals, and programmes that recognise this reliance on extended family networks may be more successful in recruiting these groups (Moodie and Ramos, 2014).

### *Establish face-to-face contact prior to enrolment as a way of acknowledging individual needs and concerns*

A report published by the Social Care Institute for Excellence suggests that meeting with parents before the first session can be a good opportunity to ensure that the correct people are recruited to the appropriate courses (Social Care Institute for Excellence, 2009). Structuring these sessions so that they are enjoyable can also help to overcome barriers in participant engagement, as some parents prefer to get to know other participants and practitioners before committing to attend a programme (Axford et al., 2012; Dumka et al., 1997; Hawkins and Ooms, 2010, 2012). These sessions can also provide seldomly heard

families the opportunity to explain their needs and goals. In relation to this, practitioners can use these sessions as an opportunity to reassure parents that they will not be stigmatised or labelled a 'bad parent', and to assess parents' readiness to engage.

*Use motivational interviewing to encourage engagement and behaviour change*

The value of engaging parents prior to intervention commencement is also reflected in the suggestion to use motivational interviewing as a way of encouraging behaviour change and enhancing engagement in both parenting and parental conflict interventions (Brown et al., 2012; National Academies of Sciences, Engineering, 2016). There is extensive evidence to support motivational interviewing to encourage change across a range of problem areas, but there are wide differences in its effectiveness even in relation to the same issue, as summarised in a literature review referring to services for high-risk children and families (Schrader-McMillan and Barlow, 2017). Motivational interviewing encourages initiation and compliance with services by building individuals' intrinsic motivation to change and by heightening awareness of clients' internal resources to be change agents (DiClemente & Velasquez, 2002 in Shepard et al., 2012). As summarised by Shepard and colleagues (2012), the client-centred non-confrontational approach of motivational interviewing to explore ambivalence about taking action for change, is respectful of clients' autonomy, making it an especially good fit for high-risk families who may hold negative expectations about interventions and their capacity for change (Miller & Rollnick, 2002; Nock & Kazdin, 2001). Accordingly, a brief version of Family Check-Up which uses motivational interviewing, was tested for its effectiveness in enhancing parental engagement in the Incredible Years parenting programme, and showed promising results (Shepard et al., 2012) (see case study 1 below). Although motivational interviewing is a core component of effective programmes, such as Family Check-up, a recent literature review found that very little research has evaluated the specific effects of motivational practices on parents' participation (National Academies of Sciences, Engineering, 2016). More research is therefore needed to determine how this promising practice may be best utilised.

## Case study 1: Addressing barriers and building engagement prior to enrolment

This case study outlines strategies designed to increase recruitment to the Incredible Years Parenting Series.[14] Based on the rationale that addressing practical barriers and providing extrinsic rewards is important but not sufficient to engage high-risk families, the strategies described in the Shepard and colleagues (2012) study aimed to address motivational, cognitive and practical barriers to engagement.

### The Incredible Years Parenting Series

The Incredible Years Parenting Series involves a number of group-based parent management training programmes. The programmes seek to promote positive evidence-based parenting practices in order to strengthen children's social and emotional competence and improve their behaviour (Webster-Stratton, 2011).

### Recruitment strategies

The strategies described in Shepard and colleagues (2012) were delivered to low-income, high-risk families at an early educational setting in the US. The objective was to increase recruitment and engagement in the Incredible Years Parenting Series through the following means.

14 See Incredible Years School Age Basic; Incredible Years Preschool; Incredible Years Toddler: https://guidebook.eif.org.uk/search?search=incredible+years

- Embedding the Incredible Years Parenting Series within a familiar and trusted service delivery system, Head Start, which included using familiar and trusted staff in service delivery. This strategy was designed to leverage feelings of safety and community, to increase parent access to programmes and reduce the stigma associated with accessing them.
- Adopting a collaborative and participatory approach by engaging Head Start services and attending families in identifying local community needs as well as participating in the implementation and evaluation of the programme. This collaborative approach was designed to maximise buy-in and align Family Check-up (see below) with Head Start practices and family needs and values.
- Using Family Check-up[15] as a brief pre-intervention to build parental engagement and increase their likelihood of taking up the Incredible Years parenting programmes. The goal of the Family Check-up model is to reach out to families through community service settings and to motivate those most in need to engage in interventions that address their specific concerns during a period of developmental transition (Dishion et al., 2014). The programme takes place over two home visits:
  - In the first visit, child and family assessments are conducted to explore parenting practices, child functioning and the family context. Practitioners also measure parent readiness to engage as well as key parental beliefs and attitudes.
  - In the second visit, practitioners provide personalised feedback based on the previously conducted assessment. Practitioners use motivational interviewing techniques, which are client-centred, non-confrontational and explore ambivalence about taking action to build individuals' intrinsic motivation to change. Through these techniques, practitioners address parental beliefs and attitudes that appear to be preventing change. Parents are then supported to develop goals and plan next steps to address them.

The Incredible Years Parenting Series is presented as one way of addressing their goals.

**Recruitment outcomes**

Shepard and colleagues (2012) provide preliminary data from a pilot trial of this recruitment approach. They summarise that approximately 53% of parents randomised to receive Family Check-up enrolled and participated in an Incredible Years parenting programme, which exceeds the engagement rates of typical prevention programmes. In contrast, only 33% of the parents randomised to the control condition (and who therefore did not take part in Family Check-up) participated in Incredible Years. As a result, there is preliminary evidence to suggest that participation in Family Check-up, which is theoretically grounded on motivational interviewing, can be effective at enhancing parent engagement to participate in specific parenting programmes (Shepard et al., 2012). Parents who took part in Family Check-up also reported enjoying it, and described it as their first real opportunity to reflect on how things were going and to seriously consider their family's future (Shepard et al., 2012).

### *Advertise accurately and informatively*

Aside from the need for more widely distributed advertisement, more informative advertisement is also required. According to Chang and Barrett (2008), for example, there is a need for more and better quality information of available interventions, including for whom they are, what they involve and how they can benefit families. Messages from these and other authors centred on providing accurate, neutral and high-quality information, which is presented in a variety of formats and is targeted at both partners (Barlow et al.,

15 Family Check-up for Children is one of the eight face-to-face interventions delivered as part of the RPC Programme; however, in this case study only a brief version of the first phase of the programme was delivered. One of the Incredible Years' programmes – the Incredible Years School Aged Advanced – will also be delivered as part of the RPC Programme. See: https://guidebook.eif.org.uk/programme/family-check-up-for-children

2014; Chang and Barrett, 2008; Corlyon, 2009; Kneale et al., 2014). In line with this, Burr and colleagues (2014) suggested using direct, simple and thought-provoking messages to raise awareness of the remit and purpose of support services. Some of the papers drawn from the relationship support literature, for example, also suggested stressing the distinction between relationship education and couple therapy. Clarifying these differences might help participants to select services that best meet their needs as well as help those reluctant to attend therapy to engage in alternative services (Burr et al., 2014; Markman and Ritchie, 2015).

***Help parents understand the importance of accessing interventions by clearly articulating the expected benefits***

There is some evidence to suggest that, in order to be recruited, targeted individuals need to believe that the programme or service will be worth their while (Chang and Barrett, 2008; Dumka et al., 1997). For this reason promotional materials should explicitly convey the value of attendance, by clearly articulating tangible benefits (Bayley et al., 2009; Burr et al., 2014; Chang and Barrett, 2008). Moreover, rather than describing the intervention's goals as a way of rectifying problems, evidence from focus groups with service users suggest that the advertising content should be framed in a positive light, for example, by explaining how it will assist parents to help their children be successful in life (Dumka et al., 1997). Parents do not often realise that relationship conflict can be damaging to their children and so they lack the motivation to access relationship support. It is therefore important to convey to parents that the quality of the interparental relationship influences children's long-term mental health and future life chances (Harold et al., 2016).

Authors of a literature review focusing on engagement issues in behaviour parent training also suggested that recruitment efforts need to resonate with the needs of the parents being targeted, so that they will be more likely to consider attending in future (Chacko et al., 2016). As an example, the authors describe a randomised controlled trial in which the methods used to actively engage parents were proven to be effective at reducing programme attrition. Methods included sharing information to help parents understand how the programme matched their current needs, and clarifying expectations regarding the content and process of the programme as well as its expected benefits (Chacko et al., 2016).

## Case study 2: Using social influence and health behaviour theory to engage parents

This case study outlines an experimental impact evaluation (Winslow et al., 2018) in which 1,778 parents were randomised to five engagement strategies. The study tested the effectiveness of three different video-based strategies and two control conditions, in engaging parents to attend a parental conflict programme. Study authors therefore explored whether theoretically informed videos worked in reality. While some were effective, other findings were not as authors expected.

### The New Beginnings programme

New Beginnings is a 10-week preventative intervention for divorcing and separating parents. It teaches skills such as how to increase parental warmth as well as how to employ effective discipline, and also aims to reduce children's exposure to parental conflict. In this case study, all parents lived in the US and had a child aged between 3–18 years.

### The five recruitment strategies tested

The three video conditions utilised social influence and health behaviour theories. Health behaviour theories are based on two consistent predictors of health behaviour engagement: perceived benefits and perceived barriers (Prochaska et al., 1994; Strechor et al., 1997 in Winslow et al., 2018). Social influence theories are based on Cialdini's (2009) six principles

of social influence: reciprocation, social validation, legitimate authority, liking, scarcity and commitment/consistency. Researchers also tested two control conditions (see also Winslow et al., 2018).

- The core principles video targeted all the influence principles apart from commitment/consistency. For example, reciprocation was activated by stating that if parents participated, group leaders would likewise provide something of value by offering strategies parents could use to help their children. Legitimate authority was targeted by showing endorsements from newspapers and credible experts (that is, group leaders and teachers). This also highlighted the benefits of the programme, thereby targeting a key health behaviour construct.
- The commitment video contained the same content as the core principles video but also targeted the commitment/consistency principle. For example, parents publicly committed to their perception of their biggest concern. Then, the video explained how the intervention would help address it.
- The risk feedback video included the same content as the commitment video but also incorporated a risk assessment and feedback procedure. Parents assessed their family's strengths and weaknesses. Then, the video provided feedback about how the intervention would address these weaknesses and benefit the family.
- The brochure control provided an informational brochure which represented standard practice.
- The video control provided information only via video.

**Key findings**

- The core principles video was significantly more effective than the control conditions in increasing parental engagement. It nearly doubled rates of enrolment in the programme (24% vs. 13%–14% in the control conditions).
- Contrary to expectations, researchers did not find additive effects of the commitment video. They also did not find that high-risk parents were more engaged following the risk feedback video, as hypothesised.
- In terms of the commitment video, authors suggest that the lack of findings were because all videos told parents that the programme would help, so the specific commitment/consistency procedure used was comparatively less powerful.

Authors conclude that engagement videos based on social influence and health behaviour theories could provide an effective and feasible method for increasing engagement in evidence-based parenting interventions.

## Consider monetary incentives as a way to increase recruitment rates

We found some studies, including a systematic review which looked at evaluations testing the effectiveness of engagement strategies, suggesting that the use of monetary incentives could help to increase participant recruitment (Gonzalez et al., 2018; National Academies of Sciences, Engineering, 2016; Winslow et al., 2018). Based on findings from empirical research, including impact evaluations of participant engagement strategies, there is evidence to suggest that monetary incentives can increase participant enrolment and first attendance rates. However, it is unclear whether these incentives also increase sustained attendance (Gross et al., 2011; Heinrichs, 2006; Dumas et al., 2010 in Gonzalez et al., 2018;National Academies of Sciences, Engineering, 2016; Winslow et al., 2018).

Payment for participation may undermine the ability of some individuals to make informed decisions on programme attendance (Gonzalez et al., 2018). Indeed, there is evidence to suggest that using an incentive which exceeds an individual's perception of

the intervention's value may result in distrust and hence be counterproductive (National Academies of Sciences, Engineering, 2016). In addition, monetary incentives may not always be feasible, especially in contexts where resources are scarce. In these cases, the limited resources available may be better used for increasing programme coverage in order to allow for participants from other geographical locations to attend (Gonzalez et al., 2018). Therefore, although monetary incentives are a promising practice, more research is needed to determine how these incentives might best be used (National Academies of Sciences, Engineering, 2016).

## Forge collaborative partnerships to create an enabling system

Numerous studies of varied methodologies suggested that forging meaningful and collaborative relationships with agencies that work with an intervention's target population, can create several entry routes into the intervention and may be a particularly good way to enhance referral rates (Action for Children, 2010; Axford et al., 2012; Barnardo's Policy Research and Media Unit, 2011; Barnes-Proby et al., 2017; Ooms and Wilson, 2004; Social Care Institute for Excellence, 2009; Whittaker and Cowley, 2012). As an example, the Oklahoma Marriage Initiative found that obtaining the support and buy-in of frontline staff in various agencies was critical to the success of its marriage and relationship education workshops (Hawkins and Ooms, 2010).

### *Develop strong partnerships between multiple agencies as a way of reaching disadvantaged and vulnerable families*

Forming strong partnerships between multiple agencies may be particularly important for reaching disadvantaged and vulnerable families. Indeed, two reports focusing on marriage and relationship education noted that these interventions were most effective in engaging low-income populations when they created strong organisational partnerships with health, employment, domestic abuse prevention, child support and other related social service programmes (Hawkins and Ooms, 2010, 2012). Creating these partnerships allows for mutual-referral relationships to be established between the agencies and interventions that are able to help support high-risk couples. According to a report with limited methodological detail, authors claimed that low-income couples are unlikely to benefit from relationship services alone, and will need additional support (for example, financial counselling and employment help) to meet their needs (Ooms and Wilson, 2004). Ensuring that practitioners who work with families are aware of evidence-based programmes and services that support families is incredibly important, as this too will help ensure that practitioners can signpost and make appropriate referrals based on the identified needs of their target participants (Action for Children, 2010; National Academies of Sciences, Engineering, 2016; Social Care Institute for Excellence, 2009).

### *Use services and professionals known to the couple, especially at key transition points*

Several papers highlighted the value of utilising services and professionals with whom a couple already has contact, in order to recruit them into interventions (Chang and Barrett, 2008; Hawkins and Ooms, 2010; Ramm et al., 2010; Walker et al., 2010). These findings were derived from literature reviews and primary qualitative studies with large and diverse samples of individuals and couples. As an example, it was suggested that this could be achieved by training involved professionals, such as GPs and health visitors, to provide support, signpost and make the necessary referrals to relationship support interventions. Authors considered this to be particularly fruitful at key transition points in life. For example, around the birth of a new child which is a time of greater relationship conflict, parents are in routine contact with numerous professionals and tend to be motivated to 'get things right', including their relationship. This is therefore an opportune moment for recruitment, as couples are usually more receptive to the possibility of accessing support at this time

(Petch et al., 2012; Ramm et al., 2010). Similarly, qualitative research with individuals and couples found that relationship support was considered valuable when couples were transitioning to either living together or marrying. In these cases, support could be provided in the form of messages about the importance of maintaining good communication and seeking help in times of trouble (Walker et al., 2010). Similarly, EIF reviews have highlighted the value of targeting families during moments of transition, for example during a child's transition into school or when parents are at risk of falling into poverty, as this may offer an opportunity to reach these families before relationship difficulties escalate (Stock et al., 2017). Parenting programmes have also utilised key child developmental transitions as an opportunity to engage parents, such as during a child's transition to early years education (Shepard et al., 2012).

***Use preventative approaches, including embedding relationship support within universal services, to improve access before crisis points are reached***

Using a preventative approach by providing support throughout a relationship's lifetime, including at key transition points, was discussed (in a literature review and multi-methods study) as a strategy for recruiting couples before crisis point is reached (Corlyon, 2009; Robinson and Parker, 2008). Ensuring that support is delivered at multiple stages in relationships may include, for instance, during relationship formation, in adolescence, or in the transition to parenthood (Robinson and Parker, 2008). The crucial aspect to a preventative approach, however, is about providing support to couples before they experience distress.

An example of an early help programme is found in the Relationship Support Trials for New Parents. This programme, which was aimed at parents without significant relationship problems, was designed to provide advice on how to maintain healthy relationships during stressful periods as well as how to access support if serious problems were to arise (TNS-BMRB, 2013). Another programme, Strong Start, Stable Families, which was targeted at young, unmarried and expectant parents, provided relationship support alongside guidance on pregnancy and infant care. The programme was successful at engaging both parents at a key transition point, and before parents reached crisis point, although the intervention effects were not strong (McHale et al., 2012). Interestingly, others have found that delivering relationship support as part of antenatal classes can be a good way of engaging both members of the couple as it is likely that both will attend (Spielhofer et al., 2014).

Offering relationship support as part of universal services was considered useful by both service providers and users, as it could potentially help to normalise discussions and reduce the stigma associated with accessing support (Callanan et al., 2017; Spielhofer et al., 2014). Besides embedding relationship support within wider family services or interventions delivered at key transition points, another recommendation is to deliver relationship education in schools. Indeed, providing relationship education from a young age and at a universal level in schools, has been highlighted in some qualitative studies as a way of promoting a 'developmental' perspective of relationships (Ramm et al., 2010) (see page 29, for more information on developmental views of relationships). Moreover, we found calls for a continuum of support, from preventative and educational interventions through to crisis provision. For some, including relationship providers and married individuals, this was perceived to facilitate the recruitment of couples at the right time for them and most importantly, to increase access to services before crisis points were reached (Callanan et al., 2017; Williamson et al., 2014). Based on a large cross-sectional analysis of married individuals, encouraging early access to relationship education was also viewed as a way to promote appropriate engagement with therapeutic services in the future (Williamson et al., 2014).

Alongside this, authors of literature reviews and qualitative research with individuals and service providers highlighted the value of changing attitudes to facilitate the recruitment of couples with early-stage relationship problems. This could involve working towards identifying problems early and normalising relationship support, so that it is seen as something that improves relationships rather than a service which is accessed as an emergency response (Chang and Barrett, 2008; Marjoribanks, 2015; Ramm et al., 2010).

### Encourage both co-parents to attend and cooperate in cases of separation and divorce

Strongly encouraging or mandating programme participation is another recruitment strategy, which we identified in impact evaluations of co-parenting programmes (Owen and Rhoades, 2012; Schramm and Calix, 2011). It is especially used for couples involved with family courts, including in cases when parents have shown difficulty in being cooperative during court appointments (Owen and Rhoades, 2012). Despite this, it is typical for only a proportion of parents to attend mandatory programmes. According to the authors of one of these impact evaluations, only around 60% of court-ordered parents attend (Owen and Rhoades, 2012). In the field of mediation, the inability or unwillingness of one or both parties to engage is a common barrier to participation and has contributed to low uptake (Kneale et al., 2014). Despite some suggestions that mediation should become mandatory, there is considerable concern about such a move, partly because one of the mediation guiding principles is that it should be entered into voluntarily (Walker, 2010). On the other hand, strong encouragement of both parties to seriously consider mediation has been found to lead to a significant increase in the likelihood to participate (Kneale et al., 2014; Walker, 2010). Further, some have called for the introductory Mediation Information and Assessment Meeting[16] to be mandatory, or at least strongly encouraged, for both parties when there are issues in dispute (Kneale et al., 2014). It is worth noting that mandating attendance at interventions risks causing resentment, which may affect interventions' effectiveness (Schramm and Calix, 2011). Therefore, the challenge is to find ways of encouraging both parties to attend and cooperate when acrimony exists, a key barrier highlighted above (see page 30). Our confidence in the findings of these recommendations are restricted by the fact that they are based on a qualitative study with a small sample of providers and a brief literature review with limited methodological details.

## 3.4 Strategies for retaining parents and couples

In this section we identify general strategies for retaining parents and couples in parenting and parental conflict programmes and services. We also highlight specific strategies targeted at disadvantaged and vulnerable groups. As with the previous section on recruitment strategies, this section is predominantly based on literature reviews and feedback from service providers and users, rather than evaluation evidence testing the effectiveness of retention strategies. The strategies we discuss here should therefore be viewed as suggestions of what might work, rather than what has been evidenced to work.

16 Mediation Information and Assessment Meetings (or MIAMs) are designed to provide information about mediation and help parties (and mediators) determine the suitability for and willingness to undertake mediation. MIAMs are often the first step to mediation (Kneale et al., 2014).

## Key findings

### Designing intervention delivery around the needs of the target population

- Providers need to design intervention delivery around the needs of their target population, prioritising the barriers most frequently encountered by them and balancing these with the resources available.
- Interventions should be delivered at suitable and flexible times, as well as in convenient locations. Offering to provide transportation, childcare and free or subsidised support should also be considered.

### Considering intervention characteristics

- There are competing factors that need to be taken into consideration when deciding whether to deliver an individual or group-based intervention. Although individual interventions can be tailored to participant needs, group-based interventions are more efficient in meeting the needs of many and can provide the social support that some individuals frequently lack.
- Self-directed services which are delivered remotely may be suitable for groups who face numerous accessibility barriers and feel more comfortable with an online learning experience. While small experimental studies have found online parenting programmes to be effective with a range of populations, more research is needed to test their efficacy with disadvantaged populations specifically.
- Interventions should endeavour to make sessions enjoyable and keep participants fully engaged, with many opportunities for learning through various activities, including group discussions, one-to-one coaching and role play.
- Creating a safe and informal space, conducive to honest dialogue in which experiences and lessons learned are shared, can provide some participants with the social support and sense of belonging that will keep them coming back.
- Tailoring the intervention content to ensure it matches participant needs. For example, ensuring that the content is culturally relevant is essential for engaging ethnic minorities, as parenting practices tend to differ across ethnic groups. Similarly, adapting interventions to couples of different types and needs, depending on the relationship duration as well as the age and life stage of the partners in question, is important.
- Follow-up or booster sessions to help couples continue practising previously learnt skills, preventing them from separating or requiring more intensive support in future.

### Ensuring that practitioners have the relevant skills, experiences and characteristics.

- There is good empirical evidence to demonstrate that a strong therapeutic alliance between a practitioner and participant is critical for effective engagement.
- Maintaining frequent contact with participants through follow-up phone calls, text messages, emails or home visits, can help to retain and engage them in interventions. This is particularly relevant for disadvantaged and vulnerable families, as it can help practitioners identify practical barriers and identify wider needs that must be addressed.
- Linking up with specialist services, such as domestic abuse services, can help to support high-conflict couples.
- Recruiting practitioners who resemble parents, in that they come from comparable backgrounds, speak the same language, are of the same gender and share similar experiences, can help to engage a wider audience and create a stronger therapeutic alliance.

- Skilled practitioners who are well trained, supported and supervised are critical to intervention effectiveness. There are also important interpersonal qualities that contribute to a practitioner's competency, but which can be difficult to learn through training alone. In particular, service users value practitioners who are respectful, compassionate, non-judgmental, empathetic, patient and honest.
- Within a broader skill set, the practitioner's ability to deal effectively with emotion, acrimony and power issues is particularly important in relationship support, especially for high-conflict couples.

## Design intervention delivery around the needs of the target population

Accessibility barriers (for example, lack of childcare and transportation) are frequently cited as a reason for why parents and couples do not choose to engage in support services (see page 25 for more details). If interventions are going to be successful at retaining families, it is important that these kinds of barriers are addressed (Axford et al., 2012; Chacko et al., 2016; National Academies of Sciences, Engineering, 2016). Moreover, because it is likely for different people to encounter different barriers, or for some to encounter numerous barriers at once, multiple and multifaceted efforts are needed to overcome these. When accessibility barriers are appropriately addressed, disadvantaged groups are more likely to sustain attendance, as was noted by the increased retention rates of low-income couples in an implementation evaluation of marriage and relationship education (Hawkins and Ooms, 2012).

### *Prioritise addressing the accessibility barriers most frequently encountered by the target population, while taking account of the resources available*

According to the findings of a literature review, some accessibility barriers may be more resource-intensive to overcome than others (Moodie and Ramos, 2014). While being flexible with the timings of intervention delivery requires minimal resources, offering childcare could be very costly and require additional considerations, for example, running background checks. In terms of prioritising which barriers to tackle, the study authors reveal that no single accessibility barrier has been identified as the primary reason for a lack of participant engagement. Interventions should therefore aim to prioritise the barriers most frequently encountered by their target population as well as try to balance these with the resources they have available (Moodie and Ramos, 2014).

### *Encourage interventions to be delivered at suitable and flexible times*

We found numerous studies proposing that, where possible, intervention providers should be flexible and ensure that sessions are delivered at suitable times, as there is evidence to suggest that matching intervention schedules to participant schedules is associated with higher retention rates (Action for Children, 2010; Barton et al., 2015; Bayley et al., 2009; Chacko et al., 2016; Moodie and Ramos, 2014; National Academies of Sciences, Engineering, 2016; Owen and Rhoades, 2012; Wilkins, 2013). Providers should also explore ways of extending opening hours to evenings and weekends (Bayley et al., 2009; Maxwell et al., 2012; Wilkins, 2013), so that access to interventions is amenable to shift workers and those with out-of-work compromises. Another solution for increased retention may be to shorten meeting times in order to relieve participants of their time constrains (Moodie and Ramos, 2014).

Given the multiple stressors faced by disadvantaged and vulnerable families, intervention providers should also consider using staff to devote their time and attention to coordinating and rescheduling missed sessions. This strategy was tested in an impact evaluation of

Promoting Strong African American Families, and found to foster sustained involvement, suggesting that there is value in offering this kind of bespoke support (Barton et al., 2015).

### *Deliver interventions at convenient locations*

Multiple studies of varied methodologies have emphasised the importance of ensuring that interventions are delivered at convenient locations (Axford et al., 2012; Callanan et al., 2017; Dumka et al., 1997; Levert, 2017). Outreach services, for example, take a variety of forms including (i) the satellite model, which establishes standalone centres for delivering services in communities; (ii) the peripatetic model, which delivers services in existing community settings such as hostels, workplaces, conference centres, GP practices, housing offices and schools; and (iii) the domiciliary outreach model, which involves visiting people in their own homes (Dewson et al., 2006). Importantly, interventions need to be located close to or in the areas where target participants live or congregate, as well as in an environment in which people feel comfortable. In relation to this, a multi-methods study conducted by DWP stressed the importance of researching both the target population and local area, before deciding where to deliver interventions (Dewson et al., 2006).

Running satellite interventions in rural areas or offering telephone-based courses to parents that are reluctant to access help can be an appropriate way forward (Social Care Institute for Excellence, 2009). In line with this, an EIF mixed-methods study involving a mapping exercise and qualitative interviews with stakeholders and providers of relationship support services, suggested that online support may also be a way of overcoming geographical barriers for disadvantaged families living in rural areas (Callanan et al., 2017). In order to better retain men in support services, one study suggested locating programmes in places where men often go (Robinson and Parker, 2008). However, this suggestion is based on a study that did not report its methodology in detail and therefore it should be intepreted with caution.

### *Provide transportation, childcare and free or subsidised support*

To overcome practical barriers, an overwhelming number of papers suggested that interventions should consider offering free or subsidised support, as well as providing transportation, childcare and free meals (Axford et al., 2012; Brown et al., 2012, 2018; Burr et al., 2014; Callanan et al., 2017; Dumka et al., 1997; Hawkins and Ooms, 2010, 2012; Hindson et al., 2016; National Academies of Sciences, Engineering, 2016; Social Care Institute for Excellence, 2009). Some of these incentives may make intervention attendance possible for participants who would otherwise struggle to afford attending. However, as discussed in the section on recruitment strategies (see page 44), it is worth noting that while there is empirical evidence to suggest that monetary incentives can increase participant enrolment and first attendance rates, it is less clear whether these incentives also increase retention rates (Dumas et al., 2010; Gross et al., 2011; Heinrichs, 2006 in Gonzalez et al., 2018; National Academies of Sciences, Engineering, 2016; Winslow et al., 2018). Further research is therefore needed to determine this.

## Consider intervention characteristics

### *Ascertain whether it is preferable to deliver an individual or group-based intervention*

In a meta-analytic review focusing on attrition from school-based behavioural parent training programmes, it was reported that the format of programme delivery (that is, whether it is delivered to groups or individuals) can be a strong predictor of programme attrition (Levert, 2017). For example, in a study aimed at reducing disruptive child behaviour through parent training programmes, individual-based parenting interventions were found to be more effective than those delivered in groups (Lundahl et al., 2006). Nonetheless, as noted by the authors themselves, there are competing factors that need to be taken into consideration when working with disadvantaged and vulnerable families. While individualised interventions

are more flexible and can be tailored to participant needs, group-based interventions are more efficient in meeting the needs of many and can provide groups that are reluctant to engage with the social support that they frequently lack (Levert, 2017; Lundahl et al., 2006). Some individuals and couples, however, have reported feelings of discomfort when talking about their personal experiences, especially if they were required to do so in a group setting (Burr et al., 2014; Ramm et al., 2010). For this reason, it is important to liaise with the target population prior to intervention delivery in order to consider their needs and preferences, rather than rely on what is most commonly reported in the literature.

For couples experiencing high levels of conflict, for example, delivering interventions in a group format was highlighted as a potential engagement strategy. This included providing separate Mediation Information and Assessment Meetings for each partner (Barlow et al., 2014) as well as using mixed-gender groups for co-parenting interventions (Owen and Rhoades, 2012). Based on provider experience and participant feedback, the mixed-gender design allows for different perspectives to be discussed and helps to avoid 'bashing' the other gender (Owen and Rhoades, 2012).

### *Self-directed interventions that are delivered remotely may help to engage disadvantaged and vulnerable groups*

Numerous papers highlighted the value of offering interventions flexibly, particularly remotely or virtually. Such services, including online services, telephone services and live chat, were perceived to be beneficial because they overcame a range of practical and psychological barriers. This included avoiding waiting lists, providing services for those without access to face-to-face counselling, and enabling people to work on problems independently, at their own pace and in the comfort of their home (Callanan et al., 2017; Corlyon, 2009; Hawkins and Ooms, 2010; Marjoribanks, 2015; Ramm et al., 2010; Robinson and Parker, 2008; Spielhofer et al., 2014; Stewart et al., 2016; Walker et al., 2010). Additionally, virtual support has been suggested as a way of overcoming accessibility and acceptability barriers for specific groups. For families living in rural areas with less access to support services, for example, self-directed interventions may be particularly useful (Lundahl et al., 2006). One review also suggested that the anonymity and independence of the internet was an attractive possibility for adolescents experiencing difficulties (Robinson and Parker, 2008). Further, intervention providers suggested that some (for example, men) may prefer a less personal channel, like a website or live chat (Chang and Barrett, 2008; Wilkins, 2013), although this has not yet been rigorously tested.

Self-directed methods of delivery may also be suitable for some groups, who may find it particularly difficult to attend interventions due to the number of accessibility barriers they face (Lundahl et al., 2006). Qualitative research has found that online programmes are acceptable and appealing to disadvantaged populations specifically. Love and colleagues (2013) conducted focus groups with 160 parents living in poverty in the United States. Parents reported that the online format was convenient as it could fit around their schedules; they also talked about how they felt more comfortable with an online learning experience, including feeling less embarrassed and being better able to concentrate. However, parents also highlighted the value of a face-to-face option being available for those who prefer it (Love et al., 2013). According to a recent literature review, participants accessing self-directed couple relationship education differ from those attending traditional interventions, in that they have more family problems, more self-reported neurotic spousal behaviours and more relationship problems (Stewart et al., 2016). In relation to this, delivering support flexibly with a substantial proportion completed at home was found to attract a strong representation of high-risk couples, very few of whom had previously attended couple relationship education programmes (Petch et al., 2012). Therefore, online interventions have the potential to engage a range of couples with diverse needs.

Studies have also tested the effectiveness of online programmes in recent years. For example, a meta-analytic review found evidence that online parenting programmes can make a significant positive contribution for parents and children, based on a relatively small number of experimental studies with a range of populations (Nieuwboer et al., 2013).

While service users and providers perceived advantages of online support, they also expressed reservations. Therapists highlighted issues with confidentiality, therapeutic alliance, licensing, liability, crisis management and training (Stewart et al., 2016). Similarly, service users often viewed online support as a practical rather than preferable solution and they were also hesitant as to the quality of information delivered and the efficacy of online support as opposed to face-to-face counselling (Spielhofer et al., 2014; Walker et al., 2010).

### *Deliver an engaging intervention using a variety of learning methods*

The need to make an intervention attractive, engaging and interesting has been highlighted as an important factor when considering participant engagement. In our report on commissioning parenting and family support to troubled families, we noted that individuals tend to benefit from information presented in a variety of ways (Asmussen et al., 2017). Delivering programme content through written and verbal advice can be a useful starting point. However, to create a stimulating learning environment, practitioners should ensure that sessions are enjoyable and active with opportunities for learning through a variety of methods, including group discussions, one-to-one coaching and role play (Asmussen et al., 2017; Ooms and Wilson, 2004; Owen and Rhoades, 2012).

Creating such an environment may be particularly important for enhancing the retention of low literacy groups, especially when considering that programmes involving lectures, readings and other lengthy written materials do not tend to resonate well with participants of low education levels (Ooms and Wilson, 2004; Petch et al., 2012). In line with this, providing one-to-one assistance may be particularly important for ensuring the continued attendance of disadvantaged and vulnerable families facing multiple stressors (Social Care Institute for Excellence, 2009).

Action-oriented activities such as drawing and sculpting, can also help to engage certain participants (Owen and Rhoades, 2012). Indeed, according to a multi-methods review incorporating qualitative methods to investigate barriers to father involvement, it was noted that fathers tend to prefer activity-based approaches which allow them to spend time with their children and take part in skills-based activities (Bayley et al., 2009).

### *Create a safe and informal space to help instigate a sense of belonging*

According to one literature review, making interventions more informal can help to reduce psychological barriers (Axford et al., 2012). Moreover, we identified multiple sources encouraging honest dialogue and group discussion. According to study authors, this can make participants feel free and safe to share their own experience with others, who serve as a source of social support and peer learning, and which can contribute to sustained participant engagement (Mytton et al., 2013; National Academies of Sciences, Engineering, 2016; Ooms and Wilson, 2004; Owen and Rhoades, 2012). The peer support experience can be further encouraged by promoting group cohesion through setting out healthy group norms, normalising participant experiences and promoting positive feedback among participants (Dumka et al., 1997; Owen and Rhoades, 2012). This finding is based on a small pre/post impact evaluation of the Working Together programme (n=20) (Owen and Rhoades, 2012), and an article describing the process of developing, implementing and evaluating parental engagement strategies (Dumka et al., 1997). Other elements that can help foster a strong group cohesion and sense of belonging, include providing warm-up activities and pre-session meals, to create an opportunity for participants to eat and socialise with others (Dumka et al., 1997). Additionally, Dumka and colleagues (1997) claimed that ending group sessions with

a closing ritual in which participants read aloud a set of affirmations, could also contribute to this group experience. Aside from increased engagement, strengthening peer support can result in multiple benefits, including reduced stigma, increased sense of connection and reduced social isolation (National Academies of Sciences, Engineering, 2016).

In the relationship support literature, both service users and providers expressed that the opportunity for peer support was a valuable component of relationship programmes and services (Burr et al., 2014; Owen and Rhoades, 2012; Walker et al., 2010; Wilkins, 2013). Valued elements of peer support included sharing experiences with those who understood what they were going through, learning from others and providing mutual feedback to one another. Indeed, according to a large qualitative study that asked adults what help they would have liked to receive for their relationship issues, the desire for peer support was the most common response from both men and women (Walker et al., 2010).

***Ensure that the content is appropriately tailored and culturally relevant to the target population***

Irrespective of how an intervention is delivered, careful consideration should be given to the tailoring of content, ensuring that it matches participant needs. Tailoring content involves adapting the style and delivery of an intervention to make it more suitable for the population being served (Social Care Institute for Excellence, 2009). Multiple studies with varied methodologies suggest that this is particularly relevant for disadvantaged and vulnerable families, including those who do not speak English as a first language, are from BME backgrounds, LGBTQ+ communities, or have special needs (Brown et al., 2012; Burr et al., 2014; National Academies of Sciences, Engineering, 2016; Robinson and Parker, 2008; Social Care Institute for Excellence, 2009; Vaterlaus et al., 2012).

Additionally, ensuring that intervention content is culturally relevant is essential for engaging ethnic minorities, as parenting practices tend to differ across ethnic groups (Barton et al., 2015; Moodie and Ramos, 2014; Robinson and Parker, 2008). Based on a qualitative study focused on facilitators' shared experiences in providing relationship education to low-income populations (Vaterlaus et al., 2012) and a paper focused on examining the challenges and strategies associated with encouraging individuals to engage in relationship support (Robinson and Parker, 2008; methods not fully described), providers need to better understand the cultures of their community and be more willing to practise flexibility, as this will allow them to meet cultural expectations (Robinson and Parker, 2008; Vaterlaus et al., 2012). One suggested way of doing this is by involving families in the planning and design phases of interventions and seeking parental feedback throughout (Crosse et al., 2017; Moodie and Ramos, 2014). This may allow participant motivation to be better aligned with the intervention goals, and help ensure that cultural generalisations are not automatically applied to target populations, but that individual needs are being met (Moodie and Ramos, 2014).

According to the relationship support literature, it is also important to tailor services to different types of couples, including those affected by high levels of conflict and domestic abuse. Authors have called for the tailoring of programmes and services according to different couple types and needs. Important aspects to consider are, for example, the relationship's duration as well as the age and life stage of the partners in question (Bradbury and Lavner, 2012; Burr et al., 2014).

***Consider addressing institutional biases to engage a wider range of individuals***

A systematic review on engaging fathers found that, to effectively engage different groups of people, particularly those that are disadvantaged, it is essential for organisations to address any biases that they may have towards certain groups (Panter-Brick et al., 2014). For example, it would be important to consider how 'father-friendly' the organisation is, and how responsive they are to gender-related differences in parenting roles and styles (Panter-Brick et al., 2014).

*Use follow-up or booster sessions to encourage practising previously learnt skills*

Some literature reviews have also highlighted the value of follow-up or booster sessions (Ooms and Wilson, 2004; Stewart et al., 2016), although it should be noted that methodological details are limited which reduces our confidence in the findings. These sessions, which take a variety of forms, are based on the need for couples to continue practising their skills. They are designed to prevent couples from separating or requiring more intensive support in the future, and are especially important for low-income participants because the stress and unexpected challenges they face, can easily detract from the use of learned relationship skills (Ooms and Wilson, 2004; Stewart et al., 2016).

## Case study 3: Designing programmes to engage ethnic minority groups

This case study is an example of a programme that was specifically designed for an ethnic minority group that is less likely to engage in support. Below we give a brief overview of the intervention in question as well as describe how the recruitment and retention methods used in the Barton et al., (2015) impact study were specifically tailored to African American couples. The purpose of this case study is therefore to encourage thinking of how you might go about tailoring a programme to meet the specific needs of your target group, ensuring participant engagement.

### The Promoting Strong African American Families (ProSAAF) programme

The ProSAAF programme was developed to address the needs of two-parent African American couples with a pre-adolescent or adolescent child. It is a six-session universal programme, delivered on a weekly basis by trained facilitators in the participants' homes. The programme is facilitated through video-based content and structured couple activities, targeting both couple/marital and parenting dynamics.

### Recruitment and retention strategies

According to an impact evaluation of ProSAAF (Barton et al., 2015), **recruitment efforts included referrals through local contacts and advertisements distributed through a variety of outlets**, including churches, community fairs, radio shows, newspapers and local businesses.

In terms of the actual implementation of the programme, ProSAAF aimed to include multiple components specifically designed to achieve high rates of attendance and retention among African American parents, especially fathers or father figures. These strategies included:

- **Offering ProSAAF in participants' homes**, which was viewed as an important means to encourage participants who would otherwise be unlikely to attend group-based classes to take part in the programme. The decision to do this was also based on evidence that African American men are often reluctant to attend family-centred programmes in community settings, particularly those offered at schools.
- The recruitment of men was particularly aided by community-based recruitment procedures that included **having African American men community liaisons** assist with the recruitment process. In addition, recruitment materials were specifically geared to a male audience.
- Programme content (e.g. ethnic pride) and recruitment procedures (e.g. use of demographically similar peers, local community organisations with high African American involvement) were also designed to be **sensitive to African American cultural dynamics**.

### Engagement outcomes

The engagement methods utilised in this impact study resulted in high retention rates, with 76% of couples attending all programme sessions and 80% attending the majority of sessions.

## Ensure that practitioners have the relevant skills, characteristics and experiences

### *Build a strong and positive therapeutic alliance*

We found a number of studies, including our own work on building trusted relationships, referring to the importance of the therapeutic alliance (that is, the working relationship between practitioner and participant) in determining retention. Building a strong and positive relationship with service users, which includes appropriate rapport as well as mutual feelings of trust and respect, has been recognised as critical for effective engagement (Asmussen, 2011; Asmussen et al., 2017; Corlyon et al., 2011; Lewing et al., 2018; Lindsay et al., 2014; Mytton et al., 2013). Indeed, participants who feel listened to and treated with respect are more likely to remain in interventions, compared to those who do not feel valued (Corlyon et al., 2011; Lindsay et al., 2014). A strong therapeutic alliance also has the power to create the necessary context in which participants can learn and assimilate intervention content (Asmussen, 2011). In a multi-methods review involving a qualitative component conducted by EIF, practitioners identified the therapeutic alliance as being essential for any meaningful progress to be made with a participant (Lewing et al., 2018).

Developing a positive therapeutic alliance, however, takes time. According to Bordin (1979), the quality of this alliance is determined by three important practices: (i) an agreement between practitioner and participant with regards to expected outcomes, (ii) a plan of the necessary tasks needed to achieve these outcomes, and (iii) the development of a practitioner–participant bond. As already mentioned, the latter can be facilitated through feelings of mutual respect, trust and positive regard, but it can also be strengthened through specific practitioner characteristics. Highly skilled practitioners who are able to empathise with the participant and have learnt from previous experiences with similar participants, will likely be able to further strengthen the therapeutic alliance (Asmussen, 2011). In addition, the quality of this working relationship is facilitated by similarities between the two parties in terms of their personal attributes, including their ethnic background and previous life experiences (see section on recruiting practitioners on the following page).

It is important to note that the quality of the therapeutic alliance is not the sole responsibility of practitioners. Indeed, participants must also be held accountable, especially since their personal characteristics can contribute or comprise the development of the working relationship (Asmussen, 2011). As an example, parents who can instigate, develop and maintain good relationships with others are more likely to form a positive therapeutic alliance. In contrast, parents who have difficulty forming positive relationships or who are experiencing high levels of stress, which in turn can affect relationship-building, are less likely to develop a strong therapeutic alliance and hence to benefit from evidence-based interventions (Asmussen, 2011).

In line with this, several papers have noted that it is essential for staff to be adequately trained to work with groups that are reluctant to engage, including low-income families, fathers, ethnic minorities and LGBTQ+ parents (Bayley et al., 2009; Dumka et al., 1997; Maxwell et al., 2012; Social Care Institute for Excellence, 2009). Practitioner attitude is particularly important when working with disadvantaged and vulnerable groups because if users do not feel welcomed, respected and valued, they are unlikely to engage with services now or in the future (Barnes-Proby et al., 2017; Ritchie et al., 2005).

### *Maintain frequent contact with participants to keep them coming back*

A critical strategy for retaining participants in interventions is to ensure that frequent contact is maintained, as was reported in a literature review, impact evaluation and process evaluation (Axford et al., 2012; Brown et al., 2012; Dumka et al., 1997). Study authors suggested that once a session has terminated, it is good practice to check in and ask participants about their experience of the intervention so far. This can be done through follow-up phone calls, which may also be used to remind participants of upcoming sessions

(Brown et al., 2012; Dumka et al., 1997). Reminders issued through text messages and emails can also be of value, but phone calls are more likely to convey the message that parents are an important part of an intervention and that they will be missed if they do not attend (Brown et al., 2012; Dumka et al., 1997). In cases where participants fail to attend a session, practitioners should either use phone calls or home visits to update parents on the content that was covered in the missed session as well as try to encourage future attendance (Axford et al., 2012; Brown et al., 2012; Dumka et al., 1997).

Maintaining close contact with participants can also allow practitioners to better understand why someone is not engaging with an intervention, and in so doing, work towards helping the participant overcome their difficulties (Brown et al., 2012; Dumka et al., 1997). This may be particularly important for disadvantaged and vulnerable families, which tend to face a multitude of accessibility barriers. Because these families are more likely to face everyday challenges and crises that hinder their ability to engage, practitioners need to be able to direct families to services that may help meet their other needs, including for example housing support, financial advice, or substance misuse treatment (Dumka et al., 1997; Markman and Ritchie, 2015; Ooms and Wilson, 2004; Social Care Institute for Excellence, 2009). According to a multi-methods study, service users reported feeling more confident around staff with a wide-ranging knowledge of issues related to housing, benefit allowances and legal or contract matters (Corlyon et al., 2011).

### *Link up with specialist services to help support high-conflict couples*

Practitioners working with high-conflict couples are also encouraged to develop strong links with specialist support services, so that couples can access these when appropriate. We identified papers of varied methodologies endorsing a screening procedure for domestic abuse. Authors highlighted the need for appropriate safeguarding and referral procedures, to ensure that specialised support is provided and that safety is attained (Barlow et al., 2014; Markman and Ritchie, 2015; McHale et al., 2012). The importance of screening and safeguarding procedures was also mentioned in relation to family dispute resolutions, and alongside supported alternatives to avoid the risk of agreements which tend to favour the 'stronger' party (Barlow et al., 2014).

### *Recruit practitioners who resemble and share similar experiences with parents*

We identified several papers which noted that participants appreciate practitioners with whom they can identify, as it increases their level of comfort and sense of belonging (Dumka et al., 1997; Petch et al., 2012; Spielhofer et al., 2014). Recruiting practitioners that are from a similar socioeconomic and cultural background, speak the same language, share similar values and beliefs, and are of the same ethnic minority and gender as the target population, can be a powerful way to improve participant engagement (Dumka et al., 1997; Markman and Ritchie, 2015; Petch et al., 2012; Spielhofer et al., 2014), as well as help to build a strong therapeutic alliance (as discussed on the previous page). Intervention providers should therefore aim to diversify their staff so that their service provision can better resemble the populations they serve. As an example, drawn on evidence from narrative reviews, evaluation research and practitioner experience, employing male staff can be a helpful way of encouraging men to sustain their attendance and engagement in parenting and couple support services (Corlyon, 2009; Hawkins and Ooms, 2010; Maxwell et al., 2012; La Placa and Corlyon, 2014; Wilkins, 2013). Further, the need for an approach and communication style suitable for men, along with an understanding of how men's socialisation may affect their views on accessing support while avoiding stereotyping, was endorsed in one of the literature reviews (Fletcher and Visser, 2008).

In addition, recruiting practitioners with similar experiences to the target participants can also help to engage a wider range of individuals. This finding is largely based on a qualitative study in which the vast majority of users expressed their preference for receiving relationship

support from a familiar person who had been through a similar experience to them, as it was felt that they would be better able to empathise with their situation (Ramm et al., 2010).

## Case study 4: Thinking about who should deliver interventions

This case study explores an example of a peer-led parenting intervention that was successful in achieving very high retention rates (Day et al., 2012). Below we give a brief overview of the intervention in question and examine some of the reasons why a peer-led intervention may be an effective method of keeping parents engaged in an intervention. The purpose of this case study is therefore to encourage thinking of who facilitates the intervention, and how this might impact on the willingness of participants to engage.

### The Empowering Parents, Empowering Communities programme

Empowering Parents, Empowering Communities[17] is a parenting intervention for disadvantaged families experiencing child behavioural difficulties. The programme is delivered by pairs of trained peer facilitators to groups of 7–14 parents over the course of eight weekly sessions. It aims to improve parent–child relationships and interactions, reduce behavioural problems in the child, and increase participants' confidence in their parenting abilities.

### Recruitment and retention strategies

In an impact evaluation of this programme, Day and colleagues (2012) described how **families were recruited through a range of methods**, including through word of mouth, posters put up in schools and children's centres, professional referrals from social workers and school staff, as well as face-to-face contacts by programme outreach workers.

In terms of programme implementation, a crucial element of the Empowering Parents, Empowering Communities programme is that **the peer facilitators are themselves parents from the local community**, who have successfully completed an accredited training programme. The training includes participation in a series of workshops, submission of a written portfolio and a period of supervised practice.

### Engagement outcomes

Recruitment efforts resulted in 116 families participating in the study, with 59 families being randomised to the intervention group and 57 to the waitlist control group. In addition, the impact evaluation achieved a very high retention rate of 92% (Day et al., 2012). This finding is particularly notable given that the participating families were a socially disadvantaged group, which is often considered reluctant to engage. The authors suggest that the low drop-out rate may point towards a peer-led approach being an acceptable means of delivering evidence-based parenting support to families who may not otherwise engage in mainstream services. In another paper by the same author, Day and colleagues (2017) explore reasons why peer-led interventions may, in certain cases, result in good retention rates.

- 'Peers with shared characteristics and common experiences may have greater credibility and influence with parents than some professionals.'
- 'The mutual identification and engendered trust that are a common feature of peer approaches may boost engagement and accelerate behavioural change.'
- 'Peer support may be more cost-effective and improve the scope and scale of help available to parents and families, improving health behaviours and outcomes at relatively low cost.'
- 'Peer support provides a vehicle for personal altruism and community connectedness.'

17 See: https://guidebook.eif.org.uk/programme/empowering-parents-empowering-communities

***Ensure you have skilled practitioners, as this is critical to intervention effectiveness***

Evidence suggests that practitioners must have the necessary capacity and skills in order to ensure sustained retention and engagement of participants in interventions (Asmussen, 2011; Axford et al., 2012). To achieve this and ensure intervention success, staff must therefore be well trained, supported and supervised (Asmussen, 2011; Axford et al., 2012; Moran et al., 2004). Moreover, if the intervention is well specified and the practitioners receive high-quality training and supervision, there is no reason to suspect that paraprofessionals cannot deliver programmes and services as effectively as professionals. Indeed, programmes of proven efficacy tend to use professionally trained workers and paraprofessionals, including family support workers, teachers, volunteers and parents (Asmussen, 2011; Moran et al., 2004), as described in case study 4 above.

For many service users, the credentials, background and experience of the practitioners seem to be directly connected with their perception of programme quality, as identified in a large qualitative study examining couple discussions on the pros and cons of attending couple relationship education (Burr et al., 2014). In fact, there is a direct correlation between practitioner competency and achieved programme outcomes (Asmussen, 2011). Aside from having the necessary knowledge and experience to deliver a programme, there are also important interpersonal qualities that contribute to a practitioner's competency, but which can be difficult to learn through training alone. These include qualities of respect, empathy, genuineness, humility and personal integrity (Asmussen, 2011). It is therefore important to give due consideration to the personal characteristics of the practitioners recruited and the formal training provided.

Finally, there is some evidence to suggest that practitioners should also be motivated to competently deliver the programme, driven to create a safe and supportive environment, eager to encourage parents to practise their new learnt skills, and able to relate the programme learning to individual families (Asmussen, 2011; Markman and Ritchie, 2015). According to a multi-methods review focused on separated families, some service users also disclosed valuing practitioners who are active listeners, friendly, trustworthy, compassionate, objective, professional and non-judgmental (Corlyon et al., 2011). One small-scale qualitative study conducted with parents struggling with mental health issues, as well as clinicians treating them, highlighted the importance of practitioner skills in ensuring that parents stay engaged (Wilson et al., 2018). Specifically, parents valued certain personal qualities of the practitioners such as being 'encouraging, non-judgmental, open, honest, not patronising, and patient'. When parents were made to feel listened to and understood, they felt more in control and encouraged to participate.

***Consider practitioner skill in dealing with emotion, acrimony and power issues, as this appears to be particularly important in relationship support***

As already outlined, practitioner skill is central to providing high-quality support and engaging users in interventions. The relationship support literature we reviewed additionally emphasised the importance of practitioner skill in responding to emotion; dealing with conflict, acrimony and couple distress; and managing power issues. This skill set is particularly relevant to those working with high-conflict couples. For example, papers have highlighted the importance of dealing with emotions and acrimony before dispute resolution processes begin (Barlow et al., 2014; Fletcher and Visser, 2008). In line with this, mediation practitioners must also recognise when participants are not emotionally ready to absorb new information and make difficult choices (Barlow et al., 2014).

Papers also emphasised the importance of dealing with power and control issues in mediation. These issues may arise from one party dictating the course of the separation and the other feeling disenfranchised, or when dominant and controlling partners abuse the mediation process (Barlow et al., 2014; Kneale et al., 2014). The ability of mediation

practitioners to refocus attention to the best interests of the child, away from relationship 'warring stories' and towards problem solving, was also referred to as critical for engaging fathers in mediation (Fletcher and St. George, 2010). Additionally, the practitioner's ability to equip both parties with effective communication skills, including active listening, was reported as valuable when working with high-conflict couples (Barlow et al., 2014; Markman and Ritchie, 2015). One paper discussed the importance of practitioner skills in engaging both partners, including reluctant partners, by promoting mediation as a way to keep decision-making within the couple, and as an opportunity to hear the views of both parties (Kneale et al., 2014).

The demand for dealing skilfully with highly distressed couples has also been recognised in couple relationship education services, as outlined in one of the papers we identified (Markman and Ritchie, 2015). Although the methods are not clearly reported, the paper argues that the field is moving towards a more clinical model, to meet the needs of an increasing number of distressed couples attending these programmes. To be better able to deal with couples in high distress, some of the proposed recommendations are to train couple relationship education leaders in clinical skills, or to ensure that at least one of the leaders is a clinician (Markman and Ritchie, 2015).

## Case study 5: The experience of a local area in delivering Parents as Partners

- This case study is based on information provided by a London borough about their first experience delivering the Parents as Partners programme to five couples experiencing problems with child behaviour and family relationships. Parents who took part were considered at-risk due to receiving support from Children's Social Care and Child and Adolescent Mental Health Services. The group was ethnically diverse, with parents aged between 23–65 years; 80% were in paid employment, with the remainder in education or full-time parenthood. The programme was delivered by two experienced facilitators (one male, one female), who led the sessions with specialist supervision.

### The Parents as Partners programme

- The Parents as Partners programme is designed to support and strengthen the family unit, improve family relationships and develop parenting skills. It is delivered in 16 structured two-hour group sessions with other couples and focuses on the whole family. The programme is open to parents who are living together, separated or divorced, but parents must attend the programme together.

### Reflections from the borough on the recruitment strategies used

- **Recruitment methods:** Participants were recruited through referrals from agencies (e.g. mental health services, schools, third sector agencies and children's services), flyers and word of mouth. Practitioners found that the most fruitful approach was working closely with professionals known to the families. If the parents already knew the programme facilitator or an introduction was arranged, parents were more likely to engage.
- **Programme and participant characteristics – a safe space for group interaction:** Parents were required to meet eligibility criteria, including that: both members of the couple could commit to all sessions; they were not experiencing domestic abuse or substance misuse; they could contribute constructively in a group setting; and that they would help facilitate a 'safe space' for open discussion. Staff highlighted the importance of having sufficient time to recruit such couples, as having inappropriate couples would increase the likelihood of attrition.

- **Time and resources to recruit parents:** The recruitment process was estimated to constitute approximately 80% of the overall work of running the programme; however, the time required was expected to reduce over subsequent deliveries. Recruitment involved two initial meetings during which couples were introduced to the programme and assessed for their suitability.

### Reflections from the borough on the retention strategies used

- **Practical measures:** The provision of childcare was considered essential for enabling parents to attend. Staff also provided maps and travel guidance; however, transport was typically unfunded. Once the programme had started, weekly texts/phone call reminders were issued.
- **Tailoring and inclusivity:** Programme materials were rewritten to accommodate low literacy, learning difficulties, English as a second language and varied learning styles. To increase inclusivity, the programme language was tailored to both separated and intact couples.
- **Practitioner characteristics and supervision:** Participating parents experienced issues including high conflict, a history of domestic abuse, tension relating to cultural differences and violent child behaviour. Practitioners therefore required specific training and specialist supervision, as well as skill in dealing with couple tension and distress. For the practitioners, clinical supervision was considered invaluable in enabling them to deliver the programme with skill and fidelity.

### Engagement outcomes

- **Recruitment and retention rates:** Of the eleven couples who underwent initial assessment meetings, seven were deemed suitable for the programme. Five enrolled to attend the programme and all five attended the first four programme sessions. Three couples plus one parent completed the course and went on to graduate.

Parents as Partners continues to be delivered in this London borough once per year. The borough is currently unable to offer the programme more frequently due to the required practitioner time, resource and recruitment challenges.

# 4. Conclusions and recommendations

The evidence in this review highlights that there are various strategies that could be employed to better recruit and retain parents in evidence-based parenting and parental conflict programmes and services. There are, however, a number of barriers which hamper efforts to engage parents. Here we place the main findings of this review within the broader context and draw out some conclusions and recommendations for policy and practice.

While this review was designed to inform delivery of the Reducing Parental Conflict (RPC) programme, it includes findings which are relevant to a range of audiences, including:

- national policymakers
- local leaders, managers and commissioners, particularly those responsible for designing, delivering and commissioning family interventions
- programme developers and intervention providers
- research funders
- the DWP, who commissioned this research and are currently planning the delivery and evaluation of their RPC programme.

## Designing and planning interventions

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

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

*Recommendations for programme developers and intervention providers*

- **1.1** Programme developers and intervention providers should work closely with the target audience in order to design interventions and implementation processes that will address the needs of the populations they are seeking to reach.
- **1.2** Developers should clearly advise those who deliver their programme on how best to reach target audiences, by providing an assessment of the barriers to participation and identifying relevant strategies that could be used to overcome these.

*Recommendations for local leaders, managers and commissioners*

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

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

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

*Recommendations for local leaders, managers and commissioners*

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

*Recommendations for programme developers and intervention providers*

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

*Recommendations for DWP*

- **2.3** DWP should plan for high attrition rates, for example, by overestimating how many individuals should be approached for recruitment, oversubscribing interventions and allowing for attrition in their target setting.
- **2.4** DWP should ensure that monitoring data is collected at a local level throughout the RPC programme delivery, so that providers can identify early signs of interventions failing to recruit, retain and engage participants, and intervene as and when appropriate. Given DWP's aim to engage disadvantaged and workless families, it will be particularly important for contract package areas to report to the department on whether they are recruiting a representative sample of the disadvantaged families present in their area.

# Recruiting and retaining participants

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

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

*Recommendations for local leaders, managers and commissioners*

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

*Recommendations for DWP*

- **3.2** The principles outlined in this report should be used by DWP to inform the delivery of the RPC programme, including any requirements made of new providers in this territory. For example, DWP should ensure appropriate planning is in place for the way that parents are recruited into the interventions delivered as part of the programme. In particular, DWP should consider how the RPC programme reaches out and recruits disadvantaged families who are considered less likely to access support on their own initiative. By liaising with schools, job centres and housing services, for instance, DWP may be better able to identify and reach out to the eligible families already known to these services.
- **3.3** DWP should seek opportunities for local staff to be trained in increasing participant interest, motivation and commitment to attend interventions, including for example as part of the practitioner training planned for the RPC programme. This will provide an opportunity for the staff responsible for recruiting participants and delivering interventions, to review and respond to the key engagement barriers facing the parent populations that they are seeking to target.

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

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

*Recommendations for local leaders, managers and commissioners*

- **4.1** Local areas should consider how they can best recruit, develop and retain staff in order to minimise disruption to the relationship building process. During recruitment, alongside considering practitioner skill, importance should also be given to the personal attributes of the practitioner (such as their compassion, respect, empathy, patience and honesty), as these qualities are highly valued by service users.
- **4.2** Providing staff with the desirable skills and sufficient time to engage families in frequent contact is also important, particularly for disadvantaged and vulnerable families who tend to require more time to build trust.
- **4.3** Local areas should seek to encourage providers to recruit practitioners with similar experiences to the target population, as this can be a powerful way to build stronger therapeutic relationships and improve participant engagement.

*Recommendations for DWP*

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

# Research and evaluation

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

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

*Recommendations for national policymakers*

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

*Recommendations for local leaders, managers and commissioners*

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

*Recommendations for DWP*

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

*Recommendations for research funders*

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

# Wider system recommendations

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

Some parents do not recognise that they or their children have problems which need to be addressed and, if they do, they are often unaware of the support services available to them. Engaging families early depends on a wider infrastructure of prevention and early intervention services which build trusting relationships between practitioners and participants. However, wider system stresses and instability make the availability and careful

implementation of these services challenging. We need to recognise that supporting children and families with complex problems requires a resource-intensive, long-term approach.

*General recommendations*

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

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

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

*General recommendations*

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

# References


Acquah, D., Sellers, R., Stock, L., & Harold, G. (2017). *Interparental conflict and outcomes for children in the contexts of poverty and economic pressure*. EIF: **https://www.eif.org.uk/report/interparental-conflict-and-outcomes-for-children-in-the-contexts-of-poverty-and-economic-pressure**

Action for Children (2010). *Supporting the UK's most vulnerable families: Why children's centres are the best way to reach those who need it most*.

Asmussen, K. (2011). *The evidence-based parenting practitioner's handbook*. Routledge.

Asmussen, K., Feinstein, L., Martin, J., & Haroon, C. (2016). *Foundations for Life: What works to support parent–child interaction in the early years*. EIF: **https://www.eif.org.uk/report/foundations-for-life-what-works-to-support-parent-child-interaction-in-the-early-years**

Asmussen, K., Waddell, S., Molloy, D., & Chowdry, H. (2017). *Commissioning Parenting and Family Support for Troubled Families*, 1–46. EIF: **https://www.eif.org.uk/report/commissioning-parenting-and-family-support-for-troubled-families**

Axford, N., Lehtonen, M., Kaoukji, D., Tobin, K., & Berry, V. (2012). Engaging parents in parenting programs: Lessons from research and practice. *Children and Youth Services Review, 34*, 2061–2071.

Baker, C.N., Arnold, D.H., & Meagher, S. (2011). Enrollment and Attendance in a Parent Training Prevention Program for Conduct Problems. *Prevention Science, 12*(2), 126–138.

Barlow, J. (1999). *Systematic review of the effectiveness of parent-training programmes in improving behaviour problems in children aged 3-10 years: a review of the literature on parent-training programmes and child behaviour outcome*. Centre for Reviews and Dissemination, University of York. 1–3.

Barlow, A., Hunter, R., Smithson, J., & Ewing, J. (2014). *Mapping Paths to Family Justice: Briefing Paper and Report on Key Findings*. Open Research Exeter, Exeter University.

Barnardo's Policy Research and Media Unit (2011). *Reaching Families in Need: Learning from practice in Barnardos's Children's Centres*.

Barnes, J., & Stuart, J. (2016). The feasibility of delivering Group Family Nurse Partnership. *Journal of Children's Services, 11*, 170–186.

Barnes-Proby, D., Schultz, D., Jaycox, L.H., & Ayer, L. (2017). *A RAND Toolkit: Five Strategies for Successful Recruitment and Retention of Children and Families in Human Service Programs*.

Barton, A.W., Beach, S.R.H., Hurt, T.R., Fincham, F.D., Stanley, S.M., Kogan, S.M., & Brody, G.H. (2015). Determinants and Long-Term Effects of Attendance Levels in a Marital Enrichment Program for African American Couples. *Journal of Marital Family Therapy, 42*, 272–287.

Bayley, J., Wallace, L.M., & Choudhry, K. (2009). Fathers and parenting programmes: barriers and best practice. *Journal of Community Practice, 82*, 28–31.

Beresford, B., Clarke, S., Gridley, K., Parker, G., Pitman, R., & Spiers, G. (2008). *Technical Report for SCIE Research Review on Access, Acceptability and Outcomes of Services/Interventions to Support Parents with Mental Health Problems and Their Families*. Social Policy Research Unit, University of York.

Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychology and Psychotherapy: Theory, Research and Practice, 16*, 252–260.

Bradbury, T.N., & Lavner, J.A. (2012). How Can We Improve Preventive and Educational Interventions for Intimate Relationships? *Behavioural Therapy, 43*, 113–122.

Brown, L.D., Feinberg, M.E., & Kan, M.L. (2012). Predicting Engagement in a Transition to Parenthood Program for Couples. *Evaluation and Program Planning, 35*, 1–8.

Brown, L.D., Adeboye, A.A., Yusuf, R.A., & Chaudhary, P. (2018). Engaging vulnerable populations in parent-led support groups: Testing a recruitment strategy. *Evaluation and Program Planning, 69*, 18–24.

Burr, B.K., Hubler, D.S., Gardner, B.C., Roberts, K.M., & Patterson, J. (2014). What Are Couples Saying About Relationship Education? A Content Analysis. *Journal of Couple & Relationship Therapy, 13*, 177–197.

Callanan, M., Hudson, R., Husain, F., Roberts, E., Stock, L., & McBride, T. (2017). *Exploring parental relationship support: a qualitative study,* 1–82. EIF: **https://www.eif.org.uk/report/exploring-parental-relationship-support-a-qualitative-study**

Chacko, A., Jensen, S.A., Lowry, L.S., Cornwell, M., Chimklis, A., Chan, E., Lee, D., & Pulgarin, B. (2016). Engagement in Behavioral Parent Training: Review of the Literature and Implications for Practice. *Clinical Child and Family Psychological Review, 19*, 204–215.

Chang, Y.-S., & Barrett, H. (2008). *Couple relationships: A review of the nature and effectiveness of support services*. Family & Parenting Institute.

Cialdini, R.B. (2009). *Influence: Science and Practice*. Pearson

Coleman, L.M. (2011). Improving Relationship Satisfaction – Qualitative Insights Derived From Individuals Currently Within a Couple Relationship. *The Family Journal, 19*, 369–380.

Corlyon, J. (2009). *Separated families: how mainstream services support disadvantaged children and their non-resident parents*. Final Report Prepared by the Tavistock Institute for the Fatherhood Institute.

Corlyon, J., Stock, L., Gieve, M., Joyner, O., Spielhofer, T., Bryson, C., & Purdon, S. (2011). *Evaluation of child poverty pilots: delivering improved services for separating parents*. Department for Education.

Cortis, N., Katz, I., & Patulny, R. (2009). *Engaging hard-to-reach families and children*. Occasional Paper no 26, Department of Families, Housing, Community Services and Indigenous Affairs, Australian Government.

Crosse, R., Devaney, C., & Connoly, N. (2017). *Parenting Support and Parental Participation: Parental Participation Survey Report*. UNESCO Child Family Research Centre, National University of Ireland.

Davis, F.A., McDonald, L., & Axford, N. (2012). *Technique Is Not Enough. A framework for ensuring that evidence-based parenting programmes are socially inclusive*. British Psychological Society.

Day, C., Michelson, D., Thomson, S., Penney, C., & Draper, L. (2012). Evaluation of a peer led parenting intervention for disruptive behaviour problems in children: community based randomised controlled trial. *British Medical Journal, 344*, e1107.

Day, C., Kearney, C., & Squires, F. (2017). Art, Science and Experience of Peer Support: Learning from the Empowering Parents, Empowering Communities Programme. *International Journal of Birth and Parent Education, 4,* 13–18.

Department for Work and Pensions (2017a). *Improving Lives: Helping Workless Families*.

Department for Work and Pensions (2017b). *Improving Lives: Helping Workless Families. Analysis and Research Pack*. 1–22.

Department for Work and Pensions (2019). *Households Below Average Income: An analysis of the UK income distribution: 1994/95–2017/18*.

Department of Health & Department for Education (2017). *Transforming Children and Young People's Mental Health Provision*. Green Paper.

Dewson, S., Davis, S., & Casebourne, J. (2006). *Maximising the role of outreach in client engagement*. Research Report no 326, Department for Work and Pensions.

DiClemente, C.C., & Velasquez, M.M. (2002). *Motivational interviewing and the stages of change. In Motivational Interviewing: Preparing People for Change*. Guilford Press, 201–216.

Dishion, T.J., Brennan, L.M., Shaw, D.S., McEachern, A.D., Wilson, M.N., & Jo, B. (2014). Prevention of Problem Behavior Through Annual Family Check- Ups in Early Childhood: Intervention Effects From Home to Early Elementary School. *Journal of Abnormal Child Psychology, 42*, 343–354.

Dumas, J.E., Begle, A.M., French, B., & Pearl, A. (2010). Effects of monetary incentives on engagement in the pace parenting program. *Journal of Clinical Child Adolescent Psychology, 39*(3), 302–313.

Dumka, L.E., Garza, C.A., Roosa, M.W., & Stoerzinger, H.D. (1997). Recruitment and Retention of High-Risk Families into a Preventive Parent Training Intervention. *The Journal Primary Prevention, 18*, 25–39.

Fletcher, R.J., & St. George, J.M. (2010). Practitioners' understanding of father engagement in the context of family dispute resolution. *Journal of Family Studies, 16*, 101–115.

Fletcher, R.J., & Visser, A.L. (2008). Facilitating father engagement: The Role of Family Relationship Centres. *Journal of Family Studies, 14*, 53–64.

Gonzalez, C., Morawska, A., & Haslam, D.M. (2018). Enhancing Initial Parental Engagement in Interventions for Parents of Young Children: A Systematic Review of Experimental Studies. *Clinical Child and Family Psychology Review, 21,* 415–432.

Grant, M.J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal, 26*, 91–108.

Gross, D., Johnson, T., Ridge, A., Garvey, C., Julion, W., Treysman, A.B., Breitenstein, S., & Fogg, L. (2011). Cost-effectiveness of childcare discounts on parent participation in preventive parent training in low-income communities. *Journal of Primary Prevention, 32*(5–6), 283–298.

Harold, G., Acquah, D., Sellers, R., & Chowdry, H. (2016). *What works to enhance interparental relationships and improve outcomes for children.* EIF: https://www.eif.org.uk/report/what-works-to-enhance-interparental-relationships-and-improve-outcomes-for-children

Hawkins, A.J., & Erickson, S.E. (2015). Is Couple and Relationship Education Effective for Lower Income Participants? A Meta-Analytic Study. *Journal of Family Psychology, 29*, 59–68.

Hawkins, A.J., & Ooms, T. (2010). *What Works in Marriage and Relationship Education? A Review of Lessons Learned with a Focus on Low-Income Couples*. National Resource Centre for Healthy Marriage and Families. 1–28.

Hawkins, A.J., & Ooms, T. (2012). Can Marriage and Relationship Education Be an Effective Policy Tool to Help Low-Income Couples Form and Sustain Healthy Marriages and Relationships? A Review of Lessons Learned. *Marriage & Family Review, 48*, 524–554.

Heinrichs, N. (2006). The effects of two different incentives on recruitment rates of families into a prevention program. *Journal of Primary Prevention, 27*(4), 345–365.

Heinrichs, N., Bertram, H., Kuschel, A., & Hahlweg, K. (2005). Parent Recruitment and Retention in a Universal Prevention Program for Child Behavior and Emotional Problems: Barriers to Research and Program Participation. *Prevention Science, 6*, 275–286.

Higgins, J.P.T., & Green, S. (2011). *Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0*.

Hindson, Z., Bywater, T., & Blower, S. (2016). *Exploration of current parent programme delivery to enhance child social and emotional wellbeing in Bradford*. IMPACT Project Report 1.

Kneale, D., Sherwood, C., Sholl, P., & Walker, J. (2014). *Engaging both parties in mediation within a changing funding climate*. Relate.

Kumpfer, K.L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural Sensitivity and Adaptation in Family-Based Prevention Interventions. *Prevention Science, 3*, 241–246.

Levert, D. (2017). Attrition from School-Based Behavioral Parent Training Programs: A Meta-Analytic Review. University of North Florida, Thesis Dissertation.

Lewing, B., Doubell, L., Beevers, T., & Acquah, D. (2018). *Building trusted relationships for vulnerable children and young people with public services*. EIF: https://www.eif.org.uk/report/building-trusted-relationships-for-vulnerable-children-and-young-people-with-public-services

Lindsay, G., Cullen, M.A., Cullen, S., Totsika, V., Bakopolou, I., Goodlad, S., Brind, R., Pickering, E., Bryson, C., Purdon, S., et al. (2014). *CANparent Trial Evaluation: Final Report*. Department for Education.

Love, S.M., Sanders, M.R., Metzler, C.W., Prinz, R.J., & Kast, E.Z. (2013). Enhancing Accessibility and Engagement in Evidence-Based Parenting Programs to Reduce Maltreatment: Conversations With Vulnerable Parents. *Journal of Public Child Welfare, 7*, 20–38.

Lundahl, B., Risser, H.J., & Lovejoy, M.C. (2006). A meta-analysis of parent training: Moderators and follow-up effects. *Clinical Psychological Review, 26*, 86–104.

Marjoribanks, D. (2015). *Breaking up is hard to do. Assisting families to navigate family relationship support before, during, and after separation*. Relate.

Markman, H.J., & Ritchie, L.L. (2015). Couples Relationship Education and Couples Therapy: Healthy Marriage or Strange Bedfellows? *Family Process, 54*, 655–671.

Maxwell, N., Scourfield, J., Featherstone, B., Holland, S., & Tolman, R. (2012). Engaging fathers in child welfare services: a narrative review of recent research evidence. *Child & Family Social Work, 17*, 160–169.

McHale, J., Waller, M.R., & Pearson, J. (2012). Coparenting Interventions for Fragile Families: What Do We Know and Where Do We Need to Go Next? *Family Process, 51*, 284–306.

Moodie, S., & Ramos, M. (2014). *Culture Counts: Engaging Black and Latino Parents of Young Children in Family Support Programs*. Child Trends, 1–16.

Moran, P., Ghate, D., & van der Merwe, A. (2004). *What Works in Parenting Support ? A Review of the International Evidence*.

Mytton, J., Ingram, J., Manns, S., & Thomas, J. (2013). Facilitators and barriers to engagement in parenting programmes: a qualitative systematic review. *Health Education and Behaviour, 41*, 127–137.

National Academies of Sciences, Engineering, & Mathematics. (2016). Elements of Effective Parenting Programs and Strategies for Increasing Program Participation and Retention. In *Parenting Matters: Supporting Parents of Children Ages 0-8*, p. 325.

Nieuwboer, C.C., Fukkink, R.G., & Hermanns, J.M.A. (2013). Online programs as tools to improve parenting: A meta-analytic review. *Children's Youth Services Review, 35*, 1823–1829.

Ooms, T., & Wilson, P. (2004). The challenges of offering relationship and marriage education to low-income populations. *Family Relationships, 53*, 440–447.

Owen, J., & Rhoades, G.K. (2012). Reducing Interparental Conflict Among Parents in Contentious Child Custody Disputes: An Initial Investigation of the Working Together Program. *Journal of Marital and Family Therapy, 38*, 542–555.

Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J.F. (2014). Practitioner Review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychological and Psychiatry, 55*, 1187–1212.

Petch, J., Halford, W.K., Creedy, D.K., & Gamble, J. (2012). Couple Relationship Education at the Transition to Parenthood: A Window of Opportunity to Reach High-Risk Couples. *Family Process, 51*, 498–511.

La Placa, V., & Corlyon, J. (2014). Barriers to inclusion and successful engagement of parents in mainstream services: evidence and research. *Journal of Children's Services, 9*, 220–234.

Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial. *Prevention Science, 10*, 1–12.

Prochaska, J.O., Velicer, W.F., Rossi, J.S., Goldstein, M.G., Marcus, B.H., Rakowski, W., Fiore, C., Harlow, L.L., Redding, C.A., Rosenbloom, D., et al. (1994). Stages of Change and Decisional Balance for 12 Problem Behaviors. *Health Psychology, 13*(1), 39–46.

Pruett, M.K., Cowan, C.P., Cowan, P.A., & Pruett, K. (2009). Lessons Learned From the Supporting Father Involvement Study: A Cross-Cultural Preventive Intervention for Low-Income Families with Young Children. *Journal of Social Service Research, 35*, 163–179.

Ramm, J., Coleman, L., Glenn, F., & Mansfield, P. (2010). *Relationship difficulties and help-seeking behaviour: secondary analysis of an existing data-set*. Department for Education.

Riskind, R.G., Patterson, C.J., & Nosek, B.A. (2013). Childless lesbian and gay adults' self-efficacy about achieving parenthood. *Couple and Family Psychology: Research and Practice, 2*, 222–234.

Ritchie, H., Casebourne, J., & Rick, J. (2005). *Understanding workless people and communities: A literature review*. Research Report no 255, Department for Work and Pensions.

Robinson, E., & Parker, R. (2008). *Prevention and early intervention in strengthening families and relationships: challenges and implications*. Australian Institute of Family Studies, 1–13.

Romagnoli, A., & Wall, G. (2012). 'I know I'm a good mom': Young, low-income mothers' experiences with risk perception, intensive parenting ideology and parenting education programmes. *Health, Risk & Society, 14,* 273–289.

Royston, S., & Rodrigues, L. (2013). *Breaking barriers: How to help children's centres reach disadvantaged families*. The Children's Society.

Rubio, B., Vecho, O., Gross, M., van Rijn-van Gelderen, L., Bos, H., Ellis-Davies, K., Winstanley, A., Golombok, S., & Lamb, M.E. (2017). Transition to parenthood and quality of parenting among gay, lesbian and heterosexual couples who conceived through assisted reproduction. *Journal of Family Studies*, 1–19.

Schrader-McMillan, A., & Barlow, J. (2017). *Improving the effectiveness of the child protection system: A review of literature*. EIF: **https://www.eif.org.uk/report/improving-the-effectiveness-of-the-child-protection-system-a-review-of-literature**

Schramm, D.G., & Calix, S. (2011). Focus on Kids: Evaluation of a Research-Based Divorce Education Program. *Journal of Divorce & Remarriage, 52*, 529–549.

Shepard, S., Armstrong, L.M., Silver, Rebecca, B., Berger, R., & Seifer, R. (2012). Embedding the Family Check Up and Evidence-Based Parenting Programs in Head Start to Increase Parent Engagement and Reduce Conduct Problems in Young Children. *Advances in School Mental Health Promotion, 5*, 194–207.

Social Care Institute for Excellence (2009). *Reaching parents: implementing parenting programmes*.

Social Mobility Commission (2017). *State of the Nation 2017: Social Mobility in Great Britain*.

Spielhofer, T., Corlyon, J., Durbin, B., Smith, M., Stock, L., & Gieve, M. (2014). *Relationship Support Interventions Evaluation*. Department for Education.

Spoth, R., Clair, S., Greenberg, M., Redmond, C., & Shin, C. (2007). Toward Dissemination of Evidence-Based Family Interventions: Maintenance of Community-Based Partnership Recruitment Results and Associated Factors. *Journal of Family Psychology, 21*, 137–146.

Stewart, J.W., Bradford, K., Higginbotham, B.J., & Skogrand, L. (2016). Relationship Help-Seeking: A Review of the Efficacy and Reach. *Marriage & Family Review, 52*, 781–803.

Stock, L., Acquah, D., Molloy, D., & Piergallini, I. (2017). *Interparental relationships, conflict and the impacts of poverty: An overview*. EIF: **https://www.eif.org.uk/report/interparental-relationships-conflict-and-the-impacts-of-poverty-an-overview**

Strechor, V.J., Champion, V.L., & Rosenstock, I.M. (1997). The Health Belief Model and Health Behavior. In *Handbook of Health Behavior Research I: Personal and Social Determinants*.

TNS-BMRB (2013). *Relationship Support Trials for New Parents: Evaluation Technical Report*. Department for Education.

Tornello, S.L., Farr, R.H., & Patterson, C.J. (2011). Predictors of Parenting Stress Among Gay Adoptive Fathers in the United States. *Journal of Family Psychology, 25*, 591–600.

Vaterlaus, J.M., Bradford, K., Skogrand, L., & Higginbotham, B. (2012). Providing Relationship Education for Low-Income and Diverse Audiences: A Phenomenological Investigation. *Family Science Review, 17*(2), 40–61.

Walker, J. (2010). Family mediation: the rhetoric, the reality and the evidence. *Tidsskrift for Norsk Psykologforening, 47(*8), 676–687.

Walker, J., Barrett, H., Wilson, G., & Chang, Y.-S. (2010). *Relationships Matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support*. Department for Children, School and Families.

Webster-Stratton, C. (2011). *The Incredible Years Parents, Teachers and Children's Training Series: Program Content, Methods, Research and Dissemination, 1980-2011*, Incredible Years, Inc.

Whittaker, K.A., & Cowley, S. (2012). An Effective Programme is not Enough: A Review of Factors Associated with Poor Attendance and Engagement with Parenting Support Programmes. *Children and Society, 26*, 138–149.

Wilkins, D. (2013). *Try to see it my way: Improving relationship support for men*. Men's Health Forum and Relate.

Williamson, H.C., Trail, T.E., Bradbury, T.N., & Karney, B.R. (2014). Does premarital education decrease or increase couples' later help-seeking? *Journal of Family Psychology, 28*, 112–117.

Wilson, R., Weaver, T., Michelson, D., & Day, C. (2018). Experiences of parenting and clinical intervention for mothers affected by personality disorder: a pilot qualitative study combining parent and clinician perspectives. *BMC Psychiatry, 18*, 1–7.

Winslow, E.B., Braver, S., Cialdini, R., Sandler, I., Betkowski, J., Tein, J.Y., Hita, L., Bapat, M., Wheeler, L., & Lopez, M. (2018). Video-Based Approach to Engaging Parents into a Preventive Parenting Intervention for Divorcing Families: Results of a Randomized Controlled Trial. *Prevention Science, 19*, 674–684.

Wojnar, D.M., & Katzenmeyer, A. (2014). Experiences of Preconception, Pregnancy, & New Motherhood for Lesbian Nonbiological Mothers. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 43,* 50–60.

Zemp, M., Milek, A., Davies, P.T., & Bodenmann, G. (2016). Improved Child Problem Behavior Enhances the Parents' Relationship Quality: A Randomized Trial. *Journal of Family Psychology, 30*, 896–906.

# Appendix 1: Detailed methodology

For this review we adopted a mixed-methods approach combining a rapid evidence assessment with a qualitative evidence synthesis (Grant and Booth, 2009). A rapid evidence review assesses what is already known about a policy or practice issue, using a more structured and rigorous search of the evidence than a simple literature review, but is not as exhaustive and resource intensive as a systematic review.

Limiting the search strategy to academic databases, as is often done in rapid evidence assessments and systematic reviews, was not considered suitable for identifying broader literature such as process evaluations, qualitative studies and government or voluntary sector reports (Higgins and Green, 2011). We felt that the current study required the examination of this broader literature, to explore issues around the implementation of interventions, delivery barriers and facilitators, as well as service user and practitioner observations (Grant and Booth, 2009). Therefore, alongside the rapid evidence assessment, we used a more targeted and purposive sampling approach for the qualitative evidence synthesis, where the extent of searching was driven by the need to reach theoretical saturation (Higgins and Green, 2011). In our case this involved using expert recommendations, conducting citation forward searches and handsearching reference lists, in conjunction with more traditional database searches.

Overall, our mixed-methods approach was well aligned with the available timeframe for this review.

## Search strategy

The search strategy for this review had three main components:

1. Contacting subject-matter experts to identify published studies of relevance to the research questions.
2. Handsearching the reference lists of a subset of key papers suggested by subject-matter experts, and conducting citation forward searches of these papers.
3. Supplementing the above steps with targeted searches of Google Scholar and grey literature websites, using predefined search terms to fill identified gaps in the literature.

Each of the three components is discussed further below.

### Contacting subject-matter experts

As part of this project, an advisory group was set-up consisting of expert academics, practitioners and providers (see appendix 3). Aside from providing us with valuable input and quality assurance throughout the study design and write-up, an important role of the advisory group was to identify relevant studies for inclusion in the review. We asked the group for initial suggestions of key/landmark texts relevant to the research questions and objectives. The requested studies were not limited to a particular date range.

## Handsearching and citation forward searches

Once we had received the advisory group recommendations, we selected a subset of key papers which closely aligned with our eligibility criteria (see below). First, we handsearched the reference lists of these papers and then we conducted citation forward searches on this subset of papers. The latter search involved using the Google Scholar database to search for more recent publications which had cited the preselected papers.

## Supplementary searching

Finally, we carried out an initial analysis of key themes and identified gaps in the literature, which we used to inform our targeted searches.

### *Gaps in the literature*

- strategies to engage both members of a couple in support services, especially when only one member of the couple is initially willing or able to attend
- strategies to engage low-income and workless families in support services
- strategies to engage couples in high conflict, including those undergoing separation/ divorce and those experiencing acrimony/dispute
- strategies to engage couples early in the development of relationship problems, before crisis point is reached, including engaging couples in preventative support services.

We limited these supplementary searches to Google Scholar and a predefined list of grey literature websites.

### *Grey literature websites*

Grey literature was sourced from a range of websites relevant to the topic area, including national and local government, the voluntary sector, and research organisations.

- Action for Children: **https://www.actionforchildren.org.uk/resources-and-publications/**
- Australian Institute for Family Studies (AIFS): **https://aifs.gov.au/publications**
- Fatherhood Institute: **http://www.fatherhoodinstitute.org/**
- Joseph Rowntree Foundation (JRF): **https://www.jrf.org.uk/reports**
- National Foundation for Educational Research (NFER): **https://www.nfer.ac.uk/publications-research**
- RAND: **https://www.rand.org/search/advanced-search.html**
- Relationships Alliance Knowledge Bank: **http://knowledgebank.oneplusone.org.uk/**
- Social Care Institute for Excellence (SCIE): **https://www.scie.org.uk/atoz/**
- UK Government Web Archive: **http://www.nationalarchives.gov.uk/webarchive/**

In addition, pilot searches were conducted in order to ensure that relevant literature would be identified using these websites.

### *Search terms*

We also developed a list of key search terms, which we used to conduct these targeted searches. The search terms were piloted using the previously identified websites, so as to ensure that they would help us fill the existing gaps in the literature.

**TABLE A1: BOOLEAN OPERATORS**

| Engagement terms | Disadvantage/ Vulnerability terms | Population terms | Intervention terms |
|---|---|---|---|
| Engag* OR | Vulnerab* OR | Parent* OR | Support* OR |
| Retain* | Disadvantage* | Famil* | Service* OR |
| Recruit* | Depriv* | Father* | Counsel* |
| Enrol* | "Hard-to-reach" | Couple* | Therap* OR |
| | Workless | Partner* | Intervention* OR |
| | "High conflict" | Co-parent* | Program* OR |
| | Separat* | | |
| | Divorc* | | |

**Notes: *denotes multiple word endings including singular and plural; "_" denotes that only the full term will be searched for.**

'OR' joins each of the terms within each concept. This means articles will be retrieved that contain at least one of these search terms.

'AND' joins the different concepts (and their synonyms) in each category; limiting the retrieved set to articles.

*Searches included*

- engagement terms AND disadvantage/vulnerability terms AND intervention terms
- engagement terms AND disadvantage/vulnerability terms AND population terms AND intervention terms

Importantly, although we used systematic approaches to conduct this supplementary search, the focus was on reaching theoretical saturation rather than conducting an exhaustive search of the literature.

# Eligibility criteria

Once all searches had been complete and we were considering what papers to include in the review, the following criteria were prioritised:

- **Type of study:** the inclusion criteria prioritised systematic reviews, literature reviews and meta-analysis, which provide a synthesis of the evidence. However, it also included impact and process evaluations, surveys, qualitative studies such as focus groups and interviews with practitioners and service users, opinion articles on lessons from practice and grey literature documents such as government policy papers and voluntary sector reports.
- **Origin of study:** international papers were not excluded; however, we did prioritise studies conducted in the UK or in comparable countries, including other European countries, the US and Canada.
- **Population of focus:** given our research objectives, we focused on studies targeting disadvantaged (for example, workless or low-income) families. We also included studies of vulnerable populations considered to be at greater risk of parenting and parental conflict difficulties or underserved by the relevant services (for example, fathers or ethnic minorities).

- **Intervention of focus:** we included parenting and parental conflict programmes and services. Given the population of focus, we prioritised papers that referred to targeted-selected and/or targeted-indicated interventions, rather than universal interventions.[18]
- **Full-text:** only papers with full-text available were included.
- **Publication language:** only papers written in English were included.
- **Publication date:** only papers published since January 2008[19] were eligible for inclusion in the review, with the exception of key studies submitted by the advisory group. In these cases, studies were considered for inclusion regardless of their publication date.

Despite our reliance on the criteria included above, we adopted a flexible approach by including papers that we thought would provide useful learning, even if they did not meet the eligibility criteria. For example, we did not necessarily exclude studies targeting the general population and/or discussing universal provision, as we felt that some of these studies were likely to inform learning on engaging participants in parenting or parental conflict programmes and family services more broadly.

## Screening and extraction of literature

Once the literature search had been completed, all identified studies underwent a screening process in order to determine the quality of their evidence, which was based on some simple criteria. In the case of systematic literature and meta-analytic reviews, for example, robust studies were regarded as those which used multiple methods to identify relevant literature (for example, using several search databases, handsearching journals and contacting experts) in order to reach data saturation. In the case of impact evaluations, while we did not conduct a full EIF assessment, the quality of the evidence was determined based on some important criteria relating to sample size, randomisation method and strength of measurement. With regards to qualitative research, studies were considered robust if they had a thorough description of the methods, a well-thought-out sampling approach and a sufficiently large sample size. Any studies that failed to report their methods in any or insufficient detail were considered to be of low or unknown quality, and the findings were treated with caution. While it was our intention to only include papers of high methodological quality, we did include some papers that did not meet this standard in order to address specific research questions that had not been extensively examined through rigorous and systematic methods. For this reason, within the body of the report, we have highlighted cases where the findings discussed are based on less robust evidence.

At the end of the screening process, the final number of references to be included in the review were agreed upon. These references were then reviewed, and the relevant data was extracted into an analysis framework, which was created based on the research questions that we had previously defined for this review.

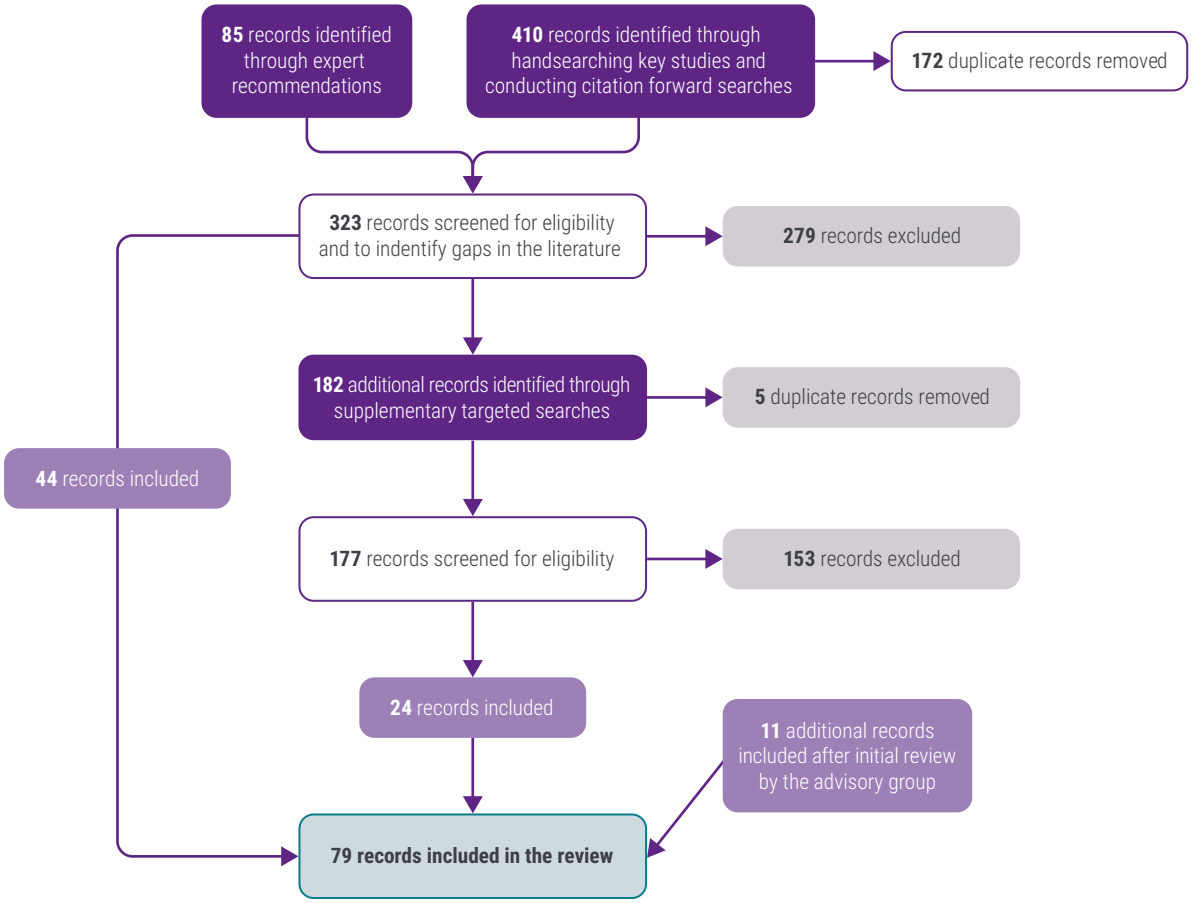
18 Targeted-selected refers to programmes that target or select groups of families on the basis of an increased incidence or risk of broad personal or social factors. Targeted-indicated refers to programmes that target a smaller group of families or children on the basis of a pre-identified issue or diagnosed problem requiring more intensive support. Universal programmes are those that are available to all families. Typically, these programmes involve activities that take place alongside or as part of other universal services, including health visiting, schools or children's centres.

19 The 2008 cut-off date was chosen for pragmatic reasons, to be able to manage the number of papers generated from the search strategy, as well as to accommodate for recency. Despite this, we recognise that limiting the inclusion of papers published prior to 2008 may have resulted in the exclusion of key references. The Review Advisory Group concluded that, while there has been some progress made in previous years, the findings have not changed dramatically, and our report captures the key points identified in literature published prior to 2008.

# Search results

A flow diagram documenting the steps in our literature search is provided in figure A1.

## FIGURE A1: FLOW DIAGRAM OF LITERATURE SEARCH




Source:EIF

From a total of 85 articles recommended by subject-matter experts, we identified 410 additional articles through handsearching the reference lists of some key papers and conducting citation forward searches. Once duplicates had been removed, 323 articles were screened for eligibility and used to inform an initial analysis, which led us to conduct supplementary targeted searches. Of the 323 articles screened for eligibility, 279 were excluded and the remaining 44 were included in the review. The targeted searches yielded 182 results, or 177 nonduplicate records, of which 153 were excluded based on our eligibility criteria. The remaining 24 papers were included in the review, alongside the 44 already identified, resulting in a total of 68 included papers. An additional 11 papers were included after initial review of the draft report by the advisory group. So, in total, 79 papers were included in this review. The papers were of varying quality and employed a range of methodological techniques to address their research objectives. (See appendix 2 for a more detailed description of the studies included.)

### Reference management

Results from all three components discussed above were collated using Mendeley reference manager.

# Description of studies

This review was based on 79 studies, the majority of which were literature, systematic, narrative, qualitative, meta-analytic, multi-method or mixed-method reviews (54%). Most of the literature stemmed from the UK (48%) and the US (34%), with much fewer contributions from Europe, Australia and Canada. In addition, 36 of the 79 studies included in this review were focused on disadvantaged and vulnerable populations (46%), but see the table below for a more detailed understanding of the included studies.

**TABLE A2: OVERVIEW OF INCLUDED STUDIES**

| Engagement | Disadvantage/vulnerability terms | Total |
|---|---|---|
| **Type of study** | Reviews (incl. literature, systematic, narrative, qualitative, meta-analytic, multi-method or mixed-method reviews) | 42 |
| | Qualitative studies | 11 |
| | Impact evaluations | 6 |
| | Surveys | 5 |
| | Mixed-method studies | 4 |
| | Analysis of predictors | 3 |
| | Process evaluations | 2 |
| | Other | 6 |
| **Origin of study** | UK | 38 |
| | US | 27 |
| | Australia | 6 |
| | Other European country | 4 |
| | Multiple countries | 3 |
| | Canada | 1 |
| **Population of focus** | Disadvantaged/vulnerable population | 36 |
| | General population | 34 |
| | Separated/separating couples | 9 |

Source: EIF

# Strengths and limitations

## Strengths

- Although this is not a full systematic review, the methodology used to identify the relevant papers is clear and transparent.
- This review was based on a range of different study types, including qualitative research studies, which provided us with a more in-depth understanding of the barriers and enablers to participant engagement as viewed by service users and providers.
- The majority of studies included in this review were conducted in the UK or in comparable countries (other European countries, the US and Canada). This means the findings are likely to be applicable to the UK context.

## Limitations

- The methodological approach used in this review did not involve an exhaustive search of the literature. Therefore, while we do feel that we reached theoretical saturation, there is a risk that we have missed key references and that key themes are not included or given the appropriate emphasis.
- Our reliance on expert opinion coupled with a non-exhaustive search of the literature, also means that our retrieved papers are likely to be skewed rather than representative of all available literature.
- Due to our necessary restrictive inclusion criteria regarding the publication date of studies, it is possible that we have missed out on landmark references published prior to 2008 and not suggested by the advisory group.
- The literature included in this review did not provide a clear distinction between the barriers to participant recruitment and retention, hence, this was grouped together under general barriers to engagement.
- Given the methodological approach used in this review, the findings reported are not specific to engaging parents and couples in the eight face-to-face interventions delivered as part of the RPC programme.
- To address research questions not yet extensively examined through rigorous methods, we included some papers of limited rigour. Conclusions drawn from these papers are therefore less robust and more subject to bias, and we have explicitly noted this where applicable within the body of the report.
- The findings presented in this report are rarely based on evaluation studies (for example, impact or process evaluations) that have tested the effectiveness of recruitment and retention strategies. As a result of this and the available evidence, the extent to which we can define certain recruitment and retention strategies as effective, is limited.

# Appendix 2: Included studies

| Reference | Type of study | Aim | Methodology | Population of focus | Origin of study[20] | Type of data[21] |
|---|---|---|---|---|---|---|
| Action for Children, 2010.<br>Supporting the UK's most vulnerable families: why children's centres are the best way to reach those who need it most | Survey | To understand what parents and partner agencies think of Action for Children children's centres | Action for Children conducted surveys across their children's centres. Respondents consisted of 1,049 parents and carers who access services at these centres, 162 who access outreach services and 98 partner agencies (e.g. health and education partners) working with children's centres. | Parents using children's centres in England. The population is referred to as vulnerable, but income and poverty statistics are not reported. | UK | Mixed data:<br>• Survey (including qualitative and quantitative) data collected from parents, carers, practitioners and other professionals. |
| Asmussen et al., 2017.<br>Commissioning Parenting and Family Support for Troubled Families. | Commissioning guide | To offer advice on commissioning and implementing parenting support as part of the Troubled Families programme. | This commissioning guide was published by the Early Intervention Foundation (EIF). It draws on existing EIF evidence reviews and 23 parenting interventions with evidence of improving outcomes for children and families with characteristics similar to those targeted by the Troubled Families programme. | Troubled families coping with serious and persistent issues such as joblessness, mental health problems and ongoing poverty. | UK | Mixed data:<br>• Data on effective early interventions (with evidence of improving child outcomes).<br>• Consultations with local authorities. |
| Asmussen, 2011.<br>The evidence-based parenting practitioner's handbook. | Textbook | To provide a comprehensive overview of how to effectively deliver evidence-based parenting interventions within community and health settings. | N/A | Parents receiving evidence-based parenting services. | UK | N/A |
| Axford et al., 2012.<br>Engaging parents in parenting programs: Lessons from research and practice. | Literature review | To examine why it can be difficult to engage parents in parenting programmes or why such programmes are often difficult for parents to use, as well as describe some of the strategies that can help address this problem. | A survey of the literature on parent engagement was conducted using a series of predefined search terms input into seven electronic databases. The search was limited to material published from January 2000 to September 2011, but earlier publications were obtained based on citations and material already known to the research team. Hand searches of relevant journals were also conducted and experts in the field were contacted for sources. Studies were selected if they focused on identifying barriers and/or strategies for parental engagement. | Parents receiving evidence-based parenting services. | UK | N/A |
| Barlow et al., 1999.<br>Systematic review of the effectiveness of parent-training programmes in improving behaviour problems in children aged 3–10 years: a review of the literature on parent-training programmes and child behaviour outcome measures. | Systematic review | To determine how effective parent-training programmes are in improving the behavioural problems of children. | Key terms were used to search 13 electronic databases for papers published from 1970–1997. In addition, the reference lists of the identified articles and reviews were searched. Studies were selected according to predefined inclusion criteria, and the selected studies were quality assessed, extracted and synthesised. | Parents of children aged between 3–10 years, whose primary problem involved conduct disorder and included at least one externalising symptom. | UK | N/A |

20 *Origin of study* refers to the country in which the study or review has been conducted in (e.g. the location of the university or research institute). In instances where studies were conducted across multiple countries, this has been explicitly stated by listing all relevant countries of origin. Please also note that review studies frequently draw on international literature.

21 *Type of data* has not been added for review studies (e.g. literature or systematic reviews). In some cases, reviews were part of broader studies (i.e. a component of the methodology used in multi-method studies or included within the introduction of primary research studies) and even though we sometimes drew on this throughout the report, we have not listed this component of the study within *Type of data*.

| | | | | | | |
|---|---|---|---|---|---|---|
| Barlow et al., 2014.<br>Briefing Paper & Report on Key Findings. | Mixed-methods review | To undertake a 'bottom-up' comparative analysis of the most common forms of Family Dispute Resolution Processes. | Methods consisted of three phases:<br>• Quantitative survey of 2,974 couples, including those who experienced separation or divorce.<br>• Qualitative interviews with 96 service users and 40 practitioners.<br>• Example case studies of Family Dispute Resolution Processes. | Couples undergoing separation and making use of a Family Dispute Resolution Process. This included vulnerable parents who had experienced (or were experiencing) abuse and/or emotional vulnerability. | UK | Mixed data:<br>• Quantitative survey data collected from service users.<br>• Qualitative data (including case study examples) collected from interviews with service users and practitioners. |
| Barnardo's, 2011.<br>Reaching families in need: Learning from practice in Barnardo's Children's Centres. | Mixed-methods review: practice briefing | To identify 'what works' in reaching out to vulnerable and disadvantaged families. | Methods included:<br>• Service visits to learn from practitioners working at Barnardo's children's centres.<br>• Analysis of engagement data from a sample (i.e. 25%) of Barnardo's children's centres.<br>• Literature review. | Families at risk of poor outcomes who require support but are unlikely to take up the services on offer at their children's centre, including:<br>• teenage and/or lone parents<br>• families from ethnic minorities<br>• families of asylum seekers<br>• families in poverty, worklessness and/or temporary accommodation<br>• families with a parent in prison or engaged in criminal activity<br>• parents with a disability, mental health, drug and/or alcohol problem<br>• parents of children with disabilities. | UK | Mixed data:<br>• Quantitative data concerning service user engagement.<br>• Qualitative data collected from practitioners. |
| Barnes and Stuart, 2016.<br>The feasibility of delivering Group Family Nurse Partnership. | Mixed-methods feasibility study | To evaluate the feasibility of delivering the Group Family Nurse Partnership (gFNP) programme, offered to young mothers from early pregnancy to 12 months postpartum. | Methods included:<br>• Quantitative data was collected from anonymised forms completed by nurses, regarding referrals, attendance rates and client characteristics.<br>• Qualitative data was collected using semi-structured interviews and focus groups with clients and practitioners. | Young mothers (aged ≤ 25 years). | UK | Mixed data:<br>• Quantitative data collected from nurses.<br>• Qualitative data collected from interviews and focus groups with clients and practitioners. |
| Barnes-Proby et al., 2017.<br>Five Strategies for Successful Recruitment and Retention of Children and Families in Human Service Programs | Toolkit | To describe strategies for recruiting and retaining families into human service programmes and provide advice on developing a comprehensive recruitment and retention plan. | Authors reviewed and synthesised literature on client engagement. They also consulted with a national subject-matter expert and gained feedback from programme administrators. | Children and families using human service programmes for issues including (but not limited to) parenting, behavioural health and substance use. | USA | Qualitative data:<br>• Consultations with subject-matter experts and programme providers. |
| Barton et al., 2015.<br>Determinants and long-term effects of attendance levels in a marital enrichment programme for African American couples. | Analysis of predictors | To investigate attendance levels and long-term improvements in couple functioning among 164 couples participating in the Promoting Strong African American Families (ProSAAF) programme. | Authors used data from an impact evaluation of ProSAAF (including n=164 couples assigned to the treatment condition), to analyse the predictors of programme attendance and long-term improvements of outcomes. Multilevel modelling and structural equation models were used. | African American couples (with one partner aged ≥ 21 years) residing together and with a child aged between 9–17 years. Aside from living together, couples had to be married or planning to marry with a definite date in mind. Participants were of a similar socioeconomic status to the state average for African Americans. | USA | Quantitative data:<br>• Data on participant characteristics, attendance levels and relationship quality were used to analyse predictors of programme attendance and long-term outcomes. |

| | | | | | | |
|---|---|---|---|---|---|---|
| Bayley et al., 2009.<br>Fathers and parenting programmes: barriers and best practice. Community. | Multi-methods review | To gather information on barriers to paternal engagement in parenting support services, as well as identify the best practice for recruitment with the aim of drawing together actionable recommendations for parenting organisations. | This review explored four sources of information to identify a consensus on barriers and best practice, including:<br>• A search of five electronic databases to identify published academic literature on fathers, parenting programmes, barriers to engagement and best practice for recruitment and retention.<br>• A review of strategy and policy documents from Sure Start, the Children's Trust Fund, the Fatherhood Institute and Working with Men was conducted to shed light on the practical expertise of these initiatives and organisations.<br>• Focus groups with fathers (n=14).<br>• Interviews with academic experts and practitioners working with fathers or evaluating parenting programmes (n=9). | Fathers involved in parenting programmes. | UK | Mixed data:<br>• Qualitative data collected from focus groups with fathers.<br>• Qualitative data collected from interviews with academics and practitioners<br>• Review of strategy and policy documents from initiatives or organisations with practical experience of participant engagement. |
| Beresford et al., 2008.<br>Technical Report for SCIE Research Review on Access, Acceptability and Outcomes of Services /Interventions to Support Parents with Mental Health Problems and Their Families. | Systematic review | To inform the development of practice guidelines for local authorities and health services regarding the planning, delivery and evaluation of services to support parents with mental health problems and their children. | This review drew on an existing 'systematic map' of the literature on parental mental health problems, which had been created by SCIE before this review was commissioned. Further searches for relevant literature were carried out by the University of York, by re-running the previous searches to bring the systematic map up to date. In addition, new searches were conducted to identify relevant epidemiological literature. | Parents with mental health problems. | UK | N/A |
| Bradbury & Lavner, 2012.<br>How Can We Improve Preventive and Educational Interventions for Intimate Relationships? | Literature review | To outline research findings that point to new ways forward for the relationship support field, considering six key problems identified by the authors. | Limited information on the methodology is provided but this appears to be a review of relevant research. | Couples engaging in preventive and educational interventions for intimate relationships. | USA | N/A |
| Brown et al., 2012.<br>Predicting Engagement in a Transition to Parenthood Programme for Couples. | Analysis of predictors | To analyse the extent to which sociodemographic factors, individual wellbeing and quality of the couple relationship predict participant engagement in Family Foundations. | Authors used the data from an impact evaluation of Family Foundations (involving n=89 couples) to analyse the predictors of participant engagement. | Couples (82% of which were married) expecting their first child. | USA | Quantitative data:<br>• Data on participant characteristics and relationship quality were used to analyse predictors of participant engagement. |

| | | | | | | |
|---|---|---|---|---|---|---|
| Brown et al., 2018.<br>Engaging vulnerable populations in parent-led support groups: Testing a recruitment strategy. | Impact study: evaluating the effectiveness of a recruitment strategy | The purpose of this study was twofold:<br>• To test the effectiveness of a parent-led support group (PSG) simulation as an innovative recruitment strategy for engaging a predominantly low-income minority sample.<br>• To assess whether sociodemographic characteristics influence the effectiveness of the recruitment strategy and of engagement in PSGs. | Eight cohorts of parents were recruited into the current study. Within each cohort, parents completed a survey, participated in two focus group discussions and in a simulated PSG:<br>• After receiving some overview information on PSG, parents completed a survey in which they were asked about their sociodemographic characteristics and intentions of attending a PSG.<br>• Following completion of the survey, focus groups were used for participants to discuss barriers and facilitators to engagement in PSG.<br>• One week later, parents took part in a 60-minute simulated PSG session.<br>• Subsequent to this, parents participated in a second focus group, to discuss the strengths and weaknesses of the PSG meeting.<br>• A follow-up survey was administered to parents, re-assessing their intentions of attending a PSG.<br>• Approximately two months later, participants were contacted to ask if they had attended any PSGs since participating in the study. | Parents from a predominantly low-income minority sample (59% Hispanic, 18% non-Hispanic Black, and 9% non-Hispanic White). | USA | Mixed data:<br>• Quantitative data collected from parents via self-report surveys regarding their intentions to attend an intervention.<br>• Qualitative data collected from focus groups with parents regarding barriers and facilitators to participant engagement, as well as strengths and weaknesses of the PSG approach. |
| Burr et al., 2014.<br>What Are Couples Saying About Relationship Education? A Content Analysis | Qualitative study | To better understand perceptions of Couple Relationship Education (CRE) services, including the pros and cons of attending CRE in order to gain ideas for potential recruitment strategies. | This study sought to build on the extant Couple Relationship Education (CRE) literature, by utilising conventional content analysis to assess 99 relationship partner discussions on the potential pros and cons of attending CRE in the context of their own relationship. Of the 99 couples who took part, 65 classified as single, dating or cohabiting, and 34 as married. | Mostly low-income couples in a committed relationship.<br>Note: 48% of the sample earnt < $15,000 and 26% earnt between $15,000 and $35,000. | USA | Qualitative data:<br>• Video-recorded conversations with 99 couples. |
| Callanan et al., 2017.<br>Exploring parental relationship support: a qualitative study. | Qualitative study | To explore the extent and nature of UK service provision on interparental relationships, with a focus on families in or at risk of poverty. | This exploratory qualitative study was comprised of two strands of work:<br>• The first strand involved gathering national perspectives on inter-parental relationship support.<br>• The second focused on an exploration of the local provision available in five case study areas, focusing specifically on:<br>  • perceived aims of relationship support<br>  • range of available provision and perceived gaps in provision<br>  • views on how services are commissioned and provided<br>  • access and take-up of support<br>  • views on effective provision, service monitoring and evaluation<br>  • recommendations for how provision could be improved. | Parents accessing relationship support services. | UK | Qualitative data:<br>• Interviews with national (n=8) and local (n=38) stakeholders, including service providers. |

| | | | | | | |
|---|---|---|---|---|---|---|
| Chacko et al., 2016.<br>Engagement in Behavioural Parent Training: Review of the Literature and Implications for Practice. | Systematic review | To detail the extant data on engagement to Behavioural Parent Training (BPT) in the disruptive behaviour disorders (DBD) literature. | A comprehensive search of the literature on engagement in Behavioural Parent Training (BPT) programmes was conducted by using predefined search terms input into the PsychINFO database. In total, 262 studies (published between 1974 and 2014) were included in the review, representing a total of 270 BPT groups and 29,452 participants.<br>Recruitment attrition, programme attrition, attendance, and within-session engagement were examined across studies, with particular emphasis on the impact that SES, study purpose (efficacy vs. effectiveness), treatment format (individual vs. group), and age of child may have on those rates. | Parents and families eligible for Behavioural Parent Training, including those from low socioeconomic backgrounds. | USA | N/A |
| Chang & Barrett. 2008.<br>Couple relationships: A review of the nature and effectiveness of support services. | Literature review | To explore the nature and usefulness of support services for couples. | Limited information on the methodology is provided; however, authors mention that the study involved a search of all available and relevant published literature, including that which was identified through the websites of pertinent organisations. UK-based service providers were also contacted to obtain additional information on the nature of existing support services for couples in the UK. | Couples. | UK | N/A |
| Corlyon, 2009.<br>Separated families: how mainstream services support disadvantaged children and their non-resident parents. | Multi-methods review | To explore what might be done to support the involvement of non-resident parents – and especially those with low income – so that they are better able to meet the needs of their children. | The methods for this review consisted of three components:<br>• Literature review, in which the relevant studies were obtained from database searching, handsearching and recommendations from subject-matter experts.<br>• In-depth qualitative study of low-income separated families.<br>• Telephone interviews with a member of staff in the key statutory service which appears to impact on non-resident parents most significantly (e.g. housing, social services and education). Please note that this study of services was conducted in eight local authority areas (six in England and two in Wales). | Separated families, consisting of one child aged between 7–16 years and his/her resident and non-resident parents.<br>Note: although this research study was concerned with both mothers and fathers as non-resident parents, fathers constituted the overwhelming majority of non-resident parents and thus fathering formed an important focus of the work. | UK | Mixed data:<br>• Qualitative data collected from interviews with key statutory service providers (working with non-resident parents) and separated (non-resident and resident) parents. |
| Corlyon et al., 2011.<br>Evaluation of child poverty pilots: delivering improved services for seperating parents. | Multi-methods review | To evaluate the effectiveness of a Child Poverty Pilot project to improve the coordination of local services for separating parents. | There were several components to this report, including:<br>• Qualitative pre- (n=51) and post-test (n=45) interviews with project managers and partners in each of the 10 pilot areas.<br>• Qualitative interviews with parents (n=75 in the first round and n=26 in the second) who had used services for separating parents.<br>• Detailed monitoring information was collected from the 1,944 participating families regarding their use of services. Of these families, 529 were followed up four months later.<br>• After engagement with the pilots, quantitative telephone surveys were carried out with some of the participating parents (n=292). These surveys provided information on parents' perceptions of the services, child wellbeing, and other early outcomes around family circumstances and stability, family relationships and health and wellbeing.<br>• Performance and cost data were acquired and used for a quantitative assessment of the relative cost-effectiveness of the pilots. | Mostly disadvantaged separated or separating parents.<br>Note: although the attained sample was not entirely disadvantaged, 60% of mothers and 33% of fathers were on means tested benefits. | UK | Mixed data:<br>• Qualitative data collected from interviews with service users and providers.<br>• Monitoring data concerning participating families and their use of services.<br>• Quantitative data collected via telephone surveys regarding parents' perceptions of the services.<br>• Performance and cost data were collected for cost-effectiveness analysis. |

| | | | | | | |
|---|---|---|---|---|---|---|
| Cortis et al., 2009.<br>Engaging hard-to-reach families and children. | Multi-methods review | To explore how three distinct initiatives have engaged families who are considered hard-to-reach, by reflecting on the challenges encountered as well as the additional supports that might enhance participant reach engagement efforts. | Methods involved a review of the literature and a qualitative component:<br>• A review of academic literature, programme documents and evaluation studies were conducted to identify documented benefits and challenges of engaging hard-to-reach groups in child and family services, a record of the engagement strategies used, and a better understanding of how these could be improved.<br>• Interviews with key stakeholders from Local Answers, Invest to Grow and Communities for Children were conducted to establish how these three initiatives have engaged with hard-to-reach groups in practice. | Hard-to-reach families including those who are marginalised, economically disadvantaged or socially excluded. | Australia | Mixed data:<br>• Qualitative data collected from interviews with key stakeholders. |
| Crosse et al., 2017.<br>Parenting Support and Parental Participation Parental Participation Survey Report. | Survey | To examine the extent to which parental participation is currently embedded in Irish organisations providing parenting support, including Tusla's Development and Mainstreaming Programme for Prevention, Partnership and Family Support. | This study used the Parenting Participation Survey, to collect data on:<br>• Tusla's programme of work to support parental participation<br>• participatory practice in organisations that support parents<br>• challenges to participatory practice<br>• the skill development needs of those working with parents.<br>200 respondents completed the survey including 167 Tusla employees, 25 partner organisations and 8 other individuals (who did not provide details of their employer). Partner organisation respondents included those employed by agencies, charities, youth organisations, children's charities and healthcare services. | Service providers of parenting support in Ireland. | Republic of Ireland | Quantitative data:<br>• Survey data collected from service providers. |
| Davis et al., 2012.<br>Technique Is Not Enough – A Framework for ensuring Evidence Based Parenting Programmes are Socially Inclusive. | Discussion paper | To support the widespread implementation of evidence-based parenting and family skills training programmes by highlighting how the fundamental psychological principles that underpin socially inclusive practice can be used to enhance the effectiveness of such programmes. | This paper draws on several sources including a fact-finding conference, a survey of parenting programme developers (n=11) asking about their socially inclusive practices, a scoping paper, an in-house workshop, an inclusive 'discovery' conference with interested professional partners and organisations, and work with service users (i.e. parents and carers) to explore and refine a framework. | Parents. | UK | Mixed data:<br>• Survey of parenting programme developers.<br>• Consultations with service users, professionals and subject-matter experts. |
| Dewson et al., 2006.<br>Maximising the role of outreach in client engagement. | Multi-methods review | To determine what makes for effective outreach provision and to examine the factors that serve to inhibit successful outreach services. | This review included two components:<br>• A literature review of published academic and grey literature, which was identified through searches of a number of databases using a combination of key words and search terms. Other literature was identified through handsearching the reference lists of relevant papers and from recommendations made during stakeholder interviews.<br>• Face-to-face and telephone interviews undertaken with key policy personnel and project staff with hands-on experience of using outreach to deliver key services. | Individuals who do not readily take-up mainstream services (including those who are homeless and/or with mental health problems), but who had been targeted by outreach. | UK | Mixed data:<br>• Qualitative data collected from interviews with practitioners and policy personnel. |

| | | | | | | |
|---|---|---|---|---|---|---|
| Dumka et al., 1997.<br>Recruitment and Retention of High-Risk Families into a Preventive Parent Training Intervention. | Process evaluation | To describe the process of developing, implementing and evaluating the engagement strategies used in Raising Successful Children – a preventive parenting programme designed for high-risk minority parents from low-income inner-city communities. | Focus groups were conducted with subgroups of the target population (n=142), to identify sources of motivation and barriers for participating in the proposed intervention. | High-risk families, primarily minority group parents from low-income, inner-city communities. | USA | Qualitative data:<br>• Focus groups with service users. |
| Fletcher & Visser, 2008.<br>Facilitating father engagement: The role of Family Relationship Centres. | Literature review | To explore and offer strategies for how Family Relationship Centres (for separating families) can facilitate father engagement. | Limited information on the methodology is provided, but this appears to be a review of relevant literature on paternal engagement in family dispute resolution processes. | Separating parents accessing community-based services. | Australia | N/A |
| Fletcher & St. George, 2010.<br>Practitioners' understanding of father engagement in the context of family dispute resolution. | Qualitative study | To identify steps taken by family relationship practitioners to engage fathers in dispute resolution services. | Six focus groups were conducted with practitioners (n=41) involved in mediation and/or dispute resolution counselling. | Parents. | Australia | Qualitative data:<br>• Focus groups with practitioners. |
| Gonzalez et al., 2018.<br>Enhancing Initial Parental Engagement in Interventions for Parents of Young Children: A Systematic Review of Experimental Studies. | Systematic review | To explore effective engagement strategies to encourage initial parental engagement (i.e. recruitment, enrolment, and first attendance) in parenting interventions for parents of children aged 2–8 years old. | This systematic review was conducted based on the Cochrane Handbook for Systematic Reviews of Interventions. Five electronic databases were searched for peer-reviewed articles published in English or Spanish during the last 20 years (January 1996–August 2017). Only experimental studies with randomised allocation to at least two different conditions were eligible for inclusion. Thus, six studies were included in the review. | Parents of children aged between 2–8 years. | Australia | N/A |
| Hawkins & Erickson, 2015.<br>Is Couple and Relationship Education Effective for Lower Income Participants? A Meta-Analytic Study | Meta-analysis | To review the emerging programme evaluation evidence addressing the effectiveness of Couple Relationship Education (CRE) targeted at low-income individuals and couples. | To identify relevant literature, authors searched through four electronic databases, handsearched the reference lists of recent meta-analytic studies, and contacted experts for suggestions. The identified studies were screened against the inclusion criteria, with the included studies quantitatively synthesised. | Low-income families. | USA | N/A |
| Hawkins & Ooms, 2012.<br>Can Marriage and Relationship Education Be an Effective Policy Tool to Help Low-Income Couples Form and Sustain Healthy Marriages and Relationships?<br>Hawkins & Ooms, 2010.<br>What Works in Marriage and Relationship Education? A Review of Lessons Learned with a Focus on Low-Income Couples | Literature review | To summarise and synthesise what researchers and practitioners have learned about the potential of public policy support for marriage and relationship education, to help low-income individuals and couples form and sustain healthy relationships. | Data relating to implementation was gained from three primary sources:<br>• Observations gathered by those providing technical assistance to the federally funded healthy marriage programme.<br>• Information obtained from the final report and a series of briefs from the federally funded process evaluation of the Oklahoma Marriage Initiative.<br>• Results of the formally designed implementation (process) studies, conducted as part of the overall evaluations of the multisite federal experiments targeted to low-income families – Building Strong Families and Supporting Healthy Marriages. | Low-income families. | USA | N/A |
| Heinrichs et al., 2005.<br>Parent Recruitment and Retention in a Universal Prevention Programme for Child Behavior and Emotional Problems: Barriers to Research and Programme Participation. | Analysis of predictors | To explore the reach of a parenting programme as well as the barriers to participation. | Authors used recruitment and retention data from an impact evaluation of a parenting programme (including n=186 families randomised to the experimental group), to analyse the predictors of programme participation. | Parents accessing parenting programmes. | Germany | Quantitative data:<br>• Data on participant characteristics, recruitment rates and retention rates were used to analyse predictors of programme participation. |

| | | | | | | |
|---|---|---|---|---|---|---|
| Hindson et al., 2016.<br>Exploration of current parent programme delivery to enhance child social and emotional wellbeing in Bradford. | Mixed-methods study | To establish what parent programme works for whom and under what circumstances. | This study was comprised of two parts:<br>• An online survey completed by 43 participants across local government, health, education and voluntary/ charity sector staff, as well as family and children service providers. The survey was followed up with semi-structured (10–15-minute) telephone interviews with a subsample of survey respondents. The subsample consisted of two groups, including practitioners and managers from local government and the voluntary/ charity sector. Each subgroup had a separate interview schedule.<br>• Three focus groups with parents (n=35) who had and had not attended a programme. | Parents accessing parenting programmes. | UK | Mixed data:<br>• Quantitative survey data collected from service providers and practitioners.<br>• Qualitative data collected from telephone interviews with voluntary, charity and local government practitioners and managers.<br>• Qualitative data collected from focus groups with parents. |
| Kneale et al., 2014.<br>Engaging both parties in mediation within a changing funding climate: Perspectives from Relates mediation staff. | Qualitative study | To scope the challenges that mediators face in delivering their service to both partners. | This study involved a series of focus groups with mediation staff members (n=8), as well as supplementary group interviews with mediators (n=2), mediation service managers (n=1), and mediation administrators (n=2). | Separated and divorced couples. | UK | Qualitative data:<br>• Focus groups with mediation practitioners, managers and administrators. |
| Kumpfer et al., 2002.<br>Cultural Sensitivity and Adaptation in Family-Based Prevention Interventions. | Literature review | To examine the research literature on whether the cultural adaptation of family interventions improves retention and outcome effectiveness. | A review of five research studies testing the effectiveness of the generic version of the Strengthening Families programme (SFP) compared to culturally-adapted versions for African American, Hispanic, Asian/ Pacific Islander and American Indian families. | Cultural minority families. | USA | N/A |
| La Placa & Corlyon, 2014.<br>Barriers to inclusion and successful engagement of parents in mainstream services: evidence and research. | Narrative review | To review the current evidence base on barriers to inclusion and successful engagement of parents in mainstream preventive services. | Three electronic databases were searched using predefined criteria, and a total of 57 studies were included in the review. Evidence was generated using a narrative review approach. | Parents accessing mainstream services. | UK | N/A |
| Levert, 2017.<br>Attrition from School-Based Behavioral Parent Training Programs: A Meta-Analytic Review. | Meta-analysis | To examine the effectiveness of school-based Behavioural Parent Training (BPT), associated attrition rates, and possible moderator variables related to attrition | Electronic databases were searched using predefined keywords input into EBSCOhost. Only peer-reviewed articles published in academic journals and reporting attrition rates were included. Moreover, given the focus of this review, only articles referring to programmes that focused on externalising behaviour (as opposed to internalising behaviour) were included. Once the initial database search had been complete, the reference lists of previously published meta-analyses/ reviews were inspected for additional studies. In total, 24 studies were classified as assessing school-based BPT programmes with 14 studies (58%) reporting attrition data. | Parents accessing school-based Behavioural Parent Training programmes. | USA | N/A |
| Lewing et al., 2018.<br>Building trusted relationship for vulnerable children and young people with public services. | Multi-methods review | To explore:<br>• the aspects of child–adult trusting relationships that are crucial to improving children and young people's resilience and outcomes<br>• the features of these relationships that are most effective where children are vulnerable to sexual exploitation and abuse<br>• how more of these relationships could be enabled in existing public services. | A rapid evidence review of qualitative and quantitative research, supplemented with 13 structured interviews with stakeholders (i.e. professionals), a focus group with professionals, and discussions with sector connectors and leaders. | Vulnerable children and young people at risk of sexual abuse and exploitation. | UK | Mixed data:<br>• Qualitative data collected from interviews, focus groups and informal discussions with professionals, sector connectors and leaders. |

| | | | | | | |
|---|---|---|---|---|---|---|
| Lindsay et al., 2014.<br>CANparent Trial Evaluation: Final Report. | Mixed-methods review | To evaluate the CANparent trial and whether the free provision of parenting classes would be a sufficient incentive for providers to start offering additional universal classes at a national level, and whether a universal approach could be used to normalise and de-stigmatise these classes. | This study comprised both qualitative and quantitative methods, including large-scale surveys, standardised questionnaires, in-depth interviews, and cost-effectiveness analyses. | Parents accessing the CANparent trial. | UK | Mixed data:<br>• Quantitative data collected from surveys and questionnaires with parents.<br>• Qualitative data collected from interviews with parents and practitioners.<br>• Data on cost-effectiveness and willingness to pay. |
| Love et al., 2013.<br>Enhancing accessibility and engagement in evidence-based parenting programs to reduce maltreatment: Conversations with vulnerable parents. | Mixed-methods study | To explore the acceptability, feasibility and helpfulness of a delivering an evidence-based parenting programme (Triple P) online. | Eleven focus groups with vulnerable parents (n=160) living in poverty in Los Angeles County were conducted. Additionally, the study surveyed 238 parents in one of Los Angeles County's poorest neighbourhoods, to assess patterns of current internet use. | Vulnerable parents living in poverty. | USA | Mixed data:<br>• Qualitative data collected from focus groups with parents.<br>• Quantitative data collected from a survey of parents. |
| Lundahl et al., 2006.<br>A meta-analysis of parent training: Moderators and follow-up effects. | Meta-analysis | To evaluate the ability of parent training programmes to modify disruptive child behaviours as well as parental behaviour and perceptions. | 2 electronic databases were searched using predefined search terms, limited to studies published from 1974–2003. 63 studies were included in total, representing a comparison of 83 treatment groups to 44 control groups. | Parents accessing parent training programmes. | USA | N/A |
| Marjoribanks, 2015.<br>Breaking up is hard to do. Assisting families to navigate family relationship support before, during, and after separation | Multi-methods review | To explore the provision of support before, during and after separation; the challenges to access and move through support, as well as to improve links between different parts of the system. | The methods are not described in detail; however, several components were included.<br>• The first component was a literature and policy review.<br>• The second was an initial workshop with selected experts to test the parameters, critically engage with research questions, identify important practice examples and literature.<br>• The third component involved 22 interviews with figures in policy, service providers and academics.<br>• The final component involved a roundtable discussion with a wide range of experts across the sector to review emerging findings and discuss possible recommendations. | Separating and separated families. | UK | Mixed data:<br>• Qualitative data collected from experts in the field. |
| Markman & Ritchie, 2015.<br>Couples Relationship Education and Couples Therapy: Healthy Marriage or Strange Bedfellows? | Literature review | To discuss implications of the Couple Relationship Education (CRE) field moving toward a more clinical model to meet the needs of an increasing number of distressed couples accessing these services. | The methods are not described in detail but the paper reviews key issues in the Couples Relationship Education field.<br>Authors make recommendations for future practice and research. | Couples who may benefit from relationship support. | USA | N/A |
| Maxwell et al., 2012.<br>Engaging fathers in child welfare services: a narrative review of recent research evidence. | Narrative review | To review the published literature on the barriers and facilitators to better father engagement in child welfare services, as well as the limited evidence on the effectiveness of work with maltreating fathers. | Several electronic databases were searched for academic and grey literature using predefined search terms. This was supplemented by key papers known to the research team, and the use of snowballing to identify relevant references. Thirty studies which met the specified criteria were reviewed. Of these, 4 were systematic reviews, 16 were qualitative studies, 4 were quantitative and 6 used mixed methods. | Fathers. | UK | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| McHale et al., 2012. Co-parenting Interventions for Fragile Families: What Do We Know and Where Do We Need To Go Next? | Literature review | To review what we currently know about co-parenting interventions for unmarried parents in 'fragile families', and to comment on the lessons learned from those responsible for delivering education programmes in which co-parenting was an indirect target. | A review of literature addressing co-parenting or examining co-parenting as an outcome indicator of interest. Given the nascent state of this field, authors report on all such studies, even in the absence of rigorous research methods to examine programme effectiveness. | Fragile families, described as headed by low-income, unmarried parents who are either cohabiting or living apart. | USA | N/A |
| Moodie & Ramos., 2014. Culture Counts: Engaging Black and Latino Parents of Young Children in Family Support Programs. | Literature review | To provide an overview of family support programmes and identify the features and strategies that may be most effective for reaching and engaging Black and Latino families, with the ultimate goal of supporting young children's development. | The methodology is not described in detail. Authors indicate that they provide a synthesis of available research on parent engagement—as well as potential barriers to their engagement—in family support services and programmes. | Black and Latino Parents. | USA | N/A |
| Moran et al., 2004. What Works in Parenting Support? A Review of the International Evidence. | Literature review | To summarise a review of the international evidence on the effectiveness of parenting support programmes. | The methodology used to identify the literature included in this study was not described in detail; however, the evaluation studies and research reviews that formed the basis of this review were selected from over 2,000 potentially relevant journals, books and reports. | Parents. | UK | N/A |
| Mytton et al., 2013. Facilitators and barriers to engagement in parenting programmes: a qualitative systematic review. | Qualitative systematic review | To conduct a systematic review of qualitative studies in which parents had been asked why they did or did not choose to commence or complete a parenting programme, and to compare these responses to the perceptions of researchers and programme deliverers. | Several electronic databases were searched using predefined search terms. Grey literature sources were identified by handsearching the bibliographies of included studies. In total, 26 papers were included in the final review – 15 reported on parents' perspectives; 9 reported on researchers' and deliverers' perspectives; and 1 reported on both parents' and researchers' perspectives. | Parents eligible to participate in parenting programmes. | UK | N/A |
| National Academies of Sciences, Engineering, and Medicine, 2016. Chapter 6: Elements of Effective Parenting Programmes and Strategies for Increasing Programme Participation and Retention. | Literature review (presented as a textbook chapter) | To examine the state of the science with respect to parenting knowledge, attitudes and practices tied to positive parent–child interactions and child outcomes, as well as strategies for supporting them among parents of young children. The review also sought to provide a roadmap for the future of parenting and family support policies, practices and research in the United States. | Several academic electronic databases were searched for relevant literature. Additional literature and other resources were identified by committee members and project staff using traditional academic research methods and online searches. | Parents of children aged 0–8 years. | USA | N/A |
| Nieuwboer et al., 2013. Online programs as tools to improve parenting: A meta-analytic review | Meta-analysis | To synthesise the experimental outcomes web-based parenting resources for parental competencies and children's development. | A systematic review was undertaken of studies (n=19), published between 2000 and 2010, that describe parenting programmes of which the primary components were delivered online. Twelve studies were included in meta-analysis. | Parents and families participating in parenting programmes. | Netherlands | N/A |
| Ooms & Wilson, 2004. The Challenges of Offering Relationship and Marriage Education to Low-Income Populations | Literature review | To identify the challenges and guiding principles that need to be addressed when offering relationship and marriage education to low-income couples. | Limited information on the methodology is provided, but this appears to be a review of research and programme experience relevant to relationship and marriage education for low-income couples. | Low-income families. | USA | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| Owen & Rhoades, 2012.<br>Reducing interparental conflict among parents in contentious child custody disputes: an initial investigation of the working together program. | Impact study: evaluating the effectiveness of a co-parenting intervention | To test the impact of the Working Together programme – a co-parenting intervention. | This was a single group pre/post study, examining the effectiveness of a court-ordered 12-hour co-parenting intervention. Parents completed pre- and post-test assessments (n=20) as well as 2-month follow-up assessments (n=17). | Parents who were court-ordered to attend a co-parenting intervention. | USA | Quantitative data:<br>• Impact evaluation data collected at pre-, post-, and 2-months follow-up. |
| Panter-Brick et al., 2014.<br>Practitioner Review: Engaging fathers –recommendations for a game change in parenting interventions based on a systematic review of the global evidence. | Systematic review | To conduct a systematic global review of father-inclusive parenting and co-parenting interventions. | The authors conducted a systematic search of four electronic databases. This was supplemented by a thematic handsearch of the grey literature on parenting programmes, such as those conducted by UNICEF worldwide and available databases on the topic of fatherhood and child neglect. In addition, authors searched for books on fatherhood/parenting, conference proceedings from voluntary organisations, and other relevant material from the websites of OECD, the Global Child Development Network, the African Child Policy Forum, WHO, the World Bank, Fatherhood.gov, and ACF/OPRE. | Fathers. | UK & USA | N/A |
| Petch et al., 2012.<br>Couple Relationship Education at the Transition to Parenthood: A Window of Opportunity to Reach High-Risk Couples. | Impact study: evaluating if the transition to parenthood is a window of opportunity for providing couple relationship education | To describe the risk profile of couples agreeing to Couple Relationship Education (CRE), and to examine if the transition to parenthood reached couples who had not previously accessed CRE. | The current study was conducted as part of a randomised controlled trial, which involved 249 families randomly allocated to the intervention (Couples Relationship Education) or control (Becoming A Parent programme) group. | Couples transitioning into parenthood. | Australia | Quantitative data:<br>Impact evaluation data. |
| Pruett et al., 2009.<br>Lessons Learned from the Supporting Father Involvement Study: A Cross-Cultural Preventive Intervention for Low-Income Families with Young Children. | Process evaluation | To examine lessons learned by programme evaluators and staff involved in the first three years (2002–2004) of the Supporting Father Involvement programme. | Lessons learned by evaluators and programme staff were collated, in relation to their experience of the Supporting Father Involvement study – a randomised clinical trial comprised of 289 low-income Spanish- and English-speaking families living in California. The lessons learned covered a broad range of areas, including communication procedures, training, staffing, recruitment and retention rates, clinical needs, intervention content, processes, and cultural sensitivity. | Low-income Spanish- and English-speaking families. | USA | Qualitative data:<br>• Observations and lessons learned from evaluators and programme staff. |
| Ramm et al., 2010.<br>Relationship difficulties and help-seeking behaviour: secondary analysis of an existing data-set. | Qualitative study | To investigate people's experiences of relationship distress and breakdown as well as their attitudes towards seeking relationship support. | In-depth interviews (n=112) and focus groups (n=8) were conducted with 64 individuals. All fieldwork was conducted in London, Bristol and York by an external team of four interviewers under the direction of the One Plus One research staff. Interviews and focus groups were recorded with the participants' consent and transcribed verbatim for analysis. | Couples in long-term relationships. | UK | Qualitative data:<br>• In-depth interviews and focus groups with couples. |
| Ritchie et al., 2005.<br>Understanding workless people and communities: A literature review. | Literature review | To examine existing evidence relating to the psychological and social influences on workless people in deprived areas, in order to provide context to the Working Neighbourhoods Pilot evaluation. | Existing bibliographies at IES were built on, relevant conferences were attended, and articles forwarded by the Department for Work and Pensions utilised. In addition, predefined terms were used to search across a range of electronic databases. Subsequent to this, a snowballing approach was taken, whereby the bibliographies of key articles were used to identify further literature, until saturation was reached. Finally, an interview was conducted with Peter Warr (an expert in the Institute of Work Psychology at the University of Sheffield), to confirm that areas or theories relevant to worklessness had not been omitted. | Workless people. | UK | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| Robinson & Parker, 2008.<br>Prevention and early intervention in strengthening families and relationships: challenges and implications. | Literature review | To examine the strategies and accompanying challenges associated with encouraging individuals to engage in prevention and early-intervention activities that focus on healthy relationships. | Limited information on the methodology of this literature review is provided. | Couples and families. | Australia | N/A |
| Romagnoli & Wall, 2012.<br>'I know I'm a good mom': Young, low-income mothers' experiences with risk perception, intensive parenting ideology and parenting education programmes. | Qualitative study | To explore young, low income mothers' experience of parenting. | In-depth semi-structured interviews were conducted with young, low-income mothers (n=10). | Young, low-income mothers. | Canada | Qualitative data:<br>Interviews with young low-income mothers. |
| Royston & Rodrigues, 2013.<br>Breaking barriers:<br>How to help children's centres reach disadvantaged families. | Multi-methods study | To examine the barriers of engaging with children's centres and to consider what children's centres, local authorities and central government could do to help break these barriers down. | This study comprised of three components:<br>• A survey conducted in the South West of England with 170 families (living in areas with some level of deprivation) who do not use the services provided by children's centres.<br>• Interviews with practitioners (from the Children's Society children's centres) across the country, exploring the difficulties faced in engaging disadvantaged families and how to overcome these.<br>• Consultations with parents in the Isle of Wight and the North East of England who use the Children's Society children's centres. | Disadvantaged families, including (but not limited to):<br>• families with teenage parents<br>• families from ethnic minority communities<br>• families where the parents or children are disabled. | UK | Qualitative data:<br>• Survey data collected from families who do not use children's centres.<br>• Consultations with parents who use children's centres.<br>• Interviews with practitioners working at children's centres. |
| Rubio et al., 2017.<br>Transition to parenthood and quality of parenting among gay, lesbian and heterosexual couples who conceived through assisted reproduction. | Qualitative study | To investigate the transition to parenthood by first-time parents with infants born using assisted reproductive technologies. | The current study examined 35 gay-father families, 58 lesbian-mother families and 41 heterosexual-parent families. Families were assessed at home when their infants were 4 months old (±14 days), and each parent participated in an audio-recorded standardised semi-structured interview. | First-time homosexual and heterosexual parents with infants born using assisted reproductive technologies. | France, Netherlands & UK | Quantitative data:<br>• Standardised interviews with homosexual- and heterosexual-parent families. |
| Schramm & Calix, 2011.<br>Focus on Kids: An evaluation of a divorce education program. | Impact study and analysis of predictors | To evaluate a divorce education programme (Focus on Kids), by examining the long-term effectiveness of the programme and exploring whether potential differences in outcomes are attributable to demographic characteristics. | Using data from a sample of 2,274 divorced or separated parents who participated in the Focus on Kids programme, authors analysed data to examine programme effectiveness by demographic characteristics. They used a retrospective pre/post design to assess short-term effectiveness. To examine long-term effectiveness, authors also followed-up with post-test surveys of 149 participants after 4–10 months. | Divorced or separated parents. | USA | Quantitative data:<br>• Impact evaluation data.<br>• Engagement data and analysis of predictors. |
| Shepard et al., 2012.<br>Embedding the family check-up and evidence-based parenting programmes in Head Start to increase parent engagement and reduce conduct problems in young children. | Outline of the development phase of a modified parenting programme | To present the rationale for applying Family Check-Up to advance parent readiness for engagement and present preliminary data from a pilot trial. | This study is comprised of two components:<br>• The first draws on relevant literature to provide a description of the rationale for a modifying and enhancing a programme.<br>• The second constitutes preliminary findings from a randomised pilot trial of the modified version of Family Check-Up. | Parents who have a child with early onset behavioural problems, are low-income, or whose families are considered high-risk. | USA | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| Schrader-McMillan & Barlow, 2016.<br>Improving the effectiveness of the child protection system – A review of literature | Literature review | To identify both known and emerging/ innovative systems and practices that have been shown to improve outcomes for children:<br>• who have experienced abuse and neglect or<br>• are clearly identified as being at risk of abuse.<br>To identify effective programmes, as well as evidence regarding effective methods of assessment and engagement, and practitioner training, working and management. | A rapid review of the literature including reviews of reviews, systematic reviews with meta-analyses, systematic reviews without meta-analysis, systematic review with narrative summary, non-systematic reviews and individual studies. Findings were summarised narratively. | Families of children who have experienced abuse and neglect or are clearly identified as being at risk of abuse. | UK | N/A |
| Social Care Institute for Excellence, 2009.<br>Reaching parents: implementing parenting programmes. | Summary report | To provide a summary of how to engage disadvantaged parents in parenting programmes. | This at-a-glance summary is drawn from two recent SCIE reports – one describes the findings of a follow-up study to support implementation of the NICE/SCIE guidance on parenting programmes, and the other provides specific guidance on improving take-up of parenting programmes. | Disadvantaged families, including those who are socially disadvantaged and/or have children with complex needs. | UK | N/A |
| Spielhofer et al., 2014.<br>Relationship Support Interventions Evaluation. | Mixed-methods review | To measure change over time for participants involved in three relationship support interventions: Marriage preparation, Let's Stick Together (LST), and Couple Counselling. | This review involved several components:<br>• A literature review of national and international evidence to map out what is already known about the impact of similar interventions as well as identify any gaps in knowledge.<br>• A quantitative pre- and post-intervention survey with an achieved sample of: 78 parents who attended an LST session, 235 individuals who received one of the two forms of marriage preparation, 336 who contacted Marriage Care, and 216 who contacted Relate to receive relationship counselling.<br>• Qualitative interviews with 44 strategic, operational and delivery staff across six providers. In-depth interviews (conducted mainly over the telephone) with 21 parents who received LST, 24 couples or individuals who had signed up to receive marriage preparation, and 80 couples or individuals who accessed relationship and/ or couple counselling with one of four providers: AFCS, Marriage Care, Relate or TCCR.<br>• A value for money analysis to consider the overall and unit costs of delivering Marriage Care and Relate couple counselling, as well as FOCCUS© marriage preparation. | Couples accessing relationship support. | UK | Mixed data:<br>• Quantitative survey data collected from parents/ individuals accessing relationship support.<br>• Qualitative data collected from relationship support service users and providers.<br>• Value for money analysis. |
| Stewart et al., 2016.<br>Relationship Help-Seeking: A Review of the Efficacy and Reach. | Literature review | To organise the relationship help-seeking research bring to light some of the less accessible research, and offer recommendations to researchers and practitioners regarding the efficacy and reach of relationship help-seeking. | Limited information on the methodology of this literature review is provided, but the paper assesses the efficacy and reach of formal (i.e. couple therapy and couple relationship education) and informal (i.e. self-help books, internet resources, clergy, and consulting with friends and family) interventions. | Couples. | USA | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| Tornello et al., 2011.<br>Predictors of Parenting Stress Among Gay Adoptive Fathers in the United States. | Survey | To explore factors related to parenting stress among gay adoptive fathers. | An internet survey was used to examine the correlates of parenting stress among 230 gay adoptive fathers. | Gay adoptive fathers. | USA | Quantitative data:<br>• Survey data used to examine the correlates of parenting stress. |
| TNS BMRB, 2013. Relationship Support Trials for New Parents Evaluation Technical Report. | Survey | To present headline findings from a baseline population survey of parents. | The findings of this study are based on a pre-test survey of 1,556 parents of children aged < 3.5 years (including expectant parents). These parents were due to participate in a trial of relationship support for new parents, but the trials were cancelled early, meaning that post-test surveys were not completed. | New and expectant parents. | UK | Quantitative data:<br>• Pre-test survey data collected from new or expectant parents. |
| Vaterlaus et al., 2012.<br>Providing Relationship Education for Low-Income and Diverse Audiences: A Phenomenological Investigation | Qualitative study | To contribute towards a better understanding of the design, implementation and evaluation of relationship education for low-income populations. | A phenomenological qualitative research design was used to discover facilitators' shared experiences in providing relationship education for low-income and diverse populations (n=14). Data were gathered through the use of quarterly activity reports and agent interviews. | Low-income and diverse populations. | USA | Qualitative data:<br>• Quarterly activity reports and interviews with facilitators of relationship education programmes. |
| Walker et al., 2010.<br>Relationships matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support | Qualitative study | To investigate the relationship support needs of adult couples in England and consider the ways in which different kinds of support might be provided in future, so as to inform the government's new policy initiative to provide more support for parents and children by enhancing the quality of adult couple relationships. | This report sets out the findings of a study commissioned by the Department for Children, Schools and Families (DCSF) to investigate the relationship support needs of adult couples in England and consider the ways in which different kinds of support might be provided in future, in order to guide the development of new policy initiatives. The study was conducted in two phases and involved 1,133 participants:<br>• The first phase (May–July 2009) focused on investigating the experiences and needs of adults, primarily parents, whose relationship had broken down and ended in separation or divorce .<br>• The second phase (August–November 2009) focused on adults who were currently in what they considered to be a committed relationship.<br>The study was wholly qualitative, with the expressed aim of gaining in-depth insights via a range of qualitative methods: e-surveys, face-to-face or telephone interviews, and focus groups. | Couples who are either in intact relationships, separated, or divorced. | UK | Qualitative data:<br>• Electronic surveys, interviews and focus groups collected from couples in intact or separated relationships. |
| Walker, 2010.<br>Family mediation: the rhetoric, the reality and the evidence. | Literature review | To review the international evidence relating to mediation processes and their outcomes, by drawing out the consistent themes that emerge. | Limited information on the methodology of this literature review is provided. | Couples accessing mediation services. | UK | N/A |
| Whittaker & Cowley, 2012.<br>An Effective Programme is not Enough: A Review of Factors Associated with Poor Attendance and Engagement with Parenting Support Programmes. | Systematic review | To explore what can be learnt about programme delivery from existing research reviews of parenting interventions, including those that do not follow the exacting standards of the systematic review. | To identify reviews of parenting programmes, a systematic search of electronic databases was performed using predefined search terms. Further searches were made using the University of York Centre for Reviews and Dissemination (CRD) databases. 23 studies were included in the review. | Parents accessing parent support programmes. | UK | N/A |

| | | | | | | |
|---|---|---|---|---|---|---|
| Wilkins, 2013.<br>Try to see it my way: Improving relationship support for men. | Mixed-methods review | To explore what is known about men's attitudes to help-seeking, including how cultural influences around gender roles might impact on their behaviours. | This mixed-methods review includes several components:<br>• Literature review, drawing on a limited number of key reviews and reports.<br>• Discussion groups with nine people working in the field of relationship counselling in two regions of the UK.<br>• Roundtable discussion with a group of representatives from national relationship support organisations. | Men. | UK | Mixed data:<br>• Qualitative data collected from discussion groups with practitioners and representatives from national relationship support organisations. |
| Williamson et al., 2014.<br>Does premarital education decrease or increase couples' later help-seeking? | Cross-sectional study | To test whether participation in premarital education is associated with an improved relationship satisfaction and a reduced need to access couple counselling in future. | A cross-sectional study of 2,126 married individuals examining whether participation in premarital education was inversely or directly associated with later access to couple counselling. Interviewers asked participants about their experiences, beliefs, and attitudes regarding intimate relationships | Individuals who have been married for the first time. | USA | Qualitative data:<br>• Interviews with married couples. |
| Wilson et al., 2018.<br>Experiences of parenting and clinical intervention for mothers affected by personality disorder: a pilot qualitative study combining parent and clinician perspectives . | Qualitative study | To explore the help-seeking and participatory experiences of parents with a diagnosis of personality disorder, as well as examine the acceptability of referral and intervention processes for the Helping Families programme. | Semi-structured interviews were conducted with parents recruited to receive the Helping Families programme (HFP) (n=5) and their referring NHS child and adolescent mental health service (CAMHS) clinicians (n=5). Interview transcripts were analysed using Interpretive Phenomenological Analysis. | Families with complex psychosocial needs, including a parental history of mental illness or a child with behavioural problems. | UK | Qualitative data:<br>• Interviews with parents and CAMHS clinicians. |
| Winslow et al., 2018.<br>Video-Based Approach to Engaging Parents into a Preventive Parenting Intervention for Divorcing Families: Results of a Randomised Controlled Trial. | Impact study: evaluating the effectiveness of a parental engagement strategy | To test the effectiveness of video-based methods for engaging parents into a programme for divorcing parents. | This was a randomised controlled trial to test video-based methods for engaging parents into an evidence-based programme for divorcing parents (n=1123). Three alternative versions of a video were created to test the incremental effectiveness of different theory-based engagement strategies based on social influence and health behaviour models. | Parents going through divorce. | USA | Quantitative data:<br>• Impact evaluation data examining three alternative versions of a video for engaging divorced parents in a preventative parenting intervention. |
| Wojnar & Katzenmeyer, 2014.<br>Experiences of preconception, pregnancy, and new motherhood for lesbian nonbiological mothers. | Qualitative study | To describe the experiences of preconception, pregnancy, and new motherhood from the perspective of lesbian nonbiological mothers. | Women (n=24) participated in semi-structured interviews that were audio-recorded and transcribed verbatim for analysis. | Lesbian nonbiological mothers. | USA & Canada | Qualitative data:<br>• Interviews with lesbian nonbiological mothers. |
| Zemp et al., 2016.<br>Improved Child Problem Behavior Enhances the Parents' Relationship Quality: A Randomised Trial | Impact study: evaluating the effectiveness of a parent training programme | To examine the effects of improved problem behavior in children on the parents' relationship quality one year later in a community sample. | Couples (n=100) were randomly assigned to (a) a parenting training (Triple P) or (b) an untreated control group. Interparental relationship quality, parenting behaviour, and child problem behaviour was assessed at pre- and post-test, as well as at 6-months and 1-year follow-ups. | Couples in a committed relationship with at least one child aged between 2–12 years. | Switzerland | Quantitative data:<br>• Impact evaluation data assessing evaluating parental relationship quality. |

# Appendix 3: Advisory group

As part of this project, an advisory group was set-up consisting of expert academics, researchers and practitioners that provided input and quality assurance to the study design and final report. An important role of the advisory group was to identify any published and/or unpublished studies that were relevant to the research questions and objectives.

We are grateful for the contribution of the advisory group, which was comprised of the following members (listed alphabetically, by surname):

- Dr Nick Axford, University of Plymouth
- Dr Vashti Berry, University of Exeter
- Alison Challis, Parenting Practitioner
- Dr Lester Coleman, OnePlusOne
- Dr Crispin Day, Kings College London/Maudsley NHS Foundation Trust
- Richard Meier, Tavistock Relationships
- Jayne Moules, Healthy Relationships Hartlepool
- Patrick Myers, Dorset County Council
- Dr Mark Penman, Triple P UK
- Honor Rhodes, Tavistock Relationships
- Professor Stephen Scott, Kings College London
- Dr Jon Symonds, Bristol University
- Huw Thomas, Relate
- Professor Janet Walker, Newcastle University