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Parenting and support
Given the importance of support in parenting, About Families asked what research could tell us about how families seek, experience, and manage social and formal support.

This report presents a review of research evidence to help inform voluntary and public sector agencies in their service planning. It has been produced by About Families, a partnership which seeks to ensure that the changing needs of parents, including families affected by disability, are met by providing accessible and relevant evidence to inform services.

1. Summary of key findings

- **Defining needs and seeking support:** what families define as problems or needs is often different from service providers’ definitions. People weigh up costs and benefits of seeking support, and for some using professional family support can be associated with stigma and perceptions of parental failure.

- **Social support:** effective social support is essential for successful parenting and can buffer the effect of stresses and difficulties arising from being a parent or other areas of life. However, an absence of social support does not always predict problems.

- **Social networks:** parents in lower-income households, in social housing, or living in areas of high deprivation are less likely to have satisfactory networks and have lower levels of support.

- **Family and friends:** parents see support from family and friends as the natural first port of call. However, this is neither static nor problem-free. Not wanting to impose, considering grandparents too infirm to care for children, lack of material resources, negative attitudes from families, complex support requirements, and life events such as separation can influence the level of support available.

- **Service delivery:** services and information are most effective when they are joined-up, straightforward, responsive to different circumstances, abilities and backgrounds, build on what parents already know, and delivered through trusting and supportive relationships.

- **Barriers to engagement:** families can face a range of practical, material, social and cultural barriers to accessing and engaging with services. Families affected by disability, those from minority ethnic communities, and fathers, can face particular barriers.

- **Family context:** most barriers to engaging with services are not of parents’ making. Parents generally want to receive help if it is appropriate to their needs. Numerous factors, such as stress, poverty, ill-health, and social isolation, can combine to undermine parents’ involvement in services.

- **Formal social support:** can help to increase parents’ levels of informal support and break down barriers to formal service use. However, combining social and formal support is complex, and different families have different needs. Strengthening social networks may not be appropriate for all families.

- **What do we know about parenting and support?**

  Much of the existing research on engaging parents in formal services is from the perspective of service providers rather than those using services. Evaluations of services tend to assess attendance and completion rates rather than outcomes for parents and families. There is little research which explores the characteristics or perspectives of non-service users. It is not clear how social support can be best enhanced for those parents who need it. Most research relating to parenting and support focuses on white, non-disabled, women. Generally, different family forms are not referred to.
2. Background

Why parenting and support?

We know that parents manage better when they have sufficient and effective support. Social support can buffer the effect of stresses and difficulties which can arise from being a parent or other areas of life such as relationship conflict or financial difficulties, and help to bolster parents’ self-esteem and sense of efficacy. In terms of formal support, effectively engaging parents with support services and interventions is recognised as a key factor in successfully resolving problems and effecting positive change in families’ lives.

However, those parents who are most in need of services, including those who lack support from family and friends, are often the least likely to access them. Those groups of parents less likely to access services than others include:

- fathers
- disabled parents
- parents of teenagers
- black and minority ethnic families
- asylum-seeking parents
- homeless or peripatetic families
- rural families
- parents living in poverty

Given the importance of support in parenting, About Families asked what research could tell us about how families seek, experience, and manage social and formal support.

This report provides:

- definitions of terms referred to in the evidence;
- comments on current evidence relating to parenting and support and gaps in the research;
- a review of the research findings under themed headings (details of literature search can be found in Appendix i);
- summaries of ‘what could help’ parents to engage with services; and
- discussion points to start conversations about how families can be better supported.

The focus of this report is parents. However, research about how adults seek and experience support for emotional and psychological well-being is also included (see section 3a: ‘Seeking support for well-being’) since overall well-being is relevant to parenting. Most of the research cited is with or about parents and families; research by Brownlie and by Anderson explores how adults in general seek help for emotional and psychological well-being.

Definitions of support

Support for parents comes from a variety of sources. Often this is broadly grouped into:

**Informal:** from family, friends and neighbours, arising from parents’ own pre-existing ‘natural’ networks.

**Formal:** organised services, often needs-led, and provided by the statutory sector alone or in partnership with the voluntary sector.

**Social support:** refers to social relationships with both individuals and organisations that have the potential to provide emotional and practical support, and is known to play a significant role in parenting. **Generally, the type of social support referred to in this report relates to family and friends (informal support). Where social support is received through organisations, this is referred to as ‘formal social support’**.
Barriers to inclusion: refers to factors about parents or the context in which they are living which make them less likely to access services.

Successful engagement: refers to the process by which services reach out to parents and continue to provide a service to them over time.

Understanding parenting and support: what do we know from research?

What we know about formal support

Much of the existing research on engaging parents in formal services is from the perspective of service providers rather than those using services. Where research data relating to service users does exist, these studies typically assess rates of take up, completion and attrition, and see completing the intervention or support programme, rather than outcomes for parents and families and longer term benefits, as the benchmark of successful engagement. However, quantifiable indicators are not adequate measures of engagement since attending and completing programmes may not necessarily indicate meaningful involvement by parents.

Practitioners and researchers can sometimes assume that services are generally beneficial to all families who use them, although there may be limited evidence to support this assumption. Most studies use services’ own definitions of parents ‘need’ rather than explore how people seek help, and can make generalisations about the process of help-seeking rather than explore it directly.

Preventive services (for example, services that aim to promote quality of life and well-being, or prevent or delay the need for costly and intensive services) usually rely on parents actively seeking help or voluntarily accepting help offered to them. Evaluations of formal support which focus on people referred to parenting services by practitioners in other services (for example, GPs or maternity staff) are problematic due to under-reporting. There is little research with or about people who don’t use services, in terms of their characteristics, their perspective on the barriers they face, or their attitudes towards participation in services and interventions. Nevertheless, the existing studies do provide valuable insight into the complexities of the issue of engagement.

The key reviews included in this report found a gap in research in that there were no studies which compared different methods of engagement or that could offer insights into the advantages or disadvantages of different approaches.

What we know about formal social support

There have been relatively few sufficiently robust studies of enhancing social support for parents to be able to draw firm conclusions about what works. One difficulty is that outcomes are measured in different ways across studies.

Gender

Most research relating to parenting and support focuses on women. We therefore know very little about the different social and parenting support needs (and how to meet them) of fathers. There is little exploration of how experiences of mothers differ.

Having said this, research is often reported using the gender-neutral term ‘parents’. This report uses terms as reported in the literature, i.e. we refer generically to ‘adult’ or ‘parent’ unless the literature refers specifically to women or men, mothers or fathers. However, it should be borne in mind that the majority of research cited relating to parents is with or about mothers.

Disability

The majority of research participants in studies exploring parenting and support are non-disabled. Across the UK, there is incomplete statistical information about the numbers of disabled parents, and some that is available is unclear. However, Capability Scotland recently asked the Scottish Government to analyse the 2010 Scottish Health Survey data to determine the number of parents living with a disability or long-standing condition in Scotland. Since the Scottish Health Survey asks respondents about their relationship with other household members only, the figures produced only include parents who still live with their children. Capability Scotland reports that 47% of parents living with their son or daughter reported having some kind of long-standing condition

1Defined as a long-standing physical or mental condition or disability that has troubled them for at least 12 months, or that they feel is likely to affect them for at least 12 months
and 30% reported having a condition that was limiting in some way.

Most of the research evidence concerns parents who are in touch with children's social services and/or specialist adults' services, and most of the research concerns their experiences of services. There is very little research on the experiences of disabled parents generally, or that views disabled parents as parents rather than as service-users.

As with other parenting research, existing research relating to disability appears to be largely concerned with the experiences of mothers (though often does not differentiate between mothers and fathers) which means that the specific support needs and experiences of disabled fathers or others with a parenting role remain invisible. There are very few rigorous evaluations of service interventions involving disabled parents. There is very little research about the role or needs of extended family members who are supporting disabled parents.

**Ethnicity**

The majority of research participants are white. We therefore know relatively little about the most effective interventions to increase social support to parents from different ethnic groups. It should also be remembered that there is considerable diversity within, as well as between, different ethnic groups and they should not be seen as homogenous.

**Different types of families**

Generally, research does not attempt to explore issues in relation to different family forms, such as adoptive, foster or step-families, same-sex partnerships, or kinship care arrangements. For this reason, we have not attempted to do so here. However, the issues arising will be relevant to all family types. Where a specific family type is being referred to, this is made clear.

**Geography**

All but one of the publications drawn on in this report were published in the UK. Of these, 35% were published in Scotland. A breakdown of publications can be found in appendix i.
for all families, help those working with families affected by disability to better understand the impact of the family context, and to facilitate sharing of good practice across the families sector.

**Increasing the evidence on disability**

Not much research on parenting and support includes families affected by disability and research that does tends to focus on the disability rather than parenting. For this reason, we conducted a survey and interviews with disabled parents and parents of disabled children using Capability Scotland's 1 in 4 Poll* and other services to ask them about their experiences of support in parenting. This research was small scale and is not representative of the views of families affected by disability across Scotland, since that is outwith the scope of this work. The intention was to include some reflections from families to inform discussions of what action is needed to meet the needs of parents, and to ensure that the voices of families affected by disability are included.

Responses from families taking part in this research are included in ‘Families affected by disability say’ boxes at the relevant points throughout this report.

*Capability Scotland's 1 in 4 Poll was established in 2000 and so-called because one in four households in Scotland lives with disability. 1 in 4 Poll panel members have personal experience of disability and respond to 3-4 surveys each year on issues that relate to disability equality.
3. Findings  a. Seeking support

Key findings: Seeking support

- What families define as problems or needs is often different from service providers’ definitions, and parents see professionals as providing practical support around specific areas of children’s lives rather than the broader skills-based support addressed by parenting classes (Edwards and Gillies 2005; Broadhurst 2007). Parents see professionals as providing practical support around specific areas of children’s lives (Edwards and Gillies 2005).

- Accessing professional family support can be associated with fear, stigma, and parental failure, and people weigh up costs and benefits of seeking support. Parents can be concerned over issues of privacy, independence, and being seen as unable to cope. Seeking help ‘outside’ the family can be seen as for severe problems only, and a last resort.

- People deal with stresses in a variety of ways which may not involve talking about them. Men are less likely to confide in others about emotional matters while women tend to express concern about over-burdening others. People can feel ambivalent about speaking to strangers about personal issues.

i) Seeking support from services

What families define as problems or needs is often different from service providers’ definitions. Family support professionals tend to focus on emotional support and behavioural change, whereas service users are more likely to highlight issues of income maintenance, childcare, leisure and education (Penn & Gough 2002, cited in Broadhurst, 2003). However, most studies focus on how agencies define need and assume that if people are educated as to the ‘proper’ nature of problems, then appropriate (rational) help-seeking will follow (Broadhurst 2003).

Parents see professionals as providing practical support around specific areas of children’s lives. Professional support is usually associated with education and health as opposed to parenting capacity, family relationships, lifestyle choices and the broader skills-based support addressed by parenting classes (Edwards and Gillies 2005; Broadhurst 2007). Unless parenting advice addresses these more formal aspects of their children’s lives, parents tend to see it as intrusion (Edwards and Gillies 2005).

Viewing adults as active participants in seeking help, rather than passive recipients, can help service providers to consider problem definitions and solutions from the service users’ perspective (Broadhurst 2003). When people feel they need support, they make choices about what formal or informal sources of help are appropriate. The process of seeking help includes identifying the problem, deciding to seek help and actively seeking help - this process is not necessarily linear and people can go back and forth between these different stages (Broadhurst 2007).

People weigh up costs and benefits of seeking support. For example, the perceived loss of control of the problem if professionals are involved may be weighed against the benefits of the potential solution they could offer (Broadhurst 2003). When parents have more serious problems like substance misuse, they may be guarded which can make it difficult for professionals to understand and assess their needs (MacQueen et al. 2007).

Accessing professional family support is associated with fear, stigma, and perceptions of parental failure (Mabelis and Marryat 2011; Broadhurst 2003; Katz et al. 2007). Parents can be concerned over issues of privacy, independence, and being seen as unable to cope (Ghate and Hazel 2002; Attree 2005; Brownlie 2011). Seeking help ‘outside’ the family can be seen as a last resort when all else fails (Broadhurst 2007), and for severe problems (Brownlie 2011). Parents might seek outside support at a later rather than earlier point, having exhausted their own resources first (Broadhurst 2007). In some ethnic communities, using professional support services is not seen to be appropriate (Becher and Hussain 2003, cited in Katz et al. 2007).

Parents’ perception of service providers can influence their decisions about accessing support. Parents generally prefer services provided...
by voluntary organisations to those provided by social services, which are seen as more interventionist. However, some parents in a recent UK study were reluctant to access services provided by NSPCC out of fear they would be labelled as child abusers (Gardner 2003 cited, in Katz et al. 2007).

Access to formal and informal support is not only a matter of what is available. Beliefs and attitudes about sharing problems and seeking support are important, and are shaped by parents’ life experience (Brownlie 2011). The process of accessing support is complicated, and people do not necessarily seek professional support if they have inadequate informal support, or have exhausted the informal support that is available to them (Brannen and Collard 1982, cited in Brownlie 2011).

ii) Seeking support for well-being

Barriers to using mental health services relate to perceptions, feelings and beliefs, rather than availability, affordability and access. Formal support (therapists, helplines) are often seen as for moments of crisis or severe problems, and to be used only when the usual support mechanisms fail. Experiences such as death or divorce are seen as the stuff of everyday life, and not usually something to seek support with (Brownlie 2011; Anderson and Brownlie 2011; Broadhurst 2003).

People deal with stresses in a variety of ways which may not involve talking about them (Brownlie 2011). In a recent UK survey, around half (52%) of people said they would probably ‘bottle things up’. Over half also said they would probably try to take their mind off things through exercise (58%), drinking alcohol (28%), shopping (28%) or eating more (28%). Men are more likely than women to manage stress through exercise, alcohol and ‘bottling things up’, while women are more likely to respond through shopping and eating. However, people may not necessarily replace talking about problems with other things, they may simply ‘cap the well’ rather than manage emotional difficulties through other activities (Brownlie 2011).

Some people are less likely to seek emotional support than others. Men are less likely to confide in others about emotional matters (Barry et al. 2000, cited in Broadhurst 2003), are less willing to seek professional emotional support (Anderson and Brownlie 2011), and prefer action rather than talk (Brownlie and Anderson 2011). Women tend to express concern about over-burdening others (Brownlie and Anderson 2011). Generally, those in professional occupations and with higher levels of income and education are much more likely to think that therapy/counselling is not just for those with serious problems and know how to find a therapist or counsellor. This suggests that expanding provision may not be sufficient to increase service use - addressing attitudes and awareness is also needed (Anderson et al. 2009).

Being comfortable talking about feelings in general is not the same as feeling comfortable talking to professionals (Anderson and Brownlie 2011). In a recent UK survey, while around 6 people in 10 indicated they would feel comfortable talking to a GP if they were feeling ‘worried, stressed or down’, only 38% said that they would feel comfortable talking to a therapist or counsellor (Anderson et al. 2009). Some 43% said they wouldn’t want anyone to know if they had seen a therapist or counsellor (Brownlie and Anderson 2011).

People can feel ambivalent about speaking to strangers about personal issues. On the one hand, people want to maintain privacy. On the other, people can feel that neutral professionals might offer a fresh perspective. However, some people may perceive this professional neutrality as detachment or lack of sincerity. Feeling that professionals are truly on their side, and not just doing a job, matters. For some people, particularly men, the planning needed to arrange to talk to a professional can be off-putting (Brownlie, 2011).

Discussion points:

- How can services provide appropriate and timely support for parents?
- What can services do to address the stigma associated for some parents with using professional parenting support?
- What can services do differently to respond to the needs of parents?
3. Findings  b. Social support from family and friends

Key findings: social support from family and friends

- Effective social support is essential for successful parenting and can buffer the effect of stresses and difficulties arising from being a parent or other areas of life. However, an absence of social support does not always predict problems.
- Parents in lower-income households, in social housing, or living in areas of high deprivation are less likely to have satisfactory networks and have lower levels of support. Low-income minority ethnic and lone mothers in particular tend to have smaller social support networks.
- Parents see support from family and friends as the natural first port of call. Most parents receive support from their own parents, mainly in the form of childcare and buying things for their children.
- Family contact is more frequent, and relationships stronger, when parents live near their extended families. Of grandparents, the mother's parents (and particularly her mother) usually have more contact than other grandparents.
- Friends are an important source of practical support and advice and parents tend to make friends with other parents. New parents who do not make new friends who have children can become isolated. Postnatal support groups are particularly important, but are often for mothers which can exclude new fathers and inhibit them from developing similar networks.
- Support from family and friends is neither static nor problem-free. Some parents do not want to impose, consider grandparents too infirm to care for children, or perceive advice as interference. For some, lack of material resources, such as transport, can mean family are difficult to reach. Life events such as separation from a partner or becoming a carer can destabilise social support networks. Families affected by disability can experience negative attitudes from informal support networks, and specialist support needs can influence the level of support others can provide.
- Women are more likely to generate, organise and maintain social support networks, often with other mothers. However, we need to know more about how fathers access and experience social support in parenting.

Effective social support is essential for successful parenting and can buffer the effect of stresses and difficulties arising from being a parent or other areas of life (Hogg and Worth 2009; Moran et al. 2004). Support can also help to bolster parents' self-esteem and sense of efficacy (Vaux 1988, cited in Moran et al. 2004).

The ways in which social support can help parents manage are complicated, and an absence of support does not always predict problems. For some families, an absence of social support can lead to emotional, mental and physical ill health, which may impact on parents' ability to care for both themselves and their children (Ghate and Hazel 2002). Low levels of social support can indicate families who are at risk for various difficulties in some groups (Moran et al. 2004).

Parents in lower-income households, in social housing, or living in areas of high deprivation are less likely to have satisfactory networks and have lower levels of support (Bradshaw et al. 2009; Ghate and Hazel 2002; Mabelis and Marryat 2011). These parents are less likely to seek help and support or to engage in activities with their child (Bradshaw et al. 2009).

Low-income minority ethnic and lone mothers tend to have smaller social support networks (Ghate and Hazel 2002; Attree 2005). Lone mothers are more likely to say they have no one who helps them in their role as a parent (34% compared with 23% of parents in the study as a whole) (Seaman et
Parenting and support

3. Findings  b. Social support from family and friends

Parents prefer informal support from family and friends, and see them as the natural first port of call (Broadhurst 2003; Edwards and Gillies 2005). Support can be both hands-on (involved in daily interaction) and unseen (advice and emotional support) (Hansen 2005). Most parents receive support from their own parents, mainly in the form of childcare and buying things for children (Anderson et al. 2007). Sisters also provide babysitting, regular child care, emotional support, and advice (Edwards and Gillies 2005; Hogg and Worth 2009). Relatives are the most common form of informal childcare, especially in working households (Scottish Executive 2006). Parents with a supportive social network of family and friends describe themselves as requiring little professional support (Hogg and Worth 2009). Even those not in contact with family, through distance, bereavement, or estrangement, still seem to embrace the idea that families are important in principal in providing unqualified support and believe this occurs in other families (Hansen 2005; Edwards and Gillies 2005).

Family contact is more frequent, and relationships stronger, when parents live near their extended families. Grandparents can build up parents’ confidence and self-esteem by praising their childrearing skills. Parents also ask siblings living nearby who have children for advice (Hogg and Worth 2009). Where mothers live far from their extended family (particularly their own mothers), they can experience feelings of isolation and loneliness, and a longing to be closer (Hogg and Worth 2009).

Levels of closeness, contact and patterns of interaction between grandparents and grandchildren vary. Higher proportions of the main carer’s parents (usually the mother’s parents) are usually in contact than the other grandparents. Grandmothers tend to be in more contact with and emotionally close to grandchildren than grandfathers (Jamieson et al. 2012).

Support from family members is neither static nor problem-free. Some parents do not want to impose on busy or employed grandparents, or consider them too infirm to care for children (Hogg and Worth 2009). Advice which was not asked for, interpreted as interference, can cause tensions (Edwards and Gillies 2005; Hogg and Worth 2009). Grandparents’ roles can decrease as grandchildren become more independent and as parents develop greater confidence and extend their support network. However, grandparents often maintain regular activities with children, such as outings or hosting family visits (Edwards and Gillies 2005). For some though, lack of material resources, such as transport, can mean family are difficult to reach (Ghate and Hazel 2002).

Families affected by disability can experience negative attitudes from informal support networks. Intolerance and ignorance from extended family members, friends, and people in the wider community can lead to disabled parents and parents of disabled children feeling further isolated and cut off from people they might have previously relied on, which heightens stress for the whole family (Clavering 2007).

Friends are an important source of practical support and advice and parents tend to make friends with other parents. The kinds of help offered by friends includes childcare/babysitting, picking children up, sharing information, and comparing experiences (Hogg and Worth 2009; Edwards and Gillies 2005). Parents (largely mothers) often develop supportive relationships with neighbours with children (Edwards and Gillies 2005). Close friends can be considered as ‘family’, and parents with limited or no family contact are particularly likely to have supportive networks of friends and neighbours (Edwards and Gillies 2005). However, life events such as separation from a partner or becoming a carer can destabilise social support networks (Ridge 2009).

For new parents making new friends is important, and those who do not can be isolated (Edwards and Gillies 2005; Hogg and Worth 2009). Postnatal support groups are particularly important, but are often for mothers which can exclude new fathers and inhibit them from developing similar networks.

Children can influence their parents’ social support networks. Children develop their own social networks as they grow older which bring different sets of parents together and creates opportunities...
for reciprocal arrangements such as sleepovers, or lending and borrowing (Edwards and Gillies 2005). Parents’ (particularly mothers’) lifestyles also change as children grow older and become more independent, such as returning to work, taking up new interests or rekindling relationships with childless friends (Edwards and Gillies 2005).

Across income groups, social networks supporting childrearing are gendered. Women are more likely to generate, organise and maintain networks, often with other mothers, although fathers can benefit from the social support accessed (Attree 2005; Ghate and Hazel 2002; Seaman et al. 2005; Edwards and Gillies 2005). However, we need to know more about how fathers access and experience social support in parenting.

Families affected by disability say:

Two thirds of respondents in our survey said they received support from friends and/or family, mainly emotional or social support (someone to talk to/listen). Practical support received was usually childcare, respite or help with siblings. However, 27% of parents said they did not receive any support.

Some parents who received support from family/friends felt their or their child’s impairment had a positive impact, such as strengthening relationships by bringing people closer together. However, the majority felt that friends/family had negative attitudes towards disability or difficulties in dealing with disability, which in turn caused stress in relationships. Practical issues arising in receiving support from family and friends included problems with handling specialist equipment or dealing with specific impairments or conditions.

Discussion points:
- How can services better support those families affected by disability who have insufficient social support?
- How can services ensure that new parents, and parents moving to new areas, have access to appropriate social support?
c. Support from formal services

Key findings: Support from formal services

• Most barriers to engaging with services are not of parents’ making. Parents generally want to receive help if it is appropriate to their needs. Numerous factors, such as stress, poverty, ill-health, and social isolation, can combine to undermine parents’ involvement in services.

• Parents prefer joined-up services, and simple service delivery which offers straightforward practical tips and skills. Services are more effective when they respond to the different needs of different parents.

• A ‘strengths based’ approach, which sees parents as the experts on their children and accentuates existing positives, can support successful engagement.

• Group work is often well received, particularly by mothers, but is not appropriate for all parents. Groups can be difficult to sustain both during and beyond the intervention. Involving both parents can help - but not always in the same group.

• Advice and information is more effective when responsive to different circumstances, abilities and backgrounds. Parents prefer information to be related to their individual circumstances, rather than a ‘one size fits all’ approach.

• Trusting and supportive relationships between staff and parents can be more important than sharing attributes such as gender or ethnicity. Having said that, services which appear to reflect parents’ own world can help to encourage them to attend in the first place.

• Ways of addressing the range of practical barriers which can prevent participation include providing transport; running services at convenient times; using comfortable, non-stigmatising, welcoming, accessible and conveniently located venues; providing a crèche; promoting services; and reducing costs.

• Families from black and minority ethnic communities can face a range of barriers to accessing services, including language, fear of stigmatisation, and services that are not compatible with their own culture.

• Disabled parents prefer timely, accurate and accessible information; and responsive, flexible, culturally appropriate and imaginative support which fits in with, rather than takes over, family life.

• Parents of disabled children develop strategies for communicating with professionals (such as being assertive) and some are more able to communicate effectively than others. Above all, parents of disabled children want people to see the child first and the condition after.

• Creating ‘male-friendly’ environments, delivering services in ways which reflect men’s communication and coping strategies, recognising that different fathers have different needs, and contacting fathers directly rather than through their partners, can help to engage men in mainstream support services.

Engaging parents in services is about more than just recruitment. Numerous factors combine which can hinder the meaningful involvement of parents and families (MacQueen et al. 2007). Engagement is a process, comprising ‘getting’ parents (persuading parents to attend the service in the first place); ‘keeping’ them (persuading them to attend sessions regularly and complete the course); ‘engaging’ parents (making it possible for them to participate actively with what the service has to offer) (Moran et al. 2004).

There is no one single method for achieving meaningful involvement. Each stage of intervention requires a number of different engagement strategies and are more effective when determined by the needs of each individual family (MacQueen et al. 2007).
Most barriers to engaging with services are not of the parents’ making. Parents generally want to receive help if it is appropriate to their needs (Katz et al. 2007). Deliberate non-engagement by parents is rare and eventually overcome in most instances. Parents seen as ‘service resistant’ often have particular circumstances, such as mental illness, substance misuse or criminal records, which prevent them engaging with services (Docherty et al. 2004, cited in Katz et al. 2007). Barriers to inclusion could be viewed as the quality of ‘fit’ between the needs and expectations of parents and the provision of services, rather than in terms of the characteristics of parents or of services (Katz et al. 2007).

### i) Family context

A range of factors relating to family circumstances can influence parents’ ability to engage with parenting services. Furthermore, families may require support with a wide range of issues, not just those directly relating to parenting (Moran et al. 2004).

**The multiple stresses arising from living in poverty can hinder access to family support services** (Katz et al. 2007; Hutton et al. 2007). Parents with inadequate housing, transport, or income are unlikely to be able to fully engage in parenting or family programmes unless those basic needs are addressed (Forehand and Kotchick 2002, cited in Moran et al. 2004).

**The additional costs of parenting with a disability are not acknowledged by the benefits system.** Additional costs can include increased reliance on convenience foods; increased use of more expensive social activities (because cheaper options are inaccessible); paying for assistance to support parenting tasks; paying a support worker’s costs when going out; costs of specialist or adapted equipment; increased transport costs; and increased reliance on childcare (Joseph Rowntree Foundation 2003).

Parents’ behaviour is influenced by their own developmental history, personal characteristics, and degree of social isolation. Parents may not have been able to learn good parenting from their own parents and may not be aware that this is having a detrimental impact on the child. In some areas, factors such as unemployment, or a lack of interaction between children and parents, can be viewed as normal, making it difficult to facilitate change. Multiple sources of stress and disadvantage, and social isolation, undermine family relationships and the ability to develop cooperative and trusting relationships with practitioners (Woodcock 2003, cited in MacQueen et al. 2007; Petras et al. 2002, cited in MacQueen et al. 2007). Low self-esteem and low self-confidence can hinder engagement for all types of parents, from single teenage mums to middle-class parents (Hutton et al. 2007).

**Problems in middle-class families can be less visible.** These parents can be less likely to seek outside help and more able to block attempts at intervention (e.g. through good communication skills). Better off families moving into new housing developments can experience isolation. Women having children later in life can experience a dramatic change to lifestyle which can be overwhelming for some (Hutton et al. 2007).

### What could help? Family context

- A holistic approach
- Recognising and addressing family circumstances prior to the start of parenting support programmes

### ii) Service delivery

**Programmes and interventions**

Consulting service users and involving them in service planning can reduce barriers to engagement and increase the effectiveness of services (Katz et al. 2007). A survey of which topics, themes or difficulties parents expect facilitators to cover can help in designing and implementing parenting support groups (Smith 1996, cited in Katz et al. 2007). Visibly responding to feedback in service planning can help emphasise a partnership approach (Moran et al. 2004). Involving parents in running services and projects (such as staff recruitment and the opportunity to volunteer to support future parents) can also encourage participation (Aldgate et al. 2007, cited in MacQueen et al. 2007). However, while consultation is recognised as good practice, there are no studies...
comparing the quality or outcomes of services that have consulted with users against those that have not (Katz et al. 2007).

Parents prefer joined-up services. Parents dislike repeated assessments and having to tell their story again and again to different professionals (Cleaver et al. 1999, cited in Katz et al. 2007).

A range of incentives are commonly used to engage parents in services, though their effectiveness is not proven. These include providing ‘hooks’ to encourage parents in to services (e.g. trips and outings, sports activities, beauty treatments, computer training), which seem to be especially important for engaging and retaining fathers (Ghate et al. 2000, cited in Moran et al. 2004); and rewarding service users by providing a visible ‘end product’ for their involvement (e.g. a qualification or certificate in parent education) (Moran et al. 2004). A review of programmes in the US suggests that follow-up reminders by phone or letter after an initial referral can reduce the ‘no-show’ rate at first appointments (Staudt 2003, cited in Moran et al. 2004)

Simple and effective service delivery increases the likelihood of engaging parents. Parents generally prefer straightforward practical tips and skills for managing their child's behaviour (Burgess and Walker 2006, cited in MacQueen et al. 2007). Small simple tasks with easily achievable goals can help parents bond with their caseworker and feel encouraged to continue with the programme (Dawson and Berry 2002, cited in MacQueen et al. 2007).

Service delivery can be more effective when responsive to the different needs of particular service users. Longer, more intensive programmes are more appropriate for parents experiencing severe difficulties, while shorter, low-level interventions are more effective with parents experiencing less serious problems (Moran et al. 2004). Some parents may not understand the meaning or relevance of particular techniques such as role playing, meditation or group work (O’Brien 2004, cited in Katz et al. 2007). Undertaking basic groundwork with families, such as being clear about the purpose of the service, can increase the quality of their participation (MacQueen et al. 2007).

A ‘strengths based’ approach is important to successful engagement (MacQueen et al. 2007). Seeing parents as the experts on their children and accentuating existing positives within the family can boost confidence and encourage participation, particularly for parents with low self-esteem (Saint-Jacques et al. 2006, cited in MacQueen et al. 2007). Research emphasises the importance of a partnership approach, where practitioners do things with families rather than to them and give space for parents to speak and suggest alternatives (Moran et al. 2004).

Fears about lack of privacy and confidentiality can deter parents from engaging with services. Many people are anxious about participating in groups because they do not want others (in addition to those running the services) to know about their problems. Agreement on mutual confidentiality usually helps with maintaining confidentiality (Katz et al. 2007)

Families affected by disability say:

Nearly two thirds of parents responding to our survey felt they knew how to find services to help them in their role as a parent. Services were mainly found through social services, the internet or other parents.

Respite care was the most requested support service, followed by health/social care and adaptation services. However, parents reported mixed experiences in requesting services, with some saying they find it difficult to get the services they need and feel kept ‘in the dark’ about their request. Only one in five parents felt they got the parenting support that they needed from services. Respite care and advice were the two key areas that parents felt they were not receiving effective support.

Generally, parents felt dissatisfied with the timescales for services, particularly for respite care. Comments from parents suggested that many had reached crisis point before help became available and many felt that social work departments had created unacceptable delays in providing services.
Group work

There are gender and other differences in preferred delivery styles. Mothers can be best involved through an interactive and fun, rather than didactic and serious, style. However, similar evaluations have not been carried out with fathers, who may not feel so comfortable with an informal ‘sharing’ style which can feel emotionally more demanding (Moran et al. 2004). For those parents who do feel comfortable, the social aspect of services can boost confidence and encourage meaningful and active participation. Some parents enjoy meeting other parents and having the opportunity to share their experiences and difficulties with those in similar situations (Aldgate et al. 2007, cited in MacQueen et al. 2007). Similarly, parents appreciate informal parent-led sessions where they can chat with other parents (Corlett et al. 2006, cited in MacQueen et al. 2007). Groups which bring parents facing the same difficulties together may help to reduce feelings of isolation (Ghate and Ramella 2002, cited in Moran et al. 2004).

However, groups can be difficult to sustain both during and beyond the group setting. Practitioners may need to invest time in establishing them and helping parents to support each other (MacQueen et al. 2007). In addition, little is known about whether social support arising from the group setting translates into lasting social support networks that persist outside the intervention. There is some evidence that without continuing professional facilitation the networks will wither away over time (Ghate and Ramella 2002, cited in Moran et al. 2004).

Group work is not appropriate for all parents. Highly stressed or vulnerable families may find group work too exposing. Some first-time mothers who do not attend ante-natal classes say they do not like the group format (Aldgate and Marryat 2011). People with multiple life stresses may also need one-to-one support before and during a group work programme to ensure that background issues are adequately addressed (Ghate and Ramella 2002, cited in Moran et al. 2004).

Involving both parents can help - but not always in the same group. Making efforts to engage both parents where relevant seems to enhance positive outcomes and reduce the likelihood of the disputes arising over new skills brought to the family home by the participating parent. However, some practitioners feel that including both partners in the same group can influence the experience for other participants (for example, they may air personal conflicts). Others suggest that joint attendance ensures maximum buy-in from both parties. There is no robust evidence to support either position (Moran et al. 2004).

Information and advice for parents

Careful consideration of how to communicate advice and information is important (Katz et al. 2007). Written supporting materials are useful but should take into account literacy levels (Moran et al. 2004) and visual impairments (Morris 2004, cited in Katz et al. 2007). Most parents enjoy audio-visual presentations, which show families that are recognisably ‘like’ them (e.g. in terms of social class, age, ethnicity) (Moran et al. 2004). Involving parents in choosing support materials (videos, books, leaflets etc.) may enhance outcomes (McDonald-Culp et al. 1998, cited in Moran et al. 2004). When access to face-to-face sessions is difficult, alternative delivery methods such as videotaped training, telephone training and the internet can be more appropriate (Nixon 2002, cited in Moran et al. 2004).

Parents judge the trustworthiness of any information before acting on it. Where sources of information and advice are felt to be trustworthy, parents are more likely to seek (and act upon) it. Young parents, fathers and parents with literacy issues distinguish between ‘trust’ in relation to medical information and support, and in relation to information or support about broader parenting or long-term child development issues. These parents tend to judge the information or advice they are given according to the quality of the relationship with the practitioner, rather than any formal credentials (Allen et al. 2012).

Parents prefer information to be related to their individual circumstances, rather than a ‘one size fits all’ approach. Although parents understand the universality of many issues, they want to understand how general information about a range of issues applies to their own child and specific circumstances. They also want information and support that can build upon what they had already tried, takes account of their own beliefs and preferences, and enhances their parenting capacity (Allen et al. 2012).
Some sources of generic information are rated more highly than others. A study with young parents, fathers and parents with literacy issues reports that those sources rated most highly include NHS24 and other materials carrying the NHS or Scottish Government logo. These parents tend to pay less attention to television, radio, newspapers, magazines and commercial publications as sources of child health information and guidance (Allen et al. 2012).

Families affected by disability say:

Just over a third of parents responding to our survey felt they had access to the information they needed about parenting a disabled child, which ranged from general information about impairments and conditions and services/support to specific information about transitions and benefits.

Many parents said they find it difficult to know where to start to look for information and tend to explore a range of sources before they find the information they require. Professionals were felt to be unhelpful or unforthcoming in providing information.

Generally, parents said they preferred accessing information in print, in person or via the internet. Many parents preferred a mix of formats, with face to face contact offering the opportunity to ask questions and print/internet providing reference material.

What could help? Service delivery

Research suggests that good practice would include the following components

- Consulting parents, ensuring that user feedback is incorporated into service planning, and conveying this to parents
- Simple, straightforward and practical parenting tips and skills
- A strengths-based approach

3. Findings c. Support from formal services

- Investing effort in the early stages of referral and attendance (including telephone ‘recruitment’ calls and reminders by phone or letter)
- Providing one-to-one contact before, during and after services to support parents to keep attending
- Rewarding regular attendance (e.g. with certificates and qualifications)
- Incentivising attendance by providing access to useful or fun activities not necessarily related to parenting
- With mothers, using an interactive and ‘fun’ rather than didactic, formal style
- Considering alternative and innovative methods where face-to-face delivery is difficult
- Providing support materials (leaflets, books, videos etc.) that reflect users’ own lives and situations and do not seem over-simplified or patronising
- Tailoring written materials to the literacy levels and visual ability of users
- Careful selection of group vs one-to-one format according to the parents’ needs
- Agreements at the outset over mutual confidentiality in group work
- Active attempts to include and engage both parents (though not necessarily within the same sessions)
- Taster sessions before the intervention starts to allow parents to acclimatise to the service and adjust expectations
- Support which is individualised and builds on existing knowledge, rather than a ‘one size fits all’ approach
- Sustaining groups beyond the formal sessions to help build informal support networks
iii) Relationships and communication

Services are most effective when rapport is built between staff and parents before the intervention starts (Katz et al. 2007; Moran et al. 2004). Parents value trusting and supportive relationships (MacQueen et al. 2007), which can be more important than sharing attributes such as gender or ethnicity (Moran et al. 2004). Having said that, a ‘visible’ staff mix can help services to appear to reflect parents’ own world (Ghate et al. 2000), which may help to encourage parents to attend in the first place (Moran et al. 2004).

The social skills and qualities of professionals are crucial (MacQueen et al. 2007). Successful engagement of parents is most likely where workers have a flexible and honest approach, conveying warmth and sensitivity to, and empathy with, parents’ problems (MacQueen et al. 2007; Forehand and Kotchik 2002, cited in Moran et al. 2004). Listening to parents and taking their concerns and fears on board, while offering encouragement and conveying a belief in their abilities, is key (MacQueen et al. 2007).

Some parents can feel discriminated against, regardless of relationships with practitioners. Fathers, young parents and parents with literacy issues can feel that professionals carry negative stereotypes about them by virtue of their group identity, and treat them differently or negatively. This perception can impact on these parents’ willingness to seek, believe, or use various sources of parenting/child health information and support (Allen et al. 2012).

For new parents, a trusting relationship with their health visitor is the cornerstone of successful health visiting interventions. Good health visitors are described by parents as ‘very human’, approachable and ‘on my side’, making parents feel valued as people rather than as service users. The informality of the home setting also helps. Parents who do not build a good rapport with their health visitor can feel inhibited from disclosing problems, which may undermine their ability to benefit from the support available (Hogg and Worth 2009).

Agreement between parents and professionals over the problems to be dealt with and the goals of the intervention increases engagement. Using the parents’ own concerns as a starting point gives the parent greater input into the overall process and more control over the course of action taken, which facilitates better relationships and increases their active involvement (MacQueen et al. 2007). Since this approach is a matter of delivery style, it has few implications for resources (Quinton 2004, cited in Katz et al. 2007). However, clarity over what is realistic is important to avoid disappointment or frustration, and to maintain optimism (Saint-Jacques et al. 2006, cited in MacQueen et al. 2007). This involves being clear and specific about what is required of families and seeking explicit commitments from them (MacQueen et al. 2007).

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<th>What could help? Relationships and communication</th>
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<tr>
<td>• Using ‘trusted’ local professionals where possible (e.g. staff who are already known to parents)</td>
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<tr>
<td>• Building rapport with parents before they begin formally using a service (e.g. home visits for both assessment and introductory purposes)</td>
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<tr>
<td>• Avoiding ‘talking down’ to service users or making them feel belittled or inexpert in their own lives</td>
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<tr>
<td>• Listening to parents and conveying warmth, sensitivity and empathy</td>
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<tr>
<td>• A trusting and respectful relationship</td>
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<tr>
<td>• Using the parents’ concerns as the starting point, and having clear, specific and realistic aims which all parties explicitly agree to</td>
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iv) Practical barriers

A range of practical barriers can hinder engagement with services. These include lack of transport; inconvenient timing of classes; pressures on parents’ time (particularly for lone parents and working parents); parents’ lack of knowledge of services and how they could help; and geographical location (particularly for families in rural areas) (Katz et al. 2007; MacQueen et al. 2007).

Disabled parents can face additional physical barriers to accessing services, including inaccessible
transport. Also, lighting and colour contrasts can affect visually impaired parents (Katz et al. 2007).

Effective service delivery in rural areas can be challenged by lower expectations of service availability, lower levels of resources, a lack of trained staff and a lack of suitable premises. The additional time and cost of providing services coupled with the risk of attracting low numbers of participants can also challenge services (The Countryside Agency 2003, cited in Katz et al. 2007).

What could help? Practical barriers

A range of practical aspects may help parents to engage with mainstream services, and need to be in place before interventions start. A perception of fewer practical barriers, even where a high number may exist, can increase participation from parents. The following suggestions are taken from MacQueen et al. 2007; Katz et al. 2007; and Moran et al. 2004.

**Transport**: Provision of paid-for transport (where interventions are not home-based), especially for low-income or rural families. Considering non-cost related transport issues, such as accessible transport, push chairs or transporting babies is also important.

**Location**: Bringing services to the family, rather than placing an onus on the family to bring themselves, can mean the family is in a private and familiar environment as well as alleviate transport issues. This can be particularly useful in engaging ‘hard to reach’ families. Others suggest selecting a place where parents might want to go for other purposes.

**Adaptable service provision**: to allow for different individuals and their different requirements. (e.g. offering catch-up sessions for parents who miss out due to other commitments).

**Timing**: services run at times convenient to users, including working parents, which may include evenings and weekends.

**Venues**: an accessible, comfortable, non-stigmatising, welcoming and conveniently located venue that provides refreshments can encourage regular attendance.

<table>
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<tr>
<th>A crèche on the premises:</th>
<th>since partners are often relied on for childcare, providing a crèche means both parents can participate, without having to arrange alternative childcare.</th>
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<tr>
<td><strong>Cost of a service</strong>:</td>
<td>paying for services often acts as a disincentive for parents.</td>
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<tr>
<td><strong>Visibility</strong>:</td>
<td>Ensuring that the service is properly advertised and marketed, so that parents and those agencies which refer parents know about it.</td>
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Families affected by disability say:

A quarter of parents responding to our survey felt that the circumstances associated with being a disabled parent or having a disabled child made it more difficult to access services intended to support parents. Suggestions for improving support to parents focussed on increased flexibility, particularly for working parents; effective communication; improved responsiveness to phone calls; more effective information provision; and better understanding of the needs of families affected by disability.

Parents in urban areas generally felt that living in a city meant better access to services. Other factors considered to have an impact on accessing support were: access to information; staff availability; financial resources (both reduced resources for services and financial difficulties experienced by families); and negative attitudes towards disability.

v) Issues for different types of families

Some parents are less likely to access services than others, including black and minority ethnic families, fathers, and families affected by disability.

**Black and minority ethnic (BME) families**

Families from black and minority ethnic communities can face a range of barriers to accessing services (Katz et al. 2007). Key barriers are issues of language, fear of stigmatisation, and...
lack of culture compatible programming, including differences in child-rearing practices and values (Short and Johnston 1994, cited in Moran et al., 2004).

Most parenting support programmes originate from white middle-class values which do not necessarily recognise different cultural attitudes towards child rearing (Katz et al. 2007). For example, in some cultures parents are not expected to take an active interest in their child’s education and so put complete trust in the school and rarely question its authority and the decisions it makes. In other cultures, parents prefer to consult relatives or religious leaders over children’s emotional and behavioural difficulties, and do not see them as psychological issues that could benefit from professional support (Katz et al. 2007).

While there is consistent evidence about the greater barriers to inclusion facing BME families, it should be remembered that factors such as socioeconomic status are involved as well as culture (Katz et al. 2007; Ghate and Hazel 2002).

Sharing of characteristics between staff and service users may be helpful, but not essential.
While it may be easier to build initial rapport where parents and staff are perceived to be the ‘same’ (Katz et al. 2007), there is no robust evidence to suggest that a precise match between the characteristics of users and those of staff (age, gender and ethnicity, for example) is essential to engage parents. Also the variation in beliefs and attitudes about parenting and childcare is likely to be as pronounced within groups of people who can be perceived to the ‘same’ as it is between different groups (Forehand and Kotchik 2002, cited in Moran et al., 2004).

What could help? Engaging black and minority ethnic families

- Recruitment strategies and interventions that are meaningful to participants
- Building good relationships is more important than precisely matching practitioners and families on the basis of ethnicity
- Recognition that cultural variations exist both within and between ethnic groups

Families affected by disability

The ‘gap’ that exists between children and families’ services and adults services is not helpful in supporting disabled parents in their parenting role (Goodinge 2000, cited in Clarke, 2010). Disabled parents say they would prefer assistance with parenting tasks to be available from adult community care services. Parents do not want their children to be labelled as ‘in need’ and feel their own entitlements to support should be recognised (Joseph Rowntree Foundation 2003).

Practitioners often report a lack of confidence and experience in supporting disabled parents. This is partly due to lack of clarity over whether such support comes under an adult or child social work remit (Olsen and Tyers, 2004). Those working in adults’ services report particular difficulties when parents’ needs cross specialist service boundaries (Morris and Wates 2006), and those providing most effective support tend to be comfortable in recognising where they lack knowledge and are able to approach others for advice (Olsen and Tyers 2004).

Parenting responsibilities of disabled parents can be overlooked by services, and only considered where children are viewed as ‘at risk’ or as young carers (Clarke 2010; Joseph Rowntree Foundation 2003). Some disabled parents report that assessments tend to focus on parental ‘incapacity’ instead of the support that would enhance their ability to look after their children (Joseph Rowntree Foundation 2003). A focus on the risk of young people becoming ‘carers’ presents disabled people as being ‘cared for’ rather than having active parenting roles, and overlooks the complexity of caring roles within the family (Clarke 2010; Joseph Rowntree Foundation 2003). The whole family, and how to support and help disabled parents in their parenting role, is rarely considered (Goodinge 2000, cited in Clarke 2010). Fear that services might view a child of a disabled parent as ‘in need’ or ‘at risk’ can be a barrier to seeking support and may result in anxiety for parents, even where individual workers are experienced positively (Clarke 2010).
The needs of disabled adults who previously required little support can change when they become parents. They can be seen as unable to meet their child’s needs and referred to childcare teams where their own disability may go unrecognised, meaning they do not receive support as parents (Olsen and Tyers 2004).

Support offered to disabled parents is not always appropriate to their needs, which can increase pressure and stress. For example, paid carers may not be suitably trained, or the time allocation may be inflexible. In addition, refusing one form of support can mean families are not eligible to receive an alternative. This can influence decisions over use of services in the future (Clavering, 2007). In some situations, children are identified as ‘young carers’ and the only help the family is offered concerns enabling the child to carry on being a ‘young carer’ (Joseph Rowntree Foundation 2003)

Seemingly affluent families may still need support. Families with visible signs of relatively high earnings, such as a house, car, or expensive clothes, can experience escalating financial costs and reduced earning capacity after having a disabled child but be denied support on the basis of their previous financial status (Clavering 2007).

Parents of disabled children develop strategies for communicating with professionals, and some are more able to communicate more effectively than others. For example, some parents report being ‘business-like’ and behaving assertively in order to be taken seriously. Bureaucratic forms and processes require skills that not all parents possess in equal measure, meaning that some families are more disadvantaged than others (Clavering 2007). This was reflected in our survey of families affected by disability – parents who felt they were confident and prepared to be assertive felt they were more likely than those who were unconfident to get the support they needed.

For disabled parents, other disabled parents are key sources of information and advice (Joseph Rowntree Foundation 2003; Clavering 2007). Health and social services professionals often do not have relevant knowledge or expertise, and neither do voluntary sector parent support organisations. Information and support aimed at parents are often not accessible to disabled parents and do not deal with their particular concerns – including fears about seeking help from statutory services (Joseph Rowntree Foundation 2003).

What could help? Families affected by disability

Disabled parents prefer:

- Timely, accurate and accessible information in a range of formats and available on an equal basis to that received by non-disabled parents
- Timely and responsive support (e.g. providing home adaptations for a baby before it becomes a toddler)
- To be seen as individuals
- Support which fits in with, rather than takes over, family life and helps parents to retain parental control and choice (to ‘do the parenting’)
- Professionals with good communication skills who can put them at their ease and allay fears of asking for support. These personal qualities can overcome a lack of specialist training
- Someone fighting your corner: seen as important in reducing barriers to fair treatment, and in supporting parents to access services and other entitlements, such as benefits, a fair hearing in court, and information about assessments
- Flexible support: e.g. support which can be used at short notice and flexibly as their needs and their children’s needs change.
- Culturally appropriate support (e.g. assistance in preparing traditional Asian food)
- Imaginative support: e.g. ‘walking bus’ to school

(Olsen and Tyers, 2004)

Other factors which can help disabled parents and parents with additional support needs:

Direct payments can enable parents to have more choice and control over the way support is provided (Morris and Wates 2006).
Voluntary sector services which provide support tailored to each family’s circumstances are particularly helpful for parents with mental health issues (Morris and Wates 2006).

Services which meet a range of support needs. This includes information, advice and advocacy, and counselling. Parents particularly appreciate services which enable them to gain support from other parents in similar situations. This range of services is more often found within the voluntary sector than the statutory sector (Morris and Wates 2006).

Services that enable them to have a break from caring for their children. Such services are particularly likely to be valued by parents who are ill, in pain and/or who experience high levels of stress, and by those who have few informal sources of support to draw on (Morris and Wates 2006).

Parents of disabled children prefer:
Above all, parents of disabled children want people to see the child first and the condition after (Clavering 2007).

Qualities of professional approach found to be most supportive are:

**With children**
- Seeing the child as an individual and ‘looking beyond the disability’
- Conveying confidence and calm around the child
- Valuing children’s achievements outside of established developmental criteria that may at times emphasise all that a child cannot do
- Enough time to build up a relationship with a child

**Professional attitudes to disability are important:**
- Knowledge about specific conditions, while supporting and celebrating achievements
- An open mind and willingness to challenge existing debilitating norms and stereotypes
- The ability to work with uncertainties and be open to alternatives

**Fathers**
A range of individual, social and institutional factors can hinder men’s engagement with family services.

**Many parenting services are aimed at mothers, and more ‘male-friendly’ environments are needed.** Many fathers view mainstream preventive services as not relevant to them (Katz et al. 2007). The overwhelmingly female environment (both staff and service users) can be off-putting (MacQueen et al. 2007). Negative and stereotypical assumptions by staff about men (such as a ‘risk’ to the family, absent, traditional attitudes about masculinity), alongside not seeing engaging with men as a core skill, can disengage men from parenting support and services (MacQueen et al. 2007; Katz et al. 2007). Creating a more ‘male-friendly’ environment may include more male staff as well as service users and providing more activities that men enjoy and find useful, without resorting to gender stereotypes (Ghate et al. 2000, cited in MacQueen et al. 2007).
Parenting and support

3. Findings  c. Support from formal services

Men and women may have different needs in relation to childrearing support, have different coping strategies and communicate in different ways (Carr 1998, cited in MacQueen et al. 2007; Katz et al. 2007). For example, men tend to prefer instrumental coping strategies and task-focused communication (MacQueen et al. 2007). However, we need to know more about the differences and similarities in parenting strategies employed by fathers and mothers to inform the content and delivery of parenting programmes (Moran et al. 2004).

Men may not access information on available support directly. For example, women are more likely than men to be in places where they would find out about opportunities in their local family centres (Ghate and Hazel 2002). It may help to refer fathers explicitly rather than referring mothers and assuming fathers will follow (Ghate et al. 2000, cited in MacQueen et al. 2007) or conveying messages through partners (Carr 1998, cited in MacQueen et al. 2007). However, fathers may not necessarily simply access the same services delivered at the same times and in the same places as mothers (Utting 2008).

It is not sufficient to generalise services for men as different groups have different needs. For example, young fathers from vulnerable backgrounds can feel excluded from parenting support by virtue of their age as well as gender (MacQueen et al. 2007; Allen et al. 2012). Some fathers prefer ‘fathers only’ groups, though others are just as likely to attend parenting groups that include fathers and mothers (Fagan 1999, cited in Asmussen et al. 2010). Assessing the needs of separated, divorced and other non-resident fathers alongside those of resident fathers and step-fathers is important (Utting 2008).

Services for fathers are most successful when they are underpinned by theory, have specific outcomes and clear mechanisms. Interventions work best when they have a clearly specified target group, a clearly specified theory of change based upon solid theories of child development and therapeutic support, mechanisms for ensuring continued participation and a proven track record for improving outcomes for fathers and children. Clarity about intended outcomes and how they will be achieved helps fathers to appreciate why their attendance is necessary and be more motivated to participate in the programme. Fathering interventions are more effective if they promote authoritative parenting, good communication with the mother and efficacy in co-parenting (Asmussen et al. 2010).

### What could help? Engaging fathers

- Making environments more ‘male-friendly’
- Delivering services in ways which reflect the communication and coping strategies preferred by men
- Contacting and referring fathers directly, rather than through their partners or assuming that information about services will be shared
- Recognising that different fathers may have different needs and prefer different delivery styles
- Clear, practical interventions with clear aims

**A recent study in Scotland (Allen et al. 2012) recommended that:**

- Information and support services should be equally accessible to, and comfortable for, fathers and mothers, and address all stages of fatherhood
- Fathers are equally represented in resources developed for ‘parents’, and their different situations (e.g. lone fathers and non-resident fathers) are reflected
- Father-specific resources be developed and fathers involved in their creation

### Discussion points:

- How can services better understand the support needs of fathers, families from minority ethnic communities and families affected by disability?
- How can services better understand and address those factors relating to family context which can impact on parents’ ability to engage with services?
- What practical steps can services take to address potential barriers which hinder parents from accessing services?
d. Social aspects of formal support

Key findings: Social aspects of formal support

- Formal social support may help to increase parents’ levels of informal support and break down barriers to formal service use. Those parents without a network of family and friends, and those who do not engage with parent support groups or similar, could be identified at assessment.

- Combining social support and formal support is complex, and different families have different needs. Strengthening social networks may not be appropriate for all families - networks can be unsupportive as well as supportive, and not all parents are able to sustain networks by reciprocating support. Some researchers have questioned the extent to which meaningful social support can be replicated in formal support.

Exploring meaningful social support during the assessment process may identify those parents without a network of family and friends, and those who do not engage with parent support groups or other community resources which aim to alleviate isolation and facilitate social networking for parents (Hogg and Worth 2009).

Parents without an effective support network of family and friends may benefit from other sources of support tailored to their needs, such as befriending schemes, home visiting and small, professionally facilitated groups. While this might be needed long term for those who remain feeling isolated and excluded from community resources, for others this can be a stepping stone to parent-led group activities. For parents of young children, health visitors have an important role in supporting parents who do not have an established network of family and friends (Hogg and Worth 2009).

A formal social support service, such as Community Mothers (a non-professional intervention where volunteer mothers support other first-time parents in disadvantaged areas), could help to address barriers to formal service use where stigma is an issue. However, more intensive professional support, such as the Family Nurse Partnership, may be required for some vulnerable parents (Mabelis and Marryat, 2011).

Different ways that formal services address low levels of social support include:

- By providing specific training in an area such as social skills to enhance parent’s ability to interact with others and harness support outside the intervention. Interventions which take this approach are typically short to medium length (e.g. four to twelve weeks);

- When the intervention itself is the source of support, as in befriending schemes, where home visits and group participation facilitate peer support and guidance;

- Interventions that tackle social support less directly as an additional rather than core benefit of the programme. For example, interventions targeting communication skills where the aim is to improve communication between parent and children, but with the ‘knock on’ effect of improving communication in other relationships;

Parents with lower formal service use do not seem to make up any shortfall by relying more heavily on informal support. Overall, informal support appears to be used equally by those with different levels of formal service use. Disadvantaged parents – particularly those who are unemployed or in lower socio-economic groups – are significantly more likely to have overall lower support (Mabelis and Marryat, 2011). Uptake of community-based services set up specifically to alleviate social isolation is particularly low among parents from more socially deprived backgrounds. Poor engagement with these services is common in parents with a history of depression, more children and children at risk, and among lone parents and young mothers, who may feel shy and awkward about this type of social support (Hogg and Worth 2009). However, issues relating to parents’ social networks can be overlooked since practitioners are required instead to be alert to risk factors for, or incidents of, child maltreatment (Broadhurst et al. 2007).

It has been suggested that formal social support can help to increase parents’ levels of social support as well as break down barriers to formal service use (Mabelis and Marryat 2011; Hogg and Worth 2009; Moran et al. 2004):
• Interventions that aim to increase awareness and uptake of services.
(Moran et al. 2004)

Interventions need to be of sufficient duration to be effective. While for some ‘high risk’ parents social isolation may arise from factors such as moving to a new area, for others lack of social support results from a lifetime of insecure attachment (involving for example, mistrust and avoidance). In the latter case, interventions may need to be of sufficient intensity and duration to overcome entrenched ways of thinking and behaving in relationships, as well as persuasive techniques for attracting parents who are reluctant to participate in the programme in the first place (Moran et al. 2004).

Combining social support and formal support is complex, and different families have different needs (Katz et al. 2007). Strengthening social networks may not be appropriate for all families, since networks depend on reciprocity and can be conflicting and unsupportive as well as supportive. Parents who are not able to reciprocate (for example, for reasons relating to mental health, lifestyle or personal preference) are often the ones most in need of support. Services could address this by working alongside social networks, facilitating informal support, but making it directly available when needed. However, there is currently little evidence on the best ways for services to engage with informal support networks to offer sustained help to the most vulnerable parents (Katz et al. 2007; Broadhurst 2003). Others have questioned the extent to which ‘meaningful social support’ can be replicated in formal support, since informal support can involve others just ‘being there’ (Brownlie 2011).

What could help? Social aspects of formal support

• Exploring meaningful social support during the assessment process
• Identifying sources of social support that are tailored to the needs of different families and their circumstances
• Providing support of an intensity and duration that is appropriate to each family
• Where strengthening parents’ social networks may not be appropriate, services could address this by working alongside social networks, facilitating informal support, but making it directly available when needed.

Discussion points:
• How can services recognise and appropriately address low levels of social support for parents?
4. What next?

Informing service provision

This report will be used by voluntary and public sector agencies to assess what action needs to be taken based on the evidence presented. *About Families* will work with these agencies to develop, implement and evaluate action plans based on the needs they identify.

*About Families* supports voluntary and statutory sector organisations to develop evidence-informed services to meet the changing needs of parents and families, including those with disabilities.

*About Families* evidence reports and briefings can be downloaded free from www.aboutfamilies.org.uk

If you use any of the evidence in our reports to inform your services, we would like to know about it. Please contact karen.mountney@ed.ac.uk.

If you think *About Families* could support you to use these research findings in your service planning, please contact Karen Mountney at karen.mountney@ed.ac.uk.

*About Families* is a partnership between the Centre for Research on Families and Relationships, Parenting across Scotland and Capability Scotland.
5. Appendices

Appendix i) About the research

a) Literature search method

Searching: An initial scoping was carried out to see what types of evidence and information are currently available around parenting and support. About Families carried out research using the Web of Knowledge social science database, as well as searches of online resources accessible from Scottish and UK governments, the voluntary sector and NGOs, relevant research centres and national statistical bodies.

The terms used to search for evidence were combinations of: parent/ing, mother, father, family, lone parent, single parent/mother/father, step-family, disability, rural, remote, minority ethnic, Scotland, UK, help-seeking, needs, attitudes, cultural beliefs, barriers, reciprocity, neighbourhood, community, kinship, support, formal, informal, social, service, evaluation, intervention, programme.

Research standards: All evidence drawn on is peer-reviewed*, publicly funded or produced by government bodies. Due to the variety of sources it has not been possible to carry out a meta-analysis of studies in this area, though meta-analyses have been drawn on. This report has been peer-reviewed by a panel of academics. Service providers have also given comments.

"peer review is a process used to ensure the quality of academic work through academics with similar expertise reviewing each other’s work and commenting on its standards.

Referencing: Some of the literature reviews drawn on are extensive and give multiple citations of other works. Where this is the case, we have referenced the literature review we have drawn on, rather than all the original sources cited, as the latter would have made this review overly cumbersome. Original sources can be found in the reviews referenced in the bibliography. Where one specific author or piece of work is referenced in a literature review drawn on, this is cited and included in the bibliography.

b) Breakdown of research

<table>
<thead>
<tr>
<th>Type of publication/research</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Analytical report / briefing</td>
<td>2</td>
</tr>
<tr>
<td>Literature review</td>
<td>9</td>
</tr>
<tr>
<td>Statistical information/report</td>
<td>7</td>
</tr>
<tr>
<td>Voluntary sector report</td>
<td>1</td>
</tr>
<tr>
<td>Evaluation</td>
<td>1</td>
</tr>
<tr>
<td>Research study: longitudinal</td>
<td>5</td>
</tr>
<tr>
<td>Research study: qualitative</td>
<td>7</td>
</tr>
<tr>
<td>Research study: quantitative</td>
<td>2</td>
</tr>
<tr>
<td>Research study: qualitative and quantitative</td>
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<tr>
<td>Total</td>
<td>40</td>
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</table>

Areas covered by research

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<thead>
<tr>
<th>Scotland</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>20</td>
</tr>
<tr>
<td>England/England and Wales</td>
<td>5</td>
</tr>
<tr>
<td>USA</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
</tr>
</tbody>
</table>

c) Research with families affected by disability

As noted in section two, families affected by disability were generally not referred to across the range of literature on parenting and support. We therefore conducted a survey and interviews with disabled parents and parents of disabled children to ask them about their experiences of support in parenting.

This research was small scale and is not representative of the views of families affected by disability across Scotland, since that is outwith the scope of this work. The intention was to include some reflections from families affected by disability to inform discussions of what action is needed to meet the support needs of parents, and to ensure that the voice of families affected by disability was included.

The research was carried out in two ways:

- A self-completion questionnaire was sent to parents on Capability Scotland’s 1 in 4 Poll, parents on the Cerebral Palsy Register for Scotland, and users of Capability Scotland’s children’s services. 362 questionnaires were sent out and a total of 132 completed questionnaires were received, a response rate of 36%.
- Telephone interviews were conducted with 10 parents in order to explore views in depth.
Of the ten interviews participants, nine were mothers, one was a stepfather. All parents had disabled children living at home, and two families also included a disabled parent.

Some survey responses added up to more than 100% due to multiple responses. Where responses added up to less than 100% this was due to “no replies”.

Table 1.1: Profile of respondents to the survey and interviews
Base = all respondents

<table>
<thead>
<tr>
<th>Respondent’s relationship</th>
<th>Number of responses</th>
<th>% of total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>109</td>
<td>83</td>
</tr>
<tr>
<td>Father</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>Stepfather</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other (aunt/child (teenager))</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability - parent (base=disabled parents)</th>
<th>Number of responses</th>
<th>% of total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual/hearing impairment</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Learning difficulty</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Mental ill health</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Physical impairment</td>
<td>24</td>
<td>69</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability - child (base=families with disabled children)</th>
<th>Number of responses</th>
<th>% of total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual/hearing impairment</td>
<td>26</td>
<td>23</td>
</tr>
<tr>
<td>Learning difficulty</td>
<td>80</td>
<td>70</td>
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<td>Mental ill health</td>
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<td>10</td>
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<tr>
<td>Physical impairment</td>
<td>67</td>
<td>58</td>
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<tr>
<td>Other</td>
<td>32</td>
<td>28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age - child</th>
<th>Number of responses</th>
<th>% of total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 2 years old</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3-4 years old</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>5-8 years old</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>9-12 years old</td>
<td>29</td>
<td>25</td>
</tr>
<tr>
<td>13-16 years old</td>
<td>36</td>
<td>31</td>
</tr>
<tr>
<td>17-19 years old</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>20 plus years old</td>
<td>40</td>
<td>35</td>
</tr>
</tbody>
</table>

Appendix ii) Policy context

The policy context is not described in detail because this report is aimed at those who would already be familiar with the key areas. In brief, this report is relevant in the context of national initiatives in Scotland aiming to support parenting, including: Achieving Our Potential, Equally Well, Early Years Framework, Getting it Right for Every Child, and the forthcoming National Parenting Strategy.
Appendix iii) Bibliography


Parenting and support

5. Appendices


Appendix iv) Acknowledgements

This report was researched and prepared by Karen Mountney for the About Families team, managed by the Centre for Research on Families and Relationships, with input and advice from Parenting across Scotland, Capability Scotland and an Evidence Review Panel of experts in the fields of families and disability:

- Susie Fitton, Senior Policy Adviser, Capability Scotland
- Dr Jeni Harden, Centre for Population Health Sciences, The University of Edinburgh
- Elspeth Maloney, Senior Policy and Consultancy Manager, Capability Scotland
- Clare Simpson, Project Manager, Parenting Across Scotland

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