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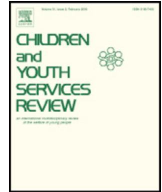

Engaging parents in parenting programs: Lessons from research and practice

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ABSTRACT

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

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1. Introduction

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

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

However, there is accumulating evidence of considerable 'treatment failure' with these and other evidence-based programs, meaning that the results found in initial trials are not replicated, or at least are harder to reproduce, in the real world (Bumbarger & Perkins, 2008; Little, 2010). This has caused some to question the desirability of implementing such programs in the UK, particularly given the cost and complexities of translating models into a new context — for example, from the US to the UK (Thoburn, 2010).

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

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

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

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2. Lessons from research

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

2.1. Work together

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

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

2.2. Build relationships with parents

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

Not making contact with a family prior to the first appointment to confirm they are willing to attend increases the likelihood of parents not attending (Coulter, 2007). By contrast, if a dedicated worker who knows the family makes initial contact, followed by sustained efforts by other workers to engage the family, this can lead to successful engagement (Garbers et al., 2006; Orrell-Valente et al., 1999). Of course, there are reasons why this ideal process of contact does not happen as much as it should. The primary one is lack of staff time and resources (Davidson & Campbell, 2007). It is also essential that staff have the necessary capacity and skills for engaging parents. Staff responsible for engaging new service users should be trained to have the required interpersonal skills to notice possible barriers and to be able to address them (Ingoldsby, 2010; Spoth, Redmond, & Shin, 2000). Training on how to address barriers is particularly important, since families with multiple and enduring difficulties are often known to the services but staff can be ambivalent about engaging these families due to concerns about engaging hostile and resistant families (Morris, 2011). Staff should also be given the time and opportunity to engage with parents: there is evidence from a home-visiting program that lower caseloads contribute to greater success in retaining families (Daro et al., 2003), and that matching participants and providers in terms of ethnicity and ensuring providers were parents themselves also helped. Time is especially important for engaging so-called 'hard-to-reach' parents (Caspe & Lopez, 2006; Evangelou et al., 2011). Research shows the value of face-to-face contact with parents and also of approaching families in their own communities through a person they know (Caspe & Lopez, 2006; Spoth & Redmond, 2002). This should be backed up by well-timed and attractive publicity materials (promotional videos, leaflets, information displays) at the places routinely visited by parents and by newsletters and incentives for attendance (Spoth, Redmond, Hockaday, & Shin, 1996; Spoth et al., 2007).

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

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

2.3. Make programs accessible

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

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

to attendance such as child-care, transportation and translation is widely recommended to increase engagement (Ingoldsby, 2010; Sanders et al., 2009; Spoth & Redmond, 2002). A convenient location paired with an informal, welcoming environment has been found successful in attracting parents (Evangelou et al., 2011). Making services less formal and more culturally sensitive and stressing the peer support element of group-based services (Garbers et al., 2006; Pearson & Thurston, 2006) also reduce psychological barriers to attending programs.

2.4. Address parents' concerns

The need to address parents' concerns cuts across all of the research mentioned in Section 2 so far. According to the studies cited and associated research overviews (Broadhurst, 2003; Caspe & Lopez, 2006; Ingoldsby, 2010; Morawska & Sanders, 2006; Spoth & Redmond, 2000; Spoth & Redmond, 2002) there are several reasons why parents do not engage in services.

One is that they do not feel the need: there is no perceived problem, so the service is deemed irrelevant. This might be because existing support is deemed sufficient, or because the parent thinks that participating in the program will yield little benefit, or because they consider the risk of their child's problem behavior to be small (Spoth & Redmond, 1995). Parents are also put off services by things that make them hard to access or inconvenient, such as the aforementioned practical difficulties and cultural or language barriers (Dyson et al., 2009; Eisner & Meidert, 2011; Illovsky, 2003; Lau, Fung & Young 2010; Murry et al., 2004).

Another common problem is that services can make parents feel bad about themselves or worry about how they appear to other people. Parents sometimes feel intimidated by and unable to communicate with school personnel (Taliaferro et al., 2009), and there can be stigma attached to accessing social services (Barlow, Kirkpatrick, Stewart-Brown, & Hilton, 2005; Bell, 2007; Dyson et al., 2009). This is especially true if the family has had previous negative experiences of social workers (Garbers et al., 2006). Further, in some cultural groups it is important to be seen to cope alone and services may not be trusted because of fear of losing control and privacy (Dyson et al., 2009; Garbers et al., 2006; Heinrichs et al., 2005; Lau et al., 2010; Patel, Calam, & Latham, 2011; Spoth et al., 1996).

There are several other reasons why parents do not use services (see Broadhurst, 2003; Morawska & Sanders, 2006). One complication is the influence of unsupportive family or friends; in some ethnic groups, for example, the view of the male in the household is particularly important and may overrule any desire on the part of the mother to attend a group. Personal problems such as drug misuse can make it harder to attend programs. An obvious but easily overlooked issue is lack of knowledge: parents do not know the service exists, or don't understand what it entails, usually owing to a lack of appropriate information (including lack of translation/interpretation). Simply putting up a few posters or sending flyers in the hope that parents will turn up is not effective in spreading information about a program or getting parents to sign up for it. An Australian study found that advertising a new community program by sending flyers home with children to 3740 families resulted in 18 parents (0.48%) signing up (Matthey et al., 2006).

Sometimes parents know about the service and may understand it fully but they worry that it will be overly demanding in content or duration, or that it might have negative consequences for the child or family (including, possibly, the removal of a child). The Families and Schools Together (FAST) program addresses this by inviting parents to attend once to 'try out' the program, on the basis that compliance with a small request increases the likelihood of compliance with a subsequent larger request (McDonald, Fitzroy, Fuchs, Fooken, & Klasen, 2012). This 'foot in the door' approach seems to work for FAST: the majority of parents who attend once attend six or more sessions and therefore 'graduate'.

2.5. Address the particular needs of some parents

The barriers to engagement cited above tend to affect some groups of parents disproportionately. These groups are often defined by socio-demographic characteristics. Several studies have linked engagement difficulties with parents having lower levels of education (Barnes et al., 2006; Haggerty, MacKenzie, Skinner, Harachi, & Catalano, 2006; Patel et al., 2011; Spoth, Goldberg, & Redmond, 1999; Spoth & Redmond, 2000; Spoth & Redmond, 2002; Spoth et al., 1996, 2000) or lower socio-economic status (Eisner & Meidert, 2011; Gorman-Smith, 2002; Heinrichs et al., 2005; Spoth & Redmond, 2002). One study found that family characteristics, such as ethnicity, education level and single-parent status, were unrelated to attendance at parent groups, but that they were related to quality of participation in those groups and, in turn, that quality of participation predicted treatment response (Nix, Bierman, McMahon, & The Conduct Problems Prevention Research Group (CPPR) (CPPR), 2009). Other studies could find no relationships between parent income or education and *enrollment* (Gross, Julion, & Fogg, 2001; Heinrichs et al., 2005) or SES and *attendance* (Garvey, Julion, Fogg, Kratovil, & Gross, 2006; Gross et al., 2001; Nix et al., 2009).

It is generally harder to retain parents with lower education levels because of social isolation, reading difficulties and increased likelihood of needing an interpreter (Gray, 2002; Haggerty et al., 2006; Patel et al., 2011; White & Verduyn, 2006). Parents with low levels of education and low socio-economic status are also more likely to perceive engagement efforts as an invasion of their privacy (Spoth & Redmond, 2002; Spoth et al., 1996).

Parents from minority ethnic groups have been identified as harder to engage by some studies (Dyson et al., 2009; Eisner & Meidert, 2011; Haggerty et al., 2006; Lau et al., 2010). This may be due to a combination of different cultural values, language barriers, mistrust of services, a fear of losing parental authority and a scarcity of practitioners from similar cultural backgrounds (Dyson et al., 2009; Eisner & Meidert, 2011; Illovsky, 2003; Lau et al., 2010; Murry et al., 2004). This speaks to the need to adapt program content or delivery to address specific characteristics of the culture of families being served (McDonald, Fitzroy et al., 2012; McDonald, Coover, Sandler, Thao, & Shalhoub, 2012).

However, some studies have found no relationship between enrollment and ethnicity (Gross et al., 2001; Heinrichs et al., 2005). Further, not all ethnic minority groups are the same with regard to participation in parenting programs. For instance, while Black British ethnicity has been linked with less interest in attending parenting programs, there is some evidence that parents from Asian and African backgrounds are keener to participate (Patel et al., 2011). And a US study of a home visiting program found that enrollment was stronger among African American and Hispanic participants (Daro et al., 2003), possibly because usually there are few services for those communities whereas the program in question was modified to fit local needs.

While some studies show that single parents from deprived neighborhoods are disproportionately likely to enroll on a program, they also find that it is harder to retain such parents (Haggerty et al., 2006; Heinrichs et al., 2005). This may be because of the additional practical and time-related pressures they face. Financial and other incentives, such as transport, meals and free childcare, are therefore likely to be more important for lower socio-economic groups (Spoth & Redmond, 2002).

Lastly, some parents are unlikely to engage with or benefit from programs that teach parenting skills based on the cultural norms and values of the White middle class, or that fail to address other factors that can compromise parenting — financial hardship, domestic abuse, social isolation, and so on (Dyson et al., 2009; Gray, 2002, 2009; Lau et al., 2010). It may be hard for programs to deal with the latter; other types of intervention, such as good childcare, a basic living wage and decent housing, are likely to be needed. But parenting programs *can* meet parents where they are, for example by engaging them practically and emotionally, giving them the opportunity to be listened to without being judged, helping

them connect with other parents who share their problems, recognizing their diverse social and material circumstances, and checking what are realistic expectations given the parents' cultural norms (Dyson et al., 2009; Gray, 2002, 2009; Lau et al., 2010; Marek, Brock, & Sullivan, 2006; McDonald, Fitzroy et al., 2012; McDonald, Coover et al., 2012).

3. Lessons from practice

3.1. Brighter Futures

The city where the study took place is the largest local authority in Europe. In 2007, the directors of children's services formulated the Brighter Futures strategy for children's services in the city (BCC, 2007). This enshrined a commitment to focus on six outcomes: physical health; literacy and numeracy; social literacy; emotional health; behavior; and job skills. A series of evidence-based programs was commissioned to help achieve those outcomes. The city council set out an investment plan of approximately £42 million with an anticipated return of £101 million over 15 years (Axford & Morpeth, 2012).

3.2. Incredible Years

One of the programs selected was the Incredible Years BASIC parenting program, which is designed to improve family interaction and prevent early and persistent anti-social behavior in children aged 2–10 years (Webster-Stratton, 1994). It involves 12 weekly two-hour sessions for parents.[1] A trained facilitator delivers these sessions with groups of about 12 parents. Topics include play, praise, limit-setting and dealing with misbehavior, and groups involve discussion, videotape modeling and the rehearsal of parenting techniques.

3.3. The recruitment process

In order to pilot the program, six children's centers were identified in 2009 that were willing to deliver the program and to recruit parents. To assess the effectiveness of the program, the pilot project included a randomized controlled trial (RCT).

A referral system was designed to identify suitable candidates for the program. Children needed to be aged 3–4 and score above the 'high need' threshold on the 'Total difficulties' score of the parent-completed Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001). For the RCT, 144 children who met these criteria were needed across the six children's centers (24 per center). They were to be randomly allocated to either receive the program or to be placed in a waiting-list control group on a 2:1 ratio.

Considerable effort was made to introduce the program in a thoughtful and planned manner. Individual meetings were held with children's center managers and recruitment processes were agreed upon. Recruitment materials were provided, including publicity about the program, referral forms and instructions on how to refer a family. Two pathways were used to recruit parents. The first involved open access events at children's centers, where all the parents on the register were invited to open days and asked to complete the SDQ screening forms. The second method involved inviting staff from local schools, children's centers and other children's services partner agencies to identify and refer parents to the program.

3.4. Data sources

In order to assess the ability of each children's center to identify and engage parents eligible for Incredible Years, data was obtained on: (a) the prevalence of children with behavior problems in the city; (b) the number of children aged 3–4 in each children's center's reach area; (c) the number of children aged 3–4 on the children's center registers; and (d) the number of eligible and non-eligible parents recruited for the trial from each children's center.

Data on the levels of children in need in the city were derived from a city-wide survey of child well-being in 2007. This used standardized measures to measure the prevalence of child emotional, social and behavioral difficulties (Axford & Hobbs, 2011; Hobbs, Axford, & Jodrell, 2011). Data were collected from 500 families with children aged 0–6, of which 118 parents with children aged 3–4 completed the SDQ.

The numbers of children aged 3–4 in each children's center catchment area were based on official records of children born in the city between November 2003 and November 2005. The children's centers involved provided data on the numbers of children on their register.

Recruitment figures were derived from the database of referrals made to Incredible Years. Between November 2009 and September 2010 the evaluation team compiled weekly updates on numbers of referrals to the pilot, which were used to assess recruitment progress. Referral information included data on ethnicity, referral source, preferred language for communication and demographic characteristics of those referred to the service. In addition, each referral included the SDQ screening form, which was scored by the evaluation team to determine the eligibility of the referral for the Incredible Years program before families were allocated.

3.5. What happened

There were 2913 children aged 3–4 in the six children's center catchment areas. The numbers per center ranged from 315 (Northfield) to 752 (Eastfield) (Fig. 1). According to the well-being survey, 15% of children aged 3–4 in the city would fall into the 'high need' category of the SDQ 'Total difficulties' score. This meant that there were an estimated 437 potential clients for Incredible Years across the six selected children's centers, ranging from 47 in Northfield to 113 in Eastfield (represented by the wedges in Fig. 2).

The process to engage families started in Spring 2009, with Incredible Years groups scheduled to take place during Fall 2009. However, by the *end* of 2009 the number of children in the target group actually recruited was 89 — far lower than anticipated. Some centers were better at connecting with eligible families than others. For example, 40% of eligible children were identified in Northfield (19 out of 47 children), compared with only 8% in Westfield (6 out of 72 children) (Fig. 3). The efficiency of targeting was highest in Eastfield (39% of referrals met the threshold) and lowest in Midtown (12%) (Fig. 4).

In summary, most centers struggled to find eligible families in the time expected. This was despite (a) initial assurances from several children's center managers that reaching the target would be straightforward because they were already serving such families, and (b) survey data showing clearly that more than enough children in the areas concerned met the threshold.

3.6. What went wrong

Steps were taken to understand and remedy the shortfall. In order to identify problems with implementation, data were collected from stakeholder organizations and parents during the Summer/Fall 2010. An online survey was sent to staff in the six children's centers, the program facilitators and co-facilitators, referral agencies, members of the central program implementation team and the pilot steering group. They were asked to rate from 'strongly agree' (1) to 'strongly disagree' (5) whether they thought the Incredible Years pilot: had been well organized; had reached the people it was intended to reach; was accessible to the target audience; and provided a service that is beneficial to children. The survey also assessed whether stakeholders thought the program was a useful addition to usual services and, if affordable, whether it should be

[1] The latest guidance suggests that this be extended to 14 or even 18 weeks.

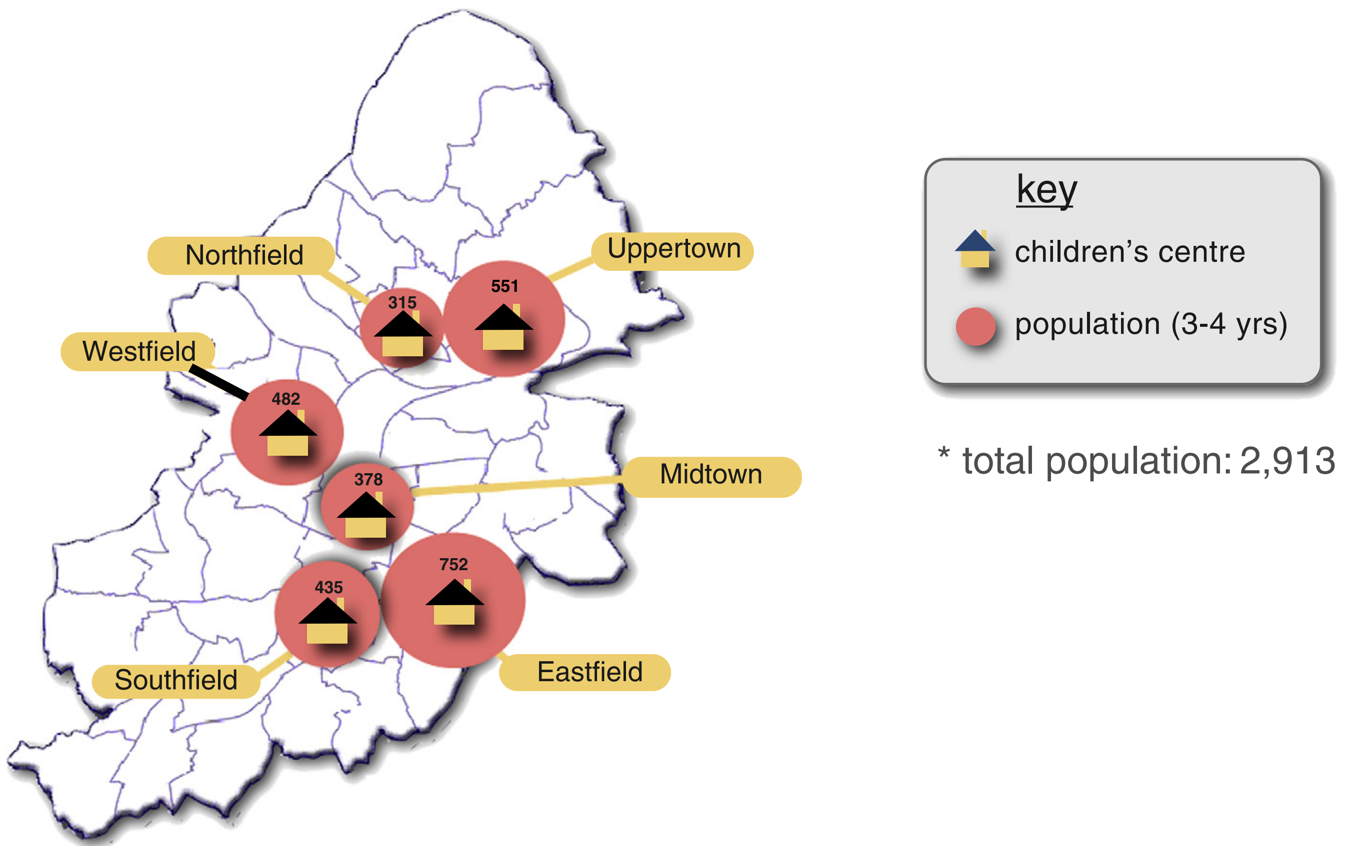

Fig. 1. The number of children aged 3–4 in each children's center catchment area.

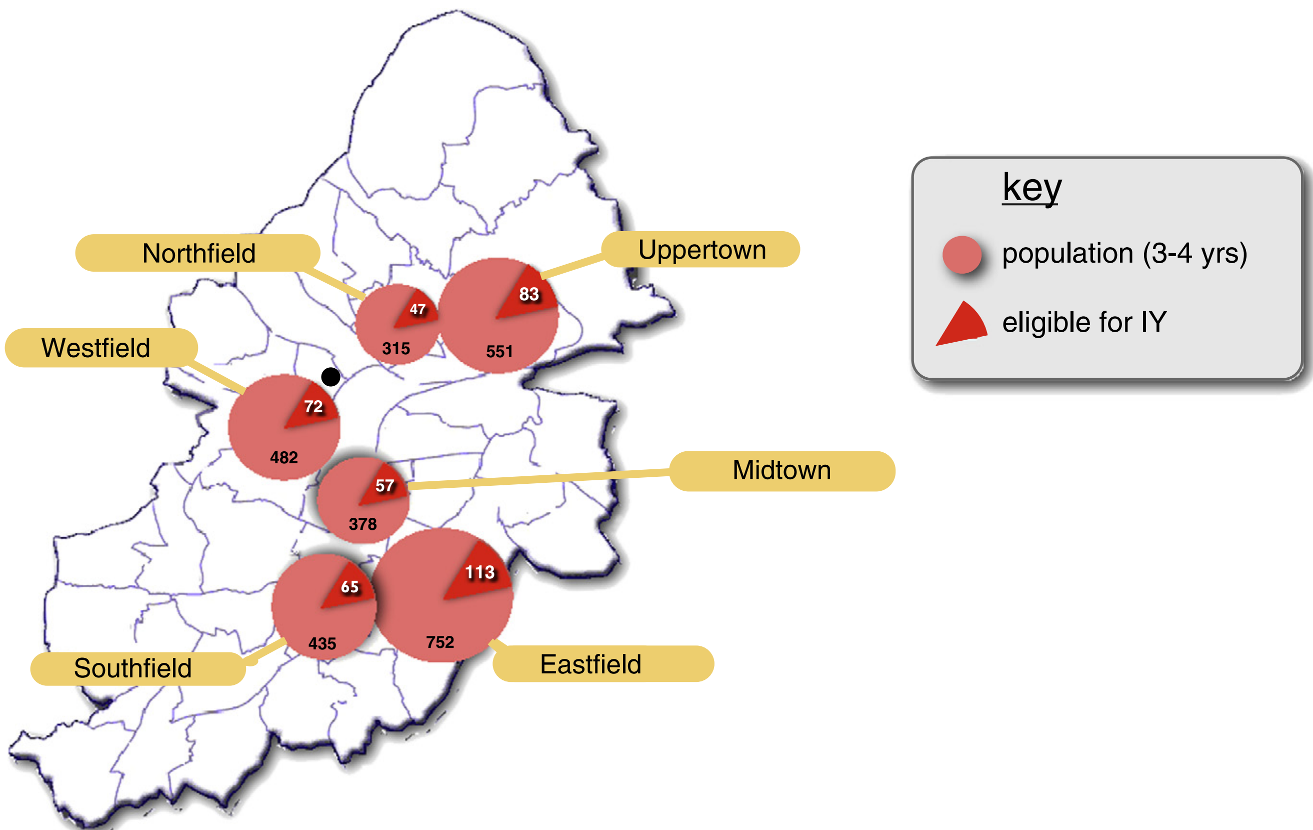

Fig. 2. The estimated number of children in the children's center catchment area who were eligible for Incredible Years.

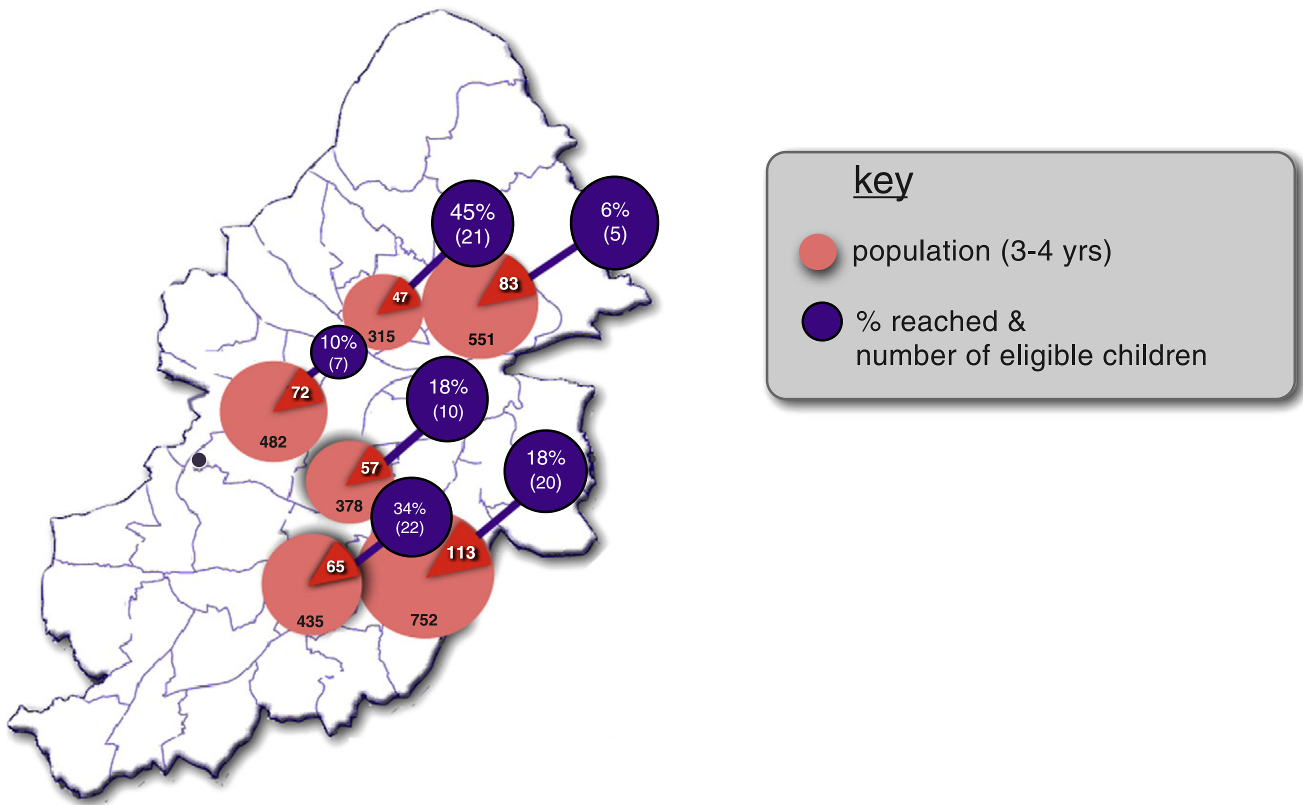

Fig. 3. The proportion and number of eligible children who were identified in the original time allotted.

integrated into services as usual. Respondents could also make additional comments. The survey was completed by 23 respondents, including providers, central team staff and staff from other agencies.

In addition, brief (10–15 min) semi-structured telephone interviews were conducted with eight parents who had completed the Incredible Years program. Parents were asked why they enrolled in the program

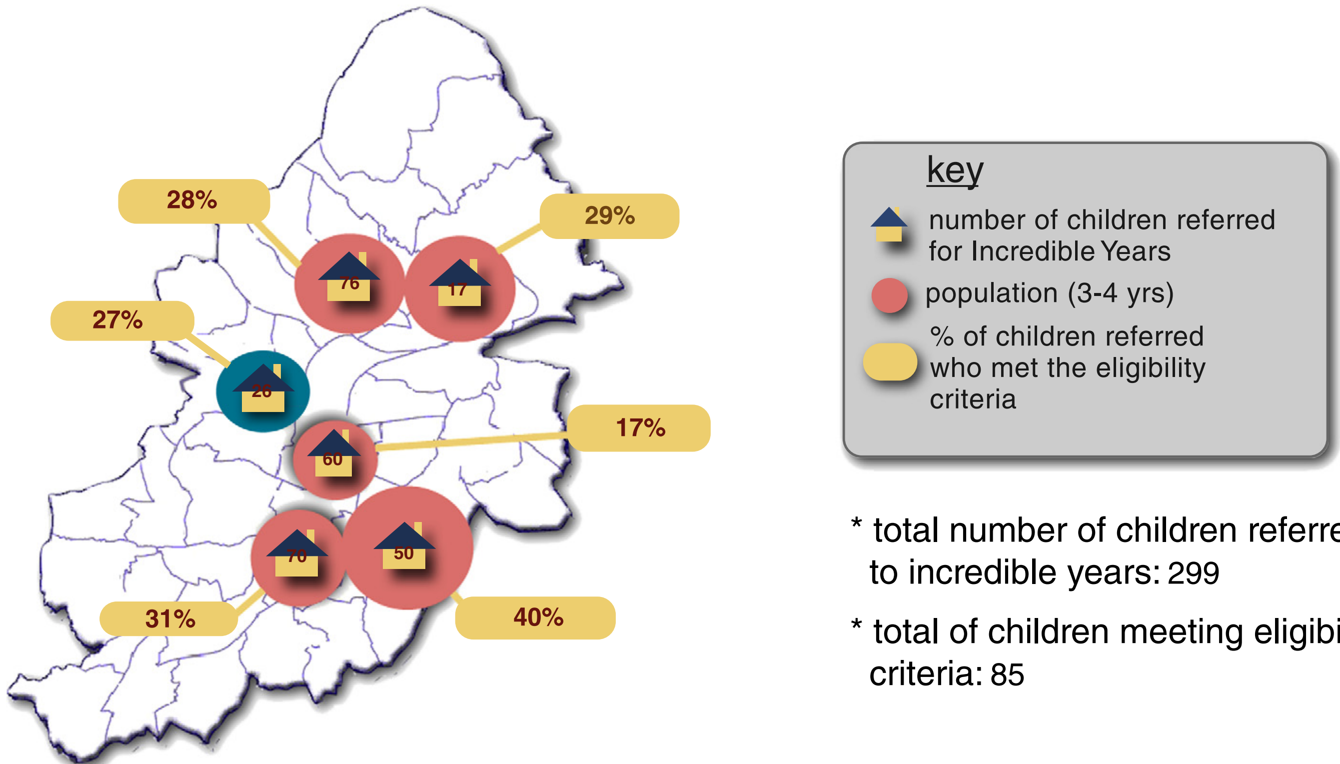

Fig. 4. The proportion of children referred who met the eligibility criteria.

and their experience of its content, delivery and benefits. Feedback forms were also collected during the Incredible Years facilitators weekly supervision meetings, and 'mystery shopper' calls – from researchers impersonating parents worried about their children's behavior – were made to the six centers offering the program.

The different sources highlighted problems in six areas, starting with the referral process. Ownership of the recruitment work was at best contested and at worst unclear. Children's center staff felt that they did not know who was referring whom, and in some cases did not appear to accept that recruitment, including liaison with partner agencies, was their responsibility. Children's centers and partner agencies felt that they did not know if the families they had referred made it onto the program. There were often long delays between referral paperwork being completed and a group starting. Some children's center staff and their partner agencies reported confusion about whom the program was aimed at – specifically, whether it was targeted or universal – and expressed frustration if families deemed ineligible according to the SDQ had children showing obvious behavioral difficulties. Some practitioners actually disagreed with targeting per se, maintaining that parenting support should be universal.

Second, the recruitment materials were considered inappropriate for parents. They were deemed to use overly negative language: for example, 'being a parent or carer can lead to stressful situations', 'tips on dealing with specific problems', and 'sort out kids' behavior problems'. The posters and leaflets presented what parents said were typical staged corporate images of mixed race 'families'. They also contained insufficient information on key issues for parents – namely, how to find out more and sign up for the program, and its venue and timing – and they failed to advertise incentives (free crèche, transport, interpretation, refreshments, certificates on completion, and a financial sum for taking part in the research).

Third, service providers felt that they lacked sufficient capacity to deliver the program and provide 'wrap-around' care — the emotional and practical activities necessary to sustain parents' attendance, such as making phone calls or home visits to parents to encourage them or to address their concerns, and providing transport, crèche, refreshments and interpretation. This was exacerbated by what some practitioners considered to be the onerous weekly supervision for group facilitators, which left insufficient time for recruitment and retention activities. There was also no culture in the centers of screening to identify families with a certain level of need.

Fourth, there was a suspicion of and resistance to Incredible Years amongst some practitioners. Specifically, it was felt that a 'one-size-fits-all' program left little scope for tailoring sessions to individual parents' particular needs — a widely-expressed concern among practitioners (Ayre & Calder, 2010; Chard & Ayre, 2010). There was a sense that home-grown programs were more suited to the cultural needs of the parents they served, even though Incredible Years includes processes for addressing cultural concerns in order to enhance engagement (Lau et al., 2010).

Fifth, delivering the program in the context of an RCT complicated matters. Stakeholders were sometimes reluctant to make referrals for fear of raising families' hopes only to see them dashed if they ended up in the control group. This reluctance was fuelled in some cases by a misperception that control group families would be denied services as usual.

Sixth, some stakeholders felt that since they were already providing parenting support programs there was no need to prioritize the parenting pilots.

Collectively, these factors contributed to inertia in the recruitment process and problems in engaging parents. Agency buy-in to the pilot was poor, which is a significant problem because it meant they were unlikely to support recruitment efforts. There was low awareness amongst target group families because stakeholders were slow to distribute promotional materials, held few events to publicize the program, did not contact partner agencies, and relied on parents coming to them as opposed to going to the parents. Often there was reliance on open-access screening events, with little effort made to identify parents with particular difficulties, either before or during such events. Targeted efforts to find families with children with the required level of need were scarce. When parents were found to be ineligible for the program it caused disappointment and frustration amongst practitioners. Subsequent suspicions about the accuracy of the SDQ made practitioners even more reluctant to invest time in recruitment. This was exacerbated by myths about the research, making some parents hesitant to provide the information needed for referral lest they get into trouble with social services.

High levels of drop-out from the program, at least early on, show that centers also found it difficult to retain parents. This was arguably because no one took responsibility for encouraging and enabling parents to attend. Group facilitators often felt that it was not their job; they were there to deliver the sessions. Other staff were sometimes charged with the task but they lacked the relationships with parents. Tasks concerning retention simply fell between the gaps. The possibility that parents simply did not like the approach – perhaps because they felt it did not address the issues that make parenting difficult, or was alien to their culture – and therefore dropped out was not investigated but should not be discounted.

3.7. Addressing the problem

In response to these identified difficulties, and in a context of pressure to increase the number of program participants, some policy makers and managers urged that the eligibility threshold be lowered. This would have enabled more families to receive the program but they would have been less likely to benefit. The requirements of the RCT meant that these calls were resisted. Instead, five courses of action were taken after consulting the literature again (see Section 2), and extra Incredible Years groups were run throughout 2010 and into early 2011.

First, more time and energy were spent in briefing partner agencies about the program to help them understand how it would help. Information was disseminated via events routinely attended by practitioners — NHS staff meetings, school cluster meetings, health visitor training and so on. Staff were given information about the program and the requirements for participation. Local champions, such as children's center family support workers, helped to make initial contact with potential referring agencies and practitioners in order to explain the program to them. One-to-one meetings were also held with stakeholders so that they had a point of contact in the central Brighter Futures team. There was also some general 'messaging' about parents being entitled to have a choice about the program, the program not being in competition with other courses and all parents being entitled to 'services as usual' whatever their allocation status.

Second, the referral process was strengthened. A new recruitment pack was developed. As well as the SDQ and an application form, this contained: an amended summary of the program for professionals; tip sheets on how to refer and engage parents; vignettes to help practitioners identify the type of children who would benefit from the program; template letters to invite parents to information events; content for school and children's center newsletters, video screens and event calendars; and new leaflets and posters. Children's centers were advised on how to harness the successful approaches they already used to engage parents to make contact with parents who might be suitable for Incredible Years. Letters and emails were sent to referrers to let them know if parents were eligible, and, if so, whether they were allocated to the program or control group (and, if the former, whether they took part). Regular updates and thank you letters were also sent to referrers.

Third, additional support was provided to enhance providers' capacity to deliver the program and 'wrap-around' care. Checks were made to ensure that providers had suitably equipped rooms, childcare provision, timetabled slots and staff to deliver the program. 'Service level agreements' specifying what was required of providers and what support would be provided from the Brighter Futures team were developed.

Face-to-face meetings with providers and facilitators were held to explain their respective roles in providing the 'wrap-around' care. Home visits before the first session were strongly encouraged and facilitators were advised to pay catch-up visits with parents who missed a session to find out why, explain what was covered in the session and encourage their ongoing involvement. Extra money was paid to providers for refreshments, administration, a crèche and interpretation. Recruitment activities were monitored, and a modest 'payment by results' system ensured that providers received more money for higher recruitment and retention rates.

Fourth, a concerted series of parent engagement activities was conducted. Publicity materials were re-designed to make them more attractive and user-friendly; this included changing language and images. The language used in the 'entry conversation' was also made less stigmatizing — for example, 'Is your child giving you any difficult behaviors?' rather than 'Are you interested in a program for parents of children with conduct problems?' Parents were given many opportunities to find out about the program and enroll for them in convenient locations, including well-advertised introductory events and existing events in schools, nurseries and children's centers. In addition, numerous outreach events were held in residential areas and public spaces frequented by families with young children, including supermarkets, shopping malls and doctors surgeries. A crib sheet was prepared for practitioners to help them address parents' common concerns about the program. Where possible, staff already known to a parent introduced that parent to both Incredible Years and someone from the Brighter Futures team.

Fifth, the program was made more accessible and, crucially, these features were mentioned in publicity materials. Interpreters were provided during sessions for parents who would have difficulty speaking, writing, reading or understanding English. Facilitators were helped to understand which parts of the program they could adapt to meet the needs of different groups and which parts were sacrosanct. An improved process was put in place to ensure that transport was provided for all parents who needed it to attend sessions. The incentives of a free crèche and transport were advertized.

3.8. Did these strategies work?

It took approximately 12 months to recruit enough families for the pilot. By the end of 2010 nine children's centers had delivered 12 courses of the program in total (one of the original six centers never delivered a course, and four new centers were added). But did the recruitment efforts boost enrolment rates? And did efforts to retain parents boost attendance? These questions can be answered by comparing the two 'waves' of implementation: before using the new strategies (Wave 1) and after (Wave 2).

Taking the first question, by Fall 2010, 239 eligible parents had been recruited. This represents 39% of the 617 referrals made. However, there was a large difference between the two waves in terms of the efficiency of targeting: the proportion of referrals meeting the criteria more than doubled when the new strategies were in place: Wave 1 = 26% (87/340), Wave 2 = 55% (152/277)) (Table 1).

On the second question, 74 of the 110 families allocated to the intervention group in the RCT attended at least one session (67%) and 57 'completed' the program, meaning that they attended seven or more sessions (52% of the families allocated) (Table 2).[2] A higher proportion of parents attended at least one session in Wave 2 (70%) than in Wave 1 (62%) and the completion rate also increased slightly (Wave 1 = 50%, Wave 2 = 53%). Unexpectedly, the average number of sessions attended was slightly higher in Wave 1 (6.18) than in Wave 2 (5.61) but it appears that the addition of new centers in Wave 2 was a confounding factor. This is evident from looking at the three centers that ran groups in both Waves 1 and 2. In these centers the average number of sessions completed actually increased (6.1 in Wave 1 to 6.8 in Wave 2), as did the proportion of 'completers' (56% to 63%).

[2] 'Completion' is defined as attending seven or more sessions in line with the other major UK evaluation of Incredible Years BASIC (Bywater et al., 2009; Hutchings et al., 2007). Other US evaluations have calculated this on the basis of attending six or more sessions (e.g. Webster-Stratton, 1998).

Table 1
Number of referrals to children's centers in Waves 1 and 2 and proportion meeting eligibility criteria.

Center	Wave	Number of referrals meeting criteria	Total number of referrals	Proportion of referrals meeting criteria
Eastfield	1	19	50	38
Uppertown	1	13	64	20
Northfield	1	19	75	25
Southfield	1	21	66	32
Brookfield	1	2	3	67
Westfield	1	6	25	24
Midtown	1	7	57	12
Hillfield	2	15	29	52
Lowertown	2	20	36	56
Croftfield	2	22	44	50
Riverfield	2	17	23	74
Eastfield	2	21	43	49
Uppertown	2	19	35	54
Southfield	2	18	22	82
Brookfield	2	20	45	44
Total		239	617	

4. Discussion

The case study suggests that the strategies implemented to improve recruitment and retention were moderately successful. They more than doubled the accuracy of the referral process and increased the proportion of parents attending at least one session by eight percentage points. Completion rates improved marginally, and although average attendance actually fell slightly overall it increased in the centers than ran groups in both waves. This said, the completion rate of 53% overall in Wave 2 compares unfavorably with the 68% achieved overall in a comparable study of the same program in Wales (Bywater et al., 2009; Hutchings et al., 2007), while the mean attendance rate of 5.61 sessions is also low compared with rates nearer 9.0 achieved elsewhere (Gardner, Burton, & Klimes, 2006; Scott, Spender, Doolan, Jacobs, & Aspland, 2001). Thus, the strategies appeared to be better at getting parents to sign up and enroll (attending at least one session) than they were at retaining parents. One possible explanation for this is that the efforts focused more on recruitment than on retention. It also seems likely that facilitators were a confounding factor; that is, they were more engaged in Wave 1 centers than they were in Wave 2 only centers.

Notwithstanding this mixed picture, the case study, allied with the research literature, offers some important *general* lessons. First, since parents cannot benefit from a program they do not get, parent engagement should be seen as part of a program rather than something separate. The more eligible parents attending a program the better, as this will help to improve outcomes in a cost-effective manner.

Second, public agencies that contract or deliver services need to invest in and incentivize recruitment and retention. They should fund engagement activities properly, and reward success. This is a wise investment: it is not cost-effective to run groups that are only half full or to provide intensive support designed for high-need families to families with low-level needs (Baker et al., 2011). In-kind incentives might also be offered to parents (McDonald, Fitzroy et al., 2012).

Third, when it comes to recruitment and retention, practitioners should be encouraged to be as innovative as possible. This is likely to be welcomed by practitioners who feel that external political pressures limit their professional autonomy (Ayre & Calder, 2010; Forrester, 2010). If someone has a good idea for an event that will recruit more eligible parents, they should be enabled to see whether it works. Similarly, since parents who miss one session often never return (Baker et al., 2011), there are grounds for designing a discrete intervention aimed

Table 2
Number and proportion of sessions attended by parents from Wave 1 and Wave 2 groups.

Number of sessions attended	Number of Wave 1 families attending groups	Percentage (cumulative percentage)	Number of Wave 2 families attending groups	Percentage (cumulative percentage)
0	13	38 (38)	23	30 (30)
1	0	0 (38)	5	7 (37)
2	0	0 (38)	4	5 (42)
3	0	0 (38)	2	3 (45)
4	2	6 (44)	0	0 (45)
5	1	3 (47)	2	3 (48)
6	1	3 (50)	0	0 (48)
7	0	0 (50)	4	5 (53)
8	0	0 (50)	5	7 (60)
9	1	3 (53)	7	9 (69)
10	3	9 (62)	4	5 (74)
11	6	18 (80)	13	17 (91)
12	7	21 (101)	7	9 (100)
Total	34	100	76	100

at boosting parent motivation and addressing barriers to ongoing involvement.

Fourth, practitioners need to build relationships with parents, who tend to respond better to people they know and trust. Programs that have been most effective in engaging parents have focused on training staff in effective recruitment and retention strategies and enabled them to engage parents through face-to-face visits, as well as using prior program participants (Caspe & Lopez, 2006; Davidson & Campbell, 2007). Practitioners should be encouraged to build friendly, face-to-face relationships with parents — if possible through home visits. They need time to do this, and training: it takes a lot of skill to engage families, and such skills should be central to those expected of children's services practitioners.

Fifth, parents need to want to attend programs (they cannot be forced), and it should be made easy for them to do so. A useful test to apply to any service is the 'my child' test: would I be happy for my child to use that service, or would I, as a parent, want to use it? Programs should be made easily accessible and special attention should be given to the needs of parents from ethnic minority groups or who have lower socio-economic status or lower levels of education. Accessibility features should be well advertised, avoiding stigmatizing or negative language, and information should be presented in various formats, including posters, leaflets, newsletters, videos and meetings.

Sixth, there are practical limits on participation levels. Recruitment and retention plans should therefore aim high but be realistic. One study found that scheduling difficulties prevented attendance for at least a quarter of families (Spoth & Redmond, 2000), so catch-up sessions and alternative timings could help. Another study concluded that unless programs are made as attractive and relevant as possible parents will simply choose to do something else (Baker et al., 2011). There is a good case, then, for allowing a course to be oversubscribed. In the case of the project reported in this article, for instance, about 18 parents could have been recruited for 12 to attend at least one session.

There are also important lessons for *recruitment*, which improved in the case study. One is that providers need to be engaged initially if they are to engage parents. They need to understand and believe in the program and be clear which aspects of engagement they are responsible for. All staff, especially managers, must be on board, as even the most committed practitioner will struggle if there are competing forces in a workplace. Practitioners who refer families to a program also like to be kept abreast of progress with that referral, and will lose confidence if there is undue delay or a lack of feedback. Regular and clear communication is vital.

Another lesson is that a clear recruitment process is needed, and everyone involved should be trained in it. The children's center receptionist who answers the phone to a desperate parent who cannot cope with their child's misbehavior needs to be able to explain what the course is, when it takes place, and so on. The plan for recruitment and retention needs to be as well thought-out as the plan for program delivery. Everything should be written down, and everyone involved needs training in what to do (Matthey et al., 2006): nothing should be left to chance.

Effective recruitment is also likely to require outreach. Few parents will attend parenting programs of their own volition, so services need to go to them. Instead of putting up a few posters and hoping that someone will turn up, practitioners need to go to where parents of young children 'hang out': the park, playground, shopping center, supermarket, coffee shop, school gate, zoo, library, doctors surgery — even the workplace (Sanders, Haslam, Calam, Southwell & Stallman, 2011). The case study suggests that often this will lead to a good rate of eligible parents signing up. However, more evaluations of such activities are needed; a recent RCT of home visits to increase families' uptake of early years services showed no effect (Cotterill, John, & Moseley, 2011).

Of course, as the case study demonstrates, and the literature confirms, recruitment is nothing without *retention*. It is good if parents attend the first session of a program but they need to keep attending if they and their children are to reap the full benefits. For this reason, practitioners must work as hard at keeping parents engaged as they did when recruiting them. Home visits and phone calls to remind parents of the next session and updating them on missed sessions are crucial.

5. Conclusion

There is no reason to think that the city where the case study was set is unusual in the UK as regards parental engagement; indeed, other studies cited here suggest that it is not. Given this, it is likely that many children and families in the UK who could benefit from evidence-based parenting programs do not get them, and they won't unless the people responsible for commissioning and providing such services act to make them more accessible. This is at least partly an economic and moral issue. Economically, it is more efficient to run full groups: in the city concerned it cost £1602 per child for groups running with 12 parents but £2404 per child if only eight parents attend (Linck, Bywater, Berry, & Tudor Edwards, 2012). Morally, the UN Convention on the Right of the Child states that children with particular needs, such as behavior problems owing to lack of parenting skills, have a right to be helped. It cannot be right for vulnerable children and families to lose out because insufficient effort has been made to make available services accessible to them.

Ethics approval

In accordance with the UK National Health Service (NHS) research ethics board: (10/WNo01/29) Registered trial: ISTRCN 48762440.

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