

Title: Facilitators and barriers to engagement in parenting programmes: a qualitative systematic review.

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Running title: Parenting programme engagement: facilitators & barriers

Abstract

Parenting programmes have the potential to improve the health and wellbeing of parents and children. A challenge for providers is to recruit and retain parents in programmes. Studies researching engagement with programmes have largely focused on providers', policy makers' or researchers' reflections of their experience of parents' participation. We conducted a systematic review of qualitative studies where parents had been asked why they did or did not choose to commence, or complete programmes, and compared these perceptions to those of researchers and those delivering programmes. We used data-mining techniques to identify relevant studies and summarised findings using framework synthesis methods. Six facilitator and five barrier themes were identified as important influences on participation, with a total of 33 subthemes. Participants focused on the opportunity to learn new skills, working with trusted people, in a setting that was convenient in time and place. Researchers and deliverers focused on tailoring the programme to individuals and on the training of staff. Participants and researchers / deliverers therefore differ in their opinions of the most important features of programmes that act as facilitators and barriers to engagement and retention. Programme developers need to seek the views of both participants and deliverers when evaluating programmes.

Key Words

Child health, Evaluation, Parenting, Family Health, Qualitative methods

Introduction

Parenting programmes are short term interventions to promote changes in the behaviour of parents that result in improved relationships with their children and changes in child behaviour (NICE & SCIE, 2006). They are usually delivered by health, social care or voluntary agencies as face-to-face programmes, either individually or in groups. Parenting programmes are increasingly recognised as an intervention with the potential to improve the health and wellbeing of both parents and children. An increasing body of research provides evidence of their effectiveness in reducing challenging behaviour (NICE et al., 2006; Furlong et al., 2012; Barlow & Stewart-Brown, 2000) and improving educational (Hallam, Rogers, & Shaw, 2004) and mental health outcomes (Barlow, Parsons, & Stewart-Brown, 2005) in children, and the improved mental health and wellbeing of parents (Lindsay, Strand, & Davis, 2011; Barlow, Coren, & Stewart-Brown, 2003). Parenting programmes have been developed on the basis of two main theoretical approaches; behavioural and relational, with some programmes combining elements of both. Based on social learning theory (Bandura, 1977), behavioural approaches aim to develop parents understanding of the negative impact of attention to problem behaviour and lack of attention to positive behaviour, and teach positive discipline practices including praise and time out; relational programmes aim to improve interactions between parent and child, correcting misattributions and increasing understanding of developmental phases.

Although the principles underpinning parenting interventions are likely to benefit all parents, such interventions tend to be targeted to specific groups of parents whose children are considered to be at high risk of the outcome of interest. A key challenge

for providers of programmes is to engage parents to participate, and then maintain their engagement throughout the programme. Engaging parents may be difficult since family circumstances and events prior to being invited to join a programme may result in feelings of stigmatisation, guilt or concern by carers that they are perceived to be an inadequate parent. Consequently, those with the greatest potential to benefit from participation may be the least likely to engage (Barrett, 2010). In seeking to improve the evidence base underpinning the use of parenting programmes an increasing number of randomised controlled trials have been funded. Trials often struggle to recruit parents to studies (Barlow et al., 2000; Stewart-Brown et al., 2004) and it is not surprising that researchers have sought to understand the barriers and facilitators to parental engagement (Boddy et al., 2009; Barrett, 2008; Moran, Ghate, & van der Merwe, 2004).

Research to improve our understanding of the factors that enable families to engage with programmes has been derived largely from studies where providers, policy makers or researchers have reflected on their experience of parents' participation (Moran et al., 2004; Barrett, 2009), rather than parents' views, though some have integrated parent's and professionals views (Law, Plunkett, Taylor, & Gunning, 2009). Existing systematic reviews of the qualitative literature have focused on why parents perceive programmes to be helpful (Kane, Wood, & Barlow, 2007), rather than barriers and facilitators to engagement or retention. As part of a project to develop a parenting programme for parents whose children had recently suffered an unintentional injury we undertook a systematic review of the literature to identify qualitative studies where parents had been actively asked why they may, or may not,

choose to commence, or complete programmes designed to enhance or support their parenting practices, and to compare these perceptions to those of researchers.

Methods

Search strategy

In order to be included in the review, we searched for studies published in the English language that met the following inclusion criteria:

- Participants: parents who are eligible to participate in parenting programmes; people who deliver parenting programmes; researchers and authors who undertake evaluations of parenting programmes.
- Interventions: programmes run by trained facilitators and designed to support parents in their relationship and/or interaction with their children where the author defines this as a parenting intervention.
- Outcomes: features of programmes that resulted in engagement and / or retention of parents in the programme. Outcomes could include, but were not limited to, those that influence acceptability, access, barriers, experiences, levers, drivers, facilitators, motivators, or those influencing decision making or intent.
- Studies: using qualitative methods within a range of study designs

No date restrictions or limitation by country were applied.

An electronic database search was developed in Medline using a combination of free-text and thesaurus terms relating to the concepts *parenting programmes* and *barriers and facilitators to parental engagement* combined with a qualitative methods

filter and adapted for other databases as required (Table I). We searched the following electronic databases between March and April 2011: ASSIA, Australian Institute of Family Studies, Bibliomap, CINAHL, Embase, Medline, NSPCC, PsycINFO, Social Policy & Practice (includes Social Care Online and ChildData), Social Sciences Abstracts, and TRoPHI. Grey literature sources included checking the bibliographies of included studies. Citations were imported into data management software (Thomas, Brunton, & Graziosis, 2010); EPPI-Reviewer 4.0, where possible. Duplicate studies were identified and removed.

Study selection

Study selection was determined by the study aim of summarising knowledge of the barriers and facilitators to parental engagement in parenting programmes derived from qualitative studies involving parents and researchers. The identification of such themes necessitated seeking selected exemplars to provide sufficient breadth and representation, without the requirement to identify all relevant studies. This approach, sometimes referred to as 'purposive', was used to identify the most valuable information for the review, ensuring that new conceptualisations of the barriers and facilitators were identified (Brunton, Stansfield, & Thomas, 2012). We also recognise that, while the search aim may be different, there is sometimes little operational difference between purposive and exhaustive searching. In recognition that qualitative study designs are poorly indexed in databases, we chose to develop a search with high sensitivity applied across multiple databases in order to increase the likelihood identifying studies meeting our inclusion criteria. Inevitably such searches yield large quantities of irrelevant studies. To manage the large number of citations identified by the searches we combined traditional techniques of screening

titles and abstracts with text mining technology (Thomas, McNaught, & Ananiadou, 2011). Text mining is defined as the process of discovering knowledge and structure from unstructured data or text (Ananiadou & McNaught, 2006). In this context the knowledge gained was whether a given study was likely to be relevant to our review. The titles and abstracts of over 50% of the citations were screened by one of two researchers to identify a set of studies with an increased likelihood of meeting the inclusion criteria based on study participants, intervention and study outcome. We used automatic term recognition (Thomas et al., 2011) within the screened citations to identify a set of terms which could then be applied to the entire set of de-duplicated citations. As the majority of parenting programmes currently employed use a group-based manualised format, these terms were also included. Titles and abstracts of a subset of the text mined citations were checked for relevance. This yielded a set of papers for full text screening, prior to identification of the final set of included studies for synthesis.

A data extraction form was developed, piloted and modified accordingly. Data extraction was undertaken from all included studies on the scope, aims, setting, eligibility criteria and delivery agent of the programme, the qualitative methods used during evaluation, and the barriers and facilitators to participation identified. Three researchers were involved in data extraction, with each report being reviewed independently by two researchers. Reviewers were not blinded to the names of the journals, the authors, the institutions, or the results when extracting data on study methods. Differences in data extraction were resolved by discussion. The assessment of the quality of qualitative research in systematic reviews is a contested issue; both in relation to whether quality should be assessed at all, and in the

methods that may be used to do so (Harden & Gough, 2012; Pope, Mays, & Popay, 2007). We chose to assess study quality to reduce the risk of arriving at unreliable conclusions. We assessed the risk of bias in included studies by two reviewers independently judging study quality against published criteria for qualitative methods (Public Health Research Unit, 2011). The inclusion of studies identified as of increased risk of bias was decided through discussion.

Data synthesis

Barriers and facilitators to parental engagement in parenting programmes were analysed and collated through a framework synthesis (Pope, Ziebland, & Mays, 2000). This technique uses an *a priori* framework that is chosen by the research team, informed by previous research. This initial conceptual framework provides a pragmatic starting point against which data extracted from included studies are compared to the themes within the framework, and the framework developed through a series of iterations, as new themes are identified. The framework becomes increasingly coherent until saturation is reached, when the framework can be tabulated as a map of the nature and range of the concepts, for example, the inclusion of sub-themes, or to facilitate comparison between themes (Gough, Oliver, & Thomas, 2012; Barnett-Page & Thomas, 2009). In this review the initial conceptual framework was one developed for a systematic review of injury prevention interventions for parents with pre-school children (Ingram et al., 2012).

Results

The electronic database search strategy identified 16513 citations; 12249 were unduplicated. Title and abstract screening of 7246 citations was undertaken prior to

application of the automatic term recognition tool. 444 citations were checked for relevance prior to the final identification of fixed manualised programmes. Twenty six papers were included in the final review (Figure 1 and Table II); 15 reporting parent's perspectives (Barlow, Swaby, & Turner, 2008; Beatty & King, 2008; Bell, 2007; Birkin, Anderson, Seymour, & Moore, 2008; Bryant-Waugh, Turner, Jones, & Gamble, 2007; Cunningham Burley, Hayes, & Martin, 2005; Farrelly & McLennan, 2010; Friars & Mellor, 2009; Gross, Julion, & Fogg, 2001; Honig & Pfannenstiel, 1991; Owens, Richerson, Murphy, Jagelewski, & Rossi, 2007; Scott, Brady, & Glynn, 2001; Scott & Crooks, 2007; Strain & Timm, 2001; Wheatley, Brugha, & Shapiro, 2003), and 9 reporting researcher's and deliverer's perspectives (Cunningham Burley et al., 2005; Dumas, Moreland, Gitter, & Pearl, 2008; Peterson, Gable, Doyle, & Ewigman, 1997; Sanders & Prinz, 2009; Shepard & Dickstein, 2009; Turner & Sanders, 2006; Turner & Sanders, 2007; Uding, Kieckhefer, & Trahms, 2009; Whittingham, Sofronoff, & Sheffield, 2006), hereafter referred to as 'researcher perspectives'. One included study reported both parents and researchers perspectives (Cunningham Burley et al., 2005). Five of the 9 researchers' papers reported on the use of Triple P parenting programmes (Cunningham Burley et al., 2005; Turner et al., 2006; Turner et al., 2007; Sanders et al., 2009; Whittingham et al., 2006) in a range of settings. The studies reporting the researcher perspective were predominantly from USA and Australia. Six of these papers specifically reported including the views of deliverers of programmes when reaching their conclusions. The 15 papers reporting the perspective of programme participants covered studies conducted in a broader range of countries; in the UK, USA, Canada, Australia and New Zealand.

We found 6 facilitator and 5 barrier themes as important influences on participating in and delivering parenting programmes, which also linked to the previous framework developed for injury prevention programmes. The facilitator themes were behaviour change, the role of the deliverer, group experience, a focussed message, accessibility, and incentives. The barrier themes were behavioural, delivery constraints, participant constraints, complex interventions, and social and cultural barriers (Table III). The themes were pertinent for both participant perceptions and researcher reflections, but a few of the sub-themes were only relevant to one or the other. The framework went through 5 iterations and the final version is shown in Table IV which also shows the frequency of the sub-themes.

The most important facilitators from the participants view point were the opportunity to learn skills (in the behaviour change theme), using trusted or known people to lead the course (role of deliverer) and meeting others and exchanging ideas (group experience). The accessibility of the course (timing, frequency, location) was also raised as being important. From the researchers' papers, highlighted facilitator themes were being able to tailor the course to individual needs and using well trained deliverers.

Barriers to delivering parenting programmes focussed around participant constraints, particularly competing demands on parents' time and resources, and their experiences of group dynamics. Stigma and gender issues around attending groups, and accessibility of venues were also highlighted. Barriers for researchers centred on participants' lifestyles, but also reflected the cultural context in which a programme was being delivered and the importance of the training and skills of the deliverer.

Facilitators.

1. Behaviour change. The main theoretical model used in the parenting programmes was the Social Learning model (Bandura, 1977). Social Learning theory states that people learn within a social context and this is facilitated through modelling and observational learning. 'Triple P' was a widely reported parenting programme using these beliefs. Self-efficacy techniques were often used to increase the confidence of participants' parenting skills. Learning new skills during positive group experiences to improve relationships with children was highlighted by 60% of the participant papers as being important and the overall behaviour change theme was reported in two-thirds of the papers. Skills valued by parents included addressing a lack of confidence, improving their ability to parent well, goal setting and programme-specific skills that supported their personal development.

2. Role of the deliverer. Using trusted or known people to recruit to and deliver the course highlighted tutors who were non-judgemental and empathised with participants; this was emphasized in almost half of the papers reporting the participant perspective. Researchers identified the issue differently; four researcher papers highlighted successful programmes as having well-trained deliverers. Training may or may not address generating trust. The non-stigmatising aspects of a course and deliverer were mentioned by researchers.

3. Group experience. This was an important theme for participants (60% of papers), who highlighted meeting others, exchanging ideas, feeling it was safe to talk and receiving support from peers as valuable in encouraging them to take part in programmes. Only three (30%) of the researchers' papers reported features of the group experience as important to facilitate parents' participation.

4. Focused message. Being able to tailor the content of a parenting course to the needs of the participants was the most important facilitator reported by the researchers when reporting their perspective (in eight of the nine). Having flexibility within the programme included using a range of formats to suit the abilities of the parents, their culture and the child's behaviour/difficulties. Participants also appreciated having tailored sessions that were relevant to their situations and children.

5. Accessibility. The time and place of the course delivery were important to participants with community venues, co-localisation with child care and evening classes all mentioned. Researcher papers mentioned similar points and suggested that flexible access facilitated engagement of families.

6. Incentives. Providing additional incentives, such as vouchers, free meals and travel expenses to participants to encourage engagement was not mentioned by many participant or researcher papers as being important, but five studies reported that meals and childcare were an integral part of the programme. However a small number of papers reported that giving money to parents and providing transport were key to retaining their engagement in the programme.

Barriers.

1. Behavioural barriers. Very few studies identified behavioural barriers to engaging with programmes. Some participants highlighted the difficulties in changing their own behaviour and would have preferred strategies to change their child's behaviour. Similarly the researchers mentioned that some parents didn't accept that child behaviour can be modified with a parenting approach, resulting in a mismatch between expectations of parents and the programme goals.

2. Programme delivery constraints. Participants disliked didactic delivery and a lack of focus of the programme. Papers reporting researcher perspectives were more likely to report the training and skills of the deliverer as a barrier, with those who lacked confidence or who misunderstood the theoretical evidence for the approach diluting a programme's message. Researchers also reported potential cultural barriers, for example impediments arising from attempts to deliver a programme developed in another continent or a lack of consumer support within particular communities. These features were not identified by participants themselves.

3. Participant constraints. Fourteen participant perception papers identified at least one issue within this theme, particularly group dynamics (the fear of attending groups, reluctance to talk in a group setting, suspicion of others and large differences between participants). Competing demands on parents' time and resources, including practical issues such as childcare for other children, and the frequency and timing of sessions which didn't fit working patterns or other commitments were important. Barriers associated with stigma and gender included fathers feeling uncomfortable in predominantly female groups, social status, and the fear of being labelled a 'bad' parent. Accessibility and suitability of venues were raised by participants but not identified by researchers, though two papers recognised the challenge for participants of competing priorities.

4. Complex interventions. Two participant perspective papers mentioned that mixing types of health conditions made the course too complex and caused tensions within group.

5. Social and cultural barriers. Participant lifestyle issues were reported by about half of the included studies, including mixed parenting styles, complex and chaotic

lifestyles, frequent house moves and poor family support to attend courses. A range of socio-economic, ethnic, language and literacy barriers were also mentioned as having an impact on attendance at parenting programmes.

Discussion

Our review has highlighted the differences in the views of participants and researchers about the factors influencing parental engagement in parenting programmes. Although both participants and researchers agreed that the role of the deliverer was an important factor in parental engagement, the two groups differed on the sub-themes they felt most important. For participants using a trusted and known person to deliver the group was important, whilst researchers highlighted ensuring deliverers were well trained in the programme. Both participants and researchers felt that the course needed to have a focussed message, but the ability to tailor the course to the individual was much more strongly reported by the researchers than the parents. The opportunity to learn new skills was valued by the participants, but not reported by researchers as helpful for engagement or retention. The researchers appeared to be less cognisant of the practical factors that were barriers to participation for the parents; issues such as stigma, competing demands on time, group dynamics and venue accessibility. These were seldom reported by researchers who were more likely to report differences in lifestyles as impeding participation.

A number of overviews have been produced to support the delivery of parenting programmes. The practice survey underpinning the work by Barrett (Barrett, 2009) and Butt (Butt, 2009) identified similar features to those reported by the researchers

in this review; the need to match parents to programmes, creating a safe space for parents and using a trainer who is trained to work in a facilitative rather than didactic fashion. In contrast however, the qualitative studies in our report identified researcher / deliverer views that were not strongly reported by Barrett; including the potential that families with different lifestyles may perceive their way of life means they should not, or could not, engage with programmes. Participant views not identified via the survey of practitioners included having a trusted or known deliverer, and the competing demands on parents time inhibiting participation. Both our review and the reports by Barrett and Butt focus on manualised programmes. The need for such programmes arises to ensure fidelity of intervention delivery. Whilst the requirement for fidelity is acknowledged, both parents and deliverers report that flexibility is required to allow programme facilitators to adapt content and activities to the requirements of those participating in the programme. The solution appears to be to have key components of programmes that must be delivered together with other activities that are supportive but not crucial, so that the latter can be adapted, shortened or dropped depending on need and time available to respond to the group.

The need to make a programme attractive, relevant and interesting to parents is highlighted through a recent report by Davis et al on behalf of the British Psychological Society (Davis, McDonald, & Axford, 2012). Working with parents and service users, as well as parenting programme developers, their report makes recommendations to improve social inclusion within parenting programmes through the application of four principles: accessibility, cultural sensitivity, social capital and sustainability. Our review highlighted a strong belief amongst deliverers and

researchers that programmes needed to be targeted to individuals. We found that this was less clearly reported by the parents themselves; they articulated their concerns for applicability by emphasising the desire to learn useful skills in a group where they felt comfortable and at a time that fitted in with their other commitments.

A challenge in conducting this review was the identification of appropriate studies meeting the inclusion criteria. Qualitative research methodologies are less well referenced than quantitative studies in electronic databases. There is a risk that we have missed eligible studies that may have influenced our framework. The requirement to identify all studies is important if the synthesis is a meta-analysis of effectiveness. If the intention is to achieve conceptual saturation, then the identification of all studies is less crucial if the reviewers believe that they have achieved saturation, as in this study. We utilised an innovative approach to identify the most likely relevant studies from the results of a large search. We conducted a highly sensitive database search and built up a large database of potentially relevant studies. We then used the text mining tools in EPPI-Reviewer to select the studies for us to screen manually. There were still a significant number of items for us to screen, but the use of text mining meant that we were able to conduct a more sensitive search than would otherwise have been possible, utilising more sophisticated data mining tools than are available in standard bibliographic databases.

We acknowledge that some researchers contest the synthesis of qualitative research. Synthesising qualitative research enables reviewers to ask questions that inform the development of, or the implementation of, interventions. For example, in

the context of intervention evaluation, they can: help to define relevant and important questions; help to determine appropriate outcome measures by looking at 'subjective' outcomes; look in detail at issues concerning implementation or the acceptability or appropriateness of an intervention; identify and explore unintended consequences; contribute to service delivery and policy development by describing processes and contexts; inform and illuminate quantitative studies, e.g. by contributing to the design of structured instruments, assessing the fairness of comparisons in experimental studies, or unpacking variation within aggregated data (Davies, Nutley, & Smith, 2000).

There are many methods for synthesising the results of qualitative research (Barnett-Page et al., 2009). This paper demonstrates the value of one relatively new approach, that of framework synthesis (Carroll, Booth, & Cooper, 2011; Thomas, Harden, & Newman, 2012). The distinguishing characteristic of this method is that it allows pre-existing understanding (in the form of themes or categories) to be included in the analysis alongside (and combined with) concepts that emerge from the studies themselves (Dixon-Woods, 2011). This makes it particularly suitable for studies where a relevant related conceptual framework already exists, or where the findings from primary studies need to be explored in the light of perspectives of various stakeholders (e.g. practitioners, parents) in a structured and explicit way.

Implications for policy and practice

The current interest in parenting interventions to improve both parent and child outcomes has led to a number of new parenting programmes being developed.

Whilst the requirement for robust evidence of effectiveness and cost-effectiveness of

interventions is established, new and existing programmes need to evaluate their relevance and acceptability to both participants and deliverers, as well as determine their effectiveness. This review has demonstrated that, within a framework of facilitators and barriers to engagement, participants and deliverers / researchers identify different features of programmes as important. We argue therefore that programme developers should routinely seek views of participants and deliverers during programme evaluation.

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Legend to Figure 1

PRISMA flowchart of included studies