



POLICY BRIEF

Translating early childhood research evidence to inform policy and practice

Engaging Marginalised and Vulnerable Families

This Policy Brief explores the evidence regarding improving access to services for marginalised and vulnerable families with young children, and how families can best be engaged and supported.

Definition: For the purposes of this Policy Brief, marginalised and vulnerable families refer to those who are receiving little support in their family and parenting roles either from personal support networks or from community-based support services.

Why is this issue important?

While most families of young children are well supported socially and make good use of services, some do not (Carbone et al., 2004; Moran & Ghate, 2005; Winkworth et al., 2009, 2010). Children from families who have poor social supports and make limited or no use of community support services are at increased risk of poor health and developmental outcomes.

Those parents most in need tend to be the ones who are least likely to access support (Fram, 2003; Ghate & Hazel, 2002; Offord, 1987). These include families with low incomes, young parent families, sole parent families, Indigenous families, families from culturally and linguistically diverse communities, families with a parent who has a disability, and families experiencing problems with housing, domestic violence, substance abuse, mental health or child protection (Carbone et al., 2004).

The cost of failing to provide timely support to these families is considerable – as problems worsen, they become more difficult and expensive to remedy, and the families become more marginalised. Ultimately, this compromises national productivity (Hertzman, 2002; Social Exclusion Task Force, 2007). Concerns about this trend have led to the development – by the Australian Social Inclusion Board in 2009 and 2010 – of a national social inclusion agenda (Hayes et al., 2008). One aim of the agenda is to

increase participation of young children and their families in early childhood services (Katz, 2007; Social Exclusion Task Force, 2008; Vinson, 2009).

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There has also been a significant change in how vulnerable parents are viewed and hence in how they can best be supported. Such families have often been designated as ‘hard to reach’. This term is problematic in that it implies that the problem exists in the families themselves, rather than in the services provided for them (Brackertz, 2007; Brackertz & Meredyth, 2008; Slee, 2006).

There is a growing consensus that rather than thinking about certain families as being hard to reach, it is more useful to think of them as being people whom services find difficult to engage and retain (Slee, 2006). This changed perspective has considerable implications for services and service systems.

What does the research tell us?

The research evidence regarding marginalised and vulnerable families and how best to meet their needs is limited. This is partly because most studies of effective interventions and support services have focused only on their effectiveness for those who actually used them. There are few studies of those who did not make use of services or who dropped out of programs, and we do not know much about the relative merits of different methods of engaging vulnerable families (Katz et al. 2007).

Why parents don't use services

While research identifies some issues that stop parents from making use of services, the vast majority of barriers are not of parents' making: parents generally want to receive help if it is appropriate to their needs. In most cases, it appears that the key issue is retaining families in the services rather than having them access the service in the first place. Most parents make contact with services, but some then cease attendance, attend infrequently, or do not become fully engaged (Carbone et al., 2004).

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There are three types of barriers to families making use of services: service level barriers, family level barriers, and interpersonal or relational barriers.

1. Service level (or structural) barriers include:

- lack of publicity about services
- cost of services
- limited availability
- failure to provide services that meet parents' felt needs
- inability of services to respond promptly to requests for help
- rigid eligibility criteria
- inaccessible locations
- lack of public transport
- limited hours of operation
- inflexible appointment systems
- lack of affordable childcare
- poor coordination between services
- the absence of an outreach capacity

(Anning et al., 2007; Attridge-Stirling et al., 2001; Barlow et al., 2005; Carbone et al., 2004; Katz et al., 2007; Winkworth et al., 2009, 2010).

2. Family level barriers include limited income, lack of social support, lack of private transport, unstable housing or homelessness, low literacy levels, large family size, personal preferences and beliefs about the necessity and value of services, physical or mental health issues or disability, and day-to-day stress (Carbone et al., 2004). Vulnerable parents have to balance competing needs, and sometimes 'survival' needs take priority over attendance at a service.

3. Relational or interpersonal barriers include beliefs, attitudes and skills that can compromise the ability of service providers to engage families successfully or the ability of parents to seek out and make use of support services (Attride-Stirling et al., 2001; Carbone et al., 2004). In the case of service providers, relational barriers include:

- insensitive or judgmental attitudes and behavior
- lack of awareness of cultural sensitivities, poor listening and helping skills
- inability to put parents at ease
- failure to acknowledge and build on family strengths and to engage families as partners

(Anning et al., 2007; Attridge-Stirling et al., 2001; Watson, 2005; Winkworth et al., 2009, 2010).

In the case of parents, relational barriers include:

- lack of trust in services
- fear of child protection services
- misperceptions of what services offer
- lack of the social skills and confidence to negotiate with professionals
- being easily intimidated or put off by perceived attitudes of staff or other parents

(Anning et al., 2007; Attridge-Stirling et al., 2001; Barlow et al., 2005; Carbone et al., 2004; Winkworth et al., 2009, 2010).

The formal service system has a culture of its own, and for parents to make good use of it requires them to master the language, roles and values of that culture (Sobo et al., 2006). Most families learn these skills from their parents, but many do not.

Vulnerable families may also be deterred from using services if they perceive a critical mass of more affluent, assertive and confident parents to be dominating the use of services (Anning et al., 2007; National Evaluation of Sure Start Research Team, 2005; Tunstill et al., 2005). Families that move often can find it difficult to access the services they need and maintain continuity of health care (Healy et al., 2009). This has adverse consequences for the development and wellbeing of their children (Jelleyman & Spencer, 2008).

Ways of engaging vulnerable parents

Primary factors

There appear to be a limited number of *primary* or *'threshold'* factors that are essential for effective engagement of vulnerable parents (Barnes, 2003). These function in an all-or-nothing manner and are the preconditions for successful service delivery. Six such factors have been identified (Barnes, 2003):

- the quality of relationship between the parent and the service provider
- establishing shared decision-making
- cultural awareness and sensitivity
- non-stigmatising interventions and settings
- minimising the practical or structural barriers to accessing services
- providing crisis help prior to other intervention aims.

This means that the success of interventions is determined as much by the *way* in which they are delivered as by *what* is delivered; if services are not delivered in ways that engage parents and respond to their needs, then they will struggle to attract and retain them and their effectiveness will be compromised (Barlow et al., 2005; Katz et al., 2007; Moran et al., 2004). The relationship between service providers and service users is a major factor influencing the engagement of parents in mainstream services; service providers need to be able to establish positive, non-judgmental, partnership-based relationships with all children and parents (Barlow et al., 2005; Carbone et al., 2004; Goodfellow, 2006; Moore, 2007; Moran et al., 2004; Moran & Ghate, 2005; Soriano et al., 2008).

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Formal services can be important sources of social support for parents, but only if they are respectful, flexible and honest (Winkworth et al., 2009) and only if parents can learn to trust and be trusted by the professionals (Goodfellow, 2006).

Services also need to be family-centred – that is they need to acknowledge and build on family strengths and competencies, respond to family needs and priorities, and give families greater

control over what happens to them and what resources they need (Barnes & Freude-Lagevardi, 2003; Beresford & Hoban, 2005; CCCH, 2007; Ghate & Hazel, 2002).

Vulnerable families are particularly appreciative of and more likely to engage with services that recognise their basic needs and offer various forms of practical help (Ghate & Hazel, 2002; Moran et al., 2004; Winkworth et al., 2009).

Secondary factors

Besides the primary or threshold factors listed above, there are various *secondary* or *direct service factors* that depend for their effectiveness on the preconditions being met, that is, on parents being successfully engaged (Barnes, 2003). These include the provision of a range of evidence-based parenting programs and high quality early childhood programs, and providing multiple opportunities for families to meet and build supportive networks with other families who have young children.

There are also a number of factors relating to the wider system of services that are important for reaching and engaging vulnerable families. These include:

- provision of assertive outreach and support to families not yet connected with other families or services (Beresford & Hoban, 2005; Healy et al., 2009; Soriano et al., 2008; Winkworth & McArthur, 2007)
- provision of a mix of ‘soft’ and ‘hard’ entry points to the service system (Soriano et al., 2008)
- and establishment of strong reciprocal links with other relevant services (universal and specialist) (Carbone et al., 2004; Soriano et al., 2008).

The type of premises in which a service is delivered is also important: a comfortable, non-stigmatising and conveniently located venue that provides refreshments appears to be one important factor in keeping vulnerable parents attending regularly (Katz et al., 2007; Soriano et al., 2008; Weeks, 2004). Such environments are the ideal place to begin to build relationships with families and link them to other sources of assistance.

What are the implications of the research?

- For a number of reasons, vulnerable and marginalised families often find accessing and making good use of services difficult. It is the responsibility of service providers to find ways of engaging the families and providing them with services that are easy to access and address their needs.
- It is very easy for vulnerable parents to be put off using services; the very factors that make them vulnerable (lack of trust, limited confidence and personal resources) also act as barriers to their seeking and obtaining help and support.
- The way in which services engage and work with families is critical: professionals need to respond to family priorities, build on family strengths, and establish partnerships that involve shared decision-making, thereby giving families greater control over their lives
- Every service needs to build its capacity to reach and engage vulnerable families as it is highly unlikely a service will have no vulnerable children and parents among its potential clients. This includes helping staff to build their capacity to engage families as well as minimising the practical or structural barriers to parents that prevent them from easily accessing services.
- The service system needs to be reconfigured to increase its collective capacity to respond promptly to the needs of vulnerable families. This means building stronger links between services, developing a systematic outreach capacity to reach isolated and transient families, and providing a range of 'soft' entry points to the service system to suit the needs of vulnerable families.

Considerations for policy and programs

- Building the capacity of service providers to engage vulnerable families (e.g. through training in relationship-based and family-centred practices) should be a priority.
- In planning and developing early childhood and family support services and service systems, consideration should be given to ensuring that the known barriers to service access for vulnerable families are minimised.
- Ways in which service systems can provide outreach services to vulnerable and transient families need to be explored.
- More research on why families do not use services and on the most effective ways of engaging vulnerable families is needed.

The Integrated Service Development project

The Centre for Community Child Health is working in partnership with the Department of Education and Early Childhood Development (DEECD) to build sustainable models for integrated children's centres in Victoria. The project is consistent with the Victorian Government's priorities, as outlined in the Blueprint for Education and Early Childhood Development (2008), and involves working directly with a number of Victorian communities to make access to services simpler for children and families and ensure better coordination of services.

To find out more about the Integrated Services Project, please go to www.rch.org.au/isd

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References

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