Are disadvantaged families “hard to reach”? 

Engaging disadvantaged families in child and family services

Dr Myfanwy McDonald

This Practice Sheet summarises and builds upon the findings from the Engaging Hard to Reach Families and Children study (Cortis, Katz, & Patulny, 2009) and provides ideas for practitioners and policymakers about how to increase engagement of disadvantaged (or “hard to reach”) families in child and family services and programs.

Why is it important to engage disadvantaged families in child and family services?

Vinson (2007) defines disadvantage as: “a range of difficulties that block life opportunities and which prevent people from participating fully in society” (p. 1). Low income is one characteristic of disadvantage; however, it is commonly argued that disadvantage is more far-reaching than economic poverty alone.

A complex, multi-layered understanding that incorporates social exclusion and relative deprivation is used in current literature to conceptualise disadvantage. This gives a voice to the experience of disadvantaged people that includes not only a lack of financial resources, but also a lack of access to key services and a restriction on social contacts and community participation (Saunders, 2008).

Disadvantage has a negative impact upon family functioning and child development (Brooks-Gunn & Duncan, 1997; Evans, 2004). The chronic stress associated with poverty, for example, can impact upon an adult’s parenting capacity (Centre for Community Child Health, 2009). Children growing up in poverty are more likely to experience learning disabilities and developmental delay (Brooks-Gunn & Duncan, 1997).

Research demonstrates that involvement in high quality early childhood and parenting support programs can alleviate some of the negative impacts of disadvantage on young children and families (Gross et al., 2003; Gross et al., 2009; Melhuish, 2003; Webster-Stratton, 1998). However, service providers can find it challenging to engage families from disadvantaged backgrounds (Cortis et al., 2009).

Those families that are especially difficult to engage are sometimes referred to as “hard to reach”. However, this term can be problematic because it may imply “difficult, obstructive or indifferent
behaviour” on behalf of families and denies the way in which services themselves may be “hard to reach” (i.e., inaccessible) for families (Crozier & Davies, 2007, p. 296). The challenges families face in accessing services include:

- the location of a service which can be a barrier for families who do not have private transport;
- a service may be intimidating to a family that has had no experience of, or a negative experience, of other service environments; and
- lack of knowledge that services are available or that they eligible to access the service (Carbone, Fraser, Ramburuth, & Nelms, 2004).

PRACTICE CONSIDERATIONS

These practice considerations are general principles based upon lessons from research and practice designed to provide additional guidance to service providers about working with disadvantaged and socially isolated children and families.

What methods can child and family services use to engage disadvantaged families?

One method of engagement alone is unlikely to bring about long-lasting changes in engagement (Coe, Gibson, Spencer, & Stuttaford, 2008). The engagement of disadvantaged families requires a flexible, multi-modal, ongoing strategy (Katz, Spooner, & Valentine, 2006).

Go to where the families are

- Families may not attend a program or service if it is unfamiliar, intimidating or in a location that is inconvenient to them.
- Going to where families are, such as local shopping centres or parks, rather than waiting for families to attend a program or service, is a way of connecting with families and developing relationships with the local community.
- The purpose of going to where families are could be to:
  - provide families with information about a service;
  - provide families with resources (e.g., information about child development, children’s books, information about parenting, information about other services in the local community);
  - promote a service in the community;
  - communicate and build relationships of trust within the local community; and
  - deliver services (e.g., playgroups).

Questions to consider in planning and delivery of services

- Where do local families with young children gather (e.g., parks, shopping centres, religious centres)? When are they most likely to be there?
- Where do local dads gather (e.g., sporting events)? Is it possible to provide information and/or promote your service at these venues?
- Is there a business in the area that employs a large number of local parents? Is it possible to engage with parents through that business?
For more information on ideas regarding how to engage families by going to where they are see Cortis et al. (2009, pp. 18–20).

Promote and deliver services in a non-stigmatising and non-threatening way

- In practice, a non-stigmatising approach rejects negative labelling of families (e.g., “multi-problem” or “complex” families).
- Families may be sensitive to the stigma associated with the concept of “charity” or “welfare”. Delivering services in a universal venue, such as a health clinic or a school, may reduce the potential for stigma because these venues are not associated with a specific type of “problem”.
- A non-stigmatising approach is also demonstrated in practitioners’ attitudes. Both parents and children value practitioners who treat them with respect and see them as more than just their “problems”.
- Some parents may feel threatened in certain situations or environments. For example, young parents may be uncomfortable with parenting programs that replicate a traditional classroom learning style. They may be more comfortable in a learning environment that is casual, informal and fosters social interaction with other young parents.
- Some parents may be threatened by centre-based activities and more likely to attend activities in open public spaces such as local parks.
- Activities that are free or low cost and one-off events (such as a children’s picnic) may also be more appealing to some families.
- Indigenous and culturally and linguistically diverse (CALD) families may be intimidated by child and family services and programs because of past experiences and/or cultural difference.

Questions to consider in planning and delivery of services

- Is the venue where your program is delivered associated with a particular type of “problem” in the minds of the local community? Is it possible to hold the program in a venue that is more “neutral” in the minds of the local community?
- How are you promoting your service? What message are the images in your promotion materials conveying?
  We promoted the project using a photo of the young pregnant women, with their pregnant bellies out proud. It looked fun; they were having a laugh. Young people think, “It looks like me, it looks normal”. There’s [a] taboo [around] looking like you’re getting help from a charity. (Participant, cited in Cortis et al., 2009, p. 20)
- Would a less formal word of mouth approach to promotion be more suitable to your target group?
  The [Connecting Young Parents] project uses young parents’ own networks to draw in those not already engaged with services on a regular basis. Many young people in rural communities know each other, and have friends who are in the same situation. These young parents are encouraged to bring their friends along to try new programs. (Upper Hume Community Health Service, 2010)
- Are the resources you’re providing through a service (e.g., information sheets) suitable for the audience? Could they be modified to better meet the needs of the audience (e.g., a DVD or poster)?
Employ strategies that empower families

- The empowerment of families within child and family services not only increases families’ level of engagement but also enhances outcomes for participating families.
- Empowerment involves enhancing families’ ability to solve problems for themselves rather than promoting a relationship of dependency.
- The empowerment of families within child and family services could take a number of forms including:
  - encouraging parents to contribute to the planning and development of programs and/or individual sessions and working with parents to implement their ideas and suggestions;
  - encouraging participants to take a facilitation or leadership role in a group (e.g., parenting mentor, playgroup facilitator) and supporting them in that role;
  - encouraging parents to take up further educational and employment opportunities; and
  - adopting a strengths-based approach to families, that is, focusing on the skills and abilities of families rather than focusing on their shortfalls.
- By listening to families about what they need and implementing their suggestions service providers not only empower families but also help to make their service more useful and relevant to families.

Questions to consider in planning and delivery of services

- Are parents confident about expressing what they need and want from a program or activity?
  
  [The activity] needs to be focused on what the group wants to do. The facilitator can’t impose what [they] think is a good idea. You have to [be] tuned in to deal with what is at the forefront of people’s minds … You also need to empower the group to be comfortable enough to tell you what they want. (Participant, cited in Cortis et al., 2009, p.21)
- Are parents actively participating in decisions about the planning and/or delivery of services?
- Are parents encouraged to take on facilitation and/or leadership roles?
- Does your program adopt a strengths-based approach with families? How do you, your colleagues and/or staff understand the strengths-based approach? Is further training in a strengths-based approach required?
Develop relationships

There are three types of relationship that are important to child and family services:

- **Relationships with families**: developing a relationship of trust between practitioners and individual families is critical to engagement. The following personal qualities can help to build a trusting relationship with a family:
  - a non-judgemental attitude;
  - a respectful attitude;
  - an encouraging and empowering approach;
  - warmth and empathy; and
  - being authentic (Coventry, 2009).

- **Relationships with communities**: families may be more likely to attend a service if it is known within and recommended by key groups, agencies and/or parents/families within the local community. This appears to be especially important in Indigenous communities.

- **Relationships with other services**: services working in isolation may not be able to meet the needs of families as effectively as services that have relationships with other agencies, particularly where a family has complex needs. Having a relationship with other services can assist in:
  - finding and reaching clients: through, for example, referral practices between agencies;
  - meeting the diverse needs of clients: by providing access to a range of different types of services; and
  - building the capacity of other local services and programs: to, for example, more effectively meet the needs of disadvantaged families. (For more information on developing relationships with other services see Centre for Community Child Health, 2006).

**Questions to consider in planning and delivery of services:**

- **How does your service build relationships of trust with families?**

  We have one-to-one [visits with young mothers] before the group starts … I also try to get the childbirth educator to meet with them. It’s incredibly daunting to go off to a group when you haven’t met someone. And we’re helping with other areas of their life [such as] housing, which helps build up that one-to-one rapport … It’s all about creating a good relationship before the class starts. (Participant, cited in Cortis, et al., 2009, p.21)

- **Does your service have a relationship with local Indigenous networks and/or Indigenous organisations?**

- **Does your service have a relationship with local CALD communities? Who are the trusted representatives of CALD groups within the local community?**

For more information on developing relationships with communities see Cortis et al., 2009, pp. 22–23.
What might engaging disadvantaged families look like in practice?

There are many examples within CAFCA’s Promising Practice Profiles database of promising and innovative methods that have been used by services and programs to engage disadvantaged families.

For example, one parenting support program in an inner-city metropolitan area with a significant proportion of culturally and linguistically diverse families, including a significant Indigenous population, sought to engage local parents of young children (SDN Children’s Services, 2008).

Many of the local families experienced social isolation and had a history of poor relationships with mainstream services. This made it difficult for families to make initial contact with services and to develop relationships of trust with service providers.

The program used specific strategies to make access to their program as easy as possible and to develop positive relationships with local families including:

- **No requirement for formal referrals**: Word-of-mouth as well as agency referrals were accepted. Word-of-mouth referrals often came from current clients. As they talked to other parents they pass on the information that the program is “okay.”
- **Group activities were offered in well-known local community spaces** that were considered by families as accessible, approachable and safe; and
- **Minimal paper work** was required for families to access the programs. For families with poor literacy and/or distrust of “the system” this is a key factor. Parents sign in with children’s details for groups and a telephone number is obtained for follow-up if necessary.

Another program that was seeking to help young parents gain knowledge and confidence as parents deliberately developed a program that would not be reminiscent of a school experience in order to ensure the environment was comfortable for their target group (Melbourne Citymission, 2008). A mix of formal and informal components were used for this purpose including:

- **Allowing parents to learn by example**: the facilitator set up “play stations” for children and parents (e.g., sandpit, storybook telling) and led by example, taking children through simple instructions and negotiating play so parents can learn by example about communicating with children and how to make play fun; and
- **Providing parent socialisation opportunities**: parents had opportunities to socialize with one another and have a break from child caring responsibilities (e.g., “pampering” sessions).

Clients attending this program were wary of being judged negatively by other parents hence an age and age restriction was also put on the program (15–25 years).

For a full list of Promising Practice Profiles relating to the issue of engaging disadvantaged families see: <www.aifs.gov.au/cafca/topics/targetgroup/targetgroup.html>

Author

Dr Myfanwy McDonald is the Acting Co-ordinator of CAFCA.

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References


