Parenting Support and Parental Participation

Working with Families: A Review of the Literature on Parental Participation

BY
Dr Nuala Connolly and Dr Carmel Devaney

UNESCO Child and Family Research Centre, NUI Galway

AUGUST 2016

For further information, please contact:

UNESCO Child and Family Research Centre,
Institute for Lifecourse and Society,
National University of Ireland, Galway, Ireland.
Tel: +353 (091) 495398
E-mail: cfrc@nuigalway.ie
Web: www.nuigalway.ie/childandfamilyresearch

DISCLAIMER
Although the Author and publisher have made every effort to ensure that the information in this book was correct at press time, the author or publisher do not assume and hereby disclaim any liability to any party for any loss, damage or disruption caused by errors or omissions, whether such errors or omissions result from negligence, accident or any other cause.

The Development and Mainstreaming Programme for Prevention Partnership and Family Support

The research and evaluation team at the UNESCO Child and Family Research Centre, NUI Galway provides research, evaluation and technical support to the Tusla Development and Mainstreaming Programme for Prevention, Partnership and Family Support (PPFS). This is a new programme of action being undertaken by Tulsa, the Child and Family Agency as part of its National Service Delivery Framework. The programme seeks to transform child and family services in Ireland by embedding prevention and early intervention into the culture and operation of Tusla. The UNESCO Child and Family Research Centres' work focuses on research and evaluation on the implementation and the outcomes of the Tusla Development and Mainstreaming Programme and is underpinned by the overarching research question:

> ... whether the organisational culture and practice at Tusla and its services are integrated, preventative, evidence informed and inclusive of children and parents and if so, is this contributing to improved outcomes for children and their families.

The research and evaluation study is underpinned by the Work Package approach. This has been adopted to deliver a comprehensive suite of research and evaluation activities involving sub-studies of the main areas within the Tusla Development and Mainstreaming Programme. The work packages are: Child and Family Support Networks and Meitheal, Children's Participation, Parenting Support and Participation, Public Awareness and Commissioning

This publication is part of the Parenting Support and Participation Work Package

About the UNESCO Child and Family Research Centre

The UNESCO Child and Family Research Centre (UCFRC) is part of the Institute for Lifecourse and Society at the National University of Ireland. Founded in 2007, through support from The Atlantic Philanthropies and the Health Services Executive, with a base in the School of Political Science and Sociology, the mission of the Centre is to help create the conditions for excellent policies, services and practices that improve the lives of children, youth and families through research, education and service development. The UCFRC has an extensive network of relationships and research collaborations internationally and is widely recognised for its core expertise in the areas of Family Support and Youth Development.

Contact Details: UNESCO Child and Family Research Centre, Institute for Lifecourse and Society, Upper Newcastle Road, National University of Ireland, Galway, Ireland.
Tel: +353 91 495398
Email: cfrc@nuigalway.ie
Web: www.nuigalway.ie/childandfamilyresearch
Twitter: @UNESCO_CFRC
Facebook: cfrc.nuig

Table of Contents

1.0 Introduction

The engagement and participation of parents is increasingly acknowledged as an important issue for policy makers and service providers, both in recognising parents as having a right to participate in decisions affecting their families (Healy *et al.,* 2011), and in contributing to better outcomes for children (Darlington *et al.,* 2010). There is 'a general belief that the involvement of service-users in decisions made about the provision of services is a more ethical and more effective way of proceeding' (Corby *et al.,* 1996: 476). Consultation with service users and their involvement in planning services have also been seen as an effective means of reducing barriers to engagement and advancing social inclusion (Katz *et al.,* 2007).

Participation and inclusion are seen as important in preventative services where parents may actually seek help voluntarily and accept help offered to them (Katz *et al.,* 2007), such as in family support settings. In child protection settings where parents are compelled to accept help, participation has been recognised as a major element in resolving the conflicting demands of the civil liberties of parents and the imperatives of child protection (Corby *et al.,* 1996). This is reflected in increasing numbers of models of family participation in child protection decision-making (Healy *et al.,* 2012). Despite the demonstrated benefits of parental participation in child protection settings, factors relating to the statutory context of child protection work can mean that translating the ideals of participation into reality can be challenging (Darlington *et al.,* 2010), in what is a demanding decision-making process (Aarthun and Akerjordet, 2014). Participation in this context has been described as relational, with various factors potentially hindering or facilitating the process (Darlington *et al.,* 2010).

It is also recognised that parents can be included in services at a number of levels other than as service users. Parents can be involved in decision-making within service planning, service delivery and strategic planning, as well as included in service evaluation (Katz *et al.,* 2007). While there is consensus on the value of parental participation and the involvement of service users in family support and child protection services across these levels, the term participation is not always clearly defined. Although ideas such as partnership, participation and empowerment are central to thinking about social work practice and service delivery (Corby *et al.,* 1996), concepts including involvement and engagement are often used interchangeably, with little consideration of the meaning and results of each in practice (Coen and Kearns, 2013: 208).

This literature review explores the concept and practice of parental participation, including what parents want from participation, what works, and the challenges and barriers to realising meaningful participation of parents in decisions affecting their families.

2.0 The Policy Context

Recent years have seen increasing interest in consultation with service users, including parents (Katz *et al.,* 2007). In addition, there has been an emphasis on practitioners working in a participatory way, particularly in family support and child protection settings. At a policy level, this is often reflected in parental involvement in child protection process. In the United Kingdom, the origins of child protection conferences can be dated to governmental and professional responses to enquiries into child deaths in the 1970s and 1980s (Hall and Slembrouck, 2001). At the time, the purpose was to draw together appropriate professionals to coordinate interventions, with parents' attendance occurring later as part of the promotion of client participation in welfare services (Hall and Slembrouck, 2001). Studies were conducted promoting partnership, given impetus by the Cleveland report and the implementation of the Children Act 1989 in England and Wales (Department of Health and Children, 2008b). In 1998, the Working Together guidelines recommended for the first time that parents and children be more involved in child protection processes, notably as participants at child protection conferences (Corby *et al.,* 1996). Because of its central position in the child protection system, the case conference was then often used as a benchmark for measuring levels of participation (Department of Health and Children, 2008b: 18).

The origins of the participation as a policy imperative in child protection settings in Ireland can be traced back to the Kilkenny Incest Investigation. The subsequent landmark report recommended that reasonable steps be taken to facilitate the attendance of relevant persons and that the attendance of parents or guardians be the norm 'unless there is substantial grounds for their exclusion' (Department of Health, 1993). The Law Reform Commission has also advocated that parents should 'be given the opportunity to comment on any action proposed by the conference' (Law Reform Commission, 1990). In W v. United Kingdom,[1] The European Court of Human Rights required that 'parents have been involved in the decision-making process to a degree sufficient to provide them with a requisite protection of their interests'. The judgment was implemented by s. 22 of the Children Act, 1989, which places a duty on local authorities to consult parents before making any decision with respect to a child in their care. There is no equivalent provision contained in the Child Care Act, 1991 (Kilkelly, 2004). It has further been found that no aspirations towards parental involvement had been formalised in Ireland during the first half of the 1990s, with 'parental attendance at meetings rare and children's participation in placement reviews almost non-existent' (Department of Health and Children, 2008b: 18).

By 1995, the guidelines for 'Notification of Cases of Suspected Child Abuse between the Health Boards and Gardaí' stated that 'since the 1987 Child Abuse Guidelines were published, the practice has developed in some Health Board areas of inviting the parent(s) of the child to participate at the case conference' (Department of Health, 1995: 14). The implementation of the Child First National Guidance for the Protection and Welfare of Children (Department of Children and Youth Affairs, 2011) formalised the practice of inviting parents to case conferences, emphasising the need to ensure parents or carers are given full information about concerns that may exist, while also providing that 'the views of parents/carers should be sought on the issues to be raised at a child protection conference, so that they can get advice and prepare their representations' (Department of Children and Youth Affairs, 2011: 50). In this context, the case conference model invites families to share in aspects of the professionals' decision-making (Healy *et al.,* 2012). The renamed Child Protection Conference is defined as 'an interagency and inter-professional meeting, convened by the designated person in the HSE', the purpose of which is:

---

1   7 W v. United Kingdom, Comm. Rep., 15 October 1985, Series A, No.121 at para. 64, (1987) 10 E.H.R.R. 29.

to facilitate the sharing and evaluation of information between professionals and parents/carers, to consider the evidence as to whether a child has suffered or is likely to suffer significant harm, to decide whether a child should have a formal Child Protection Plan and if so, to formulate such a plan (Child and Family Agency, 2011: 5).
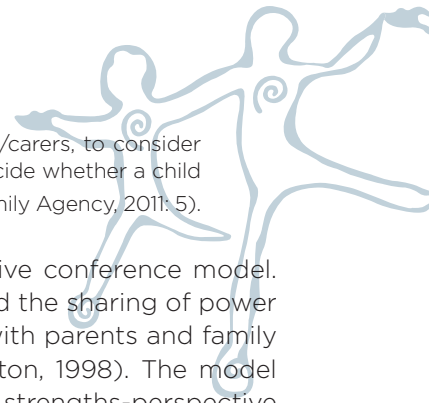
More recently in Ireland, the family welfare conference emerged as an alternative conference model. This first emerged in New Zealand and calls for collaborative decision-making and the sharing of power and responsibility (Healy *et al.,* 2012). The family welfare conference is popular with parents and family members and is seen as more enabling than traditional ways of working (Lupton, 1998). The model 'promotes the principle of family-based decision-making and has its roots in the strengths-perspective models of intervention' (Department of Health and Children, 2008b: 19). It is defined as a 'decision-making meeting convened by an independent coordinator', and a 'family-led process which offers families the opportunity to make a safe family plan to address their needs in the best interests of the future safety and welfare of their children' (Child and Family Agency, 2011: 7).

A number of recent policy developments also support increased collaboration with service users across a range of services. In 2007, 'Your Service Your Say' – a national Comments, Compliments and Complaints Policy – came into effect to ensure that the people using services provided by the HSE have every opportunity to comment on their experiences, both positive and negative (Department of Health and Children, 2008a). The National Strategy for Service User Involvement in the Irish Health Service 2008–2013 (Department of Health and Children, 2008a) uses the term 'service user' to include patients, carers, parents and guardians. The Strategy identifies greater service user involvement as positive at an individual, community and national level. The Strategy also sets out guiding principles for service user involvement, including that service users should be centrally involved in their own care; that open dialogue, trust and mutual respect are essential; that service user involvement must be based on inclusion, diversity and equity; and that initiatives must be systematically evaluated, with learning disseminated across the health and social services (Department of Health and Children, 2008a).

At the core of the recent High Level Policy Statement on Parenting Support are a number of messages, including 'partnership with children and their parents'. The Statement realises a commitment of Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People (Department of Children and Youth Affairs, 2014), while also flowing from a remit given to Tusla under the Child and Family Agency Act 2013. Identified among Tusla's medium-term outcomes is that families should be increasingly aware of available supports and are less likely to fall through gaps, and that the participation of children and parents is embedded in Tusla's culture and operations. As part of a programme of work involving prevention, partnership and family support, Tusla developed Meitheal – A National Practice Model as an early intervention, multi-agency (when needed) response tailored to the needs of the individual child or young person. Where a Meitheal is initiated for a family, a Meitheal Support Meeting is planned. Meitheal is voluntary and can only be undertaken when the parent or carer provides their written consent. Convening the meeting is dependent on the involvement of at least one parent. The participatory approach of the Meitheal process privileges the voices of the parent or carer and child, recognising them as experts in their own situations and assisting them to identify their own needs and ways of meeting them (Child and Family Agency, 2015).

In addition, Tusla's Parenting Support Strategy outlines how the agency's activities can realise the goals of the DCYA Statement of Strategy (Department of Children and Youth Affairs, 2012), focusing on prevention and early intervention approaches that help children, young people and their families realise their true potential (Gillen 2013: 7). Among the key implementation principles are partnership working and participation. As part of this process, a Toolkit for Parental Participation has been developed (Child and Family Agency, 2016).

3.0 Participation and Partnership

The trend for participation is based on the desire to enable users to exert an influence on the services they receive (Slettebo, 2013). Corby et al. write, 'There is a general belief that the involvement of service users in decisions made about the provision of services is a more ethical and more effective way of proceeding' (Corby *et al.,* 1996: 476). As such, participatory practice has been defined in terms of a wider trend towards more openness and accountability on the part of the public services and a shift from seeing people as passive beneficiaries of welfare to 'emphasise the capacity of service users to be creative and reflexive and active agents in shaping their lives and acting upon the outcomes of welfare policies' (Slettebø, 2013: 578-580).

While there is consensus on the value of parental participation, the term is often used interchangeably in the literature with other terms such as partnership, empowerment, involvement and engagement, often with little distinction. For the purpose of the Parenting Support Strategy and in order to implement the principles therein, participation has been defined as the 'involvement of service users in planning, delivering and evaluation of parenting support'. Partnership is defined in a broader context, as 'working in partnership with all stakeholders, particularly parents, in relation to the development, delivery and monitoring and evaluation of parenting support services' (Gillen *et al.,* 2013: 16). Notable in both definitions is the extent to which parents can be included in services at a number of levels. It has been acknowledged that parents can be included in services at a number of levels other than as service users, including decision-making within service delivery, involvement in case planning and involvement in service evaluation, monitoring service planning, and strategic planning (Katz *et al.,* 2007). Levels of involvement in participatory practice by the service provider may include the provision of information, consultation in service planning or more meaningful participation and partnership building.

Arnstein's ladder (1969) of participation conceptualises various levels of participation and engagement. Arnstein's (1969) eight rungs on the ladder of citizen participation begin with manipulation and therapy at the non-participation end. The middle rungs include informing, consultation and placation. Arnstein refers to these middle rungs as tokenism, allowing the 'have-nots to hear and to have a voice' (Arnstein, 1969: 217). Arnstein argues that under these conditions they lack the power to ensure that their views will be heeded by the powerful. At the top of the ladder are partnership, delegated power and finally citizen control, identified as degrees of citizen power. Arstein contends that citizens can enter into partnership that enables them to negotiate and engage in trade-offs with traditional power holders, making the overall point that there are varying gradations of citizen participation. Tritter and McCallum (2006) critically assess Arnstein's writing in relation to user involvement in health. They argue that the model places sole emphasis on power, thereby limiting the effective responses to the challenge of involving users in services and undermining the potential of the user involvement process. The emphasis on power fails to recognise that participation itself may be a goal. Tritter and McCallum argue that what is needed is greater attention to evaluating the impact of user involvement on the practice of healthcare and health outcomes.

Roose et al. (2013) also move away from thinking solely in terms of levels of participation, drawing the distinction between reductionist and democratic forms of partnership, based on different concepts of citizenship, childhood and parenting, and the role of social work in exerting control and power. They argue for a shift from a methodical approach to partnership – how to encourage participation – to the question of how the engagement can be constructed in partnership with families. They identify non-participation as an essential element of partnership, rather than as problematic. Roose et al. argue that from a reductionist perspective, social work interprets the undesirable behaviour of parents as deeply problematic, reducing partnership to a protectionist approach where social workers activate parents

to realise goals set by social work. Roose et al. alternatively make a case for a democratic approach of shared responsibility between social workers, parents and children, with non-participatory acts deemed as meaningful to the overall process.

Partnership between service providers and families is the act of those parties working together for the benefit of children. Participation is key to achieving and maintaining that partnership (O'Brien and Ahonen, 2015). Participatory practice may occur at various levels of involvement of the service user in the service and decision-making process, but in some contexts participation itself may be the goal, and thus non-participation remains an element of partnership, with non-participatory acts deemed as meaningful.

4.0 The Parent Voice

Understanding what parents want from participatory practice is crucial to effective partnership working, potentially improving engagement levels, informing service design and contributing to better outcomes for children and families. Often the common interest is the future wellbeing of the children involved. In theory, this provides the basis for shared ideas of working in partnership. However, this is not always the case, and the concerns of professionals and parents are not always mutual, especially where the quality of parental care may be in question (Corby *et al.,* 1996: 485). The process is complicated in a child protection context: 'Parents are often the subjects of investigation as well clients in need of assistance with the challenges they face in protecting their children and promoting their wellbeing' (Healy *et al.,* 2012: 10). Where participation is possible in this context, a number of factors are positively regarded as important to successful partnership. Parents report being treated with respect (Bell, 1996), experiencing teamwork and flexibility on the part of services (Department of Health and Children, 2008b), and having a voice (Darlington *et al.,* 2012). In addition, interactions where communication is willing and supportive (Healy *et al.,* 2011), collaborative and cooperative (Hardy and Darlington, 2008) facilitate positive outcomes.

The parent voice is emphasised as an important factor in satisfactory partnership working and contributing to positive outcomes. Having opportunities to actively express an opinion in a supportive environment during conference is likely linked to satisfaction with decisions made during that time (Darlington *et al.,* 2012). While seemingly straightforward in principle, this process is complicated in practice, particularly in a mandatory child protection conference. Research has shown that parents are most likely to exercise their voices when their opinions are asked for. In a study of what parents value from formal support services, Hardy and Darlington found that parents valued 'having some input into decision-making processes where the service and worker took the time to ask for and listen to the parents' views' (Hardy and Darlington, 2008: 256). This was underpinned by the importance of being acknowledged as a parent and being actively engaged in service relationship: 'Parents emphasised the importance of being listened to and having their opinions reflected in decisions' (Darlington *et al.,* 2012: 335). Overall, parents also reported a high level of respect from convenors and case workers. Indicators of respect included requesting personal introductions, being clear and direct and avoiding complex language. Eye contact and a non-judgemental attitude were also found to be important. Similarly, in a study of how Mexican parents perceive their voices as integrated in child welfare cases, parents reported feeling validated once their opinions were sought: 'This mother stated that her worker often inquired about her opinion or feelings about the case. She felt her feelings were validated and she was heard by her worker' (Ayón *et al.,* 2010: 277).

In contrast, it is also acknowledged that some factors inherent to the child protection process can inhibit the parent voice. In child protection settings, the statutory responsibility borne by child protection workers complicates definitions (Healy, 1998). The power of the statutory child protection system has been identified as a constraint to parents' participation (Darlington *et al.,* 2010), with non-governmental services identified as easier for parents to engage with. Parental involvement with statutory child protection services is not typically a voluntary experience. Therefore, inherent tensions exist between the role of statutory child protection services and the wishes of parents (Hardy and Darlington, 2008). Service users perceive the child protection system as powerful (Department of Health and Children, 2008b). Parents can be defensive in child protection settings, often concerned about their child being taken into care (Farmer and Owen, 1995, Corby *et al.,* 1996). Parents may feel threatened by the statutory child protection authority, with the service seen as an agency that could potentially take away children (Darlington *et al.,* 2010). They may feel led to believe that negotiation will not occur or that decisions have already been reached (Darlington *et al.,* 2012). Parents may also learn from their interactions with workers or service providers to be cautious about what they say, how they say it, and to whom they say it: 'a climate of fear, intimidation, and silencing is fostered and sustained' (Ayón *et al.,* 2010: 276). They may feel ignored, or that in their attempts to obtain help the information that they disclosed may be used against them. Parents may then be silenced, and as a result go without getting their service needs met (Ayón *et al.,* 2010).

5.0 Professionals and Participation

The relationship between parents and health professionals has been identified as asymmetric, because of the authority and power of the service providers in some contexts (Aarthun and Akerjordet, 2014). Yet the relationship between front-line providers and service users has been identified as a major factor influencing the engagement of parents in mainstream services (Katz *et al.,* 2007). In a study of parental participation in 110 child protection conferences, Corby et al. (1996) found that 'it was clear that that the notion of [parents] sharing concerns with professionals was not as straightforward as it might seem. In fact, the format of the conferences did not allow them to initiate discussion around their own concerns. They were expected to respond to and comment on the concerns put forward by professionals. Over half of the parents felt that their views about their children's needs had not been understood by the professionals' (Corby *et al.,* 1996: 485). It was found that professionals preferred to hear parents expressing 'appropriate' concerns; what they want is an indication of agreement with their definition of the 'child care problem' (Corby *et al.,* 1996).

Similarly, Hardy and Darlington (2008) found that some parents described a lack of involvement in decisions involving their families, not being listened to, and not being believed. The majority of these parents reported relationships that were 'unhelpful', leaving them feeling 'powerless and helpless'. In this case, voice alone was not sufficient. Where there was a lack of respect for the parents' opinions or suggestions, parents felt powerless. In addition, parents are not familiar with the process of talking in such formal settings and can even feel outnumbered by the professionals present at child protection case conferences (Farmer and Owen, 1995). Service users may feel poorly informed and unfamiliar with the terminology and mechanisms used by professionals (Department of Health and Children, 2008b). Negative attitudes can create further disengagement (Healy *et al.,* 2011).
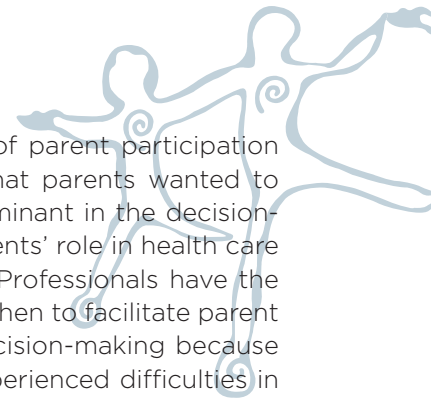
Aarthun and Akerjordet (2014) conducted an integrative review of 18 studies of parent participation in decision-making in health care services for children. The review revealed that parents wanted to participate more than they were able to and that health professionals were dominant in the decision-making process: 'There appears to be a tendency for professionals to define parents' role in health care and not negotiate sufficiently with them' (Aarthun and Akerjordet, 2014: 188). Professionals have the expertise and use their discretion for which decisions to involve parents in, and when to facilitate parent participation in decision-making. It was found that professionals dominated decision-making because of their interpretation of and attitudes to parent participation. Professionals experienced difficulties in relinquishing power because of their accountability and routinised thinking. Parents preferred a two-way process of listening, sharing information and making decisions (Aarthun and Akerjordet, 2014), aligning the view that successful participation promotes partnership working.

Höjer (2011) explored how parents with children in foster care perceive their contact with social workers. Höjer found similarly that parents who perceived their experiences to be positive had participated in the assessment process and had their definitions of problems taken seriously. They felt respected and experienced an acknowledgement of their competence as parents. Höjer argues that in these cases, the social workers successfully combined the elements of 'help' and 'control', which characterise child welfare social work. On the other hand, where parents found their definitions and descriptions of problematic issues to be disqualified by social workers, the experience was less positive. Social workers positioned themselves as the experts, with the right to identify the problems and decide on what measures should be taken.

Given that parents may feel they may have little control over how comments are used in child protection settings, or that their views will be disqualified by professionals, some parents prefer not to voice their concerns (Corby *et al.,* 1996). Alternatively, where parents do exercise their voice, it may be with a view to appearing cooperative and avoiding conflict with professionals. They may prefer not to voice concerns different to those of the professionals, concerned about the professionals' perceptions (Corby *et al.,* 1996). Because of the mandatory nature of the child protection setting, parents who exercise a voice may also feel that they have a better chance to exert influence through cooperation (Slettebø, 2013), thus effectively silencing their true voice. In a study of social workers conducting child protection assessments, Holland (2000) found that parents who were seen as easy to work with, and as good contributors to the assessment relationship, are those who are cooperative, motivated and articulate. Parents who are seen in a negative light are those who are regarded as uncooperative, unmotivated and inarticulate.

A striking number of service users who participated in an Irish study had sought their records under the Freedom of Information Act as a method to gain access to their records (Department of Health and Children, 2008b), indicating that information provision in these cases was insufficient, with little likelihood of meaningful participation on the part of parents. Very little evidence of meaningful partnership, participation or involvement was found, despite these being principles that child protection staff are encouraged to employ in their work (Department of Health and Children, 2008b). The research findings reported a false level of quality which had very little place in the experience of service users. In an Australian study of family group meetings, Healy et al. (2012: 9) observed considerable variation in family preparation for meetings and significant constraints in families' capacity to participate in what is described as an 'inclusive' process. In three of the observed meetings, families appeared to be provided with unanticipated and distressing information, impacting significantly on their capacity to participate. It was also found that professionals took a dominant role in meetings. Aarthun and Akerjordet (2014) found that 'professionals need to be aware of their essential role in facilitating and supporting parents in the decision-making process as well as the necessity of acquiring relational and communicative competence' (Aarthun and Akerjordet, 2014: 188).

6.0 Participation in Particular Contexts

In addition, it has been found that some groups of parents may have specific needs. Daro (Daro, 1988) notes the importance of the sub-population approach, where recognition of the existence of and differences among the different forms of maltreatment – including physical neglect, emotional maltreatment and sexual abuse – is also critical to effective intervention. Katz et al. (2007) identify barriers to participation of parents in mainstream services, some of which are specific to particular groups of parents or individuals. They identify physical barriers, including access and geographic location, as well as social barriers, including cultural institutions and structures that impinge on individuals, such as gender and ethnicity. Katz et al. (2007) identify parents from black and ethnic minority communities, disabled parents, fathers, and parents in living in poverty as facing barriers. Exploring participation patterns in home-based family support programmes, McCurdy et al. (2003) found that differences do exist among ethnic groups regarding factors that influence service engagement. Holland (2000) found that social workers were aware of the issues of power differentials on the grounds of class, race, gender and statutory powers in child protection settings. Cultural barriers may impact on uptake of parenting support programmes, reflecting different cultural attitudes towards child-rearing and engagement with authority (Katz *et al.,* 2007).

Evidence shows that women living with domestic violence also feel disbelieved and deserted by mainstream services (Department of Health and Children, 2008b). In a study of service users' experiences of the child protection system when domestic violence and acrimonious separations were involved (Buckley *et al.,* 2011), service users reported not being taken seriously once the workers realised that relationship breakdown was involved. Others felt that the nature of their acrimonious relationships deterred workers from becoming involved. The associated stress caused considerable distress and deep despair to service users. Experiences were more likely to be positive where the parent felt they 'had been listened to fairly and believed'. It was found that mainstream child protection systems lack the capacity to respond appropriately (Buckley *et al.,* 2011).

Ayón et al. (2010) found that parents who were immigrants feared that their documentation status could play a role in their case. Again, power played a role, with parents stating that it was very important to be liked by their worker. Unfulfilled expectations of the worker's role and lack of clarity on their purpose for being involved with the parent also hindered parents in exercising their voices. Darlington et al. (2010) found that practitioners were forthcoming about Indigenous Australians' systemically negative experiences with child protections systems, with Indigenous children over-represented in child protection systems (Darlington *et al.,* 2010) .

Slettebø (2013) undertook a study of user participation in Norwegian Child Protection Services. In this study, parents who had lost custody of their children were provided with the opportunity to form a group with social workers and foster carers. The group, often feeling disempowered by authorities and finding levels of support unsatisfactory, benefited from the social support and forum to voice their opinions of services. The birth parents described the experience as empowering. Slettebø found that parents receiving services while their children were living at home suggested that their participation in the decision-making process had been effective, whereas parents who had lost the custody of their children felt disempowered in their dealings with the authorities – but they were interested in testing models for participation. Coen and Kearns (Coen and Kearns, 2013) explored the contact needs of non-resident parents in the Republic of Ireland, presenting a case study of a service that evolved in response to a gap in public service provision for separated families both locally and nationally. Coen and Kearns found that management, staff, resident and non-resident parents all played a particular role in the co-production of the service and service delivery.
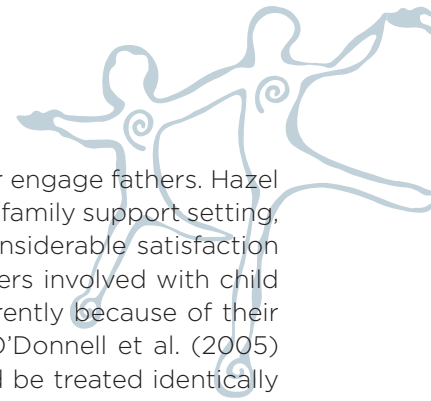
Additionally, there is evidence that mainstream preventative services could better engage fathers. Hazel et al. (2000) noted that fathers can feel discouraged from accessing services. In a family support setting, Kaye and Applegate's (1994) study of male caregivers provides evidence of considerable satisfaction derived from group association. In an Irish context, it has been found that fathers involved with child protection services felt discriminated against and reported feeling treated differently because of their gender (Department of Health and Children, 2008b). A study undertaken by O'Donnell et al. (2005) found that while some caseworkers believed that all fathers and mothers should be treated identically with respect to services offered and time frames for services, other caseworkers thought that fathers' special circumstances called for different service approaches. The study also found disagreement in whether gender-sensitive services might improve participation levels. In contrast, Scourfield et al. (2012) found that participation by child protection social workers in a training intervention aimed at improving their engagement with fathers in child protection assessments and interventions changed practitioners' attitudes towards the engagement of fathers and increased their engagement of non-abusive fathers. Whether or not it is acknowledged, gender-based practice is a reality in parenting support (Daly, 2013), and requires additional consideration.

7.0 Towards Participation, Towards Partnership

It is clear that while participatory practice may promote inclusion, there are also challenges in meeting the needs of parents in particular contexts and with particular needs. A number of factors may contribute to improved participation, working in partnership with parents towards better outcomes for their children and families. Many of these factors apply in family support and child protection contexts.

If practitioners are to develop trusting relationships with service users, they must work within an organisational context where they themselves are trusted and where professionals from different organisations trust each other. Effective inclusion is dependent on professionals being willing to hear but also to try to understand parents' points of view. Effective listening creates a sense of trust, which is important to parents (Darlington *et al.,* 2012: 335). The importance of good worker–client relationships should be emphasised, challenging the conceptualisation of child welfare as serving primarily a social control function (De Boer and Coady, 2007). This may be more straightforward in some settings than others. While the family welfare conference model has been found to contribute to improved family and professional engagement and participation (Kemp, 2007), child protection settings come with an inherent power imbalance.

In addressing power inequities at such meetings, a number of factors are seen as potentially supportive of participatory practice and partnership. Ensuring a balance between the number of professionals and family members attending meetings may overcome parents' feelings of being outnumbered. Ensuring that the meeting process promotes opportunities for voices to be both heard and valued is important. This can include asking parents' views, ensuring the physical environment is conducive to participation, ensuring that the purpose of the meeting is clear and that all information is shared, providing a written agenda for the meeting, and providing other assistance where necessary, on practical issues of childcare

or transport, for example (Healy *et al.,* 2012: 11). Höjer describes this as a challenging balancing act, falling between 'help' and 'control', noting that the social worker's ability to invite parents to the assessment process and acknowledge their competencies – even when these have been severely reduced – was perceived by parents as helpful. Greater participation can occur where the social worker has a positive attitude towards parental participation and towards the parent themselves (Poirier and Simard, 2006). In Slettebø's study of partnership with parents of children in care (2013), social workers found that parents had resources not previously apparent to them, including the ability to express themselves, to cooperate and to talk in front of audiences. Social workers noticed that their attitudes towards the parents changed and that this was a pre-condition for better cooperation (Slettebø, 2013). The research suggests that the user group had the potential for effecting change, due to various factors. The close link between the professionals and the services promoted organisational learning, as did the child protection services' willingness to accept and deal with concerns and criticisms raised (Slettebø, 2013). Slettebø writes: 'In order to build a working alliance, social workers must understand, accept and engage these negative and ambivalent feelings, while at the same time reaching for sources of motivation and hope' (Slettebø, 2013: 581).

It has been posed that training may support this process, with specific practice skills for child protection caseworkers potentially enhancing the participation of parents in child protection decision-making (Healy *et al.,* 2011). The potential to train social workers to provide culturally responsive services and utilise empowerment models effectively has been identified as having the potential to facilitate the participation of parents in different contexts in the case process (Ayón *et al.,* 2010). Ferguson (1997) emphasises the importance of reskilling, reflexivity and critical reflection in helping to reach a deeper understanding of the underlying social conditions that shape contemporary social work and child protection, also pointing the way to 'the radicalisation of social relations between experts and lay people' (Ferguson, 1997: 232). While a number of factors may contribute to professionals' attitudes towards parents, participation and partnership, Corby et al. (1996) argue that there is a need for realism about the extent to which all parents can be actively involved in decisions about the future protection of their children, and that there is in fact a need for greater recognition of the inherent conflict of interest that arises in between the interests of parents, professionals and children:

> The emphasis on partnership and empowerment raises false expectations in many parents which can have a negative impact . . . far from this process of 'empowerment' achieving the goal of engaging parents and helping them to care better for their children, it could alienate them and make them apathetic (Corby *et al.,* 1996: 489).

Corby et al. suggest a need for an approach which more explicitly acknowledges the power differentials involved in child protection work but which operates within these constraints of power to more generally give parents a voice, 'even if this leads to more open disagreement between parents and professionals' (Corby *et al.,* 1996: 489).

Additionally it must be acknowledged that from a service perspective, a number of constraints may also be prohibitive. Organisational constraints including high caseloads have been identified as constraining, often contributing to poor communication (Darlington *et al.,* 2010), a factor also associated with negative outcomes. Time and resource constraints were also identified as issues (Aarthun and Akerjordet, 2014). In ensuring participation with parents and partnership working, it can be a struggle to balance user involvement, evidence-based practice and resource allocation (Aarthun and Akerjordet, 2014).

8.0 Conclusion & Key Messages

The engagement and participation of parents is increasingly acknowledged as an important issue for policy makers and service providers, with a general consensus that participation is beneficial for all, contributing to improved engagement, social inclusion and better outcomes for children and families. Despite this, there has been less consensus on the definition of the term, particularly as it relates to parents. While Arnstein's (1969) conceptual model highlights the various levels of participation, from informing to consultation and partnership, the power dynamics of child protection contexts may mean that the trade-offs associated with partnership as conceived in this model are more complex. Participation itself may be the goal of some processes, and the variety of different parenting contexts may call for more nuanced approaches.

Barriers to participation may be from a service, professional and user perspective. Services may be working with large caseloads and limited resources. Professionals may feel constrained by the nature of their role and agency imperatives, particularly in a child protection context. Parents may feel ignored or powerless if their voice is unheard or not respected. They may resort to a cooperative voice with a view to ensuring a positive outcome, or fail to exercise their voice entirely. This can be influenced by the asymmetric relationships in place in a child protection context, fear of saying the wrong thing, cultural or language barriers, or dissatisfaction with the process. The challenge for professionals and practitioners as participation becomes a policy and practice imperative is to overcome barriers to working in partnership with parents, while working within a complex power dynamic and negotiating difficult decisions. Key factors to successful engagement include recognising parents as having a right to participate, and actively encouraging parents' voices and respecting their views and competencies throughout the process. Part of this involves reflexive work on the part of the professional. Professionals may benefit from support and training in this regard. Services need to consider how they adapt to enhance engagement and maintain the interests of parents.

Ultimately, parental participation is more than getting a view stated. It is a complex practice of building relationships and trust towards an optimum service experience and positive outcomes for the children and families. In the broadest sense it includes the provision of appropriate information and advice, consultation where possible, and working in partnership with parents in a respectful, supportive and encouraging environment, where the parents feel that their voice is valued and their competencies acknowledged. Once these elements are in place, parents feel validated by the participation experience.

Key Messages from the Literature

Voice of the Parent
- There is increasing interest service user consultation, in addition to a focus on practitioners working in a participatory way, particularly in family support and child protection settings.
- The increased emphasis on participation emphasises the capacity of service users to be creative and reflexive and active agents in shaping their lives and acting upon the outcomes of welfare policies.

- Understanding what parents want from participatory practice is crucial to effective partnership working, potentially improving engagement levels, informing service design and contributing to better outcomes for children and families.

Prohibitive Factors

- Prohibitive factors to successful participation include a lack of respect for parents' opinions or suggestions, feeling outnumbered by the professionals present, feeling poorly informed and unfamiliar with the terminology and mechanisms used by professionals, and experiencing negative attitudes. High caseloads and time and resource issues were identified as organisational constraints.
- The parent/child-protection professional relationship has been identified as asymmetric. Because of the power dynamics in such settings, parents can feel defensive and threatened and may feel silenced, thereby failing to have their needs met. Alternatively, where parents do exercise their voice, it may be with a view to appearing cooperative and avoiding conflict with professionals.

Working in Partnership

- A number of factors contribute to successful participation and partnership working with parents, including being treated with respect, having competencies acknowledged, having a voice, experiencing teamwork and flexibility on the part of services, collaborative and cooperative communication, and non-judgemental attitudes.
- There are various levels of parental participation, from tokenistic consultation to working in partnership with parents. The latter is more meaningful, facilitating a move towards coproduction with parents and families.
- Parents who choose not to actively participate should not be seen in a negative light. They remain part of the process of working in partnership. This process extends beyond activating parents to realise goals set by practitioners, to one of shared responsibility.
- Some groups of parents have specific needs. These include migrant parents, parents from minority communities, lone parents, teen parents, disabled parents, fathers, and parents living in poverty. Mechanisms for participation should reflect this difference.

Participation in Practice

- Professionals need to be aware of their essential role in facilitating and supporting parents in the decision-making process as well as the necessity of acquiring relational and communicative competence in engaging with parents in different contexts and different parenting relationships.
- The potential to train service providers to provide culturally responsive services and utilise participation and partnership models effectively has the potential to facilitate the participation of parents in different contexts and different parenting relationships.

References

Aarthun, A. and Akerjordet, K. (2014) 'Parent participation in decision-making in health-care services for children: an integrative review', *Journal of Nursing Management,* 22(2), 177-191.

Arnstein, S. R. (1969) 'A ladder of citizen participation', *Journal of the American Institute of planners,* 35(4), 216-224.

Ayón, C., Aisenberg, E. and Erera, P. (2010) 'Learning how to dance with the public child welfare system: Mexican parents' efforts to exercise their voice', *Journal of Public Child Welfare,* 4(3), 263-286.

Bell, M. (1996) 'An account of the experiences of 51 families involved in an initial child protection conference', *Child & Family Social Work,* 1(1), 43-55.

Buckley, H., Whelan, S. and Carr, N. (2011) "Like waking up in a Franz Kafka novel': Service users' experiences of the child protection system when domestic violence and acrimonious separations are involved', *Children and Youth Services Review,* 33(1), 126-133.

Child and Family Agency (2011) *Child Protection and Welfare Practice Handbook,* Dublin: Child and Family Agency.

Child and Family Agency (2015) *Meitheal Toolkit,* Dublin: Child and Family Agency.

Child and Family Agency (2016) *Parental Participation Toolkit,* Dublin: Child and Family Agency.

Coen, L. and Kearns, N. (2013) 'Co-producing innovation or innovating co-production? Responding to the contact needs of non-resident parents in the Republic of Ireland', *Child and Family Social Work,* 18(2), 207-216.

Corby, B., Millar, M. and Young, L. (1996) 'Parental participation in child protection work: Rethinking the rhetoric', *British Journal of Social Work,* 26(4), 475-492.

Daly, M. (2013) 'Parenting support: Another gender-related policy illusion in Europe?', in *Women's Studies International Forum, Elsevier,* 223-230.

Darlington, Y., Healy, K. and Feeney, J. A. (2010) 'Challenges in implementing participatory practice in child protection: A contingency approach', *Children and Youth Services Review,* 32(7), 1020-1027.

Darlington, Y., Healy, K., Yellowlees, J. and Bosly, F. (2012) 'Parents' perceptions of their participation in mandated family group meetings', *Children and Youth Services Review,* 34(2), 331-337.

Daro, D. (1988) *Confronting child abuse: Research for effective program design,* Simon and Schuster.

De Boer, C. and Coady, N. (2007) 'Good helping relationships in child welfare: Learning from stories of success', *Child & Family Social Work,* 12(1), 32-42.

Department of Children and Youth Affairs (2011) *Children First: National Guidance for the Protection and Welfare of Children, Dublin.*

Department of Children and Youth Affairs (2012) *Statement of Strategy 2011-2014,* Dublin: Department of Children and Youth Affairs.

Department of Children and Youth Affairs (2014) *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014- 2020,* Dublin: Department of Children and Youth Affairs.

Department of Health (1993) *Kilkenny Incest Investigation: Report,* Dublin.

Department of Health (1995) *Notification of Suspected Cases of Child Abuse between Health Boards and Gardaí,* Dublin: Department of Health.

Department of Health and Children (2008a) *National Strategy for Service User Involvement in the Irish Health Service 2008-2013,* Dublin: Department of Health and Children.

Department of Health and Children (2008b) *Service users' perceptions of the Irish Child Protection System,* Dublin.

Farmer, E. and Owen, M. (1995) *Child protection practice: Private risks and public remedies,* London: HMSO.

Ferguson, H. (1997) 'Protecting children in new times: child protection and the risk society', *Child & Family Social Work,* 2(4), 221-234.

Gillen, A., Landy, F., Devaney, C., Canavan, J. and Coen, L. (2013) *Investing in Families: Supporting Parents to Improve Outcomes for Children,* Dublin: Child and Family Agency.

Hall, C. and Slembrouck, S. (2001) 'Parent participation in social work meetings-the case of child protection conferences', *European Journal of Social Work,* 4(2), 143-160.

Hardy, F. and Darlington, Y. (2008) 'What parents value from formal support services in the context of identified child abuse', *Child & Family Social Work,* 13(3), 252-261.

Hazel, N., Ghate, D., Shaw, C. and Joseph Rowntree Foundation, Y. (2000) *Fathers and family centres Engaging fathers in preventive services,* York: York Publishing Services.

Healy, K. (1998) 'Participation and child protection: the importance of context', *British Journal of Social Work,* 28(6), 897-914.

Healy, K., Darlington, Y. and Feeney, J. A. (2011) 'Parents' participation in child protection practice: Toward respect and inclusion', *Families in Society,* 92(3), 282-288.

Healy, K., Darlington, Y. and Yellowlees, J. (2012) 'Family participation in child protection practice: An observational study of family group meetings', *Child and Family Social Work,* 17(1), 1-12.

Höjer, I. (2011) 'Parents with children in foster Care - How do they perceive their contact with social workers?', *Practice,* 23(2), 111-123.

Holland, S. (2000) 'The assessment relationship: Interactions between social workers and parents in child protection assessments', *British Journal of Social Work,* 30(2), 149-163.

Katz, I., La Placa, V. and Hunter, S. (2007) *Barriers to inclusion and successful engagement of parents in mainstream services,* Joseph Rowntree Foundation.

Kaye, L. W. and Applegate, J. S. (1994) 'Family support groups for male caregivers: benefits or participation', *Journal of Gerontological Social Work,* 20(3-4), 167-185.

Kemp, T. (2007) 'Family welfare conferences—The Wexford experience: An evaluation of Barnardos family welfare conference project', *Ballincollig, County Cork, Republic of Ireland: Nucleus.*

Kilkelly, U. (2004) 'Children's Rights: A European Perspective', *Judicial Studies Institute Journal,* 4(2), 68-95.

Law Reform Commission (1990) *Report on Child Sexual Abuse,* Dublin: The Law Reform Commission.

Lupton, C. (1998) 'User empowerment or family self-reliance? The family group conference model', *British Journal of Social Work,* 28(1), 107-128.

McCurdy, K., Gannon, R. A. and Daro, D. (2003) 'Participation Patterns in Home-Based Family Support Programs: Ethnic Variations*', *Family Relations,* 52(1), 3-11.

O'Brien, V. and Ahonen, H. (2015) *Pathways and Outcomes: A study of 335 referrals to the Family Welfare Conference (FWC) Service in Dublin, 2011-2013,* Dublin: Child and Family Agency.

O'Donnell, J. M., Johnson Jr, W. E., D'Aunno, L. E. and Thornton, H. L. (2005) 'Fathers in child welfare: Caseworkers' perspectives', *Child Welfare,* 84(3), 387-414.

Poirier, M. A. and Simard, M. (2006) 'Parental involvement during the placement of a child in family foster care: Factors associated with the continuation of parental roles', *Child and Youth Care Forum,* 35(3), 277-288.

Roose, R., Roets, G., Van Houte, S., Vandenhole, W. and Reynaert, D. (2013) 'From parental engagement to the engagement of social work services: Discussing reductionist and democratic forms of partnership with families', *Child and Family Social Work,* 18(4), 449-457.

Scourfield, J., Tolman, R., Maxwell, N., Holland, S., Bullock, A. and Sloan, L. (2012) 'Results of a training course for social workers on engaging fathers in child protection', *Children and Youth Services Review,* 34(8), 1425-1432.

Slettebo, T. (2013) 'Partnership with Parents of Children in Care: A Study of Collective User Participation in Child Protection Services', *British Journal of Social Work,* 43(3), 579-595.

Tritter, J. Q. and McCallum, A. (2006) 'The snakes and ladders of user involvement: moving beyond Arnstein', *Health Policy,* 76(2), 156-168.