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REVIEW ARTICLE

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Improving engagement with services to prevent Sudden Unexpected Death in Infancy (SUDI) in families with children at risk of significant harm: A systematic review of evidence

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Abstract

This paper reports part of a wider systematic review commissioned by the English National Safeguarding Panel on Sudden Unexpected Death in Infancy (SUDI). The wider review covered three areas: interventions to improve safer sleep practices in high-risk families, interventions to improve engagement with services and decision making by parents at high risk of SUDI about infant sleep environments. Here, we report the qualitative and quantitative studies reviewed under the engagement strand. Parental engagement is understood to be a multidimensional task for health and social care professionals comprising attitudinal, relational and behavioural components. Following a PROSPERO registered systematic review synthesizing the three strands outlined, 28 papers were found to be relevant in the review of interventions to improve engagement with services in families with children at risk of significant harm through abuse or neglect. No studies were found that specifically focused on engagement of families at high risk for SUDI, so these wider engagement studies were included. The different types of intervention reported in the included studies are described under two broad themes: Enablers (including parental motivation and working with families) and Barriers. Given the focus in the studies on interventions that support parental engagement, the Enablers theme is more extensive than the Barriers reported although all studies noted well-understood barriers. The evidence underpinning these interventions and approaches are reviewed in this paper. We conclude that effective engagement is facilitated by experienced professionals given time to develop supportive non-judgemental relationships with families in their homes, working long-term, linking with communities and other services. While these conclusions have been drawn from wider studies aimed at reducing child maltreatment, we emphasize lessons to be drawn for SUDI prevention work with families with children at risk of significant harm.

KEYWORDS
child protection, engagement, Sudden Infant Death Syndrome, Sudden Unexpected Death in Infancy

1 | INTRODUCTION

Each year in England and Wales, there are around 300 cases of Sudden Unexpected Death in Infancy (SUDI) (Office for National Statistics, 2020), SUDI is defined as the death of an infant that was not predicted as a possibility in the 48 h prior to the death or to the collapse that led to death irrespective of the final diagnosis (Fleming et al., 2000). SUDI may be due to acute medical conditions or external causes (accidents and injuries), but most remain unexplained and are labelled as Sudden Infant Death Syndrome (SIDS) (International Classification of Diseases version 10 ICD-10 R95), although many are certified instead as 'unascertained' (ICD-10 R99). There are specific hazardous sleep circumstances increasing the risk for SIDS: infants sleeping next to carers who smoke, who have consumed alcohol or drugs or who share inappropriate surfaces such as sofas (Blair et al., 2009; Rechtman et al., 2014).

Since the 1990s, there have been highly successful safe sleep campaigns, and the rate of unexplained infant deaths declined dramatically from a peak of 2.3 per 1000 live births in 1988 to 0.50 in 2004 (Garstang & Pease, 2018) to 0.30 in 2018, equivalent to around 200 unexplained infant deaths annually (Office for National Statistics, 2020). The proportion of SIDS cases occurring in socially deprived families has however increased with the decline in overall numbers (Blair et al., 2006), with highest rates in mothers under 20 years old (Office for National Statistics, 2020).

In England when a child dies or suffers significant harm from abuse or neglect, a Child Safeguarding Practice Review (CSPR) is held, and the National Child Safeguarding Practice Review Panel notified. During 2018–2019, there were 40 notifications of SUDI cases with significant safeguarding concerns, most relating to parents co-sleeping with infants in hazardous sleep environments involving parental alcohol or substance misuse. As a result, a national review of SUDI in families where children are at risk of significant harm was undertaken, and we conducted a systematic literature review to support this (Child Safeguarding Practice Review Panel, 2020). The literature review considered qualitative and quantitative research in three separate but linked areas: interventions to reduce the risk of SUDI in high risk families, understanding how high risk parents make decisions around infant sleep and interventions to improve engagement with professionals in families with children at high risk of abuse and neglect. Parental engagement was considered key as a previous thematic analysis of 27 SUDI cases with significant safeguarding concerns, subject to Serious Case Review (SCR—the predecessor to CSPR) found that non-engagement with health, social care or substance misuse services was a prominent feature in 18/27 families (Garstang & Sidebotham, 2019). This paper reports on the findings on parental engagement interventions. Given the paucity of studies that have specifically focused on engagement of families in SIDS and SUDI risk reduction, the papers included in this part of the review were broadened out to include engagement interventions with families considered to be at high risk of maltreatment more generally. Later in this paper, we look at lessons from these studies for SUDI prevention in families with children at risk of significant harm.

Key messages

- Improving engagement with SUDI prevention in families with children at risk of significant harm involves long-term, face-to-face working between parents and professionals they trust. The quality of the relationship between professionals and parents is key to engagement.
- Services should be locally based and easy to access, combining parenting support with other relevant services.

1.1 | Engagement of parents in services

Parental engagement is a mantra of child protection practice. Indeed, one of the core values of social work practice in the United Kingdom is that of human relationships and the need to work in partnership with people (National Association of Social Workers, 2017). In the context of child protection, this means engaging families in services and interventions. While this is a well understood value position, the practicalities of how to engage are less clear (Horwitz & Marshall, 2015).

Parental engagement in child protective services has been described as a multidimensional phenomenon, having attitudinal, relational and behavioural components (Platt, 2012). Given that 'Gaining parental cooperation is a fundamental factor affecting social work interventions, treatment and decision-making' (Platt, 2012, p. 138), it is imperative to understand and address the barriers within these components. Platt's (2012) integrated model of parental engagement emphasizes the need for a workable theoretical model to enable critical examination by workers in how they engage parents in services, and he outlines both internal and external determinants that need to be taken into account. Internal determinants are identified as cognitive, affective, behavioural, identity and motivation and volition; while external determinants include circumstances, resources, support, the programme that is used and the worker who delivers the intervention. It is within this multidimensional model that we discuss the included studies below.

1.2 | Aim and research questions

The aim of this section of the wider systematic review is to inform recommendations for how professionals can best engage families where children are at risk of significant harm to ensure that safer sleep advice can be clearly understood and embedded in parenting practice. The specific research questions are as follows:

1. What interventions are effective at improving engagement between support services and families with children at risk of significant harm?
2. How do effective interventions to improve engagement between support services and families with children at risk of significant harm work?

TABLE 1 Example search terms for the wider systematic review

Aspect	Keywords/free text	Example controlled vocab terms (MeSH, Emtree, CINAHL headings, PsycINFO thesaurus)
SUDI terms (intervention and decision-making searches)	Sudden infant death*.Mp	Exp sudden infant death/
	SIDS.Mp	
	SUDI.Mp	
	SUID.Mp	
	ASSB.Mp	
	Accidental suffocation and strangulation in bed.Mp	
	(asphyxia not birth asphyxia not perinatal asphyxia).Mp	Asphyxia/
	(unexpected death* not SUDEP not epilepsy).Mp	
	Sleep-related death*.Mp	
	Crib death*.Mp	
	Cot death*.Mp	
	Unexplained infant death*.Mp	
High-risk groups (intervention and decision-making searches)	Child abuse.Mp	Child abuse/
	High risk*.Mp	
	Vulnerab*.Mp	
	Socioeconomic factor*.Mp	Exp socioeconomic factors/
	Adverse childhood experience*.Mp	Exp adverse childhood experiences/
	Social Marginali#ation*.Mp	Social marginalization/
	Child neglect*.Mp	
	Child maltreatment*.Mp	
	Substance-related disorder*.Mp	Exp substance-related disorders/
	Preventive health service*.Mp	Exp preventive health services/
	Parenting.Mp	Parenting/
	Maternal deprivation.Mp	Maternal deprivation/
Intervention (intervention search)	Intervention*.Mp	
	Risk reduction*.Mp	
	Injury prevention*.Mp	Accident prevention/
	Health education*.Mp	Exp health education/
	Health behavio?r*.mp	Exp health behavior/
	Education*.Mp	
	Infant equipment*.Mp	Exp infant equipment/
	Printed education* material*.Mp	
	Maternal behavio?r*.mp	Exp maternal behavior/
	Parent* education*.Mp	Caregivers/ed
Child abuse (engagement search)	Child abuse.Mp	Child abuse/
	Adverse childhood experience*.Mp	Exp adverse childhood experiences/
	Social Marginali#ation*.Mp	Social marginalization/
	Child neglect*.Mp	
	Child maltreatment*.Mp	
	Maternal deprivation.Mp	Maternal deprivation/
	Child welfare.Mp	Child welfare/

(Continues)

TABLE 1 (Continued)

Aspect	Keywords/free text	Example controlled vocab terms (MeSH, Emtree, CINAHL headings, PsycINFO thesaurus)
Substance abuse (engagement search)	Substance-related disorder*.Mp	Exp substance-related disorders/
	Alcohol*.Mp	Exp Alcoholism/
	Drug misuse.Mp	Exp drug misuse/
	Opioid-related disorder*.Mp	
	Substance use*.Mp	Exp alcohol drinking/
Parenting (engagement search)	Parent*.Mp	Parenting/
	Parent child relation*.Mp	Exp parent-child relations/
Prevention or treatment services (engagement search)	Substance abuse treatment cent*.Mp	Exp substance abuse treatment centers/
	Child health service*.Mp	Exp child health services/
	Community mental health*.Mp	Community mental health services/
	Mental health service*.Mp	Exp mental health services/
	Maternal health service*.Mp	Exp maternal health services/
	Prevent??Ive health service*.Mp	Exp preventive health services/
	Health services accessibility.Mp	Exp health services accessibility/
	Social work*.Mp	Exp social work/
Engagement/compliance (engagement search)	Engag*.Mp	
	Patient participation.Mp	Exp patient participation/
	Patient compliance.Mp	Exp patient compliance/
	Treatment adherence.Mp	Exp "treatment adherence and compliance"/
	Treatment compliance.Mp	
	Treatment readiness.Mp	
	Professional patient relation*.Mp	Professional-patient relations/
Infant care (decision-making search)	Safe sleep*.Mp	
	Sleep*.Mp	Exp sleep/
	Infant car*.Mp	Exp infant care/
	Safe infant sleep*.Mp	
	Safe to sleep.Mp	
	Sleep* position.Mp	
	Supine position.Mp	
	Infant safe sleep*.Mp	
	Bedshar*.Mp	
	Co-sle?p*.mp	
	Room shar*.Mp	
AND decision making (decision-making search)	Decision*.Mp	
	Influenc*.Mp	
	Understand*.Mp	
	Reason*.Mp	
	Attitude*.Mp	
	Belief*.Mp	

2 | METHODS

We registered the study protocol for the wider systematic review with the International prospective register of systematic reviews, PROSPERO number: CRD42020165302. Our search strategy and screening methods relate to the wider review but inclusion and exclusion criteria, data extraction and synthesis methods relate to this engagement review.

Key search concepts included child abuse, substance abuse, parenting, prevention or treatment services and service engagement terms. The example search terms for the wider systematic review are shown in Table 1.

The exclusion criteria used were as follows:

- Studies describing interventions for the general population with no high-risk targeting (wrong population)
- Interventions that took place pre 2005 (too dated)
- Studies describing effectiveness of alcohol/drug services without primary outcomes relating to engagement (no engagement outcomes)
- Studies based in countries other than Western Europe, North America or Australasia (wrong population to ensure similarity in safeguarding contexts)

Eight online databases were searched between 20 and 29 December 2019 and included snowball searches of included papers. We also emailed all English Child Death Overview Panels, Designated Doctors for Child Death, Designated Doctors for Safeguarding, UK local safeguarding children's partnerships and the membership directory of The International Society for the Study and Prevention of Perinatal and Infant Death for details of unpublished research.

Four authors (AP, CE, DW and JG) screened all titles and abstracts using the inclusion and exclusion criteria, resolving conflicts by discussion and examination of the full text, with 10% having a second screening from another author. Secondary screening of full text articles was completed by the same four authors, leading to final group discussions for included papers. We piloted and refined a data extraction template using a sample of nine included papers of different study designs. The same four authors used the Quality Assessment Tool for Studies with Diverse Designs (QATSDD) (Sirriyeh et al., 2012) as this was developed specifically for review questions where the evidence addressing a research question uses a variety of different study designs. We gave each paper a score from 0 to 3 on either 14 or 16 items (according to study design) converting this into a percentage (higher percentage denoting higher quality).

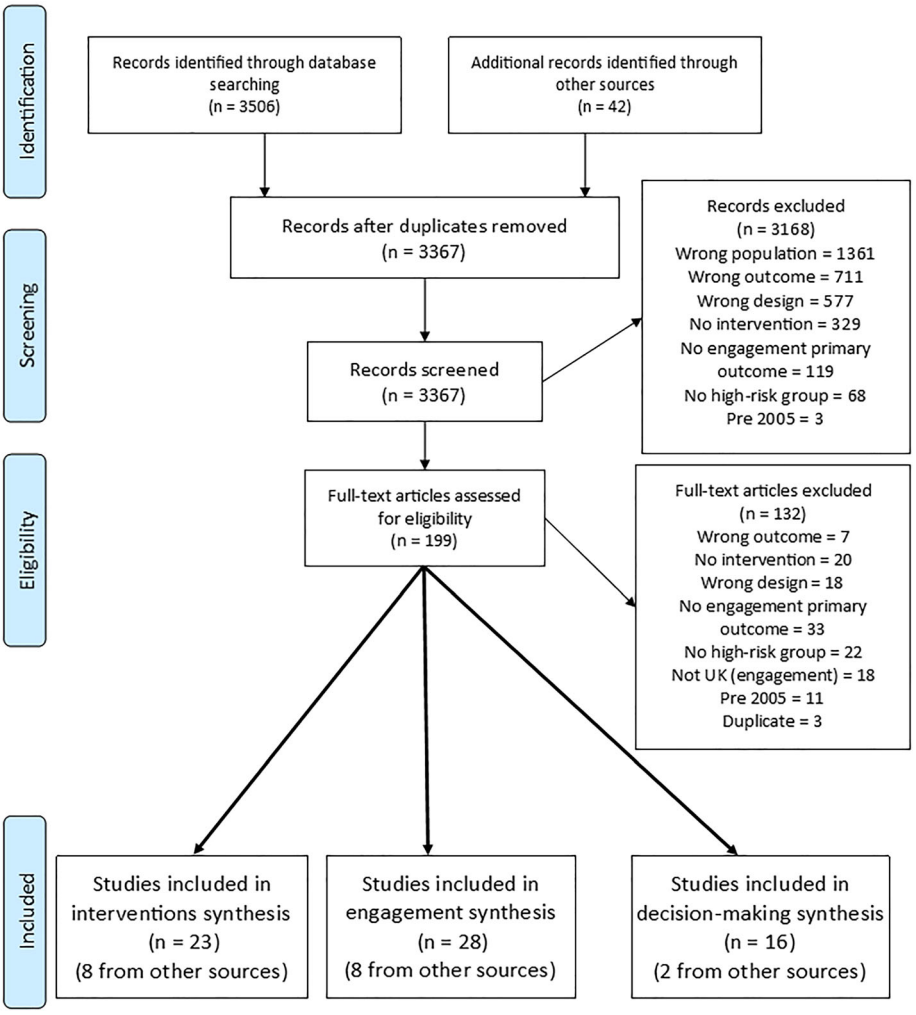

FIGURE 1 PRISMA flow diagram of literature search and selection process

We used a narrative synthesis method combining qualitative and quantitative results.

3 | RESULTS

A total of 3506 titles were sourced via the online database searches. A further 42 studies were sourced using grey literature searches and snowball searches. A PRISMA flow diagram with exact numbers included and excluded at each stage is shown in Figure 1.

There was a 97% agreement rate between reviewers. A total of 28 papers on interventions to improve engagement with support services were included. There were no papers reporting on interventions to improve engagement with families at high risk of SUDI, only papers on families with children at risk of abuse or neglect.

3.1 | Description of included papers

There were 17 quantitative and 11 qualitative studies. The vast majority (26/28) were from the United States or Canada, with two from the United Kingdom. The quality of quantitative studies was generally high with 8/17 scoring >75% on QATSDD; qualitative studies quality was mixed with 5/11 scoring >75%. No papers were excluded based on quality assessment. Details of quantitative studies are shown in Table 2 and qualitative studies in Table 3.

3.2 | Findings

There were two main themes: enablers and barriers to engagement, subthemes for enablers included working with families, community support and parental motivation. These are illustrated in Figure 2.

3.2.1 | Enablers

Working with families

Relationship factors. Four qualitative papers reported the importance of the relationship between the worker and parent in supporting engagement. An interview study with 74 worker-parent dyads (Altman, 2008) about neighbourhood-based child welfare services concluded the need for common goals, maintaining hopefulness, the need for parents to understand their situation, workers to respect families' cultural differences, good communication and diligent timely work by all. Gockel et al. (2008) reported on reflections from 35 parents who had worked with family preservation services; factors promoting engagement were interpersonal warmth and non-judgmental acceptance, programme and staff responsiveness and flexibility with a focus on client strengths. Witkin and Franke (2013) conducted focus groups and surveys with families who participated in the Partnership for Families Programme (PFF) a community-based child maltreatment prevention programme. The focus on relationship-based practice and neighbourhood relevant programmes seemed to be strong indicators of not only parental satisfaction but also engagement with emphasis on parental empowerment and wellbeing. Akin et al. (2018) interviewed parents participating in a comprehensive drug misuse programme (Strengthening Families), they noted the importance of skilled facilitators who parents perceived to be caring and well prepared.

Differential Response (DR) may be used in child protection as a more supportive approach than traditional practices for all but the most severe cases of maltreatment. Traditional child protection investigations in the United States and the United Kingdom have been based on substantiating allegations of abuse or neglect to support criminal proceedings and child removal. DR involves developing safety plans with families and offering support without attempting to formally prove maltreatment. Loman and Siegel (2015) conducted a large RCT of DR ($n = 4538$) compared with traditional Child Protection investigation in Ohio, USA. Parental feedback surveys showed a small but significant benefit for DR. Similarly, Cameron and Freymond (2015) conducted a quasi-experimental study of DR ($n = 241$) using accessible locally based child welfare offices compared with centralized offices using a traditional approach in Ontario, Canada. At follow-up, 65% of parents said they would refer a friend to DR services compared with 39% receiving traditional approaches at central offices ($p < 0.05$).

Ease of service access. Ten papers (four qualitative and six quantitative) reported on easy access to services including home visiting. The benefit seen of DR in Cameron and Freymond (2015) may be partly due to DR being offered more locally. Home visiting and regular contact with a case worker improved engagement in a supported housing programme for families with both child protection concerns and unstable living arrangements (Farrell et al., 2012). Families were more receptive to home visiting and home-based delivery of services in a study of Early Childhood Connections (ECC), a service integration process attempting to coordinate an evidence-supported home visiting programme with usual child welfare care (Stahlschmidt et al., 2018).

Comprehensive substance treatment programmes work across systems to co-ordinate health treatment and social care support for affected families enabling greater ease of access. Morgenstern et al. (2006) conducted a RCT ($n = 302$) of intensive case management compared with usual care for substance misusing women, recruited through welfare offices in New Jersey. This showed significantly better engagement, retention and programme completion. Andrews et al. (2018) conducted a retrospective chart review of a comprehensive programme for substance misusing mothers ($n = 160$) in Toronto, Canada, finding antenatally referred mothers stayed engaged in the service longer than those referred postnatally: suggesting a critical time for engaging mothers with children at increased risk of abuse. Dakof et al. (2009) evaluated a comprehensive court-based programme for mothers who abuse drugs ($n = 80$), the Engaging Moms Programme (EMP), with case workers focussing on improving mothers' motivation, emotional wellbeing and parenting skills. Data from court case files on compliance with court ordered programmes were compared before and after EMP introduction; more

TABLE 2 Characteristics of included quantitative papers on interventions to improve engagement in families with children at risk of significant harm

Lead author Year Country	Study design Sample size	Intervention	Target population	Primary outcome	Key findings	QATSDD score/%
Ingoldsby, E. M. 2013 USA	Quasi-experimental 2419	Flexible delivery of nurse-family partnership (NFP) programme, with families given more choice over content and timing of delivery of NFP at intervention sites compared with standard NFP at control sites.	Families receiving NFP- low-income first-time parents	Retention in NFP programme Number of home visits achieved	Lower risk of drop-out for mothers at intervention sites (HR, 0.42; 95% CI, 0.21–0.84, $p = 0.015$). More home visits but small treatment difference of 1.4 visits (95% CI, 0.58–2.2, $p < 0.001$).	36/42 86%
Folger, A. T. 2016 USA	Quasi-experimental 5707	Community-based enriched home visiting (CBE-HV) compared with standard home visiting at different locations and pre- and post-implementation analysis. CBE-HV worked with community stakeholders with parent support groups, material support for families in crisis, and work with families who missed appointments.	African-American first-time parents with one or more of low income, being unmarried, under 18 years, or incomplete antenatal care.	Retention in programme Number of home visits	CBE-HV families stayed in programme for 166 days longer (461 vs. 295, $p < 0.01$) and had additional 7 home visits (24 vs. 17, $p = 0.02$) CBE-HV sites had a lower risk of attrition 69% retained at 6 months vs. 58% prior to CBE-HV($p = 0.03$), at 12 months 55% vs. 34% ($p < 0.01$).	29/42 69%
Loman, L. 2015 USA	RCT 4538 families randomized. Engagement data from 733	Differential response (DR) compared with traditional child protection investigation.	Families referred for child protection investigation considered suitable for DR	Family engagement index (FEI) score 0–28	Slightly higher FEI scores for DR families compared to control mean 24.0 vs. 22.4 ($p < 0.001$).	33/42 79%
Cameron, G. 2015 Canada	Quasi-experimental 261	Locally accessible child welfare offices using differential response (DR) compared with central child welfare offices using traditional child protection investigation.	Families referred for child protection investigation to local or central offices	Feedback from parents	Parents preferred locally based DR services. 65% vs. 39% ($p < 0.05$) said they would refer a friend for support, 61% vs. 41% ($p < 0.05$) would seek help in future.	22/48 46%
Damashek, A. 2012 USA	RCT 1305	SafeCare (SC) home-treatment programme for child abuse and neglect compared to services as usual (SAU)—Referral to parenting programmes, employment and social support.	Families referred for child welfare services	Families identified goals and completed goal completion scale 0–4	Small benefit of SafeCare mean goal completion score 3.5, (SD 0.9) vs. SAU 3.3, SD 1.1; $t(638) = 2.6$, $p = 0.01$.	34/42 81%

(Continues)

TABLE 2 (Continued)

Lead author Year Country	Study design Sample size	Intervention	Target population	Primary outcome	Key findings	QATSDD score/%
Bolt, M. 2015 USA (Master's thesis)	Observational evaluation 93	Evaluation of implementation of SafeCare with no comparison group.	Families referred for child welfare services	Retention in programme	42% completion rate for SafeCare	20/42 48%
Chaffin, M. 2009 USA	2 × 2 RCT 192	Comparison of motivational interviewing (MI) pre-parenting group intervention with standard pre-parenting group information; then comparison of dyadic parent-child interaction therapy (PCIT) with standard group parent training.	Parents referred following child protection investigations	Survival analysis for 12 session programme.	Cumulative survival for the MI–PCIT condition was highest at 85%, 56% for MI–standard, 64% for standard–PCIT, and 64% for standard–standard.	31/42 74%
Forrester, D. 2018 England	RCT 165	Social workers trained in motivational interviewing (MI). Families randomized to MI trained social worker or standard social worker.	Parents following child protection referral	Working Alliance inventory completed by parents and social workers.	No significant difference between groups	32/42 76%
Damashek, A. 2011 USA	RCT 398	Comparison of home visiting programme using both motivational interviewing and SafeCare (SC+) with services as usual (SAU)-referral to parenting programmes, employment and social support.	Families with substance abuse, mental health problems, or domestic violence but excluding those known to child protection services	Enrolment with and completion of therapeutic treatment services.	80% enrolled in SC + services vs. 49% enrolment in SAU (OR 4.3 2.6–7.0 $p < 0.001$), 50% SC + completed programme vs. 21% SAU (OR8.5 3.3–22.1, $p < 0.001$).	33/34 79%
Silovsky, J. 2011 USA	RCT 105	Comparison of home visiting programme using both motivational interviewing and SafeCare (SC+) with control of community based mental health services.	Families with substance abuse, mental health problems, or domestic violence but excluding those known to child protection services	Enrolment with and completion of therapeutic treatment services.	SC + clients were significantly more likely to engage with services, 83% SC + completed initial assessment interview vs. 33% control ($p < 0.001$), SC + attended more treatment sessions mean 36 h vs. 8 h ($p < 0.001$). <50% SC + participants completed all 3 SafeCare modules.	36/42 86%
Morgenstern, J. 2006	RCT 302	Intensive case management (ICM), managers working with		Initiation, engagement, retention, completion of drug	Significantly better engagement with ICM compared with UC;	31/42 74%

TABLE 2 (Continued)

Lead author Year Country	Study design Sample size	Intervention	Target population	Primary outcome	Key findings	QATSDD score/%
USA		clients alongside of treatment programme to remove barriers to treatment, compared to usual care (UC) of referral to treatment services and child welfare.	Substance abusing women, recruited through welfare offices	treatment programme over 15-month period	66% ICM initiated treatment vs. 50% UC ($p = 0.0045$), engagement rates 60% ICM vs. 34% UC ($p = 0.0001$). Retention rates 42% ICM vs. 18% UC ($p = 0.0001$). ICM attended more treatment days, 301 vs. 182 ($p = 0.0001$). Rates for programme completion 43% ICM vs. 23% UC ($p = 0.0001$).	
Andrews, N. 2018 Canada	Retrospective chart review 160	Comprehensive programme involving addiction treatment services, parenting support, child welfare, child health, and development services.	Substance abusing mothers	Retention in programme attendance at treatment sessions	Antenatally referred mothers stayed engaged in the service for a mean of 27 months vs. 11 months for self-referrals, 16 months for referrals from other healthcare professionals ($p < 0.006$). Antenatally referred mothers attended a greater number of services.	23/42 55%
Stover, C. 2015 USA	RCT 17	Comprehensive treatment programme for fathers with substance abuse and domestic violence, including parenting support, compared with stand-alone drug treatment services.	Fathers with substance abuse and domestic violence	Attendance at treatment sessions	No significant difference.	29/42 69%
Dakof, G. 2009 USA	Retrospective case review 80	Engaging moms Programme (EMP), case workers helped mothers comply with court orders by focussing on improving motivation, emotional wellbeing, and parenting skills, compared with standard intensive case management in drug courts prior to start of EMP.	Court based programmed for drug abusing mothers	Court outcome data	72% of EMP mothers completed all drug court requirements compared with 38% standard treatment ($p = 0.002$).	22/42 52%

(Continues)

TABLE 2 (Continued)

Lead author Year Country	Study design Sample size	Intervention	Target population	Primary outcome	Key findings	QATSDD score/%
Dakof, G. A. 2010 USA	RCT 62	Engaging moms Programme (EMP), case workers helped mothers comply with court orders by focussing on improving motivation, emotional wellbeing, and parenting skills, compared with standard intensive case management in drug courts.	Court based programmed for drug abusing mothers	Court outcome data	No significant difference between EMP and control	31/42 74%
Bigelow, K. M. 2008 USA	RCT 19	Mobile phone enhanced planned activities training (PAT) compared with standard PAT; a home visiting intervention aimed at improving parent–child interaction.	Families with maltreatment concerns	Programme completion rates	No significant difference.	16/42 38%
Baggett, K. 2017 USA	RCT 159	Internet training programme to reduce child maltreatment focussed on play and learning to improve maternal sensitivity compared with internet training programme on general developmental awareness.	Mothers with children considered to be at high risk for child maltreatment	Number of internet sessions completed	No significant difference.	32/42 77%

TABLE 3 Characteristics of included qualitative papers of interventions to improve engagement in families with children at risk of significant harm

Lead author(s) Year Country	Study design	Sample size	Study aim	Target population	Topic guide broad categories	Analysis	QATSDD score/%
Akin, B.A. 2018 USA	Qualitative interviews	10 parents	To understand parents' experiences of the supports and barriers to engagement in an evidence based parenting intervention (EBPI)	Parents who had completed strengthening families programme, having been required to by federal drug treatment court	Participants' attitudes towards the intervention's structure and features and perceived facilitators and barriers to participation in the intervention	Thematic analysis	28/42 (66.7%)
Altman, J.C. 2008 USA	Mixed methods–qualitative interviews, survey	36 interviews 77/155 eligible parents completed survey	How engagement and partnership unfold in child welfare practice as well as their importance to the ongoing permanency planning for children in the child welfare system	Staff from one neighbourhood-based family service Centre and parents where there are significant child protection concerns	Conceptualization of engagement, its attributes, differential aspects, development, meaning, related factors, ways to promote, and perceived benefits of engagement	Spradley's (1979) developmental research sequence (DRS).	40/48 (83.3%)
Berrick, J.D. 2011 USA	Qualitative focus groups and interviews	21 mothers, 4 fathers + 6 peer mentors	To examine perceptions and shared experiences of those receiving mentoring as well as those of the mentors themselves	Parents reunified with children who have been previously removed	Nature of the relationship with the peer mentor, nature of the services offered, strengths and weaknesses of the programme	Thematic analysis	26/42 (61.9%)
Farrell, A.F. 2012 USA	Mixed methods–qualitative interviews; Alpert and Britner's parent engagement measure	41 parents	To examine client perspectives on the level and nature of their engagement in the programme and to validate further an existing measure of engagement	Families with unstable housing and CP concerns—Mostly single parents, mostly low income, high proportion BAME	To elicit perceptions of engagement with the case manager and service planning: How would you describe your caseworker's job? Do you feel involved in your child welfare case and with SHF?	Grounded theory Case study	42/48 (87.5%)

(Continues)

TABLE 3 (Continued)

Lead author(s) Year Country	Study design	Sample size	Study aim	Target population	Topic guide broad categories	Analysis	QATSDD score/%
Featherstone B. 2012 England	Qualitative questionnaire telephone interviews, face to face interviews	52 families—18 gave feedback 19 social workers for 23 cases, 12 conf chairs for 29 cases	To evaluate an advocacy scheme for parents whose children were subject to child protection proceedings where co-operation between parents and professionals was an issue	Parents with child protection concerns	Questions in relation to engagement and perceptions in relation to outcome		8/42 (19%)
Garcia, A.R. 2018 USA	Qualitative focus groups and interviews	34 parents	(1) what inner and outer contextual factors influence access to and active engagement in Triple P and (2) to what extent do they believe Triple P is effective in addressing children's maladaptive behaviours and promoting positive parent–child interactions?	Families referred to child welfare—75% of children placed in kinship or foster care	Not reported	Grounded theory	40/42 (95.2%)
Gockell, A. 2008 Canada	Qualitative interviews	35 parents	To understand the active ingredients of effective interventions by learning from parents who experienced a family preservation intervention themselves	Parents enrolled in family preservation projects	Not reported	Strauss and Corbin (1990) Constant comparison method (GT)	20/42 (47.6%)
Lalayants, M. 2013 USA	Mixed methods—Parental satisfaction survey, qualitative interviews	60 including parent representatives ($n = 9$), birthparents ($n = 21$), and child protective services workers and supervisors ($n = 30$)	To identify birthparents' satisfaction levels with parent representatives; examine perceptions of multiple stakeholders (i.e., birth parents, parent representatives, and child protective services staff) about	Families with safeguarding concerns—In child safety conferences—Occur after emergency child removal	Not reported	Grounded theory	36/48 (75.0%)

TABLE 3 (Continued)

Lead author(s) Year Country	Study design	Sample size	Study aim	Target population	Topic guide broad categories	Analysis	QATSDD score/%
			the barriers to parental engagement; and determine factors contributing to meaningful parent engagement during child safety conferences				
Seay, K.D. 2017 USA	Qualitative focus groups	45 parents	(1) the parenting role as a motivator and inhibitor to engaging in substance abuse treatment and (2) parenting-related, agency-imposed barriers and facilitators to substance abuse treatment engagement	Parents having substance abuse treatment—Mostly women	How they heard about the agency's programmes, treatment motivations, their decisions to use the programs, their experiences in the programmes, their futures, and suggestions for improving the programmes.	Inductive thematic analysis	29/42 (69%)
Stahlschmidt, M.J. 2018 USA	Mixed methods—Qualitative focus groups and quantitative implementation data	13 child welfare (CW) caseworkers 12 parent as teacher (PAT) workers and early childhood education staff	Evaluation of early childhood connections (ECC) programme designed to connect child welfare-involved families to an existing evidence-supported home visitation programme	73 referred families who are child-welfare involved for abuse or neglect	Understanding how or if CW was currently making connections with early intervention services, identifying an appropriate intervention to address gaps, and developing an implementation strategy; identifying differences between the original implementation plan and how ECC was actually operationalized as implementation unfolded.	Thematic analysis—Selective coding and content analysis	24/48 (50.0%)

(Continues)

TABLE 3 (Continued)

Lead author(s) Year Country	Study design	Sample size	Study aim	Target population	Topic guide broad categories	Analysis	QATSDD score/%
Witkin, A.L. 2013 USA (PhD thesis)	Mixed methods—Qualitative focus groups and quantitative surveys	170 families	To evaluate the effectiveness of a community-based, child maltreatment prevention programme that emphasized parental collaboration (working as partner with agency worker) and parental empowerment (focusing on parenting strengths) in achieving successful rates of engagement and retention working with families at-risk for child maltreatment	(a) Pregnant women and teens from specific ethnic minority groups (African American, undocumented Latinos and monolingual Spanish speakers and fathers)	Questions were focused on engagement and retention, services, and outcomes, yet were broad enough to allow parents to freely share their individual experience	Qualitative content analysis; varimax factor analysis and matched paired *t* tests	45/48 (93.8%)

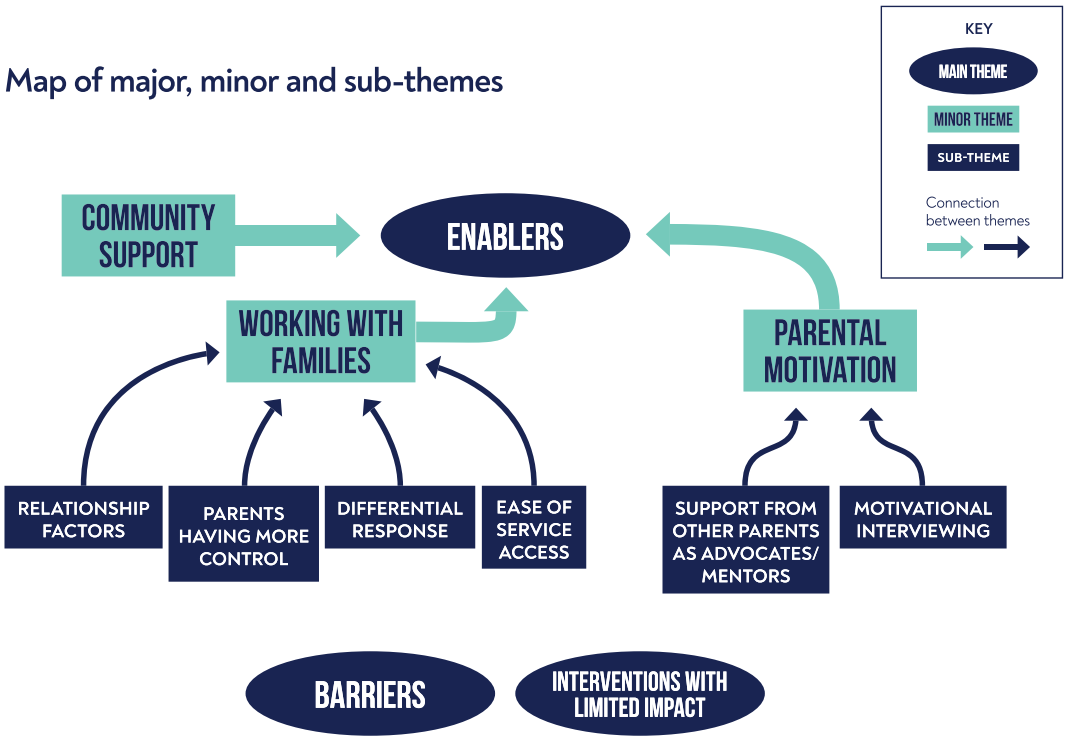

FIGURE 2 Theme map of major, minor and subthemes relating to parental engagement

EMP mothers completed all drug court requirements compared to those receiving standard treatment. However, a subsequent RCT ($n = 62$) showed no benefit of EMP (Dakof et al., 2010). A very small RCT ($n = 17$) of a comprehensive treatment programme for fathers with substance abuse and domestic violence found no improvement in engagement (Stover, 2015). Interviews with parents from the Strengthening Families programme reported the benefits of overcoming transport barriers and the ability to have separate parent and child groups as well as groups together (Akin et al., 2018). Focus groups with mothers mandated to attend treatment programmes identified strategies supporting engagement including mother–child residential programmes, specific parent–child therapies, material support and treatment workers acting as advocates (Seay et al., 2017).

Giving parents more control. The Nurse-Family Partnership (NFP) (Olds, 2006) is an evidence-based home visiting programme for low-income, first-time parents consisting of 64 scheduled visits following manualized guidelines. Postulating that high drop-out rates may be partly due to the programme's inflexibility, Ingoldsby et al. (2013) conducted a quasi-experimental study ($n = 2419$) to give parents more control over programme delivery and frequency. They found a lower risk of drop-out for mothers compared to control, but the effect size was small with an increase of only 1.4 visits on average (95% CI, 0.58–2.2), $p < 0.001$.

Community support

Folger et al. (2016) studied the impact of enhanced community input into a home visiting programme (HVP) for first time African-American parents with children at increased risk ($n = 5707$). Community-based enriched home visiting (CBE-HV) involved working with community stakeholders such as faith or neighbourhood groups. CBE-HV families stayed in programme for 166 days longer than comparison (461 vs. 295, $p < 0.01$) and had seven additional home visits (24 vs. 17, $p = 0.02$).

Parental motivation

Parent advocates/mentors. Three papers reported on using parent advocates to support families with child protection proceedings to improve parental engagement. An evaluation of an advocacy scheme for English families ($n = 52$) subject to child protection proceedings reported that 13/18 families giving feedback found advocacy helpful; 66% of social workers and 79% of child protection conference chairs felt advocates increased parental engagement (Featherstone & Fraser, 2012). A small-scale study reviewed parents' perspectives on parent advocates within the Child Welfare Organizing Project (CWOP) in New York City (Lalayants, 2013). It reported that the shared experience of parent representatives helped families to engage with representatives and court processes, where representatives were viewed as separate from CPS workers. A study of peer mentors (parents who have successfully navigated the child welfare system) collected data with 25 parent clients and six peer mentors revealing three distinct themes supporting engagement: value of shared experiences, communication and support (Berrick et al., 2011). Garcia et al. (2018) also noted the benefit of engaging parenting class graduates to motivate and provide social support to new attendees, including those mandated to attend.

Motivational interviewing. Four papers reported on Motivational Interviewing (MI), which aims to strengthen individual's motivation to change, build commitment, promote decisions for positive change and increase self-efficacy (Lundahl et al., 2010). Chaffin et al. (2009) compared the effect of MI in a RCT ($n = 192$) of two different parenting programmes in families with child protection concerns. Parents received either a pre-parenting programme MI group intervention, or a standard group information session, followed by either Parent-Child Interaction Therapy (PCIT) a dyadic behaviour parent training programme, or a standard didactic group parent training programme. MI followed by PCIT had significantly higher retention in programme rates than all other combinations but showed no benefit when combined with standard parent training. A RCT of MI in child protection cases ($n = 165$) compared with standard management in one London local authority found no significant benefit from MI for parental engagement (Forrester et al., 2018).

Two studies combined MI with SafeCare, a modular home-treatment programme for child abuse and neglect (Edwards & Lutzker, 2008). A RCT ($n = 398$) compared SafeCare with MI (SC+) to standard services for families with children considered to be at high risk of maltreatment using data from service records. There was a highly significant benefit from SC+ with 80% enrolment compared with 49% enrolment in standard services (OR: 4.3, 2.6–7.0, $p < 0.001$) and 50% completing the programme compared with 21% receiving standard care (OR: 8.5, 3.3–22.1, $p < 0.001$) (Damashek et al., 2011). A similar RCT ($n = 105$) compared SC+ with community-based mental health services and found SC+ families attended more treatment sessions with a mean of 36 h total compared with 8 h for control ($p < 0.001$) but less than half of SC+ participants completed the programme (Silovsky et al., 2011).

3.2.2 | Interventions with limited impact

A RCT of SafeCare alone ($n = 1305$) compared with usual services showed a small improvement in parental engagement (Damashek et al., 2012), although another study reported low completion rates (Bolt, 2015). There were two RCTs of technology assisted interventions, neither of which found any significant benefit, one ($n = 19$) of a home-visiting parenting programme with text reminders (Bigelow et al., 2008) and one ($n = 159$) of online parenting training (Baggett et al., 2017).

3.2.3 | Barriers to engagement

All the qualitative studies noted barriers to parental engagement in programmes including lack of motivation or recognition of need to change, limited time with children allowed for in programmes, programmes that were not perceived to be culturally applicable beyond white families, feeling pre-judged and blamed. Being mandated to attend programmes was a significant negative factor for many families (Akin et al., 2018; Seay et al., 2017), but despite this in a study of the Positive Parenting Programme (Triple P), parents still reported gaining parenting skills (Garcia et al., 2018). Parents in Lalayants (2013) study spoke of stigma, negative attitudes of child welfare workers and the mistrust and prior negative experiences of child protection services as key barriers to engagement. For some parents, their children became inhibitors to their programme engagement as they did not want to be away from their child in order to attend, could not manage parenting and programme requirements, and suffered overwhelming guilt about their child once they commenced programmes (Seay et al., 2017).

4 | DISCUSSION

This review found limited evidence for interventions to improve engagement in families with children considered to be at risk of significant harm. Of the interventions that showed some benefit, these were all face-to-face programmes with high intensity family contact and close working and co-ordination between agencies and community support. The quality of the relationship between a skilled professional and family is key to engagement for meaningful change; but this is not something that can be achieved in the short term. The wider engagement literature acknowledges that engagement is much more than just engaging in information giving or ensuring compliance of parents (Platt, 2012), and this was very much evident in the studies reviewed where it is important to note engagement as a concept was not consistently defined. Services needed to be easy for families to access, with practical support such as programmes that combined substance misuse treatment with parenting skills training. Addressing parental motivation is important, this could be achieved by techniques such as Motivational Interviewing or use of Parent Advocates who have successfully navigated the challenges of child protection procedures themselves. A flexible approach to tailoring the number, duration and content of health professional contacts was also welcomed by families and supported improved engagement. Barriers to engagement included low motivation, feelings of shame and guilt, stigma and previous negative experiences of services.

The limitations of this literature review include the lack of papers directly focusing on engagement in families at high risk of SUDI, so we have had to rely purely on papers on engagement in families with children at risk of significant harm. The findings from this review concern SUDI in families with children at risk of significant harm, which is not equivalent to families at high risk of SUDI although they share some features in common. Previous research on 27 SUDI cases with significant safeguarding concerns subject to Serious Case Review found that non-engagement with healthcare featured in 13 families, social care in 14 and substance misuse services in five (Garstang & Sidebotham, 2019). Many of the engagement outcomes were based on attendance at treatment sessions only, not whether parents engaged with the messages given, therefore reducing the real effect of the intervention. The engagement studies reviewed were of variable quality with only four RCTs having more than 200 participants, and only two of these RCTs with a clinically significant increase in

engagement. Improving the engagement of vulnerable families is challenging and resource intensive. The most effective practices will involve professionals working with families regularly, over long periods of time, starting in the neonatal period, to build trusted relationships; and for professionals and families to be linked with community-based support services. An approach that focuses on the wider needs of the family including housing and mental health needs is also important. Our review highlights the importance of relationship-based practice (Ruch, 2005) and the characteristics of these relationships reported to be important: trust based, non-stigmatizing, and non-judgemental whilst bringing an 'integrated understanding of the individual–structural causes of social distress and dysfunction' (Ruch, 2005, p. 114) and a focus on reducing anxiety (for the worker and the parent). This demands a high level of reflective practice and a much more complex perspective on engagement and intervention. Practicing reflective relationship-based practice with clients who may be experiencing extremely challenging life circumstances is not always straightforward (Ruch, 2005) and a model of parental engagement that recognizes the relational, attitudinal and behavioural components in parents and in workers is essential (Platt, 2012). Applying this to SUDI risk practice may help with understanding non-engagement even when parents have access to clear information. For example, nearly half of the families in the SUDI Serious Case Review study had received safe-sleep advice from Health Visitors, but this had not been acted on by parents (Garstang & Sidebotham, 2019), so regular contact with trusted professionals who are able to practice in relationally warm and supportive ways could improve the uptake of safe-sleep messages. Indeed, a recent Canadian study of parental engagement in child protection services (Charest-Belzile et al., 2020) has demonstrated that high-quality relationships between parents and worker strongly predicts for a more positive attitude during intervention. Future interventions to improve the uptake of safer sleep advice in families with infants at risk of SUDI should consider how to maximize on the benefits of these positive relationships between families and health professionals.

Two technology assisted interventions were not found to be effective, however it is worth noting that these types of 'digital health' options are becoming more popular, particularly within the UK response to the SARS-COV-2 global pandemic. There may be a long-term impact from the pandemic on how personal services are provided to families with young children in future—services may be less likely to be face to face, more linked to the use of technology such as mobile phones or phone apps, and to be more targeted to families with particular needs or risks. Studies showing the relative ineffectiveness of technology-based interventions may need to be repeated using better population selection and better technology. The rapid changes in communications seen during the pandemic may mean that some of the features of digital health interventions that made them less effective in the past may be less of an impediment in the future. Conversely, over-reliance on technology at the expense of trusted relationships with professionals may lead to less engagement by vulnerable families and greater risk of SUDI as parents either cannot access, do not trust or fail to implement safer sleep advice.

4.1 | Conclusions

This review forms part of a wider review and project to review practices and make recommendations about how best to increase uptake of safer sleep advice in families with children at risk of significant harm (Child Safeguarding Practice Review Panel, 2020). We found no engagement studies that specifically included this population, although several used overlapping risk factors. We conclude that effective engagement is facilitated by experienced professionals given time to develop supportive non-judgemental relationships with families in their homes, working long-term, linking with communities and other services. Fragmentation of services, cuts to social care and reduction in Health Visiting will make engaging vulnerable families more difficult and further increase the risk of SUDI. Given the absence of engagement studies in the high-risk SUDI population we recommend that this is a priority for future funding whilst taking the learning from these wider engagement studies and what is known already about parental engagement from both social work and health literatures.

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AUTHOR CONTRIBUTIONS

All authors contributed to the study design. The literature searches, screening and data extraction were conducted by J.G., D.W., A.P. and CE. The narrative synthesis was carried out by J.G. and D.W. The first draft was written by J.G.; all authors commented and contributed to subsequent revisions. All authors have reviewed and approved the final manuscript.

ETHICAL APPROVAL

This systematic review involved secondary analysis of existing research so no ethical approval was required.

DATA AVAILABILITY STATEMENT

There are no further data available concerning this systematic review.

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