What does 'supporting parents' mean? - Parents' views

By

Ken Johnson, Jane Akister, Bridget McKeigue & Jon Wheater

Correspondence to:

Jane Akister,
Anglia Polytechnic University,
East Road, Cambridge,
CB1 1PT.
01223 363271 Ext 2550

e-mail: j.akister@apu.ac.uk

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Summary

This paper reports on the views of a community sample of 428 parents with primary school aged children. In a previous study parents had identified that they need 'support'. This study was designed to try to understand what types of support parents already have and what support they think needs to be available to them.
Most parents use informal support of family and friends and have limited awareness of what is available to them in the way of locally based services. They propose services which are already available, like Parentline, but of which they are unaware. There seems a need for universal, non-stigmatising services which design their programmes with parents and can refer on to more specialised services, e.g. Social Services or Family Centres. These services need to be located in agencies which parents frequent and are comfortable with, such as schools and health settings.

Keywords: parenting programmes, parenting support, user views

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Introduction

If you look up 'Parenting' or 'Supporting Parents' on the internet there are hundreds of sites, for example: 'Supporting parents and families: The mental health and wellbeing of children and young people.' (Australian Government); 'Tips for Parents' (Australian Government); 'Healthy Parents, Healthy Babies.' (Canadian Government); 'Supporting People: A new policy and funding framework for support services.' (UK Government). Many of these are focussed on policy and advice from governments and professionals. There are few based on research evaluating the effectiveness of such policies and approaches to supporting parents. Specifically, the views of parents as users or potential users of services are missing.

Following on from earlier studies of parents perceptions of the confidential helpline, Parentline Plus, and the experiences of parents using Home-Start (Akister & Johnson, 2002; Akister et al., 2003) we have been looking at parents' views in a large community sample. We think these findings will be of interest to social work, education and health practitioners as they have both policy and practice implications. While the government aim to support parents, this is not an easy task and we were interested in the parents' perceptions of support and also in the extent to which they are aware of services available to them.

The government is keen to support all families.

> "What families - all families - have a right to expect from government is support. This includes a modern National Health Service equipped to meet their needs; local schools to provide good education for their children; safe streets, strong communities; and a welfare system which offers security for those who can't work, and helps those who can into work."
>
> (Home Office Home, 1998).

At the same time as the government issued this document there was an editorial in the British Medical Journal proposing that doctors as well as government should do more to support parents and seeing parenting as probably the most important public health issue facing our society.

> "The importance of parenting arises from its role as a buffer against adversity (such as poverty or delinquent influences) or mediator of damage (as in child abuse)…. Parenting has three essential components. Firstly, *care* protects children from harm. Care also involves promoting emotional as well as physical

health. Secondly, *control* involves setting and enforcing boundaries to ensure children's' and others' safety, in ever widening areas of activity. Thirdly, *development* involves optimising children's' potential and maximizing the opportunities for using it. Although a reasonable consensus exists about 'bad parenting' there is no agreement about its opposite, particularly in a diverse and rapidly changing society."
(Hoghughi, 1998, p. 1545).

If we are trying to support parents, what would this mean from the perspective of the parent? Support can be categorised into three main types: informal (family and friends), semi-formal (organised community networks) and formal (statutory and professional services). In their study of parenting in poor environments, a survey of 1700 parents or main caretakers, Ghate & Hazel found that parents generally had substantial networks of informal support, were mostly aware of some formal support and were surprisingly unaware of semi-formal services in their local area (Ghate & Hazel, 2004). In their study only a small minority (3%) said that they had nobody to call on for help. This is a lower figure than in our studies in the community where 7-10% say that they have no-one to turn to and which may reflect a wider level of social isolation in populations outside 'poor environments' (Akister & Johnson, 2004). In relation to semi-formal support with the exception of playgroups only a minority of parents were aware of common types of services such as toy libraries, drop-in family centres, parenting education classes, home support, befriending or support groups. These are mostly neighbourhood based and the researchers raise the question of whether these semi-formal support services offer the kind of help that parents might welcome as appropriate or worthwhile (Ghate & Hazel, 2004). It also raises the question of the adequacy of 'information alone' and suggests that the marketing and targeting of information is extremely important as at present parents are only registering a very limited picture of services available to them.

While parents in the Ghate and Hazel study were more likely to be aware of formal support they found that, "..both awareness and take-up figures suggested that parents in poor environments are not being reached by so-called 'universal services' intended for all, such as health visiting service, let alone more 'targeted services', such as social services." (Ghate & Hazel, 2004, p.16). They also report on the possible negative effects of asking for support with the risk of professionals interfering or trying to take over. It is important to consider the possible negative impact of any intervention and we also found a major reluctance of parents to approach social services, although they were willing to approach health professionals and their children's school (Akister & Johnson, 2004).

The researchers who developed the 'Triple P - Positive Parenting Program', recognise the need to disseminate effective parenting interventions more widely and see a role for the mass media in this, normalising the process of participating in parenting programmes and destigmatising the idea of getting assistance to address parenting issues.

> "In order to achieve a significant improvement in parenting competence a population health perspective is needed. The concept of designing 'family friendly' environments to support and empower parents requires interventions that target social contexts that influence parents on a day to day basis including

the mass media, primary health care services, child care and school systems, religious organisations, worksites and the political system."
(Sanders, 2003, p.4).

They see media interventions such as a televised parenting programme as having the advantage of being able to be accessed in the privacy of the home by a large proportion of the population. It would also be able to promote and increase community awareness of effective parenting strategies and understanding of the role family relationships' play in the health and well-being of young children. This can be supportive and counter some of the typically alarmist and parent blaming messages (Sanders & Markie, 1997; Sanders, 1999). They stress the idea that the more competent parents feel, the more likely they are to seek advice at an early stage. This is confirmed in a Scandinavian study which found lack of social support and lack of confidence/security were linked to parenting stress (Sepa et al., 2004). The Triple - P program has also been used to deliver telephone assisted support for families living in isolated rural areas in Australia and could be further used with any families who have difficulties accessing face to face services (Cann et al., 2003).

We already know that in order to reduce parenting stress one should focus on reducing domestic workload and on strengthening social networks (Östberg & Hagekull, 2000). Poor parenting skills may be the result of poverty and social exclusion rather than the fault of individual parents and Poole suggests a public health approach based on parents expressed needs could offer a way forward (Poole, 2003). Apart from a study by Gould et al., 2004, who look at ways of evaluating the effectiveness of parenting programmes for parents of adolescents, much of the focus of parenting strategies has been on parents of pre-school children. In this study we were interested to access the views of parents in the community, with school aged children, as to their experiences of support. We wanted to find out where they do, or would, seek support and what kind of services they thought could be helpful. First of all we needed to know what services they were aware of as available to them.

Sample

This paper is based on the replies of 428 parents to a questionnaire sent out through their school. The study has received ethical approval and replies were anonymous. Each school has received a copy of the detailed findings as part of our collaborative research approach and these are available to the parents (Akister et al., 2004).

Questionnaires were sent to all parents in 7 infant or primary schools in Cambridgeshire and Essex. Each family had at least one child attending primary school (aged 5-11 years). The schools were selected to collect views from a wide range of parents and included a rural infant school, 4 city schools and 2 faith schools (one Catholic and one Church of England). Brief descriptions of the schools are included in Appendix 1. The number of pupils attending the schools and the replies received is listed in Table 1.

Insert Table 1 here

Many children had older or younger siblings. In this study there were significant differences in the ages of the other children in the family, with children in schools 1 and 5 being more likely to have older siblings (45%) than the children in the other schools (22%) and less likely to have younger siblings.

We do not have an ethnic breakdown of this sample although we are looking at this in the subsample of parents who have volunteered to continue in the project. This will be important as there are indications that while irrespective of race, class or culture parents have shared goals for their children, minority ethnic parents are faced with additional tasks as a result of their location within a culture which may be different to their own. In relation to the provision of parenting programmes, there are few which are 'culturally specific' in the UK. (Barlow et al., 2004)

Results

(Where there are significant differences between schools or between families with older or younger siblings these are reported, otherwise results are presented for the whole cohort.)

An astonishing high number of parents (62%) reported that they were not aware of any agencies that offer support to parents. Of those who did know of agencies offering support the health visiting service was clearly identified as supportive to parents, along with Home-Start (see Table 2). These services are for the under-5's and not aimed at school age children.

Insert Table 2 here

Parentline was the next most cited service and is aimed at the whole spectrum of parents. In a previous community study of 428 parents we found that many of the sample (60%) said that a confidential helpline was a service that they might use for information and advice (Akister & Johnson, 2002).

What services or facilities do you think would be helpful for parents?

Telephone helplines are suggested by one in seven of the parents (15%), as a service that they think would be useful to parents. This service, Parentline, already exists. This result corroborates our findings in a study with Parentline where we specifically asked parents whether they had heard of Parentline. Less than half (43%) had heard of it although 60% thought that it was a service that they might use. (Akister & Johnson, 2002). It seems that parents are unaware of support available and when they make suggestions as to what they think might be helpful they actually suggest a service which is already available on a national basis.

Insert Table 3 here

Parenting groups are often cited as something that parents want (18%) but experience shows that the take up when these are offered is low (e.g. Office of Personnel Management, 2004). One parent, in our sample, described her experiences with such a group saying: "I felt it was taken over by the parents who everyone knows has problems and then I found it hard to go. I couldn't really trust people." The question of trust and exposure when you seek support or help is one we are looking at in our current study where we are interviewing parents. The idea that accessing services may be risky is also a finding of Ghate & Hazel (2004).

The theme of wanting services for information and advice is strong: information/leaflets (14%), advice centre at school (8%), parenting skills course (6%). The difficulty is in knowing where to target the information so that parents know where to go when they need help in one form or another.

The suggestion for 'one-stop-help' and advice centres at schools reflects this difficulty in knowing where to go for help and also suggests that parents do seem to view the school as a safe place. They see the school as a setting, which has the interests of their child at heart, and it does seem the idea of a service, based in schools, which could direct parents to appropriate sources of help for parents may have merit.

Similarly, our previous research suggests parents also trust the health services and find the health visiting service a positive experience (Akister & Johnson, 2004). In this study health visiting (27%, see Table 2) is the most frequently cited service that parents are aware of. The suggestion, made by some parents, of a service similar to the health visiting service for over 5's is therefore interesting as parents tend to contact health visitors to talk through problems and get advice and there is not a similar universal service available for parents with school age children.

A 'one-stop-help' service based in schools could meet the needs for information, advice and referral to specialist help. It would need to be seen as with the health visiting services as something available to all and not directly linked to interventions such as counselling.

'Out-of-school facilities' are suggested by one in six parents (17%) of the parents. This is a different kind of support to the other suggestions, being more practical and in line with the notion that in order to reduce parenting stress one should focus on reducing domestic workload and on strengthening social networks (Östberg & Hagekull, 2000).

Do you think a chance to talk with other parents might be useful?

Most parents (78%) indicated that they thought talking with other parents might be useful.

This masks a significant difference in School 1 where less than half (44%) thought it would be useful to talk with other parents. Although the response rate from this school is low, (n=26), this low number when combined with the replies to the question of whether they have family or friends to talk to would indicate that this school may contain a significant number of isolated parents (see below).

Do you have any family or friends who you can talk to openly about parenting?

Most parents had family and friends with whom they felt they could talk about parenting (93%). Of concern is the group of parents who have neither (7%).

Among the schools, only 67% of the parents in School 1 said that they had family or friends to talk to about parenting, leaving a massive one in three (33%) in an isolated situation. Many studies have indicated that social isolation underpins problems for parents in raising and appropriately protecting their children. School 1 is in a small geographical area of high socio-economic deprivation in an affluent city. It would not be categorised as a poor environment, as defined by the Gate & Hazel study, which may add to the isolation experienced by these parents as the informal networks are not as developed.

Some of the parents volunteered to discuss their views and this will be reported on when that study is complete. Of interest here is the anecdotal experience from one of our interviewers, at the other end of the economic spectrum, who reported that the longer the driveway to the house the more likely that they would find a mother who was isolated and tearful.

What are parents looking for?

Replies to this question indicated that parents were looking for information (85%), for support (83%) and for advice (81%).

The only school with significantly different replies to this question was School 2, where less would be seeking information (64%) or advice (61%) but the same proportion would be looking for support. This may reflect the fact that School 2 has deliberately set out in the last year to involve parents in the life of the school and have an 'Open Door' policy for parents. This would add support to the idea of 'one-stop-help' services based in schools or health settings and providing advice and information as a strategic service which would be acceptable to parents. It would resonate with 'Citizens Advice Bureaux' as offering universal, non-stigmatising services.

Discussion

Most parents could not identify agencies offering support to parents. Some of the services parents would like to see are already available e.g. helplines. This highlights a major problem of how to market, promote and target services. All information needs to be reinforced to maintain and sustain the experience of being supported in the parenting task.

Parents are looking for information, support and advice. Parents in School 2 differed from the other schools in that their parents were just as likely to be seeking support, but less likely to be seeking advice and information. In this school there was a specific 'open door' policy which may have enabled parents to obtain information and advice

more easily. We feel that this supports the idea of locating 'one-stop-centres' in school settings that could offer information, and direct parents to services appropriate to their needs. This needs to be a non-stigmatising resource, which can filter demand, possibly modelled on the Citizens Advice Bureaux.

Practical support is an important part of the 'support' parents are looking for. Many suggest after-school facilities that would also extend social networks and reduces some parenting stress (Östberg & Hagekull, 2000). Again the suggestion is for help located in the familiar setting of the school.

Most parents had family and friends to talk to. Of those parents who did not have friends and family to talk to most of these were in School 1. This school is in an area of high socio-economic deprivation and with an above average crime rate. The proportion of pupils on the special educational needs register is very high (54%). However this does not explain the findings which are very different to those in the Ghate and Hazel study (2004) of parenting in poor environments. In their experience although the neighbourhoods were challenging places to live being physically degraded and crime-ridden most of the parents described them as generally friendly and stable and most said that they knew neighbours to talk to. It may be that there is higher social isolation in a geographically small area of deprivation located in an affluent city or it may be a feature of the low response rate and small sample size from that school. The school report that they find parents using them for support with some parents spending a considerable amount of time in school.

Given that the parents in our study are identifying relatively higher rates of social isolation it is important not to forget the more affluent parents who may have moved away from their social networks and can be very isolated. This isolation will tend to undermine the parents' confidence and make them less likely to seek support (Sepa et al., 2004).

The experiences reported by the schools of the way these parents are using them is indicative for the ideas put forward by the government in the Green Paper, 'Every Child Matters', for universal parenting services open to all families when and where they need them. Their proposals include better communication between parents and schools and also, "joint training on development and behaviour issues for children's professionals so that they can provide initial support for parents and signpost those with particular needs to targeted services (Department for Education & Skills, 2003, p.41). The renewed emphasis on the need for integrated of services is supported by our findings.

Our findings also would indicate that the concept of Children's Trusts (Department for Education & Skills, 2003, p.70) may enable parents to be aware of what services are available and they could locate advisors in schools and General Practice health settings who could direct parents through the maze of provisions. We will review these findings in our next study to see whether there are differences between differing ethnic groupings as would be indicated by Barlow et al, 2004.

Overall parents are quite clear in their views about the kind of services they think would be useful and, importantly, where they should be located. There seems a need for universal, non-stigmatising services which design their programmes with parents.

Parents can then use these for routine information and advice and can be directed to more specialist or confidential services as appropriate. This service needs to be accessible and face-to-face and the suggestion by parents is that they should be located in schools and general practice settings. Who should staff such services would need consideration and a model could be proposed of volunteers with professionals such as social workers and school nurses offering surgeries.

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<u>Appendix 1</u>

School 1 is set in an urban location in Cambridge and has 322 pupils. It is in an area of high socio-economic deprivation and with an above average crime rate. The proportion of pupils on the special educational needs register is 54%. Children start school with standards of attainment in all areas of learning that are very poor.

School 2 is in Cambridge in the middle of a large estate with significant unemployment and low income households causing deprivation and social distress for some families. The school has special facilities for physically disabled pupils including a hydrotherapy pool. The percentage of pupils with special educational needs is 44%.

School 3 is an infant school in a large Cambridgeshire village with 254 pupils. Pupils come from a wide variety of socio-economic backgrounds. Attainment on entry to the school is generally average overall, but there is a wide range of attainment in each year group. The percentage of pupils with special educational needs is 24%.

School 4 is an infant school in Cambridge with 210 children. It is popular and oversubscribed. The attainment of most pupils on entry is above average. The percentage of pupils with special educational needs is 6%.

School 5 is a junior school in Cambridge with 298 pupils. Attainment on entry to the school is in line with national expectations. The percentage of pupils with special educational needs is 18%.

School 6 is a catholic primary school with 243 pupils and is located in the centre of Brentwood, Essex. The school serves four Catholic Parishes. When children enter the school their skills in language and literacy and mathematics are broadly typical for their age. The percentage of pupils with special educational needs is 6%.

School 7 is a Church of England Primary School serving a mixed catchment area on Canvey Island, Essex. It has 243 pupils. Pupils come from a wide range of socio-economic backgrounds and are generally in line with the national average on entry. The percentage of pupils with special educational needs is 5.5%.

Table 1: Response Rates by School

	Number of pupils	Number of replies
School 1	322	26 (8%)
School 2	172	33 (19%)
School 3	254	79 (31%)
School 4	210	81 (38%)
School 5	298	55 (15%)
School 6	243	101 (42%)
School 7	243	58 (24%)

Table 2: Agencies which parents identify as offering support

	N=137
Health Visitors	37 (27%)
Home-Start	24 (18%)
Parentline	17 (12%)
Social Services Department	14 (10%)
Gingerbread	12 (9%)
School	10 (7%)
Church	8 (6%)
SureStart	8 (6%)
Child Support Agency	4 (3%)
NSPCC	3 (2%)

(Note: 27 other agencies were cited on a single occasion e.g. Snap, Parentlink, Ormiston Trust. It is probable that these were instances where the family had some direct experience or specific contact with these agencies.)

Table 3: Services parents think would be helpful

	N=163
Parenting groups	29 (18%)
Out of school facilities	27 (17%)
Advice/Help lines	24 (15%)
Information/Leaflets	23 (14%)
Dropin	14 (9%)
One-stop-help	14 (9%)
Advice centre at school	13 (8%)
Parenting skills courses	10 (6%)
Support for 5+ like Health Visitors	9 (5%)