



POLICY BRIEF

Translating early childhood research evidence to inform policy and practice

Parenting young children

Parents have the primary role of guiding and nurturing their child, ensuring all the child's physical, social and emotional needs are met, enabling them to develop and become an important part of the community in which they live. The challenge is to effectively support parents to be able to undertake this vital role in a manner that provides the best outcomes for the child, the family and the community as a whole.

This Policy Brief explores the factors that influence parenting practices and the impact of these factors on a child's development. The features of effective parental support are also examined.

Why is this issue important?

Scientific evidence shows that parenting plays a central role in the cognitive, language, social and emotional development of children (Shonkoff & Phillips, 2000), and is "probably the most important public health issue facing our society" (Hoghugh, 1998).

Surveys of parents in Australia and overseas show that parents view the task of parenting as critically important and personally rewarding; they also report that being a parent is demanding and can be stressful (Sanders et al, 1999; Oldershaw, 2002). Of particular concern is that many parents feel unsupported (Oldershaw, 2002) and relatively few participate in formal parenting education (Sanders et al, 1999).

What is 'good' parenting?

Core parenting factors that are commonly associated with positive child developmental outcomes are parental involvement, responsiveness, warmth, sensitivity, acceptance, predictability, consistency, and the absence of harsh, punitive forms of discipline (Teti & Candelaria, 2002). These factors are associated with positive outcomes across all cultures, regardless of differences in specific parenting practices (Richter, 2004). Parenting practices vary across social and cultural groups (Azar, 2002), and a wide range of parenting practices have been found to be consistent with good developmental outcomes in children (Thompson et al, 2002). This suggests that, beyond the core parenting factors, there is no single 'good' parenting style. The appropriateness of any single

parenting practice may be best defined in terms of its effect on a specific child in a particular context (Teti & Candelaria, 2002; Azar, 2002).

Whilst there is a recognition that we don't all have to parent in the same way, the everyday parent-child interaction is the most critical aspect of parenting, and the quality of this interaction has powerful effects on the course of child development. While good quality parent-child relationships and the security of a safe environment are related to positive developmental outcomes, those of poor quality are related to adverse outcomes and pose a risk to children's development that can have long lasting effects (CCCH, Policy Brief 1, 2006; Shonkoff & Phillips, 2000).

What is parenting support?

Parenting support can take many forms, from child rearing advice given by health professionals, telephone advice lines, the internet, books and brochures, to more systematic educational programs delivered in a range of modalities including group, individual, and 'do it yourself' programs utilising books or DVDs. Parenting interventions have targeted whole populations (universal), specific 'at risk' populations (targeted) and parents who are experiencing difficulties (indicated) (Moore et al, 2001). Literally thousands of parenting education programs exist, many developed at a grass roots level, sharing a similar purpose, but lacking a shared theoretical or philosophical underpinning and of unknown effectiveness (Goodson, 2005).

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What does the research tell us?

Factors influencing parenting

Culture shapes parenting values, goals, beliefs and practices (Bradley et al, 2001) and influences who plays the parenting role (Kolar & Soriano, 2000). If culture sets the stage, learning and experience shape the nuances of an individual's parenting behaviour. Parents' own experience of being parented as children, and their subsequent interpretations of those experiences, appear to be crucial (O'Connor, 2002; Siegel, 2004). However, the most immediate influences on actual parenting behaviour are factors such as:

- knowledge of child development (Williams et al, 2000),
- attitudes and beliefs (Blunt et al, 2002),
- the ability to understand things from the child's point of view and make positive interpretations of the reasons for children's behaviour (Grusec et al, 2000; Dadds et al, 2003).

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Experience in raising children appears to be the most important teacher, the more experience the greater confidence and competence (Corter & Fleming, 2002).

Individual characteristics of the parent, such as being older (Rappaport, 2000), having a physical or sensory disability (Conley-Jung & Olsen, 2001), or sexual orientation (Hunfeld et al, 2002; Patterson, 2002; Rickard, 2002) are not significant factors in how people parent or the outcomes they achieve.

Children living in a whole range of family structures – single parent, step families – can have good outcomes. Higher rates of some psychosocial problems in children in non-traditional family households are more likely to be associated with conflict, disruption during transition, and socio-economic difficulties than the family structure itself (Task Force on the Family, 2003; Wise, 2003).

Adverse social and personal conditions associated with impaired parenting can include:

- poverty (Task Force on the Family, 2003),
- intellectual disability (Keltner et al, 1999),

- mental health problems (Zahn-Waxler et al, 2002), and
- substance abuse (MacMillan & Jamieson, 2003).

Whilst these social and personal conditions impact on parenting, there are substantial variations in developmental outcomes for the children exposed to these conditions, thus indicating that there are additional psychological and social contributing factors, such as insufficient social support, limited learning opportunities, stress, depression or tiredness. The extent of these additional and associated factors impact on parenting behaviours (Bradley & Corwyn, 2002; Feldman, 2002).

Personal distress can result in less parental sensitivity, nurturance and more intrusive and hostile parenting. This evidence has been documented extensively in research on marital conflict (Cowan & Cowan, 2002), maternal depression (Zahn-Waxler et al, 2002), and to a lesser extent parental anxiety (Turner et al, 2003). Negative stress appears to reduce parents' ability to respond appropriately to their children's needs (Shaw et al, 2001). Simply having young children contributes to the stress load (Belle, 1991), as well as the daily stresses caused by care-giving including feeding and sleep problems (Ostberg & Hagekull, 2000).

Children also influence the kind of parenting they receive. A range of child factors have been shown to be associated with qualitative differences in parenting including a child's:

- age (Bornstein, 2002);
- gender (Crick & Zahn-Waxler, 2003);
- disability (Hastings, 2002; Hodapp, 2002);
- chronic illness (Power et al, 2003); and
- temperament - particularly challenging temperament characteristics, such as high reactivity (Putnam et al, 2002)

These factors can all increase the level of parental stress (Zahn-Waxler et al, 2002).

Effectiveness of parenting interventions

General parenting programs that aim solely to change parental knowledge or attitudes do not translate reliably into improved outcomes for children (Shonkoff & Phillips, 2000; Goodson, 2005).

Programs designed to target specific child outcomes tend to have the strongest scientific evidence. These are essentially parent-mediated interventions equipping parents with strategies known to ameliorate specific childhood problems, for example:

reducing harsh and inconsistent discipline, and increasing monitoring and warmth, in the parenting of young children with externalising behavioural disorders (Fite et al, 2006). These kinds of interventions range from brief interventions focussed on common developmental challenges such as sleeping problems in infants (Mindell et al, 2006) to longer more intensive interventions for preschoolers with behavioural problems (Eyberg & Boggs, 1998; Sanders, 1999), Attention Deficit Hyperactive Disorder (ADHD) (Chronis et al, 2004), internalising disorders (Rapee et al, 1996), developmental disabilities (Baker & Brightman, 1997; Roberts et al, 2006) and reading (Hempenstall, 2005). A lack of rigorous research on clinical samples precludes recommendation of most non-behavioural programs such as Parent Effectiveness Training (PET: Gordon, 1970) or Systematic Training for Effective Parenting (STEP: Dinkmeyer & McKay, 1976) (Lundahl et al, 2006) for parents of children already experiencing psychosocial difficulties.

A second type of parenting intervention focuses on developing parenting capacity and confidence in high-risk families. Grounded in developmental psychology, such interventions typically draw heavily on what is known about normal child development and parent-child relationships. Rather than targeting parents of children with specific characteristics, they target parents who are at risk of poorly parenting their otherwise normally developing children. Empirical evidence is gradually building for programs attempting to enhance sensitive and responsive parenting and promote secure parent-child attachments in high-risk families (Bakermans-Kranenburg et al, 2003; Broberg, 2000; Cohene et al, 2002-2003; Landry et al, 2006). Despite methodological problems and mixed results, data on intensive home visiting programs is encouraging enough to warrant further development and research (Olds et al, 2007).

It has been noted that behaviourally orientated parenting programs that teach positive child management skills also hold considerable promise for child welfare service settings (Chaffin & Friedrich, 2004). Indeed, parenting skills training in conjunction with social support, stress management, job-finding, money management and treatment for substance abuse, is emerging as an effective intervention for parents who have previously abused or neglected their children (Wesch & Lutzker, 1991).

The timing of the parenting intervention programs also needs to be taken into account.

Delivery of programs during prenatal stages (i.e. during pregnancy) is a time when parents are more receptive to accessing services and information (Carbone et al, 2003).

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Key features of effective programs

As we have seen, the focus and content of a parenting program depends on the target audience and the program's objectives. However, effective programs share a number of key features in their design and approach including:

- Clear and measurable objectives (Moran et al, 2004)
- A strong and coherent theoretical base, guiding the focus of the program and specifying the predicted mechanism of change for both child and parent behaviour (Moran et al, 2004)
- A high level of structure with a clearly defined sequence of activities (Holzer et al, 2006)
- Detailed documentation that guides program delivery to ensure program integrity (Moran et al, 2004)
- A skills-focus, and use of competency-based teaching strategies including modelling, rehearsal, shaping and reinforcement (Webster-Stratton & Reid, 2006)
- Sufficient time; for example, Webster-Stratton and Reid (2006) recommend at least 20 hours of intervention for parents of children experiencing behavioural problems, and Kumpfer (1999) says there is a need for at least 45 hours for high-risk families
- A 'strengths-based' approach which builds on the competencies existing in families (Holzer et al, 2006; Webster-Stratton & Reid, 2006)
- Attention to engaging and retaining parents, and strategies to overcome practical impediments to participation such as lack of childcare (Moran et al, 2004; Webster-Stratton & Reid, 2006)
- Delivered in culturally sensitive ways that accommodate ethnic differences of families who participate in them (Kumpfer, 1999)
- Delivered by appropriately trained and skilled practitioners (Moran et al, 2004; Webster-Stratton & Reid, 2006).

What are the implications of the research?

- Strong parent-child relationships and the quality of parenting are powerful determinants of the long term health and wellbeing of children.
- Parental sensitivity, responsiveness, warmth and consistency are universally important, yet diverse - parenting behaviours that are often culturally determined are also associated with good outcomes in children.
- Whilst a range of social and cultural factors exert influences on parenting, their emotions, beliefs and behaviours acquired through their direct experience of parenting a particular child in a particular context are more important predictors of the way parents behave toward their children.
- Distress resulting from social and personal adversity - stress, depression, anxiety - can impair parenting, leading to poorer child outcomes.
- Knowledge of how to effectively support parents has not kept pace with our knowledge of the importance of parenting.
- Interventions targeting specific child outcomes (e.g. behavioural disorders) which enhance parental competence and confidence have demonstrated positive outcomes for parents and children.
- Parenting programs are best delivered during the prenatal stage when parents are receptive to accessing services and information.

Considerations for policy and programs

- A suite of parenting support options are required. This needs to include universal approaches including easily accessible and reliable information for every parent, targeted approaches for specific 'at risk' populations, and 'indicated' approaches for parents who are experiencing difficulties.
- Parenting interventions that are provided must have all the characteristics of effective programs and demonstrated efficacy.
- The length and intensity of parenting support programs needs to vary to meet the needs of the family. Some families may need timely access to brief professional support, whilst other may need more intensive parenting support. Funding criteria needs to allow for this flexibility.
- Interventions focused on 'high-risk' families also need to address the complex contextual variables that contribute to parental stress.
- Further research into parenting programs using more rigorous research methodology is needed to further develop our knowledge of effective parenting support and the impact on child outcomes.

Policy Briefs

Policy Briefs aim to stimulate informed debate about issues that affect children's health and wellbeing. Each issue draws on current research and international best practice.

A [multi-disciplinary team](#) from the Centre for Community Child Health produce these Policy Briefs.

An [advisory group of national and international experts](#) in children's policy and service delivery provides advice and peer review.

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www.parentingrc.org.au

References

A full list of references and further reading used in the development of this Policy Brief is available from:

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