

**Community Vitality**

**LITERATURE REVIEW ON PARENT SUPPORT**

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## APPENDIX

## Executive Summary

This paper reviews the supports that parents need to rear their children, including both tangible and intangible supports. It pays special attention to the perspective of ordinary parents and to the early childhood period. The literature review for the paper showed that the research evidence is sparse. Most literature focuses on services and families at risk or with special needs.

Intangible supports for parents include the “human” side of services, general societal attitudes towards parenting, and sense of “community”. In services, the importance of relationships and how parents feel is often overlooked; even those programs that emphasize skill-building and information for parents have interpersonal dimensions that are crucial to their success. Societal attitudes and cultural contexts are said to play crucial roles in parenting even though there is little research exploring how this works. We do know that parents are sensitive to how society values (or undervalues) parenting and to attitudes that parents are failing in their jobs. Parents want connections to a community as they rear their children. They want supportive social and family networks in safe neighborhoods with family-friendly services. Population health perspectives are calling attention to the need for community level analysis and intervention, but there is very little research on universal, population level approaches to parent support.

There is a growing literature on tangible supports in the form of services that support children and parents in early childhood. Quality child care can support parents in both their work and parenting roles. The dazzling variety of family support programs may support better parenting and better outcomes for children but the evidence is mixed and most popular approaches remain unevaluated. An important conclusion from the literature to date is that different approaches are required for different groups and different contexts. Integrated service approaches have the advantage of offering parents more choice. One size does not fit all. However, the literature does not spell out what is needed by different groups of parents and how needs can be met. Support for new parents is understudied, even though we know this is a time of great need. As is regularly noted in the literature, needs and support of fathers have been almost completely overlooked.

Only a handful of studies have attempted to hear from ordinary parents on what they need, how they would like to be supported, or what their goals are in accessing child and parent services. Clearly it is time to “ask the parents”. In the meantime we know that meeting parents’ needs will involve more responsive services, improved communities, and societal messages and support.

## **1.0 Introduction**

This paper looks at what it takes for parents to be supported and feel supported in their communities, and how supports contribute to their parenting and to their children's development. Beyond actual tangible supports, programs, and services, we look at intangible aspects of these concrete supports and we also explore the intangibles of societal attitudes towards parents.

In reviewing the literature, we pay particular attention to research on general populations of parents and on the parenting of children in the early years. There is a vast literature on parental needs and supports for parents of children with special needs, clinical issues, or other at-risk characteristics. While the need for understanding in these areas is obvious, it is also important to develop a better understanding of "ordinary parents". Population health specialists point out that if we don't have universal as well as targeted supports, we will miss many parents and children who are struggling in groups that are not high-risk (Hertzman, 2001). Universal supports for parents may also be related to universal attitudes that value parenting, both as cause and effect.

## **2.0 Perspectives on the Literature**

There is very little literature on the needs of "ordinary" parents that isn't tied to particular services such as health, education, or child care. For example, putting relevant search terms into a comprehensive social sciences search engine (i.e., Scholar's Portal, which mines dozens of data bases, yields very little. As a particular example, "Parents' needs" searched over the last decade produces over a hundred unique references but none focus on parents' general needs. About 80% are concerned with services; and more often with services for special populations of parents based on risk, identified special needs or clinical issues (55%), as opposed to services for the general population of parents (25%). Understanding needs of special populations of parents without reference to particular services is a focus of the remaining 20% of studies. But no study focuses on needs of ordinary parents without reference to services.

A growing proportion of the English language literature on parent needs and supports, over the last decade, appears to be coming from the UK and Australia where national policies emphasize

parents and set out a variety of supports for parents “to do the right thing” as a cornerstone in building a successful civil society (see Gillies, 2005). This makes the point that research, as well as parenting, is affected by social context. As another example, the increasing emphasis on the economics of parenting and supports, including societal costs and benefits, leads to “consumer driven research”. This economic orientation can include beneficial efforts to find out what parents want and think. Thus, the multiple global social forces behind rising interest in parent supports and involvement in early child development and education go beyond service reform, accountability, and providing stronger communities for vulnerable families (Corter & Pelletier, 2005). In many jurisdictions around the world, cutbacks in government expenditures and services through the nineties fuelled ideas of using parental, community and business resources to take up the slack. Interest in service–community partnerships was partly motivated by looking for efficiencies in the face of cuts. Market models of parent choice and accountability grew alongside cutbacks in services and growing pressures to spend public funds more wisely; in this orientation, involved and informed parents should improve the quality and efficiency of services. Parents and the public have been sensitized to the instrumental roles of early childhood programs for fostering school “readiness” as the first step in preparation for jobs and economic competition in the global economy.

Much of the literature for this review came from searching electronic indexes. The primary indexes searched were Medline, Google Scholar, and Scholars Portal (Social Science). These were keyword-searched with combinations of terms: parent(s), parenting, father(s), mother (s), needs, support, program, and family resource. The potentially most relevant items were entered into an on-line RefWorks database available through the University of Toronto Library System. In addition to items found in the electronic sources, other items were added by scanning reference lists in review articles and from lists we had compiled in other research projects on parenting, early childhood programs and parents’ involvement in education and other services.

### **3.0 Intangible Supports: Societal Messages and the Hidden Side of Services**

#### **3.1 The role of services in providing intangible supports**

There is an intangible side of program/service delivery that is often neglected in research- but presumably not by successful professionals. For example, in parent support and education, research tends to focus on the program content (skills, information), delivery modalities, and particular populations, often without articulating the role of relationship-building between parents and providers.

A few studies have examined relationship-building in services, but usually in at-risk populations. Barnard et al. (1988) compared a “mental health approach” vs. an “information/resources” approach to nurse home visiting during pregnancy and the first year. Participating mothers had been identified as “lacking supports” by public health nurses and were generally young and not educated beyond high school. Content of the mental health approach included discussions of concerns, beliefs about parenting, planning for building support networks, and attachment fostering. In contrast, content of the information/resources approach was more focused on concrete issues of care and health and identifying community resources for meeting these needs. The most dramatic finding was that the attrition rate was much greater for mothers in the information/resources approach was much greater (47%) than for the mental health group (less than 20%). On the other hand, the impact of the two approaches was moderated by characteristics of the mothers. For example, higher IQ mothers and infants appeared to develop more secure relationships in the information approach than in the mental health approach, but the opposite pattern was reported for mothers with lower IQ and their infants. Like a number of other findings in the literature, this shows that the important question goes beyond “What works?” to “What works for whom?” and even what works for whom in what context?” (Powell, 2005).

In another example, Webster-Stratton acknowledges the crucial role of respectful parent-professional relationships and a collaborative approach to training in her highly successful child management program, *The Incredible Years*. Generally, research has not focused on the relationship dimension as a possible contributor to its RCT-proven effectiveness. However,

Patterson, Mockford, & Stewart-Brown (2004) recently reported on the qualitative impact of the program on the levels of intangible support experienced by participating parents raising ‘typically’ developing children. They found that one of the major benefits of the program for parents was the increased support they received during the course itself from leaders and other parents, and for some, after the course from their parent peers. More specifically, many parents found that the non-threatening atmosphere of the program (e.g., “non-judgemental support on the part of the health visitors” and “being invited to try new approaches versus being told how to parent” and gaining the “knowledge that other parents were struggling to cope with similar issues”) led to feelings of being supported. Similarly, Barlow and Stewart-Brown (2001) found that “the support that [parents] received in their parenting role from other parents, including mirroring of problems” was one of the ways in which parents appeared to have benefited from the school-based parenting program (pp.117).

The intangible supports and challenges for parenting in society more generally have not been nailed down in empirical research. Nevertheless, it is often stated that social contexts (e.g., media, things that individuals say to parents, public attitudes) affect parents’ beliefs, attitudes, emotions and confidence about their parenting behaviour, but these are the sections of review articles that rarely have references attached to them. There are scattered indications from survey and interview results that societal attitudes translate into everyday encounters for parents (“everyone’s got their little say, even a stranger when you’re out shopping...he needs a bottle).

An interesting demonstration of how societal attitudes may affect interpretations of “working mothers” vs. “stay-at-home mothers” was carried out by Shpancer, Melick, Sayre, & Spivey (2004). They looked at how these labels affected interpretation of the quality of interaction between a mother and child depicted in videotaped vignettes. Female university students who observed the videos were told that the mother was either a working mother or a stay-at-home mother. The “stay-at-home” label produced more positive ratings than the “working” label, but this bias was reduced in young women whose mothers had worked when they were young. This finding is relevant to current political debates over child care. The debates, as well as the outcomes in how child care is provided, may affect parents. For example, in Canada with a recently elected federal government popularizing terms in the media like “institutionalized care”

and “parents who raise their own children”, one wonders how societal judgements and parents’ own feelings and interpretations will be affected.

There is also limited research showing that culture can affect parents’ ideas and feelings, as well as parental behaviour. In one widely cited study, Bornstein and his international colleagues (Bornstein, Haynes, Azuma, et al., 1998) studied mothers’ self evaluations, and explanations for success and failure in parenting, among middle-class mothers across seven countries. Mothers evaluated themselves on dimensions of competence, investment in parenting, satisfaction, and role balance between parenting and other roles such as work and spousal roles. They also indicated how much success vs. failure on different parenting tasks was due to personal ability, effort, and mood, as well as to task difficulty and the characteristics of the child. Overall, the results showed substantial national differences in both mothers’ self evaluations and explanations for parenting success and failure. Bornstein interprets these differences as reflecting cultural and social ecological differences across countries. To give some examples from his paper, Argentine mothers evaluated themselves as lower in ability and investment in their children and attributed failures to lack of ability. According to the report, “Argentine women appear to be insecure in their mothering...Society does not reinforce feelings of security: Contemporary Argentina lacks a public health care system to provide adequate help or advice in child rearing; instead, mothers seek and make do with ad hoc suggestions from relatives or friends. (p. 671). In contrast, Israeli mothers gave themselves relatively high marks on ability and felt that mood was a stronger factor in success or failure. The report suggests that “ Israeli society places a high value on having children and appears to foster relatively positive self-perceptions in mothers. Israeli mothers believe that parenting is a social experience that involves others, like relatives and friends, and that mothers’ perceptions of satisfaction in parenting in Israel are high. Given the general emphasis on child rearing, it is surprising that investment was not more highly rated, but these assessments may reflect the diffusion of child-rearing responsibilities that is common in Israel.”(p. 671). A final example from the report’s interpretations are French mothers who reported even less investment in parenting and rated effort as relatively less important in achieving success. This fits with the “...French view that it is important to be a spouse and a mother at the same time (good role balance) and not necessary to be available to a child at all times. French mothers are less invested in parental training but rather reputedly rely on



intuitions and a very modern, highly touted, and widely used infant and child day-care system...French mothers believe that parenting should come naturally...(p. 671)". This provocative study shows clear differences in mothers' beliefs and feelings across countries, with interesting speculative links to "culture" and patterns of tangible supports such as public health and child care services. Imagining the story one would have to tell to make sense of Canada's multicultural parenting mosaic and patchwork of parenting supports is mind boggling (Canada was not one of the seven countries in this study).

### 3.2 The role of social support

In the parenting literature, social support is frequently cited as an important factor for understanding parents' adaptation to stress (Unger & Powell, 1980). Availability of adequate social support has often been shown to reduce parenting stress and the adverse impact of stressors on parenting behaviour (e.g., Crnic, Greenberg, & Slough, 1986). Research evidence suggests strong associations between levels of social support and a range of parenting effects from positive to negative qualities in parenting, including healthy parent-child interactions better maternal psychological wellbeing, better child outcomes, parental self-efficacy and feelings of isolation (Andresen & Telleen, 1992). A widely-used model of understanding the influence social support on parenting processes is outlined below.

In his *Determinants of Parenting model*, Belsky (1984) conceptualized social support as a key contextual determinant of parenting. He proposed that personal resources (personality), contextual support factors (arising from marital relationship, social network, and work), and characteristics of the child may buffer the parent-child relationship from stress. He also speculated that personal resources and competence of the parent may be especially important because they lead to better support and more positive perceptions of that support. In his analysis, contextual/ social support has three main functions: emotional support, concrete assistance, and control through social expectations. Emotional support is described as "the love and interpersonal acceptance an individual receives from others, either through explicit statements to the effect or as a result of considerate and caring actions." Instrumental support covers a range of practical supports including "provision of information and advice, and health with routine tasks, including child care" (pp. 87). Finally, he suggested that social expectations serves the purpose

of guiding the parent about what is and is not appropriate behaviour. He also notes that the three main sources of social support-the marital relationship; the work setting; and the social network of extended family, friends and neighbours- are also sources of stress. An interesting point in his analysis is that the associations between being a good parent and having good support may reflect good mental health being fostered by support, and good parenting and mental health being strongly linked. However, he believes that there may also be more specific links from support to parenting with specific types of support leading to more direct effects. In the twenty years since Belsky proposed his model, researchers have accumulated evidence for the importance of the contextual and personal determinants of parenting and they continue to use his conceptual model as a framework for organizing the evidence (Luster & Okagaki, 2005; Kotchick & Forehand, 2002). Some of the contextual factors are characteristics of the community and its social networks.

### 3.3 The role of communities

‘Parents crave community’ is a bold statement with some support in the literature. From the empirical reports the need for a ‘sense of community’ is suggested by the wish for peer interactions, including the chance to share and draw emotional support and even to hang out. Another dimension is the wish for support from non-parents in the form of recognition of the importance and challenges of being a parent. ‘Sense of community’ as an empirical construct that has been operationalized in a variety of ways and generally includes a combination of the following elements: a) membership: a feeling of belonging; b) influence: a sense of mattering and making a difference to a group; c) integration and fulfillment of needs: feeling that members’ needs will be met by the resources received through membership in the group; and d) neighbouring behaviour: social interactions taking place between members (Kingston, Mitchell, Florin, and Stevenson, 1999). Much of the research on ‘sense of community’ appears to be focused on the measurement of the construct and its impact of broad psychological well-being of individuals. Very little has been written on the connection between ‘sense of community’ and parents’ perception of needs.

One exception is a study conducted by Martinez, Black and Starr (2002) that investigated the validation of the Perceived Neighborhood Scale (PNS), which assesses the social context of child

rearing. More specifically, the PNS measures social embeddedness, sense of community, satisfaction with neighborhood, and fear of crime. Findings from high-risk neighbourhoods indicated that two scales of the PNS, namely sense of community and satisfaction with neighborhood were significantly associated with parental sense of efficacy, suggesting that where parents live and the resources they perceive to be available appears to affect how parents manage their parenting role.

In addition, a number of qualitative reports have indirectly alluded to the fact that sense of community and social connectedness are important for families, and many parents believe that having good neighbours and strong sense of community would significantly improve life for their family (Cutting, 1999; Miller, Heffernan, Hall & Buys, 2005; Miller & Sambell, 2003). For example, Miller, Heffernan, Hall & Buys (2005) investigated the question of how communities can better support parents, families and young people by surveying a group of parents (N=57) who attended a parenting expo held in Australia to showcase various parental support services and development programs, and provide information and opportunities for parents to enhance their parenting skills. The majority of survey participants were female, married, and reported to have had two to three children with most between the ages of 6 to 12 years. Responses to the open-ended question: “Thinking of your community, what one change could be made to significantly improve life for your family?” were analyzed using a thematic approach. The following key themes emerged from the responses: improved sense of community; increased support for families; and safer communities. Furthermore, Cutting (1998) reported the views of a small sample of twenty-four parents who attended a seminar held by Save the Children’s Positive Parenting Project in Scotland. The parents expressed their views regarding their parenting experiences, expectations of parents, and how they can be better supported in their role. Many parents in the group felt that pressures to meet their multiple parenting responsibilities came from society, older people, professionals, the parents themselves, government, and schools. In particular, parents reported that they wished acknowledgement from these groups that there is no such thing as the ‘perfect child’ or the ‘perfect parent’ and that today, parenting takes place in a wide range of different circumstances and situations. In another study, parents expressed that a crucial component of support comes in the form of listening to parents and validating them in their role (Miller & Sambell, 2003).

In addition to the investigation of ‘sense of community’, researchers have recently focused on ‘social capital’ as an important construct when examining community influences on parents’ needs. Social capital is defined as “features of social life – networks, norms, and trust – that enable participants to act together more effectively to pursue shared objectives” (Putnam, 1995a, pp.664). It is broadly assumed that the need for parent support, both tangible and intangible, is increasing because of declining social capital, as a result of a number of social changes including disruption of marriage and family ties, increase in residential mobility, the movement of women into the paid workforce and the stresses of the two-career families, the privatization of leisure time due to the electronic revolution, etc. (Putnam, 1995b). More specifically, Putnam (1993) argues that this decline in social capital is leading to “civic disengagement, social isolation and a coarsening of societal discourse” (pp.664). Although individual parents may not have the personal perspective to gauge long-term social change, one large-scale survey showed that parents generally agreed with the proposition that family support is declining (Edwards & Gilles, 2004).

Recently, researchers have begun to explore the possibility that the electronic revolution may offer new means of support, as well as challenges. Studies have begun to explore the impact of increased use of computer-mediated communications (CMC) such as electric mail, interactive chat rooms, computer conferences and bulletin boards on social capital. For example, Blanchard and Horan (2000) explored the link between virtual communities and physical communities and their impact on social capital and found that if virtual communities such as parent education can be created based on interest expressed by a physical community, one may see increases in social support experienced by community members. Virtual parent support groups have been identified as one community of interest and there is emerging literature to suggest that internet-based parenting support is a potentially useful and accessible tool in the provision of general support for parents (Mertensmeyer & Fine, 2000; Sarkadi & Bremberg, 2004).

### 3.4 The role of universal, community-level approaches to supporting parents

Population health perspectives are just beginning to penetrate the parenting literature. Until now, the individual parent has been seen as the key level of analysis and action in relation to

interventions and existing services. This is related to a lack of attention to wide-scale prevention and the fact that programs targeted to risk will miss a substantial number of families who develop the problem even though they are not in the elevated risk group. An exception to the neglect of population perspectives is the Australian Triple P (Positive Parenting program), a universal, multi-level approach to parenting support developed by Sanders and colleagues (Sanders, 1999). The program aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills, confidence and teamwork of parents. The multiple levels of the model reflect the various social contexts that influence parents on a day-to-day basis including the mass media, primary health care services, child care and school systems, and worksites, as well as the differing needs and desires regarding the type, intensity and mode of assistance parents may require. The program incorporates the following five levels of interventions on a tiered continuum of increased strength and narrowing reach:

*Level 1 – Universal Triple P.* This intervention involves providing parents with access to information about parenting through a coordinated media and promotional campaign using print and electronic media. The aim is to increase community awareness of parenting resources, to encourage parents to participate in programs, and to create a sense of optimism by depicting solutions to common behavioural and developmental concerns. At this level, media campaigns (e.g., television series, radio broadcasts, newspaper columns, pamphlets, internet sites, etc.) are used not only to provide education to a wide audience, but also to normalize the process of participating in parenting program, to de-stigmatize assistance to address parenting issues, and to create a social milieu that is supporting of parent education and family chance.

*Level 2 – Selected Triple P.* This intervention involves brief, individual or seminar-based consultation with parents and caregivers. Level 2 interventions provide topic specific guidance to parents of children with mild behaviour difficulties, with the aid of user-friendly parenting tip sheets and videotapes that demonstrate specific parenting strategies provided by child and community health, education, allied health and childcare staff.

*Level 3 – Primary care Triple P.* This is a 4-session intervention targeting children with mild to moderate behaviour difficulties and includes active skills training for parents. A brief therapy

program is provided by primary care clinicians either through individual telephone or face-to-face contact or group sessions. Talk about phone-assisted support for families (Cann et al., 2003).

*Level 4 – Standard Triple P, Group Triple P.* Level 4 interventions are more intensive than lower level interventions. Level 4 intervention works with individual parents, groups of parents or simply by guiding parents who are working from a Triple P self-help parenting book. Level 4 interventions take between 8 to 10-sessions and are for parents of children with more severe behaviour difficulties.

*Level 5 – Enhanced Triple P.* This intervention is an intensive individually tailored program for families with child behaviour problems and family dysfunction. Program modules include home visits to enhance parenting skills, mood management strategies and stress coping skills and partner support skills. Level 5 is usually delivered to parents in addition to a Level 4 intervention in an individual consultation format.

Much of the research on the effectiveness of the Triple P as a model for providing parenting support has focused on the higher levels (e.g., levels 2 through 5), resulting in a gap of empirical knowledge regarding the impact of an universal approach to normalizing and de-stigmatization the accessing of formal support for parents. Changes at this community level have been primarily inferred from the increased number of parents enrolled in the various higher levels of support.

#### **4.0 Tangible Supports**

In describing tangible supports for parents, some have distinguished between material supports and support services. Material supports include information “objects” such as books and magazines which may be publicly or commercially distributed (Fraser, 2004). In an early years study in Ontario, Fraser (2004) found that the use of information objects was more highly correlated with child development knowledge, as compared to the use of other people or formal programs.

In terms of parent support services, the two service categories of particular importance in the early years are child care and parent support programs. Health care services and health visitors are also of interest in the transition to parenthood when concern about physical care and development are in the forefront (Zuckerman, Parker, Kaplan-Sanoff, Augustyn, & Barth, 2004).

Child care permits parents to work or study and quality child care may also support children's development and learning. There is a scattered literature on how parent's lives relate to child care "choices"- for example, how employment or socio-economic status are related to care arrangements and their quality. Other studies have explored parents' preferences for different care arrangements or their judgments of the quality of care in their current arrangements. Various studies show that parents have difficulty finding adequate care arrangements and that for some more flexible arrangements are needed. Some studies suggest that parents overestimate the quality of care (e.g., Cryer, Tietze, & Wessels, 2002) and need to be better educated as consumers of care.

The growing literature on child care is beginning to show how child care fits into the complex lives of parents and children and the "balance" between work and family. For example, Feldman, Sussman, & Zigler (2004) explored the length of maternity/paternity leave and how it interacted with an host of other factors (personal, social-contextual, and infant) surrounding parents' feelings and adjustment in combining work and parenting. In the simplest view of the findings, longer leaves were found to be associated with more preoccupation with the baby, for both mothers and fathers. Although cause and effect aren't clear here, these patterns are consistent with one of the aims of parental leave policy-to strengthen the bonds between parents and babies. Of course it is possible that the baby focus is a cause of the longer leave, rather than the result. However, regression analyses show that other factors also predict longer maternal leaves: higher marital support, lower depression, and lower career focus. On the other side of the work-family balance ledger is adjustment to work. Better adjustment to work for mothers was predicted by shorter work hours, lower depression, higher focus on career, more support from spouse, and higher perceived quality of child care arrangements. These patterns illustrate the complex forces at work as dual earner families deal with the stresses of adapting to parenthood and going back to work.

Parent support programs come in a dazzling variety of forms (Cleveland, Corter, Pelletier et al., 2006). They include home- and centre-based programs and activities. They aim to support families and parents to improve children's early environments and developmental outcomes. According to Powell (2005) the first wave of research on family support programs examined the question "Does this program work?" The second wave moved on to "How does it work-through what processes- and for whom does it work-and in which contexts?" For example, the amount or quality of parents' participation may be studied as possible mediators of program effects. In effect "outcomes" for parents may be important "processes" leading to child outcomes. Contextual factors such as demographic characteristics of the participants may alter the processes linking program and outcomes.

Parent support programs vary along dimensions of ecological locus, developmental focus and program characteristics. Ecological locus means program location, target population, who the participants are and how they interact. Developmental focus applies to both children and parents. It means the developmental domains in children addressed by the program and developmental stages from prenatal to infancy to preschool and transition to school. It also includes domains of parental development that programs aim to support. Program characteristics mean intensity (frequency and duration); delivery mode (e.g., face-to-face, group, individual, self-instruction, media), delivery approach and content (e.g., instructional and skills-oriented, constructivist, relationship-building, specificity of content, etc.); and staffing (e.g., professional, paraprofessional). Parent programs may also be more or less integrated with child services such as kindergarten, child care and other supports for children in two-generation approaches.

Because family-support programs are so varied, summaries of what is known about the effects of these programs tend to focus on abstract program characteristics such as specificity, intensity, and whether the program involves both parents and children (Powell, 2005; Cleveland et al., 2006). The value of specificity (providing clearly specified parental knowledge or skills that should alter the child's environment for development and learning) has emerged across large-scale studies. In combined parent and child programming, more intensity seems to be better, with dose-response relations (more participation leading to better outcomes). The clearest



effects in larger-scale projects appear to be achieved when there is early education programming for children along with parenting programming. Thus, family resource programs in the U.S., all of which offer parent programming and education, are more effective when they include direct care and education for children. Home visiting approaches that combine child-focused activities with explicit attention to parent-child interaction patterns have larger effects on cognitive development.

Although programs are quite varied, a rough grouping into family literacy programs, behaviour management training, home visiting programs, and parenting centre programs reveals that there is modest evidence of effectiveness across all these program types in achieving positive outcomes for both parents and children, but there is also inconsistency in the findings and in many cases, relatively weak effects. These points are illustrated in the substantial literature on home visiting.

Home visiting has a long tradition as a practice to support parents, with variations including single visits by public health nurses to smooth the transition to parenting a new baby and single visits by kindergarten teachers to smooth transition to school. Over the last decade and a half, home visiting has been turned into more intensive and focused prevention programs and has also been used as an adjunct to other forms of programming including Early Head Start in the U.S. and various parent center programmes. The extensive programming and a fairly large research literature have fuelled a number of reviews, recently summarized by Gomby (2005). She points out that Olds' small-scale Elmira project sparked an early rush of enthusiasm for home visiting approaches. This project found good evidence of long-term success with visiting nurses supporting the mother-child relationship to prevent abuse in high-needs families through very intensive visiting over the early years. Other home visiting programs span a variety of aims and target populations, usually parents at risk. However, in widespread replication or scaling-up trials of the Olds approach and other home-visiting strategies, mixed evidence of effectiveness is reported, and when effects are found the effect sizes are mostly very modest. In reviewing the evidence, Gomby (2005) reports scattered effects for parents as well as for children. Thus some studies find small effects of home visiting in improving parents' attitudes or parenting behaviour, whereas other studies find no effects. When effects are found they usually come via parental

reports rather than in objective observations. Furthermore, there is little evidence that home visiting affects mother's stress, social support or use of community resources. When programs do work, the parent-practitioner relationship often emerges as a possible mediator, and professionals as opposed to paraprofessionals are said to be a key. Gomby and others (e.g., Powell, 2005) suggest that one reason quality of staffing makes a difference is because professional staff may be more adept at fostering relationships and may be more credible to parents.

In contrast, another meta-review (Sweet and Appelbaum, 2004) reports less clear connections between staffing quality and success. Although professional staffing generally appeared to be more effective than non-professional, paraprofessionals may be equally or more effective for some types of home visiting, such as programs targeting abuse. Sweet and Appelbaum (2004) also reported that home visiting alone can have statistically significant effects which may not be strong enough to be of practical value. Other investigators suggest that home visiting combined with centre-based programs appears to work better than home visiting alone, and better than centre-based programs alone. For example, in the evaluation of Early Head Start (Love et al., 2002) "Mixed programs" combining home visits and centre-based programs had broader impacts on children than either approach alone. Aside from the greater intensity and "ecological reach" of the combination, the investigators also suggested that it offered two options for engaging families and thus wider appeal in drawing families into the service. The point is that parents needs and desires are critical in getting parents connected to programs and to keeping them coming and effectively engaged (Powell, 2005).

The clearest effects in larger -scale projects on children's development appear when there is early education programming for children along with parenting programming, in two-generation programs. For example, family resource programs in the U.S., all of which offer parent programming and education, are more effective when they include direct care and education for children (Layzer et al., 2001). Home visiting approaches that combine child-focused activities with explicit attention to parent-child interaction patterns have larger effects on cognitive development (Shonkoff & Phillips, 2000). Parent-Child centres, which combine child and parent programming appear to produce tangible benefits for children's cognitive and language

development. Even effective “free-standing” parent programming may be complemented by direct programming for children. For example, supplementing Webster-Stratton’s parent training for behaviour management with child training improves children’s peer interactions (Webster-Stratton & Reid, 2003). It makes sense that more points of attack in the child’s social ecology might lead to greater depth and range of effects. This principle of “ecological reach” also underlies programs that train both parents and teachers in the same approach, although the results are somewhat mixed (e.g., Lonigan, & Whitehurst, 1998; Gross, et al., 2003).”

Canada has a strong history of family support/parenting programs but there is little research exploring what works, how it works, and for whom. There are under-evaluated large-scale efforts including Family Resource Programs (FRPs) and Canada Action Program for Children (CAPC) programs, many of which focus on parents and the family. FRPs have a rich history of providing community-based programs for parents and children. Much of the evidence about family support programs is on client satisfaction. Parent participants generally like the programs and feel they got something out of them.

Another newer service category is integrated services where parental choice and involvement are designed into the system in some cases. These programs offer a wider range of types of support and presumably are able to meet a wider range of parental goals and needs. Positive reports on the effectiveness of integrated approaches in early childhood are beginning to appear from several state-wide efforts in the US, the UK Sure Start initiative, and the Toronto First Duty Project (Corter, Bertrand, Pelletier, et al., 2006). The latter project combines child care, kindergarten, parenting programs and other community services in school hubs for families and children from birth to six. The demonstration project was undertaken by the City of Toronto, the Toronto District School Board and the Atkinson Charitable Foundation, following the suggestions of McCain and Mustard’s Early Years Study (1999). The evaluation of Toronto First Duty tested the feasibility and effects of offering a universal integrated early years service “platform” that is intended to serve all young children and their parents. Results show that parents at the project sites are more confident in helping their child learn at home and in being involved at school, as compared to parents in matched sites without integrated preschool services (Patel & Corter, 2006). This finding fits other suggestions in the literature that more flexible

service options should attract and engage a wider range of parents since parents have diverse needs and goals. In fact, intake data on over two thousand parent participants in Toronto First Duty show wide differences in the goals that bring parents to the sites. Some parents come to access child care, some come to meet other parents, and some come to have fun or for a combination of reasons. However, almost all parents come with goals of advancing their child's development through meeting other children or getting ready for school. The intake data also show that Toronto First Duty is achieving its aim of universal outreach. The demographics of participants match those of the sites' neighbourhoods and participants come from well-to-do families and those living at poverty levels.

In addition to research on services directed to parents, there is also a literature on parent "involvement" in children's education and other child services (see, Corter & Pelletier, 2005, for a review). The literature is largely advocacy for more parent involvement or partnerships, along with a fair number of correlational analyses, usually showing that greater parent involvement (defined in a variety of ways) is statistically associated with better outcomes for children. However, these associations do not show that parental involvement causes better outcomes; a reasonable alternative is that competent parents, who tend to have more competent children, are also more likely to be effectively engaged with services. Interestingly, in a few cases associations are found with negative outcomes. For example, parental involvement in governance of services is often not implemented well; and in one meta-review of school reform, giving parents governance roles appears to reduce the effectiveness of school reform and student achievement (Borman, Hewes, Overman, & Brown, 2003). One interpretation of this sort of finding is that involving parents (and professionals) in governance takes time away from potentially more productive activities that directly affect the everyday environments of families and children. Already stretched parents may find it difficult to find the time to connect with schools if that takes them away from their children. Similarly, school demands that put parents in the role of homework tutor and children into extensive home work may have iatrogenic effects on the quality of family life. Well-intended parental involvement schemes should be examined in terms of their costs in time as well as in terms of aims and outcomes (Corter & Pelletier, 2005).

Despite the rhetoric on the importance of involving parents, particularly in schools and early education, some commentators suggest the schools still don't welcome parents (Davies, 2004) and early childhood interventions don't involve the family except as objects of the intervention (Brooks-Gunn, Berlin, & Sidle Fuligni, 2000). Another line of critique is that parents are rarely asked how they would like to be involved and "types" of involvement are arranged for them. In a few cases, researchers have asked both parents and educators how parents should be involved and there are gaps and overlaps. For example, both sides want better communication but may have different ideas of how to achieve it (for the teacher it may mean paper going home). Another gap is that parents want some input into programs (topics, not teaching methods) but teachers do not generally see this as appropriate (Corter & Pelletier, 2005). Some of the literature suggests that the 'system' discourages parental voice. Parents may be "shy" to ask or tell for a variety of reasons, including minority status.

In some political policies, especially in the most recent revisions of UK education policy, parents and parent involvement are seen as drivers of service quality in care and education, with choice as a mechanism (DFES, 2005). Parents as levers of improvement also appear more subtly in the new Ontario's new Parent Involvement Policy. Efforts are planned to try to strengthen school councils as a way of giving parents voice, despite evidence from Ontario and other jurisdictions that this may not be a particularly effective parent involvement strategy.

## **5.0 Why Don't We Just Ask Parents? Giving Parents Voice and Confidence**

The literature on parental knowledge, expectations, beliefs, attitudes, emotions and attributions gets us closer to what is on parents' minds. However, reviews of these areas, in the most recent *Handbook of Parenting* (2002), edited by Marc Bornstein, suggest that the parent herself has not been the focus of most research exploring parents' mental 'contents'. Instead the focus has traditionally been on the child's development, on parenting behaviour as it relates to child development, and on contexts that affect the child and parenting behaviour. Goodnow (2002) makes the radical suggestion that it is time to assess parents' goals in seeking or accepting supports, as well as the advisers' goals. Her advice is that "...we ask always how much overlap there is between our goals and the people we advise. We would do well also to think about goals, no matter who holds them, in terms of priorities, possible substitutes, bottom lines, and possible

forms of ‘stretch’ (p. 456). Some academic papers have commented on the lack of consideration of parents’ goals and input into early childhood programs, even when these target the family (e.g., Brooks-Gunn et al., 2000) and into the education system (e.g., Corter & Pelletier, 2005). One study that explicitly looked at parents’ and teachers’ goals for schooling and for parent involvement found both gaps and overlaps, as Goodnow suggests (Corter, Harris, & Pelletier, 1998). Some examples of findings from this study: In terms of goals, both teachers and kindergarten parents placed self-esteem near the top of the list of goals (see Oldershaw, 2002), whereas their placement of academic goals differed, with parents ranking it higher. In terms of parent involvement, both parents and teachers agreed that home visiting by the teacher was not a desirable way to connect. On the other hand, parents thought it was more important for them to have input into what was taught, whereas teachers disagreed. In contrast, parents thought it was less important for them to be involved in fundraising or volunteering than teachers did.

Sigel and McGillicuddy-De Lisi (2002) did review the growing research literature on “parents’ beliefs about themselves as parents” in relation to parental self-efficacy. General conclusions from this literature are that naturally occurring efficacy feelings and ideas are associated with parental behaviour and that higher levels of efficacy engage the mother more completely in the parenting role. More recent research also shows that feelings of self-efficacy may be increased by some parent support in education interventions. Parental self-efficacy may thus be a mediator of effects of parent support programs on child outcomes, and/or it may be a by-product of participating in a successful program, acquiring new skills, etc. A few of these studies also suggest that self-efficacy growth may be fostered by the more intangible processes in program delivery, such as relationship-building, respect, and social constructivist orientations to programming (shared knowledge building as opposed to one-way transmission teaching). For example, Pelletier and Brent (2002) showed that parents’ experience in school-based parenting readiness centres led to reports of higher self-esteem. The program involved increasing collaboration between teachers and parents in delivering kindergarten learning to the children and the parent-teacher relationship appeared to be a mediator of effects on parents and children (Pelletier & Corter, 2005). We have not found evidence that societal intangibles can be arranged to foster increased feelings of self-efficacy

## **6.0 Examples Of Conclusions From Studies Of Parents' Needs**

As noted above, some studies examine views of parents as users or potential users of services. Only a handful of studies were identified in the review as reporting on the general perceptions of parents regarding the challenges they face and the areas of support needed for them to feel supported in their role. Details from these studies appear in Appendix 1.

### **6.1 Parents' view on challenges to parenting**

Parents in Cutting's (1999) study expressed that they are currently under a lot of pressure and that the messages they are receiving from societal forces are not clear or helpful. For example, they felt that in the past, they have been labelled as 'bad mothers' for working outside of the home, but at the same time, others felt criticized when they stay at home to care for their children. Also, for these parents, cuts in public spending in relation to families and children, escalation of prices for essential products, and the withdrawal of hot school meals in some areas, further undermined their confidence in the political commitment to supporting them. For parents in Bloomfield's (2005) study, the following were identified as general areas of challenges: play, managing of time, establishing routines; being prepared for motherhood; consistent parenting; cultural expectations. More specific areas associated with child management were also identified: establishing boundaries; behavioural issues and disciplines; handling conflict; communicating with child, listening and responding; learning about child development; overcoming feelings of failure.

### **6.2 Whom do parents rely on for support?**

Miller and Darlington (2002) found that the majority of parents relied on family (i.e., parents, siblings, and other family members) and friends for emotional support and to lesser extent, for information support. In comparison, neighbours and community agencies were considered be less important for these parents in terms of meeting their various support needs (i.e., practical, emotional, and informal support). The underutilization of support provided by community agencies may reflect lack of awareness regarding the availability and applicability of these services. For example, Johnson *et al.* (2005) found that a large percentage (62%) of parents in

their sample of parents living in the UK were not aware of any formal parenting services available to them.

### 6.3 What do parents' need in order to feel supported?

When parents were asked about their support needs, a variety of responses were given. Cutting (1999) found that the types of needs expressed by parents in her study could be categorized into the following groups: emotional support, practical support, child care, information & advice, safe environments and support for parents with older children. In addition, several general issues emerged as being important for these parents: importance of consistent child rearing approach; need to support mothers; the advantages of having extended family support; and the need for family friendly transportation. In another study, three broad categories of support emerged (e.g., information, support, advice) and a range of service needs, such as parenting groups, out-of school programs, telephone help lines, were identified (Johnson *et al.*, 2005). Interestingly, in this particular study, it was found that parents identified services that were already available (e.g., Helpline) as support that is currently missing.

### 6.4 Models of support

When asked about what they would like to see in a parenting support program, many parents indicated that they had clear views about the ways in which support should be offered. For example, parents in Cutting's (1999) study discussed the type of learning environment and approach that they would find helpful in a parenting program. Specifically, they wished for an informal structure where parents can feel comfortable to discuss issues with other parents, emphasis on building on existing skills, opportunities for parents themselves to define the agenda, and recognition that each parent has his/her own unique learning style that needs to be nurtured. In addition, Cutting reported that "parents unanimously rejected that concept of 'parenting classes' as they associated them with families where children have been in trouble with either the police, the school or their neighbours" (pp.20). For these parents the term 'parenting classes' was associated with "the idea of a formal, set learning program based on a set of ideas or beliefs and delivered by an authority figure who takes on the role of the teacher" (pp. 21). Consequently, the term 'group' was preferred over the term 'class' since it conveyed a less stigmatizing approach.



At a broader level, parents in Johnson *et al.*'s (2005) study indicated the need for universal, non-stigmatized and accessible support and suggested that support would be most appreciated when provided in the “familiar setting of the school” (pp.10). For these parents, location was a very important aspect of the provision of parenting support.

At a more abstract conceptual level, Miller and Sambell (2003) suggested that parents' views of support can be categorized in three primary ways. Through several focus groups, parents were asked about their beliefs, expectations and experiences of parenting support. The first model – *the dispensing model* – represented parents' views that indicate “parenting support should develop ways of dealing with the child” (pp.36). For parents with this type of view, effective support is seen as changing the child. Parents across all focus groups valued direct factual information that came from ‘experts.’ The second model – *the relating model* – represents parents' views that see parenting support as “helping the development of the parent” (pp.37). Effective support in this case is “seen as focusing on the needs of the parents and validating them in their role”. Again, parents in all focus groups indicated relating model responses. However, it was noted that such responses were more prevalent in groups that had got to know each other or the parent support worker well. Lastly, *the reflecting model* represents views of parents who see support as “critical reflection and understanding of parent-child relationships” (pp. 38). Parents with this view require support to develop an “understanding of the interactional nature of the parent-child relationship and the reasons that might underpin this”. Reflecting model responses were only present among groups of parents with teenage children who had access to all three types of support (i.e., universal services, informal support, and professionally facilitated parenting program). The authors note that these three models are not features of an individual, as any one parent can adopt a particular approach to learning. That is, they suggest that “the differences described are not factors of the parents as individuals, but features of the complex interplay between the individual and their view of their child's needs in the particular situational contexts they find themselves in at any given time” (pp.39)

## **7.0 Diverse parents: Different Needs, Different Supports**

“Strategies that are effective with one population may alienate a different population” (Best Start Resource Centre, 2006).” This has been shown in qualitative studies that examine the

“processes” intervening between programs and outcomes. For example, one study suggested that a family literacy program that sent home materials did not succeed because mothers in the particular target group found them to be ‘messy’ (Anderson, Fagan & Cronin, 1998). Other studies of “what works for whom” also attest to the need for tailoring. A review of family interventions in the early childhood period (Brooks-Gunn, Berlin, & Sidle Fuligni, 2000) concluded that high-risk mothers tend to benefit more from mental health and parent support interventions, whereas low-risk mothers benefit more from educational curricula.

Tailored approaches need to go beyond different risk categories in order to fit different needs in different periods of parents’ development and to accommodate fathers as well as mothers.

### 7.1 Support for New Mothers

The period of time immediately following birth is a very challenging time for new parents. The dimensions of the problem are outlined in a large scale national survey carried out by Invest in Kids (Oldershaw, 2002) with 1643 parents of children age birth to five years of age. Confidence among prospective parents was low before the birth, with a minority of 44% of parents feeling confident. However, the minority of confident parents fell precipitously to 14% once the baby was born. Parents also felt unsupported and undervalued during this time. Forty-five percent reported that they did not receive enough practical or emotional support.

One approach to this time of need is to provide information and a point of contact for all new mothers with a single visit by a public health nurse or home visitor, but there are limits to what a single visit can do. Zuckerman and colleagues (Zuckerman et al., 2004) showed that a more integrated approach to providing health care information via multiple sources, Healthy Steps, was successful in fostering health-related parenting, increased access to a range of services and more positive evaluations of pediatric services. The approach included pediatric clinics, help lines, print materials and child development specialists who made home visits. The program did not change parents’ feelings of competence or reports of child language development.

A contrasting approach is to provide peer and professional support with some informational content in a postnatal version of prenatal groups. In one study of post partum support groups

(Fleming, Klein, & Corter, 1992), equal numbers of mildly post-partum depressed and non-depressed mothers were assigned to a social group condition or to control conditions. In the social group conditions, women and their infants met weekly in small groups with two psychologist-facilitators, during an eight-week period when the infants were between two and five months of age. Themes for discussion ranged from partner relationships to going back to work. In the control conditions, no social group experience was provided. Maternal attitudes and mother-infant interaction were observed at 6 weeks, prior to the intervention, and following the intervention at 5 months and at 12 months. Results showed that all mothers enjoyed the discussions and generally found them useful. Surprisingly, the results suggested that social support intervention may have had detrimental effects on the attitudes of depressed mothers: negative self-image and identification with the maternal role did not improve between two weeks and five months if they took part in the groups, but these attitudes did improve among depressed mothers in the control groups. In contrast, mother-infant interaction appeared to become more positive for depressed mothers in the social support groups. These mothers became more sociable with their infants, while their infants decreased in crying behaviour. These changes were not seen in depressed mothers and infants in the control groups. At twelve months, unpublished data showed that depressed mothers who had been in the social support groups had less positive identification with motherhood than untreated depressed mothers and tended to give less favourable reports on their infants. These findings, suggestive of an iatrogenic effect of intervention, mirror some of the findings on maternal attitudes through five months of age. This study provides clear cautions about an uncritical view that all well-intended supports work under all conditions. Other studies suggest that that explicit “support programming” does not always work (see Bakermans-Kranenburg, Ijzendoorn, & Juffer, 2003).

## 7.2 The Voices of Fathers – Their views on challenges and needs

Despite the recent societal changes that place additional pressure on fathers to take a more active role in parenting (e.g., feminism, changing maternal employment patterns), research into fathers is still under-represented in the academic literature (Russell et al., 1999). Much of the available evidence on fathers has focused on the measurement of ‘father involvement,’ which has been defined in various ways, but generally includes the following aspects: a) engagement – time spent by father one-one with a child; b) accessibility – father presence and availability; and c)

responsibility – father’s accountability for the child’s welfare and care (Andrews et al., 2004; Lamb, 2000). Other research has looked at the impact of fathers’ roles on children’s development during the early years. Generally, the literature suggests that children of involved fathers exhibit higher cognitive competency, emotional well-being, social competency, and positive peer relationships (Parke, 2002). In addition, research also suggests that father involvement is associated with positive outcomes for fathers themselves (e.g., lower levels of psychological distress, higher life satisfaction) (Palkovitz, 2002).

Aside from the empirical study of the measurement of father involvement and its impact on the well-being of family members, we have gained very little insight into the feelings and experiences of fathers. Although a few studies have reported on the first account experiences of fathers, most notably the experience of expectant fathers, the theoretical and empirical attention to the experience of parenting have been almost exclusively devoted to mothers (Russell, 1999). An exception is a large scale project, *The Men’s Role in Parenting Project*, which was conducted to investigate men’s role as parents in Australia (Russell et al., 1999). This project, funded by the Commonwealth Department of Family and Community Services, aimed to construct a view of contemporary fatherhood from multiple perspectives including the voices of 1000 fathers who completed a telephone survey regarding: a) what they do as parents; b) what they feel about their roles; c) views about how they have learnt their parenting skills; d) what they see as their needs as parents; and e) how these needs could be best met.

*The sample.* On average, fathers in the sample were forty years old and had between two and three children with the eldest around 12 years. The majority of the men were in paid employment (90%) and a third had a diploma or a degree from a university. Most 82% were currently married or living with a partner (82%) and most of their partners were in paid employment (62%).

- *Fathers’ perception of their role & responsibility as a father.* When asked: ‘What do you see as your role and responsibilities as a father?’ the following responses were most commonly provided by fathers: breadwinner; ensure children are happy and feel supported; general socialization; teaching right/wrong, manners; and safety/protection. Authors noted

that compared to an earlier study (Russell, 1983), fathers in the new sample were “much less likely to mention breadwinning and much more likely to mention their role in providing emotional support to their children” (pp.33). Sheehy (2004) also reported similar pattern of responses from fathers (e.g., breadwinner, role model, teacher, etc.).

- *Perceived areas of influence on child.* The most commonly mentioned areas were those traditionally associated with father/men: self-control; values; education/learning; and interests/sports. Authors noted that fathers were much less likely to mention that they could influence the affective and emotional aspects of their children’s development. Similarly, Oldershaw (2002) reported that the Invest in Kids national survey sample of Canadian fathers believed that they had less influence over their child’s emotional development compared to mothers.
- *Perceived areas of importance.* When asked, ‘In terms of what you feel you contribute/have contributed to your children, how important do you think each of the following is in terms of their impact on your child’s well-being and adjustment?’ By far, the most common response reported was ‘being accessible when children need you.’ In contrast, ‘expression of love/care’ was the least common response mentioned by fathers.
- *Perceived competence and satisfaction.* When fathers were asked a series of question concerning their own and their partner’s skills and knowledge about parenting, significant number of fathers reported that their partners knew more about their children’s needs than they did (48%). However, the overwhelming majority of both fathers indicated that they are strongly committed to their role as a father and feel that their role is valued. For the sample of Canadian fathers surveyed by Oldershaw (2000), emotional development was the only area of a child’s development where married fathers reported lower levels of confidence in their knowledge compared to married mothers. In other areas of development (e.g., physical development, social development, intellectual development, fathers’ did not significantly differ in their level of confidence compared to mothers.

- *Work and family life.* Around 20% of fathers reported that they experienced high levels of stress due to work and family conflicts. In Oldershaw's (2000) study, fathers were more likely to report that they "spend less time than [they] would like with [their] children" compared to mothers (pp. 77).
- *Sources of fathering skills and knowledge.* The majority of fathers reported that they picked up fathering skills from observing and listening to their own parents, but more especially their own fathers. Very few reported that formal parent support and education classes or information from the media had an impact on how they have approached fathering.
- *Obtaining support as a father.* Father reported that they would be more likely to turn to their partners when they needed support. Very few indicated that they would seek support from professionals. Similar responses were given by fathers in Oldershaw's (2000) study. It was reported that "fathers were more likely to rely on their spouses, than on sources outside the home, to provide them with childrearing information" (pp. 96).
- *Perceived barriers to being involved as a father.* Fathers clearly indicated that paid work is the major barrier to their involvement. Other responses included social barriers/social expectations, traditional role expectations, and lack of responsibility. In addition to these
- barriers, Sheehy (2004) points out that men experience barriers early in parenting. For example, some of the common barriers for new fathers include: men's perception of having a limited role in the bonding with the infant due to strong association between bonding and breastfeeding; feelings of incompetence due to coaching or supervision efforts from their partners; lack of male role models; belief that fathers play a periphery role in parenting and have indirect rather than direct influences on child development; and the confusing messages put out by service providers who emphasize support for the mother-child relationship and neglect the support needed for the father-child relationship.

- *Perceived needs of fathers.* The most frequently mentioned needs related to changes at workplace to better support fathers who balance work and family responsibilities, in providing greater access to advice and information, and greater support to fathers in relation to custody and access issues. Interestingly, nearly a third of fathers were not able to identify a current need of fathers.

## **8.0 Conclusions**

### **Perspectives on the literature**

- There are few studies on the topic of what parents want and need in terms of support and resources. The little we know relates mainly to particular services such as health, education, or child care. Most of the research examines parents' needs in special populations based on parent or child risk, identified special needs or clinical issues. There is only a handful of studies on the needs of "ordinary" parents..
- There is little Canadian research on parent supports; this paper reviews the world-wide English language literature. A disproportionate amount of this literature, over the last decade, appears to come from the UK and Australia where national policies emphasize parents and set out a variety of supports and pressures for parents "to do the right thing" as a cornerstone in building a successful society.

### **Intangible supports: The hidden side of services and societal messages**

- There is an intangible side of program/service delivery that is often overlooked. In parent support and education, research tends to focus on the program content, delivery modalities, and particular populations, without articulating the role of relationship-building between parents and providers or among parents themselves. The research suggests that even those programs that emphasize skill-building, have interpersonal dimensions that are crucial to their success.
- The intangible supports and challenges for parenting in society more generally have not been nailed down in empirical research. Nevertheless, it is often stated in the literature that social contexts (e.g., media, things that individuals say to parents, public policies) affect parents and their beliefs, attitudes, emotions and confidence about their parenting behavior. There are scattered indications of the importance of these intangibles from survey and interview results, as well as from cross-cultural work.
- "Parents crave community" is a bold statement based on many indirect indications in the literature. From the empirical reports the need for community is suggested by findings such as the wish for peer networks and for support from non-parents in the form of recognition of the importance and challenges of being a parent. Emotional support is a category used to describe

these kinds of wishes. Social capital and social support are broader terms that have been applied to these issues, but there is little consensus on definitions.

- Population health perspectives are just beginning to penetrate the parenting literature and are directing attention to the communities in which parents and children live. Until now the individual parent has been seen as the key level of analysis and action in relation to interventions and existing services. This has meant less attention to wide-scale prevention and universal approaches. An exception to the neglect of population perspectives is the Australian Triple-P approach (Positive Parenting Program) a multi-level approach to parenting support that begins with a universal base and builds towards more targeted interventions. However, evidence for this approach has been limited mainly to targeted program levels and not the universal base for supporting parenting.

### **Tangible Supports**

- Tangible supports for parents include support material and support services. Material includes financial supports and information materials such as media or books, which may be publicly or commercially distributed. Two service categories of particular importance in the early years are child care and parent support programs. Health care services and health visitors are also particularly important in the transition to parenthood when concern about physical care and development are in the forefront.

- Child care permits parents to work or study and quality child care may also support children's development and learning. There is a scattered literature on how parent's lives relate to child care "choices"- for example, how employment or socio-economic status are related to care arrangements and their quality. Other studies have explored parents' preferences for different care arrangements or their judgments of the quality of care in their current arrangements. Various studies show that parents have difficulty finding adequate care arrangements and that for some more flexible arrangements are needed. The literature on child care is growing rapidly and is beginning to show how child care fits into the complex lives of parents and children and the "balance" between work and family.

- Parent support and family support programs come in a dazzling variety of forms. Because they are so varied, broad summaries of what is known about these programs tend to be abstract and focused on program characteristics such as the value of specificity and intensity, and whether the program involves both parents and children. The clearest effects in larger-scale projects appear to be achieved when there is early education programming for children along with parenting programming, a principle of "ecological reach".

- In attempting to answer the question of which parent programs work (and how, for whom, and in what context), it is important to note is that there are many more programs than studies of what works. Although programs are quite varied, a rough grouping into family literacy programs, behaviour management, home visiting programs, and parent-child centre programs reveals that there is some evidence of effectiveness in each of these areas, for both parent outcomes and for



child outcomes, but there is also inconsistency in the findings and in many cases, relatively weak effects.

- Another newer category of service is integrated services where parental choice is possible because there is an array of services and multiple paths for family involvement. The integrated service approach to early childhood combines parent education and support with early care and education for the child, sometimes in combination with health and other community programs. Early results on these approaches suggest benefits for parents and children. Flexible service points matter, because parents are diverse and have diverse needs and goals for themselves and their children.
- There is also a literature on parent “involvement” with children’s services. The literature is largely advocacy for more parent involvement or partnerships, along with a fair number of correlational analyses, usually showing that greater parent involvement is statistically associated with better outcomes for children. With rare exceptions, this literature does not investigate what parents want from the service and how they would like to be involved.

### **Why don’t we just ask parents? Giving parents voice and confidence**

- The literature on parental knowledge, expectations, beliefs, attitudes, emotions and attributions gets us closer to what’s on parents’ minds. However, most of this research focuses on how parents think about child development or factors that affect it and not about themselves as parents and their goals. Thus we know little about parents’ goals in seeking or accepting supports, even though we know a fair amount about the goals of those providing the supports and services.
- There is growing research on “parents’ beliefs about themselves as parents” in relation to parental self-efficacy. It shows that efficacy feelings and ideas affect parental behavior and engagement. Some parent support or education interventions appear to increase parents’ self-efficacy, possibly through intangible processes in program delivery, such as relationship-building, respect, and social constructivist (collaborative) orientations to program.

### **Examples of conclusions from studies of parents’ needs**

- A few studies have produced concrete and wide-ranging lists of what parents say they need, including things such as occasional “time out” from parenting, childcare, information and advice, help with management, public transportation, and so on. Perceived challenges to parenting range from societal attitudes of disapproval (for both working and stay-at-home mothers) to dealing with conflict.
- In looking at where parents draw support to meet their needs, parents tend to use the informal support of family and friends and draw less support from neighbors and professional. Most parents have limited awareness of what is available to them in the way of local based services.

### **Diverse parents: Different needs, different supports**

- “Strategies that are effective with one population may alienate a different population”. This has been shown in qualitative studies that examine the “processes” intervening between programs and outcomes. Programs may not work because different processes than those intended are triggered for some groups of participants. For example, one study showed that a family literacy program that sent home materials did not succeed because mothers in the particular target group found them to be ‘messy’.

- The available research is too slim to systematically outline differences in parents’ needs and supports according to age of the child, gender of the parent, and cultural group. Fathers are generally omitted, or are a tiny fraction of those sampled. Some of this neglect is hidden, because research talks about “parents” when it is really reporting mothers’ views.

### **Final Word**

- Only a handful of studies have attempted to hear from ordinary parents on what they need, how they would like to be supported, or what their goals are in accessing child and parent services. Clearly it is time to “ask the parents”. In the meantime we know that meeting parents’ needs will involve more responsive services, improved communities, and societal messages and support.

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