



Parents' response to parent education and support programs

Jennifer Bowes

A recent investigation in the USA, supported by the Crewick Foundation, looked at parent support programs and the evaluation research associated with those programs (Bowes, 2000). The questions that initially prompted this investigation were:

Has there been evidence found for parents' changed attitudes, beliefs, knowledge of child development or changed parenting behaviour as a result of parent education and support programs?

What has been measured or recorded about parents' preferences for particular styles of service delivery or for particular types of information about child development and parenting?

There are a number of different parent education and support programs in Australia. The reason that these were not the focus of study for this project is that there are more such programs in the USA and they have been operating over a considerable period of time, many since the 1970s (Family Resource Coalition, 1995,1996). The greater experience with such programs and the more ready availability of research funding in the USA has meant that many of the programs have been evaluated in a scientific way, sometimes following participants over a period of years to assess long-term impact of programs.

Background

In general, limited information has been collected about parental response during and following participation in parenting programs. We need to know more about the mediating effects of parental response to programs to help explain benefits that flow to children. We also need to know more about the community links of families and how these are affected, positively or negatively, by participation in such programs. An argument is made for parental involvement and input from the beginning of programs so that they are more closely matched to needs.

Parents play a key role in children's development. The way that they care for their children, teach them skills and values, and guide them in their encounters with the world outside the home lays the foundation for children's later emotional, social and intellectual development.

Most parents undertake the job of parenting with little preparation except their own experiences as a child. Their parenting is also shaped by their own personality, the characteristics of the child and their family and social networks (Belsky & Vondra, 1990). The parenting that they experienced themselves, however, is likely to be a major influence on the way that parents raise their own children (Barnard & Martell,

1995). Even for parents fortunate enough to have had a nurturing upbringing, this previous learning may be insufficient if they are living isolated from family or a network of friends who can assist with advice and support. For new parents who came from a home where they were neglected or abused or if they have experienced institutional rather than family care, new information and guidelines are needed to establish a different way of parenting their children from that observed and experienced as a child.

New parents, except perhaps those who have worked in a closely allied area such as nursing or early childhood education, need a lot of information and advice about their child's development and appropriate parenting responses to the rapid changes in development over the child's first few years of life. Parents can seek this information from a variety of sources such as medical professionals, early childhood nurses, other parents, their extended family, child care teachers, their workplace, the media, and a range of parenting publications and videos available for purchase (Goodnow & Collins, 1991).

Not all parents, however, feel confident to ask professionals or paraprofessionals, nor do all have the literacy skills to seek out published information. Many parents of young children do not have family members close by or even in the same country to ask for advice and emotional support during the physically and emotionally demanding years of caring for a young child. Single mothers are particularly vulnerable to lack of social support (Cochran & Henderson, 1990). Communities often do not have places where new parents can meet one another and in modern cities, links with neighbours and friends in a geographical area are often limited (Cox, 1995).

Isolation, whether it be geographical such as in remote areas of Australia or social where parents have no contact with family or friends as happens in many of our cities and suburbs, has been linked to child abuse (Fegan & Bowes, 1999). Lack of information about appropriate behaviour for children at different ages, and lack of monitoring and emotional support from other adults have been seen as factors in the development and continuation of abuse of young children (Daro, McCurdy & Harding, 1998).

The child development information and parenting advice included in most parent education and support programs are

seen as crucial elements in interventions that seek to prevent child abuse and neglect and to help parents give their children a firm emotional, social and intellectual start to their lives. Such prevention programs are seen as preferable to crisis management interventions and to be cost-effective for governments in terms of long-term savings in the health, education and criminal justice systems (Hayes & Bowes, 1999; National Crime Prevention, 1999).

Several suggestions have been made about how information about parenting and child development can be made available to new parents before or after they have had a first child. The timing of any intervention is very important so that information is available when parents are receptive and motivated (National Crime Prevention, 1999). One approach has been to set up programs of parent education and support targeted at parents with children of preschool age, recruiting parents as early as possible. Such programs are either set up as universal programs for all parents with young children or as programs available to parents seen to be "at risk" generally on the basis of low income.

The study

Information was reviewed from a range of written materials about 24 US family support programs (Bowes, 2000). Results from that review form the basis of this article with four key programs chosen to illustrate the range of approaches to parent education and support in the USA and the different kinds of focus and findings of evaluation studies. These are the Infant Health and Development project, New Chance, Parents as Teachers and Healthy Start.

Infant Health and Development Project

The Infant Health and Development Project is focused on low-birth-weight premature infants and their parents from all socio-economic groups. It provides home visits, support for parents and an intensive centre-based educational curriculum and operates in several sites. Like other demonstration and research programs, it provides a high quality service to parents that is an example of "best practice" and employs professionals and paraprofessionals. A summary of the program and its evaluation results is presented below (Table 1).

Table 1		Infant Health and Development Project	
Location	16 sites		
Purpose	To reduce the incidence of developmental delay in low-birth-weight infants		
Target population	Low-birth-weight premature infants (0-3 years) and their parents		
Services provided	Provides home visits, parental support and an intensive, center-based educational curriculum.		
Personnel	Professionals and paraprofessionals		
Parenting component	Home visits		
Child development information component	Home visits		
Outcomes for children	<p>Program children in the higher low-birth-weight group showed higher IQ scores than children in comparison groups at ages 3 (end of intervention), 5 and 8. Maths scores were higher for the heavier low-birth-weight children than comparison groups at age 8. Fewer behaviour problems were reported for the heavier low-birth-weight children than comparison groups at ages 3, and, to a lesser extent, 5 and 8.</p> <p>These effects were not seen for the lighter group except for higher maths scores at age 3 only. Program children in poorer families were most likely to show enhanced cognitive and receptive language scores (except for multi-risk families with six or more risk factors).</p>		
Outcomes for parents	Focus was on child outcomes.		
Source: Institute for Research on Poverty (1997), Brooks-Gunn (1995)			

Table 2	New Chance
Purpose	To increase the long-term self-sufficiency and wellbeing of mothers and children.
Target population	Young mothers aged 16-22 who are high school dropouts
Services provided	A highly structured program delivered on site during the first 5-8 months of the 18 month program. Parents participate in scheduled activities for 30 hours a week. Activities include basic adult education and GED preparation, job training, life skills instruction, parenting education, family planning and other health services, child care, and pediatric care.
Personnel	Schools and community-based social service organisations.
Parenting component?	Yes
Child development information component	Not specified but may be part of parenting education.
Outcomes for children	No benefits for children on academic achievement (school readiness). Children in the program and control group were in the lowest 15% of the population.
Outcomes for parents:	Half of the mothers had achieved a high school diploma or equivalent after three and a half years. There was an increase in employment although this was often short-term. The percentage using reliable birth control had risen and there were fewer at risk of depression although the percentage was still high (from 53% to 43%). The large majority remained poor and on welfare after three and a half years (many homeless and with problems of substance abuse). A high percentage became pregnant and gave birth, seemingly unaffected by program's message. The experimental group did not advance further than the control group in many respects (Quint, Bos & Polit, 1997).
Source: Smith (1995) Quint, Bos & Polit (1997).	

Table 3	Parents as Teachers
Location	Missouri (in all school districts). Programs operate in 48 other states and the District of Columbia, USA, Australia, Canada, England, Malaysia, New Zealand, and the West Indies.
Purpose	To give children the best possible start in life and to assist parents in their role as the child's first teacher.
Services provided	Home visits that offer information about child development and practical ways parents can encourage their children's development. Group meetings for peer support and for information about child development issues of particular interest to parents e.g., safety in the home for toddlers. Periodic monitoring and screening for undetected learning problems. Referral to other community resources.
Personnel	Specially trained parent educators.
Parenting component	Central to the program and linked to child development information.
Child development information component	Central to home visits and group meetings.
Outcomes for children	At three years, PAT children in the pilot program were significantly more advanced than a comparison group in language development, intellectual abilities and social skills (Pfannessteil & Selzer, 1985). At the end of first grade, PAT children scored higher than a comparison group on reading and mathematics achievement tests. Teachers rated them as having fewer behaviour problems (Pfannessteil, 1989) PAT children were found at age three to perform significantly above national norms on language and intellectual abilities, despite being over-represented on traditional risk characteristics. More than half of children with observed developmental delays overcame them by age 3 (Pfannessteil, Lambson & Yarnell, 1991). PAT children were found to maintain their relative level of achievement demonstrated at age three through first and second grade at school, despite the diversity of their preschool, childcare, kindergarten and school experiences (Pfannessteil, 1995).
Outcomes for parents	PAT parents in the First Wave Missouri study of 3-year-olds in the pilot program were more knowledgeable about child rearing practices and child development than a comparison group (Pfannessteil & Selzer, 1985). PAT parents of children in grade one in the follow-up to the First Wave Missouri study were more likely to initiate contacts with teachers and to take an active role in their child's schooling, as reported by teachers (Pfannessteil, 1989). PAT parents in the Second Wave Missouri study showed an increased knowledge of child development and parenting practices when their child was three. There were only two documented cases of child abuse among the 400 families over a three-year period (Pfannessteil, Lambson & Yarnell, 1991). PAT parents in the follow-up to the Second Wave Missouri study demonstrated high levels of school involvement which they frequently initiated (Pfannessteil, 1996). PAT families compared to comparison groups in Binghamton, New York had substantially reduced welfare dependence and half the number of suspected cases of child abuse and neglect. In a study of parents in at-risk situations involving mainly Hispanic parents in Salinas, California, PAT parents scored higher than a randomly assigned control group on measures of parenting behaviour.
Source: Stief (1993), Kelly (1996), Pfannessteil, Lambson & Yarnell (1991, 1996), Parents as Teachers (1999).	

New Chance

The New Chance project targeted another “at risk” group, teenage mothers who had dropped out of high school. In this program, the focus was on the young mothers rather than directly on their children, with services aimed at helping them to parent their infants and plan future pregnancies but also to give them the life and vocational skills to help them provide financially for the children. The extensive educational component of the project was conducted in a centre rather than through home visits, and child care was provided. A summary of the program and its evaluation results is presented in Table 2.

Parents as Teachers

Parents as Teachers (Table 3) is a widespread program in the USA and worldwide that focuses on parents of children in their first three years of life. It provides child development information and parent support through home visits, group meetings and referral to other services. It is designed as a universal rather than a targeted service but has been used both ways.

Healthy Start

Healthy Start (Table 4) is an example of a program with a specific purpose, namely to prevent child abuse. It operates through home visits, parent support groups, community education and case management.

Outcomes for Children

Outcomes for children are the focus of ultimate concern for all of the programs. The evaluation results have been extracted from reports about parent education programs, from evaluation reports and from journal articles reporting aspects of results for programs. The amount of detail varies according to the source of the information. As a result, this section cannot be seen as a comprehensive review of outcomes for all projects but rather as indicative of the kind of outcomes that have been investigated and the direction of outcomes based on this selected sample of programs.

Outcomes for children have been reported in terms of children’s development in various areas, their experiences at home, their experiences with other services, their success at school and, for a few long-term studies, their lives beyond school (Bowes, 2000). As noted previously, the programs differed in their focus with some very child-centred and others more concerned with providing services to parents to assist them and their children. These differences are reflected in the evaluations of the programs with some programs taking many measures of child outcomes and fewer of parent outcomes and vice versa.

Quality of the evaluations also differs with the larger federal programs able to fund outside agencies to conduct carefully designed evaluations and smaller programs often only able to monitor progress of children and parents themselves, sometimes without the benefit of a control or comparison

Table 4		Healthy Start
Location	Hawaii (state-wide)	
Purpose	To enhance child development, to promote positive parenting, to enhance parent-child interaction, to ensure that all families have a primary care physician, to ensure appropriate use of community resources, and to prevent child abuse and neglect.	
Target population	Pregnant women and mothers of children up to three months old. Program continues until children are five.	
Services provided	Postpartum screening of newborns in the hospital, home visiting for high risk families (includes assessment of parent-child interaction, parent skill building, child development screening, and a free toy library), case management services and interagency coordination, parent support groups (to increase parents’ self-esteem and reduce isolation) and community education (to enhance awareness of child abuse dynamics and intervention strategies). Some sites offer respite care, male home visitors to work with fathers, and parent-child play sessions.	
Personnel	Paraprofessionals do voluntary home visiting. Administered by the Maternal and Child Health Branch of the state’s Department of Health.	
Parenting component	Parent-child bonding and interaction and building of parenting skills are the focus of home visits. Parent support groups and community education are concerned with parenting.	
Child development information component	No part of the program teaches parents specifically about child development.	
Outcomes for children	Very few cases of abuse and neglect. No cognitive gains.	
Outcomes for parents	Low incidence of abuse and neglect. Improvements in parenting behaviours and home environment. High risk families lost these gains after program completion. Parents identified the main benefits of the program for them in terms of personal support from the home visitor, assistance in obtaining goods and services, and information about child rearing. The main ways in which parents said that their parenting had changed was in reducing reliance on physical discipline, increasing their understanding and enjoyment of the child, and preventing them from using harsh or abusive punishments. Measures showed greater variability: three quarters of the sample demonstrated knowledge of positive, non-physical methods of discipline, and half of the sample refrained from all physical punishment. Most parents who reported using physical punishment used mild (hitting hand) or moderate (e.g., spanking) physical punishment.	
Source: Stief (1993), Kelly (1996), Daro, McCurdy & Harding (1998)		

group. Most programs, however, have a comparison group and unless otherwise indicated, it is the comparison between the program children and the comparison children who did not participate in the program that is reported.

Despite all of the differences in programs and their evaluations, there are some general conclusions that can be made about outcomes for children on the basis of this sample of programs. For children, a major benefit at home, found in several studies, is a lowered incidence of abuse, neglect and use of physical punishment. Children whose families have participated in a program are likely to have fewer accidents requiring hospitalisation and to have better health care including more health screenings and a greater likelihood of immunisation and other preventative health care. They are likely to benefit from more stimulation at home and more



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interest and involvement from their parents in education and schooling.

While cognitive gains may not persist beyond the early years of school, longitudinal studies show long-term social outcomes for children including higher rates of employment and less criminal behaviour in adulthood. Fewer behaviour problems are seen in program children at school and they are less likely to repeat grades or to be placed in special education classes.

The cost savings to society in major services such as welfare, education and the criminal justice system are clear from this review. These prevention programs in the early years of a child's life, do appear to have immediate and long-term benefits for children, particularly the disadvantaged children who are generally the target of these programs.

Most programs work through parents to bring about these beneficial outcomes for the children. The interest of this report was to discover what was known about parent response to programs so as to speculate on how programs worked through parents to benefit children. The first point to make is that few programs worked solely through parents. Many brought health and nutrition programs directly to children or included a high quality early childhood education component. Many of the benefits for children may have come directly from these child-focused services.

Outcomes for Parents

The focus of the Bowes (2000) report was on parent response to parent education and support programs. Sixteen of the 24 programs reviewed reported outcomes for parents ranging from parents' changed relationship with their child and their parenting knowledge, attitudes and behaviour to health,

educational and vocational outcomes for the parents. Beyond the home, parents' involvement in their child's schooling and their knowledge of and use of community resources have been additional points of interest for several of the studies. Only two programs commented on changes in the parents' peer support networks following participation in the program and none inquired about any engagement in community volunteer work once the program had ended even though some programs encouraged parents to become volunteer home visitors.

Parents themselves reported positive changes in their parenting attitudes and skills, and in their attitudes and behaviour relating to educational qualifications (there was an increase in the percentage with a GED), and there were changes in the amount of reading materials in the homes of

participants. Nevertheless, the evaluation of Even Start which was conducted in a more rigorous way than many of the evaluations found few differences between program and comparison parents on a number of measures (Bowes, 2000).

Parenting Outcomes

Three studies reported on parents' changed relationship with their child with one reporting no differences from non-participants in positive parent-child interactions and the others reporting more positive relations and more enjoyment of the child. One aspect of parenting that might be expected to change as a result of the parenting education that was part of most of these programs is parents' knowledge about child development and about parenting. Parents as Teachers and Healthy Start were two programs that reported positive change in parents' knowledge, with the Healthy Start program reporting more specific knowledge gains about positive, non-physical methods of discipline.

Eight programs reported attitudinal changes to parenting and all were positive. Parents wanted to be better parents and reported an increased confidence in their parenting and coping abilities. Attitudes to discipline had changed to a less strict and less punitive approach, and parents were more aware of the important part they played in their child's education.

The aim of these programs, however, is to change the parenting behaviour of parents in ways that benefit their children. Twelve programs reported on aspects of parenting behaviour. Of the results concerned with abuse and neglect of children and the associated use of physical punishment, all found positive changes. Programs such as Parents as Teachers and Healthy Start, Hawaii reported reduced rates of abuse and neglect. Parents' increased knowledge of discipline strategies was reflected in parents' refraining from or using reduced forms of physical punishment and their use of more appropriate discipline strategies (Healthy Start).

Other parenting behaviour following program participation included giving children more time and attention, more parent-child negotiation over limits and family rules, more involvement in their children's learning through reading to their children and involvement in school readiness, and an increase in father participation. Mothers were also more likely to breast feed their infants and have them immunised.

Home and Family

Many of the evaluation studies employed the HOME (Home Observation for the Measurement of the Environment) inventory. This gives age-appropriate measures of the home learning environment (e.g., availability of play and reading materials) and of parent child interaction (e.g., frequency of adult contact, emotional climate). As a result of using this observational method, several studies, including Healthy Start, reported a positive change in the home following parent participation in the program.

Another aspect of home and family that was the focus of some programs, particularly those for teenage mothers, was subsequent child-bearing. Programs often included information about contraception and advice about spacing of later children. While some programs reported positive change on these outcomes, New Chance found that despite a rise in the percentage of teenage mothers using contraception, a high percentage became pregnant and gave birth seemingly unaffected by the program's message, according to the authors of the evaluation (Quint, Bos & Polit, 1997).

Parents' Health and Wellbeing

Health information for parents was part of many of the programs and several positive health outcomes were found: reduced smoking and better diets, fewer parents at risk of depression (New Chance), and decreased depression, anxiety and sickness (see Bowes, 2000). Other evaluations, however, found no differences between participants and non-participants in self-esteem, depression or feelings of personal wellbeing. Positive feelings of self-esteem, efficacy, greater control over their lives and greater confidence were reported for parents in three programs (see Bowes, 2000). New Chance found that although the percentage of parents at risk of depression had dropped for participants in the program, the level of depression was still very high, reflecting the poverty-stricken life circumstances of the participants.

Education and Employment

Many of the programs included educational and vocational classes for parents. Parents were encouraged to complete a GED (equivalent to a high school diploma) and to undertake vocational training that might lead them out of welfare dependency. Several programs reported that parents were either enrolled in GED education or had completed the qualification. While three programs reported improvements in parents' basic skills of reading and maths, one reported no difference in literacy gains between participant and non-participant parents. Program participation was linked to higher levels of employment and reduced welfare dependence

New

Public Speaking Kit

Kylie Slattery

Families, Youth and Community Care Queensland has recently released a Child Abuse Prevention Public Speaking Kit. The Kit was developed by the Department's Positive Parenting Coordination Section, in response to an identified community need for resource support in the provision of education and information on child abuse and its prevention.

The Kit is designed to assist those who work in government departments, community organisations, parent groups and other areas where there is a need to present material about child abuse prevention and the role of the community. It can be used with a range of audiences, and is particularly appropriate for presentations to the general public, parents, foster carers and those who work directly with families and children. Trainers who use the Child Abuse Prevention Public Speaking Kit are not required to have a sophisticated knowledge of child protection procedures – the materials for presentation are self-explanatory and a list of agencies and departments is provided for people requiring further information or assistance.

The Kit includes: Tips on public speaking; Session plans for workshops; Activity sheets; Overhead transparency masters and handouts; A list of available services and agencies; A guide to contact and referral and; Evaluation forms. At the end of the

presentation on child abuse prevention, participants will have a stronger understanding of what constitutes child abuse and neglect. They will be able to:

- Identify behaviours considered harmful to children and some of the causes, contexts and consequences;
- Identify a range of approaches to understanding child abuse;
- Identify risk factors and warning signs of child abuse and neglect;
- Promote preventative procedures and positive parenting strategies for care providers;
- Identify the benefits of early identification and intervention;
- Promote a wide range of child abuse prevention activities that can be undertaken by communities and;
- Be aware of the range and function of services which offer support to families.

The Child Abuse Prevention Public Speaking Kit is available for purchase from the Positive Parenting Coordination Section at FYCCQ – Tel: (07) 3224 7588. The price of the Kit is \$40 (plus GST & postage). It will also soon be available on the Department's website – www.families.qld.gov.au

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in five programs and to positive changes in vocational attitudes and skills in another. Again, the New Chance report sounded a word of caution reporting that the increase in employment for the teenage single mothers in that program was often short-term with the large majority remaining poor and on welfare after three and a half years (Quint, Bos & Polit, 1997).

Involvement in Society beyond Home and Work

Four programs reported that program parents were more likely to be involved with activities at their child's school. Involvement included taking part in transition programs when their child started school, taking part in teacher-parent interviews and attending classroom activities, many for the first time, or with parents initiating contact with teachers.

An important outcome for parents of program participation was often greater knowledge and use of community resources. Parents themselves saw this as a key benefit of participation (Healthy Start Program). By putting parents in touch with community resources beyond the program, programs encouraged parents to take an active role in mobilising resources for their families.

Apart from institutional links in the community to schools and other social service agencies, parents made other links that improved their social support base through participation in the programs. Healthy Start, for example, reported increases in social support through the home visitor. Another index of parents' more positive role in the wider community is the decreased level of criminal behaviour reported by the Elmira program (Olds et al, 1997), the only program that reported that kind of data for parents.

Now available

New database of child abuse prevention activities

The new Clearinghouse Child Abuse Prevention Programs database is now available for searching at www.aifs.org.au/nch/na2.htm

Created as part of the recent National Audit of Child Abuse Prevention Programs conducted by the Clearinghouse with the cooperation of the Australian States and Territories, the database contains descriptions of nearly 1,800 programs currently operating throughout Australia. The database updates and replaces the Prevention programs database that has been in operation since 1997 and ensures that the most up to date information is available to Clearinghouse stakeholders and the wider community.

The database may be searched by any words used in the item, such as name of program, organisation name, target group, or program type. If you would like the Clearinghouse to search the database for you, contact the information service using the contact details below.

Below is an example of the database entry for one of the programs included in the Audit.

A 'State Of The Nation' report on child abuse prevention, based on the Audit findings, is currently in press and will soon be available. The report describes the range and scope of child abuse prevention activities throughout Australia, identifying trends and innovation in child abuse prevention. Copies of the report will be provided to all agencies/groups who participated in the Audit; copies will also be made available to other interested parties, on request.

Contact details: National Child Protection Clearinghouse, Australian Institute of Family Studies, 300 Queen Street Melbourne VIC 3000; tel 03 9214 7871; fax 03 9214 7839; email: fic@aifs.org.au

Program:	Male Adolescent Program for Positive Sexuality (MAPPS)
Organisation:	Adolescent Forensic Health Service
Address:	900 Park St, Parkville VIC 3052
Phone:	03 9389 4272
Fax:	03 9389 4365
Email:	mapps@ozonline.com.au
Commenced:	1996
Ongoing:	Yes
Description:	The MAPPS program provides an early intervention, assessment and treatment service to all young male adolescents placed on supervised juvenile dispositions who have been convicted of a sexual offence. The program also aims to provide education on the nature of adolescent sexual offending behaviour and disseminate this information across all agencies coming into contact with children and young people.
Targets:	Children and young people 0-24 years; Professionals or paraprofessionals
Age Groups	Adolescents (13-18 years)
Populations:	Offenders
Geographical Area:	State/ Territory wide
Abuse Type:	Sexual
Prevention Type:	Primary; Tertiary
Program Type:	Community Education; Offender Programs; Child Focused Programs
Keywords:	Child protection; Early intervention; Gender issues;
Products:	Juvenile Justice - Evaluation Report, Male Adolescent Program for Positive Sexuality, 1998, Vic Government, Department o Human Services
Evaluation?	Yes
Evaluation Type:	External (independent)
Involved:	Pretest and post-test comparison
Description:	Evaluation Report 1998
Entry Updated:	September 2000

Discussion

This review does provide some information on parents' response to such programs.

Many programs have documented changes in parental attitudes and behaviour, particularly in terms of reduced physical punishment of children. Parents reported more confidence in their coping ability following program participation and more knowledge about child development.

These findings are particularly important because unrealistic expectations about children's behaviour and lack of knowledge about alternative discipline strategies are two of the factors that have been linked to child abuse (Daro, McCurdy & Harding, 1998). The parent outcomes found in this review suggest that education about child development and parenting can lessen the chances of abuse by changing parents' attitudes and behaviour and their confidence in their parenting.



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Parenting and Social Support

In the design of the programs and their evaluation, there is a surprising lack of attention to the social support links of parents and ways to build social networks. Too often, it seems, families are seen as isolated units without ties to extended family or to friends. All too often these social ties are missing for families with young children.

Many families face the demands of child rearing without support or involvement from outsiders who are in a position to observe what is happening. This isolation can raise the likelihood of abuse. Assisting the development or strengthening of social networks involving parents would seem to be a legitimate activity for programs to achieve their aims. Programs can address the issue of social support through holding group meetings or activities for parents and young children, or through artificially setting up support groups as is done by early childhood nurses in New South Wales when they form "mothers' groups" for mothers with newborn children.

Parenting and Employment

Other aspects of parents' lives also impinge on their ability to parent effectively. In their design, many of the programs reviewed acknowledge the importance to parents of education and employment. The evaluations of programs, however, do not investigate how study and jobs affect parenting beyond assuming on the basis of past research that both are of benefit to family functioning. There is a large body of research that investigates how parents in the paid workforce reconcile the demands of work and home, and how this can have an

impact on their parenting (Galinsky, 1999; Hochschild, 1997; Repetti & Wood, 1997; Williams, 2000). Little account has been acknowledged of this research in the design or evaluation of programs for parents in the paid workforce.

Parenting and Other External Demands

Paid work is not the only external demand on parents. Other aspects of parents' lives such as substance abuse or care for elderly relatives need to be considered to give a total picture of how an external program can change parenting practices. These considerations of the total context of parents' lives are no doubt part of the day-to-day operations of a program. Sensitive program coordinators or home visitors make themselves aware of the total picture in order to tailor available services appropriately for parents and children. What is missing is measurement of these additional contextual factors in the evaluative research on the programs beyond demographic details of employment or income levels.

Such information could lead to useful insights into the design and flexible use of programs as well as contributing to understanding of the factors that affect parenting and the ways in which parenting is affected.

Limits of Family Support Programs

Some of the program evaluators made the point in their reports that no matter how good programs are, they cannot counteract the effects of poverty on families. The total life circumstances of families and the stresses flowing from those circumstances will often override the efforts of the best-intentioned parenting programs (Daro, McCurdy & Harding, 1998; Quint, Bos & Polit, 1997). This limiting factor needs to be kept in mind. Parenting programs are often designed to help parents work within existing constraints by focusing on parent-child interaction and parenting skills. Changing life circumstances through education and employment training, however, has been a focus of many of the programs. Wider social policies will ultimately have the greatest effect on parenting.

Results of the Investigation

The first of the questions that guided this investigation was:

Has there been evidence found for parents' changed attitudes, beliefs, knowledge of child development or changed parenting behaviour as a result of parenting education and support programs?

The conclusion of the review of 24 programs was that change has been documented on all of these dimensions. The programs can affect parents' confidence as parents as well as their skills. A wider range of approaches to dealing with problem behaviour in children accompanied by a knowledge of appro-

priate behaviour for children over their development as well as a decrease in the incidence of physical punishment of children have been shown to result from these programs. Parents have also been found to increase their involvement beyond the home in activities that benefit their children such as participation in school activities.

The second question was:

What has been measured or recorded about parents' preferences for particular styles of service delivery or for particular types of information about child development and parenting?

In this sample of program documents, there was no information to help answer this question. It seems that programs generally employ a "top-down" approach at least in terms of development of information for parents. Parents may be asked what they would like to have discussed at a group meeting but this level of program description was not available to check the extent of parent involvement in choice of topics.

Some programs come with curricula for parents and/or children. The Parents as Teachers program, for example, has suggested topics and activities for home visits and parent handouts on a variety of topics, according to the age of the child. Like some other programs, the PAT program makes an effort to make information accessible for parents by preparing handouts at different reading levels and in other languages, as well as the use of short videos for use during home visits.

The Wellness Guide

The only example found of a parenting resource for parents designed from the "bottom up" is The Wellness Guide for Families prepared through the University of California, Berkeley. The contents of the guide that gives information about child development, parenting, employment, and resources in California for families, was developed in a dialogue between individuals, parent groups and researchers from the Division of Public Health, Biology and Epidemiology at the University of California, Berkeley as well as experts in the field.

The Guide (Penhoet, E. E., Syme, S. L., Neuhauser, L., Martin, S., Tatmon-Gilkerson, M., Fadem, P. S. Fleitas, G., & Margen, S., 1999) is an easy-to-use 80-page book that incorporates a telephone referral system developed in association with telephone companies in California. Distribution of the Guide to families through health clinics, parenting and child care centres, schools and prisons was followed by research on its use. The research showed that most recipients kept the Guide and used it, significantly improving their health knowledge and attitudes and making changes to lifestyle on the basis of information in the Guide (Neuhauser, 1999).

Directions for Future Research

More information about what parents want and find sufficiently relevant and useful to change their parenting attitudes and behaviour is potentially available from current parenting programs. The research conducted on many of these programs has, of necessity, been limited to evaluation of whether or not programs were achieving their aims. How they are achieving their aims is the next research question.

An insight into changes in parenting as a result of parenting education and support programs must in the first instance come from parents themselves. Information is needed about which aspects of the program made an impression on them and how they changed their parenting as a result. Parent preferences for different kinds of services or resources are also largely unknown. In the Healthy Start program in Hawaii, parents were interviewed about their response to the program. This and some other programs suggest that the relationship with the home visitor or other key staff in the program is a key to change in parenting. The role of the home visitor and parental response to home visitors and the support and information they provide is an important area for future research.

This report has discussed results of program evaluations that have compared program participants with non-participants. Yet within program participants there will be some who benefit from the program and others who show no benefits. Some evaluations investigated different effects of the program on subsets of participants. The Infant Health and Development Study, for example, compared families with infants who were of heavier and lighter weight in the low birthweight range and found benefits mainly for the heavier group.

More research needs to be done on which parents, families and children gain most and least benefit from the programs, and the factors that contribute to any difference in response. It is particularly important in a multicultural society like Australia to design programs and examine their effects for different cultural groups.

Finally, a group that received little mention in program descriptions and evaluations, is fathers. The extent to which fathers are involved in programs, directly or indirectly, needs to be investigated, and the effects on them and their families assessed. The important role that fathers play in children's development is widely acknowledged in the child development literature (e.g., Parke, 1995). Many programs do reach out to involve fathers (Family Resource Coalition, 1996) but little research has been done on fathers' response to parent education and family support programs.

Conclusion

There is a need for more information on parent response to parent education and support programs. Such information is important to help us understand how such programs benefit children and the mediating role played by parents in the process. It also assists in the planning of such programs - planning that should involve parents at every stage.

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Readers may be interested in publications from the Australian Institute of Family Studies which also examine parenting programs.

One of these is the Clearinghouse Issues Paper No. 10, *Valuing parent education : a cornerstone of child abuse prevention* by Adam M. Tomison.

This paper provides an overview of parent education and the various forms it may take, in conjunction with a summary of what is known about the effectiveness of parent education interventions. Parent education is advocated as a significant component of any comprehensive framework for the prevention of child maltreatment.

The second is *Evaluation of the National Youth Suicide Prevention Strategy: Primary Prevention and Early Intervention: Technical Report. Volume 2* . by Penny Mitchell. This report includes the evaluation of activities in the areas of parenting education and support funded by the National Youth Suicide Prevention Strategy. Projects funded by the Strategy and discussed in this report are:

- Programs for Parents
- Resourceful Family Project
- Exploring Together Program
- Community Volunteers supporting Families (Home-Start)
- Family Wellbeing

The third publication is in press, the *National Audit of Child Abuse Prevention Activities 2000*, previously referred to on page 18