

## FOREWORD



Dermot Ahern T.D.  
Minister for Social, Community  
and Family Affairs

I'm delighted to welcome "Supporting Parenting: a study of parents' support needs" by Sinead Riordan for the Centre for Social and Educational Research at the Dublin Institute of Technology, Rathmines.

The report was commissioned under my Department's *Families Research Programme* which I introduced in 1999 to assist in the funding of research projects which have the ability to inform the future development of aspects of public policy which relate to families and family services.

The publication of this report is particularly timely in that legislation is currently proceeding through the houses of the Oireachtas to establish the Family Support Agency, which will have as part of its remit, the responsibility for setting up a national parenting programme.

The report of the Commission on the Family, **Strengthening Families for Life (1998)**, highlighted the need for a national, readily accessible programme of parenting information to help parents with the day-to-day challenges they encounter in rearing their children. This research study is the first step towards the development of such a programme. In it, we hear from parents themselves on their experiences of, and need for, parenting supports.

A number of focus groups were conducted with children to get their views about some of the issues raised by parents. The involvement of children in the research project is especially welcome. One of the objectives of the National Children's Strategy, launched by the Government in November 2000 is that Children will have a voice in matters which affect them. It is particularly appropriate that our thinking about support for parents should be informed by those whose care and protection is central to parenting responsibilities.

In its conclusions, the report identifies the establishment of the Family Support Agency as a key mechanism to respond to the challenge of providing co-ordinated responses to the varied nature of families' support needs.

My thanks go in particular to Sinead Riordan, but also to Lorna Ryan and Noirin Hayes of the Centre for Social and Educational Research in DIT Rathmines and to the members of the advisory group for their valued contribution.

I look forward to the continued publication of further quality research projects commissioned under the Families Research Programme.

A handwritten signature in black ink, appearing to read 'Dermot Ahern', is centered on the page. The signature is fluid and cursive, with a large initial 'D'.

Dermot Ahern T.D.  
Minister for Social, Community and Family Affairs.  
November 2001

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### ***Acknowledgements***

The author would like first and foremost, to thank all the parents who participated in the *Supporting Parenting* study. Gratitude is also due to the many people in family and community resource centres, parents associations and voluntary groups who facilitated contact with parents and data collection in their centres and schools and who gave so generously of their time.

The project has been supported by an Advisory Group comprising Paul Bailey, St Vincent de Paul, Catherine Bond, National Children's Nursery Association, Kate Brazil, National Parents Council Primary, Anne Fitzpatrick, Dublin Institute of Technology, Noírín Hayes, Dublin Institute of Technology, John McDermott/Heber McMahon/Catherine Hazzlett, Family Affairs Unit, Department of Social, Community and Family Affairs<sup>1</sup>, Brenda Molloy, Community Mothers Programme, Mary O'Daly, Children at Risk in Ireland Foundation, Mary O'Hara, Irish Countrywomen's Association, Mary Roche, North Western Health Board and Heino Schonfeld, Barnardo's. The author would like to acknowledge the expert advice and support provided by the group.

The author would also like to acknowledge the support of colleagues within the Centre for Social and Educational Research (CSER) especially Lorna Ryan and Margaret Kernan.

The project has been funded by the Family Affairs Unit of the Department of Social, Community and Family Affairs – the financial support is gratefully acknowledged.

***Sinéad Riordan***

*Researcher*

29<sup>th</sup> August 2001

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<sup>1</sup> Representation from the Family Affairs Unit, Department of Social, Community and Family Affairs changed over the period of the study.

## **Executive Summary**

As part of the Families Research Programme launched in 1999, the Family Affairs Unit, Department of Social, Community and Family Affairs commissioned the Centre for Social and Educational Research at the Dublin Institute of Technology to conduct an in-depth survey of parents support needs. Reported here are the results of this unique survey of the experiences and views of parents. The Report analyses the pattern of their replies and quotes extensively from the comments made by the parents themselves.

The broad aim of this research was to address the current lack of knowledge about the support needs of parents and to generate data on parents support needs with a view to informing policy and service development in the area of family and parenting support. It is now generally accepted that all parents will require support at whatever level at some stage. Supporting parents through preventative and protective support services for families is part of a wider objective namely, to reduce the risk of potentially damaging events for children. Access to, availability and quality of services and information provision for parents and families are important aspects of support. Therefore, it is important to examine parents' awareness and use of support services and the availability of information on parenting and child care issues.

Section 2 and 3 of the report discuss key policy and service developments in family policy and family services in Ireland. At the outset of the study, a comprehensive review of the literature was conducted and this is presented in full in Section 4. The aim of the review was to identify models of family and parenting support, values guiding such services and key factors contributing to the need for family and parenting support.

A total of 1, 000 parents participated in the survey. A 'snapshot' of parents in Ireland was composed using data from the 1996 Census and the sample population reflects the key demographic characteristics of this 'snapshot'. Parents from different genders, ages, income, education, occupation and geographic locations participated in the study. Data was collected by means of a structured interview administered to parents by trained interviewers.

Sections 6, 7, 8 and 9 present the key findings on sources of information for parents, awareness, use and ratings of family services. Section 10 presents a thematic outline of the key support needs identified by parents. Parents' replies were analysed and are presented using the following thematic headings: play and recreation, financial, childcare, education, health, structural and work related support needs.

Some of the key messages from the study and parents' responses are:

- Supporting parents and families is a complex and multi-faceted area but parents identified plenty of areas where they believed government action would be beneficial.
- The majority would welcome the provision of parenting education or support groups. However, parenting support should be flexible, meet the needs of parents, age-appropriate and non-stigmatising.
- The vast majority of parents identified health professionals (including GPs, public health nurses and health board staff) as a valuable source of information and support.
- Family and other parents are important sources of information, advice and support and also play a major role in influencing parenting practice.

Section 11 provides an overview of key findings and conclusions. Section 12 outlines key recommendations for future policy and service developments. In particular, Section 12 focuses on the potential key role to be played by the newly announced Family Support Agency in promoting, co-ordinating, resourcing and supporting parenting and parenting and family support services.

## Section One: Aims and rationale of the study

*Bringing up children is perhaps the most challenging and important task that most of us perform. It is a lifelong commitment and sometimes described as the only job we have for life (Pugh et al., 1994)*

### 1.1 Introduction

The *Supporting Parenting* study was undertaken by the Centre for Social & Educational Research (CSER) and funded under the Families Research Programme initiated by the Family Affairs Unit, Department of Social, Community & Family Affairs in November 1999. This section provides the background to the origins, aims and rationale of the study.

The study is located against a backdrop of increased attention on the importance of supporting parents in their parenting role. Structuring support for parents based upon their expressed needs is part of a wider movement from child protection driven practice to welfare driven proactive practice (Daniel, 1999). It is now generally accepted that it is desirable to support parents in their parenting role. What is not so clear is the form such support should take, to whom it should be provided, and how it should be delivered. This uncertainty arises in part from the limited nature of consultation with parents as to the support services they want and need. In Ireland, there has been little or no mapping of existing needs to-date in relation to the content and delivery of parenting support programmes and services on a national basis. Existing services with a parenting support function have tended to be established in response to perceived local need or have emerged from community-based health or early childhood care and education services.

### 1.2 Rationale for the study

The rationale for this study were as follows:

- To address the current lack of knowledge about the support needs of parents (both mothers and fathers);
- To address the current lack of knowledge on parents' perceptions of certain forms of parenting support programmes;

- To obtain feedback on parents perceptions as to the usefulness of a number of existing services with a broad family support remit, and;
- To use the above gathered information to inform the development of policy proposals and structured services which engage with the experiences and needs of parents as identified by parents

There is a synergy between the work of a number of the research projects in the Families Research Programme and this study. Of particular relevance is the study by Age Action Ireland on ‘Grandparenthood in Ireland’ and University College Dublin’s study on developing policy and practice with vulnerable fathers.

### **1.3 Background to the study**

The Report of the Commission on the Family (1998) was the first explicit discussion on the family by an Irish Government. It recognised parents as “the first educators and carers” of their children and emphasised the need to strengthen families and parents to enable them to fulfil their responsibilities to their children and each other. It called for “a comprehensive programme to support positive parenting (and) this programme should be a core feature of family policy” (p. 86), a national programme of information for parents, and highlighted the need to strengthen the institutional framework through which state services to families are delivered.

In the same year, the Family Affairs Unit was established within the Department of Social, Community & Family Affairs to co-ordinate family policy, pursue the Commission’s findings, undertake research and promote awareness about family issues. The Unit has responsibility for a number of specific family services including the state-funded Family Mediation Service and support for the marriage and child counselling services. The creation of such a unit could be argued to represent a shift on the part of the Irish State to favouring some degree of:

*Pro-activity on the part of public authorities in promoting a societal interest in the family (McKeown, 2001, p. 16)*

As part of its remit, the Family Affairs Unit launched the Families Research Programme in November 1999 to promote research on issues of significance relevant to contemporary family life in Ireland.

### **1.3.1 Overview of issues in parenting and family support**

Supporting parents in the upbringing of children can be narrowly defined within the context of parenting services to include a course, training programme, information source or counselling service to assist parents in their parenting role. A broader approach can be adopted relating to the general emotional wellbeing of families and encompassing a range of support networks and facilities for parents and children, including support for couples. This model is more generally called family support.

The importance of parenting stems from the wide variety of protective, nurturing and caring roles that parents perform. It has been well established that children's early experiences are important and that intervention and support for parents in the early years of their child's life can stimulate children's intellectual, social and physical development (Johnson et al, 2000; Ghate et al., 2000). The importance of parents and families as agents of emotional support and transmitters of cultural capital to children has become increasingly highlighted in recent years. (Silva & Smart, 1999). Parents play a key role in children's development. The way 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.

In the past, most western societies could claim a normal parenting pattern whether an extended family or community or nuclear family model. Many Western societies now report that their previous family 'norms' have undergone dramatic change ([www.ecdgroup.com](http://www.ecdgroup.com)). World wide social and economic changes may have created a 'brave new world' of opportunities but for many, these changes are accompanied by the onset of new worries and anxieties. For some, these changes have brought new challenges as well as new opportunities and have led to a reassessment of 'traditional' parenting practices.<sup>1</sup> Such attitudinal changes have led to calls for increased support for families and parents (Rylands, 1995; Gaffney, 1995). It is now generally accepted that nearly all parents will require support at some stage and that while family and

friends may be able to meet the needs of some, others may need additional support from more formal sources. This approach to the provision of parenting support can be summarised as “all will need some, and some will need all” (Best Health for Children, 1998).

The intensified focus on parenting support services has also arisen from the wealth of studies highlighting the links between adult outcomes and childhood experiences. Links drawn between low educational achievement, unemployment, involvement in crime, poor health, teenage pregnancy, and family factors have further underlined the importance of promoting and supporting positive family experiences (Belsky & Vondra, 1989; Cooksey, 1997; Dadds, 1995; Kiernan, 1995). Preventive work with families has been identified by numerous sources as the most effective means of avoiding severe long-term problems (Utting, 1995; Pugh et al., 1994; Kamerman & Kahn, 1993). This has led to increasing attention being paid to the development of protective and preventive support services for families in an effort to reduce the risk of potentially damaging events for children.

‘To parent’ is an active verb denoting positive activities undertaken by parent figures towards children (Hoghughy & Speight, 1998). Parenting usually involves biological parents but is not confined to them as non-biological parent figures such as carers, nurses and others may also fulfil parenting tasks with children. For the purposes of this study the term parenting is used to encompass “a range of activities and skills performed ... in the process of child rearing and child giving” (Cutting, 1997) which is provided within the family.

Empirical studies of parenthood and parenting in Ireland have been lacking to-date. Policy and provision in the area of parenting support has developed by and large with limited national consultation with parents on their support needs and opinions although some local level consultation has occurred. At local and regional level a number of studies exploring various aspects of family life and/or parenthood have been undertaken by voluntary or community groups, and health boards (O’Rourke 1997; Ryland, 1995). However, many of these studies focus upon the needs or experiences of a very narrowly defined group of parents, for example those

considered ‘disadvantaged’, ‘vulnerable’, or ‘at risk’, and the findings are meaningful only to the specific sample population.

In addition, the role of parents and parenting has been largely conceptualised with reference solely to the role of the mother. Until recently, little attention was paid to the role of the Irish father within the family or to fathers’ experiences of parenthood and their parenting support needs (O’Connor, 1999; Johnson et al, 1995; Hyde, 1996). This study contributes to a burgeoning body of research in Ireland in family support.

#### **1.4 Research aims**

The study’s aims are as follows:

- To generate data on Irish parents’ support needs with a view to informing policy and service development in the area of parenting support;
- To gather parents’ views on the provision of parenting education, more specifically, on parenting classes, and;
- To discuss principles of ‘best practice’ in parent support and education programmes as identified by parents

An additional aim of the study is

- To consult with children on parenting

Following consultation with the Advisory Group<sup>ii</sup>, the decision was taken to confine the study’s exploration of needs solely to the exploration of needs of biological parents. This excludes those who, while not in a family context, may fulfil parenting tasks. Additionally, no specific targeting of parents from ethnic minority groups was undertaken. It was felt that it would be more appropriate for a separate project to conduct a study of these parents support needs (Ahmad, 1990; Tizard & Phoenix, 1993).

The study does not claim to speak for *all* parents in Ireland nor does it claim that the findings necessarily illustrate the full continuum of support needs amongst Irish

parents'. Interpretation and use of the findings must therefore be conducted with caution bearing in mind the limitations of the sample.

### **1.5 Research strategy**

Data was collected by means of one-to-one structured interviews with a sample of 1,000 parents (800 mothers and 200 fathers) drawn from rural and urban locations (see Appendix IV for a full description of the research strategy).

The parents in the sample are not homogeneous in levels of age, marital status, household income, employment status or number of children. It was not the intention of the study to focus on the support needs of a particular group of parents', for example lone mothers or fathers, but to create a snapshot of the support needs identified by a broadly representative selection of parents. Data from the 1996 Census was used to create a 'snapshot' of parents and family units in Ireland and this data was used to try and replicate a sample population for the purposes of the study that replicated as closely as possible this snapshot. The study participants were identified using a range of existing networks including family services based in local communities, national parent associations, other national representative organisations and public and private companies. The geographic areas included in the study had varying levels of availability of family services. Two focus groups were held with children aged from 7 – 15 years. The purpose of the focus groups were to allow children the opportunity to comment on some of the issues identified by parents in the study, in line with National Goal number one of the National Children's Strategy.

Data collectors were primarily from social sciences, education and community development backgrounds. Data collectors received training and information on the purpose of the study and use of the study's research instruments. Interviews were held either at parents' homes or at an agreed public location. Focus groups with children were conducted at the relevant school.

The operation and conduct of the study followed the Sociological Association of Ireland's (SAI) code of ethics. All data collectors were briefed on ethical conduct. Two key principles informing the study were confidentiality and informed consent.

## **1.6 Report outline**

This section identified the parameters of the research in terms of the rationale for undertaking the study and its specific aims. Section 2 provides an overview of what is meant by family policy and key national policies relevant to families in Ireland. Section 3 provides a discussion on what is meant by family services and outlines key developments in the provision of family support services in Ireland in the 1990s. Section 4 reviews relevant literature on parenting and family. A particular focus of this section is to identify and discuss elements of ‘best practice’ in parent support and education programmes as identified by parents themselves.

Section 5 describes the demographic characteristics of the sample population in comparison with the wider parent population in Ireland. Sections 6 to 10 present the research data and findings and Section 11 provides an overview of key findings and conclusion. Section 12 considers the policy implications arising from the findings and presents recommendations for future policy and service developments.

## Section Two: Family policy and family support

### 2.1 Introduction

As most individuals live in a family or some kind at some stage of their lives, much of state activity, even if directed at individuals, does in practice impinge on families. Some state practice is specifically designed with families of various kinds in mind. State policies can constrain, support or facilitate various forms of family life.

This section discusses what is meant by ‘family policy’, classifications used to define the family policy followed by a country and factors driving the development of family policy. It also outlines the key policy developments in recent years of relevance to family policy in general, and supporting parenting generally and family support services more specifically.

### 2.2 What is family policy?

Family policy as a field could in principle be very broad but in general it concerns policy areas which are specific *only* to families. Zimmerman (1992) suggests that family policy is:

*A perspective for understanding and thinking about policy in relation to families (p. 3)*

It can also be useful to think of family policy as everything governments do that affect families (Kamerman & Kahn, 1978). Its aim is to address problems that families experience in relation to society, its end value and goal being family well-being (Zimmerman, 1995).

Developments in family policy have often emerged from demographic trends (e.g. increase in non-marital births, expansion of women’s involvement in labour force) that require some form of state intervention or regulation. Policies are also shaped by the assumptions that are held by the State and the majority, of how people should behave. Problems arise where the assumptions that the State makes are not, or are no longer, in line with general societal perceptions of family relationships and obligations e.g. a presumption that families are ‘nuclear’ whereas there is a growth in non-family structures (Harding, 1996). Fahey (1998) argues that the concept of a

'policy paradigm' can also be used to explain the assumptions, ideals and images about the family and state-family relations that underpin family policy. A policy paradigm contains not only explicit ideas about policy (such as statements of principles or objectives) but also unspoken assumptions and values that shape the way issues are viewed and discussed. Assumptions about the extent to which family members should support each other can also impact on the level and structure of support provided (Millar & Warman, 1996). As society is dynamic and its assumptions and values are constantly changing, therefore, family policies can only be "necessarily temporarily agreed courses of action" (Zimmerman, 1995, p. 4).

Kamerman and Kahn (1978) suggest that countries can be classified on something of a continuum with regard to whether family policy is implicit or explicit, comprehensive or episodic, harmonised or uncoordinated. Furthermore, they suggest that it is possible to single out three principal categories within family policy:

- (i) Explicit family policy with specific programmes and policies designed to achieve specified family goals;
- (ii) Explicit policy with family programmes which deliberately do things to, and for, families but which have no overall agreed goals, and;
- (iii) Implicit policies that is, policies that are not specifically or primarily addressed to the family but have indirect consequences for them

Zimmerman (1995, p. 6) builds on this with the suggestion that policies may also be manifest (policies where the family content and objectives are obvious and apparent) or latent (implicit family policies where the family component is obscured by other emphases and objectives). Explicit family objectives might include enabling families to remain together or enabling parents to care for their children while working outside the home, or enabling adult children to take care of their elderly parents. The majority of policies can be classified into one or more of the categories as described by Zimmerman and Kamerman and Kahn.

### 2.3 Family policy: European context

Debate on family policy and state-family relations has become more prominent in recent years driven partly (and especially in Ireland) by social and economic changes. It is possible to identify a number of particular factors driving Western governments to reflect on what is happening to the family in today's world. Included amongst these concerns are:

- Demographic trends concerns (e.g. declining birth rates, increase in childless households);
- Employment concerns (e.g. increase in number of working parents, family friendly working policies);
- Gender relationships concerns (e.g. redefining of gender roles);
- Human rights concerns (e.g. children's' and parents rights);
- Low income (e.g. child poverty);
- Health (e.g. links between adverse health outcomes and socio-economic status);  
Education (e.g. low educational attainment and life outcomes);
- Crime (e.g. youth crime), and;
- Social capital (e.g. benefits of strengthening family support networks).

(McKeown, 2001, pp. 8 – 16)

Many different classifications and theories have been advanced on how best to classify a country's approach to family policy and the provision of family services. For example, McKeown (2001) argues that in the EU it is possible to identify two principal approaches by the State. The first approach is a primarily passive form of intervention based on the recognition of the growing diversity of families and the need of public policies and services to respond accordingly. The second approach is a more active form of intervention and is based on the recognition that the wellbeing (or otherwise) of families can have serious consequences for society. Accordingly, the State has a legitimate interest in seeking to influence what is happening to the family and in promoting vital family functions to aid family wellbeing. However, this typology does not necessarily fully reflect the mix of values and objectives or the varying definitions of family obligations held by States.

In their study of family obligations in Europe, Millar and Warman (1996) suggest that it is possible to divide countries into three broad groups in which common approaches to defining the extent and range of family obligations can be identified. The first group includes the Scandinavian countries (Denmark, Finland, Norway and Sweden) and is characterised by an emphasis on *Individual Autonomy* i.e. individual entitlements and citizenship rights available to all. The State provides support for families and there are rarely any legal requirements for families to provide support. Autonomy is an important factor driving policy in these countries and one consequence is relatively high levels of gender equality. The second group includes eight countries (Austria, Belgium, France, Germany, Ireland, Luxembourg, the Netherlands and the UK) and is characterised by an emphasis on *Nuclear Families* i.e. family obligations are mainly defined in respect of the nuclear family of spouses and parents and children. Individualisation is relatively undeveloped, benefits and taxes almost always recognise these family relationships and services are intended mainly to support family care. Responses to changing family structures and trends have been mixed and seem to have been ad hoc rather than reflecting specific objectives. There are differences between these countries in terms of their approach to the care of children. For example, in Ireland there is a presumption of family (i.e. mother) care for children whereas in Belgium or France, childcare is seen as a responsibility of the state and not just the family. Millar and Warman also suggest that a gender ‘fault-line’ can be seen: they argue that in Ireland a gender role assumption of ‘male breadwinner/female carer’ continues to exist. The third group includes the southern European countries (Greece, Italy, Portugal and Spain) and is characterised by an emphasis on *Extended Families* i.e. obligations are given to the nuclear family but these obligations are embedded within a much wider set of familial (extended) obligations. Families are expected to support one another and there is an assumption that families should be left alone and policy should be generally non-interventionist. However, as befits a dynamic and changing society, countries can move between these groups or, more commonly, assume some of the obligations or expectations of a group in its development of policy for families. For example, the UK consultation document Supporting Families (1998) called for a more pro-active stance for public policy on the family arguing that the government had a role to play in supporting stable relationships between couples, the institution of marriage and the parenting role.

#### 2.4 Family policy in Ireland

The ‘family’ enjoys a remarkably prominent position in the Irish Constitution. Under the Constitution, the State guarantees to “protect the Family in its constitution and authority, as the necessary basis of social order and as indispensable to the welfare of the Nation and the State” (1937, Article 41).

The Commission on the Family (1998) suggested that regulations governing families and family life were drawn from a range of different areas of policy covering:

- (a) Provision for the family (*resource distribution*), and;
- (b) Some aspects of family life such as marriage, parenthood, family property, and inheritance (*regulation of family matters*) (Fahey, 1998; Kiely & Richardson, 1995).

As is clear from the above, ‘family policy’ in Ireland has traditionally tended to focus on families economic rather than relational wellbeing. Until recent years, intervention into the realm of the family was justifiable only under circumstances of extreme neglect or abuse and the State’s role was largely confined to providing financial support to parents through the Social Welfare system. The level and structure of state support for family income and the delivery of this support has important direct and indirect effects on the incomes, living standards, life choices and welfare of families. Social welfare and taxation policies relevant to families are influenced by the need to: (i) provide ‘employment friendly’ income supports, (ii) provide an adequate level of income for those without other resources, and (iii) develop child income support while avoiding the ‘unemployment/‘poverty’ trap (Commission on the Family, 1998).

The tradition of non-involvement by the State in the family was largely defined by the principle of subsidiarity which acted as one of the primary influences on the provision of social services and the implementation of family policy in Ireland (Kiely and Richardson, 1995). Fahey (1998) argues that family policy in Ireland has been shaped by the contrast between two particular paradigms: *patriarchal familism* (family equals the primary social institution; hierarchially structured by gender and generation) and *egalitarian individualism* (emphasis on the individual, their needs, rights and obligations). Patriarchal familism was heavily influenced by the principle of

subsidiarity and the teachings of the Catholic Church and was the dominant force until the late 1960's. The growth in egalitarian individualism arose in part from wider international social movements whose emphasis was on individual rather than collective rights and obligations, and who promoted a greater awareness of gender issues in policy.

A number of commentators have highlighted inadequacies in current official definitions used to gather data (for the purposes of tracking changes in structure and for policy and service planning) on families and households (McKeown, 2001, 1998; Kiely and Richardson, 1995). At present, in order to be classified as part of a family in national surveys such as the Census or Labour Force Survey a person must reside in a shared household with their family. Such definitions can result in the effective exclusion of parents who while actively involved in parenting may not necessarily reside in the same household as their children.

The growing wealth of evidence on the importance of families and strong family relationships for children and adults wellbeing has made it less and less reasonable for the Irish state to remain reactive to such developments. A particular force driving this change from an 'exaggerated respect for the privacy of family life' (McKeown, 2001, p. 11) to a stronger and more defined state role in supporting families is the need to protect children and parents where abuse occurs within a family. The focus on child protection in particular has been a particularly strong factor in initiating and driving legislative change following revelations of child abuse (e.g. the Kilkenny case).

#### **2.4.1. Key policy developments**

The 1990s marked a period of intensified debate and developments in the area of family support and family policy. This section outlines some of the key landmark policy and legislative developments during this period.

The Child Care Act (1991) marked a significant step in family policy in Ireland. In particular, its importance for family support services and family policy derives from its conceptualisation of specific parent support services based on a central premise that it is generally best for children to grow up in their own family. Furthermore, it stated that assisting and promoting parent support services should be a main focus of

statutory authorities and charged Health Boards (see Section 7 of the Act) with providing ‘child care and family support services’.<sup>iii</sup> For the first time, there was now a specific obligation upon a named body to supply parent support services and support families in general. However, the inclusion of the term ‘family support’ within legislation without the provision of an exact definition of what comprises family support has provoked much debate as to what form such support should assume (Gilligan, 1995). It has resulted in different interpretations of what is meant by family support being adopted by Health Boards leading to variations in type and extent of provision of such services.

The ratification by the Irish Government of the United Nations Convention on the Rights of the Child in 1992 also contributed to a growing awareness of the state’s role in supporting parents. Article 18 of the Convention allows for a clear acknowledgement of the state’s role in providing appropriate assistance to parents and legal guardians of children:

*State parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children*  
(1992)

It clearly calls for states to assist parents and parent figures in their parenting and child caring roles and supports this with a call for greater state involvement in the development of appropriate services to aid the care of children.

The Report of the Commission on the Family (1998) was a major landmark in the discussion of family and state-family relations in Ireland. The Commission noted that family policy had (to-date) never been co-ordinated or separately identified in any way by policy makers and that existing policies in relation to families mostly related to ‘provision for an individual family member with recognition of the dependency aspect of family relationships’ (p. 6). It argued that:

*The individuality and the different objectives which underpin policies mean that in particular situations the impact of various policies may not promote*

*family wellbeing in the most effective way (e.g. the disincentives in relation to joint parenting of children in the social welfare system) (p. 3)*

It called for greater coherence and clarity of objectives by the state in relation to family policy in order to increase the effectiveness of the state in supporting family life and promoting family wellbeing. It suggested six principles to underpin the formulation of a progressive and effective family policy:

- Principle No. 1: Recognition that the family unit is a fundamental unit providing stability and wellbeing in our society;
- Principle No. 2: The unique and essential family function is that of caring for and nurturing all its members;
- Principle No. 3: Continuity and stability are major requirements in family relationships;
- Principle No. 4: An equality of wellbeing is recognised between individual family members;
- Principle No. 5: Family membership confers rights, duties and responsibilities, and;
- Principle No. 6: A diversity of family forms and relationships should be recognised.

(pp. 4 – 5)

The Commission saw the development of family policy as occurring hand in hand with the development of a strong institutional framework to develop and promote policy.

The Commission on the Family (1998) and the Best Health for Children report (1998) called for parenting education to be included as part of a comprehensive programme to support parenting. The latter saw parent education programmes as a tool to help promote children's health. Both reports suggested that programmes should be developed in consultation with key stakeholders, recognise the needs of specific groups of parents in particular, those from minority groups and fathers and for regional and local involvement in the planning and development of the programme.

The Best Health for Children report favoured community-based, peer-led programmes while the Commission called for parent education to be co-ordinated through a system of regional co-ordinators. A National Co-ordinating Group would have responsibility for developing standards for parent education programmes, library and information services and promotion of programmes (Commission on the Family, 1998).

The National Anti-Poverty Strategy (1997) addressed the issue of family support primarily in terms of inequality of access to employment, training, income inadequacy, and education and breaking the ‘cycle of disadvantage’ by tackling the inequalities of the labour market, education, tax and social welfare systems. While NAPS did not explicitly speak of supporting parents (i.e. in terms of family support services), its analysis of the multi-dimensional nature of need and inequality illustrated the complexity of support required for children and families. The 1997 Department of Health document A Plan for Women’s Health dedicated a section to ‘women as parents’ and spoke of the importance and benefits of supporting women in this role in terms of promoting the wellbeing of both mothers and children.

The Parental Leave Act, 1998 created a statutory entitlement to paternity and ‘force majeure’ leave for all fathers of children born on or after June 3, 1996 and covered work practices such as flexitime, job sharing, career/employment break, extended leave, and term-time working<sup>1</sup>. The Act marked a significant step forward for the rights of parents and acknowledgement of the importance of both genders in parenting. Its explicit recognition of fathers’ entitlement to leave following the birth of a child was a major advancement for parents as such leave had previously only been automatically available to the mother of the child.

The importance of family support and its services were underlined in the Guidelines for the Welfare and Protection of Children (1999). The National Economic and Social Council’s (NESCC) 1999 report viewed childcare and parental leave primarily in terms of increasing labour force supply. However, it did acknowledge the other roles these initiatives can have, highlighting in particular their roles in “child development...supporting family life, increasing options for women...(and).. providing opportunities for men to play a more active child-caring role” (p. 228).

The 1999 Children First Report called for each health board community care area to establish a family support plan in consultation with relevant service providers and community organisation representatives. However, it expressed the commitment to provide services as pertaining only to “the families of children who may be of risk of abuse or neglect” thereby continuing to place the emphasis on the development of targeted services. The National Child Care Investment Strategy (1999) focused on supporting vulnerable children in the family and community setting, and keeping them out of residential care.

#### **2.4.2 Recent policy developments 2000 - 2001**

A major development during the lifetime of the study was the publication of the National Children’s Strategy (NCS, 2000). It establishes a series of objectives to guide children’s policy over a ten year period and is grounded in six operational principles. The most relevant of these principles to the area of family policy and family support is the ‘Family’ principle:

*Family Oriented: the family generally affords the best environment for raising children and external intervention should be to support and empower families within the community (p.10).*

This is further supported by the third National Goal identified by the Strategy:

*National Goal No. 3: Children will receive quality supports and services to promote all aspects of their development (p.11).*

The family principle clearly recognises the importance of supporting families in the community. With respect to their role as ‘gatekeepers’ (i.e. as parents are generally responsible for accessing services) to services and supports for children, the third National Goal has important implications for Irish parents. It undertakes to strive to ensure provision of the necessary support services to aid the development of the ‘whole child’ (i.e. covering emotional, social, and physical developments) which by extension undertakes to ensure that parents have access to these services for their children. Objective G states:

*Children will be provided with the financial supports necessary to eliminate child poverty (p. 63).*

This is particularly relevant to this study because as Section 10 shows, access to services whether educational, medical, social or financial is identified as a major support need by parents. Objective L of the National Children's Strategy (2000) acknowledged '*a growing appreciation by parents and service providers of the role of parenting education courses in assisting parents to help their children*' (p.74) and called for:

*Quality parenting programmes...to be made available to all parents, with a special emphasis on the needs of fathers, lone parents, ethnic minority groups, including Travellers and marginalised groups (p.74).*

Recognition of the importance of play in children and young people's life has grown in recent years in Ireland. Objective D of the NCS specifically addresses the importance of play in children's life and the need to ensure that all children have access to such activities "to enrich their experience of childhood" (p. 57). The National Voluntary Council for Children's Play considered play to be:

*An essential part of every child's life and vital to the process of human development (The Charter for Children's Play, 1992).*

The lack of adequate or appropriate play provision in Ireland has been noted in a number of reports and submissions (Webb, 1999; Ballymun Regeneration Ltd, 1998; O'Connor, 1998; Children's Rights Alliance, 1997). A well designed built environment with appropriate facilities for its population is important in order to promote the physical and emotional wellbeing of a community. The Planning and Development Act 2000, requires local authority development plans to address the provision or facilitation of provision of services for the community (with a particular focus on services such as schools, crèches, childcare) and the preservation, improvement and extension of amenities including recreational amenities. Objective N of the NCS also states:

*Children will benefit from a built and natural environment which supports their physical and emotional wellbeing (p. 78).*

The second significant policy development during the study was the announcement of the Programme for Prosperity and Fairness (2000 – 2003). It contains the following objective:

*To support family life, to offer choices for families and to offer equal opportunities for both men and women to play an active caring role in families (p. 66).*

Practical services or measures to achieve this objective are expressed in the programme in terms of a wide range of measures which can impact on the family such as tax and social welfare measures, family support services, and the Family Mediation Service.

The National Development Plan (NDP) 2000 – 2006 saw its role in developing support services for families primarily in terms of providing investment for services. In particular, it saw its role as providing funding for childcare provision. The Community Development and Family Support Measure of the NDP articulated a vision of parenting support as being supplied through local or community organisations. It saw Family and Community Services Resource Centres as promoting the development of ‘parenting skills’ through the provision of courses and/or training for parents. It also allocated £250 million for the development of childcare facilities and an information technology infrastructure for a child care database and the establishment of County Childcare Committees to oversee the development, implementation and monitoring of County Childcare Plans (Expert Working Group on Childcare, 1999).

## **2.5 Discussion**

At present, Ireland lacks a clearly defined, integrated and explicit family policy, it is ‘highly diffuse and difficult to define’ and ‘may not be sufficiently clear or focused on the broader implications of trends affecting the family’ (McKeown, 2001, p.4). Family policy in Ireland has developed in a somewhat piecemeal way reflecting both

the reluctance of the state to intervene in family relations and the diffusion of responsibilities for families amongst different agencies.

The Commission on the Family argued for a new approach to policy formulation based primarily on co-ordination with responsibilities spread amongst agencies and communication and consultation between state and community organisations. It called for the development of more customised services for individual families and a greater focus on outcomes.

McKeown's (2001) review of family policy echoed many of the Commission's points, particularly in its focus on family wellbeing as a core element of family policy, but further defined this as 'the promotion of relational and economic wellbeing' between parents and children. Such a policy would focus on the relationship of parents with each other and with their children regardless of marital or residential status. In order to achieve this however, proactive measures would have to be developed to achieve the goals and preventative measures instituted to minimise any reduction in economic and relational wellbeing arising from the actions taken to achieve the goals.

Support for parents is often linked with the achievement of specific outcomes for example, ensuring equality of access to employment and training services, ensuring gender equality, or improving child outcomes (McCashin, 1997; Phoenix, 1996). The rapid employment expansion during the 1990s in Ireland with a corresponding rise in female participation in the labour force highlighted the under developed state of child care provision and the need for 'family friendly' policies in order to meet labour supply needs. The conceptualisation of parenting support encompassed within the Parental Leave Act (1998), National Anti-Poverty Strategy (1997), Programme for Prosperity and Fairness (PPF) (2000), and the National Development Plan (NDP) (2000) appears to view parenting support primarily as a tool for economic progress firstly, and social progress secondly. It is arguable that the increased awareness of the need for parenting support services and policies is driven largely by the need to improve labour force adaptability and supply rather than a specific focus on improving the emotional well being of parents and children.

Family policy in Ireland remains largely diffuse and implicit with objectives that are not necessarily obvious or apparent. However, a number of new developments appear to signal a movement towards a more coherent and structured family policy. Two major developments, although they may be seen as service rather than policy developments, include the establishment by the Government of the:

- Family Affairs Unit in 1998, and;
- Family Support Agency in 2001

The Family Affairs Unit operates within the Department of Social, Community and Family Affairs and is charged with co-ordinating family policy, pursuing the findings of the Commission on the Family, undertaking research and promoting awareness of family issues. This Unit marks a significant step forward in the recognition of the importance of ‘family’ and the need for greater attention to policy and services for family. The Unit forms a key element of the Government’s Families First approach designed to work towards putting families at the centre of all its policies.

The Family Support Agency (FSA) could potentially play a major role in developing a co-ordinated approach to family policy in its role as a dedicated agency with a particular focus on family affairs. It will be accountable to the Minister for Social, Community and Family Affairs and will work in co-operation with government departments, State agencies and voluntary and community groups that share responsibility for the provision of services to families. In particular, it will have to have regard to the social inclusion policies of the government. The legislative initiative will involve the transfer of responsibility for the main programmes and pro-family services developed since 1997 from the Department of Social, Community and Family Affairs to the Family Support Agency. Its main responsibilities include:

- Providing a family mediation services
- Supporting, promoting and developing the provision of marriage and counselling services
- Supporting, promoting and developing the Family and Community Services Resource Centre programme

- Acting as a resource for voluntary and community groups and others involved in promoting family well-being
- Raising awareness about family and parenting issues
- Undertaking research

## Section 3: Family services in Ireland

### 3.1 Introduction

The section outlines the key providers of support services in Ireland. It discusses the implications of universal versus targeted provision and provides examples of both types of services. The effects of various state services on family life are mixed, setting parameters, facilitating certain moves, making others more difficult, easing or burdening family life. Appendix V provides an outline and discussion of key international family services.

The model followed by a country in its provision of family services has implications for the extent and nature of the service provided to families. Harding (1996) argues that there are a number of models of family-state relationship. The two most extreme models are the authoritarian model (state enforces certain preferred behaviour patterns and family forms and prohibits others) and the laissez-faire model (state regards family life as an area of complete individual freedom and choice). On a continuum of models, there are however, other types of models that fall somewhere between the two models described above and which differ in the extent to which the state attempts to control or influence family life.

### 3.2 What are family and parenting support services?

This section provides a definition of family support, highlights a number of the major principles in family support and provides a brief discussion on various models of support. The particular focus in this study is on parents' use of and perceptions of usefulness of certain existing services with a family support remit. While it is acknowledged that parenting education may form only one strategy within a larger array of support services, there is also a strong focus within the study on parents' perceptions of and interest in parenting education classes and groups.

Family support may be defined as a broad variety of services and activities:

*Designed to enable and empower by enhancing and promoting individual and family capabilities that support and strengthen family functioning in general and parenting capabilities specifically (Dunst, 1994, p.5).*

Family support seeks to promote children's safety and development and reduce the possibility of children having to leave their parents and family by reducing stressors in the child and family's life, connecting parents to appropriate support systems, and promoting the morale and competence of parents and children (Gilligan, 2000). Family support services can encompass a range of activities including therapeutic work, home based parent and family support programmes, educational interventions for children, youth work, community development, childcare and parenting programmes. There are many programmes with a 'parenting' component woven into a broader curriculum or service delivery design. The complexity of many family stresses and difficulties may require multiple solutions to tackle the multiple problems (both intra and supra familial) faced by the most disadvantaged families.

While parent education is a subset of family support it is not entirely encompassed in it as many parenting programmes do not necessarily adhere to family support principles (Dunst, 1995). The aim of parent education programmes may be defined as:

*To improve the knowledge and skills of parents for the purpose of improving the development of their children (McKeown, 2000, p. 17)*

Parenting programmes are often designed to help parents' work within existing constraints by focusing on parent-child interaction and parenting skills. Parenting programmes can be located within the education, health care, multiple and complex needs, normative, special needs, or research and advocacy sector. Programmes may follow a very informal, loosely structured or a pre-determined, time limited format depending on the needs of the parents. However, as Bowes (2000) points out in her review of parent education and support programmes in the US, the total life circumstances of families and the stresses flowing from those circumstances will often override the efforts of the best-intentioned parenting programmes. The limited possible effect of parenting programmes on long-term outcomes for parents and children needs to be kept in mind. While parenting programmes may form part of the answer, they should not be seen as a panacea for family stresses and support needs.

### **3.3 Family services in Ireland: key providers**

Many of the existing family support services in Ireland are based within the health and/or educational constellations. . Until the 1991 Child Care Act it could be said that an ‘interventionist’ (i.e. support only when absolutely necessary) approach to family and parenting support held supreme. However, since the late 1990’s, there has been considerable action in the development of ‘prevention’ and ‘promotion’ support strategies (Carter, 1996) with the introduction of initiatives such as the Springboard Initiative, Teenage Parenting Support Initiative, and Family Services Pilot (McKeown, 2000). In addition, there have been initiatives to address the lack of co-ordination in statutory services including the SMI, the promotion of partnerships at local level and the Integrated Services Process (1988-2001) which is piloting new models of integrated service delivery in four disadvantaged communities.

Family support services encompass a range of services provided by health boards and other agencies to meet various needs of families. There is now a relatively large number and wide variety of public services currently serving the family. The 1991 Child Care Act charged health boards with providing services to meet family support needs and with the provision of child care services and since then, all health boards have introduced programmes to meet their statutory obligations. In the main, the services offered by the health boards aim to prevent young people from becoming ‘at risk’ and needing alternative care. The policy of the health boards is to give priority to children whose parents are experiencing difficulty in caring for them or who are unable to cope because of medical or social problems.

There is a strong history of voluntary service provision in Ireland particularly in the area of social services for the marginalised. Their role in service provision was further strengthened by the provisions in the Child Care Act 1991, allowing health boards to finance voluntary agencies to provide services on their behalf. Other parenting support services operate under the umbrella of Early Childhood Education and services whose principal focus is on improving child development outcomes.

The Child Care Policy Unit of the Department of Health and Children is responsible for the formulation and monitoring of policy on child care and family support services by the health boards. It is concerned with the promotion of the welfare of children

who are not receiving adequate care or protection and with the formulation of adoption policy and legislation.

Statutory agencies and government departments also play a significant role in service provision for families whether by direct provision or indirect provision (i.e. funding other agencies). Table 1 provides a full outline of government departments providing (whether directly or indirectly) support services for families.

**Table 1: Government Departments directly or indirectly providing family services**

<b>Government Department</b>	<b>Services funded (directly or indirectly) for families</b>
Social, Community and Family Affairs	Income supports to low income families Child Benefit SWA items for families e.g. Back to School Clothing and Footwear Allowance Family Mediation Service Family and Community Resource Centres Family Affairs Unit Family Services Project
Health and Children	Springboard Family Resource Centres Community Child Care Workers Medical Card Scheme Foster and residential child care Community Mothers Programme Family Support Workers Teenage Parenting Support Projects Neighbourhood Youth Projects Pre and after-school nurseries Maternity and Infant Care Scheme Parenting programmes
Education and Science	Early Start Pre-School programme

	Break the Cycle Home School Liaison 8 – 15 Early School Leavers Initiative Youthreach National Educational Psychological Service Traveller Education Needs
Justice Equality and Law Reform	Funding for child care (Equal Opportunities Childcare Programme) Family Law Juvenile Detention Centres Central Authority for Maintenance Recovery Youth Diversion Programme
Enterprise, Trade and Employment	Community Employment Scheme Parental Leave
Tourism, Sport and Recreation	Integrated Services Project RAPID Funding youth organisations in sport
Environment and Local Government	Provision of public housing Traveller accommodation
Agriculture and Food	Disadvantaged Areas Scheme Teagasc Advisory Services Leader II groups

There are a number of new pilot initiatives in the area of family support including:

- Springboard (Department of Health and Children);
- Teenage Parenting Support Initiative (Department of Health and Children);
- Family Resource Centres (Department of Social, Community and Family Affairs);
- Family Services Pilot Projects (Department of Social, Community and Family Affairs)

Many of the services offered (directly or indirectly) by government departments were developed to combat social disadvantage and exclusion in acknowledgement of the

growing evidence indicating links between family circumstances and a range of outcomes for example, links between child poverty and health outcomes. Meeting the needs of particularly vulnerable families has required statutory bodies with different responsibilities (for example health, income or education) to pull together and develop co-ordinated strategies to meet need in the most cost-efficient way. The Commission on the Family called for greater co-ordination between government departments in the development and delivery of services and for greater engagement with relevant agencies to meet the needs of children. The National Children's Strategy (2000) acknowledged the need for 'better communication and information systems' (p. 83) in the co-ordination of children's policy development and service delivery.

A significant new development is the proposed Family Support Agency (2001). This will bring together the main programmes introduced by the government in recent years designed to help prevent marital breakdown, to support ongoing relationships for children and to promote local family support. A principal aim of the Agency will be to provide a comprehensive and coherent response to families in need of family support services and for families generally.

#### **3.4 Universal and targeted family services**

Current provision falls along two extremes of the spectrum from group-based open access parenting programmes and support groups to more specialist targeted services. Targeted services are generally designed for groups of families who have been perceived by policy makers and practitioners to be particularly vulnerable or to have difficulty in accessing services and for whom targeted provision may be needed. In Ireland, particularly vulnerable groups for whom particular support and service needs are evident include low-income families, lone parents and teen parents. Participation in such services is generally dependent upon a referral from a professional in the health or education sectors. Universal or open access services are services that are open to all parents to use and are not dependent on parents getting a referral from a professional in order to access the service.

The provision of targeted and universal support services for families are two distinct strategies that can be complementary rather than opposed. Ensuring that some services are available to all and also providing services for those who require

additional support helps to meet the needs of those experiencing differing degrees of social exclusion. Nevertheless, resources that are allocated to targeted services are automatically not available for use in universal services. An alternative viewpoint arises in the question: should all family support services be universal or should there be an increase in the number of universal services? In relation to this, McKeown argues:

*Increased investment in universal family services ... implies that good relationships between partners, rearing children, good relationships between parents and children, and successful parenting, are outcomes which society has such a strong interest in promoting that it sets aside resources to do so*  
(2001, p. 33).

#### **3.4.1 Open access services**

A number of services in Ireland are universal that is, open to all parents and children.

Examples of these services include:

- Public Health Nurse Service (PHN): available in all health boards areas. Amongst other duties, the PHN plays a major role in supporting parents of newborn infants, visits *all* parents at home within the first weeks of their child's life and continues to make follow-up visits to check on child development until 3 years of age. They play an important role in information delivery and referral to more specialised services for parents and children. Funded by the Department of Health and Children.
- Health board developmental clinics and child welfare clinics are available in all health board areas and provide developmental examinations primarily for pre-school children. The clinics also operate as a gateway to more specialised services for example, speech therapy. Funded by the Department of Health and Children
- Income support: payment of universal child benefit (for all children under the age of 18 or in full-time education until the age of 21 years. Funded by the Department of Social, Community and Family Affairs

- Group parenting courses are the most common form of specific parenting support or education programme (French, 1998; Rylands, 1995). Key players in provision at a national level are the school and local parish structures and health boards (whose main role is normally a funding one). Examples of parenting education programmes operating in Ireland include the Parents Plus Programme and The Family Trust Programme.
- Family Mediation Service: This service works with couples to prevent marital breakdown, assists those who have decided to separate, supports ongoing parenting relationships and raises awareness of family and parenting issues. It has expanded from two centres in 1997 to 11 in 2001. The number of persons availing of the services has increased from 250 in 1997 to 1, 200 in 2000.

#### **3.4.2 Targeted support services**

Ireland has advanced considerably in developing family services that are targeted.

These developments were largely motivated by a concern to combat social disadvantage and in particular, child poverty (McKeown, 2001). Examples of targeted services include:

- Family Support Workers: a preventive measure designed to provide practical support and guidance to families experiencing difficulties in caring for their children. Activities undertaken range from parenting skills programmes, confidence building and personal development to home care and management. Funded by the Department of Health and Children
- Home Visiting Programmes: examples of such programmes include the Community Mothers Programme (ERHA), Lifestart and the National Parent Support Programme. All programmes share a common focus of supporting parents in their parenting role and promoting child health and development during the child's early years. Trained home visitors (many of whom are experienced local parents) call to the parent's home at designated intervals to provide information, support and encouragement. Many of these programmes are funded through the Department of Health and Children

- Family resource projects are community based, locally managed projects working with local families in designated disadvantaged areas. Services offered differ from project to project as they are adapted to meet specific local needs but may include: personal development groups for women and men, youth projects, parent education or other adult education and various family support programmes. There are currently 90 Community Development Projects in operation and 75 Family Resource Centres funded by the Department of Social, Community and Family Affairs.
- Family Services Projects are a pilot programme providing access to information for families using the local social welfare office as a ‘one-stop-shop’ and are targeted at those in ‘the most difficult family situations’. Basic information on income support, money advice and budgeting services and access to education and training is provided. There are plans to expand the range of information available to include information about parenting issues, including local childcare services and the Family Mediation service. Funded by the Department of Social, Community and Family Affairs
- A number of income supports to low income families are provided by the Department of Social, Community and Family Affairs. Supports include child dependent allowances, one parent family payment, family income supplements, carer’s allowance and social welfare allowances including Back to School Clothing and Footwear allowance. Other income supports are provided by the Department of Agriculture and Food specifically for farm families with low incomes for example, the Disadvantaged Areas Scheme

### **3.5 Discussion**

Carter uses the following metaphor to describe the current state of development in parenting education (specifically) and family support services (in general) in the US:

*A young tree with a large spread of branches and leaves that is threatened by a less visible but critically shallow root system (1996, p. 189).*

This metaphor could equally be applied to Ireland. As this section highlights, family support services and more general support services for parents can assume a wide variety of forms. In recent years Irish family support services have undergone considerable expansion. Many different agencies are involved in service provision ranging from government departments to statutory agencies to voluntary, community and local organisations. It is fair to state that the provision of family services in Ireland represents a 'mixed economy of welfare' (Kiely and Richardson, 1995).

It is arguable that the 'shallow root system' with regard to Irish family services is represented by the current piecemeal development of family policy and lack of a coherent body for the co-ordination of this policy. However, as outlined in Section 2.5 the creation of a new statutory agency, the Family Support Agency, may have the potential to address the present-day 'shallow' position held by family policy in Irish social policy.

## Section Four: Literature Review

*It is generally agreed that the impact of parenting is felt throughout one's lifetime and for succeeding generations. No other form of human interaction can boast such power and longevity (Bavolek, 1990)*

### 4.1 Introduction

Parenting and the way society supports families in bringing up children has become the focus of widespread public debate, research and work nationally and internationally in recent years. A variety of ideological and social welfare perspectives have informed and driven this debate including amongst others, concerns about 'cycles of deprivation' within families, a perceived need to reinforce the status of family life and/or marriage and the promotion of children's rights.

The conceptualisation of parent support has progressed from an initial focus on 'teaching' parents to one which acknowledges the need to consider and where possible, to address underlying factors that may prevent parents from fulfilling their parenting role to the best of their ability. The conceptualisation of parenthood in respect of an individual parent's parenting concerns and needs raises wider issues of gender, equality and the socio-cultural context within which parenting supports are located.

*Even the most loving and privileged of parents can only do what society arranges, allows and supports (Leach, 1993, p. 35).*

This section presents the findings of relevant literature and research in the area of parents support needs. It offers a discussion on models of family support, principles and values pertinent to the development of FSS, challenges facing FSS and factors driving the need for FSS.

### 4.2 Models of family support

The majority of parenting support programmes initially followed a 'treatment' approach i.e. the programme worked on the assumption that something was wrong with the child or parents which needed fixing (Carter, 1996). Traditionally, parenting

programmes sought to intervene in the family to correct what was wrong and began by looking for a deficit (Intervention). Some programmes were designed to deter or prevent problems before they started, working on the assumption that it is possible to identify families who will experience difficulties (Prevention). Other programmes seek to develop and enhance parental capabilities and begin from the assumption that all parents have strengths that can be promoted and maximised (Promotion). Current practice in family or parent support acknowledges the dynamic nature of support for parents and the importance of responsiveness to individual parents' needs and often combines elements of the prevention and promotion approach.

Models of parent support may thus assume a number of forms depending on the focus of the support i.e. who (is the target group?), why (have they selected this target group?), and how (does the model propose to support them and what are the expected outcomes?). For the purposes of this study, programmes and services are considered to belong to one of two models depending on their fundamental orientation:

1. **Model 1:** *where parents are present but need help to do their job more effectively.* Support in this context may involve home-visit programs, parent-to-parent skills sharing programs, parent education classes, family therapy for parents focused on learning problem solving skills. Programmes in this model primarily focus upon assisting parents in building upon existing skills and developing new skills in order to maximise their child's potential (physically, socially, emotionally and cognitively)
2. **Model 2:** *where parents' ability to parent is disrupted by social conditions, including poverty, war, societal breakdown, or lack of personal resources and support.* Support in this context may assume the form of multi-dimensional programs that help parents' address their work & family needs; parenting programmes integrated with health services; and community development projects with quality childcare and parent involvement components. The content of such programmes may even be focused on providing parents with skills that, while not directly related to parenting, will enhance the parent's ability to parent. It sees work with parents as a way of preventing either personal or structural events from escalating to the extent where children are placed at risk and also as a way of

helping parents to reconcile the complex roles that many of them juggle (e.g. parent/employee) ([www.ecdgroup.com](http://www.ecdgroup.com)).

These models are not exclusive. Flexibility in support is highly valued by parents as individual parenting circumstances may be greatly influenced by internal and external events and may rapidly change over the course of relatively short periods of time. Support for any individual parent may thus require a mixture of Model 1 and Model 2 at any one time or at different points in time. Both international and national research suggests that for family support to flourish it must adopt an inclusive approach wherein elements from a wide range of fields including adult education, early childhood care and education, community development, criminal and youth justice and social work are harnessed to promote family support.

#### **4.3 Values in family support**

A question sometimes raised about parent education in particular and family support programmes in general is whether these services are a source of empowerment or a form of social control. No interactive work with people is value free, and values will often reflect wider societal values. Regardless of the form of support required, all structures and programmes with the purpose of assisting and supporting parents should be underpinned by a number of core principles. The incorporation of these principles into the family support service has been found to play a major role in winning parents respect and ensuring their continued involvement in the service (Cutting, 1999; Schorr, 1997; Jaeckel, 1997; Johnson & Molloy, 1995; Smith & Pugh, 1994; Kagan & Seitz, 1988; Durlak & Wahler, 1983). These principles may be summarised as:

- (1) **Responsiveness and appropriateness:** programmes must respect and value parents' individual needs (Johnson et. al, 1993; Cutting, 1997; Sheridan et.al, 1997; Smith et al, 1994). Flexibility in support is highly valued by parents as an individual's parenting circumstances may rapidly change over the course of relatively short periods of time. Activities and supports based on the interests and skills of the participants ensure the relevance of such supports to local need and serve to strengthen parents self-confidence with regard the importance and value

of their needs and abilities (Jaeckel, 1997; O'Rourke, 1997). Programmes should acknowledge and respect diverse family patterns and cultural diversity.

The issue of appropriateness also extends to areas such as programme staffing and delivery. In the US, Carter (1996) argues that only a few programmes have made meaningful efforts to address diversity in programme content and resource and very few have made a shift in staffing patterns or at management level to address diversity (in terms gender and cultural diversity) leading many programmes open to accusations of 'tokenism'. This is an issue for consideration in the context of the future development of Irish family support services.

- (2) **Placing parental knowledge and responsibility at the cornerstone of parenting support programmes:** programmes should draw upon parents' existing knowledge and experience and recognise that many parents regardless of socio-economic environment are competent and effective caregivers. Programmes should support parents to understand, enjoy and feel more in control of their role. Approaches should avoid imposing conformity to one particular model of parenting (Cutting, 1999; Smith, 1996). This principle allows parenting support services to recognise and support common wisdom and prevents support services being viewed by parents as 'hobby horses' for professionals
- (3) **Community empowerment and action:** services must deal with families as part of their neighbourhood and community (Schorr, 1997). Community based support services may enable parents to become more active in their own community by introducing them to other services and people (O'Rourke, 1997; Sheridan et al., 1997) and may also demystify the barriers between professionals and service users (Sheridan et al., 1997). Empowering parents' requires parents' involvement at all steps including the design, structure and running of a programme. Parents want to have a choice about the support they receive and they want to play an influential role in setting the agenda (Cutting, 1998).
- (4) **Address the issue of children's rights:** children are 'stakeholders' within parent support programmes and as such possess the right and entitlement to be consulted

in matters that impact upon their lives and childhood (Smith & Pugh, 1994). Programmes must see children in the context of their families (Schorr, 1997).

- (5) **Recognition of ‘permitting life circumstances’:** support programmes for parents should recognise that in order to fulfil their obligations, parents need adequate social and economic support (Smith & Pugh, 1994). Kadushin (1988) argues that parenting support programmes and services should embrace a multilevel, interactional approach displaying an awareness of social and economic factors, family system factors and personal and familial characteristics, in order to be successful.

The underlying value systems of support services must be appropriate in order to facilitate the appropriate development of services. Support systems must be accessible, relevant, empowering and responsive. Provision of services and facilities which meet a variety of needs, are flexible and responsive represents an effective way of ensuring that families and parents benefit from the services and programmes provided for them.

#### **4.4 Challenges in family support**

Family support services are still a relatively new phenomenon in Ireland. The potential of what can be developed with such services is enormous (Carter, 1996) and there are promising reports of early successes in a number of pilot initiatives in this area (McKeown, 2000; Johnson & Molloy, 1998; O’Rourke, 1997). Three particular issues have been singled out for discussion as they pose particular challenges to the future development of adequate and efficient support services for *all* parents: (i) cultural appropriateness of support, (ii) gender-related issues and (iii) the ‘language of support’.

##### **4.4.1 Cultural appropriateness of supports**

The cultural appropriateness of parenting support programmes is receiving increased attention from Irish family service providers. Evaluations of UK group based parenting programmes have highlighted the need for culturally appropriate training materials and programme issues to meet the needs of parents from a wide variety of ethnic groups and cultures (Smith et al., 1994). Irish parents have called for the

development of materials reflective of Irish society and of different socio-economic groups for use in group based parenting education programmes (Rylands, 1995).

In the US, ethnicity has been linked with a lower likelihood of completing or even beginning a parent education programme (Danoff et al. 1994). However, these differences in completion or attendance rates are partly attributable to differences in perceptions amongst parents from different cultural backgrounds as to appropriate programme content, programme structure, and ease of access to services. US studies suggest that parents from ethnic minority groups and low socio-economic groups are more likely to attend and complete parent education programmes if the setting and content is compatible with their values and lifestyles (Leon et al, 1984; Martinez, 1988). Cultural differences, especially those related to ethnicity, can affect parents' fears of being misunderstood by professionals. This has been linked with the perceived lack of programme content relevance for parents from certain ethnic minority groups. Keller & McDale (2000) suggest that lower use of parenting education programmes amongst US minority groups may be due to the fact that the majority of these programmes are based on, and reflect, middle-class Caucasian values. These values may not adequately reflect the values of parents from different cultural values and indeed, may not even include some values considered important by these parents.

In addition, service developers and providers need to consider the manner in which different ethnic and cultural groups access support services. Studies by Grant (1995) and the Racial Equality Unit (in the UK) suggest that parents from minority ethnic backgrounds access family support services in a variety of ways. Parents from ethnic or minority groups were reluctant to use support services targeted directly at parents themselves and where parents did use these services, the dropout rate was quite high. However, parents were more likely to approach family support services if their child needed assistance, rather than if they themselves needed assistance. The services most used by parents tended to be those with a child focus for example, education or healthcare services. The question of how existing community organisations can be used more effectively in terms of offering supports to parents from particular communities deserves consideration. Grant argued for greater use of existing

community organisations (churches, mosques, sports clubs) as a conduit for contacting and delivering appropriate FSS to communities.

In short, family support services and parenting programmes need to be culturally competent and take ethnic and social class differences into account in an affirming fashion (Gilligan, 2000).

#### **4.4.2 Gender issues in support**

Family support and parenting support programmes need to address gender issues more specifically, the challenge of engaging men. A successful resolution of this challenge requires not only changes within individual family support service structures but also at national policy level. State intervention in parenting can have a significant impact by shaping and reinforcing parenting roles amongst women and men. At present the Irish Constitution grants all mothers (regardless of marital status) constitutionally protected rights to their children, it makes no reference to fathers. This means that unmarried fathers are in a particularly weak position in terms of legally enforceable rights of access or guardianship in their own right to their child unless they formalise access and guardianship arrangements through the courts.

It is arguable that the position granted to mothers under the Irish Constitution has influenced the approach adopted in research, policy and service development in Ireland. Until recently, the role of parents and parenting in Irish policy and service development was primarily conceptualised with reference solely to the role of the mother. In addition, most research into parenting focused on mothers' perceptions and views (O'Connor, 1999; Johnson et al, 1995; Hyde, 1996). These factors have quite considerable consequences for the debate on supporting parents and FSS, particularly with regard to questions such as the extent of and appropriateness of state intervention in supporting parents and families, the role and rights of fathers and fathers roles within family support.

The public imagery associated with motherhood has tended to be positive insofar as it assumed that women's actual experience of motherhood is naturally positive. However, this perception is being challenged in recent years particularly with the emergence of studies illustrating the psychological cost of mothering as experienced

by some mothers (see O'Connor, 1993; Richardson, 1993; Oakley, 1984). Some commentators argue that the naturally positive view of mothering led in many instances to society disregarding any need for it to provide support for women after the birth of a child (O'Connor, 1999). The discovery that some women experienced 'psychological costs' from mothering challenged the state's chosen role of minimal intervention. However, it led to a new perspective that assumed that these costs arose most acutely for lone parents who therefore automatically required additional state support. McCashin's 1996 study on lone mothers in Ireland challenged this perspective and showed that the majority of mothers in the study coped well and positively enjoyed the experience of childcare. The findings dispute the conventional wisdom that saw lone motherhood as more problematic and challenge the underlying assumption supporting this 'conventional wisdom' namely, the state's belief in the greater coping abilities and therefore, lesser support needs, of two-parent families.<sup>iv</sup> The question of the state's apparent belief in the greater coping abilities of two parent families and lesser abilities of lone parents is part of a wider debate on the presumptions and conceptions underpinning the structure of, and access to, family support services in Ireland.

Fathers have become increasingly visible and vocal in parenting and in the debate on how best to support parents, children, and families. This 're-emergence' of fathers has consequences for future policy and service development in family support. A main issue is that of the need to consider and develop approaches to successfully engage fathers in FSS. It is no longer appropriate to build and develop policy and services upon the premise that by meeting the support needs of mothers, one is also meeting the support needs of fathers. Such services may not at present be best placed to meet the support needs of fathers.

Very little empirical research has been conducted on fathers' perceptions of and experiences with state services and supports in Ireland. Assessments of group based parenting programmes in the UK found that fathers who attended felt isolated and considered the content and approach of programmes to be inappropriate to them (Grimshaw & McGuire, 1997). Ghate et al. (2000) examined fathers' involvement with family centres in the UK and found that while the centres catered relatively well for some groups of fathers (e.g. lone fathers, fathers with a high level involvement in

childcare) the centres were less successful in engaging with the majority of fathers. The approach and activities offered at each centre were crucial in determining fathers' interest in participating. The domination of many centres by female staff and users made many men feel uneasy and under scrutiny. In addition, some women questioned the appropriateness of male attendees, feeling that their presence inhibited discussion amongst female staff and services users and perceived this as undermining the quality of the support provided for mothers (Grimshaw & McGuire, 1998).

#### **4.4.3 The 'language' of support**

The labels or terms applied to supports play a major role in shaping parents' perception of the support service. The terminology used to describe a support programme may actually deter parents from participating in supports even when the contents of the support may be what they are interested in and require. Research has shown that parents view terms such as 'class' or 'programme' as stigmatising and negative, believing that such terms implied a parenting deficit (Cutting, 1999; Keller & McDade, 2000). Parents have challenged the concept of good or bad parenting arguing that these labels often appeared to be randomly assigned depending on the authorities views of parenting and parental responsibility. Parents do not feel these labels to be helpful in terms of encouraging them to access services or to work together with professionals (Cutting, 1998).

#### **4.5 What do parents want from support services?**

It is possible to identify a number of principles and values considered by parents to be particularly important in the development and operation of support services for parents (Cutting, 1997). General principles include that the values and principles on which programmes are based are clearly stated and that programme aims and objectives are explicit and measurable.

- **Support should meet information needs:** the provision of, and access to accurate, appropriate and adequate information is important to parents'. In-depth interviews conducted with parents in the UK found that a majority of parents worried about their child's behaviour and most were confused or knew little about their responsibilities as parents (Family Policy Studies Centre, 1995). Young et al (1998) found that a fifth of all US parents surveyed said they had looked for help

with some problem with the child and more than three-quarters reported that they could use further information in at least one of six areas of child-rearing.

- **Emphasise existing skills:** parents' existing skills and knowledge must be recognised and built on. Programmes should draw upon parents' existing knowledge and experience and recognise that many parents regardless of socio-economic environment are competent and effective caregivers. Programmes should support parents to understand, enjoy and feel more in control of their role.
- **More emphasis on support rather than education:** parents favoured the use of 'parent groups' as opposed to parenting classes citing the importance of developing supportive, non-stigmatising environments in reaching and sustaining contact with parents. An assessment of parents support needs in Scotland found that while parents liked the idea of a mutual support structure courses they wanted it to be flexible (in timing and content) so as to allow them to attend when they wished. Parents felt it important that courses recognise the range of concerns and needs parents have. Promoting courses or programmes which focus solely on parenting skills was viewed negatively by parents and in some cases deterred parents from attending courses (Cutting, 1998)
- **Informal and flexible structures:** support should be informal and free flowing insofar as parents can actively participate and access support on a voluntary basis. The issue of informal support feeds into the debate on targeted<sup>v</sup> versus universal<sup>vi</sup> services for parents. A UK study found that parents wanted to be treated in a non-stigmatised way by mainstream services, rather than be the targeted object of intervention (Inglis, 1995). The non-stigmatising advice and gate-keeping of health visitors and GPs was seen as critical by parents in their decision to approach these services for assistance or information. Accessibility and acceptability are key issues in FSS and Sinclair et al. argue that universal services can serve as a non-stigmatising channel through which parents and children can move on to more specialist services.

- **Allow parents to define the agenda:** Parents want to have a choice about the support they receive and they want to play an influential role in setting the agenda parents should be allowed to define their own agenda and identify their advice and information needs as required. This should be flexible enough to adapt to changing needs.
- **Learning styles:** support should recognise and address a wide range of learning styles and different literacy abilities. For example, a national campaign of issuing leaflets on pertinent issues for parents may fail to meet the information needs of parents with very low literacy levels
- **Delivery:** the presence of a facilitator or worker facilitates learning through enabling discussion and interaction. Parenting cannot be taught but skills can be learned. Keller and McDade (2000) found that many parents' reasons for not attending a parenting class or support group arose from practical issues such as lack of time, transport, childcare or lack of funds to pay for classes. Others mentioned their discomfort about talking about family problems in a group setting. Shinman's (1981) study of access to pre-school services found that a quarter of families would not use a drop-in centre, playgroup or nursery even when it was within easy walking distance, for fear of 'the welfare', levels of depression and low self-esteem.

#### **4.6 Factors influencing the demand for parenting supports**

Parenting is a life-long process and parents' need for support varies depending on family circumstances, the stage of development of the child, the number of children et cetera. Certain factors are linked with need for parenting programmes and services (Cutting, 1999; Dunst, 1995; Gaffney, 1995). These include lack of information; transition to parenthood; family income; changes in family structure; availability of childcare supports, employment opportunities; changing social values. The factors influencing need for support may be experienced individually by parents or several factors may be interwoven together to determine the level or type of support required. The following sections briefly discuss a number of the factors driving demand for parenting supports and those that may influence parents use of support services.

#### **4.6.1 Quality of information provision and access to information**

The development of adequate information services for parents and children has attracted increased attention in recent years both in policy and discussion documents and in service initiatives. Providing parents with information serves to empower parents with knowledge that they can then use to improve their own lives as individuals and by extension the lives of their children and families.

Research has suggested that parents may feel ill prepared for the parenting task and thus welcome further education and information on various aspects of parenting (Jackson, 1984; Wiley & Merriman, 1996; Young et al., 1998; Cutting, 1997). O'Connor (1999) found that parents in the Mid-West wished for more information on social and community events, activities and entitlements, adult education and social welfare, availability of local services and information on nutrition, health and self-care.

The perceived inadequacy of current information provision for parents is often linked with societal changes such as the increase in female participation rates in the labour market, lesser access to social support networks and the changing roles of fathers. Gaps in information provision impact upon parents' ability to use existing resources and services and to build social support networks.

Studies have shown that the principal sources of advice and information for parents are family and friends followed by health professionals, teachers, and social services (Grimshaw & McGuire, 1998; Family Policy Studies Centre/Office of Population Censuses and Surveys, 1995; Inglis, 1995; Young et al, 1998). Health and behavioural problems were the most frequently cited reasons by parents for seeking information from sources outside the circle of family and friends and in most cases parents turned to professionals, notably GPs, for advice in relation to medical and 'non-medical' concerns. Munson (1997) found that amongst lone parents in Northern Ireland, health visitors and parents were the main providers of advice and information on caring for children. A large majority also stated a desire for further information on the care and upbringing of their children.

Cutting (1997) found that parents often learnt about services by word-of-mouth which meant that parents were often unable to access appropriate resources simply because they did not know how or who to approach in order to access relevant services or information. The Review of the One Parent Family Payment found that:

*Information is provided to lone parents from a variety of sources in a very accessible manner (p.77).*

Focus groups conducted for the purposes of the Review identified a lack of information and difficulties in accessing information as major issues for lone parents.

There is evidence to suggest gender differences in whom parents turn to for assistance, with mothers tending to rely more heavily upon their family for support and fathers relying on their partners (Grimshaw & McGuire, 1998; Clarke, 1997).

#### **4.6.2 Family income**

Research has shown that parents' reports of financial resource adequacy are significantly related to their beliefs about the efficacy of their parenting (Brody et al, 1999; Mason & Duberstein, 1992). Financial strain is linked with more punitive disciplinary practices, decreased parental nurturance, support and satisfaction with the parenting role (Labour Force Survey 1996; Fitzgerald, 1995; McLoyd et al, 1994; Glezer, 1988; CSO).

Economic disadvantage is linked with relatively high rates of marital unhappiness, general dissatisfaction, vulnerability to depression and restricted access to employment opportunities, childcare and social participation (Cutting, 1997; Ferri & Smith, 1996; Fitzgerald, 1995; O'Connor et al, 1991). There is a higher occurrence of poverty in Ireland amongst households with 2 adults and 3 or 4 children and amongst lone parent households (CPA, 1999; Nolan et al, 1998). In general, children from very low-income households have been shown to do less well educationally, are more likely to suffer ill health, are vulnerable to homelessness and have fewer opportunities in life (CPA, 1999).

A study of parents living in disadvantaged areas in Scotland found that services which provided assistance with basic material needs, as well as individual personal needs, were rated as more important than services promoting parenting skills (Cutting, 1997). This suggests that in areas of considerable disadvantage, ways of meeting parents' basic material needs need to be developed alongside the provision of FSS in order for the latter to be given the opportunity to develop and succeed.

Many parenting programmes target their services at low-income families, believing that while parenting needs are universal, access to services and support may often be less available to poor families. However, Carter (1996) warns that services must be careful not to follow the same route as some FSS in the US who have adopted a 'deficit' rationale for their targeting of services – this assumes that if a family is poor they need 'help' with parenting issues.

Keller and McDade (2000) examined the attitudes of low-income parents in the US towards seeking help with parenting and found that low-income parents were least likely to approach child protective services, school personnel, clergy, or social service/counselling agencies for help. Families were most likely to approach or seek advice from family, books and videos, telephone help-lines, and friends. Parents expressed fears of being misunderstood, being judged unfavourably, appearing stupid or being 'preached to' and many were extremely reluctant to contact social service agencies feeling that contacting such agencies 'meant trouble' and raised the possibility that they might 'lose their kids'.

#### **4.6.3 Balancing work and family life**

The relationship between work and family life is not necessarily an easy one for parents and families to manage and it is becoming more and more relevant in the debate on supporting parents. This is due to the increasing female rate of labour force participation which means that in many cases the parent(s) of children are more likely to be working outside rather than inside the home. As Humphreys et al. (2000) point out policy promoting 'flexible' working arrangements have been influenced by five principal factors: traditional flexible working arrangements, work sharing, equality of opportunity, employer of choice and rapid technological change. In the public service, the norm has traditionally been full time, permanent employment but throughout the

civil service there has been some limited flexible working arrangements. These were first created in 1984 following from the decisions of the Government Task Force on Employment in order to encourage net job creation. Following from this, the civil services Equal Opportunities Policy and Guidelines (1986) saw flexible working arrangements as a key element to a family-friendly approach. The Commission on the Family (1998) called for greater steps to be taken to promote flexible working arrangements for all workers regardless of gender. The Employment Equality Act (1998) further calls upon employers in both the public and private sectors to increase their efforts to encourage equality of opportunity, in part through flexible working arrangements. However, participation in flexible working arrangements in Ireland to-date is highly gendered and significantly associated with female staff (Ibid, p. 41).

Multiple role demands emerge as a major source of stress for many parents today as they attempt to juggle work, family and domestic responsibilities (Ventura, 1987). Employment demands amongst parents tend to be at a maximum when childcare duties are at their most demanding (Commission on the Family, 1998; Katz, 1994). Parents' work patterns can result in a considerable degree of conflict between the time and energy available for caring and family relationships and the time and energy necessary to fulfil work commitments. Many of the difficulties for parents arise from the conflict between highly structured, inflexible, working hours and practices and their need to be able to respond rapidly and fluidly to unexpected family emergencies. The existence of family-friendly work policies significantly influence the decisions made by parents (but primarily mothers) of whether to return to work after becoming a parent (Bond et al, 1991). Women with highly flexible working hours report less difficulty in arranging childcare, less work-family conflict and higher parental satisfaction than mothers with no or moderate flexitime (Galinsky, 1992).

#### **4.6.4 Childcare**

The debate on childcare provision and support has dominated a lion's share of the debate on supporting parents. The increased focus on childcare in recent years arises from societal and economic changes such as increased female participation in the labour force and this in turn has been linked to the growing demand for childcare places. Childcare is viewed in part as a means of ensuring equality of access to work and education for males and females, supporting low-income households in their

return or entry to employment or training and aiding children's 'whole' development. The Commission on the Family saw quality childcare as:

*Vital to family life in that it supports the development, education, care and welfare of the child... as well ... it provides support to mothers who have to undertake other commitments outside the home (1998, p. 68).*

In Ireland, the provision of childcare is linked to the supporting of parents generally, and to the more specific issue of facilitating labour force participation by parents. Hermanns (1997) argues that supporting parents in care taking and child rearing is a key factor in "fostering and promoting child development and buffering the adversities of risks". Working parents, parents seeking to return to employment and parents choosing to remain at home with their children have all identified high quality, efficient childcare as a vital need. The need for adequate childcare facilities is particularly pertinent to women as traditionally responsibility for childcare falls predominantly to women even where both parents are present and this implications for the women's choices in terms of balancing employment or education and family life. Childcare becomes an even more pressing issue for lone parents and parents experiencing social exclusion, as its availability greatly determines access to other necessary life opportunities (O'Connor et al., 1991).

Inequities in access to childcare are clearly visible with many low-income parents forced to choose between affordability, availability and appropriateness and/or their career (CSO Labour Force Survey, 1997; Bond et al, 1991). The Commission found significant gaps in state policy and provision for childcare needs of parents of pre-school children. In general, State provided childcare is aimed at meeting the needs of disadvantaged or 'at risk' families. There is no direct state assistance for childcare costs incurred by parents who purchase services for children in crèches/nurseries or other pre-school arrangements or childminders. For some parents, their desire to work is of necessity secondary to the demands and support needs of their children in the absence of adequate childcare (O'Connor et al, 1991; Tozer, 1999). Macaskill's (1987) study of the needs of parents of mentally handicapped children found that parents wanted a child-sitting service available as well as flexible respite care provision.

#### **4.6.5 Availability of social support**

Research suggests that the level of need and stress amongst parents generated by supra-familial (i.e. external) factors can be mediated through the presence of social support networks. The provision of services at community level, with the involvement of persons from the community is increasingly seen as an effective way of providing support to parents and children.

Evaluations of support programmes for new or first-time parents suggest that the type and availability of support for parents is a significant determinant of their well-being (Johnson & Molloy, 1993; Rodriguez & Moore, 1997; Meadows & Dawson, 1998; O'Rourke, 1997). Parents who report inadequate social networks have greater difficulties coping with stress and this in turn can impact negatively on parent-partner relationships, parenting practices and child development (Sheridan et al. 1997; Dadds, 1995; Dunst, 1994; Crinic *et al*, 1990; Pugh, 1984). Low-income parents in the US who identified few sources of social support to draw upon in a time of crisis reported a higher incidence of yelling at or slapping their children (Hashima & Amato, 1994).

#### **4.6.6 Transition to parenthood**

The transition to parenthood has been linked with a need for particular supports for parents. Some commentators have likened the transition to parenthood to that of a 'crisis' situation (Wilkie & Ames, 1986; Pugh & De'Ath, 1984, Mansfield & Collard, 1988). This 'crisis' is often accentuated by the discrepancy between parents' expectations of the fulfilment they will gain from family life and the reality of a twenty-four hours a day commitment. The crisis can be accentuated by parents' perception of being inadequately prepared.

Wiley and Merriman's (1996) study of Irish women's knowledge and attitudes on a range of health care issues found that more than half of the women surveyed wished they had received more preparation for parenting. For those mothers who experience postnatal depression the transition may be even more difficult to cope with. A number of projects or programmes currently exist to help combat the social isolation and depression experienced by some first-time parents (Taggart et al, 2000; Johnson & Molloy, 1995).

Research in the UK and Ireland suggests that a significant number of parents are increasingly uncertain of their parenting abilities and the suitability of their parenting. This uncertainty is matched by an expressed need to learn methods of parenting appropriate to today's society (Cutting, 1998; Rylands, 1995; Jaekel, 1995). Many of the respondents in Ryland's study argued that the need for parenting education programmes for today's parents comes in part, from the recent changes in Irish society. In Ireland, the Eastern Health Board's (now the Eastern Regional Health Authority) Department of Psychology conducted three evaluations of parenting programmes. Data was collected from participant parents prior to their beginning the programme, during the programme and were followed-up one year after completing the programme. The results found that mothers perceived their children to have fewer and less intense problems after the course and mothers also experienced a reduction in stress levels (Mullin et al., 1990).

#### **4.6.7 Family structure**

A large number of families no longer fit the traditional perception of a family composed of married mother (staying at home caring for children), father (breadwinner) and child living under one roof. Today's families reflect a growing diversity of 'shapes and sizes' and this diversity also needs to be reflected in the structure and content of parent support services.

A growing amount of children (in the UK and US) no longer live with both parents (due to divorce or parents separating) resulting to a growth in research investigating the impact of divorce on parenting behaviour and child outcomes. Wallerstein and Kelly (1980) argue that recently separated or divorced parents may have a 'diminished parenting capability', that is, their own distress may mean that they are unable to fully satisfy the emotional and/or physical needs of their children. Two major factors have been identified as hugely influential in determining whether or not the results for parents and children are detrimental; namely, the degree of conflict and financial consequences of the process (Rodgers & Pyror, 1998; Kiernan, 1995). The provision of family support services directed at parents' in these circumstances may help reduce the risks of adversity for children whose parents separate. Support for

parents may help them to deal with the distress of separation/divorce thus enabling them to better help their children (Rodgers & Pyror, 1998).

#### **4.7 Children's constructions of parents and parenting**

Previously, the main academic discipline to examine children's experience of family life and by extension parenting, was developmental psychology which mostly examined age-patterns in children's acquisition of the concept of family and parenting. In recent years psychologists and sociologists have challenged the adequacy of such cognitivist explanations and sought to locate children's relationships and development within the context of the social institution of childhood (O'Brien et al., 1996).

A qualitative study of middle- and upper-working class young people aged between 15 – 19 years in the Teeside area of England examined children's constructions of parents and parenting i.e. parents as an entity and as individuals, what they do, and what they have achieved (Allat, 1996). Parents were seen as providing a background of support both in material and emotional ways. Young people saw parents as having distinct roles separated by gender: fathers did household maintenance and mothers did the housekeeping. Many had clear ideas of the distinct attributes of each parent and highlighted how they would draw upon parents differently to suit their own purposes. The young people possessed many images of parents operating jointly both in terms of decision-making and parenting itself for example, in the granting of pocket money. The young people located themselves at the heart of parental achievement insofar as their views of their parents' greatest achievements centred on home, job and 'having them'. Young people's perceptions of being central to parents' lives and achievements were reflected in their perceptions of parental tasks and parental happiness. When asked what their parents did for them several had difficulty articulating this as the background of support and services was so taken for granted that they had problems explaining what exactly parents do for their children. Young people associated their happiness with their parents' happiness. Parents were seen as wanting their children to be happy with this in turn underpinning their own happiness (Ibid, 1996).

A qualitative study of children's (aged 8 to 14 years) perspectives of families in the UK found that parents especially mothers, were described as important by children because they provide physical and emotional care. Younger children described parents' roles as being clearly differentiated according to gender (Morrow, 1998). Children felt it was important that children have input into matters affecting them. Morrow found that children wanted to be consulted, have an opportunity to give their point of view, and have their views taken into account. Even quite young children saw decision making as potentially difficult and could see this from adults' perspectives.

## **Section Five: Demographic profile of participating parents**

### **5.1 Introduction**

This Section outlines the principal demographic trends in the sample and where possible, compares these with national demographic trends. Total household income, occupational and employment status and family structure factors have been found to be relatively strong determinants of a family's level of need for support services (Cutting, 1998; McKeown et al, 1998; Kiernan, 1995; Nolan & Farrell, 1990).

Reliable and complete data on the number of parents in Ireland is difficult to obtain. The Central Statistics Office (CSO), Government departments and Health Boards are the main sources of such data. The definitions and methodologies adopted for data collection in relation to parents often varies from organisation to organisation rendering accurate comparisons difficult. Special tabulations carried out for the Commission on the Family in 1998 using Labour Force Survey results showed that nearly half of the Irish adult population (49%) in 1996 were parents.<sup>vii</sup> McKeown et al (1998) identified a number of limitations to this data, namely that a parent was defined as someone living with his/her children of any age. The definition included parents living with their children (who are 18 years plus) who are not children in the legal sense, and excluded parents not living with their children and parents aged less than 20 years. These findings may therefore have over-represented some parents and under-represented others.

### **5.2 Family structure**

Parents were asked a number of questions about family structure including number of children, age of children, number of children with special needs, childcare use, marital status; and parents age. They were also asked their highest level of completed education and occupation level.

#### **5.2.1 Age of parents**

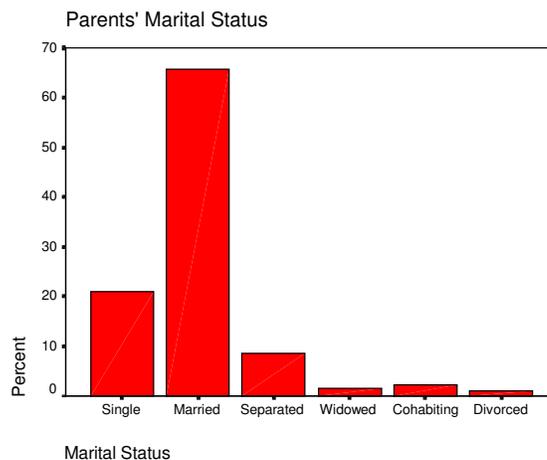
It is difficult to compare the ages of parents within the study with existing national data as there is no one universal, reliable source for this data. The majority of mothers and fathers in the sample population are aged 35 plus years. Eighty per cent of fathers interviewed are aged 35 plus years, with only 1% (or n = 11) aged less than 20 years. There are no fathers aged less than 20 years in the sample population. The trends in

parent's ages within the sample population share some similarities with those identified by McKeown et al. (1998). McKeown found that 62% of 'younger' fathers were aged between 35-49 years compared to 59% of fathers within the sample population (with all children aged less than 11 years).<sup>viii</sup>

### 5.2.2 Marital status and living arrangements

The traditional nuclear family of husband and wife with children remains the norm in Ireland accounting for two-thirds of family units (CSO Statistics, 1996). Within the sample population the majority of parents are married (66%), 21% are 'single' (i.e. never married and not cohabiting), 9% are widowed, 2% are cohabiting (i.e. living with a long-term partner) and 2% are divorced.<sup>ix</sup> Mothers were three times as likely as fathers to be 'single' (i.e. never married). Eight per cent of the total number of participating fathers are 'single' compared to 24% of mothers.

Seventy seven per cent of parents indicated that they were currently living with a partner. The majority of whom are married and 10% were cohabiting (i.e. not married).<sup>x</sup> There are a few discrepancies in the data that may be accounted for by the private nature of the information sought and also by the fact that social welfare payments may be affected by whether or not one is living with a partner.



### 5.2.3 Number and age of children

The number of children parents had ranged from a minimum of 1 to a maximum of 10. The mean number of children is 2.6. Fifty six per cent of parents have two or less

children. The age range of children is pertinent as children's ages can have a major impact on parents' use of FSS and expressed support needs. Children's age distributions among sample population are as follows:

- 40% of parents surveyed have at least one child aged less than or equal to years of age;
- 44% have a child aged 2 to 5 years of age;
- 43% have a child aged between 6 to 12 years of age;
- 36% have a child aged between 13 – 18 years of age, and 23% have a child older than 19 years

The sample population was further analysed according to whether all children are aged between 0-3 years, 4-11 years or 12 plus years. These age groupings allow for a discussion of the support needs of parents with all pre-school, all primary school, and all teenage aged children. A little over a fifth of parents had all children aged 4 – 11 years. One hundred and sixty parents had all children aged 0-3 years and 128 had all children aged 12+ years.

#### **5.2.4 Children with special needs**

Nearly one-fifth (19%) of parents indicated that their children had special needs.<sup>xi</sup> Although parents were not asked to identify the condition or illnesses of their children, quite a number of parents did volunteer this information. Special needs identified ranged from learning difficulties (dyslexia, autism), to mental and physical disabilities (e.g. cerebral palsy, schizophrenia) to prolonged illnesses or conditions requiring constant care (e.g. diabetes).

#### **5.2.5 Use of childcare**

Parents were asked to identify the types of childcare (if any) they used during a normal week. The purpose of this measure was to gather basic information on the use of formal and informal childcare.<sup>xii</sup> Eighty six per cent of parents said they used one or more forms of childcare during a normal week. More employed fathers than employed mothers, indicated that their 'partner' provided childcare during a normal week<sup>xiii</sup>. More working mothers identified 'family' as a source of childcare.<sup>xiv</sup> Only 26% of working mothers and 21% of working fathers used crèche or pre-school based

childcare during a normal week. Forty per cent of mothers not currently engaged in paid employment identified their partner, and 56% identified family, as a source of childcare.

Greater use of crèche/pre-school based childcare is reported by parents who are not engaged in paid employment at present. However this may be an artefact of the sampling procedure as a considerable number of parents participating in the study were accessed through family resource centres, many of whom have crèches or assist in making crèche space available in order to encourage and assist participation in the centre's services. Nearly a third of mothers (not currently engaged in paid employment) use crèches or pre-schools based childcare. When this is looked at in relation to total household income, it appears that highest use of pre-school, crèche and after-school care is reported by parents at the lowest and highest end of the income scale. Parents' use of crèches and/or childminders also appears to be linked with urban/rural location.<sup>xv</sup> Considerably fewer parents from rural areas indicated use of a crèche compared to parents from urban areas. Slightly more 'parents from rural areas indicated use of childminders.

#### **5.2.6 Parents highest level of completed education**

CSO statistics (1997) show that 27% of the State's population aged 15+ years had education only up to primary level (CSO, LFS 1997)<sup>xvi</sup> and that 54% of the state's population had reached a highest educational level of lower or upper secondary level.<sup>xvii</sup> Within the study 18% identified Primary school, 42% Secondary level education and 18% non-Degree Third Level as their highest completed educational level.<sup>xviii</sup>

#### **5.2.7 Employment status and occupation level**

Economic status was explored in terms of whether parents were currently engaged in full or part-time paid employment. In the study, 74% of parents are currently employed in full or part-time paid employment. Of these, 38% are engaged in full-time and 36 in part-time employment. Twenty six per cent were not currently engaged in paid employment.

It is interesting to note that the employment status of mothers differs from fathers in two respects. Firstly, the proportion of mothers in full-time employment is much lower.<sup>xxix</sup> Only 25% of mothers are engaged in full-time paid employment compared to 90% of fathers. The majority of mothers engaged in employment are engaged in part-time employment.<sup>xxx</sup> Secondly, considerably more mothers (31%) are not engaged in paid employment.<sup>xxxi</sup> There is one major similarity between fathers and mothers employment status within the sample namely, that mothers and fathers whose children are all aged less than 3 years are more likely to be engaged in employment compared to parents of 'older' children.<sup>xxxii</sup>

There are disparities in the distribution of employment among family types based on gender.<sup>xxxiii</sup> Considerably more 'married' mothers are engaged in full-time employment compared to 'single' or 'other' marital status mothers, who are more likely to be engaged in part-time employment. Overall however, 'other' marital status parents are the most likely to be currently engaged in employment outside the home, whether part or full-time.

The principal economic sectors<sup>xxxiv</sup> within which the parents of the sample population work are: Education and Health (43%), Public Administration and Defence (13%) and Wholesale and Retail Trade (9%). The three main occupational levels for mothers within the sample are Personal and Protective Services (24%), Associate Professional and Technical (20%), and Clerical and Secretarial (17%). Twice as many mothers work in Wholesale & Retail Trade,<sup>xxxv</sup> however, within the wider national population, the difference between male and female participation in this economic sector is only 2% (CSO, ILO, 2000,p.6). For fathers, the three main levels are Managers and Administrators (30%), Associate Professional and Technical (20%) and Craft and Related (13%). Twice as many fathers are employed at 'Manager/Administrator' level or work in 'Financial and other Business Services'.<sup>xxxvi</sup> There are four times as many fathers as mothers working in Agriculture, Fishing & Forestry - this is considerably higher than national figures.<sup>xxxvii</sup> An equal number of mothers and fathers indicated that their occupational level was that of 'professional'.

For those not currently engaged in employment, the majority categorised themselves as homemakers, followed by those who are unemployed, students, on disability leave

or retired. It is noteworthy that there is a much higher proportion of 'home makers' in the sample population compared to national trends.<sup>xxviii</sup>

### **5.3 Parent income, geographic location and housing type**

Participating parents were asked a number of questions about their material living conditions i.e. housing type, urban/rural location and amount of yearly incomes. This information enabled more detailed analyses to be conducted for example, it enabled the research to consider if support needs or use of service was significantly related to income or urban/rural location.

#### **5.3.1 Total household income<sup>xxix</sup>**

Parents were given bands of income and asked to identify into which band their annual income (from all sources) fell. The findings indicate a great deal of diversity in income levels amongst the sample population. The mean income for the sample is £11,514 with a standard deviation of £24,263. The standard deviation is very high in comparison with the mean income.<sup>xxx</sup> Twenty four per cent of parents indicated they had an income of £14 – 19, 999 p.a., 22% had an income of £20 – 29, 999, and 22% had a income of £30, 000 +. However, 15% had an income of £9 –13,999 and 17% had a income of less than £8, 999 per annum. Twice as many mothers indicated a total household income of less than £13, 999.<sup>xxxi</sup>

Income is linked with educational level: higher levels of education are significantly related to higher income.<sup>xxxii</sup> Forty per cent of those with some form of Third Level education had a total household income of £30,000+, compared to 13% of those with secondary and 2% with primary school as their highest level of completed education

#### **5.3.2 Urban/Rural Location<sup>xxxiii</sup>**

Geographical location is important insofar as it allows a comparison of urban and rural parents expressed needs, use of services and any barriers to use of services which parents identify. Ireland is still a predominantly rural country with 42% of the population living in villages with a population of less than 1,500 persons or in the countryside. Outside of County Dublin, 58% of the population live in rural areas (National Development Plan, 2000, p.199). In the sample population,<sup>xxxiv</sup>46% of parents live in 'large' urban areas, 27% in 'small-medium' urban areas and 27% in rural areas.

### 5.3.3 Housing

Ireland has one of the highest rates for owner-occupation in Europe hence it is not surprising to find that the majority of parents in the sample (64%) live in a house which they have bought or are buying. Twenty six per cent lived in corporation/council rented accommodation, 8% in private rented accommodation and 2% with family or friends. The majority of 'married' parents own their homes.<sup>xxxv</sup>

A number of the parents aged 16-19 years indicated that they lived with 'other family/friends'. It is not possible to compare these figures with national statistics as teen parents living with their families or friends are not counted separately in the Census (CSO, 1996).

### 5.4 Discussion

In the literature review, changes in family structure and family breakdown was identified as a potential factor driving the need for increased parent support. The study's findings indicate that the majority of parents are in two-parent families. For example, 66% are married and the majority (77%) are living with a partner. Mothers were three times as likely to be 'single' as fathers. Eight per cent of the total number of participating fathers are 'single' compared to 24% of mothers. This is slightly higher than comparable figures in the national population which shows the numbers of lone parent families headed by males as relatively low, accounting for one in five lone parent families (CSO, 1996).

The mean number of children is 2.6, higher than the national average of 1.8 children (CSO, 1996). Fifty six per cent of parents have two or less children.

Eighteen per cent of parents participating in the study had completed non-degree third level education compared to national figures of 10% in 1997.<sup>xxxvi</sup> Nineteen per cent of parents had completed a third level degree or higher compared to national figures of 8% in 1997.<sup>xxxvii</sup> The majority (71%) of single and 'other' (69%) marital status parents had completed either primary or secondary level education. Married parents were the most likely to indicate that they had completed some form of third level education (45%). However, these findings are not statistically significant.<sup>xxxviii</sup>

There is a strong correlation within the sample between highest level of education completed and total household income. Parents with some form of third level education are three times as likely to have a total household income of £30, 000+ per annum compared to parents whose highest level of completed education is secondary school, and 20 times more likely than parents whose highest level of completed education is primary school. A significant number (17%) of parents within the sample population have an income of less than £8, 999. Larger numbers of single and other marital status parents have an income of lower than £8, 999. This finding is not unsurprising as numerous studies have indicated that lone parents face a significantly higher risk of living either in low-income households or in poverty (McCashin, 1998; CPA, 1998).

The findings show that a mixture of formal and informal childcare are used by parents to meet childcare needs. Forty per cent of mothers not currently engaged in paid employment identified their partner, and 56% identified family, as a main source of childcare. These findings suggest a considerable reliance on more 'informal' sources of childcare (childcare by a parent or partner or extended family or a childminder) as opposed to the use of 'formal' childcare (such as crèches or pre-schools). The reported higher use of 'crèche' type childcare by parents with either higher or lower incomes suggests that access to 'formal' childcare depends on either, parent's ability to pay (hence the greater use by high income parents) or eligibility for subsidised childcare (hence the greater use by lower income parents). This suggests the existence of gaps in current provision of childcare, particularly for those whose income is not high enough to pay childcare but not low enough to be admitted via targeted state funded childcare services.

Considerably smaller numbers of parents in 'rural' areas used a crèche during a normal week compared to parents from urban areas. Slightly larger numbers of parents living in 'rural' areas reported use of childminders suggesting a greater reliance on more informal childcare by these parents. The question this raises is: do parents in rural areas use more informal childcare types due to a preference for this form of childcare or is it a forced preference arising from difficulties in accessing formal childcare?

Within the study 74% of the total population are engaged in full or part-time employment outside the home. Of these, the majority of mothers are engaged in part-time employment while fathers are more likely to be engaged in full-time employment. These findings reflect wider national trends in employment and labour force practices. Slightly more mothers within the sample are engaged in some form of paid employment compared to national labour force statistics.

Mothers and fathers whose children are all aged less than 3 years are more likely to be engaged in employment compared to parents of 'older' children, however this is not statistically significant to the wider population.<sup>xxxix</sup> This finding echoes that of McKeown et al. (1998) who argued:

*The financial pressure on younger parents – both mothers and fathers – is making itself felt in their higher employment rates (p. 429).*

It is interesting to note that within the sample married mothers are more likely to be engaged in full-time employment. It is beyond the scope of the study to explore this further but it is possible to speculate: do married mothers have more access to childcare whether through family networks or financial resources to access paid childcare, than single mothers? Numerous studies have found that lack of suitable childcare acts as a major barrier to single mothers accessing employment (Phoenix, 1998).

The three principal economic sectors in which participating parents worked are Education and Health (43%), Public Administration and Defence (13%) and Wholesale and Retail Trade (9%). The corresponding national employment figures for these sectors are much lower for the first two (14% & 5% respectively) and higher for the latter sector (14%) (CSO, ILO, 2000).<sup>xl</sup> These differences are most probably an artefact of the sampling method as this drew parents from family and community development resource centres and government departments thereby increasing the representation of the Education and Health and Public Administration and Defence employment sectors.

## 5.5 Summary

- Total sample population of 1, 000 parents composed of 800 mothers and 200 fathers
- The majority of parents are aged 35+ years old. Less than 1% of parents are aged 16-19 years
- 66% of the parents are married, 21% are single (i.e. never married), 9% are widowed, 2% are cohabiting and 2% are divorced
- The mean (or average) number of children per parent is 2.6
- 19% of parents identified their children as having ‘special needs’
- 86% of parents use at least one form of childcare during a normal week
- Only 26% of working mothers and 21% of working fathers used crèche or pre-school based childcare during a normal week. Forty per cent of mothers not currently engaged in paid employment identified their partner and 56% identified family as a source of childcare
- 18% of parents had completed Primary school, 42% some form of Secondary school, 18% non-degree Third Level and 19% degree Third Level
- 38% of the sample are engaged in full-time employment, 36% are engaged in part-time employment and 26% are not currently engaged in paid employment
- Only 25% of mothers in the sample are engaged in full-time employment compared to 90% of fathers. The majority of mothers who are working are in part-time employment.<sup>xii</sup>
- Considerably more mothers (31%) than fathers (5%) are not engaged in paid employment
- Mothers and fathers whose children are all aged less than 3 years are more likely to be engaged in employment compared to parents of ‘older’ children – this is not statistically significant however
- The majority (83%) of those not engaged in employment (total n = 266) are homemakers; 10% are unemployed, 4% are students, 2% are on disability leave and less than 1% are retired
- The three principal economic sectors in which participating parents worked are Education and Health (43%), Public Administration and Defence (13%) and Wholesale and Retail Trade (9%).

- 24% of parents indicated they had an income of £14 – 19, 999 p.a., 22% had a income of £20 – 29, 999, 22% had a income of £30, 000 + and 15% had an income of £9 –13,999
- Less than one-fifth of parents in the study (17%) have a total household income of less than £8,999. Twice as many mothers compared to fathers have a total household income of less than £13, 999.<sup>xliii</sup>
- 64% of the sample are owner-occupiers, 8% live in private rented accommodation, 26% in corporation/council rented accommodation and 2% live with family or friends. A number of parents aged less than 20 years were living with family or friends
- 46% of sample parents live in ‘large’ urban areas, 27% in ‘small-medium’ urban areas and 27% in rural areas

## Section Six: Parenting education and support

### 6.1 Introduction

This Section explores parents' perceptions as to the usefulness and appropriateness of parenting classes as a form of parenting support and their opinion as to the most appropriate time to offer parent education. Not everyone favours parenting classes and there has been little or no wider discussion in Ireland with parents on the viability of parenting classes as a form of parent support. It is important to explore potential service users' views prior to initiating or expanding services.

In recent years much of the debate on parenting support has centred on the perceived benefits and appropriateness of parenting classes. Parenting classes have been seen as a way of helping parents to resolve and cope with child-rearing demands and complexities (Smith, 1996). The child development information and parenting advice included in most parent education and support programmes are seen as crucial elements in interventions that seek to prevent child abuse and neglect and to help parents give their children the best possible start to life. Such programmes are seen as preferable to crisis management interventions and effective for governments in terms of long-term savings in the health, education and criminal justice systems (Hayes & Bowes, 1999).

The analysis conducted in this Section focuses upon four principal variables: gender, marital status, income and urban/rural location. These variables were selected as they reflect the existing target group focus outlined in key policy statements.

### 6.2 Interest in parenting classes

Parents rated their interest in attending parenting classes (if provided in their local area) using a 5-point scale from 1 (*'very interested'*) to 5 (*'not at all interested'*).

A slight majority (58%) of the sample were 'very interested' or 'interested' in attending a parenting class. Twenty six per cent were 'not very interested' or 'not at all interested' in attending parenting classes, 13% had mixed opinions and 3% had no opinion on this subject.

Considerably more mothers than fathers were interested in attending parenting classes.<sup>xliii</sup> Fifty nine per cent of the fathers surveyed were either not interested or had ‘mixed’ opinions in relation to attending parenting classes. Older fathers,<sup>xliv</sup> fathers with higher incomes,<sup>xlv</sup> ‘single’ and ‘married’ fathers<sup>xlvi</sup> were least likely to be interested in attending parenting classes. So too were mothers with higher incomes<sup>xlvii</sup> and mothers with ‘other’ marital status.<sup>xlviii</sup> Parents with household incomes in excess of £20, 000 were considerably more interested in attending parenting classes than those with an income of less than £14, 000.<sup>xlix</sup> Interest in attending parenting classes was spread relatively evenly amongst all age groups. Parents aged 16-19 years expressed a slightly higher level of interest in parenting classes than other age groups.<sup>1</sup> Of the 190 parents in the sample who indicated that their child or children had special needs a majority (69%) were interested in attending parenting classes.<sup>li</sup>

#### 6.2.1 Reasons for interest in attending parenting classes

The main reasons cited by those interested in attending parenting classes are:

- **Information:** To get information or advice from other parents and professionals e.g. class facilitators (n = 232);
- **Networking:** To meet other parents for discussion and support (n = 180), and;
- **Learn Skills:** To learn or develop parenting skills for example, strategies for dealing with particular issues (n=116).

Parents highlighted a need for support and discussion with other parents and the value of having a structured way of accessing this support. They spoke of the reassurance of speaking with other parents and seeing that they were not the first person to ever experience these feelings or face particular issues.

*“Especially when you are a first time mother, to help you understand the stages that are ahead, first time parenting is traumatic”*

Many parents spoke of the educational/informative aspects of such classes.

*“Any advice on how to deal with teenagers would be welcome...advice or information on the first 4 years of a child’s life would have been invaluable as I now know how important those years are to the development of the child”*

Flexibility in the organisation and delivery of parenting classes was also important as was the design of age-appropriate courses.

*“Parenting classes must be structured to facilitate and include not only stay at home mothers but also working parents, no good having it only during the week mornings because that excludes an awful lot of people these days”*

While mothers and fathers generally identified similar reasons for their interest in classes, a number of fathers identified particular reasons arising from their role as fathers. Some spoke of the importance of showing boys what it means to be a parent both in emotional and practical terms. Others spoke of the value of meeting other fathers in a supportive environment:

*“Fathers get overlooked in parenting most of the time, they are very important but all the information services are geared towards meeting the needs of mothers. I’d like to see parenting classes specifically for fathers”*

#### **6.2.2 Reasons for non-interest in attending parenting classes**

A number of parents indicated that while such classes could be a useful form of support for others, they themselves would not be interested in attending parenting classes. The main reasons cited by those not interested or with mixed feelings about attending parenting classes are:

- Lack of interest, perception of classes as inappropriate: classes not needed by parent or a belief that classes were an inappropriate way of learning about parenting (n = 222);

- Resource Restraints: a lack of time, childcare or transport (n = 78), and;
- Course Structure and Content: i.e. what the class would be about, where it was held, who ran it or age-appropriateness of class content to their parenting experiences (n = 24).

A major reason provided by parents for their lack of interest revolved around issues of need, time and appropriateness. A considerable number of parents felt they didn't need to go to parenting classes.

*“No need to attend parenting classes ...child is fine ...and family is close so no need to talk to strangers”*

Others disliked the idea of sitting with strangers and discussing their personal lives and expressed a fear that the classes were about 'telling you what to do'.

*“Not keen on being told what to do, many people will try and tell you what to do but they don't know what it's like to be you and live your life”*

For other parents, the lack of interest arose from lack of time or concern that such classes would only be a 'chatshop'.

*“My automatic reaction to the idea of parenting classes would be to avoid them like the plague as I don't think I have a problem with parenting ... and it's a time issue too because I think my time would be better spent going swimming with the kids rather than talking to other parents and spending even less time with the kids”*

### **6.2.3 Appropriate stage to receive parent education**

Several suggestions have been made as to when information about parenting and child development can be made available to parents (particularly new parents). The timing of any intervention is very important so that information is available when parents are receptive and motivated (Bowes, 2000). Having explored parents interest in attending

parenting education classes and reasons for same, the study then explore parents perceptions as to the most appropriate time to offer parenting education.

Slightly less than a third (31%) of parents believed that parent education should be offered on an 'ongoing' basis, that is, it should not be limited in duration but provided throughout the parenting cycle to meet the information and support needs of parents as they arise. Twenty nine per cent believed that parenting education should be offered to children through the formal educational system. The majority of these felt it should be offered during secondary school but differing opinions were expressed as to when (that is, in what year or at what age) it should form part of the school curriculum.

A considerable number of parents suggested that parenting education would be best offered during the early years of childhood for example, during the years from 0 - 5. Providing parenting education during pregnancy was also popular. Other stages identified include when children are aged 5 – 12 years (i.e. during middle childhood) and when children are aged 13 – 18 years (i.e. during adolescence).

### **6.3 Children's views on parenting and parenting classes for young people**

In the focus groups for 12 - 15 year olds (i.e. children in secondary school), children were asked what they thought it meant to be a parent. They identified parents' roles largely in terms of responsibilities.

- To provide physical care and financial support:

*“Responsible for you, feeding you, making sure you're okay”*

- To provide emotional love & care:

*“Tell you they love you”*

- To act as role models for children:

*“They’re supposed to set an example”*

Children were asked whether they believed Irish teenagers should receive parenting education classes in school. The example was used of teenagers in the US being given a baby doll to care for over a week. The children were then asked why they thought these classes were offered.

Children’s views of the overall concept varied widely. Children saw the purposes of the classes as two-fold.

- To illustrate to teenagers the responsibilities of parenthood:

*“I suppose it would make you think alright about what it would be like to be a parent, I mean when you’re our age you want to do stuff and if you have a kid what you want to do won’t always be what a child wants to do”*

- To act as a deterrent to early parenthood:

*“I think it would be really good cos some people think ‘Oh I’d love a kid and think all about the kid being so cute and fun and dressing it up but they don’t think about the reality of it”*

Children who agreed with the basic premise of the classes saw them as:

- An opportunity to experience the responsibilities and chores associated with parenthood (a trial run)
- An enjoyable way of learning about parenthood

Those who disagreed primarily did so because they believed them to be unrealistic:

*“It’s not very good, sometimes its just a doll and they (the teenagers) think its fine having to look after this doll for a week...it doesn’t really show you how your whole life would have to revolve around looking after a baby”*

Children had very mixed views as to whether or not the classes should be offered in Ireland. Reasons provided for not offering classes included the lack of time within normal school day and a general disinterest or perception of classes as being of little value to them at present.

#### **6.4 Discussion**

The findings outlined in this section suggest ways of advancing the development of parenting education in Ireland and highlight potential barriers identified through this study to the introduction of a national parent education programme.

The finding that significantly more mothers than fathers expressed interest in attending parenting classes is perhaps unsurprising at this stage in the development of parenting programmes in Ireland (see Ryland, 1995).<sup>lii</sup> However, that a high proportion of fathers expressed no interest or mixed feelings about attending parenting classes is significant in light of Objective L of the NCS which particularly targets the development of quality programmes to meet the needs of fathers. It suggests that firstly, further exploration is required of barriers to fathers’ participation in existing parenting programmes and secondly, further exploration is needed to determine if parenting programmes are a viable form of support to offer to fathers.

The greater interest expressed in attending parenting classes by parents with slightly higher incomes is interesting. Internationally, parenting programmes have traditionally been targeted at the most marginalised parents and that has often meant that programmes are targeted at those with the lowest income. Limited exploration has been conducted of the need for and benefits of providing parenting classes to *all* parents regardless of socio-economic status. In this study, parents with slightly higher incomes express the greatest interest in parenting classes raising the question: do parenting programmes belong at a higher end of the continuum of support needs as suggested by Cutting (1997)? If parents

are struggling to meet the material needs of their family will parenting programmes be able to impact sufficiently to effect positive long-term outcomes for these parents and their children? If parents are experiencing multiple stressors including stresses such as unemployment, low-income employment, limited access to childcare and/or transport, then the extent to which parenting programmes will seem like a viable or even necessary form of support to them is questionable.

While only a very small percentage of the sample population is composed of parents' aged less than 20 years the high level of interest expressed by these parents in attending parenting courses is noteworthy. This expressed interest may support the emphasis currently placed on parenting skills development in a number of existing support initiatives for young parents for example, the Teenage Parenting Support Initiative.

The interest shown by the parents of children with special needs in attending parenting programmes is significant insofar as it appears to support the emphasis placed on providing parenting programmes to meet special parenting needs by the Commission on the Family.

Equally of note is the finding that interest in engaging with parenting classes was evenly spread amongst parents with very young children and parents of school-going and adolescent children. This suggests that parenting programmes need to be structured to reflect the various stages of child development and challenges posed at different stages of the parenting lifecycle.

Examining parents expressed reasons for interest or non-interest in attending parenting classes reveals very mixed opinions and views on parenting classes amongst parents. Those interested in attending classes often identified isolation from other parents, lack of support from extended family and community, and a feeling that the norms which their parents and generations before them followed were possibly no longer applicable or even relevant to today's society. Opportunities to receive peer support and participate in discussion were also identified as attractive qualities of such programmes<sup>liii</sup>. Other

changes identified by parents within this study as contributing to their interest in parenting programmes include more stressful lifestyles, the increase in mothers in employment, changes in family structure, perceived dangers to children from drugs and alcohol and children maturing more rapidly.

The reasons offered by those not interested or with mixed opinions on attending parenting issues provide some insights into the barriers faced in developing a national parenting programme. Practical barriers identified to accessing parenting programmes include lack of time, difficulties facing working parents in attending courses during the week, lack of transport to and from classes and difficulties in arranging childcare.

A perception emerged from the study that there are parents who would benefit from participation in classes and who while interested in such classes or groups would not attend. Reasons offered for this include lack of self-confidence (particularly in group settings), confidentiality issues (will what is discussed within the group stay within the group?), practical reasons (lack of transport or crèche facilities) and perceived irrelevance of courses (parent not needing course or not seeing what good it could do for them).

No clear consensus emerged on the most appropriate stage to offer parenting education. A third of parents in the study argued that it should be available on an ongoing basis suggesting that parent education/support should be available at different stages of the parenting cycle to best meet parents support needs. Offering parenting education through the formal education system received a considerable amount of support. However, parents were ambivalent as to when and how such education should be offered. Some believed that it should be a part of the curriculum from first year in secondary school in order to ensure that early school leavers would have some experience of it. Others believed that it would only be appropriate to offer it to older children, for example, to students in the final years of secondary school or through initiatives such as Youthreach. Children's opinions on the topic echo this ambiguity. They expressed uncertainty as to whether parenting education is a valid subject to teach children and the actual effectiveness of teaching children about parenting.

In summary, in order to encourage participation parenting programmes need to be positively promoted in terms of content and value to parents. Some suggestions towards resolving these barriers include offering classes that are:

- Community based;
- With input by parents in the design and delivery of courses;
- Offered at different times of the week;
- Open access;
- Confidential, and;
- Accompanied by childcare for attendees.

It should be realised that parenting programmes will possibly never appeal to certain parents. It is also important to remember that a short parenting course is an oversimplistic prescription for tackling the multiple difficulties faced by the most disadvantaged parents and families. The challenge posed is:

*How to plan for and provide a variety of forms of parents support and education throughout all appropriate stages in a person's life* (Rylands, 1995, p. 42).

#### **6.5 Summary**

- 58% of parents surveyed were 'very interested' or 'interested in attending parenting classes if available in their local area. The main reasons expressed by parents for their interest in attending such classes are: (i) to get information or advice from other parents/professionals, (ii) to meet other parent for discussion and support, and (iii) to learn or develop parenting skills and strategies
- 26% of parents are 'not interested' in attending parenting classes. The main reasons expressed by parents for their disinterest in attending classes are: (i) didn't want or need to attend classes, (ii) lack of time, transport, childcare to attend, and (iii) the perception that it is not possible to teach or learn parenting (i.e. it is a natural instinct)
- 16% of parents had 'mixed' opinions as to whether or not they would be interested in attending parenting classes. The main reasons expressed by parents are: (i) didn't

want or need to attend classes, (ii) that attendance would depend on time of classes or time available to parents to attend, and (iii) depend on content of parenting classes or who organised the classes

- Fathers expressed considerably less interested in attending parenting classes than mothers
- Parents offered a wide diversity of opinions as to when parent education/support should be offered. The most frequently identified stages are: (i) ongoing education/support, and (ii) through the formal education system

## **Section Seven: Parenting influences and concerns**

### **7.1 Introduction**

The purpose of this section is to outline the main influences on the parenting practices of the parents and explores parents parenting concerns in terms of physical care and general parenting concerns. It looks at what parents' highlight as the positive and enjoyable aspects of parenting and what children believe contributes to their parents happiness. There is a lack of empirical research specifically addressing parents' concerns about aspects of caring for their children.<sup>liv</sup> It is reasonable to suggest that knowledge of the concerns voiced by parents' on parenting may offer an important contribution to the design and delivery of appropriate support programmes for today's parents.

Parents are key figures in children's development in the early years. Most undertake the job of parenting with little preparation other than 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 network (Belsky & Vondra, 1990). The parenting they experienced themselves is likely to be the single most important influence on the way parents raise their own children (Barnard & Martell, 1995). For a person's childhood and the parenting they received to positively impact upon the experience of raising their own children, one must hope that they themselves had a nurturing upbringing. For parents who come from a home where they are neglected or abused, or who have only experienced institutional care, new guidelines and influences are needed to establish a different way of parenting their children from that observed and experienced as a child (Bowes, 2000).

### **7.2 Parenting influences**

This section identifies the major sources of influence on parents parenting practices and parenting knowledge. The purpose of this measure was firstly to confirm if, in today's changing society, an individual's family and own personal experience of parenting remained as strong an influence on parenting practice as had been previously identified. Its second purpose is to identify other sources of influence in order to highlight possible avenues for use in the dissemination and targeting of parenting information.

The three most frequently identified sources of parenting influence or knowledge identified by parents' within the study are:

- (i) Family (74%);
- (ii) Natural instinct (45%), and;
- (iii) Books/magazines/newspapers (23%).

Other significant sources of influence or knowledge include health professionals (including GP's, public health nurses, antenatal staff, maternity hospital staff), friends and 'others' (including persons such as counsellors, teachers, support group facilitators).

### **7.3 Parenting concerns**

The findings presented in this section contribute to the overall stock of knowledge about parents' needs and concerns. A number of items within this measure draw upon Fox et al.'s (2000) 'Parenting Concerns Measure'. The measure used in this study is structured in two principal sections exploring firstly, parents concerns in relation to the physical care of their children (6 items) and secondly, parents concerns in relation to the overall parenting of children (7 items).

#### **7.3.1 Parenting concerns: physical care**

The purpose of the measure is to explore what parents worry or are concerned about in their day-to-day parenting. The six items within this measure explore parents concerns regarding: ability to provide sufficient food for their children; ability to provide accommodation for their children; ability to ensure the overall safety of children; availability of quality childcare; ability to access medical services for children in an emergency; and ability to meet children's medical bills.

The findings do not necessarily mean that parents are experiencing practical difficulties with any of these six items merely that they are of concern of them. The three physical care concerns most frequently identified by respondents are:

- (i) Being able to keep their child safe (n = 685);

- (ii) Access to a doctor/medical service in an emergency ( n = 423 parents), and;
- (iii) Availability of quality childcare (n = 401 parents).

More mothers than fathers identified being able to keep their children safe<sup>lv</sup> and availability of quality childcare as a concern<sup>lvi</sup>.

One hundred and forty two parents (142) identified ‘having enough food for their children’ as a concern. Two hundred and one (201) parents identified being ‘able to provide accommodation for children’ as a concern. There is a moderate and positive relationship between having enough food for children, being able to provide them with accommodation and parents total household income. A third of parents with an income of less than £8,999 identify having enough food for their children as a concern<sup>lvii</sup> and approximately 50% of these parents identify being able to provide their children with accommodation as a concern.<sup>lviii</sup>

Four hundred and twenty three (423) parents identified being ‘able to get child to doctor quickly in an emergency’ as a concern. However, it is interesting to note that there is no significant correlation between the parents who identified this as a concern and whether or not they live in a rural or urban location.<sup>lix</sup>

### **7.3.2 Parenting concerns: parenting care**

The purpose of the measure is to explore what issues parents are concerned with in relation to the general task of parenting. The six items within this measure explore parents concerns in relation to: exposure of their child to drug use; ability to be a ‘good enough’ parent; ability to control their child’s behaviour; ability to maintain a positive relationship with their child; media influence on their child; loss of their own personal freedom as a result of having a child and the impact of tiredness upon their ability to care for their child. The three parenting concerns most frequently identified by respondents are:

- (i) Exposure of children to drug use (n = 760 parents);

- (ii) Media influence on children (n = 601 parents), and;
- (iii) Ability to maintain a positive relationship with their children (n = 451 parents).

Slightly more mothers identified children's exposure to drug use<sup>lx</sup> and influence of media on children as a concern.<sup>lxi</sup> Roughly equal percentages of mothers and fathers identified being able to maintain a positive relationship with their children as a concern.<sup>lxii</sup>

It is interesting to note that 310 parents identified being 'able to take good enough care of my child' (i.e. ability to be a 'good enough' parent) as a concern. Three hundred and sixty parents (360) identified 'ability to control my child' as a concern and 115 parents expressed concerns in relation to the impact of tiredness upon their ability to care for their child. No significant correlation was found between these groups and parents gender, marital status, income, or urban/rural location.

#### **7.4 Most enjoyable aspects of parenting**

There is a danger in any study of parenting support needs and parenting in general, that there can be an overemphasis on the negatives. This overemphasis can lead to an impression that, to use a cliché, if parenting was a job one had to apply for, very few applications would be received if knowledge of the job were to be based on evidence presented in research. An equally important and valid measure is one that seeks to identify parents' views on what makes parenting enjoyable. They were asked to identify in their own words what they most enjoyed or liked about parenting. Answers were coded into general categories. Through focus groups, children were asked to identify things they believed made their parents happy.

##### **7.4.1 Parents views**

Nearly all the parents in the study stated that it was impossible to identify one single aspect of being a parent that they could call the 'most enjoyable part'. A number of parents said they enjoyed 'everything' about being a parent. Others spoke of how several different aspects of parenting combined to create the feelings of joy and love which all

identified for their children. A number of aspects did emerge very strongly as contributing to their enjoyment of parenting and are listed below:

- The love and affection received from their children;
- Spending time with children whether playing, going on outings, or just ‘hanging around’ together;
- Seeing children happy and content, and;
- Watching children grow and develop e.g. their first step, going to school, seeing them become more independent, doing well for themselves as adults.

#### **7.4.2 Children’s views on parents happiness**

Regardless of age and gender divides, children shared very similar ideas on what made their parents happy. Family harmony and happiness was identified very strongly as contributing to parents’ happiness.

The main family based factors identified by children include:

- A general feeling that parents are happiest when their children are happy;

*“If we’re happy”*

- When children don’t fight with their parents or their siblings, and;

*“Not fighting with my older brothers cos we clash a lot and so like say if one day we don’t fight that makes my Mum really happy”*

- When they help their parents (willingly!) with chores around the house, doing shopping, or just making a cup of tea for them.

*If I make her a cup or tea when she’s tired or do something without her asking”*

A number of children identified factors external to the home or to themselves which they

felt made their parents happy. The main supra-familial factors children identified as contributing to parents' happiness include:

- Involvement in employment or education, and;

*“My dad is happiest when everything is okay at work and he doesn't have to work at the weekends or be on the phone all the time to people”*

- Happiness arising from social or sporting events:

*“I know they're happiest when they're doing something they really enjoy like my mum loves going horse-riding but I think its even better for them if they can do something with you that you both really enjoy”*

#### **7.5 Discussion**

The findings indicate the importance of informal supports in parents' life as a source of influence and knowledge on parenting practices.

The frequency with which 'family' is identified as an important influence illustrates the continued importance assigned to it and the significant role that 'family' plays in informing the parenting practices of today's parents. This is interesting when one considers that in Section 6 parents identified the loss of contact with extended family as a reason for their interest in attending parenting classes. Parents value their own family as a source of influence and knowledge and where access to this source of support is limited, it may lead to parents seeking an alternative forum in which to receive this support and information.

The frequency with which a parent's 'natural instinct' is identified as an influence on parenting practice again suggests the importance of a person's early years. The influences and practices to which parents exposed by their own parents may contribute to the development of their 'parenting instincts' or knowledge.

In short, these findings illustrate the role played by formal or informal sources in guiding persons' parenting practice. The findings would appear to substantiate the work of projects which seek to draw on and build upon parents existing networks of support (normally family and friends) and assist parents to access alternative support networks such as health professionals and counsellors.

The frequency with which books/magazines/newspapers were identified as a source of influence and knowledge suggest that these media could play an important role in future strategies for information provision to parents. It must be borne in mind, however, that such media will have limited impact on parents with low levels of literacy.

The three most frequent physical care concerns identified by parents raise some interesting questions for the development of family and parent support programmes. As stated in Section 6, parenting education programmes alone will not help to address or resolve the issues facing a family experiencing multiple stressors, particularly structural stressors i.e. unemployment or inadequate housing. Within this study, 201 parents identified being able to accommodate their children and 142 parents identified having enough food for their children as a concern. There is a significant co-relation between identifying the above items as a concern and living in a low-income household. These concerns cannot be addressed solely through the medium of family support services and suggests the need for a continued focus on the elimination of poverty through initiatives such as the National Anti-Poverty Strategy and the work of agencies such as Combat Poverty Agency. In addition, it appears there is a need to look at access to housing for parents and families in low-income households.

Nearly 20% of parents surveyed expressed concern about ease and speed of access to medical services, in an emergency situation indicating considerable concern amongst parents over the adequacy of emergency medical care at present. It is interesting to note that this concern is not significantly linked with parents' geographical location i.e. whether they are living in an urban or rural area, indicating a need for further exploration of barriers to access of emergency medical care, particularly for parents.

The three most frequent general parenting concerns identified by parents are interesting in that they illustrate the concern felt by parents about the impact of factors external to their family on their children. For example, the most frequently identified general parenting concern was that children would be exposed to drug use. While children are young, parents may well be able to control whether their child is exposed to this. However, as one's child grows older and moves into different social situations, there is what may be called a 'wild card' element in what a parent can do to protect their child for witnessing such events. This 'wild card' element also applies to parents second most frequent parenting concern, that is, media influence on their child. These concerns may be addressed to some extent through public information campaigns such as Drug and Alcohol Awareness campaigns for both parents and children. Expressed concerns on issues relating to parent-child relationships, including media influence on children, may possibly be tackled through parent education or support programmes addressing parents coping strategies, parenting skills and working on parents' personal development.

In conclusion, what do parents enjoy about parenting? It appears there are many elements of parenting that they enjoy but the most frequently identified elements revolve around feelings of joy and love they have for their children whether watching them grow, spending time with them or simply seeing them happy. Children also seem to be aware of the happiness they give to the parents but a number are quite sophisticated in their awareness of the importance of external family factors to their parents happiness for example, socialising or being happy at work.

#### **7.6 Summary**

- The most frequently identified sources of parenting information or knowledge are (i) family; (ii) natural instinct and (iii) books/magazines/newspapers
- The three principal concerns identified by parents in terms of physical care are: (i) child safety, (ii) access to medical services, and (iii) access to quality childcare
- Nearly 20% of parents surveyed expressed concern about ease and speed of access to medical services, in an emergency situation indicating considerable concern amongst

parents over the adequacy of emergency medical care at present. This concern was not significantly correlated with geographical location i.e. parents from rural and urban areas both identified this as a concern

- 6% (n=142) of parents surveyed were concerned about being able to provide sufficient food for their children and 13% were concerned about being able to pay for children's medical bills
- 201 parents identified being able to accommodate their children and 142 parents identified having enough food for their children as a concern. There is a significant co-relation between identifying the above items as a concern and living in a low-income household
- The three principal concerns identified by parents in terms of parenting care are: (i) children's exposure to drug use, (ii) negative influence of media on children, and (iii) ability to maintain good relationships with children
- Parents identified the love and affection received from their children, spending time with their children, seeing their children happy and content and watching children grow and develop, as some of the most enjoyable and rewarding aspects of parenting

## **Section Eight: Availability and sources of information for parents**

### **8.1 Introduction**

This section outlines parents' responses on the availability and sources of information in their local area on a number of pre-selected topics pertinent to parenting. It also explores parents' awareness of specific support services that are universally available around the country. To-date, scant research has been conducted to pin point the primary sources of information used by Irish parents.

New parents need a lot of information and advice about their child's development and appropriate parenting responses to the rapid stages of development experienced in the first few years of a child's life. Parents can seek this information from a variety of sources such as medical professionals, early childhood care and education professionals, other parents, extended family, the media, and friends. However, not all parents may possess the confidence to question professionals or the literacy skills to look for answers in books and manuals. Some parents do not family members close by to ask for advice while others may choose to distance themselves from their family. 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).

The acquisition of information has been found to be instrumental in fulfilling or meeting the expressed needs of parents. Lack of information or a lack of awareness of where relevant information can be found is linked with issues of disadvantage and social exclusion. Lack of information about appropriate behaviour for children at different ages has also been identified as a factor in the development and continuation of abuse of young children (Daro et al, 1998). The ready availability of information has been linked with strengthened family capacity and increased ability to care for children.

## **8.2 Availability of information<sup>lxiii</sup>**

Identifying the ease of access of parents to information provides a picture of availability of information across gender, urban-rural, and income lines. The purpose of this measure is to identify current availability of information for parents and any particular gaps in information availability. Parents were asked to rate the availability of information on pre-selected topics in their local areas using a 5 point scale from 1 (*very easy*) to 5 (*very difficult*).

### **8.2.1 Availability of information on childcare**

A significant majority of parents (57%) felt that information on childcare<sup>lxiv</sup> was either ‘very difficult’ or ‘difficult’ to find in their local area. Greatest difficulties in accessing this information were identified by mothers,<sup>lxv</sup> more particularly mothers not currently in paid employment<sup>lxvi</sup> and by fathers in paid employment.<sup>lxvii</sup>

It is striking that a significant number of parents were not aware of where to access the information. A high percentage of the ‘don’t know’s’ were mothers not currently engaged in employment. Is this because: (a) they haven’t looked for information on childcare precisely because they are not engaged in employment and have a lesser or no need for childcare?; (b) not being engaged in employment excludes mothers from a significant well of knowledge on childcare?; or (c) the reason they’re not in employment is because they can’t find childcare and lack of information contributes to this? However, none of these conjectures can be proved within the parameters of this study and are outlined merely for consideration.

It is also interesting to consider why fathers are less aware of where to source information on childcare: is it because they never looked for it or because they’ve looked and couldn’t find any information? If the latter explanation holds firm then it suggests a need to devise ways of distributing childcare information to render it more accessible for working fathers.

### **8.2.2 Availability of information on child behaviour**

A little over half (52%) of parents surveyed considered this information to be ‘very easy’ or ‘easy’ to find in their local area. However, a third of parents (33%) responded that this information was ‘difficult’ or ‘very difficult’ to find.

Greatest difficulties in accessing information on child behaviour were reported by mothers,<sup>lxxviii</sup> parents with low incomes<sup>lxxix</sup> or who are not currently employed or employed part-time.<sup>lxxx</sup> This suggests a need to consider ways of improving the delivery of this information to mothers and to parents in low-income households and those not engaged in full-time employment.

### **8.2.3 Availability of information on child development**

A majority (68%) of parents considered this information on child development to be ‘very easy’ or ‘easy’ to find in their local area. However, 21% felt the information was ‘very difficult’ or ‘difficult’ to find.

Greater difficulties were experienced by rural parents suggesting a need to consider how best to adapt information delivery systems to overcome geographical disparities in access to information.<sup>lxxxi</sup> There was a correlation in difficulty in finding this information and low household income (less than £8,999)<sup>lxxxii</sup> and/or non-engagement in paid employment outside the home.<sup>lxxxiii</sup>

Parents with a highest completed level of education of ‘other’ indicated particular difficulties in accessing this information. This is significant as this group may include parents who have not completed any formal level of education. Therefore, literacy issues may be a consideration.

### **8.2.4 Availability of information on child health and nutrition**

The majority of parents (76%) considered this information to be either ‘very easy’ or ‘easy’ to find in their local area.

Greatest difficulties in accessing information on child health and nutrition were experienced by ‘married’ and ‘other’ marital status parents,<sup>lxxxiv</sup> parents living in rural areas,<sup>lxxxv</sup> and a small minority of parents aged 20-34 and 35+ years.<sup>lxxxvi</sup>

### **8.2.5 Availability of information on education and schooling for children**

Over half (58%) of the parents surveyed considered this information to be ‘very easy’ or ‘easy’ to find in their local area. Nearly a quarter of parents (24%) considered this information to be ‘very difficult’ or ‘difficult’ to find.

Greatest difficulties in accessing this information were experienced by those with a total household income of £20,000+,<sup>lxxvii</sup> and by those not currently employed.<sup>lxxviii</sup> Regardless of age, similar numbers of parents expressed difficulties in accessing this information.<sup>lxxix</sup> This suggests a need to consider ways of promoting information on educational issues to those who have either chosen not to become involved in or who are excluded from the labour market.

### **8.3 Sources of information**

The purpose of this section is to identify the main channels or sources through which parents access information on relevant topics.<sup>lxxx</sup> At present, information for parents is provided through a wide range of sources including information booklets/leaflets from relevant Government Departments, Information Officers in Social Welfare Offices, Public Awareness media campaigns, family resource centres, voluntary groups, specialised support groups, Citizen Information centres and health and education professionals.

#### **8.3.1 Sources of information on childcare**

The principal source of information on childcare for parents (regardless of gender, income level, urban/rural area, or employment status) are other parents or word-of-mouth (33%). Other sources identified include Family and Community Development Resource Centres (11%) and Health board clinics (8%). Fathers and mothers identified other parents or word-of-mouth as the principal source of childcare information. Fathers identified family and mothers identified community/family resource/citizen information centres as their next principal source of information.<sup>lxxxi</sup>

Seventeen per cent (17%) of parents did not know where they would look or who they would ask for this information.<sup>lxxxii</sup> Parents from lower income households were most likely to indicate that they did not know where to look for childcare information.<sup>lxxxiii</sup> Where these parents identified a source of information they were more likely to display a greater reliance upon statutory services for the information.

Use of multimedia sources for information was confined to parents from higher income households.

Rural parents are more likely to rely upon informal information sources compared to parents from urban areas and indicate a greater reliance on other parents as an information source compared to parents from 'urban' areas.<sup>lxxxiv</sup>

Parents aged 16-19 years (compared to other age groups) were more likely to identify 'community/family resource/citizen information centres' as their primary source of information (36%).<sup>lxxxv</sup> The lesser reliance of younger parents upon other parents as a source of information may be due to the fact that there is generally fewer parents of their age using childcare that they can turn to for information.

### **8.3.2 Sources of information on child behaviour issues**

The important role performed by the GP as a source of child behaviour information for all parents emerges very strongly from the study's findings. The GP was the principal source (35%) of information identified by parents (regardless of their gender, urban/rural location, employment status, household income, age or marital status).<sup>lxxxvi</sup> The other main sources are the Public Health Nurse (15%), family (13%) and multimedia sources (13%). Only 3% did not know where they would look or who they would ask for information on child behaviour.

Employment status and sources of child behaviour information are significant for mothers.<sup>lxxxvii</sup> Mothers in full-time employment relied more upon multimedia sources for information than those in part-time employment or those not currently employed. This is true also for full-time working fathers. The popularity of multimedia sources of information amongst full-time employed mothers and fathers may be attributed either (a) to the clash of work and service hours and (b) greater likelihood of having access/use of multimedia sources

Regardless of employment status, mothers are more likely than fathers to cite the public health nurse as their second main of information, while fathers are more likely

to cite family. Family is an important source of information for all income levels bar those with an income in excess of £30,000.

The public health nurse emerges as a significant source for parents regardless of whether they lived in a rural or urban area.

### **8.3.3 Sources of information on child development**

The principal sources identified by parents (regardless of age,<sup>lxxxviii</sup> gender,<sup>lxxxix</sup> or income of parents<sup>xc</sup>) are health-based services. The most popular source is the GP (27%), closely followed by the public health nurse (26%) and health board clinics (14%).

Rural parents are more likely to identify GPs as a source of information.<sup>xci</sup> Higher income parents are more likely to cite use of multimedia sources. Lower income households are more likely to cite health services or professionals.

### **8.3.4 Source of information on child health and nutrition**

The principal source of information for parents (regardless of gender<sup>xcii</sup> or age<sup>xciii</sup>) is the GP (63%). The other main sources identified are the public health nurse (13%) and the health board clinic (10%).

More parents aged 16-19 years identify health Boards clinics<sup>xciv</sup> and public health nurse<sup>xcv</sup> as a source of information. 'Older' parents were more likely to identify the GP as their main source of information. These findings show the importance of health professionals as a source of information for all age groups of parents but a difference in the services approached depending on age of parents. This may be due to the fact that the younger parents tend to have younger children and so would automatically be in greater contact with the PHN and health board/clinic).

There is a significant reliance upon the GP as a source of information by fathers and mothers. Fathers indicate a greater reliance on multimedia sources of information than mothers who rate the PHN as a more important source.

### **8.3.5 Sources of information on education<sup>xcvi</sup>**

The majority (62%) of parents (regardless of income,<sup>xcvii</sup> age, urban/rural location or gender) turn to teachers or schools for information on education issues.

The other main source identified include other parents or word-of-mouth (18%).

### **8.3.6 Source of information on drug related issues**

Regardless of gender, urban/rural location, marital status, age, income or employment status, the most frequently cited source of information is the GP (29%).

Mothers were more likely to cite health professionals as a source. Fathers identified a more diverse range of sources. After the GP, the next most frequent source of information identified by fathers are ‘multimedia’ and Gardaí. For mothers, the next most frequent sources of information are health board clinics and Family and Community Resource Centres or voluntary groups.<sup>xcviii</sup> Parents from rural and small-medium urban areas were more likely to identify the Gardaí as a source of information.<sup>xcix</sup> Parents from urban areas cite health board clinics as their next most frequent source.

## **8.4 Awareness of services in local area**

The Commission on the Family called for the establishment of a national programme of information for parents and suggested that the programme provide parents with broad information on “*the outside support services available to assist when required*” (1998, p.88). The purpose of this measure is to identify the extent of awareness amongst parents of outside support services in their local area.<sup>c</sup>

It explores parents’ awareness of five specific services in their local area. The services in question are generally either provided or funded by the state and as such, are generally available all around the country. However, people’s definition of what constitutes their ‘local area’ can differ. For some, a service should be within a few minutes of where they are living to count as local, while for others, services located 15 – 20 miles away may be considered ‘local’.

#### **8.4.1 Service 1: Information on parents' rights and entitlements**

A majority of parents (60%) are aware of a service providing information on parents' rights and entitlements in their local area. However, 40% are either not aware or did not reply to this question.

Considerably more parents from 'large urban' areas are aware of this service than 'rural' parents.<sup>ci</sup> More parents from lower income households<sup>cii</sup> and those who are single or 'other marital status'<sup>ciii</sup> are aware of the service. This may be due to the increased likelihood of lower income parents and those who are single having greater contact with statutory services with an information provision role for example, Information Officers at Social Welfare offices or Family Resource Centres.

#### **8.4.2 Service 2: Services providing food or housing in an emergency**

A majority of parents (62%) were aware of such a service in their local area; the remaining 38% either did not know or did not reply to this question.

Parents from 'urban' areas indicated greater awareness of the service. More 'single' and 'other' marital status parents were aware of it suggesting either a greater use of the services or better information provision to non-married parents. Parents on lower incomes were more aware of the service.<sup>civ</sup> Again this suggests a possible greater use of these nature of services or simply better information provision to these parents through interaction with stage agencies.

#### **8.4.3 Service 3: Family counselling/therapy services**

A majority of parents (70%) were not aware of this service in their local area. Only 30% of parents were aware of counselling services.

Parents in urban areas and with a household income of less than £14,000 were more likely to be aware of this service than low-income households from rural areas.<sup>cv</sup>

#### **8.4.4 Service 4: Marital counselling/therapy services**

A slight majority of parents (52%) were not aware of this service in their local area. Forty eight per cent are aware of this service.

The findings indicate that parents from higher income households are more aware of the service.<sup>cvi</sup> There is a lower awareness of marital or relationship counselling services amongst younger parents. This is probably due to the fact that the majority of younger parents in the sample population (i.e. those aged 16-19 years) are *not* married compared to those aged 35+ years, the majority of whom *are* married (see Section 5 for demographic profile of sample population).<sup>cvii</sup>

#### **8.4.5 Service 5: Public Health Nurse service**

A majority (71%) of parents are aware of this service. Twenty nine percent of parents either did not know of the service or did not reply to the question.

Nearly 25% more mothers, compared to fathers, were aware of the service.<sup>cviii</sup> This raises some question as to the extent to which the opening hours of the service may lessen the likelihood of fathers having direct contact with it. The service is generally delivered either through home visits by a PHN or through health clinics that run during normal working hours. This may increase the difficulty for fathers of accessing these services.

More parents from ‘urban’ areas were aware of the service compared to ‘rural’ parents.<sup>ciix</sup> There is a very weak and negative relationship between household income and knowledge of the service indicating that as income rises so too does knowledge of the service.<sup>cx</sup>

#### **8.5 Discussion**

The Strategic Management Initiative (1996) identified “the provision of quality information and advice to customers” (p.11) as an important guiding principle in its programme for change. Objective L of the National Children’s Strategy states:

*Enabling parents to access...supports and services through the provision of information which is available locally is a key aspect of support (2000, p. 72)*

The findings illustrate a number of gaps in current information provision to particular parents. It suggests a number of possible future developments in information provision and delivery. A national information programme for parents should consider all potential barriers inhibiting access to information and services

particularly with regard to parents' geographical location and socio-economic group. There is a need to develop equitable and accessible information distribution methods to reach those parents currently unaware of where to look for such information. Information provision cross-cuts a number of Governmental departments including for example, the Departments of Social, Community & Family Affairs, Health and Children, Finance, and Justice, Equality & Law Reform. Service initiatives to-date have largely focused on providing information to specific target groups in order to achieve specific outcomes, for example, the Family Services Project.<sup>cx1</sup> Issues of access to and availability of information are addressed within the National Spatial Strategy of the National Development Plan 2000–2006 particularly in terms of working towards “parity of access to infrastructure and knowledge” (p.45) in regional development.

The findings highlight a number of gaps in availability of, or difficulties in accessing information pertinent to each identified topic. Gaps in access to information on particular topics are found amongst all parents with no one single identifying factor common to perceived lack of availability of information across the pre-selected topics. However, the three most frequently recurring significant variables amongst parents who reported difficulties in accessing information are (i) rural location, (ii) employment status and (iii) low household income.

In general, parents display a high level of awareness of family support services. Parents from rural areas indicated a lower level of awareness of ‘emergency aid’, ‘advisory’ and ‘counselling’ services than those from low-income, urban households. This suggests that parents from rural areas face additional barriers in accessing this information or service.<sup>cxii</sup>

Fathers displayed a greater reliance on ‘family’ as a source of information. Other studies have also found that fathers generally place more emphasis on family as a source of information and advice (Grimshaw & McGuire, 1998; Clarke, 1997). Fathers’ display a lower level of awareness of services for young children, possibly due to the conflict between reconciling working responsibilities and engaging in family support services.

The greater use of 'multimedia' sources by higher income parents raises issues of access to these sources for lower income parents. While multimedia sources have a role to play in the distribution of information it appears that access to such sources is still largely confined to parents from high-income households.

Health professionals emerge as a major source of information for nearly all groups of parents. They are the most popular sources of information on child behaviour, child development, child health and nutrition and drug related issues. Interestingly, they were identified as the third most frequent source for parents on information on childcare.

The high reliance displayed by parents in this study on the GP as a source of general information on parenting and caring for children raises a number of questions and suggestions for future research. Firstly, are GPs and other health professionals aware of the importance attributed to them by parents as sources of information on child care information? Secondly, what degree of consensus exists amongst GPs as to the appropriateness of performing such tasks as part of their daily practise? And thirdly, are GPs equipped with the suitable resources and appropriate knowledge to act as a conduit of information and referrals for parents on child care?

Parents were not asked to expand on why they chose a particular person or organisation as their primary informant, therefore while the study cannot state conclusively why parents from 'small-medium' and 'rural' areas identified Gardaí as a main informant on drug-related issues, it is possible to speculate. One possible explanation is the increased likelihood that within a small community, people will know the local Gardaí on a more one-to-one basis and this may make it easier to approach them for information. Another possible explanation may be that parents from smaller communities consider drug-related issues to be a legal rather than a medical issue and hence approach the Gardaí for information.

## 8.6 Summary

- Gaps in access to information are found in all the selected topics relating to caring for children. No one single identifying factor was conclusively linked with difficulties in accessing information
- The three most frequently recurring significant variables amongst parents reporting difficulties in accessing information are (i) rural location, (ii) employment status and (iii) low household income
- Mothers not currently engaged in employment and fathers engaged in full-time employment report greatest difficulties in finding childcare information
- Parents from rural areas, those with low household incomes, those not currently in employment or in part-time employment report the greatest difficulties in finding child behaviour information
- Parents from rural locations, those with low household incomes or not currently employed report the greatest difficulties in finding child development information
- Parents aged more than 20 indicated the greatest difficulties in accessing child health and nutrition information. Interestingly, parents aged less than 20 years indicated no significant difficulties
- Parents across all age groups who were not currently engaged in paid employment or parents with incomes greater than £20,000 reported the greatest difficulties in finding education and schooling related information
- 60% of parents were aware of services providing information on parents' rights and entitlements. Single parents on low household income were more aware of this service
- 62% of parents were aware of services providing information on emergency food or housing. Parents on lower household incomes, from urban areas and not married were more aware of these services
- 70% of parents were not aware of family counselling or therapy services for parents and children. Low income parents from urban areas were more aware of this service than low income parents from rural areas
- 52% of parents were not aware of marital counselling services. Younger parents or parents from lower income households were less likely to be aware of this service

- 71% of parents were aware of services offering help and advice for parents of small infants (that is, health board clinics, public health nurses)
- Only 52% of fathers were aware of help or advisory services for parents of small infants

## **Section Nine: Use and ratings of family services**

### **9.1 Introduction**

This section provides an overview of usage of selected services with a family support role, and users and non-users views of these services. The purpose of exploring these issues is to gather basic information on the use of FSS amongst parents, and their opinions (based on their own personal experiences) of the usefulness of these services. In Ireland, evaluations of a number of specific FSS have been conducted but the findings of many of these are relevant only to a particular geographic area or target group. At present there is a deficit in large-scale evaluations of FSS and the findings are presented with the intention of informing future service developments and addressing this deficit.

As previously stated, FSS encompasses parenting education but may also include services such as childcare, job skill training, a full range of health care services, and many other activities or services designed to strengthen families. Such services can vary according to their target group, professional background of service provider, orientation of service provider, problem addressed, programme of activities and service setting (Dunst, 1994; McKeown, 2000).

### **9.2 Measuring use of family support services**

Parents were asked if they had used any of a number of pre-selected family support services in the previous 12 months. The services selected represent a range of open access (O) and targeted (T) services. A number of services may be open access or targeted (O/T) according to the criteria followed by local or regional providers in providing the services. For example, parenting classes may be set up in response to the perceived need of a particular target group or to provide information to all parents on particular topics. Although the original rationale for a number of the services may not have necessarily highlighted their role in supporting parents and children, many of these services have evolved, explicitly or implicitly, to a stage where they now have some role to play in 'family support'. The services identified are as follows:

- Public Health Nurse (PHN) (O);
- Antenatal classes (O);
- Home help (provided by a health board) (T);

- Home visitors/community mothers (T);
- Family therapy/counselling (O/T);
- Family or community resource centres (FRCs) (O/T);
- Parenting classes (O/T)

Parents were asked to rate the usefulness to them of each service used on a four point scale from 1 (*very useful*) to 4 (*not at all useful*). With the exception of family resource centres<sup>cxiii</sup> and (possibly) parenting classes,<sup>cxiv</sup> these services are generally provided or funded through the health boards structure.

### 9.2.1 Reported use of family support services

Seventy per cent of parents in the sample had used at least one of the selected services in the past 12 months. The mean number of services used was 1.2. The most used services by parents were:

- (i) Public Health Nurse (53%);
- (ii) Family and community resource centres (35%), and;
- (iii) Antenatal classes (12%).

The high incidence of use of the public health nurse service and antenatal classes is correlated with age of children. Greatest use of the PHN is indicated by parents with at least one child aged less than 1 years (n=298) or with a child aged 2 – 5 years (n=252). Similarly, greatest use of antenatal classes is indicated by parents with children aged less than 5 years (n=140). The reported high use of FRCs is undoubtedly due to the fact that a significant number of respondents were identified via the network of existing FRCs.

Non-use of services within the sample is correlated with gender, urban/rural location, marital status and total household income. Within the sample, fathers<sup>cxv</sup> and married parents<sup>cxvi</sup> are the most likely to have used none of the services. Slightly more parents from 'rural' areas had not used any of the listed FSS.<sup>cxvii</sup> Non-use is also linked with total household income - as income increases, use of declines.<sup>cxviii</sup>

### ***9.2.2 Use of family and community resource centres***

Family and community service resource centres (FRCs) are an initiative designed to provide community-based support for families in disadvantaged areas often characterised by high numbers of lone parents and/or economically disadvantaged households. Thirty five per cent of parents had used a FRC in the previous twelve months.

Use of FRCs is strongly linked with gender, urban/rural location, marital status, and total household income. A majority (75%) of those who used the service lived in 'urban' areas.<sup>cxi</sup> Parents who were not currently married or who were separated and parents from low-income households were also more likely to have used a FRC. This is unsurprising as centres generally focus a great deal of attention on engaging with lone parents.

More mothers than fathers had used a FRC.<sup>cxii</sup> This too is unsurprising as similar initiatives have generally failed to significantly involve fathers in any large numbers (Sinclair et al, 1997; Ghate et al, 2000).

Based on the findings from this sample population it appears that these centres are successfully engaging with their target group, however these findings may simply be an artefact of the sampling procedure.

#### ***9.2.2.1 Ratings of family and community resource centres***

The majority (92%) of those who used a FRC rated it 'very useful' or 'useful'.<sup>cxiii</sup> Ratings of the service as 'very useful' or 'useful' did not reveal any major significant differences across the sample variables.<sup>cxiiii</sup>

Although only a quarter of the fathers (n=50) in the sample had used the service, the majority of these rated it 'very useful' or 'useful'. The majority of parents who had used the service rated it as 'useful' regardless of their household income.

Service users identified the following factors as contributing to their high expressed level of satisfaction:

- Child care: many FRCs either provide crèche facilities, or facilitate access to low cost childcare, and many parents spoke of this aspect of the service whether in terms of access to employment or providing a respite from childcare;

*“Crèche catered for my needs as in it was affordable childcare so I could go back working”*

- One-stop-shop for information;

*“Very helpful...one-stop shop ...will always deal with problems”*

- Service provided by staff:

*“Very welcoming to people...will help on everything*

- Activities provided for children:

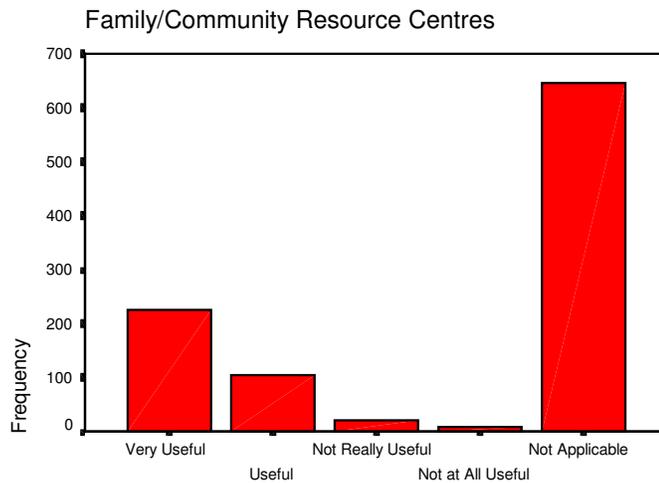
*“It has lots of courses, summer projects, homework clubs, youth clubs”*

Only 8% of users rated the service as ‘not at all’ or ‘not very’ useful’. Issues identified include:

- Lack of information;
- Lack of activities and facilities for children and parents and;
- Difficulties encountered by fathers

*“Always dealing with women ho don’t accept me the father...lots of prejudice against me”*

## Users ratings



### 9.2.3 Use of antenatal classes

Antenatal classes are a valuable form of support and knowledge for expectant parents. The opportunity presented during pregnancy for parenting preparation and instruction has been called “the ‘teachable moment of pregnancy’” (Chalmers & McIntyre, 1994).

Only 12% of the sample had attended a pre/antenatal class in the previous twelve months. Use of the service is strongly linked with urban/rural location, total household income and age of respondent. Greatest use of classes was reported by those with a total household income in excess of £20,000,<sup>cxxiii</sup> by parents from ‘large’ urban areas, by those aged 20-34 years, by parents with some form of Third Level qualification and by married parents.<sup>cxxiv</sup>

#### 9.2.3.1 Ratings of antenatal classes

Eighty per cent of users rated the classes ‘very useful’ or ‘useful’. Fathers rated the service more favourably than mothers,<sup>cxxv</sup> as did parents from lower income households<sup>cxxvi</sup>; and, married or ‘other’ marital status parents<sup>cxxvii</sup>. Age was not significantly correlated with parents’ ratings of satisfaction with the service.<sup>cxxviii</sup>

Unfortunately, the study did not ask parents to identify if they had attended private or public antenatal classes and therefore no comparison can be drawn between levels of satisfaction with the service and whether the service was private or public.

Service users identified the following factors as contributing to their high expressed level of satisfaction:

- Preparation for labour;

*“Taught you breathing techniques which are really good, prepares you for labour...and gives you a chance to talk about your worries or thoughts with other girls in the same boat”*

- Opportunity to receive peer support: i.e. talking with others about the impending birth;

*“More at ease with the expected arrival of my child”*

- Encouragement given to fathers to attend and participate:

*“Explained the procedure...give you an opportunity to talk about labour that guys don’t normally have a chance to talk about...good detail given”*

Twenty per cent of users rated the service as ‘not really’ or ‘not at all’ useful. Issues identified by these parents include:

- Over-emphasis on preparation for labour to the expense of practical preparation for parenthood:

*“All they did was talk about breathing...didn’t show you anything practical”*

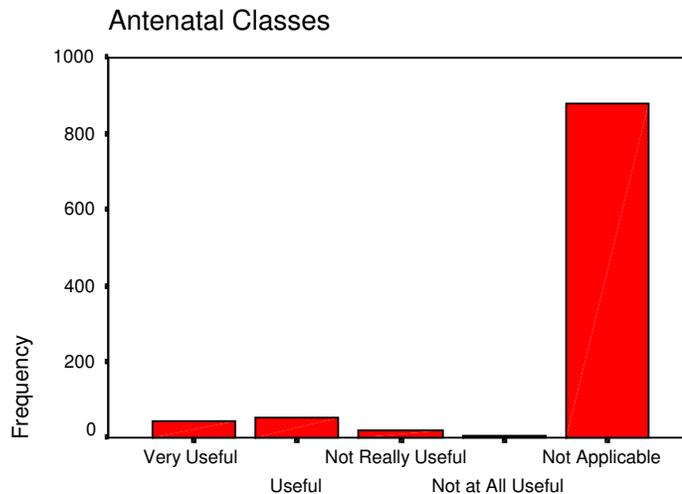
- Dissatisfaction with teaching methods:

*“Gave no explanations... just showed a video”*

- Lack of aftercare: although infrequently mentioned the issue of lack of ‘after care’ following the birth was raised by a number of parents in their discussion on the antenatal service:

*“Didn’t tell you anything useful...didn’t prepare you for the shock of having a baby or the lack of after care”*

### Users ratings



#### 9.2.4 Use of Public Health Nurse service

The PHN service was the most used service. Fifty three per cent of parents indicated they had used the service in the previous twelve months.

Use of the PHN is strongly linked with gender and age of respondent. More mothers had used the service than fathers<sup>cxxxix</sup> and younger parents (i.e. those aged less than 35 years) reported greater use of the service than those aged 35+ years.<sup>cxxx</sup>

The higher reported use of the service by mothers is linked with employment status. Within the sample, the majority of mothers are either on ‘home duties’ or engaged in part-time employment, possibly allowing easier access to the service as it runs during normal business hours. Correspondingly, this may render it more difficult for fathers to access the service (as the majority of fathers in the study are in full-time employment).

Greater use by ‘younger’ parents (i.e. parents with children aged less than 5 years) was anticipated as a great deal of the work of the public health nurse service is focused on working with parents whose children are aged less than 3 years. The fact that only minor differences are notable in use of service across household income levels and urban/rural location indicate that the service is a universal service insofar as it is engaging with parents regardless of income/location.

#### **9.2.4.1 Ratings of public health nurse service**

The findings indicate a high level of satisfaction with the PHN service. A clear majority of users (80%) rated the service ‘very useful’ or ‘useful’.

Within the sample, high satisfaction ratings are correlated with income and age of respondent. A majority of service users aged 20-34 (77%) and 35+ years (88%) rated it ‘very useful’ or ‘useful’.<sup>cxxxii</sup> High levels of satisfaction were reported by those with an income of less than £8, 999.<sup>cxxxiii</sup> All (n=7) parents aged 16 – 19 years who had used the service found it ‘very useful’ or ‘useful’.

Service users identified the following factors as contributing to their high expressed level of satisfaction:

- Information provision: in general, users rated the information and practical advice provided very highly;

*“She was very clear, gave lots of information, very cheerful (which helped) & offered that I could ring her anytime... she was very encouraging”*

- Practical Assistance and ‘know how’:

*“Gave practical help and up-to-date information on vaccines”*

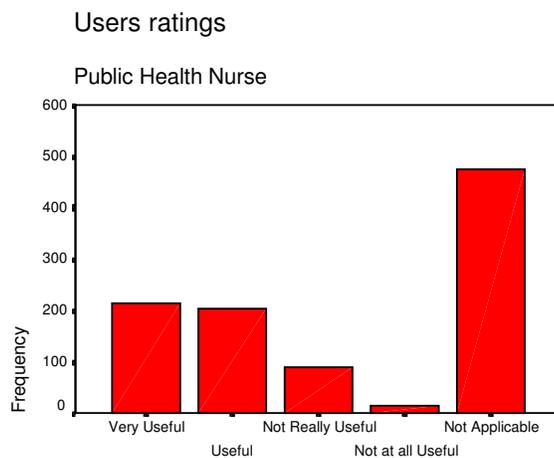
- Support and encouragement to parents in their parenting role:

*“Give you advice and help you give your child the care they need – it’s a support mechanism”*

- Personality i.e. interest and empathy shown in their interactions with parents and children:

*“Nurse took great interest in following up on kids and giving advice...she was really good and treated the kids very well”*

Twenty per cent of parents who used the service rated it ‘not at all’ or ‘not really’ useful. Users with a total household income of between £9,000- 19,999 were the most likely to find the service ‘not very’ or ‘not at all’ useful).<sup>cxxxiii</sup>



Issues identified by these parents include:

- Dissatisfaction with information provided by PHN:

*“The nurse we had was in her late 50’s and I felt that she wasn’t very up-to-date with current problems/conditions”*

- Overemphasis on care of children and insufficient attention to health of parent:

*“Public health nurse did not help at all – they just check on the baby but not on the mother”*

- Personality clashes:

*“She was too nosy...always feel that they’re checking out you and your house...more interested in that than in the child or you and how you were doing”*

- Lack of continuity in care: i.e. being visited by several different PHNs

### **9.2.5 Use of home visitors or community mothers schemes**

Only 2% (n = 28) of parents had used a home visitor service in the previous twelve months.<sup>cxxxiv</sup> It is important to note that with only 28 users within the total sample population, findings have to be considered with caution and it is not possible to extrapolate from this sample to the wider population with any statistical confidence.

Use of a home visitor scheme was linked with total household income, urban/rural location and age of respondent. Use of the service was concentrated primarily within lower income households i.e. with a total household income of less than £19, 999.<sup>cxxxv</sup> Fifty five percent of users were aged 20-34 years and 45% aged 35+ years. No parents aged 16-19 years used the service.<sup>cxxxvi</sup> The majority of users are from ‘urban’ areas.<sup>cxxxvii</sup> Service users came from all marital statuses.<sup>cxxxviii</sup>

#### **9.2.5.1 Ratings of home visitor and community mothers schemes**

Particular caution must be exercised in interpreting this data as only 2% (n=28) of the sample had used the service. The majority of users rated the service ‘very useful’ or ‘useful’.

Satisfaction with the service was greatest amongst those aged 35+ years.<sup>cxxxix</sup> Fathers were divided equally between those who found it ‘very useful’ (50%) and those who chose not to reply to the question (50%). The majority of mothers found it ‘very useful’ or ‘useful. The findings do not reveal any major indicators as to predictors of happiness or dissatisfaction with Home Visitor services. However, it is important to note that with only 28 users within the total sample population it would be unwise to draw any major conclusions from the findings.

Service users identified the following factors as contributing to satisfaction with the service:

- Benefits of receiving peer support:

*“Good for talking to and to give advice”*

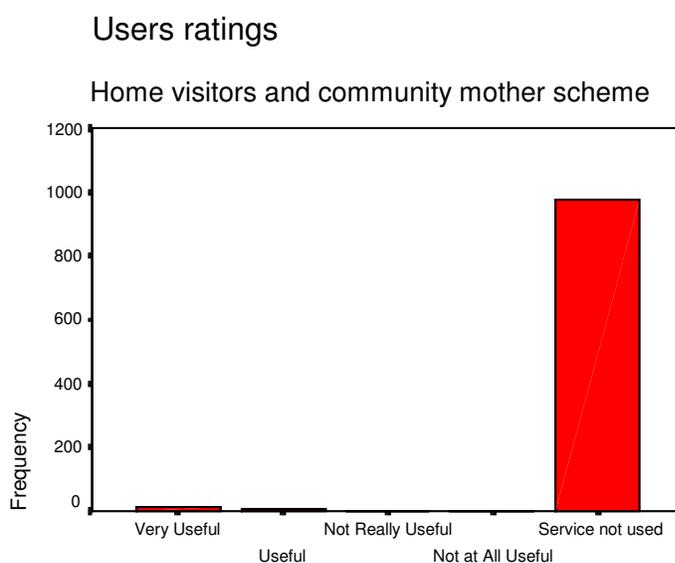
- Community based service i.e. visitors are often local parents:

*“Nice to have support from local women”*

- General value of service to parents:

*“Without support especially from X (the home visitor) we’d be lost. I wouldn’t like to go into the centre but she calls here to us all the time and we wouldn’t last without her support”*

The 11% of users who rated the service ‘not very’ or ‘not at all’ useful did not provide any reason for their reply.



### ***9.2.6 Use of family therapy/counselling services***

Nine per cent of parents had used family therapy or counselling services in the previous twelve months.

Use of the service is linked with total household income and marital status. Considerably more parents with incomes of less than £8,999 and between £9,000-13,999 had used the service.<sup>cxl</sup> Nearly a quarter of parents with ‘other’ marital status had used the service.<sup>cxli</sup>

#### ***9.2.6.1 Ratings of family therapy/counselling service***

Eighty five per cent (n=76) of users rated the service ‘very useful’ or ‘useful’.

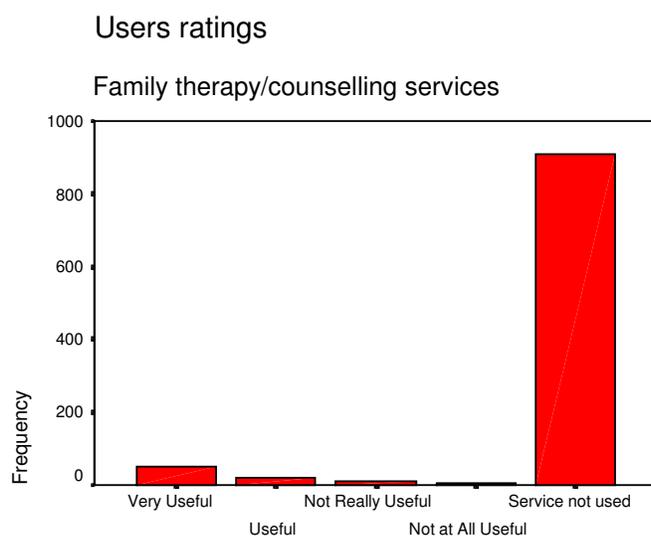
Satisfaction with the service is correlated with gender, total household income and age of respondent. More mothers rated the service ‘very useful’ or ‘useful’.<sup>cxlii</sup> Slightly more parents on higher incomes rated the service either ‘very useful’ or ‘useful’.<sup>cxliii</sup> The majority of parents in all age groups found the service useful.<sup>cxliv</sup>

Service users identified the following factors as contributing to their high expressed level of satisfaction:

- Access to an independent non-judgemental third-party to discuss issues with: (  
*“Good to have a stranger to listen and talk to who isn’t going to judge you”*
- Improvements in family life arising from participation in the service:  
*“Family therapy got us through the situation, helped us cope and give us a chance to stand back from it all through the mediation process”*
- Opportunities arising from it for personal development:  
*“Took a lot of the hate out and gave me more strength and power as a woman with five kids”*

Fifteen per cent of users rated the service ‘not very’ or ‘not at all’ useful. Issues identified by these users include:

- Failure of service to meet expectations:  
*“The counselling was useful but not the solve-all that I had hoped for, good back up and support though”*
- Access issues:  
*“Could be easier to access and more frequent”*



### ***9.2.7 Use of parenting classes***

Nine per cent of parents had attended parenting classes in the previous twelve months.

Service use by the sample population is correlated with marital status and total household income. The majority of those who had participated in the service had total household incomes of less than £14,000.<sup>cxlv</sup> ‘Single’ and ‘other’ married parents reported greatest use of classes.<sup>cxlvi</sup> This is quite a different picture of parenting class attendees compared to Ryland’s (1995) finding that the majority of parents attending parenting classes in her study were married.

A little over one-third (36%) of users of parenting classes indicated that their children had special needs.<sup>cxlvii</sup>

#### ***9.2.7.1 Ratings of parenting classes***

Ninety one per cent of parents who had used the service rated it ‘very useful’ or ‘useful’.

Satisfaction with the service is correlated with gender, total household income and age of respondent. All fathers who used the service (n=10) rated it ‘very useful’ or ‘useful’ as did 62% (n=51) of mothers<sup>cxlviii</sup>. Parents from higher income households indicated greatest satisfaction with the service.<sup>cxlix</sup> All users aged 16 – 19 years (n=5)

rated the service 'very useful' or 'useful' compared to 89% of those aged 20-34 and 91% of those aged 35+ years.<sup>cl</sup>

Service users identified the following factors as contributing to their high expressed level of satisfaction:

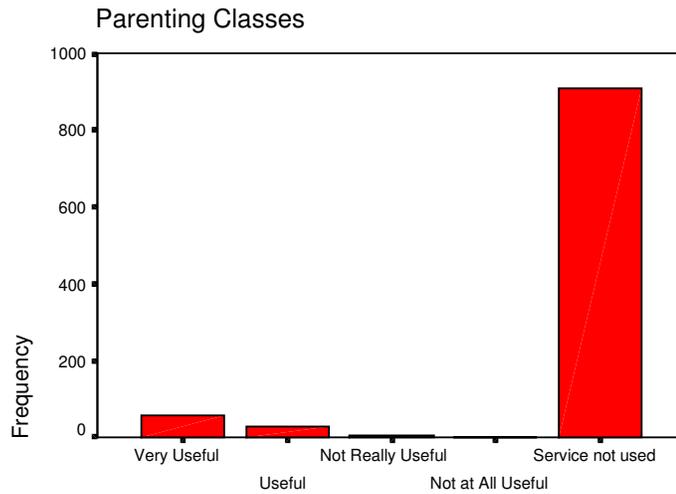
- Skill development: e.g. helps parents to develop coping strategies:  
*“Shows you how to deal with certain situations”*
- Source of information on specific issues:  
*“It was useful to learn about both myself and children... things that I didn't realise”*
- Learning arising through general discussion:  
*“It broadens your view on parenting”*

The messages many parents took away concerned parent-child relationships and how to cope with situations. The reasons provided echo those expressed by parents in Ryland's (1995) study whose respondents said that classes showed them the importance of communication with children, reassurance and support, positive discipline and praise and encouragement of the child.

Issues cited by the users who rated classes 'not at all' or 'not very' useful include:

- In-appropriate class content e.g. not appropriate to age group of the child;
- Impractical:  
*“Okay, but not practical enough, I needed more information things like cooking and diet not just how to handle problem behaviours”*

## Users ratings



### 9.2.8 Use of home help service

Section 61 of the Health Act 1970 empowered health boards to provide a home help service to, amongst others, women in receipt of maternity care. The Department of Health envisioned this service would prioritise work with families and with the elderly. Less than 1% (n=9) of parents used a Home Help service in the previous twelve months. Therefore, no statistical inferences can be drawn from this in relation to the wider population and use of the home help service in general.

The majority of parents using the service had a total household income of less than £13, 999 (n=7).<sup>cli</sup> Use of the service within the sample population was mostly confined to parents aged 20+ years. Two-thirds of users (67%) indicated they had children with special needs<sup>clii</sup>

#### 9.2.8.1 Ratings of the home help service

Caution must be exercised in interpreting the findings as the number of users is so small. Five users rated the home help service ‘very useful’ or ‘useful’. Slightly more mothers rated the service ‘very useful’ or ‘useful’.<sup>cliii</sup> Users identified the practical support and assistance received as the most positive aspect of the service.

*“I had three small children and was very sick, it was great to have practical help with the house work and shopping”*

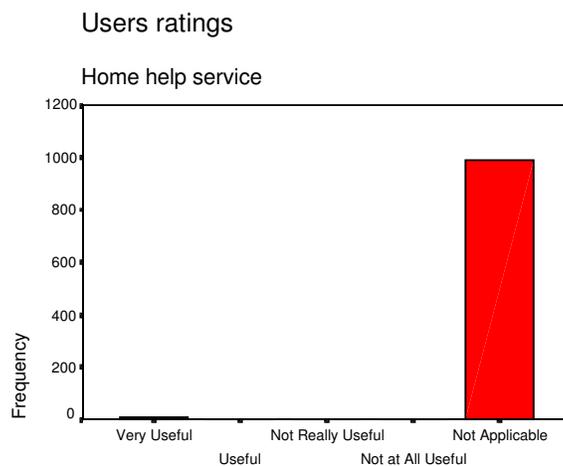
Four users rated the service ‘not very’ or ‘not at all’ useful and explained their dissatisfaction with reference to:

- Privacy issues:

*“It’s very different having a stranger in your home – it’s an invasion of privacy”*

- The limited duration of service availability to families:

*“The home help wasn’t made available for long enough and when it was there it wasn’t enough, only two hours at a time”*



### 9.3 Open access versus targeted services

An important element of the debate on supporting parents is the tension between whether support programmes for parents should be universally available or focused on ‘at risk’ or vulnerable families in a particular area.

Those in favour of open access services generally start from the premise that all families should have a home within family support, that access should not be based upon a pre-defined (by professionals) criteria of need, and that parents should be able to ‘self-refer’ and access support directly. Critics of targeted family support services argue that it ensures the continued dependence of parents on professional judgement thereby undermining one of the key principles in the development of successful support programmes for parents, namely an acknowledgement of “the parent as

expert” (Pugh et al, 1994). Others argue that targeted services often (implicitly or explicitly) categorise parents as ‘good’ or ‘bad’ using criteria that may not be suitable to the social and cultural context within which the actual parenting is occurring. In Ireland, the majority of present-day ‘family support’ services target specific groups of families or children, generally those considered ‘at risk’ or ‘in need’.

Parents were asked to indicate their preference as to whether support services for parents should be open for ‘all’ parents to use, or targeted at those ‘most in need’. A deliberate decision was taken not to define what was meant by ‘most in need’ thereby requiring parents to use their own definition of ‘most in need’ to guide their answer. Caution should be exercised in discussion of the findings of this measure as definitions of ‘need’ can vary hugely from person to person.

A majority of parents (84%) felt that support services should be available for all parents to use. More fathers (than mothers) believed that services should be targeted at those ‘most in need’ of support.<sup>cliv</sup> Parents from higher income households were more likely to state that FSS should be open access.

#### **9.4 Family support provision: parents preferences**

Parents were asked to identify who they believed was the most appropriate person to provide support to parents and families. The purpose of this measure is to provide information of value for providers of FSS by identifying preferred sources of support. For example, a 1995 study in the UK found that only a fifth of the parents surveyed sought help with parenting difficulties or issues outside of the immediate circle of their family or friends (Family Policy Studies Centre, 1995).

A total of 1, 561 responses were provided, with many parents naming more than one organisation. The most often identified organisations or sources were:

- (i) Extended family (26% of responses);<sup>clv</sup>
- (ii) State and other statutory bodies (e.g. health boards) (18% of responses), and;<sup>clvi</sup>
- (iii) Other parents (13% of responses).<sup>clvii</sup>

Schools, community organisations and voluntary groups were also preferred sources of support for a number of parents.

Some parents commented upon their choice. The rationale provided for choosing family was most commonly explained in terms of trust and the direct experience family members are likely to possess of parenting and the issues and problems that can occur:

*“Always best to learn from a person who loves you and will support you”*

Some parents explained their preference for receiving support from the extended family in terms of having a dislike of receiving support from statutory organisations. This negativity was sometimes explained in terms of a distrust of the intentions of such organisations:

*“I prefer friends and family to give advice as institutions and state run agencies have their own agenda”*

Some parents felt that it was easier and less intimidating to approach family:

*“She would be honest with me and offers advice without telling me exactly what to do...it’s easier and less threatening to speak to her”*

Similar reasons were identified by parents to explain their choice of ‘other parents’ as a source of support namely their possessing practical experience of parenting.

*“They have practical experience of what does and doesn’t work”*

The principal reasons identified for choosing state-funded organisations as a source of support referred to such services:

- Professionalism:

*“Professional organisation which should know what ‘right’ really is as opposed to what some other person’s opinion of ‘right’ might be”*

- Accessibility:

*“Not everyone is lucky enough to have their family around them or else they mightn’t get on with theirs”*

- Accountability:

*“Have to be able to tell you what they’re doing and why”*

## **9.5 Discussion**

This section summarises the main findings with reference to users’ perceptions of selected family support services. It discusses their implications for the current and future operation.

This finding that four-fifths (80%) of parents in the study favour open access support services for parents and children has interesting implications for the future development and extension of family support systems. In particular, it challenges the continued emphasis placed by service providers on developing ‘targeted’ support services and strongly suggests that they need to consider ways of improving access to support for *all* parents regardless of income or family structure.

The strong preference expressed for ‘family’ as a source of information and practical support suggests that support services should consider how to build on potential or existing supports within the family network. This may in turn contribute to services effectiveness (in terms of resources), and appropriateness (in terms of structuring services in accordance with parents expressed wishes). This finding echoes those of the 1995 UK study which found that only a fifth of parents surveyed sought help with parenting difficulties or issues outside of the immediate circle of their family or friends (Family Policy Studies Centre).

The findings reveal that quite strong negative perceptions exist of the statutory bodies charged with implementing and providing family support services to parents and children. This suggests that services may face a ‘failure of confidence’ amongst their target audience and population, unless such negativity is combated.

The overwhelming approval by service users of FRC lends weight to the Commission on the Family's assertion that these centres possess significant potential as a support resource for parents. While the majority of users were from low-income households and were 'single', married parents from higher income households had also availed of the service. This suggests that centres may possess the potential to fulfil certain core support needs of all parents as well as engaging in more intensive work with targeted parents. Some interesting issues are raised by the finding that the majority of fathers who used the service considered it useful. Other research studies in the UK and US found that such centres did not necessarily meet the needs of fathers (Ghate et al, 2000). However, the approval for such services provided by the fathers in this study suggests that FRCs are already meeting the needs of *some* fathers. This raises a number of questions for consideration by Irish service providers. Perhaps the challenge of increasing fathers' involvement in such centres is not merely one of altering service practice to increase centres' attractiveness to fathers. Perhaps it is equally important to increase fathers' awareness of centres and to promote centres as a viable form of support to them.

The parents within this study regarded the provision of childcare within FRCs as a significant support or resource. Benefits arising from the provision of childcare for parents include facilitating parents return to employment or training, providing a respite from childcare and offering opportunities for children to socialise with others.

Reported use of antenatal classes reflects a number of issues and concerns expressed in relation to the service. Low reported use by 'younger' (i.e. under the age of 20 years) mothers suggests a need to make antenatal classes more attractive and appropriate to the needs of these parents (Flanagan & Richardson, 1992). The health and development of 'younger' mothers and their children has been shown to benefit from programmes promoting access to antenatal care (Scholl et al, 1994). It is arguable that fathers' appreciation of the support and encouragement (to participate and attend antenatal classes) is reflected in the reported high levels of use and satisfaction with the service expressed by them. Although infrequently mentioned, the issue of lack of 'after care' following the birth was raised by a number of parents in their discussion on the antenatal service.<sup>clviii</sup>

One of the main issues emerging in relation to the PHN service is the need to examine ways of increasing fathers' involvement with the service. This has previously been linked with the issue of the structure and delivery of the service. The Commission on the Family recommended the introduction of flexible working hours in order to facilitate parents working outside the home and "to promote greater participation by fathers in the care of their children" (1998, p.42)

Other barriers identified by parents include a lack of formal information on existence and role of the PHN; lack of continuity in service; infrequency of visits; personality clashes between the PHN and parent; and a perception of the PHN as a form of social control. Similar barriers were identified by parents in Keenaghan and Stakelum's 1998 study on parents' views of child development and screening services.

The low reported use of home visitor schemes and the concentration of service users in urban areas and within household with lower incomes is unsurprising. The service is an extremely targeted one that is specifically aimed towards parents and families in disadvantaged areas. Programmes are fully operational in only a number of health boards: even within these health boards, the service is often confined to a specific geographical area. The majority of service users rated it as useful echoing the findings of other studies specifically evaluating the results of such interventions (see: Johnson & Molloy, 1998).

It is important to remember that only 9 parents used the home help service therefore the findings are not statistically significant. In practice, families with children have made up a minor part of the number of beneficiaries of the home help service due to the challenges inherent in this type of work with families and resource constraints (Gilligan, 1991). Gilligan considered home helps to be the 'Cinderellas' of the wider health services system for children and families and points out that resource constraints have often forced the service to prioritise the groups with whom it works. This view of the position of the home help service is backed up one when considers that the service has merited little consideration in discussion documents on family support services with the exception of *Shaping a Healthier Future* (1995), a Department of Health strategy document. This saw the service's extension as a beneficial development in the drive to support families but since then there has been

little attention paid to the existing contribution and potential use of the service as part of a preventative support strategy for parents and children.

#### **9.6 Summary**

- Parents were provided with a pre-selected listing of family support services and asked to identify which of the services, they or their immediate family had used in the last 12 months. The three most used services were: public health nurses (53%); family resource centres (35%) and antenatal classes (12%)
- The mean number of family support services used by parents is 1.2
- 30% of the sample had used none of the identified services
- 40% (n=80) of fathers had used none of the listed FSS
- 88% of parents had not used an antenatal class. Of the 12% who had used the service, 80% of these rated it 'very useful' or 'useful'. However, 20% of parents who had used the service rated it 'not really' or 'not at all useful'
- 65% of parents had not used a family resource centre in the past twelve months. 35% had used a FRC and the majority (92%) of these rated it 'very useful' or 'useful'
- 53% of parents had used a public health nurse. 80% of users rated it 'very useful' or 'useful'
- A very small number (2%) of parents had availed of a home visitor scheme. Of these, 89% rated the service 'very useful' or 'useful'
- 9% of parents had used a family therapy or counselling service. 85% of users rated the service 'very useful' or 'useful'
- 9% of parents had attended parenting classes & 91% of these rated the classes as 'very useful' or 'useful'
- 99% of parents had not used the home helps service. A very tiny minority, 1%, of parents had used the service
- 84% of parents believed that support services for parents and families should be open access i.e. available for all parents to use
- 26% of parents identified extended family, 18% identified state/statutory bodies and 13% identified other parents as their preferred sources of support and advice on parenting

- Schools, community organisations and voluntary groups were also identified as preferred sources of support for parents

## Section Ten: Parents support needs

### 10.1 Introduction

This Section outlines the support needs identified by parents. Structuring support for parents based upon their expressed needs is part of a wider movement from child protection driven practice to welfare driven proactive practice (Daniel, 1999). In Ireland, there has been little or no comprehensive need assessments undertaken to assess and identify the specific support needs of a broad population of parents. Existing needs assessments or research on parenting experiences have generally focused upon extremely specific target groups of parents for example, lone parents, young mothers, ‘at risk’ or ‘disadvantaged’ families (O’Rourke, 1997; McCashin, 1996).

Parents were asked to identify what they believed should be done to support parents and their children. For the purposes of discussion needs identified by parents are categorised and discussed under broad themes such as education, financial, medical, family support services, leisure activities, structural and childcare support needs. Two per cent of parents did not identify any support needs at the time of their interview.

### 10.2 Play, leisure and recreation support needs

*“No facilities outside of school for children...they’re just wandering around and this is the reason that a lot of kids get into trouble is that they’ve nowhere to go”*

Forty nine per cent (n=487) of parents identified a need for more play, recreation or leisure activities for children. Parents engaged in full-time employment were more likely to identify this support need.<sup>clix</sup> The majority of parents who identified this support need have children aged between 4-11 years.<sup>clx</sup>

Numerous types of play, recreation and leisure activities were identified by parents encompassing elements of playcare, playwork, childcare and play facilities.<sup>clxi</sup> Parents spoke of the need for “*somewhere for the kids to go*” and the benefits accruing for children’s physical, social and emotional development. The preventive aspect of such facilities was highlighted particularly in relation to teenage children.

*“To stop the kids from hanging around on the streets with nothing to do”*

Parents often highlighted issues of safety with a large number of parents making the case for “*safe, supervised playgrounds*” for younger children. The need for different types of activities depending on age of children was identified particularly with reference to the difficulties sometimes arising from younger and older children sharing play areas. A number of parents spoke of the importance of ensuring that access to these facilities was not dependent on financial means.

*“Facilities should be free as lone parents don’t have money to be paying £2 a go for each individual child”*

#### ***10.2.1 Children’s preferences for leisure activities***

Children identified a wide range of different activities or facilities that they would like to have available to them. Regardless of their age, they agreed that there is a shortage of suitable activities for children and were unanimous in their call for more facilities. There were differences in the type of facilities requested by primary and secondary school children.

Primary school age children wanted more sports clubs and activities.

*“More soccer pitches in park, there’s loads of space in the parks but you’re told you’re not supposed to play soccer or else there’s no goals so you have to make them up with coats and stuff...like its not the same then”*

Local playgrounds with equipment for all ages of children were also a popular choice.

*“Places like the X club which has big climbing racks and waterslides inside...but it’s too far away to go all the time”*

Children identified other activities including dancing classes, arts and crafts, and clubs for children with similar interests.

*“I love art and you never get enough time in school at it so I’d like someplace you could go where that’s all you’d do is paint and draw...and have someone to show you things”*

The focus for older children and young people was very much on the importance of having someplace to go that was designed to meet their needs.

*“Everything is directed at people over 18 and then adults give out about kids hanging around streets but there’s no place else to go”*

They wanted more social activities organised and identified a need for such activities to be age-appropriate.

*“You go to discos that are organised for school holidays or whatever and its full of 12 years olds so you feel like you’re too old for them ‘I don’t belong here’ so you try and get into older places in town”*

Young people also wanted more organised activities at weekends and during summer holidays. Examples of these kinds of activities include dance classes, martial arts classes, admission to gyms, and ice-skating.

### **10.3 Financial support needs**

*“From ages of 1 – 3, parents should be subsidised to a certain extent either for childcare or by way of direct payment to stay at home parents to give people options and choices...this would help people who would like more children but won’t due to financial reasons...you have to put a price tag on each child in today’s world”*

Thirty one per cent (n=317) of parents identified financial support needs. Parents whose children were all aged 12+ years were most likely to identify general financial support needs. A greater proportion of single and low-income (i.e. less than £14,000) parents identified financial support needs. The main issues emerging are support with

childcare expenses, financial support for stay-at-home parents and more general financial support needs.

- **Support with childcare expenses**

One hundred and twenty nine parents identified assistance with childcare expenses as a major support need. Parents whose children are all aged less than 3 years form the majority of those seeking this type of support.<sup>clxii</sup> Many working parents identified the high costs of childcare as a major issue. The main theme emerging from parents' comments was the high cost of childcare.

*“We have been quoted between £170-£268 to mind our 2 girls, this is a massive outlay for which there is no tax relief”*

Parents not currently in employment also identified a need for additional assistance with childcare expenses. Parents spoke of how childcare costs acted as a deterrent to their return to full-time employment.

*“It’s not worth my while to go back to work because of childcare costs”*

Varied opinions were expressed as to the most suitable mechanism for subsidising childcare costs. Some options identified include tax relief on childcare costs, childcare vouchers, and an increase in child benefit.

- **Financial support needs of non-working parents**

A small number of parents (n=44) not currently engaged in employment identified financial support needs. Need for this support is more noticeable amongst parents whose children are all aged less than 12 years.<sup>clxiii</sup> Parents' reasons for desiring additional financial support included:

- Financial support to enable them to stay at home during children's formative years.

*“I’d like to see more value...placed on the work of parents...who stay at home to mind their children. They do this because they feel it is the most important thing for children to have a parent with them at least until a certain age”*

- Compensation for parents who choose to stay at home with their children rather than engage in full-time employment outside of the home.

*“Stay at home mothers sacrifice a lot for their children and save the government hundreds of thousands of pounds which should be recognised”*

- Having a choice as to whether to return to work or stay at home to care for their children.

*“Support for the choices you make, whether to return to work or stay-at-home”*

- **General Financial Support**

Fourteen per cent of parents identified general financial support needs including:

- Additional support for day-to-day living expenses: parents spoke of the need for *“more money in the book”* and the difficulties in raising children on low incomes.
- Support with schooling costs/education costs: a number of parents wanted financial assistance with the costs of educating their children citing the high cost of school materials and clothes and in the case of third level education, the costs of maintaining students in college.

*“Need to help with costs of school books and uniforms for working parents on low incomes”*

- Support for young parents in full-time education or who wish to return to education or training. A number of ‘younger’ (i.e. between 18 – 25 years) parents spoke of the difficulties in combining work or education/training and raising children. Particular issues identified include the need to ensure that government grants and allowances were not discontinued due to parents’ return to education or training.

*“Need a scheme to be set up for under 25 year olds who are living in rented accommodation and who want to work and support their child but not have their rent allowance affected”*

Others highlighted the differences in financial support granted to parents according to the type of education or training scheme parents availed of.

*“The back to college education allowance is only £90 p.w. but if you use the back to work training scheme the government pay for travel, meals, and childcare on top of the normal allowance you get”*

#### **10.4 Childcare support needs**

*“I have to leave my children with either my sister or mother when I’m working and its not fair on them as my sister has her own kids to be looking after and my mother is getting old”*

Twenty six per cent (n= 260) of parents identified childcare as a major support need. The consensus amongst parents was that crèche, nurseries, play and pre-school services and after-school services are urgently required throughout the country.

Slightly more mothers identified childcare as a support need.<sup>clxiv</sup> The majority (52%) of parents who identified this support need were from ‘large’ urban areas. However, 25% of parents who identified this need came from ‘rural’ areas.<sup>clxv</sup> Employment status and gender are significantly related for mothers who identified childcare support needs.<sup>clxvi</sup> There is a slight link between marital status and childcare support needs with slightly more ‘single’ (i.e. never married) parents identifying childcare support compared to ‘married’ parents.<sup>clxvii</sup> Childcare support needs are strongly linked with age of child - parents with younger children were more likely to identify childcare support needs.<sup>clxviii</sup>

A number of particular themes emerge in the discussion by parents on the need for childcare support. General issues identified by parents in their discussion on childcare support needs include:

- **Greater state intervention in provision and regulation of childcare**

A number of parents called for “*state sponsored and state quality*” childcare and for greater state involvement in providing and financing childcare.

*“The government should bring in tax incentives to encourage childcare providers... they aren’t taking the childcare issue seriously enough, not doing enough to make it financially attractive to providers”*

Particularly, state intervention in promoting workplace childcare.

*“We need a greater emphasis on employers either providing or subsidising childcare but the Government has to take the lead in this, we need a ‘policy shift’ to make employers get involved in childcare”*

The impact of the 1996 Childcare Regulations, particularly its perceived negative impact on the availability of childcare and childcare costs was raised.

*“New childcare regulations brought in last year were good but priced a lot of parents out of market... some kind of capping structure put on crèches”*

However, some parents felt the regulations had not gone far enough and called for increased supervision and regulation of childcare.

*“Something has to be done about childcare...health board are monitoring crèches and play schools but are they monitoring the right aspects?”*

- **Availability and access to childcare**

A significant theme emerging was the present availability and accessibility to childcare. In general, there was a broad consensus (regardless of parents’ employment status or household income) that there was a shortage of childcare places.

*“Have to book crèches when you are pregnant to get a place, this competition is resulting in many women being forced out of the workplace”*

Parents suggested a number of solutions to overcome this perceived shortage of childcare places. Some called for greater provision of childcare in local areas.

*“Need for local community crèches or childcare... to be based in the community...unfair that only private crèches are available as not everyone can afford them”*

Others called for greater workplace based childcare and spoke of the stress and difficulties arising from having separate work and childcare places.

*“My wife had to give up work to look after our child full-time as we were finding it too stressful rushing and racing between our workplaces and crèche”*

Parents from rural areas spoke of the need for more organised childcare in rural areas, the perceived neglect in childcare provision and the difficulties created by lack of childcare in rural areas.

*“Rural areas are neglected in terms of after school care / crèches...because government assumes everybody has family to help, this isn't true for everyone so need to provide services for those without support networks”*

A number of parents called for more integrated childcare provision to ensure a ‘*continuity of care*’ for children. This particular issue was linked by parents with the discrepancies between their working hours and the opening hours of most childcare facilities.

*“Biggest problem as a working parents is school and how to manage with child...is currently in crèche until 6pm but the option of this will be gone when school ends ...this is a major problem for many working parents”*

Some parents linked their difficulties with finding childcare with a lack of information provision on childcare and called for wider provision of information on local childcare providers.

*“No information in local area on babysitters...we never went out during the first 2 years of having our first child as didn’t know of any good babysitters”*

Others called for information on childcare regulations to be more readily available to enable parents to make an informed decision about the childcare they use.

*“Make information on childcare more easy to find i.e. what crèches are available in each area, what is normal to pay for crèches, what the health regulation are etc”*

- **After School Care**

An additional 13% of the sample population identified afterschool care (including homework clubs, sport or recreational activities). This need is strongly linked with age of children - the majority of parents who identified this need have children who are all aged between 4-11 years.<sup>clxix</sup>

Working parents spoke the role they envisaged afterschool care playing in helping them to reconcile work and childcare. Stay-at-home parents also called for afterschool care and spoke of the benefits of organised afterschool activities in terms of it aiding children's emotional and social development. In some cases, parents saw afterschool clubs as a means of additional academic support for children, for example, providing *“homework support”*.

## **10.5 General support services for parents**

*“I feel that parents are struggling on their own...it’s getting more difficult to parent these days, a back-up service is essential”*

Seventeen per cent of parents identified needs that are best classified under the broad heading of ‘General Support Services’. Needs grouped under this heading range from the provision of parenting classes and education, to support groups and specific supports for fathers. Included within this heading are the responses of those parents (n=40) identified a need for specific support services for lone parents.

The majority of parents who identified general support services need were aged 35+ years.<sup>clxx</sup> Slightly greater need was expressed by those whose total household income was less than £20,000 and by those whose children are (all) aged less than 12 years.<sup>clxxi</sup> The principal themes emerging from parents’ discussion of the need for general support services are:

- **Service delivery**

Issues arising include the benefits of informal versus formal structured support services, voluntary versus statutory provision, stigma associated with services, appropriateness of opening hours, support for new parents and links with childcare provision. Parents were divided as to whether support services should be provided on a formal or informal basis. Those in favour of more informal support services identified issues such as:

*“Not really into the idea of parenting classes but would like someplace fairly informal where you could go to meet other parents”*

And the need for flexibility in provision.

*“Something where you could drop-in and out of as you have questions, wouldn’t be interested in something you have to go to every week”*

Others highlighted issues of stigma or control associated with state provision.

*“Would like to see more community organisations involved in providing support services to parents ... health boards can be a bit too bureaucratic but*

*community organisations are more information...at a local level people can talk to each other and understand what they are on about”*

Those who favoured more formal structures did so because they felt that organised structures would enable the support to be best structured to meet the needs of each community.

*“Some type of community based sharing platform for parents of children of similar age groups... have guest speakers dealing with different issues particular to each locality, this is why the service must be community based as in every locality there are different issues e.g. drugs or violence”*

Some parents felt that there were however, drawbacks to relying on voluntary organisations to provide support to parents.

*“Can’t just leave it up to voluntary bodies as not everybody will go to them as some feel that there is a stigma attached to using these organisations whereas with statutory bodies people feel its an entitlement to use it”*

A number of parents’ felt it important that support services opening hours become more flexible particularly to enable working parents access them.

*“Support groups should be accessible to working mums in terms of times offered i.e. offer groups during evening times or Saturday afternoons”*

Others spoke of the benefits associated with providing support groups or classes for mothers (in particular for first time mothers).

*“More support groups for first time mothers as much of existing support stops after birth ...many... are overwhelmed if they’re not from the area”*

These supports were seen as playing an important role in combating the isolation sometimes experienced by stay-at-home parents.

*“Being lonely is the biggest issue connected with staying at home with your children”*

The need for general support services was often linked with the availability of childcare.

*“There should be more support for young mothers...where their children are entertained to give mothers a break”*

- **Support services for lone parents**

Four per cent (n=41) of parents identified a need for specific support services for lone parents. These needs were primarily identified by ‘single’ parents.<sup>clxxii</sup> Half of the parents who identified a need for specific support for lone parents had (all) children aged 0 – 3 years.<sup>clxxiii</sup>

The main issues identified were the need for appropriate services for lone parents and difficulties arising in the use of existing mainstream (i.e. not targeted at lone parents) support services for parents. Particular themes emerging include the difficulties associated with raising children on your own.

*“More help for lone parents, its hard enough at times even if you are married or have a partner with you, must be very hard to be on your own”*

Distrust and discomfort was expressed by a small number of parents towards existing support services.

*“Sometimes when you go to professionals like social workers and doctors you feel like you’re being judged”; “What is there for the parent to help them cope? To find out how to cope with average daily life?”*

A number of fathers identified specific difficulties in using existing services.

*“Have found that existing services are staffed mainly by females who treat me with a lot of suspicion and don’t understand my situation”*

Other issues touched upon include support groups for parents of children with special needs, more training/education courses for parents and more local community centres.

#### **10.6 Information support needs**

*“The main problem with a lot of support is that you aren’t always aware that there could be help ‘out there’ for the particular problem you have”*

Fifteen per cent of parents (n=149) identified a range of information support needs covering a wide range of issues and topics. The general impression provided by parents was of the difficulties associated with trying to find information on basic topics relevant to parenting and caring for children.

Nearly three-quarters (74%) of those with information support needs are engaged in full or part-time employment.<sup>clxxiv</sup> Main themes emerging from an analysis of parents’ responses include:

- **Service Delivery**

Parents’ spoke of the value of community based, ‘one-stop-shops’ that could be approached for information on a wide range of local services and general information and which could serve as a referral agency to appropriate services.

*“A single point of access from which you are directed to appropriate support or information service”*

Others suggested using telephone help lines, books and leaflets to distribute information.

*“Some kind of information book to tell you where to go if you have any problems or questions”*

- **Barriers to accessing information**

A number of parents identified barriers or obstacles facing parents seeking information on topics and services. Some spoke of the feelings of frustration they had felt when previously looking for information.

*“Civil servants could be more helpful...feels like they’re looking down on you...and they don’t always know what they’re talking about either, one will tell you one thing, the next person another”*

Others spoke of what they perceived to be discrimination by staff of services against particular parents.

*“I have found government run services to be very judgemental based on your background and they believe that they are ‘all knowing’ and you should listen to everything they say (even) when sometimes ...you know or believe differently”*

Parents from rural areas identified obstacles to accessing information arising from the isolation of parents living long distances from urban areas and a scarcity of contact with others.

*“In rural areas (you) don’t have much access to information on child-rearing you really have to look hard, should make it easier to find, more ‘in your face”*

Others cited inappropriate or insufficient advertising of services as a barrier to accessing services and information.

*“Not aware of any supports or services, feel what’s there should be publicised more”*

- **Need for improved information provision on certain topics**

Both mothers and fathers spoke of a lack of or difficulty in getting information on family law issues. Gaps in information provision were particularly noted regarding the custodial rights of fathers and child support issues.

*“More information on father’s rights”; “more help for separated fathers with information on our rights, custody, money etc...seems to be all arranged for the women”*

Others wanted more information on health-related issues.

*“More information on common childhood health problems and illnesses e.g. information booklets with text and pictures showing the difference between an ordinary rash and meningitis rash”*

Some identified specific information needs, for example, information on drugs and alcohol use/abuse *“help to recognise symptoms of drug use”* for children and parents.

Parents of children with special needs called for greater information on the services available for children with special needs and spoke of the difficulties faced in trying to access appropriate services and information.

*“There isn’t enough information available to parents of children with special needs, it’s very hard to make contact with the right department for assistance”*

#### **10.7 Education support needs**

*“Equal rights for parents in education and access to information, they talk about having parents as ‘partners’ in education but a lot of it is only rhetoric and very few schools actually implement it, trying to get a realistic idea of a teacher’s performance is nearly impossible and it is made incredibly hard for parents to complain”*

Fourteen per cent of parents (n=135) identified support needs in the area of education. The majority of those who identified such needs were engaged in full or part-time

employment (n = 91)<sup>clxxv</sup> and were primarily aged 35 + years (probably due to the fact that more of these parents have children of school going age).<sup>clxxvi</sup> Parents with (all) children aged either between 4-11 years or 12+ years form the majority (89%) of those who expressed such needs which is understandable as these children are at school going age.<sup>clxxvii</sup> A strong correlation exists between higher household income and identification of education related support needs. Issues identified by parents include:

- **Need for greater accountability of schools and increased consultation with parents**

Parents' expressed a wish for greater accountability within the education system.

*“Schools need to become more accountable and offer more consultation with parents on decisions to do with their children”*

A number saw greater consultation with parents by schools as part of the process of achieving greater accountability.

*“Better relationships between schools and parents, boards of management of schools don't listen enough to parents”*

- **School opening hours**

Flexibility of school hours was an issue primarily identified by working parents.

*“Schools should appreciate the fact that parents work, the opening hours of schools aren't flexible or suitable in a lot of cases”*

Others spoke of the difficulties caused to childcare arrangements arising from short-notice being given regarding days on which the school would be closed.

*“More notice of Teacher Training Days, very hard to get off work at short notice or find family or crèche available without adequate notice”*

A number of parents spoke of the difficulties in arranging to meet with teachers due to the clash between work and school hours.

*“Very hard for working parents to make contact with teachers... teachers are never available at convenient hours for working parents, if working parents want to meet a teacher they have to organise time off work”*

Some called for greater support for parents and children during the latter’s transition to national and secondary school.

*“More information for parents when their child goes to secondary school, it’s a big step and you get very little information on it”*

- **Curriculum**

A number argued for greater curriculum diversity in particular, for a greater focus on the personal/social development of children and a shift away from what they saw as the current emphasis on academic achievement.

*“Curriculum in schools, it shouldn’t just be about English, Irish or Maths, they should concentrate on developing children’s imagination and other talents”*

The importance of career guidance was emphasised generally within the context of encouraging children to stay in school.

- **Needs of children with special needs**

Parents of children with special needs spoke of what they considered a lack of appropriate help for their children within the education system identifying in particular, delays in accessing services or inadequacy of existing services.

*“Resources aren’t available for help with reading and spelling difficulties...the remedial teacher is often available only 3 days a week”*

Parents called for additional resources to be put into supporting the education of children with special needs.

*“More money put into education system especially for youngsters with learning difficulties”*

#### **10.8 Structural support needs**

*“Future estate planning should have greater regard for children's needs”*

Eleven per cent (n=108) of parents identified ‘structural’ support needs.<sup>clxxviii</sup> Younger parents were more likely to identify such needs.<sup>clxxix</sup> Parents with lower total household incomes were more likely to have ‘structural’ support needs compared to those with higher household incomes.<sup>clxxx</sup> Twice as many ‘single’ as ‘married’ or ‘other marital status’ parents identified such needs.<sup>clxxxi</sup>

Two main areas were identified by parents’ namely, public transport and housing and estate management:

- **Public transport**

The support need most often mentioned was that of ‘transport’ and two distinct sets of needs were identified. Firstly, those in urban areas seeking an improved public transport system. These parents identified issues such as the need to develop more child-friendly and buggy accessible buses and the scarcity of buses in particular areas.

*“Improved public transport ...you have to wait for ages for a buses to come so if the children are sick you have to take a taxi to the doctor’s to get them there quickly and this is very expensive”*

Secondly, parents in rural areas sought the development of public transport citing the complete absence of transport in some areas and the difficulties arising from this.

*“Can only get to town by car which makes life very hard for those who can’t drive or don’t have a car”*

Provision of school transport was mentioned by parents living in rural and urban areas. The main comments made by parents related to the need to provide school transport and to ensure that such transport was of a high quality “*public transport to and from schools, safe and reliable*”.

- **Housing and estate management**

A small number of parents called for support in the area of ‘housing’. Issues identified by parents ranged from the difficulties inherent in living with other family members to difficulties in accessing housing and the need for better housing.

*“Desperately in need of a house of our own because there’s conflict between my brother and sister and sometimes my mother and its unfair on him (the child)”*

Parents spoke of the inadequacies of rented housing and the condition in which children lived and called for improved housing conditions and a more transparent system of housing allocation.

*“Have a fairer system for council houses, loads of people are not aware of the conditions that children have to live in”*

Some spoke of the difficulties they experienced in accessing housing with a number placing this in the context of the current scarcity of housing in some urban areas.

Others called for improved estate management by county councils and corporations. Estate management was not merely a matter of physical upkeep but was seen as an important contributing factor aiding the development and growth of community and civic pride amongst local people.

*“Spend more money on estate management – you’d have more pride in a place if it looks okay”*

Others called for improved amenities in estates, for example more playgrounds on housing estates or ramps on road to discourage joyriders. Some spoke of the sense of isolation and neglect felt by community members in certain housing estates.

*“This community feels more like a rural than an urban community due to the isolation, lack of support and distance parents have to travel to take children to anything”*

#### **10.9 Healthcare support needs**

*“Poor medical facilities for children is very worrying....the length of time parents have to wait for services is not on”*

Nine per cent (n=90) of parents identified a range of healthcare support needs covering a wide range of issues and topics. Parents with incomes between £14 – 29,999 identified slightly more health-related support needs than those with incomes less than £8, 999 or above £30, 000.<sup>clxxxii</sup> The main issues raised by parents concerned access, availability and equity of services.

- **Healthcare expenses** (including the medical card system)

High medical costs encountered by families was significant source of discontent. The administration of the medical card system attracted many comments from parents. The main issue concerned the equity of the current administrative system for the allocation of medical cards.

*“Families who have medical cards and those that do not...sometimes the difference in income is minimal but the cost involved to the family is huge. The Government should look at families on low to middle incomes and devise some method of families to have a medical card and ensure equality between them and families on other initiatives such as Jobs Initiatives etc”*

Parents spoke of what they perceived to be inequalities in the administration of the system particularly in terms of the means test used to determine if a family is eligible for a medical card.

*“Huge inequality in existing system whereby single parents automatically get a medical card while most married working parents won’t although their take home income at end of week will often work out similar”*

Quite a number of parents raised the issue that medical cards should automatically be granted to all children or at the very least, lower GP charges for children. Different suggestions were made regarding the administration of a universal medical card system for children. Suggestions ranged from automatic entitlement to a medical card for all children under the age of 5 years up children leave full-time education.

*“As long as children are in school or college then they should have free medical care, including dental and optical care, or at the very least, subsidised care”*

- **Waiting lists**

Long waiting lists for dental health and speech therapy services for children were also a source of discontent and anger for parents.

*“More medical services available e.g. speech therapists, because without these children can be labelled ‘slow’ and put in remedial classes when really all they need is some help early on with speech and then they will do grand”*

- **Information and support**

The distribution of suitable healthcare information for parents particularly during the early years of childhood was important for some parents.

*“Better transmission of medical information, doctors and hospitals should provide you with written guidelines when you leave after birth giving information on feeding, breastfeeding, when the developmental checks are, when vaccines are done”*

The inadequacy of existing aftercare for parents of newborn children was identified by some as an area in which support was lacking, particularly for first-time parents.

*“Loads of support given to you during pregnancy in preparing you for labour etc but after you leave hospital all the support just stops and that’s the time when you most need help”*

Others identified the lack of postnatal care as a major gap in service provision particularly in terms of providing support with breastfeeding.

*“If you have difficulties breastfeeding for some reason there is very little support given to you, its very rigid in the hospitals...all you hear is that ‘breastfeeding is good’ and little acceptance for problems people might have with it”*

#### **10.10 Employment related support needs**

*“There is a lot of lip service paid to the concept of working parents...and there is a high level of discontent amongst working parents...many worry about the quality of care their children are receiving (in childcare services) and wonder if they really should stay at home with them”*

Seven per cent of parents (n=69) identified specific work related support needs. Some wished for more flexible working arrangements, but others spoke of the difficulties and benefits associated with such arrangements. An additional 2% of parents (n=18) also spoke of issues concerning the duration and payment of maternity/paternity leave.<sup>clxxxiii</sup>

Work related support needs were more likely to be identified by those with an income in excess of £20,000<sup>clxxxiv</sup> and by parents from ‘large’ urban areas.<sup>clxxxv</sup> As expected, the majority of parents who identified these needs are currently engaged in full or part-time paid employment.<sup>clxxxvi</sup> Parents whose children are (all) aged either 0-3 years or 4-11 years form the majority of those who identified work related support needs.<sup>clxxxvii</sup> Themes emerging from parents’ responses include:

- **Flexible working arrangements**

Parents argued for greater promotion of flexible working arrangements including increased availability of flexible working hours, term-time working, working from home and job sharing. A number cited the clash between working hours and opening hours of schools and childcare services as their reason for seeking more flexible working arrangements.

*“More flexible working hours...especially until children finish national school as school opening hours do not coincide with working hours”*

Some parents currently availing of flexible working arrangements spoke of the difficulties involved in creating such opportunities.

*“Place priority on creating part-time or flexible job shares for parents...employees encounter a lot of opposition from employers when they seek these options”*

Others spoke of the benefits accrued from availing of flexible work arrangements in terms of allowing a parent to enjoy ‘the best of both worlds’.

*“I think job sharing and term time working should be more available, I job share and I find it great, it’s the best of both worlds for me”*

However, a cautionary note was also sounded with some parents highlighting the impact that job sharing or part-time working may have on career development and advancement.

*“I’d like to see employers adopting a more pro-family attitude, if you job-share or work part-time it means your career is relegated or put on the back burner”*

A number of parents cited the concept of ‘cycles of working life’ that is, how childcare and employment commitments may vary according to the age and life cycle

of children, as a justification for flexible working hours. For example, when children are pre-school age many parents would prefer to work limited hours per week but as children get older many would be able to expand their working hours accordingly.

- **Maternity and paternity leave**

The duration and payment of maternity/paternity leave was a concern for 2% (n=18) of respondent and the majority of these had (all) children aged 0-3 years.<sup>clxxxviii</sup> This is unsurprising as child-rearing responsibilities are at their most intensive during these years and it is also traditional to take such leave during these years.

Some parents argued for an increase in the duration of leave.

*“Maternity leave extended to full year for each child”*

Others spoke of the financial implications of availing of maternity or paternity leave and the need for greater financial support for parents taking leave to ensure that the opportunity to stay at home with their children was equally available to lower-income parents.

A number of fathers highlighted aspects of corporate and social culture that they believed rendered it more difficult for fathers to avail of such leave.

*“I believe that many working fathers can fall victim to an unspoken ‘macho culture’ in many work environments where it is believed necessary to be seen to work long hours”*

Other fathers called for greater involvement by the state in promoting and facilitating greater involvement of fathers in day-to-day parenting.

*“I think fathers should have a real option to spend more time rearing their children and ... the state should introduce programme to encourage and facilitate this at every level”*

### **10.11 Discussion**

Parents identified a wide range of support needs. As previously stated the factors influencing parents need for support may be experienced individually by parents or several factors may be woven together determining the level or type of need required. A number of issues particularly information provision and service delivery, are repeatedly identified by parents as influencing their type and level of parenting support needs.

Play, recreation and leisure activities were the support needs most identified by parents (49%). The main reasons identified by parents for this support need include the benefits for child's social, physical development arising from play and preventative and safety aspects by providing children with an appropriate venue or area in which to socialise and play. Parents in full-time employment were more likely to identify a need for recreation/leisure facilities for children.

Thirty one per cent of parents identified financial support needs. In the literature review, inadequate income was identified as a major factor impacting upon parents parenting capacity: according to Garbarino (1999), the greatest risks come when families lack the financial resources to purchase support services in the marketplace and are cut off from informal helping relationships.

The two principal forms of support requested were with childcare expenses and support for stay-at-home parents. Parents whose children were all aged 12 plus years were most likely to identify general financial support needs supporting the CPA's argument for taking the age needs of children into consideration when deciding levels of child benefit. Parents whose children are all aged less than 3 years are in the majority of those seeking aid with childcare expenses.<sup>clxxxix</sup> This is not unexpected as once children reach 4 years and over, the majority of them are engaged in full-time education through the national school or secondary school system. This generally lessens the use of full-time childcare and the corresponding need for support with childcare expenses.

Although only a very small number of parents were aged less than 23 years, it is interesting to note the difficulties reported by these parents in combining parenthood

with participation in education or training. The support needs of parents who, while not teenagers (i.e. less than 20 years) but are still young adults, have not received a great deal of attention to-date and future research should be carried out to investigate their experiences of parenthood. Structural support needs such as housing and public transport were also identified by 11% of parents illustrating the importance of meeting the basic material needs of parents in order to support them in their parenting role.

A little over a quarter (26%) of the sample identified specific childcare support needs. The 1990's brought a great deal of change to Ireland at a number of levels. Of particular relevance to this study is the steady increase in labour force participation by women. An examination of the Labour Force surveys between 1994 and 1997 show that employment rates of mothers increased from 43.9% in 1994 to 49.2% in 1997 (CSO, 2000). The National Childcare Strategy (1999) highlighted the growing trend of mothers of younger children remaining in the labour force which in turn impacts on parents' expressed need for childcare. Parents' comments illustrate the difficulties faced by working, stay-at-home and rural parents in accessing childcare. Parents saw the provision of childcare as more than simply a matter of agreed contract between parents and private service providers with some calling for more intensive, pro-active state intervention particularly in the regulation of childcare providers. According to O'Connor et al (1991) childcare was a major issue for lone parents and parents experiencing exclusion as its availability greatly determines access to other life opportunities. Within this study, a number of parents indicated that their ability to participate in employment outside of the home was of necessity secondary to the demands and support needs of their children in the absence of adequate childcare.

Fifteen per cent of parents identified a wide range of information needs. Nearly three-quarters (74%) of those with information support needs are engaged in full or part-time employment.<sup>exc</sup> This may be linked to the lack of time available to working parents to look for information or the difficulties in accessing traditional information services due to the clash between work hours and normal opening hours of support services.

Seventeen per cent of parents identified a need for general support services. Research shows that the level of need and stress amongst parents generated by supra-familial

factors can be mediated through the presence of social support networks (Dunst, 1994; Meadows & Dawson, 1998). Slightly more parents with total household incomes of less than £20, 000 identified a need for more support services for parents. The reasons cited by parents seeking additional support services echo other research findings most notably, the need for support services to help overcome the isolation sometimes experienced by new parents and stay-at-home parents (Cutting, 1998; Pugh & De’Ath, 1984).

A number of parents identified a number of concerns regarding the use of state sponsored services, expressing fears of being misunderstood or being judged unfavourably – this echoes the findings of Keller & McDade (2000) in their study of low-income parents in the US.

The relationship between work and family life is not necessarily an easy one for parents to manage. Parents whose children are (all) aged either 0-3 years or 4-11 years form the majority of those who identified work related support needs.<sup>cxci</sup> Research has shown that child-rearing responsibilities are at their most intensive during the early years of a child’s life (Commission on the Family, 1998; Katz, 1994). Juggling work and family life responsibilities, particularly childcare, emerges as a major source of stress for parents within this study. Parents of younger children identified a continuous struggle to balance work and family life and linked this with their need for greater availability of flexible work arrangements, including maternity and paternity leave.

#### **10.12 Summary**

- A total of 49% (n=487) of parents wanted greater play, recreation and leisure activities and provision.
- 31% (n=320) of parents identified financial support needs. Issues include support with childcare expenses, schooling costs, direct payment for ‘stay-at-home’ parents and perceived inadequacy of Social Welfare payments.
- 26% (n=260) of parents identified childcare as a major support need. Issues included drop-in centres for children, more crèche and pre-schools. Thirteen per cent (n=130) of parents identified after school care (including homework clubs, play clubs and sport clubs) as an important support need.

- 15% (n=149) of parents wanted improved access to and delivery of information on services and parenting issues. Topics highlighted by parents included the need for improved information on: child behaviour, development and nutrition; childcare; parents' rights and entitlements; lone parents (including those separated, divorced and never married) rights and entitlements; drugs and alcohol abuse for parents and children and availability of services and their opening hours in local areas.
- 9% (n=90) of parents surveyed identified health related support needs. Needs highlighted by parents: support with medical costs; dissatisfaction with the administration of the medical card system; difficulties in accessing GP services out-of-hours; waiting lists for hospital, dental, specialist support services and drug addiction and rehabilitation services.
- 14% (n=135) of parents identified education as an area in which they wanted greater support for parents and children. Issues include: more accountability within educational system; recognition by schools of changes arising from increase in working parents and greater educational support for children with learning difficulties or special needs.
- 17% (n=170) of parents wanted more general support services including services for parents of teenage children, more initiatives such as Family Resource Centres or drop-in centres for parents to approach for information or assistance, parenting classes and support groups.
- 11% (n=108) of parents wanted support in the area of housing and public transport.
- 7% (n=69) of parents identified work-related support needs. Issues include greater access to and support for flexible working hours (identified by 5% of parents) and more term-time working and job sharing. Issues relating to maternity and/or paternity leave, such as longer and/or better paid leave, were identified by 2% of parents.
- 3% of parents identified support services for children with special needs. Issues include access to information and developmental/speech therapy services, access to respite care, availability of transport, support groups for parents of special needs children, medical support and more treatment centres for children with mental health problems.

## Section Eleven: Reviewing the findings

### 11.1 Introduction

This section highlights some of the major issues emerging from the survey findings. Over the past twenty years, interest and debate on the role of parents and parenting supports has developed considerably as outlined in Sections 2, 3 and 4. This is largely attributable to the growing recognition of the importance of parenting and the perceived impact of societal changes upon traditional sources of support for parents. At the start of a new century, parenting is a hot topic. Public debate has become highly contested with many different opinions, theories, and discussions taking place. Notwithstanding this debate there is a consensus that family life is changing and that this has implications for parenting and families.

### 11.2 Overview of key findings

This section highlights a number of the key findings and issues raised in the study. Overall, the findings support the theory that in supporting parents and children “all will need some and some will need all” (Best Health for Children, 1998). Different levels of need exist amongst parents, some will only need limited support at particular stages of the parenting cycle while others will require ongoing intensive support throughout the parenting cycle. These include:

- (1) The importance of developing and nurturing a ‘mixed economy of help’ for parents: parents in the study strongly indicated the value they place on ‘formal’ and ‘informal’ sources of support for them. Social networks of support (family, friends and other parents) remain among the most important sources of information and practical support for today’s parents
- (2) Health professionals are viewed as an important source of information and support even for information that may not traditionally be considered to be part of a health professional’s role (for example, providing information on childcare providers) and which they may not necessarily be equipped to assist parents with (in terms of resources and access to the relevant information)
- (3) Delivery and access to information is an important issue in supporting parents and meeting their support needs. The provision of appropriate and accessible

information emerges as a vital need for parents. Awareness of parents information needs is growing and steps are being taken to address this, including initiatives such as the Family Services Project Initiative and the distribution of information booklets on social welfare services offered by the Department of Social, Community & Family Affairs

- (4) Some parents express a strong need for support with basic material needs such as the provision of food and accommodation for their children. The provision of supports to enable parents to meet basic material needs remains an important concern for a small but significant number of parents. Policies and initiatives such as the National Anti-Poverty Strategy (NAPS) and the work of the 'Open Your Eyes to Child Poverty' group (comprising concerned groups and agencies) aim to address these concerns by advocating for efficient and effective support for low-income families
- (5) The majority of parents who used existing family support services reported positive experiences. However, the findings also suggest that when parents do access family support services, their experiences may not always be necessarily positive. Services may be unable to meet their needs or parents may feel that the service is not the most appropriate service for them.
- (6) The provision of parenting education through the education system is a contentious issue. It suggests a need for further debate regarding the appropriateness of providing information/education on parenting to children and young people via the formal education system. Consideration should be given to providing parenting education through alternative avenues other than second level schools. Issues requiring consideration include the provision of parenting education to particularly vulnerable groups, for example, early school leavers. Meeting the needs of particularly vulnerable groups requires the involvement of a wide range of training and educational agencies and initiatives.
- (7) There is a strong interest in the concept of parenting education and/or support groups. However, such a programme must be structured by parents in a way that meets the needs and concerns expressed by them. Structuring programmes such as

these to meet expressed needs increases effectiveness and also ensures that programmes are suitable for parents in different stages of the parenting lifecycle i.e. by offering programmes for parents of newborn children, parents of teenagers, fathers, lone parents et cetera

- (8) Equality of access to services emerges as a particularly strong need for parents from lower income households and from rural areas. These two groups of parents expressed particular difficulties in accessing services or a lack of information on existing support services

### **11.3. Issues for consideration by family support services**

Family support services in Ireland have progressed considerably since the 1980s. Awareness of the value of preventative support systems for parents and children has grown and family support services are poised to play a vital role in contributing to the future well being of children and families. As highlighted in Section 3 a wide range of support services are currently offered in Ireland. Furthermore, recent policy initiatives and service developments such as the National Children's Strategy, RAPID, the National Childcare Strategy and the National Development Plan amongst others, place a strong emphasis on supporting parents and children. However, each of these initiatives and policies approach the supporting of parents and families from slightly different angles depending on what these policies see as the potential value arising to the well-being of children, families, the wider community or the economy. This in turn has implications for the development and growth of family support services.

Meeting parents need for childcare or financial support or improved health or education services, may require several different departments to work together in order to provide the best possible service response. This response will then have to 'filter down' through different levels, namely national, regional and local agencies, before parents receive the actual service. The co-ordination of services at a departmental level forms only one single aspect of meeting parents needs and the question arises of what actual impact such co-ordination has on parents actual support needs: more simply, what is the end result of this co-ordination? Co-ordination of service responses does not necessarily result in a direct correlation with greater customer satisfaction. Service co-ordination and cross cutting initiatives must go hand

in hand with a greater focus on results. As previously stated, family and parenting support services have been marked by a scarcity of rigorous evaluations of their effectiveness. Future service development in FSS in Ireland should seek to overcome this deficit by building in an evaluation aspect to programme development and structure in order to assess the impact of services on customers and customers perception of the impact on them.

The study's findings suggest that services with a family support remit should consider a number of particular issues in terms of the service planning and delivery of services:

1. *Focused user-led programmes*: are services and programmes meeting actual local need i.e. need identified by clients themselves, or are services and programmes primarily geared towards meeting service providers' perceptions of local need?
2. *Access to services*: particularly in relation to services delivery e.g. opening hours, and location. With reference to the large number 'young' parents, fathers and mothers, currently engaged in employment the traditional opening hours of many support services may actually act as a obstacle to use of services by parents
3. *Promotion and advertising of services*: the study's findings indicate that there are large gaps in knowledge amongst parents particularly in terms of where to gather information and of existing FSS. Services should consider alternative ways of promoting their services bearing in mind the dual constraints of literacy skills and access to particular information sources e.g. limited access to information technology such as the internet amongst particular socio-economic groups
4. *Appropriateness and sensitivity of services*: to the needs of particular groups of parents including young parents, fathers, parents from minority groups, non-nationals and families where English is not their first language

#### **11.4 Conclusions and discussion**

The results from this study broaden our understanding of the experience of parents and their experiences of parenting in Ireland. A primary aim of the study was to address the current lack of knowledge about the support needs of parents. The study confirms the range and variety of supports needs required by parents. The study provides the first published data on parents' support needs and sources of parenting information and influence.

Overall, the study provides a portrait of a community of parents who may have diverse lifestyles and life experiences but who share many similar concerns and needs. It is a picture of a community of parents who value parental and familial love, who believe in parental example and value having time to spend with their children. It is a community who value family and friendship networks and look to those networks for support as well as advice. The portrait suggests the continuation of what many would consider to be quite ‘traditional’ views and styles on parenting particularly in terms of the apparent continued reliance on informal sources of information and care.

However, the findings suggest that this continued reliance on informal sources of care and support may not necessarily be the preferred choice for all parents. A significant proportion of parents would welcome parent support and education although there is less clarity about how this might be provided outside the family framework. Parents look to a wide number of sources for help and advice and the spread of interest in different forms of support show that a mixed economy of help is required.

Parents greatly value the love and joy they experience from parenthood and want to see the best possible opportunities provided for their children. They want their children to have a childhood in the sense of having access to appropriate play and recreational activities amongst other things and want the State to facilitate this, in part by ensuring greater access to these amenities. The expressed concern of parents with regard to the potential negative effects of exposure to drug use and harmful media influences suggests the unease felt by many parents for their children as they attempt to achieve an appropriate balance between introduction to, and protection from, the wider world.

The study suggests that parents strive to fulfil their parenting role in the face of considerable adversity at times. Such adversity can stem from many different sources including inadequate financial resources, difficulties in accessing services, illness or relationship difficulties. Policies and initiatives such as the National Anti-Poverty Strategy with its emphasis on supporting low-income families and eliminating child poverty; the National Children’s Strategy with its focus on improving children’s experiences of childhood and supporting parents in doing so; and the Revitalising

Areas by Planning, Investment and Development (RAPID) (2001) Initiative's objective of meeting the needs of the most disadvantaged areas and tackling social exclusion, will lead to an improvement in families and children's lives. Family support services can help parents to overcome conditions of adversity and stressfulness by promoting resiliency, coping skills and self-belief in parents' own knowledge and abilities.

## Section Twelve: Recommendations

### 12.1 Introduction

Recommendations have previously been made to further and strengthen the family support infrastructure in Ireland. In 1998, the Commission on the Family recommended that as an integral part of policy formulation all policies should be ‘family proofed’ by which is meant the use of family impact statements appraising proposed legislative or administrative actions and assessing their implications for families (Zimmerman, 1988). This report agrees with this recommendation. It is hoped that ‘family proofing’ would result in the development of policies more in tune with family life and which take more account of family functions and needs. The emphasis placed on the evaluation and assessment of such initiatives indicates the growing value attached to the development of evidence-based policy and service in Ireland.

In formulating the recommendations which arise from the study’s findings, due regard is given to the range of proposed strategies contained within diverse policy documents for example, the National Children’s Strategy (2000), the National Anti-Poverty Strategy (1996) and RAPID (2001). These are positive policies and initiatives working to meet the needs of families, parents and children. The specific recommendations made in these documents are not reproduced here but broad support is given to their proposed implementation for example, parents in this study expressed a need for greater provision of children's play and recreation facilities. Objective D of the National Children’s Strategy (2000) proposes that “children will have access to play, sport, recreation and cultural activities to enrich their experience of childhood” (p. 57) and this report concurs with the broad thrust of this objective.

Section Two of the report outlined key factors influencing the progress of family policy and key national policy developments in the area in Ireland. The following recommendations aim to engage with these key national policy developments. The recommendations are generated from the study’s research findings and with consideration to current policy debate and discussion in the area of family support.

### **12.2 Mechanisms for future development of family support**

The recent establishment of the Family Support Agency (FSA) will provide a key mechanism to respond to the challenge of providing co-ordinated responses to the varied nature of families support needs. This report's key recommendations centre upon the establishment of the FSA. The FSA will assume responsibility (previously held by the Department of Social, Community and Family Affairs) for the main programmes and pro-family services developed since 1997. This transfer of responsibility is particularly pertinent to the study's research findings, many of which centre upon the need to address issues and gaps in family service provision. A second central finding of the study is the importance of providing support to all parents not simply those considered 'at risk' or 'disadvantaged' and the FSA could potentially play a major role in ensuring that the services within its remit are open to all parents.

Arising in part from the representation of government departments on its Advisory Board, the FSA is well positioned to complement and extend existing cross-departmental initiatives. It is envisaged that the agency is well-placed to act as a 'lead' body in ensuring 'joined up service provision' by virtue of its key position within the existing family support infrastructure (government departments, statutory and voluntary bodies, programmes and policies). The FSA will complement existing strategies such as NAPS and RAPID and will have the potential to work with these initiatives to promote overall family well-being.

### **12.3 Recommendations**

In light of the above, the following proposals are made:

#### ***1. Co-ordination:***

**That the FSA would take lead responsibility for convening, co-ordinating, resourcing and progressing the recommendations arising from the following proposed committees:**

**1.a.** National Parent Support Strategy Committee: the remit of this committee will be to review and develop appropriate responses to identified policy and programme gaps in parent support and education.

This group would report on an annual basis to the FSA who would in turn progress the recommendations of the Committee; and

**1.b.** Sub-groups of the above would be required to address the particular needs of different groups of parents in particular the needs of fathers, non-national families and those from minority groups.

***2. Information design and dissemination:***

**That the FSA would have specific responsibility to provide appropriate general and targeted information to policy makers, providers and parents. In particular it would have:**

**2.a.** Specific responsibility to function as the central agency for information on parenting issues. An element of this would include maintaining a centralised database incorporating national and local family services, and;

**2.b.** Specific responsibility for co-ordinating a national information campaign about the range of information available for parents and the information providers. This campaign would also publicise the range of parenting support services available.

***3. Service development:***

**3.a. That the FSA work with the Department of Health and Children and the appropriate regional health boards and authorities to design and implement a pilot programme of parent support community-based teams, building on the structure of the existing Public Health Nurse services.** The purpose of such teams would be to promote family well-being. The design of such teams would be undertaken in consultation with public health nurses, parents and other relevant professionals.

**3.b. That the FSA should be linked to the proposed Social Inclusion Units (SIUs) of each Local Authority participating in the RAPID programme.**

This link would ensure that the SIUs work is family focused (as part of the FSAs wider remit to promote family well-being and promote awareness of families and parenting issues).

**3.c. Given the varying role played by Family and Community Service Resource Centres (FRCs) in direct childcare provision it is proposed that the FSA should have responsibility for progressing FRCs representation on County Childcare Committees to avoid possible duplication and improve effectiveness and efficiency of provision**

**4. *Research and evaluation:***

**That the FSA commission a programme of research and evaluation of services. Key elements of this programme would include:**

**4.a.** A study of the provision of family support services in Ireland to map the range, extent and organisation of services and service providers. The study should also pinpoint gaps in services, describe the views of practitioners, managers and commissioners of services on how these are managed and resourced and give recommendations for the future development of family support. The National Family and Parenting Institute's study in UK of family support provision would act as a model for the research;

**4.b.** An evaluation of fathers involvement with family/community resource centres, their perceptions of the service and existing users and staff perceptions of the role of fathers in the service;

**4.c.** The identification of the support and service needs of particular groups of parents including parents of children with special needs, parents with disabilities, fathers, parents from ethnic minority groups and non-national and refugee parents, and;

**4.d.** A study exploring the relationship between ethnicity and parenting in Ireland particularly to obtain information from parents on

their parental behaviour, parenting expectations and roles, to explore the impact of migration (whether economic or arising from asylum seeking) and identity on parenting, shared norms of parenting within ethnic groups.

**5. *Consultation and engagement with parents***

**That in fulfilling the above mentioned roles the FSA should do so with the full involvement and consultation of appropriate parents groups**

The above proposals should be implemented within an appropriate time-frame, that is, a time-frame concurrent with other proposed developments as specified in for example, the National Anti-Poverty Strategy and the National Children's Strategy.

## APPENDIX I

### *Participating Organisations*

#### **A. Participating Family and Community Resource Centres and Community Development Projects (by County)**

- ◆ **Cavan:** Community Connections CDP  
Cross Border Women's Network
- ◆ **Clare:** Rural Action Project CDP  
West Clare Resource Centre FRC
- ◆ **Cork:** Ballyphehane CDP  
Bandon FRC  
Farranree FRC
- ◆ **Dublin:** Greater Blanchardstown CDP  
Parents Alone Resource Centre  
St Micheal's Estate FRC  
South Inner City CDP  
Ballyfermot FRC  
Tallaght Lone Parents Centre  
West Tallaght CDP  
Killinarden Family Resource Centre  
St Kevin's Family Resource Centre  
St Matthew's Family Resource Centre  
School St & Thomas Court Bawn Family Resource Centre  
Fatima Groups Ltd  
Coiste na n-Iarchimi Family Resource Centre  
Mountview Resource Centre  
Corduff CDP
- ◆ **Kerry:** Duagh Family Resource Centre  
Presentation Family Resource Centre  
Shanakill FRC  
Tralee CDP
- ◆ **Kilkenny:** Loughboy Area Resource Centre  
Newpark Close Family Resource Centre
- ◆ **Leitrim:** Cross Border Women's Network  
Community Connections CDP
- ◆ **Limerick:** St Mary's CDP  
St Munchin's Family Resource Centre  
Southill CDP

- ◆ **Louth:**
  - Ait na nDaoine Teo, CDP
  - Cox's Demesne, CDP
  - Dundalk Lifestart CDP
  - Muirhevnamor FRC
  - Southside CDP
  
- ◆ **Mayo:**
  - Kiltimagh FRC
  - Louisburgh CDP
  - Parkside CDP
  
- ◆ **Meath:**
  - Kells Family Resource Centre
  
- ◆ **Roscommon:**
  - Boyle Family Life Centre FRC
  
- ◆ **Sligo:**
  - CLASP CDP
  - Resource House, CDP
  - Sligo Family Centre
  - Sligo Northside CDP
  
- ◆ **Waterford:**
  - Ballybeg CDP
  - First Step Resource Centre
  - St Brigid's FRC
  
- B. Participating Parents Associations affiliated with the National Parents Council Primary (NPCP) (by county):**
  
- **Cavan:**
  - Corlurgan NS
  - St Joseph's NS, Kingscourt
  
- **Clare:**
  - Gaelscoil Ciosog, Ennis
  - Holy Family NS, Ennis
  
- **Cork:**
  - Ballinora NS
  - Barryroe NS
  - Glasheen NS
  
- **Dublin:**
  - Dublin SW Parents Association
  - Scoil Neaffain, Artane
  - St Kevin's Girls School, Kilnamanagh
  - NPCP North Dublin
  - St Joseph's N.S., Bray
  
- **Limerick:**
  - Monaleen NS, Limerick
  - NPCP Limerick City
  - Scoil Chríost Rí NS, Limerick
  
- **Mayo:**
  - St Oliver Plunkett NS, Ballina
  
- **Meath:**
  - St Anne's NS, Kells
  - St Mary's NS, Trim

**C. Other participating schools and pre-schools**

- ◆ Gortnagrour NS, Co. Limerick
- ◆ Scoil Mhuire & Ide Secondary School, Co. Limerick
- ◆ Scoil Naofa NS, Co. Limerick
- ◆ Early Days Pre-school, Dublin
- ◆ Rathoath NS, Meath

**D. Participating government departments**

- ◆ Dept. Enterprise, Trade & Employment
- ◆ Dept. of Finance
- ◆ Dept. of Justice, Equality & Law Reform
- ◆ Dept. of Health & Children
- ◆ Dept. Arts, Heritage, Gaeltacht & the Islands

**D. Private sector companies**

- ◆ ESB
- ◆ Eircom
- ◆ Gunne Commercial

**E. Other organisations**

- ◆ Parental Equality
- ◆ CHILD
- ◆ ADD
- ◆ Bray Network for Young Parents
- ◆ Mullinivat Playgroup, Kilkenny
- ◆ IFA
- ◆ Lifestart Sligo

## Appendix II

### *Methodology*

#### **1. Introduction**

This Appendix outlines the research design and strategy adopted in the study. The study follows a needs led model of working with parents which has been identified as the method most likely to produce relevant and appropriate information (Smith & Pugh, 1996; Cutting, 1998). The study explores the views and opinions of two of the key groups of stakeholders in parenting support programmes, namely parents and children.

#### **2. Research instruments**

In the initial stages of the study the decision was taken to administer the survey by means of one-to-one structured interviews. It was originally proposed to administer the survey by means of postal questionnaires. This was overturned after consideration of:

- The nature of the questions;
- Inflexibility of a postal questionnaire format particularly in terms of providing no opportunity to probe beyond the given answer;
- Anticipated difficulties in achieving an adequate response rate (typical response rates for mail surveys of between 60-70%, (DeVaus, 1991));
- Resource constraints and ;
- Literacy issues

One-to-one structured interviews administered by the data collector were chosen as the most appropriate data collection method. Interviews allow for greater exploration of the concerns and needs of each individual respondent, increase the likelihood of attaining high response rates and give all parents an equal opportunity to participate, regardless of individual literacy levels. However, a small number of postal questionnaires were completed by parents in the final stages of the survey.

### **3. Interview schedule for parents**

The interview schedule for parents was designed following consultation with the Advisory Group and piloting with a representative selection of parents. The questionnaire is designed in five sections:

- *Section A* contains 7 items designed to gather data on parenting influences, parents interest and views on parenting classes and parent education.
- *Section B* contains 7 items designed to gather data on parenting concerns, parental stress (for working parents), availability and sources of information and knowledge of services
- *Section C* contains 4 items designed to gather data on use of childcare and sources of support for parents.
- *Section D* contains 7 items designed to gather data on parents' support needs, use of and perceptions of usefulness of existing family focused services, and access to services.
- *Section E* contains 8 items designed to gather data on marital status, education and occupational status of respondents.

A number of these items draw upon items used in other research studies. Question A.3. is adapted from a measure used by Kirby & Hughes (1999) (see Appendix 3 for a copy of the Interview Schedule). The question was adapted to reflect parents' interest in parenting classes rather than parent mediation services. Question B.1.a. is adapted from Fox, Bruce & Orne's (1999) 'Parenting Concerns Measure'.

The questionnaire was piloted with 20 parents from urban and rural areas. The wording of a number of questions was revised to ensure clarity of meaning following the pilot study. It was established during the pilot stage that interviews lasted on average 25 – 40 minutes. Following the piloting of the questionnaire, changes were made to the phrasing of a number of questions. A number of measures from question B.2. were omitted following consultation with the Advisory Group amid concerns about the appropriateness of the measures for use with an Irish sample.

#### **4. Focus groups with children**

The focus group schedule for children was designed in consultation with academic staff at the DIT with expertise in conducting focus groups with children and a number of children. A number of changes were made to the schedule to ensure clarity of questions and to reduce the length of time of the focus groups. The aim of the focus group was to explore children's views on a number of support needs and other parenting issues identified by parents participating in the study. The schedule was designed following a preliminary analysis of the first tranche of completed parent questionnaires.

The issues identified for discussion varied according to the age group of the children in the focus group. Those aged 12-15 years (i.e. in secondary school) were asked their views on: (i) what it means to be a parent; (ii) school based parenting classes (for teens) and, (iii) preferred forms of leisure activities. Those aged 7-12 years (i.e. in national school) were asked their views on: (i) what makes parents happy, (ii) their preferred leisure activities, and (iii) their opinion on other forms of childcare (if they used any).

#### **5. Sample selection**

A stratified sampling method was adopted and modified for the purpose of ensuring the greatest possible representativeness of the sample population. Due to time and resource constraints it was not possible for the research team to conduct a random sample of parents from across Ireland. Data from the 1996 Census was used to create a "snapshot" of parents and family units in Ireland.

A number of criteria were selected (using the data provided from the Census) and used to stratify the sample population based on marital status, gender, urban/rural area, and economic status. The sample population included parents from designated disadvantaged (DD) and non-designated disadvantaged (NDD) areas. The study chose to identify parents from 'disadvantaged' areas using the existing networks of Family Resource Centres and Community Development Programme Centres which are located in communities affected by high unemployment, poverty and disadvantage (DSCFA, 1999, p. 3).

## **6. Sample settings**

The survey aimed to obtain as representative a geographical spread as possible. A mix of metropolitan, city and county areas was seen as essential.<sup>1</sup> Parents from the following counties participated: Cavan, Clare, Cork, Dublin, Kerry, Kilkenny, Leitrim, Limerick, Louth, Mayo, Meath, Roscommon, Sligo, Waterford, and Wicklow. The geographic representativeness of the sample population was largely determined by the willingness of existing networks of services to participate in the survey.

Respondents were identified using a range of current existing networks including family focused services based in local communities, national parent associations, other national representative organisations and the staff of public and private sector companies (see Appendix 2 for listing of participating organisations). A total of 52 family resource centres and/or community development projects participated in the survey. Parents from 22 national and/or secondary schools participated in the survey and the majority of these parents belonged to the National Parents Council Primary Group. Staff from 5 Government Departments participated as did staff from 3 private companies. Parents were also drawn from a number of independent representative organisations including the IFA, Bray Network for Young Parents, Parental Equality etc. In addition, a number of participants heard about the survey by “word-of-mouth” and contacted the CSER personally. Every effort was made to ensure that, where possible, these parents were able to participate in the survey.

## **7. Sampling methods**

Information on sample structure and criteria to be met for inclusion in the study was sent to contact people at the identified organisations. It was hoped that the ‘gatekeepers’ would be able to select parents to participate in the survey with reference to such sample criteria as age/gender/marital status but it was recognised that the contact persons would not necessarily have this detailed information on the parents using the services. In the event, selection using the pre-identified criteria was possible in some but not all instances.

Additional efforts were made to identify younger parents, parents from one-parent family units, with primary level of education and from specified geographic locations in October 2000 in order to address certain demographic limitations identified in the sample population. Efforts made to increase the number of young parents and lone parents included: re-contacting family/community resource centres previously approached but unable to participate at the time; informing parents of the survey through a CSER project's seminars; and first-time contact with a number of representative National Organisations (e.g. Treoir). Additional respondents from specific geographic areas were identified through national representative organisations e.g. Irish Farmers Association (IFA). Due to time shortages and a lack of availability of data collectors to conduct interviews, approximately 100 postal survey questionnaires were sent to respondents in more remote areas or areas.

In September/October 2000, it became apparent that a fresh approach to recruiting fathers and working parents in the Greater Dublin area needed to be initiated if the study was to achieve its target of 200 male respondents. Following consultation with the Advisory Group, it was decided to approach a number of private and public sector companies and request their permission to circulate details about the nature of the survey to staff. A number of personnel departments in both public and private companies agreed to circulate information to staff via each company's internal email system.

An unexpected side effect of using private and public sector companies to identify potential respondents was a high response from fathers indicating their interest in participating in the survey. This proved extremely successful and effective and quickened the process of information delivery, respondent identification and the setting up of interviews. The high response from fathers may be a result of the high number of fathers engaged in full-time employment. These fathers may possibly have less involvement in family/community resource centres (or other avenues used within the study to identify respondents) and may otherwise not have heard about it. The high response rate by fathers may be linked to the use of information technology (i.e. email) to circulate the survey information. This allowed parents to respond indicating their interest quickly and directly to the researcher and enabled interviews to be set-up quickly and without the involvement of any other third party.

## **8. Sampling procedures: issues arising**

A number of limitations to the sampling design and procedure used are acknowledged. The dependence on link workers for access to respondents had advantages and disadvantages. In general, the largest number of parents came forward for interview in areas where link workers showed most interest in the research. Many did not confine their role to merely circulating the study information but also discussed the research with parents. This greatly increased the possibility of parents agreeing to participate. In view of their heavy workload and more pressing concerns, the research may have been given a lower priority by some link people.

The survey's findings and recommendations are based upon a non-random sample of parents. The process through which parents were identified for participation in the sample means that the views expressed by the parents are the views (for the most part) of parents *already* in contact with some form of statutory organisation, voluntary group or representative organisation and thus may not accurately reflect the support needs of those without access to existing support networks.

Previous studies on family support in Ireland have identified a number of issues with the current collation of data on parents and families. In particular, the Census identifies a person as a parent only if they are residing in the same household with their children. This in effect excludes all non-resident parents particularly fathers, regardless of the strength of the relationship between parent and child. In order to try to overcome this, national organisations representing non-resident fathers were approached and asked to participate in the study.

## **9. Data collection**

Data collectors were from Social Sciences, Education, and Community Development backgrounds; some were trained in primary/secondary school teaching, some involved in community development projects, most were students pursuing or having recently completed postgraduate degrees. The majority of interviewers were identified via advertising for data collectors through the appropriate academic departments in third-level institutions.

Initial data training sessions were held in Dublin and Limerick. The data collectors were trained in the use of the research instrument during the course of a half-day session. The session including training in the background and objectives of the research and use of the research instruments. Data collectors were briefed on ethical and confidentiality issues. Data collection was monitored on a on-going basis by the researcher. A number of one-to-one training sessions were held on an *ad-hoc* basis by the researcher with data collectors. In all, eighteen people were involved in data collection, four men and fourteen women.

### **9.1. Data collection procedures**

Due to the extended period required to identify the required sample of respondents the data collection period was extended for as long as possible. Following identification of respondents by the researcher, interviewers were supplied with the contact details of respondents. Interviewers contacted respondents to arrange interview dates and location. Interviews were held either at the parents' home or at an agreed public venue. A number of arranged meetings fell through for different reasons (i.e. interviewer not being there on time, respondent forgetting, childcare crises) and though the vast majority of these were successfully rearranged, this had resource implications.

## **10. Focus groups with children**

The inclusion of children in the research is in the spirit of Article 12 of the UN Convention on the Rights of Children (1992) and the National Children's Strategy (2000) national goal number one:

*“Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity” (p.11)*

As key stakeholders in family or parenting support programmes children were provided through focus groups with the opportunity to comment on a number of the issues identified by parents in the survey. Focus groups are recommended as a research method appropriate to engaging with children (Hill et al., 1996) and may be defined as follows:

*“A purposeful, facilitated discussion between a group of respondents with similar characteristics, within a fixed timeframe, focusing on a limited number of topics that may be chosen either by the researchers or respondents ... the respondents (are) facilitated by a researcher, whose role is to ensure that the topics are adequately covered and that all members of the group have an equal chance to talk” (Boyden & Ennew, 1997, p. 129)*

The decision was made to limit the age range of children for the focus groups to 7 – 15 years in order to facilitate group discussion (Hurley, 1998; Boyden & Ginew, 1997, Scott, 2000). The focus group participants were drawn from rural and urban schools. Two single sex secondary schools and one mixed national school participated. Attempts were made to replicate the DD and NDD criteria used in the parent sample population. The selection of settings for the focus groups was made on the foot of availability and access to school settings. Schools with whom the CSER or the DIT School of Social Sciences and Legal Studies had prior links to were contacted and permission requested to allow focus groups to be conducted at the school. Once parents consent had been received, children were informed of the survey and invited to participate. The anonymous and confidential nature of the survey was emphasised. Parents and children were reassured that the research had no direct links with the school they attended as such (Scott, 2000; Hill et al. 1996). Time constraints and a series of ongoing industrial actions at secondary school level at the time of the data collection period meant that a number of inner-city schools approached were unable to participate in the study. Children drawn from the rural school come from a broader range of backgrounds than those drawn from participating urban schools.

The focus groups were conducted at the schools attended by the children by the researcher. On average the groups lasted between 25 – 40 minutes. A total of 35 children participated in the focus groups. Attempts were made to ensure equal representation of boys and girls in the focus groups. However, difficulties in accessing boys secondary schools in urban areas (due to parental reluctance to allow children to participate and a series of ongoing industrial disputes with secondary schools) meant that only 5 boys aged 12-15 years from urban areas participated in the focus groups.

## Appendix III

### *International family services*

There are a wide variety of parent support services operating internationally. Services range from 'educating' parents identified as having somehow 'failed' as parents, to models adopted where Family Associations or the State ensure that citizens are prepared for parenting in a variety of ways. Programmes start from a different baseline in each country i.e. what is considered a family support service in one country is seen as a health service in other country. Many parenting support programmes have evolved as add-on's or supplements to existing health or other social programmes although some have begun as independent education programmes.

This section describes a number of the different forms of support services provided for parents internationally. Provision of these services varies from country to country, some are provided by voluntary organisations, some by the state while others are universally available in some countries and targeted services in others. Five types of support services are explored with the emphasis on the variations in services between countries. This is illustrated through the provision of examples of international service practice in each particular service type.

#### *1. Type 1: Home visiting schemes*

Home visiting is not a single, uniform intervention but rather a strategy for service delivery. The primary objective of most of these programmes is to improve the lives of children by encouraging changes in the attitudes, knowledge, and/or behaviour of parents (Gomby et al., 1999).

This form of support is well established in Europe where many countries have a universal home visitor scheme providing support to parents of new born infants. The service was originally established to achieve specific health targets (e.g. reduction in rates of infant mortality) and it generally ceases within a year of the birth; however, in some countries it continues until the child is of school going age. Today, many of these programmes have a broader social focus reflecting not only their success in

achieving the original specific goals but also the growing recognition of the link between health and social needs.

Some services are now specifically targeted at particular parent groups. In general, the targeted services work with parents of new born children from disadvantaged backgrounds or those requiring additional support over and above that offered through the universal service. The duration of the support can vary with some services. Examples of targeted home visiting services include the Community Mothers Programme (Irl), Home-Start (UK), PAT, Healthy Start, HIPPY (US). Many of these home visiting schemes use trained volunteers (who are parents) from the local community to visit parents and families rather than health professionals. The volunteers are trained in the principles of child development and other relevant issues. Drawing on local resources (of which the volunteer is one) reduces programme costs - home-visitor schemes remain one of the most economical forms of family support available (Smith et al., 1994; Van der Eyken, 1982).

One of the major issues in home visiting programmes is the difficulties of enrolling, engaging with and retaining families in the programme (Gomby, 1999). Attrition rates from home visiting programmes may average from 35 to 50 % indicating wide variations in the level of participation by parents in home visiting schemes (Baker et al, 1999). An evaluation of the Child Survival / Fair Start parent-education, early intervention, and home visiting programmes in the US in the 1980's noted:

*It is one thing to join a programme but another to engage in honest discussion, accept support, and take seriously its suggestions (Larner et al, 1992)*

There are questions regarding the effectiveness of the schemes in achieving specific child focused outcomes. As most home visiting schemes seek to improve a child's life by developing parents' skills, the outcomes for parents tend to be more positive than the outcomes for children. Studies have revealed some benefits in parenting practices, attitudes and knowledge, but the benefits for children in the areas of health, development and abuse and neglect rates are harder to quantify satisfactorily (Gomby et al., 1999; Wasik, 1990). In an overview of 6 major evaluations of large scale home

visiting schemes in the US, none of the programmes produced benefits in the immunisation rates or the number of well-child visits (i.e. health clinic visits) or had significant effects on children's development (Gomby et al, 1999).

## **2. Type 2: Group based programmes**

Group based programmes of support are most commonly associated with parent education or skills training classes. The form of the classes can vary from an informal meeting place where parents exchange ideas and information to a highly formalised, structured course which parents attend either compulsorily or voluntarily. The effectiveness of parenting education/awareness programmes in producing significant and lasting changes for parents in the management of their children is heavily influenced by other variables, notably, financial, housing and childcare (O'Rourke, 1997; Smith, 1997; Cutting, 1997; Grimshaw & McGuire, 1996). Varying patterns of involvement by parents in programmes is attributable to a number of factors including variations in the intensity of the programme offered, attitudes of individual programme providers, and parents social and material circumstances (Baker et al, 1999; Cutting, 1997).

In Columbia, a parenting education programme was set up as an alternative to home visiting (as it was felt that home-visiting undermined the parent's position within their home and their confidence). As part of the project, parents (primarily women) meet once a week in a community centre to receive information about health, nutrition and psychosocial development. The project uses a baby book which includes messages from the baby to the parent about developmental accomplishments and about needs at particular times, for health check ups and immunisations (source: [www.ecdgroup.com](http://www.ecdgroup.com)).

In Turkey, the Mother Child Education Foundation runs a Mother Child Education Programme as part of an NGO network that deals with issues relevant to women's status and reproductive health. The main objective of the project is to support, inform and raise the awareness of mothers with regard to child education, and also to make sure that mothers support their children's' cognitive development (Mother Child Education Foundation, 1995). Mothers attend classes run by trained teachers and women participate in group discussions on topics for 'good' parenting practise, child

development etc. This project is very much part of an overall Early Childhood Education Strategy and as such focuses upon the developmental needs of the child as opposed to the needs of mothers.

In Indonesia, the Bina Keluarga and Galita (BKG) project initiated by the Office of the Associate Ministry for the Role of Women in 1982, is an attempt to add a parenting component to an existing early childcare service. In conjunction with the periodic weighing of young children and the distribution of food, groups of women meet to discuss and share parenting experiences and skills. The purpose of the project is to enhance the knowledge awareness and skills of mothers and other family members, thereby enabling them to provide an appropriate developmental environment for their children. The programme is facilitated by female field workers chosen from the community in which they are working, who are trained in child development and adult education. The project receives multi-sectorial support (source: [www.ecdgroup.com](http://www.ecdgroup.com)).

### **3. *Type 3: Programmes for high-risk parents and families***

It is recognised that certain situations pose a threat to long-term stability within families. Many parenting support programmes began in response to the needs of new parents in high-risk circumstances. In the US, an intensive family support intervention programme consisting of a network of four free services beginning with the child's delivery and continuing for 30 months, was established for poor inner-city mothers expecting their first child (Naylor & Provence, 1983). The services include regular paediatric care, regular home visits by a social worker or another trained clinician, regular psychological developmental examinations for the child, and day-care (if wanted by the parent). Follow-up studies of the participants in the programme indicated lasting benefits in terms of substantial improvement in overall life circumstances: participant mothers achieved significantly higher levels of education and were more likely to be self-supporting compared to those in the control group (Kagan & Seitz, 1988). This project shows the potential of support programmes to offer benefits that last well after the programmes terminate.

A similar project in the US is the Dorchester C.A.R.E.S project. The project created an open-access 'family co-operative' in the local community offering a variety of

services to families, ranging from sewing to English classes. A new health-visiting scheme was set up composed of bilingual home health visitors and a public health nurse offering home-based education and support services to pre-natal clients, visiting families until the child is two years old. Families can draw on respite care, parent helpers, and self-help groups. Services are generally targeted at the more vulnerable families, but in theory, are available to any family in the neighbourhood. As part of the overall strategy, a community intervention plan also runs alongside the other services providing an emergency response team, a programme for children at risk because of their parents' addictions, and a social services team that works with families where abuse has occurred (Family Policy Bulletin, 1997).

An alternative to such programmes is found in the growing network in the UK (and Ireland) of family support and resource centres. These centres aim to provide 'flexible packages of support' for parents and children, services tend to be located and focused upon families in disadvantaged areas. Types of centres can range from 'open access' providing neighbourhood services to 'referrals only' centres serving families and children referred by social services. However, to-date few centres have an explicit anti-poverty strategy to provide resources in needy areas or integrate their services with existing child education or health programmes or parenting programme (Smith, 1999). Evaluations of the effectiveness of these centres are sparse in UK & Europe. No longitudinal research exists so far and such evaluations that exist tend to be descriptive 'user view' or 'professional view' studies. The difficulty in evaluating their effectiveness lies partly in the diversity of objectives and services offered by centres and in the absence of a uniform evaluation procedure or measurable objectives and outcomes.

#### **4. *Type 4: Parenting networks and organisations***

The development of National Parenting Support Forums and Networks has been identified as a key step towards promoting parenting support services and awareness amongst parents of such initiatives. Such networks are particularly strong in Scotland and England and serve as a focus point for co-ordinating initiatives, developing good practice and advocating the general welfare of families and parents. In addition, networks allow for maximum use of available resources by reducing the chances of replication of service provision (Cutting, 1997). The absence of such a network or

association in Ireland has been identified as a contributory factor to the slow development of family policy and supports in Ireland (Kiely & Richardson, 1995).

**5. *Type 5: Family and parenting institutes***

Many countries have family research centres or institutes to which their government, professional bodies or voluntary organisations can turn for advice on parenting issues. These institutes provide a focal point of expertise to which governments, professional bodies, or voluntary organisations can turn for advice on parenting issues. The extent to which various research centres or institutes are linked to government varies considerably. The Australian Institute of Family Studies is an independent statutory authority, whose remit is to promote the identification and understanding of factors affecting marital and family stability in Australia. The Austrian Institute of Family Studies is an independent non-profit organisation funded by government and private sponsors. Its role is to analyse family relationships and structures. Canada has two institutes: the Varnier Institute of the Family, and the British Columbia Council for Families, a non-government agency that aims to keep the needs of families on the agenda of legislators, researches family issues and provides family life education. The UK established a National Family and Parenting Institute in the wake of the 1998 Green Paper 'Supporting Families' to provide a centre of expertise to which Government, professional bodies, and voluntary organisations can turn for advice on parenting issues. In the USA, the National Council on Family Relations provides a forum for family researchers, educators and practitioners to share in the development and dissemination of knowledge and to establish professional standards. It also sponsors a national programme of accreditation for family education providers (source: [www.doh.uk](http://www.doh.uk)).

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## Endnotes

<sup>i</sup> For example, Ryland's (1995) study of parenting programmes in Ireland found that many parents did not believe that parenting was a natural skill and expressed a wish to learn alternative methods of parenting appropriate to today's society

<sup>ii</sup> To facilitate and advise the study, an Advisory Group was established consisting of representatives from the Family Affairs Unit, relevant statutory and voluntary organisations and parent associations (see Appendix 1 for listing of members). In establishing the panel, every effort was made to include a variety of backgrounds and interests in the field of parenting support and education in order to reflect the 'on-the-ground' reality. The role of the Advisory Group was to comment on research design, research implementation and on the final report's recommendations.

<sup>iv</sup> O'Connor (1999) argues that two-parent families have been automatically considered by the state to be capable of coping and in receipt of vital support (believed to be automatically unavailable to lone parents) with little effort made to ascertain the accuracy of this perception.

<sup>v</sup> *Targeted services* are services directed at specific individual groups. These services are often accessed by means of a referral process and although some may be accessed by self-referral, the majority require contact through a professional (Sinclair, 1997)

<sup>vi</sup> *Open Access services* are services available to anyone who presents themselves (Ibid)

<sup>vii</sup> Section 18, *Strengthening Families for Life: Report of the Commission on the Family* (1998), p.409

<sup>viii</sup> For the purpose of McKeown et al.'s analysis, younger fathers were defined as any father with a child aged less than 15 years. For the purposes of this analysis, respondents were categorised depending on whether *all* children were aged 0-3, 4-11 or 12+ years.

<sup>ix</sup> The single variable is composed of 19% females and 2% males. The married variable is composed of 50% females and 16% males. The 'other' variable (i.e. all those separated, widowed, divorced, cohabiting) is composed of 11% females and 2% males.

<sup>x</sup> It is not possible to say if Marital status and whether one is living with a partner are related in the population (chi-square = 603.551, d.f. = 10, p = .001) as the sample is too small for significant reliability

<sup>xi</sup> Respondents were asked if their child/ren had special needs. This question was designed to allow respondents themselves to define whether or not they felt their child/ren had special needs.

<sup>xii</sup> A pre-selected list of possible childcare types was shown to respondents and they were provided with the opportunity of identifying other forms of childcare if appropriate. Respondents were given a pre-selected list of childcare: Family, Partner, Childminders, Crèche, Pre-schools, After-School care, and 'Other'

<sup>xiii</sup> There is a strong but negative relationship between male employment and partner providing what the fathers consider to be childcare during a normal week. 80% of working males (n=155) compared to 36% of working females (n=198) (chi-square = 16.333, d.f. =4, p = .003).

<sup>xiv</sup> Although the relationship between these variables is not significant. 60% of working mothers (n=331) compared to 44% of working fathers (n=84) (chi-square = 3.645, d.f. =4, p = .456).

<sup>xv</sup> Although the chi-square test results indicate that the sample size is too small to be reliable (chi-square=53.851, d.f.=4, p=.001, but 33% of cells have an expected count less than 5

<sup>xvi</sup> CSO, Labour Force Survey data

<sup>xvii</sup> *Ibid*

<sup>xviii</sup> *Ibid*

<sup>xix</sup> Employment status and gender are strongly related (chi-square = 287.000, d.f. = 2, p = .001).

<sup>xx</sup> 64% (n=349) of working females are engaged in part-time employment (out of a total of 549 working mothers)

<sup>xxi</sup> 31% of females (n=251) compared to 4% (n=7) of male respondents

<sup>xxii</sup> However, this is not statistically reliable as it has a significance level of p = .014 (females) and p = .106 (for males)

<sup>xxiii</sup> Employment and marital status are significantly related for female respondents (chi-square =32.926, d.f.=4, p=.000).

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<sup>xxiv</sup> Respondents were asked to identify which sector their current and/or last job was in

<sup>xxv</sup> – 11% vs. 4%

<sup>xxvi</sup> – 12% vs. 7%.

<sup>xxvii</sup> See National Development Plan for comparable figures (2000, p.88)

<sup>xxviii</sup> 83% in sample population compared to 42% of national population. NOTE: it is not possible to accurately identify the precise number of persons at home with children using national statistics. The category used by the CSO in its collection of data is ‘home duties’ which may encompass persons caring for elderly relatives etc.

<sup>xxix</sup> Respondents were asked to identify their total household income for year ending December 1999, selecting from one of six predefined categories.

<sup>xxx</sup> It is worth noting that 81 respondents (8% of total sample population) declined to provide information relating to income indicating the sensitive nature of this information

<sup>xxxi</sup> The mean income for females is £12,000 with a standard deviation of £26,000.<sup>xxxi</sup> The mean income for males is £8,000 with a standard deviation of £17,000. However, the Geometric mean could be used instead of the arithmetic mean as the data is quite skewed. This would reveal no significant difference between mean income for females and males with both having a mean income of £5, 000 (t-test = -4.681, p = .001

<sup>xxxii</sup> There is a strong and positive association between total household income and highest level of completed Education (gamma = .576)

<sup>xxxiii</sup> Respondents were divided into three broad categories according to whether they lived in a ‘large’ or ‘small-medium’ urban or ‘rural’ area.

<sup>xxxiv</sup> For the purposes of this analysis, any town with a population of 10,000 plus persons was considered a ‘large’ urban area; any town with a population less than 10,000 and more than 1,499 persons was considered a ‘small-medium’ urban area; and the remainder of the country were considered to be ‘rural’ areas.<sup>xxxiv</sup>

<sup>xxxv</sup> The findings suggest that marital status and housing are significantly related (chi-square = 246.327, d.f. = 6, p = .001) - 55% of married compared to 6% of ‘single’ and 4% of ‘other’ respondents live in owner-occupied housing

<sup>xxxvi</sup> *Ibid*

<sup>xxxvii</sup> *Ibid*

<sup>xxxviii</sup> chi square = 29.213, d.f. = 3, p = .000

<sup>xxxix</sup> However, this is not statistically reliable as it has a significance level of p = .014 (females) and p = .106 (for males)

<sup>xl</sup> See p. 6

<sup>xli</sup> 64% (n=349) of working females are engaged in part-time employment (out of a total of 549 working mothers)

<sup>xlii</sup> The mean income for females is £12,000 with a standard deviation of £26,000.<sup>xlii</sup> The mean income for males is £8,000 with a standard deviation of £17,000. However, the Geometric mean could be used instead of the arithmetic mean as the data is quite skewed. This would reveal no significant difference between mean income for females and males with both having a mean income of £5, 000 (t-test = -4.681, p = .001

<sup>xliiii</sup> 62% of female parents (n=800) compared to 41% of male parents (n=200)

<sup>xliv</sup> Forty-eight percent (48%) of male parents aged 35+ years 29% of those aged 20-34 years are ‘not interested in attending parenting classes (gamma = 0.417)

<sup>xlv</sup> Of males not interested in parenting classes, 6% have an income of less than £8999, 12% between £9-13,999, 33% between £14-19,999, 23% between £20-29,999 and 27% in excess of £30,000 (gamma = 0.074)

<sup>xlvi</sup> 44% of ‘single’ and 47% of ‘married’ male parents were not interested in parenting classes compared to only 26% of ‘other’ marital status male parents (gamma = 0.256)

<sup>xlvii</sup> gamma = -0.271

<sup>xlviii</sup> Gamma = .021

<sup>xlix</sup> 47% of parents with an income in excess of £20,000 compared to 33% of those earning less than £14,000

<sup>l</sup> 64% of parents aged 16-19 years were ‘very interested’ or ‘interested’ in attending parenting classes compared to 60% of those aged 20-34 years and 56% of those aged 35+ years

<sup>li</sup> There is a positive and moderate relationship between ‘Special Needs’ and interest in attending parenting classes (gamma = 0.256).

<sup>lii</sup> Ryland’s study of parenting programmes in Ireland found that nearly a third of programmes were attended by women only and the remaining two-thirds were attended by a majority of women.

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<sup>liii</sup> These reasons reflect those identified in Ryland's (1995) study by parents who spoke of the '*erosion of traditional support structures*'.

<sup>liv</sup> The premise for the question used in this section was roughly based upon a measure used by Fox, Bruce and Orne in their 1999 study of the "Parenting Expectations and Concerns of Fathers and Mothers of Newborn Infants".

<sup>lv</sup> The chi-square test results indicate that the sample is too small for the test to be reliable in testing the significance in concern over child safety and gender (chi-square=16.734, d.f.=2, p=.000 but 33.3% of cells have less than expected count)

<sup>lvi</sup> Chi-square=9.300, d.f.=2, p=.010

<sup>lvii</sup> Of the 142 parents who identified this concern, 53 (or 37%) have an income of less than £8,999 (gamma = 0.374).

<sup>lviii</sup> Of the 201 parents who identified this as a concern, 75 (or 37%) have an income of less than £8,999 (gamma = 0.387)

<sup>lix</sup> Chi-square = 5.688, d.f. =4, p = .224 and 33% of cells have expected count less than 5

<sup>lx</sup> The chi-square test results indicate that the sample is too small for the test to be reliable in testing the significance in concern over child safety and gender (chi-square=6.929, d.f.=2, p=.031 but 33.3% of cells have less than expected count)

<sup>lxi</sup> The chi-square test results indicate that the sample is too small for the test to be reliable in testing the significance in concern over child safety and gender (chi-square=13.243, d.f.=2, p=.001 but 33.3% of cells have less than expected count)

<sup>lxii</sup> 46% of male parents (n=200) and 45% of female parents (n=800)

<sup>lxiii</sup> Parents were asked to rate the ease with which information could be found on five topics. These topics were pre-selected and covered broad thematic areas of information potentially relevant to all parents regardless of the age of their children.<sup>lxiii</sup>

<sup>lxiv</sup> The prompts for this question read: "By childcare, we mean information on what type of childcare is available in your local area, childcare prices etc"

<sup>lxv</sup> 75% of female compared to 70% of male parents - Difficulty by gender is measuring using percentage of females where n = 800 (i.e. 800 female parents in sample population) and percentage males where n = 200 (i.e. 200 male parents in sample population). Gamma value = -0.143

<sup>lxvi</sup> 34% of females not currently engaged in paid employment believe that childcare information is 'very difficult' or 'difficult' to find compared to 26% of females engaged in full-time employment (chi-square = 11.737, d.f. = 2, p = .003).

<sup>lxvii</sup> 91% of total male parents engaged in full-time employment compared to 26% of total female parents engaged in full-time employment

NOTE: There is no significant relationship between male employment status and difficulty in accessing information on childcare. The chi-square test results indicate that the sample is too small to be reliable (chi-square = .422, d.f. = 2, p = .810, 50% have expected count less than 5)

<sup>lxviii</sup> 34% of total female parents compared to 24% of total male parents (gamma = -0.180).

<sup>lix</sup> Fourteen percent (14%) of those with a total household income of less than £13,999 believed this information was either 'very difficult' or 'difficult' to find compared to just 29% of parents with an income of £30,000 + (gamma = -.111)

<sup>lxx</sup> Compared to 24% of full-time and 36% of part-time employed parents (chi-square=37.355, d.f.=10, p=.005).

<sup>lxxi</sup> Thirty-three percent (33% of n = 271) of parents from 'rural' areas reported difficulties compared to 19% (n=454) of parents from 'large urban' and 13% (n=273) from 'small-medium urban' areas. areas (chi-square =41.166, d.f. = 10, p=.005)

<sup>lxxii</sup> 52% of total parents with a total household income of less than £8999 compared to 32% of those with a total household income in excess of £30,000

<sup>lxxiii</sup> Twenty-nine percent (29%) of parents not currently engaged in employment believed this information to be 'very difficult' or 'difficult' to find in their local area compared to only 16% of full-time and 22% of part-time employed parents (chi-square =29.979, d.f.=10, p=.001).

<sup>lxxiv</sup> However, there does not appear to be a statistical relationship between marital status and perceived need (chi-square =9.715, d.f. =10, p=.466)

<sup>lxxv</sup> It is not statistically related (chi-square =17.222, d.f. = 10, p=.070) - 19% of rural parents compared to 14% from large urban and 11% from small-medium urban areas

<sup>lxxvi</sup> Although a very weak relationship exists (gamma = 0.005).

<sup>lxxvii</sup> 26% of parents with an income of £20,000-29,999 and 26% of parents with an income of £30,000+ (gamma = 0.056)

<sup>lxxviii</sup> Chi-square = 21.536, d.f. = 10, p=.018

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<sup>lxxix</sup> There is a negative and rather weak relationship between perceived difficulty in accessing information on education and age of respondent (gamma = -0.011). Twenty-seven percent (27%, n=11) of those aged 16-19, 22% of those aged 20-34 and 26% of those aged 35+ years perceived this information to be 'difficult to find'

<sup>lxxx</sup> Parents were asked to identify their main sources of information with regard to the list of pre-selected topics outlined in Section 5.2.

<sup>lxxxii</sup> Chi-square = 61.461, d.f. = 10, p=.001

<sup>lxxxiii</sup> When cross-tabbed with parents responses on the availability of this information, 59% of 'Don't Know' parents believed the information was 'very difficult' or 'difficult' to find and 21% had 'no opinion'.

<sup>lxxxiv</sup> 22% of those with a total household income lower than £8,999 'did not know' where they would source this information compared to only 9% of those with an income in excess of £30,000.

<sup>lxxxv</sup> Chi-square = 47.645, d.f. = 20, p = .005. 'Community/family resource/citizen information centres' and 'health boards/clinics' are the next most cited sources in each area.

<sup>lxxxvi</sup> Gamma = .008

<sup>lxxxvii</sup> Other sources identified by parents included: Health Boards/Health Clinics (8%); Other Parents/Word-of-Mouth (4%); and Teachers/Schools (3%).

<sup>lxxxviii</sup> Female: chi-square=34585, d.f. =20, p =.022. Males: chi-square=18.474, d.f.=20, p=.566 but 81.8% of cells have an expected count of less than 5

<sup>lxxxix</sup> Gamma = .020

<sup>xc</sup> 32% of total male parents compared to 26% of total female parents (Chi-square=49.879, d.f.=10, p=.005 but 22.7% of cells have an expected count of less than 5)

<sup>xc</sup> Gamma = .003

<sup>xcii</sup> 37% of 'rural' compared to 23% of 'small-medium' and 23% of 'large' urban area parents. The chi-square test results for urban/rural area indicate that the sample is too small to be reliable.

<sup>xciii</sup> Chi-square=40.807, d.f. =10, p=.005 but 45.5% of cells have an expected count of less than 5

<sup>xciv</sup> Gamma = .031

<sup>xcv</sup> 36% of those aged 16-19 years compared to 8% of 20-34 and 11% of those aged 35+ years

<sup>xcvi</sup> 27% of those aged 16-19 years compared to 15% of 20-34 and 12% of those aged 35+ years

(gamma = .031)

<sup>xcvii</sup> The prompts used for this question are: 'By education we mean information on schools in your local area, entrance requirements, what to do if you are experiencing difficulties in your (or your child's) relationship with the school etc.

<sup>xcviii</sup> 62% of those with an income of less than £8,999, 72% with an income of £9-13,000, 67% of those with an income of £14-19,999, 59% of those with an income of £20-29,999 and 52% with an income of £30,000+. This is not significant however (chi-square = 27.989, d.f. =16 and p = .032)

<sup>xcix</sup> Chi-square=22.977, d.f.=11, p=.018

<sup>cx</sup> Only those with a total household income of greater than £20,000 use 'Multimedia' sources. For parents with an income of less than £14,000, 'Community/Family resource centres and Voluntary Groups' serve as important sources of information.

<sup>cx</sup> Parents were asked if they were aware of five services operating in their local area: the Public Health Nurse/Health Clinic, Social Welfare Services, Marital Counselling, and Family Counselling

<sup>cxii</sup> 63% of 'large urban' parents indicated that they were aware of such a service compared to 52% of 'rural' parents. Chi-square =11.977, d.f.=4, p=.018 but 33.3% of cells have an expected count of less than 5

<sup>cxiii</sup> 68% of those with an income of less than £8,999 and 79% of those with an income of £9-13,999 were aware of this service compared to only 55% of those with an income greater than £30,000

(gamma= 0.202)

<sup>cxiv</sup> Chi-square=25.452, d.f.=4, p=.000 but 33.3% of cells have an expected count less than 5

<sup>cxv</sup> Gamma=.240

<sup>cxvi</sup> Gamma = -0.337)

<sup>cxvii</sup> Gamma= -0.116

<sup>cxviii</sup> Gamma = -0.263

<sup>cxix</sup> Chi-square = 41.669, d.f. = 1, p = .0001

<sup>cx</sup> Chi-square=6.038, d.f. =2, p=.049

<sup>cx</sup> Gamma = -0.081

<sup>cx</sup> For example, the Review of the One Parent Family Payment (2000) highlighted the importance of providing high quality, easily accessible information to lone parents in the context of supporting their return to paid employment or training.

<sup>cxii</sup> Parents from low-income rural households are less aware of advisory or emergency services than parents from low-income, urban households.

<sup>cxiii</sup> Funded by the Department of Social, Community & Family Affairs

<sup>cxiv</sup> Can be funded through Regional Health Boards, Community Groups, Voluntary Associations etc.

<sup>cxv</sup> 40% (n=80) of total male parents had used none of the selected FSS compared to 27% (n=216) of total female parents (chi-square = 19.065, d.f. =5, p. = .002).

<sup>cxvi</sup> 34% of 'married' parents (n=222) had not used any of the listed FSS compared to 24% of 'single' (n=210) and 19% of 'other' marital status parents (n=133). (gamma .005)

<sup>cxvii</sup> 36% of parents from 'rural' areas (n=271) had not used any of the listed FSS compared to 29% of those from 'large' urban areas (n=455) and 25% from 'small-medium' urban areas (n=274) (gamma = -0.083)

<sup>cxviii</sup> 38% of those with an income greater than £30, 000 (n=199) had not used any of the listed FSS compared to 21% of those with an income less than £8,999 (n=153) (gamma = -0.207)

<sup>cxix</sup> 76% of users (n=272 out of a total user population of 354) came from 'large' or 'small-medium' urban areas (chi-square=14.686, d.f. = 2, p = .001)

<sup>cxx</sup> 304 mothers (or 38% of total females) compared to 50 male parents (or 25% of total males) (chi-square = 11.824, d.f. = 1, p = .001)

<sup>cxxi</sup> n=328 out of total subgroup sample of 356

<sup>cxxii</sup> Equal numbers of male and female users rated the service 'very useful' or 'useful' (gamma = 0.157) Regardless of total household income, the majority of parents rated the service 'very useful' or 'useful' (gamma = .114) Users from urban and rural locations were overwhelmingly positive about the usefulness of the service (gamma = .095) although slightly more users from 'large' urban areas did not find the service useful compared to users from other locations. Older parents were more likely to rate the service 'very useful' or 'useful' (gamma = 0.113)

<sup>cxxiv</sup> More parents from 'large' urban areas used the service than parents from 'small-medium' or 'rural' areas (chi-square = 13.097, d.f.=2, p=.001)<sup>cxv</sup>. No parents aged 16 – 19 years (n=11) had used the service in the previous twelve months. Greatest use of the service was reported by those aged 20 – 34 years (gamma = 0.317)<sup>cxvi</sup>. More male than female parents reported use of antenatal classes but it is unlikely that this is significant (chi-square = 2.273, d.f. = 1, p = 0.132)<sup>cxvii</sup>. 'Married' parents indicated much greater use of the service than 'single' or 'other' marital status age groups. There is no statistical relationship between marital status and use of antenatal services (chi-square =4.941, d.f.=2, p=.085). Higher usage of this service is linked with age of children as younger children are more predominant amongst those 'married' increasing the likelihood of these parents using the service. Attendance at antenatal classes in the previous year drops from a high of 61% for those with some form of Third Level qualification to a low of 9% amongst parents with Primary level education (chi-square =29.529, d.f. = 3, p = .005)

<sup>cxviii</sup> Favourable ratings of the antenatal service are highest among male users with 93% of male users rating the service either 'useful' or 'very useful' compared to 77% of female users (gamma = -0.373)

<sup>cxvix</sup> Those on higher household incomes (i.e. greater than £14,000) rated the classes less useful than parents' from lower income households (gamma = 0.004)

<sup>cxvii</sup> Note: there is no significance between ratings of antenatal services and marital status. 100% of 'other' marital status and 94% of 'married' parents rated it 'very useful' or 'useful' compared to 71% of 'single' parents (chi-square =8.117, d.f. =6, p=.230)

<sup>cxviii</sup> 80% of users aged 20-34 years (total n=65) & 80% of those aged 35+ years (total n = 55) (gamma = .022)

<sup>cxvix</sup> 56% of female parents (n=800) had used the service compared to 43% of male parents (n=200) (chi-square = 10.240, d.f. = 1, p = .001)

<sup>cxvii</sup> 64% of parents aged 16-19 years (n=11) and 68% aged 20-34 years had used the service compared to 44% of those aged 35+ years (gamma = .447)

<sup>cxviii</sup> gamma = -0.113

<sup>cxvii</sup> 85% of users with an income of less than £8,999 (n=76) found the service 'very useful' or 'useful'

<sup>cxxxiii</sup> 22% of users with a income of £9,000-13,999 & 25% with an income of £14,000-19,999 (gamma = .041)

<sup>cxxxiv</sup> For clarity the term 'home visitor' will be used to describe all schemes which aim to work with parents in their home to support them in their parenting role. However, the Eastern Regional Health Authority's Community Mothers Programme is one of the better known examples of such a scheme and this term was used in the questionnaire with parents to indicate the type of scheme the question was referring to

<sup>cxxxv</sup> Less than 1% of parents with an income greater than £20,000 indicated they had used the service (gamma = .088)

<sup>cxxxvi</sup> This is unusual insofar as in the EHRA the service is particularly directed at first-time or young mothers. However, none of the users of this service were from within the EHRA and the majority were users of a 'home visiting' scheme established by a voluntary organisation (gamma = 0.317)

<sup>cxxxvii</sup> Parents from 'large' or 'small-medium' urban areas account for 91% of those who had used the service (chi-square =6.983, d.f. =2, p=.030)

<sup>cxxxviii</sup> chi-square =1.971, d.f.=2, p=.373

<sup>cxxxix</sup> 100% of users in this age group finding it 'very useful' or 'useful' compared to 77% of users aged 20-34 years (gamma = -0.385).

<sup>cxli</sup> 16% of parents with an income of less than £8,999 had used the service compared to only 5% of those with an income greater than £30,000 (gamma = 0.375)

<sup>cxlii</sup> Compared to 11% of 'single' and 5% of 'married' parents (chi-square = 40.866, d.f. =2, p= .005)

<sup>cxlii</sup> 88% of female users (n=74) rated the service thus compared to 73% of male users (n=15) (gamma = 0.285)

<sup>cxliii</sup> 89% of users with an income greater than £30,000 rated it 'very useful' or 'useful' compared to 79% of those with an income of £9,000-14,999 (gamma = -0.101)

<sup>cxliv</sup> All users (n=2) aged 16-19 found it 'very useful' or 'useful'.<sup>cxliv</sup> 84% of users aged 20 – 34 years and 86% aged 35+ years found it 'very useful' or 'useful' (gamma = -0.100)

<sup>cxlv</sup> 60% of users had total household income of less than £14,000 (gamma = 0.356)

<sup>cxlvi</sup> 11% of 'single' and 17% of 'other' marital status had used the service compared to 7% of 'married' parents (chi-square =15.670, d.f. = 2, p = .005)

<sup>cxlvii</sup> As 33.3% of cells have less than expected count of 5. Chi-square = 19.504, d.f. =2, p=.000

<sup>cxlviii</sup> gamma = .121

<sup>cxlix</sup> 100% of users with a total household income greater than £20,00 indicated that they had found the service 'very useful' or 'useful' compared to 89% of users with an income of less than £8,999 (gamma = .127)

<sup>cxli</sup> gamma = .170

<sup>cxli</sup> gamma = 0.656

<sup>cxlii</sup> The chi-square test results show that the sample size is too small to be reliable (50% of cells with an expected count of less than 5 – chi square = 13.304, d.f.=2, p =.001)

<sup>cxliii</sup> 57% of female users (n=7) compared to 50% of male users (n=1) (gamma = .273)

<sup>cxliv</sup> Chi-square = 10.38, d.f. = 1, p = .001. 23% of male parents felt that services should be targeted at those most in need of support compared to only 14% of female parents.

<sup>cxlv</sup> Identified 400 times by parents

<sup>cxlvi</sup> Identified 276 times by parents

<sup>cxlvii</sup> Identified 210 times by parents

<sup>cxlviii</sup> Aftercare is an additional form of support for parents with very young children.

<sup>cxlix</sup> Than those engaged in part-time employment or those not currently engaged in employment (chi-square = 26.558, d.f. =2, p= .001).

<sup>cxlx</sup> 51% of those who identified this need have all their children aged 4-11 years; 30% have all children aged 12+ years and 18% have all children aged 0-3 years (gamma = .341)

<sup>cxli</sup> 'Playcare' = out of school care for primary school aged children. 'Playwork' = what adults do to facilitate children playing, on supervised playgrounds, after school clubs or holiday play schemes, generally for children of primary school age. 'Childcare' = as used by the Department of Justice, Equality & Law Reform, describes day-care facilities and services for pre-school aged children and for school-aged children out of school hours. 'Play facilities' = specific measures which provide for structured or informal play & can include unsupervised neighbourhood play areas, supervised playgrounds in parks, after-school clubs, holiday play schemes. ALL Definitions taken from Webb, 1999, p. 6

<sup>clxii</sup> Based on calculations with age of children is calculated using parents whose children are ALL either aged 0-3, 4-11, or 12+ years. Using this measure, 84 parents identify financial support for childcare costs as a need. 66% (n=55) of those whose children are all aged 0-3 years identify this as a need compared to 31% of those whose children are all aged 4-11 and only 4% of those whose children are all aged 12+ years (gamma = -0.702)

<sup>clxiii</sup> Based on calculations with age of children is calculated using parents whose children are ALL either aged 0-3, 4-11, or 12+ years. Based on this formula, 18 parents identified this need, 6 (or 33%) had children all aged 0-3, 8 (or 44%) had children aged 4-11 and 4 (or 22%) had children aged 12-16 years (gamma = -0.54).

<sup>clxiv</sup> 27% of total female parents (n=800) compared to 21% of total male parents (n=200) (chi-square = 3.931, d.f. = 1, p = .047).

<sup>clxv</sup> Chi-square = 6.785, d.f. = 2, p = .034

<sup>clxvi</sup> Of the 219 female parents who identified childcare as a support need, a third are engaged in full-time paid employment, a third in part-time paid employment, and a third are not currently engaged in paid employment

<sup>clxvii</sup> Chi-square = 7.430, d.f. = 2, p = .024

<sup>clxviii</sup> Based on calculations with age of children is calculated using parents whose children are ALL either aged 0-3, 4-11, or 12+ years. On this basis, 56% (n=88) of parents whose children are all aged 0-3 years identified childcare support needs compared to 35% of those whose children are all aged 4-11 years and 9% of those whose children are all aged 12+ years (gamma = 10.615).

<sup>clxix</sup> Based on calculations with age of children is calculated using parents whose children are ALL either aged 0-3, 4-11, or 12+ years. 63 parents identified after-school support need. Of this, 71% (n=45) have children who are all aged 4-11 years, 18% have children who are all aged 12+ years and 11% have children who are all aged 0-3 years.

<sup>clxx</sup> 57% of parents who identified 'general support needs' were aged 35+ years, 42% aged 20-34 years and 1% aged less than 20 years (gamma = -0.121).

<sup>clxxi</sup> 121 parents identified general support needs. 23% had an income of less than £8,999; 15% £9 - 13,999; 25% with an income of £14-19,999; 18% with an income of £20-29,999 and 19% with an income of £30,000+ (gamma = -0.126). Based on parents with all children aged between 0-3, 4-11 and aged 12+. A third of those who identified general support services needs had all children aged 0-3 years (n=22), 44% had all children aged 4-11 years (n=29) and 23% had all children aged 12+ years (n=16)

<sup>clxxii</sup> 44% (n= 18) of those who identified this need are 'single', 32% (n=13) are 'other' marital status and 24% (n=10) are 'married' (chi-square = 32.675, d.f. = 2, p = .005)

<sup>clxxiii</sup> Based on calculations with age of children is calculated using parents whose children are ALL either aged 0-3, 4-11, or 12+ years. 50% (n=12) of those whose children are all aged 0-3 years identified such needs compared to 29% (n=7) of those whose children are all aged 4-11 years and 21% (n=5) of those whose children are all aged 12+ years (gamma = -0.265).

<sup>clxxiv</sup> Chi-square = 6.837, d.f. = 2, p = .033

<sup>clxxv</sup> Chi-square = 10.329, d.f. = 2, p = .006

<sup>clxxvi</sup> Gamma = .619

<sup>clxxvii</sup> Based on parents with all children aged between 0-3, 4-11 and aged 12+ (n = 70 who identified education support needs). 49% of those with all children aged 4-11 years (n=34) and 40% of those with children aged 12+ years (n=28) identified these needs compared to only 11% of those with children all aged 0-3 years (n=8) (gamma = .440)

<sup>clxxviii</sup> The term 'structural' is used to denote those support needs of parents concerning issues such as housing, transport, estate management etc.

<sup>clxxix</sup> 45% (n=5) of parents aged 19 or less identified such needs compared to 11% (n=40) of parents aged 20-34 years and 10% (n=63) of parents aged 35+ years (gamma = -0.103).

<sup>clxxx</sup> 19% (n=29) of those with an income of less than £8,999, 9% (n=13) of those with an income of £9-13,999, 14% (n = 30) of those with an income of £14-19,999 and 6% (n=13) of those with an income of £20-29,999 and 6% (n= 12) with an income greater than £30,000 identified structural support needs (gamma = -0.295).

<sup>clxxxi</sup> 18% (n=37) of 'single' compared to 9% (n=52) of married and 9% (n=12) of 'other' marital status parents (chi-square = 12.831, d.f. = 2, p = .002).

<sup>clxxxii</sup> Only 4% of parents with an income of less than £8,999 had health related support needs compared to 13% of those with an income £14-19,999 and 12% with an income between £20-29,999 (eta = .050).

<sup>clxxxiii</sup> Issues such as the provision of childcare by employers have already been discussed in Section 7.2.3.

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<sup>clxxxiv</sup> 46% of those who identified work related support needs (n=32) had an income in excess of £30,000; and 35% an income of £20-29,999. Only 1% of those with an income of less than £8,999 identified work related support needs (gamma = .607).

<sup>clxxxv</sup> 77% (n = 53) of those who identified work related support needs came from 'large' urban areas, 13% from 'small-medium' urban areas and 10% from 'rural' areas (chi-square = 29.407, d.f. = 2, p = .001).

<sup>clxxxvi</sup> 96% (n=66) of those who identified these needs are engaged in employment (chi-square = 45.628, d.f. = 2, p = .001).

<sup>clxxxvii</sup> Based on parents with all children aged between 0-3, 4-11 and aged 12+ (n = 49 who identified work related support needs). 51% (n=23) of work related support needs were identified by parents whose children were all aged 0-3 years and by 42% (n=19) by those whose children are aged 4-11 years (gamma = -0.463)

<sup>clxxxviii</sup> Based on parents with all children aged between 0-3, 4-11 and aged 12+ (n = 12 who identified maternity/paternity leave support needs). 75% (n=9) of those who identified such needs had all children aged 0-3 years and 25% (n=3) had all their children aged between 4-11 years.

<sup>clxxxix</sup> Based on calculations with age of children is calculated using parents whose children are ALL either aged 0-3, 4-11, or 12+ years. Using this formula, 84 parents identify financial support for childcare costs as a need. 66% (n=55) of those whose children are all aged 0-3 years identify this as a need compared to 31% of those whose children are all aged 4-11 and only 4% of those whose children are all aged 12+ years (gamma = -0.702)

<sup>cxc</sup> Chi-square = 6.837, d.f. =2, p = .033

<sup>cxc</sup> Based on parents with all children aged between 0-3, 4-11 and aged 12+ (n = 49 who identified work related support needs). 51% (n=23) of work related support needs were identified by parents whose children were all aged 0-3 years and by 42% (n=19) by those whose children are aged 4-11 years (gamma = -0.463)