

Assessments of parenting and parenting support need

Findings
Informing change

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This qualitative study explored mainstream parent-practitioner consultations and the influence of personal experience and diversity factors. The research examined the perspectives of 54 practitioners working within education, health and social care.

Key points

- All the professional groups observed and collected a wide range of information regarding parenting.
- Paediatricians and teachers perceived their main focus as the health and social/educational development of children rather than their families.
- Practitioners broadly agreed on what constituted 'good enough' parenting: putting the child's needs first and meeting their needs, consistent care and routine, and acknowledgement of problems and engagement with services.
- Perceptions of 'risky' parenting were broadly the reverse of 'good enough' parenting - putting self before child, lack of parental control and routine, and unwillingness to engage with support services.
- Valuing difference and not being judgemental were emphasised. Perceived differences between practitioners and families focused mainly on ethnicity and socio-economic class.
- Practitioners reflected on the impact of diversity issues on parenting, but often had no formal way to incorporate this into assessments. Some were uncertain around cultural and ethnic differences.
- A sense of shared identity, particularly in ethnicity and culture, was perceived as assisting in working with some families, but could also create conflicts between practitioners' beliefs and experiences and those of families.
- Training 'gaps' included culture and ethnicity, disability and special needs, and in the quality of professional training. Paediatricians and teachers had the least training in parenting styles and assessment, and were least likely to use tools for assessing parenting support need.
- Use of the Common Assessment Framework was uneven. Most health visitors, family support workers and some teachers used it, but rarely paediatricians. The framework's benefits were acknowledged, along with concerns about it being time-consuming to complete and how its inconsistent use could lead to challenges with multi-agency working.

The research

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Background

Supporting parents as a means of improving child outcomes and as an end in itself is central to many wide-ranging government policy initiatives of recent years. Despite enormous advances in policy and legislation, there has been relatively little research into mainstream or 'routine' parent-practitioner consultations and parenting support needs 'assessments' in the broadest sense. The consultations explored in this study were those with families where there were no a priori child safeguarding concerns but the practitioner had the opportunity to informally or formally evaluate whether the family needed, or would benefit from, additional support.

This report is based on a qualitative study of four practitioner groups within two UK areas: health visitors, family support workers, paediatricians and nursery/infant teachers. The research set out to explore how practitioners 'assess' parenting and parenting support need and how this may be affected by factors such as practitioner and family diversity. The study examined:

- the process of assessing parenting and parenting support need;
- views on the nature of 'good enough' and 'risky' parenting;
- the role played by practitioner and family diversity, and reflection and training in this area.

Assessing parenting support need

The extent to which respondents viewed their professional roles as encompassing any assessment of parenting or offering family support varied among the practitioner groups. Family support workers and health visitors saw both formal and informal parental assessment as a key part of their professional role. In contrast, teachers and paediatricians felt that their focus was on children's health, development or behaviour, rather than on parents.

All practitioner groups formally or informally observed and collected a wide range of information regarding parenting capacity, including:

- discussions with parent's;
- consulting other professionals who had worked with the families concerned;
- observations of the home and physical environment;
- observations of children;
- observations of parent's;
- observations of verbal and non-verbal interactions between parent and child.

The level of support offered to parents varied widely according to perceived professional roles and boundaries. Family support workers and health visitors offered a wide range of ongoing and often long-term support to families. Many paediatricians, in contrast, felt that they could only offer a limited amount of support to parents outside of their clinical remit, but would often refer parents to other agencies for support. This was partly because paediatricians were less likely to have many structured ways of looking at parenting or incorporating the information into their assessments of children. Similarly, teachers observed a wide range of child and parenting behaviour but how and whether this was acted upon depended on the teacher's roles within the school (e.g. if a school-home liaison officer, special needs coordinator or child protection lead), their relationship with parents and their confidence to address any issues.

The assessment process and how practitioners developed relationships with families were affected by a number of factors such as the meeting environment, time available, level of engagement with parents, 'gut' instinct and practitioner confidence. The main challenges faced by practitioners related to working with parents who were difficult or unwilling to engage with services.

'Good enough' and 'risky' parenting

Practitioners' views of parenting were taken from training and their professional experience and knowledge, along with their personal experience. There was a general consensus among all practitioner groups on the basic principles underpinning 'good enough' parenting and what elements were most important, but also a recognition that families often had their own values, beliefs and structures. This wide range of practices was felt to constitute different but still safe and acceptable care for children within the boundaries of the law.

“Everybody has different parenting styles, as I say to the families, we don’t have a tick chart that says “Yes, yes, yes, that’s it- you’re a brilliant parent”. Everybody develops their own style of parenting and there is not a wrong or right way.” (Family support worker)

that across to somebody who’s always known that without offending them. It’s about treading carefully ... you’ve just got to be very aware ’cos you only need to say one thing wrong and that can completely kill the relationship.” (Family support worker, white)

Four main themes emerged from practitioners’ perceptions of good enough parenting:

- meeting children’s health and developmental needs;
- putting children’s needs first;
- providing routine and consistent care;
- parental acknowledgement of any problems and engagement with support services.

Risky parenting was linked with neglecting basic needs, putting adults’ needs first, chaos and lack of routine, and an unwillingness to engage with support services. The notion of risky parenting was not always defined as a fixed state; rather, practitioners felt that they needed to ascertain whether the ‘risky’ behaviour was a one-off occurrence, episodic or regular behaviour.

A main theme across all professional groups was the notion of fluidity and flexibility when assessing parenting; differences needed to be viewed in the context of different communities and cultures.

Practitioner and family diversity

Assessments were informed by personal and professional experience. Personal experience was useful to draw on for a better, more empathetic understanding of child development and the practical and emotional challenges faced by parents.

Perceived differences were felt most notably in the areas of ethnicity and socio-economic class. Few practitioners had a formal way to help them make sense of the impact of diversity on parenting and the family. The main uncertainty was around ethnic and cultural differences, particularly in attitudes to physical punishment and discipline. Practitioners reported concerns about making judgements and assumptions or being too accepting of behaviours, assessing whether parental practices were the cultural norm or individual beliefs and behaviours, and fears about damaging parent-practitioner relationships.

“An African or West Indian family may discipline their child in a very different way to what I would discipline my child ... you have to be aware of respecting that that’s all they’ve known and ... we’ve now come to ... you don’t smack your child or beat your child and it’s how do you get

A sense of shared identity could help to build relationships and relay messages around potentially damaging parenting practices, but could also create conflicts between practitioners’ personal beliefs and experiences and professional practice.

“African and West Indian families’ culture is ... “I got beat when I was younger, didn’t do me any harm” and from a personal point of view I can see where they’re coming from but you’ve got to try to help them to understand that they need to find different ways of dealing with their child’s challenging behaviour. “ (Family support worker, black Caribbean)

Perceived social class similarities and differences between practitioners and families had some effects on practitioners’ assessment of families’ support needs and the difficulties they experienced. Gender differences received less attention. Contact with fathers was limited, although the importance of engaging with both parents was highlighted as the key to better assessments and support-giving. The father’s role was acknowledged as important in encouraging change within a family.

Parenting assessment tools and training

The use of parenting assessment tools varied widely among and within professional groups. Health visitors reported the highest use of assessment tools. There was fragmented use of the Common Assessment Framework (CAF) among practitioner groups, within groups and among areas and individual teams, although many had received CAF training. The framework was used by most health visitors and family support workers, and some teachers, but by very few paediatricians. It was seen to be a helpful tool in gathering inter-agency information systematically on one form and promoting the quick coordination of parent support. It was also seen to positively involve parents at all stages of the process. The main problems in using the CAF related to the reliance on parental cooperation and consent, how time-consuming it was to complete, and delays occurring where other agencies were not yet using the form.

All practitioner groups received regular child protection training. Paediatricians and teachers had the least training in parenting styles and assessing parenting support need. The majority of teachers and paediatricians expressed an interest in learning more about parenting support and assessment in general.

“We [paediatricians] should all have further training around looking for parenting [behaviours]. So when one sees a marker, rather than just leaving it at that, further exploring, having some evidence-based or some structured way of looking at parenting would be helpful ’cos we don’t have it.” (Paediatrician)

Training and information ‘gaps’ identified were mainly around culture and ethnicity, disability and special needs, and also in the provision of a high enough quality and ‘level’ of training for professionals. The importance of reflection, supervision and professional support/advice was also stressed.

Conclusion

The research looked at practitioners’ personal and individual responses to working with families, but highlighted a number of important general issues for policy, practice and research:

- Paediatricians and teachers had received the least training in parenting assessment and formal teaching on parenting styles. They were also least likely to use tools and other structured ways of assessing parenting support need. This highlights the need to continue to support and develop the teaching workforce as their role in family support expands through the growth of extended schools, along with the need to consider how paediatric training might incorporate more work on family support and parenting.
- The importance of maintaining professional and personal boundaries and managing sometimes conflicting roles was a theme running through many

of the interviews. Health visitors and family support workers in particular highlighted the tension involved in simultaneously taking on supporting, monitoring, referring and authoritarian roles in their work with families. Opportunities for reflection, supervision and professional support/advice were seen to be important in resolving and managing these aspects of practice and should be made more widely available to all practitioners.

- There is a need to promote and support better ongoing training, especially in diversity and parenting issues. Practitioners felt it was important to identify and reflect on diversity issues, but often had no formal way (such as supervision, frameworks or tools) to help them to make sense of the impact of diversity on parenting and the family and incorporate this into assessments.
- With the considerable ethnic diversity among practitioners in the family support field, it may be timely to explore the complexity of cultural competence and shared identities in practice and review how well professional training and support address these issues.
- Uneven use of the CAF was reported. There is a need for better support around the use of the framework for some groups of professionals, such as paediatricians and teachers.

About the project

These findings come from qualitative research carried out in two areas of the UK, both containing high levels of deprivation but with different distributions of minority ethnic families. In total, 54 practitioners working with children aged two to seven were interviewed across four professional groups. Two-thirds of the sample described themselves as white British. The sample was recruited via children’s centres, health clinics, hospitals and schools.

For further information

The full report, **Assessments of parenting and parenting support need: a study of four professional groups** by Joanne Kellett and Joanna Apps, is available for download from www.jrf.org.uk.

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