ENCYCLOPEDIA on Early Childhood Development

Parent Support Programs and Early Childhood Development: Comments on Goodson, and Trivette and Dunst

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Introduction

Canadian policy-makers have been encouraged to subscribe to the conviction that early child development is a determinant of national health and wealth.[1,2] In a study using data from the National Longitudinal Survey of Children and Youth (NLSCY), it was determined that about one-third of Canadian parents use optimal parenting approaches[3] and that over time, parental responsiveness to their children declines. In Canada, parenting style is heterogeneous across socio-economic status (SES). But low SES and problematic parenting are related to behavioural challenges in children. The two papers commented on here originate from and are developed in research programs that focus on child and family development. Canadian researchers who subscribe to the population health approach would like to see these ideas developed and rigorously implemented within health and social programs that are then integrated across sectors.[4]

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Trivette and Dunst have dedicated their research careers to understanding social support of young families, and as a result have developed the tradition of family-centeredness. It is no surprise, therefore, to find that the research presented in their review is focused on understanding particular characteristics of family-centered help-giving practices and the links to social emotional development in children. The link between *what* is done and *how* it is done is proposed as important. Two key family-centered help-giving practices are isolated and examined.[5,6] Relational practices are said to include "behaviours" associated with compassion and active listening, as well as positive staff attributions about participant capabilities that build mutual trust and collaboration. Participatory help-giving practices include "behaviours" that involve program participant choice and decision-making around procuring desired resources and supports.

Goodson undertakes to inform the reader about the contribution of parent support programs to a causal pathway from parent attitudes/behaviours to child outcomes. She makes it clear that the review is carried out in a research context in which the quality but not the quantity of evaluation studies is limited, measurement is typically focused on children's cognitive gains (not socio-emotional gains), and assumptions are made about the rigour of the program implementation and the adequacy of family retention in the programs.

Research and Conclusions

In the paper by Trivette and Dunst, parents' capacity to promote child social-emotional development is operationalized as confidence/competence. They report four major findings. First, parent support programs improve parental competence/confidence and parental beliefs that child-initiated interactions are most important in parent-child interactions.[7,8] Second, although general parent support programs support social-emotional development of children, parent support that is directed at parental emotional and educational/economic development has an enhanced impact on child social-emotional development.[9] Third, participatory help-giving practices contribute the most to parents' judgment of their children's emotional competence.[7] Fourth, group approaches to parental support have a more powerful effect on child social-emotional competence than home-visiting approaches.[9]

Goodson refers to the same meta-analysis used by Trivette and Dunst in their paper[9] and also to the longitudinal work of Reynolds and colleagues.[10,11] Four findings are reported. First, parent support programs have less of an effect on social-emotional competence than on cognitive gains.

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Second, programs with stronger effects on social-emotional competence have three characteristics: children with specific needs are targeted, professionals deliver the service, and parents meet together to provide peer support. Third, programs that provide both direct early childhood education and parent support services have larger-than-average effects. Fourth, family support has a stronger effect than cognitive gain on juvenile delinquency (social-emotional competence), while their effect is about equal on high school completion (cognitive competence).

I am familiar with the literature on family support, family-centered practice, and parent support and have no argument with the positions taken by the authors of these two papers. My colleagues and I have focused our research program on parent support of vulnerable groups and have found, through the use of randomized control trials, that systematic interventions directed at parenting behaviours improve parental contingency in low-income parents and in adolescent mothers.[12,13] Similarly, we have found that systematic intervention on family problem-solving behaviour, what Trivette and Dunst call participatory help-giving practice, also improves contingency of parent-child interactions.[14]

In my opinion, more research is required on those areas of assumption made by Goodson, i.e. on the rigour of the parent support program implementation and on the adequacy of family retention in those programs. Just as there is a gap between controlled interventions and clinical applications in child and adolescent psychotherapy,[15,16] the transition from efficacious parent support approaches to effective community program practice needs to be carefully implemented and tracked.[17]

Implications for Services, Development and Policy

Trivette and Dunst imply that family-centered help-giving practices must form the basis of interactions between parent support-providers and families. Goodson, on the other hand, is keen to have researchers, service-providers and policy-makers attend to the need for rigorous implementation and evaluation study of parent support programs that target socio-emotional development in children. These implications are self-evident and fall naturally from a review of the literature in the latter case and from the career focus of the researchers in the former case.

A challenge faced by Canadian health and social-service providers is to promote parenting,[3] but in a proactive and cost-effective manner. A consistent negative association exists between family vulnerability due to socio-economic and related factors and engagement/retention rate in health, social, educational, leisure and cultural activities.[18,19,20,21] Barriers include service fragmentation;

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narrowness of mandate; power differential created by provider expertise; and difficulty in access because of location, language and hours of availability. The combination of family and service barriers results in reduced opportunities for effective access to preventive parenting programs and in increased use of secondary-level services (e.g. emergency medical services, child emergency social services, police involvement) by vulnerable families, with the obvious increase in costs.

Because the issues facing vulnerable families are rooted in an array of social, economic and political conditions that extend beyond the control of any one service sector, government and community systems must collaborate to coordinate programs. Collaborations are necessary when organizations share a common purpose, and when that common purpose addresses a meta-level problem,[22] such as parenting in vulnerable families. Collaboration occurs when a group of autonomous stakeholders, sharing a problem domain, interact using shared rules, norms and structures to address issues related to that domain.[23] Inherent in collaboration is the notion that the outcomes achieved are more effective, efficient and/or sustainable than what would have been achieved if organizations were working alone.[24,25,26,27,28] Researchers[28,29,30] have found that collaboration and integration of services for vulnerable populations are more effective, efficient and less costly than narrowly focused initiatives. Concerted efforts are required to create collaboration across sectors with the goal of improving parent support to Canadian families.

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