Strategies to promote effective engagement between parents and young children

Graham Vimpani
Head of Paediatrics and Child Health
University of Newcastle;
Clinical Chair
Kaleidoscope: Hunter Children's Health Network;
Chair: NIFTeY Australia

The paradox of modernity

- "Despite material abundance and the ability to generate unimaginable wealth there is grave concern about the deterioration of the quality of the human environment required for high levels of developmental health"
  - D Keating and C Hertzman, Developmental Health and the Wealth of Nations, 1999

Urie Bronfenbrenner on social change

- There has been a societal breakdown in the process of "making human beings human."
- *The signs of this breakdown are seen in the growing rates of alienation, apathy, rebellion, delinquency and violence we have seen in youth*
    - Bronfenbrenner, 1969

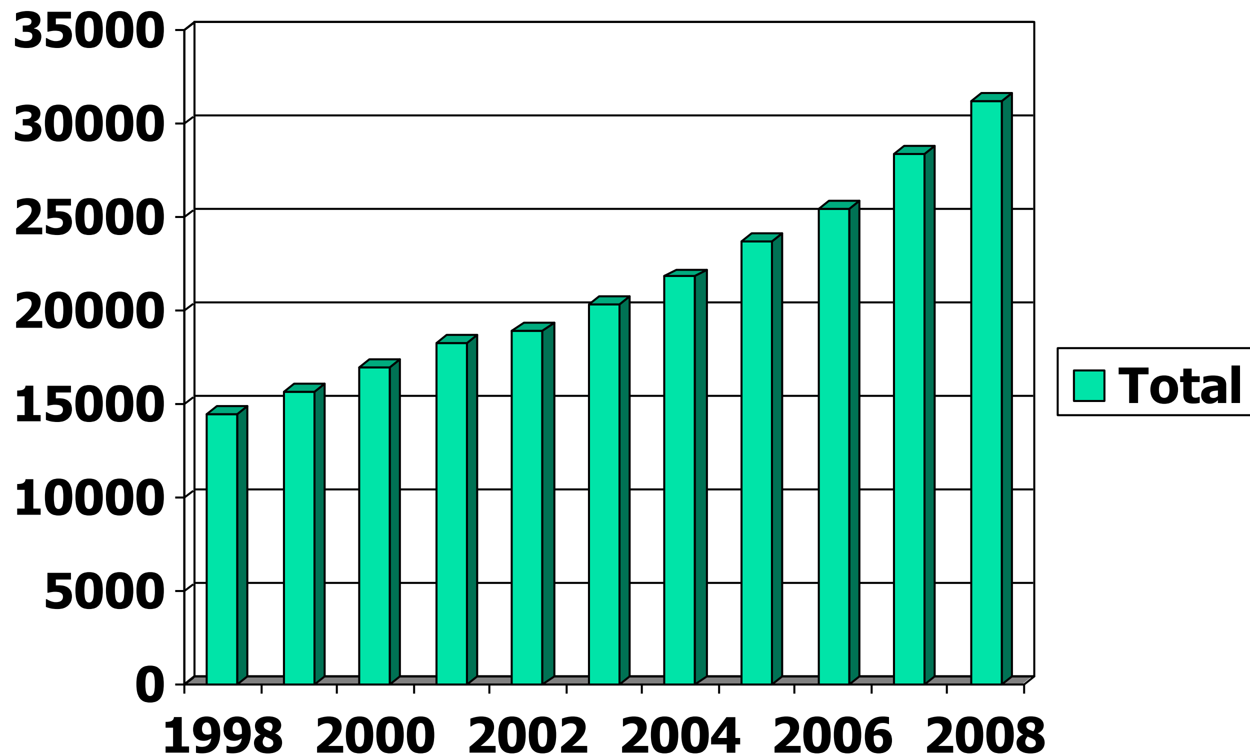
Urie Bronfenbrenner on social change

- Today these forces of disarray, increasingly being generated in the larger society, have reached a critical stage that is much more difficult to reverse.
- "*They have been producing growing chaos in the lives of children and youth*"
    - Bronfenbrenner et al, 1996

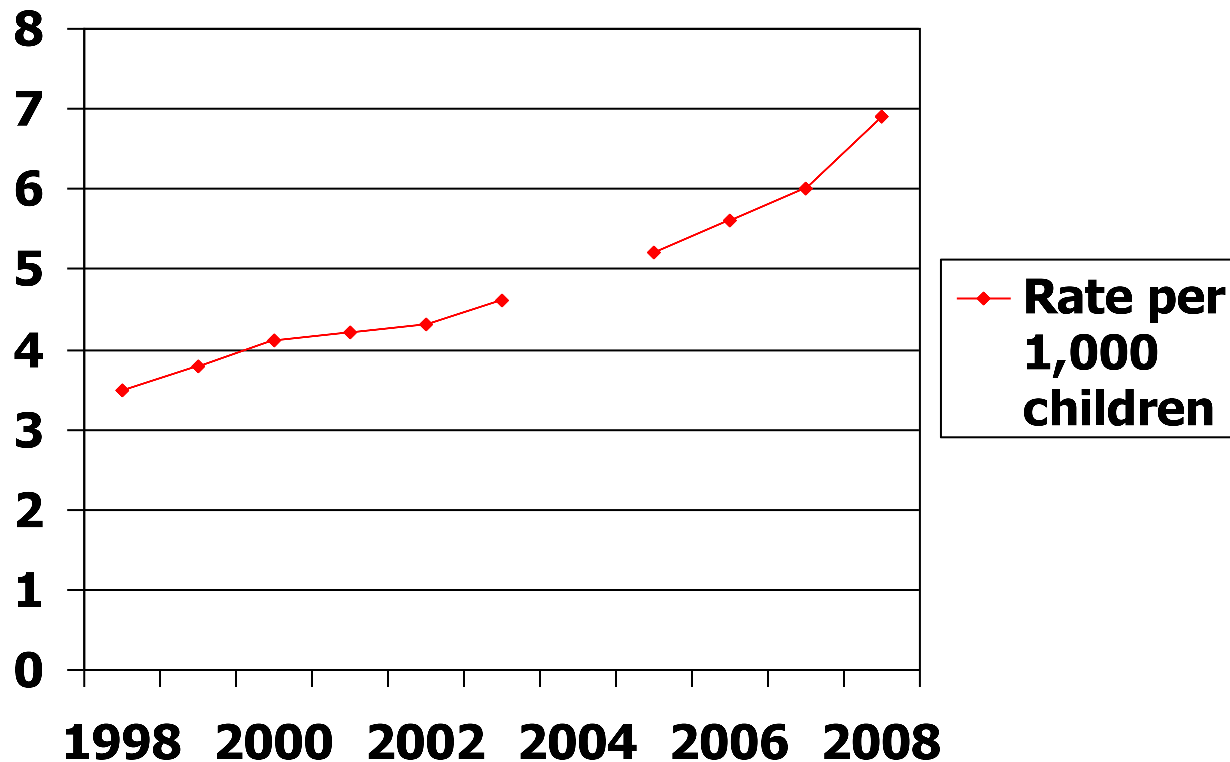
Symptoms of “growing chaos”

- Increasing rates of abuse and its consequences

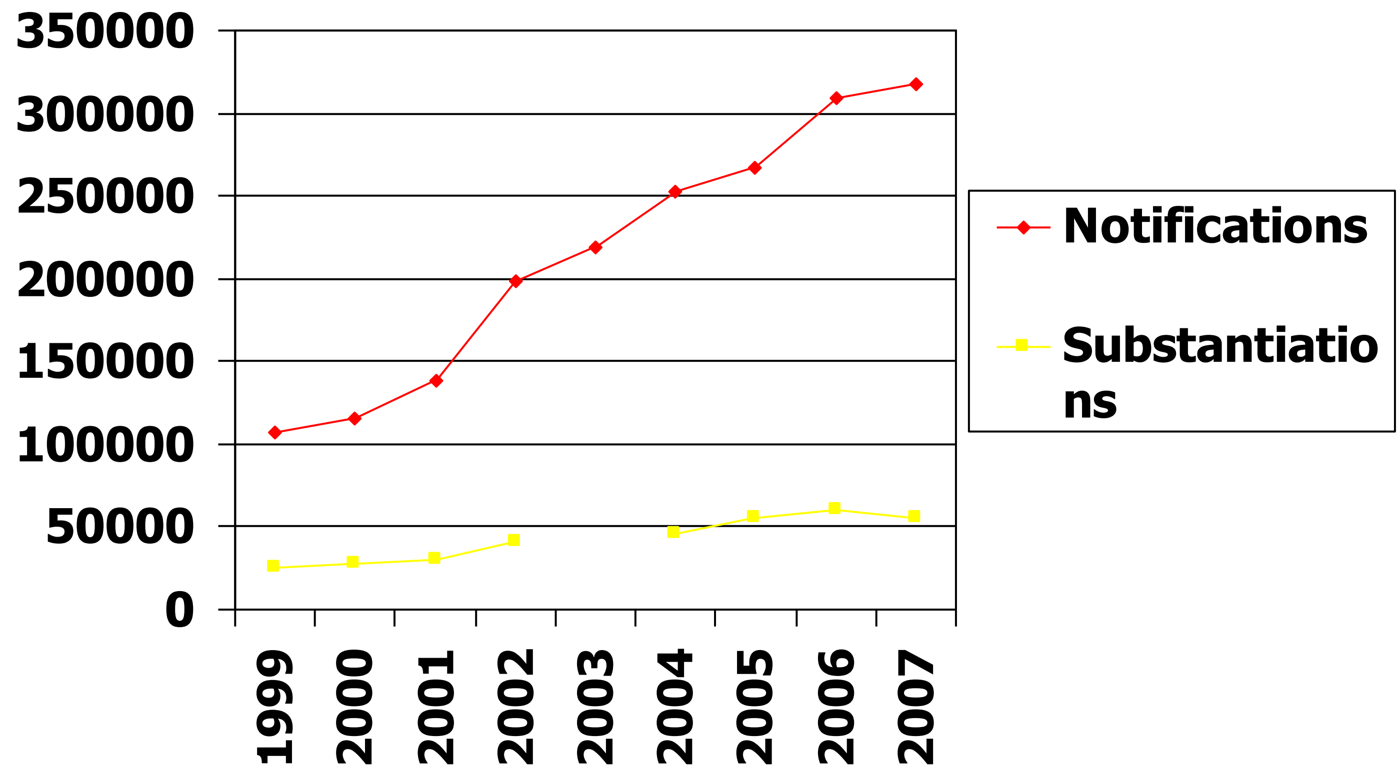
Number of children in out of home care 1998-2008: Aust



Rates of children on care and protection orders: Australia



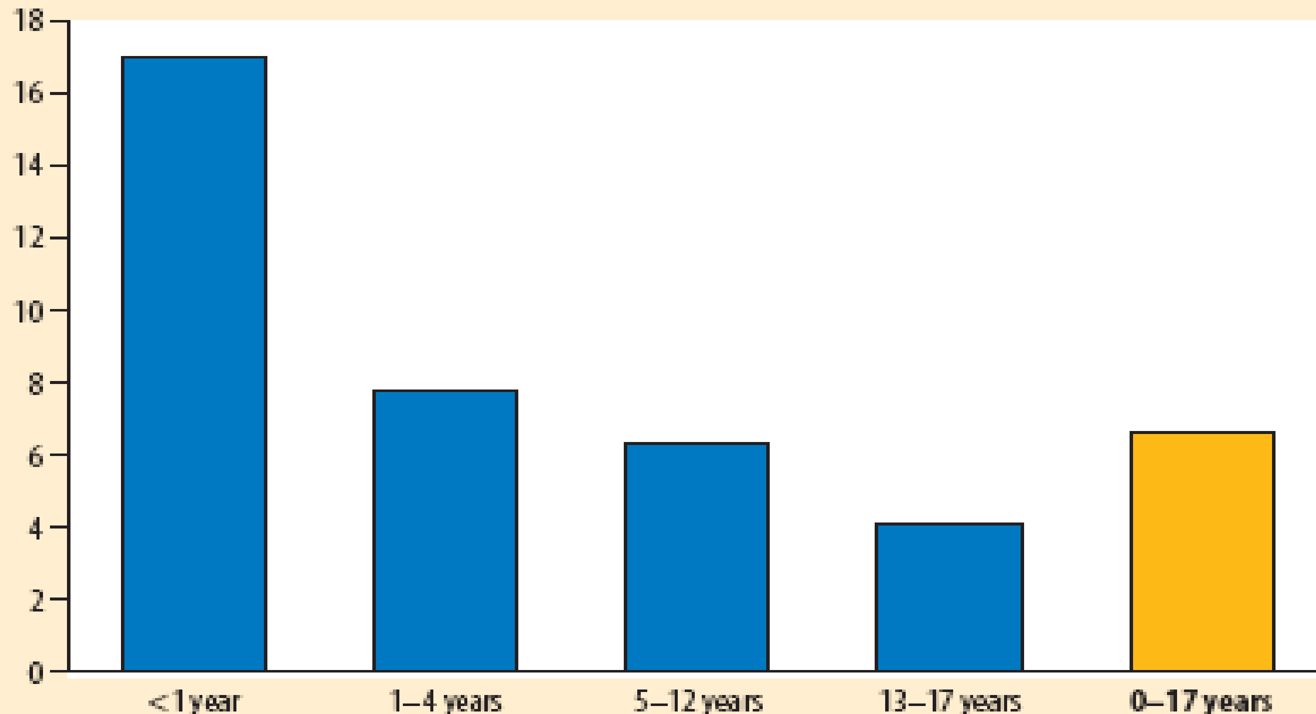
Numbers of child protection notifications and substantiations



Rate of child protection substantiatons by age group

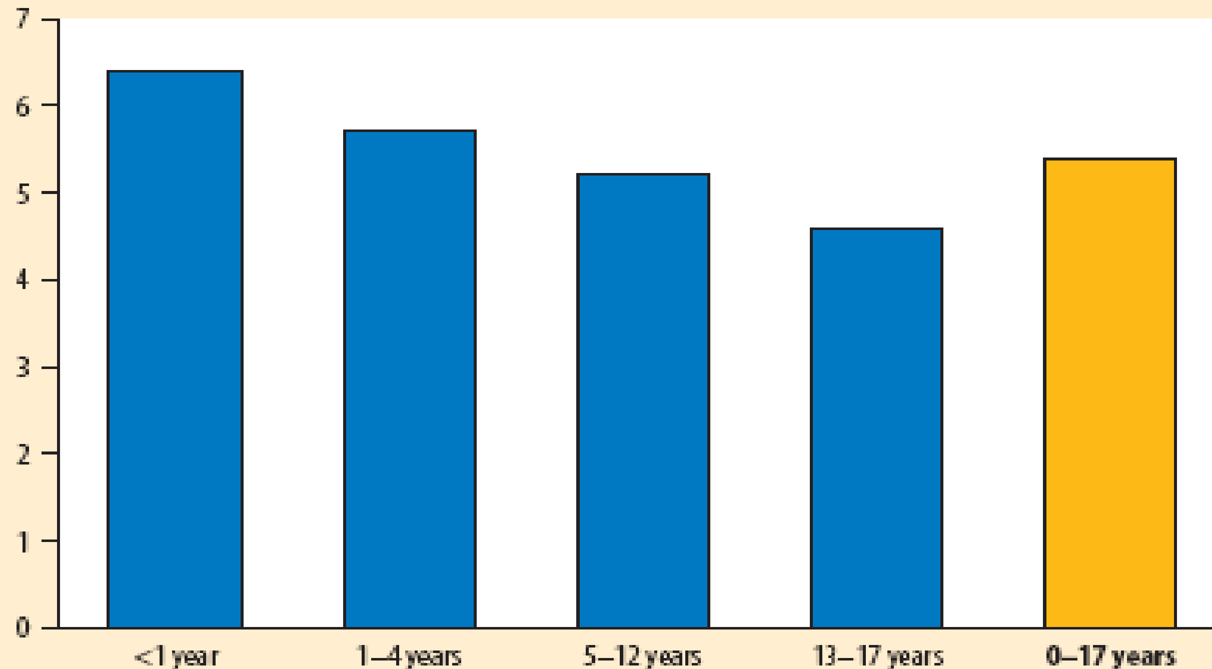
- 32,585 children aged 0–17 years were subject to child protection substantiations for notifications received during 2006–07—a rate of 7 per 1,000 population.
- Infants had the highest substantiation rate—twice that of other age groups.

Child protection substantiations, 2006–07 (per 1,000 population)



Source: AIHW Child Protection Database.

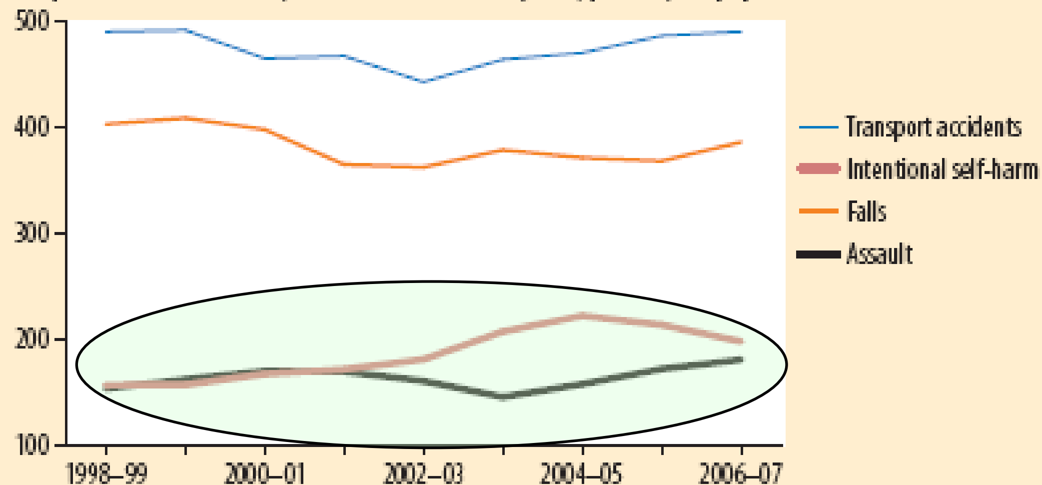
Ratio of substantiated child abuse Indigenous:Other children



Rising rates of self-harm admissions in teenage girls

- 45,000 injury hospitalisations for teenagers in 2006–07 (2,221 per 100,000 population, 7% increase since 1998–99). Around one in five were caused by transport accidents (mostly motor vehicle accidents) and one in six by falls.
- Hospitalisation rates have increased for assault (by 18%) and intentional self-harm (27% increase—increase much greater for females (33%) than males (9%)) since 1998–99.
- Transport accident hospitalisation rate fell by 10% (1998–99 to 2002–03), but has since increased.

Hospitalisations of 13–19 year olds for selected injuries, per 100,000 population

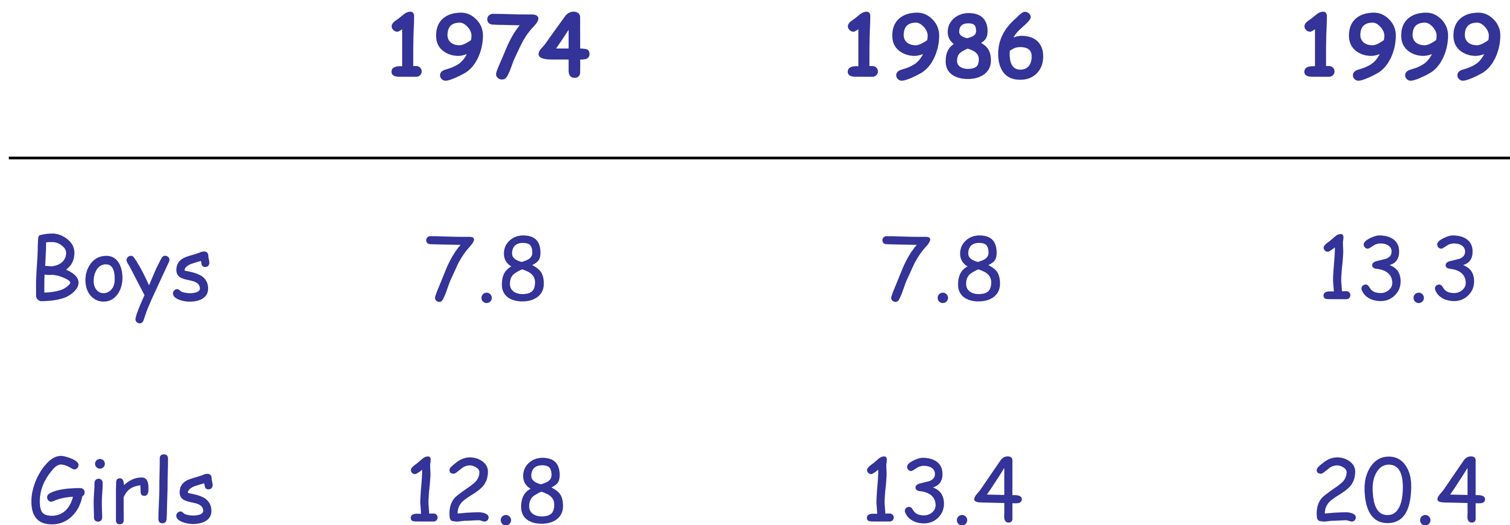


Note: See Berry & Harrison 2007[11] for details of injury classifications from hospital morbidity data.
Source: AIHW National Hospital Morbidity Database.

	1974	1986	1999
Boys	7.6	12.1	16.7
Girls	6.0	8.6	13.1

Collishaw et al. 2004

Percentage of Adolescents with Emotional Problems



	1974	1986	1999
Boys	7.8	7.8	13.3
Girls	12.8	13.4	20.4

Collishaw et al. 2004

Percentage of Adolescents with Hyperactive Problems

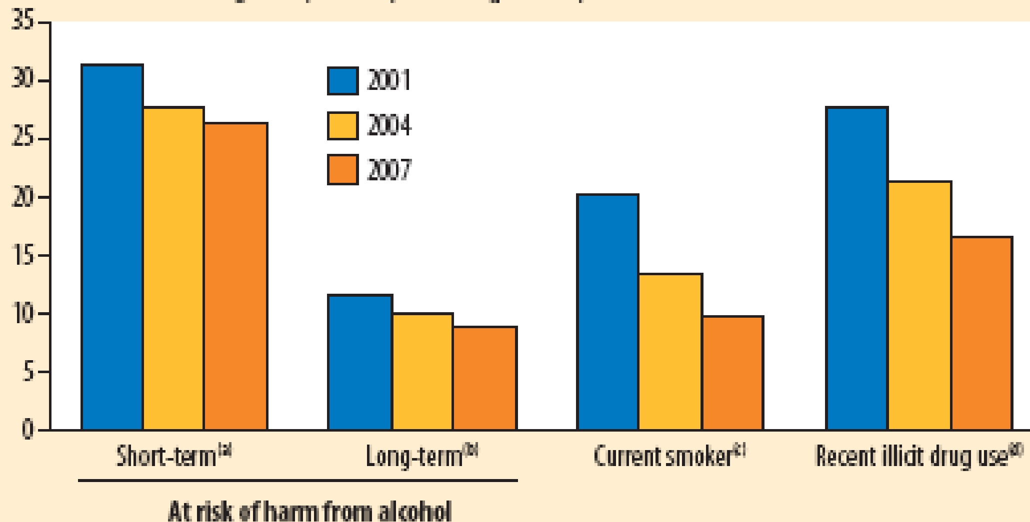
	1974	**1986**	**1999**
Boys	11.1	8.3	16.9
Girls	6.6	5.7	7.1

Collishaw et al. 2004

Substance use in teenagers 2001-7: it's not all bad

- Teenage smoking rates have halved (2001–2007) to around 1 in 10 persons for 14–19 year olds; risky alcohol intake and illicit drug use have also reduced.
- In 2007, one-quarter of teenagers risked short-term harm to their health from alcohol intake and one in ten were at risk of long-term harm. One in six had used an illicit drug recently.

Alcohol and other drug use by 14–19 year olds (per cent)

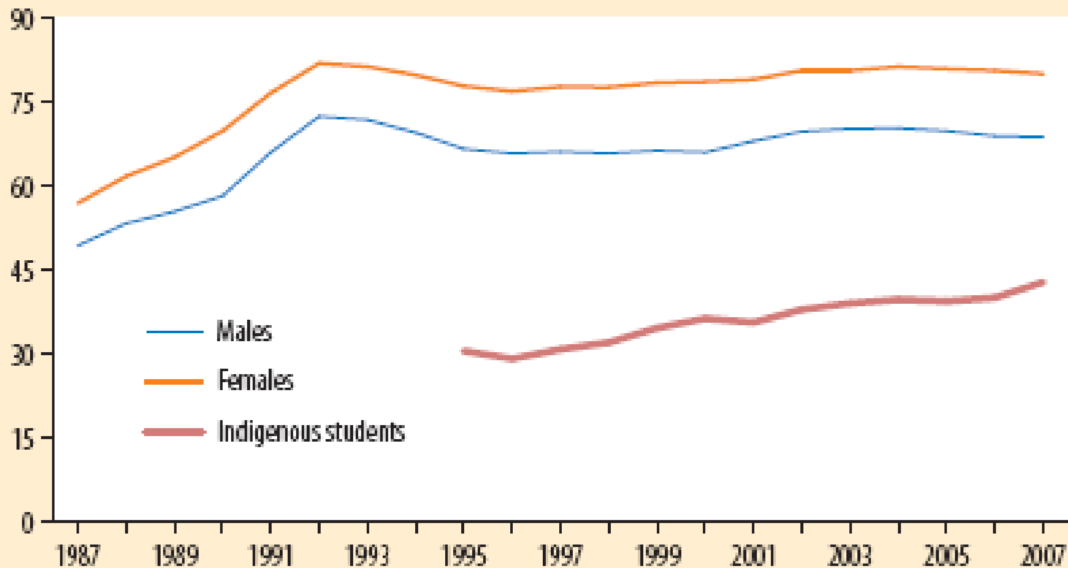


(a) Persons who drink alcohol at risky or high-risk levels for short-term harm at least monthly.
(b) Persons who drink alcohol in a pattern that is risky or high risk to their health in the long term.
(c) Persons who smoke daily, weekly or less than weekly, but have not quit.
(d) Persons who have used any illicit drug in the past 12 months.
Source: National Drug Strategy Household Surveys, 2001, 2004 and 2007.

Year 12 retention rates static from 1990

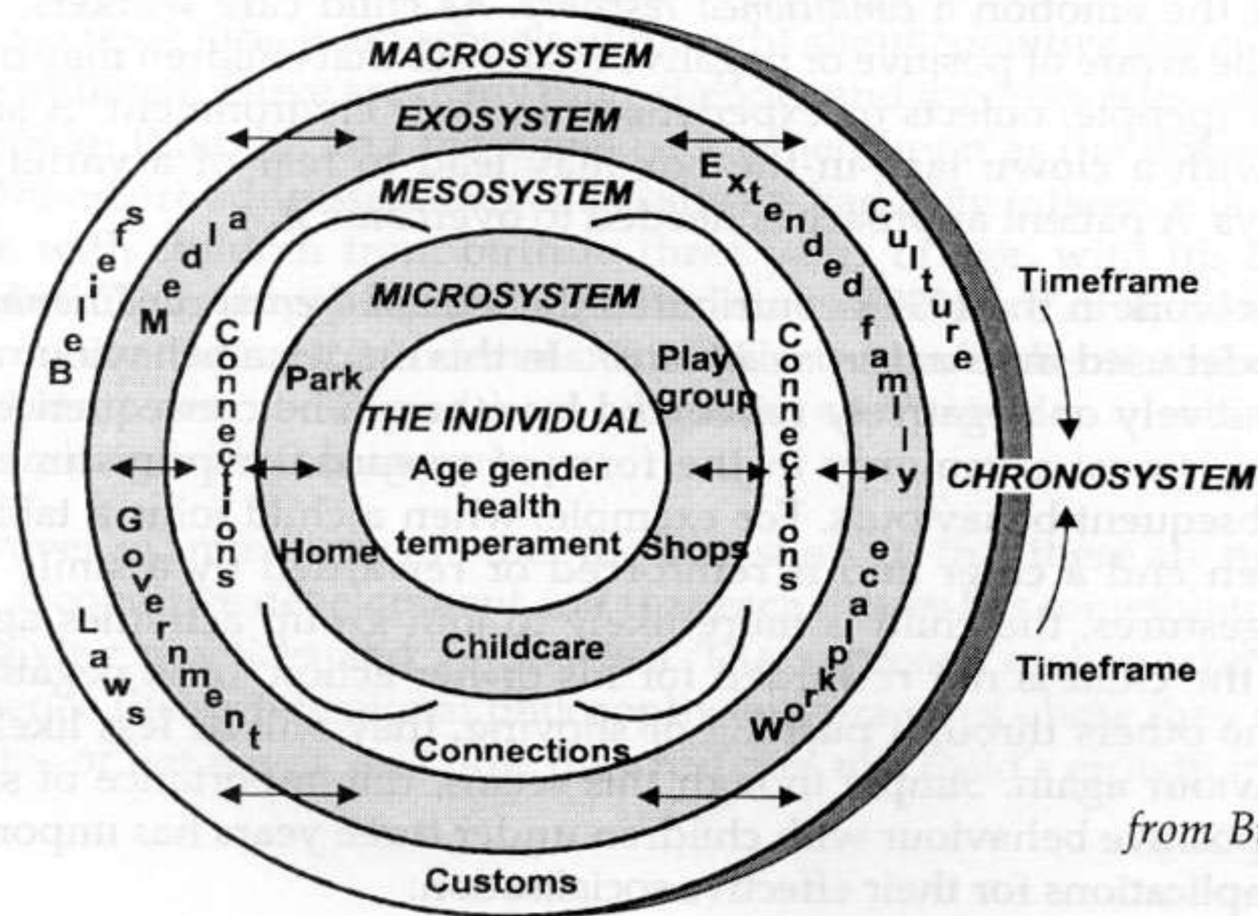
- Overall retention rate more than doubled throughout the 1980s, but has remained steady at 74–75% for the past 5 years.
- Retention to Year 12 is consistently higher for females than for males (80% compared with 69% in 2007).
- Indigenous students are almost half as likely to stay in school until Year 12 (43% retention rate), but the gap is closing.

Apparent retention rate from Year 7/8 to Year 12 (per cent)



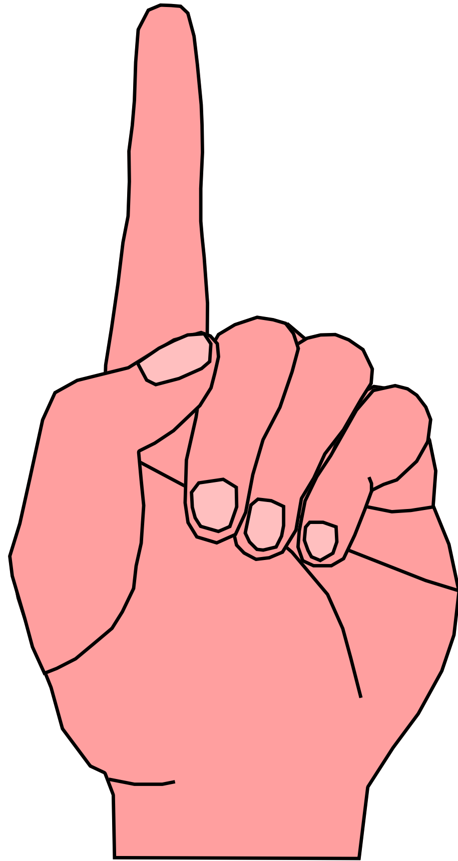
Source: ABS Schools Australia, various years (Cat. no. 4221.0).

Figure 1.2: The five environmental layers of Bronfenbrenner's ecological system



Adapted from Bronfenbrenner (1989)

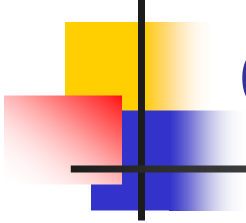
Parenting and public health…



- Parenting is probably the most important public health issue facing our society.
- It is the largest variable implicated in childhood illnesses and accidents; mental illness; truancy, school disruption, underachievement; teenage pregnancy; substance misuse; juvenile crime; unemployability. Hoghughi, 1998

- "…is part of a system for passing on adults' experience of adversity to a developing child.
- When parents experience more adversity, family life suffers, and children grow up less empathetic but ready to deal with more antagonistic relationships"
    - *The Spirit Level* Wilkinson and Pickett, 2009

Some reasons why poor children fail….



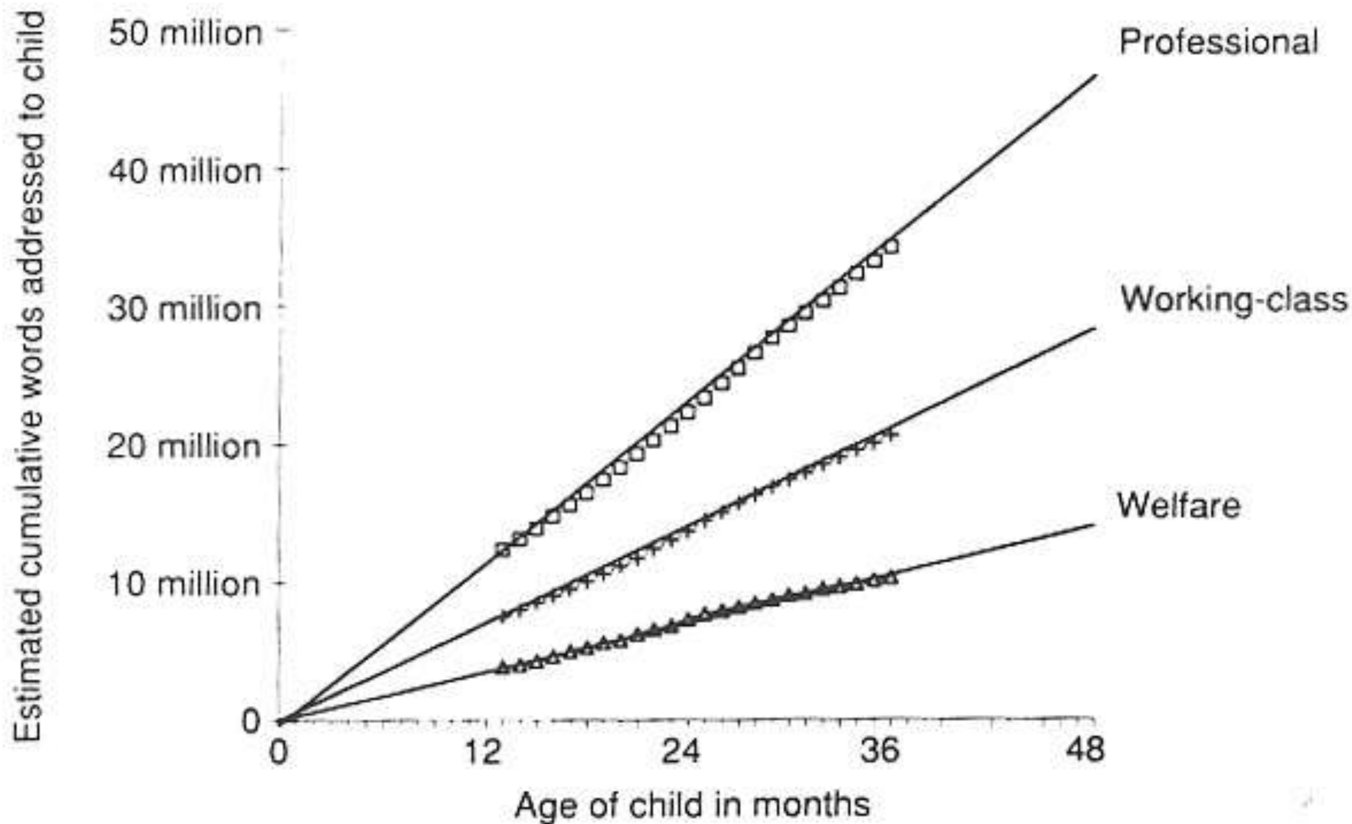


Figure 19. Estimated cumulative differences in language experience by 4 years of age. (See Appendix B for a detailed explanation of this figure.)

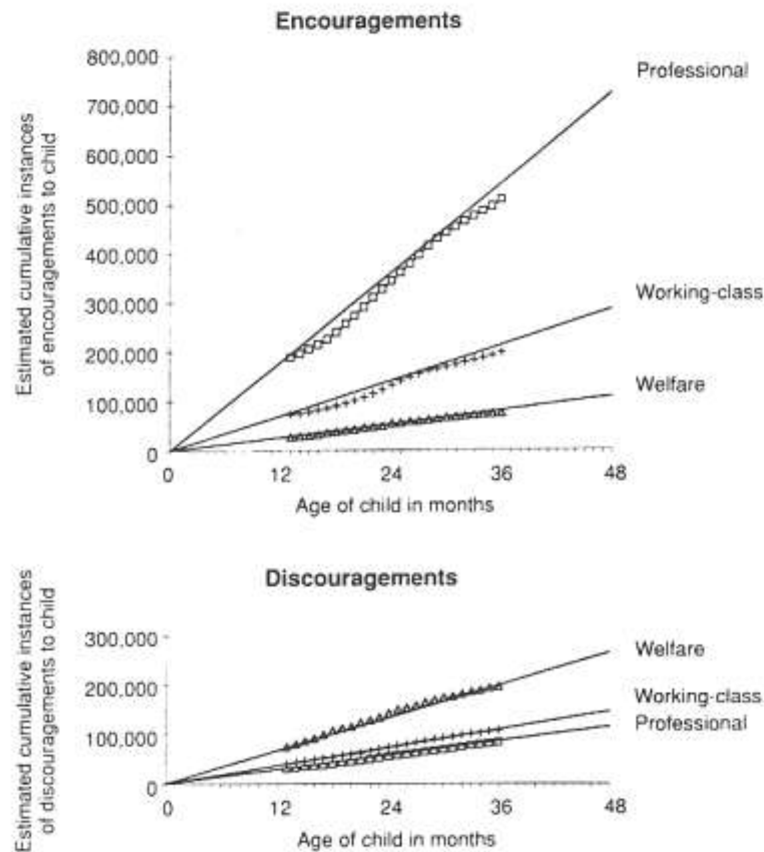
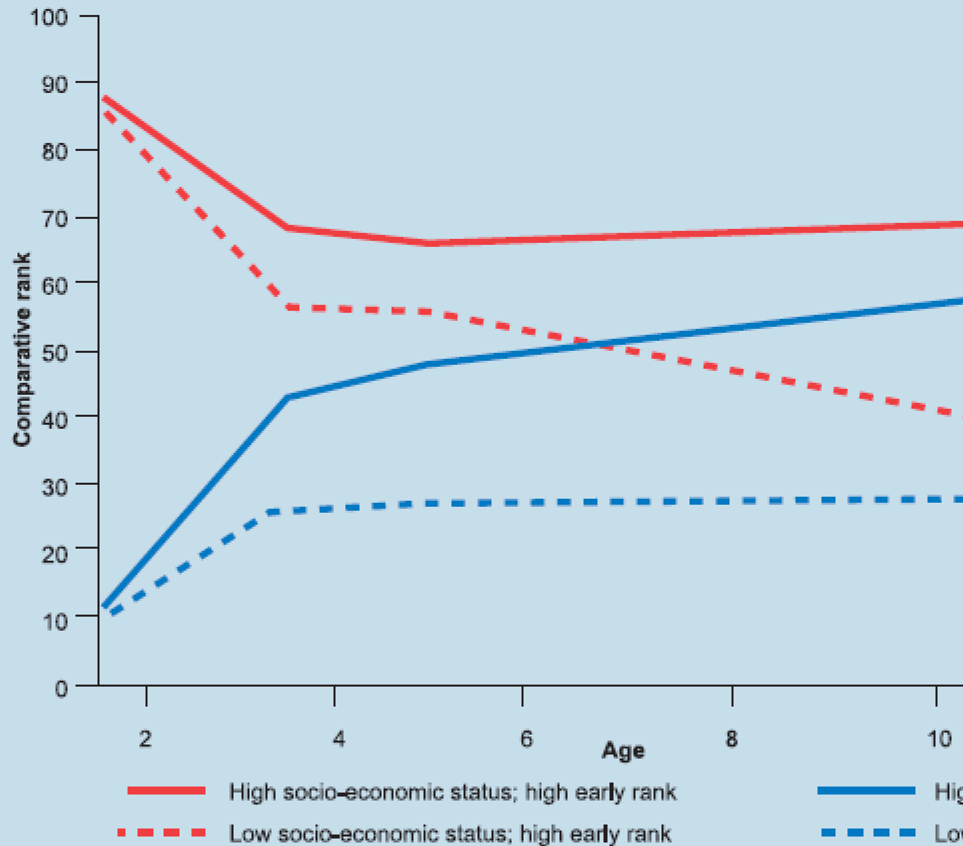


Figure 20. Estimated cumulative differences in confidence-producing experience by 4 years of age. Note the reversal of the lines in the bottom graph, reflecting the prevailing negative Feedback Tone in the welfare homes. (See Appendix B for a detailed explanation of this figure.)

The influence of social class on early development



Explanation and Key

The solid red line shows that better-off children who start with relatively high levels of cognitive ability at the age of 2 also rank well at age 10.

The dotted red line shows that poorer children who start with the same high levels of cognitive ability rank much more poorly by age 10.

The solid blue line shows that better-off children who start with relatively low levels of cognitive ability at the age of 2 rank well by age10 – they overtake poorer children who started off with much better levels of development.

The dotted blue line shows that poorer children who start with relatively low levels of cognitive ability still rank poorly by age 10.

Source: Feinstein, Economica (2003)

But its more than parenting…

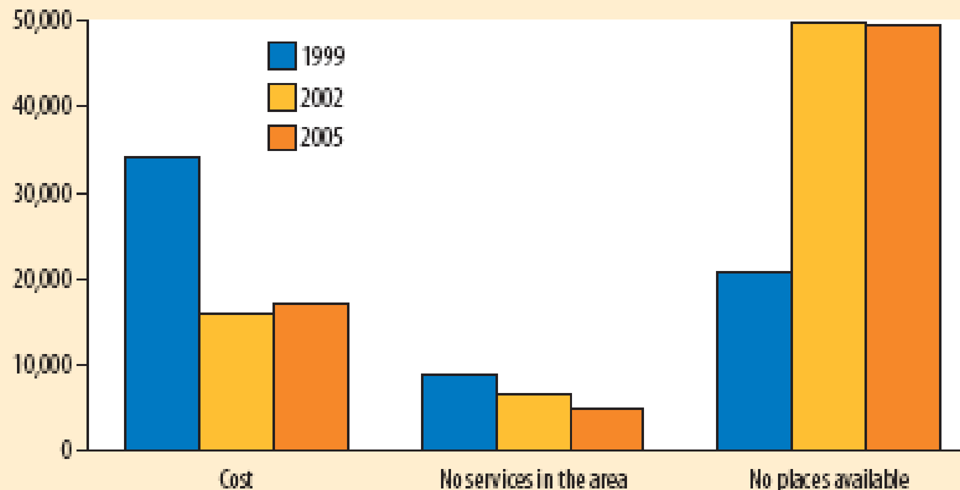
The influence of macropolicy

- Labour market policies that do not recognise the extensive demands placed on families with young children, *combined with the dearth of affordable child care,* create a situation where adequate nurturing of the next generation cannot be assured.
    - D Keating and C Hertzman, 1993

Access to child care since 1999

- 109,900 children aged 0–4 years had unmet demand for formal child care (including preschool) in 2005—has remained steady since 1999.
- Availability of places was the greatest single barrier (45% of unmet demand). Cost accounted for 15% of unmet demand.
- Lack of available places as the main barrier to formal child care has doubled, but unmet demand due to cost of child care has halved (1999–2005).

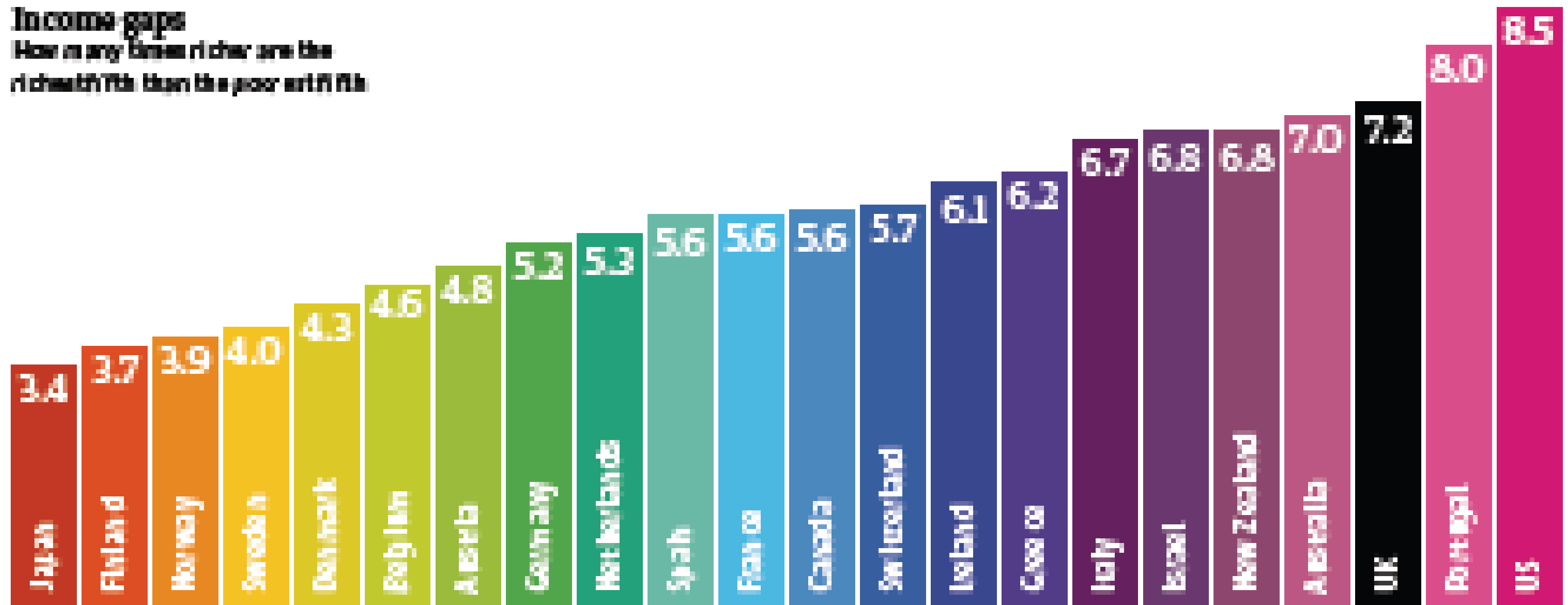
Main reason for not using required formal child care or preschool for 0–4 year olds in the past 4 weeks (number)



Note: Cost, no services in the area and no places available have been included in the figure as they account for two-thirds of the main reasons for unmet demand for childcare and are the most relevant for access.

Source: AIHW analysis of 1999, 2002 and 2005 ABS Child Care Surveys.

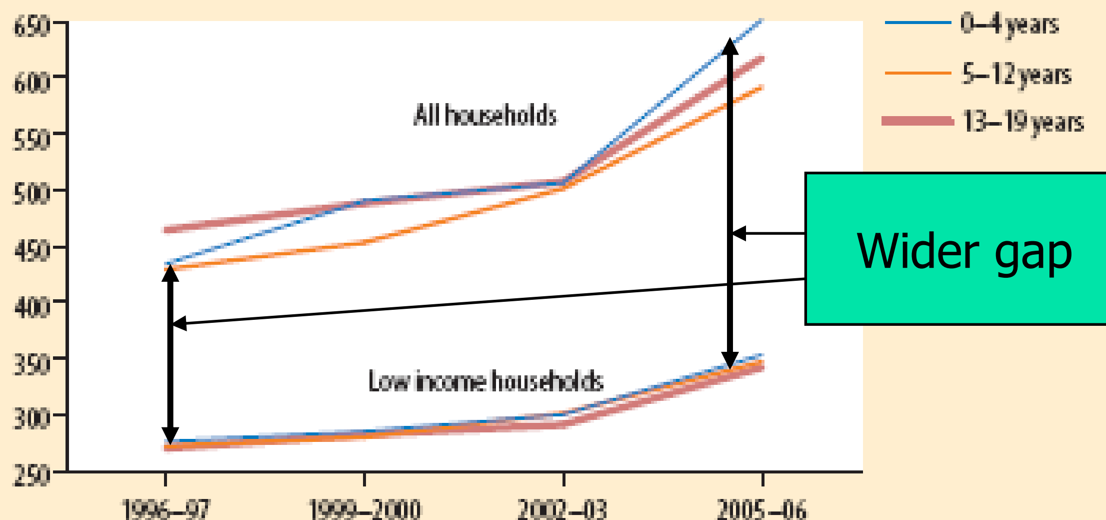
Relative incomes
Ratio top/bottom quintile



Widening income disparity

- Mean equivalised income of low-income households with dependent children ($346 per week in 2005–06) was $269 less than the average for all households with dependent children aged 0–19 years.
- Relative income growth for low-income households with dependent children was lower than for all households with dependent children over last decade (27% vs. 37%).

CPI-adjusted mean equivalised income by age of eldest child ($ per week)



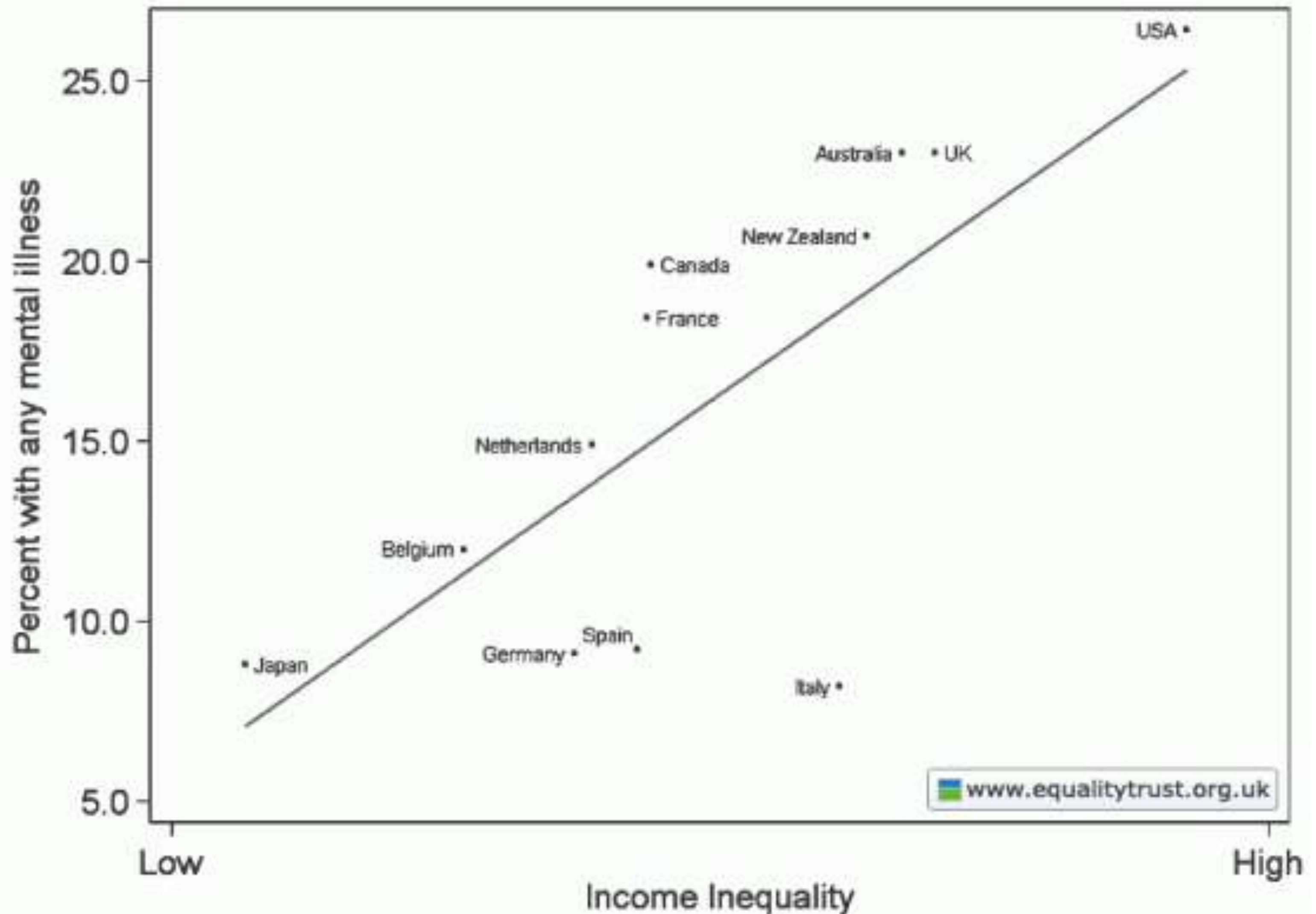
Notes
1. In 2005–06 dollars, adjusted using changes in the Consumer Price Index.
2. Persons in low-income households are those in the 2nd and 3rd income deciles after being ranked by their equivalised disposable household income.

Source: ABS Surveys of Income and Housing, unpublished data.

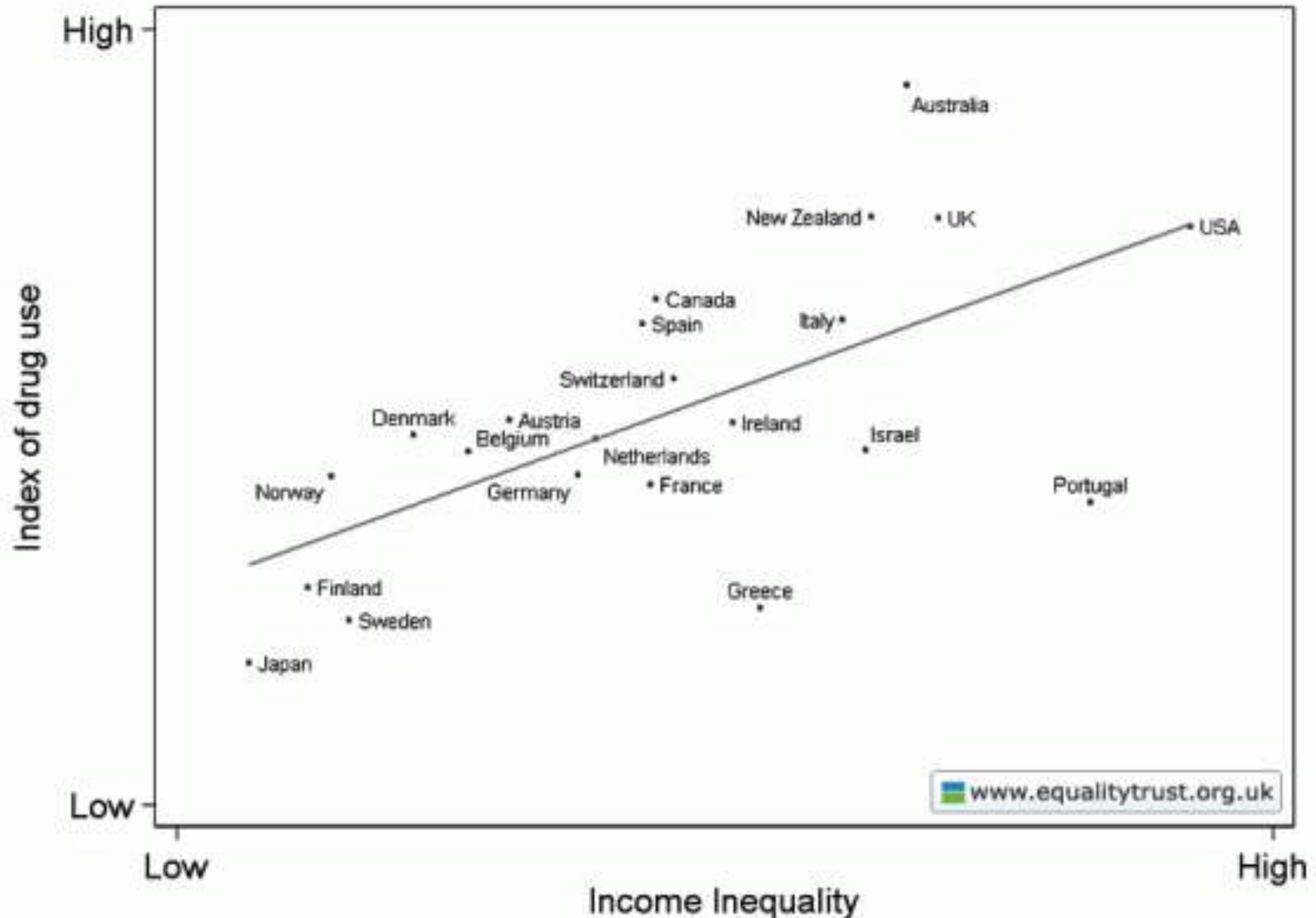
Widening income inequality is bad for all of us

- Most unequal compared to least unequal societies have:
  - Five times rate of mental illness
  - Five times more likely to be imprisoned
  - Six times more likely to be obese
  - Murder rates many times higher

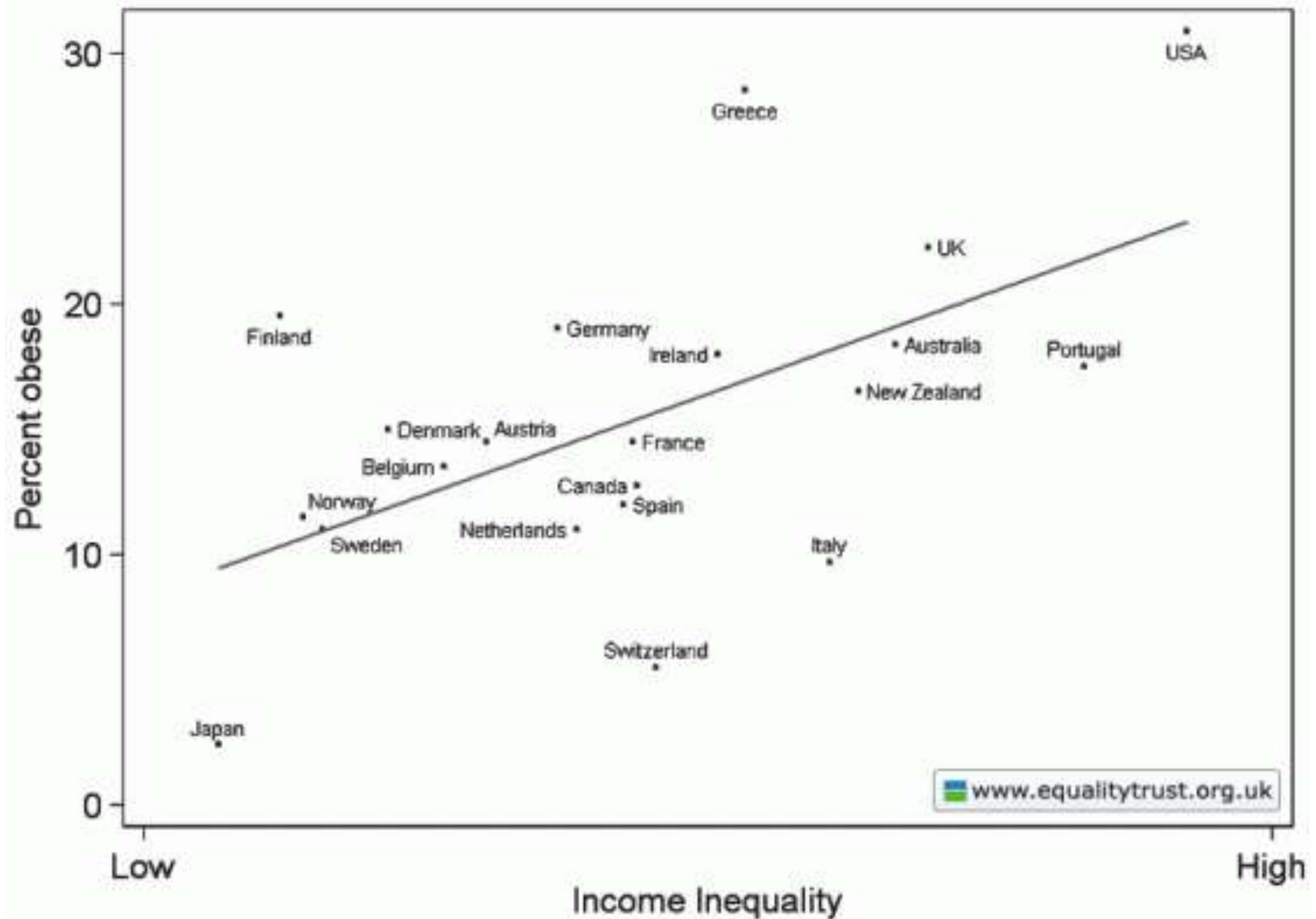
Mental health and inequality



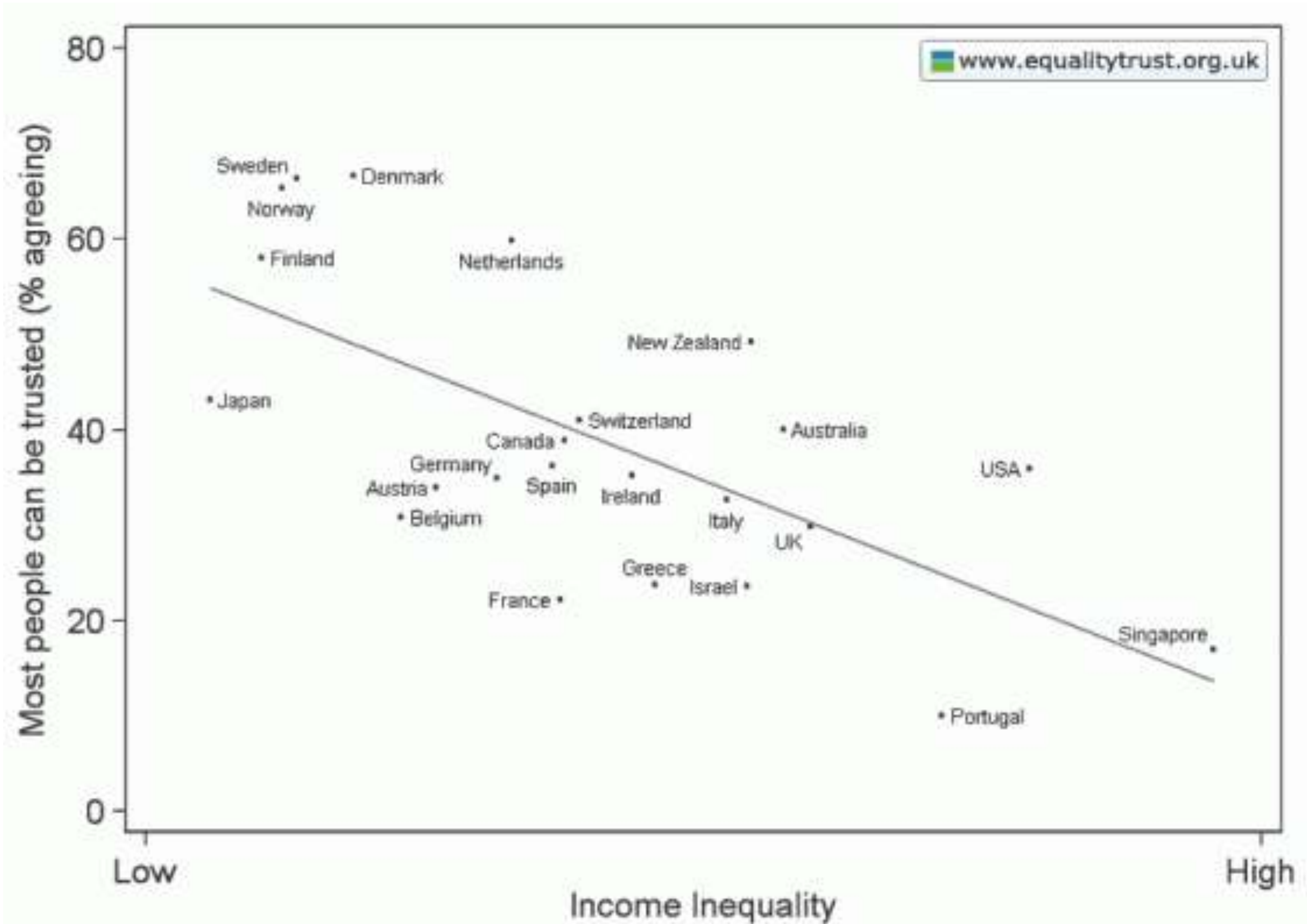
Drug use and inequality



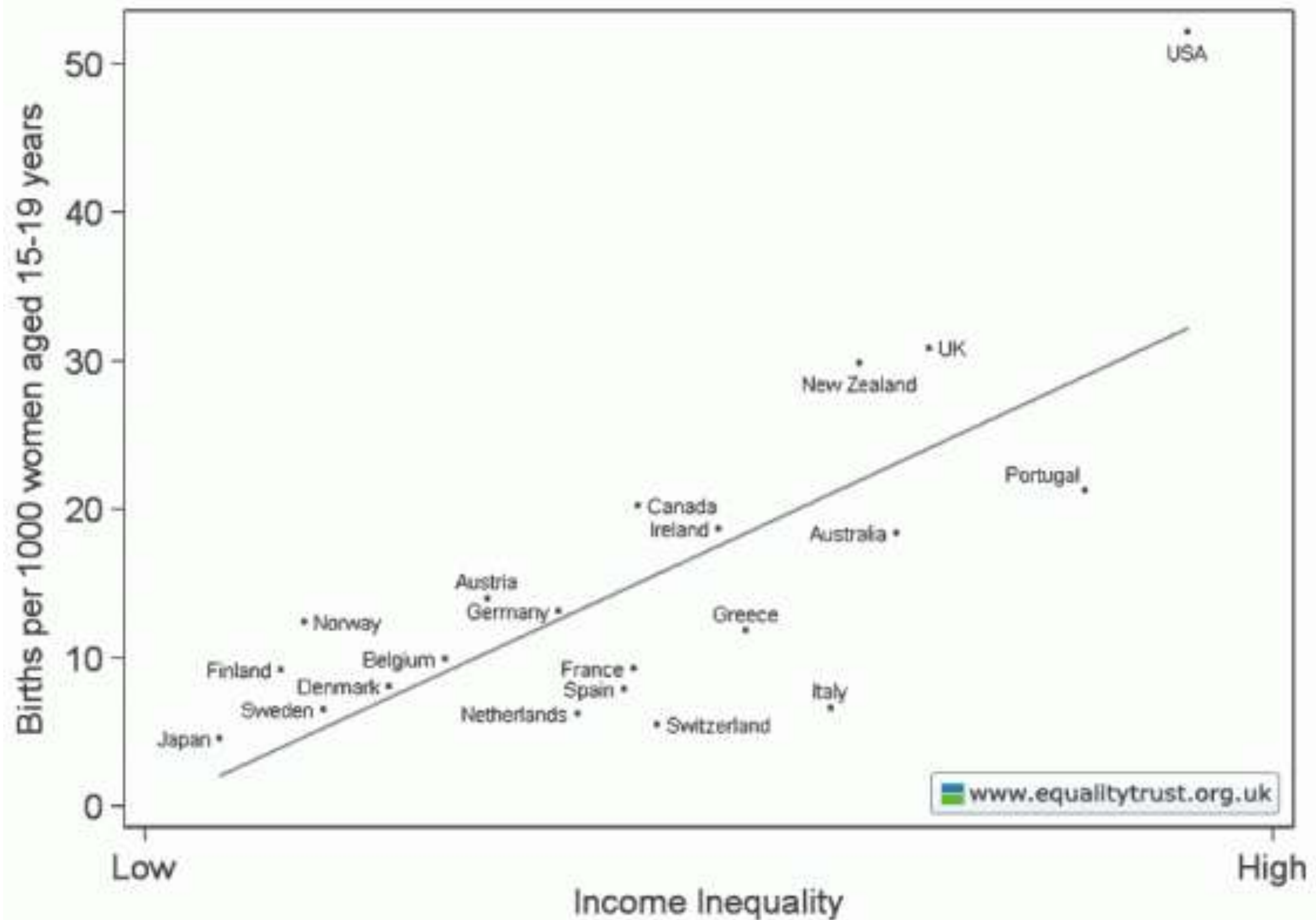
Obesity and inequality



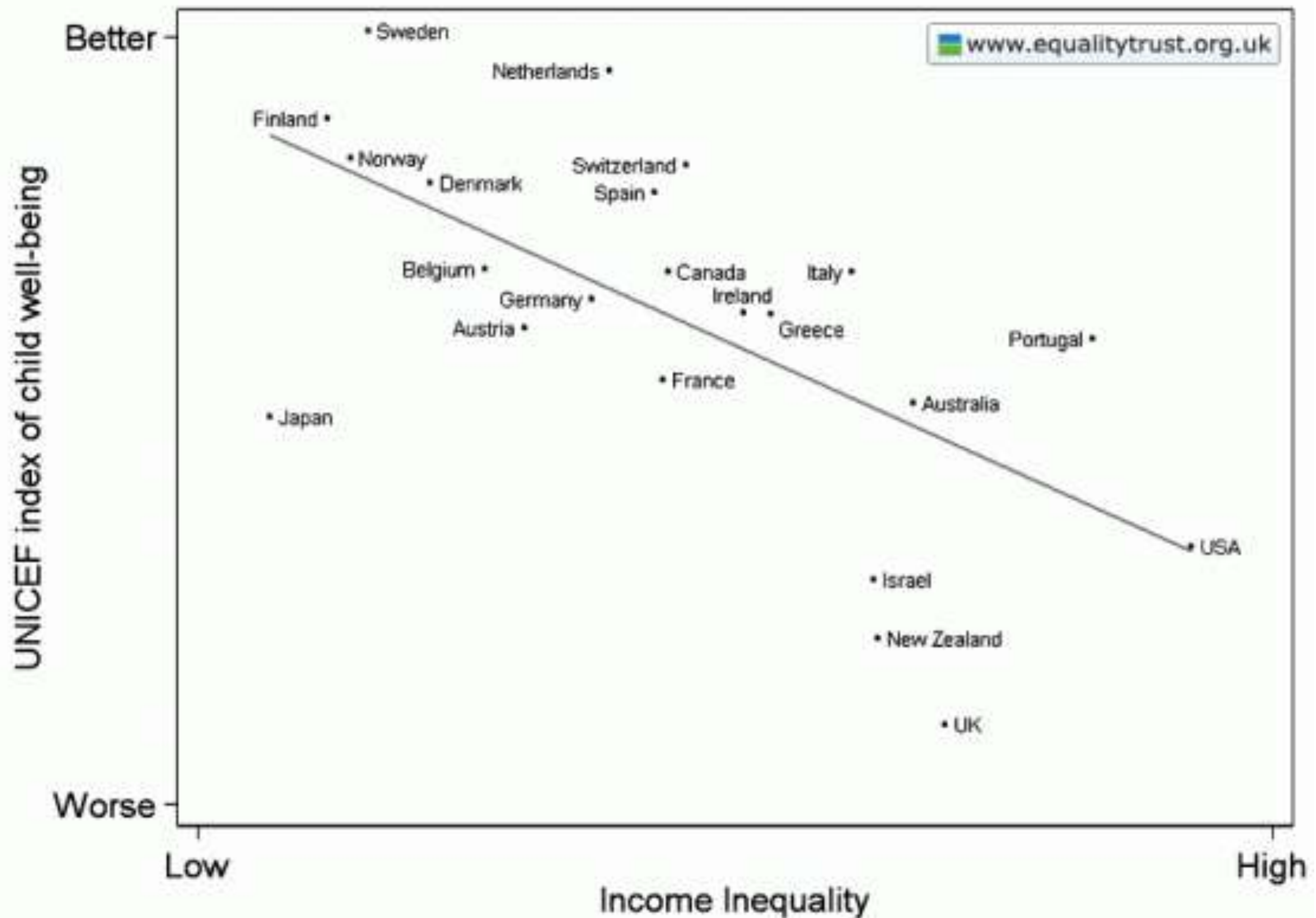
Trust and inequality



Teenage pregnancy and inequality



Wellbeing and inequality



Multi-layered approaches to parenting support

- Work-life balance
  - The case for paid parental leave
  - Part-time work – changing professions
- Mentoring relationships that promote secure attachment in their children
  - Role of sustained home visiting
  - Circle of Security
- Constructivist approaches to learning for children and parents – e.g. Family Partnership training
- Behavioural approaches to parenting – Triple P
- Understanding and dealing with the impact of past trauma, loss and grief – parenting as adaptability

Paid parental leave

Documented health and wellbeing benefits

- Breastfeeding duration
- Attachment and self-regulation
- Infant Mortality
- Lower rates of maternal depression
- Fewer low birthweight babies
- More use of preventative health care
- Avoidance of documented negative effects of very early child care

Negative health effects of early return to work

- Lower well-child care rates of participation
- Lower immunisation rates
- Increased rates of externalising behaviour problems (possibly)

Impact of PML on Infant mortality

- Tanaka – impact of PML in 18 OECD countries between 1969-2000
- Longer periods of paid leave correlated with reduced IMR (controlling for country, year, general health expenditure and other programs affecting children
- 10 week extension in PML reduced IMR by 2.6% and post neonatal mortality by 4.1%
- No benefits on IMR if ML unpaid

Mentoring relationships

Australian trial of sustained home visiting – Miller SW Sydney

Key points

- Comprehensive intervention with structured child development program
- At 12 months intervention group demonstrated
  - Improved quality of the home environment for child development
  - Longer time breastfeeding, particularly for children of overseas born mothers

Key points

- At 24 months intervention group demonstrated
    - Improved quality of the home environment, particularly for children of psychosocially distressed and overseas born mothers
    - Better experience of being a mother, particularly for children of psychosocially distressed and overseas born mothers

Key points

- At 24 months intervention group demonstrated
  - Improved mental development for children of psychosocially distressed mothers
  - Similar outcomes for first time mothers and mothers with more than one child

How Home Visiting Works

Impact

Behaviour change

Learning experiences

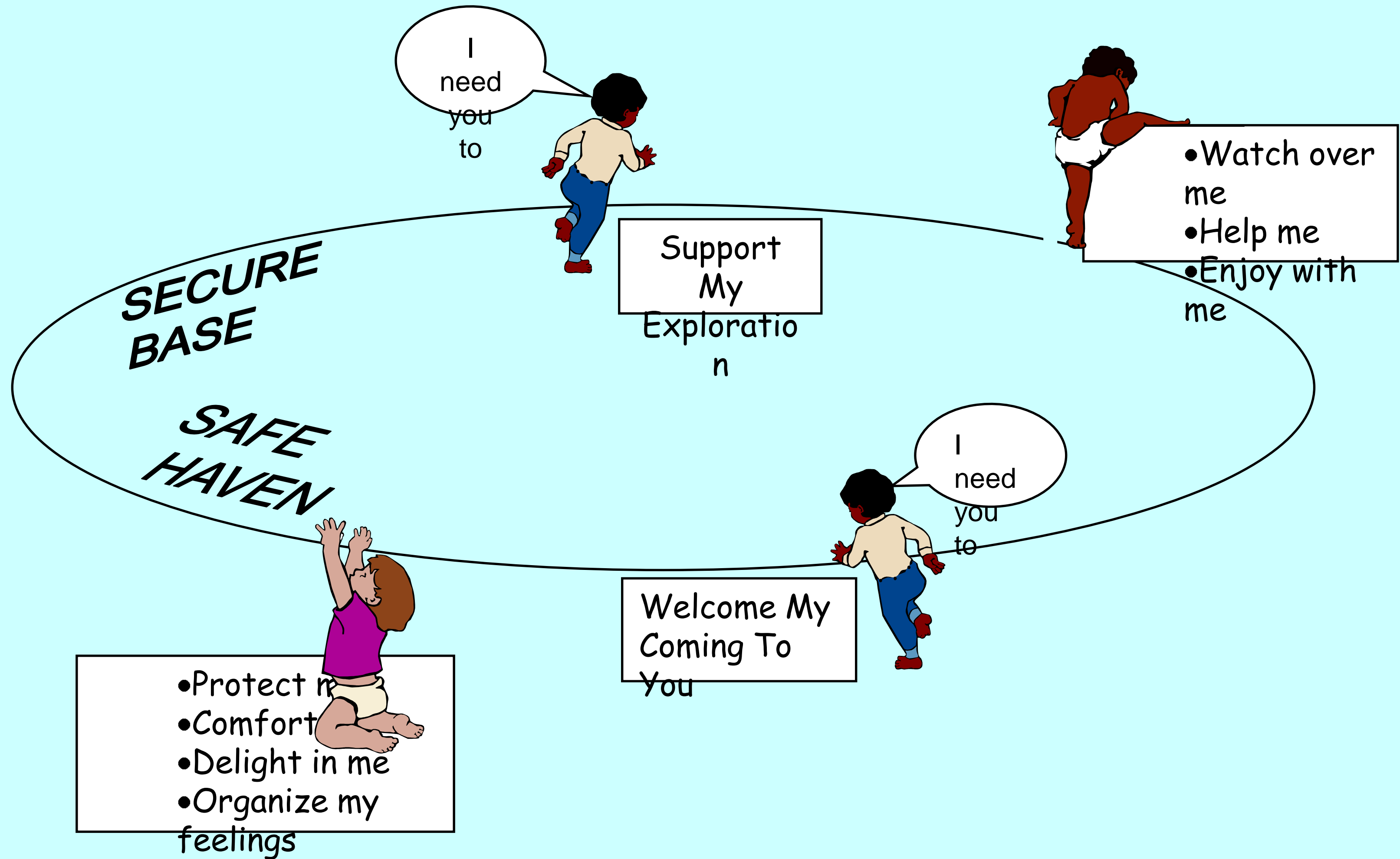
Relationship

Kaleidoscope

HUNTER CHILDREN'S HEALTH NETWORK

CIRCLE OF SECURITY

PARENT ATTENDING TO THE CHILD'S NEEDS



Constructivist approaches to parenting

- Problem based learning
- In an environment or support and respect

Why was Family Partnership Training developed?

- “The model arose originally from parents’ concerns about professionals not listening to them, not treating them with respect and not caring for them as individuals, as people with competence of their own”.

  (Davis, Day & Bidmead, 2002)

Why was Family Partnership Training Developed cont.

- Parental dissatisfaction
  - Lack of access
  - Lack of time
  - Stigma
  - Lack of confidence of health professionals
  - Professionals not listening
  - Lack of acknowledgment of parents skills
- What Parents say will help
  - Effective services by health professionals who listen without judging and help in restoring their self confidence

Aim of Family Partnerships Training course

Is to enable health professionals working with children and parents:

- To improve their understanding of the helping processes and
- To provide opportunity to practise the skills of engaging parents and developing supportive and effective relationships with them
  - (Davis, Day & Bidmead, 2002)

Family Partnership Approach

- Framework for helping and supporting parents
- Manualised training program
  - Improvements in key knowledge, confidence and ability (Davis et al., 1997)
  - High levels of participant acceptability and satisfaction
- Evidence based service system

(Davis & Spur, 1998; Davis & Day, 2000)

Family Partnership Approach: Partnership model

- Common ownership
- Common aims
- Complementary expertise
- Mutual understanding
- Mutual respect
- Clear communication
- Negotiation
- Flexibility

Essential qualities of the helper

- Respect
- Genuineness
- Constructive understanding
- Empathy
- Humility
- Warmth
- Quiet enthusiasm
- Honesty
- Strength and purposefulness

Family Partnership Approach: *Essential skills of the helper*

- Relevant knowledge and expertise
- Active listening and other communication skills
- Be able to challenge and facilitate change
- Work towards structured goal setting and problem solving

Nature of the Training
Adult learning model

- Builds upon the knowledge, skills strengths and experience of participants
- Partnership between facilitators and participants
- Learning is a process by which personal constructions change – not different from parents who need to learn to adapt and change in their lives.

Skill of Challenging: Importance of change when needed

- The process of helping is almost always concerned with enabling parents to change their constructions and behaviour.
- The aim usually being to develop more useful models for managing difficulties.
- Methods of change may vary from being indirect and gentle to direct and confrontational.

Quotes from participants, facilitators and managers.

- *I found this course so valuable. Skills I have been using for a lot of years have been enhanced +++. The course has helped me in all aspects of my life.*
- *The initial training struck me as the first training that had a true capacity to challenge and change practice.*

Quotes from participants, facilitators and managers.

- …it allows you to reflect on your current practice of working with families, and gives you the opportunity to enhance your skills to work more effectively with families. It enables families to guide your interventions to assist them to achieve their desired goals. Family Partnership training has changed the way I work with families and has assisted me to help families get more out of working with our services"

It's all in the relationship..

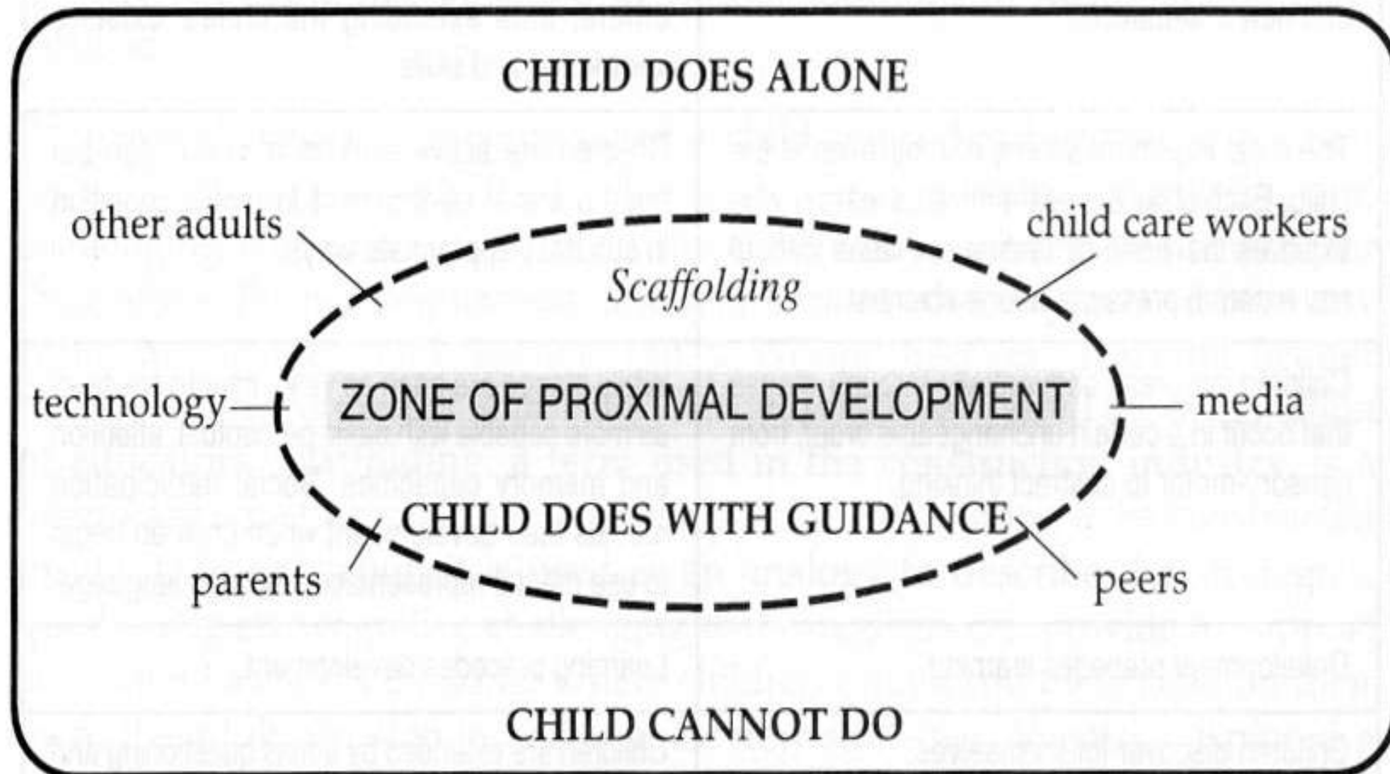
"… numerous psychotherapy outcome studies have shown that when patients recount what was most helpful about psychotherapy , they don't often recall specific interpretations or insights. What they remember is the quality of the relationship, the way it felt to be in the room with the therapist or to share a mutual gaze – experiences reminiscent of early attunement…."

Psychiatric Times . May 1998. Vol XV. Issue 5

Vygotsky

- Russian
- Teachers can extend thinking of children
  - “pushing further” through “zone of proximal development”

Figure 1.1: The Zone of Proximal Development

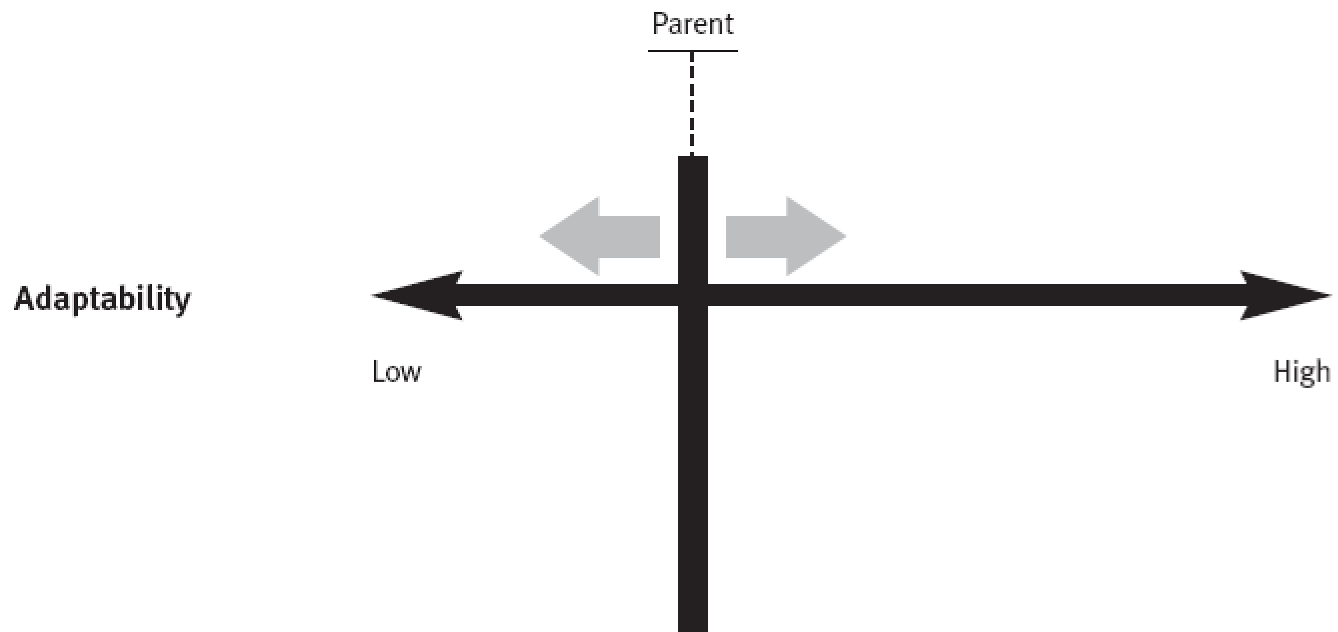


(Diagram adapted with permission from A. Elliott, *Every Child*. 1994 1(2):8-9.)

Parenting as adaptability

- An example of homeostasis under threat
- Victorian Parenting Centre and Centre for Community Child Health

Figure B1: Parental adaptability



Parenting as adaptability

- Perceptiveness – “tuned in to child”
- Responsiveness – staying “in sync” with child
- Flexibility – behavioural repertoire
  - Problem solving
  - Self-efficacy
  - Self-regulation

Adaptability

- Capacity rather than classification
- Not dichotomous
- Not fixed
- Is modifiable

Adaptability depends on

- Genetic factors eg temperament
- Biological factors
  - Eg physical health and functioning
- Learning capacity
  - Hx and experience of solving and mastering problems

Figure B2: Constraints on parental adaptability

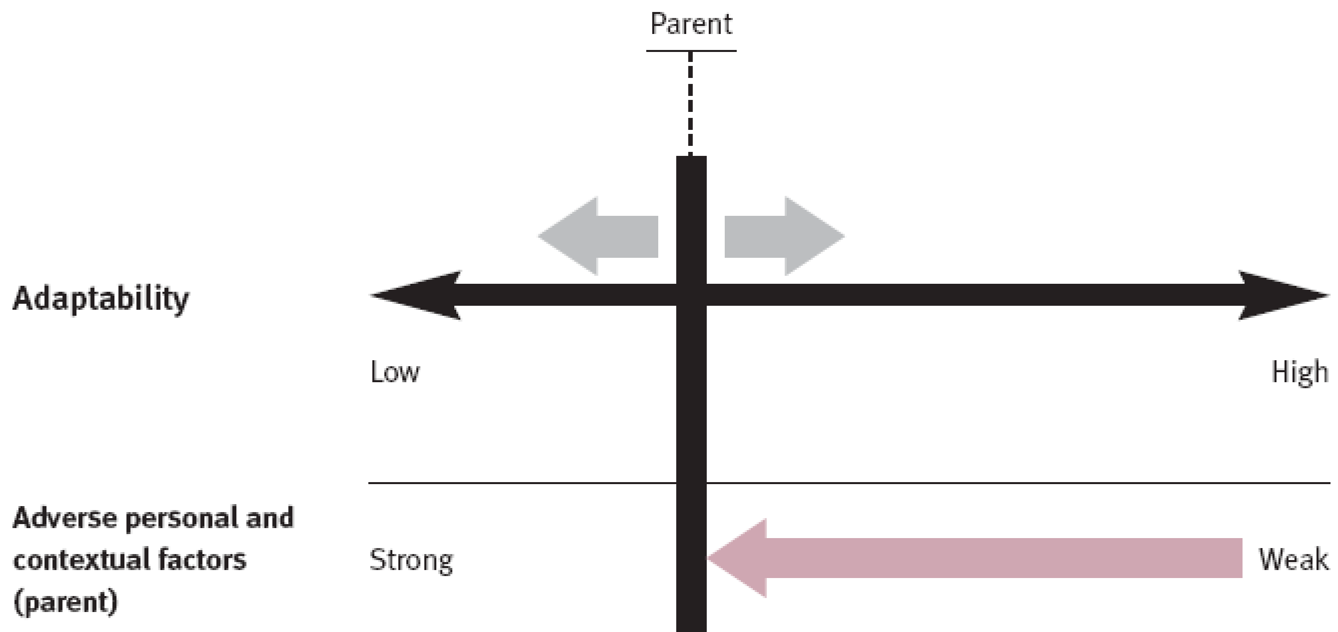


Figure B3: Parent–child interface

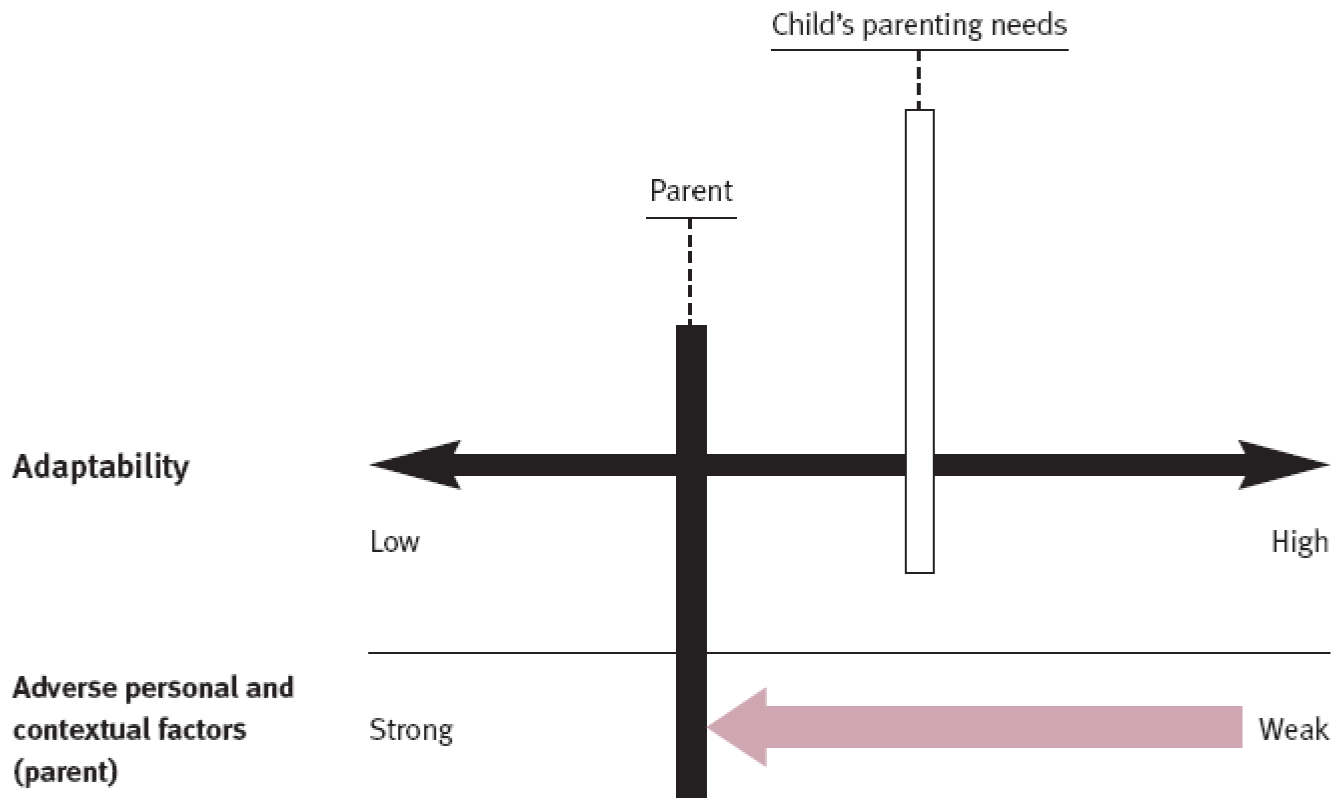


Figure B4: Factors influencing a child's parental adaptability needs

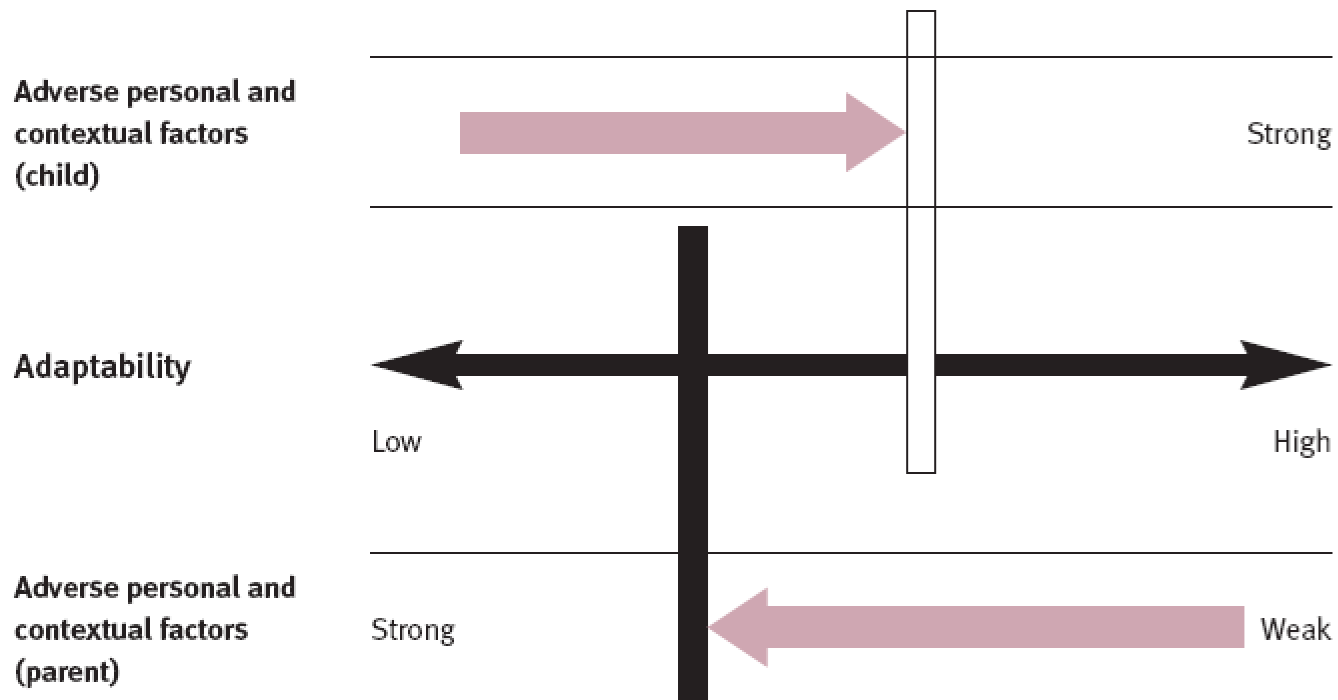


Figure B5: Optimal parenting: child's needs within parent's zone of proximal development

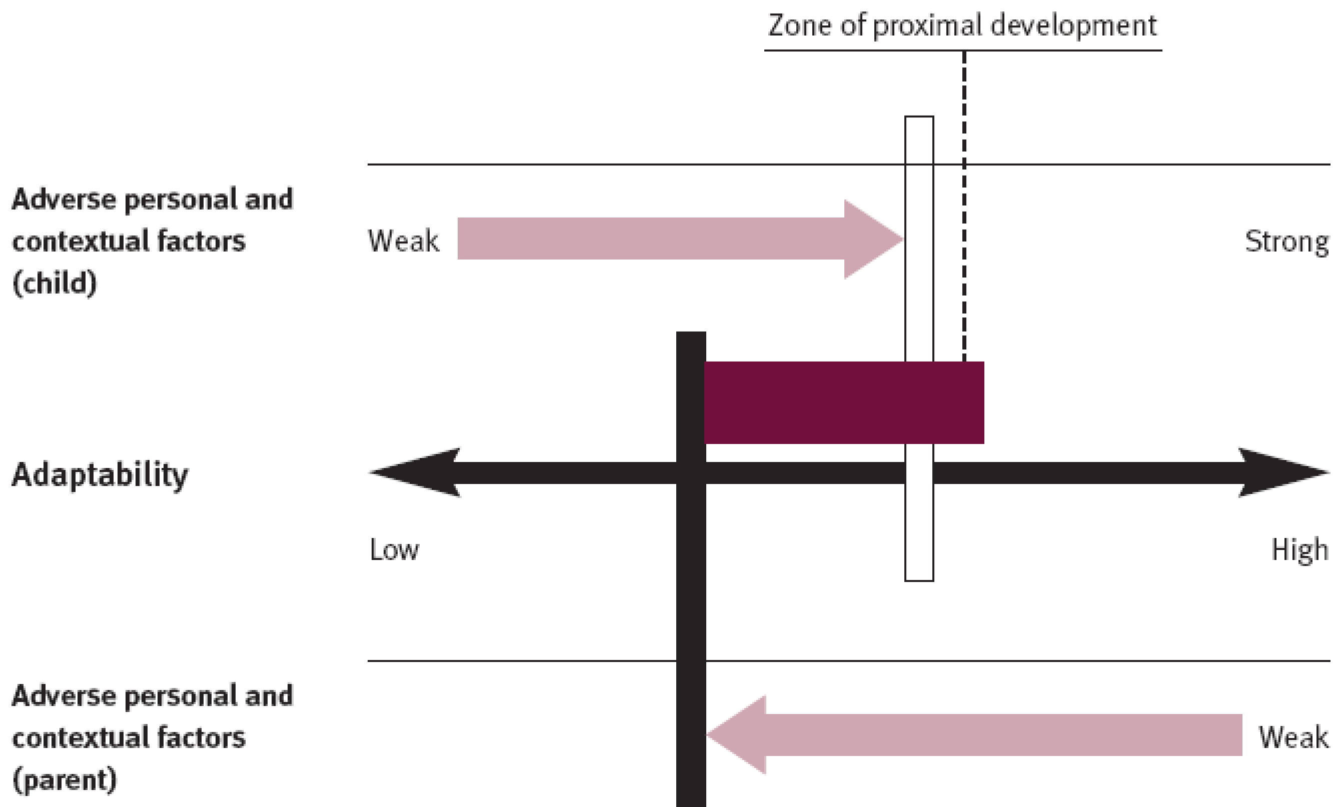


Figure B6: State of vulnerability

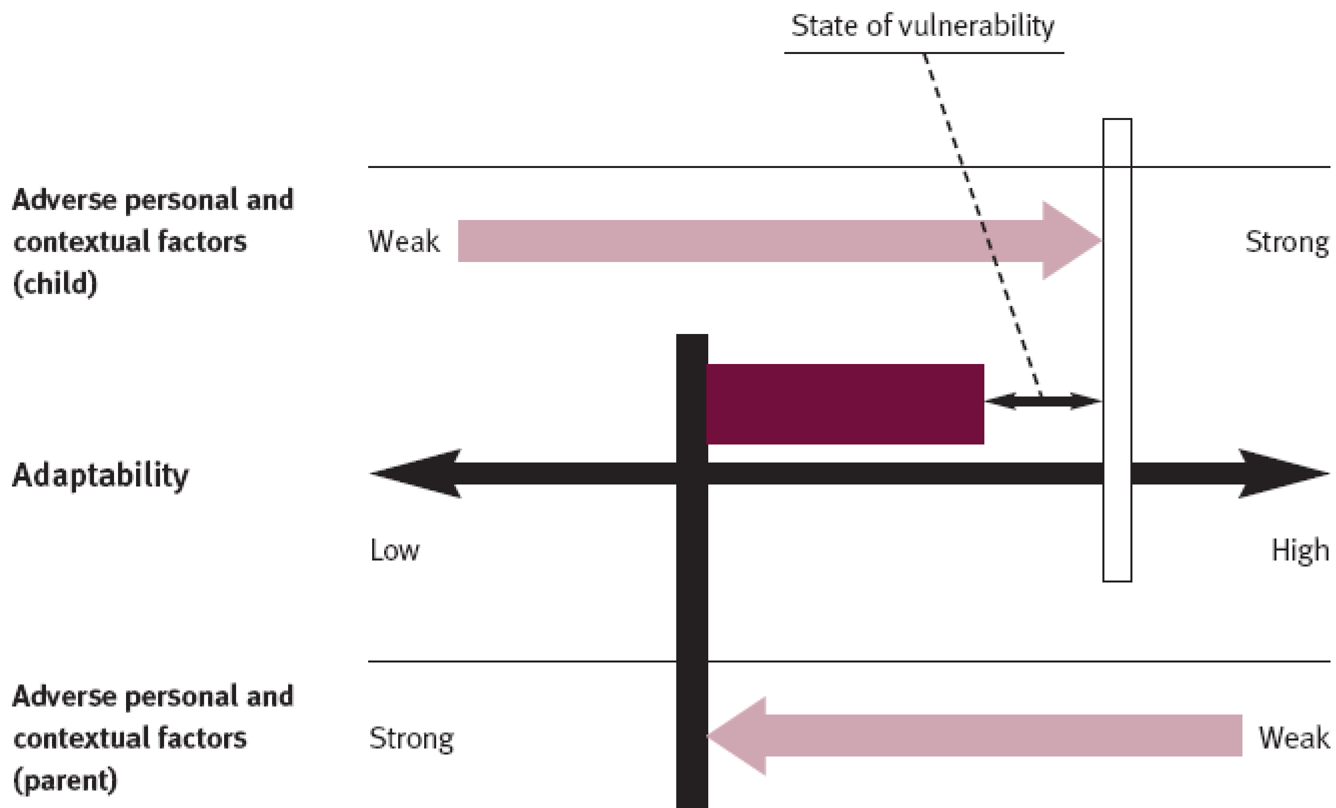
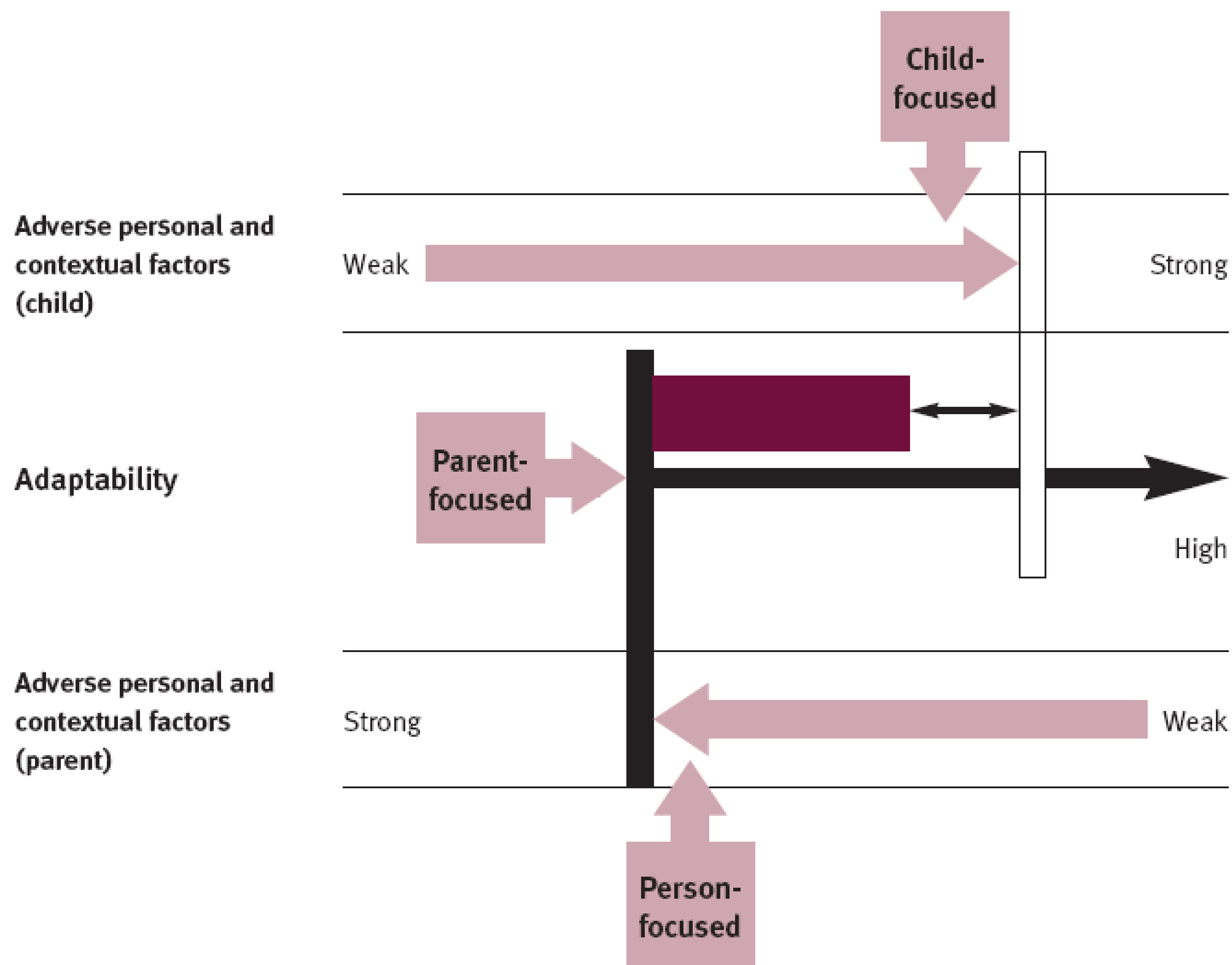


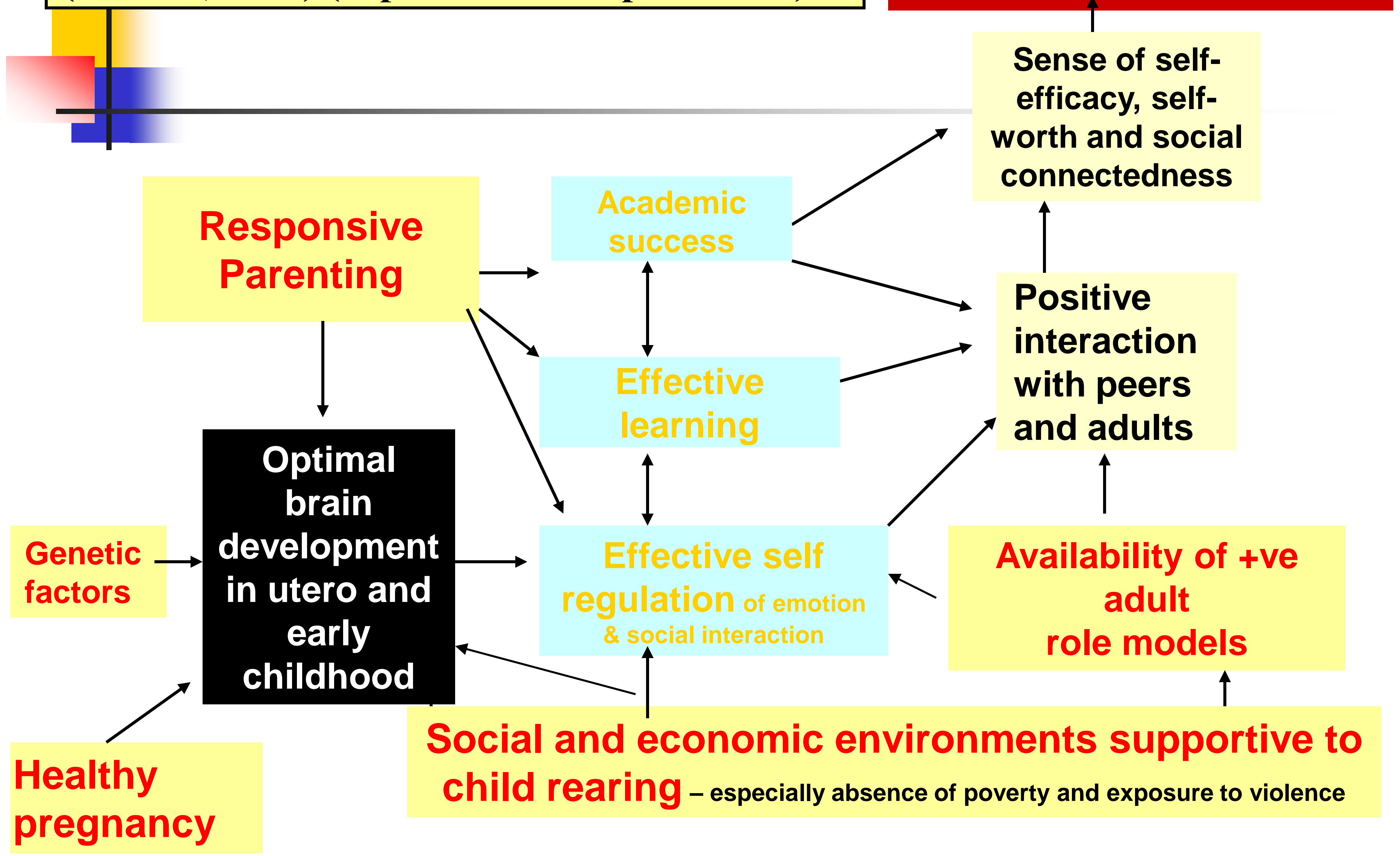
Figure B7: Points of intervention



Pathways to resilience

(Silburn, 2003) (Alperstein's Simplification)

Personal achievement, social competence and emotional resilience



Strengthening trajectories of development