# Supporting mothers

## *Enriching the learning environment for young children*

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It has long been recognised that one of the best ways of supporting the development of young children is to ensure that they can benefit from a rich, stimulating learning environment from the time they are born (e.g., Kelmer Pringle 1968; Amar and Amar 2002; Woodhead 1991; Rogoff 2003; Cannan 1992; Pugh, De'Ath and Smith 1994; Utting 1995). It is also a fundamental principle of quality provision for young families that mothers are recognised as the primary educators of their own young children – and therefore, runs the argument, anything that can be done to support mothers in this role can only be for the benefit of their children in both the short and the longer term. More recently it has also become apparent that the rhetoric in relation to parent support generally applies only or mainly to women. When we talk of parent education, parenting skills, parent support and parent professional partnerships, it is still almost exclusively women that we are referring to, particularly where younger children are concerned. This is perfectly reasonable, given that it is still women who take the major responsibility for the care and nurturing of the youngest children in all societies and contexts.

When we start to unpick what we mean by those terms, the role of fathers is distinguished and their contribution to childrearing acknowledged, but we do not really explore the differences between the two roles. I would suggest that this is because, in the literature and in practice, there are assumptions of the activities undertaken by parents and other caregivers but insufficient attention is given to the concepts of fatherhood and motherhood. Hence the emphasis is very much on doing rather than being, and we lose some of the richness of the different roles and the relationships between them. In this paper I would like to focus on the interplay between those two dimensions of being a parent, and to consider how the conceptual framework adopted has defined the kinds of support that are provided for young families.

In terms of parent support programmes, there are a variety of different models but they can generally be classified into three types:

- The *deficit* model, which implies that parents are deficient in certain skills and behaviours and that by improving those skills they can become 'better parents'
- The *involvement* model, which recognises that parents are the primary educators and suggests that if parents are encouraged to participate in either home-based or centre-based programmes, then their children will benefit because of their greater knowledge of child development and engagement in child-focused activities
- The *empowerment* model, which is intended to 'acknowledge the knowledge' which parents already have, and enable them to build on it and to share it with the knowledge and expertise of professionals on a partnership basis, for their own benefit and that of their children. This model also seeks to have long-term benefits, as parents' own education and development is strengthened, which may have positive outcomes for their children immediately but also over a generation.

**'Educate a woman and you educate a nation'**

Research tells us that women's educational status is correlated with better opportunities and educational gains for their children (McGivney 1999; Blackburn 1992; David 1992; Gerver and Hart 1984; Blaxter 1981). Hence approaches which seek to provide enhanced learning opportunities for women reinforce the potential for optimal development in their children. In an article published in the *New Internationalist* in 1989 it was shown that in one state in India – Kerala –

higher educational status of women was correlated not only with child development but also with lower rates of child mortality. The research indicated that it was not because women had greater parenting skills that these results were obtained, but because their improved literacy skills gave them access to a wider world of knowledge, employment opportunities and self-development. In programmes like 'Home Link' in Liverpool or 'Young Families Now' in Aberdeen in the UK, SERVOL in Trinidad (Pantin 1990) and the 'Ofakim Project' in Israel (Paz 1990), where women are recognised as individuals in their own right as well as being mothers and /or childcare workers, they have thrived and flourished as have their children and the wider community.

Parents, particularly mothers, are the primary educators of their own young children, but their role as educators is very different from that of professional educators such as teachers and pedagogues. Similarly, mothers are the primary caregivers, but it is to devalue their role – and all the challenges and complexities as well as the joys and rewards that it brings – to lump them together with other caregivers, whose job it is to provide good-quality services. In the case of very young children it is tempting to say that anyone can 'parent', including members of the wider extended family such as grandparents.

Whoever is providing the care, we know that young children need warmth, affection, emotional security and stimulation for their optimal development. Hence the boundaries become somewhat blurred. We want caregivers to respond appropriately to young children – but they are not substitute mothers. We need to acknowledge and value the importance of nurturing young children, and in that sense there is a range of appropriate caregivers. We also know that it is healthy for young children to be cared for by a number of close, affectionate, responsive adults – but this is not quite the same as saying that anyone can 'parent'. Mothers and fathers have different roles in relation to their children, even if the activities they undertake in terms of care giving are very similar. There is also a distinction between the roles of parents and other nurturing caregivers, which should be recognised and valued.

### The different models of support

Over the last three decades a flourishing industry has developed with professional workers engaged in activities aimed at supporting the parents of young children in their childrearing responsibilities. These initiatives pre-date the UN Convention on the Rights of the Child (1989), but they reflect the thrust of the Convention, which indicates that parties have an obligation to ensure that there is a framework of support in place for parents to enable them to fulfil their responsibilities for the care, nurture and education of their children. Yet few of these initiatives take account of the underlying ideology which inevitably shapes the programmes of activity and which determines how and what kind of support is offered to families – particularly those who are labelled as requiring intervention in terms of their 'parenting skills', for example because of their socio-economic status, low-income families or 'teenage' mothers. As David (1994) has pointed out, among others, there is a lack of clarity about just what are the aims of parent support programmes and which issues they are intended to address.

#### *The deficit model*

This model can best be conceptualised in terms of the association of 'poor parenting' with 'poor people'. Within this framework, problems in child development are associated with poor parenting practices rather than structural inequalities, and interventions are designed with the aim of improving skills. Hence both parenthood and childhood are defined in terms of problematic behaviour, and the types of interventions are often based on behaviourist models which seek to alter the behaviour of parents and hence affect the outcomes for their children as measured by child development indicators. The emotional relationships between parents and children are regarded as secondary, as are the socio-economic circumstances in which they live. Parents are not regarded as having strengths but as somehow being deficient in the skills they need to raise their children.

This model is most often found within the health or social psychology domain, where it is necessary to identify a pathology in terms of behaviour before an intervention takes place, because that is what legitimates the involvement of professionals. Programmes which fall within this category include,

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for example, 'Positive Parenting', 'Pippin', 'Home Start' and the variations thereof, the Turkish 'mother training' programmes and the wealth of other 'parenting programmes' provided by social welfare services and voluntary groups in a wide variety of childcare settings.

A useful example of the deficit model in practice is provided by Brooks-Gunn (2000). She refers to the differences in 'parenting behavior' between poor and non-poor families as a factor in determining school success. She advocates for 'family focused interventions' and talks in terms of 'treatment, intensity, timing and dose', apparently building on a medical model where the symptoms of a 'problem' are identified and then the remedy applied to cure the ill. Yet we know already that the structural problems of poverty will not be solved by this kind of approach (Bennett 2007). At least Brooks-Gunn concedes we also need to look more closely at service delivery.

*The involvement model*
The origins of this approach lie in the research

evidence which pointed to the fact that where schools and homes shared the same value base and attitudes towards education, then children generally achieved better outcomes. Hence the idea grew that if parents – particularly the disaffected and apparently uninterested – could be persuaded to be involved in supporting their children's education, then it would be for the benefit of the child. However, this association of factors was somewhat misunderstood in terms of cause and effect. The positive correlations between the values of home and school applied to those who themselves had generally been successful in the school system, but not those for whom it had been a negative experience. For a long time it was assumed that the way forward was to make services – especially education – more user friendly, but there was little recognition of the different ways in which children learned outside the school, for example. Hence 'involvement' was regarded as one way traffic rather than a shared learning experience between parents and professionals.

In Jamaica, for example, when an early stimulation project was first introduced, there were problems in attendance by the young mothers who were the target group. It was not until it was discovered that the professionals were commenting adversely on the young women's dress code that it was realised that the service would have to be a lot more welcoming if these mothers were to become involved. This example is included in terms of involvement rather than the deficit approach because basically it was reaching out in a positive way to build on existing family strengths; but it took a rather uncomfortable learning process to achieve the right balance of support for children's development and support for the women's adult status.

One of the significant issues in encouraging parental involvement, partly demonstrated by the above illustration, is the question of who is actually involved. In many instances it is not a desire to exclude fathers, but the reality is that even with the changes in family structure and participation in the labour market, it is still much more likely to be mothers who are the involved parent – especially when the children are young. This raises issues in terms of gender politics vis-à-vis the different roles of mothers and fathers as individuals in their own right. It remains largely true that men retain that status much more easily than women do when they have children, and there is a tendency to infantalise women in their maternal role because of their vulnerability as new mothers. Yet there is general acceptance that all new families share a certain vulnerability, and many states make provision through their healthcare systems to ensure that there is at least a baseline level of support to new families which does not discriminate in terms of labels of need or risk factors. When universal services are provided on this basis, then they are generally regarded as accessible and non-judgmental by all users, leading to a high level of take-up. There is no stigma attached as there can be in other support services and hence the provision is valued.

*The empowerment model*

Universal provision is one way of laying the basis for non-discriminatory services. But there are still issues about reaching out to those who may be the most vulnerable and disadvantaged because the service does not meet their needs. In a project in Scotland, much the same thing happened as in the Jamaican example above. When maternity services were relocated from the city centre to a mobile unit on the outskirts of the city, the professionals were deeply puzzled and rather annoyed that the women they hoped to reach still did not attend the clinic. They had not understood that the move to the periphery had not brought about any attitudinal change on the part of the professionals so there was little incentive for the women to attend the clinic. An example of the attitudes prevalent at the time is that the women who did not attend for antenatal care were identified as 'defaulters'.

While the language may have changed, there is still some resistance to the concept of an empowerment model of support, where participants identify for themselves what is required and work with service providers to ensure that their needs are met in the most appropriate ways. Interestingly, when women are asked what would help improve the quality of their lives, it is almost universal that they respond in terms of meeting the interests of their children. They want 'something better' for them although they may not be sure of the best way of going about that. Blackburn (1991), in her work on families living in

poverty, was able to identify a series of principles which people wanted to apply to interventions. They did not want to be 'worked with' but rather have access to good services; they wanted their viewpoints to be valued and respected; they wanted some continuity and stability in provision over a longer term without new initiatives constantly being introduced; they wanted a partnership relationship with professionals in relation to their children; and they wanted a recognition that they were survivors and did not need to be taught how to manage poverty – in other words that they were both service providers as well as service users in terms of their family's health and education (Graham 1993).

The empowerment model uses the language of 'partnership with parents', although it is not always recognised as an equal partnership. Whalley (1997) reminds us of the trend in nursery settings during the 1970s and 1980s, where parents – which generally meant mothers – were encouraged to come into early years settings so that they could learn 'how to play' with their children. There was little concept of shared learning or building on mothers' own deep knowledge. The *Start Right* report, however, published in 1994, reinforced the idea that parents are the most important people in their children's lives and that it is important to support young children's learning from their parents as well as in other settings (Ball 1994). Establishing a partnership of greater equality between parents and professionals requires considerable critical reflection on the part of staff and a better understanding of the knowledge–power relationship (McNaughton 2005). The investment is worthwhile because of what we know about better outcomes for young children – and the adults surrounding them – when parents and professionals are able to build positive respectful partnerships (Pugh and De'Ath 1994; Pascal and Bertram 1997). Thus, the possibilities for sustainable longer-term gains are enhanced through greater community capacity building and realisation of children's rights within a framework of family and community support.

One of the types of parent support programme which has also received a great deal of attention in the past two decades is the peer group approach – as demonstrated by programmes like Home Start, the Community Mothers programme in Ireland and elsewhere and the Roving Caregivers programme in the Caribbean. The key to these initiatives is that support is provided not by professionals but rather by volunteer or low-paid workers – either other mothers or in the case of Roving Caregivers, school leavers, who are trained by professionals to offer support largely through home visiting programmes. While these programmes are generally regarded as being positive and beneficial, they stem from a particular value base which identifies one group of people as 'needy' and another as meeting that need. There is little sense of shared learning as there is in programmes which adopt a more community development approach (Flett 1991).

Smith (1997) takes this argument further in terms of raising the questions about whether parent education is about empowerment or control. He also draws attention to the distinction between parent education and parent support, arguing that the latter tends to focus more on parents experiencing difficulties while the former tends to cover more generic, less targeted programmes of advice and education. Yet it is not always clear what such programmes seek to achieve. In a review of the international literature in 2004, Moran et al. concluded that there are still a large number of issues which need to be addressed about what works in terms of parenting support. They did find evidence that parenting support benefits families, but pointed out that it is difficult for stressed families to benefit from parenting programmes when they are dealing with multiple disadvantages. Their final point sums up the challenge for professional intervention – "the provision of parenting programmes still represents an important pathway to helping parents, especially when combined with local and national policies that address the broader contextual issues that affect parents' and children's lives."

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