Parenting Support: How Failing Parents Understand the Experience

Fiona H Corby
York St John University
Lord Mayors Walk, York, YO31 7EX
UK

Abstract

This research investigates the experience and understandings of parents on parental support programmes within a Sure Start Children's Centre in the UK. The findings refer to their parenting, the support they received and how they felt it had impacted on them as parents. The aim was to capture their experiences with a view to enhancing practice. Three main themes emerged from the research: Self-efficacy; Barriers to accessing support, and the problem of families.

Keywords: Parenting; Parenting support; Sure Start Children's Centres; Self-efficacy; Parenting confidence

1. Introduction

This paper details the findings of a case study of parental support within a Children's Centre in the north of England, UK. It is a preliminary investigation carried out by a practitioner into how parents experience parenting support. It aims to reveal what parenting support means to them rather than just viewing the outcomes of parental support. Within the UK parenting support is part of the core purpose of Sure Start Children's Centres. Whilst it is not necessarily the role of Children's Centre Practitioners to provide this, they should be able to identify and sign post parents to appropriate support to meet their needs. There is a growing array of activities aimed at improving parenting skills, however this is not always designed, or measured by, how the parents have understood or experienced that support, or, the impact they feel it has made on their lives as an on-going social process. In doing this the political and social context, and, how in turn this informs practice is considered. As this research is concerned with the parents telling of their experience, it will also consider how practice currently considers parents views when identifying support. As is outlined in the Design and Conduct of the research, the research is concerned with gathering how parents feel about their own experience and allowing them to relate their own narrative. By interviewing parents and listening to what support they have received and how that has impacted on their role as a parent, the research aimed to better understand the process from the parent's perspective. Within education and children's services the idea of the child's voice has become embedded within practice. This research aimed to consider the parent's voice with a view to better understanding what it means for parents to be part of a parenting support programme. The goal is for practitioners to be able to consider and review how the support provided to parents is received. The aim is that practitioners will be able to identify better, the support parents need and understand better how parents experience parenting support. The research intends to raise awareness of the importance and relevance of listening to parents and involving them in their own support.

2. Rationale

Parenting is the term most often used to refer to the raising of children and refers to the role of the main care givers for a child. Hoghugi (2004:5) defines it as 'the purposive activities aimed at ensuring the survival and development of children'. This may be seen as a rather narrow definition however. Children do survive and develop under a wide range of conditions. It is the social aspects of childhood that underpins the provision of parental and family support. The ability, or otherwise, of parents has become a common theme in contemporary debates about families within UK political debates. As such, practitioners working with children and families are increasingly responsible for identifying the need for support and in providing it. If it is accepted, as Heath (2004:311) suggests, that support is about meeting 'social, emotional and intellectual' needs, then it can be seen that parenting support is aimed at parents but with the ultimate aim being, that, these same needs are met for the child.

Whilst there are different aspects to the concept of parenting, the discourse regarding parenting is often concerned with how well parents are able to control their children and ensure that they display appropriate social behaviour. Field, in his report on Childhood Poverty referred to the ideas of Gorer, who noted that in the early 1950s, the spread of a 'tough love style of parenting had been the agent that changed England from a century's long tradition of brutality'. Maintaining a focus on parenting as a process of control, Field's concern is that this is becoming a lost skill and that parents are no longer practising 'tough love'. This view, however, simplifies parenting and ignores the wider influences on families that Bronfenbrenner asserted. Despite this limited view of parenting what Field (2010) does recognise is that: 'What parents do is more important than who parents are'. Whilst controlling children is one aspect of parenting, raising aspirations and achievement is another that can be seen to have more impact for the child. Whilst poverty can disadvantage children it is argued that if parents are better equipped to address the needs of their children they will be able to overcome the disadvantage of poverty (Hoghugi, 2004, Field, 2010). Such arguments have been put forward to make the case for ensuring all parents have access to parenting programmes.

This is by no means a new idea within the UK. 'Parent craft', delivered by health practitioners such as midwives and health visitors, has been delivered as a universal programme for many years. Such programmes can be seen to have normalised the practice of seeking professional advice for caring for babies. More recently these programmes, in particular those provided by National Childbirth Trust and other voluntary agencies are targeted as much at middle class, as working class parents. These programmes are aimed at pregnant women and predominantly cover early care of a baby. Although the Health Visiting service continues to be involved with families with children up to the age of 5 years, monitoring health and wellbeing, programmes for parenting toddlers or school age children have not evolved to such an extent and the provision of parenting programmes beyond babyhood is usually targeted at families who are seen as having problems with managing their children's care and behaviour. Integral to this is the argument that when parents fail in their role social dysfunction follows. Frost (2011) argues that state intervention into family life can be linked to 'moral panics' following high profile child abuse cases and concerns about family dysfunction or social breakdown. Foley (2011; 57) suggests that 'policies get caught up in strong currents of shifting social attitudes'. What can be seen is that over time society constructs what is expected or normal for families and for parenting. (O'Dell & Leverett, 2011) Thus a change in our attitude to parenting can be traced over time and our expectations of parents alter.

Following riots in 2011, the Prime Minister; David Cameron launched a scheme promoting parenting programmes. This was the implementation of a proposal that Field had made in 2010, suggesting that parenting programmes should be 'something normal to do' (The Guardian, 2012). Normalising parenting support is an aspect of Sure Start Children's Centres' service that is strongly supported by research. It finds, 'early intervention' addresses the issues that become complex, and expensive, for the State, if left unaddressed. Field (2010) in his research into child poverty suggested that positive and authoritative parenting in the first five years of life mattered more than money in transforming life chances for children regardless of income or class. Given that Governments within the UK have been reluctant to address economic inequality through redistribution of wealth the claims that Field makes fits well with a view that social problems are social, rather than economic, in nature. Whilst acknowledging that poor children currently are less likely to achieve in life, he cited the need for good services such as Health, Children's Centres and Childcare, and, suggested that this should be provided to support parents to improve their children's life chances. Again, this fits with Bronfenbrenner's ecological model in that a whole range of factors need to be addressed to ensure that parents are able to parent effectively.

It is generally assumed that practitioners intend to provide services that are effective in supporting parents, but if the experience of the parent is such that they felt that the service did not help, intentions become irrelevant. This concern can be seen as driving this case study in that a focus upon the parents experience is paramount. For Rixon (2011) being able to share understanding is a starting point for identifying appropriate support. It is somewhat axiomatic that discussions about 'support' present it as something that is good for parents, or more importantly, it is something that the practitioner/policy maker believes will be good for the recipient. This research builds upon Heath (2004), who noted that the role of parents in reviewing support is often absent. Currently, there is a diverse range of provision for parents in Britain available through public, private, and, the voluntary sector (Hoghughi, 2004). These approaches range from low level informal support such as parent and toddler groups, often provided by the voluntary sector, to statutory intervention from social services. Similarly support is not homogenous. It may be formal, informal, regular, or casual.

Providing parenting support from the range of sources via Sure Start Children's Centres has been seen as a way to help navigate parents through the plethora of support and also, to ensure early intervention to prevent future family dysfunction (Utting & Pugh, 2004; 33). However, it is important that the support available is effective. Utting and Pugh (2004) suggest that despite its growth, the impact of parenting support is still limited. If parents are actively involved in assessing support they receive they should be better able to understand the role and impact of that support.

3. Method

Following Rixon's (2011; 24) assertion that 'Sharing understandings can be a starting point for contesting problems and constructing responses' the research aimed to better understand how parents experience support so as to improve practice. To this end it was necessary to employ a methodology that would allow participants to share their experience as fully as possible. Hence, a qualitative, case study approach was chosen. Qualitative research is essentially concerned with the recording and analysis of texts, in whatever form (Flick, 2007). The research took the form of interviews as these give an opportunity for an exploration of the complexity of the subject being investigated. The interviews were recorded to generate texts. Adopting a phenomenological approach allowed access to shared meanings. By establishing 'shared meanings' anyone involved in the provision of support to parents can be clearer about what others expect, mean and understand by parenting support. The approach allowed for the researcher to consider the subjective meanings that the participants place on their own experience. Taking a phenomenological approach acknowledges that the experience as described by the interviewee is based on their own understanding of their actions and what their intentions were. Pring (2000) emphasises the need to explore intentions and the need to interpret them to gain group understanding. However, it could be argued that, in this case, where the aim is to improve service provision, intentions are not that important.

This research differs from the way in which services are typically measured in practice within the UK. In recent years there has been a move to measure services based on outcomes, and, fund service providers by the results they achieve in a manner analogous to evidence-based practice as seen in healthcare. This approach rests predominantly, on quantitative data. In the case of parenting support this could be a measure of how many parents receive a pre-determined form of support, how many complete the course or programme and subsequently report that they feel more confident in their parenting following intervention. Quantitative data will say how many, but not why. This can be seen to have a limited use in informing service provision particularly when, as Rubin & Rubin (2012) state, quantitative data can be misrepresented in order to meet targets. Six parents were interviewed. There was no intention to establish a group that was homogenous as Children's Centres deal with a variety of parental needs. This research aimed to explore the ways in which disparate parents had experienced parenting support programmes. All were accessing services in Children's Centres within a local authority in the north of England. The parents were selected due to their recent access to services and due to the range of services they were familiar with. They were asked if they were willing to share their stories of their experience. Practitioners within Sure Start Children's Centres regularly interact with parents and listen to their stories. In turn this contributed to the naturalness of the interview process and, hopefully, to better data.

This is opportunistic in approach, however, it was also purposive in that selected parents were comfortable with sharing their experience and were known to have issues with parenting, and therefore were expected to be able to provide significant amounts of information to inform the research. It is acknowledged that their willingness to participate in the study may mean that these are service users who have had a positive experience. It can be presumed that if this is not the case they would have withdrawn from services. The parents were all white British. All but one of the parents was unemployed and dependent on state benefits. All the parents were currently separated from the father/mother of their children. There were various issues that all these adults had faced or were facing in their lives such as relationship breakdown, drug use, domestic violence, poor educational attainment, teenage parenting, housing issues as well as unemployment. Whilst all felt that they had received some parenting support this ranged in level and type from family support, to a programme or social worker involvement. As such, the data was considered with knowledge of the services that were being discussed, and, the rationale behind them. It was also with a vested interested in knowing how effective these services were and what improvements could be made. When their understanding is analysed alongside what is known about the context of their experience this can help to inform future service delivery.

In respect of the value of the research warrantability, rather than validity, was sought. Plowright (2011; 138) considers that warrantable claims can be made of qualitative methods if the research is carried out to answer the question posed by the research. In this case it is to report the experience of parents and this is done by reporting what they say whilst drawing on the context of their experience and the process of gathering it. What the researcher, and practitioner, gains from the research is the 'inferences' (Plowright, 2011; 141). It is these inferences that can inform future practice.   However, inferences should always be managed critically, with reference to the particular circumstances of the reported experience. A further claim to warrantabiltiy comes from the impact of the process of the research. Carrying out interviews with parents gives them the opportunity to share their subjective experience which may not otherwise have been heard. This generates multiple perspectives (Rubin & Rubin, 2012; 4).   In acknowledging and sharing these multiple perspectives, the complexity of an individual's experience can be revealed.   The impact is threefold; educative, catalytic and empowering (Plowright, 2011). The researcher gains insight into the subject, the practitioner can use this to improve practice and also, the participant, in having the opportunity to discuss and reflect on their experience can help develop their understanding of their own experience.   For Plowright (2011; 135-136) this in turn gives the research authenticity. The research was carried out following ethical guidance for undertaking academic research. Confidentiality was a main consideration and this was discussed with participants prior to interview. Due to the open-ended nature of the interviews it is possible that participants would share very personal information about themselves and their families as well as about the professionals they had or were currently working with. Therefore it was important to ensure that identity is protected and that the information is used for the purpose intended. It was noted that the researcher had a professional interest in the research but that, unless it was felt that someone was at risk of harm, the data would not be used for any other purpose. Three major themes emerged from analysis of the data: Self-efficacy, Barriers to access; and the problems with families. Though these are presented discretely in respect of the lived experience of the parents they can be seen to overlap and intersect. Each will be considered in turn.

4. Results

4.1 Self-Efficacy

Self-efficacy is increasingly being used in respect of understanding parenting needs and support (Issurdatt & Whitaker, 2013, Bloomfield & Kendall, 2013) and is particularly pertinent to this research. Issurdatt and Whitaker (2013) see identifying the core feelings parents have about their roles as caretakers for their children as the first step in supporting them. It also reflects parent's awareness of the difficulties that they may encounter in parenting their children. All the parents interviewed talked about their difficulties in parenting effectively:

'I didn't realise that what I was suffering affected them. I should have protected them.' Parent B (Referring to domestic abuse)

'They were fed and stuff like that but we didn't do other things. They sometimes didn't go to school. I didn't think it mattered.' Parent A

And in managing behaviour, most parents acknowledged that they struggled to use effective strategies:

'I lose it and I shout. I have smacked him. I know it's wrong but I just lose it.' Parent C

'I never intended to smack any of my kids but I have done. I have lost the plot really when I smack my kids.' Parent F

Identifying that some parents feel like they are failing reinforces the idea that parenting support is offered because they are failing. This supports the findings of Issurdatt & Whitaker (2013) who suggest that parents within the welfare system feel as though they are being punished. Parents are beginning their journey with little or no sense of self-worth.   Even parents who appeared to be coping well with the role were not confident that they were 'getting it right'. This concern has contributed to some parents accessing courses for their own development. Those that did this recognised that they were better placed to support their children when they had also developed their own learning. This also manifested itself in the language parents used to describe their experiences. When talking about their parenting, parents often mimicked the language that they appeared to have learnt in the programmes they accessed. It appeared that the terminology, as well as the theory, of child development helped these parents to express their parenting difficulties and their successes.

It also gave them the confidence to talk about it. For example Parent B, who left school at 15 to have her first child, is not well educated and her conversational language is colloquial, however when talking about her parenting she stated:

'I understand now what they were hearing and seeing had an impact on their behaviour and attitudes… and also development'. Parent B

In terms of her own development she stated: 'I didn't have any confidence or self-esteem'. And added: 'I didn't feel I could be a good enough parent'.

This not only reflected her move from understanding the impact parents have on their children but also her ability to talk about them as individuals with their own needs which she admitted she had not previously considered. Similarly Parent A, talked about having 'aspirations' for himself and for his children. This parent had also had concerns about his son's care in school and the care. He stated that he felt confident by the knowledge gained from support to meet with the head teacher and discuss this, something he stated he would not have done because 'I didn't know how to talk to teachers and people like that'. This demonstrates that in developing an understanding of their children's needs and adopting the language that practitioners used increased their confidence and social capital. As a parent it improved their self-efficacy. This reflects concerns that parents had about their sense of identity as parents. Parents were keen to state that despite their problems they were able to care for their children. Being more aware of their children's needs, and, issues of neglect, they were keen to demonstrate they were not negligent parents. When describing their parenting skills before they received support they were all keen to stress that their children were cared for. In fact being a good parent was clearly important to the identity of all the participants. This could be seen as a defence against the image of bad parents that they were aware of in the media. Although the parents reflected that they were now better at understanding their children's needs since receiving support, it appeared important that they were not seen to have neglected their children in the first place. Even though the first child of Parent D, had been removed from her care it was important to her that she wasn't seen as a 'bad mother':

'I couldn't cope; I could not cope with him at all. Well, no, I could cope with him. I looked after him but I couldn't cope with day to day things like sorting myself out, sorting the house out'

Similarly, despite drug abuse during the first years of his relationship with his children Parent A stated: 'I was the first to hold him. I bonded with him. I am a good dad' Parent A and Parent B both stressed that despite personal problems they met the needs of their children but now better understood how to meet the development and emotional needs of their children. Parent C and E were keen to emphasise how they worked at meeting the needs of their child by following parenting guidance such as weaning advice and bedtime routines.

'I wanted everything to be perfect. I wanted to be a perfect mum to be honest.' Parent E

'I followed exactly what the health visitor said. He had all fresh food when I weaned him. I didn't use any jars or tins. He always has fresh fruit and veg.' Parent C

This reflects the importance of self-efficacy for parents. Given that the parents interviewed included what could be described as unintentional parents, in that their pregnancies were unplanned, they all demonstrated an awareness of the responsibility of parenting. They stated that they wanted to be good parents and 'get it right.' However, they started from a position where they had little experience or knowledge and did not access early education to gain the knowledge so quickly felt a sense of inadequacy or even failure. This is important for practitioners in that whilst parents are aware of the importance of parenting and their own inadequacies, they do not access routinely the support available in a timely and effective manner. This supports research undertaken in the 1980's which found that parents, even if offered a reward for attending were reluctant to take up parenting classes (Utting and Pugh, 2004). It appears that despite a growth in family services, in particular Sure Start programmes, this is still the case. If so, exploring the barriers to access is relevant.

4.2 Barriers to Access

Although all the parents reported that they had improved their parenting skills through support they were acutely aware of their past and on-going 'failings'. However, parents stated that prior to the birth of their child they did not consider that parenting was something that needed to be prepared for or something that they needed to learn. It was not until they felt that they were not coping or that things were going wrong that they sought or accepted help. Yet parents spoke about wanting to 'get it right', even of trying to be 'perfect'.

When it was questioned as to where they felt the pressure came from they usually stated that this came from within them. Parents reported that they had been reluctant to access or accept parenting support that had been offered to them at an early stage in their parenting career. The reasons they gave were generally about feeling that they did not need these services at the time. However, parents expressed that they didn't realise what the services could do for them, indicating that they did not fully understand how programmes would be helpful to them or to their child's development.

'I didn't understand the underlying message of Sure Start. I didn't know why I should go into the centre.' Parent B

Parent A stated that when his first child was born he 'wasn't ready for that', referring to a Dad's support group at the Children's Centre. Parent E stated that she felt she 'did not have time to sit around talking to other mums … I didn't want to upset my son's routine because I wanted to get it right'. Developing routines is promoted by health and early years practitioners as being synonymous with effective parenting. This mother saw activities such as groups as counterproductive to being an effective parent as they could potentially disrupt her routines. Furthermore, Parent B stated she did not have the confidence to access a Children's Centre. She did not understand that it may help her but on reflection she sees her reluctance to access such services as a failure to understand what was expected of her: 'I didn't know how to be a Mum'. Others commented:

'I did contact the health visitor because I was feeling down. And she said to me to get out and go to the groups and that … but I didn't, I just didn't.' Parent E

'I wasn't ready for that. I didn't really get help until things went really wrong' Parent A

'I knew about groups and things but I didn't have the confidence to go into a centre' Parent D

All the parents to some degree either said that they didn't know about services or didn't understand how they would help but in an environment where parents may feel challenged and are acknowledging their difficulties they may feel defensive. Denying they were offered services or suggesting that services were not properly explained to them may in some way vindicate them from accepting help earlier but there is a two-way process in which practitioners should be working to engage and support parents earlier. After engaging with services parents gave a positive account of support and some have become advocates in that they are volunteering in Children's Centres. What parents appear to be revealing is that formal parenting support is often accessed in a reactive way, usually because of concerns or problems. It is not just, as Hoghughi, (2004) claims that parenting support is delivered in an ad hoc manner, though this may be a contributory factor. All parents stated that prior to the birth of their child they did not consider what they needed to do to be a parent. None of the parents had attended an ante-natal programme, claiming that this was not offered to them in any case. Parents claimed to be unaware of what they needed in terms of support or understanding and this lack of awareness can be seen to operate as a barrier to accessing it. None of the parents had accessed a parenting programme routinely. They were aware of classes but they didn't always see them as something they needed to do:

'I think it is seen as a preach (sic) to them (parents). If you say, like, parenting classes… it's like learning how to be a parent and you might say 'well I know how to be one. Parent E

This suggests that offering parenting support can appear to challenge their abilities. Programmes were mostly taken up because the parent had encountered difficulties as was illustrated above. This reinforces the idea that parenting courses are for those parents with problems. Even when parents felt they ought to access support they reported anxieties. Parents reported a lack of confidence in accessing support, feeling that they would not fit in to the group. Others found services difficult to access:

'I didn't want to go on my own. I went in with my friend but they said there was no places so we went on the waiting list. They never rang us up.' Parent D

'I only went to about 2 out of the 10 classes. I suppose I ought to do it. It might help. I just didn't think it was important.' Parent C

Programmes were usually taken up once a parent had come to the notice of statutory services such as social services or Sure Start Children's Centres and it was identified as part of a package of support because they were struggling to meet their child's needs. It can be seen here though, that a lack of coordination for parenting activity reduces opportunities for education or intervention.

In addition, from the experience related by these parents, there appears to be no clear pathways for accessing education or support in a way that is responsive to the level of need. Of the parents interviewed, each received parenting support in a different way.   Where needs had been identified for parenting support, the type of intervention and support varied.   From the parents' testimonies it appears that key opportunities to provide basic parenting advice to parents is often missed. For example parent D had struggled to parent her first child and had given up care of him because she felt unable to cope. She accessed parenting programme when her second child was 2 years old. She stated that this was the first time she had access to the programme and now she felt that she had been given the right information to manage her child and was enjoying motherhood.   When asked about the work she undertook with social workers she stated that although they visited her at home, she felt that, they did not talk to her about how to parent. What parents were reporting was that they felt that the courses they attended were the most effective support they had received in helping them to understand better their child's behaviour and needs as well as giving them strategies to manage their children. Parents, who had attended all or most of a parenting programme, reported that this was effective in supporting them. Parents reported how they shared their own experiences with each other and the strategies that they tried.   Parent F said she was surprised when the facilitators admitted that they too had 'bad' days with their children. This was a revelation to a parent who felt that there was a right way to parent that she was not achieving whilst others were.   For those that attended programmes what they felt was summed up by one parent:

'The way it was put on the course made sense, talking about how it was when you were a kid and thinking how it is for your kids. Well, now I get it.' Parent A

4.3 The Problems of Families

Parents seemed to recognise their own learning when they are in an environment where they are expecting to learn something. They did not always recognise or report informal forms of support unless this too was attached to a learning environment. Parents had to be prompted as to whether friends and family were part of their support network. Mostly they did not see friends and family as supportive unless the peer group was within a learning environment. When asked about family all but one parent reported that this was not a source of support and advice either because family did not live close by or because relationships were not good. Positive support tended to be about babysitting or financial help. Parents mostly reported family involvement as often being counterproductive to good parenting such as a grandmother who taught her grandson to swear. Others stated:

'Extended family has probably been the worst help regarding discipline ever' Parent C

'My family don't live round here. They are good when I see them but I don't see them much and I don't ask for any help because they can't help.' Parent A

'My mum was no help really. She works but we don't get on. I can't say she has helped at all.' Parent D

A lack of familial support correlates with the concern that extended family is no longer the main source of parenting education. Only one parent identified her mother as her main source of support:

'It's my mum, and still is to this day actually, she's the one who I will go to if I don't think something's right or ... she is the one I go to. It still is.' Parent E

Furthermore, this mother only accessed informal support from peers and colleagues in addition to this family support. This cannot be seen to be representative of all parents; rather it suggests that parents who need support from practitioners are those who do not get this from their own family. Similarly, none of the parents felt their child's or children's other parent was a source of support. At the time of interviewing, all the parents were separated from their child's other parent and there was varying degrees of contact with that parent for the child(ren). One parent stated that since his marriage had ended and he had secured residency for the children, things were better as he was able to focus on their needs.

'She can see them if she wants… we had a meeting and agreed contact but she didn't turn up. It's up to her but it suits me that she stays out the way …' Parent A

'I am more confident on my own now. If his dad's not around I don't have to ask him. I have to make the decisions… I stand by own decisions. ' Parent E

Other parents reported similar sentiments about being better able to focus on the needs of their child when not involved with a partner. They indicated that personal relationships were in some sense, a hindrance to their

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parenting. In respect of peer support through friends or from other parents at 'drop in' events such as 'parent and toddler' groups, again parents did not see this as being a source of support. Sure Start Children's Centre Practice Guidance emphasises the importance of building and supporting peer networks for parents and communities on the grounds that these networks can be more effective in the long term for supporting families, and more sustainable than interventions that rely on funding but this is not without its problems. Although some parents reported that it was the difficulty of coordinating their children and themselves to get out for a set time most said that they did not have the confidence to go into groups and felt that it was not for them. Only one parent talked about a friend who she met at the Children's Centre who she felt she could confide in and ask for advice. However she also stated:

'I don't want her to think F is naughty. I don't want her to be talking about me to other mums.'

Parents felt peers were critical and this prohibited them from asking for help or admitting they were struggling as is illustrated by Parent B who said:

'I felt the other mums would be looking and saying she's too young or she's not doing it right'.

This suggests that for the parents that most need support and would most benefit from informal networks there is still much to be done in this respect. Yet parents did talk about doing things with friends, like attending courses or groups at the children's centre and feeling more able to access these when they were with a friend. What parents did recognise was that when they met up formally within parenting programmes or on training courses they did support each other. Mostly, whilst they all referred to friends and peers with whom they attended programmes or groups, or met up with informally, they did not see these explicitly as the people who helped them to learn how to parent. However, it was clear that these relationships were important to parents in learning how to parent.

5. Discussion

The research aimed to discover how parents experienced parenting support to inform practice. It was evident that by listening to parents relate their experience we can know better how their parenting has been affected by intervention they receive, and, what they feel has made an impact. The research also resonates with the idea that services should be informed by services users. The process of listening creates the opportunity to build good relationships that engender respect (Issurdatt & Whitaker, 2013). This in turn enables practitioners to identify appropriate interventions that help to improve parenting and as such safeguard and support children. It is clear that parents need to feel listened to. Equally, practitioners need to listen to the narrative that parents are relating so that intervention is timely and appropriate. Practitioners should not assume that parents know what they should be doing. When parents present to services in crisis, or, are being judged to be failing, consideration needs to be given as to whether those parents have had the opportunity to learn the most basic messages about parenting. As one parent expressed it:

'… it's not natural; it's not innate to be a good parent'. Parent E

In the process of listening to parents there is not only opportunity for the practitioner to gain knowledge but also the opportunity for the parent to reflect and think about their own experience and develop their own understanding. Therefore, when working with families it is important that the process allows for opportunity for reflection so that all involved are better able to understand the process we have experienced. It should be recognised that parenting support is effective when parents are conscious of the aims of the support and the learning process is explicit. Parents are then able to develop their thinking and reflection. This was articulated by one parent who stated:

'I wrote things down in my notebook so I could go back to it. I know now how to be a parent.' Parent D Parents described positive experiences in a learning environment where they felt less directed and more supported. Whilst parents recognised the learning process when they attended a programme they did not always understand this was the aim of one to one support and their experience suggests they did not feel that they were learning how to be better parents in this case. Practitioners should ensure the aim of their intervention is mutually explicit. However, the most important aspect for effective on-going parenting support is the development of a parent's self-efficacy. It was evident that parents feel the responsibility of their role, and also, the sense of inadequacy generated by the difficulties they encounter.

Parents interviewed all expressed their aspiration to be 'good', or even 'perfect' parents. However, it is not always clear what 'good' parenting. These parents felt challenged by the discourse that surrounds parenting and were anxious about their failings. Practitioners should consider how self-efficacy can be built through firstly addressing the needs of the parent. Practitioners should consider how parents feel about their role and what their wider needs are in being able to fulfil that role. As these parents were beginning to understand, parents are in a much better position to meet the needs of their children when their own needs are met.

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