How can all Nurses support Parenting?

Abstract

Supporting parents is mainly seen within UK practice as the role of specific community workers, such as Health Visitors, School Nurses and Social Workers. The families that are known to these services have often experienced long-term difficulties and been in contact with many other health care professionals prior to intervention commencing. There is an ever-increasing need for parenting interventions to support children and families across all settings. The year on year rise in children and young people with poor mental health and those who demonstrate dysfunctional behaviours and crime, evidence the need for early help by all professionals in contact with families. Nurses and healthcare practitioners across all areas of practice, are able to contribute to the welfare of children, families and society by having increased awareness of who and how support can be provided. Recognising early signs of negative parenting practices, offering guidance and referring for early help with parenting intervention may just help address the difficulties within some families at the outset, and establish a culture of making every contact count.

Why a Nurses role?

Where it is recognised that community health care practitioners are often the professionals who are at the forefront of community interventions which support parenting, all health care workers will at some time throughout their career come into contact with children and families. In order to develop systems that encourage better outcomes for all and provide early intervention, all professionals should be equipped with skills that can share positive parenting to families at every contact. Whether this be a brief intervention, such as asking how parents manage or a targeted support programme. Nurses should be able to observe the interaction of parents and children, assessing the quality of this relationship and ascertain whether the child and parent appear to function together or independent from each other (Park, Johnston and Williamson 2016).

Research into child behaviours has long since focused on approaches to parenting and how the patterns formed from infancy, shape the future of a child's brain development, creating pathways that will be embedded through childhood and adult life (Bowlby 1988, Shapiro and White 2014, Shaffer et al 2019). Parenting is not simple, it is a social activity without which our children would be unable to form secure attachments, develop stable emotions and be able to function well as a child and adult (Barrett 2004). Bowlby (1988) identified that without sufficient attachments from parents, children were less likely to be socially compliant and more prone to a life of negative behaviours.

Ziv (2004) expressed that if parenting was sub optimal, with unclear and home life did not provide positive meaningful interactions, children would reciprocate these experiences to outside the home and be unable conform to societal expectations. Parents are key sources of need in every aspect of childhood, infancy through to adulthood (Thompson 2000). Parents and care givers are essential in meeting basic needs of food and shelter. Parents are also crucial to the child's need for warmth, comfort, reassurance, advice, friendship, practical and material support.

Parenting styles and strategies vary tremendously across different race, culture and environmental backgrounds. There is no universal approach to parenting that would be accepted across all domains. However, it is well established how parenting, affects children's development and offers

lifelong skills and practices that not only influence a child's life, but also how they function in society and how they will themselves parent (Barrett 2006, Dwivedi 1997, Crittenden 2008, Shapiro and White 2014). Parenting is a complex often challenging process which requires education, patience, dedication and commitment in order to produce children who are emotionally, physically and psychologically stable. Children who are able to adapt to a changing society and feel confident in their ability, whatever they choose.

The need for strong and positive attachments, love and boundaries has been explored in children across all age spectrums. It has been recognised that from conception to adulthood, parents and caregivers are the single most influential and important element to producing security and emotionally stable young people, with skills that they develop in their transition into adulthood (Shaffer et al 2019,Klein et al 2017, Klein et al 2016, Schweizer et al 2017).

The Parent- child relationship

When the quality of the child- parent relationship is affected, children have difficulties forming positive connections, often seeking reassurance and guidance from external sources. This can result in disruptive and challenging patterns of behaviour. Professionals who come into contact with children and families, need to be able to recognise when positive and negative behaviours are evident. A nurse has responsibilities in providing holistic care (NMC 2018), this includes emotional well-being, children's experience of parenting affects all areas of their cognitive and psychological development (Park, Johnston and Williamson 2016).

Fig 1.1 Identifies key nonverbal and verbal cues of positive parenting, although not exhaustive, these characteristics should be part of the normal relaxed interaction in the parent-child dyad.

Fig 1.1 Positive parent and child interactions.

Parent	**Child**
Lots of eye contact with child	Eye contact with parent
Touches, strokes and hugs child	Seeks comfort
observing/watching	Stays close to parent
Listens to child	Talks to parent
Sings/ plays with child	Listens to parent
Immediately Responsive to child,	Laughs with parent
Concerned over child's welfare	Notices parents' movements and interactions
Recognises when child distressed or in need of comfort and responds to this	No confusion over parents' words

Notices if child hungry, thirsty and seeks to resolve this	Doesn't need to repeatedly ask for food or drink
Gives praise and reassurance	Smiles and accepts praise

(Crittenden 2016, Barrett 2006).

Fig 2 below outlines some interactions that should raise professional curiosity and elicit a need for further assessment. Where this is not a comprehensive list, consideration is required for intervention when more than one trait is evident. Each behaviour can rarely be considered a concern independently of other factors, however the presence of such characteristics should encourage health care practitioners to be alert to the quality of parent-child interaction, environment and instigate professional curiosity to seek further information or refer to another childcare professional (Dwivedi 1997, Neville, King and Beak1995, Davis and Lebloch 2013). Where it is clear within safeguarding policy (DFe 2018) that safeguarding referrals do not require parental consent as the safety of a child is paramount, this would always be good practice. In all referrals for early help and parenting support parents/care givers must be informed and in agreement. See Fig 1.2 for referral agencies.

Fig 2. Negative parent child interactions

Parent	**Child**
Lack of awareness of child's safety/movements	Child running around unfamiliar area unsupervised
No responding to child in appropriate time	Crying
Lack of empathy	Apathy/ over cautious
Scolding / shouting / demeaning child	Very quiet and still (cautious)
Not providing food/drinks	Hunger/thirst
Ignoring child	Attention seeking
Avoiding child	Over familiar with strangers
Happy to leave child supervised by strangers	Not listening
Not providing physical and emotional comfort	No awareness of parent interaction
Laughing at child (rather than with)	Trying hard to seek parent's approval
Not considering child's welfare	Unkempt appearance
Prioritising self or others (often partner) over child	Acceptance of poor situation

(Davis and Lebloch 2013, Barrett 2006, Crittenden 2006).

Making a difference

Nurses in all areas, should be able to recognise where parenting needs extra intervention or targeted support in order to reduce risk of harm, and a referral to other services may be beneficial. Fig 1.2 identifies where healthcare practitioners can refer to for parenting support.

There is widespread knowledge around the responsibility of everyone to protect children from harm (DfE 2019), nursing practice in the UK provides mandatory training around procedures to safeguard children and adults. However, health care professionals, should also be able to recognise and educate families in parenting where harm may not be identified, but parenting techniques could be further developed into more sustained positive approaches. (Schaffer et al 2019, Park, Johnston and Williamson 2016).

Fig 1.2 Referral pathways that can be accessed for parenting support.

Agencies for parenting support
Health Visitor / School Nurse
Children's Centres
Schools
Children's services (safeguarding children)
Barnardo's / charitable organisations (area dependant)
Children and Young peoples mental health services

Positive approaches

Parenting programmes historically have focused on boundaries and managing undesired behaviours (Eyberg, Nelson and Boggs 2008), over the last decade the knowledge and expectation around how children are parented has shifted from a behaviourist to a positive approach (Schaffer et al 2019). Research (Kaminski et al 2008, Kehoe, Havinghurst and Harley 2014, Coatsworth, Duncan and Grenberg 2010, Schaffer and Obradovic 2017) has established that children respond in a meaningful and considered way to positive interactions and encouragement of perceived good behaviours rather than being continually chastised for undesirable actions.

When supporting parents, professionals need to be skilled in assessing the thinking processes that occur within each parent. Patterns by which adults make meaning and organise thoughts are learnt in childhood. Crittenden (2006) discusses that the actions of parents and care givers is derived from learnt behaviours and previous experiences within their own childhood, children recreate all actions of their parents in some manner. Transgenerational transmission of parenting strategies requires

considered investigation, changing adults' perceptions of how to parent often will require a whole family approach. Generating deeper understanding of child brain development and expected norms of behaviour can help towards interrupting the cycle of negative or harmful approaches to parenting (Crittenden 2006, Smith Slep and O'leray 1998)

Where it cannot be generalised, that maltreated children will all go on to maltreat their own children, research has shown that parents who do maltreat their children have almost always been abused children themselves (Young et al 1991).

There is a need to understand how parents operate within the parent-child dyad, how the relationship functions on all levels. The explicit knowledge about how parents interpret and respond to triggers created by their child, can inform professional programmes and develop informative individualised strategies that are targeted directly to the parent's comprehension and ability.

Fig. 1.3 Responsiveness is triggered by the parent's perception of the signal.

1. Perceive
2. Interpret
3. Select response
4. Implement
5. Action or no action

(Crittenden 2008)

Parent's notion of how they respond to their child, is derived in understanding of the need. This will depend on their idea of priority and what they understand from the signal expressed by the child, for example;

A baby cries, he has been fed 2 hours ago. The parent may be of the belief that the child does not need fed again, they ***perceive*** *this signal as a cry for no apparent reason, they may be over tired, hungry themselves and in need of a rest,* ***interpreting*** *this cry signal as not in need of immediate attention,* ***selecting the response*** *to leave the baby to cry for a short while, they go and make themselves a drink, the baby continues to cry, the parent then acts by attending (or ignoring) the baby (* ***(action).***

While many parent responses will occur without consideration and as a matter of instinct, some will be generated through transgenerational actions and learnt from experiences in their own childhood. Education around child development from the antenatal period throughout childhood, may help elicit actions that are positive and responsive to each child's individual need. Professional awareness of how parents interpret and prioritise the signals from their child, is crucial when attempting to optimise parenting practices.

Shaffer et al (2019) studied 34 care givers of school age children in a parent programme that was developed to educate parents towards increasing emotional connections with their children. The

programme found that by enhancing parent's ability to respond to their child emotions, assisted parents coping skills, improved parent and child communication and promoted a healthier relationship. Parents expressed that by building awareness of their child's emotional development, allowed them to develop insight into the behaviours presented and encouraged an approach to parenting that was generated by knowledge, resulting in less parental stress and improved family dynamics.

Creating a positive culture which supports parents and children is at the forefront of government legislation (Leetham 2016). Providing early support within healthcare practice may help to reduce the burden that poor life experiences contribute towards physical and emotional well-being at individual and family level, the NHS, communities and wider society.

There is increasing concern about the exponential increase in poor mental health, delinquency, anti-social behaviour, crime and the detrimental effect this has on community safety, security and society as a whole. With the increasing pressure put-on front-line staff, it may be difficult to imagine where or how staff can spend time supporting parents at the outset. However often families in need of intervention are seen by many professionals in areas such as schools, emergency departments and General Practice (GP), presenting with low level issues that may be eradicated. Behaviour pathways can be altered with early identification and the instigation of supportive practices. It is accepted that currently there are limited empirically supported training programmes that exist to help clinicians teach positive parenting practices to parents (Shaffer et al 2019).

Summary

Thinking processes are learnt in childhood, parenting differs widely in each family. Often these variances will not offer any detrimental effects to the child. Understanding of context and meaning is essential when supportive interventions would benefit child and family outcomes. Nurses in community and acute settings may be the first health professional who comes into contact with children and families. In times of stress it may be evident from the quality of family interactions, how well a parent and child function as part of a family unit. Nurses who have skills to offer early support, guidance, refer or provide intervention could help alter the trajectory of family life, providing much needed help towards a brighter future for children, families and society as a whole.

References

Barrett H. (2006). *Attachment and the perils of parenting.* National Family and Parent Institute. London

Bowlby J. (1988). *A Secure Base, clinical applications of attachment theory*. Routledge. London

Coatsworth J, Duncan L and Grenberg M (2010). *'Changing parent's mindfulness, child management skills and relationship quality with their youths*'. Journal of child and family studies. V19. pp203-217

Crittenden PM. (2004). *Raising Parents*. Routledge. London.

Davis L and Lebloch E. (2013). *Communicating with children and their families*. Open University press, New York.

DfE. (2019). Department for Education. 'Working together to safeguard children'. https://www.gov.uk/publications

Dwiveldi K. (1997).*Enhancing Parenting skills.* Wiley. West Sussex.

Eyberg s, Nelson M and Boggs S. (2008). '*Evidence based psycho social treatments for children and adolescents with disruptive behaviour'*. Journal of clinical child and adolescent psychology. V37, pp215-237

Kaminiski J, Valle L, Filne J and Boyle C. (2008). '*A meta analytic review of components associated with parent training program effectiveness'.* Journal of abnormal child psychology. V36. Pp567-589

Kehoe C, Havinghurst S and Harley A. (2014). *'Tuning into Teens: improving parent emotion socialization to reduce youth internalising difficulties'*. Social development. V23. Pp413-431

Klein M, Lengua L, Thompson S, Moran L, Ruberry E, Kliff C and Zalewski M.(2016). '*Bidirectional relations between temperament and parenting predicting pre-school age children's adjustment'.* Journal of clinical child and adolescent psychology. doi: 10.1080/15374416.2016.1169537

Leethom et al (2016). ' *1001 Critical days'*. https://www.1001criticaldaysmanifesto.co.uk Accessed 12.08.19

Neville D, King L and Beak D. (1995). *Promoting positive parenting*. Arena. Hants.

NMC (2018). Nursing and Midwifery Council. https:www//nmc.org

Park J, Johnston C and Williamson D.(2016). ' Parents attributions for negative and positive child behaviour in relation to parenting and child problems'. Journal of clinical child an adolescent psychology. Doi: 10.1080/15374416.2016.1144191

Schweizer T, Olino T,Dyson M, Laptook R and Klein D. (2017). 'Developmental *origins of rumination in middle childhood: The roles of early temperament and positive parenting'*. Journal of child and adolescent psychology. Doi: 10.1080/15374416.2017.1359787

Shaffer A, Fitzgerald M, Shipman K and Torres M.(2019). *'Lets Connect: A developmentally driven emotion focused parenting intervention*'. Journal of Applied Psychology. V63. Pp33-41

Shaffer A and Obradovic J. (2017). *'Unique contributions of emotion regulation and extensive functions in predicting the quality of parent-child interactions'*. Journal of Family Psychology. V 31. Pp150-159

Shapiro S and White C. (2014). '*Mindful discipline. A loving approach to setting limits and raising an emotionally intelligent child.* Oakland. New Hartland Publications.

Smith Slep A and O'Leary S. (1998). '*The effects of maternal attributions on parenting'. Journal of Family Psychology.* Doi. 10.1037/0893-3200.12.1.1234

Thompson R. (2000). ' *The legacy of early attachment'*. Child development. V 71. PP145-152

Young W, Sachs R,Braun B and Watkins R. (1991). *'Patients reporting ritual abuse in childhood. A clinical syndrome'.* Child Abuse and Neglect. V15. Pp181-9

Ziv Y. (2004). *'Social information processing in middle childhood: relations to infant- mother attachment'*. Attachment and Human development. V6)3).pp327-348