



<https://theses.gla.ac.uk/>

Theses Digitisation:

<https://www.gla.ac.uk/myglasgow/research/enlighten/theses/digitisation/>

This is a digitised version of the original print thesis.

Copyright and moral rights for this work are retained by the author

A copy can be downloaded for personal non-commercial research or study, without prior permission or charge

This work cannot be reproduced or quoted extensively from without first obtaining permission in writing from the author

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the author

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given

Enlighten: Theses

<https://theses.gla.ac.uk/>  
[research-enlighten@glasgow.ac.uk](mailto:research-enlighten@glasgow.ac.uk)

**Stress, coping and social inclusion: the impact  
of early years' provision on the support  
networks and wellbeing of families.**

**Rosalind Hawthorne Kirk 1999**

Submitted, February, 1999 for the degree of Doctor of Philosophy  
Department of Social Work and Social Policy and Department of Education  
Faculty of Social Science  
University of Glasgow

ProQuest Number: 10391320

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 10391320

Published by ProQuest LLC (2017). Copyright of the Dissertation is held by the Author.

All rights reserved.

This work is protected against unauthorized copying under Title 17, United States Code  
Microform Edition © ProQuest LLC.

ProQuest LLC.  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106 – 1346

GLASGOW  
UNIVERSITY  
LIBRARY

11879

(copy 2)

## **Acknowledgements.**

I primarily wish to thank the families who used the nurseries and family centres as well as the many staff who contributed to this study so generously and enthusiastically. Tayside Regional Council provided invaluable financial and practical support in the first four years and this was much appreciated.

In addition, I would like to thank Professor J. Eric Wilkinson and give particular recognition to Professor Malcolm Hill who steadfastly provided encouragement, feedback and assisted throughout.

Finally, and of considerable consequence, I must acknowledge my husband, Willie, for his support, practical help and patience and my children, Nick, Robyn and Laurie who all made sure that I kept going and finished the task.

I declare that this work is my own and has not been submitted for any other degree.

.....

Rosalind Hawthorne Kirk

## Table of contents

	Page
1. Early years' provision in context	1
2. Supporting young families in context: an ecological perspective	22
3. Risks in parenting: stress and coping	47
4. Design and methodology	72
5. Nurseries and neighbourhoods	116
6. Families and their use of nurseries	141
7. Parents' support networks	166
8. Parenting stress and wellbeing and relationship to children's wellbeing	193
9. Impact of social support on risks to family wellbeing reduction	224
10. The direct and indirect roles of nurseries and family centres in supporting families.	253
References	290
Appendix: Tables, Parent interview schedule, Parenting Stress Index (PSI/SF), General Health Questionnaire (GHQ12), Pre-school Behaviour Checklist (PBCL)	

## Abstract

A primary aim for undertaking this research was to seek evidence of the value of supporting parents through early years' provision, especially those who are socially and economically disadvantaged. The study explored the way three different types of public provision (education, social work nurseries and family centres) affected parental wellbeing, parenting stress and associated risks to the healthy social and emotional development of children.

The characteristics of the neighbourhood and nurseries in which the study was located were examined, and compared, before looking further at the families who used each type of provision, including their social support networks. The influence of support and the role of nurseries and family centres on parenting stress and wellbeing were then considered. An ecological framework was used to develop a largely quantitative, longitudinal survey study with a sample of 85 families at the start and 71 at follow-up, one year later. Parents of children using public provision were interviewed and completed questionnaires on parenting stress and wellbeing. Standard developmental assessments were completed on the children concerned.

It was found that a very high proportion of the parents were experiencing excessive stress and psychological problems such as anxiety and depression. Most parents had reduced levels of stress and improved wellbeing after using the nursery for a year. The way each of the different types of units was organised influenced the balance and nature of informal and formal support and the extent of neighbourhood involvement.

Education nurseries provided a focus for parents to meet informally, usually external to the daily routine and organisation of the nursery. Through this many found new friends and were able to participate in other aspects of the community. The nursery helped share the care of the child for short periods and provided a range of quality experiences to enhance the child's development. Education nurseries did not view parent support and education as their responsibility although almost all parents considered it of vital importance.

Similarly, the social work nurseries provided an accessible, dependable service enriching the lives of children and parents by reducing social isolation and increasing access to a wide range of stimulating, learning experiences for children and positive, helpful relationships with staff who were able to advise and listen to parents. The majority of the most vulnerable families, often with children who had developmental problems and little informal support, used social work nurseries, although a number of parents who were struggling to cope were found to use other forms of provision.

Family centres incorporated the most diverse range of activities and services for parents and children. Informal support was mutually beneficial, harnessing individual's personal strengths, enabling these to be shared with others. Confidential formal support was available. Continuity for parents and children, however, was not possible due to a lack of sufficient childcare to enable parents to work or children to gradually increase the amount of time they spent away from their parents and in a learning situation with their peers.

Living in an economically disadvantaged area increased risks to wellbeing and the importance of possessing and developing resilience to help parents and children adapt and cope successfully to the many challenges they faced. All forms of early years' provision contributed to supporting parents, enhancing developmental opportunities for children and made a major contribution to the wellbeing of young families. The organisational framework and separation of education, welfare and parental employment functions resulted in segregation between the families who used each type of provision on the basis of household income and were not conducive to strengthening informal support systems or enabling parents to work.

As a means of enhancing the wellbeing and development of future generations, opportunities for informal and formal support should be more strongly integrated into the functions of early years' provision, making them more accessible, flexible and multi-purpose. The extension of parents' social networks and provision of quality childcare helps build support, skills and confidence, promoting social inclusion and the rejuvenation of disadvantaged areas.

## Tables

	Page
4.1	Distribution of respondents and response rates across units. 92
4.2	Distribution of respondents and response rates across types of provision 92
4.3	Distribution of respondents by use of nursery or family centre 93
5.1	Differences between types of provision 123
5.2	Parents attending different types of provision and their perceptions of its primary function/orientation 127
5.3	Parents' initial source of information about the provision by establishment attended 129
5.4	Parents' initial source of information about the provision by households in which at least one parent is in employment 129
6.1	Job categories for respondents and partners in paid employment at start of study 149
6.2 (i)	Comparison of mean incomes by lone parent and other household composition 156

Tables (continued)

	Page
6.2 (ii) Comparison of receipt of income support by lone parent and other household composition	156
6.3 (i) Comparison of mean incomes by users of North and South neighbourhood nurseries	156
6.3 (ii) Comparison of receipt of income support by users of North and South neighbourhood nurseries	156
6.4 Comparisons of household incomes by household employment status at start of study	157
6.5 Changes in scores on Household Amenity Index (HAI)	158
6.6 Differences between the ages of children attending different types of provision	163
8.1 Changes in Parenting Stress (PSI/SF) scores between start and follow-up in comparison with norms identified by Abidin (1990)	198
8.2 Changes in parent distress (PSI-pd) scores between start and follow-up in comparison with norms identified by Abidin (1990)	200
8.3 Changes in general health scores (GHQ12) between start and follow-up	204
8.4 Percentages of parents attending each type of provision, at start and follow-up, scoring above the threshold on the Parenting Stress Index – difficult child dimension (PSI/SF-dc)	210

Tables (continued)

		Page
8.5	Percentages of children with developmental delay using each type of provision	211
8.6	Percentages of children displaying social and emotional difficulties (PBCL) using each type of provision	212
8.7	Pearson product moment ( $r^2$ ) correlation co-efficients – parenting stress, wellbeing, child development and behaviour at the start of the study	218
8.8	Pearson product moment ( $r^2$ ) correlation co-efficients – parenting stress, wellbeing, child development and behaviour at follow-up	219
9.1	Percentage of parents reporting a “little” or “lot of need” for various types of support	231
9.2	Difference in means of support need and satisfaction scores (analysis of variance) between users of different types of nurseries	234

## Figures

	Page
2.1 Context of child support – an ecological framework	23
4.1 Pathway of inter-related influences on family wellbeing	75 and 275
4.2 Map of area in which research was conducted	87
5.1 The family in community	121
5.2 Percentage of parents involved in activities at nursery or family centre	137
6.1 Percent of lone parents that used different types of nurseries	159
6.2 Comparison of mean incomes of users of different types of nurseries	159
6.3 Comparison of users of different nurseries in receipt of income support	160
6.4 Distribution of early services users who were tenants or owner-occupiers at the start of the study	161
7.1 Proximity of social network members in relation to their social role at start of study (A) and at follow-up (B)	169
7.2 Density of social network at start of study (A) and at follow-up (B)	172

Figures (continued)

	Page
7.3 Changes in size and composition of social support networks in relation to social role at start of study (A) and at follow-up (B)	176
7.4 Sources of support (formal or informal) at start of study (A) and at follow-up (B)	178
7.5 The support role of relatives (A), friends (B), early years' services staff (C) and other professionals (D)	180
7.6 Sources of conflict (by social role) at start of study (A) and at follow-up (B)	181
7.7 Gender of available supporters at start of study (A) and at follow-up (B)	184
7.8 Comparison of types of support provided by partners at start of study (A) and at follow-up (B)	188
8.1 Percentage of parents who used different nurseries with critical levels of parenting stress and poor wellbeing at start of study (A) and at follow-up (B) using three measures	205
8.2 Percentage of parents and children attending each type of nursery or family centre scoring above the thresholds on the Parenting Stress Index-difficult child dimension (PSI/SF-dc), and above the PBCL threshold – at start of study (A) and at follow-up (B)	215
9.1 Percentage of parents reporting satisfaction with various types of support at the start of the study and follow-up	232
9.2 Percentage of parents reporting influence by the nursery or family centre on the availability and use of specific types of support and conflict	239

## **Chapter 1. Early years' provision in context**

*"The family centre helps my child to learn to speak and with her education. It lets her meet other children, more than she would if we didn't come here because we live in a multi. We meet other parents, talk and chat about things and feel better after it – feel more reassured in yourself." (User of a family centre).*

*"Now that Jill is safe in the nursery, she gets a break from me and I get one from her. I can concentrate on getting on with my work and not worrying about her." (User of education nursery).*

*"He's easier to manage because he's less demanding. He gets out to play and I can't let him out because of broken glass, broken cars or people fighting." (User of social work nursery).*

### **1.1 Introduction**

Nurseries and family centres make a large impact on the everyday lives of families with young children as the above comments from parents clearly show. Not only can quality of life be enhanced at individual and family levels, early years' provision contributes significantly to the social fabric and development of society as a whole (Bronfenbrenner, 1979). Early years' services are at a key interface between public and private family life. Their organisation and delivery is a reflection of society's perception of the social value of children and the extent of intervention in family life deemed necessary to ensure children's wellbeing and prevent the emergence of later social problems (Canaan, 1992; Moss and Penn, 1996; Zigler et al., 1996.).

The fragmented way in which early years' services developed from inception up to the present day in the UK demonstrated public ambivalence and attitudinal swings about the appropriate balance of family and state responsibilities for childrearing. Historical accounts and cultural differences between nations (Moss and Melhuish,

1991) help to clarify social boundaries at particular points in time between the family and the state. In the UK, like the USA, responsibility for raising children has been viewed largely as an individualised, private family matter except in special situations when parents are deemed inadequate. Boundary shifts in the UK have never strayed too far from this basic premise (Fox-Harding, 1991).

Many children in the UK currently start off their early lives being cared for by relatives and attending one or more from a range of early years' facilities, including nurseries, playgroups, childminders and family centres in the public, private and voluntary sectors (Cohen, 1988). Services vary, not only in terms of funding and organisation, but also in the nature and extent of their support to parents and in the types of families that can gain access. This is greatly influenced by the socio-economic status of parents, views on gender roles in parenting and the neighbourhoods in which families live. It is argued in this thesis that variations between key forms of public provision embody such contrasts. These serve to perpetuate the separation and social exclusion of some and the inclusion of others. Connections that arise among parental functioning, wellbeing and social support are also explored.

In this introductory chapter, early years' provision in the UK will be placed in context with a brief overview of the history and governance of early years' group care. This will be followed by an account of some key issues, including the range and availability of services and the relationship between local authority social work daycare and nursery education. These illustrate the way in which early years' provision can mirror the views of society about children, the role of the family and the appropriate extent of state intervention in family life. These are themes that will be returned to in the concluding chapter when considering the potential role of provision in supporting families and promoting social inclusion. Although the gender-neutral term of *parent* is often used in this thesis, this reflects much of the literature on parenting and aims to be inclusive towards men as fathers.

An ecological perspective will be adopted in this thesis. This approach enables wider political and public concerns, such as growing poverty, the role of the family,

gender inequalities and a proposed national expansion of early years' services, to be acknowledged as important contributors to the research context. This framework, more fully explained in Chapter Two, also enables focus on particular aspects of human development in greater depth. In Chapter Three, consideration will be given to the contribution of early years' provision to parental wellbeing through the extension of parents' social support networks. Parental wellbeing, in turn, has been found to impact positively on children's development (Cochran et al., 1990). Becoming either a mother or father, and ongoing parenthood, represent major life events and stages that most encounter. As a consequence, new responsibilities and challenges result in increased stress for all parents, but the extent of change and the subsequent demands are currently far higher for women than men in this society (Busfield, 1987). In addition to the implications of gender, individuals are not all equally susceptible to excessive stress when they face major life events or pressures in daily life. Some individuals are at greater risk of experiencing emotional, psychological or other problems and are less able to develop adequate coping strategies to help deal with problems. Others show considerable resilience in the face of adversity. Some of these concepts will be reviewed and the role of social support examined in reducing risk and contributing to parents' abilities to manage stress and cope with childrearing.

Consideration was given to methodology and rationale for the study design in Chapter Four and included information on sample selection and the use of standardised questionnaires as measurement instruments. The subjects in the study were all interviewed so interview design and methods was explained along with the nature of analysis followed by a description of the style in which findings were reported. The initial findings (Chapter Five) described the differences between the nurseries and family centres, the children who used them and the socio-economically disadvantaged neighbourhoods in which they were located. The characteristics of the families who used the provision, their resources and experiences were similar in many ways but there were also some marked differences. Comparisons between individuals and groups of families were the main subject of Chapter Six. The description of the families was extended in Chapter Seven where some of the structural aspects of their social networks and social supports were outlined. Despite

the individuality of parental coping strategies and abilities and the subsequent extent of stress experienced by parents, statistical associations were found between parenting stress levels, wellbeing and children's behaviour (Chapter Eight). The extents to which the nurseries and family centres influenced parents' support networks, parenting stress, wellbeing and child behaviour were examined in Chapter Nine. The concluding chapter contrasted the ways in which different types of public early years' provision, influenced parents' support networks directly and indirectly, and helped them to cope with parenting and contributed to parental wellbeing. These benefits had social consequences because they were derived from a system based on segregating families and upon traditional views of womens' home-making roles. The organisation of services tended to reinforce structural inequalities such as gender roles in parenting, employment patterns and social inclusion.

## **1.2 Early years' provision in the UK: the more things change the more they stay the same.**

### **History and legislation**

Formal, day-time group care arrangements for young children, "day nursing", was developed in the UK as a result of changes in demography and the way work was organised in the course of the Industrial Revolution (Mayall and Petrie, 1983). Concern by some social reformers about the welfare of the children of factory workers, who worked long hours for low pay, resulted in a number of charitable organisations establishing day nurseries. In Scotland, childcare can be dated back to at least 1816 when a philanthropist, Robert Owen, set up such provision alongside his privately owned mills in New Lanark. Owen developed strong interests and beliefs in nursery education and its benefits for poor families and the economy. He was an influential person who held strong views about the way nurseries should be organised and provided. His thinking on the quality of nurseries has been said to complement the views of others such as Rousseau, Pestalozzi, Froebel, Montessori and Dewey as a contributor to current ideas on early education (EC, 1995).

In the late 19<sup>th</sup> century, education and nursery provision became more extensive and by the 1870s empowering legislation was passed in both England and Wales, and

Scotland, to enable public provision of compulsory education for children from five years of age. Some places were made available to younger children aged between two and four years. At the turn of the century, 43% of three year-olds had places at elementary schools in England and Wales. Shortly after this, the Inspectorate of Schools recommended the exclusion of children under five largely because of concerns about the effects of the large, formal classes on young children. This resulted in a drop to 17% of children under five by 1919 and although local authorities and local health authorities were respectively empowered to establish nursery schools and day nurseries in 1918, there was very limited response. Only 118 nursery schools and 4000 places in day nurseries were established in the following 20 years (Mayall and Petrie, 1983; Summerfield, 1984). The nature of nursery regulation depended upon whether health and welfare or education authorities were responsible for administration and therefore the rationale and purpose behind provision.

Requirements for women's labour in munitions work and in other areas more traditionally the preserve of men, led to a rapid increase in nursery provision during both World Wars. This was not all under the aegis of welfare provision. The Education Act 1944 and the Education (Scotland) Act 1946 required local authorities to have regard for the need of pre-school aged children for places in nursery school or class as part of primary school provision. Nursery expansions were followed by equally speedy declines, as economic and social needs changed again (Riley, 1983). After the Second World War many different forms of neighbourhood supports and opportunities for women to work were widely advocated. Arguments for the retention of day nurseries after the Second World War were largely based on their potential to train and teach mothers how to raise their children. Day nurseries were also thought to relieve stress in large families, particularly where there were problems of poverty and overcrowding. Priority was given by the state to solving economic and social problems by enabling men to regain their position in the workplace and the home. This was achieved by encouraging women to give up work and remain at home to take primary responsibility for childrearing and domestic tasks at the same time as reducing competition in the workplace to the advantage of men.

Day care policy became increasingly influenced by beliefs in the views of scientific experts, particularly on child development and psychoanalysis. These disciplines enjoyed an elevated status prior to the Second World War and this continued, and was increasingly popularised to the extent that it helped sway public and professional opinion on the “right way” to raise a family. Bowlby (1952), argued that there were irreversibly damaging effects on infant development arising from maternal separation, which was commonly confused with institutional deprivation. This supported the direction of government policy and gave credibility and rationale to support nursery closure programmes. Academic arguments turned from the developmental advantages to young children of attending nursery to the adverse effects of separation from their mothers (Riley, 1983; Singer, 1992). Similar developmental debates have been used to champion the cause of early years’ provision or argue against it, up to the present day. A concern remained at that time for the basic health and safety of young children in group and domestic day care. As a consequence, the Nurseries and Childminders Act, 1948 was passed to regulate welfare based nurseries and childminders, providing a reference point for many subsequent years on minimum daycare standards.

In parallel with developments in welfare-based nurseries, a quite separate approach to another type of nursery emerged, emphasising the development of children through early education. In 1967, the UK government issued the Plowden Report, a review of primary schools, which included proposals for the future. It gave recognition to the importance of nursery education and accepted the principle of nursery education on demand, and recommended that provision should be part-time because of the continuing influence of attachment theories in child development (Pugh, 1988). The Plowden Report also endorsed parental involvement in the education of their children, primarily as a means to influence attitudes toward education. The Education Minister of the time, Margaret Thatcher, planned an allocation of central government funding to enable targets to be met to provide places for 50 and 90% of three and four year old children respectively in the 1972 White Paper, “Education: A Framework for Expansion”. One year later, the political climate changed and cuts in public expenditure ensued. As childcare was an issue

viewed mainly as affecting and benefiting women, it may have been given low priority and was less obviously contentious amongst those in power in public and private life who were mostly men. Circulars were issued initially to specify that increased places should be part-time rather than full-time and later to emphasise co-ordination in service delivery rather than expansion (DHSS and DES, 1978). In 1980, further legislation on education was passed that made the duty on local authorities to make adequate nursery school provision discretionary. Although some increases in the levels of education nursery provision have continued slowly, the targets set for expansion in 1972 have not yet been met in all localities.

Parental involvement continued to be topical and in 1975 was one of five priority areas identified by the Department of Education and Science. Woodhead (1976) argued that the longer-term involvement of parents in education helped sustain early gains and compensate for disadvantage. Since "washout" effects from early intervention programmes were first recorded (Tizard, 1974; Bronfenbrenner, 1975), increased emphasis on parental involvement and family support has been explored in both education and welfare based provision as a way of tackling under achievement amongst the poor in the USA and in the UK. This has taken different forms, such as home-visiting, family support projects and targeting compensatory educational opportunities towards children living in poor communities. In the USA, the family support movement emerged alongside early learning experiments to tackle poverty and disadvantage (Halpern, 1988). This was paralleled in the UK by similar concerns about multiple disadvantage in community areas and the development of more holistic responses to the support of families, particularly in voluntary sector family centres (Holman, 1988).

An increase in neighbourhood family centres, for children and their parents marked a shift away from the more universal perspective, initially taken by the government in 1972, to early years' education. It was left to women to resolve. A further reaction to lack of provision resulted in a growth of self-help by women, as many more mothers became involved in setting up and running playgroups in their neighbourhoods. The playgroup movement that had begun in the 1960s was strengthened, particularly in rural areas and amongst middle-class women. There

were difficulties in establishing a thriving playgroup movement in inner cities (Moss et al., 1992). The social and economic context was favourable, as female paid employment was low, yet it was accompanied by growing mobility, particularly amongst the middle-classes. There continued to be professional and public concern about maternal separation effects and growing interest in the developmental advantages of maternal involvement in children's learning (Pringle, 1975). Playgroups offered compensation for a dearth of early years' provision and a way to meet other young mothers and develop informal support. The number of part-time, part-week places in playgroups, usually set up in church halls or other shared premises, continued to grow until 1996, when the numbers dropped for the first time (SOSB, 1998). Not until changes in the role of women in the family and labour market became more apparent that expectations about maternal involvement in playgroups became more visibly problematic. Only a minority of the mothers interviewed about their care arrangements subscribed to the importance of the concept of helping to run a group (Hill 1987). There were wide differences between the degree of involvement mothers reported or would like and the actual amount of participation. Similar findings, in a review of nurseries in a Scottish Region, indicated maternal ambivalence about involvement with childcare in combination with much professional concern (Kirk, 1989). Other issues such as comparative quality and brevity of hours contributed to make playgroups less desirable for families than nursery education. Surveys of parental preferences on daycare were conducted in many places, based on parents' pre-existing knowledge of possibilities (Bone, 1977; Scott, 1989) and showed consistently that nursery education was the favoured option of the majority. This led to the expansion of nursery education remaining on the political agenda.

Targets were never set for local authority provision of welfare-based nurseries and the level achieved at the end of the Second World War has never been reached again. Conservative Governments led by Margaret Thatcher increased emphasis on parental responsibilities and argued for the state to make minimal provision for welfare (Williams, 1989). Therefore expansion of daycare was never placed on the agenda of the Conservative Party. Such minimalist views were accompanied, throughout the 1980s and early 1990s, by growing centralism within the government, economic

recession, increased poverty, growing divergence between rich and poor, widespread unemployment and low pay (Midwinter, 1994). The reduced number of daycare places resulted in the development of systems to restrict access and to target individuals in social and economic need and children "at risk". A changing role for day nurseries coincided with growing public concerns dating from the 1970s about child abuse after a number of public reports on "non-accidental" child deaths and the need for the social work profession to take a lead and be seen to respond (Parton, 1985). Poor parents, as a group, were very likely to be identified as inadequate and in need of parent education. In a review of day nurseries throughout the UK (Van der Eyken, 1984), no evidence was found that indicated day nursery "treatment" was an effective way of reducing "risk". These concerns continued to pervade the rationale behind social work nursery provision. Throughout the 1980s, ideas were adapted from family centres to increase parental involvement and create more opportunities for parent education and therapy. Day nurseries targeted individual families with identified social problems and provided daycare alongside a wider range of adult services, mainly for mothers. Gender issues have been found to pervade much social service policy (Maclean and Groves, 1991). Participants in adult activities in family centres and nurseries were almost always mothers although terminology such as 'parental involvement' masked this. The state was tacitly reinforcing traditional gender roles and responsibilities (Kirk, 1990; Canaan, 1992).

Funding of family centres increasingly relied upon prioritising the operation of individualised, problem-based approaches above neighbourhood regeneration and the empowerment of poor communities. Most family centres moved to mainstream local authority social work department funding (Pennycook, 1991) and incorporated their primary goals and orientation after periods of experimental funds expired. Although there has been considerable central government investment in research and guidance on the protection of young as well as older children, the same is not true of either preventive or therapeutic services for children or their families (Gibbons, 1995). Daycare and family centres have been considered by social work authorities as potential means to deliver these goals. Despite research demonstrating the greater effectiveness of neighbourhood family centres with open access, social work authorities have continued to accept the alternative, client-based centres more readily

and adapted their nurseries accordingly. Client-based family centres were therefore more common and regarded as more compatible with the general direction of health and welfare provision in the early 1990s toward rationing and managing services (Holman, 1993).

Central government administration was responsible for passing the Children Act, 1989 in England and Wales and the Children (Scotland) Act in 1995. The legislation updated and integrated public and private child welfare law that had only a few provisions in the 1989 Act, which included those on daycare, applicable in Scotland. The Acts reinforced the privacy of the family unless parenting was deemed inadequate or children had special needs (David, 1991). The 1989 Act acknowledged the need to revise requirements and standards in the provision and regulation of early years' daycare, improve information on availability and integrated this with other general aspects of child welfare law. Although the Act included a new duty to review early years' services for children under eight, and made reference to education provision, this aspect was permissive and ambiguous. The Children (Scotland) Act 1995 was based on the assumption that early years' services had already been dealt with and needed no further attention and made only passing reference to the preventive functions of daycare. The Act also introduced the same duties, already applied in England and Wales, to provide daycare and out of school care to children "in need". No direct reference was made to the welfare role and responsibilities of education nurseries or authorities for family support or "children in need". Through omission, it can be assumed that provision in the education sector was viewed by central government as entirely separate. The law continued to reflect the separation and fragmentation apparent in early years' provision despite attempts to improve co-ordination.

A change of government in 1997 brought a renewed priority to the early years' field in Scotland,

*"Childcare and pre-school education lie at the heart  
of the Government's agenda for children's wellbeing*

*and achievement. They are also key to their parents' fulfillment."* (SOEID, October, 1998:1).

These two sentences began central government guidance in 1998 on the planning of pre-school education and childcare and the establishment of childcare partnerships. They gave official confirmation of the significance of early years provision to young families while inextricably linking the wellbeing of children with that of their parents. The guidance paper contributed to a number of high profile central government early years' initiatives during the late 1990s, many with resources attached. The broader strategic importance of provision through promoting social inclusion was recognised in a separate, related proposal to develop a national childcare strategy (SO, 1998). The need to integrate early years' policy and responsibilities and re-organise provision to avoid perpetuating divisions in society is investigated in this thesis.

### **Range and availability**

There is a diverse and fragmented range of early years' provision in the UK that spans the public, private and voluntary sectors. The age groups catered for vary as much as the quality, hours or type of premises used from one setting to another. Range of provision extends from domestic care by parents, relatives, nannies or childminders to regulated group care in nurseries, playgroups, creches or holiday playschemes. Public provision, nursery schools or classes are usually run by education authorities or nurseries and family centres are run mainly by social work departments or in partnership with other agencies. This list is not exhaustive and descriptions are found elsewhere (Moss, 1988).

Despite diversity in the range of early years' services, parental choice is limited, since access is usually dependent on a number of factors such as parental income, knowledge of services, location and admission criteria (Moss, 1992). Provision is fragmented and lacking in co-ordination (Pugh, 1992). Inconsistencies and ambiguities in the collection of official statistics on the availability of childcare and education make comparisons between different types of services and across authorities difficult. Data about one *type* of facility and even from one facility to another cannot readily be compared. It cannot be assumed that shared meaning and

definitions exist amongst those working in the field of early years' provision, making information about availability of places only a rough guide (Martyn, 1994). A coherent picture of the availability of early years' provision throughout Scotland is not easily gleaned from official sources, despite legislative requirements for all local authorities to regularly review early years provision for children under the age of eight (Children Act, 1989). Scottish Office statistics collected from local authorities remain the main national source of this information (Cohen, 1990).

In 1994, 38.4% of children aged three and four were attending local authority education nurseries (SO Web-site, 1998). There were places in local authority day nurseries, registered nurseries, playgroups and childminders for 28.3% of the 0 - 4 population in the same year. In 1990, 1.6% of all pre-school aged children had places in local authority day nurseries and family centres. Numbers of children cared for by nannies or in informal situations was not known because this area of care remains largely unregulated. Care by relatives continued to be the most frequently used form of childcare (Cohen, 1990; SCAFA, 1992).

The first statutory reviews of early years' services were completed by local authorities across the country in 1992 and showed that the demand and need for services greatly outstripped supply (Martyn, 1994). A Scottish Office statistical bulletin (SOSB, 1998), based on information from local authority inspection records and the second Children Act Review data collection was completed in November, 1994. Between 1983 and 1994 the number of places in day nurseries, family centres, playgroups and with childminders increased in Scotland by 32% to 25,294. The rise in places overall resulted mainly from increases in private provision. Playgroups continued to provide the highest number of places in comparison to other types of childcare. For the first time since 1983 the number of playgroup places fell to a level of 122 per 1000 children under five. The fall may indicate that playgroups are no longer filling a childcare niche in a world where the needs of families have become more complex. Increases were found mostly in private, registered day nurseries and childminders (114.6 per 1000), about three times the number of places in private day nurseries compared to local authority provision.

In 1998, the UK government announced its aim, to improve the co-ordination of information on early years provision, yet again (SO, 1998). This was one of the main objectives behind the new duty to review early years' services, introduced by the Children Act 1989, only seven years previously. The intention signaled a perceived failure in this piece of legislation and may herald the beginning of another debate on the necessity for more co-ordination and more radical moves to re-organise provision.

### **Integration of education and social work functions in early years' nurseries.**

Structures and systems for delivering early years' services provide a fundamental starting point for highlighting some of the key issues influencing current services. Practical and ideological separations between early years' care and education remain an issue in a number of European countries i.e. provision that is organised by either education or social work authorities, as the section above on history outlined (Moss, 1988). Terminology to describe early years' provision can be confusing. Educational terms, such as *early education*, have most commonly been used to describe nursery schools and classes while *daycare* or *childcare* have usually referred to all other types of early years' provision including social work nurseries, childminding, private nurseries and family centres. In the context of social work these terms can often be further confused because they are used to refer to all child welfare services with daycare comprising only one of a range of services. The ambiguity and overlap in the use of this terminology reflects lack of clarity about the ideological and practical differences between many professionals and the public. Attendance of some children in nursery schools and others at social work nurseries, for example, has contributed to the erection of social barriers between families (Moss and Melhuish, 1991). In addition, segregation has impeded continuity in social and educational experiences, particularly for the most disadvantaged children who most frequently attend social work nurseries or have no provision. Lack of continuity has contributed to the challenges such children already face in adjusting to school (Watt and Flett, 1985).

There has been considerable academic and practitioner support across disciplines for the development of co-ordination mechanisms to resolve problems resulting in duplication, inequalities in access to and quality of service provision (Pugh, 1992).

In 1997, the shift in early years' policy by the Labour government in the UK began (SOEID, 1997; SOEID, 1998; SO, 1998), and repealed the attempts of the previous government to manipulate market forces through issuing vouchers for part-time places. Instead, proposals were made to expand the number of places and improve local leadership and co-ordination by central government and lottery funding. Separation of ideologies supporting either education or welfare-based early years' provision appeared to continue. While some acknowledgement was given that "*integrated early years' services*" (SOEID, 1997:3) were a priority for the government, this was qualified by emphasising collaboration and planning to achieve this. The consultation document on "*Education in early childhood*" firmly stated (p.4), that professional teaching expertise was required to effectively meet children's learning needs and that this was very different to the experiences of children in all other forms of childcare. The superiority of education provision over all others was implicit within the document.

One year later, SOEID issued guidance that made the differences between childcare and pre-school education and the need for co-ordination explicit,

*"Good quality childcare helps children to develop socially and emotionally; and pre-school education builds confidence and lays the foundation for lifelong learning... To maximise the benefits from childcare provision, it needs to be co-ordinated with education provision"* (SOEID, 1998:1).

It has yet to be determined how central government co-ordination in this area will work in the future, and has been of concern in the early years' field for some time (Pugh, 1992; Jackson, 1993; Martyn, 1994). Despite increased research and clarity in proposals, effective co-ordination still remains elusive.

Coherent and convincing arguments "*to provide a rounded approach to the needs of children*" (Moss 1990: 151) have increasingly been made over the past ten to 15 years, not only in early education but also in wider social and family policies across Western Europe (Hill, 1995). A vision for early years' services goes beyond co-

ordination to the integration of functions organised by one single early years' authority or department, under statute within a coherent framework. The service would provide comprehensive, coherent, multi-functional services (Moss and Penn, 1996; Wilkinson, 1996).

Integration of care and education functions in the organisation and delivery of services was explored in practice, from the mid-1980s until local government re-organisation in 1996, by Strathclyde Regional Council (SRC), Scotland. SRC set up an integrated Pre-Five Department and piloted and evaluated a small number of community nurseries (SRC, 1985). These developments were positively evaluated and recommendations made for the ongoing future development of integrated, comprehensive early years' provisions (Wilkinson et al., 1993). Separation of the concepts of care and education remain inherent to the perspective of central government and is often embodied in split responsibilities between social work and education departments at local and national levels. Although a number of new Scottish authorities adopted an integrated structure for the administration and organisation of these services after re-organisation in 1996, they were not in the majority (SLGU & CS, 1996). The integration debate in Scotland continues unresolved. In the context of this study it is important because of the perceived variations in practice and priority given to parental support by education, social work nurseries or family centres and the differences, if any, these may make to family wellbeing.

#### **Other Issues in Early Years' Provision.**

Reaching broad national consensus in Scotland on early years' policies and practice, like other areas of social and economic policy, was made more difficult by disruption and fragmentation in local government, following local government re-organisation. Consequently, central government increased influence and power in policy-making. A number of key issues in the early years' field were already apparent and any progress towards resolution were consequently set back.

Early years' provision does not seem to derive intrinsic value, but is measured in terms of its contribution to other aspects of children's lives or to society in the short

or long term. The formulation of current issues owes much to international comparisons, particularly between the UK and other members of the European Community but also between the UK and the USA (Jackson, 1993). Such comparisons help clarify commonality and differences, and shape the focus of debate and priorities. Accessibility, interpretation and use of comparative data may be influential in shaping the issues of the day. Political and social systems in which childcare services are embedded are not directly comparable and solutions cannot be directly transferred without adaptation (Moss, 1992).

There are many similarities in the fragmented approach adopted in both the USA and the UK to the provision of childcare services. The ideology of individualism, widespread beliefs in market forces as a means of resolving policy issues, and a general antagonism towards state intervention in family life have been prominent in the USA and also, to a lesser extent, in the UK. Consequently, some of the most topical issues are shared although emphasis has differed. There have been concerns about matching needs to demands, targeting provision and family support but also much preoccupation with the potential social and developmental damage that can be caused by women working outside the home and the use of childcare (Belsky, 1992). Such arguments are refuted by research evidence from proponents in favour of increased access to childcare (Clarke-Stewart, 1992) but the matter remains largely unresolved in the USA yet it is no longer a live issue in either the UK or most of Europe. (For more information on childcare issues in the USA see Booth, 1992; Hershfield and Selman, 1997.) Since the 1960s, considerable research and evaluation has been conducted on early years' programmes, such as Head Start, that offered compensatory education in disadvantaged areas. The benefits to educational attainment were found to be considerable (Zigler et al., 1996). The ability to generalise between such studies to children in the UK was examined and questioned (Woodhead, 1985) however, they continue to be influential. Considerable impact was made from the positive outcomes arising from a longitudinal study of poor, black children who attended a high quality High/Scope pre-school programme in the USA (Schweinhart et al., 1993). The cost benefit analysis derived from this study demonstrated that the investment of \$1 by the taxpayer yielded savings of at least \$7 through reducing the needs of children into adulthood for a wide range of health,

welfare and policing services while improving educational attainment and employment prospects. Crucial aspects of success were high quality provision with broad parental participation (Barnett, 1993).

Moss (1998) demonstrated that early years' provision in the UK is one of the lowest in Europe and expressed some criticism of the 'league table' approach to comparisons between the levels of provision in European Union member countries (Moss, 1992). This approach attracted public and political attention to the variations drawn by respective governments to the priority given to children and the balance of public and private responsibility but was at the expense of other, equally important issues, including integration of care and education. Greater potential existed for parental involvement, beyond participating in children's play, for example in planning and running services (Moss, 1992). Parental involvement was considered as an important issue in early years' provision for a variety of reasons and in family support. Balance of power between staff and users of family centres was regarded as a crucial difference, amongst others, in the style and operation of family centres. Holman (1988), identified five main areas to consider in the development of a "preventive" family resource; the extent to which participation was voluntary; openness; neighbourhood orientation; local participation in volunteering, staffing etc.; and the style of working which was more informal and personal. The approach to parents was one of the main differences found between different types of public provision, as shall be shown in Chapter Five.

Equality in access depends on a range of factors including cost and location as well as admissions policies and practices, making a luxury of parental choice (Brannen and Moss, 1991; Moss and Penn, 1996). Chapter Five highlights some of the differences in access to different forms of public provision and yet even more restrictions apply when comparing costs across private sector nurseries, childminding or nanny services. Inequalities in access hit women and children hardest of all. Children with the most restricted access are likely to be the most disadvantaged and yet stand to derive the greatest benefit from using early years' services (Sylva, 1991). Women are generally the prime-caregivers and have the greatest need for provision to enable them to work or offer practical help and are

more likely than men with children to be living in poverty and to head a lone parent family (Long, 1995). There are a number of gender issues inherent in early years' provision, not only in terms of the quality of provision to children, but also in the way services are delivered (Canaan, 1992; Jackson, 1993). Some of these issues are more fully discussed in the final chapter of this thesis.

There has been a considerable amount of research and debate on quality as it relates specifically to child care and education environments (Hennessy et al., 1992; Goldschmied and Jackson, 1994; Woodhead, 1996). High quality childcare has been said to be most clearly defined in research to include a well-organised and stimulating physical environment, a responsive and trained caregiver, a balanced curriculum, and relatively small groups of children (Clarke-Stewart, 1992). Quality of provision is dependent on the nature of expertise or judgement brought to bear on defining and measuring it, and also on access to adequate and appropriate resources to support it (Elfer and Wedge, 1992). The perspective of the researcher, administrator and provider, parent and child amongst others, influence the criteria selected and used to define quality. Definition remains one of a number of unresolved issues in the quality debate. Other differences include variations in access to different types of professional training and qualifications, as well as in the pay, conditions and status of childcare workers. Even where consensus may be found, priorities may differ and vested interests of one professional group over another may add to the complexity. An integrated, comprehensive, coherent service is dependent on unified training and qualifications. Moss and Penn (1996) concluded that the status of the work needs to be raised to encourage stability in the workforce and the attraction of a diverse range of talents and skills that would enhance and promote a broader range of quality criteria. Currently, the majority of staff in the field of early years' provision, like those working with children in education and welfare services, are mostly female, low paid and with very poor working conditions (Pringle, 1998). Phillips (1992), reported that in the USA, a clear link existed between the expectation that women should work, (especially now if they are poor), and the disregard for their wellbeing,

*“Ironically, the inattention in the research literature  
to how child care affects parental wellbeing, is itself*

*a reflection of a value system that is more consistent with judging parents for using child care than with seeking to understand how reliance on such care affects parents' psychological health." (Phillips, 1992: 172).*

Concern with the impact of childcare provision on parental wellbeing is also a largely neglected area in the UK. Satisfaction with provision is often used as a way of assessing the impact upon parents but this is too simplistic and has not been found to be a reliable indicator of parental wellbeing (Phillips, 1992). Satisfaction with provisions is not recognised as an important dimension of quality in early years' services, despite the established links between child development and parental wellbeing (Holden, 1997). An objective of this study, therefore, gives priority to exploring the way in which different forms of public childcare influence the ability of parents to cope with some of the pressures of raising children.

### **1.3 Summary**

The role of central government in the provision of early years' services has varied in response to social beliefs, values and economic factors pertinent at the time. Provision has expanded at times when women were required to join the workforce and contracted when it was seen as most appropriate for them to be at home, assuming primary responsibility for childrearing and domestic tasks (Riley, 1983). Cross-cultural comparisons have helped clarify the role of the state in intervening to support family life. In the UK, childrearing has been seen as primarily a private, family matter, requiring intervention only when parenting was judged inadequate. This has resulted in diversity and fragmentation across a range of welfare services, including early years' provision (Fox Harding, 1991; Melhuish and Moss, 1991).

In the UK there have been two main, divergent stands behind the recent development of early years' services. Responsibility for provision crosses all sectors of society and is strongly influenced by market forces in the absence of direction and co-ordination by central government. This resulted in welfare-based provision, like nurseries, childminding and more recently, family centres, in which most priority was given to the health, welfare and protection of the child and support of the

mother. Education-based provision, such as nursery schools and classes also developed from a universal approach to the formal education of children. Self-help provision and playgroups, organised by mainly middle-class mothers, arose as a response to a shortage of education nursery places. Most recently, beliefs about equal opportunities have also contributed to a push for increased availability to enable women to work. A "mixed patchwork" of provision has resulted from the range of functions that early years' services aim to serve (Moss and Penn, 1996).

Availability and access have not kept pace with the ever-increasing demands of a changing, diverse population. Proposals to address many of the problems in the field of early years' provision have been considered by successive governments but implementation has not yet been realised. The government in the late '90s stated aims to expand nursery education, to develop a national childcare strategy and to fund family support services for under threes and their families (SOEID, 1997, 1998; SO, 1998). An ongoing national and local separation of responsibilities and organisation and a continuing need for radical steps to ensure that provision lacked coherence and consistency. Aiming to achieve expansion of services and improved quality through co-ordination rather than more tangible organisational change is, arguably, likely to continue to segregate families and the variation in standards. Moss and Penn (1996) made proposals for achieving multi-purpose, comprehensive and integrated provision, based upon a revised, coherent framework in which issues of staff training and status, quality and access could be built.

This study focuses on the requirement for a more holistic approach to the needs of the child within the context of their family and community. This ecological perspective will be more fully explained in the next chapter. Early years' provision can contribute to a child's wellbeing at a number of levels. It may contribute strategically to increased equal opportunities by enabling women to work and thereby improve life-chances and promote social inclusion in employment and neighbourhoods (Moss and Penn, 1996). This may be enhanced by the development of local, supportive networks, reducing risks of loneliness and isolation, stress and depression, common amongst mothers of young children with little access to resources, (Cochran, 1990; Sheppard, 1994). As a consequence of the development

of support, parental wellbeing should positively influence parental functioning (Holden, 1997) with the relevance of this explored in Chapter Nine. Although the wellbeing of parents and children often coincide, this is not so all the time (Phillips, 1992). The development of knowledge about the constituents of quality early years' services is important to all children and families, however, the focus in this study is on the impact of public provision amongst those who can least afford alternatives and who may have the greatest need for support. Nurseries and family centres can make a positive contribution to family support systems (Britner and Phillips, 1997; Holman, 1988). The inter-play of needs that can potentially be met through early years' provision is complex and the interaction of related variables, findings and assumptions will be examined in this thesis.

## **Chapter 2. Supporting young families in context - an ecological perspective.**

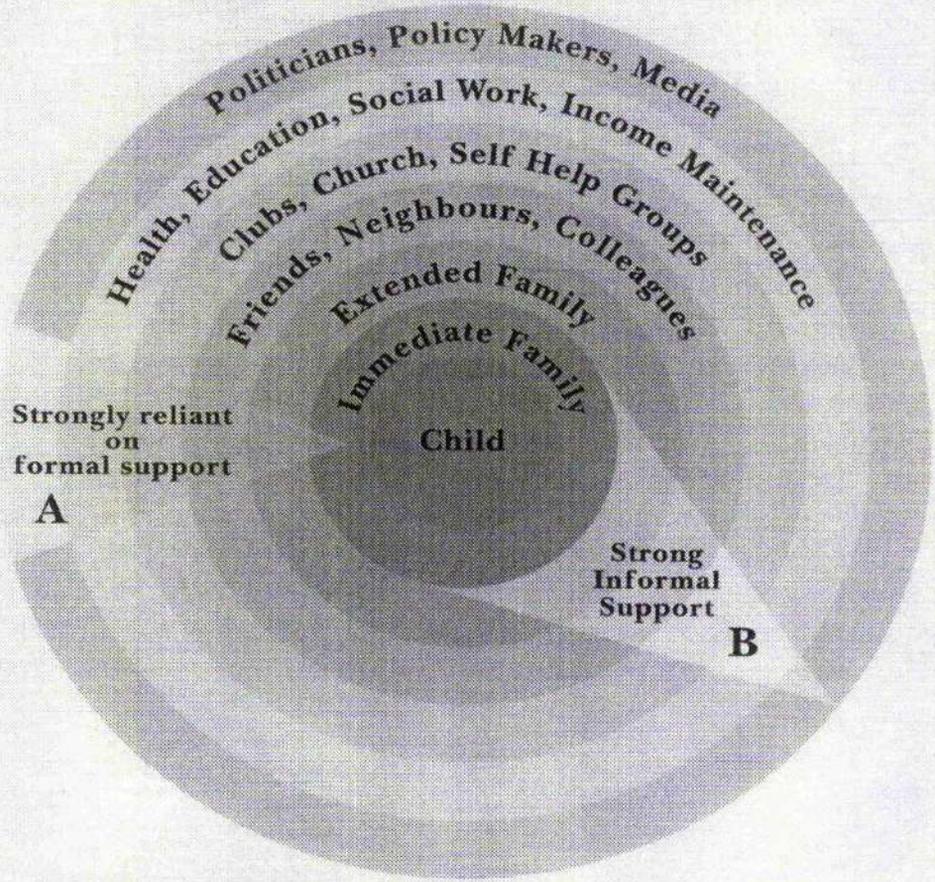
### **2.1 Introduction**

The political, economic, environmental and social turbulence of modern times has challenged the foundations and predictability of cultures and societies throughout the world. Halsey (1993: 64) described the demographic changes as "*a new reproductive order with momentous implications for the twenty-first century world as a whole*". Within this context, support that aims to sustain the individual in the family must share in the complexities and ambiguities that currently surround it.

This thesis is primarily concerned with the interaction of critical elements of the environment of children that combine to enhance development or alternatively may indicate potential risks to optimum conditions. The conceptual framework adopted in this thesis shows the main influencing factors that surround every child in Western society (Figure 2.1). The model was largely based on ecological systems theory developed by Bronfenbrenner (1979) and on the applied work of Dunst et al. (1988, 1994), that aimed to support and empower young families. The child is visualised as the central focus of a number of embedded contexts that radiate outwards and each context characterised by common types of person-environment transactions. Each level in the figure is made up of increasingly large numbers of potential participants with examples of membership shown. The child's active involvement and personal sphere of influence decreases as the radius of the circle grows.

The focus of this chapter is primarily on the outer circles of the framework and highlights cultural values and beliefs about the role and function of the family in society. Reference is made to the roles, skills and knowledge attributed to men and women, those who belong to different socio-economic, race or ethnic groups that contribute to socially and economically disadvantaging some groups in society while advantaging others. The impact of structural inequalities on the family is considered. Nurseries, family centres and other types of early years' services have been recognised as making a positive contribution to the support of families, particularly

# CONTEXT OF CHILD SUPPORT



**A** **Weak Informal Support**  
Support comes mainly from professional sources outwith the family unit.

**B** **Strong Informal Support**  
Support comes mainly from within the family, and friends, with little from professional sources.

Figure 2.1 Context of child support – an ecological framework (Source : Dunst et al., 1988)

those who struggle with few resources and limited opportunities (Garbarino, 1990). These services can be key aspects of the social environment in the lives of young families. Social support significantly influences the child's microsystem in respect of parental functioning and wellbeing and the healthy development of young children (Dunst et. al., 1988; Cochran et al., 1990; Holden, 1997). Social support will be considered more fully in the following chapter on Risk and Resilience.

The chapter will comprise the following sections:

- An ecological perspective of child development.
- Macrosystem: Changes in social structure and the role of the family.
- Exosystem: Influences on social policies and services affecting families.
- Summary.

## **2.2 An ecological perspective of child development.**

*"The ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded". (Bronfenbrenner, 1979: 21).*

Several years later, Bronfenbrenner (1992) re-affirmed his definition of the ecology of human development, adding, "*throughout the life course*" after "*mutual accommodation*" to clarify his view that development is an ongoing process. Bronfenbrenner also rejected theories that were based exclusively on the child in isolation and argued that, in theory and supportive practice, the networks of relationships between children and parents needed to be taken into account at a number of levels. Risks to development arise from interaction between the social environment and the physical and genetic make-up of the child. For example, low birth weight and subsequent health problems are more commonly found in poor neighbourhoods. These problems are not simply caused by individual failures on the

part of a number of feckless or ignorant parents. They result from a complex combination of structural factors and inequalities in access to opportunities, resources, goods and services, and increase pressures upon those with least to the detriment of their wellbeing (Acheson, 1998). Garbarino (1990) used an ecological framework to explore the prevalence of child abuse and neglect in impoverished, high risk communities in the USA and defined *development opportunities* as:

*“relationships in which children find material, emotional, and social encouragement compatible with their needs and capacities as they exist at a specific point in their developing life”* (Garbarino, 1990: 79).

Ecological theories view human behaviour as dynamic with constantly changing and responsive patterns of relationships ranging from the biological, psychological and social realms (Dym, 1988). This approach conceptualises human development in terms of four inter-related systems which uniquely influence, and are influenced by, the individual (Bronfenbrenner, 1979):

- **Macrosystems** refer to the overall patterns of demography, ideologies and institutional patterns of a culture or sub-culture in which the meso- and exosystems are set, i.e. the general organisation of society. For example, structural aspects of society such as class, gender and race working within the workplace, nurseries and family; dynamics related to social policies, stratifying society enabling one group rather than another to have readier access to resources.
- **Exosystems** have a bearing on the individual but are settings in which they are not directly involved e.g. a parent's workplace may be part of the parent's microsystem but in the child's exosystem, a nursery's parent-staff advisory group will contribute to a child's exosystem. Circumstances impacting on the exosystem are often outside the direct control of the participants, such as legislation or requirements of employment. These factors directly influence the relationship between children and their parents, such as hours of work or changes to location of employment. Some examination of the public policies that impact

upon children and families is essential in developing an understanding of individual development.

- **Mesosystems** comprise the relationships between microsystems e.g. patterns of links between the home and the nursery, between the home and the extended family, between the home and the homes of other children who attend the nursery. Examining the number and quality of the links between settings can assess different aspects of the mesosystem. For example, parental involvement in early years' provision has been found to promote educational continuity and positive outcomes for both children and parents (Watt and Flett, 1985). The function and nature of parental involvement in public nurseries and family centres varies considerably, contributing to a comparative framework used to contrast the nurseries and family centres in this thesis (See Chapter Five). Direct and indirect influences on social networks and support arising from attending a nursery contribute to the complexity of the child's world and to wellbeing. Social support for parents linked to using a nursery is examined in Chapters Seven and Nine.
- **Microsystems** are the immediate setting experienced by the developing person e.g. the family, nursery, neighbourhood. The quality of the microsystem depends upon its ability to sustain and enhance development and the provision of an emotionally supportive and challenging environment. As changes are continuously occurring, this is measured over time through the "*availability of enduring, reciprocal, multi-faceted relationships that emphasise playing, working and loving*", (Garbarino, 1990: 81).

An ecological perspective can complement many other important theories of child development which focus primarily on one aspect such as the parent-child dyad e.g. attachment theory (See Chapter Three) by providing a broader framework in which this aspect can take its place alongside other levels of analysis. Ecological views draw attention to the need to consider the wider context when reaching conclusions about any impacts upon and by an individual although their power is reduced the further they are away from settings that are directly and indirectly influential on their everyday life.

## 2.3 The Macrosystem: changes in social structure and the role of the family

### Changes in demography, reproduction and employment

*“low fertility, population aging, and family frailty together bequeath a changing structure of production, reproduction, and distribution between age groups, ethnic groups, and the genders”,*  
(Halsey, 1993: 64).

Although there was a fall over the past 20 years in the proportion of all households containing a married couple with children, the majority (> 80%) of dependent children continued to live in this type of family (CSO, 1993). While it remains unclear whether the nuclear family is in decline, it is evident that structural changes to marriage and the family are ongoing and will have an impact on the way families' function today.

Keller (1983) outlined three key areas in which the contemporary family had to respond.

*“Today the family and its social and psychological underpinnings are being fundamentally challenged from at least three sources: (1) from accumulated failures and contradictions in marriage; (2) from pervasive occupational and educational trends including the changing relations between the sexes, the spread of birth control, and the changing nature of work; and (3) from novel developments in biology”,* (Keller, 1983: 141).

As well as increased poverty and disadvantage for many families (Bradshaw, 1993), these areas continue to remain relevant.

Re-marriage increased from 14% of all marriages in 1961 to 36% in 1990. More children lived in lone parent households in the UK, 18% in 1991, rising from 8%, 20 years earlier. Increasingly, higher numbers of people lived alone than they did in

the past (from 25% of all households in 1961 to 50% in 1990). During this period, the UK had one of the highest marriage and divorce rates in Europe. Despite an increase in births outside marriage, from 12.5% of all live births in 1981 to 30.8% in 1992. Many children were born within stable relationships with 75% of births outside marriage registered by both parents and 50% by parents living at the same address (CSO, 1993; Ferri, 1993; FPSC, 1994).

The recent growth in women's employment was particularly high amongst those with children under five, increasing to 44% in 1991 from 24%, in 1981. The rise was largely in poorly paid, part-time employment. The relative pay of women continued to be lower than that of men (78.8%), although differentials were seen to be beginning to decrease, (FPSC, 1993). Further differentiation was found between female lone parents who earned an average, lower hourly rate than married women with children, and less still than married fathers (Ferri, 1993). Despite changes in the participation of women in the workforce, an equivalent shift in the divisions of responsibility for domestic chores was not evident. Women continued to carry the greater burden (Gershuny, 1992). The division of labour within the home has also been the subject of much debate and it has been found that even when women take paid employment, they continue to do most of the domestic work while men take the 'important' decisions including those on money management. Although some changes in the distribution of domestic labour between the sexes have been found, these depend on the amount of paid employment undertaken by the woman and the stage reached in the life cycle. Social class appeared to make little difference to the extent of the distribution of household labour between couples (Gershuny, 1992; Ferri and Smith, 1996).

Significant racial, ethnic and cultural changes also took place within the UK as a result of immigration policies and practices over the years (Dummett and Dummett, 1987). This further contributed to increased diversity amongst the population. Ethnic minority groups comprised 5% of the population of the UK in 1991 with different age structures and birth rates between groups and between the white population. For example, twice the proportion of those from the Pakistani and Bangladeshi communities was under 16 years of age in comparison with white

communities. Birth rates of women born in Pakistan, Bangladesh or Africa were found to be higher than the rates for those born in the UK. While mobility increased in the population as a whole there were class and ethnic variations which impacted upon the make-up of the population within cities and in different parts of the country (CSO, 1993).

Structural inequalities in the way the society of the UK is organised make the tasks of bringing up children more difficult for some groups in society than others. Gender, class and race have each been shown to contribute to the disadvantage of one group over another in gaining access to employment, education and training. This adversely affects the capacities of these groups to challenge the *status quo* and participate fully in policy-making at local and national levels (Maclean and Groves, 1991; George and Miller, 1994). Even where legal changes have been introduced to give women equal rights, this is not reflected in their participation in positions of power and authority in society. The development and delivery of welfare services have reflected these inherent inequalities, compounding the difficulties of families living in poverty that are disproportionately made up of families headed by lone females and those from ethnic minorities (Williams, 1989; Glendinning and Millar, 1992).

Growing diversity in family structures, increased mobility and participation by women in employment have contributed to increased reliance on sharing care outside the family. This has raised demand for early years' provision, increasing the need to examine its wider impact on parents and society.

## **The changing role of the family**

### **Definitions of the family**

The *family* represents a powerful image open to broad interpretation yet possessing some shared meaning across a very wide range of peoples, cultures and ages. It can be used as an adjective as in *family values* inferring wholesomeness, values that are conducive to moral or social wellbeing. *Family* is a versatile word that fits a variety of contexts but this diversity also masks an underlying lack of clarity. In Social

Trends the difference between a household and a family was stated as:

*"Whereas a household is defined as a person living alone or a group of people living together, a family is a married couple with or without children, or a lone parent. People living alone are not families. Three quarters of the population in Great Britain live in married couple families."* (CSO, 1993: 28).

Hantrais and Letablier (1996: 1-79) demonstrated that definitions of the family can be statistically or institutionally based and are socially constructed. Different definitions of the *family* have significant implications in public policy. There appeared to be no single, dominant model of the family emerging across all European nations. In the UK and North America, the term *family* most commonly refers to the structure encompassing a husband, wife and dependent children, commonly called the *traditional nuclear family household*. This remains the basic unit or norm around which much literature debates family function, roles, divergence, change, myth or universality. Although the traditional nuclear family household is a common construct in policy and academic discourse, the importance and complexity of relationships that extend to kin beyond these boundaries were emphasised by a recent UK study on this topic (Finch and Mason, 1993).

### **Functionalism and historical perspectives**

Contributions were made to the understanding of the role of the family by considering historical changes in patterns of membership, mobility and individual participation. For example, sociological theories of functionalism were very influential in developing perspectives on the changing post-industrial family. Talcott Parsons (Parsons and Bales, 1956) argued that as societies increased in complexity there was growing specialisation of institutions, including the family. The pre-industrial, extended family was depicted as responsible for all aspects of the lives of family members, including work and education as well as social and physical support. As industrialisation and the need for a broad range of skills in the workforce expanded, there was a corresponding change in the function of the family as it was no longer responsible for providing the focus for work activities. To

achieve this effectively, Parsons regarded it as necessary for ties with the extended family to be loosened to avoid conflict resulting from wide variations in income. The nuclear family, with a male head of household who was also the breadwinner, was viewed as sufficiently small to be readily mobile to respond to the changing demands of an industrial economy. Composition of the nuclear family was considered to be one that was harmoniously balanced and lacked internal competition. Another important strand to Parsons' theory was the relationship between work and family life in which he viewed it as important to the successful functioning of society that there was a clear differentiation between the two spheres. Values of achievement and universalism would uphold the workplace whilst those at home were the opposite with an emphasis on special, intimate relationships. He saw the primary function of the modern family as the socialisation of children and the stabilisation of adult personalities. In contrast to pre-industrial times, Parsons viewed the 20th century family as relatively, structurally isolated with a distinct separation between the private, domestic lives of families and the public spheres of employment and the economy.

A number of critics have challenged Parsons' assertion that industrial society demanded greater mobility than pre-industrial society on both economic and historical grounds (Bilton et al., 1987). For example, Anderson (1971) found that the use of extended family links could serve to increase mobility and strengthen these ties. Parsons' view of household sizes reducing as a result of industrialisation, has also been disputed. Until recently and to a much lesser extent today, the nuclear family was often supplemented by the changing presence of servants, lodgers or other relatives. Young people left the parental home earlier and may have been more constrained in the extent of contact they could have with their parents because of their conditions of employment and limitations on transport and other communications. The household was in earlier days, as now, a rapidly changing environment but the character of this change was different with more contact in the household with non-kin, shorter periods of dependency on parents, higher incidence of infant mortality and shorter life expectancies. Average household size in Western Europe stayed constant between the 16th and 19th centuries (4.8 persons) with no

indication of large extended peasant households as had been presumed (Laslett and Wall, 1972).

Aries (1973) drew on historical material about how perceptions and attitudes towards childhood altered to describe the way in which family life in the Middle Ages was integrated into the life of the community. The home was also the workplace, childrearing was not seen as the prerogative of the child's biological parents and children were expected to be productive at an early age. Marriage was not seen primarily as a means of achieving emotional fulfillment but rather as an alliance that established useful connections for various social and economic purposes. Hill and Tisdall (1997) pointed out that Aries work has been praised but also much criticised, often on methodological grounds. They highlighted some of the many ways, including the application of psychological, sociological and historical frameworks, applied by adults in different cultures, at various times, as a means of understanding and controlling the social construction of childhood. They concluded that growing recognition of rights of children was evidence that children should not be considered as passive with little contribution to make to society until adulthood.

### **Privatisation of the family**

Changes in household composition, demography of kinship, and the relationship between the family and other institutions contributed to greater emotional significance of the family through their impact on the socialisation process (Aries, 1973; Skolnick and Skolnick, 1983). Growing specialisation of the family function towards personal and emotional matters was accompanied by viewing any uninvited intervention from outside the nuclear family, for example, in parenting or marital difficulties, as inappropriate unless the behaviour was deemed to be grossly outside social norms. Privacy of the family has become increasingly sacrosanct, providing a foundation for beliefs on which much social policy has been based. Privatisation of the family has also been found to be consistent with having a range of supports and activities outside the home (Abercrombie et al., 1994).

Young and Wilmott (1962) in their classic study of working class families and kin in Bethnal Green found that there was considerable contact between nuclear and

extended families and that they tended to live close to each other. Goldthorpe et al. (1969), showed other patterns of relationships between the nuclear and extended family, for example, affluent workers in Luton lived home-centred lives with little contact with the extended family. More recently, Finch (1989) examined the obligations felt towards kin and the patterns of visiting and assistance which resulted. Contact was found to be extensive with considerable underlying complexity. In attempting to distinguish reasons, beyond the personal and idiosyncratic, which lay behind variations in patterns of support, she found that complex social rules concerning reliability, instrumentality and reciprocity were influenced by structural variations including ethnicity, gender, age, generational position and class. Class was viewed as the least important of the major social divisions and may have been shaped more by access to financial resources.

Young and Wilmott (1973) outlined three phases through which British families have passed. During the pre-industrial age the family was stable, focused on production with family members linked through economic necessity. In the second phase as industrialisation emerged and developed, between 1750 and 1900, there was increasing separation between the home and work with men often employed outside, leaving women to carry responsibility for domestic work and child rearing. They argued that this resulted in a fundamental shift in the support systems from inside the home to external sources as women sought assistance from other female kin. In phase three, from 1900 to the present, relationships within the nuclear family were seen to have been in a process of stabilising with growing equity and unity amongst members. They emphasised *mutual adaptation* between family and economy in the 20th century with increasing symmetry between the roles and functions of men and women in the family.

Fletcher (1966) published *The Family and Marriage in Britain* to challenge an enduring myth that the family was in decline. He refuted the interpretations of earlier family life as being idyllic with close knit, positive family relationships uniting the family. Instead, he documented the hardships of survival for the majority of the population and the cohesiveness of bourgeois Victorian families resulting

from the tyranny of the domineering male head of household towards his wife and children.

Fletcher saw the 20th century family as:

*“a rewarding institution catering both for the satisfaction of societal needs and for self-realisation and autonomy”*, ( Bilton et al., 1987: 263).

Like Fletcher, Shorter (1977) and Goode (1963) also held very positive views on the accordant nature and progress made by the modern nuclear family in which freedom of individual members thrived as a result of their growth in economic independence which had derived from the rise of capitalism.

McGlone et al. (1998), considered more current family relationships by analysing patterns of contact between families with dependent children and extended family using data from the 1986 and 1995 British Social Attitudes Survey. They demonstrated that although contact with kin had fallen over the past ten years, this did not represent a major change of view about the primary importance of the extended family in providing a range of support. Ferri and Smith (1996) also found that relatives provided as much help to mothers with childcare as partners. Further theory on the nature and value of social support will be explored in the following chapter while the related experiences of parents with young children, using nurseries and family centres in this study are the subjects of examination later in this thesis.

Relationships between family members can be experienced positively but equally, family ties and responsibilities can be oppressive to those with less power, usually women and children. The extent to which increasing privatisation of the family has contributed to the debate of the family as supportive or coercive is also relevant. In this thesis, the source and extent of conflict within support networks of parents is included for consideration in Chapter Seven as a way of gauging ambivalence in relationships including many with close family members.

The women's movement in Western Europe and the USA, which dates back to the 19th century, was responsible for the further development of *feminism* from the

1970's onwards. Challenges were made to the family, amongst other social institutions, supported by systematic, academic analysis of women's traditional role and contributions to society and of the institutionalisation of male power and dominance (patriarchy) which perpetuated their oppression. Barrett and McIntosh (1982) argued that the construction of gender identity is the primary purpose of the family. Adult personalities and roles are shaped by personal and culturally defined experiences that build upon a genetically defined framework. They applied a Marxist analysis to their interpretation of the family as an institution that perpetuates class divisions across society, passing on privilege and disadvantage through the generations. They argue that the privacy of the family can also be imprisonment and that the narrow focus on meeting the personal and intimate needs of individuals within the family has led it to become highly charged emotionally:

*"The privacy of the family is cast in a new light if we realise that one quarter of reported violent crime is wife assault, and that a very large proportion are carried out by men who know their victims well."*

(Barrett and Mackintosh, 1982: 56).

Patriarchy has been said to be institutionalised within society and is mirrored within the family. While this may have served the economic vagaries of capitalism the family is viewed by many as an oppressive institution for women and children and does not match the image conveyed of contented family life for mothers, fathers and individual children alike (Oakley, 1981; Oakley and Rigby, 1998). The majority of violent crimes in the home are perpetrated by men against their female partners or children, leading to the recognition of domestic violence as a major social problem over 20 years ago (Hanmer, 1998). Contradictions about the influences of men as fathers, apparent in much feminist and parenting literature, was highlighted in a study of welfare professionals attitudes:

*"Men are perceived to pose difficulties both when they are present and when they are absent."*

(Edwards, 1998: 259).

Although there has been some recent reporting of increased participation by some men in domestic work, particularly in dual-earning households, both in the USA and

the UK (McGlone et al., 1998; New York Times, 1998), this was not widespread. Mothers still continue to carry most of the domestic and childcare workload (Brannen and Moss, 1991; Ferri and Smith, 1996; Burghes et al., 1997).

*“..women still spend more time on childcare, and are largely responsible for the core domestic chores even when they work full-time, and retain responsibility for seeing they are done as well, while the contribution made by fathers declines as their hours of work increase.” (Burghes et al., 1997: p.89).*

There are concerns about the threat men pose to the safety and health of some women and children at the same time their absence (both physical and mental) demonstrates lack of responsibility for family life and unwillingness to assume responsibility (Oakley and Rigby, 1998). There has been growing recognition in recent years in academic discourse, policy and legislation of the divergence of interests and needs of individual family members (Hill and Tisdall, 1997; Parton, 1998).

## **2.4 Exosystem: Influences on social policies and services affecting families**

### **Pressures and changes in the welfare state**

Social policy that specifically targets actions on family resources and ultimately upon family structure, is viewed by Hantrais and Letablier (1996), as *family policy* in their examination of families and family policies in Europe. Such public policies are based on cultural definitions and ideologies about the family. Zimmerman (1992) and Hill (1995) offered a wider definition of family policy, including both implicit (e.g. UK and USA) and explicit (e.g. Germany) government policies that effect family life. While wide variations in the conceptualisation, formulation and impact of such policies varied widely across Europe, there has been a general move away from universalism towards individualism, accompanied by more diversity and pluralism in approaches to welfare between, and within, European states over the past 20 to 30 years.

The modern welfare state in the UK was set up following the Second World War in recognition of widespread hardship, poverty and ill health, as symptomatic of a wider economic malaise. At a time of national solidarity and unity, there was popular support for government to be proactive and interventionist to ensure that basic needs of every citizen were met. The nuclear family was considered the most viable basic unit on which to base the framework for national investment in forthcoming generations as the potential workforce of the future. Consequently, sweeping changes were made to generate income, including the creation of a national insurance scheme to enable universal health and other welfare services, including an expansion of nursery education and the regulation of daycare (Midwinter, 1994). In common with other European nations, fundamental and profound changes were made to the welfare state as originally proposed by Lord Beveridge and set up by the government of the day. These have taken place within the context of worldwide economic recession, demographic and social changes and shifts in public attitudes towards the role of state intervention in the lives of individuals and families. In the 1940's provision was established or consolidated, largely on a universal basis, to meet basic needs for health care, education, housing and subsistence income, supplemented by targeted support services, such as social work. Recently, these have been confronted by escalating cost and growing demands. Ongoing economic growth and full employment were fundamental tenets which have been impossible to sustain yet were essential to provide a manageable balance between investment in public services and demand for their use. Increased life expectancy, improved health of the majority and technological advances contributed to growing pressures on the health and welfare services (Midwinter, 1994).

Beliefs about the stability and inherent power differentials within the traditional nuclear family household have been severely challenged by the women's movement and shown to be no longer applicable today, if they ever were. The welfare state relied upon women's labour as unpaid carers, domestic workers and organisers of family life. This is no longer feasible or acceptable, accelerated by the need for women to participate in the labour market, albeit mostly in low paid, part-time work, alongside meeting the demands arising from changing lifecycle patterns (George and Millar, 1994). Inequities in health and educational attainment have consistently

highlighted the role of poverty and deprivation in the determination of poor outcomes. Children from ethnic minority backgrounds or with disabilities are more likely to have reduced access to the full range of resources and facilities of comparable quality to other children. The welfare state in the UK, has not been found to effectively distribute services in a way that is seen by all groups in society today as fair and wholly equitable (Carstairs and Morris, 1991; Kumar, 1993; Hill and Tisdall, 1997).

### **The “enabling state”**

The *welfare state* was initially set up in reflection of values and beliefs about the family, prevalent at a time following a major war and economic depression. To remain viable and pertinent, within the current climate, change was essential, as outlined in the previous section. This process had already begun before the Conservative Government of Margaret Thatcher began their radical programme of change from the early 1970s. The force behind the thinking of the political right was to promote individualism and self-reliance thereby reducing dependence on the state as the main provider of services. Instead, an *enabling state* would emerge through increasingly acting as co-ordinator of a mixed economy of services, guided by market forces. A position of minimalist intervention was adopted in both economic and social welfare policies, drawing increasingly heavily on dominant policy perspectives in the United States. The approach taken by Thatcher's and subsequent governments was to assume increased centralised control over welfare and local government, adopting new methods of organising services in an attempt to reduce public expenditure, amounting to around 50% of the nation's wealth (Midwinter, 1994). Although the government in the UK has now changed its political complexion, many of the features characteristic of the Thatcher years remain. Fixed annual budgets, privatisation, contracting out services and the development of internal markets have all become common place applications of market forces philosophy to the public sector in an attempt to balance the match between needs, demands and resources. This type of management, when applied to the provision of personal health and welfare services has significant implication for the family.

Midwinter (1994) argues that centralisation was the most prominent feature of Thatcherite policies. Central government exerted increasingly strict control over local government services, most of which support families, through rate capping and increased reliance on central funding for local services. Public expenditure has been reduced, diminishing services to families. As highlighted in Chapter One, the effects of decisions made during this phase, impacted local government re-organisation in Scotland in 1996. Reaching national consensus and consistency across a range of social policies and services was made more difficult by the fragmentation and disruption this caused. It has yet to be seen in what way the establishment of the Scottish Parliament in 1999 changes the role of local government and the centralisation of control over policy and services, particularly as they relate, in this context, to early years' provision. Boundaries between the state and family life in Scotland are likely to differ to some extent from those in England and Wales. Legislative systems differ and even before the establishment of the Scottish Parliament, Labour MPs in Scotland were reported to be anxious to distance themselves from one of the government's early policy statement on supporting family life, saying that it was inappropriate to the Scottish context (Copley and Scott, 1998).

### **The economy and household income**

Although economic productivity has increased, economic growth is no better than it was at the earlier stages of the "new right" take-over due to the decline in manufacturing and the rise in unemployment over this period. Unemployment was estimated to be about 3 million, although it has been unofficially estimated as double this figure, contributing to a social security bill in 1991/92 over £58 billion (Midwinter, 1994). At the same time, as poverty and disadvantage increased for a sizeable proportion of the population, the living standards of 33% of the population had risen, accounting for some of the ambivalence experienced today towards increased taxation to support growing public expenditure. Between 1979 and 1991, the income of the average household rose by 36% while the income of those in the bottom 10% fell by 14%.

Long (1995) described how growing poverty amongst families with dependent children increased rapidly with long-term unemployment and a low wage economy that resulted in rapid increases in the working poor, employed in low paid, often part-time work. She viewed the weekly household incomes of growing numbers of families as insufficient to meet child care and subsistence needs resulting in entrapment in a spiral of dependence on the state. She highlighted the double disadvantage of some families, such as those belonging to ethnic minorities; those headed by lone mothers or with disabled members, by showing their disproportionate representation amongst the poorest members of society. Bradshaw (1993) concluded from a study of household budgets and living standards that families dependent on income support did not have enough money for even bare essentials.

The political party in power changed in 1997 from Conservative to Labour. The Spring budget of 1998 introduced the start of a more explicit family policy strategy in the UK, attempting to increase support to sustain family life, encouraging wider participation in the workforce and less dependence on the state for income maintenance. The government targeted tax incentives towards the working poor with children (including help with childcare costs) in combination with employer subsidies for those who take on long term unemployed. Although views were mixed on the initial approach taken by central government and criticism made of certain incoherence, it was viewed by some as an attempt to redistribute income towards the poor (FPSC, 1998a). Budget proposals were followed in both England and Wales, and Scotland, by the development of *welfare to work* programmes targeted at the long-term unemployed and lone parents, commitments to expand early years' education (SOEID, 1997) and to develop a national childcare strategy (SO, 1998). More recently there has been support for initiatives to develop family support towards socially and economically disadvantaged families with children under three. Proposals to co-ordinate, develop and expand early years' provision were of particular relevance to this study and were considered in more detail in Chapter One.

Increasingly, families have had to manage on less within a more individualistic and materialistic society and the subsequent stresses needed intervention not only nationally but also at community and individual levels. Early years' services have

been viewed as key in targeting support towards families with young children (SO, 1998). Those who were in positions of power to effect major policy changes also fared better, resulting in a diminished political and public will to continue to fund growing demand for welfare services through traditional methods of taxation. Left and right policies increasingly converged with solutions to social problems that supported rationing and a mixed economy of care. Maintaining an affordable welfare state remains one of the primary challenges for the government of the day (George and Miller, 1994).

The concept of social exclusion has been used increasingly to encompass a number of dimensions that aim to develop a sense of social responsibility and care for all members of society. Solidarity, unemployment, disadvantage and poverty were viewed as central, explained by Robbins, (1998:5) in the Family Policy Bulletin:

*“The apparently inescapable web of disadvantage now called social exclusion implies looking at the whole family. How does poor housing impact on poor health and poor chances of employment? How does childcare link to parental employment, equality of opportunity, family income, and the child’s needs and rights?”*

Social exclusion was an area that was explored by the European Union from the late 1980s, as new frameworks were developed and approaches compared across Europe. The UK had been reluctant to embrace the concept since individualism was viewed favourably by the previous government as an effective way to improve economic national strength. The change of government gave the concept official recognition through the development of funded social exclusion policies and initiatives. The strategic, as well as the individually supportive roles of early years’ provision were recognised as important elements in this study. Public provision is the main child care option available to disadvantaged families and the way in which these services are administered and organised can either promote social inclusion as effectively as possible or reinforce social divisiveness. This was raised in Chapter One and after examining group variations between children using either education or social work

nurseries or family centres (Chapter Five) and between adults (Chapter Six), this topic will be raised again in the concluding chapter.

### **The pursuit of family wellbeing or the regulation of women?**

Broad government goals, like those aimed at social inclusion, comprise several policy dimensions such as income maintenance, economic regeneration, employment, housing, childcare and other social policies. Many of these also impinge directly or indirectly on the family and therefore overlap with family policies, sharing some of the same broad goals such as improving quality of life. Family policies may be thought of as mainly affecting nuclear family households and therefore narrower in their objectives. Family wellbeing is a value that family policy aims to maximise and can be used as a criterion for evaluating the effectiveness of policies (Zimmerman, 1992). Wellbeing is an ambiguous term, defined in Webster's dictionary as "*the state of being healthy, happy, and free from want*". When applied to a group of related adults and children, a *family*, who may be resident in the same household, with often diverse and conflicting needs it becomes even more complex. Nevertheless, despite shortcomings, *wellbeing* has been used in this thesis as a general, global concept that recognises inter-relationships between the wellbeing of parents and their children.

Canaan (1990, 1992), from her study on family centres, critically appraised the goal of family policies, seeing far less benign purposes behind many welfare services. She argued that behind family support provision, like family centres, there was a hidden agenda to regulate women through reinforcement of traditional female roles and responsibilities for family and home and consequently to re-establish social equilibrium. Measurement of wellbeing as used in this thesis will be described in Chapter Four on methodology. Various sociological, psychological or economic theories, such as stress or social integration theories explain variations in wellbeing. In pursuit of *family wellbeing* and/or the *regulation of women*, the state has adopted various stances in policy formulation and strategies to provide services. Positions adopted by the state overlap and have been seen to modify over time although there is a tendency to lean towards one of a number of predominant frameworks, generally favouring one particular family form over another. Welfare services provided within

a given framework can be seen to reinforce the state's view of family life and the appropriate extent of intervention required to sustain this (Fox Harding, 1991).

Fox Harding (1991) identified an approach to policy formulation, characteristic of the UK in the 19<sup>th</sup> century and again in the late 20<sup>th</sup> century, as *laissez-faire and patriarchal*. Underlying beliefs valued the power distribution within a traditional nuclear family with the father as the ultimate authority in the household. The appropriate role of the state was viewed as minimal, intervening in family matters only in extreme situations. Family concerns were viewed as essentially private unless the behaviour of members is deemed as destructive or disruptive to the wider society or their parenting is so inadequate as to be potentially damaging to their children. Some family centres (i.e. client-focused or service models – See Chapters One and Five) and social work nurseries can be understood in these terms, working primarily with socially and economically disadvantaged women whose children may be deemed to be at risk (Cannan, 1992). Families with greater access to resources are more able to maintain privacy than poor families that are dependent on the state for income maintenance and housing. This is not only because they can afford to buy alternative ways to overcome or mask difficulties, it is also because the poor are obliged to open up their lives and reveal personal information to prove eligibility to gain access to many essential services. Paradoxically, certain family centres models (notably neighbourhood and community development models) were seen as able to empower the poor (Holman, 1988). *Laissez-faire* perspectives tend to individualise causes and solutions to problems rather than viewing them in structural terms. When health problems are seen as the root cause or behaviour is illegal, an individualised response by the police, Courts or health services commonly results. The family as a unit can also become the focus of intervention by public authorities such as housing and social services because of values and beliefs about the roles of parents, and mothers in particular (Parton, 1991).

In adopting *children's rights perspectives*, children are recognised as individuals in their own right with legitimate needs of their own, distinct from those of their parents (Fox Harding, 1991). Views in which children *belong* to their parents and are subjugated to their authority have lost much credence in the modern Western

view of the world. Evolution of a children's rights movement in the UK has origins in the mid-19<sup>th</sup> century with notable international developments since then (Hill and Tisdall, 1997). Although making a practical, working reality that fully incorporates this perspective into policy and law has still some way to go, public statements which reflect these principles have increased in frequency in recent years. In 1991, the UK government ratified a series of rights for children encompassing the provision of services, rights to protection and participation in decision making, when it adopted the UN Convention of Children's Rights. The principles embodied within this international framework served to challenge some of the assumptions held about the subordinate place of children in society and are now routinely referenced in policy documents on the family published by public bodies throughout the UK. There is growing recognition of the importance of actively listening and responding to the views of children and young people as *social citizens* (Hill and Tisdall, 1997). In early childhood, consultation about services presents particular challenges due to communication and comprehension difficulties, as perceived by adults. Despite these problems, some agencies are pursuing this. For example, consultation with young children who used nurseries run by Stirling Council, featured as an objective in their Report on the review of their early years' services (SC, 1998). Children's views have an increasing potential to influence the formulation of all kinds of policies that impact on the lives of families today and in the future.

Accompanying these changes, there have been major shifts in perception of the role of parents from one in which parental rights and duties predominated towards one in which parental responsibilities and duties to provide for their children's welfare are of prime importance. This was enshrined in law at the beginning of the 1990s in England and Wales (Children Act, 1989) and the Children (Scotland) Act, 1995. Changes in public perception of individual family member's rights are compatible with growth in individualism as well as recognition of the intrinsic worth of all individuals and their rights as citizens. This was described by Parton (1998), as an approach to welfare of *advanced liberalism*. Public and political support has converged on the broader rhetoric of the importance of the individual within society leaving inherent tensions for the family as a unit when the interests of individual members conflict. This is apparent in social policies that aim to protect children.

The intervention of the state can be interpreted as essential in the best interests of a *vulnerable* child and also as an inappropriate intrusion into the privacy of the family and undermining of the rights of parents. The ambivalence of attitudes towards the protection of children are often played out through the media, criticising authorities for lack of intervention in some instances and over zealous approaches in others (Parton, 1991). Conflicts between the rights of individual family members can also become evident at times of divorce and separation, especially when resolution is sought within the inherently adversarial framework of the law. The short and long term implications of emotional problems, reduced educational and socio-economic attainment are amongst some of the risks for some, but not all, members of separated families (Maclean and Kuh, 1991).

## 2.5 Summary

At a time of rapid demographic and technological change, the influence of the wider context on human growth and development has never been more important. An ecological framework (Bronfenbrenner, 1979) provides a model that draws attention to the breadth of external factors, at different levels, that impact on the individual. Figure 2.1 illustrates this, showing that each child influences, and is influenced by, their parents, siblings and their contacts with extended family and friends in their neighbourhood and beyond. Parental wellbeing and the child's development are inextricably connected, making it very important for the child that their parents are happy and healthy in order that their needs can also be met. Increasing mobility and diversity amongst families, changing roles of women and expectations of parenting have been accompanied by growing demand for more early years' provision to help share the care of young children. Increased availability of public nurseries and family centres in socially and economically disadvantaged areas make it increasingly likely that children living there will attend one. Not only will this place be influential to the child's development in terms of the quality of learning opportunities; the way in which it is organised will also matter. Some types of provision, such as social work nurseries, directly promote close links between the child's home and the nursery. Others, like family centres or nursery schools, may do so indirectly through enabling the extension of informal social networks between parents. Some services have been criticised for implicitly reinforcing oppressive

responsibilities on women for the home and childcare and simultaneously denying men opportunities to participate in more active fathering. The way services are organised and are used can have a political as well as personal influence on parental wellbeing. This thesis will explore the significance of these inter-connections to parental wellbeing arising from using different types of public provision.

Families have had to raise their children with fewer resources and more limited access to extended family within an increasingly individualistic and materialistic society. Subsequent stress has required the provision of support by the state to be available not only to an individual or family but also at a wider strategic level. In the UK, there have been moves away from notions of universalism and a welfare state, as set up after the Second World War, towards welfare pluralism and an enabling, or co-ordinating, role for the state intervening on a minimal basis in extreme situations of vulnerability. Family policy has generally been implicit although this may be changing to some extent. The perspective adopted by the state in pursuing social policies incorporates prevalent values and beliefs about the role of the family, particularly mothers, and the appropriate boundary that should be set between private family life and public intervention to ensure that society remains stable. In the UK, it has been argued that family policies have tended to be built on patriarchal beliefs and *laissez-faire* views of how best to intervene in family life. As individualism has grown, recognition of some of the inherent tensions inside families has resulted in a further shift in welfare services towards risk management and increased targeting. A dichotomy in the rationales behind public early years' provision can be observed with increasing specialisation and narrowing of focus in family centres and social work nurseries yet a universal approach to the provision of nursery education.

This chapter has mainly considered a number of factors in the spheres of demography, structural inequalities and family policy development, the following chapter will examine risk and protective factors and the particular role of parents' social support in coping with the demands of childrearing.

Chapter 3. Risks to family wellbeing: helping to build social support and coping strategies.

*“For some parents, wellbeing may hang by a very thin thread, whereas for others, ample resources, flexible job requirements, and alternative child-care options may assure that wellbeing is a stable commodity.”* (Phillips, 1992: 177).

### 3.1 Introduction

Some of the cultural and policy (macrosystem) influences on family wellbeing (*health, happiness and prosperity*, Microsoft Bookshelf, 1998) were reviewed in the previous chapter. It was recognised that structural inequalities increased the pressures upon those with fewest assets, increasing the risks and challenges of parenthood and making the attainment of wellbeing even more difficult. In addition, it was remarked that tensions within the household (microsystem) could also contribute to parenting stress. Indeed, the wellbeing of one member of a family can sometimes be at the expense of another (e.g. Mason and Duberstein, 1992; Phillips, 1992; Parton, 1998). Despite ambiguities inherent in the term, *wellbeing*, it was used in this thesis as a positive, global concept that acknowledges inter-dependence between the wellbeing of each parent and child, living in the same household. This chapter moves on to consider some of the factors, operating at the levels of the micro-, exo- and mesosystems, that impact on the healthy development of children who are already at risk due to structural inequalities in society.

Ecological theories of child development (e.g. Bronfenbrenner, 1979; Belsky, 1984) highlight the complex interplay of stresses and influences on parents' capabilities to raise their children (see Figure 2.1). Risks of many kinds that threaten individual wellbeing have been investigated at every level of the ecological system, forming an extensive multi-disciplinary body of research and debate. Identification of populations at risk has generally been more accurate than the prediction of

individuals at risk from a number of adverse outcomes such as child abuse and neglect or developmental delay (e.g. Upshur, 1990; Parton, 1991). Interest in a number of social research fields has turned to look at risk in a more positive way, considering the protective factors that make some children resilient in the face of adversity. In addition to individual personality characteristics and positive aspects of relationships within the family, another factor that frequently emerged in many studies, was the frequency of various aspects of social support that were associated with improved outcomes (Werner, 1990). It has been hypothesised that external support could either reduce the number of stressors and/or help the individual adapt and cope more effectively (Monat and Lazarus, 1991). These ideas were particularly relevant to this study because of the potential of nurseries and family centres, located in the neighbourhood in which families lived (exosystem), to contribute to the social support available to young families at a critical life-stage.

Shared care at a public nursery or family centre, may be one of the limited options available to many socially and economically disadvantaged families. It can provide an opportunity for childcare to be shared and to facilitate access to other types of parental support, both formally and informally through the extension of support networks. Early years' provision may be particularly valuable in building links (mesosystem) between important settings in the child's life. The way in which some nurseries, with the same overall assigned purpose but different organisation, differ in the contribution they make to network building and wellbeing, is not known (Cochran et al., 1990).

This chapter examines some of the concepts and assumptions that lead to a view of early years' provision as a positive, supportive way to help disadvantaged families cope with some of the stresses of caring for young children. Consideration will be given to the following issues:

- Concepts of risk and resilience
- Risk and resilience in parenting
- Coping strategies and resilience (stress resistance)
- Coping and social support

- Social support and parenting
- Summary

### **3.2 Concepts of risk and resilience in child development**

In this context, the concept of *risk* has its' origins in community medicine and particularly in the discipline of epidemiology (the study of the causes, distribution, and control of health related states and events in populations). It is a statistical, probabilistic concept used to predict the proportion of an at-risk group who may experience adversity (Last, 1983). Identification of risk factors is a starting point only. It is notoriously difficult to achieve changes in the environment as well as in individual and group behaviour. Lifestyle changes are often required and the wider political and economic contexts are significant (Stroebe and Stroebe, 1995). Much epidemiological research in both the UK and the USA has been concerned with the links between social and economic inequality using area-based deprivation indicators, and poorer health outcomes (e.g. Carstairs and Morris, 1991; Kaplan et al., 1996; Davey Smith et al., 1998). In other disciplines links between risks to wellbeing and poverty have also emerged. For example, Rutter (1994) pointed out that poverty and social disadvantage are not *simple* risk factors, directly resulting in mental health problems. It is more likely that the association between the two arises from other complex and inter-related difficulties or circumstances, more commonly found in the lives of those with limited resources.

Since the early 1970s ideas about risks have increasingly been adapted and developed across a range of other disciplines including sociology, social work and developmental psychopathology. Risk theory has provided a framework for focussing on groups at high-risk in order to observe how risks interact with other life events to influence outcomes. Studies of at-risk populations have included those with high levels of child maltreatment, poor socio-economic circumstances, violent communities, parents with mental health problems and those who have experienced significant life events such as separation from parents, illness etc. (Gilgun, 1996).

*“ The systematic study of stressful life events in children has repeatedly demonstrated strong associations between life event scores and risk of maladjustment.”* (Fonagy et al., 1994: 231).

It has been reported that attempts to define and identify individual families and children at risk for later problems are generally very imprecise, lacking sensitivity (correct identification) and specificity (false positive identification). Socio-economic indicators alone have been found to be insufficient and an understanding of risk to healthy development is now widely recognised as multi-faceted and transactional (Upshur, 1990).

Rutter (1995) noted that it has become apparent that there are major individual differences in the way individuals respond to stress and adversity and that it is the interplay between the individual and their environment that matters rather than the abstract existence of risk factors.

An individual is more likely to be considered vulnerable when the conditions identified as potentially adverse are present. Amongst the most potentially adverse factors found to affect children's wellbeing are parental divorce, institutionalisation, child maltreatment, economic deprivation and environmental disaster (See Fonagy, 1994). Presence of the risk factors alone does not mean that the individual will necessarily develop difficulties. Relationships between risk factors are complex and not yet fully understood and it is also evident that some individuals are less likely than others to be susceptible to the development of problems when exposed to apparently the same or equivalent range of stressors.

*“it is the aggregated accumulation of events over time that contributes to the emergence of psychological resilience or vulnerability in individual cases.”* (Rutter, 1994: 356).

As a counterbalance to the deficit based risk framework, the concept of resilience was developed and investigated by social scientists.

*“The concepts of resilience and protective factors are the positive counterparts to the constructs of vulnerability (which denotes an individual's susceptibility to a negative outcome) and risk factors (which denote biological or psycho-social hazards that increase the likelihood of a negative developmental outcome).” (Werner, 1990: 97).*

The concept of resilience in individuals complements that of vulnerability and can be defined as the positive, adaptive behaviours which overcome adverse individual or environmental conditions, (Garmezy, 1994). The descriptive term, protective factor, is often used to describe the individual or environmental conditions identified through research studies to shield or prevent persons from developing adaptive behaviours that in the longer term result in morbidity or dysfunctional behaviour. These factors refer to personal characteristics, like problem-solving abilities as well as those that involve interaction with others such as identification with competent role models.

Risk and resilience research has covered a wide range of genetic, biological, psychological, social and environmental conditions (stressors) that individuals can be exposed to which can potentially result in social or developmental problems, disease or disorder. It covers the age span, a number of disciplines and employs a diverse range of methods. In the UK and the USA, there has been considerable research and practice effort focussed on the identification and investigation of children suspected of being at risk of abuse or neglect. These studies can be viewed as part of a developmental process towards increased understanding of the concept of risk and its application to practice (Department of Health, 1995). Risk-assessment, particularly in child protection, but also in community care (e.g. Hopton, 1998), became an increasingly important aspect of social work practice during the 1980s and 1990s. Considerable focus on developing and defining methods to increase accuracy was used as justification for increased targeting and rationing of services (e.g. Hill and Tisdall, 1997; Gordon and Gibbons, 1998; Parton, 1998). Despite the recent priority given to research on risk-assessment in the USA, Kaufman and Zigler (1996: 236) noted:

*“that risk assessment instruments developed for use by protective services workers have little impact on service delivery. Moreover, in one survey of 328 protective service workers, 75% reported that the use of risk assessment instruments increases their workloads with little benefit.”*

These findings may support Parton's (1998) view that developments in risk assessment in child protection are currently misguided as they strive towards an unattainable state of predictive certainty about human behaviour, leaving no room for ambiguity or doubt in professional judgement. This will not be in the interests of the families concerned or the perception of social work as a profession.

The ideological and practical separation of child protection from other child welfare services has been criticised for detracting attention and resources from the development of other supportive services, like day care and family support. These have been shown to be effective in improving the wellbeing of families under stress (Gibbons, 1992; Gough, 1993). The influence of child protection perspectives on early years' provision has influenced the availability and the way in which these services have developed under social work administration, as outlined in Chapter One. These factors have a direct relevance to this study as social work nurseries and family centres were one of the main childcare options available to young families in the study area. This will be expanded in the following section.

### **3.3 Risk and resilience in parenting**

Kaufman and Zigler, (1996: 248) applied an ecological model as a means of categorising four levels of risk factors for child abuse and corresponding foci for intervention (i.e. ontogenetic, microsystem, exosystem and macrosystem). There has been considerable attention given to ontogenetic and microsystem risk factors in both the UK and the USA. These have included a parental history of abuse, poor impulse control and psychiatric or substance abuse problems. There is broad consensus that parenting behaviour, values and attitudes make a considerable impact on a child's

development (Stolz, 1967; Bronfenbrenner, 1979). Individual differences have to be acknowledged alongside the wider context as each person experiences and responds to the environment in a unique manner. The influence of genetics *vis a vis* the environment in human development has been studied in a variety of ways over many years. Accounts of these are found elsewhere (Plomin, 1990) and are not reviewed in this thesis. Individual development, however, comprises a complex combination of inherited conditions, personality traits and characteristics which are modified and adapted in response to interactions that the individual has with the environment over the course of their life.

Developmental psychologists have extensively investigated and proposed influential theories of development that contributed to current views about child outcomes. Much of the theory has been based on the mother-child dyad and the roles of fathers' left largely ignored until more recently (Singer, 1992; Popay et al., 1998). Clarke and Popay (1998) found that approximately ten thousand articles on the influence of fathers on child development had been published by 1994 with little consensus about the effects of fathering although it appeared that men were viewed as potentially, equally competent as women in parenting. Much research on fathering has centred on the impact of macrosystem level issues, such as employment and socio-economic position as barriers to the involvement of men in parenting. The involvement of fathers in parenting is so diverse that no common pictures can yet be found. Depending on household type, employment status and age of children, the contribution of men to parenting labour has been estimated at between a quarter and a third that of the mother (Gershuny, 1995).

Bowlby (1946) was responsible for the early development of attachment theory, viewing it as a developmental process to protect the infant. He hypothesised that infants have an innate tendency to be in close proximity to their primary caretaker (usually mother) in combination with an innate urge to explore the outside world. The balance that supports the tension between the two was termed *attachment* by Bowlby. Others built on Bowlby's theories arguing that securely attached infants required mothers to be *responsive, sensitive* and *available*. Ainsworth (1969) developed a differentiated classification of children's attachment to their mothers

based largely on *strange situation* laboratory experiments, frequently quoted as scientific evidence of attachment behaviours in infants. A number of wide generalisations were made from these and other similarly early studies on infant-mother bonding, based on narrow theoretical perspectives and limited methodology. There was an initial emphasis on the sole responsibility placed on the mother, particularly in the first three years of life, to give priority to her child's needs, as defined in attachment theory. If this was not done, the child was at risk of psychological and emotional damage with irreversible and dire consequences into adulthood and meant that any separations from the mother, through placement in daycare, for example put the child at risk. The rationale behind early attachment theory has been very influential in the availability and organisation of early years' services and in the determination of quality (See Chapter One). Subsequent, extensive research in, and critiques of, attachment theory have broadened understanding and parameters. These have challenged the identity, gender and number of potential primary caretakers to whom the child can bond and develop mutually supportive relationships as well as the inevitability that early attachment problems will lead to permanent psychological disturbance. There have been many studies demonstrating the importance of other close attachment relationships beyond those with parents, such as those with peers or siblings (See Singer, 1992). Attachment theory remains central to many debates on quality and the availability of early years' provision. For example, it was argued by Belsky (1986, 1992) that daycare, over 20 hours per week, was a risk factor for infants under one year of age because they were more likely to develop insecure attachments. Criticism of the methodology, analysis and conclusions were made by many researchers whose perspectives and studies were contradictory and supportive of increased childcare (e.g. Phillips, 1987; Clarke-Stewart, 1992). The attachment framework had served the purpose of daycare continuing to be legitimately viewed by many as a potential risk to children's wellbeing, independent of its potential influences on parental wellbeing. It fuelled the debate, at least in the USA, about the role of women in employment and confirmed a perception held by some, that daycare constituted a risk to children's wellbeing.

Beyond, early years' provision, attachment theory has been very influential in the development of other supportive services for families and children. For example, Fahlberg (1982) applied theories of attachment to the field of adoption and fostering in both the UK and the USA. She outlined the influence of insecure attachment on the placement of infants and children at critical developmental stages of their early lives and the potential impact on their adjustment throughout life.

Attachment relationships between the child and primary caregiver have been viewed not only as potential risk factors but also as important to the development of *resilience* in children and adults. Effecting change in the transmission of insecure attachments from one generation to the next can potentially intervene in the ongoing cycle of disadvantage. The concept of *reflective self-functioning* (developing a sense of self as validated, initially, through the responses of sensitive caregivers and extended by interactions with others in formal and informal networks) was developed as an extension of attachment theory. Mothers who had developed this ability were more likely to raise securely attached infants than those whose reflective self-functioning was less well developed. It was found to be a powerful protective factor and predictor of resilience amongst mothers (See Fonagy et al., 1994).

Attempts have been made to build predictive models of parenting dysfunction using an ecological model of child development. Abidin (1990) and Belsky (1984) focused on the micro and mesosystems in developing process models of parental functioning which distinguished three main influences on the quality of parenting:

- Characteristics of the *child*, including temperament.
- Personal psychological resources of the *parent*, including mental health, quality and history of inter-personal relationships.
- Contextual *sources of support*, including the social network of support from partner, relatives and friends, employment and financial circumstances.

Belsky's (1984: 83) model presumes that parental functioning is multiply determined, that sources of contextual stress and support can directly or indirectly affect parenting by first influencing individual psychological wellbeing. Personality influences the availability of support and stress experienced. Support, stress and personality interact to shape parenting, and that, in order of importance, the personal psychological resources are more effective in buffering the parent-child relation from stress than are contextual sources of support, which are themselves more effective than characteristics of the child.

While recognising that there is value in Belsky's ecological framework as it illustrates much of the complex range of influences on parenting and child development, other criticisms have been made of the model. For example, Holden (1997) highlighted that it is primarily a highly individualised psychological model that can only ever be a partial explanation of parenting behaviour as it excludes sociological variables such as culture and socio-economic status. Neither is consideration given to the influence of the immediate context in which transaction takes place or parent's transient characteristics such as mood.

Studies on families and children experiencing difficulties have passed through various phases. Initially emphasis was given to negative developmental outcomes associated with single risk factors such as the loss of a parent or a stressful life event. Concern then shifted to study interaction effects among multiple stressors and more recently focus has moved towards studying positive factors associated with children who experience high risk life situations yet demonstrate stress resistance and achieve positive developmental outcomes (Werner, 1990). There has been a particular focus in some studies on the identification of risk factors that affect the healthy development of babies and young children. In many cases it has been found that some features which are more prevalent in poor households and neighbourhoods, such as low birth weight, poor diet, brain damage and physical disability, have links to both biological and psycho-social stressors, (Garmezy, 1994). In other studies the structural inequalities and diminished access to resources most commonly found in poor neighbourhoods have been found to be strongly associated with increased rates of child abuse (Gil, 1970; Gelles and Straus, 1988). An ecological perspective (See

Garbarino and Crouter, 1978; Culbertson and Schellenbach, 1992) can contribute to an understanding of the multiple environmental and personal pressures that can make some parents vulnerable to abusing their child(ren). They viewed child maltreatment to be predominant in poor neighbourhoods, not because of biased reporting as many had previously argued, but because of the overall balance of stresses and supports in the neighbourhood context. It is known that children born into deprived homes are more likely to experience social and emotional problems between family members throughout life and experience employment and economic difficulties. The intergenerational transmission of risks has been the subject of investigations and has clearly shown that early deprivation or abuse does not automatically mean it will be ongoing into the next generation. Kaufman and Zigler (1987) estimated that around 70% of children who have been abused do not go on to become abusive to their own children. A number of protective factors appear to mediate, including having a supportive spouse, financial security, physical attractiveness, high IQ, positive school experience, strong religious affiliation, having a sense of efficacy in the parenting role and a sense of optimism about the child (Fonagy et al., 1994; Gilgun, 1996).

Werner (1990:111) highlighted a number of categories on emerging themes on resilience in the developing child. These categories almost corresponded to those proposed above, by Belsky (1984), in his deficit-based model of influences on parenting, although Werner's focus was on positive attributes:

- *child's* disposition such as physical robustness and vigour, easy temperament and intelligence.
- *family* which encourages trust, autonomy and initiative.
- external *support* systems that reinforce competence and positive values and enhance self-esteem.

Individual 'protective' factors for children have been found to contribute to the resilience of individuals in combination with individual and genetic traits and

external context include; stable care, problem-solving abilities, attractiveness to peers and adults, manifest competence and perceived efficacy, identification with competent role models, planfulness and aspiration (Garmezy, 1994). Fonagy et al., (1994) highlighted the availability in adulthood of social support and having a better network of informal and formal relationships as aspects of an individual's immediate environment that can positively contribute to a support system. Werner (1990) pointed out that an appropriate balance between stressful life events and protective factors enables successful adaptation and therefore has implications for supporting families. Although the concepts she outlines do not seem very different from those described in the literature on vulnerability, the emphasis on strengths rather than weaknesses leads to a more positive focus and view of families which is important in policy and practice development. Fonagy (1994) viewed the move towards focussing on positive strengths as driven by increased recognition of the value of primary prevention, economic necessity and growing desire for social justice.

There is considerable potential for the practical application of broad-based, multiple levels of intervention in a framework that combines the approach of developmental psychopathology and social work's ecological, phenomenological, and strength-based approach. This would give rise to expansions in family support and childcare (Gilgun, 1996). However, a move of this kind in social work is improbable at present as noted earlier in view of the increasing tendency to view the social work function in terms of risk assessment and management in a shift away from needs-based welfare perspectives.

Rutter (1995) emphasises the importance of understanding how risk processes work rather than simply upon their identification. It is proposed that the role of early years' provision will be explored as a means of enhancing resilience in this thesis. The aim will be to contrast ways in which different types of early years' provision influence the development of parents support networks and enable them to cope with the range of stresses that caring for a young child can bring.

### 3.4 Coping strategies and resilience (stress resistance)

*"Whereas investigations of resiliency are generally associated with the study of individual differences in the long-term adjustment of children at risk due to biological vulnerabilities or psycho-social adversity (e.g. Werner and Smith, 1982), research studies concerned with stress buffering have generally emerged from the adult literature on stress and coping. Both of these concepts are, in turn, specific instances of the more general topic of person-environment interactions." (Gore and Eckenrode, 1994: 35).*

One of the potentially negative outcomes arising from experiencing a combination of stresses is that they can be excessive, causing strain and increasing the risk of adversely affecting wellbeing. A resilient person may be more resistant to strain and able to cope more effectively with more stress than others may. There are very clear links between the discourses on risk and resilience and stress and coping although they do not generally have their origins in the same body of research as distinguished in the above quote.

There are three main types of stress, which are, arguably, inter-related - physiological, psychological and social. Physiological stress is primarily concerned with disturbances to tissue systems. Psychological stress relates to individual cognitive factors that lead to the evaluation of threat. Social stress is associated with disruption to a social unit or system. Monat and Lazarus (1991), amongst others, view that, as yet, no consensus has been reached on a single definition of stress or related concepts such as threat, frustration and conflict. They expressed the view that stress

*"refers to any event in which environmental demands, internal demands, or both tax or exceed the adaptive resources of an individual, social system, or tissue system." (Monat and Lazarus, 1991: 3).*

Some researchers on stress have observed that it is too global a concept (Rutter, 1994). A contextual perspective to contribute to the applicability of research findings is necessary. For example, rather than depression resulting from an accumulation of many adverse events or experiences over a period of time, Brown and Harris (1978, 1989) emphasised that the cause related more to the meaning of an event as attributed by the person who suffers from depression.

In transactional models of stress and coping, one of the key issues concerns the perception of the individual in *appraising* the threat or challenge. Clearly there will be individual differences surrounding this. Resilience is more of an individual characteristic while protective factors may be both individual and environmental and operate through three models of stress resistance which are not mutually exclusive - the compensatory, challenge and immunity models (Werner, 1990).

The concept of coping can be understood as the individual's efforts to manage such perceived demands, employing a combination of problem-focused or emotion-focused strategies, depending on the particular conditions surrounding the stressful event, choices available and individual personality. The ways, in which people cope with stress is complex and also require understanding and analysis at individual and environmental level.

### **3.5 Coping and social support**

Social isolation is detrimental to human wellbeing. Interaction with others and mutual support shape our daily lives and contribute to our survival and quality of life (Bowling, 1991). *Social support* is a concept rather than a straightforward phrase, in much the same way as *family*. Both are used frequently as if there is a common, shared understanding when that is rarely the case. Social support is defined by Dunst et al. (1988: 28) as including:

*“the emotional, physical, informational, instrumental and material aid and assistance provided by others to maintain health and wellbeing, promote*

*adaptations of life events, and foster development in an adaptive manner."*

Cobb (1976) defined social support as:

*"information that leads an individual to believe that he or she is cared for and loved, valued and a member of a network of mutual obligation."*

Although closely inter-linked, social support and social networks can be differentiated.

*"social network refers to the number and structure of relationships with others, and social support refers to the amount and types of supportive exchanges that take place among network relationships."* (Tracy and Abell, 1994: 56).

Sources of support can be from informal support networks such as kin, friends, neighbours and social groups such as clubs, church, parent groups at nursery etc. or from formal network sources that include professionals like general medical practitioners, health visitors, staff in nursery. The range of sources is illustrated in Figure 2.1. Attributes such as network size, density and reciprocity quantify the relationships within the network while qualities such as availability, source, satisfaction and content describe the nature of support. Household structure and socio-economic factors have both been found to be associated with the size of support networks (Cochran et al. 1990). A range of different methods of measuring and assessing support has been developed, including observation and standardised self-reporting instruments. Tracy and Abell (1994) explored the relationship between perceived social support and social network through the development of a social network map. They found that structural measures alone gave little information about the quality, amount or experience of social support and suggested that this information should be supported by measures of perceived support such as frequency of use and satisfaction with different types of support.

The benefits of informal support may come at a cost, described by Belle (1982), in terms of *"rejection, betrayal, burdensome dependence and vicarious pain"*.<sup>1</sup>

Social network relationships can act positively to mediate or moderate stress but can also generate stress when conflict and criticism are experienced (Belle, 1982). As outlined in the previous chapter, close relationships within the family can often demonstrate ambivalence due to the emotional intensity and high expectations placed on the family nowadays. Relationships between siblings are often very supportive but also fraught with conflict (Kosonen, 1994, 1996).

A number of factors influence the availability and use of support including personality, gender, geographical location, life changes and family variables (Krahn, 1993). Individuals need for, and satisfaction with, support are dependent both on individual coping abilities and personal life events as well as the wider social context in which they are helped or constrained in their abilities to put coping strategies into practice (See Monat and Lazarus, 1991). Support is found to be overwhelmingly gender-specific. The field of research on support is mainly about women as providers and recipients of support although there is some evidence that men and women tend to participate in social networks in quite different ways. Men tend to have more *extensive*, activity-based networks while women tend to have more *intensive*, emotionally intimate relationships, across the life cycle. Women are more likely, and able, to mobilise support at times of stress and to provide it more frequently and effectively than men. (Belle, 1991). Belle also pointed out that women tend to be more emotionally involved outside their families and worry more than men, when network members experience problems. Although women benefit most from support networks, their reliance upon them also makes them especially vulnerable.

*"If the flow of supportive provisions is highly unequal and if the women is heavily involved in providing support to children, needy friends, or relatives while receiving little support in return, the*

---

<sup>1</sup> Quoted in Cochran et al. (1990)

*result may well be demoralization and depression.”*

(Belle, 1991: 272).

Oakley and Rigby (1998: 117) highlighted the positive effect on stress of an emotional, intimate relationship with a partner but noted that *“being married to or living with a man is not coterminous with being helped or supported by him.”*

### **3.6 Social support and parenting**

While some caution should be expressed about interpreting studies on social support as inferring a direct causal relationship with a range of outcomes, strong correlation relationships have been found in a number of areas. Social support has been shown to have beneficial effects on health and wellbeing (Cohen and Syme, 1985) and adjustment to life crises (Moos, 1986). Culbertson and Schellenbach (1992) reviewed the literature on social support and parenting and concluded that there was evidence to support a direct relationship between social support and quality of parenting. There is growing consensus on which aspects of the social network have most influence over children's developmental outcomes with Cochran (1990: 30) commenting,

*“Beyond the spouse, it is the number of close, reliable friends providing both emotional support and material assistance that makes the difference.”*

As already highlighted in Chapter Three, inequalities exist between women and men in the family and home. Mothers and fathers appear, from observation in life and from the literature (Burghes et al., 1997; Popay et al., 1998) mainly to have very different priorities, roles and responsibilities in parenting and domestic work. Ferri and Smith (1998) found that the life satisfaction of mothers was positively influenced by paternal involvement with their children but this made little difference to the life satisfaction of fathers. McCubbin, (1989)\* compared lone parent and two parent families in a study of effective coping in families with handicapped children. She noted that lone parents were poorer, had lower coping and optimism scores but were more adaptable than their counterparts in two parent families. In addition, no

---

\* Quoted in Sorensen, (1993: 42)

differences between the types of families in terms of stress levels or extended family social support were found. Stress seemed to depend upon the nature of relationships and the perception of the mother that support was especially helpful (See also Clarke and Popay 1998).

There is lack of agreement whether it is kin or non-kin who are most useful to family wellbeing. This suggests that different roles are effective for parents in differing circumstances but the intensity and content of the network relationships, whether with friends or family are not in doubt, indicating the critical importance of very close informal support to family wellbeing. Importance of strong emotionally supportive bonds, especially with kin are important in predicting the acceptance of women of the parenting role, her sense that she is performing well as a parent, and her general psychological wellbeing (Riley, 1990).

Finch and Mason (1993) found that relatives offered the widest range of support with much underlying complexity to the support processes as described in their study of adult kin relationships. Cultural and individual values and beliefs about family duties and responsibilities led people to expect to receive (or not) or to provide (or not) particular types of support at certain times. The lifelong nature of the relationship with kin meant that decisions about the appropriate balance between dependency and independence were often necessary.

In an ecological model proposed by Dunst et al., (1988) social support is seen to influence parental wellbeing and health which impacts on family functioning and child development. They also argue strongly that personal informal support networks have powerful stress buffering and health promoting qualities that can produce much greater benefits than any formal or professional sources of support or intervention. Holden et al., (1992) emphasised that the protective factors of social support in risks to parenting operate in complex ways. For example, social support was seen to act as a buffer to mothers who experienced moderate levels of stress but appeared relatively ineffective when mothers were subject to very high levels of stress. Differential effects of social support at varying levels of stress may be moderated by family factors and variations in the linkages between family systems

and social support networks. The role of nurseries and family centres will be explored in this thesis to evaluate the impact they may have on social support networks.

Hamel et al. (1987) in an Australian study of parental social networks and the relationships with child development, found that parents with close, dependable friends and those who had links with formal organisations fared better. They had children who were happier, had fewer negative emotions and were better adjusted to school and had better social skills. The socio-economic status of the neighbourhood was found to influence the involvement of children with their peers and the patterns of their friendships. Hill (1989: 208) in a study of shared childcare patterns in early childhood in the UK commented that,

*“Evidently children’s life experiences are very much affected by relationships outside the nuclear family, but so also are parents’ functioning and wellbeing closely related to network contacts and their ability to sustain supportive relationships.”*

Barber (1992) in a further study in Australia found that parent education groups improved the wellbeing of mothers and children. Maternal competence in the parenting role increased, social isolation reduced and the behaviour of children improved.

Alongside perspectives that view parents’ social networks as contributing positively to coping and resilience through direct influence on child development and parent-child relationships, a deficit-based perspective developed. This was predominantly in the field of child protection (See Belsky, 1992) and focused on the negative outcomes for children associated with lack of social support. In a study that aimed to identify child abuse predictors, Chan (1994) found that mothers who had abused their children experienced significantly higher levels of parenting stress. They also had more children yet had access to less social support than mothers had in the matched control group who had not abused their children. Gaudin et al., (1993) reported that neglectful parents reported more life stresses, greater depression and

loneliness and weaker informal social supports than non-neglectful parents did. Coohy (1995), in a study of 135 mothers and their support relationships with their own mothers and partners, compared those who were officially perceived as neglectful with those who were not. Neglectful mothers' relationships were poorer quality, exchanged less mutual aid and received less emotional and instrumental support than the others. Kaufman and Zigler (1996) highlighted evidence indicating that neglect and poverty were interchangeable due to parents limited access to sufficient resources to support their families and therefore intervention that was only aimed at individual families was inappropriate. DePanfilis (1996) reviewed literature to seek effective models of social support assessment and intervention to prevent child neglect. Sufficient evidence was reported that families who neglect their children are socially isolated, experience loneliness, and lack social support in both rural and urban settings. Limitations were noted, in the constructs of concepts and methodological variations making comparisons between studies inappropriate and was unable to find a single model with general application.

Young and Gately (1988) examined the neighbourhood context of child maltreatment and found that children living in areas where there were considerable structural inequalities in terms of gender and race had increased rates of child maltreatment. The importance of social support as a mediator was highlighted. Mothers with young children are particularly vulnerable to isolation and depression (Brown and Harris, 1978). Those who live in poverty and socially disadvantaged, high-risk settings were even more likely to suffer this and consequently had difficulties with their children (Sheppard, 1994).

Neighbourhoods in which there were relatively more neighbourly exchanges had reduced amounts of reported maltreatment. Deccio et al. (1994) approached the same issue by looking at it within the wider community context by replicating a study by Garbarino and Sherman (1980) on high-risk neighbourhoods and families. Their findings supported the relationship between low income and the risk of child abuse that Garbarino and Sherman had established but not the one found between social support and risk. Vinson et al. (1996) also highlighted the relationship between neighbourhood contexts and rates of child abuse. A relative lack of inter-

connectedness was reported between family or closer members of networks and those who were more distal in the area with higher rates of abuse than was found in the area with lower rates despite the socio-economic similarities of the communities. Although indicators of resilience and risk can be identified, it is not known which ones are critical targets of intervention (Gilgun, 1996).

In a study that explored the practical application of such findings through the effectiveness of contrasting styles of delivering social services in two neighbourhoods, Gibbons (1990) compared the social support systems of families who were referred as clients and those who were not. Numbers of supporters were the same for both groups. Referred families were more dependent on friends and professionals than family and expressed more need for support and less satisfaction with the support they did receive. They were also more likely to have relationships that conflicted with close family. Gibbons also looked at the impact of different types of social support on abilities to cope with problems:

*“...the availability of people to give practical help with money, childcare and other domestic tasks appeared to be important in reducing personal stress caused by high levels of family problems.”* (Gibbons, 1990: 117).

In a later review of this study, Gibbons (1992: 32) finished with the following remarks:

*“The research provided some reasons to think that parents under stress more easily overcome family problems when there are many sources of family support available in local communities. The most useful form of provision may be good quality day care. However, it is not enough just to create the provision. Equal attention has to be paid to methods of linking vulnerable families into it.”*

Britner and Phillips (1997) also highlighted supportive aspects found in day care in a study of parental satisfaction with day care, comparing childminding and centre-

based care in the USA. Most parents using both types of care viewed their child day care arrangements as a source of extensive informational and emotional support. They concluded that as a result of feeling supported, parents may have experienced less stress and been more satisfied with care than those who felt less supported.

Cochran et al. (1990:33) considered it an important gap in our knowledge and understanding that no known study contrasted the effectiveness of different institutional models of intervention which can extend parents' social support networks:

*"There are cases in which network change has been used to assess the impact of a social intervention, but I know of no network studies in which institutions with the same assigned purpose, but organised differently, are compared as contexts for network building and maintenance."*

In addition to the importance to family wellbeing arising from support linked to early years' provision in high risk neighbourhoods, it has also been shown that poor children benefit most from high quality nursery provision (Maynard and McGinnis, 1992). Availability in itself may be insufficient. The readiness in which families can access different types of services will affect the extent and nature of formal and informal support that may accompany it. Comparisons between education, social work nurseries and family centres may offer the institutional comparisons of influences on support networks that Cochran viewed as lacking, highlighting some of the features in each that contribute to the extension of parent's support networks and enhanced wellbeing.

### **3.7 Summary**

Family wellbeing is influenced by a complex dynamic between the strengths and weaknesses of individuals, their family and community within a wider cultural and political context. Inequalities in the distribution of wealth and resources give rise to increased risks to wellbeing in socially and economically disadvantaged

neighbourhoods. Despite considerable development of the concept of risk across many disciplines and an increasing application of risk assessment as a means of targeting resources, the identification of individual families and children at risk for later problems are generally very imprecise, lacking in sensitivity and specificity. Socio-economic indicators alone are insufficient predictors of risk and it is now widely recognised as a multi-faceted and transactional process (Upshur, 1990). There are major differences in the way individuals respond to stress and adversity. It is the interplay between the individual and their environment that matters rather than the abstract existence of risk factors (Rutter, 1994). The nature and extent of social network links across settings make an important contribution to support and wellbeing, helping moderate and mediate some of the stresses that arise in everyday life (Monat and Lazarus, 1991).

Some children, subject to a number of risks, have been termed resilient and been found to possess personal characteristics or have had certain positive parenting or other experiences that were protective against adverse personal and environmental circumstances. Resilience can be understood as normal development under difficult circumstances (Fonagy et al. 1994). Risks and protective factors to the wellbeing of children living in high-risk neighbourhoods have been identified in each of three realms, comprising the individual child, parent(s) and immediate family, and external support systems.

Adjustment to having children and the challenges this life stage can introduce make it a potentially stressful time for all parents, particularly mothers. Women have a prime responsibility for looking after children and the home in this society. Those who have very young children and little money are most prone to social isolation and depression. In turn, this increases the likelihood that they will experience difficulties with the behaviour and development of their children. Social support can help reduce stress and improve parental wellbeing and since women are more likely, and able, to mobilise support at times of stress, this may be one of their strengths. However, their emotional involvement in informal relationships inside and outside the family may also make them especially vulnerable when there are any support network problems.

Beyond the spouse, it is the number of close, reliable friends providing both emotional support and material assistance that makes the difference to many parents while relatives have been found to provide the widest range of support (Cochran, 1990; Finch and Mason, 1993). There is lack of agreement whether it is kin or non-kin who are most useful, suggesting that different roles are effective for parents in differing circumstances. Strong emotionally supportive bonds, especially with kin, are important to prevent depression and acceptance of the parenting role. They also help the development of a sense of parental competence and improve general psychological wellbeing (Riley, 1990). Lone parents and those with partners do not tend to differ in terms of stress levels or available support. Wellbeing seemed to relate more to how positively mothers perceived the support they received (McCubbin, 1989).

There has been considerable interest in investigating the influence of support on child abuse and neglect in high-risk neighbourhoods and families in the USA and the UK. More cohesive local social networks and informal neighbourhood resources and supports like nurseries and family centres appeared to make a positive difference to family wellbeing (Garbarino and Sherman, 1980; Gibbons, 1990). Nurseries and childminders are sources of information and emotional support to parents (Britner and Maynard, 1997). Processes that help parents cope and reduce stress are unique and so diverse that no single model of intervention can respond to the needs of all families. There are some parents who are relatively isolated and may need most of their support from professionals (Group A, Figure 2.1) and others who have ready access to support from family and friends (Group B, Figure 2.1). The relative wellbeing of parents in each group may differ and those who are socially isolated and rely most on formal sources of support may be more vulnerable to depression or anxiety and experience difficulties with their children.

In disadvantaged families and neighbourhoods where there is little choice but to use public early years provision, family centres and nurseries, can make a positive contribution to family wellbeing. The extent and nature of this positive influence is not known, although changes in parents' informal and formal support networks probably contribute. Organisational differences between types of nursery or family

centre provision that have a bearing on parental support, such as holding parents groups or encouraging involvement in other neighbourhood services, might also make a difference. Some approaches might be more effective than others in promoting wellbeing. These issues and others will be explored further.

## **Chapter 4. Research design**

### **4.1 Introduction**

The primary aim for undertaking this study was to examine support and wellbeing across a range of families who used one of the most common forms of early years' provision found in many socially and economically disadvantaged areas. This cannot be done without acknowledging the inter-relationships between contexts and the breadth of influential factors. Raising young children can be enjoyable but also demanding. Parents have to adapt effectively to reach a comfortable balance between coping with stress and relaxing. Support from family and friends is crucial to this; preventing social isolation and enabling new opportunities for personal growth and social integration. It can also influence parental wellbeing and health and, in turn, this impacts upon family functioning and child development. Daycare and early education provision can be major sources of formal and informal support for parents as well as creating opportunities for stimulating and promoting child development. Different types of nurseries and family centres vary in the emphasis and priority given to direct support for parents. The study, therefore, required a design that took account of the parental interaction among these types and levels of influence.

In this chapter an account is given of key factors in the research design of a two stage interview study of young families who used early years' provision to examine how the use of nursery provision interacted with informal support to influence family wellbeing. An understanding of the multiple, inter-acting influences on early parenthood and childcare, referred to in previous chapters, favoured the adaptation of an ecological framework which was used to frame the research questions, methods, analysis and presentation of findings. There were strengths and limitations inherent within the design and some of these will be discussed prior to raising ethical issues that also had to be addressed.

## **4.2 Influences on design**

The design of this study was significantly shaped by:

- personal and professional influences
- the adoption of an ecological perspective
- the importance of social support to stress and coping in early parenthood
- evaluation methods applied to early years' provision and family support in the UK and the USA.

### **Personal and professional influences**

Personal and professional experiences from family life and work influenced my perceptions and understanding of the needs for support and childcare that all parents have to varying degrees and the additional challenges faced by those with little money and few opportunities.

When I embarked on this study I was responsible for managing a number of local authority nurseries and family centres and the development of early years' policy. I had previously worked as co-ordinator of a neighbourhood family centre and through this experience became convinced that more flexible, accessible support services should be developed to respond more closely to the needs of families.

The local authority context in which I was employed had implications for the design of the study. Senior officials and policy-makers would grant access, resources and support and possess the necessary power to respond to any proposals that emerged from the study. The topic required to be seen as relevant and pertinent to local concerns and within practical travelling distance. These factors limited the choice of location to the geographical area within the local authority boundaries in which I worked. In addition, there was much interest in measurable outcomes and quantifiable performance indicators in local government management at a time of increasing financial constraint. Consequently, a largely positivist approach was adopted in the design of the study, particularly in the early stages of the process.

### **An ecological framework**

Human development can be understood as a dynamic, inter-active process between

the person and their environment. Individual genetic traits and tendencies play a part while a reciprocal relationship develops between the child and all aspects of their environment with direct influence decreasing as participation in that environment decreases. Relationships are constantly evolving and changing throughout the lifecycle. Account needs to be taken of the influence of a nested series of contextual levels, radiating outwards from the child within his/her family (microsystem), community (exosystem) and culture (macrosystem). The interactions between the family and other settings, such as the nursery are also of direct relevance. Inter-relationships among the child and his/her family and other social contacts and those in other social settings are critical influences on the child's wellbeing and development (Bronfenbrenner, 1979; Zigler and Weiss, 1985).

Nurseries and family centres are often the first social institution and group situation outside domestic contexts into which children must integrate, adapt and develop new skills. It is therefore a key microsystem in a young child's life and because of the dynamic relationship between parents and children, early years' provision has the potential to be directly and indirectly influential on parental wellbeing and children's development.

An ecological perspective was adopted in this study as a means of conceptualising the integration of diverse research results and methods on the adaptive or maladaptive functioning of families (Holden, 1997; Meisels and Shonkoff, 1990). The relevance of the wider context in the development of children is acknowledged yet the narrowing of research focus to specific settings and their inter-relationships was necessary to make the study of a manageable scale. The approach of the present study required data collection from a number of sources about children, their families and other environments in order to examine their impact on the use of early years' provision and vice versa. Inter-personal links between the home and nursery are built and managed in different ways by families and further shaped by nursery policies and practices. Since a number of types of local authority nurseries are relatively common, it was indicated that information was required from more than one type of nursery and also about the informal and formal social support networks that bridged the home and nursery.

An economical way of collecting such a wide range of information about a family, their perceptions of the neighbourhoods in which they lived and the nursery they used appeared to be best met from interviewing key family members. Figure 4.1 below shows how Bronfenbrenner's (1979) ecological model of human development applies in this study and provided a focus to the collection of data on children, their parents and households, the nurseries and the neighbourhoods in which they lived. Changes in families take place over time and could be obtained by collecting some of the same information, in a standardised way, at various time points as well as asking respondents' about the changes they perceived to add some rigour to the study. Consequently a longitudinal, multi-method approach was planned, seeking information from more than one source.

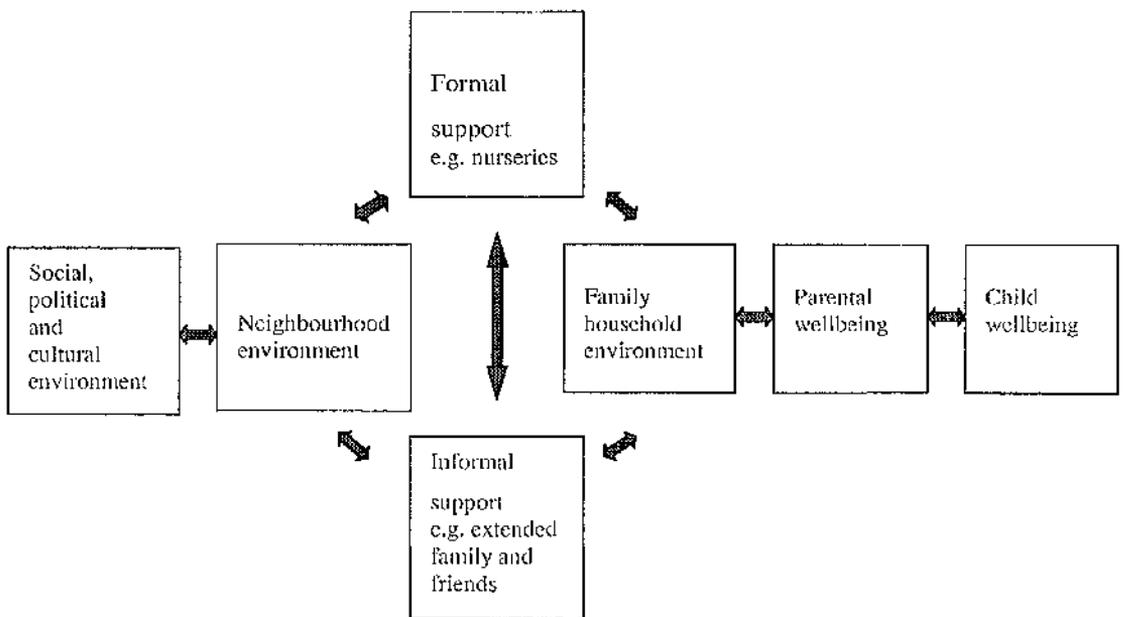


Fig. 4.1 Pathway of inter-related influences on family wellbeing

### **Stress, coping and social support**

A number of studies have shown an inter-connection between children's emotional and behavioural problems and strain on parents and family. Social support can potentially contribute to effective practical and emotion-based coping strategies to manage some of the stresses. Friends, relatives and early years' provision can each

provide a range of opportunities for formal and informal support that may help parents cope, improve family wellbeing and quality of life, yet little is known about how these aspects of formal and informal support inter-relate.

Two models of how stress, coping and social support are inter-related have been most prominent, according to Krahn (1993). In the first model support is seen as working primarily in the presence of high stress to buffer against negative consequences (stress-buffering). The second model envisions support as directly enhancing health and wellbeing (direct-effect) regardless of the level of stress. In this study it was originally anticipated that a direct relationship between the level of stress and the extent of available support directly and indirectly resulting from using a nursery might be observed.

Brannen and Moss, (1991) identified two main strands to research on the concepts of social support and social networks:

- an *anthropological/sociological* tradition that emphasised the importance of social ties and the density, reciprocity etc. of relationships between network members.
- a *social psychology* tradition primarily concerned with the effects of social ties on emotional and psychological states and the effect to which support mediates the effects of stress or challenging life events.

The latter perspective was most influential to the design of this study. The experience of stress related to parenting is a very individual experience and it was thought that a self-report measure of a parent's perceptions could be used. This would reflect the individual's appraisal of the stress and of their personal coping abilities and provide a baseline from which to measure change over the period of the study. A standardised measure of general wellbeing would add to an assessment of the effectiveness of coping strategies and also facilitate comparisons over time.

### **Research and evaluation of early years' provision and family support services**

In the USA much of the evaluation of pre-school provision resulted from an expansion of federally funded pre-school services (Head Start) in the late '60s. This

was part of a concerted national strategy to increase the ability of children to be more successful in their later school years as a way of compensating for the poverty and deprivation of their environment at home. Developmental psychologists were largely responsible for planning and evaluation, using standardised instruments, such as IQ tests to demonstrate changes in children that were attributable to the effects of the provision (Zigler and Muenchow, 1992).

Evidence for the benefits of preschool program effects in the USA comes from a range of longitudinal studies including individual ones, reviews and meta-analyses from a number of studies and collaboratively conducted research. Schweinhart et al. (1993) classified these as either *intensive* studies of single sites with strong internal validity with limited generalisability, such as the Perry Pre-school project in Ypsilanti, Michigan, or *extensive* studies with multiple sites and quasi-experimental designs. These studies had larger samples, were more able to be generalised but had weaker internal validity. He argued that both types of design were necessary and complementary.

One of the conclusions reached from reviews of such studies was the importance of programme quality to effectiveness, including a strong partnership role for parents. The positivistic approach of the US studies influenced design of this study including the desirability of using standardised measures and seeking information about parents as well as children.

Evaluation of family support programmes in the USA also grew out of a similar positivistic, psychological tradition that initially relied heavily on child outcome measures (Upshur, 1988). More recently the aims and evaluations of family support provision have expanded to include potential outcomes related to the child, parent, parent-child, and/or informal and formal supports to reflect the ecological perspectives taken in practice (Jacobs, 1988). These areas of interest were also influential in the design of this study.

In contrast to studies in the USA on preschool provision, research in the UK has largely been based on small-scale, quasi-experimental studies with mixed interpretations of the results. There have also been a small number of larger scale

studies comparing the input and outcomes such as educational advantages for children who attended preschool of one form or another with those who did not (Osborn and Milbank, 1987). In recent years analysis of the availability of levels and access to provision has been influenced by growing concern with the comparison between UK social policy and other European nations, particularly with respect to debates on social inclusion and equal opportunities. Other recent research has focused on the meaning of the availability and quality of provision, illustrated by specific features of the care and education environment for children (e.g. Moss and Melhuish, 1991).

Also relevant were studies of family centres that emerged in the UK. These have largely been based on description and analysis of features of services such as the relationships between users and centres; the range of social groups using the centre; views of social deviance; professional orientation of staff and the origins of the centre (Canaan, 1992). A number of such studies were used to help build a framework for the interviews with head teachers and respondents to select and collect relevant information on the functions and use of provision that served to differentiate one form from another. Topics included, for example, primary functions, staffing, admission processes, participation of parents and support roles.

A further general influence derived from research and evaluation of social welfare services for various client groups in the UK. Various approaches have given prominence to the use of consumers' views; attainment of organisational goals; independent professional and expert evaluations to measure progress and contrasting features of services (Hill et al., 1996; Cheetham et al., 1992). Respecting, valuing and listening to the views of users of services are fundamental tenets of social work practice and this perspective was influential to the design of this study. It emphasised the importance of involving and listening to the users of services through interviewing. Interviews could have been undertaken with the children, parents or other significant family members who regularly used the nurseries. It was decided to interview the primary carer, usually the mother, as one of the most practically straightforward ways of collecting the breadth of information that was required and since the focus of the study was on parents' support needs. The assessment of children's wellbeing was important, however, and in this context relied heavily upon

the knowledge and experience of nursery and health professionals, using standardised measures, to complement the views of parents.

Gender was also a consideration in the design of the study since women, as mothers, are primarily responsible for childcare and the home and make up the majority of staff in early years' provision (Popay et al., 1998). Targeting the primary caretaker as the respondent meant that the focus of the study was on women. Women are also the main providers and recipients of care and support with social support systems that differ markedly from those of men and fathers (Belle, 1991) indicating that a collection of data from both parents would be desirable. This could provide insight into the processes underlying the roles of mothers and fathers and the way gender roles in the family inter-act with those in mainly female-run nurseries. A decision was reached, however, to target only the primary carer for interview due to the scale of the project and the practical difficulties that would be raised.

Public opinion and research on the extent and availability of various types of early years' provision are embedded in cultural attitudes towards the family and particularly the role of women as mothers. This has generally resulted in a large body of research growing out of a focus on psychological aspects of the dyadic relationships between mothers and children, such as attachment theory (See Chapter Three). This is mirrored in this study also since practical constraints have resulted in an emphasis on the mother-child relationship as an important aspect of family wellbeing.

#### **4.3 Research questions**

All of the above topics have expansive literatures separately, but little attention has been given to how they combine. This gave rise to the main research aim of this study:

- To assess how early years' centres and informal support interacted to affect family wellbeing.

A number of related secondary questions were raised. The healthy development of children and wellbeing of families is under greatest pressure in communities that experience social and economic disadvantage.

- What are the features of these neighbourhoods and how are they perceived by those who live in them?

In urban areas where families are under the widest range of personal and environmental pressures, public sector childcare and education provision, if available, was most likely. The most common types of provision were education nurseries (nursery schools or classes), social work nurseries (day nurseries or client-focussed family centres) and neighbourhood family centres. These were distinguishable in part, by the breadth and emphasis placed on child-centred or parent-centred functions and objectives.

- What are the features of these nurseries and family centres in this neighbourhood and how are they perceived?
- What were the differences in the characteristics, personal and economic resources of families who used this provision?

The use of all of types of provision may have the indirect effect of improving informal social support, regardless of centre function, by enhancing social networks through bringing parents together at the same time, or enabling them to meet when delivering or collecting children.

- What were the structural characteristics of parents' support networks and how did these change over the course of the year?
- How did the type of centre they used affect the development of support networks?

The use of early years' provision is likely to have positively contributed to parental support, helping parents cope more effectively with stress and as a consequence improve family wellbeing.

- Did using provision influence parenting stress and family wellbeing, and if so were there any differences in impact between types of nurseries and family centres?

This objective was further broken down to address the following points:

- What was the extent of parenting stress and wellbeing at the start of the study and after using provision for a period?
- Were changes in parental wellbeing reflected in the development and wellbeing of children?
- Were differences and changes in the wellbeing and circumstances of families related to the type of centre they used?

The availability of social support is related to family wellbeing.

- Which dimensions of social networks and support were most influential in reducing risks to parental wellbeing?

A further objective of the study was to contribute to debates about quality in early years' provision and the inclusion of parent as well as child-centred criteria in the nursery environment.

- Did parents consider the provision of support an appropriate function and responsibility for all types of provision?
- If so, which features of early years' provision could best promote family support?

These research questions and the theoretical context gave rise to a number of important study design features and subsequent influences on sampling, methods and analysis.

#### **4.4 Research design**

There were three key features of the design to emerge:

- A predominantly quantitative approach
- Multiple methods and sources
- Longitudinal

##### **Quantitative approach**

At the early stages of this study a largely quantitative longitudinal design was envisaged to compare the impact over time of three types of provision on parents' support networks and family wellbeing. This required an "objective" approach on the part of the researcher and a sufficient sample size to enable statistically significant differences between groups of families to be established. The use of particular types of provision, family characteristics such as household size, composition, income and parental educational attainment and employment could be collected as independent variables and their relationship to dependent variables such as stress and wellbeing examined. Validated, reliable, standardised measures were to be used to establish base line indicators of parenting stress, family wellbeing and the structure of support networks and to demonstrate longitudinal changes in stress and wellbeing and to explore the relationship, if any, of social support to these changes. A standardised measure of the nursery environment (Harms and Clifford, 1980) was to be used to examine whether the extent to which the function of providing childcare differed from one type of nursery to another and would enable differences of this sort to be taken into account in analysis.

At the same time as seeking to understand inter-relationships between relevant variables, the researcher's personal and professional experience and ecological approach also favoured giving attention to process. Standardised measures were to be supplemented by information from qualitative responses to open-ended questions in semi-structured interviews with parents and staff. This would contextualise data and provided some insight into the support processes and their relationships to other factors and give direction to the analysis of quantitative data.

It was therefore planned that a mixed method design be implemented although reaching a comfortable balance between a quantitative and exploratory approach was difficult in practice and tensions remained throughout. At times a balance was lead by unanticipated practical limitations arising from the design rather than the reverse. For example, ratings of the nursery environment were undertaken in all social work and education nurseries using a validated, reliable standardised instrument found to be of value in recent local and national evaluative studies of early years' provision (Wilkinson et al., 1993; Wilkinson and Stephen, 1994). It was, however, soon apparent that this instrument was not appropriate for use in the selected family centres which made childcare available for brief periods with relatively small numbers of the same children present on a regular basis. It was decided to exclude all information derived from the nursery environment rating scale from the analysis as the omission of ratings from one type of facility out of three severely restricted its appropriateness in this study. Instead the obvious functional and organisational differences were described on the basis of observation and interviews with heads of centres and parents. These are tabulated in Chapter Five.

Some unanticipated factors in sampling also had an impact on the design and encouraged a move towards a more exploratory approach. Ideally, in a quantitative design the most appropriate sampling strategy would of sufficient size and scope to minimise the number of extraneous factors that could account for changes in individuals and groups, including differences arising from variations in quality of childcare. This would be important as a means of seeking any causal links between the type of centre parents used and changes in stress and wellbeing.

As the implementation of the study progressed it became increasingly apparent that a simple evaluative design was not wholly appropriate for the topic under consideration in a small-scale study of this kind. Tensions grew between a perceived need for objectivity to minimise bias and awareness of the complexity of the links between families, the type of centre they used and the formal and informal relationships they developed. A gradual shift from an initial emphasis on a positivistic evaluation of three types of provision evolved as the study progressed

moving closer towards an exploratory study of the inter-relationships between support, wellbeing and early years' provision.

### **Multiple methods**

It was thought that interviews with parents would provide a foundation for addressing the main research aim including information on their formal and informal social support systems as a way of highlighting the interconnections between settings. This provided first hand information on their related perceptions. However, these interviews, as a single method, were viewed as insufficient to provide all the information required. For example, data on the neighbourhood in which the centres were situated and families lived provided important contextual information. Collation of national and local demographic information was used to help inform the study. Interviews with staff were also envisaged to add their perspective and a review of publications on centre policies and practice was undertaken. Standardised, validated measures of positive change in families (child and parent) and improved coping were used to provide specific indicators to enable comparisons between individuals, families and groups. Further indicators of change came from information given by parents on social support structures. Assessments of the child's wellbeing were made from three different perspectives, including the parent, keyworker and a health visitor using standardised measures. It was therefore an important feature of the design that a combination of measures and perspectives were used as a means of *triangulation*. This also highlighted the complexity of the issues being explored and in common with a study on the outcomes of social work intervention on a group of young people it was apparent that:

*" a multiple approach can reveal inconsistencies and even contradictions, but that reflects reality more accurately than a single measure". (Hill et al. 1996: 260)*

### **Longitudinal**

Harman and Brim (1980) noted that change in parents who experienced support services took between one and two years and recommended that programmes be

judged effective only if improvements in children as well as adults were documented. In this study, therefore, it was decided to collect longitudinal information on families. This was collected at two time points, approximately one year apart as a means of demonstrating changes in parenting stress, social networks and child development. The decision to include two stages made necessary a smaller size of sample families than a single survey, while as noted above, this also reduced the capacity of the study to yield significant statistical findings.

#### **4.5 Sampling strategy**

A sampling strategy within an ecological perspective acknowledged the political and organisational contexts and gave consideration to the characteristics of the neighbourhoods, nurseries and families as potential sources of information for the study.

##### **Organisational context: the selection of neighbourhoods**

It was outlined earlier that the location of the study was constrained by professional and practical concerns that focussed attention on areas identified by the local authority as 'multiply deprived'. Therefore, the study was conducted on the outskirts of the city of Dundee (population 166,000 in 1992), then a part of Tayside Region. In addition it was important to gather information on the potential community context or exosystem in which families eligible to use early years' provision lived.

Indices and measures of deprivation have been developed to assist in policy-making and the allocation of resources (Carley, 1981). Public bodies, including the Scottish Office, developed systems of measurement based on census data collected from individual households to develop systems of identifying areas that were socially and economically disadvantaged. This resulted in an index comprising twelve, weighted factors. In addition, households were classified in terms of multiple deprivation on the basis of the presence within the household of six indicators of:

- Unemployment of head of household.
- Low socio-economic group of head of household.

- Overcrowded household.
- Large family – four or more dependent children.
- Single parent household.
- All elderly household.

On the basis of 1981 census information, Dundee city was ranked as the seventh (from 41) most deprived district in Scotland with 24% of households considered to be multiply deprived (Carstairs and Morris, 1991).

It was decided to locate the study in this area to the north of Dundee city due to the range of resources located in close proximity to each other and the concerns of policy-makers. Information on the demography of the area was based on 1991 census information and population projections analysed by TRC (Galbraith, 1994).

Key statistical information from this source as well as the range and location of all forms of early years group care within the geographical boundaries of the research area (approximately two square miles) are illustrated in a map (Figure 4.2). Chapter Five gives further description of the area and the geographical divide that splits it into two adjacent neighbourhoods (North and South).

Conceptual definitions of key concepts were outlined earlier and concern will now focus on operational definitions used in the research to further enable objectives to be examined.

### **The early years' provision: nurseries and family centres**

Debate continues amongst those involved in early years' policy and practice about the most appropriate name for group provision for children under school age and is reflected in the literature (Jackson, 1993). A variety of these terms are consequently used throughout this thesis.

Although there was apparently a wide variety of early years' facilities in the research area, not all provided childcare for under fives. It was decided to examine only provision funded by the key public agencies (social work, education and health services) working with young families in this locality. The origins, organisations and emphases placed on the provision of group care for under fives in the study differed

## EARLY YEARS CENTRES

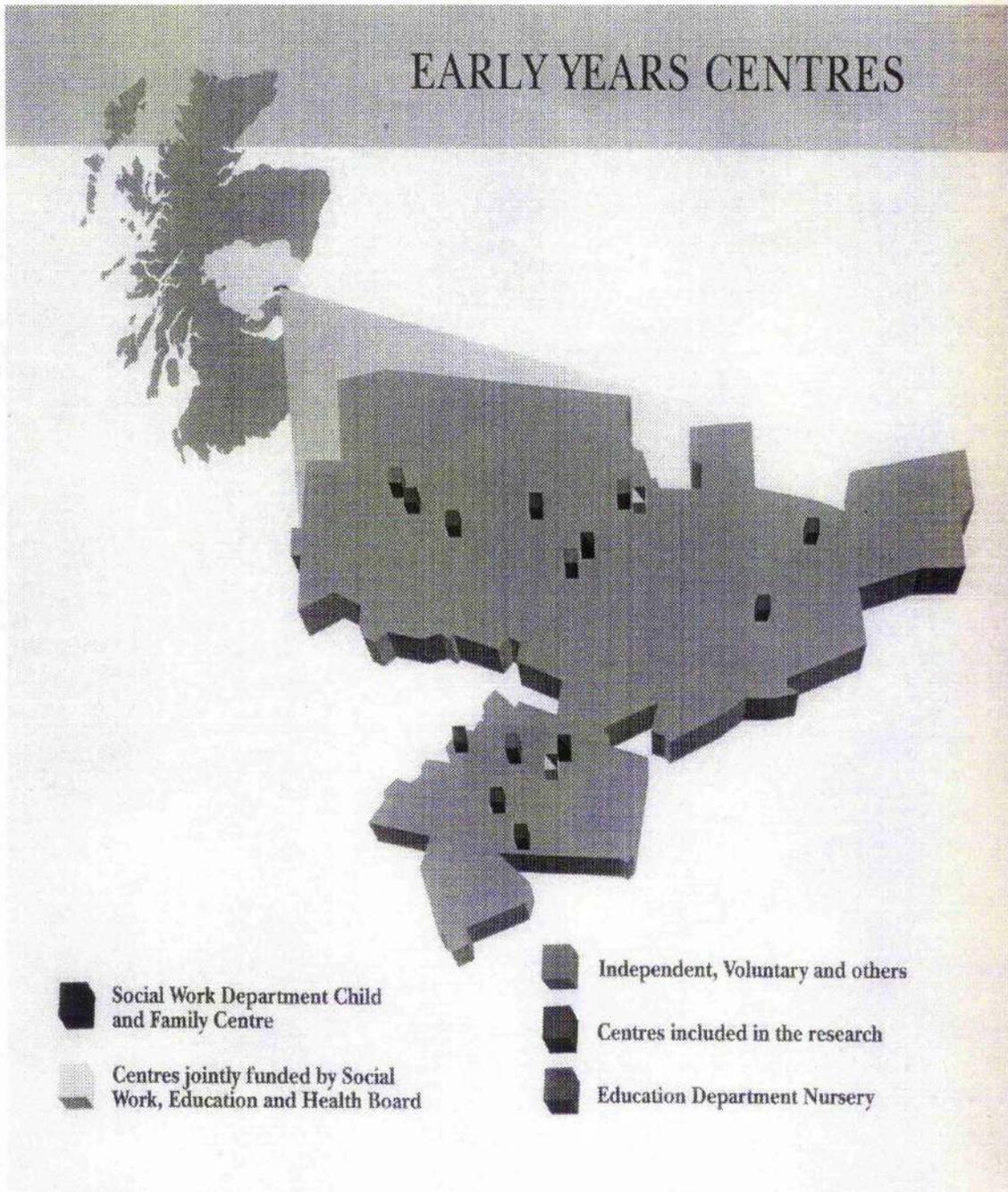


Figure 4.2 Map of area in which research was conducted.

but all were physically accessible, well established and known locally to many residents. The units were broadly similar in function and organisation to many others elsewhere in the country. It was thought that there may be some value in looking more closely at their operation in a single neighbourhood while recognising limitations of the generalisability of any results. It was also important that a positive attitude was held by staff towards participation in the study to assist with practical arrangements for interviews and therefore improve response rates. Community nurseries run by voluntary groups also provided a number of childcare places in the area but as they were at experimental stages of development and independently funded they were not included.

Following discussion with lead local authority providers, three types of units (i.e. day nurseries, nursery school/classes and family centres) were chosen as they were broadly representative of childcare that had evolved due to specific policy strands in early years' provision. This was evident in the contrasting emphases given by each service to different functional components (See Chapter One - history). One of each of the three types of establishments was selected in both North and South neighbourhoods, giving six units in total involved in the research:

- **Two education nursery school/classes (nurseries)** with an emphasis on early learning.
- **Two social work nurseries** with an emphasis on family support and childcare.
- **Two family centres** with an emphasis on family support and community.

The locations of establishments are shown in Figure 4.2. The family centres were most similar to the neighbourhood centre model described in Chapter One and the social work nurseries were most similar to client-focused family centres, however, the term, nursery rather than family centre was retained in this study. Further differences between the types of provision are discussed in Chapter Five.

Familiarity with each centre was built up through visiting, meeting and talking informally with staff, parents and children who used provision and was further informed by my current and previous work roles and responsibilities. Interviews with the head of each unit provided data on nursery aims and objectives, funding, staffing levels, training and professional background, sickness levels and staff turnover, admissions policy and practice, management structures, services and activities, parental involvement and support. Similar areas were covered in interviews with parents who used services and provided information on choice, access, parental participation and the ages, gender, ethnicity and attendance patterns of children. In Chapter Five an account is given of the neighbourhoods and nurseries included in the study.

### **Respondents**

A purposive sampling strategy was initially planned which aimed to involve all families with children aged two to three years who attended one of the selected nurseries or family centres for the first time. A matched control group of eligible families was to be found from the neighbourhood who did not use any form of provision to enable comparisons to be made. The longitudinal design meant that four year old children were excluded as they were likely to have prior attendance at provision and would not be available at the time of follow-up since a calendar year was used to measure change rather than a shorter academic year. It was thought that a total sample size of around 120 made up equally of groups of 30 eligible families who used one of the three types of nursery and a control group would be of a sufficient size to enable statistical analysis to be appropriate (Weiss and Jacobs, 1988).

It soon became apparent that compromises and challenges were arising from the original sampling strategy. Practical difficulties soon emerged. These arose partly because the functional differences between units meant that family centres had more informal arrangements with parents and attendance was more irregular. The voluntary nature of attendance meant that it was not possible to accurately identify new families and less likely that there was an influx of families at the beginning of the school year. It was also noted that the numbers of eligible children varied from

one establishment to another. In addition, although the response rates overall were comparably high across all types of units, the rates were inequitably distributed between individual establishments (See tables 4.1 and 4.2 below). It had been intended to include a group of families who did not use any form of provision as a control group but there were potential problems in identifying these families, encouraging participation and then sustaining contact. It was also thought that even if this was achieved it was improbable that such families would remain non-users for the duration of the study. Although it was possible that health visitors might be able to identify suitable families, given the other sampling problems, it was highly likely that the benefits would be outweighed by the additional time and resources required to pursue families.

A decision was also reached at this time to interview only one respondent per family due to resource constraints. It was thought that the primary carer, usually the mother, would be most readily accessible and likely to have responsibility for the development of links between the home and nursery. This decision limited opportunities for exploring the support links and roles of fathers and extended family members and narrowed the gender and family focus primarily to the mothers' wellbeing and support networks, mother-child relationships and links with the nurseries.

The head of each unit drew up a list of the names and addresses of all families who met the criteria from their registers of enrolled children. Letters addressed to parent(s) were issued describing the aims and value of the study and to outline confidentiality policy. A description was included of the potential demands arising from involvement affecting the primary carer, the child and staff. Permission for co-operation and participation was sought. Response to this was requested in a tear off slip attached to the letter. A member of the nursery staff made personalised approach to the individual primary carer, on behalf of the researcher. This was considered to be the most potentially effective way to achieve a speedy, willing and larger response rate. The main caregiver, usually the mother, was given the letter by the member of staff, who was briefed to respond to any initial queries and facilitate arrangements for interviews and children's developmental assessments.

In total 85 primary caregivers from a potential population of 116 eligible centre users participated at the start of the study and 71 were followed up a year later. On both occasions, respondents were interviewed and they completed questionnaires on parenting stress, general health and social support. In addition, the development of their child was assessed. By the time of follow-up, there was a loss of 14 families due to attrition while 13 of those remaining had changed their use from one nursery to another. In certain parts of the analysis this group are excluded. This is stated where applicable.

### **Response rates**

#### **Start**

The response rate for the whole sample was 73%. Response rates at the start of the study varied between particular establishments from 42% at an education nursery to 88% in a social work nursery (Table 4.1). Since two units represented each type of provision, those with lower response rates were compensated by higher rates in their partner unit. This gave a narrower range of response rates between types of provision from 68% in education nurseries and family centres to 78% in social work nurseries (Table 4.2). Variations in response rates related to the relative size of the units, the numbers of children who met the sampling criteria as well as variations in the availability and commitment of staff to engage parents in the study.

#### **Follow-up**

At follow-up, 14 families were unavailable for participation for various reasons. At the start and at follow-up, the sample was evenly distributed between North and South neighbourhoods, increasing slightly from 51% in the North to 57% at follow-up.

Table 4.1 Distribution of respondents and response rates across units.

<b>Nursery/family centre</b>	<b>Administration</b>	<b>No. of respondents</b>	<b>Response rate (%)</b>
<b>A</b>	Social work	16	66.6
<b>B</b>	Social Work	29	87.9
<b>C</b>	Education	18	81.2
<b>D</b>	Education	5	41.7
<b>E</b>	Multi-agency	9	81.8
<b>F</b>	Multi-agency	8	57.1
<b>All</b>		<b>85</b>	<b>73.3</b>

Table 4.2 Distribution of respondents and response rates across types of provision.

<b>Nursery /family centre</b>	<b>No. of respondents</b>	<b>Population</b>	<b>Response rate (%)</b>
Social work	45	57	78.9
<b>Education</b>	23	34	67.6
<b>Family centre</b>	17	25	68
<b>All</b>	85	116	73.3

**Distribution of respondents:**

There were wider differences in the sample as a result of the numbers participating from each type of nursery or family centre at the start and at follow-up. In addition to sample attrition, 13 families had moved (referred to as “changers”, Table 4.3) from one nursery to another in the course of the year, reducing further the numbers of those who had remained in the same establishment to 58 respondents. Table 4.3 showed that over half of all respondents used social work nurseries at the start of the study and the remainder used either education nurseries or family centres. By the time of follow-up, the balance had changed. A smaller percentage attended social work nurseries (31%) and only a small percentage (11%) of family centre users

remained. A possible number of reasons accounted for the high attrition rates in family centres. Personnel changes in the centres and middle-management had taken place in the intervening year and attitudes towards participation in the study were viewed with some caution and suspicion by staff who may have felt less secure than the year before. In addition regeneration of the neighbourhoods was underway and large numbers of families were decanted and vacant properties increased. The informal, accessible aspect of family centres appeared to be more affected by changes in the population and general instability of the neighbourhood than the nurseries. The families that moved from one centre to another made up 18% of the follow-up sample. The distribution of the sample, absence of a control group and attrition had implications for design and analysis, reducing the appropriateness of a quantitative, evaluative design and highlighting the exploratory nature of the study and the need to shift the balance to reflect this in analysis.

Table 4.3 Distribution of respondents by use of nursery or family centre.

Type of nursery/family centre attended	% sample at start of study (total n = 85)	% sample at follow-up (total n = 71)
<b>Social work</b> (n=45)	53	44
<b>Education</b> (n=23)	27	27
<b>Family centre</b> (n=17)	17	8
<b>'Changers'</b> (n=13)	NA <sup>1</sup>	18

<sup>1</sup> Not Applicable

#### 4.6 Data sources: primary carers, children, and heads of units.

##### 4.6.1 Data gathering from heads of nurseries and family centres.

In addition to informal contacts and meetings with staff and families to explain the purposes and processes involved in the study, I interviewed the head of each establishment on an individual basis. The aim was to help contextualise the study by obtaining factual information about the running of the unit and increase understanding of the function of the centre and its role in parental support. This part of the study took place in the first few weeks and involved one interview with each

of the six heads, lasting approximately one and a half hours. Interviews were semi-structured, mostly comprising open-ended questions. The topics covered included:

- Aims and objectives of the nursery or family centre.
- Admissions.
- Management and funding.
- Parental involvement and support.
- Differences in function between this centre and other local ones.

#### **4.6.2 Data gathering from primary carers: parents (mothers)**

Data were collected from parents, all but four were mothers, to establish household characteristics, views of the nurseries or family centre, assess the availability of parent's social support, stress and wellbeing. This involved four separate assessment instruments.

#### **Interviews**

To enable the maximum number of interviews to be completed in the time available, I was assisted with the interviewing task by three others who were appropriately knowledgeable, skilled and trained by me during the course of the pilot study. Supplementary assistance with interviewing was also required at follow-up. Regular briefing sessions between interviewers were held to manage progress and promote consistency. No statistical tests of inter-interviewer reliability were conducted although considerable effort was made to ensure consistency in practice and technique. Interviewers had no prior knowledge of families before meeting them other than basic identification. Families were allocated on a random basis, at start and follow-up, to interviewers and all interviewers worked across all settings.

Respondents were given the option of an interview in the home or nursery and all preferred to do this in the nursery or family centre they used. This was easier to organise, less intrusive and consistent across families. The location in the nursery may have helped focus attention on the nursery and their relationships to it. It may be speculated that this may have resulted in stronger responses about the nursery and

weaker recall of support networks outside it. The location of the interview will most likely have influenced the interview to some extent although this will have been dependant on the individual and circumstances. Some parents would have been more relaxed in one setting than another. The home environment will be a relevant aspect to have included in the study. This was considered at an early stage of the design but would have added too much to the resource and time implications of the study.

A confidential area was reserved in each location for interview purposes. Arrangements with respondents were made through nursery staff. The interviewer aimed to make the meetings reasonably informal. Interviews lasted approximately an hour and a half. Respondents were asked to complete two self-report questionnaires (GHQ and PSI/SF - see below) prior to the start of the interview. Assistance was given with this, if requested, as well as the provision of information on their child's assessment process.

The interview was standardised and semi-structured to include a number of closed and open-ended questions to elicit quantitative and qualitative information (see Appendix). Verbatim responses to open-ended questions were recorded on the interview schedules. The nature of questions related to key areas identified in literature on day care, early education and family support (Pugh and De'Ath, 1984; Pugh, et al., 1987; Holman, 1988; Weiss and Jacobs, 1988; Gibbons, 1990; Meisels and Shonkoff, 1990; Watt, 1990). The schedule was also developed from issues raised by staff and parents during and after earlier local studies (Kirk, 1989; Kirk, 1990b) and following a pilot study outlined below. The interview comprised six sub-sections:

- Family, household and neighbourhood.
- Nursery or family centre functions, patterns of use and involvement.
- Social network.
- Social support network (ASSIS - see below).
- Potential for social support linked to nurseries or family centre.
- Contact with other agencies.

## Assessing social support networks

### **Arizona Social Support Interview Schedule (ASSIS).**

The potential benefits and costs of support were outlined in the previous chapter but conceptualisation and measurement of support needed to be clarified for operationalisation to enable a closer examination of links between the formal and informal sources and direct and indirect support. In a review of studies, Kessler (1990) looked at some methodological considerations in assessing support and adjusting to stress, arguing clearly that the perception of the availability of support and not the receipt of support were associated with emotional adjustment to stress.

A review of support concepts and standardised measures (Cleary, 1988) used in a number of family support projects in the USA highlighted the need to assess support along more than one dimension. In this study the rationale behind assessing support was to see whether the structure of social support changed over the course of the year in which families used early years' provision. Many researchers have spent a considerable amount of time and effort developing measures of social support. Despite this, it is not clear whether highly sophisticated scales are any more useful in understanding support effects than some of the simpler techniques that assess the existence or quantity of social relationships (House and Krahn, 1984).

Given the exploratory stage of the development of the construct of social support it was thought appropriate and most time-effective to incorporate a measure into the study that had already been used reliably elsewhere. The Arizona Social Support Interview Schedule, used in a recent UK study on family support (Gibbons, 1990) offered the advantages of enabling comparisons between results and gave some confidence of applicability in the UK. The measure was appropriate as a means of assessing perceived access to sources of social support and the extent of isolation as well as conflict within support networks. It did not include any information on the size of, or relationships within, the wider social network although analysis would enable some more general aspects such as gender of the support provider and relationship to respondent as well as perceived need and use of available support.

It therefore appeared to include a reasonably wide range of measurable options for

analysis. At follow-up the measure was repeated with additional open-ended questions to ask respondents whether each type of support was influenced by use of the nursery.

The Arizona Social Support Interview Schedule (ASSIS) identifies network members through a series of questions to elicit sources of specific types of support and conflict. ASSIS was developed by Barrera (1981, 1985) and Barrera et al., (1981) in the USA but had the advantage of being amended and used by Gibbons et al. (1990) in a study of family support and prevention in the UK. The amended version was incorporated as a sub-section of the parent interview schedule in this study (pp 15-21, see Appendix).

The support network was defined as comprising individuals to whom the respondent turned when help was needed. The ASSIS asked parents to identify those to whom they would turn for different types of support (with reference to the previous four weeks). In addition, respondents were asked to identify individuals who were sources of conflict. An indication of the quality of support was given by asking about the extent of need for support and satisfaction with it. A number of hypothetical support situations were outlined, including:

- Emotional support e.g. talking about personal worries.
- Material support e.g. borrowing money.
- Advice.
- Positive feedback e.g. receiving a compliment.
- Help with children.
- Other practical support e.g. transportation.
- Social e.g. going to the pub with someone.

### **Assessing parenting stress and wellbeing**

As a means of gauging how well parents were coping, two standardised and validated measures were used for the assessment of the extent of overall parenting stress (Parenting Stress Index) and parental wellbeing (General Health Questionnaire).

### **Parenting Stress Index (PSI/SF)**

A standardised measure was used to gauge the presence and severity of stress related to the parenting role (See Appendix). The measure was derived from a theoretical model of the paths of influence on parenting behaviours and child outcomes, including attachment theory, child and parent characteristic and social support. Abidin (1983) developed a measure of parenting stress from his theoretical model, the Parenting Stress Index (PSI) in 1978 in the USA. Concurrent and predictive validity has been demonstrated with a shortened version of the PSI (PSI/SF) (Abidin, 1990) used in this study. The short form has been reported to correlate closely with the full-length version. Reliability has been shown to be high over a six-month period. Although developed in the USA, it has been used in various UK child development studies (e.g. Golombok et al., 1995, 1997). The measure reflected the view that the degree of stress was a function of three domains:

- Parental distress (pd).
- Difficulties in the relationship between the parent and child (p-c).
- Child characteristics that made her/him difficult to manage (dc).

Using a five point Likert scale, parents were asked to select the extent to which they agreed or disagreed with a series of negatively framed statements corresponding to each dimension. The *parental distress* (pd) domain aimed to assess the extent of the parent's feelings of self-worth and included items on parental depression, social isolation, restrictions on role arising from being a parent and the marital relationship e.g. *"Having a child has caused more problems than I expected in my relationship with my spouse."* The parent-child relationship domain (p-c) focused on the parent's perception that his/her child did not meet parental expectations and that interactions did not affirm competency in the parenting role. This domain included such items as *"I expected to have closer and warmer feelings for my child than I do and this bothers me"*. In the child dimension (dc), statements were made about the child's temperament or learned behaviour that made them easier or more difficult to manage e.g. *"My child seems to cry or fuss more often than most children"*.

The scores for each domain were added to give a total stress score for each respondent. Abidin (1990:19) identified a threshold of 90 + (score level of 90<sup>th</sup> percentile) as a total stress score indicative of a parent experiencing clinically significant levels of stress.

### **Wellbeing: General Health Questionnaire (GHQ12).**

Parents were asked to complete a short form of the General Health Questionnaire (GHQ 12), (Goldberg, 1978) to indicate experience of recent symptoms of anxiety or psychological distress (see Appendix). It is a brief, simple questionnaire, developed in the UK and used in a number of studies with demonstrated reliability and validity (Goldberg and Williams, 1988). It is not sensitive to chronic, long-term conditions because changes over the past few weeks were identified rather than those that may have been present over a period of months or years. The questionnaire comprised 12 items concerning general symptoms e.g. *"Have you recently lost much sleep over worry?"* and *"Have you recently been losing confidence in yourself?"* The respondent is asked to say whether these feelings have changed in the recent past by underlining one of four responses, ranging from *"Not at all"* to *"Much more than usual"*. In this study the GHQ scoring system was adopted, giving one point to a response that indicated the presence of a problem. A score of zero was given to all other responses. Total scores ranged from zero to twelve. Various thresholds have been used in studies depending on the purposes of use and characteristics of the sample.

A further measure of parental wellbeing used in this study was based on scores from the parental distress domain in the Parenting Stress Index (PSI/SF-dp). This differed from the GHQ12 because it measured distress related especially to parenting rather than more general distress. Component stresses associated with this sub-scale were: impaired sense of parenting competence; stresses associated with the child's other parent; lack of social support; stresses associated with restrictions placed on other life roles; and presence of depression. A score of 36 or above indicated that there should be further investigation to see if this score represents the peak elevation among the three sub-scales and whether there should be further investigation of the individual's personal adjustment (Abidin, 1990: 19-20).

#### **4.6.3 Information about children: children's wellbeing**

In addition to information on the child's age, health and shared care arrangements obtained from the parent interview, further data on the child's development and behaviour were collected as an indication of child wellbeing. This was based on information from two developmental assessments (Pre-School Behaviour Checklist (PBCL) and Schedule of Growing Skills) and scores from the difficult child domain from the Parenting Stress Index (PSI/SF-dc). This provided three separate perceptions of the child since individuals with a different relationship to the child completed each response measure.

#### **Children's behaviour and development**

##### **Keyworker's view of the child.**

The Pre-School Behaviour Checklist (PBCL), (see Appendix), was designed to help staff working with children in nurseries and group day care to identify children with emotional and behavioural difficulties. The measure has been found to be valid, reliable (McGuire and Richman, 1988) and has been used in a number of studies including two Scottish evaluative studies of nurseries in Strathclyde (Wilkinson et al., 1993) and Tayside (Wilkinson and Stephen, 1994). The 22-item checklist enabled staff to rate a range of behaviours, indicating the severity of any problems. Each item instructed a choice from a selection of three or four alternatives, for example:

*Seems to be liked by other children.*

Or.

*Not liked by other children.*

Or.

*Most children seem not to like her/him.*

*Frequently very difficult to manage or control;  
problems (defiant, disobedient, interrupts during  
group activities) almost every day.*

Or.

*Sometimes defiant, disobedient, interrupts during group time, or difficult to manage.*

Or.

*Easy to manage and control.*

The PBCL yielded a score for each child with a cut-off threshold of 12 and above, indicating that the child had a degree of social and emotional difficulties warranting concern and special attention. In this study, PBCL scores were used to indicate individual difficulties and also to give a measure of the extent of children with such problems in each type of nursery or family centre.

The PBCL was administered by the child's keyworker at the start of the project and again at follow-up. This meant that a number of different personnel in each setting were responsible for completion and some further changes between the start and follow-up. Although all staff were trained to use the PBCL, this may not have been as extensive as required particularly in social work nurseries where there were more personnel involved. This was indicated from low response rates at follow-up and some feedback from some staff who found it difficult to integrate into their work with the children. Almost all children (94%) were assessed using the PBCL at the start but at follow-up this had fallen to 66%, mainly due to time constraints on staff distributed across all units. This reduction in completed assessments has to be borne in mind when interpreting results.

#### **Health visitor's view of the child.**

A health visitor was designated by the Health Board to participate in the study by undertaking a developmental assessment for each child based on a widely used reliable and validated assessment process, the *Schedule of Growing Skills (SGS)*. The screening procedure covered areas including self-care, inter-active and social skills; speech, hearing and language; visual, manipulative and locomotor skills and posture development (Bellman and Cash, 1987). The health visitor was qualified and highly experienced in assessing babies and infants and was familiar with the measure. Although a considerable amount of information could be yielded from her assessment, it was decided that it should be used only to indicate whether or not the

child had any developmental delay. This decision reflected the complexity and time-consuming nature of the process that often entailed home visits and resulted in a reduced number of participants and no follow-up data. In the course of the study 61 children were assessed.

### **Parent's view of the child**

A further assessment of children's wellbeing used in this study was based on scores from the difficult child domain in the Parenting Stress Index (PSI/SF-dc), completed by the parent. High scores of 36 and above in relation to children two years of age and older were related to measures of child-behavioural adjustment and to behavioural-symptom checklists. In such families parents were typically experiencing difficulty in managing the child's behaviour in terms of setting limits and gaining the child's co-operation to the extent that professional assistance was warranted (Abidin, 1990: 21-22).

### **4.6.4 Data gathering at follow-up.**

At follow-up, one calendar year after the initial study began, all parent/carer respondents who had participated previously were contacted personally by staff and by mail to invite them to arrange another interview. This commenced about a month after the start of a new academic year in the Autumn. Interviews were facilitated by nursery staff as before and took place in the nurseries. From 85 families at the start, a follow-up group of 71 was obtained. The data collected at this time included:

- Standardised, structured interview with the same respondent as before. The schedule closely matched the format and questions of the original although additional questions on household, social network and support changes were asked. The ASSIS was supplemented to ask whether respondents thought the nursery or family centre had influenced particular types of support or conflict. For example,

*“ Has the need, or frequency to talk to people about personal and private things changed because of the*

*centre? YES or NO. If YES, in what way?"*

*"Have any unpleasant disagreements resulted from using the centre? YES or NO. If YES, what were they about, with whom?"*

- Parenting Stress Index (PSI/SF).
- General Health Questionnaire (GHQ 12).
- Children's social and emotional development (PBCL).

#### **4.7 Pilot study**

A pilot study was conducted in two social work nurseries (excluded from the final study) and a family centre, run by the voluntary sector. An education nursery was not available for inclusion in the pilot study. Instead, the views of education personnel on the appropriateness of the interview, the measures and practical concerns were subject to approval and discussion with the Nursery Adviser and a nursery headteacher who ran one of the education nurseries to be included in the study.

The purpose of this was primarily to develop the interview schedule, coding systems, test questionnaires, identify practical issues in setting up and holding interviews or methodological problems and train potential interviewers. Little attention to analysis was given at this point beyond ensuring that the instruments were designed to provide responses appropriate to the research questions in a way that could be coded meaningfully. Prompts for open-ended questions needed to be developed appropriately to give sufficient response to be recorded verbatim by the interviewer.

The pilot study included the use of a draft structured interview schedule that incorporated the ASSIS, and the use of self-report standardised questionnaires (GHQ, PSI) with ten primary carers (mothers) of children who attended the nurseries in the pilot. The children's development and behaviour was assessed by keyworkers in the nurseries using the PBCL and the nursery environment was assessed using Harms and Clifford (1980) schedule.

Following the pilot study, the interview schedule was revised to omit some questions, simplify others and minimise ambiguity in wording. The ASSIS was received well and included in the final schedule without amendment. The GHQ was viewed as simple to understand and quick to administer. Despite reservations about the negative wording of many of the items on the PSI and the use of Americanisms in some items, it was fully endorsed as easy to administer and was readily understood, even by those with limited literacy skills. Two members of staff (nursery nurses) used the PBCL and although they commented on the negativity of some items they did not have strong concerns and found the measure easy to administer and potentially useful as a tool in the workplace. Inter-rating reliability scores were not conducted since the staff using the measure would all be qualified and trained in child development. Considerable time and resources were used in training personnel to assess the nursery environment using an outside consultant. Two individuals who had qualifications and experience in running nurseries and family centres were to assess the nursery environment in the pilot and full-scale study. Inter-rating reliability scores were conducted and found to be of an acceptably high level.

The pilot study served to confirm the system of identifying eligible families, the selection of measures and to identify the practical systems required for interviewing to take place. The measures and interviews were viewed as appropriate to obtain a wide range of the relevant data for analysis from a similar group of respondents. The pilot enabled amendment of the interview schedule with no obvious omissions noted. Due to limitations in the scope of the pilot, however, difficulties with the use of the nursery environment rating scale in family centres were not apparent. Similarly, sampling problems were not observed, possibly because the family centre included in the pilot had a more extensive daycare component than those that were included in the study.

#### **4.9 Analysis and presentation of findings**

Data files were prepared for analysis using Statistical Package for the Social Sciences (SPSS) (Norusis, 1993). Interview responses and standardised measures

(ASSIS, PSI/SF, GHQ, PBCL, SGS) provided by a parent and child, who lived in a single household, formed the unit (case) for a file of 85 cases at initial analysis. A subsequent data file (71 cases) was prepared including corresponding data at follow-up as well as any additional information obtained from extra questions. Relevant aspects of interpretation of scoring systems for PSI/SF, GHQ, PBCL and SGS measures have already been given above. Data from the standardised interviews with parents at the start and follow-up comprised a high percentage of pre-coded, closed questions. The majority of open-ended questions were coded by the author following identification of key themes and entered into the data-base for each case to enable further analysis using SPSS (Norusis, 1993). The verbatim responses were also copied into separate files to ensure accessibility of the responses from individuals, groups and the total sample.

Analysis from the social support network measure, ASSIS, involved counting and adding individuals identified as sources of each type of support or conflict as well as analysis by gender, relationship to respondent, formal or informal source (See Chapter Seven). To determine the extent of need for support, respondents were given a score of 1 to 3 (least to most) according to their response for each category of support. An individual total was obtained by adding scores. A similar method was used to quantify the satisfaction of individuals with support, using the appropriate responses from the ASSIS.

Frequencies and percentages were used to outline the characteristics and structures of households, nursery use and involvement, social networks, social support networks and contact with other agencies. Then bivariate analysis was undertaken and where relevant multivariate. Cross-tabulations, using chi-square, were used to compare frequencies for significant differences between nominal variables, such as type of centre used or household structure. Cramer's V was used as a measure of association between nominal variables when one was not dichotomous. Changes over time were examined using a t-test (interval variables, normally distributed) or a Wilcoxon sign test (ordinal variables or non-parametric) (See Chapters Five, Six, Seven, Eight). Means were used to summarise data and group differences examined using regression techniques of one way analysis of variance in social support

(Chapters Seven and Nine) and parenting stress and wellbeing (Chapter Eight). Confidence levels were 95% unless otherwise stated. Statistical significances will be shown in the results as either less than 0.05 or 0.01 whenever that level or above was reached. It was realised that sample size or composition may have contributed to lack of statistical significance and therefore relationships between variables could not be ruled out when statistical significance was not achieved.

Pearson product moment correlation matrices were used to establish relations and measure strength between support, stress and wellbeing (Chapter Eight and Nine). Partial correlation coefficient tables were produced to examine the influence of social support on stress and wellbeing (Chapter Nine).

A range of factors limited the appropriateness of some statistical methods to analysis. These factors included the unique nature of individual's experiences, inequality in the distribution of respondents between types of nurseries, attrition and movement from one nursery to another. Depending on the nature of statistical comparisons being made, sample sizes were adjusted to exclude some groups, where appropriate, and noted in the text and the table.

The qualitative material drawn from the files of verbatim responses to open-ended questions were of considerable importance to the analysis and presentation of findings as the study developed its exploratory nature. It was possible to examine the individual's responses to all interview questions beside their scores from the self-report measures and their child's PBCL. This helped to develop a paper profile of respondents, their families, social networks and supports, their links with the nursery and how these changed from start to follow-up. These personal profiles were created for all respondents to help develop a clearer understanding of the issues, interconnections and families who had participated. A number of the profiles provided detail which supplemented quantitative findings to illuminate processes and interconnections. The selection of individuals and quotes to be featured in the thesis and quotes were made on a number of bases:

- the *representativeness* of views or experience as a member of a particular group, such as a user of a family centre in the North or South neighbourhood;

- as illustration of the *range of views*;
- to demonstrate *diversity in the sample* giving rise to featuring one of only three men in the sample in Chapter Six;
- to add *depth*;
- give indication of *the complexity of underlying processes*;
- to illustrate *individuality* and the *personal* nature of experiences;
- to help illustrate *connections* between personal and group experiences.

Profiles of individuals were prominently used in Chapters Six, Seven, Eight and Nine and quotes from a range of parents were used throughout the presentation of findings.

Qualitative responses were particularly important in the analysis of respondents' perceptions and explanations of support processes and views on important organisational features that promoted the development of formal and informal support in nurseries and family centres.

#### **4.9 Limitations and strengths of study design**

There were a number of design factors that added strength to the study but also placed limitations on the generalisability of findings and the need to be tentative when drawing conclusions. These mainly derived from professional and personal constraints on experience, time and resources, the selection of an ecological design and the application of a primarily quantitative approach.

##### **Professional and personal constraints**

Account was taken of the political and organisational context of the study by involving key agencies and personnel therefore the profile of early years' provision was raised making results more likely to be accessible and influential to policy makers and attract more resources if this need was identified. On the other hand, this approach gave a higher priority to the concerns of senior management for specific types of information to be collected. Despite attempts to involve staff, families and use literature to define the topic under investigation, the design, focus and therefore

the potential outcomes of the study may have been more likely to reflect the perspectives of professionals and politicians than those of the users of services.

My personal and professional experiences in raising a family and working locally helped provided insight and empathy for families and basic grade childcare staff living in the neighbourhood. My interest as a manager was generally perceived positively by staff and parents as recognition of their value and as an opportunity to influence policy, although it was a precondition that I had open and trusting relationships with staff. My role in the organisation made access to resources, managerial co-operation, families and information relatively straightforward. As a part-time doctoral student and full time employee, the proximity of the study to my place of work meant ready access to sites and speedy resolution of practical or methodological problems and more opportunity to be visible and spend time on the study.

On the negative side, these advantages had to be weighed against a number of potential criticisms and weaknesses that they brought to the design. My organisational responsibilities brought a particular bias and subjective perspective to the study that needs to be taken into account when drawing conclusions. Attempts to compensate for this were made by building distinctions between my role in the organisation and my role of researcher. I was relatively more powerful in a number of ways than the staff and the respondents who were involved and this will have introduced a dynamic that would effect findings in some way. The organisation and practical constraints placed on the geographical location, neighbourhood and sites used in the study limited the ability to generalise findings and compounded problems related to professional-researcher boundaries.

### **Ecological design**

An ecological perspective has the advantage of conceptually integrating diverse theories and methods from a range of studies on child development, stress, coping, social support, risk and resilience. It acknowledges the importance of context but allows focus to be narrowed for the purposes of research. However, it equally

implies that qualifications must be placed on conclusions due to the influence of external factors and inter-relationships between them.

Ecological perspectives embrace the use of a range of sources and methods to help develop a more multi-faceted picture of reality and a longitudinal approach to help demonstrate change and the inter-actional quality of relationships. This may more closely approximate to the complexity and contradictions that can be part of everyday life. The use of multiple methods allowed for some flexibility in the way the study developed and in analysis. It also enabled triangulation of some aspects and could strengthen internal validity. However, a very broad range of information sources expands practical and methodological demands making the study more complex to administer.

### **Primarily quantitative approach**

Positivist, quantitative methodologies tend to be used by those who believe that scientific method can reveal a single verifiable reality and seek causal links between one factor and another, established by statistical relationship. Qualitative methods emphasise detail and depth of understanding and the processes that underlie relationships. In their most extreme forms these perspectives are mutually exclusive, however, it has also been recognised that in the social sciences a combination of the two enables both perspectives to make equally important and complimentary contribution to the development of knowledge (Rubin and Babbie, 1997). In this study the balance of effort was placed on examining quantitative relationships and the use of standardised measures as a means of doing so. This created ongoing tension between accepting an ecological perspective and positivistic methodologies because extraneous factors were acknowledged as dynamic contributors to outcomes (Shipman, 1988). This resulted in making compromises to reach a comfortable resolution.

A quantitative approach meant that particular attention had to be given to elements of design that would meet the requirements of statistical analysis, such as sampling, the operationalisation and selection of valid, reliable measures and attempts to be objective within the boundaries already outlined. Any limitations in this regard

would have the effect of reducing the ability to draw generalisable or causative conclusions from the findings and increase a need for caution in their interpretation.

The diverse range of literature was helpful in unravelling the complexity of some of the relevant concepts and constructs such as social support, highlighting some of the challenges underlying operationalisation and giving focus to the selection of measures. The standardised measures selected in this study had been found to be reliable and valid in a variety of settings and thereby enabled the views of every individual user to be expressed at the same time as making wider comparison possible.

Respondents in the pilot study were comfortable with self-report questionnaires and completed them quickly and accurately indicating that they were efficient ways of collecting information in a non-intrusive way. The number of measures used was restricted to minimise demands on respondents and criticisms and omissions in those selected could be made. For example, Kessler (1990) noted that selective recall in self-report measures of social support may operate to neglect some of the most important types of support that are taken for granted yet most effective and least damaging to self-esteem. He also argued that support providers as well as recipients should be included in studies of support. This was considered in this study but would have expanded the scale of the study and potential sources beyond practical limits.

#### **4.10 Ethical considerations**

It is acknowledged that research is not a neutral activity with numerous personal and political implications. It may not always be possible to fully satisfy all ethical concerns but it is important that these should be considered in the design and implementation of all studies. The rights and dignity of those who have participated should be fully respected and attempts made to provide feedback on progress and results arising from the efforts of families and staff. Key ethical issues given consideration are outlined below.

### **Informed consent and confidentiality of respondents**

In this study, informed consent was sought from respondents prior to participation at the start and follow-up. The purposes of the study were outlined and assurances of confidentiality and anonymity given in an introductory letter and at the start of each interview. A confidential coding system that protected identity was used on schedules and questionnaires. Privacy of parents was respected in the manner and location of interviews and in the dissemination of any information they provided.

Although the neighbourhoods, nurseries and family centres are not named in the thesis, the map used to illustrate the proximity and density of provision makes the city evident and the facilities easily identified. However, as two of each type of provision was included, reference is usually made to the type of provision rather than to individual establishments. Attempts have been made throughout the thesis to protect individual identities and names of respondents and staff.

### **Children's health and development**

Assessments of children were shared with parents and where the assessment by the health visitor in the study indicated developmental delay, parents were advised and their permission sought to pass this information to their own health visitor. The questionnaires used to measure parenting stress and wellbeing were used in the context of research rather than clinical assessment and no definitive conclusions about specific health problems were appropriate.

### **Power imbalances between researcher and centre staff and families**

A number of compromises in the design were reached in an attempt to enhance the development of early years' services. This was based on the belief that such services could improve quality of life and family wellbeing. It is acknowledged, however, that by giving priority to the concerns of those in positions of power, the methods used in this study may contribute to the exclusion of poor women to debate and discussion about their lives and a perception that they are social problems awaiting solution.

Survey methods/positivism can be considered as hierarchical and exploitative of more disadvantaged people who are often the main subjects of the study and further,

it denies the subjective influence and value of an author's own personal experiences and beliefs (Finch, 1991). Similar criticisms about the abuse of power have been made about the exclusion of poor people from the development of academic discourse and policymaking of direct relevance to their lives (Holman, 1994; Croft and Beresford, 1995). Although the survey method has been subject to wider criticism, not only from feminists, for pseudo-objectivity (Cicourel, 1964), it can also have value in highlighting some of the complexities and challenges in women's lives. For example, Ferri and Smith (1996) illustrated many of the changes and demands of parenting in the 1990s, based on large-scale survey data. Despite acknowledgement of the importance of this perspective to extending knowledge and giving due respect to those with less power, there is a place for a variety of methods that can complement one another in the development of an understanding of the human experience.

#### **4.11 Summary and conclusions**

A primary aim for undertaking this research was to seek evidence of the value of supporting parents through childcare and education provision, especially those who are socially and economically disadvantaged. Social support may intervene to mediate or moderate stress and enhance parents' coping abilities, children's resilience and reduce risks to family wellbeing. Personal and professional experiences as a parent and manager of early years' provision provided insight into many of the challenges of parenting as well as the rewards and the formal and informal support that early years' provision can provide and promote.

A largely positivistic approach to the evaluation of pre-school education for disadvantaged children in the USA highlighted the importance of a wide range of factors, including the involvement of parents, upon developmental outcomes for children. In the UK, studies of inputs and quality in early years' provision have also shown a need to include parent-centred, as well as child centred, objectives when planning and providing these services. An holistic view of children's wellbeing includes the support of parents as an indicator of quality in early years' provision.

Family centres in the UK have been seen to have a unique role in providing flexible, accessible support to young families, but knowledge about their relation to other forms of support is limited by a lack of documented field studies and evaluation (Holman, 1988). Little is known about the differences between users of different types of provision or their experiences of support.

A range of important influences effected the decision to apply an ecological design to the study. These included personal and professional insights and concerns; acknowledgement of the organisational context in which I was employed; reviews of previous research on stress, coping, social support; and evaluations of pre-school provision and family support. An ecological framework was used to examine the inter-relationships between formal and informal support networks related to the use of provision and its' impact on family wellbeing. This perspective enables the conceptual integration of diverse research studies, methods and results and acknowledges the importance of the wider social, political and community contexts to human development. A largely quantitative approach was used as a means of seeking differences between individuals and groups that might indicate the value of different approaches to support characteristic of the centres in the study.

The approach required the collection of a wide range of data from a number of sources, including the neighbourhood, nurseries and families. The focus of the study was narrowed to concentrate upon the inter-relationship between two key microsystems in the child's life – the family and the nursery. This included an examination of the links between these settings arising from parents' formal and informal support networks (mesosystem) and the nature of changes as families continued to develop use of provision. There were three main types of public provision locally available; nursery schools/classes, social work nurseries and family centres. It was therefore decided appropriate to collect and contrast information from the users of each and to examine changes in support and wellbeing longitudinally. Interviewing parents was viewed as an efficient way of collecting a broad range of the information including family and household characteristics, perceptions of the neighbourhood and nursery, social networks and the use of formal and informal support. In addition to quantitative information, the interviews

included open-ended questions that could help provide qualitative data giving insight into support processes and interconnections.

A purposive sampling strategy was planned to recruit eligible families from the registers of six centres (two of each type) located in the same neighbourhood. It was originally intended that a control group of children who did not use any form of early years' provision also be included. However, this proved impracticable within the resources available to the study, further influencing a shift towards exploration rather than causation. A single respondent, the primary carer, usually the mother was targeted for interview. In addition parents' stress and wellbeing was assessed using standardised self-report measures (PSI, GHQ) that were sufficiently valid and reliable to enable comparisons with other groups of parents to be made. Information about their children's wellbeing was triangulated to facilitate internal validation by collecting data on this from three sources, including the parent, keyworker (PBCL) and developmental screening by a health visitor.

A pilot study was conducted to assess the suitability of interview questions and measures, to train interviewers and highlight practical difficulties. Following revision of the interview schedule, 85 families were involved with 71 remaining at follow-up. This took place one year later, when the survey was repeated, using a similar schedule and repeat self-completion questionnaires. At the same time children were developmentally assessed, using one of the standardised measures applied earlier.

The quantitative data were analysed, using SPSS (Norusis, 1993), to compare changes in family wellbeing and stress levels over time and, where appropriate, grouped to enable contrasts to be made between those who used one of three types of provision, location and by household structure. Qualitative data was used to develop personal profiles and quotes used in the presentation of findings to illustrate the diversity and individuality of family circumstances, to illuminate processes and highlight the relevance of formal and informal support and early years' provision to their lives.

The primarily quantitative approach helped to develop a framework that enabled comparisons between individuals and groups to be made using validated instruments. However, this placed a number of demands on the design, including those related to sample size, composition and controls, that could not be fully met within this study, making causative conclusions inappropriate. The ecological perspective, however, encouraged a shift in focus towards an exploration of the inter-relationships of formal and informal support and highlighted the influence of extraneous factors on the development of support.

### 5.1 Introduction

*"The nursery is just a wee bit down the road so it is handy. I've got to know some of the other parents, just by dropping Ashley off and picking her up. If I'm really stuck there are people I could ask now. The nursery has some things for the parents too and I might go now and then. It depends what's going on. It has made a big difference to Ashley though. What a difference! She has fairly come on. She gets to do things that she can't do at home like painting and playing with other kids her own age."*

Early years' services, like nurseries and family centres, are multi-functional. They provide direct child-oriented experiences that can enhance the child's development and attainment in the short and long term (Schweinhart et al., 1993), and also provide a focal point for parents to meet others living close by. Parents are likely to share with each other many common experiences as well as many of the practical and emotional challenges and solutions arising from raising young children (Moss and Penn, 1996). A nursery or family centre can be a catalyst for directly and indirectly extending the number and range of relationships in the lives of parents and children. They are critical parts of the child's microsystem, helping build skills, support and develop knowledge that enhance the child and parent's wellbeing and quality of life (Bronfenbrenner, 1979; Holman, 1988; Cochran et al., 1990). In turn, improvements of this kind affect parenting abilities and can increase the potential range of positive, enriching influences on the child's development (Pugh and Smith, 1994; Zigler et al. 1996). (See also Chapters Two and Three)

Benefits to the wider community arising from early years' provision have been demonstrated in economic and social terms. The cost effectiveness of high quality early years group care has been convincingly argued by Barnett, (1993). It was calculated that savings to the taxpayer, over a 25 year period, of \$7 for every \$1

invested, resulted from providing places for 'at risk' African-American children in a high quality (High/Scope) pre-school programme. These savings accrued through reduced needs for a wide range of health, welfare and policing services and improved educational and employment prospects. Underlying processes were not clear. Various theories were promoted, including improved self-efficacy of the children, the attention given to the children made them 'special' in the neighbourhood (Schweinhart et al., 1993) or the positive influences on parents and the home environment arising from their involvement (Emens et al., 1996). Family support in these early years has been credited with improving the quality of life and wellbeing of disadvantaged children and their families in a variety of ways (Zigler et al., 1996).

People adopt different strategies towards coping with stress and adapting to life changes. Childcare is usually a key element, providing practical help, but is often more than this. Claims of the potential benefits from quality provision, particularly in disadvantaged areas, are so great that it was thought worthwhile to investigate this further. This chapter sets the context of the study by outlining the differences between the types of establishments to be investigated, the child populations they serve and the neighbourhoods in which the nurseries and family centres are located.

It will be sub-divided into the following sections:

- **The neighbourhoods.**
- **The nurseries and family centres.**
- **The children.**
- **Summary.**

## **5.2 The neighbourhoods**

*"...where jobs are scarce-to-absent and having a wean while still a wean is as common as a Dundee pie."*

## Demographics

This was one of the ways the Scotsman newspaper (Rougvic, 1998a, 1998b) used to describe one of the neighbourhoods in which the study was located in articles entitled "*Where teens have weans and dads are rarely seen*" and "*The city where one in two is born illegitimate*". The article highlighted findings from a newly published report by the Registrar General on birth patterns in Scotland that showed over half of the births in Dundee in 1996 to be outside marriage in comparison to 35% in the rest of the country. Of those births, 50% were to teenage mothers, compared to 41.7% in other areas of the country. Health and welfare specialists, attributed birth patterns in Dundee, to poor social circumstances and local culture, particularly in peripheral housing schemes. The article went on to imply that a proliferation of childcare services meant that "*caring for the kids of single parents has almost become a cottage industry*". Some journalistic license was taken with the style and emphasis that was placed upon some facts and speculation. The outlying neighbourhoods of Dundee, like many others on the periphery of some of the larger Scottish towns and cities, had few amenities and limited public transport. Social problems were compounded and generated by housing poor families, often headed by lone or unemployed parents, away from the city centre in such localities. The populations were often relatively young with high numbers of young children (Fuller and Stevenson, 1983). Average weekly household income (gross) for Scottish families has increased slowly over recent years, but remains substantially lower, at £306.46, than the UK average. Furthermore, the Family Expenditure Survey showed that in 1992 over 29% of Scottish households had a gross weekly income of less than £130 per week. It was estimated that 38% of children in Scotland were living in poverty (below national average household income). In January 1994, according to official Department of Employment figures, 11.2% of the Scottish population was unemployed. In Dundee as a whole, this was 11.9%. It can be assumed that poverty in the research area was even more extreme (Galbraith, 1994).

In 1991 (GRO, 1993) there was an estimated five and a half million people in Scotland, 166,000 in Dundee and 18,000 in the research area. This area comprised

six enumeration districts including two that were ranked by the Scottish Office (Martin, 1995,) as amongst the very worst 10% of the most severely deprived areas in Scotland. The kinds of indicators that were used included rates of unemployment, low income, low educational attainment, overcrowding, children under five, single parents, not owning amenities or a car (See Chapter Four). These factors of socio-economic disadvantage, combined to make residents at greater at risk of experiencing a number of adverse outcomes. For example, poor parent-child relations, child abuse and neglect (Garbarino and Crouter, 1978; Garbarino, 1990), poorer health (Acheson, 1998), maternal depression (Sheppard, 1997), psychopathology (Rutter, 1994), involvement in crime and delinquency (Emens et al., 1996). The relationship is not causal but it is hypothesised that the additional stresses of coping with access to fewer resources can challenge even the most resilient of individuals (Young and Gately, 1988).

According to the latest national Census in 1991, the percentage of households with one or more dependent children in Dundee was 27% (Scotland average 30%). In the neighbourhoods in which the nurseries under investigation were located, there were dependent children resident in 39% of all households. Over 18% of children (aged up to four years) in Scotland were brought up in lone parent households in 1991 (CSO, 1993). In Dundee this proportion was almost 27% or one child in every four.

The concentration of lone parent households in the research neighbourhoods was even higher at 35%. Few had cars (15%). The 1991 census included a question on ethnicity for the first time. The population in Dundee included 2% of persons of ethnic minority origin. In the location of the research area this fell to 0.6%.

### **Perceptions of the neighbourhoods**

Statistics present one image of a neighbourhood but the views of those living there adds a further dimension and depth. Photographic images can also help to convey sense of daily life, although these too are subjective and highly selective, depending on the purpose to which they will be applied. Figures 5.1, (lower section) were photographs taken in the area at the time of the study, accompanied by comments from respondents. Photographs show locations within walking distance of each other with local shops, including a number with boarded windows, derelict and

renovated housing, contrasting play areas and a newly opened local authority housing department sub-office.

Respondents' perceptions of their neighbourhoods were gauged by asking them what they thought were good and bad points about it and whether they would move to another area if they could. General ambivalence about the area was apparent in parents' comments on either the social environment (e.g. "*Gangs roam the street at night and I'm frightened to go out in the dark*") and/or physical environment (e.g. "*The house is good, it's easy to heat and we have our own garden. The shops are handy and there is a phone box near there too.*"). Views were fairly equally divided between negative and positive points. Neighbours were mentioned more often (one comment in every four) than anything else, indicating the importance they had in people's everyday lives. Again, views were relatively equally mixed on whether neighbours contributed positively to the parent's lives (e.g. "*Good, friendly neighbours*") or were a source of antagonism and stress (e.g. "*The noise from the upstairs flat is awful. They have this dog that barks and growls away and the woman downstairs shouts all the time!*"). Amongst the negative aspects mentioned fairly frequently by parents living in different parts of the neighbourhood were drunks, drugs, gangs, vandalism and packs of dogs. In contrast, the same area was as often described as, "*quiet*" with "*good neighbours*", by other residents. About 50% of respondents said they would move if they could but equally, the rest were happy living there. These mixed views, often extreme at times, were found not to be linked to particular respondents in one neighbourhood or to users of one type of nursery or family centre. Instead, it highlights the disparity between individual's experiences and perceptions of the same geographical locality (approximately three square miles) and the inherent difficulty of *objectively* defining and (often inappropriately) passing judgement on other's quality of life.

### **The neighbourhoods: North and South divide**

The map in Figure 4.1 highlighted the approximate location and shape of the area in which all families in the study lived, including the location of all group care early years provision in the public, private and voluntary sectors. Organised domestic care

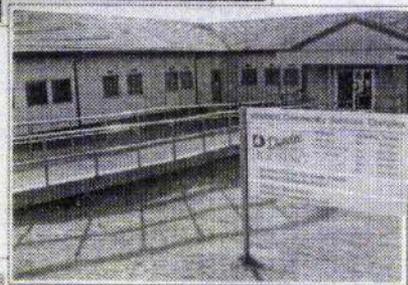
## THE FAMILY IN THE COMMUNITY



"Everything they do helps the children to learn. It encourages them to mix."

"Mothers can get together, meet new friends."

"Provides support for parents."



"There is vandalism, drunks and drugs, poor shops and no post office."

"I've got nice neighbours. It's a quiet area and its on a bus route."

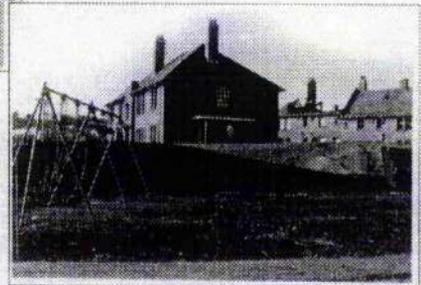


Figure 5.1 The family in community.

such as childminders; nannies and any informal arrangements were excluded. The area lies to the north of Dundee City and fell into two almost separate neighbourhoods, divided by a main road. The term 'neighbourhood' has been used to refer to a local residential area rather than 'community' which is a more complex term, often used to describe a geographical community and/or interest group (Wilmott, 1986). Each neighbourhood had its' own schools and small, local shops but shared some public transport routes and a supermarket that was situated at the boundary between the two areas.

The area farthest to the north, Farfield (North neighbourhood), was newly developed and built in countryside, in the late 1960s to re-house '*problem*' families from the decaying inner city. It had few amenities, was located about four miles from the city centre with poor and costly public transport. Houses had design faults that resulted in dampness. Farfield did not become a thriving, established community and despite the belated injection of funds from voluntary organisations, churches and urban aid from central government, it continued to be stigmatised and an undesirable place to live with vacant, boarded-up and vandalised property. In 1990, along with a very few other areas in Scotland, it acquired special, experimental status and became eligible for additional European and central government funding for social and economic regeneration. This included a plan to diversify population through encouraging mixed and innovative forms of public and private home ownership, as well as community participation in planning, renovating and rebuilding entire streets and new facilities. This process was ongoing for the duration of the study. It is shown in the next chapter (six) that some of the policy objectives in the North neighbourhood were being attained, in that there was an increased social and economic mix with higher numbers of home-owners. Although housing and economic policy changes were taking place locally and the study was longitudinal, these did not appear to be sufficiently disruptive to make marked influence on aspects such as attrition or household composition (See Chapter Four on Design and Methodology).

In contrast, the South neighbourhood, Midtown, was built in the 1950s. Buildings were substantial terrace and semi-detached family homes with gardens and open play

areas. It was closer to the city centre but had not been built to incorporate many amenities or shops. Lack of subsequent investment in house repairs and renovation in combination with housing policies that placed growing numbers of single-parent, unemployed and anti-social tenants in deteriorating houses resulted in a neighbourhood that was now designated by local and central government as multiply deprived (See Chapter Four). Packs of dogs and bored teenagers spent time in the play areas, contributing to widely held perceptions of the area as unsafe. The North and South neighbourhoods adjoined geographically although their characters differed and did not receive the same level of investment in planning and resources.

### **Early years provision in North and South neighbourhoods.**

Early years' provision in North and South neighbourhoods was predominantly public sector group care, as commonly found elsewhere in socially and economically disadvantaged areas in Scotland (See Chapters One and Ten). Traditional, unmanaged market forces were apparently ineffective in responding to the needs of children whose parents had only sufficient income to meet the most basic of human needs. Due to local government policies that prioritised new child and family centre development in areas of multiple deprivation as well as on the basis of population (TRC, 1987), Farfield and Midtown had higher levels of early years' provision than most other areas in the Region (TRC, 1993).

There were 18 establishments in the area providing full and part-time group day care and education to young children. These comprised three local authority primary schools, four nursery schools/classes, three out-of-school clubs, two playgroups, two social work nurseries, two multi-disciplinary family centres and two community nurseries. These facilities provided the equivalent of 254 full-time childcare places for 1,650 children under five years of age resident in the area. Full-time places were rarely available and organisational variations in operation and cost made it difficult to be conclusive about the actual availability of childcare for 16% of under fives. Sixteen registered childminders operated in the study location although none were located in the South and very few children, if any, attended any of the childminders.

### 5.3 The nurseries and family centres

As already described in Chapter Four, for the purposes of this study, one of each of three types of local authority funded nurseries or family centres was selected in both North and South neighbourhoods, giving six units in total involved in the research:

- **Education nursery school/classes** with an emphasis on early learning.
- **Social work nurseries** with an emphasis on family welfare and childcare.
- **Family centres** with an emphasis on family support and community development.

All establishments shared the common goal of providing group care for children under five years of age, living locally. Each type of nursery or family centre went about this in different ways as evidenced in policy documents, observation and comments from staff and parents. These variations were shown in Table 5.1. They fell into four main categories comprising *primary function, physical and material resources, accessibility and orientation towards parents*.

#### **Parents' perceptions of the primary function of nurseries.**

Perceptions of the main goals and objectives of services are often diffuse and tend to differ between those who use services and those who provide them (Smith and Cantley, 1984). Early years' provision is no exception (Kirk, 1989) and therefore, while recognising this, it is parents' views that are given priority in this section.

*"The centre helps my child to learn to speak and with her education. It lets her meet other children, more than she would if we didn't come here because we live in a multi. We meet other parents, talk and chat about things and feel better after it – feel more reassured in yourself."*

Table 5.1 Differences between types of provision.

Features of provision	Family centre	Social work nursery	Education nursery
<b>Primary function</b>	<ul style="list-style-type: none"> <li>Family support and neighbourhood development</li> </ul>	<ul style="list-style-type: none"> <li>Daycare for under fives and family support</li> </ul>	<ul style="list-style-type: none"> <li>Early learning</li> </ul>
<b>Physical and material resources</b>	<ul style="list-style-type: none"> <li>Shared, adapted premises</li> <li>Multi-agency funding and steering group (grew out of Urban Aid grant)</li> <li>Multi-disciplinary staff group</li> </ul>	<ul style="list-style-type: none"> <li>Purpose-built, allocated space for children of different ages and parents</li> <li>Social work funded and managed</li> <li>Social work qualified and trained staff group</li> </ul>	<ul style="list-style-type: none"> <li>Purpose-built open plan</li> <li>Education funded and managed</li> <li>Education qualified and trained staff group</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>Open admission to families resident in neighbourhood</li> <li>No charge.</li> <li>Full time equivalent places for 2% (0-4yrs.)</li> <li>Part-time places - open all year, 5 day (9am – 5pm), 2 evenings a week</li> </ul>	<ul style="list-style-type: none"> <li>Open admission and professional referral.</li> <li>Admissions panel</li> <li>Means tested charges.</li> <li>Full-time equivalent places for 6% (0-4yrs.)</li> <li>Full and part-time places – open all year, 5 day week (8am to 6pm)</li> </ul>	<ul style="list-style-type: none"> <li>Open admission to all children aged 3 and 4</li> <li>Headteacher decides on admissions</li> <li>No charge.</li> <li>Full-time equivalent places for 7% (0-4yrs.)</li> <li>Full and part-time places - school term time only (9am – 3pm)</li> </ul>
<b>Orientation towards parents</b>	<ul style="list-style-type: none"> <li>Personalised, informal, neighbourhood orientation</li> <li>Voluntary participation but essential to activities</li> <li>Most parents participate in wide range of adult and child activities</li> </ul>	<ul style="list-style-type: none"> <li>Individualised, problem-oriented</li> <li>Compulsory participation for a few parents but not majority</li> <li>Around half of parents participate in wide range of adult and child activities</li> </ul>	<ul style="list-style-type: none"> <li>Peripheral to operation</li> <li>Voluntary participation in playroom at admission to 'settle children in'</li> <li>Parents involved in fundraising only</li> <li>Parents mainly involved in external support activities.</li> </ul>

A Dundee mother described the impact the local family centre had on the daily life of her family (quoted in Kirk, 1995: 99). It helped her child's development and

supported both parents. To find out about the perceptions held by parents of nursery or family centre functions, each respondent was asked what they saw as the main purpose of the establishment. Responses fell into three main categories. Over half (56.5%) thought the centre had a primary purpose of enhancing the child's social and/or emotional development. For example, it was remarked that:

*"The nursery learns my child to mix with others. It improves her language and she enjoys the nursery."*

(Parent, family centre).

In common with 33% of other parents, a working mother who lived in the same neighbourhood, commented on the practical necessity she had for using the nursery as well as the opportunities it provided for her daughter.

*"I don't think I could manage without the nursery. Mum does help a lot with the kids but she has a part-time job too and she has things to get done, so I would be really stuck without it. I couldn't afford a childminder, even if I could get one. The other thing is that Yvonne really loves going there and gets a lot out of it. She's always bringing home things she's made. She gets to do things that I wouldn't think of or know about."*

A minority (approximately 11%) of respondents described the nursery as primarily about the provision of parental support. Evidently, for some, as the quote from a parent who used a social work nursery illustrated the use of the nursery or centre was an important way to form links into the community, helping to create opportunities to breakdown isolation.

*"To let parents know that they are not on their own. Quite a few single parents use the centre and it is somewhere for them to go. I felt quite alone before. In the house and nowhere to go."*

Variations in perceptions were significantly associated ( $p < 0.01$ ) with the type of nursery attended as shown in Table 5.2. Nearly all of those who used an education

nursery viewed it in terms of their children's needs. There was wider divergence amongst the users of both social work nurseries and family centres. An adult orientation in the family centre was evident with nearly half of the users viewing the centre as primarily about meeting the needs of parents. The other half of the users were divided between those who described the family centre as mainly child-oriented and those who thought it provided services for both parents and children. The users of social work nurseries were nearly equally divided between those who thought it was mainly about providing services for children and those who saw it as aiming to meet the needs of both parents and children.

Table 5.2 Parents attending different types of provision and their perceptions of its primary function/orientation (%).

Type of Nursery		Child-oriented	Parent-oriented	Both parent - and child-oriented	Other
Education	(n=33)	96	0	4	0
Family centre	(n=17)	24	28	48	0
Social work	(n=45)	49	2	40	9

Statistical test of association: Cramer's  $V=0.7$ ;  $p<0.01$

The few parents who were in employment often juggled part-time jobs around nursery hours. Full time places in social work and education nurseries were mainly reserved for families with social problems. Family centre provision may have helped parents indirectly to meet longer-term outcomes such as employment or further education but was unable to do so in the short-term since the hours when childcare was available was insufficient.

As found in many studies of family centres, (Phelan, 1983; Holman, 1983, 1988; De'Ath, 1985; Canaan, 1992; Stones, 1994) many parents also anticipated, and found a great deal of direct and indirect support arising from using a nursery or family centre. Some parents reported increased self-confidence and self-esteem from support and participation in parent's groups in social work nurseries and family

centres. The neighbourhood orientation of one of the family centres was evident, in the establishment of a community flat, lobbying for a local chemist shop or participation in organising and leading parenting workshops; children's play activities or bingo nights. The empowerment felt by one of the mothers involved was evident in her remark:

*"It took a lot of work but we got the use of the flat up the road. We call it Rainbow House. I never thought I could do something like that. It's for the bairns and other families, not just the ones who come here."*

The nature and extent of parental support and the role of the nursery is examined further in Chapter Seven.

### **Access**

Almost all (91%) of the families using the nurseries and family centres lived within a mile of the service centre. It was primarily women (83 out of 85 respondents) who took responsibility for taking their son or daughter to and from the nursery. Almost all respondents (78) walked and a very small number went by bus (3) or car (4).

*"Some referrals do come from other agencies such as the one from Women's Aid which was made recently. Most people come along with friends, neighbours or relatives – have heard about it from someone they know. They don't just come in because they are passing the building."* Manager, family centre.

Parents were asked how they first heard about the nursery or family centre that their child attended. Over half (52.9%) said they had heard about it from a friend or neighbour or passed by on their way to the shops or bus. A substantial group (38.8%) said they heard of it from an official source e.g. health visitor or social worker. The remainder (8.2%) mentioned various other ways. No one heard for the first time about any nursery as a result of information leaflets or open days although these gave opportunities to obtain more information about the place.

The way parents heard about the nursery depended upon whether a family used a particular type of nursery ( $p<0.05$ ) or had an unemployed parent ( $p<0.05$ ). The majority of families using education nurseries (78.3%) and family centres (58.8%) first heard about them by word of mouth from relatives, neighbours or friends. In social work nurseries, the opposite was true with more users (53.3%) having heard about the nursery from official sources (Table 5.3).

### 5.3 Parents' initial source of information about the provision by type of establishment attended (%)

Type of establishment	Informal source	Formal source	Other
Education nursery (n=23)	78	13	9
Family centre (n=17)	59	35	6
Social work nursery (n=45)	38	53	9

Test of association Cramer's V = 0.4;  $p<0.05$

Twice as many of those who heard about their nurseries first from statutory agencies were resident in households in which no adults were in employment (Table 5.4). No statistically significant differences were found by examining either lone parent households or neighbourhoods.

### 5.4 Parents' initial source of information about the provision by households in which at least one parent is in employment (%)

Household status	Informal source	Formal source	Other
Employed adult(s) resident (n=39)	61	26	13
All adults unemployed (n=46)	46	50	4

Chi-square, Pearson= 6.1;  $p<0.05$

### Choice

*"I was very impressed when I visited – the friendliness, the quality of care- the equipment, books*

*and toys and the caring atmosphere. It was near my mum's house too so that was handy*" (Parent: social work nursery).

Most parents took a number of factors into account in shaping their decisions on whether to seek childcare and which kind was most appropriate. Elements in the process included personal values and beliefs about parenting, access and quality. It had been assumed that Farfield and Midtown had relatively high quantities of provision that might enhance parental choice but the statistics on availability shown in Table 5.1 did not appear to support this. This aspect was examined further, parents were asked whether the nursery they were currently using was their first choice and, if so, what the reasons for this might be. The majority (65.8%) said that it was their first choice, giving a variety of reasons. The user of a social work nursery said, "*It was my first choice because it is open more often than other places – during school holidays.*" while another whose child went to an education nursery thought that "*It has a good reputation and it helps the child's progress.*" A mother chose to go to the family centre because "*It is close to home and friendlier because all the family is involved. Parents have to go before children can go on their own so parents aren't neglectful*". Location of the nursery was viewed as a prime influencing factor by 23.5%, in terms of proximity to home, work or a sibling's school. Another mother in the study explained why she used the education nursery for her children and that it were her first, and only, choice of early years provision.

*"I went to this nursery when I was wee and so did my brother and sister. Now my weans and theirs come here. I never thought that they wouldn't come here or if there was anywhere else they could go. I'm quite happy with it. It helps them learn for going to school."*

More than one in four of those interviewed (26 %) did not appear to have exercised any choice in seeking a place at the nursery concerned, depending instead on professional advice or circumstances. "*I was advised by the health visitor to get a place*" or another mother commented that "*I didn't really think about it.*" Most of those who gave similar passive responses were users of social work nurseries and

some ambivalence amongst a few was evident as illustrated by the following comment:

*"I had to come here. There wasn't much choice really. The social worker got me a place so I come here every day with Wayne. I think it's okay. The staff is okay. I suppose it's better than sitting at home all day."* (Parent: social work nursery).

Only a few, (8.2%), said that the nursery they used was not their first choice with comments such as, *"I wanted a full time place in a private nursery"*. No mothers, in this context, explicitly mentioned that provision was low cost/free as a deciding factor, although it has certainly featured in the literature. Inequalities in access made parental choice more myth than reality in this study, as found elsewhere (Bernstock, 1993).

### **Physical and material resources**

The education nurseries were located, funded and staffed by the local education authority. One nursery was situated in a large room in one of the wings of the local primary school. It was a small but well-equipped facility, providing places for 15 full-time equivalent children, aged three and four years, although in practice it provided 30 children with part-time places every weekday, morning or afternoon, during school term-times. It was open from 9am to 3pm with an hour for lunch. A female nursery teacher, supported by a nursery nurse headed the nursery. The funding was on a per capita basis and the establishment ran to full capacity. The other education nursery was based in an open plan, purpose-built building, used exclusively by the nursery. There was no space allocated for parents to meet informally. It was well equipped and bright, operating to maximum capacity of 40 children at any time. There were ten full-time places, available at the discretion of the headteacher and lunch was provided on the premises for these children. The staffing establishment included a part-time cook and ancillary cleaning staff. The funding, hours, ratios (1: 12), gender and qualifications of the staff group as well as the age groups of the children were the same as found in the other education nursery.

The social work nurseries were both located in purpose-built, open-plan buildings close to a local social work office. Mostly qualified nursery nurses staffed them, although one was headed by a male social worker. Each centre had a management team of three comprising a manager and two centre workers with responsibility for work with parents and children, respectively. The staff ratios for work with children were 1:5. The capacity of the nurseries differed with one providing 40 full-time equivalent places and the other 55. Most places were part-week, part-day although full-time places were available and the nurseries were open all-year from 8 a.m. to 6 p.m. There were more two year olds in both centres and few, if any, under this age. There was a room where parents could meet informally in each nursery and a range of organised group activities and outings for parents. There was little flexibility in the budgets and a rolling programme for renovation that was viewed as inadequate for keeping the nursery fully equipped. However, the premises were roomy, bright and cheerful.

The family centres were situated in adapted premises, shared with other services. In one case, the family centre was located in five, spacious rooms (including a kitchen) in the wing of a primary school and the other premises were shared with Health Services who operated a child health clinic on two afternoons per week. The premises were small, comprising a main room and kitchen/parent area plus office accommodation and storage space. Both centres were equipped for adults, children visiting for short periods, as well as infants and children. The atmospheres differed, partly as a result of the very different premises, as well as the influences of the organisation with which premises were shared. The smaller family centre was more intimate and informal while the family centre in the school had large rooms and high ceilings, characteristic of that institution. Both family centres operated all-year round and were open each weekday from 9 a.m. to 5 p.m. with some evening and weekend openings. They provided a range of services including individual counselling, pregnancy testing, workshops and self-help groups for parents, playgroup, toddler groups and holiday and after school playschemes. Both centres had multi-agency steering groups including parent representation, and multi-disciplinary staff groups. Centre staff included individuals with primary teaching qualifications, nursery nursing and community education. The staff group based in

the health clinic included a health visitor and was headed by a female social worker. The other centre was headed by a male community education worker and included a second male worker with the same qualification.

The heads of units were asked in what ways they saw their centre as different from the others in their neighbourhood. Education nursery staff (both nursery teachers) appeared to identify with educational objectives and ethos by highlighting their more in-depth assessment of the child's all-round developmental needs and contrasted this with the focus on social needs in other centres. They also commented on the presence of teaching staff in the nursery and their stronger links with the primary school nearby and the lack of space and resources that restricted opportunities to involve parents. Social work nursery and family centre heads defined themselves initially by whether they considered they provided daycare for children, and then elaborated on the breadth and range of services. The family centre managers also commented on the different approach and style of their work with families viewing it as more responsive to families expressed needs, more individualised and personal and inclusive of the wider family and community. The age range of children catered for was wider than found in the nurseries.

### **Admissions processes**

All nursery heads and managers said that their facilities were widely available to all local families but rationing mechanisms operated in both education and social work nurseries where demand exceeded supply. The absence of daycare provision by family centres appeared to restrict the number of parents who wished to use them. In education nurseries, most parents who obtained a place had to be informed and although some places were kept for children deemed to have particular problems. The headteacher was the ultimate arbiter in implementing Regional admissions policies, prioritising four-year-olds.

*"Parents approach the headteacher after an advert is placed in the paper, usually in the February before the start of the Autumn term. Everyone is spoken to by the headteacher. Once a place is offered there is a discussion with the parent about the child – any*

*difficulties, phobias and suchlike."* Headteacher,  
education nursery.

In social work nurseries, a number of admission criteria were used in discussions on the merits of applications by a multi-disciplinary admissions panel, chaired by the nursery manager. Criteria included children at risk of abuse, children with identified social needs, children with special needs or disabilities and any other criteria identified as appropriate to the neighbourhood in which the nursery was located (TRC, 1987). Parents were more distant from the admissions process and the determination of services and hours provided because it was managed by a group of professionals, including some that parents might never meet.

Admissions to both family centres and education nurseries required a fair degree of self-selection, motivation and self-confidence on the part of parents. Although professionals still retained control over access, parents were less remote from the decision-makers. The process in social work nurseries tended to reinforce passivity and dependence on professionals as the data on parental choice tended to indicate.

#### **Orientation towards parents.**

One manager, Pat, (a social worker) described the personalised, responsive nature of the family centre service:

*"There is a big difference between us and other nurseries. We are set up to work with families. We have a very wide view of what constitutes a family. We are more responsive to expressed need. We have a different relationship with users – a more personal relationship - we are seen very differently by parents also. I am Pat, first, Senior Social Worker/Co-ordinator, second. We are involved in the minutiae of people's lives- what's been bought at the shops for instance. We have a far greater knowledge of families' lives. This is related to the numbers but also to the relationships we have and the style of*

*working. I think people in the community have an understanding of the differences between centres."*

The other family centre manager (community education qualified) also emphasised a difference in service style and agreed that most people in the community knew the differences between centres:

*"We use a community development approach rather than a service delivery approach – helping parents and children to identify issues in an informal way and then responding to these."*

In contrast, neither of the social work nursery managers thought differences between establishments were understood locally. One manager (the social worker) saw the nursery primarily as a resource for local field social workers and child protection as the main priority:

*" Much of the work relates to the protection of children. There are a number of specific areas of work with individual families. For example, access as part of a rehabilitative plan. I personally see it as part and parcel of everyday childcare – being vigilant. It is one of our responsibilities to initiate investigations where there are unexplained bruises".*

All other heads of centres viewed child protection as a secondary aspect of their work and as more concerned with preventing abuse and neglect than the identification of children at risk. The education nurseries did not view work with parents as part of their remit nor did they consider that they had sufficient staff or space to facilitate this although both expressed an openness to other professionals coming into the nursery to organise groups and activities for parents. Unsurprisingly, it was evident from responses made by heads that their professional training and previous experience and the policies of the funding organisation determined functional priorities and operating styles.

## Parental involvement

*"The nursery is pretty important. Although I don't spend much time joining in. I always help with fundraising and try to go on outings in the summer if I can. Mum goes if I can't make it."* (Source: Lynne).

The purpose, nature, potential benefits and resource implications of involving parents in nurseries have been the subject of research, professional opinion and debate for many years (See Chapter One). Changes to the balance of power between professionals and parents as well as tensions between the rights and needs of parents have been made more explicit by increased involvement. This has contributed to some resistance to, and contradictory views about, the meaning of parental involvement. A useful framework was developed by Pugh et al. (1987) to describe parental involvement in early education and help develop practice, similar to others developed earlier (Van der Eyken, 1984). This framework comprised a continuum from non-participation (active or passive), external support (e.g. fund raising), participation (as helper or learner), partnership (between professionals and parents) to control (admissions, staff selection). Statistical comparisons of parental involvement can only provide a very limited description of activities.

As a means of exploring differences in the extent and range of parental involvement in the nurseries and family centres, parents were asked in which activities they took part. Figure 5.2 illustrated the range of activities in nurseries and family centres and the extent of parental involvement in each at the start of the study and at follow-up. Using the framework above, it was apparent that most parents in education nurseries only provided external support although a small number participated in children's play and informal discussion with staff. At the start of the study, in family centres, the majority of parents participated in informal discussion with other parents and/or staff, parents groups and children's play. Around a half reported that they worked in partnership with staff in organising parents groups, children's play or in an advisory group. About the same number also provided external support through fundraising. However, by the following year the pattern in family centres had changed considerably. Parental involvement reduced in all areas except informal

meetings with staff and no parents remained working in partnership with staff in an advisory group or in organising parents groups. The percentage of parents working in partnership to organise children's activities and participating in them fell by at least half.

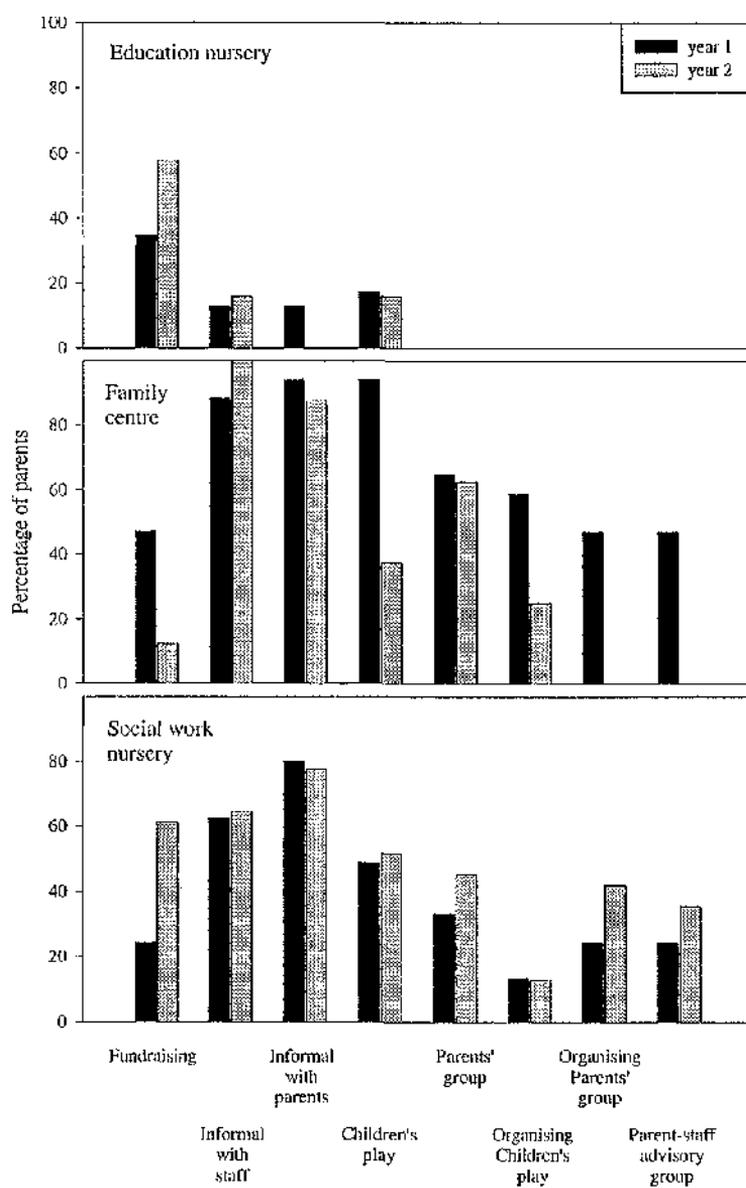


Figure 5.2 Percentage of parents involved in activities at nursery or family centre.

There may be a number of reasons for this including internal personnel and external management and organisational changes that affected both centres, internal leadership change in one centre and the comparatively small numbers of family centre parents in the follow-up. Both centres had originally been funded by Urban Aid but had been mainstream funded close to the time of the research study. As a consequence, the centres were more affected by external organisational constraints and professional boundary issues than previously. In addition, changes in the demography and housing were, by then, taking place in both neighbourhoods and families were being decanted elsewhere during renovation and regeneration. This affected all nurseries to some extent but family centres with a neighbourhood orientation and personalised involvement with individual families may have been affected most.

Social work nurseries (in Figure 5.2) showed a broad range of parental involvement in all activities. The following year this had increased from around a quarter or a third of all parents to around a half. Partnership activities, as might be expected, involved lower percentages of parents than those who participated. It appeared, therefore, that as family centres became less successful at involving parents, social work nurseries became more so. Education nurseries remained around the same with parents' roles mainly confined to external support. Table 5a in the Appendix showed that the roles of parents in education or social work nurseries or family centres were sufficiently different to be statistically significant ( $p < 0.01$ ) in all activities except in organising and participating in children's play at follow-up.

The mean number of hours spent by parents in each type of nursery also differed. The highest mean of 10.8 hours per week was spent in social work nurseries, 4 hours in family centres and none in education nurseries. At follow-up the differences between the types of facilities remained but the mean number of hours had reduced slightly in social work nurseries to 8.2 hours. It was of interest to note that although lone parents and others spent about the same mean time in the nurseries at the start, this had changed a year later. At follow-up there was a substantial (but not reaching statistical significance) difference between the two groups with lone parents

spending 6.6 mean hours and other parents 2.9 hours per week in the nursery or family centre. The support of lone parents will be considered further in Chapter Seven.

The limitations of such a numeric approach to parental participation as used in this study are acknowledged. There are richer, qualitative analyses of this in early years' services elsewhere, particularly in studies of family centres (referred to above). The photographs and comments from parents at the top of Figure 5.1 can give but a glimpse of what parental involvement can look like in social work nurseries and family centres in this study.

### **5.5 Summary**

The research was located in an area with a population of 18,000 of severe multiple disadvantage on the periphery of Dundee city. There was a particularly high percentage of young children, lone parents, unemployment and families living in poverty with limited access to amenities and resources (Galbraith, 1994). These factors, amongst others, increased the risk of child abuse and neglect, maternal depression and other adverse outcomes affecting family wellbeing.

Residents who used the nurseries and family centres viewed the area as two separate, adjacent neighbourhoods with Farfield to the north and Midtown to the south. Each neighbourhood had as many supporters as detractors and those who wished to move or stay. A number of anti-social environmental features were mentioned including drunks, dogs, gangs and vandalism. However, neighbours made the biggest impact on most parents' lives, both positive and negative.

Collectively, in both neighbourhoods, there were 18 early years' group care establishments providing full-time equivalent places to 16% of the under fives living there. From these, six centres were selected in which to base the research to represent three types of centres, (education nurseries, social work nurseries and neighbourhood family centres). The types of provision differed on four main

dimensions; primary function, physical and material resources, accessibility and orientation towards parents.

Almost all parents lived within a mile of their nursery or family centre. Word of mouth was the most common way to hear of the centre although most of those who were unemployed or heard about it from a professional attended a social work nursery. The admissions processes differed in each type of centre with a fair degree of self-selection and motivation required to obtain a place in an education nursery or family centre. The process in social work nurseries tended to reinforce passivity and dependence on professionals as the data on parental choice tended to indicate. Attendance at a social work nursery usually depended on professional identification of a social problem for access. Most parents said they attended their first choice of nursery or family centre although inequalities in access made parental choice more myth than reality in this study as found elsewhere (Moss and Penn, 1996).

There was more extensive parental participation and partnership with parents amongst users of family centres than found in either social work or education nurseries at the start. By the time of follow-up this had changed and the involvement in family centres had fallen in most areas. In contrast, parental participation and partnership increased in social work nurseries but remained very limited in education nurseries.

In this chapter, the differences in organisation between three key types of public childcare provision, most commonly available to families in disadvantaged areas, were explored to help contrast the impact that some of these aspects might have on families who use them. Further examination of variations between users, their supports and wellbeing will follow.

### 6.1 Introduction

*"It looks like there's one thing to do... they really are a close knit crew! Nae arguments, the telly's aff...happy families? Dinna laugh!"* The Broons - Scotland's Happy Family, 1997.

In contrast to those well known Dundonians, the Broons family, who stay fixed at one point in the lifecycle, keeping myths of family solidarity and harmony alive, all other families change and evolve as they pass through life stages (Cohen, 1987). Individual family members, in common with the Broons, each make their own unique contribution to the daily lives of others, family events and interactions. The majority of young children spend most of their waking and sleeping hours in the care of their immediate family. It is the child's primary context or microsystem, (Bronfenbrenner, 1979). The child's inherent abilities and characteristics interact with family culture and relationships, shaping attitudes, beliefs and values into adulthood, (Holden, 1997). The pace of development and the genetic, cultural and social contexts in which it takes place, make infancy and the early years of childhood especially influential in the adjustment, attainment and personality of the adult (Smith and Cowie, 1991).

As outlined in Chapter Two, the nursery is often the first institutional environment outside the family into which the child goes on a regular basis. It is an environment that potentially enables exploration, the development of social skills and growth in all areas of early childhood development. Alongside the family, for those children that attend nurseries, it is also a significant microsystem in the world of the young child. Influences of the nursery extend beyond the child to include others with whom the child has some form of contact (Bronfenbrenner, 1979). Members of the child's immediate family are not left untouched by the child's experiences at nursery and vice-versa. The nature of these changes result from a combination of individual and family characteristics, the ethos and organisation of the nursery and other external factors. For example, the nurseries' responsiveness and openness to family

members as well as features of individual personality combine to influence the way in which one might participate in planning nursery activities (Moss and Penn, 1996; Phelan, 1983). Similarly, nursery admission policies and practices alter the selection of families who use nurseries. For example, social work nurseries in the Region in which this study was located gave priority to lone parents (Wilkinson and Stephen, 1994). Chapter Five in this thesis showed that social work nurseries in this study were "*problem-oriented*" with a relatively high proportion of children perceived to have developmental and behaviour difficulties. Organisational factors may, in turn, influence how parents perceive and present themselves to gain access to the service. The development of, and right of entry to, different forms of daycare has, arguably, represented prevailing public and professional attitudes towards the intervention of the state in family life and the "*appropriate*" responsibilities and roles of parents in raising their children (Canaan, 1992).

Further exploration of the data, in this chapter, aims to find out whether other differences existed between the users of different types of nurseries, beyond those identified in the previous chapter, and what characteristics they shared in common. Consideration was given, alongside demographic and structural features of the sample, to factors that are associated with poverty such as household income, educational attainment and employment, household tenure and access to household amenities.

Presentation of the findings is organised into five sections in which there is a particular focus on the personal experiences of one family (Lynne's family) to help illustrate the chapter's themes. Contrasts are often made to her family's characteristics or experiences with the aim of neither diminishing her individuality nor viewing her as exceptional as she was reasonably representative of a particular group of respondents - mothers in working, two parent households who used education nurseries. The sections that follow are:

- Lynne's family
- Demography of sample families
- Material circumstances of families.

- Characteristics of users of each type of nursery
- Summary

## 6.2 Lynne's family.

As the mother and primary carer of a three-year old daughter who spent each weekday at an education nursery, Lynne was a willing participant in the study. The nursery her child attended was located in the North neighbourhood, close to where she lived and had been brought up. Lynne outlined some changes she saw in her daughter that she attributed mainly to the education nursery.

*"Susie has become quieter and more settled. It's to do with all that running around at the nursery and going to my mum's. When she gets home she's ready to sit down. We can take it easy for a bit together before we pick up the other two."*

Lynne was married to Jim who worked full time as a forklift truck driver. They had three children under eight years of age – Billy (7), Jody (6) and Susie (3). They had just bought their home and were struggling to keep up with all the new financial and practical responsibilities. Jim drove to work at 7.30am and returned at 5pm each night. Sometimes he got over-time and worked longer hours or at weekends. Lynne had a part-time job as a checkout operator at a large supermarket chain.

Susie went to nursery school in the mornings after Lynne had dropped her other two children at the school close by. The nursery school kept the doors locked until opening time at 9.30am so Lynne regularly chatted to other mothers who stood by the gate until the children went in. Lynne then went, by bus, to work at a supermarket in town, three miles away. She arrived around 10am and worked for three hours each day at the checkout. Sometimes she was able to do an extra shift but she needed to know in advance so she could make childcare arrangements. One of the mothers she had got to know from standing in the playground also worked part-time and they started to look after each other's children when the need arose.

Lynne relied on her mother for regular help with childcare. Susie's grandmother collected her from nursery, Billy and Jody from school and took them to her home for lunch. Accompanied by Susie, she returned them to school for the afternoon session. Lynne returned after work about 1.30pm to her mother's and then went, with Susie, to her own house, a few streets away. She did some housework, had a coffee and played with Susie before they both left to pick up Jody from school. Billy got out of school half an hour later so most days she visited a local shop with the two girls until Billy got out at 3.30pm.

Lynne, her mother and her children's lives were partly shaped by the hours set by the primary school and education nursery. As found in many other families (Hill, 1989), the care of the children, outside school hours, was largely shared between Lynne and her mother, with the support of an extended social network of friends. This meant that Lynne needed to have a job with sufficiently short and flexible hours to fit around the various constraints. She saw this as avoiding additional expenditure on childcare and minimising any potential disruption to Susie. A nursery can be a core activity that impacts on the lives of parents, the extended family and the wider social network as well as children whether or not the adults are able, or willing, to spend any time there.

### **6.3 Demography of sample families**

*"On Monday morning there's a queue snaking out of the Whitfield Post Office in Dundee. The elderly looking for their pensions scarcely get a look in. Almost without exception they are young, single mothers, some barely into their teens, some with two children dragging at their hands. They are impatiently waiting for their income support."*  
(Rougvie, 1998a).

This recent media quote portrayed one of the neighbourhoods included in this study as densely populated by young teenage parents on welfare benefit. If this were accurate, it would be expected that local authority nursery populations in the area

would reflect it. The validity of this image was examined by considering the family composition and socio-economic circumstances of those who used the nurseries nearby to this post office.

### **Household size and composition**

According to the 1991 census, the percentage of households with dependent children headed by lone parents in the community areas under investigation, at 35%, was nearly twice as high as the Scottish average (18%) (See Chapter Five). A similarly high proportion of lone parent households was found amongst those using nurseries.

Similar to the wider population, such households were headed by women in all, but two cases. At the start of the study, and again a year later, around a third of the families were headed by a female lone parent. This affected just under half of the sample children (43.6%) who lived in such homes when the study began. Lone parents were not found equally distributed across the nurseries in both North and South neighbourhoods. The percentage of lone parents using nurseries in the South neighbourhood was approximately double the percentage found in the North nurseries, throughout the study ( $p < 0.05$ ), (See Appendix Table 6a).

Lynne had been married for four years and was living with her partner, the father of their children and was not one of the types of families seen as prevalent in the area by the newspaper. Lynne's family may not have been typical. It was apparent, as in many other analyses of the population of households with children (Halsey, 1993; McGlone et al., 1998), that although traditional nuclear families were in the majority in the local neighbourhoods, a sizeable number of households did not fit this mould.

Although Lynne and her husband remained together throughout the time of the study, this did not apply to every couple. While around 90% remained as either lone or dual parent households throughout the study around 10% under went change from lone to two-parent households or vice-versa (See Table 6b in Appendix). This reinforces the view that lone parenthood is often a temporary and changing phase in life rather than a constant and permanent state (Busfield, 1987).

At the start of the study, the mean household size was 3.9, ranging from two to ten persons, showing that Lynne's household, at five persons was larger than average.

Numbers of children in all households, ranged from one to seven with an average of two. This had changed little a year later. At the start of the study, nearly a third (30.6%) of the children in the sample had no siblings. A year later this had fallen slightly to 28.2% as might be expected with sample changes and the life stage of the sample families. A small number (4) of households comprised up to four members of the extended family in addition to the nuclear family. In three of these larger households, friends or lodgers also shared. There were three reconstituted families in the sample. Two households in which the child's grandparents had primary responsibility for parenting and one household where the children were in foster care but had daily contact with their mother at the nursery. The mother was the respondent in this instance and was not available for inclusion at follow-up. Size of households remained relatively unchanged throughout the study.

**Primary carers' current ages, at birth of first child, and ethnicity.**

*"Where teens have weans and dads are rarely seen...In the city (Dundee) which has bucked the falling national average of teenage pregnancies with a vengeance, caring for the kids of single parents has almost become a cottage industry" (Rougvie, 1998a).*

The article in the Scotsman, quoted above and at the start of the previous section, referred to a new national population survey. It drew attention to the high levels of teenage pregnancies in Dundee as well as widespread lone parenthood. Since pregnancy in adolescence has been found to be associated with dysfunctional parenting (Holden, 1997) this was an aspect that was considered in the study and has some relevance to the newspaper's comments.

Lynne was aged twenty-five years when the study began and was of white, Scottish ethnic origin. She had given birth to her oldest child, Billy, when she was still in her teens at the age of eighteen. It was not known the extent to which this early pregnancy was generally representative of the wider sample. At the start of the study, the ages of the mothers ranged from nineteen to thirty-nine years with a mean of 26.4 years. Mean age for birth of the first child was 20.5 years with a standard

deviation of 3.2 years. Nearly half (45%) had their first child while they were still in their teens. This is far higher than that found in the general UK population. Births by teenage mothers peaked at 10.6% in 1971, falling to 9% in 1981 and to 7.6% in 1991, (CSO, 1993). The newspaper, in this respect, was portraying a picture of the area that had been prevalent for some time. Early pregnancy and lone parenthood may be a cultural aspect of some indigenous Dundee communities. No geographical differences were statistically established between those using nurseries in the North or South neighbourhoods of this study, indicating that early pregnancy was reasonably common in both communities.

Almost all of the mothers that used the nurseries were of white European origin with the exception of two Pakistani mothers and their children from the South neighbourhood who attended the same nursery. This was compatible with the small percentage of ethnic minority households reported in the most recent census (See also Chapter Five).

### **Health and disability**

*“ We all keep reasonably okay, quite healthy really, except for colds and things like that. The kids have had their jags so we’ve not had mumps or measles in the house. It is quite difficult to organise everything when one of them is sick. I’m not allowed to be ill and neither is my Mum! ”* (Source: Lynne)

During the research interview, Lynne reported that her family had reasonably good health and in this respect she was similar to the majority of other respondents but a sizeable minority reported otherwise. At the start of the study, 40% (34) of all respondents reported that at least one of their members experienced a health problem or disability at the time of interview. The nature of health problems (adults and children) frequently included allergic reactions such as asthma and eczema (19 individuals from 18 households or just over half of the families with some kind of self-reported health problem). Back problems, hearing impairment and epilepsy were each mentioned twice as adult health problems. Two mothers were said to

have recently experienced mental health problems. Other individuals mentioned Pierre Robin Syndrome, stomach ulcers and abscesses. Due to the general nature of the question, it may be that respondents only reported chronic or severe conditions of health or disability to this question while the self-reported standardised measure (GHQ12) assessed recent changes in general health. These findings are reported in Chapter Eight.

At follow-up, respondents were asked if there were any further health problems amongst family members since last year. This time, around a third of all families (22) reported health problems. Some (9) also reported health difficulties in the previous year when this was taken into account, it showed that over half (55.3%) of all families were affected by various health problems over the course of the study.

This is relevant because of the links that have been established between those living in areas of social and economic disadvantage and mortality and morbidity (Carstairs and Morris, 1991; Acheson, 1998).

#### **6.4 Material circumstances of families**

*“Household income is the largest determinant of living standards, influencing the type of house a family can afford, access to space, leisure, food, heating and clothing, all of which have a direct impact on both physical and mental well-being.”*

(Long, Macdonald and Scott, 1996: 64).

#### **Gender and unemployment**

Due to criteria concerning eligibility for registration and entitlement to unemployment benefit, official statistics under-represent the numbers of those who consider themselves unemployed, particularly women. It was therefore more appropriate to consider whether respondents viewed themselves or their partners as unemployed rather than rely upon official definitions.

At the start of the study, over half of the households (54.1%) were without any adult in a paid job. A high percentage of the women (63.5%) viewed themselves as

unemployed despite the fact that all were bringing up young children. The average length of time they perceived themselves as unemployed corresponded with childrearing. The average length of time of women's unemployment was 5.2 years, ranging from 0.1 to 18 years. The unemployment situation of the men was slightly different even though the prevalence of lone parent households meant there were fewer men in the households than women. There were 24 men (40%) who were viewed as unemployed by their partners. This had lasted from a period of 0.1 to 12 years. Half of the unemployed men could be considered as "*long term unemployed*" i.e. 2 years or more. There was little change in employment patterns and levels over the year.

### **Gender and employment**

Lynne was amongst a notable minority of women with children under five who were in paid work. While only 40% of women in the UK with children under five were in employment in 1991, only 29% worked full time (FPSC, 1993). Even fewer of the women in the sample were employed. Only 27% (23) of all the mothers were in paid work. Similar to the findings of other studies (Lonsdale, 1992), most (83%) of the working women were employed in low paid, part-time (up to 25 hours), casual or seasonal work of a manual or unskilled nature such as cleaning or retail. Most worked irregular hours to fit around the commitments of other members of the household with only eight working regular, daytime hours.

The nature of men's work differed from that of women's. Men were more likely than women to be self-employed or in professional, skilled or semi-skilled occupations, and were working regular hours in excess of 35 per week. As a means of more meaningfully contrasting the categories of work experienced by men and women with young children, all mothers were asked what their occupation was prior to having a family. Just under a third (30.6%) of women had never experienced paid employment prior to having a family. Table 6.1 shows that the majority of employed men and women both worked in manual, unskilled occupations but relatively more women than men worked in these low paid areas.

Table 6.1 Job categories for respondents and partners in paid employment at start of study

Job category	Mother (n=23) %	Partner (n=31) %	Mother's occupation prior to childbirth (n=58) %
Small business owner	0	3	1
Professional/skilled	1	7	2
Semi-skilled	3	8	9
Unskilled	19	13	46

At follow up, respondents were asked if use of the nursery had influenced whether or not they worked, the hours or type of work. The nurseries had not affected the employment status of the majority. This is an important point given common perceptions that childcare can provide a route to employment. Only 15.5% (11) replied that it had made a difference. Most of the comments came from mothers who used education nurseries. Responses were divided on whether the childcare provided for their child was sufficient. Only a few (4) respondents thought that the childcare provided by the nursery was crucial in enabling her to work. One such respondent, June thought that *"if I did not have a place at the nursery then I could not work."* Lynne also commented that *"It has helped. I am able to fit in nursery hours with work hours"*. Some of the women (7) found the nursery to be of only partial or indirect help in taking up employment with one mother saying, *"Sean is in the nursery full time. I would be able to work now if I could find a job."* One mother who used a social work nursery was grateful, not for the childcare provided but the information given about other local resources: *"It gave me information about the community nursery. I now have a place there as well and this has enabled me to work"*. When viewed in context, these positive comments indicated that the nursery's role in enabling women to work was, at best, ambivalent.

## Dual earning households

*"I work pretty hard – at home and then at the supermarket too. Jim works long hours at his job. We've got to do it to keep our heads above water – pay the bills, buy birthday and Christmas presents and all that. We've not had a proper holiday since we bought the house. We don't see a lot of each other but we hope it'll get better. I see more of my Mum than I do of Jim."* (Source: Lynne)

Further divisions were found between households in terms of employment and consequently, earning power. While 45.9% (39) of all households had someone in paid work, a small sub-group of fourteen families comprised both a working mother and working partner. Again, Lynne, as a part-time worker in a supermarket, and her husband, Jim, an employed driver, were in this minority group. Dual earning households had higher incomes and more household amenities than other households as shown (Table 6.2). However, as Lynne's comments indicated, these benefits came at a personal cost of increased stress and marital isolation. None of the dual earners were employed in well-paid professional occupations.

Like Lynne, another respondent, June also organised her work around the arrangements she was able to make for childcare. June worked as a machine operator in a local factory. She worked from 10pm until 6.30am the following day. When she returned home her partner left an hour later to work in the production line of the same factory. June cleaned the house, made breakfast for herself, her partner and their son, Ian, before she left to take him to the nursery for 8.30am. After this she returned home to sleep and was ready to pick Ian up again at 3.30pm. June saw her life as improved by Ian's full time nursery place. *"It is easier as my son is at nursery when I am sleeping after working the night shift."* For both Lynne and June, the benefits of two incomes came at a cost of juggling family and household demands with little spare time.

### **Educational attainment**

It has been argued that educational attainment, in combination with other personal characteristics, are good predictors of employment prospects and future earnings and that education systems can reinforce social and economic inequities (Atkinson, 1975; Timpane, 1996). In this context, it was found that mothers and fathers educational attainments were similarly low overall. Over half of the mothers (56.5%) and their partners (50.9%) were without any formal educational qualifications, including school examination certificates. Only 5.9% of the women and 7.3% of their partners had obtained some form of further educational qualification. The majority of parents had little in the way of qualifications to assist them in a competitive job market. The geographical distribution was unequal. Nearly half (49.8%) of the women in the North, compared to nearly two thirds (64.3%) in the South neighbourhoods, were without any qualifications.

Neither Lynne nor her husband took part in any training or further education courses that might be thought to enhance their future work opportunities. It may have been more than they could have coped with at the time. In the rest of the sample, two fathers and two mothers were students in further education or training at the start of the study. At follow-up there was little change with one more mother and four fathers studying at college. Lack of flexibility in the hours of nurseries and the absence of information about training opportunities showed that further education was either not valued at the nursery or was not viewed as relevant to their remit and responsibilities. At any rate, access to a nursery place was making little impact on any potential career development for parents through training or studying at college or university.

### **Household tenure**

*"We lived up the road in a Council maisonette till about two years ago when the Council wanted to pull it down. We thought about it a lot and then made up our minds to buy one of the new semis. The kids can go to the same school and that. It's been a big thing though. There is a lot to think about and there are*

*always bills. I'm not sure we'll make it some of the time."* (Source: Lynne)

Lynne and her family were one of a small group of owner-occupiers. Many of them were buying a house for the first time and appeared under pressure to meet the financial demands this entailed. The majority of families rented accommodation (87%) either from the local authority, Housing Associations or Co-operatives. In 1991, 13% of all sample families were owner-occupiers, compared to 66% found by Ferri (1993) in the National Child Development Study, a broad-based longitudinal study of children in the UK. The comparison is made to those at approximately the same age as the respondents (aged thirty-three) and who were living in Scotland.

There were differences in household compositions between homeowners and those who rented. No lone parents were owner-occupiers ( $p < 0.05$ ). Relatively more dual earner than other types of households owned their own homes ( $p < 0.01$ ). There were also differences in the extent of owner occupation between the nursery users in the North and South neighbourhoods with 20.9% of those in the North owning their own homes while only 4.8% of those in the South did so ( $p < 0.05$ ). Geographical variations were influenced, in part, by sample differences but were also likely to be the result of housing and economic policy differences between the two areas (See Chapter Five). Housing policies in the North increased availability and the promotion of a range of different types of tenure while the South was predominantly local authority-owned housing.

### **Geographical mobility of families**

A longitudinal follow-up from the National Child Development Study (Ferri, 1993:125) found that nearly half of those in rented accommodation were planning to move for various reasons. This was similar to the numbers of families in this study who said they would like to move (See Chapter Five). It was thought relevant to know a bit more about the mobility of the families in the sample, apart from views they expressed about the neighbourhood or the wish to move. Nearly two thirds (60%) had not moved or moved home only once in the past five years. Half of the families had stayed in the same house for two years or more. The average stay was three years. There was a very small group of families (5) that moved home relatively

frequently, moving between six and ten times over the same period. While there were no statistically significant differences between the mobility of those attending different nurseries or those living in either the North or South, there were statistically significant differences between the number of house moves made by lone parents compared to nuclear families. Lone parents moved more frequently than others with a mean of 2.5 in comparison to 1.5 times over the previous five years, (Analysis of variance  $F = 5.468, p < 0.05$ ). This may have been an additional source of stress for lone parents and may be evident in parenting stress and wellbeing examined in Chapter Eight.

Respondents were asked at follow up whether they had moved in the previous year and if so, why they had done so. Over the year, ten families (16.9%) had moved house. The majority had made planned moves from one local authority rented property to another for increased space or access to other household amenities. The mother of a child with cerebral palsy commented that *"We were in a high rise block and that wasn't good for Steven. Now we're in a flat and we have a garden."* Another woman noted, *"We were overcrowded and I asked three years ago if they would move us. Now they have."* Reasons for moving are varied, relating to individual circumstances and attitudes. They may be both a source and relief of stress. Planned moves, as a means of improving living conditions or strengthening social ties, may generally be less stressful than those that take place unexpectedly in a crisis (Pearlin, 1991) but even then moves usually cause disruption and additional expense.

### **Relative poverty of households in the sample**

*"The straightforward explanation is that poverty, as nowadays described, is usually a measure of relative deprivation based on contemporary living standards.*

*To say that families are 'living in poverty' conveys a broad, moral message that their material circumstances have fallen below a socially acceptable standard of the time."* Utting (1995: 33).

While there are no formally agreed definitions of poverty, comparisons can be made that give a notion of *relative poverty*. Commonly used measures include those living below the threshold of 50% less than the average household income and the numbers of those on income support (Long, 1995), these will be used here. Access to household amenities will also be taken into account to give a broader picture.

**(i) Income and income support**

*"..official statistics show that, in the 1980s, lone parents have come to be more and more concentrated at the bottom of the income distribution. ..couples with children also fared badly during the 1980s, but their risk of poverty still remains much lower than that of lone parents"* (Millar, 1992: 150).

When the study began, net household incomes in the sample ranged from £31 to over £500 per week with a mean income of £135.13. In 1992, the same year that income information was first collected from families for this study, the average household income (net) in Scotland was £ 286.70 (Galbraith, 1994). In the sample, around two in every three households (60%) were living below the 50% poverty threshold of £ 143.35 and/or in receipt of income support (66%).

Marked differences were found between the levels of income of lone parent and other households, those living in North or South neighbourhoods and between households with unemployed adults only, dual earners and single earner households. Tables 6.2 (i) and (ii) showed that lone parents had significantly lower household incomes and greater dependence on income support than other families.

The same was true of families who used nurseries in the South compared to those in the North as Tables 6.3 (i) and (ii) illustrated. Household incomes in the South were significantly lower than those in the North.

Table 6.2 Comparison of (i) mean incomes (ii) and receipt of income support benefits by lone parent and other household composition.

(i)

Household composition	Mean household income (£)	
	Year 1	Year 2
Lone parents	89.88	92.03
Others	162.03	177.04

Analysis of variance;  $F = 15.7133$   $p < 0.01$   $F = 21.4590$   $p < 0.01$

(ii)

Household composition	% in receipt of income support	
	Year 1	Year 2
Lone parents	96	87.5
Others	53.3	55.3

Chi-square  $p < 0.01$   $p < 0.01$

Table 6.3 Comparison of (i) mean incomes and (ii) receipt of income support benefits by users of North and South neighbourhood nurseries.

(i)

Neighbourhood location of nursery	Mean household income (£)	
	Year 1	Year 2
North	161.3	162.5
South	111.0	114.5
'Changers'	N/A	181.6

Analysis of variance:  $F = 8.1288$   $p < 0.05$   $F = 3.4974$   $p < 0.05$

(ii)

Neighbourhood location of nursery	% in receipt of income support	
	Year 1	Year 2
North	55	61.1
South	80.6	84.6
'Changers'	N/A	33.3

Chi-square  $p < 0.05$   $p < 0.01$

The group of thirteen families who remained in the follow-up but whose children had moved to another nearby nursery ("*changers*") had an even higher mean income. The majority of dual earner households (71.4%) used nurseries in the North when the study began. Although all incomes increased slightly over the year, the patterns of difference continued.

Not surprisingly households with two earners had statistically significantly higher household incomes than other households (See Table 6.4). Dual earners brought home from £141 to over £500 per week. Their average income was £238.38.

Table 6.4 Comparison of household incomes by household employment status at start of study.

Household employment status	Mean household income (£)
Dual earning	238.38
Single earning	177.42
No earner (unemployed)	91.69

Analysis of variance:

$F=36.4428$   $p<0.01$

In conclusion, lone parents and families using nurseries in the South were significantly more likely to be living on very low incomes than those in other households.

#### (ii) Household amenity scores (HAI)

*“Jimmy uses the car to get him to work and back. If we did not have it I don’t think he could do the job he does. We use it for the shopping and going to see friends and relatives too, so it is very handy but it is quite old and there is always something going wrong with it.”* (Source: Lynne)

Lynne viewed the family car as both an asset and a liability because it added to the demands upon their stretched resources although they were dependent upon it to sustain employment. Like many relatively low-income families in employment, income and expenditure were finely balanced, leaving very little real disposable income. In reality, it may not have been very different from the spare money available to unemployed families. It is debatable whether one such family or another in employment has a better quality of life but the standard of living, as a component of this, did vary. Respondents were asked whether they had a car and a number of other household amenities (cooker, bath, running hot-water, central heating, television, fridge, washing machine and garden) for their exclusive use. An index

on household amenities (HAI) was devised using a scoring system of one point for access to each amenity. Household amenity scores were computed with a potential range from zero to ten. A score of six and below was considered *low*, scores of seven as *average* and scores of eight and above as *high*.

All households had a bath, television and fridge but there were variations in access to all other amenities. Table 6.5 showed that there was an increase in families' access to various household amenities over the period of the study although this was not found to be of statistical significance. Approximately one in five households continued to have low access to a range of amenities. This contributed to the highly impoverished circumstances of a minority of families.

Table 6.5 Changes in scores on Household Amenities Index (HAI)

HAI scores	Year 1 % (n=85)	Year 2 % (n=71)
Low	22.4	19.7
Average	65.9	60.6
High	11.8	19.7

Matched pairs of raw HAI scores,  $t = -1.79$   $p > 0.05$  d.f. = 70

More detail of variations in access to amenities is given in the Appendix (See Tables 6c and 6d). These findings add to the general picture of greater poverty experienced by lone parents and the majority of those using nurseries in the South.

### 6.5 Characteristics of those who used each type of nursery

In many ways, Lynne's family was more similar to other users of education nurseries than users of social work or family centres. This section will consider some of the group similarities that were found amongst the families who used one sort of nursery rather than another. These were found (mostly at a statistically significant level) in respect of the following:

- household composition
- income levels
- tenure

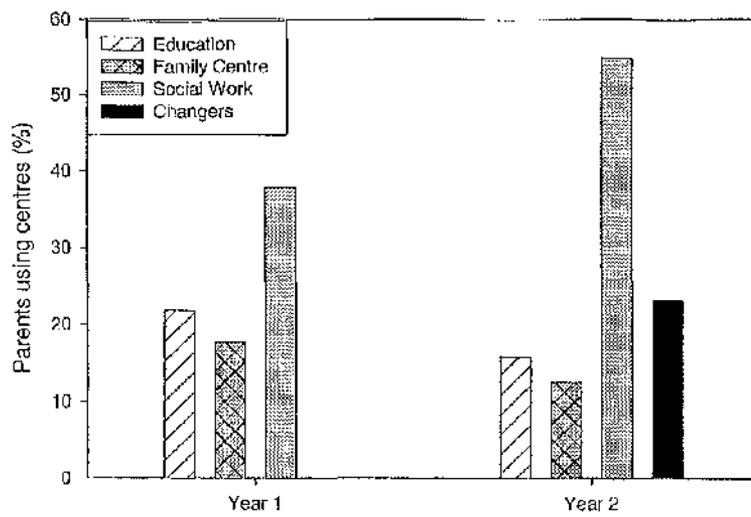


Figure 6.1 Percent of lone parents that used different types of nurseries

The numbers of ethnic minority families were so small in the community and users that it was not possible to comment fully on the equality of access and use of nurseries by ethnic minority groups. Out of six nurseries only one, a social work nursery, was used by any ethnic minority families.

### Household composition

Although differences were not found to be statistically significant at the time the study began, a higher percentage of lone parents than two parent families used social work nurseries (Figure 6.1). Over a third of all mothers who used social work nurseries were lone parents in contrast to less than a quarter of those using education nurseries or less than a fifth in family centres. The national average for households headed by lone parents matched the percentage of such households amongst family centres at 18% (CSO, 1993). At follow-up, the percentage of lone parents using

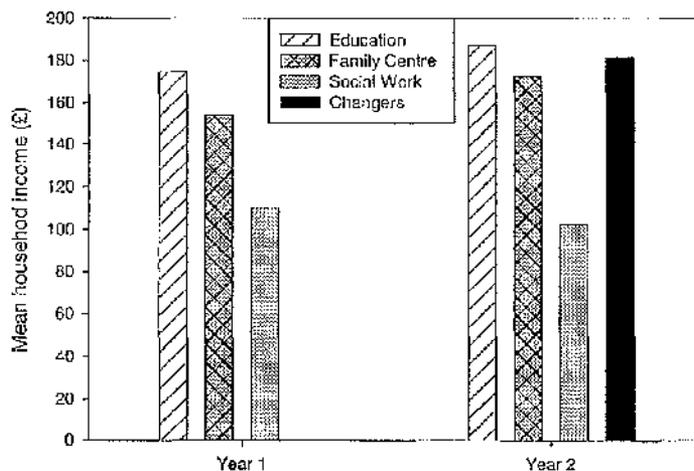


Figure 6.2 Comparison of mean incomes of users of different types of nurseries

social work nurseries had increased substantially. Over half of all those using these nurseries were lone parents. The differences were found to be of statistical significance ( $p < 0.01$ ). The high percentage of lone parents in social work nurseries was anticipated as it was one of the admission criteria at the time. The high percentages of lone parents found in these nurseries were consistent with those found by Wilkinson and Stephen (1994) in their study of the functioning of social work family centres in the Region in which the study is located. Approximately one quarter (23.1%) of those who changed nurseries in the course of the study was lone parents.

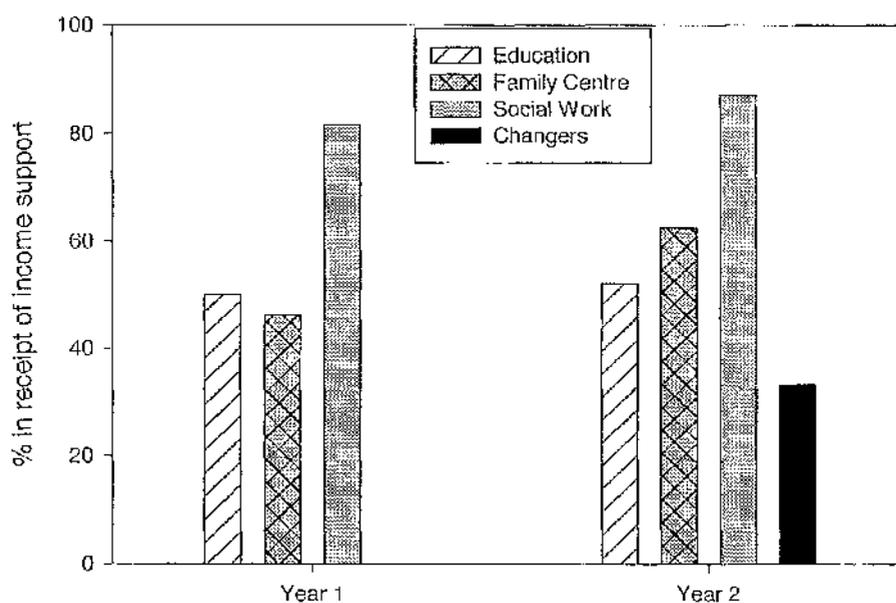


Figure 6.3 Comparison of users of different types of nurseries in receipt of income support.

### Household incomes

Differences existed (Figure 6.2) between the mean incomes of those who used different nurseries. The users of education nurseries had higher mean household incomes than those who used either family centres or social work nurseries ( $p < 0.01$ ). Again, it was notable that 'changers' had a higher mean income which was more comparable to the users of education and family centres than it was to those

who used social work nurseries. It was also found (Figure 6.3) that far higher percentages of families in the study who used social work nurseries were in receipt of income support than those who used other nurseries or moved from their original nursery in the course of the study. Half of all dual-earning households used education nurseries while 28.6% used family centres and even less (21.4%) used social work nurseries. In conclusion, the users of education nurseries were more likely to have a higher household income than those who attended either family centres or social work nurseries. The users of social work nurseries were, however, the poorest of all. This is unsurprising given the high numbers of lone parents and unemployed families.

### Tenure differences and the use of nurseries

Although the numbers of owner-occupiers were small overall, differences were found between those who rented and those who owned their own homes and the types of nurseries they used. Owner-occupiers were found to be significantly ( $p < 0.01$ ) more likely to use an education nursery than either a social work nursery or family centre (Figure 6.4).

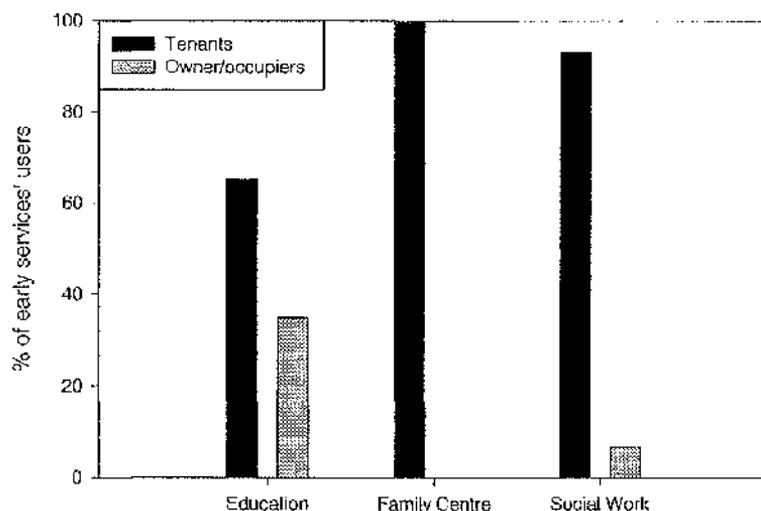


Figure 6.4. Distribution of early services' users who were tenants or owner-occupiers at the start of the study.

## 6.6 The children

### Context - Sharing care and the use of other early years provision

*"Care by relatives remains the most common form of care used by working parents." (Cohen, 1990: 16.)*

It was evident from the responses on nurseries and employment that the nursery provision in the study was not primarily organised to enable parents to work yet some did so while others sought help with childcare to enable them to have time to do other things or have a break. It is known that sharing the care of young children with the extended family and the wider social network is a common feature of many families' lives (Brannen and Moss, 1991; Hill, 1987; See also Chapters Six, Seven and Ten of this thesis). It was therefore assumed that almost all children and parents would have, or have had, variable experiences and perceptions of non-parental care and this would influence behaviour. It was therefore deemed relevant that there was some investigation of the extent of shared care, beyond the study nursery. Respondents were therefore asked about all of their children's current and past use of nurseries and other types of care. This information assisted understanding of the child's wider social context prior to admission to the current nursery and alongside it.

At the beginning of the study, the majority (80%) of all the sample children used only their nursery and no other form of care (including care by kin other than parents, for two or more times per week for one hour or longer). The remaining 20% of the sample regularly spent between two and 25 hours per week in the care of someone else other than the parents. One exceptional child in foster care was looked after for 133 hours in addition to a full time nursery place. The most common form of shared care in addition to the nursery was that of informal care with relatives, neighbours or a combination of various arrangements. Two children in the sample attended a private nursery and a social work nursery, respectively, to supplement the care provided by the education nursery.

### **Age, gender, ethnicity and attendance patterns of children.**

There was a similar proportion of boys (48%) and girls (53%) in each nursery and the sample as a whole. Only two children, came from an ethnic minority background (Pakistani) and both attended a social work nursery. A statistically significant ( $p < 0.01$ ) variation in the ages of children attending different types of provision was found, using analysis of variance (See table 5.5).

It was noted that the average age of children starting an education nursery was slightly older, at 3 years, than was found in the other centres when the study began. The children from family centres included in the study attended playgroup and averaged two years of age. This was also the same average age for children at social work nurseries. On examining child age differences within the sample further, it was found that the children living in the South neighbourhood were younger than those living in the North which corresponds with the fact that a higher proportion attended social work provision than other types of nursery. This age difference should be borne in mind when interpreting results. Almost all of the children attended provision on a part-time basis with only 8% attending for over 20 hours. Around a third (35%) went for fewer than ten hours per week and the majority (57%) attended between ten and 20 hours.

Table 6.6 Differences between the ages of children attending different types of provision

<b>Type of nursery or family centre</b>	<b>Mean age of children (years)</b>	<b>Standard deviation (years)</b>
Social work nursery	2.5	0.65
<b>Education nursery</b>	3.2	0.3
<b>Family centre</b>	2.2	1.1
<b>All</b>	2.6	0.7

Analysis of variance:  $F=10.8$   $p < 0.01$

### **6.7 Summary and conclusion**

Most of the families in the study lived in relative poverty, in households with very limited access, beyond the minimum, to cover much more than basic, food, clothing

and housing needs. Two families in every three (60%) were living below the poverty threshold and in receipt of income support (66%). Most (87%) lived in rented accommodation with less than half (45.9%) of all households having an adult in paid employment. Only 27% (23) of the women were in paid work. Of these most were (83%) in low paid, part-time, casual or seasonal work of a manual or unskilled nature, often working irregular hours. Career advancement was unlikely for many with fewer than half of the women and their partners holding educational qualifications of any kind.

Childcare provided by the nurseries made negligible contribution to the participation of women (or men) in the workforce. The majority of respondents viewed the potential contribution of the nursery in enabling women to work as irrelevant as the review of parents' perceptions of the functions of provision also showed (Chapter Five). The reasons may have been rooted in local culture but were also reinforced by the organisational constraints and admissions policies of the nurseries outlined in the previous chapter. Similarly, the nurseries made no impact on extending the participation of parents in further education or training. Yet, it was one way in which childcare and family support could help families escape from the poverty trap through direct provision of childcare and helping build necessary links with colleges and employers.

Although the families shared much in common, it was obvious that viewing the sample as a whole served to mask some of the major differences in household incomes and access to resources. The sample appeared to comprise three tiers. At the bottom was a sizable group in which poverty was most concentrated mostly lone parent households or long-term unemployed. At the start of the study, and again a year later, around a third of the families were headed by a lone parent. They were more likely to live in rented accommodation, had the lowest household incomes with less access to household amenities or use of a car. They were likely to be in receipt of income support and to use a social work nursery in which the children attended for longer periods of time and there was greatest emphasis on parental participation. They were, therefore, the group most likely to be under observation by nursery staff and since they were mostly female lone parents, their roles as mothers were often the

target of intervention alongside child education, care and socialisation. At the other end of the poverty spectrum was a small but more affluent group of dual-earner households. They had higher incomes than other households, more owned their own homes and had greater access to household amenities than other households. Families usually had children at an education nursery with mothers who organised working time to fit the largely part-time nursery hours. Dual-earning households were not devoid of stress as mothers juggled complex and demanding schedules to meet financial commitments, the needs of children and work.

These two tiers, the impoverished and the relatively more affluent, sandwiched the majority of other households which covered a wide range, sometimes two parent households and/or those in which one adult was in paid employment. These families tended to use all types of nurseries but were most frequently found in family centres and education nurseries.

The tiers of poverty were also skewed geographically. While recognising that sample differences contributed to the divisions between the users of North and South neighbourhood nurseries, it was evident that those in the South were the poorest of all. They were more likely to be lone parents, have lower household incomes and fewer dual earner households than those using nurseries in the North. The small number of families who changed nurseries during the study tended to have a relatively high number of lone parents yet had a higher income level than those who remained at social work or family nurseries. All children moved from a social work nursery or family centre to an education nursery. It may be that some parents (the more affluent) viewed their child's nursery provision as part of an incremental process towards school.

Nurseries and family centres were providing services to very different groups of families, despite widespread poverty in the sample as a whole. The most vulnerable families, with a relatively high number of children showing some behavior and development difficulties, tended to use the same type of provision, social work nurseries. In the next chapter further differences and similarities will be explored to see whether patterns of social isolation and support matched those already found.

## Chapter 7. Social support networks

### 7.1 Introduction

*"A comprehensive, integrated and coherent early childhood service can ...extend opportunities for children to meet other children and other adults, including men. It can provide opportunities for parents to meet other parents and so extend their social networks and, consequently, their informal support resources."* Moss and Penn, (1996: 22).

Nurseries and family centres contribute to the range and diversity of provision making up early childhood services in the UK (See Chapter One) and are a source of contact with others and of formal and informal support. They can also be viewed as a potential resource for coping with stress (Sorensen, 1993) and can therefore contribute to the wellbeing of young families (Garbarino, 1992) (See Chapter Three).

This chapter on social networks and social support explores differences in the availability, functions and sources of parental support and the role each type of nursery plays in this. In doing so, some structural characteristics of social networks will be considered as well as some functional aspects of social support with a focus on the perceived availability of support rather than actual support as this has been found to matter most to the relief of stress (Barrera, 1986). The themes of the chapter will be illustrated by a particular case, Jimmy, a primary carer of a young son, and a lone parent at the time of follow-up, one of only three men in the sample.

The social networks of men differ from women's (Belle, 1991) but those of lone fathers have been found to have greater similarity to those of women with children than those of other men (FPSC, 1996:15). Jimmy's experiences were in many respects atypical, partly because of his gender, although every person in the study was unique with their own personal strengths and challenges. He was, however, for

much of the time a lone parent, like many others, although most are women (See Chapters Five and Six). Lone fathers are said to share much in common with lone mothers (FPSC, 1996) so it was thought that it could be interesting to explore this in a limited way. Jimmy's story was considered useful as a means of illustrating individual and group differences as well as similarities. It also acts as acknowledgement that fathers, like mothers, need access to social support as well as the skills to seek and use it (Seagull, 1987), particularly if they are to continue their slow move towards increased responsibility for childcare and domestic work (McGlone et al., 1998). His story will be used to highlight some of the following issues:

- Proximity of informal social networks.
- Impact of nurseries and family centres on informal social networks.
- Social networks and social support.
- Structure of support networks.
- Sources and functions of support.
- Influences of gender and household composition on support and conflict
- Summary.

## 7.2 Jimmy's story

Jimmy (45) was the primary carer of a son, Alan (3), who went, every weekday afternoon, to a social work nursery in the North neighbourhood. He was married to Ann (42) who worked part-time as a nursing auxiliary. Jimmy was unemployed and had last worked three years previously as a house-parent in a local authority children's residential home. He had experienced problems with alcohol and thought this had contributed to his '*nervous breakdown*'

The family did not receive income support although their net weekly income was lower than the previously defined poverty threshold (See Chapter Six). They lived in a three-apartment flat, rented from the local authority. He met Anne when he was

at College after his first marriage had broken up. Alan's nursery place was obtained following referral by a health visitor and a subsequent decision made at an admissions panel meeting.

### **7.3 Proximity of informal social networks – relatives, friends and work colleagues**

The proximity of network members is relevant because geographical accessibility increases the likelihood of regular and frequent contact between a child or parent and network member and adds to the strength of the relationship (Cochran and Brassard, 1979). It is recognised that this can give only a crude indication of social embeddedness because it gives no indication of the nature of the relationship so further consideration is given to supportive relationships and conflict later in the chapter. In this study, respondents were asked how close they lived to the *majority* of members of their informal social networks – immediate *relatives* (i.e. usually nuclear family of origin, excluding members of current nuclear family), *friends* and *work colleagues*. (There was so much duplication of 'friends' and 'neighbours' that these categories were combined as 'friends'.)

Jimmy was born in a large Scottish city, about 80 miles from Dundee. He had little to say about his parents or sister who still lived there and reported that he had virtually no contact with them. He had friends who all lived nearby and he knew a number of his neighbours "to say 'hello' to". Jimmy differed from the majority of others in the sample in that he lived far from any relatives. Throughout the study the majority of respondents (73% at start) had extended families living within three miles of their homes. The majority of the remainder (18% at start) had relatives who were living in and around Dundee or between three and six miles. Only a small percentage (9%), like Jimmy, reported that their relatives lived further away, more than six miles at least. This finding supports McGlone et al. (1996) who noted that close links and ties with extended family, particularly grandparents, remained an important feature of family life in the UK, despite concerns that increased mobility has resulted in the death of 'close-knit' communities of extended families.

In contrast to the distance of Jimmy's parents and family, he had a number of friends, most living nearby. In this respect, Jimmy was similar to the majority (86% at start) who also had local friends. Amongst the few in employment, around a third had colleagues resident in the same neighbourhood while most others (57% at start) lived slightly further away, although probably still in Dundee, while the remaining few lived beyond the city. Figure 7.1 illustrates how close to home the social lives of these young parents revolved. This helps contribute to understanding why neighbours featured so prominently in determining the way neighbourhoods were perceived by parents (Chapter Five).

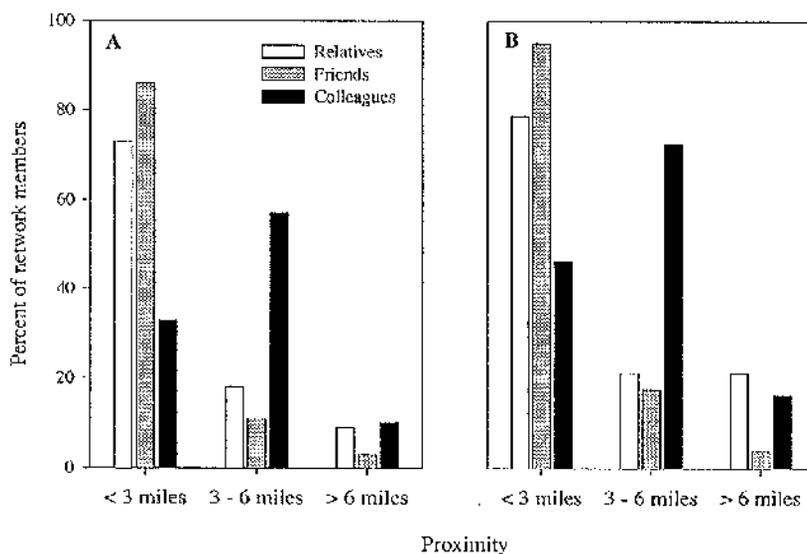


Figure 7.1 Proximity of social network members in relation to their social role, at start (A) and at follow-up (B).

#### 7.4 Impact of the nurseries on informal social networks.

Use of the nursery appeared to be related to changes in informal social networks in two main ways. The number and nature of friendships and the density of informal social networks both changed.

##### Friendships

When Jimmy was asked, along with other respondents, whether or not he knew any

other users of the nursery prior to Alan's attendance, like over half (60%), he did not. By the time of follow-up, those who still knew no others had fallen substantially to 28%. Most parents (75%) commented that using the nursery had made some or a lot of positive impact on their friendships. This was experienced either, *directly* by providing opportunities to meet other parents who used the same nursery or family centre, or *indirectly* on the quality of relationships or by providing time to participate in other activities or work. No respondents thought that the nursery had resulted in negative changes to their friendships. Jimmy commented:

*"Having a place at the nursery has given me time for myself. I've been able to do more things. I organise my life around Alan's placement. I've been able to pursue other interests, like counselling people with the same sorts of alcohol problems I've been through. I visit them at their own homes. I can do household things while he is in nursery or deal with any issues like going to the doctor or a lawyer's appointment. It gives me a break to charge my batteries and gives Alan a break from me. I've been more relaxed due to Alan being in the nursery so my relationships are more positive."*

Jimmy thought that despite his marriage break-up, he knew more parents at the nursery after a year than he had done previously and that the nursery had indirectly enhanced the quality of his relationships. It had enabled an increase of personal time and time to undertake household chores, making him less stressed and improved his perceptions of relationships with others.

He was not alone in viewing such changes as a result of the nursery:

*"I wouldn't be at college at all if I hadn't been able to get a place at the nursery. I've made a lot of new friends there and because Leanne has a full time place I can spend time meeting them for lunch or coffee – people who are doing the same course. We*

*can talk about the work we've got to do or the piece of work we've done and we can help each other out. Even if she was going part-time and had to be picked up at lunchtime I'd have missed out on this side of things and it's just as important as going to the classes."* (Social work nursery user: mother).

Another young mother who had few friends before she started to use the nursery commented that it had influenced her friendships 'a lot' and saw it as central to the development of reciprocal support.

*"We help one another and I babysit for most of them here. If you're badly needing to borrow you can turn to them. You can tell them your problems."*

### **Density of informal social networks – relatives, friends, neighbours and work colleagues**

Inter-connections between members within and across social networks (commonly referred to as social network *density* (Cochran and Brassard, 1979), can be indicative of wider integration of an individual into a community, of personal differences in attitudes, opportunities and skills and of the nature of the community itself (Wilmott, 1986). Krahn (1993) reported that parents of disabled children had smaller, denser networks and were indicative of higher stress levels. The extent to which members of a personal social network interact with each other was deemed relevant as a way to build an understanding of the social support available to users of the nurseries and family centres in this study and as an aspect of the neighbourhood contexts.

Jimmy reported "*no contact at all*", in either year of the study, between his relatives, members of his extended family, neighbours or friends. In this respect he again differed from the majority of other respondents. To assess the density of informal social networks, each respondent was asked how much contact there was between their relatives, friends, neighbours or work colleagues. Responses fell into three categories:

- **Dense** networks in which there was a lot of contact between network members. Respondents classified as having dense networks made comments like, *“All my family, friends and neighbours know each other. A lot of them were brought up here.”*
- **Diffuse** networks in which there was some more limited contact between members, usually dependent on the presence of the respondent: *“Most of them know each other but they wouldn’t meet up if I wasn’t there”*
- **Compartmentalised** networks in which members of one network group (e.g. relatives) rarely, if ever, met members of another group (e.g. friends).

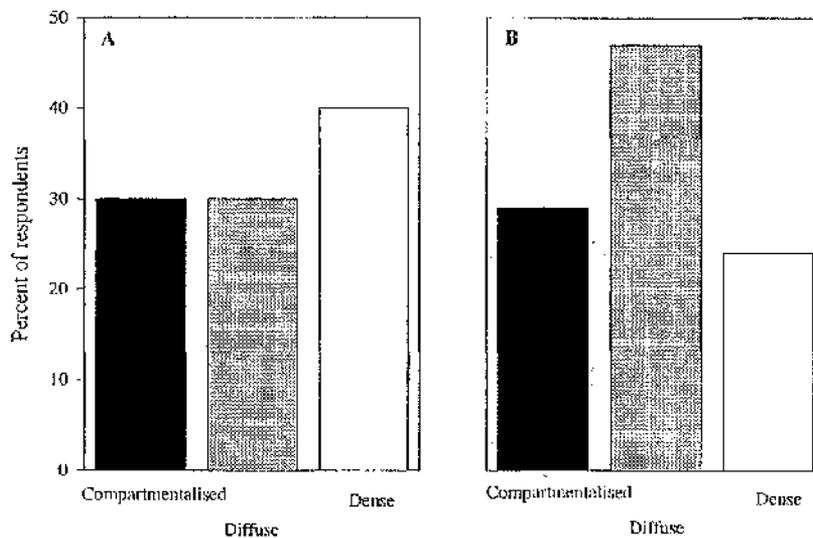


Figure 7.2 Density of social network at start of study (A) and at follow-up (B).

Figure 7.2 illustrates that at the start of the study, the largest category of respondents - just under half (40%) reported that they had dense networks. By the following year, this had changed and the largest group of respondents (47%) said that they had diffuse networks. It is acknowledged that this was a fairly limited assessment of network density and that reported changes were not found to be statistically significant. However, interesting patterns were observed, nonetheless. It could be speculated that prior to integration into a nursery or family centre, most parents' lives were based on existing family ties and friendships. As the year progressed, children

and/or parents spent more time in the nursery or apart from their child, opportunities to meet others increased and diversified the range of relationships. The overlap between friends and neighbours mentioned in the previous section contributes to a general view that the neighbourhoods tended towards being fairly *close knit*.

### **7.5 Social networks and social support**

Comments from mothers in the previous section indicate that supportive relationships, with reciprocity as an integral part, grew out of new social contacts, related in different ways to the use of a nursery. The maintenance of reciprocity, like the opportunity and ability to choose the right person are important elements of developing supportive relationships (Dunst et al, 1988). Increasing the number of people one meets and talks with increases the opportunity of meeting people who may be able to offer help when needed. Social networks conceptually link all the people with whom one has some form of contact in the course of daily living. They embrace important elements of the context in which individuals live, providing the framework in which potential sources of support can be found, although not all contacts are meaningful or supportive. The support network is a sub-set of this larger social network made up exclusively from those who may give help from time to time (Willmott, 1986).

*"I was ashamed that I needed help. I didn't want anyone to know. Ann was around of course. I don't see most of my relatives. Folk I thought were friends were really just someone to meet for a drink down the pub. I didn't know the neighbours much. Anyway, there were a lot of moves near us. In the end it was the health visitor who got Alan a nursery place after we moved."*

Jimmy described some need he had for support then talked about the people he knew and whether or not he saw them as able to provide him with the kind of help he needed. Like social networks, support networks can also be analysed in terms of their structure and function, (DePanfilis, 1996). Research has linked various

components of social support to effective parenting and parental wellbeing (See chapter 4 for review of literature on social support). Consideration of findings will now focus on some aspects of nursery users' support networks. Although many other characteristics of the support network including multiplexity and reciprocity have been found to have a bearing on parenting and the development of the child, the findings reported here will be limited to the size, composition, source and various functions of support networks.

## **7.6 Structure of social support networks**

### **Size**

The size of a perceived support network alone can contribute little to understanding the quality or impact of that support but can be a descriptive starting point for a wider picture. For example, the size of a support network is related to parental distress and to the presence of a child illness or disability (Krahn, 1993). A small network size has been seen to represent *social isolation*, increasing risks of child maltreatment (Salzinger et al., 1983).

Jimmy had been through a personal crisis and period of self-evaluation. He saw himself as embarking on the next phase of his life. At the time the study began, Jimmy named 13 persons who were available to help him in various ways but his circumstances changed considerably over the next year. He separated from his wife, entered a new personal relationship and lived as a lone parent. The composition of his support network changed at the same time it also grew smaller (10). The persons he identified now included his girlfriend, minister, sister, nursery workers and a smaller number of friends. He no longer saw his general practitioner as often as before. Although he no longer lived with his wife they had a reasonably supportive friendship and she featured as a continuing part of Jimmy and Alan's lives. Jimmy had rarely gone out socially in the previous year but now went regularly to social activities at his church with which he had become increasingly involved. He also spent more time on voluntary work as an alcohol counsellor. Changes in the composition of those he relied upon to offer help may also have indicated changes in his needs and/or the quality of available support over the period.

In contrast to the majority, Jimmy's support network decreased over the year but he still had a slightly larger, average number of supporters than most. The mean size of support networks in the sample was initially seven persons increasing to nine at follow-up (matched pair t-test:  $t = -5.93$ ,  $p < 0.01$ ) (See Table 7a in Appendix for means, ranges and standard deviations). In this context, widespread increases meant that most parents had more people to whom they could turn for help by the time of follow-up. Although all respondents had the use of early years' provision in common, it cannot simply be assumed that this was a direct cause but it may have been a factor. The comparison of mean scores can give a crude measure of change in groups but the wide ranges in the size of support networks indicated considerable variability between parents, including a few who perceived virtually no one who could offer support.

#### **Composition of support networks: social roles**

Not only did support network sizes vary from one person to the next, there were also differences in composition. While some respondents depended entirely on relatives for help of all kinds, others had friends who would give assistance to complement support from a member of staff at the nursery or a health visitor. Some studies on social support and parenting (See Krahn, 1993) have shown that support needs require to be met by different members of the support network fulfilling specific social roles (e.g. partner, friend, doctor). As a way of looking at this more closely, all respondents were asked, at the beginning of the study and again a year later, to identify each person available to provide support, their gender and relationship to the respondent. The relationships identified by the respondents encompassed the following social roles:

- **Partners** through marriage or intimacy - husband, wife, co-habitee (there were no reported same sex partners in this sample).
- **Relatives** or kin as a result of blood ties or marriage - parents, children, siblings, cousins, in-laws, ex-spouse and ex-in laws. A total of 19 categories of kin relatives were identified in the study.
- **Friends** or persons who were more than acquaintances, which might include other nursery users and neighbours.

- **Professionals** such as a general practitioner, health visitor, social worker, teacher, priest or minister, housing officer, voluntary organisation staff, housing officer, childminder, advice worker or volunteer.
- **Nursery (family centre) staff** or paid nursery employees including nursery nurses, managers, depute managers, centre workers, headteachers and teachers dependent upon the nursery management and organisation.

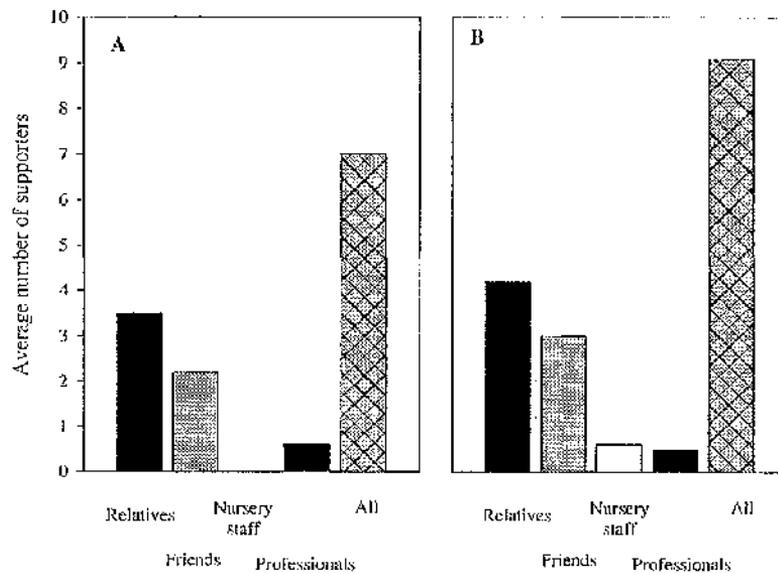


Figure 7.3 Changes in size and composition of social support networks in relation to social role at start of study (A) and at follow-up (B).

In Jimmy's situation he initially sought support from a combination of professionals (his general practitioner and two nursery staff), friends and his wife. A year later he continued to rely on some professional help alongside that of his girlfriend, minister and friends.

The support networks of the entire sample were analysed (excluding partners) to examine who was named most frequently. Mean scores were used to summarise the findings (means, ranges and standard deviations are shown in Table 7b in Appendix). Relatives outnumbered all other sources of support at the start and at follow-up. This is illustrated in Figure 7.3. Matched pair t-tests showed that the increase in network sizes between start and follow-up were greater than those expected by

chance ( $t = 5.92, p < 0.05$ ). Professionals, including nursery staff seemed to play a minor, but fairly constant part in the support of some parents, although over half did not identify either as sources of support at the start or follow-up. Use of a nursery was linked to substantial increases in support from relatives and friends. Since the support measure was based on parents' perceptions of increased numbers of potential supporters rather than enacted support, it cannot be said whether, in reality they had more supporters or felt that they had. Since the perception of support, rather than enacted support, has been found to be effective in reducing stress (Barrera, 1986), this finding is relevant. Partners are thought to have a particular importance to support (positively and negatively) and this will be considered in more detail below.

### **Composition – informal and formal sources**

*"If I've got a personal, private problem then the first person I talk it through with will be Anne. It's the same for her. It's been a difficult time for me and it matters a lot to have someone I can trust to talk to. As well as Anne, I can talk to a couple of my friends. It depends really what the problem is - if it's to do with drinking then I go to my doctor but I've talked to staff at the nursery too."*

Like Jimmy, all of the users of the nurseries, with only one exception, said they would turn to a combination of people when the needs arose. The social roles of those persons who were identified as supportive were grouped into either **informal** or **formal** sources of support.

Informal support comprised:

- **partners**
- **relatives**
- **friends**

Formal support came from:

- **professionals**
- **centre staff**

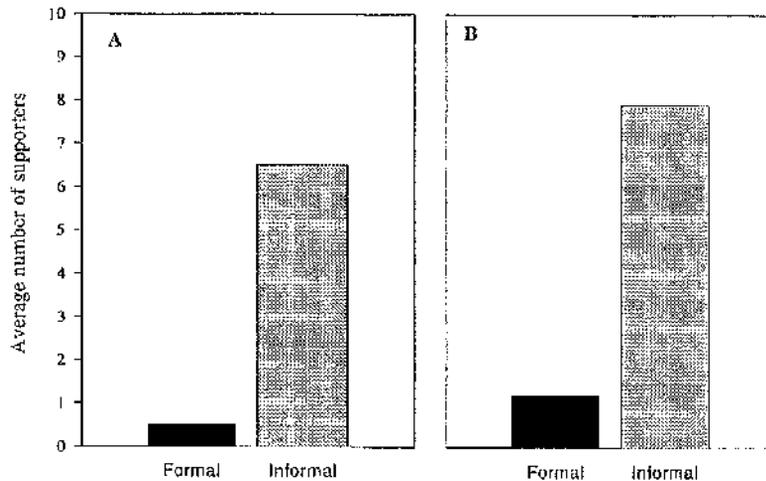


Figure 7.4 Sources of support (formal and informal) at start of study (A) and at follow-up (B).

Figure 7.4 shows that the composition of support networks were shown to be predominately made up from informal sources in both years, (a mean of 6.5 informal supporters at the start, and 8 persons, the following year with a range from 0-14 each year). This compared to respective means of 0.6 (ranging from 0-5), and 1.1 formal supporters (ranging from 0-4). Matched pair t-tests were used to check changes in the size of both informal ( $t = -4.7, p < 0.01$ ) and formal ( $t = -3.2, p < 0.01$ ) support networks over the course of the year. Increases were greater than might have been expected by chance. It is therefore of particular relevance that support from relatives and friends increased substantially alongside increased use of a nursery.

### 7.7 Functions and sources of support.

*"I can talk to him about my worries, borrow money from him if I'm short. Rab would give me a lift to the shops or pick something up for me if need be."*  
(Jimmy)

Jimmy highlighted that he would rely on Rab for some kinds of support but not others. Parents made decisions about the most appropriate person to ask for specific types of support. In this study support needs were identified in each of the following categories (See Chapter Four):

- Emotional
- Material
- Advice
- Positive feedback
- Help with children
- Other practical help
- Social

Informal supporters featured most prominently in the lives of the parents in the study but it was thought valuable to know more about what kinds of support they provided in comparison to formal supporters. Since there is some ambiguity in the literature about whether kin or non-kin are most important as sources of help to parents (See Chapter Three), it was decided to consider relatives and friends separately, as well as the two main categories of formal support identified earlier (professionals and centre staff). The mean numbers of supporters, in each category, at the start of the study (A), and follow-up (B), are given in Figure 7.5. More detailed descriptive statistics are given in the Appendix, Table 7b. Caution should be used when drawing conclusions due to very small means in each group and consequently, differences between them. Ranges could be relatively wide, masking extreme differences between a few individuals. Means, ranges and standard deviations are given in the Appendix, Table 7b. It should also be borne in mind that findings relate only to numbers of supporters rather than frequency or quality of support. Nevertheless, interesting patterns were observed in Figure 7.5.

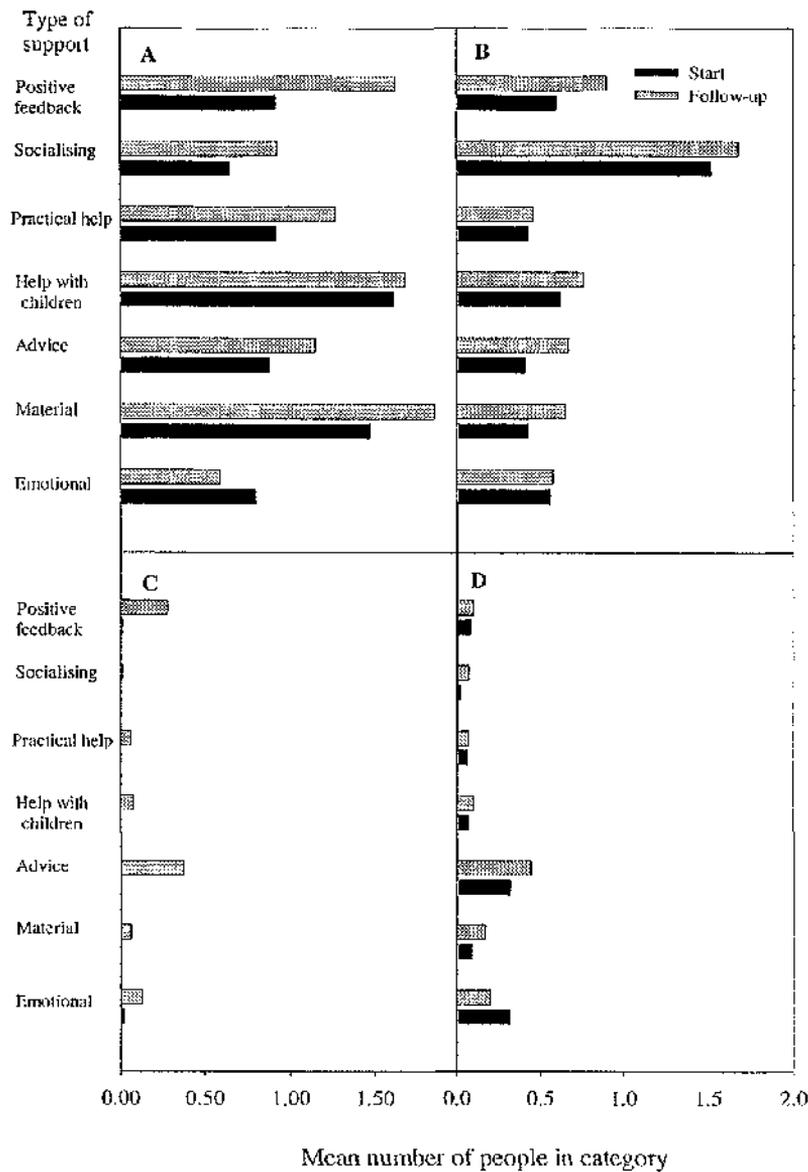


Figure 7.5 The support roles of relatives (A), friends (B), early years' services staff (C) and other professionals (D).

Relatives were available to give a very wide range of support and appeared to be a key source for all types of help, a view supported by Finch and Mason, (1993) but equally friends were also very visible.

The number of relatives seen to give all types of support increased from the start of the study except for emotional support where a decrease was observed, although *quality* of emotional support could be considered more important than the numbers available to provide it. This may also have been a reflection of changes in perceptions of support needs. More about the relationship between the perceptions of the availability of support and needs for support are explored in Chapter Nine.

Relatives were seen as particularly prominent in giving help with childcare and material support, possibly compensating for the lack of perceived support in this area from partners (See below and Ferri and Smith, 1996).

A larger number of friends were identified as potential supporters than before. Friends featured most prominently in socialising and as people that gave positive feedback. The increased numbers of friends offering advice, helping with children and providing material support may have reflected the development of mutual support and reciprocity amongst those who said that they had developed friendships with other parents with young children. This would be compatible with the observable stability in practical support, such as help with housework or with shopping, as friends, unlike many relatives, also had young children and had their own high demands in this area.

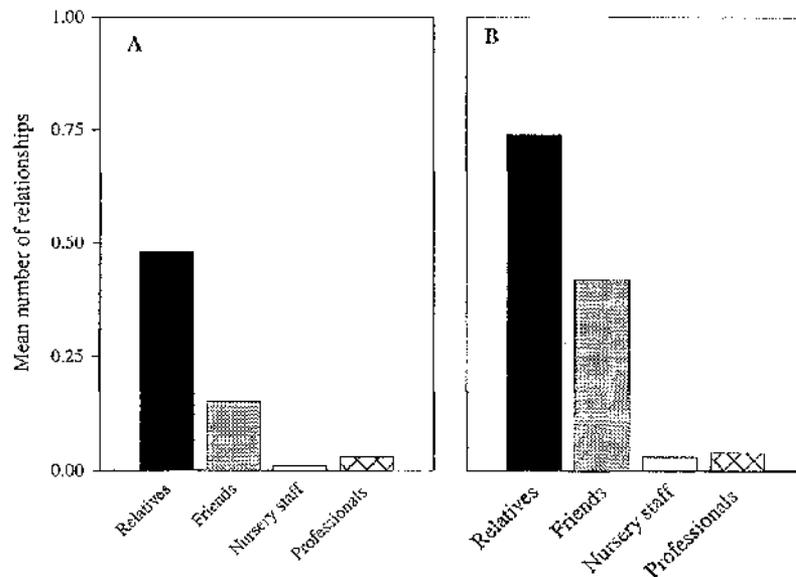


Figure 7.6 Sources of conflict (by social role) at start of study (A) and at follow-up (B).

Nursery staff and other professionals including general practitioners, health visitors and social workers featured in a relatively small way in the lives of most families. This varied considerably for individual parents and was affected by the type of provision used. The nature of relationships between parents and professionals was also very different in content as well as quantity. Professionals gave advice, some emotional support and provided access to some material support. Although nursery staff were not mentioned as supporters by almost all parents at the start of the study, and this remained the case for most parents throughout, their supportive role expanded as relationships with a few parents developed over the course of the year. Their role in giving positive feedback was mentioned more often than it was for other professionals and this might be a particularly important aspect of nursery and family centre support, contributing to increased self-confidence and self-affirmation. This warrants further study and examination for policy and practice implications.

A similar analysis of potential conflicted relationships showed that alongside increased support were anticipated increased sources of conflict. Figure 7.6 shows that this is most likely with relatives and slightly less so with friends. Although this was probably related to the amount of exposure to members of each group, it did highlight the point made earlier in Chapter Three that support may come at a personal cost to the recipient (Belle, 1982).

*“Some of the other parents at this nursery are really awful – always arguing and talking behind your back. It puts you off. The parents’ room always has the same lot in it and they stay all day. I’ve stopped spending any time here now but I keep using the nursery because it is good for the bairn.”* (Source: Mother, social work nursery).

At follow-up, a mother from a social work nursery commented that she found the negative atmosphere in the parents’ room had discouraged her from spending time there. She had spent more time earlier but had become increasingly reluctant when she thought a clique had developed and made her feel unwelcome. Alongside

increased support, there can also be negative aspects to increased parental involvement in nurseries and family centres, placing additional demands on the social skills of parents and staff.

### **7.8 Influences of gender and household composition on support and conflict.**

The previous section highlighted that support is not only dependent on *whom* provides help, it also matters *what* the nature of that help might be. The characteristics of both the provider and recipient contribute to the complexity of understanding the support concept. In this study, this was observed through identifying similarities and differences in support available to particular groups of parents. It is acknowledged that individual differences are key to more in-depth understanding, however, the methodology adopted in this study favoured the examination of group patterns. This section will, therefore, explore group patterns of support by considering:

- Gender.
- Lone parents.
- Married or co-habiting parents - support from partners.
- Users of different types of nurseries or family centres.

#### **Gender.**

Jimmy saw his good friend, Rab, as someone he could turn to and ask for help of many kinds but not to watch Alan or take him to and from the nursery. Jimmy could think of only one friend (female) that he could ask to give him that sort of assistance. She had children of her own and as he found it difficult to reciprocate, this help was limited.

Women provide most of the support and care in our society as mothers, daughters or paid employees. This assertion has been made by many authors on social policy (c.g. Williams, 1989; Fox Harding, 1991). Belle (1991) reviewed the literature on gender differences in social support as a moderator of stress and found that women maintained, provided and used social support more frequently and in different ways to men. In a number of ways this was evident in this study also. Almost all of the

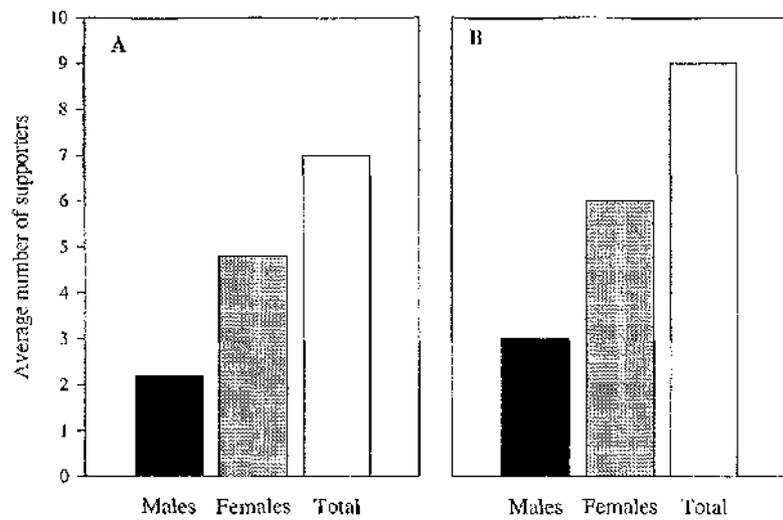


Figure 7.7 Gender of available supporters at start of study (A) and at follow-up (B).

respondents in the sample were women although, in principle, the prime carer could have been either male or female, and therefore, their support networks were a reflection of gender as well as role in the family. It was found that there were greater numbers of women than men available to provide support. At the start of the study the mean number of female supporters was 4.8 in contrast to 2.2 men. The following year this had increased to respective means of six and three persons (See Figure 7.7). The maximum number of female supporters in any single support network was 13, while seven was the maximum number of men (See Appendix, Table 7b for means, ranges and standard deviations).

In summary, there were approximately two women to every man reported as available to provide support in both years. The sample was largely made up of female respondents but even when the three males were excluded from the calculations, the ratios above remained the same. Although no generalisations can be made from this finding alone, unlike the majority of the mothers in the sample, Jimmy and the two other fathers had more men, than women, as supporters.

The male respondents lived in different circumstances. Two of the fathers were married with wives who had health problems. All households were in receipt of income support. One of the men had a large informal support network that comprised relatives only. The other two had average-sized networks. The fathers had more varied outings than was found in the rest of the sample, including golf,

darts club, pub and church. One of the men was also a volunteer counsellor and visited the homes of clients while his son attended the centre.

### **Lone parents**

*"Last year Anne and I were together but now things have changed and we've split up. We didn't want to upset Alan any more than we had to and he has his room and his place at the nursery. And because it has always been me looking after him during the day, I'm quite involved at the nursery too. I know the staff and some of the other parents there pretty well now."*  
(Jimmy).

Jimmy was married when the research began but the following year he was a lone parent. His story illustrates the transitory nature of much lone parenthood, estimated to last approximately three to five years (FPSC, 1990). Early parenthood is considered as a particularly stressful life-stage and that support can help act as a buffer or stress mediator (See Chapter Three). Lone parents may have less access to support since they have fewer people to turn to when they need support (Gunnarsson and Cochran, 1990). There were relatively high numbers of lone parents in this study, including Jimmy and it was therefore deemed relevant to find out more about their experiences of support.

Lone parents tended to have smaller support networks than others at the start of the study and at follow-up, even when partners were excluded from analysis. These differences were small and not statistically significant. This changes when support networks are separated by source, (See Tables 7c and 7d in Appendix). At follow-up, lone parents had significantly ( $F = 5.3, p < 0.05$ ) increased reliance on formal sources of support in comparison to other parents. Lone parents had an average of 0.7 formal supporters increasing to 1.6 persons the following year. Other parents continued to have an average of less than one formal supporter in each year (0.6 increasing to 0.9).

*"If I'm desperate I can contact Sheila (a member of staff). She is always willing to listen and I know that what I say goes no further"* (Jimmy).

It was thought that lone parents differed from other parents in their use of support from different sources. Analysis of variance was used to determine whether or not there were any statistically significant differences, at the start of the study and at follow-up. Analysis was conducted separately on the numbers of formal and informal supporters identified as available to help in each of the following ways - emotional, material, advice, positive feedback, child care, practical and social support. The exclusion of partners from analysis was thought to highlight areas in which lone parents differed from others.

Most of the respondents, both lone parents and others relied on between one and two informal supporters (1.2 to 2.6 persons) to provide each type of support. Many respondents (none from education nurseries) did not identify any professionals or nursery staff as potential sources of support. At follow-up, the differences were again statistically inconsequential except in the area of emotional support where lone parents formal and informal support networks were both shown to be slightly larger than those of others ( $p < 0.05$ ) (See Appendix Table 7e). Caution needs to be expressed again, in view of the small mean numbers used in the analysis, however, they were useful in highlighting that lone parents did not differ from others in the number of supporters they had except in relation to emotional support. This may be a key form of support provided by partners, as indicated in some literature (see Chapter Three) and an area in which lone parents have to adapt and develop other sources with implications for policy and practice. The experiences of support from partners will be considered below. It was also of note that in Chapter Five, lone parents tended to spend twice as much time at the nursery as other parents.

### **Lone parents and conflict**

Lone parents did not appear to differ from others in the extent of conflict in their support networks. In both years, lone parents experienced disagreements with around the same mean number of persons as other respondents in both their formal (0.04 to 0.25 persons) and informal (1 to 1.75 persons) support networks. While the

mean number of people, overall, with whom disagreements were likely, increased slightly, from 1.1 to 1.6 persons ( $t = -3.42, p < 0.01$ ) over the year this was most likely to be with friends and relatives ( $t = -2.73, p < 0.01$ ) rather than professionals and nursery workers ( $t = -0.81, p > 0.05$ ).

### **Married or co-habiting parents: support from partners**

Partners can be a major source of emotional support that can act as a protective factor against depression in women (Brown and Harris, 1978) as well as child abuse and neglect (Gilgun, 1996). Since a large proportion (approximately 33%) of the respondents in this study were without partners, it was relevant to examine the support available to the rest from their partners. This provided a means of identifying potential gaps in support available to lone parents. A very small number of married or co-habiting respondents (five at the start and three at follow-up) said they had *no support*, of any kind, from their partners. In contrast, all lone parents were without support from another adult living in the same household, however, a minority felt they got some support from a partner or ex-partner who lived outside the home. Lone parenthood is not synonymous with total absence of support although it sometimes appears to be portrayed that way in policy and practice.

Similarly, it was found in this study, as elsewhere (See Chapter Three), that being married did not automatically mean that wives had ready access to all types of support. While most women found their partners to be supportive in some ways, this was not universal and social isolation could equally be found in the homes of married couples, as this comment indicated:

*“I get lonely – the nursery gives me company. My man is out all the time”* (Source: Mother, family centre.)

Figure 7.8 contrasted the availability of different types of support from partners in two parent households. For the majority of married (or co-habiting) respondents, partners were most often viewed as available to give positive feedback, as someone with whom they could socialise or as confidantes. Fewer than half of the

respondents saw their partners as someone who could provide support of a practical nature although this increased the following year. When it came down to sharing the care of their children, help was not seen as available from almost two thirds of partners in both years. The three men in the sample all included their (ex-) partners as potential helpers with the care of children but this was not so for most of the women. In conclusion, partners made most contribution to the social and emotional aspects of their spouses' lives and least contribution to running the household and caring for children.

These findings supported those of Burghes et al., (1997) who found that the majority of mothers still do most of the core household and childcare tasks although men are more likely to do so if their partner is the only one in the household in paid

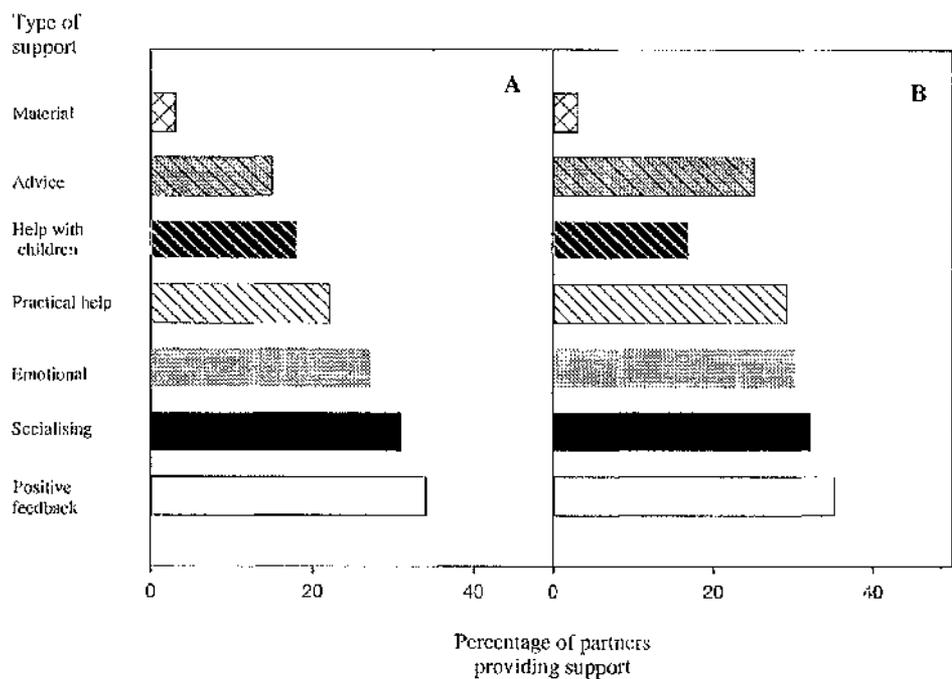


Figure 7.8 Comparison of types of support provided by partners at start of study (A) and at follow-up (B).

employment. Moss, (1995) also expressed views that in Europe and the USA, men as fathers take little active responsibility in the care of their children and the life of the home though changes in social policy and employment patterns were needed to promote this.

## **Conflict between partners**

*“Until Anne and I split up we argued quite a bit but now we’re not living together we get on a lot better. There’s not the same pressures. I’ve got my life and she’s got hers.”* (Source: Jimmy).

Increased conflict often accompanies supportive relationships, as indicated earlier and those with partners were no exception. Nearly half (40%) of those with partners viewed them as a potential source of conflict. This increased to 45% at follow-up. Some found their partners never to be supportive and were only a source of conflict. Each person had unique expectations, experiences and tolerance of support and conflict, sometimes leading to major decisions affecting their lives, like divorce and separation. In Jimmy’s case, he perceived the balance between conflict, emotional support and positive feedback no longer made their living situation tolerable. No doubt, his wife had another perspective but the outcome for the family, regardless of the detail resulted in separation. Jimmy then viewed the balance between conflict and support to have adjusted and their relationship, although different, improved.

## **Users of nurseries and family centres: support and conflict**

Throughout the study, the users of social work nurseries had fewer people available to provide help. Those who used family centres had most. Although the differences between mean sizes of networks were not found to be statistically significant, a pattern was observed nonetheless with the users of social work nurseries consistently having fewer supporters available to provide each type of help. At the beginning of the study the support networks of users of different nurseries were similar in the number of formal and informal supporters, however, there were some important differences. The users of social work nurseries had fewer people in their informal networks to give them material support ( $F = 4.4, p < 0.05$ ), or advice ( $F = 3.2, p < 0.05$ ). They were also found to use more formal sources of emotional support than those who used either education or family nurseries ( $F = 3.8, p < 0.05$ ). At follow-up, although differences remained, they were no longer of statistical significance. There were no obvious differences between the numbers of conflicted relationships and the use of either types of nursery or family centre. Chapter Nine will re-examine relative needs and satisfaction with support as a quantitative measure of the quality

of support parents received, and the enabling influence of nurseries and family centres.

A similar pattern was observed with more of those who used nurseries in the North having more supporters ( $F = 4.8, p < 0.05$ ) than those in the South and no differences in the amount of conflict. However, sample bias might also have had a part to play since most of those in the sample in the South attended social work nurseries.

Caution needs to be expressed again when drawing conclusions, but it did appear to indicate that those who used social work nurseries tended to have fewer sources of support.

### **7.9 Summary**

Almost all respondents (approximately 70%) lived within three miles of their extended family and the majority of their friends (approximately 80%). Those who worked often lived in the same neighbourhood as their colleagues. Many neighbours were considered as friends. The nurseries and family centres were all located in the hearts of these closely-knit communities that provided the context for many dense social networks where interconnections were strong.

After a year of using the nurseries, the majority (75%) of parents thought that it had positively influenced the number and quality of their friendships with increasing diffusion reported in their social networks. Some met new friends through spending time in the nursery or visiting regularly to drop off or pick their child up while a few others had more time to develop friendships at college or work. Reciprocity was often mentioned as part of the development of relationships.

Mean scores of perceived support were used as a means of summarising the size, structure and sources of support. This meant that a general picture of experiences was given, although it was recognised that there were some parents who had virtually no support and others with access to a lot. Since support networks are not static, changing according to individual circumstances and periods of psycho-transition (Cochran, 1990), comparisons were made between support at the start and at follow-

up. Parents' views of increased social contacts were borne out and seen in increased support of all types. Support from relatives and friends increased substantially alongside increased use of a nursery. Whether these reflected changes in perception or actual support is not known but perceptions matter most in relieving stress (Barrera, 1986). As the size of support networks grew, so also did the number of conflicted relationships.

Support was dependent on the characteristics of the receiver and the provider. Most parents relied on their partners or other members of their informal network for support. A small number of parents, often those attending social work nurseries, grew increasingly reliant on formal sources of support, particularly nursery staff, as the year passed.

Caring and support was overwhelmingly provided by, and for, women. Help with childcare was mainly given by female relatives (e.g. Williams, 1989). However, as men slowly take increasing responsibility for children and the home, they need to have similar access to a range of support and the skills to use and develop it.

Support had several functions - to provide emotional, material, social or practical support as well as help with childcare, giving advice or positive feedback. The source of support was often dependent on the nature of support required. For example, relatives featured as a main source for all types of support, but friends were generally relied more upon for socialising. Formal supporters mainly gave advice to parents. It was noticed that at follow-up, nursery staff were also a source of positive feedback and emotional support, particularly for some lone parents. Lone parents had fewer people to support them than those with partners, even when the partner was excluded from analysis. Some lone parents appeared to adapt to this, spending more time at the nursery, finding emotional support and advice more often from formal sources than other parents.

Support from the majority of partners made the greatest contribution to the social and emotional aspects of their spouses' lives and least contribution to running the

household and caring for children. Partners were seen as equally supportive and argumentative by around a half of married or co-habiting respondents.

The implications of functional differences between the three types of nurseries and the admissions policies and practices began to emerge more clearly. It can be seen from preceding chapters, and this one, that the most vulnerable families, with the fewest number of supporters, were more often found in social work nurseries where they had access to staff who provided a range of supports. They were most likely to have been directed towards the use of the nursery and referred because of a social problem. A possible consequence of this entry route was that access to informal support was limited due to similarity in the circumstances between users. Despite this there was still some increase in informal support between users in the course of the year. Parents who used education nurseries had larger support networks and none relied on nursery staff. This was not surprising since they had already shown themselves to be proactive in getting a place in their selected nursery and had been influenced by their contacts with family and friends in doing so. As a whole, this group of parents may have been most likely to already have developed and been using their informal sources of support reasonably effectively to help them cope with the demands of parenthood. Users of family centres had the largest and most diverse networks of all groups of users. This may, in part, have illustrated the operation of flexible and open admissions policy and practices. Family centres were used by very mixed types of families due partly to the informal nature of relationships between staff and families and the relatively easy routes of access. Parents with clear views about the nature and types of extra support they needed were able to shape the services provided. Alternative styles of service delivery, flexibility and outreach may have appealed to more socially isolated families who lived nearby. Shared responsibilities for activities brought families together within the centre and enabled those with most support to help those with little. Many parents reported that their self-confidence had increased as a result of formal support from staff, such as giving positive feedback, and/or from the development of new, stronger friendships. A number of parents mentioned that they felt less need for practical and material support than before because of this. The quality of support may be best understood

through in-depth interview, rather than a more quantitative analysis. Interesting patterns can be observed nonetheless.

In the next chapter the sample will be compared further to see whether the range of stressors, like poverty and few supports, were reflected in the levels of parenting stress and wellbeing. Chapter Nine goes on to consider the accuracy of commonly held views of those with few resources as especially vulnerable and in need of social support and the roles nurseries and family centres play in this.

## **Chapter 8. Parenting stress and wellbeing and relationships to children's development.**

*"Becoming a parent is a major point of transition and the birth of a first child has an enormous impact on the individual's life in a range of ways: psychological, economic and social"* (Busfield, 1987: 67).

### **8.1 Introduction**

Parenting introduces a range of new pressures as well as rewards. For any individual, the total experience of motherhood or fatherhood is unique, while many of the stresses are similar to those experienced by other parents. Social, cultural, gender and economic factors as well as individual circumstances and personality traits combine to make this so (Busfield, 1987; Burghes et al., 1997). In the context of this study, it is also viewed as a major time of stress, leading to an exploration of the support contribution made by nurseries and family centres in the early stages of childhood. First of all, family characteristics and other potentially chronic stressors such as poverty, lone parenthood and delay in child development were outlined in earlier chapters (five and six). The majority of the sample had incomes below the poverty level, with a higher proportion of the users of social work nurseries encountering a number of potentially adverse conditions.

*"The health impact of stressful events not only depends on the nature of these events, but also on individuals' ability to cope with a crisis and on the extent to which they receive social support from relatives, friends and other members of their social network."* (Stroebe and Stroebe, 1995: 10).

As highlighted in Chapter Three, social support helps people cope with stressful life events and so this led to a review (in Chapter Seven) of parents' support networks in this study, highlighting an expansion in the availability of support and increasing reliance on formal sources of support for a few. In this chapter, the status of the

levels of parents' stress and wellbeing will be examined at the start of the study and again later, after using a nursery for a year. The theoretical relationship between stress and wellbeing was discussed earlier (Chapter Three) and the specific links within the present sample will be identified in the second half of this chapter.

In an ecological perspective, it is thought that the stress level and wellbeing of the parent dynamically interacts with the child's development. If this is so, then this will be found in relationships between these elements. It has been argued by Sheppard (1997) that anxiety and depression are more common amongst parents than widely thought and this has an adverse effect on child development. Similarly, others such as Garbarino (1990) have highlighted the jeopardy to the parent-child relationship that is created by poverty and lack of resources. Relationships between parental stress and wellbeing and child development and behaviour will be considered in this chapter. Key themes of the chapter were illustrated by the accounts of a lone parent, Eileen, who went to a family centre.

The chapter will be sub-divided as follows:

- Eileen's story.
- Parenting stress.
- Parental wellbeing.
- Relationships between parental stress and wellbeing.
- Children's wellbeing.
- Family wellbeing: relationships between parental stress and wellbeing and children's development and behaviour.
- Summary.

## **8.2 Eileen's story**

Eileen was 32 years old and lived with her three children in a flat in the South neighbourhood. As a lone mother, looking after the home and caring for children were her full-time occupation so she was in receipt of income support and housing benefit. Eileen gave birth to her eldest daughter, Carrie, when she was still a teenager and had not been in full-time paid employment since she worked at a local factory, prior to the birth. After Carrie's birth she married the baby's father, Dave,

and they had another child, Ian (9). Eileen and Dave split up and Dave remarried, settling in another part of Dundee. There was no contact of any kind between Eileen and Dave or his children. Following a brief relationship with another man, Eileen became pregnant. Her daughter, Emma, is now two years old. Although she told him about the pregnancy, they drifted apart and by the time Emma was born Eileen had not heard from him for six months.

At the beginning of the study, Carrie was aged 13 years and attended secondary school nearby. Ian was at primary school and went to an after-school club held at the family centre once a week. Eileen and Emma also went there for a parent and toddler group twice a week. There, she had an opportunity to meet informally with staff and other parents, sharing some of her ideas and anxieties about all aspects of herself, her family and home. She picked up advice, information and learned from hearing the experiences of others over a cup of coffee. They often made her think more about her own beliefs and attitudes, mostly about parenting. Eileen explained, “*She's too wee to go to nursery on her own. She gets to see other bairns and I get to know some of the other parents*”.

Eileen had few people she relied upon for support. There were only four people, mainly her immediate family, and a close friend, Sheila. She only asked for help when she thought there was no alternative as she felt it her moral responsibility to manage. She sometimes asked Sheila to help out in practical ways by picking up her son from his club. As she was able to do the same sort of thing for Sheila from time to time, she thought this was acceptable to them both. Like Jimmy, Lynne and others, highlighted in previous chapters, reciprocity was an important aspect of their relationships, particularly with friends.

### **8.3 Parenting stress**

*“It's quite a bit to get organised every day – what with the three of them. There is always something to do and something they need money for.*

*Sometimes I don't see how I can keep up with all*

*the bills and expense. Not that I'm complaining. If it wasn't for the bairns I think I'd feel worse."*

Like most other unemployed lone mothers, bringing up their families and taking care of the home, Eileen's life revolved around the needs of her children and the various school and nursery starting and finishing times and holidays. She had insufficient money to take them away for a break nor could she afford to take the bus into town more than once a week. Even that was too much if one of the children needed some new clothes or had a school outing or event. Although she often found Emma to be demanding and irritable, she did not like to ask Emma's older brother and sister to be involved with her care, as she did not see this as their responsibility. The children's needs were generally placed before her own, and her sense of maternal responsibility to personally ensure their wellbeing contributed to her reluctance to ask for help, adding to the pressures placed upon her.

It was not surprising to find that Eileen had a particularly high parenting stress score (111) when she completed the PSI/SF questionnaire, (More information on the PSI/SF is in Chapter 4 on Design and Methodology). Abidin (1990) identified a threshold score of 90 as indicative of a parent experiencing *clinically significant levels of stress*. On all three dimensions, *parental distress*, *difficult child* and *dysfunctional parent-child relations*, she scored above the 90<sup>th</sup> percentile for this sample.

Although the critical threshold identified by Abidin was based on a general population of parents in the USA, studies in the UK (Golombok et al., 1995, 1997) have shown these measures and critical scores to be valid and reliable in this national context. Golombok et al. (1995) contrasted the quality of parenting and the social and emotional development of children conceived by donor insemination and in-vitro fertilisation with control groups of adopted children and those that were conceived naturally. The sample was mainly middle-class and the children were slightly older, aged between four and eight years. In these main ways, the sample differed from the group in Dundee. Golombok et al. (1995) found the mean PSI/SF

scores of most, with the exception of the parents of children conceived naturally were at, or below, the mean of 71 (Abidin, 1990).

In comparison to other users of the Dundee nurseries, Eileen stood alongside a third (33%) who had scores above the *clinical case* threshold, as Table 8.1 illustrated. Given the socio-economic characteristics of the sample the extent of stress compared with Golombok's middle-class sample, was unsurprising. Even in this highly stressed group, Eileen's score was one of the highest. At follow-up, Eileen's score decreased to 95 showing some improvement but it was still above the threshold. In the rest of the sample, the mean had fallen, the range of scores had also decreased significantly ( $p < 0.01$ ). There were now a quarter (25%) of parents with critical stress scores and although Eileen's stress level had fallen she was still experiencing considerable pressure.

Table 8.1 Changes in *parenting stress* (PSI/SF) scores between start and follow-up in comparison with norms identified by Abidin (1990)

	PSI/SF Scores		Norms (Abidin, 1990)
	Year 1 (n = 85)	Year 2 (n = 71)	
Mean	85.5	78.0	71.0
<b>Standard deviation</b>	20.1	18.0	15.4
<b>Range</b>	51-155	38-116	-
<b>Mode</b>	82	69	-
<b>% scoring at or above 90+ threshold</b>	33	25	10

t-test for matched pairs between start and follow-up:  $t = 4.00$ ,  $p < 0.01$ .

The Dundee sample was smaller at follow-up because 14 mothers were either unavailable or had moved out of the area. Those that were missing were looked at further to see if the significant drop in reported stress levels might have resulted from more high stress parents leaving the sample. It was found that both the highest and the lowest scorers belonged to this group. However, the proportion of critical scorers was similar with a mean score of 79.3 and standard deviation of 19.4 (See Appendix Table 8a (i)). It did not appear that missing cases at follow-up, in this regard, were so extremely different that results were distorted.

## 8.4 Parental wellbeing

Chapter Six reported parents responses to questions on health, indicating that many families had some health problems in the course of the study. The nature of the questions in the interview may have elicited information about chronic health problems, rather than more transient difficulties or those of shorter-term origin. In this chapter, wellbeing was explored primarily in terms of the mental health of the parents and measured using two separate, self-report questionnaires whose reliability and validity had been previously demonstrated (See Chapter Four and Appendix for copies of the measures). One of these formed a component of the PSI/SF and was termed the '*parental distress dimension*' (PSI/SF-pd). The other questionnaire was the short form of the General Health Questionnaire (GHQ12). It is a measure used to screen respondents for '*healthy functioning and psychological disturbance*' in which a high score indicates that the person may have a mental health problem of some kind of sufficient severity that treatment may be warranted – a '*case*'. The higher the score the increased likelihood of the presence of health problems and their potential severity. It is not sensitive to chronic conditions (Goldberg and Williams, 1988).

There were similarities in the nature of some of the questions asked in each measure although the PSI/SF-pd focused more on the parenting role while the GHQ12 has been widely used in a broad range of mental health studies (See Goldberg, 1978; Goldberg and Williams, 1988). A positive correlation between each was interpreted as supporting internal validity of the measures in this context. In the sample as a whole, the GHQ12 and the PSI/SF-pd were found to be statistically significantly correlated ( $p < 0.01$  at start,  $p < 0.05$  at follow-up) (See correlation Tables 8.7 and 8.8).

### **Parental distress: PSI/SF-pd.**

When the study started Eileen agreed with statements, '*I feel alone and without friends*' and '*Since having this child I have been unable to do new and different things*'. She did not agree, though, that she '*felt trapped by her responsibilities as a parent*'. These were all items on the *parental distress* dimension of the PSI/SF.

This dimension is related to feelings of lack of social support, impaired sense of parental competence, stresses associated with the restrictions placed on other life roles, conflict with the other parent and the presence of depression. Eileen scored 38 which, was higher than the mean for all respondents in this study and placed her amongst the highest 15%. A year later, her responses like the majority of others at follow-up were reduced and she scored only slightly higher than the sample mean of 27. For the group of parents as a whole, this was a highly statistically significant drop ( $p < 0.01$ ) (See Table 8.2). Therefore, it was concluded that, fewer parents were as distressed as the previous year, indicating a major reduction in risk for the majority.

**Table 8.2 Changes in parent distress (PSI-pd) scores between start and follow-up in comparison with norms identified by Abidin (1990).**

	PSI-pd scores		Norms (Abidin, 1990)
	Year 1 (n=85)	Year 1 (n=71)	
Mean score	30.1	27.0	26.4
Standard deviation	8.2	6.8	7.2
Range	14-58	12-45	-
Mode	26	24	-
% scoring at or above score of 36 threshold	26	10	10

t-test for matched pairs between start and follow-up:  $t=4.17$ ,  $p<0.01$

Golombok et al. (1995) also quoted the PSI/SF-pd scores in her UK study and found the highest mean of all groups to be 26.2, not far from the mean of the Dundee sample at follow-up. This helps to show the significance of the changes in the group of parents in the Dundee study as indications were that their levels of parental distress had reduced sufficiently to make them comparable to middle-class parents, subject to fewer environmental pressures caused by poverty.

Although there was no control group with which to compare these results, it was evident from many of the parents' responses that using the nursery had been a positive factor in their lives. In addition to direct benefits to their child, some users of social work nurseries and family centres said that they had also directly benefited from involvement, including increased self-confidence through the development of

new skills and making relationships. A sense of low self-esteem and loneliness were apparent in many of the ways parents described themselves when they first started going to the centre:

*"I was lonely. My man was out all the time."*

(Family centre user: mother).

*"If you want help it is there. We have always got Morag and Kelly (staff). I never used to go to anywhere, now I do."* (Social work nursery user: mother).

*"The centre has brought me out of myself and helped me meet more people. I'd just be sitting about the house, hanging about but I've got the group to go to and I've met other parents."* (Family centre user: mother).

*"I didn't think anybody would be here to listen to my problems but all the staff do. I didn't think there'd be so much groups and I wouldn't have tried out some of the sport things I've done. I've tried out a lot of stuff – drama, baking and other things. We put on a show and the staff helped you to mingle and introduced you around. That gave me a lot of confidence."* (Family centre user: mother).

Other parents mentioned that they had benefited in various ways from the time spent apart from their child, including respite, more time to develop other interests, socialise or give attention to other priorities:

*"I have more time to myself now. I can get things done and even have time to drop in to see my nan."*

(Education nursery user: mother).

*"I see the nursery as giving me time for my own self. Mark didn't like separating from me before."*

*He was really clingy.* (User of social work nursery: mother).

It was also apparent that for many an improved social life for the family was viewed as a result of perceived changes to the behaviour of the child following attendance at a nursery.

*“ She has really come on through mixing and playing with the other children. It wasn't safe to let her out near where we live. She behaves a lot better now when we're out now. We can get out to the shops without tantrums.”* (User of social work nursery: mother).

*“ After a couple of weeks here, mixing with others and being a bit less shy. He's happier now to stay with a babysitter or his grandparents if we go out for the evening.”* (User of education nursery: mother).

Social expectations and beliefs about parenting and parental responsibilities may have influenced the emphasis parents placed on the benefits to their child rather than themselves. This was most apparent in the rarity of comments made about personal gain by parents of children who attended education nursery.

#### **GHQ12: Mental health.**

In her responses to the General Health Questionnaire (GHQ12) at the start of the study, Eileen reported that she was *losing sleep over worry*, *“much more than usual”*, *having difficulty concentrating*, *felt less able to make decisions or overcome difficulties*. She felt she was *losing confidence* and had been thinking of herself as *a worthless person*, *“rather more than usual”*. Using the GHQ scoring system described by Goldberg and Williams (1988), Eileen scored 11 on a range from 0 to 12. Her responses indicated that Eileen had mental health problems. Given the range of demands upon her in raising her children alone, with little support or

money, depression or excessive anxiety at times could be seen as a natural response.

A threshold score of two was selected for two main reasons. Firstly, to distinguish a high disturbance sub-group since two in every three respondents in this study (66%) scored at or below this and secondly, it has been a figure frequently adopted in other research in the UK with various types of samples (See Goldberg and Williams, 1988). When Eileen's situation was considered in the wider context of the sample as a whole, she was experiencing more severe psychological difficulties than most. The mean sample score was 2.5. A year later, Eileen was feeling a bit more positive when she completed the questionnaire and her comments indicated that she felt things had improved in some ways since the previous year. She identified earlier difficulties, some of the social opportunities related to the nursery and that she felt she was able to make a contribution, potentially enhancing her self-esteem. The notion of being able to contribute or reciprocate appeared to be an important one for many parents, as outlined earlier (See Chapter Five).

*" My oldest girl isn't having the same problems she was having with bullying now and now that I've made a few more friends that makes a difference. The nursery has been good. There is always something going on and I help out a lot here."*

Eileen's responses to both measures showed positive improvements in her wellbeing but her answers indicated that it was highly likely that she continued to experience some psychological problems. This view was strengthened since she had high scores on both measures in each year. Her responses to the GHQ12 at follow-up gave a score of four. This was still well above the sample average (1.9) but considerably lower than the previous year. The overall fall in GHQ12 scores for the sample were not found to be statistically significant ( $p > 0.05$ ) (See Table 8.3), although the proportion of those scoring below the threshold had increased to four out of every five respondents at follow-up. This may not have been statistically significant but showed a positive trend and since this measure was found to correlate with the PSI-

pd there would be some consistency in holding the view that parental wellbeing had improved since using a nursery.

Table 8.3 Changes in general health scores (GHQ12) between start and follow-up.

	GHQ12 Scores	
	Year 1 (n=85)	Year 2 (n=71)
Mean score	2.5	1.9
Standard deviation	3.1	2.9
Range	0-12	0-12
Mode	0	0
% scoring at or above score of 2 threshold	37	20

t-test for matched pairs between start and follow-up:  $t=1.41$ ,  $p>0.01$

Parenting stress and wellbeing were closely correlated measures at the start of the study but at follow-up this was not as apparent (See Tables 8.4 and 8.5). Statistical links between the GHQ12 and the PSI/SF-pd were weaker but were still significant while those between the GHQ12 and the total PSI/SF no longer remained. It appeared that while parental wellbeing improved overall, sources of stress remained in respect of difficulties managing children's behaviour and in tensions within parent-child relationships. Parenting stress and wellbeing both improved but since these changes were not necessarily related, it appears that some other influences interacted in different ways to reduce stress and improve wellbeing. The picture is complex, probably involving a number of variables (including use of childcare) differentially interacting with individuals, their families and their environment contributing to resilience and reduced risk.

#### **Parenting stress, wellbeing and links with type of nursery and location.**

Improvements in parenting stress and wellbeing may have arisen from a number of inter-related factors and it was thought that further examination of the data might help reveal patterns or trends as a means of giving further indication. Chapter Six showed that social work nurseries provided services to a higher proportion of very poor families. Examination of the data was therefore conducted to see if any relationships to parenting stress and wellbeing were observed.

Statistical analysis (analysis of variance) did not show any significant differences between the stress and wellbeing scores of nursery users in the North or South neighbourhoods or between those using different types of nurseries, at either the start or follow up. However, trends were apparent in scores of all measures with the highest percentages of users of social work nurseries with critical scores at the start of the study and at follow-up as shown in Figure 8.1.

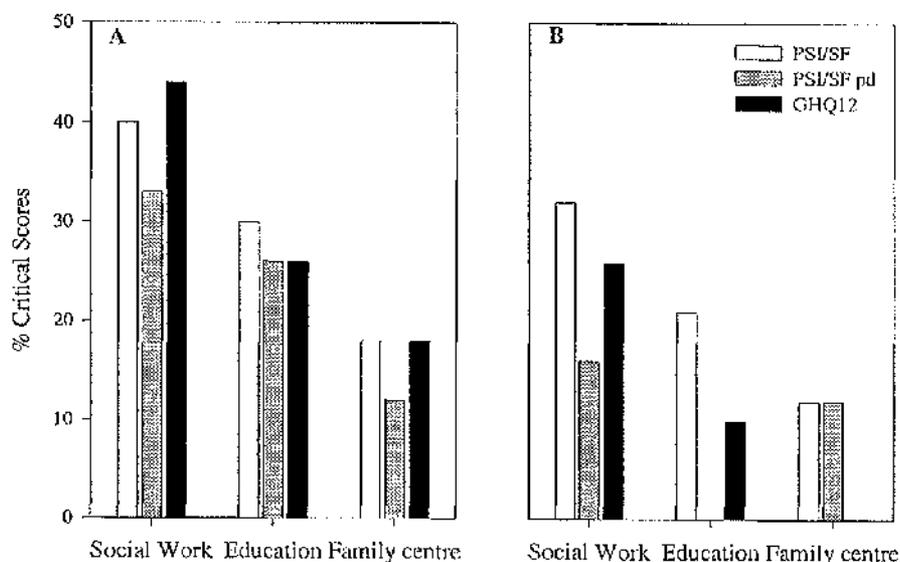


Figure 8.1 Percentage of parents who used different nurseries with critical levels of parenting stress and poor wellbeing at start of study (A) and at follow-up (B) using three measures.

Social work nurseries were indeed providing services to some of the most highly stressed parents and many suffering from some kind of psychological problem. An examination of the percentages of users with critical scores, alone, can be misleading because this masks the range of families with different stress and wellbeing using all types of provision. Further statistical details, including means, ranges and standard deviations can be found in the Appendix (Table 8a (i)-(iii)). The numbers of families in this sample who used family centres were particularly small, especially at follow-up, and this should be borne in mind.

In every type of nursery the ranges were wide, although education nurseries nearly always had the smallest range. Social work nurseries tended to have a higher proportion of those with problems than either family centres or education nurseries.

Family centres, like social work nurseries, appeared to work with some of the most extreme parents – those suffering with considerable stress and poor wellbeing as well as those who were coping well. However, the proportions may have been more evenly distributed than they were in social work nurseries. The least parent-oriented, education nurseries, also had a significant number of highly stressed parents, although there were fewer of them. This indicated that parental support was an issue of widespread concern. Dramatic improvements in the percentages of parents with *parental distress* were observed in all nurseries, particularly education nurseries, where 26% of parents had critical scores when the study started and none had at follow-up.

A similar trend was seen between those using nurseries in the North and those in the South, although sample bias may have been influential in this. Parents using nurseries in the North had higher mean scores at the start of the study and at follow-up.

Although it cannot be assumed that there was a direct causal link, Eileen's comments and those of other parents indicated that the use of childcare may have made an important contribution to relieving stress through reducing isolation, loneliness and some of the tedium of everyday life. In some situations, like Eileen's, the nursery offered opportunities for participation in other activities that may have influenced self-worth and self-esteem, leading to higher wellbeing scores. The nursery may have contributed directly through increased parental support and involvement at a family centre or social work nursery. It may also have helped indirectly through sharing childcare tasks, providing respite and/or creating more opportunities to meet others in similar circumstance, at opening and closing times at an education nursery, for example, or with other shared interests that did not involve children. As some of the above comments from parents indicated, the users of education nurseries tended to emphasise benefits as a result of their child's development while those

using social work nurseries and family centres talked equally of personal growth and benefits to their child. However, the dramatic improvements in parents' personal wellbeing, amongst all users, indicated that the specificity of benefits were not as straightforward as parent's comments initially suggested.

In the previous chapter increases in social networks and supports were also found. It is therefore relevant to explore the potential links between the increases in informal and formal support and improved wellbeing to see whether this aspect of nursery use was a critical one for most families. This will be a focus in Chapter Nine.

Children's and parents' wellbeing are inter-related therefore consideration must be given to whether children shared in the benefits to wellbeing that were linked to using the nursery and this will be addressed in the second part of this chapter. Similarly, there may have been other changes such as the maturation of the child, changes in home circumstances or supports that accounted for improvements or accompanied them. These will be explored statistically in the following section.

#### **Parenting stress and wellbeing: statistical relationships with other factors**

As a lone parent with additional pressures and fewer supports, it was thought that Eileen might be more susceptible to stress and mental health problems than other people. To investigate whether this was an accurate assumption to make about lone parents in general, their parenting stress and wellbeing scores were contrasted with those of parents with partners. It was found that generally there was little difference between the parenting stress and wellbeing scores of lone parents and others in either year, indicating that in this sample they were no more likely to be more stressed or have psychological problems.

Chapter Six showed that higher rates of moving home were found in lone parent households and indicated that this may be a potentially stressful event in the lives of all families. This was examined to see if there was any indication that this was so. Statistical relationships were not established but it was evident that those who moved most often were also likely to be the most highly stressed parents with the

greatest likelihood of having psychological problems (See Appendix, Table 8b (i)).

At follow-up parents were asked if they had moved home in the previous year and 13% responded to say that they had. Again it was evident from Table 8b (ii) in the Appendix that those who had moved showed a tendency to have higher levels of parenting stress although differences in wellbeing as indicated by the GHQ12 showed that those who had moved had fared better than those who did not. A planned event or change is less stressful than one arising in a crisis (Pearlin, 1991). It may have been that planned moves were stressful, although less so, but also achieved a purpose that improved living conditions and consequently parental wellbeing, as the comment made by one parent helped illustrate:

*“We have moved to a ground floor flat now. It's made life much easier because my wee boy has cerebral palsy and we can come and go much better.”* (User of social work nursery: mother).

This analysis served to show the potential impact of confounding variables, such as stressful events, and emerging differences between parenting stress and wellbeing as time progressed.

In addition to household structure and house moves, analysis of variance was used to contrast a number of family characteristics with measures of stress and wellbeing at the start of the study and at follow-up. No statistically significant relationships were found in respect of the following:

- age of child.
- reported family health problems or disabilities.
- type of tenancy.
- number in household.
- receipt of income support.
- extent of contact with other agencies.
- educational attainments of respondent and partner.
- household amenity score (a quantitative score given to the number of specific amenities found in the home).

It cannot be concluded from the lack of established statistical relationships that these factors were not influential as the trends in those that moved or used different nurseries indicated. It may have meant that the sample was too small to produce statistical results with individual circumstances more important than group characteristics. Any or all of these factors or others might have had a bearing on the situation in particular families at some point.

A small group of parents (13) who changed nurseries ('*changers*' as distinct from those who were excluded from follow-up due to attrition, referred to earlier in section on Parenting Stress). During the course of the study, '*changers*' included a wide range of families with a relatively high percentage of those with high parenting stress and poor wellbeing (See Appendix, Tables 8a (i-iii). The mean score on the GIIQ12 of the *changers* was 4.7 ( $F = 6.6, p < 0.01$ ). This was well above the threshold of two and the mean for all users (1.6). However, no such large differences were found in their scores on the PSI/SF-pd at follow-up, making any firm conclusions about *changers* difficult.

## **8.6 Children's wellbeing.**

In this study children's wellbeing was based on the perspectives of three separate individuals. Parents gave their views of their child's health in interview and completed a standardised questionnaire on the child's behaviour characteristics (PSI/SF-dc). Also a health professional and the child's keyworker at nursery or family centre both completed separate, standardised, developmental screening instruments (See Chapter Four for details of measures).

### **Parents views on child's health and behaviour**

At the start of the study parents were asked if their child had any particular health problems, special needs or disabilities. Nearly one in five (19%) reported that her/his child had a health problem. The most commonly reported were asthma and eczema. The children with this condition were found in each type of establishment.

Included amongst the children with health problems, it was reported that one child was hyperactive, other individuals had cerebral palsy, eye problems, epilepsy, and

poor circulation and one wore a leg splint. All of the children, except the one with eye problems, attended either a family centre or social work nursery.

At the start of the study, and at follow-up, parents completed a schedule on parenting stress (PSI/SF) (Abidin, 1990). One of the dimensions (PSI-dc) focused on parent's perceptions of the child's behaviour characteristics that made them easy or difficult to manage. When the study began it was found that 19% of the children were seen as difficult to manage (above threshold). This fell to 13% a year later (in contrast to 10% anticipated in the general USA population). On closer examination, it was noted that 35.6% of children who attended social work nurseries were perceived as difficult by their parents in contrast to around 17% of children at education nurseries and family centres. The most dramatic drop in scores was seen in social work nurseries over the year bringing them to a comparable level (19.4% above threshold) found in the other centres the previous year (Table 8.4). This may indicate an area in which daycare plays particular importance in the lives of the most vulnerable families.

Table 8.4 Percentages of parents attending each type of provision, at start and follow-up, scoring above the threshold on the Parenting Stress Index - difficult child dimension (PSI/SF-dc).

Type of centre	% parents scoring above threshold - start	% parents scoring above threshold - follow-up
Education	17.4	15.8
Family centre	17.6	12.5
Social work	35.6	19.4

#### **The health visitor's view: developmental delay**

A qualified and experienced health visitor assessed the children using the Schedule of Growing Skills (Bellman and Cash, 1987). This gave an indication of the extent to which the child's overall physical, cognitive, social and emotional development lay within the normal range for their age. Due to practical constraints the health visitor's response rate for screening (72%) was lower than it was for other measures.

Neither was it possible for this to be done longitudinally and these are inherent factors for consideration in any conclusions drawn from this measure.

Table 8.5 showed that the health visitor identified 16 (one in five) children as having developmental delay. Their distribution across centres was not found to be statistically significant.

Table 8.5 Percentages of children with developmental delay using each type of provision

Type of centre	% of children with delay
Education (n=20)	20
Family centre (n=11)	18.2
Social work (n=30)	33.3

Although there was some overlap (approximately two thirds) between those children identified by parents as having health problems or disabilities and those identified by the health visitor with developmental delay, they were not wholly the same group of children. Galbraith (1994) extrapolated from national prevalence rates to estimate that there were 497 children with disabilities, of varying degrees of severity, from birth to four years of age, in Tayside in 1991 i.e. 1.3 children in every thousand. The prevalence rates amongst the users of the nurseries and family centres appeared even higher than average. Due to complexities surrounding definitions, no firm conclusion can be reached.

- Associations between having a child with developmental delay and other factors, such as household structure, parenting stress (including PSI-dc), were considered but were not found to be statistically significantly.

### **Children' social and emotional development and behaviour**

#### **The child care worker's view: Pre-School Behaviour Checklist (PBCL)**

Children's behaviour and the responses of adults vary from one setting and relationship to another. In contrast to the PSI-dc, the PBCL screens the child's behaviour on the basis of observations in a group care setting. It is designed to help

identify children with emotional and behavioural problems and enables staff to look at the severity as well as the incidence of a particular behaviour (McGuire and Richman, 1988: 1).

Table 8.6 illustrated the changes found in social and emotional behaviour over the year. A relatively high percentage of children (20.3%) were perceived as displaying difficulties in their behaviour at the beginning of the study. A year later the percentage of those recorded by staff as having behaviour difficulties had halved to 10.6%. At the start, education nursery staff considered that over a quarter of the children displayed behaviour problems in comparison to 18.2% in social work nurseries and 14.3% in family centres. At follow-up, education staff thought that only 5.3% of children fell into this category. The data at follow-up may be less valid due to smaller numbers of children being screened. Not only were there 14 children missing from the follow-up as a whole, an additional 24 were excluded from screening due to practical constraints on staff. Although all staff were trained to use the PBCL, legitimate questions may be raised about reliability.

Table 8.6 Percentages of children displaying social and emotional difficulties (PBCL) using each type of provision

Type of centre	% children scoring above threshold – start (n=80)	% children scoring above threshold – follow-up (n=47)
Education	27.3	5.3
Family centre	14.3	0
Social work	18.2	12.9

The sub-group of families' (14) missing from the PBCL follow-up was considered in case they demonstrated any special features. It was found that two of the children in this group were also missing from the (PBCL) screening. The mean for the remainder of the group (12) was moderately higher (8.1) than the group norm. The

standard deviation (4.7) and range (3-17) were similar to that found in the rest of the group.

In a study of community nurseries in Strathelyde, Wilkinson et al. (1993) found considerable disparity in the percentage of children scoring at or above the threshold score across different types of early years' centres. At the beginning of his study these ranged from 37.5% in one unit to 8.8% in another. After 18 months, all scores reduced to between 14.1% and 3.1% of children. The reduction in PBCL scores was attributed to the skills of staff and wide variation in scores between units at the beginning was seen as the result of differences in admissions criteria. These had operated to segregate children with those at greatest risk more likely to obtain a place in one unit than another. Commendation was made on the challenges of working with large numbers of socially and emotionally difficult children and still achieving measurable improvements in their behaviour over time. McGuire and Richman (1986) also used the PBCL as a means of contrasting children attending social work or education nurseries or playgroups. They found that children in social work nurseries had four times as many behaviour problems as children in education nurseries and ten times as many as those in playgroups.

In this study, scores on the PBCL were examined for statistical relationships with a number of other variables, including parenting stress, household structure and child's health. No statistical relationships were found. Positive statistical relationships were found, however, between high scores on the PBCL and the *difficult child* dimension of the PSI/SF at follow-up, with 30% ( $p < 0.05$ ) scoring high on both measures. This meant that parents and staff agreed in about 30% of cases on children who were difficult. Children with developmental delay were also more likely to have higher scores on the PBCL ( $p < 0.01$ ). Although parents and staff did not share views about children with developmental delay being problematic in terms of their behaviour, as highlighted above, it did appear as if centre staff found these children more difficult in 50% of cases.

### 8.7 Different perspectives and measures of children's wellbeing.

“ She is a terror, always up to something and on the go. It's difficult to know the best way to control her tantrums”

Eileen described how she felt about Emma when asked about the contribution made by the nursery, if any, to coping with everyday tasks such as managing her child's behaviour. Her comments, and those of others, indicated that they saw a connection between their child's behaviour and development and their own sense of strain. All parents experience difficulties with their children at times. Some children, for a variety of reasons are perceived by parents, or carers, as more difficult to manage than others at certain points. This may result from inherent characteristics of the child or parent, the style of parenting or other environmental factors. In all probability it is a combination (Culbertson and Schellenbach, 1992).

A higher proportion of children with behaviour problems and developmental delay attended social work nurseries. This is illustrated in Figure 8.2. These contrasting perspectives will be further compared to each other and to the extent that they may be linked to problems in the parent-child relationship as measured by another dimension of the PSI/SF, termed *parent-child dysfunctional relationship* (PSI/SF-pc). Parents views on the difficulty of their child's behaviour were given further consideration, based on the findings of the PSI/SF-dc. Eileen agreed with most of the statements that were included in this sub-scale such as, *'My child seems to cry or fuss more often than most children'* and *'I have found that getting my child to do something or stop doing something is somewhat harder than I expected'*. Her score on this dimension was high each year, remaining in the top 10% of scores in the Dundee sample.

Based on work done in the USA, Abidin (1990) placed the mean at 26 with scores of 36 and above reaching a threshold figure for parents with children over two years of age. Scores of 36 or above identified parents who tended to have difficulties in setting limits for their child and in gaining the child's co-operation. Golombok et al. (1995), in her UK study using the same measure, found that a mean score of 27.5

was the highest amongst the groups of parents she studied. Dundee mothers had significantly higher levels of parenting stress than that found in a predominantly middle class British sample, and experienced greater stress specifically related to managing their children. Some positive change was found as the mean scores fell significantly ( $p < 0.05$ ) from one year to the next, indicating that fewer children were being perceived as difficult (Appendix Table 8c).

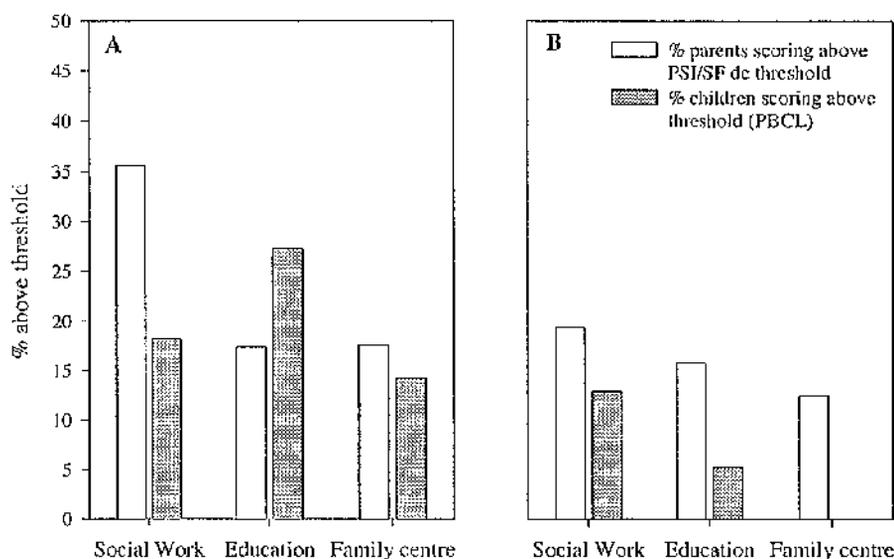


Figure 8.2 Percentage of parents and children attending each type of nursery or family centre scoring above the thresholds on the Parenting Stress Index - difficult child dimension (PSI/SF-dc), and above the PBCL threshold at start of study (A) and at follow-up (B).

As seen in Figure 8.2, this drop was particularly large amongst children who used social work nurseries. Higher than average percentages of parents were also reported to have problems in their relationship with their child. This was based on the parent-child dysfunctional relationship dimension of the Parenting Stress Index (PSI/SF-pc), (23% at the start falling to 15% at follow-up compared to a norm of 10%) (See Appendix, Table 8d).

The scores of those lost through attrition at follow-up were considered in case they caused a skew in results. The missing cases had a mean *difficult child* score of 34.1 at the start of the study higher than the sample mean. The standard deviation was fairly high (10.3) with scores ranging from 19 to 60, indicating considerable diversity

in the group. There were five respondents (out of 14) excluded from follow-up who were above the threshold.

In review, it was found that at the start a relatively high percentage of children (20.3%) were perceived by staff to display behaviour problems. A year later this had dropped significantly to 10.6% ( $t = 5.71$   $p < 0.01$ ). It was also shown that one in four children were independently assessed as having developmental delay. Although statistically significant differences were not established between those using different types of nurseries or by their location, in respect of behaviour or development, trends were seen with 33% of all children in social work nurseries found to have some form of developmental delay. In education and family nurseries, the proportion fell to approximately 17%.

### **Contrasts between the views of parents and professionals**

A teacher from the family centre commented on Emma's behaviour at the parent and toddler group:

*"Emma gets on reasonably well here. She chats away to us and to other children. She has the occasional tantrum but so do a lot of kids that age. They don't last long. Right now she plays away. Her concentration hasn't developed a lot yet and she often moves from one thing to the next quite fast."*

Eileen seemed to continue to experience difficulty with Emma's behaviour over the course of the study but her keyworker at the nursery did not (PBCL score of five at start and four at follow-up). The health visitor did not consider that Emma had any problems with respect to developmental delay. However, these inconsistencies in perspectives on child behaviour and development were not altogether atypical. The experience of the staff, and age, personality and mood of the child and the amount of time spent at the nursery and the context will all be factors that influenced variations in children's behaviour and in the perspectives of parents and staff.

Positive statistical relationships were found from cross-tabulation between high scores on the PBCL and the *difficult child* dimension of the PSI/SF at follow-up, with 30% ( $p < 0.05$ ) scoring high on both measures. Positive correlation coefficients were also found between the two measures (See Tables 8.7 and 8.8). Parents and staff agreed in about 30% of cases on children who were difficult. Children with developmental delay were also more likely to have higher scores on the PBCL ( $p < 0.01$ ). Although parents and staff did not share views about children with developmental delay being problematic in terms of their behaviour, as highlighted above, it did appear as if centre staff found these children more difficult in 50% of cases.

Contrasts in views found in this study is unsurprising since, as Rutter (1994: 364) pointed out, studies on psychological disorder in childhood "*have been unanimous in showing relatively low correlations between parent and teacher reports and fluctuations over time.*" These differences in perspectives highlight the relevance of an ecological perspective as a way of understanding human development. The context and nature of the relationships between adults and children are important, dynamic determinants of how children are perceived and how they behave. For example, children may respond and act very differently when they are in a group setting with a number of children who are very active and aggressive to the way they behave at home alone with adults with whom they are secure and familiar. Similarly, adults may only observe the child in one of those settings and draw conclusions from this that cannot be generalised across a range of settings.

Correlation matrices were used to compare the strength of statistical associations between nursery staff and parents' perspectives on children based on the various measures (See Tables 8.7 and 8.8). Weak to moderate relationships were found between the views of staff and parents on the children perceived to be difficult at the start of the study and at follow-up. However, there was no clear relationship between the views of staff on children's behaviour difficulties and parental distress or problems in the parent-child relationship. Staff may not presume that children with behaviour problems are also experiencing problems in their relationship with their primary carer.

## 8.8 Family wellbeing: relationships between parental stress and wellbeing and child's behaviour and development

*"..unemployment in the family can indirectly affect the well-being and education of children, because of its stressful effects on the physical and mental health of parents, and the greater potential for marital discord."* (Kumar,1993: 146).

Kumar illustrates the connection that is frequently made (c.g. Bronfenbrenner 1974, Holden, 1997) between external macrosystem factors that impact on the stress and wellbeing of parents and the quality of their intimate relationships and their impact, in turn, on the child's development. A high proportion of the Dundee sample lived in households without an employed adult. A majority lived in rented accommodation, on low, fixed incomes and those who did work were usually in low paid employment. Alongside other potential stressors it is unsurprising that the standardised measures of parental stress and family wellbeing painted a rather worse picture of the families than might be found in the population as a whole. Given the impoverished circumstances of the families it is worth examining whether the relationships between parental wellbeing and stress and the wellbeing of their children child were also evident in this sample.

Table 8.7 Pearson product moment ( $r^2$ ) correlation co-efficients – parenting stress, wellbeing, child development and behaviour at the start of the study Year 1 (n=85)

Measure	Stress (PSI/SF)	Well-being (GHQ12)	Parental distress (PSI/SF-pd)	Difficult child (PSI/SF-dc)	Parent-child relationship (PSI/SF-pc)	Child behaviour (PBCL)
PSI/SF		0.4639 *** <sup>1</sup>	0.8063 **	0.8824 **	0.8013 **	0.2598 * <sup>2</sup>
GHQ12	0.4639 **		0.4908 **	0.4370 **	0.2125	0.2712 *
PSI/SF-pd	0.8063 **	0.4908 **		0.5729 **	0.4166 **	0.1810
PSI/SF-dc	0.8824 **	0.4370 **	0.5729 **		0.6120 **	0.3264 **
PSI/SF-pc	0.8013 **	0.2125	0.4166 **	0.6120 **		0.1317
PBCL	0.2598 *	0.2712 *	0.1810	0.3264 **	0.1317	

Assumptions: Linear relationships between variables, interval variables, missing cases excluded pairwise

<sup>1</sup>\*\*\* association is significant at p=0.01, <sup>2</sup>\* association is significant at p=0.05

Table 8.8 Pearson product moment ( $r^2$ ) correlation co-efficients – parental stress, wellbeing, child development and behaviour at follow-up. Year 2 (n=71).

Measure	Stress (PSI/SF)	Well-being (GHQ12)	Parental distress (PSI/SF-pd)	Difficult child (PSI/SF-dc)	Parent-child relationship (PSI/SF-pc)	Child behaviour (PBCL)
PSI/SF		0.1964	0.8434 **	0.8229 **	0.8316 **	0.3557 *
GHQ12	0.1964		0.2794 *	0.0309	0.0793	0.1706
PSI/SF-pd	0.8434 **	0.2794 *		0.5079 **	0.6038 **	0.1708
PSI/SF-dc	0.8229 **	0.0309	0.5079 **		0.5679 **	0.4178 **
PSI/SF-pc	0.8316 **	0.0793	0.6038 **	0.5679 **		0.2655
PBCL	0.3557 *	0.1706	0.1708	0.4178 **	0.2655	

Some interesting connections were established statistically. Children with developmental delay were no more likely to have parents who were excessively stressed or experiencing some mental health problems than other children (no relationships, using analysis of variance between PSI/SF, Delay and GHQ). On the other hand, parents that were highly stressed and had poor wellbeing at the start were more likely to have children they perceived as difficult to manage, who did not meet their expectations and whom staff saw as displaying behaviour problems. Significant relationships were noted between PSI/SF, including each dimension and PBCL ( $p < 0.05$ ) and between GHQ12 and PSI/SF pd, dc, pc and PBCL. At follow-up, the connections between wellbeing and child behaviour were not evident, although links with parenting distress were still there. Parents may still have been experiencing stress that was related to their child's behaviour but this was no longer also associated with mental health difficulties. This may indicate a very important contribution made by early years' provision to parental wellbeing. Sharing the care of a difficult child with a nursery or family centre may help contribute to parents' abilities to cope with the stresses of looking after them all the time and opens up other opportunities or parents that contribute to the enhancement of self-esteem and self-confidence.

It is difficult to draw any firm conclusions about changes in Eileen's stress and wellbeing from these quantitative results alone. In interview, she did not express the

strength of views about herself or her daughter that were evident from her responses to the questionnaires. She was a reserved person who did not discuss her views openly but was willing to express some fairly strong negative views in writing. This raises some issues around the methodology that was used. On the one hand it enabled someone, like Eileen who may have preferred to express her emotions in a detached way to do so and therefore contributed to a wider picture. On the other hand it was limited as a means of increasing understanding about the interaction of parent child outcomes. Eileen described a number of ways in which she felt the nursery had supported her but there was little evidence that after a year these benefits had resulted in positive outcomes of the kind measured here.

*"I look forward to coming to the nursery. It gives me a break when Emma is playing with the other kids and the toys and books. She gets to do things here like baking, painting and trips that are difficult for me to organise on my own or things I wouldn't have thought about."*

Eileen may have needed more support than she received and the use she made of expressing her negative feelings in the questionnaires indicated that she was trying to communicate the depth of her concerns. This indicated that these types of questionnaires may have some value as a tool in working with some parents at some times and could be investigated further.

## **8.9 Summary**

It was found that parenting stress, as measured by the Parenting Stress Index (PSI/SF), was higher in the sample as whole than would have been expected in either middle income UK, or general US populations. This was viewed as a reflection of the low socio-economic status and relative poverty of the respondents in the study. Over the course of a year there was a statistically significant decrease in the extent of parenting stress experienced ( $p < 0.01$ ). The three PSI/SF sub-scales had scores that fell significantly but the extent of reduction in parental distress was far higher than was found in each of the other two over the year. After the children

had been at nurseries for a year, '*parental distress*' had fallen to approximately the same level as would be expected in a more affluent group of UK parents, while the other two dimensions had not decreased this far. Education nurseries, the least parent-oriented centres, also had a significant number of highly stressed parents, although there were fewer of them. This indicated that despite attempts by authorities to target support towards groups of parents who are most vulnerable it is not yet possible or even desirable to do this. Support was an issue of widespread concern. Dramatic improvements in the percentages of parents with parental distress were observed in all nurseries, particularly education nurseries, where 26% of parents had critical scores when the study started and none at follow-up. The largest drop was seen in parents who used social work nurseries, although this was at the highest level at the start of the study. There was no control group of parents who had not used any form of provision however it seemed likely that the use of a nursery or family centre was a critical factor, as suggested by the comments of parents themselves.

The PSI-*pc* dimension was used in combination with another standardised questionnaire, the GHQ12, to assess parental wellbeing. The measures were moderately closely associated. Although improvements in parental wellbeing were observed over the period of the study, these improvements were only of statistical significance with respect to the PSI sub-scale although trends towards improved parenting stress and wellbeing were again evident amongst users of all types of nurseries and family centres.

All three measures that were used to assess parenting stress and wellbeing were fairly closely correlated at the start of the study but at follow-up the association had weakened. This meant that the wellbeing of parents and their children were inter-dependent to some extent, although this became more tenuous as time went on. Total parenting stress (PSI/SF) was then only very weakly associated with one of the measures of parental wellbeing, the GHQ12. It may have been that shared care diminished parents experiences of parenting stress and the management of their child's behaviour had less impact on parental wellbeing. Other stressors, such as poverty, may have played a bigger role than before, maintaining mental health

problems higher than might be expected in the average population but lower than the previous year. It may also have been that a stress mediator, like social support, helped reduce stress and improve wellbeing and also impacted upon the links between parenting stress and wellbeing. This will be examined further in the next chapter on resilience.

Parents with the poorest wellbeing and highest levels of stress used all nurseries although social work nurseries seemed to have the highest proportion of these vulnerable parents. Similarly, children with poorer wellbeing were found attending all types of provision but a higher percentage of those with developmental delay attended social work nurseries. Around a fifth were perceived to have health or disability problems, according to their parent and approximately, the same proportion had behaviour that was seen by them as difficult to manage. The majority of these parents used social work nurseries. After a year fewer children were seen as difficult although rates were still higher than expected in the general population.

Approximately 20% of all children were assessed by a health visitor to have some form of developmental delay, slightly higher than average. A higher proportion of children with developmental delay attended social work nurseries. A relatively high percentage of children (20.3%) were perceived by keyworkers across all nurseries as displaying difficulties in their behaviour at the beginning of the study. A year later this had fallen. The views of parents and staff on behaviour difficulties usually differed with slightly higher agreement between the opinions of health staff and childcare workers about children's problems. This highlighted the importance of an ecological perspective to understanding human development. Context and the relationship between the adult and child were critical determinants to the assessment of children's behaviour and development.

Children with developmental delay were no more likely to have parents who were excessively stressed or experiencing some mental health problems. They were not any more likely to be perceived as more difficult to manage than other children, by their parents. Parents that were highly stressed and had poor wellbeing at the start

were more likely to have children they perceived as difficult to manage and who did not meet their expectations and whom staff saw as displaying behaviour problems.

At follow-up, parents may still have been experiencing stress related to their child's behaviour but this had reduced and was no longer also associated with mental health difficulties, such as depression or anxiety, for most of the parents. This may indicate a very important contribution made by early years' provision to parental wellbeing.

Thus the evidence from the use of standardised scales, supported by parents own accounts, is in line with the idea that sharing the care of a child with a nursery alongside direct and indirect supports arising from its' use help contribute to parents' coping abilities. The nursery may have contributed directly through increased parental support and involvement, at a family centre or social work nursery. It may also have helped indirectly through sharing childcare tasks, providing respite and/or creating more opportunities to meet others in similar circumstance, at opening and closing times at an education nursery, for example, or with other shared interests that did not involve children. In accordance with the function and practices of education nurseries, parents who used them tended to emphasise benefits as a result of their child's development while those using social work nurseries and family centres talked equally of personal growth and benefits to their child.

“People actively engage with their environment, and the ways in which they do so play a major role in determining whether their experiences are risky or protective in their effects.” *Rutter, (1994: 376).*

### 9.1 Introduction

Researchers have observed that persons who are highly stressed also tend to have fewer supportive and poorer quality close relationships. They have not developed the use of support, for whatever reasons, as a part of their coping mechanisms which may, in turn, mediate or moderate the effects of stress (Gore and Eckenrode, 1994). Social isolation and insularity are frequently reported to be characteristics of maltreating families (Salzinger et al. 1983). Individuals are exposed to and experience different levels of stress and respond to it in different ways. Parenting behaviour is generally improved by help with childcare, and poor parents additionally benefit from knowing that they have access to additional support at times of crisis (Hashima and Amato, 1994). Support makes a difference to the extent of stress experienced but it is not clear how this comes about or how one might intervene to enhance it (Kessler, 1990).

There is limited understanding about the underlying processes and inter-connections between support and stress and the extent of individual variation. It is not, therefore, appropriate to draw firm, causative conclusions on the impact of support based on differences between groups of individuals who are at higher risk with those who are lower risk. In this study there were many potential, extraneous variables beyond the boundaries of the nurseries, in the workplace or in communities. Although acknowledged as important, these factors were mainly beyond the scope of this study with the focus placed on internal nursery factors, and group and individual differences. It is proposed in this chapter to build on earlier reported findings,

including the personal experiences of parents, to explore relationships between parental support provided, or enabled, by the nurseries and outcomes such as parenting stress and family wellbeing.

As a first step, statistical relationships between family wellbeing and social support were examined. These were accompanied by some of the personal experiences of one mother, Wilma, as illustration of some of the common features of support that appeared to influence the risks linked to high parenting stress and poor wellbeing. This is followed by consideration of the views of parents about the potential for support in nurseries.

The chapter will comprise the following sections:

- Introduction.
- Wilma's story.
- Density of social networks: risks to wellbeing.
- Size of support networks: risks to wellbeing.
- Support needs and satisfaction with support: risks to wellbeing.
- Support and conflict influenced by nurseries and family centres.
- Organisational features of nurseries that promote family support
- Summary.

## **9.2 Wilma's story**

When asked what she thought the main purpose of the social work nursery was Wilma said:

*"The nursery will be a help because I'm dead tired all the time. The bairns are fed up with just seeing me most of the time. There's so much going on right now, I don't seem to get the time to think straight or maybe I can't anyway! The nursery is to help with kid's education and their development."*

Wilma (21) and Barry (24) started going out together when she was in her second year of secondary school. She was 14 and Barry was 17 years old and had recently left school. They had known each other prior to this as their families had lived close to each other from the time they were both infants. Wilma and Barry continued to live in the South neighbourhood, mixing frequently with extended family and friends who also lived there.

Wilma became pregnant with Kim, now aged four when she was 16 years of age. Barry and Wilma married after two years and had Jason (2). Both children attended the social work nursery in the same neighbourhood, following referral by a social worker who was involved with the family when Barry was placed on probation. Neither child had previously attended any form of early years' provision and spent most of their time in each other's company or with a wide range of adults. Kim and Jason suffered from health problems requiring frequent medical attention. The conditions in their home were poor and at the time of interview, unlike the majority of other families in the study, they did not have hot water, central heating or phone. By the time of follow-up, hot water was again available but they no longer had a cooker. Throughout the course of the study the family had a car.

The social worker thought that it would help support the family and stimulate the children if they attended nursery and made a referral on their behalf. The children initially went part-time for 12 hours per week. Wilma was responsible for taking the children to and from the nursery and also spent ten of those hours at the nursery. Barry did not share practical tasks related to the children's care or participate in the nursery. By the following year, Kim had left nursery to attend primary school while Jason now attended the nursery full-time, 30 hours per week.

Jason was the primary child subject in this family. He was assessed as having developmental delay and was also perceived by nursery staff to have behavioural difficulties, with an elevated score of 13 (top 13%) on the PBCL on admission, reducing to nine (top 10%), the following year. This score fell below the cut-off threshold of 12 so his behaviour difficulties were seen to have improved.

Wilma was enthusiastic about the nursery and chose to be there almost all the time the children were there.

*"I'm doing activities I wouldn't do on my own. I've got a better understanding of myself by going to groups - you realise what things make you tick"*

She started off with the third highest parenting stress level (PSI/SF = 143) and was amongst one of the worst 6% of GHQ (8) scores, denoting the presence of depressive or nervous disorder. These scores both decreased over the year (94: in top 20% and 6: top 12%, respectively), indicating that Wilma's wellbeing had improved. Wilma continued to enjoy activities and felt that she was personally benefiting from the support of the nursery as well as Jason. Although the measured outcomes for Wilma and Jason were better than when they had just started at nursery, they were still amongst the most vulnerable in the sample. These findings confirmed research that indicated that at moderate levels of life stress, social support acts as a buffer but at high levels of life stress, social support may be relatively ineffective in preventing maladaptive outcomes (Holden et al., 1992: 22).

Prior to going to the nursery, Wilma's main social contacts were with her immediate relatives and her in-laws. They lived close by in adjacent flats. It was rare to visit one side of the family without seeing at least one other member from the other side.

### **9.3 Density of social networks: risks to wellbeing.**

Although Wilma had a dense social support network of longstanding friends and families nearby, they had their own personal difficulties with few resources and may even have contributed to the stresses she was feeling.

*"I see my parents and other relatives most days – they live just round the corner. There's always some hassle but they're there if I'm stuck I suppose"*

It is worth noting the point made by Belle (1991: 272) as it seemed to have some relevance for Wilma's situation.

*"If the flow of supportive provisions is highly unequal, and if the woman is heavily involved in providing support to children, needy friends, or relatives while receiving little support in return, the result may well be demoralization and depression."*

Density was discussed as a key aspect of the structure of social networks in Chapter Seven. A marked change in this took place over the year with more parents having dense networks at the start of the study changing to diffuse patterns of relationships later on. At times of transition in women's lives, loose knit networks have been most helpful to personal adjustment (McLanahan et al., 1981) while at times of crisis small, dense networks can be most useful (Alcalay, 1983). However, statistical comparisons using analysis of variance did not show any statistically significant relationships between network density and family wellbeing. In this respect these findings were compatible with Sheppard's (1994), in that results were contradictory on the relevance of network density to maternal wellbeing.

#### **9.4 Size of support networks: risks to wellbeing.**

In the previous chapter, relationships between parenting stress and wellbeing and children's wellbeing were established statistically to varying degrees at the start of the study, and slightly less so at follow-up. This meant that there was some degree of inter-dependence between parents and children in terms of stress and wellbeing.

Parents with higher levels of parenting stress and poorer wellbeing also tended to have children with social and emotional behaviour problems, particularly when the study began (See Chapter Eight, Tables 8.4 and 8.5).

Wilma was one of those for whom parenting stress and wellbeing were shown to improve over the time that a nursery was used even though they remained of some concern after the year ended. She also had a son with behavioural difficulties and developmental delay. Like many other parents, Wilma's support network increased in size from eight to ten persons over the year. Changes in the sources and size of

support networks for the sample as a whole were examined in more detail in Chapter Seven.

Perceptions of the availability of social support are associated with personal adjustment to stress (Cohen and Wills, 1985), therefore some of the components of social support were further examined. The numbers of supporters available to parents in the sample increased alongside childcare provision from a nursery or family centre (See Chapter Seven). However, scatter diagrams indicated a poor relation between the size of support networks, parenting stress, wellbeing and children's social and emotional development, making more in-depth statistical analysis of limited value.

No clear relations were evident when comparing the sizes of support networks belonging to particular individuals. For example, Eileen, a relatively isolated lone parent whose story was outlined in the previous chapter on stress and wellbeing, lived in the same neighbourhood as Wilma. Eileen attended a family centre rather than the social work nursery. Both women experienced very high stress levels and poor wellbeing that improved, but remained problematic. The number of people Wilma named as able to provide support was nearly double the number available to Eileen yet the outcomes in terms of parenting stress and health were similar. Their personal experiences and the way they developed support systems and friendships were different.

A lack of any obvious relationship between network size and family wellbeing in this study, supported by the accounts of some parents and statistical observation, led to a similar conclusion as one reached by Sheppard (1994: 292), in a review of literature on support and maternal depression:

*"Simple measures of the number of people in a woman's social network, therefore, had little relationship to depression, except among poor and unemployed women."*

Gibbons et al. (1990), used the ASSIS measure of support (as used in this study) and

found that the size of the support network made a positive difference to the extent of emotional distress experienced. However, the positive difference was only found when considered in combination with the *type of support* available. Families with multiple problems and lower distress had more instrumental supporters (i.e. those who provided practical, material and childcare help) than similar families with fewer instrumental supporters. Gibbons et al. (1990), concluded that instrumental support acted as a buffer against the extent of distress experienced. This kind of detail could have been further examined in this study using data on the number of providers of different types of support from Chapter Seven. It was decided instead to explore other features, more indicative of the quality of the support network that may have been influential in reducing parenting stress and psychological problems. Parental outcomes may have been influenced by the extent of *need* for support that was expressed by parents and whether they were *satisfied* with the support available to them. Both of these aspects of parents' support networks were assessed using the ASSIS, in addition to network size.

### **9.5 Support needs and satisfaction with support: risks to wellbeing.**

There was some confusion amongst respondents concerning the difference between the content of questions designed to elicit support needs and assess support satisfaction in the ASSIS. The wording of the questions differed although a number of respondents commented on the apparent repetitiveness of the questions. Interpretation should therefore be treated with some caution. Additionally, there may be a general tendency to present a positive front to an interviewer by understating need and over-stating satisfaction.

#### **Support needs**

All respondents were asked at the start of the study, and again at follow-up, about the amount of need they had, over the previous month, for each of the following types of support: advice, emotional, childcare, material, practical, social and for positive feedback (See Appendix, ASSIS in Interview Schedules). Respondents were asked to select how much they felt they needed people to give them each type of support from one of three options 1. "*Not at all*" or 2. "*A little bit*" or 3. "*Quite a bit*".

Table 9.1 Percentage of parents reporting a "little" or "lot of need" for various types of support

Type of support	Start (n=71)	Follow-up (n=71)
Emotional	31	16.9
Childcare	26.8	18.3
Advice	25.7	12.7
Positive feedback	25.4	25.4
Socialising	24.3	29.6
Practical	21.1	18.3
Material	2.8	2.8

The rank order of the expressed needs for various types of support at the start of the study are shown in Table 9.1. Approximately a quarter of all parents, when the study started expressed more need for support of all kinds than they had available, except for material support. Almost all considered that they had sufficient of this throughout the time of the study. At follow-up, there appeared to be reductions in support need across most categories, although unmet needs for positive feedback and socialising did not diminish.

As a means of examining these changes in more detail, a composite 'need' score for each respondent was computed by weighting their responses to each type of need. A score of one to three points was given corresponding to the selected response and added to give a total. Need scores ranged from 7 (least) to 20 (highest) with a mean of 13.6 at the start and 13.1 at follow-up. There were no statistically significant differences between needs for support at the start or follow-up. When considered individually by each type of support, it was found that needs for emotional support ( $t = 2.28, p < 0.05$ ) and advice ( $t = 2.20, p < 0.05$ ) had fallen significantly, indicating that these may have been areas in which early years provision, amongst other factors, had made a particular contribution. It was noted in Chapter Seven that advice from centre staff was a particular area of growth over the year and that most parents had increased the amount of emotional support they received from family and friends. Table 7.5 in Chapter Seven illustrates the increases in the availability and sources of all types of support, particularly from family and friends over the course of the year.

The perceived need for emotional support appeared to diminish during the year that families used nurseries, helping to account for the decrease in this form of support from relatives. Although the availability of positive feedback and opportunities for socialising increased these remained areas where parents continued to express the same amount of need. In other respects there appeared to be an inverse relationship between the availability of support and an expressed need for it. In the following sections this is examined further to see whether there were relationships between the availability of various types of support and satisfaction with it.

The users of different types of nurseries were compared to see if their support needs varied and will be discussed below (See Table 9.2).

### Satisfaction with support

To gauge the quality of available support, Wilma and others were asked, at the start of the study, and again at follow-up, about the extent to which they felt satisfied with support available (advice, emotional, childcare, material, practical, social and for positive feedback) over the previous month. (See ASSIS, Interview Schedule in Appendix). Respondents were asked to select from one of three options whether they would have liked 1. "A lot more" or 2. "A little more" or 3. "Was it about right?"

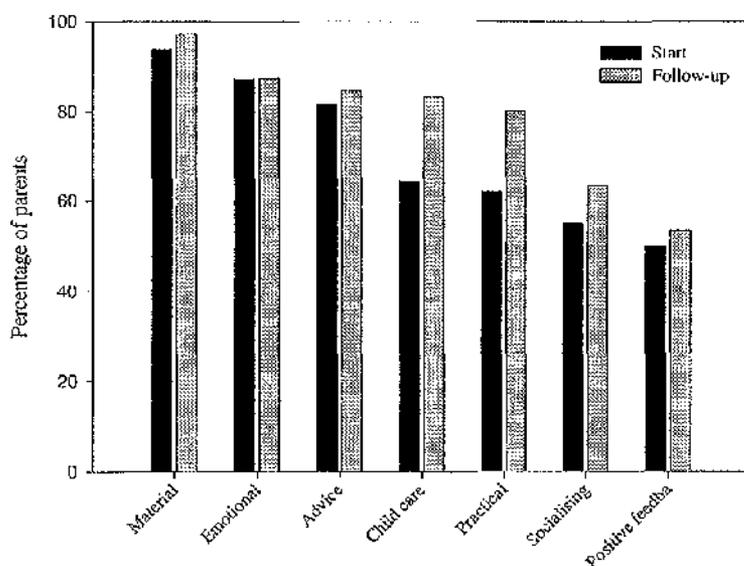


Figure 9.1 Percentage of parents reporting satisfaction with various types of support at the start and follow-up of the study.

Most parents (Figure 9.1) reported predominantly high levels of satisfaction with support. There was most satisfaction with material and emotional support and least with the amount of socialising and positive feedback. The rank order remained the same at follow-up, with ongoing concern from approximately half of the parents about the lack of opportunities for socialising and positive feedback.

Total satisfaction scores for each member of the sample were computed on the same basis as support need scores. At the start of the study, a mean of 17.9 was found with a range from 11 (least satisfied) to 21 (most satisfied). Wilma had a score of 15, indicating that she was one of 10% of the least satisfied with support. She mentioned her dissatisfaction with support given for childcare and practical help, already indicated as areas of concern by her when she talked about support needs. Despite the tendency for parents to report satisfaction with support, as shown by the high mean scores each year, there was still a statistically significant increase in satisfaction reported at follow-up ( $t = -4.30, p < 0.01$ ). Support satisfaction scores of those using different types of provision are given in Table 9.2.

When comparing Table 9.1 and Figure 9.1, least need and most satisfaction were apparent in relation to material support. Given the impoverished circumstances of the majority of the families this was surprising and may have been indicative of their limited expectations and/or shared beliefs and attitudes that it was unacceptable to express concerns about money in this context. In fairly simplistic terms, it appeared that there also appeared to be an inverse relationship between types of support need and satisfaction.

### **Comparison between needs and satisfaction with support**

The data were examined to see if any relationships could be found between two support characteristics, support need and satisfaction. It was evident that by comparing scores for support need with those for support satisfaction, those with the most expressed need were also least satisfied with support ( $t = 61.09, p < 0.01$  at start and at follow-up  $t = 81.31, p < 0.01$ ). This inverse relationship between support need and satisfaction corroborates the conclusion reached by Gibbons et al. (1990: 116), using the same method of assessing support networks (ASSIS), that families

who were referred to social services, compared to matched families, “expressed more need for, and less subjective satisfaction with, their support.”

Since more vulnerable families used social work nurseries than other types of provision (See Chapters Six to Eight) patterns of support needs and satisfaction were compared across centres on the basis of these computed mean scores. Parents using social work nurseries tended to have the greatest needs and least satisfaction with support while those using family centres had less expressed need and most satisfaction with available support. Differences were small, and mainly not statistically significant. Standard deviations in scores remained largest in social work nurseries and smallest in family centres, indicating that there were a higher number of extremely needy and dissatisfied parents in social work nurseries (See Table 9.2).

Table 9.2 Difference in means of support need and satisfaction scores (analysis of variance) between users of different types of nurseries.

Type of nursery (n=71)	Need				Satisfaction			
	Start	sd <sup>1</sup>	Follow-up	sd	Start	sd	Follow-up <sup>2</sup>	sd
Education	13.5	3.1	12.6	2.0	17.8	2.7	19.3	1.9
Family centre	12.8	2.3	12.2	1.7	19	1.4	19.9	1.0
Social Work	13.8	3.0	13.7	3.2	17.6	2.6	18.2	2.1
Changers	NA <sup>3</sup>		12.6	4.2	NA		19.7	1.5

<sup>1</sup> Standard deviation

<sup>2</sup>  $F = 3.421, p < 0.05$

<sup>3</sup> Not applicable

### Statistical relationships between support need and satisfaction and family wellbeing.

To determine whether any statistical relationships between support need and satisfaction were linked to family wellbeing, a number of correlations were examined. Moderate statistical relationships were found between need for support and parenting stress and wellbeing ( $r^2 = 0.371, p < 0.01$  and  $r^2 = 0.381, p < 0.01$ ) but not with child behaviour at the start. Parents who had the most expressed need for

support of all kinds tended to have higher parenting stress levels and poorer wellbeing. Relationships between the need for support and parenting stress were no longer significant at follow-up but the moderate relationship between need for support and psychological problems remained ( $r^2 = 0.3476$ ,  $p < 0.01$ ) and between need and child behaviour difficulties ( $r^2 = 0.3476$ ,  $p < 0.01$ ).

Wilma was one of the least satisfied with the support available to her so to see if this was a feature that contributed to risk generally, associations between satisfaction and family wellbeing were examined. At the start of the study moderate associations were found between those who were the most dissatisfied with support and high levels of parenting stress ( $r^2 = 0.408$ ;  $p < 0.01$ ) and poor wellbeing ( $r^2 = -0.398$ ,  $p < 0.01$ ). At follow-up the relationship between dissatisfaction with support and poor wellbeing remained ( $r^2 = -0.423$ ,  $p < 0.01$ ).

At the start of the study, parents who expressed the most need and least satisfaction with support were more stressed and had poorer wellbeing. By the time of follow-up, links between support need and satisfaction and wellbeing remained.

## **9.6 Support influenced by nurseries and family centres.**

In the last part of this chapter, focus will be placed on parents' personal views of support specifically related to the nurseries and family centres, highlighting the importance of a number of characteristics of support relationships and some relevant features of the practice and organisation of nurseries and family centres.

This first section, primarily based on parents' views, will review the *sources* of support linked to nurseries and family centres, what the *range* may be, *how* it is provided or enabled, potential *benefits* and who the *recipients* of that support should be.

### **9.6.1 Sources of support**

*“Coming to the nursery has changed who I go to.  
Just really that I’ve now got someone to speak to –*

*my family didn't really listen. I suppose they were too busy with their own stuff."* (Wilma)

### **Family, friends and professionals**

All nurseries and family centres directly or indirectly extended the range of potential sources of support for parents and in some instances contributed to a change in the composition of members as well. This was positive since the presence of peers in support networks is related to a greater enjoyment of, and openness in, parenting, reducing insularity and risks of child maltreatment (Corse et al., 1990).

In social work nurseries and family centres, where there was an orientation towards parents as well as children, by the time of follow-up, members of staff were included as sources of support as well as new members of extended informal support networks. In education nurseries staff did not feature as a perceived source of support even though they regularly took responsibility for looking after respondents' children, although new friends were made.

*"I've got a few friends who have kids the same age who come to the nursery school. We went to school together when we were younger. I didn't really keep up with a couple of them but we're backward and forward to this place and we got chatting."* (User of education nursery: mother)

*"I have more friends because of the college course I'm going to."* (User of social work nursery: mother).

When Wilma was initially given a place at the nursery, she was involved with four different professionals – her doctor, health visitor, a social worker and a local community organisation. She had one friend, Linda, who would help her out at times as well as her mother, an aunt and a cousin. At follow-up, Wilma had developed relationships with staff and often sought their advice rather than going to the professionals she had used before. Wilma saw the nursery as directly influential in effecting changes to her sources of support. She accepted that her family had limited personal resources and that she had options for support that had not been open to her

previously. Like Wilma, most others had a number of members of their extended families living nearby but they were also likely to live on minimal income, have poor health and chronic shortages of resources, reducing their capacity to provide support.

*“I don’t like to ask my mum to help out if I don’t have to even though I know she’d try her best. She’s doesn’t keep well and the kids are too much for her.”* (User of family centre: mother).

### 9.6.2 Range of types of support and conflict.

Parents reported that their nursery or family centre had been influential in the provision of a number of different types of support. Figure 9.2 illustrated that around a fifth of parents thought that the nursery or family centre had made an impact on the *advice* they received, particularly on topics such as child development, from staff.

*“I’ve had some problems with Michael. He won’t go to sleep at night and gets up and down. I talked to his keyworker about it. She gave me a few things to try with him.”* (User of social work nursery: father).

*“When you get talking to other parents you realise that you aren’t the only one thinking your child is a little monster! You see how they cope and try out different ways of doing things with your kids”*  
(User of family centre: mother)

A similar proportion of parents mentioned that *positive feedback* was more available than before, making comments, that indicated the importance of the interest shown contributed to feelings of self-worth and affirmation.

*“Staff always give you their feedback if they see you’ve made an effort. They say that it’s good. You know someone is watching out for you if you’re*

*feeling happy or not.*" (User of social work nursery: mother)

*"Your child tells things to staff – they notice things and comment if it's positive. It makes me feel good that I'm a Mum. It might be wee things you take for granted but staff notice a kiss and cuddle."* (User of family centre: mother)

Other parents (17%) mentioned a variety of ways that their *social* lives had improved because of the nursery or family centre. These ranged from meeting with other mothers at the nursery, being able to go out more often in the evening now that her child settled more easily with a babysitter, to increased involvement in other community organisations.

A few, (12% in each category), thought that the nursery had made a difference to their emotional or material support or help with babysitting.

*"I might come down here to talk about a problem, if they the staff had the time to talk. I know they'd listen."* (User of family centre: mother).

*"I've got to know other parents and a lot of us get paid on different days. You shuffle about – you borrow off them one day and they borrow off you the next"* (User of social work nursery: mother).

Hardly any parents (3%) thought that the nursery had an impact on *practical* support, although a couple of the comments made by parents, indicated that they had been empowered through going to the centre and had less need for help with practical problems due to increased self-confidence.

*"You feel you can do things yourself. Your confidence has been built by having contact here."* (User of family centre: mother).

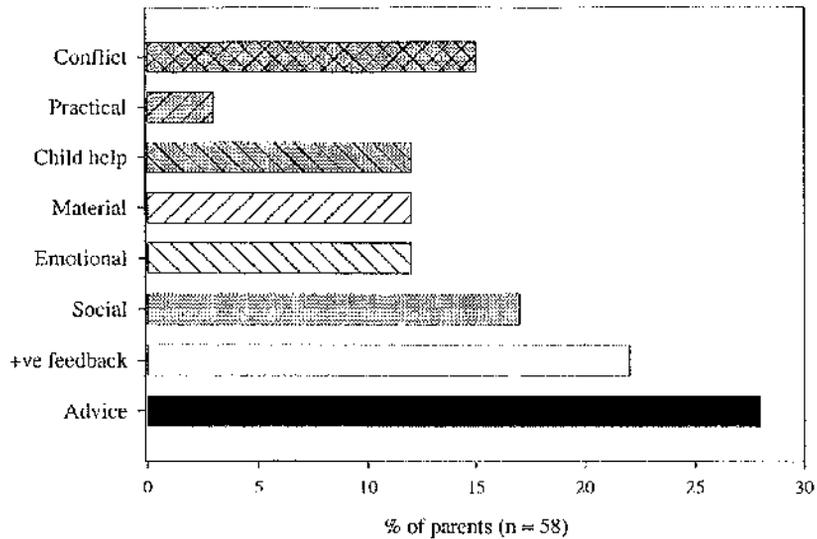


Figure 9.2 Percentage of parents reporting influence by the nursery or family centre on the availability and use of specific types of support and conflict.

### Conflict

Increased conflict was the downside of growing support, as already highlighted in Chapter Seven. In total, only three parents commented on the conflict they had with staff but a larger number of those who spent time at the nursery referred to incidents with other parents:

*"I had a disagreement with another parent – we had a misunderstanding some weeks ago and the other person flared up today and she was really abusive so we had a big argument today."*

Conflict was apparent in relationships with staff as well as in informal relationships although the power imbalance in favour of professionals altered the experience, making potential consequences more significant as the stories of a minority of parents indicated.

Two parents in the sample had children whose names were on the child protection register and both recounted frequent disagreements with staff at social work nurseries. The source of conflict with professionals generally arose from differences in values and beliefs about parenting. Child protection issues brought this into sharp focus as the remarks from one parent, Martha, indicated:

*“I’ve needed to speak a lot to my family and friends about really personal and upsetting things. I’ve needed support from them because of the distressing child abuse enquiry which arose because I was using the nursery. It was the centre worker who made the child abuse referral. I was looking for help but I didn’t get it. I then had to ask them for advice about it too.”* (Martha)

Martha’s situation illustrated the potential that can exist in such settings for conflict with authority where the development of unequal power relationships, involving mutual trust and respect, remain extremely difficult.

The potential for increased conflict between parents and staff in nurseries with increased involvement is evident although the reasons for increased conflict outside the nursery on a rare occasion resulted directly from an attitudinal clash about the appropriate role for a wife and mother. One woman commented on the problems she was having:

*“ I’m having some awful rows with some of my relatives. They think that the children should be with me and not at the nursery. With me going to college they think I’m not treating my husband right.”*

Although the levels of reported conflict were not a major issue, they were found to have increased at a statistically significant rate ( $z=-2.374$   $p<0.05$ ). The majority of parents (85%) thought that the nursery had not influenced the extent of conflict in their lives.

### **9.6.3 Mechanisms for extending support**

It has been said, (Holden, 1997) that the nursery environment inter-acts with the parenting role primarily in two ways. First of all, it acted as a mediator of parental beliefs and values and secondly as a moderator of stress. The formal and informal mechanisms that directly and indirectly resulted in increased support are well-documented in studies of shared care networks and family centres in various parts

of the UK (See Phelan, 1983; Holman, 1988; Hill, 1989; Smith, 1997) and family support programmes in the USA (See Dunst et al., 1988, 1994). Similar experiences were reflected in the way the nurseries and family centres in this study operated. They are briefly outlined in terms of the individual, groups and neighbourhoods.

### **The individual**

The nursery also moderated the stresses of caring for a child 24 hours a day, particularly where there are child characteristics which the parent finds difficult to manage, as Lorraine, a mother who used an education nursery said,

*"The time I spend with my son is more positive. We both benefit from the break from each other. I found him more difficult to handle when I was at home alone with him all day."*

Increased access to childcare and supportive contacts at a nursery or family centre meant that individuals with problems could seek support informally and quickly from others who might have shared similar experiences or from staff without the stigma sometimes associated with seeking help from formal agencies.

*"I once ran down the road in tears here – I couldn't stand it any more. I felt ok again once I'd talked about it. No way I'd have gone anywhere else, even if I could've got an appointment."* (User of family centre: mother)

### **Groups**

Support also arose directly and indirectly, when parents came together for organised group activities, run mainly by staff, in the centre. These included regular parents groups or participation in the playroom alongside their children. The topics of the groups, particularly in social work nurseries, were selected by staff and parents and sometimes depended upon the availability of an outside person to lead the activity. The explicit purpose of most of the groups mentioned by parents related to increasing knowledge and skills related to parenting, the home or personal grooming, giving some substantiation to criticisms made that some centres implicitly control

the role of women by reinforcing traditional female stereotypes (Kirk, 1990a; Caman, 1992).

*“ Jill (staff member) got hold of this woman who does make-up demonstrations so we did that one week. Another time we did some baking – that was a laugh.”* (User of social work nursery: mother).

Another couple of parents mentioned getting help from participating in children’s activities:

*“I couldn’t get my youngest to sit and listen to a story but by joining in with the play I saw the way it worked there and how they controlled her tantrums. It works for me now at home too.”* (User of social work nursery: mother).

*“I was probably too strung up. The staff saw this and tried to get me to hold back, look at the reason for the behaviour- calm it down and then work out what to do.”* (User of family centre: mother).

### **Community**

Involvement in the local community was apparent only in comments from users of family centres, probably influenced by a neighbourhood orientation, staff backgrounds and the part-time nature of the facility. A small number of parents talked about the establishment of a community flat and in a major community drama event. An active role for men was seen as important in the flat, although their participation was an additional responsibility for the women involved, as one woman’s remark showed. Paradoxically, it also indicated a sense of empowerment.

*“I’ve got involved in getting this flat set up for families that don’t come here to use and to go to when the centre is closed. We’ve got our men getting into it all too. They can do all sorts of things like knocking the place into shape. I’ve had to do all sorts of things I’ve never done before- go to see the*

*housing about it - get grants - think about who's going to work in it."* (User of family centre: mother)

Various opportunities for two-way support were created around the family centres and nurseries, in neighbourhoods, and directly by staff and parents, within the constraints of available resources, skills and time. One or two volunteers from the community contributed their time and skills to one of the family centres. Parents as individuals, selected the opportunities they considered appropriate to their circumstances, beliefs and attitudes. Not all were skilled at building and developing informal relationships or had equal access to sufficient friends who had the resources to help if needed. The users of social work nurseries seemed to have least opportunity to develop '*resourceful friends*' (Holman, 1983) from within their informal network since the majority of users shared many common vulnerabilities.

#### **9.6.4 Key elements in the process**

##### **Personal growth**

For some parents (and possibly staff) personal growth was achieved through the use of nurseries and participation in family centres and the wider community. Some mentioned increased self-confidence, while others indicated affirmation of their worth and parenting competence from the positive feedback they received from other parents and staff. It appeared that for some, a supportive approach, particularly where a neighbourhood orientation operated in the centre, could be empowering increasing a sense of control over some aspects of their lives, important for the majority of parents living in households and an area characterised by inequity.

##### **Trust and reciprocity**

Wilma and others, lacked reciprocity in support exchanges with a number of relatives and friends, resulting in an imbalance between the amount of support given to others and the little received in return, sometimes contributing to depression and helplessness (Belle, 1991). At the nursery this was compensated, to some extent, by the development of new supportive friendships. Reciprocal arrangements with other

parents appeared to be mentioned frequently, as highlighted in earlier chapters in parents' personal accounts.

The nature of supportive relationships between staff and parents existed in family centres or social work nurseries were often based on mutual trust and reciprocity, as the following revealing comment on professional support illustrated:

*“Sue’s turned out to be a right laugh. I didn’t like her at first –too stuck up. She’s always game to give things a go now but as well as that she’s seen me at my worst and she’s done her best to give me good advice. So I always go along to her groups at the centre to help her out.”* (User of social work nursery: mother).

A power imbalance between professionals and parents was often complex but as the above comment indicated there was sometimes a comfortable equilibrium. The quality and safety of the childcare environment was often mentioned as important to parents who used all types of provision, demonstrating parental responsibility and *trust in professional competence* to ensure the welfare of their children.

*“ The staff are great. I know he is safe when he is here so I can get on with other things, more relaxed in my own mind.”* (User of education nursery: mother).

Shared care: parenting beliefs and attitudes and parental (maternal) responsibilities.

*“ I used to smack the kids a lot, after a telling. Coming to the nursery has changed that. Moira (a member of staff) and I are quite close and she doesn’t believe in it. She has influenced me and now I don’t do it. The nursery is now non-smacking too – we all agreed it.”*(User of social work nursery: mother).

The nursery or family centre offered opportunities to expose parents to a wider range of parenting beliefs, attitudes and behaviours and time to reflect and discuss these with other parents and staff.

The majority of parents appeared to assume that childcare was primarily a personal, and often maternal, responsibility. The benefits and purpose of provision was generally couched in terms of their children's development, as outlined in Chapter Five. The benefits to parents were often not mentioned or placed secondary to those of their children. This was particularly evident in comments made by Eileen, in Chapter Eight, as she considered it her duty to carry almost total responsibility for meeting the needs and ensuring the welfare of her children with minimal support. She did, however, feel more comfortable in her friendship with another parent because it was based on reciprocity and therefore avoided a build up of perceived support *debt*.

A number of parents commented on the nature of their relationship with the person caring for their children, as either a relative or close friend, or their attributes as a responsible and competent adult as justification for seeking their help with childcare.

*“Mum has loads of patience. She’s not with them all the time, I suppose - so it does them good to spend time at her home”* (User of family centre: mother).

*“I take turn about with one of the other mothers – picking up and dropping off. It gives you a bit of extra time some days. You can only do that when you know the other person’s going to be there at the right time and she’s fine that way. He’s safe enough with her – she knows how to handle Jamie”.* (User of education nursery: mother).

There was no consensus on the appropriateness of support being extended beyond the nuclear family to grandparents or childminders possibly reflecting the predominance of beliefs about parents (mothers) having main responsibility for

childrearing and the boundaries of the 'family' (See Chapter Three). A few said grandparents deserved support as long as they were fully involved with caring for the children while a couple of parents thought grandparents' needs were not as great because the children were returned to their parents each night. One respondent viewed the extension of support beyond parents as always inappropriate and that they should decide who, if anyone, should be offered it.

### **Accessibility and informality**

The proximity of nurseries and family centres to the family home were important for a number of reasons, making them more convenient and familiar (See Chapter Six). These factors could contribute to increased use of a wider range of health and welfare services that would help families that might otherwise be too costly or intimidating for some to use:

*Nurseries should do pregnancy testing. Folk won't go to family planning but they would come here" (User of Family centre: mother)*

### **Social inclusion**

Wilma saw the primary purpose of the nursery, like many others parents, as shown in Chapter 4, as primarily meeting the developmental needs of children. Her understanding of the developmental needs of her child showed a more confident response with greater depth of knowledge than before and an awareness of the need for promoting equality:

*"It's for the children, really. Especially for people with one child - it helps them to mix and helps the children know right from wrong. It helps children to explore- they can try different things to eat - taste and feel. That helps to stop discrimination. We have Pakistans and different cultures here. It learns the children to play and mix with them."*

Some parents said that the nursery had helped them to feel less lonely and isolated. Wilma also saw the potential in the nursery for this. Not only could it help in practical ways, it built bridges for those who needed to integrate into their existing or new community.

*"I think it is important that staff and parents help out with new parents, especially if they're coming from out of town. Some folks are really isolated, even with husbands and family around. Getting involved in a place like this can make a difference."*

Volunteers from the local neighbourhood in one of the family centres, the collective action of parents to develop a community flat and others to be involved in a community drama production were all evidence of a more holistic approach in which support can enhance social inclusion.

#### **Gender: supporting fathers as well as mothers**

A few parents noticed a female bias in the centre, as mentioned before, and some expressed the view that there should be more active participation by men in the centres and greater support for them in their roles as fathers. The majority of parents, regardless of the nursery they attended, expressed the view that much of the support discussed in the course of the interview should be available in all types of nurseries and that it should be directed to both parents:

*"Fathers need support at times too. Some fathers are under stress"; "Fathers should be able to be more involved"*

Some other comments indicated that support to both mothers and fathers should be restricted to include single parent fathers only and not necessarily all fathers in general:

*"Not enough men use the nursery and there are quite a lot of single fathers out there. All the groups are for 'parents' and not just 'mothers'. Men would be welcome if they came."*

*"Single men need help too."*

*"People forget that there are a lot of men who are single parents."*

Some ambivalence about the participation of men was apparent in the above comments while a few thought services should be aimed at women as mothers only:

*"The place should be for women. Men get support in so many other areas, many of us would be shy or in second place if it was organised for the men as well"*

*"Mothers need help the most. They have all the responsibility of bringing up the children"*

### **9.7 Views of important organisational features that promote family support**

Broader family support, of the kind outlined in the previous section were not available to all parents, notably those who used education nurseries, yet almost all parents thought that it should be and all gave advice on important features that would support this.

#### **Location**

Almost all parents lived within a mile of the centre they used and this was seen as important by most for a variety of reasons, including convenience, proximity to shops and buses. Social reasons were also a contributor as one mother pointed out.

*"I want the kids to mix with the children they'll go to school with."*

#### **Building and equipment**

Almost all parents said that a specific space for parents was essential, including facilities for making tea and coffee and holding groups. In addition, a small number of parents thought that confidentiality was seen as requiring sufficient space.

*"There can be a need to talk to someone sometimes"*

*without someone barging in – somewhere quiet*” (User of family centre: mother).

The needs of children were recognised by some parents, including spacious indoor and outdoor play areas with a wide range of toys and play materials. A large number of parents stressed the importance of safety features for children with security at the entrance and in fencing around the outside.

*“It should be a warm, friendly place with lots of space!”* (User of social work nursery: mother)

### **Staff**

This was the topic that provoked the most contribution and consensus amongst parents. This father was supported by the views of many others when he said:

*“Staff - their personality and attitude is critical. Staff should be welcoming, approachable, friendly, patient and positive. Most importantly they should enjoy being with children.”* (User of social work nursery: father).

Training and qualifications, most specifically in childcare, were seen by many as important and a few parents said they wanted staff to be *“competent and professional”*. The number of staff was recognised as influential to the provision of support.

*“Adequate staffing levels are required to enable staff to support parents by ready availability and by taking time to listen. If there aren't enough staff to provide childcare then support to parents has to go.”* (User of family centre: mother)

### **Other parents**

A number of parents mentioned that the personalities and attitudes of other parents were of considerable importance.

*“They needed to behave responsibly in their use of the facilities and be friendly as well as sensitive to the*

*needs of others who could use the parent facilities. They need to be open and willing to communicate and share their views with each other. Sometimes the staff have got to step in and stop cliques taking over a place".* (User of education nursery: mother)

### **Wide range of local services**

Many parents thought that a wide range of different services should be readily available, including childcare and creche facilities to enable services to be used and help with transport to attend appointments out of the area. One or two parents came up with other ideas such as pregnancy testing and marital counselling. It was also pointed out that priority from staff and other parents should be given to help new parents get used to the centre and be able to relax.

*"Staff can give help too if parents have marital problems and by taking them to appointments at the hospital or doctors."*

### **Neighbourhood involvement**

A few mentioned that the centre needed to be seen positively in the neighbourhood, ensuring that it was not stigmatised.

*"The nursery should make sure its opened up, holding bingo, fairs and getting other people to see what's going on. Who wants to go to a place that's for people who can't look after their bairns properly."* (User of family centre: mother)

## **9.8 Summary**

Women with young families can have many demands placed upon them and if these are excessive and the support that they receive is insufficient then they may become depressed and demoralised, (Belle, 1991). Nurseries and family centres can help by moderating the extent of parenting stress (Holden, 1997) providing help with childcare and contributing to wider development of support networks. The structure

of support networks in terms of size and density as well as the sources, needs for and satisfaction with support were all investigated to see if they related to improvements in parenting stress levels and wellbeing and child behaviour. Relationships were unclear.

Parents with the greatest need for support were the most highly stressed and had poor wellbeing at the start of the study. Parents said they had most need for emotional support, help with childcare, advice and positive feedback when they began using the nursery or family centre. After a year, expressed needs for advice and emotional support had decreased significantly. Chapter Seven highlighted the perceived increase in the availability of support, particularly from family and friends once the child had been using a nursery for a year. In addition, the nurseries made considerable contribution to the advice available to parents, although most still would have liked more opportunities to go out and meet other people and receive positive feedback. Nurseries helped meet some of parents' support needs alongside sharing child care responsibilities and this had contributed to some of their abilities to cope, indicated by lower stress levels. However, some parents with high support needs continued to have poor wellbeing and others were more likely to have children with social and emotional difficulties.

Parents expressed most satisfaction with the material and emotional support they were receiving and least with social opportunities and the amount of positive feedback received at the beginning of the study and at follow-up. Despite the development of alternative sources of support and patterns of relationships, lone parents were no more likely to have high levels of parenting stress, poor wellbeing or children with behaviour problems than those with partners. Parents with the most dissatisfaction with support were at risk of excessive parenting stress and poor wellbeing throughout the study.

A majority of parents thought that the nursery had not influenced the nature or extent of support or conflict in their lives, although there was a reported increase in both over the course of the study.

In this study parental support or changing perceptions of the increased availability of support related to using a nursery did appear to have some influence on parental wellbeing, stress and child behaviour but the unique nature of individual's support experiences made it difficult to fully determine how the process operated. Prior awareness of the limitations of primarily quantitative data meant that qualitative data was required to supplement findings and assist in the development of a better understanding of the underlying processes.

The views of parents on the impact of nurseries or family centres on the range of types of support and conflict indicated that a sizable minority thought that there had been positive changes to the availability of support, particularly advice from staff on child development and parenting. The mechanisms used to provide support were often indirect, facilitating casual meeting between individuals or could involve counselling. Parent groups and social events also contributed, extending to wider involvement in and by the local neighbourhood. Key elements in the support process resulted in personal growth through building relationships based on trust and reciprocity and the accessibility and informality of services. Nurseries and family centres mediated parenting beliefs, attitudes and behaviour, increasing opportunities for reflection and review. The dominance of particular social values and norms influenced the way support services were organised and provided, focussing mainly on women and excluding most fathers. Family support in nurseries and family centres has the potential to enhance social inclusion through sharing individual and collective strengths, helping integrate men as well as women, and more isolated, disadvantaged or stressed individuals.

Parents identified features of the locality, building and premises that enhanced support but placed considerable emphasis on the human elements and interaction with staff, other parents and the neighbourhood. A number of parents recognised the need to provide a wide range of services and to make some traditional services more accessible, particularly to those with few resources and lack of confidence.

*“In some sense child care defines both the heart and the soul of a society, nurturing the next generation and transmitting the customs that constitute the core of the culture. By examining societies through their child caring policies and practices we are observing a primary source of energy for their future functioning.”* (Source: Moncrieff Cochran, 1992)<sup>2</sup>

### 10.1 Introduction

This thought provoking comment highlighted the importance of understanding whether and how we, as a society, provide early years' services. The present study explored the way three different types of public nurseries (education, social work nurseries and family centres) affected support and parental wellbeing, parenting stress and associated risks to the healthy social and emotional development of children. It is known that social support can intervene to mediate and moderate the effects of stress (Gore and Eckenrode, 1994) and that childcare provision and family centres can be potential sources of direct and indirect support (Holman, 1988; Gibbons, 1990; Smith, 1992, 1997). Adequate access to a range of supports influences the risk of maternal depression and associated difficulties with parenting (Sheppard, 1994). Little is known about the differences between users of different types of provision or their experiences of support and so it was proposed to examine the impact of nurseries and family centres on the support networks and wellbeing of families living in a high risk neighbourhood.

This study took place in an area of Dundee chosen because it was designated as 'multiply deprived' by central and local government and therefore a potentially high

---

<sup>2</sup> Quoted in Sommer, 1992: 334

risk environment, likely to have a disproportionately high number of vulnerable and disadvantaged families. The characteristics of the neighbourhood were examined and the public childcare provision locally available was compared before looking in more depth at the similarities and differences between families who used each type of provision. The structure of families' support networks were contrasted before considering the influence of support and the role of nurseries and family centres on parenting stress and wellbeing. An ecological framework was used to develop a largely quantitative, longitudinal survey study with a sample of 85 families at the start and 71 at follow-up, one year later. Parents of children using public provision were interviewed and completed questionnaires on parenting stress and wellbeing. Standard developmental assessments were completed on the children concerned.

Most families lived close to extended family and friends from whom a wide range of support was available yet it was still found that a very high proportion of parents were experiencing excessive stress and psychological problems such as anxiety and depression which are associated with parenting difficulties. Individuals varied in the extent to which they had access to resources, including support from family and friends, or possessed resilient characteristics to effectively manage parenting and related life circumstances. A relatively high proportion (one fifth) of the children had developmental and/or behaviour problems.

A key support role provided by all the nurseries and family centres was the provision of direct help with childcare and, to a lesser extent, advice on children's development and behaviour. Most parents also perceived increases in access to support from family and friends. This ranged from emotional support from discussing personal problems to getting recognition when an effort had been made to complete a challenging task or providing opportunities for socialising. These types of support may have been indirectly related to the use of provision, either through improved wellbeing, better inter-personal relationships or the creation of clearer boundaries surrounding the expectations of support that increased willingness to help. The majority of parents reported improved family wellbeing with reduced levels of parenting stress after using the nursery for a year.

One of the primary functions of social work nurseries and family centres was the provision of direct and indirect support to parents but this was not a stated function of education nurseries. Nonetheless these types of nurseries still promoted the indirect development of informal support, for example by bringing parents together at the same time or changing the extent and nature of childcare demands making them more manageable and specific. The functions and organisation of each of the different types of units influenced the extent of wider neighbourhood involvement and the nature of parental support.

The orientation and organisation of each type of nursery, exemplified in admission criteria and practice, operated to segregate families and reinforce existing strengths and weaknesses of parents' informal support networks. Divisions between families were mainly according to socio-economic status, household structure and those with fewer informal supporters and thus did not promote social inclusion. All nurseries and family centres had a significant number of highly stressed parents and children with developmental problems as well as some families who were coping well. The relative proportions, however, of vulnerable families in each type of nursery differed.

Some aspects of nursery operations tended to reinforce traditional parenting roles for men and women in combination with services that made little contribution to parents' participation in the workplace.

Social work nurseries provided family support services alongside full and part-time childcare. The users of social work nurseries were mostly referred by professional agencies because of social problems. They tended to be the poorest families, often headed by lone parents with least access to informal support yet the most expressed need for, and dissatisfaction with, the help they did receive. More children with development and behaviour problems tended to attend these nurseries. Like the nurseries themselves, parents sometimes felt stigmatised by others in the neighbourhood. As the year progressed, family wellbeing improved and parenting stress reduced. Informal and formal social networks expanded with more parents becoming increasingly reliant on staff for support of many types.

Family centres combined informal access to professionals in the course of providing a range of activities for adults and children. There was considerable emphasis on extending social support amongst the users of the centre and into the local neighbourhood. The range of families who used family centres was broad, although they excluded any dual earning households and included some highly stressed parents as well as a number who were coping very well. There were fewer children with developmental delay and behaviour problems than elsewhere. Parents who used family centres tended to have fewer expressed needs for support and most satisfaction with any they received. This may have been linked to their sense of wellbeing since this was better than most other parents using provision. Users were highly self-selected, having come voluntarily to participate in the family centre and comprised a number of fairly resilient parents and children. This group appeared to gain considerably from the use of the centre with improved family wellbeing and reduced parenting stress.

Education nurseries were well known locally and open to all children aged three and four years of age. Admission, however, still depended upon familiarity with the early admission process or referral by a professional. The nurseries primarily aimed to provide part-time early education for children. Parental support was not viewed as part of the remit of the nursery nor was it acknowledged by any of the parents. The users of these nurseries were fairly mixed but tended to be more affluent, including a number of those in employment and all dual-earner households included in the study. A number of users and children, however, were experiencing stress, poverty and psychological problems. When the study began, education nurseries had a relatively high proportion (one fifth) of children with developmental delay and the highest numbers of children displaying behaviour problems of all nurseries, according to staff. They reported considerable improvements in children's behaviour after a year although parents did not always perceive the same amount of improvement. Nonetheless, education nurseries, through fixed hours and routines, indirectly promoted the development of informal support networks between parents and enabled participation in activities outside the home. These links contributed greatly to the development of reciprocity and friendships that in turn helped parents to cope more effectively, showing less stress and better wellbeing at follow-up.

Extended family and friends were perceived as increasingly supportive and this may have been influenced by the use of regular childcare, making perceptions of the needs for support more specific and time limited and increased willingness to help.

In reaching conclusions from the study, this final chapter will address the following sections, highlighting the implications for future early years' policy, practice and research at the end of each section:

- Strengths and limitations of the study
- Stress and coping: parenting stress and wellbeing
- Risks, resilience and social inclusion: inter-relationships between informal and formal support
- The future of early years' provision in the UK.

## **10.2 Strengths and limitations of the study**

Prior to discussing conclusions it is appropriate first to address some of the limitations and strengths that were apparent from the design and its implementation.

Some of these were raised in Chapter Four and centre around key design issues including the largely quantitative approach, the emphasis given to an ecological perspective and the personal and professional context of the study.

A predominantly quantitative approach in this study confirmed and extended knowledge about a number of aspects of informal and formal support linked to family wellbeing amongst those who used nurseries and family centres. It would be inappropriate, however, to say that *causal* links between nursery provision, social support and improved family wellbeing were fully established. The relationships between these variables were more complex than this and the study more exploratory in nature and outcome.

Despite early intentions to adopt a quasi-experimental model of evaluation and contrast the effectiveness of different models of service provision to influence family wellbeing, a number of key elements of such a design were not fully met. In particular, a number of practical challenges that could not be overcome within the availability of resources were presented. These included the composition and size of the sample as well as the need to include a number of families who did not use any form of provision as a control group. It had been thought that the sample was sufficiently homogeneous for variations in outcomes to be clearly observed between users of each type of nursery but this was limited. Differences in sample size and attrition as well as family characteristics diminished the appropriateness of attributing changes to the influence of the nursery alone.

Functional and organisational differences between nurseries accounted for some difficulties in achieving a balanced sample composition. These were compounded by personnel changes and the implementation of local economic regeneration plans that increased family mobility, changed the nature and sizes of the population and affected the use of provision in various ways. Family centres were most affected showing this in reduced response rates at follow-up. There were more obvious extraneous factors to be taken into account than anticipated and the sample size and make-up was too small to compensate.

In many cases, statistical associations were not established although trends were often apparent. Reasons for this may have come from deficiencies in the sample size, making comparisons difficult to perceive or lack of a control to enable clearer comparison. Despite these observations, the longitudinal aspect of the study showed that statistical trends generally remained apparent over time, highlighting the vulnerability of more users of social work nurseries and the breadth of individual experience in all types of nurseries.

In line with a primarily quantitative approach, key concepts were largely assessed using a number of standardised questionnaires, mainly selected because of their reliability and validity and as a means of making inter-group comparisons and generalisations. This research involved using standardised questionnaires on

parenting stress (PSI), wellbeing (GHQ) and social support (ASSIS) and children's social and emotional behaviour (PBCL) in addition to a survey interview. Validated measures have often been used as a means of contributing to research and evaluation, making comparisons with other studies or groups easier. Some can also be used as part of an individual assessment process. The context, ethics and purposes of using standardised measures, in contrast to those more firmly rooted in the personal experiences and views of those who are the subjects of the study, may be open to debate, yet their value can be justified, with some qualifications.

The pilot and full scale study indicated that the completion of the selected, standardised questionnaires about general health and parenting stress were tasks with which parents appeared comfortable, even those with very limited literacy. This makes questionnaires particularly vulnerable to misuse but equally they may also be tools readily used for a variety of purposes, with the same amount of professional support that might be required using some other methods. The information that was elicited from some parents added insight to the extent of their distress and could have been used to indicate a need for individual intervention.

The Parenting Stress Index (PSI) was based on a relatively narrow view of stress as it was concerned primarily with parental perspectives of roles and relationships with their children. It might have been useful to have considered inter-relationships between this and strain in relation to life events, other roles or experiences. Other dimensions, measures and perspectives could have increased understanding of stress and coping concepts.

In contrast, the General Health Questionnaire (GHQ) was selected because it had a more general applicability to a wider population but it is also a parental self-report measure. There is a large body of literature and knowledge about the definition and assessment of wellbeing that could have provided a further focus to the study and additional tools and methods that were beyond the scope of this study.

The Arizona Social Support Interview (ASSIS) was complex to administer, comprehend and analyse, reflecting the nature of the social support concept and

difficulties in operationalising it. Perceptions of support in this study are likely to say as much about the personal wellbeing of the respondent as they do about enacted support although such a perspective may be of equal value. In a review of methodological literature on social support by Kessler (1990), perceptions of the availability of social support were found to be associated with emotional adjustment to stress while the receipt of support was not. Poor adjustment to stress may also be associated with selective recall. It was also noted that 'invisible' or 'taken for granted' support that develops naturally may be less damaging to self-esteem and of considerable importance yet may not show up readily in self-report measures. This challenges the tradition of using self-report measures and highlights the need to include support providers in studies of support. Quantitative measures can help develop knowledge about support structures but this can be at the expense of increased understanding of underlying processes that are also highly relevant to the whole concept.

Assessment of the child's social and emotional behaviour (PBCL) from staff observations required training and time to incorporate into the daily routine. This placed additional demands on staff and might have been more reliable with increased response rates at follow-up if the measures had been part of the existing operation of the provision or if staff had been more fully trained and convinced of the benefits. Triangulation arose from consideration of parents' views of their children alongside those of an independent professional as well as nursery staff who used the PBCL. These various measures added to the time and resource implications of the study but provided a basis for comparison, nonetheless, and helped contribute to the emergence of trends and helped give a wider view of the child's wellbeing.

The adult measures that were selected in this study were subjective, based on selective recall, the perceptions of the respondent in a particular context and in the case of questionnaires, forced respondents to make a 'best-fit' choice from a limited number of options. There are a number of implications that arise from this method. Contextual influences on responses, such as the surroundings, relationship with the interviewer and a desire on the part of a number of respondents to qualify their responses needs to be compensated by selecting other types of measures and

methods, such as observation, diaries, collection of data from other sources. Quantification of highly personal interpretations of support, relationships or stress, for example, may make them more manageable in terms of analysis but does not make them more accurate as a representation of a single reality. Real life is complex and multi-faceted making multiple methods and measures most appropriate as a means of developing knowledge and understanding.

The longitudinal dimension of the study was important as a means of reflecting the changing nature of family circumstances and showed the extent of change and stability in families over time as well the inter-relationship between different aspects of their lives. Findings on support were not precisely replicated over time but there were consistent patterns and trends showing that support networks were not static and that the measures were capturing a congruent glimpse of support and its impact on wellbeing.

My personal and professional experiences gave me valuable insight and understanding of the needs for support from family, friends and for accessible opportunities for childcare and education. I had acquired a sound knowledge and understanding of the neighbourhoods and available resources. This helped focus the study, increasing the acceptability of my motives, aims and methods. It was generally viewed as positive that early years' services were being given attention and recognition, helping improve response rates and co-operation. It may also, however, be considered that there was incompatibility with my professional role and responsibilities and one of objectivity and impartiality. It is my view that all research is subjective, to a greater or lesser degree, and consequently a compromise had been reached about this. It is unknown, however, eventually what positive or negative influences this will have had on the study and therefore needs to be borne in mind when interpreting results.

Tensions between a positivist approach, an ecological perspective that acknowledges the relevance of the wider context had a bearing on a shift in emphasis given to aspects of design. The value of qualitative material became increasingly apparent

as the study progressed and could have been given greater prominence and used to illuminate process more in the analysis and interpretation.

The voice of the child and recognition of their needs, as opposed to her parents', have been sadly lacking in this thesis and yet the topic is about valuing children and recognising their existing and future potential contribution to society as a whole. The inherent contradictions in this are not lost to the author yet the literature on childcare abounds with either the positive or negative effects of childcare on children's development, generally based on adult interpretations. Children of all ages are rarely consulted on equal terms to adults (Hill and Tisdall, 1997). Children under school age are generally thought of as too young and lacking in comprehension to communicate with effectively although their rights to influence early year provision is gaining prominence as an issue (Nutbrown, 1996). Consultation with children using early years' services has already been identified as a service objective by at least one Scottish local authority in Scotland (Stirling Council, 1998).

## **Implications**

### ***1. Methods***

- A largely positivist approach demands statistical rigour and objectivity as a means of establishing causal pathways. Any weaknesses in design and/or implementation have implications for this and findings need to be reported with qualification. The inclusion of a control group, more balanced, larger sample and greater distance between the roles of the researcher and operational manager could have strengthened quantitative aspects of design.
- An ecological perspective was useful as a means of conceptualising the complexity of inter-relations and breadth of external influences on human development. This helped clarify research questions giving emphasis to the exploratory nature of the proposed study.

- An ecological perspective is compatible with a study that uses multiple methods although this can create conflict between qualitative and quantitative approaches that requires resolution by finding an appropriate balance. Qualitative material can provide context, illuminate aspects of process and give voice to those about whom the research is concerned. Standardised and validated measures can usefully be used as a means of triangulation and to enable comparisons to be made between groups and individuals. Combined methods can be used to highlight the complexity and multi-faceted nature of real life and can contribute to an understanding of the impact of social policies on social stratification as well the lives of particular groups and individuals.
- Questionnaires of the kind used in this study added value and could have had broader application to project evaluation and individual assessment, allowing for sensitive and knowledgeable selection and use alongside other methods, appropriate training and an awareness of limitations.
- Longitudinal design was necessary to observe changes and stability over time that a cross-sectional design could not have captured.
- An understanding of process would have been more appropriately achieved using primarily qualitative methods.

## *2. Participation and consultation with children*

- It would be valuable to explore the effect of consultation with children on the organisation and delivery of services and equally to have included the effects of support on family wellbeing from the child's perspective. Methods would need to be developed to maximise children's contribution.

### **10.3 Stress and coping: parenting stress and wellbeing**

Childrearing can be both rewarding and challenging, enhancing the quality of life but also increasing some of the demands on parents' time, energy and resources. In this study the coping abilities of parents were gauged in terms of their levels of parenting stress and wellbeing. The social and emotional development of their child provided a further measure to assess the challenges faced by parents and the influences of the nursery. Approximately 20 percent of all children had development and/or behavioural problems of various kinds. The group of parents in the study as a whole included above average proportions of individuals with significantly high levels of parenting stress and poor wellbeing compared with either middle income UK (Golombok et al., 1995, 1997) or general US populations (Abidin, 1990). Over half of the parents said that someone in the family had some health problem in the course of the study. These findings reflected the relatively high levels of social, material and economic disadvantage amongst the families who lived in the area and used the nurseries.

Over the course of a year when a nursery or family centre place was used, there was an improvement in family wellbeing and a statistically significant decrease in the extent of parenting stress experienced overall, especially in one of the three dimensions measured by the Parenting Stress Index (PSI/SF). This sub-scale (PSI/SF-pd) showed a measured improvement in parents' perceptions of parental competence, role constraint, social support, marital conflict and depression, bringing concerns about these factors to the same level experienced in the wider population. This was important as it indicated the main areas of parenting stress that were relieved. Stresses that resulted from difficulties in the child's behaviour (sub-scale PSI/SF-dc) and in relationships between parents and children (sub-scale PSI/SF-pd) showed some improvement but remained strained. It should be borne in mind that despite substantial overall improvements in parenting stress and wellbeing in the group as a whole at follow-up, high stress levels and poor wellbeing remained prevalent, reflecting ongoing personal and neighbourhood pressures.

Despite general differences in the extent of poverty and unemployment between groups of families who used each form of provision, there were parents using all

types of nurseries and family centres who were vulnerable and having difficulty coping. After using provision for a year, reductions in stress were found relatively evenly distributed across all types of provision. This indicated that the use of early years' provision may have been linked although the way in which this might have been was not clear and all establishments still had a number of critically stressed parents.

Parental wellbeing and stress were inter-related with children's social and emotional development at the start of the study but this no longer held true after using provision for a year (see Chapter Eight). Parental wellbeing was no longer clearly related to children's social and emotional difficulties. It may be that in sharing the care of a '*difficult*' child with a nursery, alongside direct and indirect supports that arise from its' use, much of the adverse impact on parental wellbeing was no longer a cause or effect of the child's difficulties.

A relatively high proportion of children in the sample had social, emotional and other developmental difficulties yet staff and parents often held different views about which children presented behaviour problems. This may have been influenced in many ways. It may have been related to the context in which the behaviour was assessed or parents lacking breadth in their experience of children generally that made it difficult to make comparisons. Parents may have had emotional bonds to their own children that compensated for difficulties. Alternatively, staff assessments may have been so context-specific that other relevant information available from parents was excluded. At follow-up, the staff in education nurseries reported significant improvements in children's behaviour although parents did not necessarily share this view. This may have meant that children with difficult behaviour showed marked improvement in the nursery setting but not at home, indicating a need for staff in education nurseries to help parents develop skills that might help them manage their child's behaviour outside the nursery. In any event, to bring perspectives closer, childcare staff and parents needed to communicate more with each other to broaden understanding of the child and effect change across settings and relationships.

Parents seemed to appreciate the advice they received from staff on child development and behaviour and many of those who used social work nurseries and family centres mentioned a number of opportunities in which this was obtained. Parents referred to experiences that included participating in the playroom and observing the interactions of staff and other parents with children, discussions about dealing with particular developmental concerns and talking informally with other parents. They were exposed to a wider range of parenting beliefs, behaviours and strategies than they might have otherwise been.

### **Implications:**

#### ***3. Increased availability***

- The use of all types of nurseries and family centres appears to be related to the reduction of parenting stress and the improvement of family wellbeing. This supports the implementation of social policy that increases availability. In areas where families are socially and economically disadvantaged, risks to wellbeing are even greater and the allocation of resources needs to reflect this.
- Services provided by nurseries and family centres appeared to mediate the relationship between parents and children, reducing risks to children's development from parenting stress and poor wellbeing and protecting parents from some of the adverse effects of caring for a *difficult* child. This finding, again, emphasised the importance of increased availability of all types of early years' provision.

#### ***4. Parents' and children's health and wellbeing***

- Independently, early years' provision cannot resolve the chronic disadvantages, stresses and poor health that were experienced by most of the families. Stress levels gave cause for concern, indicating a high incidence of undiagnosed and untreated psychological problems that were only partly alleviated by the practical support provided by a place at a nursery or family

centre. Intervention at social, community and individual levels are required ranging from income redistribution to improved access to health care for disadvantaged individuals. Nurseries could contribute to this by making parents and children's health and wellbeing integral to their aims and objectives and helping to make a wider range of these services more readily accessible, such as pregnancy testing and counselling.

- Highly vulnerable families used all types of nurseries and family centres. Difficulties may have been chronic or transient but more would have benefited if a wider range of direct support had been available to all families who used early years' provision, including those who used education nurseries.

#### *5. Sharing information about children*

- The views of parents and professionals about children's behaviour often differed. This may have been a consequence of the context and relationship with the child but more effective communication about this was required to ensure a broader, mutual understanding of her/his strengths, weaknesses and development.
- Improvements in children's behaviour in the home as well as the nursery might have been observed with increased access to opportunities for parents to develop skills and knowledge to help them manage challenging behaviour. This was often integrated into the formal and informal work of the social work nurseries and family centres through group discussion and role modelling.

#### **10.4 Risk, resilience and social inclusion: informal and formal support**

Almost all of the families in the study lived within three miles of key members of their extended family and the majority of their friends. In addition, those who were in paid employment often lived in the same neighbourhood as their colleagues. The nurseries were all located in the hearts of these closely-knit communities which

provided the immediate context for many dense support networks where interconnections between extended family, friends and neighbours were often strong (Chapter Seven). The majority of respondents reported an increase in their social support networks, extending beyond the practical childcare provided by the nursery over the course of the year. Two thirds of the sample were married or co-habiting, but did not totally depend upon them for support. It was to their mothers, and to a lesser extent, fathers, sisters and aunts to whom parents turned for most of their support and this was seen to increase as the year went past. It may have been that improved parental wellbeing positively influenced perceptions of the availability of support. Alternatively, some family members might have been more willing to offer help once boundaries were clarified through the child's attendance at nursery. Not all of the parents who had places at the nurseries, however, were able to rely on relatives for much support. The reasons for this were numerous and complex but it was important to note that the poverty of many of the families in the study reduced access to supportive resources.

The nursery was perceived as influential in expanding parents' friendships, mainly between mothers who also had young children and were able to help each other in a number of ways such as lending money, food, baby clothes and equipment or babysitting (Chapter Seven). This spread the responsibility for support more widely, reducing the needs for grandparents and other relatives to be as actively involved in some tasks, such as taking and collecting children from the nursery, than they might otherwise. A broader range of social contacts for parents brought benefits to children as well, increasing their confidence and ability to adapt to different settings and build social relationships with adults and children outside the immediate family (Bronfenbrenner, 1979; Sorensen, 1993).

Most parents in this study had strong informal relationships and were able to rely on support of various types from partners, extended family and friends and on only minimal professional help. Supportive relationships can, however, also be sources of stress, as a corresponding increase in conflicted relationships across all nurseries indicated.

A minority of parents, often lone parents, were more socially isolated with little informal support and depended primarily on nursery staff to supplement this with an increasingly wide range of types of support as the year progressed. Most of those who had the smallest, weakest informal support systems and greatest reliance on formal support tended to use social work nurseries, where most parents also had the highest stress levels and poorest wellbeing. They tended to be the least satisfied with support and expressed most need. In family centres informal support networks tended to be the largest, supplemented by some formal support from staff. Parents expressed the least need for support and most satisfaction with the help they received and had the best wellbeing. They also had fewest children exhibiting behaviour problems or developmental delay. Families who used education nurseries were fairly diverse, including some with large social networks and a few with very little support from family or friends but no one relied on nursery staff for any support.

### **Implications:**

Social support from a strong network of formal and informal relationships can also make a major contribution to the development of resilience in parents and children (Fonagy et al., 1994). Social support operates in a complex way, however, acting as a stress buffer to mothers experiencing moderate levels of pressure but appearing relatively ineffective when subject to severe stress (Holden et al., 1992). Informal supports have more powerful protective properties than formal or professional sources of support, including strong emotionally supportive bonds, especially with kin, which promote wellbeing and parental functioning and enhance child development (Dunst et al., 1988; Riley, 1990). Early years' provision can directly provide support to families, such as childcare or advice on behaviour problems but they can also promote the extension of informal support indirectly, by increasing opportunities to meet others or changing the nature of demands on extended family for support.

#### *6. Extending informal social networks*

- Early years' provision can provide a focus for young families to meet and develop their social networks. This can be extended by

helping create a wider range of direct and indirect opportunities and services for social exchange and participation in the wider community and work. Informal supports have the advantage of extending beyond organisational confines such as nursery hours, building and equipment to be embedded within the wider neighbourhood context. This will promote social inclusion at the same time as enabling parents a potentially wider range of support options.

- A commitment to actively help parents extend their social networks brings additional demands on staff resources and the physical environment of the nursery, including adequate space and equipment.
- Extended families, in this study as found recently in other research (McGlone et al., 1998), continued to be an important source of help and support for most, but not all, families. An holistic approach to the developmental needs of the child would acknowledge the importance of bridging links between children and other relatives by extending support beyond the parents (usually mother) to fathers and other relatives and encouraging their involvement in the nursery.

### *7. Conflict management*

- Increased conflict is an inevitable consequence of extended contact between parents, staff and the wider neighbourhood. Relationships in nurseries and family centres are additionally complex since they work on a more personal level with parents and can expose differences about parenting, the needs of children versus parents and bring power differentials to the fore. Conflict management policies and strategies need to be developed by staff and parents.

### *8. Formal support*

- Regardless of the range of opportunities created for the

development of informal relationships, there will remain a need for professional support of a more specialist nature. It is inappropriate to overburden some individuals who are managing to cope under considerable pressure. There will also be those who prefer the nature of support relationships with professionals or lack the personal resources or skills to develop and sustain informal relationships. Informal support cannot replace ready access to a range of professionals with specialist knowledge and skills who can complement and supplement informal support. Professionals need to be conscious of reaching an appropriate balance in this respect and parents need to be aware of their entitlement to services.

### **Types of support**

Parents said they had most need for emotional support, help with childcare, advice and positive feedback when they began using the nursery or family centre. Emotional support from a close and dependable source, usually a partner, close relative or friend is a vital component of family wellbeing, children's adjustment and gives protection against depression and other mental health problems (Brown and Harris, 1978, 1989; Homel et al., 1987; Holden, 1992). Most parents were able to find this from informal sources but not all. A few parents identified professionals as their main source of emotional support.

At follow-up, expressed needs for advice and emotional support had decreased significantly overall, with relatives and friends playing a major role but increasingly nursery staff contributed by giving parents advice and information. Parents in this study had most need for, and least satisfaction with, opportunities to socialise and get positive feedback and expressed most satisfaction with material and emotional support.

The users of social work nurseries tended to have the greatest expressed needs and least satisfaction with support while those using family centres had less expressed need and most satisfaction with available support. Differences were small, however,

and mainly not of a statistically significant magnitude. Parents with the greatest need for support were the most highly stressed and had poor wellbeing at the start of the study. Although these difficulties reduced in severity by the following year, there continued to be a statistical relationship between support need and wellbeing.

### **Mothers and fathers**

Lone parents (usually mothers) were not only subject to greater poverty than the majority, they also experienced more demands on their personal resources and had fewer people available to help them than those who lived with partners. However, they did not differ in their stress levels, wellbeing or in their children's social and emotional adjustment. Neither did they identify more support needs or dissatisfaction with support. Lone mothers were more likely to rely on getting advice and emotional support from nursery staff at the start of the study. By the following year their relationships with staff, primarily in family centres and social work nurseries, had developed to such an extent that many lone parents identified them as major sources of support in other ways too. Staff gave lone mothers positive feedback, material support and extra help with their children. In education nurseries, supportive relationships of a broader kind with staff did not develop.

Lone fathers in the study group were not immediately and distinctively different from others in the group and the numbers were so small that no generalisations can be made. It was of interest to note, however, that they tended to rely more on formal sources of support, had more male supporters and less stability in the composition of their networks. They shared the same commitments to domestic work and childcare as women. This was recognised by a number of mothers in Chapter Nine who made qualified comments that indicated acceptance of the legitimacy of lone fathers as recipients of support in contrast to a number of ambivalent comments about the involvement and provision of family support to men in other circumstances.

The men who were partners in the Dundee study, in common with most fathers in the UK, did not take an equal share of the care of their children or domestic work (Ferri and Smith, 1996; Oakley and Rigby, 1998). Partners were, however,

perceived to provide valuable emotional and social support but equally they were often the source of much conflict (See Chapter Seven). In addition to the primary responsibilities mothers (and lone fathers) had for the home and children, women were found, in this study (Chapter Seven) and other more widely based samples (Belle, 1991), to be the main providers and recipients of all types of support. The provision of childcare and of support are most definitely gender issues despite the use of neutralising terms, prevalent in this thesis and other literature, such as *'parent'*, *'primary carer'*, *'family wellbeing'* or *'family support'*.

A number of staff and parents raised the issue of a need for greater involvement by fathers in their wives and children's lives and in early years' provision. Despite these views men's physical presence was very limited, other than as "managers" in a third of the establishments studied. Nurseries and family centres appeared to replicate the oppressive gender dynamics found in the personal, domestic lives of many families, currently evident throughout the rest of childcare services in the UK (Pringle, 1998: 313).

Most activities for parents were based on personal appearance, homemaking and childcare, and although these topics were often identified jointly between parents and staff, the nurseries and family centres tended to reinforce traditional roles for women and exclude men. This was emphasised even more by the marginalisation of women's needs for childcare or personal support to enable their participation in work and was evident in all provision. Criticism has been made of family centres for regulating the mothering of poor women and ensuring they continue to carry primary responsibility for children and the home (Canaan, 1990, 1992). It is thought that there was some validity in this perspective.

### **Support processes**

Key elements in the support process in early years' provision resulted in personal growth through building relationships based on trust and reciprocity and the accessibility and informality of services, most commonly found in neighbourhood family centres (Holman, 1983, 1988). The mechanisms used to build social networks and support were often indirect, involving casual exchanges outside the

nursery, or more directly through parental involvement in fundraising, children's or adults' activities, joint advisory groups with staff and the development of links with other neighbourhood resources or individual counselling. In education nurseries, only external support, such as fundraising took place, alongside networking between parents and their contacts outside the establishment. Social work nurseries and family centres provided the widest range of opportunities for parental involvement. At follow-up parental involvement in family centres had reduced considerably and increased in social work nurseries.

Almost all parents, regardless of the type of provision attended, their personal circumstances or wellbeing, thought that support for parents (both fathers and mothers) should be integral to all types of early years' provision. They had a number of ideas to promote this. These ranged from the safety of the site, its accessibility to families' homes and amenities, to the range of activities, services and the nature of space required to ensure privacy and confidentiality while retaining informality and comfort. The quality of childcare was viewed as important as well as openness to extending links into the neighbourhood to maximise local participation and avoid stigma. Considerable consensus was reached amongst respondents concerning the overarching importance of the human element of support, contributed by trained, caring and friendly staff and the positive and welcoming attitudes of other parents.

#### *9. Extension of current study on support*

- Further analysis and interpretation of underlying processes based largely on qualitative data could be used to develop distinctions and increase understanding of the pathways of influence of support to family wellbeing related to the use of nurseries. A model of this was first used in Chapter Four (Figure 4.1). It is shown again below but could be expanded to include direct and indirect support related to nursery use.

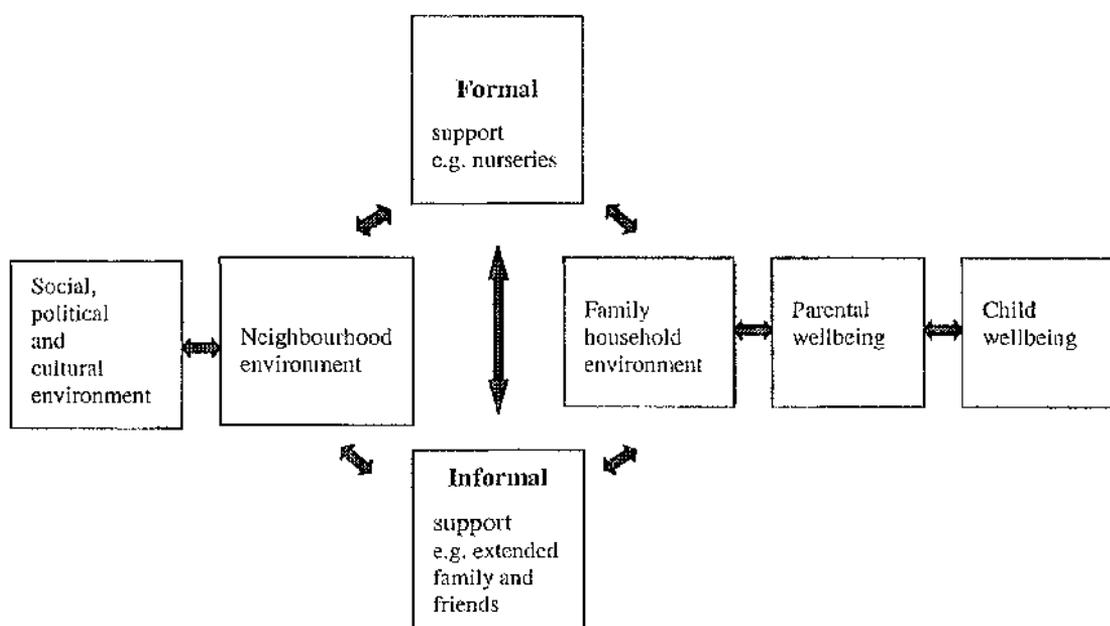


Fig. 4.1 Pathway of inter-related influences on family wellbeing

### Poverty and unemployment

*“..unemployment in the family can indirectly affect the well-being and education of children, because of its stressful effects on the physical and mental health of parents, and the greater potential for marital discord.” (Kumar, 1993: 146.)*

Poverty and unemployment were prevalent in the research areas, (Chapter Five) and were clearly apparent amongst those who used nurseries and family centres. Just over one in four of all households in the sample was headed by a lone parent, caring for nearly half of all the children. Almost all lone parent households in the sample were headed by women (see Chapter Six). Like poverty, caring and domestic labour are issues that mainly affect the lives of women and children. In this study, these factors combined with the nature of services provided by all types of early years’

provision to perpetuate the exclusion of the poorest families, mostly female-headed lone parent households. Even within a relatively homogeneous sample, as was the case in this study, it was found that there was further stratification. Around half of the households had no adult in employment and most lived in rented public housing. Those with fewest material resources were most likely to use social work nurseries while those in employment, including all dual-earning families, tended to use education or family nurseries (see Chapter Six).

It was found in Chapter Six of this thesis that most of the families in the study lived in relative poverty, in households with very limited access, beyond the minimum, to cover much more than basic, food, clothing and housing needs. Two families in every three were in receipt of income support. Most lived in rented accommodation with less than half of all households having an adult in paid employment. Only twenty seven percent of the women were in paid work. Most were in low paid, part-time, casual or seasonal work of a manual or unskilled nature, often working irregular hours. Career advancement was unlikely for many with fewer than half of the women and their partners holding educational qualifications of any kind. In the course of interview, the majority of respondents (63.5%) defined themselves as '*unemployed*' despite potential alternatives, and their responsibilities for childrearing. This may be reflective of the limited perspective inherent to the interview schedule or interviewer but equally, it made comment on the importance of work as a means of defining identity, status and self-worth (Locke and Taylor, 1991) in this culture.

The childcare provided by the nurseries was perceived by parents as making a negligible contribution to the participation of women (or men) in the workforce or in extending the participation of parents in further education or training. Ironically, it was only social work nurseries that provided many full time places for children and could potentially enable parents to work but only a third of users did so. There was a lack of flexibility and insufficiency of childcare hours in education nurseries. The lack of childcare provision in family centres made attendance incompatible with working. In social work nurseries higher priority at admission was given to families

who were perceived to have problems than those who wished to work, despite poverty being a major contributor in all cases.

### **Implications:**

Individuals need for, and satisfaction with, support are dependent on individual coping abilities and personal life events as well as the wider social context in which they are helped or constrained in their abilities to put coping strategies into practice (Monat and Lazarus, 1991). In this study, nurseries and family centres, as social contexts, grouped the most socially isolated women together in one setting (social work nurseries) while excluding them in another (education nurseries). This may have reinforced and separated network weaknesses as well as strengths, diminishing opportunities for extending and diversifying social support networks and the development of social skills that would enhance social inclusion and participation beyond the nursery. Work provides financial and material benefits and can also give a sense of achievement and purpose. It creates opportunities to develop social relationships and enhance self-esteem (Locke and Taylor, 1991). It can provide the money required for wider participation in society.

### ***10. Social inclusion***

- In order to promote social inclusion there must be appropriate acknowledgement and resourcing of the support implications arising from chronic poverty, growing mobility and diversity in families as well as an awareness of the segregation that results from the current incoherence and fragmentation of early years' provision.

#### ***Employment***

- The availability of childcare should increase and be more responsive to a wider range of needs, including those of working parents, in terms of hours, flexibility and admissions criteria.
- Some aspects of formal and informal support contribute to the development of social skills that will help transitions be made more easily.

- Connections between early years' provision and employers, training agencies and further education colleges should be stronger to bridge settings, making the transfer of skills smoother and the matches between family and employment needs closer.

#### *Parents' social lives*

- All parents with young children need a break from the demands and routine of bringing up children, and this may be particularly relevant to those whose lives and environment are constricted by lack of money to fund outings or babysitters and limited informal support. The openness of poor families' lives to professional scrutiny (Parton, 1985), combined with the prevalence of attitudes and beliefs about maternal availability and responsibility for the home and children can make socialising a moral as well as practical problem for many parents, usually mothers, living in poverty. Despite the majority of parents' apparent satisfaction with, and limited expectations for, material support, most of them lived on meagre incomes with no spare money to fund social activities. The provision made little contribution to their participation in employment and the means to increase income. The segregation of parents in different types of provision often brings together families who share many of the same material, practical and social difficulties, making it more difficult for parents to find informal solutions to some problems, like babysitting. Nurseries and family centres can help by using the nursery as a base for social activities, by providing childcare in the evenings or weekends, or helping establish babysitting schemes.

#### *Fathers and mothers*

- It will be a challenge for men to learn new skills and adapt existing ones in such areas as networking as they increasingly assume more responsibility for childcare and the home. Women also benefit from the support they get from early years' provision and the chance to develop a broader range of skills and

knowledge beyond the home and childcare. Early years' provision has the potential to be more inclusive towards men as workers, volunteers and fathers, while bearing in mind the tensions this will bring for the protection of children and the wellbeing of women. Equally it has the capacity to introduce women to new experiences that may help them develop the confidence to move beyond the nursery, if they wish to do so. Changing roles for men and women are inter-dependent. Women, as mothers, and childcare workers must also be willing and able to relinquish some of the power and influence they have had up to now in domestic life and nurseries but they are unlikely to do so until they have extended their place in public life. There may need to be concentrated focus and some separation in the work with mothers and fathers until an integrated approach can be fully adopted. Current debate on changing roles for men in fatherhood and the development of special projects and/or strategies to increase paternal involvement in childcare are valuable.

### *11. Parent-staff relationships*

- The nature of relationships between parents and staff were of considerable importance and appeared to be underpinned by reciprocity and trust, known as essential to the development of parents' supportive relationships (Cochran and Brassard, 1978). In some cases, these relationships helped parents develop coping strategies by providing emotional support and positive feedback, enabling self-validation through a process of *reflective self-functioning*, a powerful protective factor in parenting (Fonagy et al., 1994). This may have contributed to the abilities of some parents to reach practical, as well as emotion-focused, solutions to manage parenting pressures. The theme of parental *empowerment* was evident amongst those who had taken part in establishing a community flat and a community drama. These

activities had helped parents to increase access to resources and exert more control over their lives and develop skills in decision-making and problem-solving (Dunst et al., 1988: 3). The processes underlying the development of relationships between parents and staff, including the purpose and extent of parental involvement and support, are key to the organisation and ethos of early years' provision, requiring acknowledgement and understanding by those making policy and implementing it.

#### *Parental involvement*

- Parental involvement in early years' provision can provide a wide range of benefits to parents and children but equally if it is essential and the purpose unclear, it can be oppressive and limiting of parent's wider opportunities for personal development through work or neighbourhood action, for example. A few parents were found to be heavily involved in social work nurseries and family centres while others were less so. This was also found by Moss et al., (1992) in a study of parental involvement in playgroups. It cannot be assumed that a majority of parents are seeking the type of involvement in provision that professionals determine as appropriate. More parents may wish to have a greater say in policy that impacts on their use of the service while a few will be concerned with the detail of practice and the life of the centre. There needs to be room for this kind of diversity in parental involvement. This has implications for the attitude of professionals to be open to wide ranges of participation and understand the benefits and challenges this may bring. Relationships between staff, parents and others were not the focus of this study although it was evident that differences in the values and beliefs of individuals and the influences of their professional backgrounds and employing agencies played a crucial role.

#### *Consultation with parents*

- Parents' views on family support and early years' provision were

largely based on their knowledge of facilities currently available. Nonetheless, they were enthusiastic to share their ideas and clear about the physical and human characteristics required to promote support and a need to make a number of health and welfare services more informal and accessible. Consultation with parents about all aspects of service policy, delivery and design would help ensure that provision is responsive to changing needs.

### *Lone parents*

- Support is determined by the characteristics of providers and recipients. Lone parents had fewer sources of support than others and tended to differ in the way they used various sources although their stress levels and wellbeing in this study did not appear to differ markedly from those in similar circumstances who had partners. In a study comparing the support networks of lone parents and others, McCubbin (1989) also found this and concluded that many lone parents successfully adapted in creative ways through developing their support networks. Lone parents in this study, many who attended social work nurseries, developed intimate and personal relationships with staff that were mutually supportive, by giving commitment to participation in an event organised by a member of staff, for example. This may have been beneficial in the short-term but could also have restricted parental participation in activities outside the nursery. Lone parents may have particular requirements from early years' provision to help them develop and adapt formal and informal social support.

### **12. Future research**

- It would have been appropriate in this study to move on from examining women's support networks and ways in which these could be strengthened and extended through early years' provision, to consider the nature of fathers' support. There is a need to identify ways that knowledge about support networks can

be applied to help men take a more active role in parenting and the home. The nature and extent of men's networking and support in early years' will remain a prominent issue until a new more harmonious and equitable balance between family and work is achieved for both men and women.

- This study was largely based on examining the support networks of women with young children living in high risk neighbourhoods. It would have added depth to have compared their support experiences and coping strategies with those of women and men living in more diverse households and circumstances.
- It was not possible in this study to examine the contrasts in the characteristics, wellbeing and supports of the families who used other forms of early years' provision yet this would have been valuable giving insight into further stratification between the users of public, private and domestic childcare.
- The processes that influenced support were not examined in any depth although the relationships between formal and informal networks appeared to be key. Their practical relevance to the development of early years' services are likely to be best understood through more intensive, qualitative methods that can build upon current knowledge.

### **13. Measuring quality**

- The quality of early years' provision needs to take into account a wide range of factors affecting parental wellbeing in addition to the extensive literature on quality childcare environments for children. Indicators of quality for an integrated nursery might include, sufficient resources and staff to provide full and part-time childcare, as well as the development of a range of facilities, individual and group activities for parents and other relatives and the development of neighbourhood, training and employment links. The quality of provision should also be determined by

increased access to a broad range of advice, information and specialist services, acknowledging the need for some support to be provided in privacy and confidentiality. Fathers, as well as mothers, need to be fully included in provision with a range of opportunities for participation of both at various levels, based on clear objectives. Explicit conflict management strategies should be an aspect of practice.

### **10.5 The future of early years' provision in the UK**

In this study it was evident that children's development depended upon parental wellbeing and vice versa. Living in an economically disadvantaged area increased risks to wellbeing and the importance of possessing and developing protective factors to help parents and children adapt and cope successfully to the many challenges they faced in every day life. All forms of early years' provision contributed to supporting parents and enhancing developmental opportunities for children.

Education nurseries provided a focus for parents to meet informally, usually external to the daily routine and organisation of the nursery. Through this many found new friends, were able to participate in other aspects of the community or manage daily chores although the hours of the nursery made work difficult involving mothers who did so to be highly organised in meeting the demands of a tight schedule. Problem-solving abilities have been shown to be a characteristic of resilient parents (Fonaghy et al., 1994) and this study may be some evidence of that. The nursery helped share the care of the child for short periods and provided a range of quality experiences to enhance the child's development. Links with school were viewed as important, contributing to continuity in terms of the child's education and parents' expectations. The focus is exclusively on the child and the indirect benefits to parents and children arose from using the nursery and were a major bonus.

Similarly, the social work nurseries provided an accessible, dependable service enriching the lives of children and parents. Reducing social isolation and increasing access to a wide range of stimulating, learning experiences for children and positive, helpful relationships with staff who were able to advise and listen empathetically to individual parents. There were a small number of parents who coped well at these nurseries although they may have tended to move on more quickly. The group of parents was comprised mainly of highly stressed individuals who may have lacked the collective energy, resources and resilience to develop the use of informal and formal support equally well.

Family centres incorporated the most diverse range of methods. Informal support between parents and staff was mutually beneficial, harnessing individual's personal and, where appropriate, professional strengths, enabling these to be shared with others and in the process of doing so being self-affirming. Confidential formal support was available to individuals where requested. However, continuity for parents and children was not possible due to the lack of sufficient childcare to enable parents to work or children to gradually increase the amount of time they spent away from their parents and in a learning situation with their peers.

Each type of provision had strengths and weaknesses, although none appeared to respond to help parents participate in the workforce. This may have had roots in local culture with limited expectations of the availability of accessible employment or personal and social beliefs about parenting, but it was also reinforced by the lack of focus on facilitating parental employment in either the aims or organisation of provision. Equal opportunities perspectives were not apparent in any of the early years' services examined in this study. This may have related to the long-term hostility by previous governments towards encouraging mothers to work, making change in public provision slower than demand. Employment policy under the Labour government in the late 1990s introduced a range of measures to encourage participation in the workforce, including the expansion of early years' provision. It is too early to say what impact this may have, especially in socially and economically disadvantaged areas, but a concerted effort will be required to match early years'

services to the needs of working parents and support many who have not had paid jobs before to prepare for work.

A diverse range of early years' provision is required to respond to the changing needs of families. These may be provided on a neighbourhood basis, similar to current structures but with increased availability and rigorous regulation to enforce standards. Systems of subsidy will be required to encourage the private sector to be based in areas where profit margins will be low or non-existent. Alternatively, families could have access to diversity by making integrated forms of publicly funded childcare provision and family support more widely available and locally based.

The first option is based on a mixed economy of welfare and controlled market forces and an assumption that informed consumers (parents rather than children) are able to make choices according to their own circumstances and preferences. It has been seen, however, in this study, that even when cost differences are excluded, there was not equality in access to public provision. Parents made decisions about the type of provision they used largely based on the views of family and friends. Choices were immediately restricted by the extent and nature of individual's social networks, reinforcing reliance on professionals by those with few or weak informal supports to make the decision on their behalf. Also, family circumstances may make the use of one type of service more appropriate than another only to change again in a few weeks or months. It may be too late to make alternative childcare arrangements and too disruptive. Tension between the needs of children and their parents may be created or compromised by using a particular form of provision or changing from one to another. When diversity is achieved by dispersing a variety of services throughout the neighbourhood, at any point, there will always be a mismatch between the needs of families and the provision they use and segregation of families on the basis of household income.

It has also been seen that the risk assessment perspective that predominates in social work to identify and quantify the extent of vulnerability has not developed sufficient specificity or accuracy to target individuals (Upshur, 1990). A community-wide

childcare strategy, incorporating universal daycare and family support is required to protect children (Baldwin and Spencer, 1993; Gibbons, 1995) rather than focus on 'high risk' individuals. A number of highly stressed families with difficulties used other forms of provision, including education nurseries where they had no access to support from staff. Social work nurseries did have a higher proportion of families with poor wellbeing but by grouping them together their opportunities for mutual aid were restricted and the need for professional assistance increased, diminishing opportunities for wider social integration.

I would argue that expanded services should not be built on the existing fragmented framework of incoherent provision but that an integrated and comprehensive approach to structures and services would best enhance the quality of life for most families, protect children and promote social inclusion. Recent proposals for improved co-ordination (SOEI, 1997, 1998; SO, 1998) are not new and have failed to make changes that have kept pace with demand and needs. When economic circumstances change, early years' services are left particularly vulnerable to selective cuts and a subsequent decrease in diversity. Instead, it would be preferable to bring access to a wide range of services and support together in a single multi-purpose form of provision. This cannot be done without resolving some of the major barriers imposed by the segregation that has taken place between professionals of various disciplines. This has been a major block to the development of integrated provision for many years. It will remain unresolved unless the political will and resources are provided to effect more radical changes. There needs to be greater public awareness of the potential that exists in early years' provision and demand for more to support the political steps required.

The '*new community schools*', piloted by the central government in Scotland (Little, 1998), offer a new focus and basis for providing accessible, integrated childcare, after-school provision and family support services on a universal basis to young families. Under-used school buildings are utilised to provide services and bring together a range of professionals operating in the area. This proposal has the advantage of de-stigmatising support, enabling parents to opt in and out as needs change, provide continuity for children and parents and increase opportunities for

local networking across a broader age span. The school could become a focus of voluntary and paid activity for local residents of all ages and could therefore provide a much needed focus to community life. It may be easier for an educational establishment to build on existing links with employers and training establishments to benefit a cross-section of residents.

Community schools may not be a cheap alternative in the short-term if sufficient staff, resources and training are to be made available but in the longer-term it has the potential to advance social inclusion and increase economic productivity. A major problem may be, however, that new community schools will be located appropriately but placed on top of existing organisational structures, based upon a tradition of restricted function and highly specific professional objectives. Change will not easily occur. It will involve a shift of power away from educational authorities towards the community and other professions and is likely to be resisted at various levels.

The family centres in the Dundee study were both located in shared premises, including one based in a primary school. Anxieties about change may be expressed over practical issues resulting in operational barriers, such as restrictions on the use of family centre facilities when shared ancillary support was not available. Family centres appeared to operate to minimise disruption and give priority to those for whom the building was originally designed. The concept of community schools has been successfully adopted as a model programme in a number of school districts throughout the USA, albeit with cultural differences, but their evaluation will be of relevance and interest in the UK (Zigler and Gilman, 1996). Fundamental review of staff pay and conditions, orientation and professional backgrounds will be required to help community schools succeed and a number of vested interests may need to be challenged and sacrificed. Conflict appears to be an unavoidable consequence of integrating early years' provision as it is when personal social networks are extended.

Raising a young child is both rewarding and challenging and all parents need a little professional support and childcare at times. Children also benefit from time spent

in high quality early years' provision and improved parental wellbeing and extended social networks. At present early years' provision affects women's more than it does men's lives and family support is help mainly provided by, and to women, as mothers. A serious need to encourage more women into the workforce and men into the home matched by a desire on behalf of society for gender roles to become more equitable, requires structural change that early years' provision can facilitate. Nurseries and family centres, at the inter-face of the domestic and public world, offer valuable opportunities to challenge oppressive power relationships through increased availability of childcare and gender sensitive and inclusive practices.

An holistic response to the needs of children, mothers and fathers would arise from the integration of welfare and education functions in early years' provision, increasing opportunities for parental participation in work and the community. A wider range of parents would be enabled to opt in and out of professional support services and the development of informal reciprocal, friendships would be extended beyond the physical constraints of the nursery and improve the quality of life for many. Integration would bring consistency to the quality and availability of provision for all children, drawing on the skills and knowledge of all disciplines currently engaged in early years' provision.

Despite policy and research advocating increased childcare and neighbourhood approaches to childcare over many years, there appears to be some progress (SOEL, 1997,98; SO, 1998) through proposed expansion and co-ordination of services. The same cannot be said of the adoption of multi-purpose, integrated nursery provision as the most appropriate form of early years' services although community schools may be a step towards this. This may be because this would be a direction fraught with conflict and challenges from a number of vested professional interests resistant to change. It may also be that the financial implications are considerable and require a major reallocation of resources that would be contrary to the direction taken by successive governments in the UK towards rationing and targeting. It is not known whether it would be cost effective enough to warrant the disruption, yet early years' provision has the capacity to intervene in the lives of individuals, families, institutions and structures.

Findings from this study helped highlight and quantify the impact of poverty and disadvantage on the wellbeing of families and the positive influence of childcare and support in their lives. The message may not be new but a need remains to provide a wide range of types of evidence of the preventive qualities of childcare and the aspects of early years' provision that make the most difference to adults as well as children. In a society where increasing mobility, growing diversity and social isolation can be commonplace amongst young families, the opportunities created by an open and flexible approach to parents facilitates adult learning alongside other benefits such as building relationships and integration into the community. Multi-purpose, integrated nurseries could act to influence, not only the quality of individual lives but also the social context within which we live, the social inclusion of women and men in the wider society and improve the life-chances of their children.

*"Children are our 'precious inheritance' as well as our future."* (Kumar, 1993: 1)

## References

- ABERCROMBIE, N., WARDE, A., SOOTHILL, K., URRY, J. and WALBY, S. (1994) *Contemporary British society*. (Cambridge: Polity)
- ABIDIN, R. B. (1983) *Parenting stress index manual*. (Charlottesville: Pediatric Psychology Press).
- ABIDIN, R.B. (1990) *Parenting stress index. Short Form. Test manual*. (Charlottesville: Pediatric Psychology Press).
- ACHESON, D. (1998) Independent inquiry into inequalities in health report. (London: HMSO).
- AINSWORTH, M.D.S. (1969) Object relations dependency and attachment: a theoretical review of the mother-infant relationship, *Child Development* 40: 969-1025.
- ALCALAY, R. (1983) Health and social support networks: a case for improving interpersonal communication, *Social Networks*, 5: 71-88.
- ANDERSON, A. (1971) *Family structure in nineteenth century Lancashire*. (Cambridge: University Press).
- ARIES, P. (1973) *Centuries of childhood*. (Harmondsworth: Penguin)
- ATKINSON, A. B. (1975) *The economics of inequality*. (Oxford: Clarendon Press).
- BALDWIN, N. and SPENCER, N. (1993) Deprivation and child abuse: implications for strategic planning in children's services, *Children and Society*, 7(4): 357-375.

- BARBER, J. G (1992) Evaluating parent education groups: effects on sense of competence and social isolation, *Social Work Practice*, 2(1): 28-38.
- BARNETT, W. S. (1993) Benefit -cost analysis of preschool education: findings from a 25 year follow-up, *American Journal of Orthopsychiatry*. 63(4): 500-508.
- BARRERA, M. (1981) Social support in the adjustment of pregnant adolescents: assessment issues. In *Social networks and social support*, edited by B.H. Gottlieb. (Beverly Hills: Sage Publications).
- BARRERA, M. (1985) Informant corroboration of social support network data. *Connections*, 8(1): 9-13.
- BARRERA, M. (1986) Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, 14: 413-445.
- BARRERA, M., SANDLER, I. N. and RAMSAY, T. B. (1981) Preliminary development of a scale of social support: Studies of college students, *American Journal of Community Psychology*, 9:435-447.
- BARRETT, M. and McINTOSH, M. (1982) *The anti-social family*. (London: Verso).
- BELLE, D. (1982) *Lives in stress: women and depression*. (Beverly Hills, CA: Sage).
- BELLE, D. (1991) Gender differences in the social moderators of stress. In *Stress and coping*, edited by A. Monat and R. S. Lazarus. (Columbia University Press: New York).
- BELLMAN, M. and CASH, J. (1987) *The Schedule of Growing Skills in practice*. (London: NFER-Nelson).

- BELSKY, J. (1984) The determinants of parenting: A processes model, *Child Development*, 55: 83-96.
- BELSKY, J. (1986) Infant day care: A cause for concern? *Zero to Three* 6: 1-7.
- BELSKY, J. (1992) Consequences of child care for children's development: a deconstructionist view. In *Child care in the 1990s: trends and consequences*, edited by A. Booth (New Jersey: Lawrence Erlbaum Associates).
- BERNSTOCK, P. (1993) Access and choice in the mixed economy of daycare for under fives in Docklands. *Children and Society*, 7(3): 290-330.
- BILTON, T., BONNETT, K., JONES, P., STANWORTH, M., SHEARD, K. and WEBSTER, A. (1987) *Introductory sociology*. (London: Macmillan Press Ltd.)
- BONE, M. (1977) *Pre-school children and the need for day care*. (London: HMSO)
- BOOTH, A. (ed.) (1992) *Child care in the 1990s: trends and consequences*. (Hillsdale, New Jersey: Lawrence Erlbaum Associates)
- BOWLBY, J. (1946) *Forty-four juvenile thieves: their characters and home life*. (London: Balliere, Tindall and Cox).
- BOWLBY, J. (1952) *Maternal care and mental health*. (Geneva: World Health Organisation)
- BOWLBY, J. (1969) *Attachment*. (London: Hogarth Press).
- BOWLING, A. (1992) *Measuring health. A review of quality of life measurement scales*. (Milton Keynes and Philadelphia: Open University Press).

- BRADSHAW, J. (1993) *Household budgets and living standards* (York: Joseph Rowntree Foundation).
- BRANNEN, J. and MOSS, P. (1991) *Managing mothers - dual earner households after maternity leave*. (London: Unwin Hyman).
- BRITNER, P.A. and PHILLIPS, D. (1997) Predictors of parent and provider satisfaction with child day care dimensions: a comparison of center-based and family child day care. In *Child day care*, edited by B. Hershfield and K. Selman (New Brunswick and London: Transaction).
- BRONFENBRENNER, U. (1974) Is early intervention effective? *Day care and early education*, 2: 15-19.
- BRONFENBRENNER, U. (1979) *The ecology of human development*. (Cambridge, Ma: Harvard University Press).
- BRONFENBRENNER, U. (1992) Ecological systems theory. In *Six theories of child development*, edited by R. Vasta (London and Philadelphia: Jessica Kingsley).
- BROWN, G.W. and HARRIS, T. O. (1978) *Social origins of depression: A study of psychiatric disorder in women*. (London: Tavistock).
- BROWN, G.W. and HARRIS, T. O. (1989) *Life events and illness*. (New York: Guilford).
- BRYMAN, A. and CRAMER, D. (1994) *Quantitative data analysis for social scientists*. (London and New York: Routledge).
- BURGHES, L., CLARKE, L. and CRONIN, N. (1997) *Fathers and fatherhood in Britain*. (London: Family Policy Studies Centre).

- BUSFIELD, J. (1987) Parenting and parenthood, In *Social change and the life course*, edited by G.Cohen. (London: Tavistock).
- CANAAN, C. (1990) Supporting the family? An assessment of family centres. In *Social Policy Review 1989-1990*, edited by N. Manning and C. Ungerson. (London: Longman).
- CANAAN, C. (1992) *Changing families: changing welfare*. (Hemel Hempstead: Harvester Wheatsheaf).
- CARLEY, M. (1981) *Social measurement and social indicators*. (London: George Allen and Unwin).
- CARSTAIRS, V. and MORRIS, R. (1991) *Deprivation and health in Scotland* (Aberdeen: Aberdeen University Press).
- CENTRAL STATISTICAL OFFICE (CSO) (1993) *Social trends, 23* (London: HMSO).
- CHAN, Yuk Chung (1994) Parenting stress and social support of mothers who physically abuse their children in Hong Kong, *Child Abuse and Neglect*. 18 (3): 261-269.
- CHEETHAM, J., FULLER, R., McIVOR, G. and PETCH, A. (1992) Evaluating social work effectiveness. (Buckingham and Philadelphia: Open University).
- CLEARY, P. D. (1988) Social support: conceptualisation and measurement. In *Evaluating family programs*, edited by H. B. Weiss and F.H. Jacobs. (New York: Aldine de Gruyter).
- CICOUREL, A. V. (1964) *Method and measurement in sociology*. (New York: Free Press).

- CLARKE-STEWART, A. (1992) Consequences of child care for children's development. In *Child care in the 1990s. Trends and consequences*, edited by A. Booth (Hillsdale, New Jersey: Lawrence Erlbaum Associates)
- CLARKE, S. and POPAY, J. (1998) 'I'm just a bloke who's had kids': men and women on parenthood. In *Men, gender divisions and welfare*, edited by J. Popay, J. Hearn and J. Edwards. (London: Routledge).
- COBB, S. (1976) Social support as a moderator of life stress. *Psychosomatic Medicine*, 38: 300-314.
- COCHRAN, M. M. and J. A. BRASSARD (1979) Child development and personal social networks, *Child Development*, 50: 601-616.
- COCHRAN, M., LARNER, M., RILEY, D., GUNNARSSON, L. and HENDERSON, C.R. (1990) *Extending families: the social networks of parents and their children*. (Cambridge: Cambridge University Press).
- COHEN, B. (1988) *Caring for children. Services and policies for childcare and equal opportunities in the United Kingdom*. (London: Commission of the European Communities)
- COHEN, B. (1990) *Caring for children. The 1990 report*. (Edinburgh: HMSO and FPSC and SCAFA).
- COHEN, G. (ed.) (1987) *Social change and the life course*. (London and New York: Tavistock).
- COHEN, S. and SYME, S. L. (eds.) (1985) *Social support and health*. (Orlando: Academic Press).
- COOHEY, C. (1995) Neglectful mothers, their mothers, and partners: the significance of mutual aid, *Child Abuse and Neglect*, 19(8) :885-895.

- COPLEY, J. and SCOTT, D. (1998) Family policy 'not for Scots', electronic *Scotsman*, 5<sup>th</sup> November.
- CORSE, S.J., SCHMID, K. and TRICKETT, P.K. (1990) Social network characteristics of mothers in abusing families and nonabusing families and their relationships to parenting beliefs, *Journal of Community Psychology*, 18: 44-56.
- CRAMER, D. (1998) *Fundamental statistics for social research*. (London and New York: Routledge).
- CROFT, S. and BERESFORD, P. (1995) Time for a new approach to anti-poverty campaigning? *Poverty, Journal of the Child Poverty Action Group*, Spring no. 90.
- CULBERTSON, J. L. and SCHELLENBACH, C. J. (1992) Prevention of maltreatment in infants and young children. In *Prevention of child maltreatment: developmental and ecological perspectives*, edited by D. Willis, E. W. Holden and M. Rosenberg. (New York: Wiley and Sons).
- DAVID, M. (1991) Putting on an Act for children. In *Women's Issues in Social Policy*, edited by M. Maclean and D. Groves (London and New York: Routledge)
- DAVEY SMITH, G., HART, C., WATT, G., HOLE, D. and HAWTHORNE, V. (1998) Individual social class, area-based deprivation, cardiovascular disease risk factors, and mortality: the Renfrew and Paisley study, *Epidemiological Community Health*. 52: 399-405.
- DECCIO, G., HORNER, W. C. and WILSON, D. (1994) High-risk neighbourhoods and high-risk families: replication research related to the human ecology of child maltreatment, *Journal of Social Service Research*. 18(3/4): 123-137.

- DE'ATH, E. (1985) *Self-help and family centres: a current initiative in helping the community*. (London: National Children's Bureau).
- DePANIFILIS, D. (1996) Social isolation of neglectful families: a review of social support assessment and intervention models, *Child Maltreatment*, 1(1): 37-52.
- DEPARTMENT of EDUCATION AND SCIENCE (DES) (1972) *Education: a framework for expansion*. (London: HMSO).
- DEPARTMENT OF HEALTH (1995) *Child protection. Messages from research*. (London: HMSO).
- DEPARTMENT of HEALTH and SOCIAL SECURITY and DEPARTMENT of EDUCATION AND SCIENCE (DHSS and DES) (1978) *Co-ordination of services for children under five*. (London: HMSO).
- DUMMETT, M. and DUMMETT, A. (1987) The role of government in Britain's racial crisis. In *'Race' in Britain: continuity and change*, edited by C. Husband (London: Hutchinson Education).
- DUNST, C., TRIVETTE, C. and DEAL, A. (1988) *Enabling and empowering families: principles and guidelines for practice*. (Cambridge, MA: Brookline Books).
- DUNST, C. and TRIVETTE, C. (1990) Assessment of social support in early intervention programs. In *Handbook of early childhood intervention*, edited by S.J Meisels and J.P. Shonkoff (Cambridge and New York and Port Chester and Melbourne and Sydney: Cambridge University Press).
- DUNST, C., TRIVETTE, C. and DEAL, A. (eds.) (1994) *Supporting and strengthening families*. Volume 1: Methods, strategies and practices (Cambridge, Ma: Brookline)

- DYM, B. (1988) Ecological perspectives on change in families. In *Evaluating Family Programs*, edited by H. B. Weiss and F. H. Jacobs (New York: Aldine de Gruyter).
- EDWARDS, J. (1998) Screening out men: or 'Has Mum changed her washing powder recently. In *Men, gender divisions and welfare*, edited by J. Popay, J. Hearn and J. Edwards. (London: Routledge).
- ELFER, P. and WEDGE, D. Defining, measuring and supporting quality. In *Contemporary issues in the early years*, edited by G. Pugh. (London: Chapman)
- EMENS, E. F., HALL, N., ROSS, C. and ZIGLER, E. F. (1996). Preventing juvenile delinquency: an ecological, developmental approach. In *Children, families and government* edited by E. F. Zigler, S. L. Kagan and N.W. Hall (Cambridge: Cambridge University Press).
- EUROPEAN COMMISSION (1995) *Pre-school education in the European Union: current thinking and provision*. Education, Training and Youth Studies, 6. (Luxembourg: OPEC)
- FAILBERG, V. (1982) *Attachment and separation. Practice Series: 5*. (London: British Agency of Adoption and Fostering).
- FAMILY POLICIES STUDIES CENTRE (1990) *One-parent families*. Fact sheet, 3.(London: FPSC).
- FAMILY POLICIES STUDIES CENTRE (1993) Work and the family. *Family Policy Bulletin*, December, 1993.
- FAMILY POLICIES STUDIES CENTRE (1994) The state and the family. *Family Policy Bulletin*, December, 1994.

- FAMILY POLICY STUDIES CENTRE (1996) Men and the family. *Family Policy Bulletin*, November, 1996.
- FAMILY POLICY STUDIES CENTRE (1998) Families and Europe. *Family Policy Bulletin*, Spring, 1998.
- FERRI, E. (ed.) (1993) *Life at 33: The fifth follow-up of the National Child Development Study*. (London: National Children's Bureau).
- FERRI, E. and SMITH, K. (1996) *Parenting in the 1990s*. (London: Family Policy Studies Centre).
- HINCH, J. (1989) *Family obligations and social change*. (Cambridge: Polity).
- HINCH, J. (1991) Feminist research and social policy. In *Women's issues in social policy*, edited by M. Maclean and D. Groves. (London and New York: Routledge).
- HINCH, J. and MASON, J. (1993) *Negotiating family responsibilities*. (London and New York: Tavistock/Routledge).
- FLETCHER, R. (1966) *The family and marriage in Britain*. (Harmondsworth: Penguin).
- FONAGY, P., STEELE, M., STEELE, H., HIGGITT, A. and TARGET, M. (1994) The Emanuel Miller Memorial Lecture 1992. The theory and practice of resilience, *Journal of Child Psychology and Psychiatry*, 35(2): 231-257.
- FOX HARDING, L. (1991) *Perspectives in child care policy*. (London & New York: Longman).
- FULLER, R. and STEVENSON, O. (1983) *Policies, programmes and disadvantage*. (London: Heinemann).

- GALBRAITH, L. (1994) *Background statistical information for regional and district child care plans*. Unpublished paper, Social Work Department, Tayside Regional Council.
- GARBARINO, J. and CROUTER, A. (1978) Defining the community context for parent-child relations: the correlates of child maltreatment. *Child Development*, 49: 604-616.
- GARBARINO, J. (1990) The human ecology of early risk. In *Handbook of early childhood intervention*, edited by S. J. Meisels and J. P. Shonkoff (Cambridge, New York, Port Chester, Melbourne and Sydney: Cambridge University Press).
- GARBARINO, J. (1992) *Children and families in the social environment*. (New York: Aldine).
- GARBARINO, J. and CROUTER, A. (1978) Defining the community context for parent-child relations: the correlates of child maltreatment. *Child development*, 49: 604-616.
- GARBARINO, J., and SHERMAN, D. (1980) High-risk neighbourhoods and high-risk families: the human ecology of child maltreatment, *Child Development*, 51(1): 188-198.
- GARMEZY, N. (1994) Reflections and commentary on risk, resilience, and development. In *Stress, risk, and resilience in children and adolescents*, edited by R. Haggerty, I. R. Sherrod, N. Garmezy and M. Rutter. (Cambridge, New York and Melbourne: Cambridge University Press).
- GAUDIN, J., POLANSKY, N., KILPATRICK, A. and SHILTON, P. (1993) Loneliness, depression, stress and social supports in neglectful families, *American Journal of Orthopsychiatry*, 63(4): 597-604.

- GELLES, R. J. and STRAUS, M. A. (1988) *Intimate violence: the definitive study of the causes and consequences of abuse in the American family*. (New York: Simon and Schuster).
- GENERAL REGISTER OFFICE FOR SCOTLAND (GRO) (1993) *Registrar General's estimated population at 30 June 1991*. Populations Statistics Branch. (Edinburgh: GRO).
- GEORGE, V. and MILLER, S. (eds.) (1994) *Social policy towards 2000: squaring the welfare circle*. (London and New York: Routledge).
- GERSHUNY, J. (1992) Change in the domestic division of labour in the UK, 1975-1987. In *Social change in contemporary Britain*, edited by N. Abercrombie and A. Warde (Cambridge: Polity)
- GERSHUNY, J. (1995) Relationships between women's employment and other activities. In *Policies for families: work, poverty and resources*, edited by R. Bailey, A. Condy and C. Roberts. (London: Family Policy Studies Centre).
- GIBBONS, J. (1990) *Family support and prevention studies in local areas*. (London: HMSO).
- GIBBONS, J. (1992) Provision of support through family projects. In *The Children Act 1989 and family support: principles into practice*, edited by J. Gibbons. (London: HMSO).
- GIBBONS, J. (1995) Family support in child protection. In *Supporting families*, edited by M. Hill, R. Hawthorne Kirk and D. Part. (Edinburgh: HMSO)
- GIL, D. G. (1970) *Violence against children*. (Cambridge, MA: Harvard University Press).

- GILGUN, J. F. (1996) Human development and adversity. An ecological perspective, part 1: the conceptual framework, *Families in Society: The Journal of Contemporary Human Services*, September, 1996.
- GLENDINNING, C. and MILLAR, J. (eds.) (1992) *Women and poverty in Britain: the 1990s*. (London: Harvester Wheatsheaf).
- GOLDBERG, D. (1978) *The General Health Questionnaire*. (London: NFER-Nelson).
- GOLDBERG, D. and WILLIAMS, P. (1988) *A user's guide to the General Health Questionnaire*. (Berkshire: NFER-Nelson).
- GOLDSCHMIED, E. and JACKSON, S. (1994) *People under three: young children in day care*. (London: Routledge).
- GOLDTHORPE, J. H., LOCKWOOD, D., BECHHOFFER, F. and PLATT, J. (1969) *The affluent worker in the class structure*. (Cambridge: Cambridge University Press).
- GOLOMBOK, S., COOK, R., BISH, A. and MURRAY, C. (1995) Families created by the new reproductive technologies: quality of parenting and social and emotional development of the children, *Child Development*, 66: 285- 298.
- GOLOMBOK, S., TASKER, F. and MURRAY, C. (1997) Children raised in fatherless families from infancy: family relationships and the socioemotional development of children of lesbian and single heterosexual mothers, *Journal of Child Psychology*, 38(7): 783-791.
- GOODE, W.J. (1963) *World revolution and family patterns*. (London: Collier Macmillan).

- GORDON, D. and GIBBONS, J. (1998) Placing children on child protection registers: risk indicators and local authority differences. *British Journal of Social Work* 28(3): 423-436
- GORE, S. and ECKENRODE, J. (1994) Context and process in research on risk and resilience. In *Stress, risk, and resilience in children and adolescents*, edited by R. Haggerty, L. R. Sherrod, N. Garmezy and M. Rutter (Cambridge, New York and Melbourne: Cambridge University Press).
- GOUGH, D. (1993) *Child abuse interventions: a review of the literature*. (London: HMSO).
- GUNNARSSON, L. and COCHRAN, M. (1990) The support networks of single parents: Sweden and the United States. In *Extending families: the social networks of parents and their children* edited by M. Cochran, M. Larner, D. Riley, L. Gunnarsson, and C. Henderson. (Cambridge, New York, Victoria: Cambridge University Press).
- HALPERN, R. (1988) Parent support and education for low-income families: historical and current perspectives. *Children and Youth Services Review*, 10: 283-303
- HALSEY, A.H. (1993) Changes in the family. In *30 years of change for children*, edited by G. Pugh. (London: National Children's Bureau).
- HANMER, J. (1998) Out of control: men, violence and family life. In *Men, gender divisions and welfare*, edited by J. Popay, J. Hearn and J. Edwards. (London: Routledge).
- HANTRAIS, L. and LETABLIER, M. (1996) *Families and family policies in Europe*. (London and New York: Longman).

- HARMAN, D. and BRIM, O.G. (1980) *Learning to be parents: principles, programs and methods*. (Beverly Hills: Sage).
- HARMS, T. and CLIFFORD, R.M. (1980) *Early childhood environment rating manual*. (London : Eurospan)
- HASHIMO, P. and AMATO, P. (1994) Poverty, social support, and parental behavior, *Child Development*, 65: 394-403.
- HENNESSY, E., MARTIN, S., MOSS, P. and MELHUISI, E. (1992) Children and day care. Lessons from research. (London: Paul Chapman).
- HERSHFIELD, B. and SELMAN, K. (eds.) (1997) *Child day care*. (New Brunswick and London: Transaction)
- HILL, M. (1987) *Sharing child care in early parenthood*. (London: Routledge and Kegan Paul).
- HILL, M. (1989) The role of social networks in the care of young children, *Children and Society* 3: 195-211.
- HILL, M. (1995) Family policies in Western Europe. In *Supporting families* edited by M. Hill, R. Hawthorne Kirk and D. Part. (Edinburgh: HMSO)
- HILL, M., TRISELIOTIS, J., BORLAND, M. and LAMBERT, L. (1996) Outcomes of social work intervention with young people. In *Child welfare services* edited by M. Hill and J. Aldgate. (London and Bristol: Jessica Kingsley).
- HILL, M. and TISDALL, K. (1997) *Children and society*. (London and New York: Longman).
- HOLDEN, E. W., WILLIS, D. J. and CORCORAN, M. M. (1992) Preventing child maltreatment during the prenatal/perinatal period. In *Prevention of child*

- maltreatment. Developmental and ecological perspectives*, edited by D. Willis, E. W. Holden and M. Rosenberg. (New York, Chichester, Brisbane, Toronto and Singapore: John Wiley and sons).
- HOLDEN, G. W. (1997) *Parents and the dynamics of child rearing*. (Colorado, USA & Oxford, England: Westview Press).
- HOLMAN, R. (1983) *Resourceful friends*. (London: Children's Society).
- HOLMAN, R. (1988) *Putting families first: prevention and child care*. (London: Macmillan).
- HOLMAN, R. (1993) *A new deal for social welfare*. (Oxford: Lion).
- HOLMAN, R. (1994) Shaken not heard, *Guardian*, 22 January.
- HOMEL, R., BURNS, A. and GOODNOW, J. (1987) Parental networks and child development, *Journal of Social and Personal Relationships*, 4: 159-177.
- HOPTON, J. (1998) Risk assessment using psychological profiling techniques: an evaluation of possibilities, *British Journal of Social Work*, 28(2): 247-261.
- JACKSON, S. (1993) Under fives: thirty years of no progress, *Children and Society*, 7(1): 64-81.
- JACOBS, F.H. (1988) The five-tiered approach to evaluation: context and implementation. In *Evaluating family programs*, edited by H.B. Weiss and F. H. Jacobs (New York: Aldine de Gruyter.)
- KAPLAN, G. A., PAMUK and E. R., LYNCH, J. W. (1996) Inequality in income and mortality in the United States: analysis of mortality and potential pathways. *British Medical Journal*, 312: 999-1003.

- KAUFMAN, J. and ZIGLER, E. F. (1996) Child abuse and social policy. In *Children, families and government*, edited by E. F. Zigler, S. L. Kagan and N. W. Hall. (Cambridge: Cambridge University Press).
- KELLER, S. (1983) Does the family have a future? In *Family in Transition*, edited by A. S. Skolnick and J. H. Skolnick. (Canada: Little, Brown and Company (Canada) Ltd.).
- KESSLER, R. C. (1990) Perceived support and adjustment to stress: methodological considerations. In *The meaning and measurement of social support*, edited by H.O.F. Veisel and U. Baumann. (New York: Hemisphere).
- KIRK, R. (1989) *Parents and their perceptions of participation in preschool day care*. Unpublished M.Sc. dissertation, Stirling University.
- KIRK, R. (1990a) Family centres for the '90s, *Scottish Child*, August/ September: 10-11
- KIRK, R. (1990b) *Aberlour Child Care Trust Family Centre Evaluation*, Social Work Department, Tayside Regional Council.
- KIRK, R.H. (1995) Social support and early years centres. *Supporting families*, edited by M. Hill, R. H. Kirk and D. Part. (Edinburgh: HMSO).
- KOSONEN, M. (1994) Sibling relationships for children in the care system, *Adoption and Fostering*, 18(3): 30-35.
- KOSONEN, M. (1996) Siblings as providers of support and care during middle childhood: children's perceptions, *Children and Society*, 10: 267-279.
- KRAHN, G. (1993) Conceptualizing social support in families of children with special health needs, *Family Process*, 32: 235-248.

- KUMAR, V. (1993) *Poverty and inequality in the UK. The effects on children.* (London: National Children's Bureau).
- LASLETT, P. and WALL, R. (eds.) (1972) *Household and family in past time.* (Cambridge: University Press).
- LAST, J. M. (ed.) (1983) *A Dictionary of Epidemiology.* (WHO: Oxford University Press).
- LITTLE, T. (1998) 'Community schools' on way Health advisers and social workers will move in next to classrooms in bid to help deprived areas, *Electronic Scotsman*, 31 October, 1998.
- LISHMAN, J. (ed.) *Evaluation. Research highlights in social work 8.* (Aberdeen: Department of Social Work, University of Aberdeen).
- LOCKE, E. A. and TAYLOR, M. S. (1991) Stress, coping and the meaning of work. In *Stress and Coping*, edited by A. Monat and R. S. Lazarus (New York: Columbia University Press).
- LONG, G. (1995) Family poverty and the role of family support work. In *Supporting families*, edited by M. Hill, R. Hawthorne Kirk and D. Part. (Edinburgh: HMSO).
- LONG, G. MACDONALD, S. and SCOTT, G (1996). *Child and family poverty in Scotland: the facts.* (Glasgow: Save the Children and Glasgow Caledonian University).
- LONSDALE, S. (1992) Patterns of paid work. In *Women and poverty in Britain – the 1990s*, edited by C. Glendinning and J. Millar (New York and London: Harvester Wheatsheaf).

- MACLEAN, M. and GROVES, D. (eds.) (1991) *Women's issues in social policy*. (London and New York: Routledge).
- MACLEAN, M. and KUH, D. (1991) The long term effects for girls of parental divorce, In *Women's Issues in Social Policy*, edited by M. Maclean and D. Groves (London & New York: Routledge).
- MARTIN, P. (1995) *Deprived areas in Scotland – new Council areas. Results of a reworking of the 1991 census analysis*. (Central Research Unit, Edinburgh: Scottish Office).
- MARTYN, C (ed.) (1994) *The Children Act Review: a Scottish experience*. (Edinburgh: HMSO)
- MASON, K. O. and DUBERSTEIN, L. (1992) Consequences of child care for parents' well-being. In *Child care in the 1990s: trends and consequences*, edited by A. Booth. (Hillsdale, New Jersey: Lawrence Erlbaum Associates).
- MAYALL, B. and PETRIE, P. (1983) *Childminding and day nurseries: what kind of care?* (London: Heinemann)
- MAYNARD, R. and MCGINNIS (1992) Policies to enhance access to high-quality child care. In *Child care in the 1990s: trends and consequences*, edited by A. Booth. (Hillsdale, New Jersey: Lawrence Erlbaum Associates).
- MCCUBBIN, M. A. (1989) Family stress and family strengths: A comparison of single and two-parent families with handicapped children, *Research in Nursing and Health*, 12: 101-110.
- MCGLONE, F., PARK, A. and SMITH, K. (1998) *Families and kinship*. (London: Family Policies Studies Centre).

- McGUIRE, J. and RICHMAN, N. (1986) The prevalence of behavioural problems in 3 types of pre-school groups, *Journal of Child Psychiatry*, 27(4): 455-472.
- McGUIRE, J. and RICHMAN, N. (1988) *Pre-school Behaviour Checklist handbook*. (London: NFER-Nelson).
- McLANAHAN, S. WEDEMEYER, N. and ADELBERG, T. (1981) Network structure, social support and psychological well-being in the single-parent family, *Journal of Marriage and the Family*, August: 601-612.
- MEISELS, S.J. and SHONKOFF, J.P. (eds.) (1990) *Handbook of early childhood intervention*. (Cambridge and New York and Port Chester and Melbourne and Sydney: Cambridge University Press).
- MELHUISE, E.D. and MOSS, P. (eds.) (1991) *Day care for young children: international perspectives*. (London and New York: Routledge).
- MICROSOFT BOOKSHELF (1998) *Reference library*. <http://bookshelf.msn.com/> (Microsoft corporation).
- MILLAR, J. (1992) Lone mothers and poverty. In *Women and poverty in Britain the 1990s*, edited by C. Glendinning and J. Millar (New York and London: Harvester Wheatsheaf).
- MIDWINTER, E. (1994) *The development of social welfare*. (Buckingham and Philadelphia: Open University Press).
- MONAT, A. and LAZARUS, R. S. (eds.) (1991) *Stress and coping. An anthology*. (New York: Columbia University Press).
- MOOS, R. H. (ed.) (1986) *Coping with life crisis: an integrated approach*. (New York: Plenum Press).

- MOSS, P. (1988) *Childcare and equality of opportunity*. Consolidated Report to the European Commission. Child Care Network
- MOSS, P. (1990) Work, family and the care of children: issues of equality and responsibility, *Children and Society*, 4(2):145-166
- MOSS, P. (1992) Perspectives from Europe. In *Contemporary Issues in the Early Years*, edited by G. Pugh (London: Chapman).
- MOSS, P. (1995) *Father figures. Fathers in the families of the 1990s*. (Edinburgh: HMSO).
- MOSS, P. BROPHY, B. and STATHAM, J. (1992) Parental involvement in playgroups. *Children and Society*, 6 (4): 297-316
- MOSS, P. and MELHUISE, E. (1991) *Current issues in day care for young children*. (London: HMSO)
- MOSS, P. and PENN, H. (1996) *Transforming nursery education*. (London: Paul Chapman).
- NORUSIS, M. J. (1993) *SPSS for windows. Base system user's guide. Release 6.0*. (Chicago: SPSS Inc.).
- NUTBROWN, C. (ed.) (1996) *Respectful educators – capable learners. Children's rights and early education*. (London: Paul Chapman).
- OAKLEY, A. (1981) *Subject women*. (London: Fontana).
- OAKLEY, A. and RIGBY, A. S. (1998) Are men good for the welfare of women with children? In *Men, gender divisions and welfare*, edited by J. Popay, J. Hearn, and J. Edwards. (London: Routledge).

- OSBORN, A. F. and MILBANK, J. E. (1987) *The effects of early education*. (Oxford: Clarendon Press).
- PARSONS, T. and BALES, R.F. (1956) *Family, socialization and interaction process*. (London: Routledge and Kegan Paul)
- PARTON, N. (1985) *The politics of child abuse*. (Basingstoke and London: Macmillan Education)
- PARTON, N. (1991) *Governing the family: child care, child protection and the state*. (London: Macmillan).
- PARTON, N. (1998) Risk, advanced liberalism and child welfare: the need to rediscover uncertainty and ambiguity, *British Journal of Social Work*, 28:5-27.
- PEARLIN, L.I. (1991) Life stress and psychological distress among adults. In *Stress and coping. An anthology*, edited by A. Monat and R. S. Lazarus. (Columbia University Press: New York).
- PENNYCOOK, J. (1991) *Scottish family centre directory*. (Stirling: Scottish Association of Family Centres).
- PEARLIN, L. I. (1991) Life strains and psychological distress among adults. In *Stress and coping. An anthology*, edited by A. Monat and R. Lazarus. (New York: Columbia University Press).
- PHELAN, J. (1983) *Family centres: a study* (London: Children's Society).
- PHILLIPS, D. (1987) Infants and child care: the new controversy, *Child Care Information Exchange*, November: 19-22.

- PHILLIPS, D. (1992) Child care and parental well-being: bringing quality of care into the picture. In *Child care in the 1990s: trends and consequences*, edited by A. Booth. (Hillsdale, New Jersey: Lawrence Erlbaum Associates).
- PLOMIN, R. (1990) Nature and nurture: an introduction to human behavioral genetics. (Pacific grove, CA: Brooks/Cole).
- POPAY, J., HEARN, J. and EDWARDS, J. (eds.) (1998) *Men, gender divisions and welfare*. (London: Routledge).
- PRINGLE, M. K. (1975) *The needs of children*. (London: Hutchinson)
- PRINGLE, K. (1998) Men and childcare: policy and practice. In *Men, Gender Divisions and Welfare*, edited by J. Popay, J. Hearn, and J. Edwards (London: Routledge)
- PUGH, G. (1988) *Services for the under fives: developing a co-ordinated approach*. (London: National Children's Bureau)
- PUGH, G. (ed.) (1992) *Contemporary issues in the early years*. (London: Chapman)
- PUGH, G., APLIN, G, De'ATH, E. and MOXON, M. (1987) *Partnership in Action. Working with parents in preschool centres. Volumes 1 and 2*. (London: National Children's Bureau).
- PUGH, G. and De'ATH, E. (1984) *The needs of parents*. (London: National Children's Bureau).
- PUGH, G., De'ATH and SMITH, C. (1994) *Confident parents, confident children: policy and practice in parent education and support*. (London: National Children's Bureau).
- RILEY, D. (1983) *War in the nursery*. (London: Virago)

- RILEY, D. (1990) Network influences on father involvement in childrearing. In *Extending families: the social networks of parents and their children*, edited by M. Cochran, M. Lerner, D. Riley, L. Gunnarsson and C. R. Henderson. (Cambridge: Cambridge University Press).
- ROBBINS, D. (1998) Social exclusion explained, *Family Policy Bulletin*, Winter 1997/98.
- ROUGVIE, J. (1998a) Where teens have weans and dads are rarely seen. *Electronic Scotsman*, 12 February, 1998.
- ROUGVIE, J. (1998b) The city where one in two is born illegitimate. *Electronic Scotsman*, 12 February, 1998.
- RUBIN, A. and BABBIE, E. (1997) *Research methods for social work*. (Pacific Grove, CA: Brooks/Cole).
- RUTTER, M. (1994) Stress research: accomplishments and tasks ahead. In *Stress, risk, and resilience in children and adolescents*, edited by R. Haggerty, L. R. Sherrod, N. Garnezy and M. Rutter. (Cambridge, New York and Melbourne: Cambridge University Press).
- RUTTER, M. (1995) Psychosocial adversity: risk, resilience and recovery, *Southern African Journal of Child and Adolescent Psychiatry*, 7 (2): 75-88.
- SALZINGER, S., KAPLAN, S. and ARTEMYEFF, C. (1983) Mother's personal social networks and child maltreatment, *Journal of Abnormal Psychology*, 92(1): 68-76.

- SCHWEINIART, L., BARNES, H. V. and WEIKART, D. P. (1993) *Significant benefits: the High/Scope Perry Preschool Study through age 27*. (Ypsilanti, Michigan: High/Scope Press).
- SCOTT, G. (1989) *Families and under fives in Strathclyde*. (Glasgow: Glasgow College and Strathclyde Regional Council).
- SCOTTISH LOCAL GOVERNMENT UNIT AND CHILDREN IN SCOTLAND (1996) *Early years services: emerging structures*, December, 1996.
- SCOTTISH OFFICE (1998) *Meeting the childcare challenge: a childcare strategy for Scotland. A framework and consultation document*. (HMSO) (Cm. 3958).
- SCOTTISH OFFICE EDUCATION AND INDUSTRY (1997) *Education in early childhood: the pre-school years*. (SOEID).
- SCOTTISH OFFICE EDUCATION AND INDUSTRY (1998) *Guidance on the planning of pre-school education and childcare and the establishment of childcare partnerships*. (SOEID)
- SCOTTISH OFFICE STATISTICAL BULLETIN (1998) Provision for pre-school children. (SOSB) (SWK/SC/1998/6)
- SEAGULL, E. A. W. (1987) Social support and child maltreatment: a review of the evidence, *Child Abuse and Neglect*, 11: 41-52.
- SHEPPARD, M. (1994) Childcare, social support and maternal depression: a review and application of findings, *British Journal of Social Work*, 24: 287-310.
- SHEPPARD, M. (1997) Social work practice in child and family care: a study of maternal depression, *British Journal of Social Work*, 27: 815-845.
- SHIPMAN, M. (1988) *The limitations of social research*. (Harlow: Longman).

- SHORTER, F. (1977) *The making of the modern family*. (London: Fontana).
- SILVERMAN, D. (1985) *Qualitative methodology and sociology*. (Aldershot, Hants. And Brookfield, Vermont: Gower)
- SINGER, E. (1992) *Child-care and the psychology of development*. (London and New York: Routledge).
- SMITH, T. (1997) Family centres and bringing up young children, *Family Policy Bulletin*, Winter 1997/98.
- SMITH, G. and CANTLEY, C. (1984) Pluralistic evaluation. In *Evaluation. Research highlights in social work 8*, edited by J. Lishman. (Aberdeen: Department of Social Work, University of Aberdeen).
- SMITH, P. K. and COWIE, H. (1991) *Understanding children's development*. (Oxford and Cambridge: Basil Blackwell).
- SMITH, T. (1992) Family centres, children in need and the Children Act 1989. In *The Children Act 1989 and Family Support: Principles into Practice*, edited by J. Gibbons (London: HMSO).
- SMITH, T. (1997) Family centres and bringing up young children, *Family Policy Bulletin*, Families and Community issue, Winter 1997/98: 6.
- SOMMER, D. (1992) A child's place in society: new challenges for the family and day care, *Children and Society*, 6 (4): 317-335.
- SORENSEN, E. S. (1993) *Children's stress and coping: a family perspective*. (New York and London: Guilford Press).

- STIRLING COUNCIL (1998) *Children First. Early childhood policy report.* (Stirling: Children's Services in Education, SC).
- STOLZ, L. M. (1967) *Influences on parental behavior.* (Stanford: Stanford University Press).
- STONES, C. (1994) *Focus on families: family centres in action.* (Basingstoke: Macmillan).
- STRATHCLYDE REGIONAL COUNCIL (1985) *Under-fives – final report of the member/officer working group.* (Glasgow: SRC)
- STROEBE, W. and STROEBE, M. S. (1995) *Social psychology and health.* (Buckingham: Open University.)
- SUMMERFIELD, P. (1984) *Women workers in the Second World War.* (London: Croom Helm)
- SYLVA, K. (1991) Educational aspects of day care in England and Wales. In *Current Issues in Day Care for Young Children*, edited by P. Moss and E. Melhuish. (London: HMSO)
- TAYSIDE REGIONAL COUNCIL (1987) *Under 5's services – child and family centres. Report to Social Work Committee No. 1237/87* (Tayside: Social Work Department).
- TAYSIDE REGIONAL COUNCIL (1993) *Review of childminding, daycare and education services for children under eight in Tayside.* (Tayside: Social Work and Education Departments).
- TIMPANE, P. M. (1996) The uncertain progress of education reform, 1983-1994. In *Children, families and government* edited by E. F. Zigler, S. L. Kagan and N.W. Hall (Cambridge: Cambridge University Press).

- TIZARD, B. *Early childhood education*. (Windsor: NFER)
- TRACY, E.M. and ABELL, N. (1994) Social network map: some further refinements on administration, *Social Work Research*, 18(1): 56-60.
- UPSHUR, C.C. (1988) Measuring parent outcomes in family program evaluation. In *Evaluating family programs* edited by H.B. Weiss and F.H Jacobs (New York: Aldine de Gruyter).
- UPSHUR, C.C. (1990) Early intervention as preventive intervention. In *Handbook of early childhood intervention*, edited by S. J. Meisels. and J. P. Shonkoff. (Cambridge, New York, Melbourne, Port Chester, Sydney: Cambridge University Press.
- UTTING, D. (1995) *Family and parenthood: supporting families, preventing breakdown*. (York: Joseph Rowntree Foundation).
- VAN der EYKEN, W. (1984) *Day nurseries in action*. (London: University of Bristol and DHSS).
- VINSON, T., BALDRY, E. and HARGREAVES, J. (1996) Neighbourhoods, networks and child abuse, *British Journal of Social Work*, 26: 523-543.
- WATT, J. (1990) *Early education: the current debate*. (Edinburgh: Scottish Academic Press).
- WATT, J. and FLETT, M. (1985) *Continuity in early education: The role of parents*. Aberdeen: Department of Education, Aberdeen University
- WEISS, H. B. and JACOBS, F. H. (eds.) (1988) *Evaluating family programs*. (New York: Aldine de Gruyter).

- WERNER, E. E. (1990) Protective factors and individual resilience. In *Handbook of early childhood intervention*, edited by S. J. Meisels and J. P. Shonkoff. (Cambridge, New York and Melbourne: Cambridge University Press).
- WILKINSON, E. (ed.) (1996) Early childhood education. The future of pre-fives services in the new local authorities: vision, opportunity and strategy (Glasgow: Department of Education)
- WILKINSON, J.E., KELLY, B. and STEPHEN, C. (1993) *Flagships: an evaluation/research study of community nurseries in Strathclyde Region 1989-1992*. (Glasgow: University of Glasgow).
- WILKINSON, E. and STEPHEN, C. (1994) *The functioning of family centres in Tayside Region*, Social Work Department, Tayside regional Council.
- WILLIAMS, F. (1989) *Social policy: a critical introduction*. (Cambridge & Oxford: Polity Press & Basil Blackwell Inc.).
- WILMOTT, P. (1986) *Social networks, informal care and public policy*. Research Report 655. (London: Policy Studies Institute).
- WOODHEAD, M. (1976) *Intervening in disadvantage*. (Windsor: NFER)
- WOODHEAD, M. (1985) Pre-school education has long-term effects – but can it be generalized? *Oxford Review of Education*, 11: 133-55.
- WOODHEAD, M. (1996: 37-46) A framework for quality development. In *Early childhood development: practice and reflections*, by M. Woodhead. (Milton Keynes: Open University).
- YOUNG, G. and GATELY, T. (1988) Neighborhood impoverishment and child maltreatment, *Journal of Family Issues*, 9(2): 240-254.

YOUNG, M. and WILMOTT, P. (1962) *Family and kinship in East London*.  
(Harmondsworth: Penguin)

YOUNG, M. and WILMOTT, P. (1973) *The symmetrical family*. (London:  
Routledge and Kegan Paul)

ZIGLER, E.F. and GILMAN, E. (1996) Not just any care: shaping a coherent child  
care policy. In *Children, families and government*, edited by E.F. Zigler, S.  
L. Kagan, and N. W. Hall. (Cambridge: Cambridge University Press).

ZIGLER, E. F., KAGAN, S. L. and HALL, N. W. (1996) *Children, families and  
government*. (Cambridge: Cambridge University Press).

Zigler, E. and Mucnchow, S. (1992) *Head Start. The inside story of America's most  
successful educational experiment*. (New York: Basic Books).

ZIMMERMAN, S. L. (1992) *Family policies and family well-being*. (Newbury Park  
& London & New Delhi: Sage).