

On empowerment and disempowerment of parents¹

Kees van der Wolf

Universiteit van Amsterdam
Amsterdam, The Netherlands

“Listening to and respecting individual choices and strategies could trigger alternative forms of interventions aiming to support and foster individual capabilities.”

(Schoon, 2006; 145)

¹ This paper is an adaptation of a report written by Van der Wolf and Huizenga in 2010 (Van der Wolf and Huizenga, 2010)

More and more aspects of everyday life are placed under the control of specialists, because we have become convinced that a professional approach to problems is better than that of a layman. Many parents think so too. They think dealing with children in this complex society is a tough job: they are glad if others are prepared to think along and join in, so that the responsibility for the upbringing can be shared. They are quite pleased to have specialists support them in parenting.

Questions from parents about upbringing are often translated into a need for professional help by means of tried and tested interventions. But these are not always necessary because many families have their own resources and ideas to tackle problems.

The fundamental question that we should ask ourselves is whether the dependence on aid agencies has not become so great that there is no room left for parents' confidence and their own ideas about key education issues. How do the legitimate intentions of those who wish to help families relate to the autonomous position as citizens in society? How can we help parents to bring up their children without teaching them 'learned helplessness'? (Peterson, Maier, & Seligman, 1993). Making oneself dependent on professionals has a number of disadvantages. It may result in parents no longer feeling problem owners. The knowledge of laymen is irrelevant in the traditional professionalisation model. The care professional is the expert and is responsible for solving the problem. Even if a lay person has certain duties, s/he performs them as the professional's extension.

This paper first examines the contribution of professionals to parenting. It then discusses the trend to consider parenting as risky and problematic. Next, it deals with advantages and disadvantages of early detection. In conclusion, a brief outline is given of alternative developments in parenting support. They are mainly aimed at strengthening the functional relationship between the family and the social environment.

Correspondence concerning this article should be addressed to Kees van der Wolf, e-mail: kees@deonderwijsadviseurs.nl

Professionalization

Support for parents is often an euphemism for the ever increasing influence of professionals on the way in which parents should behave. As early as the 1950s, it was the English child psychiatrist Winnicott who pointed out that professionals should not come between parents and children. In 1976 the English Committee on Child Health Services published a report that emphasised that the increase in disciplines focusing on parenting is a good thing as such, but that it should not lead to a decrease in parents' confidence to bring up their children.

These days, concerns like these are raised far less. Parenting is depicted as a highly complex whole that cannot do without professionals. In the past, professionals used to emphasise support for problem families guilty of, for example, extreme neglect of children. This fairly modest role has now been replaced by a more ambitious approach aimed at all parents. The shift in focus from a small group of families to all parents indicates a professionalization of parenting with its own dynamics.

A policy intended for a small group of problem children and problem parents has accidentally developed into a policy of preventive youth care with risk assessments, monitoring and professional interventions. A complete set of instruments has been developed to get an idea of children at risk, for example, if their single mother is still a teenager or addicted, or both, or because they grow up in poverty. We have acquired more and more knowledge about indicators, diagnostics and interventions, which enables us to identify children as high-risk children at an ever earlier stage and it seems more and more attractive to offer them, including the family, an action plan. This trend has grown from strength to strength.

The interventions carried out are often based on paradigms derived from health care. By means of an empirical study, causes and contributing factors are identified, like viruses, cases of poisoning, eating habits, lack of exercise etc. Next, programmes are developed aimed at influencing the causes and conditions. For example, immunisation of individuals against the effect of risks, health programmes, behaviour modifying programmes or a ban on certain substances (like medicines). An evaluation is then made and, if necessary, another or adjusted programme is developed. The approach to

problems in families follows the same trend. It remains to be seen whether this is a good thing.

Risk orientation

Support in parenting is sometimes defined as 'a range of measures which help parents and prospective parents to understand their own social, emotional and physical needs and those of their children and enhance the relationship between them'. (Furedi. 2008, 177). So it is not so much about a number of useful tips and practical advice; it is much more than that. Parents have to change their way of thinking about themselves and about their children.

Whereas the upbringing used to be the responsibility of the parents, with the support of relatives, church or other networks, it has now become a public task for which the government feels responsible. The idea has taken root that the number of problem children is on the increase and that families are in need of greater and more intensive support. Recently, young people and families have been discussed especially in terms of risk and nuisance. The idea that children are permanently at risk has become a cultural dogma since the 1980s. In her book *It takes a village*, Hillary Clinton (1996) emphasises threats, problems and risks for children (violence, neglect, disintegrating families) without making it sufficiently clear that by far the greater part of parents are responsible and caring. In the current political climate, attention is therefore focused on serious cases and repressive measures.

Likewise, the development of theories in disciplines like psychology and pedagogy, originally meant after all as a contribution to people's well-being and happiness, has become caught up in thinking in terms of problems, shortcomings, vulnerabilities and risks.

The English sociologist of Hungarian extraction Furedi (2004) presents an interesting analysis of the concept of risk. He suggests that the meaning of the word has changed over the years. The English term risky or hazardous can be translated as dangerous, daring, audacious, precarious, perilous. To take a risk is daring, bringing matters to a head. Whatever the translation, the implication is that no one chooses to try something, to experiment with the possibility of failure. Taking risks refers to active people who consciously investigate the possibility of improving their circumstances. They behave in a risk-taking manner.

Being at risk, so Furedi continues, nowadays seldom refers to an activity that is consciously chosen. It alludes more to people who are the victims of circumstances that they can do little to change. At risk is no longer something that a person does, but rather something that the person is. It is therefore something that you are, such as a family at risk, for example. It is described as a constant state in which one operates. It has become an attribute, the characteristic of a person, a permanent state of vulnerability. If a risk is difficult to avoid, there does not remain much that the person can do other than fighting shy of it or minimising it. In this scenario, the circumstances are active and the victim of the circumstances passive. According to Furedi, the normal unpredictable and uncertainties in life have become objectified to risks, to circumstances on which we can have no influence. This leads to feelings of debilitation and helplessness and to requests for support.

In my opinion, risk factors often relate to limited participation of families (and consequently of children and young people) in social systems. Families are on their own. So it is a question of participation problems. The support for families should then focus on these problems. But we will come back to this later.

Early detection

The conviction that one has got to be quick about it in order to prevent problems goes back to the 18th century writings of Jean Jacques Rousseau, Comenius, Pestalozzi, Montessori, and is reflected in the present advocates and developers of special programmes for young high-risk children. Early identification of problems is considered of great importance. There are, however, two contradictory suppositions with regard to the early focus on identifying problems and risks in children. The first theory assumes that early detection of problems or beginning problems and early diagnosis have a preventive effect. Only then can proper care be provided on time. Escalation can then be prevented, which will eventually enhance the prospects of a positive development.

The other supposition focuses attention on the association of making an early diagnosis and labelling and stigmatisation that could have the effect of a self-fulfilling prophecy. Children and their parents soon become problem owners and will feel that way and behave accordingly. There is 'something' wrong with our family. Insufficient

room is left for development opportunities for children and solutions devised by parents and relatives. Does the early approach really have such a preventive effect?

Moreover, it is assumed that early intervention makes it possible to trace children and young people that will run into problems later without support and attention. Translated into practice, this means that an approach along these lines picks out those children who are likely to have problems later and leaves alone the children to whom it does not apply. This is more difficult than it seems. We know much more about risk factors than we used to, but the methods for selecting the children who really need early interventions still have many flaws. The instruments are still far from perfect. After all, we are not dealing with exact science. It is important in this context to bear in mind that the development of children fluctuates. Children sometimes fall within the high-risk group and sometimes outside it, and this also applies to families.

This has to do with environmental factors like supportive and warm family ties, positive friends and being successful at school. The British Cohort Study (Batty, Deary, Schoon, & Gale, 2007) shows that many of the children who are having difficulties socially at age 5 or 16, can be identified early on. On the other hand, half of the later problems could not be identified in this way. So the development of children does not take place along established lines and a set course. This is largely due to the fact that children show resilience when they encounter problems. The concept of resilience is essential in this context. It is about functioning well in spite of difficult circumstances, or successful development in spite of the presence of risky circumstances. The strength to solve problems on one's own should not be undermined by unnecessary and premature intervention by people who do not belong to the in-group.

So, more and more aspects of everyday life are placed under the control of professionals. This reinforces the expectation that a solution can be found to any problem children or families may have and that all good eventually comes of professionals.

The guiding principle should be that the parents are the child's natural educators, but that, given the complex and pluralist society, educators sometimes may want help. That help should be aimed at increasing empowerment, both of the

child and the parents. The guiding question should be, "How do professional educators (people working in pre-school and education), care professionals (like youth nurses) and parents complement one another in such a way that they make a contribution to the optimum development of children, from a cognitive and socioemotional point of view?"

Finally

It is a fact is that the government cannot replace a supporting environment consisting of relatives, friends and neighbours. The more the authorities claim for themselves, the less the social environment will be activated. We have come to focus our attention too much on the about 5% that really have something wrong with them. The solution is to abandon the one-sided risk and care perspectives and shift the emphasis to the strength of the social environment.

Research has shown a lack of response to the parents' needs and one-way traffic as far as information is concerned (Van der Hoek & Pels, 2006). This applies both to immigrant parents and to indigenous Dutch parents and may therefore be regarded as a 'system error'. One-way communication from professionals to parents prevails and targets and means are often determined by 'professionals' unilaterally. Since the approach has paternalistic traits it arouses opposition in the long run. The emphasis is often placed on increasing the educators' knowledge and skills for the benefit of the children's development, which again starts from a view of 'normal child development', so is in fact enforced from above. The parents receive only very little support in the questions they have and the problems they experience themselves. Starting from the concept of social support, family-oriented programmes should have the same ingredients as social support in general: giving the parents the opportunity to express their emotions without being criticised or rejected, while being given recognition for their good intentions, information support (helping the parents to gain an insight into their situation or by answering questions about the child's development), as well as instrumental assistance (helping parents by solving day-to-day problems, organising day care).

Professionals in the field of youth health care, health care, sports and recreation, and education should be more focused on the social environment of children and families. Universal

prevention is directed at the population in general. Consideration could be given to measures aimed at promoting well-being and health. The authorities may invest in, for example, information, sport facilities, art and culture. It is hoped that people will then be able to take their own conscious decisions, which will promote their well-being and health, and that children. The point is to create and maintain conditions for a healthy, responsible and interesting life.

There will continue to be room for risk assessments and interventions in problem families, but at the same time a different approach should be encouraged. What matters is an environment-oriented policy that should support families and children in improving the quality of parenting and the climate for growing up. The resilience of children is also important in this context. Children may develop well in spite of the presence of risks. Rash and incompetent interventions may be an obstacle to seeking solutions by oneself and organising social support.

In the past few decades, attention has been focused on offering broad family and educational support with regard to parenting and developmental problems. This is based on various research findings and theoretical models. The theory of social support is an important source of inspiration. Research has shown that if risk factors are equally present in the family and on its immediate environment, a good school as it were neutralises the effects of those risk factors. This is called the 'buffering hypothesis' (Cohen & Wills, 1985). What is interesting in this context is the family-support movement, which can be characterised as grass-roots projects. They have the following characteristics:

- Attention is focused on the idea that solutions should be sought in the existing strengths of families and children and that the flexibility of the programme is therefore of vital importance.
- Family programmes should be focused on strengthening the strong points of the family rather than on remedying shortcomings.
- Family-oriented programmes should ensure that participants can function independently of the programme by developing informal social networks. The thought behind is that professional counsellors are not and will never be friends.
- Family support is aimed at all members of the family, irrespective of age.

- Family-oriented programmes take a fairly long time.
- Programs should use, if possible, existing formal and informal structures and services.

References

- Batty, G.D., Deary, I.J. Schoon, I., Gale, C.R. (2007) Mental ability across childhood in relation to risk factors for premature mortality in adult life: the 1970 British Cohort Study. *Journal of Epidemiology & Community Health*, 61, 997-1003.
- Cohen, S. & Wills, T.A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 2, 310-357.
- Committee on Child Health Services (1976). *Fit for the Future*. London: HMSO.
- Furedi, F. (2004). *Therapy Culture, Cultivating vulnerability in an uncertain age*. London: Routledge.
- Furedi, F. (2008). *Paranoid Parenting. Why Ignoring Experts May be Best for Your Child*. London: Continuum Books.
- Hoek, J. van der, & Pels, T. (2006). Pedagogische partner van migrantenouders: geen recepten. In: A. Van Keulen (ed.), *Partnerschap tussen ouders en beroepskrachten. Handboek voor kinderopvang en onderwijs*, pp. 33-45. Amsterdam: SWP.
- Peterson, C., Maier, S.F. & Seligman, M.E.P. (1993). *Learned Helplessness: A Theory for the Age of Personal Control*. New York: Oxford University Press.
- Schoon, I. (2006). *Risk and Resilience, Adaptations in Changing Times*. Cambridge: Cambridge University Press.
- Rodham Clinton, H. (1996). *It Takes a Village*. New York: Simon & Schuster.
- Wolf, K. van der & Huizenga, P. (2010). *De kern van KIK: analyse en perspectief. Kind in de Kern in de Gemeente Steenwijkerland*. Bussum: Van der Wolf & van Beukering, Educational Consultants.