



Positive Parent-Child Relationships

The National Center on Parent, Family, and Community Engagement (NCPFCE) has created a Research to Practice Series on the Family Engagement Outcomes of the Office of Head Start (OHS) Parent, Family, and Community Engagement (PFCE) Framework. One in the series, this resource addresses the “Positive Parent-Child Relationships” Outcome: “Beginning with the transition to parenthood, parents and families develop warm relationships that nurture their child’s learning and development.”

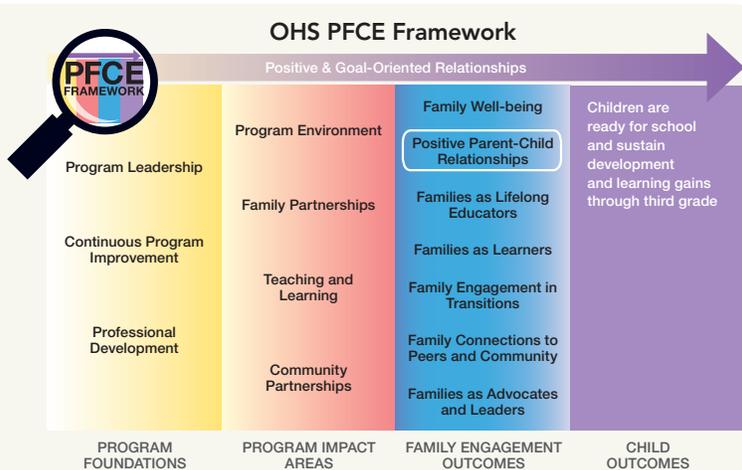
Aligned with related Head Start Performance Standards, this resource presents a selected summary of research, proven interventions, and program strategies intended to be useful for the Head Start (HS) and Early Head Start (EHS) community.

Introduction

Positive parent-child relationships provide the foundation for children’s learning. With parents’ sensitive, responsive, and predictable care, young children develop the skills they need to succeed in life. Early parent-child relationships have powerful effects on children’s emotional well-being (Dawson & Ashman, 2000), their basic coping and problem-solving abilities, and future capacity for relationships (Lerner & Castellino, 2002). Through these interactions, children learn skills they need to engage with others and to succeed in different environments (Rogoff, 2003). They learn how to manage their emotions and behaviors and establish healthy relationships with adults and peers. They also learn how to adjust to new situations and to resolve conflicts.

When parents have warm, trusting, and reliable relationships with peers, family, community members, and service providers, they are more likely to have positive relationships with their children. To work toward the PFCE Positive Parent-Child Relationships Outcome, providers and programs can:

- provide emotional and concrete support to parents,
- respect diverse parenting styles,
- value cultural differences and home languages,
- reinforce the importance of fathers and other co-parents,
- help parents connect with other parents and community members and resources, and
- model warm, responsive relationships by engaging in these relationships with parents and other family members.



The PFCE Framework is a research-based approach to program change that shows how HS/EHS programs can work together as a whole – across systems and service areas – to promote family engagement and children’s learning and development.



Positive Parent-Child Relationships: What We Know

Positive Parent-Child Relationships Boost Child Development and School Readiness

The day-to-day interactions between infants and young children and their parents help drive their emotional, physical, and intellectual development (Brazelton & Cramer, 1990). When parents are sensitive and responsive to children's cues, they contribute to the coordinated back and forth of communication between parent and child (Tronick, 1989). These interactions help children develop a sense of self (Tronick & Beeghly, 2011), and model various emotional expressions as well as emotional regulation skills (e.g. self-calming and self-control skills).

Families can engage in everyday learning activities, even with very young children, and help them to develop lifelong motivation, persistence, and a love of learning (Dunst, Bruder, Trivette & Hamby, 2006). For example, parents can participate with their children in early literacy activities such as pointing to and naming objects, storytelling, and reading. In EHS programs, stimulating play interactions between mothers or fathers and their children predicted children's 5th grade math and reading abilities (Cook, Roggman, & Boyce, 2011).

As school approaches, parents can promote successful transitions and persistence by engaging children in joint literacy activities such as reading together and sharing exciting conversations about educational topics (McWayne, Fantuzzo, Cohen, & Sekino, 2004).

Warm, sensitive, and responsive caregiving provides the foundation for healthy brain development and increases the odds for success in school (National Scientific Council on the Developing Child, 2004; Wolff & Ijzendoorn, 1997).

Building Positive Parent-Child Relationships from the Beginning

For many parents and co-parents, the transition to parenthood can be a time of excitement, stress, and uncertainty. Before their baby is born, many parents prepare themselves for their caregiving interactions by putting a lot of energy into thinking about the baby they are expecting (Brazelton & Cramer, 1990). Expectant parents begin to shift into their role as parents when they see themselves growing and developing with their unborn infant.

People who begin to view themselves as parents during pregnancy, and strengthen their bond with their co-parent during that time, show higher levels of sensitivity with their child, are more involved in everyday caregiving, and report higher relationship satisfaction (Bryan, 2000). Of course, single parents, as well as adoptive parents, foster parents, and other parents who do not have a link through genetics

or pregnancy to their children can also develop positive relationships and strong attachments with their children (Golombok et al., 2006).

Creating a safe and healthy prenatal environment is another early step to fostering a positive parent-child relationship. The research on prenatal substance exposure is complex. It is difficult to tease out the effects of tobacco, drugs, and alcohol from the effects of poverty, trauma, malnutrition, and inadequate access to healthcare that often accompany substance use during pregnancy. These challenges should be addressed with appropriate services and policies (Lester, Andreozzi, & Appiah, 2004).

Even after birth, protective supports for parent-child interactions can reduce the effects of these exposures. For example, breastfeeding is a protective factor for closer positive parent-child relationships throughout childhood (Britton, Britton, & Gronwaldt, 2006). Sensitive and responsive feeding – whether by breast or bottle – contributes to reciprocal parent-child relationships and fosters the development of secure attachments (Satter, 1990).

Attachment is the process through which caregiver and baby sensitively interact with each other from birth. They use visual gaze, facial expressions, body language, and vocalizations to build powerful, lasting ties (Bowlby, 1969). For example, when a tired baby cries, if a parent responds with quiet rocking and a lullaby, the baby reinforces the parent's response by relaxing and falling asleep. Through the attachment process, parents grow confident and deeply dedicated to their child's well-being. Babies learn their world is a safe and reliable place where they can express their needs and expect predictable responses.

Research in attachment and interaction has led to a large body of knowledge and resulted in an entire field of study, infant mental health. The work of Mary Ainsworth and her colleagues (Ainsworth, Blehar, Waters, & Wall, 1978) demonstrated how responsive parenting supports the emotional health and security of infants and young children. It also showed how different parenting styles contribute to different types of relationships.

Parents do not have to be perfectly attuned to their child at every moment, nor do they need to respond perfectly to each of the child's cues. Regular, sensitive responses whenever possible are enough. When parent and child misunderstand each other's signals, as they will from time to time, there will be a temporary disruption in their interaction. This gives them both a chance to learn how to handle brief moments of distress and to reach out for each other and reconnect again (Tronick, 1989; Tronick & Beeghly, 2011). When misunderstandings become the norm, however, and

the child cannot count on a parent's responsiveness, the child's development may be thrown off course.

Parent-child interactions are also affected by each child's individual qualities, and by the fit of the child's temperament with the parent's (Kagan & Snidman, 1991). For example, a very shy child may be challenging for an extroverted parent to understand. A very active child may be exhausting for any parent, especially one who is already stressed. These aspects of children's temperament and other traits influenced by genetics, along with their unique reactions to particular parenting behaviors and styles, also affect the parent-child relationship (Deater-Deckard & O'Connor, 2000).

Different Families, Different Kinds of Positive Parent-Child Relationships

Positive parent-child interactions may look quite distinct in different families. A wide range of caregiving styles, playful interactions, and emotional responses support healthy child development. Parents' responses to children's cues and behaviors differ. This may depend on their own temperament, personal history, current life situation, and their cultural goals and beliefs (Small, 1998). Their responses also may vary with their gender. Mothers and fathers influence their child's social-emotional development and future academic success in unique ways (Cook, et al., 2012).

Families of all types can raise thriving children. This includes two-parent families, single parents, and families with multiple family members involved in caregiving. It also includes parents with the same and different genders, fathers, or grandparents as primary caregivers. It is the nature and the quality of the relationships in each family that is most important for children's healthy development.

Challenges

Both directly and indirectly, poverty impacts children's development, parent-child interactions, and family functioning. Families living in poverty are more likely to have limited education, to be unemployed, dependent on public assistance, and raising their children as single parents. When families are isolated, lack resources, and live with greater stress and instability, the risk of negative child health and behavioral outcomes is higher (Duncan & Brooks-Gunn, 2000). Children's development can be thrown off track when parents are highly stressed, lack social support or when they see their child's temperament as difficult (Hess, Teti, & Hussey-Gardner, 2004).

Any one of these risks can pose a challenge. When risks are combined, family caregiving is threatened. This build-up of risk factors can negatively affect parent-child interactions. It can also negatively affect children's language, cognitive, and social-emotional development (Ayoub et al., 2009; Ayoub, Vallotton, & Mastergeorge, 2011). But when protective factors exist, for example, concrete support, social connections, and enhanced communication skills, and programs

such as HS/EHS that provide these, they can help balance the risks.

Promoting Positive Parent-Child Relationships from the Beginning

The Role of HS/EHS Programs

HS/EHS programs provide concrete supports that promote positive parenting outcomes by addressing families' needs. For example, programs help parents find jobs and safe housing, enroll in education programs, and connect to community agencies for additional supports. This kind of help can strengthen parents' relationships with their children by reducing stress.

HS/EHS programs also provide social supports for parents that positively influence parent-child relationships and children's social-emotional outcomes (Ramey et al., 2000). With increased social support and less stress, parents engage their children more often and are more sensitive (Ayoub et al., 2011). HS/EHS home visiting services can provide social support while promoting trust in both children and parents, and supporting positive developmental outcomes (Love et al., 2005; Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007).

Social support is one of the greatest protective factors against parental stress, depression, and low self-efficacy (sense of competence) (Simpson & Rholes, 2008). Social supports, along with a general sense of emotional security, strongly predict positive parent outcomes such as:

- feeling capable as a parent (parenting self-efficacy),
- positive ways of understanding children's temperament and development, and
- overall parenting satisfaction.

Effective parent engagement can also help parents feel less stressed, more effective, and less alone. Parents' feelings of competence can be strengthened when program staff invite parents to:

- share their knowledge about their child and family,
- spend time in the classroom to play and learn with their child,
- engage with their children during home visits, and
- share experiences from home.

Staff can also learn from families about the cultural values and norms that shape their goals for their children at different ages. These goals may mold the ways in which parents are sensitive and responsive to their infants, toddlers, and children.

By engaging parents in programs in all these ways, HS/EHS staff reinforce parents' relationships with their children. This increases program success, parental satisfaction, and improves children's developmental outcomes (Trumbull, Rothstein-Fisch, & Greenfield, 2000).

Key strategies for improving and sustaining positive parent-child relationships include:

- noticing and supporting the many ways that parents support school readiness, and
- reducing parental stress through warm parent-staff relationships, peer-to-peer support, and assistance in addressing concrete material needs.

Another way that HS/EHS programs promote Positive Parent-Child Relationships is by helping families when children show problem behaviors or are diagnosed with developmental delays. HS/EHS staff members are often the first people to discuss such developmental concerns with families. They play a vital role, providing expertise and social support, and connecting families with early intervention services (Brophy-Herb et al., 2009).

HS/EHS staff may not necessarily have the training or expertise to provide certain treatments for children with severe problem behaviors or developmental delays. Yet they can act as advocates, help families develop their own advocacy skills, and partner with parents as they work together with other professionals. Staff can also help parents to access community resources to support their children's health and development.

Interventions

The following approaches are not the only useful, evidence-based interventions in the field but represent some good examples of options for programs to consider.

Parents as Teachers (PAT) is one evidence-based home visiting model designed to expand parental knowledge of child development and encourage positive parent-child relationships (Wagner, Spiker, & Linn, 2002). Parent educators deepen parents' sense of competence by observing parent-child interactions and commenting on parents' responsiveness and sensitivity to their child's behavior. Children who participated in *PAT* scored higher on standardized tests of intelligence and social development than those who didn't (Pfannenstiel, Lambson, & Yarnell, 1996). Parents liked the educators' family focus, and found them to be concerned about the entire family. Educators worked to tailor the program based on each parent's feedback (Woolfolk & Unger, 2009).

The Incredible Years is a classroom-based intervention designed to promote emotional and social competence, and to prevent, reduce, and treat emotional and behavior

problems. Although teachers conduct most of this evidence-based model in the classroom, it leads to increased parent involvement (Webster-Stratton & Reid, 2004). Parent-teacher relationships actually improved the most for parents who originally were the least involved (Webster-Stratton & Reid, 2004).



Brazelton Touchpoints is a strengths- and relationship-based model that uses strategies such as careful observation of children's behavior and parents' strengths to improve parent-provider and parent-child relationships (Brazelton, 1994; Singer & Hornstein, 2010). Positive parent-provider relationships reduce parenting stress and isolation, and increase parents' sense of competence. This, in turn, strengthens parent-child relationships. A quasi-experimental study compared parents of children in childcare with *Touchpoints*-trained staff to parents of children in childcare without *Touchpoints*-trained staff. Parenting stress levels rose among parents who worked with non-*Touchpoints* staff while parenting stress levels did not continue to increase among parents who were working with *Touchpoints*-trained staff. Parents' perceptions of their relationships with providers were enhanced when providers were *Touchpoints*-trained, especially for parents with less education and lower income (Jacobs, Swartz, Bartlett, & Easterbrooks, 2010).

The Positive Parenting Program (Triple P) focuses on increasing positive interactions between parent and child, and decreasing behavior problems and emotional disorders in children. It reduces negative parental behaviors, child maltreatment, and improves parents' mental health and sense of competence. As a result, children's behavioral and emotional problems, including hyperactivity, are lessened. These impacts have been shown to last as long as 12 months after the intervention ends (Sanders & Woolley, 2005). One major focus of *Triple P* is effective discipline. Developmentally appropriate discipline can lower parenting stress and improve social-emotional outcomes in children.



Programs can think about how the Positive Parent-Child Relationships Outcome connects to the other PFCE Framework Family Outcomes. For example, Positive Parent-Child Relationships encourage successful Family Engagement in Transitions, giving children a better chance to succeed in new learning settings.

Conclusion: Bringing It All Together

When HS/EHS programs support Positive Parent-Child Relationships, children are more likely to be ready for and succeed in school. These positive child outcomes are more readily attained when interventions that promote Positive Parent-Child Relationships are system-wide, integrated, and comprehensive.

Every HS/EHS staff member who works with parents and children can help strengthen the parent-child relationship. Depending on their roles, staff members can partner with parents to understand their children's temperaments, respond sensitively to their children's behavior, clarify developmental expectations, decrease parental stress, provide social support, and reinforce parents' feelings of effectiveness. All of these help parents to engage in positive relationships with their children that prepare children for success in school and in life.

What Can Programs Do?

Use a Strengths-Based Approach to Create and Sustain Partnerships with Families. When programs and providers focus on families' strengths and view parents as partners, they can work more effectively to support positive parent and child outcomes. For example, use strengths-based mental health practices (such as focusing on emotional wellness) that make it easier for families to seek help for problems that can interfere with positive parent-child relationships. These kinds of partnerships are built over time and are based on mutual respect.

Celebrate Successes and Share Challenges. Partner with families to recognize accomplishments and progress. Talk with parents about what you see them say and do that positively impacts their children. Support parents as they respond to challenges like developmental delays and behavior problems.

Partner with Parents to Help Their Children Develop the Skills to Succeed in School. Parents can help children understand and manage their emotions, a key skill to learning in school. When children are interested in a topic, parents can follow their lead in ways that expand their interests and initiative.

Bring what Parents Learn in Parent Groups to Classrooms and Home Visits. Learning in parent education classes can be reinforced through children's projects at the HS/EHS center, home-based program or in home visiting activities. For example, the same songs and stories that portray secure and trusting parent-child relationships can be introduced in parent classes, the child's classroom, and in home visits.

Build a System-wide Approach and System-wide Services to provide social and material supports for families. Help staff members know that each of them has a role to play in supporting positive parent-child relationships. Provide professional development opportunities for staff to learn about community resources and how to help families access them.

Learn About Each Family's Cultures, Traditions, and Home Languages. By learning more about the culturally-rooted goals that parents have as they raise their children, program staff can more easily understand and reinforce the unique ways in which parents interact with their children in order to achieve these goals. Recognize families' cultural and community-based values in everyday discussions and interactions with their children in order to reinforce children's connections with their families and their cultures.

Enroll Families in Services as Early as Possible so that positive parenting relationships can grow from the start, beginning in the prenatal period whenever possible. This is a unique time when service providers can support expectant co-parents as they transition to parenthood, increase their knowledge of child development, and decrease risks for child maltreatment (Love et al., 2005).

Offer Parent Group Programs that promote parent engagement, reduce parental stress, expand knowledge of child development, and deepen overall parenting satisfaction (McIntyre & Abbeduto, 2008). Provide programs for mothers, fathers, co-parents, and other caregivers that encourage families to work together as a team. Programs may need to be offered in different packages and schedules to meet the needs of all families.

Related Head Start Performance Standards

- 11304.20 (a) (b) (c) (d) (e) (1-5) Child health and developmental services
- 1304.23 (a) (1-4) Child nutrition
- 1304.24 (a) (1-3) Child mental health
- 1304.40 (e) (3), (f) (1-4), (i) (6) Family partnerships

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