

## Parenting in Social and Economic Adversity

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### SUMMARY

Most parents rear their children in what are, for their societies, 'normal' or 'average' circumstances. Some are better off and presumably give an advantage to their children. At the opposite end there are those who, for a variety of social, economic and personal reasons, suffer from disadvantages and adversities. We should expect that these adversities will be communicated by parents and reflected in what they do with their children.

This chapter briefly examines poverty in parents, and historical and current attempts to alleviate its effects on children. Adolescent parents, parents in prison and those with learning difficulties are then discussed as clear examples of 'socially excluded parents'. The choice is not random, and studying specific groups discloses a more pervasive underlying pattern. Finally, one programme specifically addressing the personal and parenting needs of very disadvantaged groups is described.

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The most important and universal adversity is poverty. This is not only because it affects parents' access to goods and services which they might utilize for rearing their children, but also by virtue of the impact of poverty on the parents themselves – the way it affects their thoughts and feelings about themselves and their children. The major emphasis of this chapter will, therefore, be on poverty. Furthermore, there will be an inevitable UK bias in the exposition of this chapter because the author's work is grounded in the UK with seriously disadvantaged parents, particularly mothers. However, the issues that the chapter raises can, with minor variations, be applied to other countries and cultures where social and economic adversity, whether absolute or relative, also reign.

The link between poverty, parenting and the outcome for children is both obvious and

complex. The connection between poverty and inequalities in health and development is clear, but the mechanisms may involve a range of factors, with parenting as a strong candidate. Like age, poverty is also accompanied by other features. Asking who is poor at parenting would identify parents with mental and physical illness, poor education, low literacy and many for whom the 'cycles of disadvantage' have gone through several generations.

Common pattern may be seen in women who, having experienced harsh or neglectful parenting, fail in school, truant and may become depressed and get into petty crime, early drinking and drugs. Seeking better relationships, they move early into sexual relationships, and early child-bearing, often with partners as deprived and unskilled in relationships as themselves.

Lacking a secure attachment base and skills in empathy, they visit their misfortunes on their children. Even where they try to avoid the harsh upbringing they experiences, it is hard for them to find another model. Lacking material and educational resources, they are ill-equipped to access help, feeling judged and marginalized. It is difficult, and may be fruitless, to try to disentangle whether poverty and poor parenting are causes or effects, but the results for the children are dire.

### PARENTING AND POVERTY

Poverty can be described in terms of whether it is 'absolute', 'relative' or 'subjective' (Hagenaars and de Vos, 1988). Absolute poverty is distinguished by a deficit in the minimum of basic requirements of food, clothing and shelter. Relative poverty is the lack of access to commodities that are common in the society, and is defined by a proportion of the average expectations for that society. Subjective poverty is a personal feeling of disadvantage, of not having enough to get along. Poverty and deprivation can thus be interchangeably used.

While in the UK there is no formally defined poverty line, proxies can be used. In schools, for example, the number of children eligible for free school meals is taken as an index of deprivation. Poverty is not the same as low socio-economic status (SES). Low SES is usually defined by some composite of family income with parental education, parental occupation, and lifestyle. Poverty is more volatile than SES, as a family's income may fall or rise year by year, while education and occupation are relatively stable.

In the UK, 50 per cent of *average national income* after housing costs is widely used as an index of poverty. This is a relative poverty measure, and is not an indication of the ability of a family to meet basic needs based on other, absolute indices, such as food. Using this index, the national charity, Child Poverty Action Group (CPAG) estimates that more than 1 in 3 children in the UK were living in poverty in 1998/9, an *increase* since 1979 when the figure was 1 in 10. Children are more likely than any other group to be living in poverty. Over half of lone parents live in poverty and couples with children are the largest number of people in poverty. A similar threefold rise in poverty among children has been identified between 1979 and the mid-1990s, with an estimated 4.4million children living in poverty in 1997-8 (Gordon et al., 2000). Thus the UK has one of the highest rates of poverty among developed societies (Bradshaw and Sainsbury, 2000).

The term 'social exclusion' has been coined to describe the lack of voice and participation in community life that comes with poverty. Spending on children in families from a range of incomes varies less than might be expected. Spending on children in poor families remains relatively high, while spending on the women in the family contracts. A child-centred index of poverty has been developed, based on the availability to the child not only of necessities of food, clothing and developmental opportunities, but also participation in sport and community activities (Gordon et al., 2000). The most deprived children are more likely to be

- in households where no-one is in paid employment
- in single-parent families
- aged between 2 and 4 years old
- in families with three or more children
- to have a parent with a chronic illness, and
- of a non-white ethnic group

### *Health and Development*

Poverty is a marker for many hazards in childhood. There are significant differences in stillbirths, perinatal and infant mortality according to income levels. Children of unskilled and poor-earning fathers have double the risk of death due to accidents, injury and poisoning (BMA, 1999). Manual workers produce more children with low birth-weight and chronic illness. From the start, children of poorer parents are less likely to be breast fed, more likely to move onto unsuitable weaning diet of crisps, sweets and soft drinks, and less likely to have fresh fruit and vegetables in their diet (Acheson, 1998; Law, 1999). Such a start in life immediately sets in train a course of events that have long-term repercussions for health and energy. As well as physical health, the Mental Health Foundation reports socio-economic disadvantage is a significant risk factor for a variety of mental health and development factors, including anxiety disorders, disruptive behaviour disorders and attention deficit problems (Mental Health Foundation, 1999).

Poverty and low socio-economic status act as good predictors for this wide variety of health and developmental problems. Some of these may be under the control of parents in relatively clear ways, for example the early feeding of the infant, while others (such as accidents) may be indirectly attributable, for example, to poorer housing or parental supervision. Views of the origin and cures for these ills have alternated through the generations, with the moral turpitude of the

## KEY CONCEPTS

individual parent or social inequalities being the extreme positions. The solutions generated by these views are represented by the two main strands of social welfare interventions, that is the 'rescue' of the individual, via compensatory education or psychotherapy, or community building and community action to support families. Rescue is seen in contrast to prevention. The current legislative framework of the Children Act 1989 and the Children (Scotland) Act 1995 have moved attention significantly towards a prevention model of improving family support. In the same domain, Sure Start programmes have also chosen children under three years old as a group with the most capacity for growth and so the greatest potential for help towards an enduring preventive impact (see chapter 2).

### ***Historical Perspective***

The link between poverty, parenting and child welfare has been long known. It was not lost on the Pilgrim Fathers, who in Boston mandated parents to rear their children with 'basic education and marketable employment skills' in order to ensure their economic and physical welfare (Ross, 1979).

Victorian concern for the welfare of the poor led to the construction of Booth's maps of London, which carefully delineated the social geography of poverty (Booth, 1889). This was taken up by Joseph Rowntree who mapped poverty in York, and began a philanthropic study of both the causes and effects of poverty. He concluded that poverty impinged most on the very young and the very old. The causes of poverty included unemployment, low wages, illness of the chief wage earner and large family size. These views influenced family welfare policies, with a direct bearing on children (Ward, 2000).

Studies of the early records of the Children's Society, originally known as the 'Waifs and Strays Society', showed the major role of poverty in the separation of children from their parents. While the public view was that the children in care were there because they were orphans or the victims of abuse, in reality many were there because their parents could not afford to support them, or were commonly imprisoned for theft. Allowance was made for an illegitimate child whose mother was 'striving to retrieve her character' and who was expected to contribute to the upkeep of the child. The voluntary societies saw themselves as catering for the 'deserving poor', considering these a cut above the presumably undeserving poor for whom the only alternative was the workhouse. Children of widows

were admitted to care homes, as the only employment open to women was as charwomen or seamstresses or live-in jobs in service which, although better paid, excluded their living with their children. Widowers were assumed to be able to care for their children, because men's employment opportunities and pay were better.

An employed man seeking support for his family could only do so under the Poor Law. This Act was specifically intended to discourage 'mendacity' or dependence on charity by stigmatization and making the granting of support a harsh choice or the workhouse or no support. It was politically unacceptable to allow that an independent labourer might be unable to support a family because employment was irregular and wages too low. The fault must then lie in the individual rather than the system. Handing out money, the system of 'out-relief' that allowed pauper families to stay together in their own homes, was seen as an encouragement to laziness. In the workhouse, the conditions were made deliberately harsh. The Poor Law was designed to both deter and punish those seeking support. Husbands and wives were separated, and their children over the age of 7 years housed separately. Children's active parenting was an accidental and marginal activity.

The voluntary societies, in theory, catered for a more respectable stratum of society, although in practice there was considerable overlap. The cost of this advantage was that families had to sign over the future of the child to the Society, including the possibility of the child being fostered, which sometimes meant barely more than being put to service or sent to the colonies. The Society would pay foster carers an allowance to help support the child, but did not on the whole consider making such an allowance to the parents to help them keep the family together, which was seen as fostering dependency. Returning to their family was considered a waste of the careful training in skills and religious ethics that had been instilled in the children by the agency. The role of the agency was to 'rescue' the children from bad environments and bad influences. Removing children from the malign influence of feckless parents was seen as a positive step, and no notion of supporting parents to care for their children was even considered.

### ***Interventions***

A dawning recognition of the relationship between poverty, health and child development was the mainspring for the founders of the Peckham Experiment in South London. The

McMillans opened the first school clinic in Bow in London, and subsequently the Open Air Nursery School in Peckham and the Deptford Clinic, in 1910. Promotion of healthy and well-educated families was seen as a means of bettering their lot, and improving society. The philosophical and political foundations of these movements were often in puritan and later in socialist Christianity. Many of them wilted (though some continue to thrive) after the development of the National Health Service in the UK. Equivalent services continue in other countries, both as substitutes for and as complements to statutory services.

Despite high principles and humanitarian ideals, projects based on social reform failed to move families out of poverty, and the growing emphasis on the significance of the first five years of a child's life shifted the focus of attempts to improve the welfare of children in poverty from family health and health promotion, to accelerated or enhanced stimulation of high-risk infants. This was in essence a swing from prevention to rescue. In the 1960s the concept of 'compensatory education' was developed (Fein, 1980). From these the Head Start movement in America was developed, and later Sure Start initiatives in the UK. These combined, to varying degrees, community or political measures to address poverty, parenting interventions to address the effects of parents as conduits of disadvantage, and individual child interventions at what might seem to be the most malleable point of the cycle of disadvantage.

Major cross-sectional and longitudinal studies suggested that there was a 'critical period' in early development, with the children achieving half their adult intelligence between conception and four years of age (Bloom and Steinhart, 1993). Accelerating and ensuring healthy development in the first four years was intended to ameliorate the adverse effects of environmental deprivation. The model was focused on individual enhancement for the child, while some programmes emphasised a more holistic intervention including attention to extra-familial obstacles to good parent-child interaction, such as public services and community attitudes (Halpern, 1988).

### ***Effects of Poverty on Parenting***

The effects of poverty on parenting are largely indirect. This is because children are not independent economically and, therefore, any restrictions on their income and its consequences come via parents. Like other parents, poor ones vary in age, marital status, mental health and support

networks. Poverty, however, increases the likelihood that the total burden on parents will exceed their coping resources. Poverty may magnify vulnerabilities in the parents as well as exposing the child to adverse effects of neighbourhoods and poor housing (Solnit, 1983; Halpern, 1988). Further, the children themselves are likely to be more vulnerable, by dint of low birth-weight, prematurity and poor antenatal care, including maternal drug use in pregnancy. The risk of intellectual and psychological disorders in young children appears to double with each additional environmental risk factor, with maternal mental illness, lack of positive child-centredness, family size, lack of support, minority ethnic status and socio-economic factors particularly prominent (Sameroff et al., 1987). While not all these factors have a direct connection with poverty, they act as markers of the families who appear in major studies as experiencing economic deprivation and social exclusion.

A degree of casualness or lack of child-centredness is described by several authors observing patterns of parenting in chronic poverty. Children receive abundant love both from parents and other family members, but it is provided idiosyncratically and when the parent is available rather than in sensitive response to the infant's need (Escalona, 1987). Patterns of parenting observed in such settings over a prolonged period are characterized as 'inconsistent' (Jeffers, 1967). The same behaviour in the child might provoke anger one day, pleasure the next and be ignored on the third. Mother's mood is affected by 'crisis events', and these mood changes are reflected in her interaction with the child. In a similar vein, children are alternately ignored and enjoyed, depending on the other preoccupations of the mother (Rainwater, 1970). Mothers (who may be predominantly black, from other poor minority ethnic groups or the endemically poor) appear to treat childcare as a routine activity, and rarely manifest a deep psychological investment in the child. In a study of families with premature infants, for example, problems and crises of the parents interfered with their ability to respond sensitively to the child, despite best intentions (Bromwich, 1978).

A lack of enjoyment of the child and an over-investment in material and physical well-being has been repeatedly described (Jeffers, 1967; Crittenden and Bonvillian, 1984). This may be an attempt to compensate for the deprivations the mother may have experienced in her own childhood, and also an attempt to make up with material goods the deficits the mother is aware of in her emotional relationship with the child (Halpern, 1993). Not infrequently, families

## KEY CONCEPTS

living in poverty will put themselves into debt to give their children the most lavish Christmas and birthday gifts, but are unable or unwilling to play with their children, or to take pleasure in their company.

Conditions for the infant born in poverty often involve a negative triad of a constitutionally vulnerable infant, and a vulnerable and overwhelmed parent, in an unsupportive social and community context (Halpern, 1993). As a result of the unpredictability of care and crises in the child's life, the child may fail to develop a secure sense of a base and fail to be socialized into an understanding of time, cause and effect, a sense of self-efficacy and identity that provide a foundation for later adjustment to school. The probable mechanisms for the translation of poverty into poor parenting are set out elsewhere in this book (see chapter 1).

### **Conclusions**

Poverty exists within the most affluent of societies. Inequalities in material resources are reflected in inequalities in health and opportunities for development for children. The 'cycle of disadvantage' identified in the 1980s continues to trap some families. Neither socio-political reform nor individual therapeutic input alone will solve all the problems. Increasing the income of parents who have themselves experienced poor parenting is unlikely to improve the outcome for children automatically, without specific change in parental attitudes and behaviour. However, the demoralization of families who live in overcrowded housing, on minimal incomes with no hope of improvement, will always vitiate attempts to 'rescue' individual children.

To a large extent, the issue of family and child poverty is a political one, and the influence of scientific evidence and good childcare practice may be only marginal in a larger political agenda. Childcare and mental health professionals will have their own positions on their individual and professional role in influencing politics. However, they can contribute their understanding to the debate and to designing and running services that reach out actively and effectively to families who are disenfranchised and socially excluded. In a study in South London of the effects of a volunteer befriending programme for depressed and isolated families (Newpin), it was the social and cultural impoverishment that was most striking. Although the local council and library might offer children's resources and activities that were free, these families did not know about them and would not use them, without some prompting and support.

The role of health and social work practitioners as social activist has a long tradition, often with a religious, humanitarian or political motive. Latterly, these motives may have been eroded, but the evidence base should empower those concerned with the welfare of children to continue acting in their interest.

## ADOLESCENT PARENTING

The rate of births to teenage mothers is higher in the UK than anywhere else in Europe, and has been on a rising curve. The reasons for this are many, and include the following

- the diminishing stigma attached to unmarried parenthood,
- the widening gap between rich and poor,
- lower age of sexual maturation,
- a greater sense of hopelessness and helplessness in seriously disadvantaged young people, leading to
- a restriction of life opportunities and early sexual activity (Ladner and Gourdine, 1985).

This carries hazards both for child and parent, whose own options for education and employment are seriously curtailed, perpetuating and exacerbating the circumstances that may have led to the birth of the child. Comprehensive reviews have detailed the short- and long-term effects of teenage pregnancy on both the mother and the child and show it to be both a manifestation and origin of adverse parenting (Brooks-Gunn and Furstenberg, 1986).

Factors that have been shown to be associated with teenage pregnancy and parenting include parents' lack of future plans and career aspirations. Adolescents who have a clear future orientation are less likely to become pregnant, though some young women see motherhood as a complete future (Jessor, 1992). This is congruent with the evidence that the majority of pregnant teenagers do not plan their pregnancy (Kaufman, 1996). Girls at highest risk are those who

- reach puberty before they have the maturity or cognitive ability to take control of situations,
- live in high-risk, poor socio-economic environments
- themselves grow up in a single-parent household,
- have been sexually abused,
- have five or more siblings,
- have a sister or friend who became a teenage mother

- drop out of school, and
- experience low parental supervision (Jessor, 1992).

The risk increases with the number and severity of risk factors. Parents who are moderately strict are less likely to have daughters who become pregnant early, less than either those who are extremely lax or overly strict (Whitehead, 1994).

From a psychological viewpoint, poor experiences in childhood, including lack of nurturance and secure attachment, and early sexual abuse produce a complex picture. Becoming pregnant may bring the girl closer to her own mother, produce at least a fleeting closeness to a sexual partner, and a feeling of being special, however temporary. However, the feelings of being needed and loved may not survive the demands of raising a baby, particularly as the child becomes less passive and more challenging (Musick, 1993).

Less is known about teenage fathers, some of whom may not be aware or not choose to acknowledge that they are fathers (Kaufman, 1996). The limited data that do exist suggest that these young men may have suffered similar life events with resulting low self-esteem to the girls, as well as family violence, dropping out of school and being involved in substance misuse and delinquency (Kaufman, 1996). Clearly their own life opportunities are low, as is their ability to offer a secure and supportive relationship to a child.

Many pregnant teenagers have a long history of disinterest in school, truancy and low educational achievement. This can be compounded by early child-bearing (Osofsky and Osofsky, 1970). The birth of a child to an adolescent mother brings in its wake further social disadvantage, with more pregnant girls living in poverty, being unemployed or holding lower paid jobs than their peers (Furstenberg et al., 1987). The best predictor of positive parenting behaviour appears to be the age of the child and the satisfaction of the mother with her social support network, mainly her own mother (Nitz et al., 1995). Relationships of conflict, usually with her own mother or the baby's father, unsurprisingly, seem to relate to negative maternal behaviour. The strongest predictor of positive parenting behaviours in a number of studies (holding a number of factors constant) appears to be the mother's IQ. In those with lower IQs, it was the birth of additional children that spelled trouble (Whiteside-Mansell et al., 1996).

### **Biological Risks**

There have been a number of studies suggesting that there is an elevated physical risk to teenage

mothers, including toxemia, anaemia and hypertension. Their children are at higher risk from prenatal complications, low birth-weight, prematurity and infant mortality (Klein, 1974; Fielding, 1978; Dwyer, 1984). Some of these risks can be reduced by good antenatal care (Robins et al., 1975; McCarthy et al., 1997) and may be attributable less to teenage pregnancy than to its associated constellation of social adversity, including poverty and inadequate nutrition (Hollingsworth et al., 1983). Very young mothers (under 15) appear to remain at longer term risk and, clearly, their own developmental immaturity may significantly impede adequate parenting (McCormack, 1985).

### **Developmental and Mental Health Risks**

There is a significant link between child behaviour problems and being born to a teenage mother. In a study examining the effects of community violence on 9-12 year olds, being born to an adolescent mother significantly increased a child's exposure to those environmental and family factors that are damaging to mental health (Osofsky et al., 1993). A constellation of disadvantage in health, emotional and educational outcomes seem destined for the majority of children of adolescent parents.

Adolescent mothers may be at an increased risk of depression, especially when the reasons why young women may become pregnant at an early age are taken into account (Osofsky and Eberhard-Wright, 1988; Garrison et al., 1989). Strong evidence exists that maternal depression has an adverse effect on cognitive, social and behavioural development of their infants. There is also some evidence for sensitive periods in the early months of a child's life when a mother's postnatal depression may particularly impact on the fundamental learning experiences for the child (Hay and Kumar, 1995; Sharp et al., 1995; Murray et al., 1996).

UK studies of postnatal depression attribute the poor cognitive development of the children to the quality of mother-child interaction. They differ slightly in the details of the patterns of adverse consequences they detect and particularly whether boys are more vulnerable and whether language development is most at risk. However, the consistent message is that postnatal depression is a powerful negative factor in cognitive progress as well as emotional development of children. There are variations in rates of postnatal depression, some of those in continental Europe being lower than in the UK.

A number of researchers attribute most of the apparent cognitive disadvantage suffered by the

## KEY CONCEPTS

children of depressed mothers to the adverse social and marital factors associated with depression rather than depression *per se* (Kurstjens and Wolke, 2001). At this point, the arguments start to become circular, and indeed the same unfavourable social and family influences that provided the platform for teenage pregnancy may predispose the young woman to depression and also leave her ill-equipped to make a sound relationship with her child. The best we can do is to keep an open mind about 'causes' but recognize that teenage parenting in developed societies is fraught with problems.

Within an adolescent sample, higher self-esteem in the mother appears related to a more realistic understanding of child development, better empathy, less expectation that the child will act as a support to the parent, and less reliance on physical methods of discipline (Hurlbut et al., 1997).

Given that the mothers in some studies were followed from pregnancy only until the child was six months old, evidence of physical discipline is particularly worrying. Indeed, some evidence exists that the children of teenage mothers are at more risk of physical abuse at the hands of their mothers, which is frequently a reason why the children are removed into foster care (Miller, 1998). This does not mean, of course, that some teenage mothers do not actively protect and nurture their children. There are, indeed, some studies that suggest they are not different from other mothers in this respect. The balanced view must be, however, that teenage parenting is not the best medium for a child's development.

The children of adolescent mothers do not seem to fare well academically. A 17-year follow up found major discrepancies between the achievements of the children of adolescent mothers and a matched group whose mothers were older (Furstenberg et al., 1987). The reasons may include poorer genetic endowment, more constitutional difficulties, poorer schooling and similar factors. However, undoubtedly, one major factor is inadequate and inappropriate parenting.

### **Parenting Activities**

Several descriptive and observational studies have shown a poorer quality of interaction between adolescent mothers and their children, affecting both maternal sensitivity and stimulation offered to the child by her. Teenage mothers seem to be more unrealistic in their expectations of the child's development, frequently demanding more and better than the child can developmentally manage (Osofsky and Osofsky, 1970:

Field, 1980; Roosa et al., 1982). Perhaps partly as a result of this they tend to be more negative in their assessment of the child and punitive in their management strategies (Field, 1980; Frodi and Lamb, 1980; Frodi, 1981).

The interaction of adolescent mothers and their infants at four and twelve months of age appears to be less rich and less stimulating than adult single mothers (Barratt and Roach, 1995). Teenage mothers appear less vocal to their infants, smile less and offer them interactions using toys less frequently at four months. At twelve months the pattern of stimulation is similarly impoverished. The infants in return smile and vocalize less. This is the case even when other possible confounding facts such as class, education and ethnicity have been controlled, leaving the age of the mother as the best explanation of the difference found. This has been confirmed in other studies. Lower frequencies of vocalization by teen age mothers have been identified (Field, 1980; Sandler et al., 1981; Roosa et al., 1982; Landy et al., 1983; Garcia-Coll et al., 1987; Culp et al., 1998), as have low rates of smiling at various ages (Levine et al., 1985; Lamb and Ketterlinus, 1990; Stern, 1995). Adolescent mothers appear also less likely to demonstrate toys or tasks for their infants with direct consequences for their intellectual and emotional development (Levine et al., 1985; Stern, 1995). What, of course, this shows fundamentally, is that teenage mothers are generally more preoccupied and unhappy and have less to smile about.

Parenting is itself a developmental process, hence the need to look at patterns over time. Dividing young mothers into five parenting patterns dependent on their initial scores and at 12 and 28 and 36 months, on average the scores of young mothers appear below those of older mothers, implying a lower level of sensitive responsiveness (Caldwell and Bradley, 1979; Whiteside-Mansell et al., 1996). However, the largest group of the young mothers eventually gain average and stable scores, with only a minority falling into the more worrying categories. Children's birth-weight, and cognitive and social development is positively associated with parenting patterns. The higher the level of intellectual functioning within the mother, the fewer the number of subsequent children, and the better their material circumstances, the better off the children will be.

### **Intervention**

In view of the considerable body of evidence that teenage mothers and their children are at risk of

long-term ill effects on their health, well-being and development, interventions have been designed for both mothers and children, keeping in mind that the mothers in this situation have not completed what might be seen as their own development to adulthood. Data from the Hull House programme (an integrated service beginning in pregnancy for teenagers in Chicago) describes three aims for the young women:

- to delay subsequent pregnancies
- to improve education and job opportunities
- for the infants increase birth-weight, reduce perinatal complications, and promote knowledge of child development and parenting

A cohort design was used, comparing each year's intake with young women's own experiences in the year preceding the programme.

Despite the availability of a wide range of services within the programme, the rate of subsequent pregnancies was high and entry into jobs low. Contraceptive knowledge increased significantly, as did their knowledge of childcare. Of course, knowledge may be a necessary but not sufficient basis for action. The analysis does not deal effectively with the issue of those young women who did not choose to join the programme or who dropped out prematurely. Few social indices predicted non-attendance, except the number of children the mother already had (McCarthy et al., 1997). The provision of these programmes requires substantial funding. Given the promise of only modest improvements for a minority of participants, on the basis of these and similar findings from replications, they are unlikely to become public policy (Weatherley, 1991).

A wide range of ploys have been used to reach vulnerable teen parents. For example, in an attempt to reach non-participants, an interactive programme was developed to teach teenage parents effective non-coercive parenting skills, utilizing laser-disc technology (Lagges and Gordon, 1999). The target group did show an improvement in knowledge, but without a measure of behaviour change the real world impact of the programme remained speculative. Similar improvements in knowledge have been achieved by sending monthly parenting booklets, based on exploration of good parenting models (Dickenson and Cudabek, 1992). Knowing that the highest risks to infants have been identified in those mothers with IQs below 70, whose literacy skills may be limited, the effectiveness of this approach may be confined to a less severely affected group. However, demands on literacy and comprehension can be controlled in the design of the booklet.

Adolescent mothers have a poorer knowledge of infant development and understanding of child and parent roles. It has been shown that after a six-month course of weekly home visits, by a trained 'paraprofessional', their knowledge had improved to the level of more mature mothers. Safety had improved in their homes and they also had increased involvement with community agencies that might help them to sustain and develop the pattern of changes they had begun (Culp et al., 1998).

Recognizing the need for something more than a brief intervention for pregnant teenagers, the efficacy of offering a mentor to pregnant teenagers who screened positive for risk factors for child maltreatment has been assessed. The young women involved in the programme had intensive home visiting for two years. The study group had about one-third of the expected rate of low birth-weight, no infant mortality and a reduced rate of neglect. The provision of the long-term support of a 'mother figure' or role model helped the young women (many of whom had had poor experiences of being parented) to use health, education and support services effectively. This pattern of service may help to provide the positive experiences that more fortunate mothers-to-be get from their own mothers. The importance of both the instrumental and specific psychological support that a good mother figure may offer to facilitate the role change from daughter to mother is replicated by the mentoring process (Stern, 1995).

A different model has been aimed at promoting education for the mother, with the hope that this might break the cycle of disempowerment and disadvantage. Even for teenagers who had been poor students before the programme, a two-year school-based intervention made good academic progress, and longer participation in the programme was predictive of wider spacing of subsequent children (Seitz et al, 1991). Given the significance of teenage pregnancy as a precursor of poor parenting, it seems that a range of attempts at improving the mother's own state and her parenting practices will repay rich dividends.

### **Conclusions**

The evidence of the adverse effects of early child-bearing is clear. There are health risks to the baby, negative parenting patterns, and a poor outcome for the mothers in terms of education, employment and social integration. Even the most intensive intervention programmes have had only minimal success.

## KEY CONCEPTS

If the fundamental difficulty lies in the powerlessness, low expectations and low self-esteem of the parent-to-be, then prevention may rely on taking better care of the adolescent. For girls who do become mothers at an early age, programmes that work are those that mentor and support them over a prolonged period. To some extent, this is a parental role, and replicates what a good parent might have done, both before the pregnancy and in supporting the young adult and new mother. Access to good childcare, continuing education for the mother and, perhaps most importantly, a long-term and consistent relationship with a good role model and mentor are all essential. Education and childcare alone are unlikely to have sufficient impact if deficits in self-esteem underlie early child-bearing. While psychotherapy might address the relationship issues, there is more chance of engaging the young mother in a supportive network when this is based around her immediate agenda of progress for herself and care of her child. Combining practical and therapeutic work offers the best chance to make a change in the trajectory of the mother and child. Befriending may be more potent than high-tech solutions.

If learning to be a parent is seen as a developmental process, then it becomes clear that a brief training is not going to equip a child to face a major challenge, if they begin from a standing start. Learning to make a relationship begins at birth, and if the mother has not had the benefit of good relationships in the past she may lack the capacity to respond empathetically to her child. Parenting is firstly about a relationship, and only secondarily about skills.

### INCARCERATED PARENTS

#### *Prevalence*

An estimated 250,000 children in America have a parent in prison, and conversely half of all prison inmates have children (Courtier, 1995; Harris, 1996). The rate rises to nearer 75 per cent when female prisoners only are examined (Bloom, 1964). The impact of this on their children is partly mediated by who is then available to look after the children. Some 90 per cent of male prisoners report that their children remain in the care of their mother, but 50 per cent of the children of incarcerated mothers are cared for by grandparents, about a quarter are with their fathers, and other relatives care for about one-fifth. Official figures estimate that the remaining children are in foster care, with

research quoting over 10 per cent in public care (Beckerman, 1998). While women are still by far the minority in prison, the rate for women is rising at a higher rate than for men.

In the UK, there has been a fivefold increase in the number of women in prison over a ten-year period. The majority of the women are imprisoned for non-violent crime, often property crime related to supporting their own or a partner's drug habit. The pattern appears to be similar in most Western countries and is probably even worse in developing countries.

#### *Consequences for Children*

The relationship between parents in prison and their children is obviously particularly difficult. As well as the problems of good childcare and maintaining the continuity of the relationship, the factors that lead to offending behaviour are likely to be the same as those that undermine good parenting. Drug and alcohol misuse is common in men, and is now rapidly spreading to women, with deleterious effects on the mental health of the parents and the welfare of the children (Harm et al., 1998). These patterns usually (but not invariably) obtain in families that are also disadvantaged in other ways, such as knowledge of children's needs, and ability to meet them, both in terms of personal competence and external resources.

The children therefore suffer a double jeopardy in terms of poor parenting history and the added separation and disruption of care due to incarceration. Studies tend to be descriptive, or to suffer methodological limitations, but they show that the experience of separation is likely to be traumatic, and also to have negative reverberations for the child's carers. Having to decide whether or not to sustain a marriage or relationship with a partner in prison may increase the preoccupation of the remaining parent. Children of incarcerated fathers tend to remain in the care of their mothers. Loss of a mother into the prison system more often implies a complete change of care-takers. However, behavioural problems in the children are more closely related to previous marital turmoil, instability and psychopathology of the remaining care-taker than to separation alone (Gabel, 1992). Financial disadvantage can also be assumed, on top of the emotional hazards. The loss of one income often tips families from borderline coping to poverty, thus triggering many other stresses on and distortions of parenting practice.

A degree of sentimentality towards children has been described in imprisoned parents. But

this overt expression of love for the child is often unmatched by any real empathy, so that the children feel at best unattached and, at worst, rejected and stigmatized by peers and adults alike (Yochelson and Samenow, 1997). Studies of views of mothers in prison suggest that they rate the same sorts of issues and values as being of importance as other mothers (Leflore and Holston, 1990). However, the majority of inmate mothers, who, in the study, were serving terms of an average of six years and, therefore, were not available to care for their children, still felt they were 'successful' or 'very successful' as parents. This suggests a lack of insight into the impact of their imprisonment on their children and a poor and unrealistic understanding of what parenting entails. It is not unreasonable to infer that people who are not deterred by their status as parents of dependent children from high-risk offending are unlikely to be generally and realistically concerned parents.

Arguments about the effects of parental incarceration on children can be made only through extension from related literature, as actual studies of the imprisoned population are relatively scanty. Intergenerational transmission of criminal attitudes is strong. Juvenile crime is significantly more common in children with a parent in prison, even when other socio-economic risks are taken into account (Robins et al., 1975). Children also experience poorer school progress than their peers and are more likely to repeat patterns of adult offending and the poor parenting that is associated with it (Lanier, 1991).

#### ***Family Factors and Intergenerational Continuity***

Imprisoned parents themselves usually come from troubled backgrounds. Mothers of incarcerated 16 year-old girls, for example, have been found to have had an average of four marriages, and a large number of children, often by different fathers. Many of the girls' parents also have criminal records. It is clear that such parents cannot give the quality and continuity of parenting the girls would have needed (Rosenbaum, 1989).

The links are also evident in the reverse directions. It is clear that abused children often progress to later behavioural deviance and criminal activities (Bolton et al., 1977; Alfaro, 1981; Gray, 1986). Of families reported for child abuse or neglect in the 1950s, 50 per cent had at least one child who was subsequently identified as delinquent by court records (Alfaro, 1981). Children whose parents experienced a period of imprisonment are themselves six times more likely to be imprisoned at a later date (Beckerman, 1998).

Mothers in prison have reported behaviour problems in their children during the sentence and an even higher rate of behaviour difficulties after release, making them a high-risk group for coercive patterns of parenting (Fritsch and Burkhead, 1981). In a population study, more than half the mothers and fathers in a community sample described at least one episode of violence towards their children in the year preceding the study, in the context of discipline (Gelles, 1978). This sort of difficulty in managing child behaviour is a clear trigger for frustration and abuse, and the raised frequency of behaviour problems in the children during and after imprisonment may create a vicious circle with parents who have pre-existing anger-management difficulties.

#### ***Child's Understanding of Absence***

From the child's point of view, the imprisonment of a parent may follow periods of less than optimal parenting. This is then compounded by forcible separation and the unwillingness of family and friends to discuss their parents' situation. Children are drawn into and bound by a 'conspiracy of silence'. Thus they are unable to discuss their own fears or feelings, but are discouraged from mentioning their parent's imprisonment at all for real or imagined fear of stigma or discrimination (Johnston and Gabel, 1995; Kampfner, 1995). The behavioural and emotional problems in the children of incarcerated parents may relate more to the children's confused and negative understanding of the separation and the levels of actual care they receive than separation alone (Gabel, 1992). A clear pattern of temporary behavioural symptoms in children immediately following the incarceration of a parent, and more serious antisocial behaviour among a few older children, has also been identified (Sack et al., 1976). The clear implication is the need to focus and alleviate the child's troubled state when such trauma occurs, as with parents' hospitalization, but with the added weight of stigma and all other disadvantages.

#### ***Substitute Care and Contact***

As well as the difficulty of establishing suitable childcare, the style of the substitute carer can be inconsistent with the parent's methods, and practical problems of transport and timing may make prison visiting difficult. One-third of imprisoned women have no visits from their children during their prison sentence (Koban, 1983). The child's carer, whether that be the mother's family,

father's family or foster parents, may be reluctant to bring children to prison. Facilities in the prison are usually poor, in terms of space and recreational materials for children and parents. Prison staff can regard family visits as burdens, or risks from a security point of view (Lange, 2000). Over and above any possible benefit to the child, the evidence is that ex-inmates who live with their families after parole have lower rates of re-offending (Holt and Miller, 1972; Boudouris, 1996). Some studies suggest that most imprisoned fathers appear to be willing to involve themselves in active parenting programmes, even though only a third of them were visited in prison by their children (Hairston, 1990).

The UN Convention on the Rights of the Child and various laws concerning child welfare endorse the right of children to have contact with both parents, and the responsibility of the parent to foster that right. However, where sentences are very long or where parents are so damaged that contact is detrimental to the children, then difficult decisions may need to be made about permanent alternative care for them. The majority of women in jail have long histories of family and personal problems. The feasibility of good long-term plans for family reunification and rehabilitation may be limited by the availability of effective counselling, substance abuse treatment, vocational training, work or activity opportunities, and meaningful support to face the challenge of developing a safe and supportive family for the child outside the damaging confines of the jail (Beckerman, 1998).

### ***Intervention***

The theoretical parenting knowledge of women in prison does not appear to be grossly impaired, though programmes of parenting education significantly increase their knowledge (Dinkmeyer and McKay, 1989). The relationship of knowledge to practice in the groups remains less clear. More compelling is the evidence of the impact of such programmes on long-term recidivism. They seem to be significantly better for women who have completed such programmes (Showers, 1993). A similar drop in recidivism has been found after programmes to support family relationships (Bayse et al., 1991). Attempts at educating fathers show that it is possible to improve attitudes to parenting.

There is often little impact on the fathers' self-esteem or the children's self-perceptions, which is unsurprising since the fathers and children often have little opportunity to consolidate and put into practice the gains in attitude with actual

contact (Harrison, 1997). An optimistic picture of the ability of mothers with substance-abuse problems to respond to a parent education programme has been painted. However, it is essential to emphasize the importance of opportunities to consolidate new skills either in face to face, written or telephone contact with their children (Harm et al., 1998). It remains unknown whether the increase in knowledge and more appropriate parenting attitudes would translate into changed behaviour after release.

Overall, there is recognition that children with parents in prison are a particularly vulnerable group, subject to multiple disadvantage both from the effects of separation and the adverse factors associated with their parents' criminal behaviour. The parents will often have experienced disadvantaged childhoods, and have poor models of parenting, if not outright abuse and damage. The child's current carer may also be struggling with economic and emotional adversities, and may feel unable or unwilling to support the child's emotional development or continuing contact with the incarcerated parent. There is a growing body of evidence to suggest that parents in prison have the will to engage in parenting programmes and are able to gain in knowledge of child development and parenting skills. How effectively these gains can be translated into practice after release depends on the level of support that can be offered to the parents to allow them to escape the cycle of difficulties, including substance misuse, that may have led to imprisonment. Indications of the lowering of recidivism rates for inmates who return to a family setting and for those who participate in parenting education programmes suggest that this is a worthwhile avenue to pursue, both for the child and the parent.

### ***Conclusions***

There are two strands of evidence that shape thinking about how to reduce the adverse impact of imprisonment on parenting. The first is the increased risk that children whose parents have been imprisoned will themselves end up in prison. It is not possible to tease out to what extent it is the imprisonment or the attitudes and behaviour of the parent that is communicated to the children, that influences the outcome. The second is that separation from parents is likely to bring with it both direct effects on the behaviour and educational progress of the child and a cascade of other difficulties with substitute carers and maintaining a relationship across time and space.

There is good evidence that being able to maintain strong links with and return post-sentence to a family environment may be one of the strongest factors in reducing recidivism in the parent. There may be very strong reasons then to examine the advantages and disadvantages of custodial sentences for parents, and particularly for women who are increasingly being incarcerated, largely for non-violent crimes, and often to support their own or another's drug habit. Apart from strict retribution, there may be much more value to children, families and society in keeping parents out of prison than in locking them up.

Parenting programmes in prison are of some value in increasing prisoners' understanding of the importance of good parenting and in changing knowledge of child development and attitudes to discipline for children. Although there remains a query as to how effectively changes in knowledge translate into changed behaviour, parenting programmes in prison settings should have a high priority, in view of their opportunities to access a marginalized group. The input of health visitors and other health care and child development workers in prison is welcomed by the inmates, and may offer a significant benefit in systems that too often increase the brutalization of prisoners rather than improve their coping skills and capacity to relate.

### **'MELLOW PARENTING'**

Behavioural parent training programmes are effective in changing children's behaviour and promoting school readiness but there is good evidence that not all families are able to use these programmes (Webster-Stratton, 1991). Low socio-economic status, lack of social support, poor marriages and parental mental ill health are all factors that reduce the likelihood of engaging in such programmes. Conversely, however, it seems that offering parents support to improve their social integration, self-esteem and depression, fails to make a direct impact on parenting (Cox et al., 1990; Oakley et al., 1997).

A practical model of intervention with severely disadvantaged parents, combining the best available practice to support parents and very structured work on parenting has been developed by the present author, called 'Mellow Parenting'. The term has been deliberately adopted as a reminder to parents and others of the overall emotional focus and tone of all interactions in what are often dramatically 'unmellow' circumstances. Evaluation of the programme

shows that it is possible to engage severely disadvantaged, socially excluded families in intensive work, involving one day a week over 14 week (Puckering et al., 1994, 1996).

The daily programme involves psychotherapeutic support for the parents and direct work on parenting, using video and 'hands-on' practice. About one-quarter of the parents have been physically or sexually abused in childhood, three-quarters report the experience of a harsh or indifferent parent, and a third have spent some of their childhood in foster care or children's homes. Almost none have any educational qualifications. Two-thirds of the mothers entering the programme are suffering from a diagnosable psychological disorder, and two-thirds report having no partner, friend or family member in whom they feel able to confide.

Despite these burdens, the vast majority attend almost all of the 14 weekly sessions, with hardly any dropouts. The engagement of the family is seen as a substantial endeavour in its own right by most such projects, notably Newpin in the UK. It is evident that many of these families have suffered long histories of coercion, in their own experience of parenting, school non-attendance and failure, and fraught current relationships both with partners and professionals. To begin the therapeutic relationship, it is, therefore, helpful to approach them with an 'offer' of a contact, with no agenda that they 'should' join because it would be good for them or their children. Not being told what to do immediately marks this as something different from the previous experience.

Negotiation with statutory bodies such as social services and child protection agencies has been necessary at times to deflect their wish to 'do the best' for the family by engaging them in a programme the agency thought might help. Once a family decided to join the Mellow Parenting Programme, however, strenuous efforts were made to facilitate their attendance, including transport, availability of childcare and a pleasant and welcoming environment. Three weeks into a group, one mother whose children were on the child protection register said, 'I started coming to the group to learn how to manage my children better, but now I am coming because I enjoy it.'

The provision of lunch, eaten with staff, parents and children together, opportunities to have fun with the children, and a respect for the wishes and views of the parents is an enjoyable and empowering experience for downtrodden families. With care given to avoid being intrusive or demanding, families who missed a session are contacted and offered any necessary

## KEY CONCEPTS

support in attending the next session. The motivation to attend is high. One mother stood in tears at the door of the family room explaining that she could not come that morning as her son had been refused a place in the crèche that day as he had diarrhoea, which might affect the other children. One of the staff offered to push him in his buddy round the park for two hours so she could at least attend the personal group.

Marked positive effects of the group, compared with many other parenting programmes in neighbouring family centres (in central Scotland), are seen across a range of parental, child and interaction measures. Increased positive interaction between the mothers and their children has been shown to be maintained over a 12-month follow-up period. The average verbal IQ of the children involved has been increased by nine points, about two-thirds of a standard deviation. Mothers attribute positive changes in their lives, including increased confidence, and getting on better with their children, to the effects of the group.

Realistically, given the lifelong disadvantage of the families, it is unlikely that a 14-week intervention would put everything right. But by the middle of the sessions, women appear better able to take a future perspective and plan the steps they need to take to achieve their aims. Asked whether the group had helped with her key problems, one mother reported, 'Yes, in a way, but I still have some things to sort out in myself.' Another mother reported that she wanted to 'get some exams behind me and work with the homeless'.

Mothers appreciate being able to discuss personal things without fear of being judged, and trusting, being heard, and learning from each other: 'It helped you to discuss things I've never been able to discuss before' and 'Everyone thinks they are the only ones with problems with their children. Going to the group helps realize you are not alone.'

Themes that emerge from the groups and the feedback from the parents reinforce the conception that the origins of parenting lie in the competence of the parent in making and maintaining relationships. Those who for various reasons are not good at relationships, are less good at relating to their children. Women entering the group, in an atmosphere where they can trust that they will not be judged, reveal that having experienced poor parenting they want to avoid inflicting the same punitive patterns on their children. One commonly seen pattern is of excessive indulgence, until the importunate demands of the children become intolerable and the parent explodes. This is characteristically followed by

further indulgences to make reparation for the parent's guilt. One parent who had experienced harsh and punitive treatment said, 'I don't like the way my parents treated me, and I don't want to do that to my children, but I don't know what else to do.' In the group, parents can discover that it is possible to be 'firm and fair', and that setting limits does not provoke loss of the child's love.

Insecurity in relationships is also seen in the repeated failure of the women to make good sexual relationships. Often the pattern is of intensive and rapid attachment to men who seem initially to be perfect, but rapidly turn out to be as needy, deprived and lacking in security in making relationships as the women themselves. The pattern is then for the relationship simply to break down, or become violent as the man attempts to assert his 'right' to the woman's devotion. Patterns of attachment between group members can also demonstrate the same over-intense, over-involvement which forms rapidly but soon becomes intolerable in intensity or demands on one or both of the parties. The opportunities to experience this in a controlled and contained environment, to learn to regulate intimacy, and to make a 'good' ending to the group, are all delicate but powerful learning experiences.

Parents begin to make the links between their own previous experience and their parenting. Mothers described their understanding of their problems before the group in anonymous feedback. One mother reported, 'I was all mixed up with my own childhood. I was letting it run over into my children.' One mother, whose stern demeanour began to relax in play sessions with her child said 'I am enjoying the childhood I never had.'

A deliberate approach of 'parenting the parent' is not made explicit in the group, although elements of this are probably present. What has become clear is that the whole group process is 'reflexive', with the relationship of the group leaders to the parents and the parents to the children being analogous.

## CONCLUSIONS

Parents on the whole want to do the job well, but feel desperately uncertain as to whether they are doing the job well enough. Where they themselves have experienced unhappy childhoods and poor parenting, they are doubly anxious but also defensive. The first requirement for engaging a parent in change is to allow them to feel heard and not judged. Parents are hypervigilant to criticism and even the most valuable advice can be

taken to imply that they were 'doing it wrong before'. The more vulnerable the parents, the more fragile their self-esteem and the more likely they are to read criticism into advice. For this reason, good behavioural programmes can fail to reach those parents who need it most.

The messages of children's legislation are sound. The job of the helping agencies is to empower and support parents in doing their job, not to supplant them. The most significant mechanism may be through the development of better self-esteem in young people and young parents. More recognition of the importance of parenting and the difficulties of the tasks it entails is helpful, and also the message that no-one gets it right all the time and that it is possible to ask for help without it being a sign of failure. Respect for the parent as an individual is paramount. One parent in a recent five-year follow-up of a parenting project said, 'You believed in me, and so I believed in myself. When I go down I just think that I can get up one step of the ladder, and then I know I can climb up again.' She was clear that the maintenance of the positive effects of the group depended not on being free of subsequent personal and family problems, but her belief that she could weather the downs and climb back up the ladder. Fostering such a belief does not guarantee that parents will be perfect, only that they will continue to strive for themselves and their children.

### IMPLICATIONS FOR PRACTICE

It is easy to assume that poverty means fecklessness and poor parenting, as has been done historically. The majority of professionals in health, education and social welfare are from middle classes and relatively affluent backgrounds. Almost by definition, these professionals have survived or even thrived in the education system, and have little conception of how intimidating and alienating contact with services can be. Add to this, poverty and lack of educational success, linked to lack of self-confidence and self-esteem, and a gulf of mutual misunderstanding and mistrust grows.

However, poverty, and the reasons for it, are strongly associated with poor health and educational failure for children. As a single crude indicator of children's development and well-being, poverty works quite efficiently.

The introduction of childcare and protection legislation in developed countries has marked a major change in thinking in child welfare, but the ghosts of the Poor Law, and the stigmatization it involved, have not yet entirely vanished. There

are still 'Children's Centres' and nurseries that offer good quality care to children, but regard the parents of the children as part of the children's problems, rather than partners in promoting good experiences for the children. The wish to 'rescue' the children is taken to imply freeing them from the adverse effects visited on them by their parents' failings. Rescue and prevention are seen as inimical and mutually exclusive.

The thinking behind the legal and political movements underlying the Children Act and Sure Start has been a positive force in children's welfare. However, the realities of the situation in practice do not always achieve the laudable aims of the policy. Parent help programmes must be multi-disciplinary to meet the overall objectives, but agencies are loath to give up their domains, and health, social work and education do not easily rescind line management of key staff. Also justice services are to a large extent separate from everybody else, even though the major costs of failure of good parenting falls to them eventually.

Reasonable claims can be made that professionals need to keep strong links with their own discipline to maintain continuing professional development and absorption of relevant material. In health, except in universal services such as health visiting, most professional activity is measured by referrals, a method that unfairly disadvantages proactive, preventive work. In social work, the pressure on services and widespread understaffing means that many services are only able to offer a 'fire-fighting' service responding to child protection emergencies. Even children on the 'child protection register' may not have an allocated case-worker. In that environment the aims of prevention, the Children Act or Sure Start, cannot begin to be implemented, and parental adversity will continue to haunt some children and reduce their opportunities to thrive for the rest of their lives.

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## PARENTING IN SOCIAL AND ECONOMIC ADVERSITY

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## KEY CONCEPTS

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