# Chapter 11 **Parenthood: Disrupting** the Intergenerational Transmission of Social Disadvantage



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Parenthood represents one of the most significant transitions in an individual's life and once commenced, crosses all stages of the life course. Just as a child's needs and activities change as they develop and grow, so too do the activities, demands and pressures of parenting. Parents' capacity to create and maintain nurturing, responsive, and stimulating home environments across their child's development and across their own parenting experience is strongly influenced by the social and economic resources they have available to them. To better understand the mechanisms by which parenting influences child and adolescent outcomes, it is critical to investigate the impact that social and economic inequality has on the day-to-day decisions, choices, and tasks of raising children.

It is well understood that parenting is critical for supporting the development and wellbeing of children. Parenting characterised by responsivity, warmth, acceptance, encouragement, clear boundaries, effective conflict management, problem-solving and supervision (Komro et al., 2011) is associated with positive outcomes for children and adolescents, including greater academic engagement and achievement (Kelly et al., 2012), and better social and community connectedness (Ben-Zur, 2003). Furthermore, effective parenting also protects against negative outcomes, including lowering the risk of emotional, social and behavioural problems (e.g.,

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aggression, truancy, antisocial behaviour; Haskett et al., 2008) and preventing early sexual experience, alcohol and other drug use (Kelly et al., 2011).

Many parents are raising children in very difficult circumstances, affected by factors such as extreme poverty, homelessness, intergenerational violence, mental illness and substance addictions (Davidson et al., 2020). While these factors clearly impact on parents' resources (both internal and external) and are risk factors for poor child outcomes, they do not in themselves prevent parents from being effective in supporting the development and wellbeing of their children (Azar & Cote, 2002). Rather, it is the complex interplay between the contextual and individual factors that shape parenting experiences and behaviours and whether and what aspects of parenting and disadvantage may be passed from one generation to the next. There are many factors that influence both an individual's experience of parenting (e.g., satisfaction, wellbeing, quality of life) and the way in which they raise their child (i.e., parenting practices). These include the individual characteristics and history of the parent (e.g., mental health; cognitive ability; own experiences of being parented; adversity; age; gender; education), the context of the family unit (e.g., family structure; number, ages and developmental stage of children; social emotional, behavioural and physical wellbeing of children); community and neighbourhood factors cohesion: collective efficacy; relative advantage/disadvantage; neighbourhood disorganisation) and government policies that are designed to support the individual, family and society.

In this chapter we describe the individual, neighbourhood, and community factors that influence the experience of parenthood and subsequent outcomes for children. We argue that this influence is complex and multi-directional, acknowledging the reciprocal associations among children, parents, family systems and the broader social and economic ecology in optimising child developmental outcomes. We also discuss the importance of focusing on parenting as a mechanism by which the intergenerational transmission of disadvantage may, at least in part, be interrupted. The chapter concludes with a discussion of how interventions and policy can better support parents and families, and what further research is needed to enhance our understanding of the determinants of parenting.

# **Understanding Parenting**

Parenting is a significant aspect of life in which parents experience multiple transitions in line with the growth and changes in the lives of their children. Thus, while a unifying theory of parenthood does not exist, with parenthood often described in light of the child's developmental stages and milestones (e.g., infancy, toddlerhood, preschooler and so on), theoretical attention has been given to considering the tasks and activities that the parent must undertake and master. Two theories have predominated in the literature: Parenting Styles (Baumrind, 1971; Maccoby & Martin, 1983) and Social Learning Theory (Bandura, 1961). Parenting styles comes from a social-emotional perspective, with parenting styles defined as the larger context or

emotional climate in which parenting behaviours are expressed (Maccoby & Martin, 1983). Three specific styles of parenting were initially defined based on levels of demandingness-control and acceptance-responsiveness in parent-child interactions: authoritarian, authoritative and permissive (later divided into indulgent and neglectful; Maccoby & Martin, 1983). Research in this area has suggested that authoritative parenting, involving high levels of behavioural control in the context of high responsivity and acceptance, is the optimal approach, with positive child outcomes such as educational commitment and achievement (Purdie et al., 2004) and lower levels of antisocial behaviours such as alcohol and other drug use (Adalbjarnardottir & Hafsteinsson, 2001). The parenting styles model has been criticised as lacking sufficient evidence within culturally diverse or low socio-economic circumstances (Kim & Rohner, 2002). Further, the model is descriptive rather than explanatory, and does not account for the influence of family context (e.g., being a single parent in a high crime neighbourhood versus being a single mother living in a middle-class suburb) on the appropriateness or effectiveness of specific parenting practices for child wellbeing and development.

Social Learning Theory offers an alternative approach to understanding effective parenting. Social Learning Theory is functionally based, focusing on the unique contingencies that impact the individual parent, child and family unit. It also takes account of parental and child learning histories, skills, personal goals, and the context in which parenting occurs. Thus, parenting styles can be considered to set the tone within which parenting practices are delivered, and so are differentiated from parenting practices, which are defined as the context-specific, goal-directed behaviours that parents use to achieve a particular end. Social Learning Theory approaches to parenting interventions have the strongest evidence base for producing positive outcomes for children and adolescents (van Aar et al., 2017).

# Parenting in Context

Parenting is contextually driven. There is no single right way to parent, nor is there a single set of actions and responses that will result in "a well-developed child". Rather, the optimal approach to parenting varies according to characteristics of the parent, their child (e.g., temperament, age, cognitive ability), family circumstances (structure, conflict), access to resources (finances, employment, support) and community and policy factors. Thus, different approaches are needed to effectively parent in different contexts and with different children. Azar and Cote (2002), in their seminal work on child maltreatment, described effective parents as having a broad repertoire of parenting strategies and the capacity to flexibly apply these strategies according to the specific demands of the varied developmental and parenting situations they face with each of their children. The Australian Federal Government's "Parenting Information Project" (Centre for Community Child Health, 2004) defined effective parenting practices as "actions that best achieve the goals of

parenting a particular child in a particular context" (Centre for Community Child Health, 2004, p. 56).

It is important, then, to understand that the social context for parenthood is changing across the world. Families are now more likely to have fewer children and parents are older at the time of birth of their first child than three decades ago. More women are participating in the workforce, often with both parents engaged in employment, and the educational attainment of women has increased significantly (OECD, 2016). There is now much variation in family structure, with an increase in non-traditional relationships between parents (e.g., cohabitation rather than marriage, same-gender parents) and the number of sole-parent households. Greater social mobility and globalisation means that many families may live in communities isolated from their extended families (Weldon-Johns, 2013) and the advice and practical support that they can offer.

Thus, the identification of parenting styles and practices is not enough to fully understand what makes an "effective" parent. Achieving the "right" mix in terms of when and how parents negotiate, set boundaries or get involved in their child's life needs to be contextually driven, because behaviours that are effective in one environment may be potentially ineffective in another. The next section of this chapter will explore how parenting is shaped and changed in the context of disadvantage.

# How Parenting Differs Across Levels of Social Disadvantage

Theory and research on social disadvantage and parenting are inextricably linked with the impact that parenting quality, parent-child relationships, and parental wellbeing have on child developmental outcomes. These models of social disadvantage and parenting tend to view parenting and parental wellbeing as intervening or mediating variables between social disadvantage and child outcomes; that is, that social disadvantage indirectly influences child development via its effects on parents (Grant et al., 2003). Even in more recent conceptualisations of social disadvantage and parenting that have broadened from developmental psychology to disciplines including economics (Heckman, 2006) and cognitive neuroscience (Johnson et al., 2016; Noble et al., 2015), the focus has been on the role that parenting and the home environment plays in the long-term attainment, achievement, mental health and productivity of individuals across childhood, adolescence and adulthood. While this is clearly critical, it is also important to view parenting and parental wellbeing as outcomes, by evaluating the impact of social disadvantage on the day-to-day experience of being a parent. Thus, this section of the chapter will examine differences in parenting and parental stress and wellbeing based on levels of social advantage and disadvantage.

The construct of parenting encompasses the behaviours and responses parents engage in during interactions with their children, the home environments they create for their children, and the opportunities they provide for stimulation and community connection outside of the home (Hoff & Laursen, 2019). Each of these domains of

parenting has been investigated in terms of how they are affected by differing aspects of social disadvantage, but there has been a particular focus on interactional behaviours and home environments. Much of this research uses individual and family indicators of disadvantage (e.g., education, income, financial stress), but neighbourhood indicators of social disadvantage are noted where research is available.

## Parental Interactions with Children

## **Time Spent with Children**

One of the primary ways that patterns of interaction between parents and children has been examined is through assessment of the quantity and quality of time parents spend with their children. Using time use diary methodology, international research suggests that better educated mothers tend to spend more time with their children overall (Sayer et al., 2004) and that more economically and educationally advantaged parents spend more time in stimulating and enriching activities both in the home (e.g., reading daily to children, actively teaching literacy and numeracy, telling children stories) and outside the home (e.g., visiting the library, zoo, or museum; Kalil et al., 2016). It seems also that educated parents are able to use the time they spend with their children more effectively, by adapting what they do with their children based on the child's stage of development (Kalil et al., 2012). This research from the United States shows, for instance, that educated mothers spend more time caring, comforting and playing with their children when they are infants and toddlers, more time in teaching activities (e.g., reading, helping with homework) when children are at school entry, and more time managing, organising and attending outof-home activities during middle childhood and adolescence (Kalil et al., 2012). Evidence for a developmental gradient in educated mothers' time use patterns have been found in Spain (Gracia, 2014) and Italy (Rebane, 2015).

Recent Australian research, drawing on data from the Birth and Kindergarten cohorts from the Longitudinal Study of Australian Children (LSAC; N = 7007 children), extended this work by examining whether the developmental gradient in maternal time use extended to fathers and other caregivers (O'Flaherty & Baxter, 2020). The findings supported an overall education gradient, in that, compared to mothers without a University degree, children of mothers with tertiary education degrees spent more time with mothers, fathers and other caregivers in teaching (e.g., reading, telling stories, talking) and enrichment activities (i.e., organised lessons and activities), and more time with fathers in play activities. In comparison, only partial support was found for the notion that better educated mothers tailor their activities according to the development of their child. The children of educated mothers spent more time in teaching activities when they were preschool-aged with their mothers, fathers and other caregivers, which was consistent with the work of Kalil et al. (2012). However, there were also large educational gaps in teaching activities during infancy, favouring the children of more educated mothers, and no

developmental gradient was observed in play or enrichment activities. Given that these findings held even when family economic and social resources were controlled, the authors concluded that variation in time spent with children was likely due to better understanding among educated mothers of the value of teaching and enrichment activities for children than less educated mothers (O'Flaherty & Baxter, 2020), perhaps reflecting sociocultural influences on parental values among more socially advantaged Australian families.

# **Discipline Practices**

Parents' use of ineffective or harsh discipline practices have been reliably linked to detrimental child and adolescent psychological and developmental outcomes (Bayer et al., 2011; Hoeve et al., 2009; McKee et al., 2007). Ineffective discipline practices include inadequate or permissive limit-setting, inconsistent or inappropriate application of consequences for problem behaviour, and poor monitoring of children's whereabouts and activities. Harsh discipline practices include those that are negative and coercive, are characterised by hostility and criticism, or involve physical punishment. These latter type of discipline practices are associated with child maltreatment (Theodore et al., 2005).

With increasing focus on evaluating more complex ecological models of social and family influences on child development, research examining the direct effects of social disadvantage on discipline practices has dwindled in recent years (Roubinov & Boyce, 2017). International research using large population-level samples mostly comprising mothers, suggest that there is strong evidence that living in social disadvantage is a major risk factor for engaging in harsh discipline practices (Jansen et al., 2012; Weis & Toolis, 2010) and physical punishment (Barkin et al., 2007; Berger, 2005). Further, research within at-risk samples indicates that cumulative social disadvantage may place parents at particular risk of harsh discipline (Arditti et al., 2010; Pereira et al., 2015), and characteristics of the family neighbourhood (e.g., level of danger, access to services) also increase the likelihood of harsh parenting (Pinderhughes et al., 2001).

When it comes to child maltreatment, recent population-based data from outside the United States, including from Australia (Doidge et al., 2017) and Canada (Lefebvre et al., 2017), indicate that economic hardship and social instability (e.g., household and school mobility) are important risk factors. Official Australian child maltreatment statistics indicate that child maltreatment disproportionately affects children from more socially disadvantage backgrounds. Over a third of children (36%) aged 0–12 years who had at least 1 substantiated notification of child maltreatment during 2017–2018 came from the lowest socioeconomic group of families, compared with 6% of children from the highest socioeconomic group of families (Australian Institute of Health and Welfare, 2020).

One major gap in the literature that is slowly being addressed is the limited information about fathering generally, and paternal discipline practices more specifically (Guterman & Lee, 2005), which is important to study given the increasing

involvement of fathers across the community in children's lives (Cano et al., 2019). The available research on paternal discipline is mixed, with some research showing an association between economic and employment markers of social disadvantage (Lunkenheimer et al., 2006), and other studies finding no relationship (Jansen et al., 2012; Lee et al., 2008). Clearly, further research is needed to assess differences and similarities in determinants of mothers' and fathers' discipline practices.

## Warmth and Support

Another key domain of parenting practices are the behaviours parents engage in to build strong and positive relationships with their children. A large body of evidence, including large-scale experimental research (Kim et al., 2018) and behaviourgenetic studies (Roisman & Fraley, 2012) indicate that children will have better academic, behavioural, social, and psychological outcomes across childhood and into adolescence when parents are warm, sensitive, encouraging, and responsive to their physical, emotional and psychological needs (Biglan et al., 2012). In comparison to the research on discipline practices, much less research has explored the relationship between social disadvantage and warm and supportive parenting. There is evidence, however, that both individual and neighbourhood markers of social disadvantage are associated with lower levels of maternal warmth and responsivity (Evans et al., 2008; Odgers et al., 2012; Weis & Toolis, 2010), and autonomy supportive behaviours (Van Holland De Graaf et al., 2018) across childhood and adolescence. Further, an Australian 8-year longitudinal study of 166 adolescents found that warm and supporting parenting buffered the effects of neighbourhood disadvantage on adolescent frontal lobe development, with carryover effects on academic functioning (Whittle et al., 2017). Given the potential moderating role of positive parenting in minimising the effects of social disadvantage on children, further research is needed to examine the impact that living in social disadvantage has on both mothers' and fathers' ability to be responsive, supportive and encouraging of their children and adolescents.

### Home Environments

# **Home Learning Environment**

Parents contribute to creating a home environment for their children in many ways. This includes the physical aspects of the home environment, from the provision of stable, safe, and clean housing, and appropriate bedding and furnishings; to the availability of toys, books and other activities and resources that make the environment stimulating and enjoyable for children.

Because of its association with child cognitive, language, and academic outcomes (Christensen et al., 2014; Dubow & Ippolito, 1994), a large body of research

has focused on variability in home stimulation and enrichment across levels of social disadvantage. Both cross-sectional (Hurt & Betancourt, 2019) and longitudinal (Cooper et al., 2010; Rodriguez & Tamis-LeMonda, 2011; Toth et al., 2020) research suggests that parents experiencing higher levels of social disadvantage provide fewer developmentally-appropriate play resources (e.g., puzzles, craft, blocks and toys requiring fine motor coordination, pretend play activities, board games), are less likely to engage in informal (e.g., shared book reading) and formal (e.g., helping children to write their name) literacy activities, and are less likely to provide variability in cognitive stimulation (e.g., through conversations and storytelling, visits and outings). These findings were replicated in a recent study looking at neighbourhood markers of disadvantage, with living in a poorer quality neighbourhood associated with lower levels of maternal stimulation (Rhoad-Drogalis et al., 2020). Later in childhood and during adolescence, social disadvantage also predicts lower levels of parental involvement in children's school learning, including in overt ways (e.g., supervising homework, encouraging reading, communicating with teachers, being involved in school events; Camacho-Thompson et al., 2016; Cooper et al., 2010; Toth et al., 2020) and more covert or subtle ways (e.g., attitudes towards school completion, expectations about their child's achievement; Stull, 2013; Wang et al., 2016).

There is minimal Australian research on the relationship between social disadvantage and the home learning environment. In one study, using data from the Birth cohort of LSAC (N=3836), Hayes et al. (2018) found that mothers with a post-secondary school education were more likely to engage in shared book reading and developmentally appropriate activities with their toddler, and had a slower rate of decline in shared book reading from aged 2 to 6 years, compared to mothers with a secondary school education. However, there were no differences based on maternal education in declines in other home learning activities, and there were only weak and inconsistent associations between family income and shared book reading and home learning activities from aged 2 to 6 years.

#### Structure and Routines

Parental behaviour also determines the level of routine and structure in the home. Predictability and consistency in a child's environment are achieved when there are clear and appropriate expectations for behaviour, children have consistent routines for mealtimes and bedtimes, and there are appropriate limits set and enforced for children's daily lives and habits, such as sleep, diet, physical activity, completing homework, and screen time. Conversely, what has been termed a 'chaotic' home environment, is characterised by a lack of routines, high levels of background noise and ambient stimulation (e.g., TV always on, loud conversations), overcrowding and high levels of 'foot traffic', clutter and disorganisation (Bobbitt & Gershoff, 2016; Evans et al., 2005), and more recently, frequent electronic intrusions (e.g., phone calls, messages or notifications on electronic devices) (Whitesell et al., 2015).

A recent scoping review of 112 studies found that household chaos is reliably linked to a range of adverse child, parent, and family-level outcomes (Marsh et al., 2020).

Many studies, mostly from the United States and the United Kingdom, have examined the relationships between various indicators of social disadvantage and household chaos. For instance, children and adolescents from low-income backgrounds are more likely to be living in household chaos than those from middle- or higher-income families (Bradley et al., 2001; Evans et al., 2005). When it comes to specific aspects of children routines and daily activities, social disadvantage has been found to be associated with inconsistent bedtime routines, lower quality sleep environments and lower parental bedtime availability among infants and young children (Hale et al., 2009; Hoyniak et al., 2021). Among adolescents, those living in socially disadvantaged circumstances (Marco et al., 2012) and with higher levels of household disorganisation (Billows et al., 2009) report greater difficulty obtaining sufficient and consistent sleep throughout the week. Similarly, children and adolescents from disadvantaged backgrounds are less likely to consume breakfast as part of their morning routine (Vereecken et al., 2009), have regular family meals (Neumark-Sztainer et al., 2013), and have greater exposure to screen time (including TV viewing and technology use; Carson et al., 2010; Gorely et al., 2009) than their counterparts living in more affluent circumstances.

## **Interparental Conflict**

Parents play a pivotal role in determining the emotional climate of the home. This is highly influenced by the way that people living in the home, particularly adults, get along with one another. Conflict between parents is a known risk factor for poor child outcomes (Giallo et al., 2021; Teubert & Pinquart, 2010) and has been found to affect the wider family system. Meta-analytic evidence suggests that interparental conflict, particularly when it is characterised by high levels of hostility, tends to 'spillover' into parents' interaction with their children, making them more likely to engage in harsh discipline, and less likely to be warm and supportive toward their children (Krishnakumar & Buehler, 2000). Further, conflict in the parental relationship is associated with poorer quality sibling relationships (Zemp et al., 2021).

There is strong evidence that families living in social disadvantage are at increased risk of interparental conflict, both for married couples and for unmarried cohabiting couples (Conger et al., 2010). It is likely that the distress associated with social disadvantage, such as being under financial pressure or experiencing job or housing insecurity, makes it difficult for partners to relate to one another in a calm and reasonable manner, and more likely for them to engage in either verbal (e.g., heated arguments, shouting and swearing, critical comments and insults, threats, displays of hostility and anger) or physical conflict (e.g., pushing, shoving, hitting; Conger et al., 2010; Westrupp et al., 2015). Recent Australian research using mother reports indicated that verbal and/or physical interparental conflict is present in around 35% of Australian families with children aged up to 8 years, with up to 6% of families experiencing persistent interparental conflict during early and middle

childhood (Westrupp et al., 2015). This study, which drew on data from both cohorts of LSAC (N=9080) found that social disadvantage was reliably associated with both single time point and persistent interparental conflict over several years (Westrupp et al., 2015). This finding has been corroborated in research drawing on father-report data from the birth cohort of LSAC (N=4136), which found that financial hardship during their child's first year of life was associated with high and increasing levels of interparental conflict from infancy to aged 10–11 years (Giallo et al., 2021).

This impact of living with social disadvantage on the couple relationship also holds for more extreme forms of interparental conflict, namely intimate partner violence (Abramsky et al., 2011; Goodman et al., 2009). Australian research using 30-year follow up data from the Mater-University of Queensland Study of Pregnancy (N = 2401) found that both male and female partners were more likely to report being a victim of intimate partner violence when living in economically disadvantaged circumstances (Ahmadabadi et al., 2020). Women living with social disadvantage may be at particular risk when they are pregnant or parenting young children. Examining hospital admissions for the mothers of children born in Western Australia from 1990 to 2009, Orr et al. (2021) found that neighbourhood-level social disadvantage was an important predictor of a mother being hospitalised for intimate partner violence, both during the 12 months preceding the birth of their child, and up until the child was 3 years old. Thus, overall, there is strong evidence internationally and within Australia that social disadvantage creates a context that places parents under pressure and can detrimentally affect the physical and emotional environment that parents create for their children.

# Parental Stress and Wellbeing

Parenting is often described as one of the most challenging, yet rewarding, roles of an individual's life. Being a parent provides meaning and purpose, which can have benefits for an individual's wellbeing. However, the opposite is also true. Balancing the responsibilities, demands and conflicts of parenting, particularly when this occurs in difficult circumstances, can affect parental wellbeing and life satisfaction.

When a parent is under significant stress, the capacity to be available, responsive, and patient with a child, and respond to problem behaviour in a calm, consistent and appropriate manner is significantly reduced. Meta-analyses suggest that mental health problems, particularly depression, are associated with more harsh and negative parenting, and decreased warmth and supportive parenting in both mothers (Lovejoy et al., 2000) and fathers (Wilson & Durbin, 2010). Dealing with the many characteristics of social disadvantage, including economic hardship, unstable or poor accommodation, restricted access to resources, and dangerous or chaotic neighbourhoods, alongside the everyday tasks and stressors of raising a family, is likely to be highly stressful for parents. However, research on social disadvantage

and parental mental health is limited, with a tendency to statistically control for social disadvantage, rather explicitly testing the relationship between stress associated with social disadvantage among parents (Gotlib et al., 2020). There is, however, some evidence from Australia (Baxter et al., 2012) and internationally (Borre & Kliewer, 2014; Lyons-Ruth et al., 2002) that social disadvantage detrimentally affects parents' mental health.

# Intergenerational Transmission of Parenting Practices

In Australia, research indicates that family circumstances are transmitted across generations. For instance, Australian children of parents who receive welfare payments are almost twice as likely to be on welfare payments as adults when compared to those who are not (Cobb-Clark et al., 2017), while other work has demonstrated the transmission of outcomes related to wealth (Lersch & Baxter, 2021), health (Huang, 2020) and education (Hancock et al., 2018). One likely mechanism for this intergenerational transmission of individual social and economic outcomes is the influence of parents and parenting.

While literature from Australia is lacking, international research indicates that parenting practices are at high likelihood for intergenerational transfer, such that a child's own experiences of being parented influence the way in which they will parent their own children. For instance, Capaldi et al. (2008) found that childhood reports of harsh discipline among at-risk men were related to their own use of harsh discipline with their 2- to 3-year-old children. Similarly, Chen and colleagues (2008) in their three-wave longitudinal study of 1560 of students, found that perceived positive experiences with parents during early adolescence were positively related to marital satisfaction and educational attainment in early adulthood, which was subsequently positively related to the student's later use of constructive parenting with their own children. Parenting has also been shown to impact the effects of adversity across generations. Bailey et al. (2009) found that high levels of positive parenting in one generation lessened the impact of adversity for that generation and also increased the likelihood that the next generation used high levels of positive parenting with their children. This type of intergenerational research provides important information regarding the protective role of parents, and their capacity to buffer their own children from the harm associated with adversity, resulting in better outcomes for the next generation.

# Parenting and the Community

For many families the already challenging task of parenthood is complicated by the context in which they live. The parenting role is likely to be more stressful, demanding and challenging when families live in neighbourhoods where there are high

levels of poverty (i.e., low household incomes, high unemployment, high incidence of single-parent families), greater household crowding and high density living, and high levels of neighbourhood disorder (i.e., vandalism, abandoned or deteriorating housing, unsupervised teenagers, high residential mobility, poor access to health care, leisure and educational facilities).

Research has documented the impact of adverse neighbourhood contexts on parenting practices and the subsequent impact on children (Ceballo & McLoyd, 2002; Odgers et al., 2012). Jocson and McLoyd (2015) in their study of low-income, multi-ethnic families of children aged 6–16 years, found that neighbourhood disorder and housing instability were related to higher levels of parental distress and the subsequent use of higher levels of harsh and inconsistent discipline practices, with accompanying lower levels of warmth displayed towards their children. This suboptimal parenting was in turn associated with higher levels of child internalizing and externalizing behaviours 3 years later. Poorer neighbourhood quality has also been implicated in both higher and lower usage of parental monitoring strategies (Cobb-Clark et al., 2018), although recent research indicated that neighbourhood collective efficacy increased both parents' knowledge and limit-setting regarding their adolescent's whereabouts and activities (Zuberi, 2016).

Access to support, in the form of emotional, instrumental or practical support, is another factor that has been shown to influence the quality of parenting provided to children (Green et al., 2007) and outcomes for children (Oravecz et al., 2008). Lower levels of social support have been associated with higher levels of maternal parenting stress (Hong & Lee, 2019) and parenting behaviours (Byrnes & Miller, 2012). Emotional and instrumental (e.g., financial, physical assistance) support have been associated with more effective parenting practices such as increased parenting consistency, better parent-child communication and parental monitoring (Byrnes & Miller, 2012; Marra et al., 2009) and have been associated with reduced anxiety in the attachment relationship (Green et al., 2007).

The protective impact of emotional and instrumental social support for parents has been shown to decline in more disadvantaged communities. The resulting increased parental social isolation has been found to be associated with reduced nurturing parental behaviours and effective use of monitoring and discipline practices (Ceballo & McLoyd, 2002), placing families further at risk. For example, in their study of African American single mothers, Ceballo and Mcloyd (2002) found that social support was less beneficial for positive parenting behaviours in more disadvantaged communities, with a stronger relationship between higher social support and lower punitive parenting in higher quality neighbourhoods. In comparison, levels of social cohesion in a neighbourhood have been found to be related to greater parental social support, with parents who reported higher social support also reporting more effective parenting (Byrnes & Miller, 2012; Maguire-Jack & Wang, 2016). Community processes such as collective efficacy, social capital, trust and social ties have also been shown to have an influence on parenting. Low levels of these processes have been associated with parenting practices such as corporal punishment, ineffective monitoring and reduced warmth or nurturance and with child outcomes

such as child maltreatment, truancy and antisocial behaviours (Ma, 2016; Ma et al., 2018).

# Parenting Support Programs as a Solution for Addressing Intergenerational Transmission of Social Disadvantage

Overall, the evidence reviewed here shows that the context in which parenting occurs is a critical influence on the parenting that a child receives. While many parents adjust to the ever-shifting context, most do so with support and advice from others, including from both formal (e.g., GPs, psychologists, counsellors, spiritual and community leaders) and informal (e.g., partners, family, friends, neighbours) sources. The type of advice or support needed by a parent is likely to be determined by the context in which the parent is raising their children and the phase of the life cycle they and their children are negotiating. Additionally, the intensity of support needed by a family will vary according to factors such as the child's temperament, the level of adversity experienced, the parent's own wellbeing and the social and economic stressors facing the family. Some parents may need longer-term, intensive, and one-to-one support from a qualified health professional to address the multiple and complex issues facing their child and family. For others, access to brief, evidence-based information will be sufficient to address any parenting concerns. Across the lifespan the same parent may find themselves requiring information or support at different times and for a range of issues relevant to their current context.

Thus, programs, interventions and policies designed to support parents must consider context and seek to balance flexible tailoring to this context while adhering to evidence-based models of parenting support. Strategies should be designed to acknowledge the complex and interactive effects of community, family, and individual aspects of social disadvantage on parenting, along with the intergenerational legacy of social disadvantage on families.

There are several powerful examples from within Australia that parenting interventions delivered in the context of social disadvantage can improve outcomes for children aged under 12 years and their families, such as the Triple P–Positive Parenting Program (Sanders et al., 2004), Smalltalk (Hackworth et al., 2017) and Tuning Into Kids (Duncombe et al., 2016). In comparison, very little research has been conducted on programs targeted specifically at providing parenting support to parents of adolescents, particularly among socially disadvantaged families. One study from the United Kingdom, however, indicated that a program designed specifically to support socially disadvantaged parents of adolescents was feasible and well-accepted by parents (Michelson et al., 2014).

Available research with parents of children indicates that parents across all social contexts benefit from parenting interventions (Leijten et al., 2013). Further, because their positive effects persist over time, parenting interventions may even facilitate

reduction in social disparities brought about by ongoing conduct problems in children (Gardner et al., 2019). However, a key challenge across the entire parenting population, but particularly with socially disadvantaged parents, is improving acceptability, engagement, and ongoing participation in evidence-based parenting programs (Piotrowska et al., 2017). Thus, we need to investigate alternative models to improving acceptability and engagement in parenting programs that take account of the many barriers, both internal and external, on parents living with social disadvantage. Several promising approaches have received empirical support, including peer co-facilitator frameworks (Day et al., 2012), drawing on multiple delivery modalities (e.g., home visiting, group workshops; Morrison et al., 2014), incorporating technology-assisted approaches (Harris et al., 2020), or by incorporating sustained, long-term and developmentally targeted support (Doyle, 2020).

Another alternative to improve engagement of families experiencing disadvantage is to take a population-based approach to implementation of parenting interventions. In this approach, evidence-based parenting support is available to all families, from those experiencing significant and complex needs to those seeking to enhance and learn strategies to support the positive development of their child/ren. The best example of such a population approach involves the availability of interventions at different levels of intensity and across different delivery modalities. This helps maximise flexibility and accessibility for parents living in complex circumstances and helps cater for the varying support needs of parents living with social disadvantage. A population health strategy for parenting is consistent with advocacy for the adoption of population health approaches in the child and adolescent mental health (Patel et al., 2007) and family services sectors, including child protection (Prinz & Sanders, 2007).

Several population-level trials of the multi-level system of parenting support, Triple P, have shown success in achieving improvements in child and family outcomes (Doyle et al., 2018; Sanders et al., 2008; Zubrick et al., 2005), as well as in community indicators of child maltreatment (Prinz et al., 2009). More recently, a population-based approach to the implementation of Triple P has been conducted in Australia with the aim of exploring the impact of a whole of community approach to parenting support on community level indicators of child wellbeing across communities experiencing relatively high levels of social disadvantage. While data collection for this study is still being finalised, this implementation took a unique approach in that it aimed to support parents by building both individual skills and knowledge, and by activating collective efficacy at a community-level to view parenting as a means for producing better outcomes for children. Overall, however, much more work needs to be done to design and evaluate parenting programs that meet the diverse and complex needs of families living with social disadvantage, and that acknowledge that parenting support is likely to be needed across childhood, adolescence and beyond.

# **Implications for Policy**

Reddel and colleagues in Chap. 14 of the current volume, noted that "living in a community where there are high rates of poverty or other indicators of disadvantage is a strong predictor of experiencing persistent disadvantage, and addressing disadvantage at the community or place-based level is seen as an important pathway in moving people out of entrenched disadvantage". Parenting is one mechanism by which governments seek to intervene. Government policies have significant bearing on parenthood. Much of this effort is focused on structural and financial support for the task of child care and increasing capacity for mothers to remain in the labour force (e.g., income support payments, childcare subsidies, paid parental leave). Other efforts apply statutory mechanisms that seek to promote child safety and engagement with education (Reddel, 2002).

As the disparity between those who have and those who do not has grown, governments have developed policies and funded services designed to better support the most vulnerable members of society. Policies designed to reduce child maltreatment, provide health care and safe neighbourhoods via crime reduction are all examples of strategies that have implications for parenting. Policies designed to build safe neighbourhoods also have the potential to impact parenting. Research shows that parenting is adversely effected when living in dangerous neighbourhoods and that effective parenting can act as a protective factor against the adversities associated with living in poverty and/or dangerous areas (Ceballo & McLoyd, 2002). Further, living in neighbourhoods characterized by common goals such as ensuring the health and safety of children and where services such as mental health and substance abuse support are accessible, are linked with lower levels of child maltreatment (Maguire-Jack & Klein, 2015).

In recent decades, policy makers have turned to initiatives and policy directives directly targeting parenting practices associated with child health issues. A primary example of this is the way that sleep safe policies for infants, and their associated public education campaigns have been shown to enhance parenting practices associated with these issues and to reduce the incidence of Sudden Infant Death Syndrome (SIDS; Pollack & Frohna, 2002; Moon & Task Force on Sudden Infant Death Syndrome, 2011). Given the detrimental effects of alcohol consumption during pregnancy, particularly the risk of Foetal Alcohol Syndrome (FASD), government initiatives have also begun to target alcohol use during pregnancy. For example, the Australian Government developed an action plan aiming to take a whole-of-population approach to reduce the impact of FASD across Australia (Foundation for Alcohol Research and Education, 2012). However, as is often the case, rigorous evaluation of such initiatives are limited.

In recent decades governments have also turned to policy and funding initiatives that directly target parenting practices via the implementation of parenting support programs. Internationally, some governments take an evidence-based approach to their focus on parenting, while others have tended to take a more localized community approach with locally developed programs and less focus on manualized

evidence-based programs. Generally speaking, the approach to parenting support has tended to be localized to focus on specific contextual issues, but with many regions moving towards a greater emphasis on agencies selecting programs that are identified as evidence-based on an approved registry, such as the California Evidence-based Clearing House for Child Welfare (CEBC; www.cebc4cw.org) or Blueprints for Healthy Youth Development (www.blueprintsprogram.com).

Reddel (2002) noted that place-based approaches targeting complex social issues in the Australian context have been characterised by trials, pilots, and time-limited programs, and a narrow focus on human service delivery rather than broader policy design. This is also true in relation to parenting initiatives, with numerous examples of place-based programs undertaken over the last two decades that were designed to specifically target parenting practices and the parent-child relationship. These have tended to be state-based and time-limited with minimal evaluation of outcomes. The Triple P-Positive Parenting Program (Sanders, 2012) is arguably the most successful parenting program both nationally and internationally, and offers an excellent example of the short-term and fragmented approach to government policy relating to parenting. Since the mid 1990's Triple P has been subject to multiple large-scale government funded implementations across multiple Australian states, including Western Australia (Zubrick et al., 2005), Victoria (Cann et al., 2003), and Queensland (Sanders et al., 2008). Each of these initiatives has been funded or implemented at a state level. Some have targeted whole-of-population while others have targeted specific regions. With the exception of Western Australia, where the program is embedded within their family-related policy and services, implementation in other states has been time-limited or small in scale. Queensland undertook a significant roll-out of the Triple P program during the 1990's and early 2000's before again funding a substantial state-wide implementation of the Triple P system of parenting support in 2015. Positively, the current implementation has been a sustained government priority since that time.

Triple P is by no means the only parenting intervention to receive support from government, with programs such as 1-2-3 Magic (Phelan, 2003) and Circle of Security (Powell et al., 2014) also subject to government funding. However, typically, this support is funded at the service level with agencies receiving funding to deliver parenting support to their consumers. Increasingly, the funding is tied to a specific program, however, service-level agreements also often allow local agencies to determine the type and intensity of support for parenting that is provided.

That government policies have begun to invest in evidence-based parenting interventions represents an important shift in recognition of the role of government in supporting parenting to reduce social and health issues that have persistent and intergenerational effects on individuals and community indicators of social disadvantage and adversity. However, to be effective in producing long-term shifts in factors that promote effective parenting within communities and across generations, policies need to be developed systematically with sustainability in mind. Further, embedded high quality evaluations are needed to ensure that government resources are being effectively applied and to enable more comprehensive analysis of the impacts of programs on parenting, children and community contexts.

## **Directions for Future Research**

Very few studies have examined the mechanisms for the associations among social disadvantage, parenting and parental wellbeing. Family stress models emphasise how social disadvantage places the family system under pressure, and thus the mechanisms for this association need to acknowledge the complex and bidirectional relationships between family economic pressure and hardship, parental personal stress and mental health, interparental conflict, and harsh and ineffective parenting (Conger et al., 2010). In comparison, investment models argue that greater financial and economic prosperity, along with higher educational and occupational status within families, increase childrearing activities, values and expectations that foster the social and academic success of children (Bradley & Corwyn, 2002). Thus, within an investment model framework, more advantaged parents have the knowledge and means to invest time and resources into their child's long-term development, whereas more disadvantaged families must invest in more immediate family and child needs (e.g., safety, stable housing, food, basic school resources). It is likely that social disadvantage acts on parenting and parental wellbeing along both family stress and investment pathways. Thus, a major direction for future research is to test comprehensive, interactional models of the influence of social disadvantage on families and children.

An important message from this chapter is that parenting continues well beyond infancy and early childhood and is a dynamic and evolving role that is strongly influenced by the past and current social context and structures a parent experiences. However, when it comes to research on parenting support, much of the focus has been on the transition to parenthood, and the infancy and early childhood periods of parenting. There are significant opportunities at other stages of parenthood, including adolescence, emerging adulthood, and grandparenthood, where supporting parents is likely to make important differences for individuals and communities living with social disadvantage. For example, grandparents who provide informal care of their grandchildren make up a significant amount of the childcare burden, with rates estimated as greater than 20% in Australia ([ABS], 2012). Grandparents in these circumstances face the challenge of balancing provision of support and respect for their own child's parenting with the need to make moment-by-moment parenting decisions for the grandchild under their care. Thus, further research and development and dissemination of parent support is required to ensure that effective and developmentally responsive support is available across the life course.

## Conclusion

Parenting is fundamentally linked to the wellbeing and development of children. The quality of parenting that a child experiences has clear impacts on their life outcomes during childhood and into later life with high likelihood of transfer across

generations. The demands and stressors of parenting shift over time according to the child's developmental needs and the context in which parenting occurs. Individual, community and neighbourhood factors each influence and shape parenting and the parenting experience, and in turn outcomes for children. However, this influence is complex and multi-directional. These factors impact parenting and parental wellbeing, as well as directly and indirectly increase risk of adverse child outcomes (mental health, alcohol and other drugs, maltreatment, family violence) via an association with parenting. In addition, effective parenting has a protective function, promoting child wellbeing and reducing the impact of contextual factors associated with social and economic disadvantage. Research is needed to comprehensively assess the mechanisms for the associations between parenting, parental wellbeing and social disadvantage. Parenting interventions, particularly those that target parenting practices and beliefs known to be effective, have shown positive effects on a range of child outcomes and across developmental stages of childhood and adolescence and have shown positive effects across levels of relative advantage and disadvantage. The most rigorous evidence is for interventions delivered during early childhood however, some evidence is also available for adolescence. As the family context changes, research is needed to explore whether these positive effects extend to other life stages (e.g., parenting an emerging adulthood, grandparenting). Despite decades of evidence for parenting interventions government policies remain fragmented with funding generally embedded within services that provide care for the most vulnerable or offered for time limited pilot programs or population-based implementations with only minimal evaluation. Systematic and sustained populationbased approaches that incorporate universal and targeted approaches are needed to ensure that parents across the community have access to evidence-based support tailored to their specific needs. Such approaches will maximise opportunities to reduce the harms associated with suboptimal parenting and the intergenerational transmission of parenting practices.

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