

## **“Parents Perceptions of Family Centred Services”**

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In this study (2011-2012) we distributed a survey to participant parents living in urban and rural communities in British Columbia to find out about their experiences and perceptions of early intervention family centred services received for their children, and to learn in what ways these practices and access to services were related to parents’ overall sense of well-being. The survey that included the Measure of Process of Care (MPOC-ID 20)<sup>1</sup> and items from other tools that examined the well-being of parents was distributed through various agency contacts throughout the province of BC.

We asked service providers in the four Early Intervention programs in British Columbia (The Infant Development Program, IDP, the Aboriginal Infant Development Program, AIDP, the Supported Child Development Program, SCDP and Aboriginal Supported Child Development Program, ASCDP) for their support in distributing a survey to families on their caseload that had a child between the ages of birth to 12 years. We received 29 completed surveys from families living in small urban, rural and remote communities in BC.

This is what we first learned from descriptive analyses:

- All the surveys were completed by women, 90% were mothers and three (10%) were grandmothers. Fifty nine percent of respondents defined their community as an urban area, 14% as a suburban area, 24% identified their community as rural and only 3% as remote.
- Most of the respondents (parents) were married (42%) or common law (31%), while 21% were single, 3% divorced and 3% widowed.
- Most of the parents stayed at home full time (65%), 10% worked full time and 21% worked part time, only 1 person (3%) indicated she had seasonal employment.
- Education level: 52% of respondents reported completing high school or some college
- Family Income: 41% reported income of less than \$30,000 annually, 34% indicated income between \$50,000 and \$79,000 annually.
- The majority of children the parents were responding about were boys (69%).
- The age range of the children was from birth to 10 years.
- The children were involved in the following programs: IDP – 65%, AIDP -4%, SCDP- 13%, ASCDP -14%; the remaining respondents did not know the name of their program
- Developmental information : 48% of children had a diagnosed disability; 14% had an identified delay; 38% were identified due to ‘at risk’

This is a summary of some of the findings, that include information from the MPOC and other tools utilized. MPOC scales and other composite measures (including parents’ own perceptions of well- being, levels of parental stress while raising a child with additional needs,

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<sup>1</sup> King, S., Rosenbaum, P, & King, G. (1999)

and their access to different levels of support and networks in their lives) were created, and the reliability and validity of the MPOC and additional scales were verified.

We first completed descriptive analyses for all scales, including “parental satisfaction with services for child and family,” “parental stress levels,” “sources of support,” “parental well-being,” and “sense of parental competence.”

- Overall, parents reported the following:
  - Higher satisfaction with services received for their child than for their family (example item: “professionals look at the needs of your whole child (e.g., at mental, emotional and social needs) instead of just at physical needs?”)
  - Moderate levels of stress (example item: “How much stress is associated with outings in the community,”)
  - Spouses and professionals as main sources of support (example item “Helps you take care of your child”)
  - Relatively low well-being (example item: “my life is close to my ideal”), and,
  - High parental competence (example item: “I believe I have all the skills I need to be a good parent.”)

We then examined what were the relationships between family centered practices (as measured by MPOC scales) and other parental characteristics.

- Parents who perceived the services they received as more family centered reported:
  - higher well-being
  - higher sense of parental competence, and,
  - higher satisfaction with services for child and family
 (See the table with correlations below)

Table1. Coefficients indicating correlation between the parent’s perception of the services as being family-centered and (MPOC scales) and parent wellbeing, parent sense of parental competence, and parent satisfaction with services received for their child and their family.

	MPOC Scales				
	Respectful and Supportive Care scale	Coordinated and Comprehensive Care scale	Providing General Information scale	Providing Specific Information and Child scale	Enabling and Partnership scale
Parent well-being	<b>.469*</b>	.340	<b>.525**</b>	<b>.291*</b>	.321
Parenting competence and self-satisfaction	<b>.559**</b>	<b>.444*</b>	.345	<b>.414**</b>	<b>.488*</b>
Parent satisfaction with the services their child receives?	.333	<b>.409*</b>	.271	.244	<b>.288*</b>
Parent satisfaction with the services their family receives?	<b>.573**</b>	<b>.461*</b>	<b>.597**</b>	<b>.425**</b>	<b>.580*</b>

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\* . Correlation is significant at the 0.01 level (2-tailed).

These initial findings point to a potential relationships between *respectful and supportive care* and parents' well-being and sense of competence as parents. This type of care seems to also relate to parents' overall satisfaction with services received for their families. The *coordinated and comprehensive care* shows relationship with parent's sense of competence in raising their child (ren), and satisfaction for services received for their children and their families. *Providing general information* revealed that it enhances parents well-being and satisfaction with services received for their families. Finally, *enabling and partnership* enhanced parents' sense of competence and self-satisfaction, and the satisfaction with services received for their children and families.

The presence of significant correlation between these dimensions of Family Centred Practices and parental well-being and satisfaction points to their potentially crucial role in successful service delivery and warrants future, more in-depth research.

We are continuing more advanced quantitative analyses of the surveys, and plan to integrate these findings with the qualitative information retrieved from the 14 interviews with participant parents using critical incident methodology, based on the calendars participant parents filled on their monthly access to services and the frequency of visits and travel distances experienced.

Future directions for this study include the examination of parental characteristics, including rural vs. urban residence location, socioeconomic status, marital status, and others, and their relationship to their satisfaction with services, identified needs for their children and families, and their perceptions of the level of family centred practices from their early intervention service providers.