The International Parenting Survey: Rationale, Development and Potential Applications

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Abstract

Objective: The quality of parent-child interactions and family relationships has a powerful influence on children's development and well-being. The International Parenting Survey (IPS) is a brief, web-based survey developed to provide a cross-national, community-level, population snapshot of the experiences of parents related to raising children. Methods: The IPS was developed as a planning tool to assist policy makers and community agencies plan, implement and evaluate parenting programs and as a tracking tool to evaluate parenting support programs in different countries. We report the preliminary psychometric properties of the IPS on various domains of measurement in an international sample of over 9,000 parents. Results: Moderate to high reliabilities were obtained for all domains of measurement. High internal consistency reliabilities (α = .88-.97) were obtained for the domains of children's behaviour and emotional maladjustment, for parental self-efficacy, parental distress and parental beliefs. Moderate levels of reliabilities (α = .52-.83) were obtained for domains of parental consistency, coercive parenting, positive encouragements and parent-child relationships. Conclusions and Implications: Overall, the measure appears to have satisfactory reliability justifying further psychometric validation studies in population level studies of parenting. Examples of uses of the IPS are described and directions for future research and policy explored.

Keywords: assessment and planning, child adjustment, child behaviour, parent experience, parental preferences, parenting support

Introduction

Approximately one in five young people are affected by mental health conditions in childhood and adolescence (National Research Council and Institute of Medicine, 2009), and rates of disruptive behaviour problems have increased over the past few decades (Collishaw, Maughan, Goodman, & Pickles, 2004). Many families struggle with the day-to-day tasks of raising their children, and families experiencing adversity are more likely to experience difficulties (Sanders, Markie-Dadds, Rinaldis, Firman, & Baig, 2007). Children exposed to abusive and dysfunctional home environments are more likely to experience a range of negative outcomes in adulthood (Felitti et al., 1998). Positive, nurturing, and responsive parent-child relationships and environments are the key to healthy child development (Biglan, Flay, Embry, & Sandler, 2012; Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000) and there is consistent evidence that parenting programs can assist parents in building a positive relationship with their child and reducing the use of ineffective and coercive discipline, leading to improvements in a range of child, parent and family indicators of well-being (Brestan & Eyberg, 1998; Lundahl, Risser, & Lovejoy, 2006).

While traditionally, parenting programs have been conducted within clinical settings targeting at-risk or vulnerable families or those identified with more severe child behavioural difficulties (e.g., Sanders, Markie-Dadds, Tully, & Bor, 2000; Webster-Stratton & Reid, 2003), the need for wide reaching, evidence-based parenting support is gaining increasing international recognition (e.g., Biglan et al., 2012; Sanders, 2012). A population-based approach to parenting support has been identified as an important policy direction to ensure that all families and children have access to good quality, evidence based parenting information (Prinz & Sanders, 2007). A population approach is defined as "an approach that emphasizes the targeting of parents at a whole-of-population level, utilizing a blend of universal and targeted interventions, to achieve meaningful change in population-level indices of child and

parent outcomes" (Sanders, Kirby, Tellegen, & Day, 2014). A population approach has the advantage of destigmatizing help-seeking, by creating a context where accessing parenting support is seen as a normal and routine part of the complex task of raising children.

The hallmark of evidence-based approaches to parenting support is the systematic measurement of outcomes, and adequate assessment is a key phase of a behavioural epidemiological approach to behaviour change (Sallis, Owen, & Fotheringham, 2000). For interventions that aim to produce change at the population level, it is important that validated approaches to assessment of all parents in the population are utilized (Metzler, Sanders & Rusby, 2013). Furthermore, the consumers of parenting intervention, the parents themselves, should have a voice in relation to their preferences and needs for information and support services (Sanders & Kirby, 2012). There are currently no existing population level, cross-national comparisons of parent needs and preferences, targeting potentially modifiable risk factors that could be tracked over time, as a population level intervention is implemented.

The *International Parenting Survey* (IPS) was developed as an epidemiological planning tool to assist policy makers, local authorities, and agencies conduct brief audits of community parenting practices. It was also designed to solicit parent's views on their children's behaviour and adjustment, the parenting practices they use in raising their children and the quality of parenting and family support services they access. The measure can also be used to assist with the evaluation of parenting programs over time by creating a repeated measures snapshot of community samples of parents periodically (e.g., every three years). The aim of this paper is to provide an overview the development process, key measures included in the IPS and their psychometric properties as well as key potential uses and recommendations for implementation.

Method

Development process

The *International Parent Survey* (IPS; Morawska, Heinrichs, & Sanders, 2011) is a web-based survey of parental views on various aspects of family life and parenting which has been developed to address the gap in the population level assessment of parenting. The aims of this collaborative survey project were to:

1. Establish cross-national baseline data on parenting practices, parenting needs and child emotional and behavioural adjustment, as well as parental participation, and investigate aids and barriers to engagement in parenting programs.
2. Create an international database on parent consumer preferences in relation to parenting interventions.
3. Give voice to all parents, including fathers and those from diverse cultural backgrounds, on their preferences in relation to parenting interventions.
4. Strengthen links between international researchers working in the field of population-based approaches to parenting intervention.

The following steps were used in designing the survey. First, we consulted an advisory panel of international parenting experts. Researchers and clinicians were sought from a range of countries (Australia, Canada, Germany, Hong Kong, New Zealand, and the United States) to ensure the resulting survey would have face validity across countries. Memorandums of Understanding were signed between relevant representatives from each university participating in data collection for the IPS as a sign of commitment to the international nature of the project.

Second, a list of constructs was identified for inclusion in the survey. Given the IPS is intended to capture population level change relating to children's well-being we sought to include measures of child behaviour, parenting style, parent and family functioning and adjustment, attitudes to corporal punishment and, parental self-efficacy. These variables have been shown to be change sensitive at whole of population level and are useful indicators of the prevalence of child and parenting difficulties (e.g., Sanders et al., 2008; Zolotor & Puzia, 2010).

In addition, given consumer focussed research has emphasised the importance of parent views in impacting on participation in parenting programs (Haslam, Patrick, & Kirby, 2014; Sanders, Haslam, Calam, Southwell, & Stallman, 2011; Sanders & Kirby, 2012) we sought to include consumer opinion regarding preferences for program type and delivery, as well as currently accessed support. The consumer data from the IPS is intended to be useful to policymakers to assist identifying service delivery models that meet consumer needs and expectations (Sanders et al., 2011).

Third, once the list of constructs was identified we conducted thorough literature reviews and selected published measures that were: a) brief; b) psychometrically sound; c) validated across cultures and also; d) which had good face validity. For variables that related to parental preferences or where no existing validated measures could be found purpose specific questions were developed, pilot tested with parents and refined as needed. Finally, each member of the panel reviewed the final proposed survey to check for readability to ensure the measure can be used with parents from various socio-economic backgrounds and for potential cultural issues to ensure high face validity across countries.

Description of measures and key psychometrics

The IPS consists of a number of validated measures, which are described below. The reported psychometric properties are based on the current available sample of 9493 parents. For each country a translation/back translation process of relevant measures is conduced as needed (some measures were already available in some languages). Any queries that arise around translation and meanings are discussed by the project team to ensure consistency across the survey. The survey takes approximately 20-25 minutes for parents to complete.

Demographics: The *Family Background Questionnaire* (Sanders & Morawska, 2010a) was used to assess family demographic characteristics, including child and parent age and gender,

family composition, parent marital status, ethnicity and education and financial stress. Parents also indicate whether their child has a chronic illness or a physical or developmental disability.

Child and family functioning: The *Child Adjustment and Parent Efficacy Scale* (CAPES; Morawska & Sanders, 2010) is a measure of child behavioural and emotional adjustment and parental self-efficacy. It consists of 27 items rated on a 4-point scale, ranging from *not true of my child at all* (0) to *true of my child very much*, or *most of the time* (3), where 19 items are two part questions that assess both child behaviour and parent self-efficacy. Twenty-four items assess behaviour concerns (e.g., My child rudely answers back to me) and behavioural competencies (*Behaviour Scale;* e.g., My child follows rules and limits), and three items assess emotional adjustment (*Emotional Maladjustment Scale*; e.g., My child worries). Some items are reverse scored. Items are summed to yield a total intensity score (*CAPES Intensity Scale:* range of 0-81), which is made up of a behaviour score (range of 0-72) and an emotional maladjustment score (0-9) where high scores indicate higher levels of problems. The *Self-efficacy Scale* consists of 19 items and measures parents' level of self-efficacy in managing child emotional and behavioural problems. Items are rated on a 10-point scale, ranging from *certain I can't do it* (1) to *certain I can do it* (10). A total efficacy score with a possible range of 19-190 is calculated by summing all efficacy items, where higher scores indicate a greater level of self-efficacy. The measure has previously shown good internal consistency, a consistent factor structure and evidence of convergent validity (Morawska, Sanders, Haslam, Filus, & Fletcher, 2014) and has shown sensitivity to change (e.g., Morawska, Tometzki, & Sanders, 2013; Sumargi, Sofronoff, & Morawska, 2014). In addition, it has been validated across a number of cultural contexts (e.g., Guo, Morawska, & Filus, 2015a; Mejia, Filus, Calam, Morawska, & Sanders, 2015b). For the current IPS sample the internal reliabilities for Emotional maladjustment, Behaviour, Total Intensity and Self-efficacy scales were .88, .92, 91 and .97 respectively.

The Parent and Family Adjustment Scales (PAFAS; Sanders & Morawska, 2010b) is a measure of parenting practices and parent and family adjustment. It consists of an 18-item Parenting Scale encompassing four domains including parental consistency, coercive parenting, positive encouragement, parent-child relationship and a 12-item Family Adjustment scale encompassing three domains including parental adjustment (5 items), family relationships (4 items) and parental teamwork (3 items). Each item is rated on a 4-point scale from *not true of me at all* (0) *to true of me very much* (3). Some items are reverse scored. For each subscale of the PAFAS Parenting and PAFAS Family Adjustment the items are summed to provide scores, with higher scores indicating higher levels of dysfunction. The measure has previously shown good levels of internal consistency, a consistent factor structure and evidence of convergent validity (Sanders, Morawska, Haslam, Filus, & Fletcher, 2014) and has shown sensitivity to change (e.g., Sumargi, Sofronoff, & Morawska, 2015). Additionally, it has been validated across a number of cultural contexts (e.g., Guo, Morawska, & Filus, 2015b; Mejia, Filus, Calam, Morawska, & Sanders, 2015a). In the current sample low to moderate internal consistency was observed for Consistency, Coercive parenting, Positive encouragement and Parent-child relationship subscales (α = .52, .60, .60, .79 respectively). Better internal consistency was found for the Parental Adjustment, Family relationships and Parental teamwork subscales (α = .80, .74 and .73 respectively).

The *Parenting Responsibilities Scale* comprises five items which ask parents to indicate to what extent they are responsible for the day-to-day tasks of caring for children, such as preparing breakfast or putting the child to bed. Items are scored on a 5-point Likert scale ranging from 1 (*never*) to 5 (*all of the time*). In the current IPS sample the internal consistency was moderate, α = .73. In addition, parents note how many times per week they eat dinner with their child (range 0-7). Finally, one item asks parents to rate their relationship with their child

(*In an overall sense, how happy do you consider your relationship with your child?*), on an 8-point Likert rating scale ranging from 1 (*extremely unhappy*) to 8 (*perfectly happy*).

The *Parenting Belief Scale* (Faruggia, 2009) comprises two subscales assessing general parenting beliefs and acceptability of physical punishment, each consisting of four items. Parents rate their agreement with statements representing the extent to which parents believe that raising children is a private matter and their attitudes towards physical punishment on a five-point Likert scale. Scores on each set of four items are summed. The internal reliabilities in the current sample were moderate for general parenting beliefs and acceptability of physical punishment (α = .83 and .78 respectively).

Finally parents complete the *Kessler-10* (K-10; Kessler et al., 2002) which measures participants' level of psychological distress within the past 30 days. This scale focuses primarily on distress associated with depression and anxiety. The K-10 scale has been used extensively in research and has been documented as having strong psychometric qualities. In the current sample the internal reliability of the scale was high (α = .91).

Current support: A series of questions asks parents about the services they have accessed. Parents are asked (*yes/no*) whether they have talked to a professional about their child's behaviour in the previous 12 months, and if they have they are asked to indicate who they have discussed their child's behaviour with (e.g., family doctor, teacher). Parenting program recognition is assessed by asking parents if they have heard of either of two well-known programs (Triple P – Positive Parenting Program (Sanders, 2012); Incredible Years Program (Webster-Stratton & Reid, 2010)) and one non-existent program (Bricks & Mortar Parenting Program). The inclusion of the non-existent program acts as a measure of response bias. In addition, for each country up to three additional commonly available programs can be added to the list. Similarly, parents indicate whether they have participated in any of the programs in the past 12 months. When parents indicate that they have not participated in any parenting

program, they are asked to nominate reasons for non-attendance from a list of 14 options. These include practical barriers associated with daily living (e.g., lack of child care, no time to attend, inconvenient location), perceived need barriers (e.g., no need to attend or programs not relevant to parents), stigma (e.g., discomfort with attendance, lack of family support) and questions related to cultural acceptability and language. Parents can select multiple reasons for non-attendance and are also given the option of nominating additional reasons. Finally parents indicate their satisfaction with currently available information and support in relation to parenting; both rated on a 5-point Likert scale ranging from 1 (*not at all satisfied*) to 5 (*extremely satisfied*).

Preferences for parenting support: Parents indicate on a 5-point Likert scale ranging from 1 (*not at all likely*) to 5 (*extremely likely*), the likelihood of future participation in a parenting program. Parents then rate the perceived usefulness of accessing services via a number of delivery formats on a 10-point scale ranging from 1 (*not at all useful*) to 10 (*extremely useful*). Possible delivery formats include traditional options such as group and individual, as well as media-based options such as TV, radio, or online. Parents also rate the influence of various program features such as relevance, cost, language, and demonstrated effectiveness on their decision to participate.

Results

Demographic characteristics of the current sample

Data for the IPS is continuing to be collected on an ongoing basis, and new countries are being added to the list of collaborators (e.g., Poland most recently). Thus, the data below provide a snapshot of the sample at the current moment, but the details will change as the sample size increases and as new countries join the study. The current IPS database contains information on 9493 parents from a range of countries including Australia (n = 839), Canada (English speaking n = 3397 and French speaking n = 641), Germany (n = 2196), Hong Kong (n = 602),

Switzerland (French speaking n = 488 and German speaking n = 28) and UK (n = 1240). For the current sample[1] parents had a mean age of 37.10 (SD = 6.65) and the majority were mothers (n = 7305, 89.9%). Children's ages ranged from 2 to 12 years (M = 5.44, SD = 2.94) and a good gender ratio of target children was obtained with only slightly more boys (n = 4394, 46.3%) than girls (n = 3887, 40.9%). The current sample is skewed towards those with higher levels of education: many parents had a university degree (n = 4118, 43.5%), 1294 completed all or part of high school (13.6%) and only 46 (5%) completed primary school or less. Most parents were married (n = 5962, 62.8%) and employed (n = 3975, 71.1%). In addition, the current sample is skewed toward those with middle and upper levels of socio-economic status. The majority (n = 4532, 47.7%) reported no difficulties meeting essential household expenses, while 980 (10.3%) declared having problems meeting essential expenses over the last 12 months. Furthermore, 2174 (22.90%) parents reported that they earn enough to comfortably purchase most of the things they really want, 2328 parents (24.5%) declared that their earnings allow them to purchase only some things that they want, while 1087 parents (11.5%) reported they don't have enough money to purchase much of anything they really want.

Discussion

Potential uses of the IPS

Service planning: The IPS can be used to assist service providers, policymakers, and funders to map the needs for and current use of parenting programs, the characteristics of parents who require such services, and consumer preferences for how services should be delivered. For example, Lee et al. (2014) using the IPS in Canada with over 2000 parents reported that parents had a diverse range of preferences for service delivery, and noted that parents were most likely to seek assistance for their child's behavioural and emotional adjustment either in a primary care or school context. Parents cited lack of awareness of programs as a barrier to participation

[1] Percentages may not add up due to the missing data on some demographic characteristics

and Lee et al. (2014) emphasised the need for policy makers to consider the location of services and the need to raise the profile of available evidence based parenting interventions. Similarly, Filus and Morawska (2013) examined the predictors of program delivery preferences in a sample of 650 Australian parents, and found that parent's reports of child behaviour problems moderated the type of delivery modalities parents were more likely to favour. Specifically, parents who had reported lower levels of behaviour problems in their children, preferred light touch programs such as online and media based delivery approaches, while those reporting higher levels of child behaviour problems, preferred more intensive programs including individually delivered interventions and home visiting programs. Using consumer data in this way allows services to be delivered contingent to parents' needs and desires and avoids the over-servicing of families with low levels of difficulty leading to greater efficiency and increased cost-effectiveness

Testing theory: The IPS can also be used to address theoretical questions targeting relationships between child and parenting variables. For example, Perron et al. (2014) examined factors associated with parent spanking of children in a Canadian sample, and found that attitudes to spanking were the strongest predictor of spanking. In addition, the authors reported several findings that were inconsistent with earlier research that may reflect changing attitudes and patterns in relation to the use of physical punishment by parents. Similarly, Filus and Morawska (2014) found that attitudes to whether parenting is a private matter and parental attitudes to spanking differ between countries, although both variables affect child maladjustment via parent's use of spanking. These sorts of findings have important implications for the development and targeting of messages and interventions designed to reduce the use of physical punishment.

Tracking populations across time. Another policy relevant use of the IPS survey is its value in program evaluation, specifically the tracking of populations of parents living in defined

geographical catchment areas before and after being exposed to a population level intervention to improve parenting. One of the key issues to consider in implementing the measure at a population approach is to ensure that all parents have the opportunity and resources to complete the survey. To avoid response biases that will make data more difficult to understand, it will be important to provide adequate access to parents, effective explanation of the purpose and use of the data, as well as support to those who may struggle to complete the questionnaire.

Tracking individuals over time. The measure could also be used to track individual parents longitudinally to determine whether change has occurred.

There are numerous other practical and theoretical questions can also be addressed using data from the IPS. For example, some researchers have hypothesised differences in parenting practices between families living in either individualistic and collectivist cultures in which parents are often offered greater levels of extended family support (Georgas, 2001; Huntsinger & Jose, 2009; Kelley & Tseng, 1992; Lin & Fu, 1990). The IPS could be used to determine the nature of these differences and how they affect child development or whether there are differences between countries in parental preferences for receiving parenting support, which would have service delivery implications.

Conclusions

This paper has outlined the rationale for a systematic international survey that can be used to track family functioning, parenting practices, child adjustment and parental preferences for receiving parenting support across time in a range of countries. The International Parenting Survey (IPS) was developed in response to this identified need and compromises a selection of existing measures that have been validated across cultures as well as survey specific questionnaires designed to assess parental preferences for service delivery. The structured nature of the IPS is particularly useful as it allows for both within country comparisons over time (for example after a population based intervention has been implemented) as well as cross-

country comparisons. The cross-country design of the survey has facilitated international research collaborations and allows empirical models to be tested across countries to address interesting theoretical questions.

Given the size and richness of the current IPS database and ongoing efforts by our collaborators, a diverse range of questions may be addressed, with implications for intervention development, service delivery and policy implementation across the world. For the IPS to be used most effectively efforts must be made to ensure a representative sample in each region or jurisdiction. Special efforts should be made to recruit parents of both genders, a range of ethnicities including indigenous people, and parents from all socioeconomic status groups. In addition to ensuring country data is representative this will also enable accurate intra-country comparisons to also be made among different groups. However, further psychometric work is needed to determine the test-retest reliability of the IPS subscales, to broaden the socio-demographic representativeness of the country samples collected to date. Special recruitment efforts and the provision of access to computers, tablets or smart phones will be needed to increase the participation of low income families as poverty is often associated with poorer access to the internet. However, we anticipate international efforts to increase access to the internet for all families will mean web surveys such as the IPS will become even more relevant in the future.

Key Points

What is already known about this topic:

- Positive parenting and parent-child interactions are crucial to child development.
- Parenting interventions, based on behavioural models are effective in preventing and treating child behaviour problems.
- Emphasis is shifting towards population approaches in preventing child behavioural and emotional problems, and providing effective parenting support.

What this topic adds:

- This study provides evidence for a comprehensive assessment tool which can be used at the population level to inform services and policy development.
- The International Parenting Survey enables cross-national comparisons about parenting needs and preferences.
- The International Parenting Survey provides a rich database of information about parents across the world, which can be used to address a variety of theoretical and practical questions.

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