

## Helpgiving styles and parent empowerment in families with a young child with a disability

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*Despite a substantial conceptual literature demonstrating a significant relationship between helpgiving practices and personal control, there are relatively few empirical studies that have examined this relationship beyond a single cultural group, and few studies that have made use of more complex measures of empowerment. This study reports the results of a survey completed by two groups of families with a young child attending early intervention programs in the US and in Australia. Although there were major differences in the personal characteristics of the two groups, and differences in their reported levels of empowerment and helpgiving practices, the relationship between helpgiving practices and empowerment was the same in both groups. In particular, the use of both a “relational” as well as a “participatory” helpgiving style was crucially associated with empowerment in both groups.*

### Introduction

For nearly three decades, both theoretical and empirical evidence has continued to clarify the relationship between the practices used by providers of support and empowerment. Among the earliest writers to discuss this relationship, Solomon (1976) argued that assisting individuals to see themselves as responsible for positive changes in their lives, as well as developing partnerships between themselves and support workers, were essential strategies to enhance empowerment.

In the following decade, Rappaport (1981, 1984) argued that participation by

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help-seekers in decision-making, and an attitude by helpgivers that help-seekers have a wide range of useful competencies that may be harnessed to produce change, were important ingredients for promoting an understanding of the usefulness of the construct of empowerment. More recently, Cunningham, Henggeler, Brondino, and Pickrel (1999), and Dunst, Trivette, and LaPointe (1992) suggested that promoting individuals' sense of control through their ability to use existing strengths is integral to facilitating empowerment. A common thread in almost every analysis of the empowerment construct is the fact that the experiences afforded and encountered by individuals either facilitate or attenuate a sense of control over important life events (Cunningham et al., 1999; Dunst et al., 1992; Parsons, 1991; Rudkin, 2003; Zimmerman, 2000).

For the purposes of this paper, individual empowerment is defined as "... a process by which families access knowledge, skills, and resources that enable them to gain positive control over their own lives as well as improve the quality of their life-styles" (Singh, 1995, p. 13). Despite the use of the term across a wide variety of disciplines, content analyses of definitions of empowerment demonstrate that it comprises the key components of self-efficacy, participation and collaboration, sense of control, meeting personal needs, understanding the environment, access to resources, and personal action (Dempsey & Foreman, 1997; Dunst, Trivette & LaPointe, 1994). The literature has also described empowerment as a multidimensional psychological construct that is capable of change over time (Zimmerman, 2000; Zimmerman, Israel, Schulz & Checkoway, 1992; Zimmerman & Rappaport, 1988).

The importance of empowerment as a focus of investigative inquiry derives from the fact that empowering experiences contribute to enhanced perceived control over life events, which in turn influence different aspects of human behaviour and functioning. Skinner (1995) concluded that "Five decades of research have established [personal control] as a robust predictor of people's behavior, emotion, motivation, performance, and success and failure in many domains of life" (p. 3). Dunst (1999) and Trivette and Dunst (2002) found, for example, that the sense of control parents had over procuring desired supports and resources was positively related to their judgements about their parenting capabilities.

There is also a large literature base on helpgiving practices hypothesised to promote empowerment. In addition to the authors mentioned above, Parsons' (1991) conceptual review concluded with the contention that empowerment is initiated with others through whom support, mutual aid and confirmation for one's perceptions and experiences are received. Integral to this process is support designed to encourage critical reflection by the help-seeker, as well as the development of knowledge and practical skills. Both Whittaker and Garbarino (1983) and Simon (1990) have argued that focusing on the strengths that people already have, and the resources in their environments that may be available to them to deal with personal problems, is crucial to the development of empowerment. Allied to this is the notion that the attribution of responsibility for problems and their solutions, and initiation and maintenance of help-seeking must lie with the help-seeker. Helpgivers can assist this process by providing a supportive relationship or access to resources.

Following an extensive review of the social support and family support literature, Dunst, Trivette, and Deal (1988) concluded that "It may not just be [a matter] of whether needs are met but rather the manner in which mobilization of resources and support occurs that is a major determinant of ... empowering families" (p. 44). Their review led to the identification of specific attitudes, behaviours and practices believed to

be associated with the facilitation of empowerment. These attitudes, behaviours, and practices have been consistently described in family-centred practice in early intervention and in other settings over the past decade (Dunst, 1997). Concomitantly, family-centred practices have been consistently associated with both increased perceptions of self-efficacy (Thompson et al., 1997; Trivette, Dunst & Hamby, 1996b), and increased levels of personal control by parents associated with early intervention programs (Dunst, 1999).

Clarification of the differential effects of the main features of these helpgiving practices has been demonstrated using the Helpgiving Practices Scale (HPS), which is a 25-item self-report instrument designed to be used by parents to reflect on the nature of the support they and their son or daughter receive from early intervention programs (Dunst, Trivette & Hamby, 1996). Psychometric analysis of this scale shows that it reliably measures helpgiving practices, and factor analysis of the HPS yields two clear solutions. The first factor, participatory helpgiving practices, includes action-oriented items that indicate that the help-receiver is involved in activities that develop their existing competencies, as well as providing opportunities for joint decision-making between themselves and helpgivers. The second factor, relational helpgiving practices, includes items associated with the nature of the relationship between the helpgiver and the help-receiver. Specific items from this subscale address such skills as showing empathy and active listening, as well as help-receivers' perceptions about the extent to which they are viewed as competent by helpgivers.

Significant variations have been found in the extent to which participatory and relational practices are utilised in family support programs. Dunst, Johanson, Trivette, and Hamby (1991) developed a framework for differentiating between four types of family-oriented models, each of which is based on different assumptions about family capabilities and the roles that helpgivers and help-receivers play during interventions. At one end of the continuum are professionally-centred models in which professionals are seen as experts and little credence is given to family views and opinions. In family-centred approaches, at the other end of the continuum, professionals see families as being capable of making informed choices and decisions that will lead to improvements in family functioning. Further, the belief is that as families continue to strengthen their existing capabilities and to learn new skills, they will be better able to mobilise appropriate resources and supports for all family members.

Using this framework of family-oriented models, Dunst, Boyd, Trivette, and Hamby (2002) found major differences in the use of participatory and relational practices by practitioners adopting different intervention models in two separate groups of parents. In family-centred programs alone, but not other program types, both participatory and relational practices were rated at high levels by parents. In addition, the orientation of the program was strongly associated with variations in participatory practices, and to a lesser extent, relational practices.

A number of studies have employed the HPS to examine the nature of the relationship between helpgiving practices and empowerment (e.g., Judge, 1997; Trivette, Dunst & Hamby, 1996a,b). Variations in parents' assessments of helpgiving practices, and personal control appraisals, were reported by Trivette, Dunst, Boyd, and Hamby (1996). The dependent measure for both groups was a single-item personal control appraisal scale that determines the extent to which respondents perceive they have control in accessing resources, supports and services from a designated helpgiver. In this study, families received early intervention or family support from programs that differed along a continuum from professionally-centred to family-focused. Whereas demographic



characteristics were not related to either helpgiving practices or to personal control, there was a strong relationship between both program characteristics and helpgiving practices, and personal control.

Trivette et al. (1996b) surveyed two groups of parents involved in family-centred early intervention and family support programs. For both groups of parents, the only significant predictor of perceived control was neither parents' or children's personal characteristics, but staff disciplines and helpgiving styles. Parents working mainly with social workers, and to a lesser extent, nurses, compared to staff from other disciplines, reported greater levels of perceived control. In addition, parents who experienced more participatory helpgiving practices reported higher levels of perceived control compared to other parents. The results suggested that, while building a good relationship with help-seekers is an important prerequisite for developing a sense of control, it may not be enough on its own to facilitate empowerment. That is, providing opportunities for the active involvement of individuals in using personal resources is an important contributor to perceived control.

While these studies have utilised a single dimension measure of empowerment, other research has examined the relationship between helpgiving practices and multidimensional measures of the construct. Parents with a child with a disability who received specialist school services in Australia and India were surveyed by Dempsey, Foreman, Sharma, Khanna, and Arora (2001). In this study, helpgiving practices were measured using the Enabling Practices Scale (Dempsey, 1995), a 24-item instrument that asks parents to rate the extent to which support staff follow the principles identified by Dunst et al. (1988). The Family Empowerment Scale (Koren, DeChillo & Friesen, 1992), which measures empowerment across two dimensions (level and expression), was used as the dependent variable in multiple regression analyses.

Despite major differences across the two countries in the personal and economic characteristics of the participants, and the nature of the contact they had with their schools, in both the Australian and the Indian group, helpgiving practices were a significant predictor of parent empowerment. Helpgiving practices were also significantly related to parents' satisfaction with the contact they had with their schools.

The importance of investigating helpgiving practices as a factor influencing empowerment of parents of children with disabilities or developmental delays derives from the fact that the birth and rearing of children with development-impeding conditions brings the children and their parents in frequent and often life-long contact with professionals (Berry & Hardman, 1998; Krauss, 1986; Marshak, Seligman & Prezant, 1999; Slater, Martinez & Habersang, 1989). A more complete understanding of how interactions and transactions between professionals and parents as manifested in differences in professional helpgiving styles would therefore directly inform which kinds of helpgiving practices optimally contribute to empowerment consequences. To this end, we employed a multidimensional measure of helpgiving practices and a more complex measure of empowerment, and conducted analyses to discern which dimensions of helpgiving were related to differences in parents' empowerment judgements. Whereas we expected helpgiving practices to be a more powerful predictor of family empowerment compared to family demographic variables (Hypothesis 1) and that the relationships between helpgiving styles and empowerment would be similar among different samples of parents of children with disabilities (Hypothesis 2), we expected to find differences in the particular aspects of helpgiving practices associated with family empowerment (Hypothesis 3). Disentangling the relationships between different aspects of helpgiving

and empowerment was considered the next logical step in separate but complementary lines of research (e.g., Dempsey et al., 2001; Dunst, 1997) focused on a more complete understanding of how helping practices operate to produce variations in family empowerment.

## **Method**

### *Sample*

Two groups of families participated in this study. First, a group of parents with a preschool child with a disability participating in the Family, Infant and Preschool Program (FIPP) based at Morganton, North Carolina, USA. These children received support from FIPP by either attending community-based family resource programs, receiving home-based early intervention, or by receiving support from a combination of these programs. Nearly 300 families with a young child with a disability were sent a survey inviting them to participate in the study.

The second group comprised parents with a preschool child with a disability attending the early intervention program at the Special Education Centre, University of Newcastle, Australia. All the children had a recognised developmental delay, and attended the Centre for 2 half days each week. A total of 117 invitations were distributed to all the families who received centre-based support from this program.

The samples were selected because both the US and the Australian programs were known to follow a family-centred philosophy in the provision of their support. This selection process enhanced the possibility that both relational and participatory helping practices were used by staff in both these programs. Overall, 141 parents participated in the study; 67 from the US group (30% response rate), and 55 from the Australian group (47% response rate).

### *Procedure*

For both the US and the Australian groups, parents were forwarded an information package about the study by the early intervention program staff. This package included an information letter, a questionnaire, and a reply-paid envelope for return of the questionnaire to the researchers.

### *Instruments*

There were three common sections to the questionnaire for each group. The first section contained the Enabling Practices Scale (EPS) (Dempsey, 1995). The EPS is a 24-item instrument that assesses parents' perceptions of the nature of the support provided to them and their child with a disability by service providers. Parents were asked to complete the EPS in relation to the early intervention organisation that supported them and their child.

The EPS items were designed to address the 12 enabling practices identified by Dunst and his colleagues (Dunst et al., 1988). Previous analyses indicated that the scale has three factors:

1. Items that are associated with how comfortable parents are with their relationship with service staff (e.g., "The staff accept our family's values and beliefs").

2. Items measuring the extent of collaboration that exists in the relationship between parents and staff, and parents and their informal support networks (e.g., “The staff offer help in response to our family’s needs”).
3. Items indexing the degree of autonomy parents perceive they have in their relationship with staff (e.g., “I am the person who makes the most important decisions about my son’s/daughter’s program”).

Dempsey (1995) reported reliability coefficients for these factors ranging from 0.70 to 0.93. Calculation of the reliability coefficients for the same three factors for the samples in this study produced internal consistency coefficients ranging from 0.60 to 0.94. Item analysis indicated the median square multiple correlation of each variable with all other variables was 0.51. Cronbach’s alpha was unaffected when any one variable was removed from the internal consistency analyses.

The second section contained the Family Empowerment Scale (FES) (Koren et al., 1992). The FES is a 34-item rating scale that assesses a family’s perception of their empowerment across two dimensions: level of empowerment (individual, service and community), and expression of empowerment (attitude, knowledge and behaviour). Although initially designed for use with parents of children with behaviour problems and emotional disturbance, some minor wording changes were made to the items (with the authors’ permission) to make the items more generic and relevant to families with a young child with a disability. Koren and his colleagues reported internal reliability coefficients of 0.87 and 0.88 for the three subscales measuring level components of the FES.

Although the FES measures components of empowerment that are conceptually consistent with most models of the construct (see Zimmerman, 2000), factor analysis of the FES in this study did not produce a factor structure that was consistent with that reported by Koren. Consequently, total FES scores were used for analyses in this study. The reliability coefficient for the total scale score was 0.93. Cronbach’s alpha was unaffected by the removal of any one item from the internal consistency analysis. The median multiple correlation of each variable with all other variables was 0.53. A second-order factor analysis produced a single factor solution justifying the summated score. Factor loadings ranged from 0.50 to 0.66.

The third section of the questionnaire included demographic questions (i.e., who completed the survey, the educational qualifications and employment status of the respondent and their spouse/partner, frequency of contact with the school, level of satisfaction with this contact, age of child, nature of child’s needs). A 6-item locus of control scale (Lumpkin, 1985) was also included in the questionnaire to clarify the relationship between locus of control and empowerment.

### *Data analysis*

The principal analysis used in this study was stepwise multiple regression by sets (Cohen & Cohen, 1983). This was used to determine the extent of the relationship between empowerment (dependent variable) and helpgiving practices, respondent demographics, locus of control, and extent of contact with the target program (independent variables). Independent variables were entered into the analysis in a consistent sequence for both samples to account for any variance in empowerment before the introduction of helpgiving practices. Specifically, the order of entry into the regression equation was respondent’s characteristics (age, employment and educational status), child’s age,

frequency of staff contact with the program, locus of control, and finally enabling practices.

## Results

Table 1 summarises the demographic characteristics of participants and their children, as well as the frequency of contact between participants and the program, and participants' level of satisfaction with this contact. Most respondents were mothers in both the US

**Table 1**

*Selected background characteristics of the US and Australian samples*

	US		Australian		<i>p</i>
	<i>N</i>	%	<i>N</i>	%	
Respondent					
Mother	53	80.3	45	83.3	
Father	5	7.6	1	1.9	
Both	5	7.6	5	9.3	0.500
Guardian	2	3.0	3	5.6	
Other	1	1.5	0	0	
Age of respondent					
19 years or less	2	3.0	0	0	
20–29 years	32	47.8	8	14.8	
30–39 years	25	37.3	38	70.4	0.001
40–49 years	7	10.4	6	11.1	
Over 49 years	1	1.5	2	3.7	
Respondents' employment status					
Not presently employed	34	50.7	31	58.5	
Retired	0	0	0	0	<0.001
Part-time work	7	10.4	19	35.8	
Full-time work	26	38.8	3	5.7	
Respondents' educational status					
Some school education	32	47.8	17	31.5	
Trade/diploma qualification	16	23.9	29	53.7	0.003
Degree	19	28.4	8	14.8	
Age of child					
3 years or less	46	68.7	14	25.9	<0.001
Over 3 years	21	31.3	40	74.1	
Frequency of contact					
<Once a month	4	6.0	2	3.7	
Once a month	16	23.9	1	1.9	
Every 2 weeks	21	31.3	1	1.9	<0.001
Once a week	22	32.8	25	46.3	
>Once a week	4	6.0	25	46.3	
Satisfaction with contact					
Very unsatisfied	5	7.8	2	3.8	
Unsatisfied	1	1.6	0	0	0.404
Satisfied	12	18.8	20	37.7	
Very satisfied	46	71.9	31	58.5	

(80.3%) and the Australian groups (83.3%). There were significant differences across groups on several variables. The Australian sample was older than the US group,  $\chi^2(2, N=121)=18.31, p=0.001$ , had more respondents who were employed part-time,  $\chi^2(2, N=120)=22.59, p<0.001$ , and had a higher proportion of respondents with trade and diploma qualifications,  $\chi^2(2, N=121)=11.57, p=0.003$ . Children of Australian respondents were more likely to be over 3 years of age,  $\chi^2(2, N=121)=21.84, p<0.001$ , and the Australian families had more frequent contact with the program than the US group,  $t(1, 119)=6.78, p<0.001$ . There was no significant difference in the mean satisfaction with contact rating between the two samples. The vast majority of both the US and Australian groups were either satisfied or very satisfied with the contact they had with support staff.

There were also significant differences between the US and Australian groups for the measures of enabling practices and empowerment. Mean EPS score for the US group ( $M=107.79, SD=12.53$ ) was significantly higher than that of the Australian group ( $M=100.52, SD=11.96$ ),  $t(1, 119)=3.24, p=0.001$ . In addition, mean FES score for the US group ( $M=119.43, SD=14.49$ ) was significantly higher than the Australian group ( $M=108.45, SD=14.44$ ),  $t(1, 118)=4.13, p<0.001$ .

The multiple correlations, squared multiple correlations, change in multiple correlations, and significance levels between respondents' characteristics, age of child, frequency of contact by parents with the program, locus of control, enabling practices, and empowerment for the US and Australian samples appear in Table 2. Across the two groups, the independent variables accounted for between 39.3% and 36.4% of the variance in empowerment. There was a significant overall relationship between the dependent and the independent variables in both the US,  $F(9, 57)=8.41, p<0.001$ , and the Australian samples,  $F(9, 42)=5.10, p=0.004$ .

In both samples, enabling practices accounted for the largest percentage of variance in empowerment, even after demographic variables, contact and locus of control had been accounted for. No other variable, apart from enabling practices, was significantly associated with empowerment.

**Table 2**

*Results of multiple regression analyses, with empowerment as the dependent variable, for the US (N=67) and Australian (N=52) samples*

	<i>R</i>	<i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> change	<i>p</i>
<i>US sample</i>				
Parental age, employment/education status	0.234	0.055	0.055	0.31
Child's age	0.239	0.057	0.001	0.73
Frequency of contact	0.263	0.069	0.012	0.38
Locus of control	0.288	0.083	0.014	0.35
Enabling practices	0.604	0.364	0.281	0.00
<i>Australian sample</i>				
Parental age, employment/education status	0.212	0.045	0.047	0.53
Child's age	0.275	0.075	0.031	0.22
Frequency of contact	0.378	0.143	0.067	0.06
Locus of control	0.414	0.172	0.029	0.22
Enabling practices	0.628	0.393	0.221	0.00

**Table 3**

*Standardised regression coefficients between the components of enabling practices and empowerment*

	US sample	Australian sample
Comfort	0.347	0.428
Collaboration	0.025	0.018
Autonomy	0.335	0.283

The standardised regression coefficients for the components of enabling practices are shown in Table 3. There was a consistent pattern across both groups with increases in both the “comfort” and “autonomy” components making a larger contribution to increases in empowerment than the “collaboration” component of enabling practices.

### **Discussion**

Despite significant differences in the characteristics of the participants across the two groups, as well as significant differences in the nature and the operation of the early intervention programs experienced by these groups, the results of this study for each group are remarkably similar. In each group the only significant predictor of empowerment was helpgiving practices, even after background variables had already entered the statistical analysis. The moderate response rate in this study should be considered when interpreting the results. Nevertheless, in both groups, the helpgiving practices accounted for one-fourth of the variance, on average, in empowerment.

Proponents of family-centred care and family-centred helpgiving often claim that relational helpgiving practices are of paramount importance in differentiating between effective and ineffective helpgivers (see Dunst, Trivette & Snyder, 2000; Roberts, Rule & Innocenti, 1998, for descriptions of these claims). The findings from this study clearly qualify such a contention. A combination of different helpgiving practices, and not just relational practices, was found to contribute to variations in parent empowerment. Herein lies the importance of the kind of study reported in this paper. The findings contribute to a fuller and more complete understanding of what aspects of helpgiving influence parents’ sense of control. For discussions of helpgiving practices that practitioners can use to facilitate empowerment, see Dunst et al. (2000), Roberts et al. (1998), and Trivette et al. (1996a).

Content analysis of the items from the EPS and the HPS suggests that there is a substantial overlap between the “comfort” component from the EPS and the “relational” component from the HPS. Also, it is likely that the “collaboration” and the “autonomy” components of the EPS are closely associated with the “participatory” component of the HPS. With this in mind, the differential association between the components of the EPS and empowerment is consistent with previous research that has utilised the HPS (Dunst et al., 2002). This association shows that both “relational” and “participatory” aspects of helpgiving practices are associated with higher levels of parent empowerment, which lends weight to the contention that the use of “relational” helpgiving practices, on their

own, is unlikely to be as effective in the facilitation of empowerment as the use of a more balanced helpgiving style.

Although this study used different dependent and independent measures from those used in research conducted by Dunst and his colleagues, the relationship between enabling practices and empowerment in the current study is identical to the relationship between helpgiving practices and sense of control established in earlier research (Dunst et al., 2002; Trivette et al., 1996a,b). This kind of replication bolsters conclusions about the important role helpgiving practices play in influencing control appraisals (Skinner, 1995; Zimmerman, 2000). The moderate but non-significant correlation between locus of control and empowerment was also consistent across both groups in this study. An implication of this result is that empowerment must be viewed as a complex, multidimensional construct that incorporates much more than components of personal control. Knowledge about resources and alternatives, positive attributions about personal and family circumstances, as well as the demonstration of relevant and appropriate behaviour are crucial features of empowerment.

Taken together, the results of this study add to an extensive and growing body of evidence that demonstrates there is a substantial relationship between helpgiving practices and family empowerment, and that both relational and participatory components of helpgiving are crucial in the facilitation of empowerment. In addition, the results show that this relationship holds true despite cultural and demographic differences across families.

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