Keeping safe

Consulting with parents to promote their involvement in teaching “keeping safe” messages in primary schools in Northern Ireland

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Glossary of general terms

**Code of practice**
Defined by the Education (NI) Order 1996 as referring to the formal process of assessing special educational needs.

**DCSF**
Department for Children, Schools and Families.

**NSPCC**

**Parental involvement in preventative education**
A broad concept that may include a parent: (1) allowing their child to participate in an education programme in the classroom; (2) reinforcing skills taught in school at home; (3) participating in the delivery of class lessons; (4) attending parental awareness and prevention programmes; (5) educating their child themselves regarding the detection and reporting of maltreatment; and (6) taking active steps to reduce risk factors in their child’s life (Finkelhor, 1984; Nye et al, 2006; Reppucci et al, 1994; Tutty, 1997).

**Preventative education**
In this report, this term refers to teaching “keeping safe” messages about bullying, child abuse and domestic abuse to children in primary schools in Northern Ireland.

**SEN**
Special educational needs.

**Statement of SEN**
According to the Education (NI) Order 1996, following formal assessment of special educational needs, the education and library board makes and maintains a formal statement of need and of the provision required to meet those needs.
Glossary of research and statistical terms

Cronbach’s α (alpha)
A measure of psychometric reliability. This index ranges from 0 to 1, with higher values indicating higher levels of reliability. Reliability is conceptualised as high homogeneity.

General attitudes to parental involvement in preventative education
Beliefs about the likely outcomes of being involved in teaching “keeping safe” messages to children and the evaluation of these outcomes (eg is this worthwhile, good, responsible or harmful?) (Ajzen, 2006).

Instrumental case study
The case study in this report comprises a number of primary schools. According to Wellington (2000), instrumental case study designs are useful in providing insight into a particular issue, while Denzin and Lincoln (2000, p437) stated that: “The case is of secondary interest, it plays a supportive role, and it facilitates our understanding of something else. The case still is looked at in depth, its contents scrutinized, its ordinary activities detailed, but all because this helps the researcher to pursue the external interest.”

Intentions towards being involved in preventative education
These are assumed to capture the motivational factors that influence parental involvement; they are indications of how hard parents are willing to try and of how much of an effort they are planning to exert in order to be involved in teaching “keeping safe” messages to their children. “As a general rule, the stronger the intention to engage in behaviour, the more likely should be its performance” (Ajzen, 1991, p181).

Mean
The average.

Modal
The most common occurrence.

Mplus
A statistical software package that allows for complex data models to be fitted and tested.

Parenting sense of competence (PSOC) scale
Incorporates 13 questions measuring three main components: satisfaction, efficacy and interest (Johnston and Mash, 1989).

Path analysis
A multivariate approach to modelling cross-sectional data. It offers more flexibility than multiple regression and also allows tests of model fit.

Self-efficacy and competence
Parents’ perceptions of the ease or difficulty of being involved in teaching “keeping safe” messages to their children – includes parents’ confidence in their ability to be involved, as well as consideration of opportunities and resources (eg time, money, skills and cooperation of others) (Ajzen, 1991).

Specific beliefs about parental involvement in preventative education
Beliefs about the specific likely outcomes of being involved in teaching “keeping safe” messages to children and the evaluation of these outcomes (eg will this cause my child to be more worried and anxious? Will this ruin their innocence? Will this protect them from abuse?) (Ajzen, 2006).

Standard deviation (SD)
A measure of dispersion or variability. If a group of people are very different on a variable then the SD will be high. For example, the SD of ages in one particular school class will be small (as all the children are similar in age) compared with a sample of the general population (where the group of people are different in age).

Subjective/social norms to parental involvement in preventative education
Parents’ beliefs about normative expectations of others (eg family members, peers and their church) and motivation to comply with these expectations.

Theory of planned behaviour
Proposes that human behaviour is shaped by three kinds of considerations: beliefs about the likely outcomes of the behaviour and evaluation of these outcomes (attitudes); beliefs about normative expectations of others and motivation to comply with these expectations (subjective/social norms); and beliefs about the presence of factors that may facilitate or impede performance of the behaviour and the perceived power of these factors (self-efficacy and competence) (Ajzen, 2006).
1 Introduction

The primary aim of this research was to engage parents as key stakeholders in an in-depth exploration of their views and experiences in relation to teaching “keeping safe” messages through preventative education within primary schools in Northern Ireland. A mixed-method approach was employed, involving a questionnaire within phase 1 and a series of focus groups within phase 2. This research also sought to identify the barriers and factors that would promote parental involvement in preventative education.

Key recommendations from the research

- The Department of Education (NI) should embrace the positive views of parents towards preventative education and their willingness to be involved, and should work in association with statutory and voluntary partners to develop effective preventative education within primary schools, within the context of a wider public health approach.
- The Safeguarding Board for Northern Ireland (SBNI) should consider the development and implementation of a public education campaign that promotes the benefits of preventative education. This will promote parental involvement and assist in creating a supportive environment for parents among family members, peers and their church.
- The Department of Education (NI) should work with schools to build on existing work that demonstrates effective ways of engaging parents in preventative education. This should include a best-practice model, resources and a package of training, development and support for school principals and teachers to enable them to promote and maximise parental involvement. The approach should be informed by research and practice evidence, and targeted at those least likely to engage, such as males, younger parents and those in receipt of lower incomes.
- The Department of Education (NI), along with statutory and voluntary partners, should develop a package of training, development and support for schools to implement with parents. This should focus on building parents’ knowledge and skills, in particular in supporting their children with related homework activities.

NSPCC services in Northern Ireland focus on the most acute forms of abuse and the most vulnerable children at highest risk. The services provided include treatment for children who have experienced abuse, as well as support for those who have been exposed to domestic violence. The NSPCC also provides support for looked after children and for young witnesses who have to go through the trauma of giving evidence in criminal trials. The new ChildLine Schools Service provides information to children in primary schools about how to protect themselves from bullying and child abuse.

The NSPCC Strategy 2009–2016 focuses on the following priorities:

- neglect
- physical abuse in high-risk families (violent adults, alcohol and drug abuse, and mental health issues)
- sexual abuse
- children under one
- children with disabilities
- children from certain black and minority ethnic (BME) communities
- looked after children.
Background

International incidence and prevalence data indicates that many children continue to experience maltreatment, including bullying (and cyberbullying) and domestic abuse, as well as physical, sexual and emotional abuse and neglect (Asmussen, 2010; Cawson, 2002; James, 2010; Pereda et al, 2009; Scott, 2008; UNICEF, 2005). These experiences are associated with negative health, development and wellbeing outcomes, both in the shorter and longer term (Finkelhor, 2008; Goddard and Bedi, 2010; Hawker and Boulton, 2000; Shevlin et al, 2007).

A growing body of evidence suggests that preventative education is both cost-efficient (Watters et al, 2007) and effective in improving children’s knowledge, awareness and skills: children who receive this education are better placed to recognise maltreatment experiences as inappropriate and abusive, to use self-protection strategies and to report the experience, therefore seeking help and stopping the abuse (Barron and Topping, 2009; Farrington and Ttofi, 2009; Finkelhor, 2007; Foshee et al, 2004; Taylor et al, 2010; Zwi et al, 2007).

Parental involvement in school-based preventative education

Perusal of the international research literature concerned with the teaching of “keeping safe” messages through preventative education in schools suggests that parental involvement is very important (Babatsikos, 2010; Deblinger et al, 2010; Ellis, 2004; Wurtele and Kenny, 2010). Robust reviews, such as that carried out by Farrington and Ttofi (2009) of school-based programmes to reduce bullying and victimisation, documented that involving parents through meetings and parent training sessions was significantly associated with programme effectiveness. Mishna et al (2009) reported from a review of interventions to prevent and reduce cyber abuse that one-third of children bullied by email or text messaging would never tell anyone about their experience. They highlighted the importance of involving and educating parents in order to prevent and reduce cyber abuse: “Parents need to become more knowledgeable and adept regarding technology, and require greater understanding about both the opportunities and risks presented by the internet. Parents…also require effective strategies to engage with their children regarding online activity” (p35).

Finkelhor et al (1995) reported from a National Youth Victimization Prevention Study in the US (n=2,000) that children who had received more comprehensive prevention instruction from parents (alongside school-based instruction) “…had substantially higher knowledge scores than other children. They made significantly more use of the preferred self-protection strategies in all victimizations and sexual victimizations specifically. They appeared able to limit attempts and threats from becoming completed assaults in the case of victimizations generally, although not specifically for sexual assaults. Further, they were more likely to disclose victimizations generally and sexual victimizations in particular” (p148). More specifically with regard to school-based programmes to prevent sexual abuse, Wurtele (2009, p10) stated that “ideally, no child-focused programme should be implemented until the home environment has been prepared (ie until the parents have been educated about this topic and are comfortable talking with their children about it).”
Research has shown that children do discuss their experience of school-based education with their parents: MacIntyre and Carr (1999) reported that many of the children who took part in the Stay Safe personal safety programme in the Republic of Ireland had talked to their parents about it, while Finkelhor et al (1995) found that 54 per cent of the children who participated in the National Youth Victimization Prevention Study in the US had done likewise. Moreover, they also reported that children were more likely to evaluate the programme as both interesting and helpful when it had included information for them to take home and when it had prompted a discussion with parents.

Wurtele (2009) considered that parents who were involved in preventative education were better able to capitalise on these spontaneous opportunities, to aid both primary prevention in preventing abuse from occurring in the first place and secondary prevention in stopping abuse that has already begun. Parents can use these “teachable moments” to teach and reinforce “keeping safe” messages with their children, to detect victimisation and also perhaps to identify children who display early signs of sexual interest in other children. These parents are better placed to facilitate discussions about sexuality in general and in doing so reduce the secrecy about sexual abuse (Wurtele et al, 1991). Consequently, children learn that their parents are approachable and are more likely to disclose abuse if victimised.

Jensen et al (2005) reported from qualitative research exploring the perspectives of Norwegian children (n=22) on disclosing sexual abuse that disclosing was a dialogical process where children were more likely to tell if they perceived that there was “an opportunity to talk, and a purpose for speaking, and a connection has been established to what they are talking about. It is difficult for children to initiate a conversation about something secret, confusing and distressful and where there are few conversational routines in a family for talking about such themes” (p1,395).

Parents involved in preventative education were also better prepared to actively listen and respond sensitively to disclosures, which were generally facilitated when “the confidant is psychologically prepared to hear about the children’s experiences, without showing signs of despair, disgust or moral condemnation” (p1,408). Similarly, Staller and Nelson-Gardell (2005) noted from research with pre-adolescent and adolescent female survivors of sexual abuse (n=34) that adults’ responses to partial, accidental or an indirect disclosure were critical to whether a child would tell further and go on to make a full disclosure. Furthermore, parents involved in preventative education were more knowledgeable and more likely to create safer environments for their children, thus reducing offender access by, for example, increasing supervision of their children, changing sleeping arrangements that might be conducive to inappropriate sexual behaviours between family members or establishing safety rules about the use of the internet. These parents were also better placed to detect and stop abuse, thereby ameliorating the long-term impact on children’s health, development and wellbeing (Wurtele and Kenny, 2010).
However, while the literature extols the importance of parental involvement in effective preventative education, a number of robust research reviews in this area (Barron and Topping, 2009; Cornelius and Resseguie, 2007; Davis and Gidycz, 2000; Farrington and Ttofi, 2009; Flynn and Bouchard, 2005; Park-Higgerson et al, 2008; Rispens et al, 1997; Zwi et al, 2007) confirm that parental involvement was not routine practice and, where parental involvement was part of the intervention, the nature and level of this involvement could vary greatly. Examples included providing materials for parents, parent information and training sessions, and seeking parents’ feedback and evaluation in relation to their children’s experience of the intervention (Flynn and Bouchard, 2005; Foshee et al, 1998, 2004; Humphreys et al, 2008; MacIntyre and Carr, 1999). Often, parental involvement was captured under an umbrella descriptor, such as “community activities”, “comprehensive programmes” or “whole-school approaches”. Consequently, evaluation data rarely included specific information to allow investigation of the impact and contribution of parental involvement to intervention effectiveness (Cornelius and Resseguie, 2007; Davis and Gidycz, 2000; Murray and Graybeal, 2007; Nye et al, 2006; Rispens et al, 1997).

**A continuum of parental involvement**

A minority of intervention studies have attended to including and evaluating the contribution of parental involvement in the teaching of “keeping safe” messages through preventative education: in the main, these were concerned with preventing child sexual abuse (Burgess and Wurtele, 1998; Chen and Chen, 2005). Burgess and Wurtele (1998) involved parents (n=45) of pre-school children in Colorado in child sexual abuse parent workshops, premised on an educational video entitled “What do I say now?”. They documented that parents who experienced this intervention, relative to those in the control group, possessed more positive intentions to talk to their children about abuse following the workshops and reported having done so at follow-up after two to eight weeks.

MacIntyre and Carr (1999) involved parents (n=450) in the Stay Safe programme in the Republic of Ireland through a three-hour parent training session and an information handbook for parents. Pre- and post-evaluation of parents’ knowledge and attitudes confirmed improvements in relation to belief in children’s statements, attitudes towards prevention programmes and knowledge about help-seeking.

Figure 1: Continuum of parental involvement in preventative education
In general, this literature and the wider preventative education literature highlights that parental involvement is a very broad concept (Nye et al, 2006) that may involve a parent: (1) allowing their child to participate in an education programme in the classroom; (2) reinforcing skills taught in school at home; (3) participating in the delivery of class lessons; (4) attending parental awareness and prevention programmes; (5) educating their child themselves regarding detecting and reporting maltreatment; and (6) taking active steps to reduce risk factors in their child's life (Finkelhor, 1984, Reppucci et al, 1994; Tutty, 1997).

This may be best summarised and represented along a continuum (see figure 1), which at one end includes: 1) stopping (not providing consent) a child from accessing “keeping safe” messages at home or school, then on to positive involvement through 2) allowing a child to learn “keeping safe” messages at school or to 3) supporting a child’s learning at school by doing related homework activities, and then to the other end of the continuum, in 4) assisting a child’s learning of “keeping safe” messages by helping to deliver lessons in the classroom or teaching them at home using books or DVDs.

**Promoting parental involvement in preventative education**

Promoting positive parental involvement in this area presents a significant challenge (Chen et al, 2007), yet this challenge has been around for some time in terms of promoting the positive involvement of parents in education and service use generally, particularly the most vulnerable parents and families (Ghate and Hazel, 2002; Katz et al, 2007).

However, a number of recent parental opinion surveys highlighted that the majority of parents generally hold positive attitudes towards their children’s education, their involvement as parents and indeed towards their children being taught what are considered by some to be “sensitive” issues. The Department for Children, Schools and Families (DCSF) Parental Opinion Survey 2009 (Peters et al, 2009), carried out in England (n=2,384), documented that 91 per cent of parents reported feeling confident in their ability to support their children’s learning and development. Mothers, resident parents and parents of children with a statement of SEN reported feeling more involved, and many of those who reported being less involved expressed a desire to be more involved in the future.

In Northern Ireland, an omnibus survey reported by the Department of Education and the Northern Ireland Statistics and Research Agency (Department of Education [NI], 2009) documented that 93 per cent of parents (n=285) agreed or strongly agreed that their child’s school was welcoming to parents. Moreover, 41 per cent reported feeling very involved and 44 per cent fairly involved in their child’s school life: this included parent–teacher meetings, the parent–teacher association (PTA) and helping out at school clubs. More than half reported helping children with their homework, either every time or most times. However, 11–13 per cent reported no such involvement.
More specifically in relation to parents’ views on their children being taught “keeping safe” messages, the majority of parents (over 70 per cent) who responded to a public attitudes survey carried out on behalf of the NSPCC and four area child protection committees in Northern Ireland (NSPCC, 2009) expressed very positive attitudes to children being taught simple rules to stay safe from sexual and physical abuse, internet safety and ways to deal with bullying, as well as a willingness to being involved as parents. Eighty-seven per cent expressed a willingness to help with related homework, 86 per cent to be consulted about topics, 84 per cent to read related information, 77 per cent to attend information evening classes and 56 per cent to be involved in teaching topics in the classroom if trained. Similarly, the majority of parents (n=47) who participated in a sex and relationship education customer voice research study carried out on behalf of the DCSF in England (Sherbert Research, 2009) expressed very positive views that children would be taught sex and relationship education, and endorsed the fact that Key Stage 1 children would be taught about interpersonal relationships, safety and how to deal with bullying.

While these attitudes are indicative of a positive climate for promoting parental involvement in the teaching of “keeping safe” messages through preventative education, a number of key themes (eg parental knowledge, parental efficacy, child abuse myths and social discomfort) have been highlighted within the literature to date that may be associated with a lack of parental involvement in this area. For example, Chasan-Taber and Tabachnick (1999) noted from an evaluation (n=200) of an abuse prevention programme in the US that parents’ involvement in abuse prevention education may be inhibited by social discomfort surrounding sexuality and sexual communication, their perceptions of the threat of sexual abuse and their knowledge of abuse; adults who had prior knowledge of sexual abuse (eg experiencing sexual abuse during their own childhood or being acquainted with a survivor) were more inclined to become involved. Parents who participated in DCSF research (Sherbert Research, 2009) in relation to sex and relationship education also highlighted their discomfort with the topic as a key barrier: “Some expressed that they found it a difficult conversation to have and avoided it altogether. This was because they admitted finding their own childhood experiences embarrassing so lacked the language and confidence to share information” (p9). Elrod and Rubin (1993) noted from US research (n=101) that parents who were fatalistic about child sexual abuse being an issue in their lives were generally not interested in being involved.

Similarly, Tang and Yan (2004) reported that worry about perceived risk, perceived prevalence of abuse and rejection of general myths about abuse were associated with Chinese adults’ (n=1,606) positive intentions to participate in child sexual abuse prevention education. McConkey and Smyth (2003) highlighted that knowledge and perceived risk of abuse presented a significant challenge in promoting the positive involvement of parents with children who had severe learning difficulties. Following qualitative interviews with parents (n=38) and their teenage children (n=34), McConkey and Smyth also reported that only a minority of parents appeared willing to let their son or daughter risk learning new tasks and things, and that the vast majority of parents identified sexual assault by a member of the public or another person with a learning disability as a major risk.
Elsewhere, parental knowledge and efficacy have also been identified as potential barriers to positive parental involvement in the teaching of “keeping safe” messages through preventative education. Yarmey and Rosenstein (1988), Collins (1996) and Dehue et al (2008) all documented that parents lack accurate knowledge and awareness of their children’s experiences in relation to keeping safe, including cyberbullying. Moreover, the DCSF Staying Safe Survey 2009 (DCSF, 2009) documented that parents hold inaccurate perceptions that strangers and paedophiles pose the greatest risk or threat to their children’s safety. Consequently, many parents pass on this inaccurate perception and knowledge to their children. Chen and Chen (2005) documented that 98.7 per cent of the Chinese parents (n=652) who participated in their study had talked to their children about “stranger danger”, but less than 64 per cent had spoken to their children about sexual abuse. Deblinger et al (2010) reported similar findings from a survey of New Jersey parents (n=289), noting that parents continued to disproportionately focus on stranger danger and provided limited information about the nature of sexual abuse and the secrecy associated with it.

Parents who had no direct or indirect experience of child sexual abuse were least likely to communicate with their children about the issue in general and, when they did so, they provided less information. Wurtele et al (1998) documented that while many parents were motivated to talk to their children about abuse, many lacked the knowledge and tools to do so. Attendance at a parent training workshop increased their knowledge and efficacy, and in turn their reported communication with their children. Moreover, many parents expressed a willingness to attend further training in this area: 43 per cent of those who took part in the DCSF Staying Safe Survey 2009 (Sherbert Research, 2009) reported that they would like more help and advice about keeping their children safe.

Several general socio-demographic factors have also been highlighted within the literature as having an influence on parents’ decision to be involved in teaching “keeping safe” messages through preventative education. Mothers and female adults generally are more inclined to participate (Babatsikos, 2010; Chen et al, 2007; Elrod and Rubin, 1993; Tang and Yan, 2004).

Parents also reported that time required to travel to and from the education programme, the duration of the programme, and an inability to organise childcare were all significant factors as to whether or not they would become involved in preventative education outside of the home (Elrod and Rubin, 1993). Additional predictors of parental involvement in their child’s education in general may also be transferable to preventative education. Reay (2000) reported, for example, that mothers were less likely to become involved in their child’s education if they had encountered embarrassing or humiliating experiences during their own childhood education, if they were lacking in confidence or if they felt that they had insufficient educational knowledge. Poverty or lower socio-economic status, marital status (eg being a lone parent), and working long hours or shift-work were all reported to be significant factors associated with lack of parental involvement (Dumas et al, 2007; Hill and Taylor, 2004; Russell and Granville, 2005).
Involving parents in Northern Ireland

In 2008, the NSPCC engaged the Department of Education in Northern Ireland in exploring the development of preventative education within primary schools by carrying out in-depth consultation with key stakeholders. This consultation represents a necessary first stage in the development of an evidence-informed programme attuned to the cultural sensitivities and specificity of Northern Ireland. It is imperative that the consultation engaged parents as key stakeholders in exploring and understanding parental involvement and how best to remove barriers and facilitate involvement.

Design

Figure 2: Study design

This research study comprised two sequential phases: phase 1 (Nov 2008–June 2009) employed an instrumental case study involving primary and special schools located within the geographical area of Ballymena District Council within the North Eastern Education and Library Board; phase 2 (Oct 2009–June 2010) extended the research study into the remaining four education and library board areas across Northern Ireland.

This summary report presents data and findings that emerged from engaging parents as a key stakeholder group, using a questionnaire within phase 1 and a series of focus groups within phase 2. This research sought to gain a better understanding of parents’ views in relation to teaching “keeping safe” messages through preventative education. The well-established model of the theory of planned behaviour (Ajzen and Fishbein, 1980) was used to identify the barriers and factors that influence parental involvement. The objectives and methodology adopted for this research are described first, followed by the significant findings.
Objectives

- To identify and describe parents’ beliefs and attitudes in relation to teaching “keeping safe” messages through preventative education within primary schools in Northern Ireland, as well as their views on being involved as parents.
- To describe parents’ reported current involvement, future intentions, perceived self-efficacy and competence in relation to teaching “keeping safe” messages through preventative education within primary schools in Northern Ireland.
- To identify and describe the significant factors (including the barriers and facilitators) that will promote parental involvement in the teaching of “keeping safe” messages through preventative education within primary schools in Northern Ireland.
- To ascertain parents’ views about what should be taught as “keeping safe” messages and how these messages should be taught.
- To identify the resource and support implications that would arise out of promoting parental involvement in the teaching of “keeping safe” messages through preventative education within primary schools in Northern Ireland.

2 Overview of phase 1: parental involvement questionnaire

Methods and questionnaire

The questionnaire was based on the theory of planned behaviour (Ajzen and Fishbein, 1980), a model that is well-established and has been widely used to understand and explain behaviour; in particular, behaviour that is shaped by a range of social and cultural influences (Ajzen, 2006; Conner and Norman, 2005; Li et al, 2010). This model comprises a number of elements that have been shown to influence behaviour, including beliefs, attitudes, norms, self-efficacy and competence, and intentions towards behaviour.

The questionnaire incorporated questions measuring these elements in an attempt to identify those that would be significant in influencing parental involvement, ie the significant barriers and facilitators of parental involvement in teaching “keeping safe” messages through preventative education.
In order to identify parents’ readiness for involvement in preventative education in Northern Ireland, and at what level of involvement (as per the continuum depicted in figure 1), the questionnaire also explored the following three levels of parental involvement:

- allowing your child to access “keeping safe” messages through preventative education in school;
- supporting your child to learn “keeping safe” messages through preventative education in school by helping them do related homework activities; and
- assisting your child to learn “keeping safe” messages through preventative education in school by helping deliver lessons in the classroom or teaching them at home using books or DVDs.

The format and content of the questions followed the best-practice guidelines for using this model (Ajzen, 2006). Some questions measured general attitudes (eg “For me, allowing my child to learn…is irresponsible/responsible”), while others focused on measuring specific beliefs exploring key concerns and issues about preventative education (Chasan-Taber and Tabachnick, 1999; Elrod and Rubin, 1993; Tang and Yan, 2004).

The research and practice literature highlights the following as key issues: parental embarrassment and discomfort; concerns about increasing children’s anxiety and preserving children’s innocence (eg “My allowing my child to learn…will cause them to be more worried and anxious”); and “My supporting my child to learn…will help me feel more confident to respond appropriately and support him/her if they come to me with worries”.

The parenting sense of competence (PSOC) scale (Johnston and Mash, 1989), a standardised measure of parental self-efficacy and competence, was also included in the questionnaire. This self-report scale has been developed and used with other populations of parents in other countries and has been found to be a valid and reliable measure of general parental competence (Gilmore and Cuskelly, 2008; Johnston and Mash, 1989; Jones and Prinz, 2005; Rogers and Matthews, 2004). The scale measured three main components: satisfaction, efficacy and interest. Questions capturing socio-demographic information on the respondents were also included.
**Figure 3:** The theory of planned behaviour used to identify barriers and facilitators of parental involvement in teaching “keeping safe” messages through preventative education

**Data collection and ethics**

Ethical approval for this research was granted by the NSPCC research ethics committee. Parent representatives on the expert advisory group contributed to the format and content of the final questionnaire. All of the primary and special schools participating in the overall research study were approached regarding whether they would facilitate collection of the questionnaire data on behalf of the NSPCC: 16 schools (nine controlled, five maintained, one integrated and one special) agreed to disseminate the questionnaires to parents of all pupils across the Primary 5, Primary 6 and Primary 7 year groups. In May 2009, a total of 179 completed questionnaires were returned. In October 2009, the questionnaire was re-circulated to schools where the response rate achieved in May fell below 15 per cent; a further 69 completed questionnaires were returned, yielding a total sample of 248.

Informed written consent to participate was sought from parents. They were provided with written details of the overall research study and purpose of the parental involvement questionnaire, as well as details on how their anonymity and that of their children would be protected when research data was stored, used and reported in the future. They were also made aware that any questionnaire responses that raised concern about the safety of a child would be followed up by the NSPCC in line with Department of Education (NI) child protection guidance (Department of Education [NI], 1999). Parents were provided with written information on help-seeking, including the NSPCC Helpline number.
Sample and respondents

The majority of parents who completed the questionnaire were female (n=221; 89.5 per cent) and aged 31–40 years (n=76; 43.9 per cent) or 41–50 years (n=79; 45.7 per cent). Almost all of the parents described their ethnic group as “white” (n=168; 98.2 per cent) and most were married (n=174; 70.7 per cent). Only 10 per cent (n=25) of the sample had one child, with more parents having two (n=91; 38.6 per cent) or three (n=75; 30.4 per cent) children.

Approximately 83 per cent (n=204) of parents reported having a particular religion and within this, the majority described themselves as follows: 29.8 per cent (n=74) Presbyterian Church in Ireland, 13.3 per cent (n=33) Roman Catholic and 37.1 per cent (n=92) Church of Ireland. Fifteen per cent (n=37) reported having a child who had a special need in relation to their behaviour or learning. The majority of respondents described themselves either as a professional (n=62; 36.9 per cent), an employer or manager (n=22; 13.1 per cent), or a skilled manual worker (n=22; 13.1 per cent). The modal salary range was £21,000 to £30,000 (n=32; 23.5 per cent).

Analysis and reporting

The analyses were performed in two stages and involved the following:

- descriptive analysis to describe parents’ beliefs, attitudes, norms, perceived self-efficacy and competence, and intentions to teach “keeping safe” messages; and
- path analysis using the Mplus 5.2 software package (Muthén and Muthén, 2007) to identify the significant factors that influence parental involvement. Socio-demographic variables (age, gender, special educational needs, religiosity, number of children and income) were also included in the path analysis to investigate their significance in influencing parental involvement.

Interpreting path analysis

The path analysis model represents relationships between elements of the theory of planned behaviour model, and reports only the significant relationships. The strength of each significant relationship is presented. All estimates are standardised and are therefore comparable.
3 Findings and summary of phase 1: parental involvement questionnaire

Key findings from the parental involvement questionnaire

- The majority of parents reported very positive attitudes to their children being taught “keeping safe” messages through preventative education. They considered that stopping their children from accessing these messages would be foolish, irresponsible and harmful.
- The majority of parents reported positive attitudes to being involved, in particular by allowing their child to access “keeping safe” messages at school or by supporting their child with related homework activities. Parents reported less-positive attitudes and intentions for more intense involvement, e.g., co-delivery in the classroom or teaching their children using books or DVDs at home.
- Most parents described their current involvement in terms of allowing their children to access “keeping safe” messages in school. The majority reported high personal efficacy and competence, and positive intentions in being involved over the coming year in allowing their child to access a school-based programme and in supporting them with directed homework activities. Parents reported that other family members, peers, and their church would not expect them to do so.
- Parental involvement was influenced by a number of factors, including personal, social, and cultural factors. These included:
  - attitudes and beliefs (e.g., “Would this cause my child to be worried/anxious?”; “Will this protect them from abuse?”);
  - parents’ self-efficacy and competence to help their children learn “keeping safe” messages;
  - attitudes of their family members, peers, and church; and
  - age, income, and gender – parents who were older or who earned a higher income or who were female reported more positive intentions to be involved.
- These are potential barriers/facilitators to parental involvement and should be taken into account in efforts and activities to engage parents, and to promote their involvement in preventative education.

What are parents’ beliefs and attitudes to preventative education and what are their views on being involved?

Descriptive analysis of the data highlighted that the vast majority of parents considered preventative education to be important. They held positive general attitudes to their children accessing this education and to being involved as parents in this process (see table 1). Moreover, the vast majority considered that it would be irresponsible, harmful, inappropriate, and foolish for them to stop their child from accessing “keeping safe” messages through preventative education.
It is also interesting to note that parents reported very positive attitudes to being involved across all three levels (allow, support and assist) of parental involvement. However, there is a decline in the positive nature of their attitudes as the level of involvement increases, through supporting children by helping with homework activities to assisting by helping deliver lessons in the classroom or teaching children at home using books or DVDs. Parents’ responses also suggest that being involved in teaching “keeping safe” messages at either of these levels would not necessarily be easy and would present challenges.

The descriptive analysis also indicated that the following specific issues about preventative education (see table 2) are important to the majority of parents:

- Being involved in preventative education will improve parents’ confidence and ability to respond to their children should they disclose concerns.
- Preventative education will help protect their children from abuse.

Significantly, parents reported that protecting their children’s innocence or sparing their own embarrassment was not important for them in relation to preventative education.

### Table 1: Parents’ general attitudes to preventative education

<table>
<thead>
<tr>
<th>General attitudes measured by questionnaire</th>
<th>Strength of attitude/importance to parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Mean score reported with standard deviation [SD]*)</td>
</tr>
<tr>
<td>Allowing my child to learn “keeping safe” messages at school is:</td>
<td>6.45 (SD=1.313) 6.07 (SD=1.771) 6.28 (SD=1.581)</td>
</tr>
<tr>
<td></td>
<td>– positive parental attitudes</td>
</tr>
<tr>
<td></td>
<td>– of high importance to parents</td>
</tr>
<tr>
<td>Supporting my child to learn “keeping safe” messages by helping them do homework activities is:</td>
<td>6.40 (SD=1.195) 5.13 (SD=1.724)</td>
</tr>
<tr>
<td></td>
<td>– positive parental attitudes</td>
</tr>
<tr>
<td></td>
<td>– of high importance to parents, though fewer parents consider this would be easy</td>
</tr>
<tr>
<td>Helping to teach lessons in the classroom or to teach my child at home using books or DVDs to assist them in learning “keeping safe” messages is:</td>
<td>6.30 (SD=1.100) 5.98 (SD=1.587) 5.09 (SD=1.672)</td>
</tr>
<tr>
<td></td>
<td>– positive parental attitudes</td>
</tr>
<tr>
<td></td>
<td>– of high importance to parents</td>
</tr>
</tbody>
</table>

*Note: mean scores representing strength of general attitudes range between 1 (negative attitude, low importance to parents) and 7 (positive attitude, high importance to parents); SD = measure of variability in distribution of scores between 1 and 7.*
Table 2: Parents’ specific beliefs about preventative education

<table>
<thead>
<tr>
<th>Specific beliefs measured by questionnaire</th>
<th>Strength of belief/importance to parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative education in school will spare me embarrassment and discomfort in dealing with this with my child.</td>
<td>13.67 (SD=12.61) – weak belief, of low importance to parents</td>
</tr>
<tr>
<td>Stopping my child from accessing preventative education in school will protect their innocence.</td>
<td>16.74 (SD=14.38) – weak belief, of low importance to parents</td>
</tr>
<tr>
<td>Preventative education in school will cause my child to be more worried and anxious.</td>
<td>31.23 (SD=14.15) – moderate belief, of moderate importance to parents</td>
</tr>
<tr>
<td>Preventative education in school will help protect my child from abuse.</td>
<td>37.53 (SD=12.45) – moderate–strong belief, of moderate–high importance to parents</td>
</tr>
<tr>
<td>Preventative education in school will help me feel more confident to respond appropriately and support my child if they come to me with worries.</td>
<td>42.00 (SD=10.83) – strong belief, of high importance to parents</td>
</tr>
</tbody>
</table>

*Note: ascending mean scores representing strength of beliefs range between 1 (weak belief, low importance to parents) and 49 (strong belief, high importance to parents); SD = measure of variability in distribution of scores between 1 and 49.

The descriptive analysis also highlighted that parents hold positive attitudes to being involved in preventative education, while their family members, church and other parents whose opinion they value do not necessarily hold the same attitudes.

- The majority of parents considered it extremely likely that their church and other parents would expect and/or approve of them stopping their child from accessing preventative education.
- The majority reported that their church or other parents would not expect them to be involved as parents in teaching “keeping safe” messages to their children.
- The majority also reported that their own family members were not involved in teaching “keeping safe” messages to their children.

**How are parents currently involved in teaching “keeping safe” messages through preventative education? What are their future intentions and how competent do they feel in relation to this involvement?**

Further descriptive analysis of the data highlighted that the majority of parents:

- have never stopped their children from accessing preventative education when opportunities arose at school. Beyond allowing their children to access preventative education at school, parents reported being less involved in supporting their children with related homework or in assisting their learning by helping deliver lessons in the classroom or using books or DVDs at home;
- reported very positive intentions to be involved in preventative education over the coming year, particularly in terms of allowing their children to access “keeping safe” messages at school or in supporting them with related homework activities. Parents reported less-positive intentions to being
involved at the level of assisting through helping deliver lessons in the classroom or teaching their children at home using books or DVDs;

- reported that allowing their children to access preventative education through a school-based programme or supporting them with related homework would be possible and within their control. Being involved at these levels was considered more possible than at the level of assisting through helping deliver lessons in the classroom or teaching their children at home using books or DVDs;
- reported a positive sense of competence in their parenting on the standardised general PSOC scale; in particular, on the parental interest (motivation, talent) and efficacy (skills, expectations and abilities) components. Mothers, comprising 89.5 per cent of the total respondents, reported higher general competence than fathers.

**What are the significant factors that influence parental involvement in preventative education?**

Path analysis identified that parental involvement in teaching “keeping safe” messages through preventative education is a complex behaviour, influenced by many social and cultural factors, including parents’ attitudes, self-efficacy, social norms, gender and income. This was evident for all levels of parental involvement, whether allowing children to access “keeping safe” messages in school, supporting their learning by helping with related homework activities or assisting by delivering lessons in the classroom or using books or DVDs at home (see table 3).

The analysis highlighted the following as significant factors (see table 3) that need to be considered in efforts to engage parents and promote their involvement in preventative education:

- parents’ positive intentions to be involved;
- parents’ self-efficacy and competence about teaching “keeping safe” messages;
- parents’ general attitudes and some specific beliefs regarding the benefits of preventative education;
- social norms, including the views of family members, peers and their church; and
- socio-demographic factors; age (being older), income (earning a higher income) and gender (being female).
Table 3: Factors influencing parental involvement in preventative education

<table>
<thead>
<tr>
<th>Different levels of parental involvement</th>
<th>Significant factors (in decreasing order of significance)</th>
<th>Level of significance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowing my child to access “keeping safe” messages in school</td>
<td>Parent’s intentions</td>
<td>0.30</td>
</tr>
<tr>
<td></td>
<td>Parent’s self-efficacy and competence</td>
<td>0.29</td>
</tr>
<tr>
<td></td>
<td>Parent’s general attitudes to preventative education</td>
<td>0.27</td>
</tr>
<tr>
<td></td>
<td>Parent’s specific belief that allowing their child to access “keeping safe” messages in school will cause the child to be more worried and anxious</td>
<td>0.16</td>
</tr>
<tr>
<td>Supporting my child to learn “keeping safe” messages by helping with related homework activities</td>
<td>Parent’s self-efficacy and competence</td>
<td>0.32</td>
</tr>
<tr>
<td></td>
<td>Parent’s general attitudes to preventative education</td>
<td>0.20</td>
</tr>
<tr>
<td></td>
<td>Parent’s specific belief that helping their child with homework activities will help protect them from abuse</td>
<td>0.19</td>
</tr>
<tr>
<td></td>
<td>Social norms: the attitudes of parent’s family, church and peers in relation to preventative education</td>
<td>0.19</td>
</tr>
<tr>
<td></td>
<td>Parent’s intentions</td>
<td>0.18</td>
</tr>
<tr>
<td></td>
<td>Parent’s income</td>
<td>0.15</td>
</tr>
<tr>
<td></td>
<td>Parent’s age</td>
<td>0.10</td>
</tr>
<tr>
<td>Assisting my child to learn “keeping safe” messages by helping deliver lessons in the classroom or using books or DVDs at home</td>
<td>Parent’s sense of competence – efficacy component of PSOC scale</td>
<td>0.52</td>
</tr>
<tr>
<td></td>
<td>Parent’s intentions</td>
<td>0.42</td>
</tr>
<tr>
<td></td>
<td>Parent’s general attitudes to preventative education</td>
<td>0.42</td>
</tr>
<tr>
<td></td>
<td>Social norms: the attitudes of parent’s family, church and peers in relation to preventative education</td>
<td>0.26</td>
</tr>
<tr>
<td></td>
<td>Parent’s specific belief that assisting to deliver lessons in the classroom or using books/DVDs at home would require skills and time they do not have</td>
<td>0.16</td>
</tr>
<tr>
<td></td>
<td>Parent’s income</td>
<td>0.12</td>
</tr>
<tr>
<td></td>
<td>Parent’s gender (males)</td>
<td>0.10</td>
</tr>
</tbody>
</table>

*Note: range = 0–1.0; numbers closer to 1.0 denote greater significance.

Summary of parental involvement questionnaire

In summary, this questionnaire has identified and described parents’ beliefs and attitudes in relation to their involvement in teaching “keeping safe” messages through preventative education within primary schools in Northern Ireland. Moreover, in employing Ajzen and Fishbein’s (1980) robust theoretical framework, this questionnaire has provided detailed insight into the factors that are significant in influencing parental involvement in this area. This is valuable evidence with which to shape the development and delivery of cost-effective and efficacious support measures to promote parental involvement.
The sequential, mixed-method approach used in this element of the research study with parents also involved a series of focus groups. These aimed to verify and validate if the questionnaire results from the case study area were a reflection of the views of parents in other areas of Northern Ireland. Furthermore, the focus groups aimed to explore parents’ need for training, development and support in relation to being positively involved in teaching “keeping safe” messages through preventative education within primary schools. The methods, analysis and significant findings are presented in sections 4 and 5 of this report.

4 Overview of phase 2: focus groups with parents

Methods

Focus groups were conducted with parents from the five education and library board areas of Northern Ireland. The use of focus groups as a method of data collection in social sciences has expanded considerably and has been used to explore a wide range of issues, including sensitive topics (Jordan et al, 2007, Kitzinger, 2000, Wilkinson, 2004). The focus group is an in-depth, open-ended discussion exploring a particular issue, which makes explicit use of the interaction between group members as data (Kitzinger, 1994, 1995, 2000).

In describing the purpose of focus groups, Patton (2002, p386) stated: “The object is to get high-quality data in a social context where people can consider their own views in the context of the views of others.” Focus group research offers flexibility to the researcher and can be used as “a stand alone qualitative method or combined with quantitative techniques as part of a multi-method project” (Wilkinson, 2008, p187, cited in Smith et al, 2008). In this study, the focus group was used to validate the parent questionnaire data from phase 1, and to explore the facilitative factors and barriers to parental involvement and support for the teaching of preventative education in primary schools in Northern Ireland.

Sample and participants

In total, 33 parents participated in the focus groups held in the Western Education and Library Board area (n=6), the Southern Education and Library Board area (n=7), the South Eastern Education and Library Board area (n=8), the North Eastern Education and Library Board area (n=7) and the Belfast Education and Library Board area (n=5). A purposive sampling strategy was used to recruit parents of Primary Year 5 children to participate in a focus group in their education and library board area. Parents were initially recruited through a letter to all primary school principals. Following that, a telephone call to school principals was used to recruit participants until sufficient numbers of parents had agreed to attend each focus group. Due to difficulty in recruiting participants in the Belfast Education and Library Board area, a convenience sampling strategy was adopted and a focus group was conducted with a previously formed group who had representatives from a Catholic maintained primary school and a controlled primary school.
Overall, 32 participants defined themselves as mothers aged between 26 and 47 years, with between 1 and 4 children. Almost 50 per cent were professionals, while the other participants were employers, skilled manual workers or housewives. A number of participants also indicated their religious persuasion: Church of Ireland (nine), Roman Catholic (eight), Presbyterian (six), and other (three). One male participated and two participants indicated that they were the parent of a child with a special educational need.

Data collection and ethics
Five focus groups were held between January and April 2010, following ethical approval being granted by the NSPCC research ethics committee. Prior to attending a focus group, participants received a letter providing details of the study, the purpose of the focus group and the intended use for any findings from the group. Following that, and prior to the start of the group, informed written consent to participate was sought from parents, including consent for the focus group to be audio recorded. Each participant completed a questionnaire, which gathered information about a number of socio-demographic variables (eg age, gender, number of children, children with special educational needs, religiosity and income).

The focus group facilitator outlined rules and boundaries for the group, which also covered issues of confidentiality and disclosure. Participants were provided with the telephone numbers of ChildLine and the NSPCC Helpline as potential sources of support should the discussion cause them to be concerned or raise concerns in relation to the welfare of a child. The facilitator was a qualified social worker with considerable experience of child protection, working with parents and exploring sensitive issues. Because of this experience, participants were told that time would be provided in private at the end of the discussion if they had any immediate concerns arising from the group. The facilitator took into account the need to create a non-threatening environment (Krueger, 1994), so a neutral venue was chosen and refreshments were provided.

These groups aimed to foster open discussion among this key stakeholder group. A slide presentation, summarising the results of the questionnaire data gathered during phase 1 of the study, was used to promote discussion and provide a platform from which to explore participants’ experiences, views and attitudes to this relatively sensitive topic. Parental involvement was explored through the concepts of allowing, supporting and assisting their child to learn “keeping safe” messages through school-based preventative education and perceived training, development and support needs.

Analysis and reporting
Content or thematic analysis of the transcribed interviews was used to analyse the data using the NVivo qualitative data analysis software package. Ritchie and Spencer’s (1994) framework for analysing data in applied policy research was an appropriate method to draw on in this study. The framework approach has its roots in social and public policy research, and has been applied to in-depth and group interviewing, longitudinal studies, case studies, and projects involving different groups or sub-populations of participants.
The framework is defined as an analytical process that involves a number of distinct, though highly interconnected, stages. The initial stages of the data analysis (reading/re-reading and generating initial codes) (Braun and Clarke, 2006) revealed that views and opinions about each issue were extensive. Dissecting the data was a crucial first step to ensure that potential themes were identified and that each theme could be debated in accordance with the views of the participants. The subsequent three stages of the analysis involved collating and refining themes to help generate a thematic map that represented the “story” of the data (Braun and Clarke, 2006).

5 Findings and summary of phase 2: focus groups with parents

All parents who participated in the focus groups felt that it was important for children to learn how to keep safe. The prevailing view was:

“Who wouldn’t want their child to learn about keeping safe from abuse?”
(mother, aged 42, professional, two children)

<table>
<thead>
<tr>
<th>Key findings from the parental focus groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All parents who participated in the focus groups were supportive of their children receiving preventative education that was age and developmentally appropriate. Parents were supportive of preventative education that was fully integrated into the curriculum and that involved age and developmentally appropriate messages being built on as the child progressed through primary school.</td>
</tr>
<tr>
<td>• Some parents were already involved in teaching their children preventative messages. These tended to focus on the risks presented by strangers, particularly about abduction, or were too general to help children take appropriate protective action.</td>
</tr>
<tr>
<td>• Parents saw real advantages to children being taught about keeping safe in the school setting. Accurate messages could be delivered to all children in a consistent way and discussions could be generated in the context of the group situation, enhancing children’s knowledge and their ability to protect themselves.</td>
</tr>
<tr>
<td>• Parents reported that schools could maximise their commitment to and support for preventative education by keeping them informed about the content and timing of any taught programme.</td>
</tr>
<tr>
<td>• Parents felt that preventative education delivered by teachers should be reinforced by parents. Parents reported that the provision of training and resource materials in a variety of formats would promote their effective involvement in preventative education by enhancing their confidence, knowledge and skills to communicate with their children about sensitive issues.</td>
</tr>
</tbody>
</table>
Identifying themes

Three key themes emerged from the focus group discussions:

- Theme 1: Safeguarding – a shared responsibility
- Theme 2: Maximising parental support
- Theme 3: The way forward – training and information

Within each of these themes, a number of sub-themes also emerged.

Theme 1: Safeguarding – a shared responsibility

“That’s why you have to educate them and get them to know what’s out there, you know, that they can protect themselves.” (mother, aged 35, housewife, four children)

Analysis of the data identified two emerging sub-themes:

1. Do parents have a heightened awareness of safeguarding?
2. “This is way too important for us not to educate our children about it…”

Sub-theme 1: Do parents have a heightened awareness of safeguarding?

Most parents were clearly concerned for the safety of their children and demonstrated an awareness that they were parenting in a very different environment than their parents had done.

“When I was growing up, a lot of people were ignorant about things like that, I have to be honest, because there was no talk. Obviously, it went on but it just wasn’t spoken about…” (mother, aged 39, single parent, one child)

“I think years ago…the child could go out in the street and run about; now it’s like you’re not allowed past the end of the road, you’re not allowed into a shop by yourself and I’m even finding that difficult myself to know how much freedom do you give your children so that they can grow up…I find it difficult myself to get that happy medium to let your child live and have a proper childhood without mollycoddling.” (mother, aged 31, housewife, three children)

While some parents’ comments suggested that they found it “hard to believe it actually goes on” (mother, aged 41, professional, two children), the focus group discussion confirmed that most parents were more aware of bullying and child abuse, and that practices within schools and other organisations had changed significantly as a result of child protection. Consequently, when their children were involved in extra-curricular activities, parents were more likely to ask “Who’s taking it? Who are the leaders? Do I know them?” (mother, aged 31, member of Elim Pentecostal Church, four children).
The discussion highlighted that some parents were aware that, even when child protection policies and procedures were appropriately implemented, children could still be at risk. They were particularly aware of the limitations of vetting:

“Obviously, everyone’s vetted and stuff now but at the end of the day anyone can slip through the net; look at Ian Huntley.” (mother, aged 36, Roman Catholic, two children)

“The unfortunate thing is that people will not have a record until they’re caught. So it’s not just about checking records.” (mother, aged 42, employer, two children)

The discussion confirmed that some parents were already giving their children preventative education messages. Some children had been given messages like “anybody touches you down there, I want to know about it” (mother, aged 39, single parent, one child), “never be ashamed to tell, no matter what it is” (mother, aged 38, Roman Catholic, two children, one with special needs) and “you need to be telling me everything” (mother, aged 42, employer, two children). Messages were largely very unspecific and it is questionable whether they would have enabled a child to take appropriate protective action. It was also clear from the discussion that the main message being given to children was about the risks strangers presented, particularly about abduction.

Some parents reported making unrealistic demands of their children to “stay where I can see you and you can see me” (mother, aged 39, single parent, one child); indeed, some parents reported that their children found the messages they were given confusing, saying “how can I make friends if I’m not allowed to talk to strangers. And I had no answer for that” (mother, aged 39, single parent, one child). Within the context of the group, some parents were able to comment on the problem of over-emphasising the risks presented by strangers:

“The reality for many children is that the biggest danger is within their home environment…the extended world of church and schools and all of that.” (mother, aged 47, professional, two children)

**Sub-theme 2: “This is way too important for us not to educate our children about it…”** (mother, aged 38, professional, one child)

All parents who participated in the focus groups felt that it was important for children to learn how to keep safe. They felt in particular that it was important to facilitate communication between parent and child, so that if their child was worried or upset or if something happened to them, they have somebody they can speak to. The views expressed emphasised that many parents felt that the best approach to adopt would be to teach children “keeping safe” messages in a school setting and parents would then reinforce messages at home through homework tasks and as opportunities arose. The view was expressed that preventative education should be a shared responsibility: “It shouldn’t just be at school” (mother, aged 42, employer, two children).
Parents felt that the current Northern Ireland curriculum, with its increased focus on building children’s confidence and self-esteem, provided a significant opportunity for teachers to integrate sensitive preventative education messages and empower children to speak out and seek help.

There was also a perception that “younger teachers nowadays are more proactive…and will follow everything through and are more for the kids” (mother, aged 41, Presbyterian, three children). The analysis highlighted that some parents felt that schools were still struggling to fully implement their pastoral care policies and procedures; parents reported feeling that schools would need to make improvements in this regard if children were going to be receiving school-based preventative education.

**Theme 2: Maximising parental support**

Maximising parental support was the second theme emerging from the findings. Generally, parents appreciated the sensitivity about addressing issues of child abuse and domestic violence with children, and many had strong views about how the preventative education would be introduced to them. Analysis of the data identified three emerging sub-themes:

1. “It depends…on how it’s introduced…”
2. Who should deliver the messages?
3. Preventative education – what should be taught?

**Sub-theme 1: “It depends…on how it’s introduced…”** (mother, aged 40, professional, four children)

Parents stated that the manner in which they were communicated with about preventative education was very important. Parents expressed varying degrees of confidence in their school being able to engage with parents and maximise parental support and involvement. Some schools were perceived to be very receptive to parents’ views and encouraging of parental participation, while others were viewed as unwelcoming. Parents felt that some schools would be reluctant to engage in abuse-preventative education because they “don’t believe it is happening or don’t want to deal with the thorny issue” of child abuse (mother, aged 40, professional, four children).

Parents emphasised the need for schools to tell them about the content and general timeframe of delivery of any taught programme prior to the child receiving any of the messages, in order to avoid “having an awful lot of very aggressive parents at the school gates saying ‘what was this all about?’…” (mother, aged 40, professional, four children). There were a number of reasons why parents wanted to know the content of any preventative education programme: they wanted to be able to reinforce the same messages at home and felt that this knowledge would also help them to think about any questions or issues that might arise, and respond more appropriately to their children. In addition, parents felt that their support for preventative education would be enhanced by being reassured that the level of information provided was appropriate for their child.
Sub-theme 2: Who should deliver the messages?
The discussion confirmed that parents saw real advantages to children being taught about “keeping safe” in the school setting. Accurate messages could be delivered to all children in a consistent way, and discussions generated in the context of the group situation could enhance children’s knowledge and their ability to protect themselves. While some parents had reservations about the ability of particular teachers to deliver “keeping safe” messages sensitively, teachers were generally thought of as good people to deliver prevention messages about staying safe.

Many parents expressed confidence in an approach whereby the class teacher taught the “keeping safe” messages, having received appropriate training, because teachers were clued up to each child’s ability and could deliver messages suitable for the children’s age and understanding. Parents also reported feeling that their children would listen to and take seriously any information provided by their teacher. It was identified that some teachers were already using some of the teaching strategies to deliver messages about bullying and other pastoral care issues, which could be adapted and used to deliver preventative education about more sensitive issues.

In addition, it was felt that, if teachers were involved in such education, children would be more likely to see them as another level of support if they wanted to talk about something that was upsetting them; this would be particularly so if they could not talk to their parent or if their parent was the aggressor.

“I think a lot of parents would have difficulties in even approaching some of the subjects because they wouldn’t know how to say it.” (mother, aged 40, professional, four children)

Conversely, parents in the focus groups highlighted that not all parents would be capable of teaching their children about how to keep safe: “If you have an expectation for every parent to be able to do this and be productive and work constructively with their children on this, that’s not the reality and it would be very hit and miss” (mother, aged 47, professional, two children). Several parents acknowledged that they sometimes found it difficult to listen to media coverage related to cases of abuse.

“The likes of that Baby P when that was on… I didn’t like to hear about it myself, never mind let the children hear about it… not the details of that case.” (mother, aged 40, three children).

It was acknowledged that parental discomfort would be a barrier to parents talking with their children about the issue of abuse. Some participants felt that parents who were vulnerable or had a history of abuse would be unable to communicate with their children about keeping safe.
A few parents emphasised that it was important to keep “those children who are suffering at the top of our mind and think about what’s best for them” (mother, aged 38, professional, one child). If preventative education was being taught in school, vulnerable children who were being abused or exposed to domestic violence at home would be able to receive and hopefully benefit from hearing the message in the context of the classroom.

In addition to reinforcing messages with their children that had been previously taught in the classroom, the focus groups explored whether parents would be interested in becoming more proactively involved: either in the delivery of messages by purchasing DVDs or books and using them with their children at home, or by co-delivering messages with teachers in the classroom. Parents’ comments suggested that training and resources would enhance their confidence and help them to engage their children in preventative education activities at home. While a few parents said that they would welcome the opportunity to help deliver messages in the classroom, the majority of parents expressed a number of concerns about this type of approach.

Many parents felt that they would not want to go into the classroom because “the school that my kids go to, they would prefer not to see you except to come and pick the kids up” (mother, aged 40, professional, four children). Others felt that they would not want to speak in public, that their child would be embarrassed, that they would feel it was not their role or responsibility, and that they would not be confident about how to respond if a child asked them questions or “…says uncle so and so has done such and such in the bedroom with me…what do you do?” (mother, aged 44, Church of Ireland, two children). In addition, parents expressed concerns about other parents going into their child’s class because parents may give messages that are inaccurate or confusing. They would not be aware of individual children’s needs and may respond to them inappropriately.

Sub-theme 3: Preventative education – what should be taught?

The analysis confirmed that parents across all five focus groups were supportive of preventative education that involved messages being built on as the child progressed through the school, so that all messages being delivered were age or developmentally appropriate and comprehensive. Parents felt that “keeping safe” messages should be delivered to children across their years at school and that children in nursery or primary school would be less inhibited about discussing sensitive issues. There was also a feeling that if messages were fully integrated “as part of the lesson…a normal, everyday thing” (mother, aged 32, Roman Catholic, two children), then they would not be anxiety-provoking for children and would be more likely to be remembered.

While parents clearly wanted to maximise the protection afforded to their children, they were concerned that children’s innocence may be compromised: “…there are certain things a lot of children will never experience in their lifetime, like domestic abuse or sexual abuse, and you know when they’re that small…it’s taking part of their innocence away” (mother, aged 36, Roman Catholic, two children). Another concern for parents was that the content of a programme and any messages being reinforced may cause their child to be worried or frightened.
Parents wanted their children to receive messages but felt they would find it difficult “getting the balance between making them aware that these things go on without completely freaking them out” (mother, aged 39, Presbyterian, professional, two children).

Parents were uncertain about the level of information to give to their children and worried that “…if you give them too much information, they will start worrying even more; they’ll think ‘oh yeah, there’s somebody going to come and get me some night and take me away’…it is difficult…” (mother, aged 37, Baptist Church, three children). It was therefore thought that getting the right balance regarding programme content was an important factor in gaining the support of the parent community.

**Theme 3: The way forward – training and information**

The third theme identified during analysis of the focus groups explored what sort of information or training opportunities parents perceived would be most helpful to give them the confidence, knowledge and skills to be able to engage with their children about the issue of “keeping safe”. Comments from parents focused on a number of key issues, with three sub-themes being identified:

1. **Skills – “communication is a big thing”**
2. **Information that parents would like to know**
3. **How best to get the information to parents.**

There was a view that “…once you have the skills and knowledge then the confidence comes with it” (mother, aged 47, professional, three children).

**Sub-theme 1: Skills – “communication is a big thing”** (mother, aged 35, housewife, Roman Catholic, four children)

Some parents felt that they would benefit from general training about communicating with children to ensure that they were somebody their child would “feel safe and content and happy to come and talk to” (mother, aged 35, housewife, four children) if they were worried or concerned. Parents wanted to develop the skills to be able to engage with their child and to teach them age-appropriate strategies to protect themselves in a way that did not frighten them.

Parents were particularly concerned that they did not know “how to approach the subject” (mother, aged 31, housewife, three children) and “the language you use” (mother, aged 32, Roman Catholic, two children) with children of different ages and levels of understanding. Parents were unsure about what age they should start a dialogue with their children about safety and some queried if they should wait until they were actually asked questions by their children.
The many terms used for body parts were identified as an issue that caused confusion; an argument was made for the need to promote the use of correct anatomical names for body parts in order to assist a shared language that was comprehensible for all. Some parents wanted to be taught how to help their children to practise the skills that they were taught, so that they could be confident that the child had fully understood the messages they had been given and would use them at times of risk.

Sub-theme 2: Information that parents would like to know
Parents stated that they would like to gain a better understanding of what defines abuse and bullying so that they could help their child recognise inappropriate behaviour. There was clearly confusion about this issue, with parents asking questions like “What really is the definition of bullying? When is it just a wee bit of playground teasing, you know, the way children sometimes say something ‘oh somebody said something’ and you say ‘ach, it’s only a bit of fun’…but it’s to know when to recognise that it is actual bullying and not…” (mother, aged 40, professional, four children). Parents also felt that they needed to know what techniques they should teach their child to use if they were concerned, as “children need to know how they should react. Should they say the same thing back or should they just ignore it?” (mother, aged 40, four children).

Parents were also keen to gain more information about who abuses or presents a risk to children. Parents identified the need to be able to speak to their children in a way that moved beyond stranger danger and included discussing risks presented by people the children knew, including close relatives, other children and women, whom they felt were not often identified as potential abusers but who also posed a risk. The discussion confirmed that parents wanted to know more information about the prevalence of abuse in Northern Ireland. They reported that if they had access to this type of information, they would be more convinced of the need to teach their children preventative “keeping safe” messages both at school and at home. Some parents identified particular topic areas that needed to feature in terms of any information being provided, such as risks presented by technologies like the internet and mobile phones.

Sub-theme 3: How best to get the information to parents
The analysis highlighted that, while all parents felt they would benefit from information and training before supporting their children’s learning about keeping safe, there was little agreement about how this information should be provided to parents. During the focus groups, parents discussed the merits and shortcomings of a number of approaches.

Some parents indicated that they would find written information, like short leaflets or an article in a “magazine like ni4kids” (father, aged 40, Presbyterian, four children) helpful. The feeling by some parents was that this was the preferred option because it didn’t require parents to organise babysitters and they could choose a convenient time to read the material or initiate conversations with their children.
Written information could also be revisited to clarify issues that arose. The main disadvantage considered/perceived of this approach was that leaflets could be left to lie in the “bottom of a child’s bag” and “some people won’t read it” (mother, aged 36, single parent, one child).

The discussion highlighted that other parents felt that they would rather attend an information evening where they were informed about the programme content, and had an opportunity to look at and read some of the resources that their children would be using. They felt that this would be a sufficient prompt for them to begin to communicate with their child about the topic.

However, this was not seen by all as the best option, with one parent explaining that “if a person is just standing at the top of the room just speaking to me, it just generally goes over my head” (mother, aged 31, four children). Other parents wanted to have a more interactive engagement with the issues:

“A discussion group is great…you do feel a wee bit more confident to speak about a subject if you have been speaking with other folk about it and for people to say, ‘OK, you know what you’re talking about’…” (mother, aged 37, three children).

Parents identified the advantages of this approach as being able to ask questions and clarify information. Some parents felt that, while this approach would be most helpful for parents, “you’re only preaching to those that are motivated and able to do it anyway so those that really need it aren’t part of that” (mother, aged 47, professional, two children). Time was seen as the biggest constraint to attendance and parents felt it would be important to check with the parent group as to what times were most convenient and perhaps offer a number of options to parents. They also felt that it was important prior to any session to outline the importance and benefits of attending because “if you organise a night where you’re going to talk about those sorts of issues, most parents won’t go because they think it’s not a big deal” (mother, aged 39, Presbyterian, two children).

Another limitation to this approach was identified as the reluctance of fathers to come along to such a session, perhaps because of the fear of being the only male present. It was suggested that in order to facilitate fathers to hear preventative messages, consideration should be given to using different venues like sports clubs or community organisations. It was felt that fathers would be more likely to attend if they were doing so with their child and perhaps hearing messages in the context of the sport in which they were involved.

Some parents identified the advantages of having information online for parents that could be complemented by having interactive resources for children. The advantages were seen as not having to arrange babysitters and being able to access information when you have time. This was something that parents felt children would be interested in and could be designed to be accessible and interactive for children who had reading difficulties.
The media was identified as having a role to play in increasing awareness of issues in the local area. Parents felt that articles placed in magazines distributed by schools and in newspapers accessed by parents in local areas, or having slots on local news bulletins would be helpful in raising the profile of the issue. Other parents felt that information would have to be provided in a variety of different formats, as “different things work for different families, and depending on just where families are coming from, what demands are on them, what their own values are...” (mother, aged 39, Church of Ireland, of two children).

Parents recommended taking the learning from other approaches adopted, such as the process of teaching children how to read, where leaflets are provided by the school, advice sheets are provided in the back of the reading books and the school facilitates an information session where you can get ideas and suggestions about how to reinforce the learning at home.

The advantages of adopting a phased approach were identified, eg initially sending out information leaflets to entice parents to attend an information evening, which could be used “to quash myths” and to provide information about “what actually is being said and to what extent your child’s going to be taught” (mother, aged 31, housewife, three children). Following that, booklets could then be sent home alongside resources to assist the child with homework.

6 Strengths and limitations

Strengths

- Use of a sequential, mixed-method approach, incorporating a questionnaire and focus groups, which asserts the validity and rigour of research findings and provides a sound, evidence-base from which to develop practice.
- Use of a well-established theoretical model to identify the range of significant social and cultural factors that influence parental involvement and which should be addressed in efforts to promote this involvement in preventative education.
- The generation of new evidence in Northern Ireland with regard to the facilitators and barriers to parental involvement in the teaching of “keeping safe” messages through preventative education.

Limitations

- Fathers and parents of children with special educational needs were under-represented in the research sample. Parents of children with severe and complex special educational needs and disabilities, and those from ethnic minority communities were not represented. Therefore, the findings may not be generalisable to these groups.
• The self-reported measure of parental behaviour in the questionnaire may introduce bias where parents may not recall their behaviour accurately.
• Parents volunteered and self-selected to take part in the focus groups and this may introduce bias in that the findings may not be representative of the views of parents across Northern Ireland.

7 Discussion and conclusions

Discussion
This summary report has presented some of the most significant results generated from a mixed-method research study, whereby parents across the range of primary and special schools in the five education and library board areas of Northern Ireland were facilitated to engage as key stakeholders in an in-depth consultation regarding the teaching of “keeping safe” messages through preventative education in primary schools. Though methodological limitations have restricted the available evidence (Davis and Gidycz, 2000; Murray and Graybeal, 2007; Rispens et al, 1997), involving parents in preventative education concerned with teaching “keeping safe” messages is very important for both primary and secondary prevention (Burgess and Wurtele, 1998; MacIntyre and Carr, 1999). This is because many children continue to suffer maltreatment (Cawson, 2002; Cawson et al, 2000; Scott, 2008) and experience a range of negative health, wellbeing and development outcomes (Finkelhor, 2008; Goddard and Bedi, 2010; Hawker and Boulton, 2000).

Involving parents is not yet routine practice in preventative education (Barron and Topping, 2009) and is fraught with many challenges. It is significant, therefore, that this research, in using a self-report questionnaire, sought to better understand and explicate the significant factors that influence parental involvement, with a view to informing the development of preventative education tailored to the needs, cultural sensitivities and specificity of Northern Ireland. The phase 2 focus groups further explored and verified these barriers and facilitators. Overall, the research findings will inform the development of an effective package of training, development and support in line with parents’ expressed needs. Moreover, it will inform the cost-efficient targeting of this training, development and support at parents who may be harder to reach and engage in preventative education.

More specifically, this study had five specific objectives and generated the following new evidence:

1. It highlighted that the majority of parents hold very positive attitudes to teaching “keeping safe” messages through preventative education in primary schools in Northern Ireland and indeed to their involvement as parents within this process. This is supported by other recent research exploring parents’ willingness to be involved in their children’s education generally (Department of Education [NI], 2009; Peters et al, 2009) and in their children being taught sensitive messages including those about cyber abuse, and sex and relationship education (Mishna et al, 2009; Sherbert Research, 2009).
The vast majority of parents who responded to the questionnaire considered parental involvement in preventative education as responsible, appropriate, important and beneficial. They also highlighted important benefits to be derived from this involvement by being better able to respond to their child should they come to them with worries and better able to protect them from abuse.

It is also interesting to note that they hold these attitudes and beliefs when family members, other parents and their church do not necessarily endorse these views or their involvement.

All of the focus group participants similarly reported that it was important for children to learn “keeping safe” messages in school. Moreover, they suggested that parents should be facilitated to reinforce messages at home through related homework activities as well as when other opportunities arose. While participants volunteered for the focus groups and the views expressed might be biased in favour of parents who are motivated and interested in the topic, these findings are consistent with those documented in a public attitudes survey conducted on behalf of the NSPCC and four area regional child protection committees in Northern Ireland (NSPCC, 2009). The findings of that survey indicated that the majority of parents supported children being taught how to stay safe in a school setting, including the following “keeping safe” messages: that bullying is not acceptable (84 per cent of parents), simple rules to stay safe from sexual abuse (78 per cent), simple rules to stay safe on the internet (77 per cent), simple rules to stay safe from physical abuse (76 per cent), and ways of dealing with bullying (75 per cent).

The focus group discussions also confirmed that parents see significant advantages to children being taught about “keeping safe” in the school setting; that accurate and consistent messages can be tailored to all children appropriate to their age and understanding, and that teachers are able to provide another level of support for children who may want to explore difficult experiences.

2. This study has highlighted that many parents’ current involvement in teaching “keeping safe” messages through preventative education is best described at the level of allowing their children to access these messages in school. This is not surprising considering that little strategic development of such education has taken place to date across the education system in Northern Ireland. Therefore, the opportunities for parents to be involved at the higher levels of supporting by helping with related homework activities, assisting by delivering lessons in the classroom or by teaching their children at home using books or DVDs may well be limited. The majority of parents reported positive intentions to be involved over the forthcoming year, particularly in terms of allowing and supporting, and less so at the level of assisting.
The focus group discussions highlighted that, while parents supported the introduction of preventative education in Northern Ireland, they indicated that it was important that they were fully informed about any such developments and that their child’s school effectively engaged with them to maximise their support and involvement. Furthermore, the majority of parents demonstrated a concern for the safety of their children, particularly in relation to child abuse. They also demonstrated an awareness of child protection policies and practices in place in the education sector and other organisations, as well as awareness that even when appropriately implemented, children can still be at risk.

It is not surprising then that some of the parents reported educating their children about keeping safe, particularly regarding the risks strangers pose in relation to abduction. This is consistent with other research that found that parents did not include family members, teenagers or trusted acquaintances in the list of those who abuse, even though they are the most likely perpetrators of sexual abuse (Finkelhor, 2008).

As in previous research conducted elsewhere, parents continue to warn their children about being lured into cars by strangers while ignoring more common perpetrators and likely grooming tactics of abusers. It appears that parents are failing to convey an accurate picture of child sexual abuse and neglecting to share critical information that may help their child recognise, resist and report a sexual offender or an abusive situation (Holbrook-Hahn et al, 2010; Wurtele and Kenny, 2010). This highlights the need to raise parents’ awareness about who presents most risk to children, so that they can assist their children to protect themselves from the more likely threat of abuse posed by known adults and peers.

3. This research **identified a number of significant factors that influence parents’ involvement in preventative education.** This confirms that promoting parental involvement is a complex issue, subject to a range of influences including individual, social and cultural factors, such as social norms – the views of parents’ family members, peers and church, all of which are beyond individual parents’ control. This suggests the need to couch any efforts and measures to promote parental involvement in preventative education in Northern Ireland within a wider public health approach that incorporates a public education campaign (Finkelhor, 2007; Wurtele, 2009; Zwi et al, 2007).

Path analysis of the questionnaire data confirmed that parental self-efficacy and competence is very significant in influencing parental involvement in preventative education (Jones and Prinz, 2005). This has important implications for promoting parental involvement. Efforts to engage and involve parents should aim to foster their efficacy and competence by providing opportunities and training to develop accurate knowledge and to practise appropriate skills. These should include the self-efficacy skills needed to challenge and overcome barriers that parents may face, such as a lack of support from family members, peers and their church.
Parents’ general attitudes and specific beliefs about preventative education were also identified as significant in influencing parental involvement. Parents reported placing high importance on protecting their children from abuse and on being better able to respond appropriately should their children come to them with worries. Efforts to engage and involve parents should also provide them with accurate, evidence-informed knowledge that educates them on the benefits of preventative education and challenges the myths about children’s exposure to sensitive information.

Social norms – the attitudes of significant others, eg family members, peers and their church – were also identified as significant in influencing parental involvement. Again, this highlights the need for public education, focusing on the benefits of preventative education and challenging the myths of abuse in order to create a more supportive environment that endorses and supports parents’ involvement in teaching “keeping safe” messages to their children. Efforts and measures to promote positive parental attitudes, social norms, and parental efficacy and competence should also create positive intentions within parents, whereby they are more motivated and willing to try hard to be involved in preventative education (Ajzen, 1991, 2006).

The socio-demographic factors of age, gender and income were also identified as significant in influencing parental involvement: parents who are older, earning a higher income and who are female were identified as possessing more positive intentions to being involved in preventative education. This has implications for targeting resources to provide more intensive training, development and support at parents who are younger, earn lower incomes and are male, in order to promote their involvement. The focus group discussions also highlighted that, without training, many parents would feel unable to be effectively involved. Some reported that they would find talking to their children about abuse extremely difficult due to their own vulnerability or history of abuse. This lack of parental confidence in their ability to discuss sensitive issues like sexual abuse has been reported elsewhere as a significant barrier to parental involvement in preventative education (Wurtele and Kenny, 2010). Some parents felt that they would benefit from general training about communicating with children, particularly in relation to using appropriate language, such as words for genitalia.

Parents indicated that they would also want to enhance their knowledge in relation to definitions, who abuses, prevalence, dealing with bullying and also the risks associated with new technologies. Again, this latter issue has been highlighted in a recent Campbell systematic review concerned with preventing and stopping cyber abuse (Mishna et al, 2009). Similar to the questionnaire respondents, parents who participated in the focus groups expressed a clear need for training, and for confidence and skill development. Parental concerns about frightening children and destroying children’s innocence need to be directly addressed as part of this process.
4. This research study has documented parents’ views on how “keeping safe” messages should be taught, including concerns about the sensitivity of teaching such messages. Analysis of the focus group data confirmed that parents across all five focus groups were supportive of preventative education in primary schools, which involved comprehensive messages being fully integrated across curriculum areas and built on as the child progressed through the school – so that messages were delivered in an age and developmentally appropriate way. As with previous studies, parents expressed concerns about how sensitive issues like sexual abuse and domestic abuse would be addressed to enable children to learn how to protect themselves without losing their innocence (Chen et al, 2007) or being frightened (Deblinger et al, 2010). Parents emphasised that in order to maximise parental support and involvement in preventative education, it was important to get the right balance regarding programme content.

5. Finally, this research study has highlighted a number of resource and support implications that arise out of promoting parental involvement in preventative education in Northern Ireland. These implications relate to the provision of a multi-component training, development and support package that addresses parents’ expressed needs for knowledge, skills, training and support. In their questionnaire responses, parents conveyed very strong intentions to be involved, as did their counterparts within the focus group discussions; they indicated a clear motivation to be involved if provided with appropriate training and resources. There is a need to examine best practice models that schools may use to effectively engage parents.

The outcome of research undertaken on behalf of the DCSF in England (Sherbert Research, 2009) to explore ways of engaging “harder to reach” parents confirmed the importance of affirming and building on what they already do as parents. This approach may be more likely to empower parents, by helping them to realise they are more knowledgeable and equipped than they may otherwise perceive. There are also clear implications for the provision of comprehensive materials (linked to the current curriculum) that schools and teachers can use to promote parents’ effective involvement. Training, development and support for parents should be targeted at those least likely to engage (younger, lower income and male). Other resource and support implications should include training teachers at all levels (eg continuing professional development, initial teacher training and leadership training) on working effectively with parents to support their involvement in preventative education.
Conclusions
This research study suggests a very positive climate for involving parents in preventative education in primary schools in Northern Ireland. Parents are key stakeholders and make an important contribution to effective interventions of this nature, both in terms of primary prevention (preventing maltreatment experiences from occurring in the first place) and secondary prevention (by stopping maltreatment that has begun). Significant effort and resource investment will be required to develop parents’ efficacy and competence, and to equip them with the necessary knowledge and skills to be positively involved in (1) allowing their child to access “keeping safe” messages in school, (2) supporting their child by helping with related homework activities, or (3) in assisting by delivering lessons in the classroom or teaching at home with books and DVDs. However, most significantly, this research has highlighted that promoting parental involvement is a complex issue that is influenced by many individual, social and cultural factors: it requires a multi-faceted solution incorporating not only promoting parental involvement in preventative education in schools, but also a wider public health approach that fosters a positive environment within which parental involvement is facilitated and supported.


Dumas, JE, Nissley-Tsiopinis, J and Moreland, AD (2007) From intent to enrollment, attendance, and participation in preventive parenting groups. *Journal of Child and Family Studies*, 16(1) Feb, 1–26


Farrington, DP and Ttofi, MM (2009) School-based programs to reduce bullying and victimization. *Campbell Systematic Reviews*, 6


McConkey, R and Smyth, M (2003) Parental perceptions of risks with older teenagers who have severe learning difficulties contrasted with the young people’s views and experiences. *Children & Society*, 17(1), 18–31


NSPCC (2009) Attitudes towards child protection in Northern Ireland: a survey by the four area child protection committees and NSPCC. [Belfast]: NSPCC


NSPCC (2009) *Attitudes towards child protection in Northern Ireland: a survey by the four area child protection committees and NSPCC*. [Belfast]: NSPCC


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