

OPINION

Parental supervision: a popular myth

Ian Roberts

There must be few categories of childhood injury for which parental supervision, or the lack of it, has not been invoked as a contributory factor. Since 1990 alone, lack of parental supervision has been proposed as a cause of road traffic injury,¹ electrical burn injury,² and infant walker related injury.³ In most cases the identification of the aetiological role of parental supervision is intuitive rather than empirical. Very few of the reports that recommend greater parental supervision are controlled studies and it is not that unusual for injury researchers to make inferences about the value of parental supervision without even measuring it. The question of measurement is an important one and the lack of validated methods for measuring parental supervision should raise concern about the utility of the concept. As the renowned physicist Lord Kelvin observed 'until you have measured it, you don't know what you are talking about'. The aim of this paper is to examine just what is being talked about when parental supervision is invoked as a cause of childhood injury. Is there any evidence that supervision by parents is more effective than supervision by other responsible persons? If not, are calls for greater parental supervision just an example of semantic sloppiness, or are they covert statements about values? Data are presented to support the hypothesis that greater reductions in child injury rates will be achieved by strategies that result in less (rather than more) parental supervision.

Parental supervision — mothers or fathers?

Implicit in the phrase parental supervision is that the responsibility for supervising children resides with both mothers and fathers. The reality however, is quite different. In the 1991 UK General Household Survey, interviewers were asked to identify the person primarily responsible for the care of children in the family.⁴ This person was the mother in 96% of

families and the father in 3%. The remaining 1% of families were complex households, where responsibility for children was shared between two or more families. In the same year, another British survey examined the gender division of household tasks (married and cohabiting families only).⁵ The survey asked about the person who cares for children when they are sick. This task was 'mainly woman' in 60%, 'mainly man' in 1%, and 'shared equally' in 39%. These data, and others, demonstrate the marked gender division in the role of child rearing. While there may be some sharing of responsibility for children in two parent families, this is less likely to be the case for the 20% of mothers who are lone mothers. In 1994, the majority of these mothers were never married lone mothers, as opposed to divorced or separated lone mothers, so that the opportunity for sharing parental responsibilities is likely to be even more remote. There can be little doubt then that exhortations for greater parental supervision in the context of injury prevention, and the locus of responsibility for failing to provide supervision in the event of an injury, are messages aimed primarily at women.

'Parental' supervision — where's the evidence?

The steep socioeconomic gradient in injury rates is one of the most consistent findings in the epidemiological literature on childhood injury. In Britain, the social class gradient for deaths due to injuries is steeper than for any other cause of child death.⁶ Children in the lowest social class have an injury death rate that is four times that of children in the highest social class. If parental supervision is an important cause of childhood injury, then at an ecological level one might expect that children in the highest social class (lowest injury rates) would enjoy more parental supervision than those in the lowest. Yet the available data show the opposite. The data shown in the table are adapted from the 1991 UK General Household Survey and show the differences in the childcare arrangements made by parents with children under 5 years according to social class.⁴ Those responsible for the under 5s were asked whether any of the children attended school or were looked after by someone other than their parents during the day.

The data show that mothers in the highest socioeconomic group are much more likely to use alternatives to parental care. Differences in

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Childcare for children under 5 years: proportion (%) of families using care by socioeconomic group

Type of child care	Socioeconomic group				
	Employers/ managers	Intermediate non-manual	Skilled manual	Semiskilled manual	Unskilled manual
School/nursery	29	27	22	24	27
Unpaid family/friends	27	21	25	24	18
Private scheme	20	18	17	12	11
Paid childminder	19	16	6	8	3
Local authority scheme	6	7	8	6	8
Workplace facility	1	1	0	2	0
Total using child care	73	63	62	58	55

the use of paid childminders and the use of private schemes account for most of the socioeconomic gradient in child care arrangements. The most affluent parents pay other people to look after their children. Three cohort studies have examined the relative safety of out-of-home day care and home care. The two studies conducted in the USA found that the injury rate for children in day care was lower than that of children cared for at home (presumably by their mothers).^{7,8} A Swedish study however, found the opposite, with a small but significantly increased risk during day care.⁹ While the results are to some degree conflicting, they certainly provide no support for a causal role of low parental supervision.

Socioeconomic gradients in the use of alternatives to parental care are also apparent for school aged children.⁴ Among mothers working full time, 67% of those with higher education make alternative care arrangements for children 5–11 years, compared with 46% of unqualified mothers. Once again, inability to pay for non-parental care appears to be the most important factor. The lack of affordable alternatives to parental care may contribute to the higher pedestrian injury rates for children from poor families. Adult accompaniment on the school-home journey is associated with a decreased risk of pedestrian injury,¹⁰ and Towner *et al* found that children from deprived households were much less likely to be accompanied to and from school by an adult.¹¹ Whereas affluent working parents can employ childminders to meet their children from school, those on lower incomes do not have this option.

In the light of these data, what might be said about calls for greater parental supervision in

the context of childhood injury prevention? Children do need to be cared for and supervised, but there is not a scrap of evidence that this supervision is more effective when provided by parents as opposed to any other carer. Indeed, the available evidence suggests quite the opposite. Having no empirical basis, calls for more parental supervision can only be interpreted as ideological statements. As is often the case with assertions whose power resides in their 'obviousness' lurking in the background are values. In this case the values concern the proper position of women in society and the balance of responsibility for child safety between the individual and the society.

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- 3 American Medical Association Board of Trustees. Use of infant walkers. *Am J Dis Child* 1991; 145: 933–4.
- 4 Bridgwood A, Savage D. *General household survey 1991*. London: HMSO, 1992.
- 5 Central Statistical Office. *Social trends 25: 1995 edition*. London: HMSO, 1995.
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- 7 Rivara FP, DiGuseppi C, Thompson RS, Calonge N. Risk of injury to children less than five years of age in day care versus home care setting. *Pediatrics* 1989; 84: 1011–6.
- 8 Gunn WJ, Pinsky PF, Sacks JJ, Schonberger LB. Injuries and poisonings in out-of-home child care and home care. *Am J Dis Child* 1991; 145: 779–81.
- 9 Sellstrom E, Bremberg S, Chang A. Injuries in Swedish day care centres. *Proceedings of the International Conference on Child Day Care Health: Science, Prevention and Practice*. (15–17 June 1992, Atlanta.) Atlanta: Centers for Disease Control and Prevention, 1994: 1033–5.
- 10 Roberts I. Adult accompaniment and the risk of pedestrian injury on the school-home journey. *Injury Prevention* 1995; 1: 242–4.
- 11 Towner EML, Jarvis SN, Walsh SSM, Aynsley-Green A. Measuring exposure to injury risk in schoolchildren aged 11–14. *BMJ* 1994; 308: 449–52.

DISSENT

Is there more to parental supervision than political incorrectness?

Sara Levene

Roberts makes two arguments in his criticism of parental supervision as a child safety strategy (p 9). Firstly, the onus of parenting falls on mothers, so 'parental' supervision actually means 'maternal' supervision. Secondly, supervision provided by competent adults other than carers may be more effective than parental supervision.

The first argument revolves around the use of language rather than discussing important aspects of supervision. If authors use the term 'parental' supervision, it may be that they are simply being politically correct, afraid to reveal

their true opinion — that it is mothers who should be the more careful or responsible supervisors. Alternatively, perhaps they are being politically incorrect. They may actually mean 'supervision by a carer' but have not trained themselves in this use of language. Does this really matter?

To me the much more important question is: how effective is supervision as a safety strategy? If it is reasonably effective, it stands to reason that all adults should assiduously supervise children in their care. Conversely, supervision might be proved to be an extremely poor safety

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