



Role of gender and age in the cooperation between parents of people with intellectual disabilities and professional staff in care centres

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Abstract

Introduction: understanding factors that influence the cooperative relationship between parents of people with intellectual disabilities and professional staff comes from understanding how parents and staff function and, on this basis, from understanding their abilities and skills reflected in their interactions and cooperation.

The **aim** or research question is how the level of the cooperative relationship between the parents of persons with moderate, severe and profound learning disabilities and the professional staff of Training, Occupation and Care Centres in Slovenia is correlated to the age and gender of parents, and the age and gender of staff. In addition, the study focused on investigating how the gender and age of parents and staff correlates with their inclusion in support groups.

Methods: the sample comprised 296 randomly selected parents and 298 randomly selected professional staff. The statistical method of two-way analysis of variance was applied to establish the differences in the level of the cooperative relationship given the gender and the age of the parents and staff.

Results: the results confirmed differences relative to the age of the male staff, namely, that with their age the degree of co-operation relationship with parents increases and that fathers are statistically significantly less involved in support groups than mothers.

Conclusions: we draw attention to certain concepts associated with a successful cooperative relationship, helping to better understand this relationship and seek new possibilities for more effective cooperation between the parents of children, young people and adults with severe and profound disabilities (hereinafter 'persons with intellectual disabilities' or PID) placed in centres and the staff employed at these centres in Slovenia-

Key words: *gender, age, parents of people with intellectual disabilities, professional staff, cooperation*

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1. Introduction

As regards deinstitutionalisation, many changes have been achieved in terms of restructuring and abolishing institutions, particularly in countries which joined the EU in recent decades. The goal is to change the professional and political sphere of operation, which will lead to changes in legislation and, most importantly, in the integration and lives of all people in the community (Bignal, 2015). In Slovenia, the current number of persons living in institutions is 22,106 or 10.2% of the total Slovenian population requiring assistance. Approximately 6.4% or 1,400 of them are children, youngsters and adults with moderate, PID living in Training, Occupation and Care Centres (hereinafter 'centres') (Flaker et al., 2015). Their legal guardians are their parents, who play an important role in their education, employment and lives in general. Slovenian legislation accordingly gives parents the right to take part in the educational process of their PID under the Special Education Programme (Placement of Children with Special Needs Act, 2011). When PID reach majority at the age of 18 their parents automatically acquire the formal right to extend their parental rights.

A cooperative relationship between parents and staff is one of the major factors in the education of all parties but especially in planning and coordinating the process of meeting the special needs of persons with learning disabilities and the interests of all those involved in the cooperative relationship (Končar and Antič, 2006). Successful cooperation has proved to be extremely beneficial to the education and lives of these persons. The present study focused on investigating the cooperative relationship between PID parents (hereinafter 'parents') and the professional staff (hereinafter 'staff') working at the centres. This area is undergoing systemic changes, which are certain to include further dimensions in the future.

Parent-staff cooperation is vitally important not only to the learning, development and sense of security and belonging of PID, but also to the parents and staff in the roles they play in relationships with PID and each other (O'Shea, O'Shea, Algozzine and Hammitte, 2001). The aim of programmes for developing good parent-staff cooperative relationships is focused chiefly on identifying and understanding the parents' needs, more effective communication with the staff, joint planning of the educational process and access to information about relevant programmes, professional

services and adaptive facilities with a suitable profile of assistance (Gillies, 2005). Most typically, changes have been seen in the following areas: a growth and increasing acceptance of diversity in all spheres of life, more opportunities for self-assertion, more freedom and legitimacy of education, greater involvement of policy in education, legal regulation of inclusion for people with disabilities and various other social minorities, and a more active and self-confident role of the parents (Beime-Smith, 2002). The outdated idea of treating PID parents as part of the problem was grounded in the assumption that in all spheres of life there are great contrasts and differences between the experience of PID and its absence, while ignoring the existing stigma, social deprivation and ruling out any possibility of PID family members living a normal life together (Brett, 2002).

Studies have been trying to discover new methods of work and no longer justify the ways in which the professional community is losing its reputation and relevance, e.g. for unsuccessful transfer of theory into practice (Artaraz, 2006). Taking into account and respecting individual professional practices from the fields of various staff profiles with an important role in the treatment of PID in institutions allows us to clarify the boundaries of individual professions and highlights the importance of both the individual and the professional team working within an institution. Pols (2006) speaks of useful 'contextual reflexivity' which is required to allow a methodology for the development of professional practice and ethics.

Research refers to (McLaughlin, Goodley, Clavering and Fisher 2008; McLaughlin and Goodley, 2008) certain microcultural and phenomenological experiences of parents, PID and staff, and ways of improving staff-parent cooperation in order to help understand not only their practical experience but also the possibilities for developing and changing family life for the better. To help illuminate the problem from an ethnographic perspective, researchers have highlighted questions such as: (a) what degree of influence can staff exert considering their hierarchical relationship to the parents? (b) can support groups provide an alternative understanding of meanings and values for parents of PID? (c) to what degree does the role and identity of parents - particularly mothers - shape the dominant patriarchal form of care considering the gender of parents in a family with a PID? (d) are parents increasingly able to achieve their own multi-layered

ered identity and a certain personal position with regard to PID care? (e) to what degree do parents and staff observe the rules of communication in light of parenting norms and professionalism? The movements of societies and organisations of people with various disabilities, associations of non-profit organisations and numerous studies have a strong influence on current policies and the legalisation of goals important to parents and PID (Brazier, Archard and Franck, 2006). Parents are increasingly active as researchers, writers and spokespersons of representational organisations (Ryan, 2005b; Ryan and Runswick Cole, 2008) and various parent support groups (Novak and Končar, 2014b). Both as individuals and as group members, they are having the strongest effect on society's changing attitudes to PID and their families.

1.1. Cooperative relationship

The point of research on interpersonal functional relationships is to identify and learn about the characteristics of the cooperative relationship so that it can be improved and changed. Important factors associated with a successful and functional cooperative relationship include: clarity of expression, directness, active participation, ability to listen, agree or make a compromise, intensity of emotional processes and quality of personal relationships (Smith, Polloway, Patton and Dowdy, 2004). An indicator of functional relationships is not the absence of conflicts but creative complementarity in various communication roles (Linn, 2000; Douglas and Michaels, 2004). The more functional a relationship is, the more respected diversity is. This requires planned education for tolerance of failure, different beliefs and opinions and expression of feelings, where diversity is not met with a defensive stance, distrust or aggression, but as a positively accepted part of life shared by all of us.

A positive cooperative relationship is also important for the active and successful operation of professional teams, parent groups, inclusion in the local community, raising public awareness and the propagation and spreading of programmes and networks of appropriate support for PID and their families. Based on the above theoretical background and professional practice it has been established that the key qualities and values of a positive cooperative relationship include mutual trust, understanding and sincerity, mutual respect, positive communication and an exchange of assistance and knowledge in the parent-staff relationship

(O'Shea and O'Shea, 2001; Blue-Banning, Summers, Frankland, Nelson and Beegle, 2004; Novak and Končar, 2014a). All this requires much greater willingness, more knowledge, communication and skill for cooperation from the parents as well as the staff.

The experience of parents varies, which may be attributed to differences between PID, parents, as well as differences in the professional services available, and as a result, differences in the actions of staff that interacts with PID and their parents (Karten, 2005). A lack of communication skills and willingness to cooperate as the key factors of any individual's communication in a cooperative relationship is still a common experience in practice (Russell, 2003). It should also be emphasised that many older staff members and parents had no opportunity in the past social system to learn about the positive effects of good cooperation and hence have not developed the relevant strategies.

Every social system entails social differentiation, social structure or difference between specific social groups in relation to one or several special features. Each special feature in a social structure, based on which certain subsystems within a society can be distinguished, is presented as a continuum which can define the position of an individual. Criteria such as gender, age, education, marital status, etc. can be used. Some of these characteristics are known to be passive, while others are active and reflected in the development and activity of an individual. Studies have shown that parents with a higher level of social integration pay more attention to their children's upbringing and education in comparison to parents with a lower social integration level (Beveridge, 2005; Strgar, 2004). This means that the activity of parents and staff in their mutual cooperative relationship also depends on the role they occupy in terms of active participation in their family, society and profession.

The mentioned qualities of a cooperative relationship are based on how this relationship is shaped by the parents' characteristics and the characteristics of the staff working with PID at the centres. When assessing the predictive power of factors which shape the cooperative relationship, it may be presumed that parent-staff cooperation is not only influenced by the family and socio-political system, but also by the status they have within the system as regards demographic differences. While the concepts that influence this relationship are known, our primary interest in light of the im-

portance of the cooperative relationship for PID education and rehabilitation was to examine the age and gender of parents and staff in the context of their social competence and, as a result, their cooperative relationship in centres for PID in Slovenia.

1.2. The role of gender, age and support groups

The development of social competence is thought to depend on biological predisposition, the environment and one's own activity, which includes physical abilities and the social world. The two main components of social competence are considered to be competence for using objects and competence for personal relationships. The same competence in a person (if and to the degree that it can be the same or even measurable) gives different results in different settings. Moreover, the behaviour of the same person in the same setting may or may not be acceptable at different chronological ages. Certain factors such as the characteristics of a person, his or her family and community are important indicators of the relationships of adults with their peers.

Women seem to participate in closer social relations much more than men, but this decreases with age (Ibralić, 2002). Research shows that with the increase and development of technology which makes people's work easier, and with changes in society at large, taking care of the family at home as a primarily female concern is no longer characteristic of advanced society (ONS, 2007). Sociologists report that while much has changed in household work division, the decreasing differences between the sexes do not involve clear boundaries in the sense of who is providing care and for whom (Lewis, 2007). Feminists argue that social circumstances, gender norms and politics itself shape the traditional division of roles by gender, including in families living separately. Women remain overburdened both at home and at work (O'Brien, 2007).

1.2.1. Parents

According to research, in families where a child with disability was born, the equal division of care for the child usually soon fades, and in most cases it is the mothers who end up shouldering most of the responsibility. The social, political and cultural context determines what degree of assistance will be provided to the family and mother (Watson, McKie and Hughes, 2004). Parents, especially mothers, are believed to have changed the role of concerned mothers for the role of warriors. Campbell and Carroll (2007) find that the often practical daily care for PID in the family is

linked to dominant expressed masculinity where there is no room for it, causing men difficulties with their identification, but despite this, they can be involved in important activities related to PID care.

Research shows increased paternal efforts and indeed greater participation in child care, but the fathers themselves admit that their female partners are still taking on the lion's share of care for their children (Rener, Švab, Žakelj and Humer, 2006). Women have traditionally been taking care of the home and family, and in terms of social integration they are the first to face rules, which is why they are more active in their responses. The men are more involved in the system that shapes and sets down the rules (Ledwith, 2006). According to Beveridge's study (2004), approximately one third of PID parents are active members of parent groups, one quarter regularly attend lectures and take part in various societies and support groups, while a half of them are not active in any social sphere. Mothers generally place more emphasis on developing personal relationships and feel more duty-bound to take care of PID. Families frequently experience disagreements between family members and the mother (Johnston and Swanson, 2006), especially with regard to PID care, with the cause lying in the different views created by generation differences (child-parents) and gender differences (husband - wife). Mothers influence the process of reshaping family life, which means they also take on the role of a nurse and play an increasing role in changing the future of the whole PID family.

The activities of parents, particularly mothers, can be understood as a form of management (Shelton and Johnson, 2006) where they use their own power to deal with various challenges and the expectations they have and assess. Research results (Novak, 2006) have shown that with the growing up of PID, the length of professional care they receive and the parents' ageing, parents become better informed and, at the same time, they feel less duty-bound to take care of their child. With parental ageing, prolonged professional care for PID and the presence of complex disabilities, the frequency of home stays diminishes; initially these are replaced by visits, which gradually decrease.

Two of the continuous subjects of parental concern are, above all, how they can continue to handle spontaneous daily life, and what will happen to PID as adults when, being elderly themselves, they can no longer take care of them (Lindblad, Holritz-Rasmus-

sen and Sandman, 2007). To help parents better understand themselves and others and the specific circumstances affecting their intertwined daily relationship, both in the personal and occupational sphere, support groups have been in use in Slovenia for almost twenty years. One of the aims of these groups is to help parents and staff work with each other efficiently and share their daily experiences. Such parents are clearly exposed to materially greater stress caused by the gap between the demands of daily life and the ability of an individual to cope with them. This disrupted inner balance may prompt the individual either to withdraw or fight to overcome the situation (Novak and Končar, 2013). The literature suggests that support groups contribute to a better cooperative relationship (Goodley and Lawthom, 2005a; Read, 2002). Most parents engage in various forms of contacts with professional staff and other parents, and sometimes these are the only contacts they have at all (Novljan, 2004).

1.2.2. Staff

The social competence of both staff and parents is based on understanding the factors that shape the cooperative relationship. There are models, linked to staff age, gender and their level of education, which vary in terms of specific views but share many theoretical bases (Dale, 1996). An important basis for the study of cooperation between staff and PID parents is to know and understand their personality traits in terms of how they shape the cooperative relationship (Novljan and Jelenc, 2000). Many characteristics such as age, gender, work experience, life history, personality traits, behavioural dispositions, values, habits and needs are linked to how an individual staff member deals with stressful situations.

Authors refer to specific benefits including an exchange of opinions, new skills, the analysis of one's practices and improvement of team communication (Runswick 2007, Davies and Hall, 2005). A number of experts write about the importance of understanding types of behaviour in interpersonal relationships and communication in occupational settings (Sloper, Greco and Beecham, 2006). According to Depolli (2002) important biographical and demographic factors which influence interaction between a situation and a staff member's characteristics also include – besides his or her psychological and physical condition and life development level - gender, education, race, socio-economic status and occupation. Another classification proposes that biographical aspects combine

into factors which have a significant effect on reactions or how the staff deals with problems (Demšar, 2003). These factors are health, interpersonal relationships in the family, between friends and colleagues, recreational conditions and life circumstances. Other notable factors include the self-respect and trust of staff (Strle, 2006) regardless of their age, because persons showing and experiencing a high level of self-respect and trust are supposed to be more self-confident and active at work and solution-seeking, which is particularly important for the development and maintenance of a positive cooperative relationship with parents.

The staff at centres, due to the nature of working with people who are different, frequently face questions and dilemmas about the appropriate professional approach, subjecting them to stressful pressures and responsibilities (Kobolt and Žorga 1999). Educational and socio-therapeutic work at centres is a professional field which can only be managed and carried out with quality where the professional team develops and where staff members develop professionally and personally within staff support groups. Personal input in the work context involves interaction within the professional team, as well as each contact with PID, their families and parents. On this basis, staff members can shape their attitude to the ideas and goals of parents with regard to PID, and their attitude to the person with disability and his or her parents, which is key to effective mutual cooperation (Morgan, 2006). Fengler (2007) finds that workers in the helping professions have some characteristics in common, such as empathy, function of role model, ability to project, interpret and relate to others, to give and, if required, to give up help, capacity for confrontation, search for meaning. Training for and taking up work with PID, who need special support and professional assistance, is an interesting decision in itself. In case of misunderstandings and difficulties when building and maintaining a constructive cooperative relationship with a user, the user's parents and co-workers, it is important that staff members feel obligated to get support in a support group. It is their duty to first search for causes within themselves and not mostly or merely in PID, their parents or co-workers.

1.3. Research issues and objectives

As evident from the theoretical background, the concept of parent-staff cooperation is subject to many factors, and an interesting question is what role in this

concept is played by the gender and age of parents and staff in Slovenia.

The main aim of the study was to examine how the level of cooperative relationship between parents and staff correlates with the gender differences in parents and staff and the age differences in parents and staff.

The secondary aim was to assess how the gender and age of parents and staff correlates with their inclusion in support groups. Based on the study results, activities are proposed which should help improve the development of their cooperative relationship in the future. Study hypotheses and research questions were formulated in keeping with the study aims and presented in the results.

2. Methods

2.1. Sample

Two sample groups were formed for the purposes of this study: a group of 296 randomly selected parents, fathers and mothers of PID placed in centres across Slovenia, of whom 180 were women and 116 men aged from 30 to 72 years, with an average age of 52.38 years; a group of 298 randomly selected staff of various profiles who work directly with PID in the centres, of whom 239 were women and 59 men aged from 20 to 54 years, with an average age of 38.10 years.

2.2. Variables and the methods of analysis

This study is part of a wider research project (Novak, 2011) which applied the exploratory quantitative research method. Two survey questionnaires for parents and staff were used in the study, both translated and adapted to its research purpose. The questionnaires consisted of two parts. In addition to some general questions, the first part included the translated Beavers (1990; Walsh, 1993: 96-100) systems model questionnaire with a focus on questions examining family competence and interactive style in the families of the staff and the families

of the parents, and consisted of 40 questions. The second part of the questionnaire, developed in this work, consisted of 21 questions focusing on the cooperative relationship between parents and staff. The answers to the questions were scaled from 1 (the minimum value) to 7 (the maximum value).

The instrumentation was pilot tested and had the following characteristics: (1) independent variables: age, gender, support group (2) dependent (composite) variables and reliability: cooperative relationship between

parents and staff determined by four variables: (a) parent trust: Cronbach's alpha was .92; (b) staff trust: Cronbach's alpha was .82; (c) parent communication: Cronbach's alpha was .87; (d) staff communication: Cronbach's alpha was .80.

A composite variable indicates the average value of answers to questions in a certain group, which means that the value of the answers is higher or lower than the average value. The terms lower and higher level of cooperative relationship are used in the analysis of the results. A higher level of cooperative relationship between parents and staff means a higher value of answers, i.e. a higher (positive) level of trust involving expression of respect, assistance, sincerity and knowledge and a higher level of communication involving time, conflict, listening and acknowledgement, in contrast to a lower value of answers, i.e. a lower (negative) level of trust and communication, which means a lower level of cooperative relationship.

The data was collected directly from the respondents. Personal data protection was ensured in accordance with the applicable legislation. The data was processed using SPSS software for personal computers. The following statistical methods were applied: descriptive statistics, Cronbach's alpha, two-way analysis of variance; test of homogeneity, the rankit method, chi-square test.

3. Results

Cooperative relationship in parents and staff

The variable cooperative relationship shows not only differences in lower average values of parents' answers but also differences in a less even distribution of lower and higher values for this variable (Fig. 1) in comparison with the staff.

3.1. Hypothesis

There are significant differences in the level of cooperative relationship relative to the gender of parents and staff and to the age of parents and staff.

The statistical method of two-way analysis of variance analysis was applied to determine any differences in the level of cooperative relationship relative to the gender and age of parents and staff. The differences in the level of cooperative relationship in parents and staff were compared by using Levene's test for homogeneity of variance.

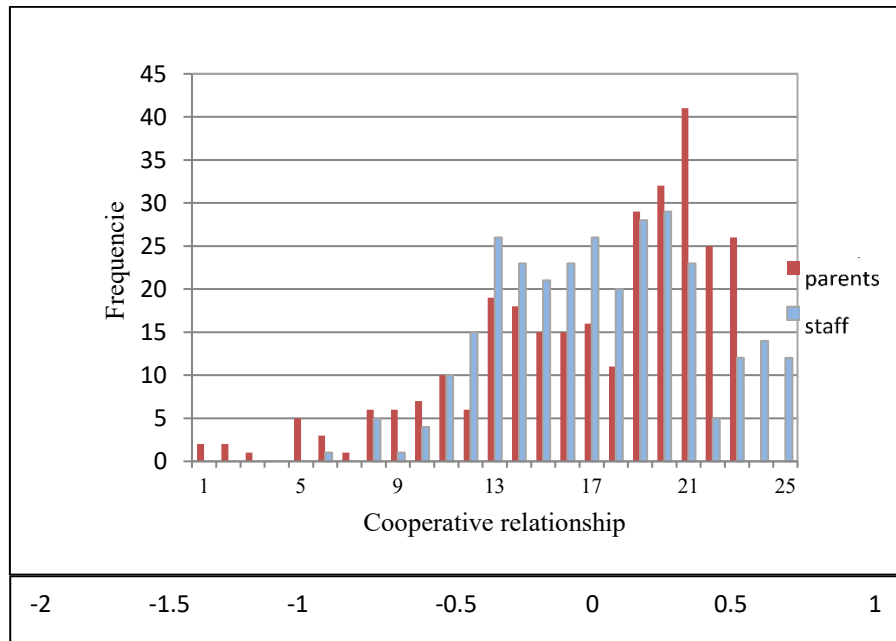


Figure 1

Distribution by level of cooperative relationship in parents and staff

3.1.1. Parents

The variance of cooperative relationship is statistically significantly different in the group of parents relative to their age and gender ($F = 4.40$, $p = .00$). The square root of data (the cooperative relationship variable) was

taken, since the groups show statistically significant different variances. With the cooperative relationship variable squared, the variances between groups no longer differed ($F = .23$, $p = .94$) and the next step could follow: two-way analysis of variance.

Table 1

Two-way analysis of variance in the cooperative relationship relative to the gender and age of parents

	F	p
age	.67	.51
gender	.57	.45
age and gender	1.99	.13

Table 1 shows that parents do not differ statistically significantly by age in terms of the level of cooperative relationship with the staff ($F = 1.99$; $p = .13$). Since the effect of age and gender is not statistically significant, the effect of each variable was analysed separately. An analysis of variance was carried out. Parents show no statistically significant differences in the level of cooperative relationship with staff relative to their age ($F(2, 16) = .14$; $p = .86$). Differences in the level of cooperative relationship with staff relative to the parents' gender were also not statistically significant ($t(162) = 1.14$; $p = .25$).

3.1.2. Staff

The cooperative relationship variance in the staff group differs to a statistically significant degree by staff age and gender ($F = 3.13$; $p = .01$). The square root of data (the cooperative relationship variable) was taken, since the groups show statistically significant different variances. With the cooperative relationship variable squared, the variances between groups no longer differed to a statistically significant degree ($F = 1.23$, $p = .29$), which allowed us to carry out two-way analysis of variance for the parent group and also the staff.

Table 2

Two-way analysis of variance in the cooperative relationship relative to staff gender and age

	F	p
age	2.15	.12
gender	.24	.61
age and gender	2.82	.06

Results in Table 2 indicate statistically significant differences for the staff in the level of cooperative relationship with the parents relative to the staff members' age and gender.

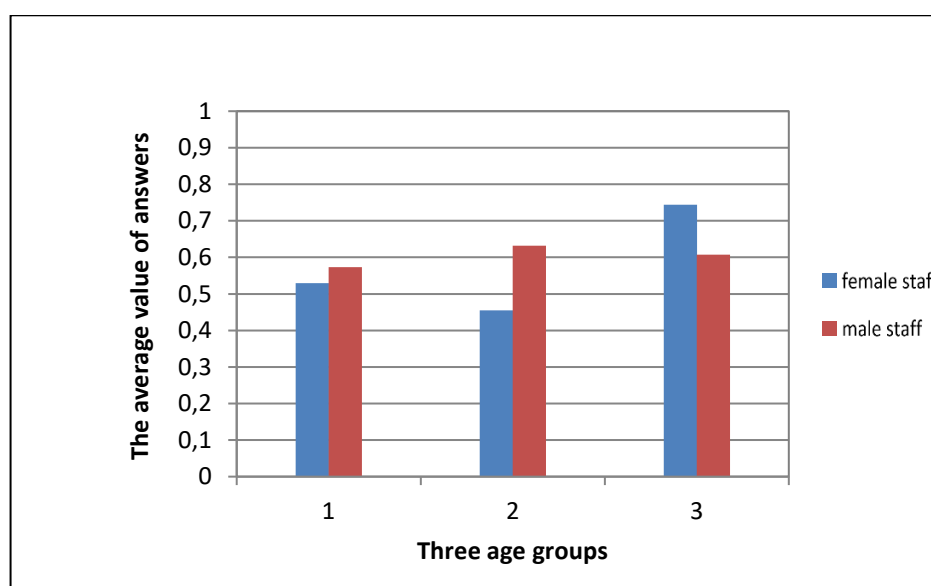


Figure 2

Average level of cooperative relationship by three age groups and gender of staff

For female staff members, the level of cooperative relationship with parents does not vary much with age in comparison with male staff members, for whom the level of cooperative relationship with parents rises with age in the sense of more positive cooperation.

3.2. Research questions

3.2.1. Research question 1: does attendance at parent support groups vary by the age of the parents?

The point-biserial correlation coefficient was used to compare attendance to parent support groups and the parents' age. The results show no statistically significant differences between the parents' age and their attendance at parent support groups ($r = -.00$; $p = .93$).

3.2.2. Research question 2: does attendance at staff support groups vary by the age of staff?

The point-biserial correlation coefficient was used to compare attendance to staff support groups and the

age of staff members. The results show that the age of staff and attendance at staff support groups are not correlated to a statistically significant degree ($r = -.06$; $p = .25$).

3.2.3. Research question 3: does attendance at parent support groups vary by the gender of the parents?

The results indicate statistically significant differences in the attendance of parent support groups relative to the parents' gender; fathers attend groups less than mothers to a statistically significant degree ($\chi^2 = 5.35$; $p = .02$). The study itself attracted the participation of more mothers (61%) than fathers (39%), and the results also show that mothers attend groups in statistically significantly higher numbers – 49 or 27.2% of the 180 mothers in total, whereas only 18 or 15.7% of the 115 fathers in total are involved in self-help groups. As regards the total number of parents (mothers and

fathers) attending groups for parents, data shows that 67 parents or 22.7% of the 295 parents in total are involved in such groups.

3.2.4. Research question 4: does attendance at staff support groups vary by staff gender?

The results confirm that staff members do not differ by gender in terms of attendance at support groups in a statistically significant degree ($\chi^2 = .13$; $p = .71$).

4. Discussion

Cooperative relationship in parents and staff

There is a larger number of parents who, on the one hand, reported very successful cooperation with the staff or a high level of cooperative relationship with the staff and, on the other hand, a smaller number of parents who reported very unsuccessful cooperation with the staff or a low level of cooperative relationship, which is indeed often reflected in professional practice when working directly with parents (author's comment).

Given the joint results for Hypothesis, which show that the parents' gender and age do not correlate to the level of cooperative relationship with the staff and that, with age, male staff members enjoy an increasing level of cooperative relationship with the parents, Hypothesis 1 can be partially confirmed, since differences were established for the staff only.

4.1. Parents

The assumption that there are differences in the level of cooperative relationship between parents and staff relative to differences in the parents' age and gender (Smith, Gartin, Murdick and Hilton, 2006) was not confirmed. As confirmed by our study, most parents - with an average age of 52.3 - have teenage or adult PID placed in the centres, who are 16 to 30 years old with an average age of 24.8. It may be assumed that their practice of working with the staff is a long-standing one and that, as a result, their attitudes and expectations are different from those of parents who are still coming to grips with their child's special needs and embarking on life's journey with the child, when considerable difficulties may arise in contacts with the staff (McLaughlin, 2005). Despite the above theoretical findings, which could be related to the higher or lower level of cooperative relationship of variously aged parents with the staff, this was not confirmed by the results of our study. Differences by parent gender were also expected, particularly as regards the involvement of mothers in various spheres of activity,

their alerts to irregularities in the system and efforts to find improvements in the quality of life of PID and their families. This is why they were also assumed to have more contacts with the staff, more opportunities to develop positive cooperation, and on the other hand, more disagreements about the professional treatment of PID (Jenks, 2005).

However, the results of our study do not confirm a higher or lower level of cooperative relationship between mothers and the staff. It may be concluded that the parents' level of cooperative relationship with the staff does not differ by gender. Moreover, the age differences between parents do not correlate with a lower or higher level of cooperative relationship with the staff.

4.1.1. Research question 1

The study was interested in how attendance at parent support groups varied in parents of different ages, since theory suggests that older parents are more concerned about what will happen to PID when they are gone and therefore more involved in support groups where their concerns can be voiced and shared with other parents who had dealt with them before. As children with disability grow up, their care and upbringing become increasingly challenging for the parents, especially in cases with major health and behavioural issues. Some studies also link greater rejection of older PID to greater feelings of guilt in older parents, particularly when PID live in an institution (Hrastar, 1990), and to greater social isolation of older parents in cases where PID live at home. Younger parents just beginning to confront their child's disability try in various ways and with various information to get assurances that their child will be okay in the future (Howard, Williams, Port and Lepper, 1997). They seek comparisons which could confirm their child's average development and frequently refuse professional guidance and help, which suggests a lesser involvement in parent support groups, since the problems of other parents reflect their own. To sum up, in our case the age of parents is not correlated with a higher or lower attendance at parent support groups, which means that for this variable, there are no structural differences between parents included and parents not included in support groups.

4.1.2. Research question 3

In Slovenia attention has been called in recent years to the issue of poor inclusion and cooperation of PID fathers with the staff, and to strategies which would

stimulate them towards more active participation in this area. At the level of family politics, efforts are underway to get fathers more actively involved in PID care, particularly with mechanisms for balancing work and family life and the policy of equal opportunities (Rener, Švab, Žakej and Humer, 2006). Specific measures in Slovenia include e.g. parental leave for fathers (Off. Gaz. RS 97/2001), which are meant to promote not only the presence of fathers at child-birth but also a positive development of paternal identity and to give fathers a stronger incentive to join various programmes. In order to give mothers and fathers equal opportunities to freely express their feelings and feel comfortable in support groups, Markowitz (2001) suggests that it is better to organise separate programmes for fathers and mothers. Such programmes have proven to be more conducive to greater inclusion and participation of PID fathers.

4.2. Staff

It may be assumed that the helping professions are chosen by men with a personality that inclines them to perform such work, which intensifies with age and experience. An interesting study comparing women and men was carried out in Judenburg in 2008 within the Gender Walk project in 2008 (Ramšak, 2010) and showed that men in mature years can come closer to women in certain respects than ever before. It was found that men over 61 spend more time in locations which are largely a female domain, and that peripheral mobility was replaced by mobility within the town, which is considered to be largely female mobility. It may be assumed that men also change in other areas of life such as perception of care for fellow human beings and the values of trust and communication, becoming more receptive to them as they age. This is what our results showed, considering that a higher level of cooperative relationship includes the above values, which are more strongly expressed in relation to the parents by older male staff members.

4.2.1. Research question 2

Pelc (2007) notes that with age, staff members find it increasingly important to engage in safe experimenting, which leads to more autonomous action and provides the best conditions for learning and finding their own solutions while also enjoying the support of group members. It is primarily the individual's attitude and personality which have a decisive effect on this process. However, in the long term, the personal de-

velopment of every individual depends on their willingness to work, elasticity, willingness to make changes in their lives, level of motivation, and their willingness and ability to search and review their decisions in daily professional life. The interest of the study in differences was based on the assumption that older staff are more experienced, professionally and personally more mature, subject to increasing workload with age and hence more motivated for such work in groups, but this was not confirmed by the results.

4.2.2. Research question 4

Male and female staff employed at the centres does not differ in a statistically significant degree as regards their inclusion in staff support groups (supervision, intervention and key persons groups). The examination of gender differences was based on findings that both in Slovenia and across the world, the sexes are still not enjoying equal results of social development which are related to the social roles and responsibilities of women and men, and that their social roles are not equally valued (Ramšak, 2010). The staff's pursuit of personal growth in terms of greater attendance at staff support groups was not found to vary by gender in our study. By extension, this also failed to confirm a stronger concern with one's own personal development and reflection on personal change within centres in female staff in comparison with their male peers.

It was anticipated that women attend staff support groups more than men, since they are more communicative and open in terms of expressing feelings, experiencing and identifying professional issues, and also seeking solutions and help. It should also be noted that at some centres, staff are required to attend support or supervision groups and their inclusion in such groups is not a voluntary choice. Sprenger (2004) confirms that what is more important than gender is the personal disposition of staff in their relationship with the parents and professional peers. This is in agreement with our results, which show that staff gender does not affect attendance at staff support groups.

5. Conclusions

The results draw attention to certain concepts associated with a successful cooperative relationship, helping to better understand this relationship and seek new possibilities for more effective cooperation between the parents of PID placed in centres and the staff employed at these centres in Slovenia. The results show

that mothers stand out strongly for their more numerous attendance to parent support groups in comparison with fathers. This calls for research and development of appropriate strategies for the inclusion of fathers, who require more efforts to achieve their involvement in this area. Presumably parent support groups would be better attended if they were separated by focus of interest, as well as gender, which several examples abroad have shown to be a successful practice. Men and women are interested in different issues. Mother and fathers respond or react differently and also talk differently when together or apart. An important positive indicator correlated with a higher level of cooperative relationship between parents and staff is the inclusion of male staff in this process. Based on the findings of the study, a joint professional analysis with support from the management of all centres would be recommended in order to develop further guidelines for successful PID parent-staff cooperation. The aim should be to employ and include more male staff at the centres. It is necessary to exchange knowledge and coordinate views and values related to work with parents, firstly at the level of individual centre management, and then, on the basis of revised and established guidelines, to transfer the doctrine of work with parents into the operative part of the staff-parent cooperative relationship. The staff learn new skills and modify their work through interactions with PID, their parents and colleagues, while the parents learn new active roles through the process of cooperating with the staff. The question is how does this process work and has the feminisation of the profession working with PID and the largely maternal involvement in the cooperative process or relationship feminised it.

A lower number of male employees in centres indicates that the profession is feminised. It can be assumed that there are certain prejudices towards this profession that are historically and culturally dependent and are denoting this profession as female work or a feminine profession. Solutions should be specific and practical. This means that it should be researched why men are reluctant to choose these professions of working with vulnerable groups of people such as work in centres and what could be done to improve this issue. Results show that the presence of male workers is very important when it comes to cooperation relationships with parents. These workers should be required to be included in team work, helped towards further professional development and strategies

should be developed that would motivate and attract them to profession in helping.

With the process of deinstitutionalisation and integration into the community of all the vulnerable groups of people at this time in Slovenia being of utmost importance, so it is more possibilities and more opportunities arise for them. One possibility it is that it is necessary to include more sports programs, practical and social activities, and this may prove especially attractive to engagement of male staff. Also, close liaison with local authorities and representatives of various companies may offer more employment opportunities for vulnerable groups, as well as the creation of new jobs for male staff as mentors and assistants.

The centres educate and train a specific population of people with highly complex disabilities, which makes positive reciprocity between parents and staff of different genders even more vital. It is necessary to spread and exchange knowledge and direct professional practice under the organised leadership of qualified professionals for all staff profiles of both genders, where an important role in the progress of expertise and practice is also played by educational institutions and faculties. The results offer guidelines for further research on factors conducive to a successful cooperative process with step-by-step learning and acquisition of valuable knowledge on how to get parents of both genders involved in this process and allow them to experience an important role in shaping a cooperative relationship with staff of both genders.

Conflict of interests

Authors declare no conflict of interest.

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