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Department of Family and Community Services

Parenting Information Project

Volume One: Main Report

National Agenda for
early **childhood**

Parenting Information Project

Volume One:

Main Report

Research conducted for FaCS by the
Centre for Community Child Health,
Royal Children's Hospital Melbourne

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Phase One of the Parenting Information Project is reported in five volumes:

Volume 1: Main Report

Volume 2: Literature Review

Volume 3: Research into the Information Needs of Australian Parents

Volume 4: Consultation with Professionals

Volume 5: Compilation of Information and Program Materials

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Executive Summary

In May 2003, the Prime Minister announced a commitment of \$10 million under the Stronger Families and Communities Strategy to early childhood prevention and intervention initiatives. Of this, \$8.8 million has been allocated to initiatives under the National Agenda for Early Childhood, including \$3.2 million to the Parenting Information Project.

Phase One of the project, undertaken between January and May 2004 and documented here, has been to develop the evidence base around early childhood and parenting by finding out what information parents want and need to assist them in their parenting role, at what transition points, and how they would prefer to receive this information. Phase One of the project was undertaken by the Centre for Community Child Health. A separate project with an Indigenous focus is being undertaken by the Secretariat for National Aboriginal and Islander Care. A separate report, specifically about Indigenous parenting, will be provided later. Phase Two will involve developing and testing parenting information products and/or approaches based on these findings.

Phase One comprised two stages. In the first stage, a literature review was undertaken of best practice parenting programs and information focusing on the messages parents need to know and how these messages are best delivered; and examples of current parenting programs and information in Australia, together with gaps in information provision, were identified and documented. The second stage comprised substantial consultation with key professionals, policy makers and parents in each state and territory to identify what information and programs would support parents more effectively, and when and how this information is best provided.

These two stages culminated in a national workshop in late April 2004 to build on key findings, to consider a model for the provision of parenting information and support, and to consider actions for the future.

Phase One of the project is reported in five volumes:

- ▶ *Volume 1: Main report*
- ▶ *Volume 2: Literature review*
- ▶ *Volume 3: Research into the information needs of Australian parents*
- ▶ *Volume 4: Consultation with professionals*
- ▶ *Volume 5: Compilation of information and program materials.*

Other volumes of the report are available from the Australian Government Department of Family and Community Services Website at www.facs.gov.au/pip. Printed copies of volumes 1,2 and 3 are also available by telephoning 1800 050 009 (a free call except from mobile and pay phones).

Literature review

Parenting and the factors that influence it

Part 1 of the literature review summarises the current state of knowledge about the factors that impinge upon parenting, including characteristics of the parent and child, and the social, familial and environmental context.

It found that parenting is a socially constructed role that is influenced by a wide range of personal and contextual factors interacting in complex ways. Approaches to parenting information, education and support need to acknowledge this complexity, the variation that occurs from family to family, and the need to address these many factors in a timely and flexible way.

While all parents set out to protect, nurture and socialise their children, the way they achieve these goals is influenced by their personal history, cultural background, and even the children themselves. There is no universal standard of ‘good’ or ‘effective’ parenting. Variation in parenting practices reflects not only varying styles or emphasis, but also the fact that different approaches are needed to parent effectively in different contexts. Parenting practices that might be effective in one setting, with one child, or at a particular age, may not be effective in another setting, with a different child, or with a child at a different stage of development.

Effective parenting practices can be thought of as those actions that best achieve the goals of parenting a particular child in a particular context. Crucial to this is the parent’s capability to adapt in a positive way to the changing needs of their children—when they are perceptive of these needs, responsive to them, and flexible in this responsiveness. Many factors can affect a parent’s capacity to do this, creating vulnerability.

Strategies are needed to broaden parenting skills, together with education about personal coping strategies, how to establish and maintain positive social supports, and how to work effectively with the service system. Parenting programs should form part of a broader social development strategy to assist parents to improve their social and economic circumstances, and build social relationships and networks.

Specific groups of parents who require a particular focus in intervention, to support optimal child development and minimise risk, include first-time parents; adolescent parents; fathers; grandparents (particularly those acting as primary carers); parents with a physical or sensory disability, a learning disability or a mental health problem; and substance-abusing parents.

Ongoing professional training is needed to ensure expertise is available to engage parents.

Approaches to supporting optimal parenting

Part 2 of the literature review provides an extensive evidence base to support choice of interventions that will be of most value for parents.

Strategies to incorporate in future programs to support optimal parenting, and features of these strategies, include the following:

- ▶ Face-to-face advice is very useful and can be usefully complemented by other education measures.
- ▶ Telephone support is cheap and effective, and again, is best used in combination with other education methods such as written material.
- ▶ Written information is most effective when accompanied by a personalised approach and advice.
- ▶ Internet resource material can be good but the information must be readable and credible, with some means of quality control.
- ▶ Instructional video tapes and CD-ROMs are effective in producing short-term increases in knowledge, especially in combination with other strategies, such as group education or multi-media training.
- ▶ Role playing and modelling are considered to be effective approaches to impart useful skills.
- ▶ Group parenting and child visits and social networking have great potential to assist parents, especially in offering culturally sensitive and relevant interventions.
- ▶ Parent training can be highly effective in producing lasting improvements in parents' management skills and children's functioning.

Consultations with parents

Consultations were conducted with parents of children aged 0–5 years, using both qualitative and quantitative methods. The program comprised 35 focus groups conducted in the Australian Capital Territory, New South Wales, Queensland, South Australia and Victoria; and a large-scale national telephone survey, covering metropolitan and non-metropolitan areas in all states and territories. In total, 1913 people participated in this research.

The consultations found that parents want a range of information about children's age and developmental stages (physical, intellectual, emotional and social). They also want a range of information to help them cope with becoming a parent; for example, the difficulties of balancing work and family life, the physical impact of becoming a parent, and changes in family relationships after having a child.

In addition, while the consultations showed that all parents share a range of information needs, specific additional information needs were also identified for fathers, CALD (culturally and linguistically diverse) parents, parents of children with a disability, single parents, and grandparents.

Parents also identified the need for additional support services such as flexible and affordable child care, post-birth follow-up services, effective medical testing to identify any developmental issue early, information support groups for specific parents' groups, and timely access to family counselling.

A majority of parents who reported that they had needs indicated that these had only been partially addressed. It was clear from the focus groups that awareness among parents of the range of available information was generally low.

Most focus group participants felt that a consolidated and credible source of information—a 'one-stop shop'—would be valuable in improving awareness and helping parents to access the information they required.

Parents considered a range of information delivery mechanisms to be potentially useful. The most widely preferred mechanisms included face-to-face advice, brochures on specific issues, television programs and a handbook or kit covering many issues. The usefulness of each was seen to depend on the nature of the information provided, and on individual learning preferences. Most parents considered that a variety of mechanisms were required to address their information needs.

Similarly, parents considered that it was appropriate to have a range of information providers. There was a widespread preference for general information services (including referral services) to be provided by government.

Most parents were confident in their parenting skills and indicated that they were coping well with the pressures and responsibilities of being a parent. However, most also recognised the value in obtaining information that would assist them to be more effective parents.

Consultations with professionals and policy makers

Key professionals, policy makers and government representatives involved in the development and delivery of parenting information and supports in each state and territory were consulted to determine the type of information and programs that professionals refer parents to; the perceived access of and effectiveness of these programs; the information, products and programs professionals find most useful and why; and suggestions for the future provision of information and supports for parents. Fourteen focus groups were held across Australia, and a further 75 individuals were consulted via meetings and telephone interviews and conferences. (For information about the individuals consulted, see *Appendix A*.)

The findings were consistent with the findings from the parent consultations, with similar key issues and needs identified. Professionals also suggested a range of needs that they need addressed in order to support parents more effectively, including professional development in parent engagement and relationship building, access to up-to-date and consistent parenting information, and the opportunity and skills to work in greater partnership with each other. They need a greater understanding of the concept of evidence-based practice and how to apply it in the professional setting. Further, professionals requested that greater funding is

allocated to enhance existing services, with more quality staff in services on the ground on an ongoing basis, rather than one-off funding or pilot programs.

The consultations highlighted a range of issues facing parents in their parenting role, and identified parents' and professionals' information and support needs. Many of the issues and needs identified were similar across jurisdictions. Some were particular to specific groups of parents.

Professionals were in agreement that the key to supporting parents lies in the development of a positive relationship through face-to-face programs, and that useful reinforcement of the issues discussed in the context of such a relationship can be provided via other media, and they described the advantages and disadvantages of different delivery approaches (for example, telephone and information support, television and mass media, and so on). They agreed that there is a plethora of material available and that different delivery media meet different needs for different families. One of the greatest concerns was associated with selecting information that is reliable, valid and evidence-based, and that services the needs of parents.

Strategies suggested fall into three groups—(1) strategies to support parents more effectively; (2) strategies to support professionals more effectively; and (3) strategies to assist the broader community to support parents more effectively. Some strategies reflect issues and needs of the general parenting population, while some address the particular needs of the specific parenting groups examined in this study.

Compilation of information and program materials

To build an overview of the various types of information available and the format in which they are presented across Australia, a brief compilation of information and program materials was undertaken. The materials gathered are not comprehensive; nevertheless, it is clear that a plethora of parenting information—information and program resources, websites and video materials—is available across Australia and overseas, covering a wide range of parenting topics and needs. There are difficulties, however, around identifying which information is evidence-based and quality-assured, and where to access information. Further investigation is warranted to determine the quality, credibility and usage of the information, programs, websites and videos identified.

National workshop

A national workshop was held to build on the findings of the literature review and the national consultations and to consider future directions and priorities for action. The workshop brought together around 45 professionals with experience and expertise in early childhood, research, policy and/or service delivery. (For information about the individuals at the national workshop, see *Appendix A*.)

A conceptual model for the provision of parenting support in Australia

The conceptual model proposed here, and presented and discussed at the national workshop, sees parenting as a learning process rather than an inherent set of knowledge and skills, and it sees the generic skills that adults acquire in their normal development as equipping them to respond and adapt to the new demands raised by parenting. In other words, it proposes that parents do not come to parenting fully equipped and knowledgeable, but they are capable of **learning** how to parent.

The **function** of parenting behaviour is more important than its actual form, and the critical element is the parent's adaptability—that is, his or her capacity to adjust constantly to meet a child's changing needs. Adaptability has three core components—perceptiveness, responsiveness, and flexibility.

In general, adults come to parenting fully equipped with the skills they need to learn how to parent. Problems arise when the demands of the situation outstrip the parent's adaptability and capacity to respond. When this occurs, there is greater vulnerability to poor developmental outcomes for the child. The discrepancy between the parenting children need and the parenting they receive can arise for two main reasons:

- ▶ Personal factors (for example, stress, ill health, drug abuse, mental health problems) and social factors (for example, social isolation, poverty, poor housing) can impair a parent's ability to adapt to their children's needs.
- ▶ A child, by virtue of personal characteristics or social situation, can have parenting needs that a parent finds difficult to meet. For example, it is harder to meet the needs of children who have a challenging temperament, disabilities, behaviour problems, or few other people in their lives providing nurturing and care.

Problems might be brief and passing, or they may result from chronic disruptions or adverse effects on the parent and/or child.

The goal of parenting support programs is thus to increase parents' adaptability. The proposed model suggests three major points of intervention to enhance parents' adaptability:

- ▶ **parenting-focused interventions**, which aim to increase parents' adaptability directly by modifying parenting behaviour to change the nature of the interactions between parent and child. This might take the form of parenting training or support that attempts to help parents solve problems better and find new ways of interacting with their children
- ▶ **person-focused interventions**, which target the factors that appear to be constraining a parent's ability to respond adaptively to their children. Addressing a family's housing needs or helping a parent to manage stress more effectively would fall into this category
- ▶ **child-focused interventions**, which attempt to reduce the child's needs directly. Good quality child care, for example, may reduce a child's dependence on their parent for some of the things the parent is having difficulty providing.

The most effective intervention for any one family might involve a mix of these three approaches. While many parenting support programs already incorporate some of the essential functions of these intervention types, thinking within this proposed framework has the potential to create greater flexibility in our responses to families in trouble.

Recommended strategies

When the challenges of parenting overwhelm a parent's capacity for adaptability, information alone is unlikely to be effective. To ensure effective responses from service providers, practitioners and the wider community, it may be more effective to provide parenting information not only to parents, but also to the people and organisations who can provide support to parents in their parenting role. It is proposed that an information strategy should have three main target groups:

- ▶ **parents:** not necessarily the biological parents, but the person **doing** parenting
- ▶ **practitioner:** any professional who has a role in supporting and assisting parents
- ▶ **community:** any person, organisation or agency that interacts with parents or children, that has a capacity to ease the challenges associated with parenting children or support parents in the role of parenting. Involvement might be formal in nature (for example, schools, workplaces, churches, clubs, other services) or informal (for example, family and friendship networks).

Therefore, giving consideration to the evidence found in the literature review, the results of the consultations and utilising the conceptual framework discussed, recommended strategies have been determined in the following areas—strategies to support parents; strategies to support practitioners; strategies to support the community; and broad strategies.

Recommended strategies to support parents

The evidence from both the research review and the parent consultations strongly indicated that many parents wanted and would benefit from greater access to information to support them in their parenting role. This included information about parenting as well as about parenting and other family support services. The review of the existing materials and resources available for parents clearly showed the huge variety of information that is currently available. However, many issues were identified regarding the credibility and accessibility of current information, and parents and professionals alike agreed that a mechanism was urgently needed to enable parents to access information more easily. To address this, both parents and professionals put forward many innovative ideas and suggestions during the consultations. The research review indicated that all methods of conveying information were effective some of the time, but none were effective all of the time. The evidence also indicated that most if not all methods were more effective when more than one method was used in combination.

1. *A universal resource for parents*

Development of a universal resource for parents is recommended. The resource would include basic child development and parenting information to provide support in the transition to parenthood and through the other major transition points that parents experience with their children. In addition to this information on child development and transitions, the resource needs to include sources (preferably “one-stop shop”) on where and how to access quality information. The resource should also include information about how the service system operates and how to access services and other resources that are available to parents, including helplines. Consideration should also be given to the possibility of reproducing the resource in a number of key community languages, supported by further development work to ensure it is sensitive to the cultural needs of the language community in question.

Recommended strategies to support practitioners

A major issue identified in the research literature and in the consultations with parents and professionals is the need for professionals to be able to work effectively with parents. Previous national consultations with the Australian Council for Children and Parenting have established that few professionals working with young children and their families are trained to work with parents, and that there are limited opportunities for relevant professional development, support and mentoring. There is a valuable role that the Australian Government can play in developing a national resource to promote effective ways of working with parents. It should also be noted that the proposed parenting website will provide an effective mode through which professionals will be able to access a wide range of information and resources to support them in their practice.

Another major issue emerging from the literature review and the consultations concerned how to ensure the quality of parenting programs and services. Specific gaps identified included the inconsistent implementation of evidence-based practice, the limited use of integrated evaluation processes to ensure that services were being delivered in the way they were intended, and the variable levels of knowledge about how to engage more effectively with parents, particularly those with specific needs.

1. *Working more effectively in partnership with parents*

It is recommended that a practical resource be developed for practitioners that includes strategies about how to engage parents, work in partnership with them and, in particular, to identify and engage parents who may be ‘hard to engage’ or who have specific needs.

2. *Supporting evidenced-based practice*

It is recommended that a national workshop be held with key academics and service providers to discuss and debate the issue of what constitutes evidence-based practice in parenting programs. There is little understanding in the broad early childhood and parenting field about this issue, and many programs and interventions have been developed and implemented that have little or no evidence of effectiveness. The workshop will be an opportunity to bring together experts in the

field to discuss the issue, present ideas and develop agreed definitions, and a framework and strategies that could be documented and made available via the proposed parenting website. As there is high interest and desire nationally and at the state level to ensure that limited funding is directed at what actually works (that is, programs and interventions based on evidence), it is appropriate for the Australian Government, under the National Early Childhood Agenda, to demonstrate leadership on this issue, facilitate this workshop and develop a resource for dissemination to the field.

3. Ensuring evaluation is integral to all programs

It is recommended that a practical ‘how to’ evaluation resource for services be developed. This resource will support parenting services to develop and implement their own evaluation activity as a component of ongoing program development and implementation.

Recommended strategies to support communities

The research evidence clearly indicates that the quality of the communities in which families live has a significant effect upon their ability to raise their children as they would wish. The more cohesive communities are and the more family-friendly services and workplaces are, the more effectively parents are able to perform their child-rearing tasks. It is clear from the evidence and the consultations that information could play an important role in assisting our communities to be more parent-friendly. Workplaces, clubs, churches and community organisations could potentially play an even more important role in the task of supporting parents. Many such organisations, if resourced adequately, could also become important sources of information about parenting and parenting support services.

1. Resourcing communities

It is recommended that a ‘resource kit’ for use by services and the wider community be developed. This resource kit could include:

- written information relevant to parenting, in the form of evidence-based short articles or fact sheets on particular parenting issues. These articles could be provided by local services to local newspapers, other service agencies and community groups to include in their newsletters, and so on
- written information about parenting and child development that could be utilised by employers in the workplace—for example, placed on notice boards, included in newsletters and distributed to all employees with pay slips, and so on
- ideas for strategies to determine what the community needs to know to support parents more effectively in their parenting role
- draft templates for community newsletters, press releases, stories based on evidence—could also include some video footage that could be available to community groups for displays and expos
- some ideas to engage local employers in fostering a more family-friendly workplace.

This information would be useful for the Communities for Children sites and also for the Child Care Links initiatives. The material could be developed and collated in a CD/DVD format and made generally available through the proposed parenting website.

Recommended strategies to support fathers

The need for early childhood services to be more inclusive of the needs and interests of fathers was consistently highlighted in the consultations. Fathers consistently reported that they often felt unwelcome in services. These services were reported as mostly designed by women and welcoming to mothers. Parents think differently, and need different information, at different times, in different formats. Fathers prefer hands-on, experiential approaches to learning about child development and how to best interact with their children. They reported a desire to increase their confidence with handling babies, to learn more about behaviour management techniques, and to understand how their relationship with their partner alters when they become parents.

1. Poster development

It is recommended that a set of posters be developed with key messages just for fathers, for use by all universal services in their entrance, waiting and program areas. These posters should promote the role of fathers at various stages of the lifecycle, from birth through to toddlers, preschool and school. They could also focus on messages that indicate what it means to be a father. The posters should be distributed to all child care and child health services across Australia, and could be made available more generally through the proposed parenting website.

2. Resource around engaging fathers

It is recommended that a resource to ‘teach’ professionals how to engage fathers more effectively be developed and distributed broadly. This could include tips and ideas on how professionals can make their service more inclusive for fathers, including intake processes and the provision of information relevant to fathers. This resource could be produced in a CD/DVD format and made available through the proposed parenting website.

Recommended strategies to support single parents

The consultations highlighted a number of issues facing single parents, both mothers and fathers, many relating to broader support and financial needs such as housing, transport and financial pressures. Parenting issues were similar to those facing all parents, but the added stress of ‘going it alone’ means that a greater effort is needed to connect single parents to the social supports they need. Teenage single parents in particular need child health and development information and support.

1. Information included in the universal service system

It is recommended that specific information that is relevant to single parents be included in the universal resource described above. Single parents require the same information as other parents about developmental and behavioural issues, as well as information about how to access support and resources if needed.

Recommended strategies to support culturally and linguistically diverse (CALD) communities

While many issues relating to parenting are common to all parent groups, there are concerns that the broad construct of parenting in Australia is not inclusive of parents from CALD backgrounds; that Australian culture tends to assume that parenting is the same across all cultures. Language barriers can perpetuate difficulties faced by CALD families, with many families finding it difficult to learn about and access available support services, and printed support material often relies on bilingual staff and interpreters to transfer knowledge. Recommendations from evidence suggest further work is required to clarify differences in family expectations, communications and learning styles relevant to specific CALD communities and to adapt material in culturally appropriate ways.

Information, education and support for families from CALD communities should take into account and respect the specific cultural background of families, recognising cultural beliefs and practices, and the impact they have on a family. Community leaders and elders can play a significant role by providing valuable links to the community and helping to build effective bridges that connect families and services. Culturally sensitive parenting information needs to be produced in different languages, and support strategies should utilise a number of different media at the national and community level to promote and report on positive parenting practices that differ across cultures.

1. Project/s to engage specific cultural groups

It is recommended that a project/s be undertaken to engage specific cultural groups in different areas across Australia and develop specific strategies to support them in their parenting role. Cultural groups considered a priority include Arabic, Horn of Africa, Bosnian, Chinese, Croatian, Somali, Spanish, Turkish and Vietnamese. Strategies should be developed to work with leaders in these communities over an extended time to determine the issues facing parents and, in partnership with the communities, to design and implement strategies that will positively assist them. Results from these projects could be written up and resources developed that would be useful for cultural groups in other areas.

Recommended strategies to support parents of children with a disability

Parents, particularly first-time parents, who have children with a disability face many challenges in their parenting role. These challenges are often life-long. Parents reported on the many difficulties facing them in working with the broad (and always changing) range of service providers who support them in their caring role. Parents reported particular frustration with the lack of understanding in the medical field and the general community about the impact of having a child with a disability. The evidence clearly suggests that the timing and manner in which parents receive information about their child's disability affects how they undertake their parenting role.

1. Video and booklet development

It is recommended that a video and booklet be developed for parents who have a child with a disability, that talks about looking after the whole family ‘like any family’. This resource could be provided to parents at the time of the child’s diagnosis, and distributed through maternity hospitals and child health services.

2. Increase understanding of the impact of being a parent of a child with a disability

It is recommended that strategies be developed to provide medical staff with a better understanding of being a parent of a child with a disability and how it affects the family as a whole. Strategies could include written information for doctors and other staff accessible via the proposed parenting website and through the College of General Practitioners, Obstetrics and Paediatrics.

Recommended strategies to support grandparents

More grandparents are responsible for the primary care of grandchildren than ever before, and they experience a wide range of practical concerns, including financial and health issues, an absence of accessible transport, a lack of legal status, and the need for larger housing to accommodate children. Many do not understand what financial or emotional supports are available to them, nor how to access them. Some suffer social isolation from their own peer group and are often the centre of inter-generational conflict between family members and parenting styles. Many seek up-to-date information about modern parenting techniques and information about child health and development, about what to do in an emergency, or about accessing respite care in the event of personal health issues. Professionals need to be aware of the different roles and responsibilities of grandparents today, and be mindful that they are supported appropriately.

1. Information included in universal service system

It is recommended that information be included in the universal resource described above that is relevant to grandparents who are caring for children. Grandparents who are caring for children require similar information to parents about developmental and behavioural issues, as well as information on how to access support and resources if needed. Consideration will need to be given to possible different dissemination points for grandparents, for example, through Centrelink, senior citizens’ venues and newsletters.

2. Increase awareness of available benefits and entitlements

It is recommended that strategies be developed to enable grandparents to become more aware of the benefits and entitlements they can receive through Centrelink as a result of being primary carers for their grandchildren. This information could be included in age pension newsletters and other printed materials that are currently accessed by older people.

Recommended broad strategies

A number of issues were raised during the consultations by parents, professionals and other stakeholders that relate to broader strategic or system issues and concerns. While many of these issues and concerns are valid and need to be addressed, they are outside the scope of the Parenting Information Project. However, given the commonality of these issues and concerns, it is appropriate to identify them and offer some suggestions to move them forward. It should be noted that activity may already be occurring to address these areas.

1. Need for better linkages

Over recent years there has been a marked increase in interest in and activity, at all levels of government across Australia, relating to the early years. This has resulted in a wide range of funding and programs being made available to support parents in their parenting role and to promote early childhood development and ‘readiness for school’. Many new programs testing different ways of providing support to families have been funded, and there have also been increases in funding to meet demand for existing programs and services. Given the high level of activity that is occurring at both state and territory level and within the Australian Government, mechanisms are needed to link new and existing initiatives more effectively, including strategies to bring different sectors together. The Australian Government, through the Stronger Families and Communities Strategy and the National Agenda for Early Childhood, has a vital role in facilitating discussions between the key players to reduce the likelihood of duplication and to address gaps in service delivery. In many areas these discussions are already under way.

2. Need to inform the general community better

The important role that extended family, friends, work colleagues and the general community play in the provision of support to parents with young children was highlighted throughout the consultations. Research evidence suggests that the informal support provided through these groups is crucial to the wellbeing of children and families. Parents reported that their extended family and friends were always the first port of call if they needed information or support in their parenting role. There were many suggestions during the consultations about how we could ensure that extended family and the community at large are better informed about the way children grow and develop, the importance of the early years, and strategies to support parents more effectively in their parenting role. The general view was that a major media campaign is needed to promote specific messages about parenting. These messages include:

- ▶ information for fathers and ideas and suggestions about activities they could do with their children
- ▶ promotion of the role of grandparents and ideas for where they can seek further information and assistance if needed
- ▶ general information on child development and managing children’s behaviour
- ▶ information about the importance of the early years
- ▶ the role of children in our community.

It was also suggested and supported by the evidence that such a media campaign would need to be backed up by some mechanism for parents to follow up to get further advice and support if needed. Linking up the state-based parent telephone lines to a national 1300 number was suggested as a means to achieve this.

While the ideas put forward for a broad community media campaign have a sound basis, extensive development and planning needs to occur with a range of stakeholders, including state and territory governments, before this can be implemented. A campaign such as is suggested here would require a long lead time for consultation and planning with all the stakeholders and a level of budget that is outside the scope of the current Parenting Information Project. It is recommended that discussions continue between the states and territories and the Australian Government around a number of areas where partnerships could be fostered—in particular, a national approach to supporting parenting through the media supported by a national hotline.

Staged implementation schedule

This project has demonstrated how complex a business parenting is, and how many factors impact upon parents' ability to raise their children as well as they would wish. Clearly, any strategy to promote parenting capacity must also be complex, and cannot be implemented at a single point in time. The following staged approach outlines how a comprehensive strategy for promoting parenting capacity could be introduced over time. Recommended strategies have been separated into two stages. Stage 1 depicts strategies for implementation in the short term while Stage 2 presents those for implementation in the longer-term. (It needs to be acknowledged that not all of the areas in which action is needed are the responsibility of the Australian Government. Nevertheless, as argued earlier, the Government, through the Stronger Families and Communities Strategy and the National Agenda for Early Childhood, can play a key leadership role in developing a truly national approach to promoting parenting capacity.)

Stage 1: Strategies for implementation in short term

Development of a universal resource for parents

This should include basic child development and parenting information, as well as information about how the general system of services operates, and where to get help for any child and family problems. Material should target the general parenting population and include material relevant to specific parent groups as appropriate.

Linkage with parenting website

The universal parenting resource could be made widely available via the parenting website which the Australian Government has recently announced will be developed after a call for funding applications.

Development of resources and strategies to support particular groups of parents

The development of these resources should include:

- ▶ developing posters aimed at fathers and a resource for services on how to engage fathers
- ▶ undertaking project/s to engage specific cultural groups
- ▶ developing information resources to support parents who have a child with a disability
- ▶ developing strategies to increase grandparents' awareness of available benefits and entitlements.

Development of a resource kit for use by services and communities

This resource kit could include written information relevant to parenting and child development; ideas about ways in which communities can support parents more effectively; and how to engage local employers in fostering a more family-friendly workplace.

Development of a practical resource to help professionals work more effectively in partnership with parents

This should include strategies about how to engage parents, work in partnership with them and, in particular, to identify and engage parents who may be 'hard to engage' or who have specific needs.

Development of a practical evaluation resource for services

This resource would support parenting services in developing and implementing their own evaluation activity as a component of ongoing program development and implementation.

Conducting a national workshop on evidenced-based practice

This workshop would bring together key academics and service providers to discuss and debate the issue of what constitutes evidence-based practice in parenting programs.

Stage 2: Strategies for implementation in longer term**Exploring ways of developing better linkages between systems and services**

Given the high level of activity that is occurring at federal, state and territory level in developing programs to promote parenting capacity, coordination is urgently needed. The Australian Government, through the Stronger Families and Communities Strategy and the National Agenda for Early Childhood, has a vital role in facilitating discussions between the key players to reduce the likelihood of duplication and to address gaps in service delivery.

Development of ways of informing the general community better

This could take the form a major media campaign to promote specific messages about parenting. Such a campaign would need to be comprehensive, incorporate a variety of delivery approaches, and be accompanied by a suitable mechanism to allow parents to seek further advice and support as needed.

1. Introduction

1.1 Background to project

In May 2003, the Prime Minister announced a commitment of \$10 million under the Stronger Families and Communities Strategy to early childhood prevention and intervention initiatives. From this \$10 million, \$8.8 million has been allocated to initiatives under the National Agenda for Early Childhood, including \$3.2 million allocated to the Parenting Information Project. The project involves two phases. Phase One further develops the evidence base around early childhood and positive parenting by finding out what parenting information is currently available, what parents want, at what transition points, and how best to get it. Phase Two of the project will involve developing and testing parenting information products and/or approaches based on these findings. The Department of Family and Community Services engaged the Centre for Community Child Health to undertake Phase One.

1.2 Project structure

Phase One of the Parenting Information Project was undertaken between January and May 2004 and involved two key stages.

1. The first stage involved a literature review of best practice parenting programs and information focusing on the messages parents need to know and how the messages are best delivered. This stage also involved the identification and documentation of examples of current parenting programs and information in Australia and the identification of gaps in information provision.
2. The second stage of the project involved substantial consultation with key professionals, policy makers and parents in each state and territory to identify what information and approaches would support parents more effectively, and when and how this information is best provided.

These two stages culminated in a national workshop in late April 2004 to build on key findings, to consider a model for the provision of parenting information and support, and to consider actions for the future. The findings of this project will inform the possible development and testing of parenting products and/or programs for possible implementation during Phase Two of the project.

Phase One of the project was undertaken by the Centre for Community Child Health. A separate project with an Indigenous focus is being undertaken by the Secretariat for National Aboriginal and Islander Child Care. A separate report, specifically about Indigenous parenting, will be provided later.

1.3 Report structure

This project is reported in five volumes, detailing the findings from each stage of the project. The volumes are titled:

- ▶ *Volume 1: Main report*
- ▶ *Volume 2: Literature review*
- ▶ *Volume 3: Research into the information needs of Australian parents*
- ▶ *Volume 4: Consultation with professionals*
- ▶ *Volume 5: Compilation of information and program materials.*

This volume (*Volume 1*) presents a summary of the key findings from each stage of the project. Section 2 provides the executive summary from the literature review. Section 3 details the key findings from consultations with parents, and Section 4 highlights the key findings from consultations with professionals and policy makers. Section 5 presents an overview of the available materials compiled during the project. Section 6 briefly outlines the national workshop held in April 2004. Finally, Section 7 provides a summary of a conceptual model for the provision of parenting support in Australia, and Section 8 reflects on the project as a whole, offering recommended strategies for consideration.

2. Literature review

This section presents the executive summary of the literature review completed for this project. For a full version of this review, see *Volume 2: Literature review*.

2.1 Introduction

The literature review is in two parts. Part A: 'Parenting and the factors that influence it', was undertaken by the Victorian Parenting Centre, Melbourne. Part A summarises the current state of knowledge about the factors that impinge upon parenting, including characteristics of the parent and child, and the social, familial and environmental context. The purpose is to inform the development of parenting information, education and supports to assist parents of infants and young children. Part B: 'Approaches to supporting optimal parenting', was prepared by Jennifer Parrott of the Centre for Community Child Health, and Dr Frances Page Glascoe of Vanderbilt University, Nashville, Tennessee. Part B looks at the most effective ways to help families parent their children and acquire the parenting skills they need.

2.2 Part A: Parenting and the factors that influence it

Parenting is a socially-constructed role that is influenced by a wide range of personal and contextual factors interacting in complex ways. Approaches to parenting information, education and support need to acknowledge this complexity, and the variation that occurs from family to family.

Some parents, because of social or personal circumstances, need more resourcing and education than others. As well as strategies to broaden the range of parenting skills available to these parents, what would be particularly useful is information and education that focuses on personal coping strategies, how to establish and maintain positive social supports, and how to work effectively with the service system. Effective intervention will address those things that are a barrier to parents learning through their own experience, such as anxiety or a lack of personal sense of efficacy. Importantly, parenting intervention should aim to enable parents to solve problems for themselves.

Parenting is not only adult-driven, but is actively shaped by children in their interactions with their parents. Sensitivity and responsiveness to the cues given by children is therefore critical for effective parenting. Knowledge of child development may be important, particularly where parents have unrealistic expectations of, or incorrect attributions for, a child's behaviour; however, this knowledge alone may not be sufficient when other factors impinge upon parents' ability to put knowledge into practice.

There is no universal standard of ‘good’ or ‘effective’ parenting, and in considering the effectiveness of parenting, it is appropriate to examine the function of the parenting behaviour for the child rather than its form. Parenting practices that result in positive outcomes for children can take many forms and are influenced by many factors, such as the child’s temperament, environmental circumstances, culture, social expectations, parents’ gender, and parents’ own experience of being parented.

Parenting is more likely to be effective when parents adapt their practices to meet their children’s changing needs—when they are perceptive of these needs, responsive to them, and flexible in this responsiveness. Many factors can affect a parent’s capacity to do this, creating vulnerability. What is helpful will vary according to the factors that lead to this circumstance. Where a child’s behaviour is challenging and parents lack ideas on appropriate strategies to manage the situation, there is a need for training in parenting skills. Where personal or social adversity factors predominate, the emphasis may most appropriately be placed on addressing these factors. Where there are multiple risk or adversity factors, a multi-faceted approach is indicated.

The research into the needs of specific groups of parents has a number of implications for parenting interventions.

2.2.1 Parent characteristics

A proportionally higher level of resources should be invested in intervention and support for **first-time parents**, to lessen the greater risks associated with caring for the first baby and to establish positive patterns of care-giving.

Families headed by **adolescent parents** are a high-risk group that warrants systematic early intervention and support. Group-based intervention has been shown to be both more supportive and more cost-effective than individual intervention. Intervention needs to take into account the parents’ own developmental and social needs, and an important goal is to help adolescent mothers stay at school. Programs should incorporate other adults (for example, grandparents) living with the child. Dropout from parenting programs is high among adolescent parents and specific strategies are needed to engage and maintain their involvement (for example, home-based programs, programs in the school setting, multiple services from one contact point).

Fathers should be encouraged to build their parenting skills and involvement early in their child’s life, as a normal part of family life. Organisational policies need to promote family friendliness in the workplace and actively support the father’s role. Fathers may require assistance to establish parenting skills, especially in the face of family breakdown and shared custody. Mothers’ views and support are influential in the roles fathers take, and these views need to be addressed in parenting programs. However, while it is clear that many fathers could benefit from parenting education, the effectiveness of programs that target fathers is yet to be determined.

Grandparents should be considered in any attempts to support families with parenting. Their influence varies greatly depending on the amount and type of contact they have with their grandchild, their perceived responsibility to influence the child’s upbringing, and a range of other contributing factors. Grandparents acting as primary

caregivers have much greater need for help, especially where there is family breakdown and/or parental mental and physical health problems. Approaches might include support groups, access to service providers, and parent education programs to meet the specific needs of those raising grandchildren, including caring for one's own health; parental drug addiction; current societal issues such as drugs, AIDS, sex education; and raising children who have experienced trauma or who have learning difficulties.

There is no evidence to suggest that **homosexual parents** need parenting interventions that are different from those available to all parents, although they may need information specific to the circumstances of families with gay and lesbian parents (for example, the challenges of divorce and single parenthood). Parents may benefit from assistance with particular issues facing homosexual parents, such as negative community attitudes and prejudice that children might face.

Whilst there are strong links between parent and child **physical health**, the influence of parent health on general development seems to be indirect, mediated by the psychological sequelae of ill health. Stress, depression or tiredness associated with physical impairment may affect interaction between parent and child. At the same time, child physical health is linked to the socialisation practices of parents. The evidence clearly points to the need to support parents in shaping their children's health-related behaviours.

When **parents have physical or sensory disabilities**, the challenge is to remove the barriers to parenting information and support, and ensure appropriate adaptations in content and mode of delivery for this socially-disadvantaged group. Research, for example, has demonstrated that mothers' attachment and nurturing behaviours are strongly influenced by immediate contact with the baby following birth, breast-feeding, and recognition of infant sensory cues—all areas that people with physical or sensory disabilities may need additional support and assistance to establish.

Parents with learning difficulties are vulnerable, especially where there is also social and psychological adversity. Given the wide range in parenting capability and confidence across this group, agencies need to consider intervention and support needs on a case-by-case basis. Assessment needs to take a functional approach—what is the parent actually doing?—and intervention should take into account the parent's cognitive limitations, and be matched to the parent's learning style and needs. The most effective intervention strategies are home-based and skill-focused, and use competency-based teaching strategies. An ongoing program of strategically timed support is often needed, as these parents negotiate major developmental milestones and transitions in caring for their children.

The emotional and psychological wellbeing of parents has important implications for children, and children of **parents experiencing mental health problems** are at greater risk of a range of psychosocial and developmental problems, and are less likely to benefit from mainstream parenting education efforts. The actual quality of parenting has been found more important than the mother's diagnostic status. However, the evidence is clear—especially concerning depression and psychotic disorders—that early intervention is warranted. Interventions should target mothers with multiple risk factors (for example, depression and economic disadvantage).

Strong evidence also supports intervention at the level of **daily parental stress**, including assistance for parents with young children, multiple children, or children with challenging temperaments or disabilities. Interventions need to help parents remove sources of stress (for example, by developing more effective routines or managing common childhood behaviour problems) and cope better with the stressful demands of parenting.

There is a clear relationship between **parental substance abuse** and child abuse in a significant subsection of drug-using families (although research does not rule out the possibility, or likelihood, that substance abuse and adequate parenting may co-exist in a large percentage of families with substance-abusing parents). Broad-based interventions are required pre-natally and throughout infancy, as post-natal environmental conditions (for example, parental conflict, continued substance abuse) may intensify effects related to pre-natal substance exposure. An initial step would be to trial existing well-evaluated behavioural family interventions with this group. High-risk families—those with five or more risk factors (for example, maternal depression, domestic violence, non-domestic violence, large family size, homelessness, incarceration, mental health impairment, absent male partner)—could be targeted for more intensive early intervention. Interventions may need to be tailored according to the type and nature of substance abuse, as substance-abusing parents differ in their behavioural and personality characteristics and treatment needs.

There is evidence that **people's experience of being parented** influences how they parent their own children. While the majority of parents who were abused as children do not go on to abuse their own children, extreme parental deprivation (for example, institutional care) can lead to severe parenting difficulties, and less extreme parenting problems may be transmitted across generations. Few research projects have looked at interventions designed to interrupt the cycle of violence, but mediating social and psychological factors have been identified that might be usefully explored in helping victims of abuse to become positive parents. These include assistance to develop adequate support networks; stress management skills; helping parents develop realistic expectations about their children; promoting the development of strong and supportive interpersonal relationships; and encouraging affiliation with supportive groups. Effective strategies for at-risk groups promote problem solving and conflict resolution without violence, and teach positive parenting strategies.

While research shows that intervention can increase a parent's **knowledge of child development** and lead to positive changes in parenting behaviour, there is no convincing evidence that increasing parent's knowledge of child development alone (milestones, appropriate ages and stages) can change parenting behaviour or lead directly to benefits for children. Further research is needed to isolate the impact of increasing knowledge of child development from the other benefits of parent education such as skills training. Instead, it may be more appropriate to focus on helping at-risk parents develop greater sensitivity and greater reciprocity in their interactions with children.

Alternatively, the focus might be placed on countering distorted parental expectations that are based on a lack of understanding of children's developmental stages and capabilities. It is likely to be particularly important to help parents view the challenging behaviour of their children within a developmental context (for example, developmentally-driven curiosity) rather than a moral context (for example, a deliberate act of choice). Information of this kind would include a focus on the limitations of young children's self-regulatory capacity, and the implications of motor and social development for day-to-day management of children (for example, safety issues that arise with the rapid development of climbing ability in young children). Providing parents with information about the enormous learning potential of young children may be an important way to encourage them to engage in care-giving behaviours that promote optimal development.

A focus is warranted, in parenting education programs, on **the way parents think**, particularly for programs aimed at preventing physical abuse of children. The most promising area is that of changing unhelpful attributional processes—that is, the way parents interpret their children's behaviour (for example, as intentional and controllable) and hence respond to it. Attribution is closely related to parents' core beliefs about parenting, and parents generally need to change aspects of these belief systems if they are to change the way they interpret their children's behaviour. Parental beliefs are a particularly important consideration when working with culturally diverse groups and culturally specific parenting practices. Psychosocial variables can also impair parenting by undermining parents' perceptions of their own competency—their own 'self-efficacy'. Whilst more research is needed, it is clear that positive change can be achieved even when variables such as social circumstances or child characteristics (for example, temperament) cannot be changed. Any proposed parenting program should include a demonstrated capacity to alter parents' self-efficacy.

2.2.2 Child characteristics

Parenting responsibilities are greatest in **infancy** when the child is totally dependent on caregivers. This review suggests that the transition to parenting can be seen as an important time to promote realistic expectations about changes that will occur in families. Parenting programs should also incorporate information about children's development, in a way that is culturally sensitive and acknowledges other factors that may impact on the parenting role.

A range of variables appear to moderate the influence of **child gender** on parenting. These include parents' gender, their cultural background, the division of labour and child care responsibilities in the family, economic opportunities, and religious beliefs and values. However, at present, in the absence of research confirming the extent to which gender-specific parenting practices affect outcomes for boys and girls, it may be more important for parenting strategies to focus on the strengths, interests, skills and personality of individual children rather than their gender.

Research relating to child temperament also has implications for potential parenting intervention. For example, there is some research that shows benefit in providing parents with information and strategies that focus on the child's temperament.

However, it is important to note that for positive child outcomes many parents need such information provided in the context of intensive face-to-face support rather than the provision of written information alone.

Coping with the extra demands of **a child with special needs** is easier when family income is higher, both parents are present, their relationships are harmonious, and social support is available. Interventions may usefully target families where these protective factors are absent or compromised. Interventions should help parents to deal with stress and anxiety at critical times, such as at diagnosis or during hospitalisation, as well as with the ongoing burden of care. Parents can also be encouraged to recognise the potential for personal growth and sense of achievement that may arise through parenting a child with special needs. Specific and appropriate skills training can increase parents' sense of efficacy in the parenting role. Four categories of intervention for children with chronic illness have demonstrated promise—disease specific, individualised interventions for high stress times, problem-solving skills training, and educational-behavioural intervention.

There is substantial evidence for the effectiveness of parenting interventions for parents of **children with an intellectual disability**. Interventions have been delivered successfully to individual parents and to parents in groups, using videotape, written parenting advice, and telephone support. Such interventions have been associated with positive changes to parental functioning and child behaviour.

Where there are associations between parenting and child behaviours, it is not a simple matter of **child behaviour** causing parent behaviour or vice versa. There is no single causal direction; the influence of parent and child behaviour goes both ways. Furthermore, the cyclical processes involved in parent-child interactions are affected by parent characteristics such as gender, age and mental health; child gender, age, and temperament; and contextual and socio-cultural factors. When unhelpful parent-child interaction cycles have developed, the critical issue is deciding at which point to intervene. Clearly in the case of young children, intervention should begin early with parenting strategies that interrupt escalating cycles and promote positive behaviours in both parents and their children.

Based on the material reviewed, the fact that parents may treat the first-born and later-born children differently does not seem significantly to influence their development or their level of attachment. In fact, very little of the variance in child outcomes can be explained by **birth order**. Perhaps the variation in parenting is possibly better explained by other factors such as experience with parenting, gender of parent, the age difference between siblings, the child's temperament, and the family's socio-economic status and cultural background. Therefore there does not seem to be any particular advantage in designing future parenting programs with birth order in mind.

2.2.3 Family factors

Research on the effects of **family structure** suggest that it is disruption caused by transition to new structures, rather than the type of family structure itself, that can be problematic. Further research is needed to determine the best ways to assist parents

to cope and to foster stable, supportive environments for their children in these times of transition. For example, step families have benefited from programs that help them to establish their lives, strengthen their marital relationship, and develop a parenting partnership. Programs should address the particular challenges faced by different types of families (single-parent, step, and adoptive families) seeking assistance.

High levels of **marital conflict** have a negative impact on children. It affects parental involvement, discipline, and consistency, and is linked to behavioural difficulties in children. Conflict between parents needs to be acknowledged and addressed in parenting interventions, but research is equivocal about the best way of doing this, and it may require investigation at an individual family level.

A child's **physical environment** in the home needs to provide adequate shelter and conditions to support health, safety and child development. While parenting interventions cannot address the contextual issues of poverty, low socio-economic status and low educational attainment, information and advice (for example, on safety in the home, or access to resources for play) may enable parents to make the best of the home environment that they are able to provide for their children. Guidelines for affordable, age-appropriate play materials and ideas for play interaction with their children could be helpful for many parents. What is important is the degree of parent involvement to help children access and use these resources, rather than the amount of money spent on them.

Most mothers and nearly all fathers in Australia are in some form of paid **employment**, with most fathers in the workforce working full-time. The demands and difficulties at work and home interact, and programs are needed to assist parents to achieve satisfaction both in work, at home, and in family functioning. Employers support a healthy balance between work and family when they provide flexible work policies that are responsive to parents' needs; however, such policies and practices are not universally available. Appropriate workplace policies and practices not only improve family functioning, but increase worker satisfaction and performance when parenting is working well at home. Hence, as well as extending the availability of flexible work practices to all parents, employers might be encouraged to resource or provide parenting programs for staff with children.

2.2.4 Cultural factors

Culture impinges upon parenting through parents' beliefs, values and actual parenting practices, although it is claimed that parents share the same broad goals for their family regardless of culture—their children's health, imparting of skills for economic survival, and encouragement of attributes valued by the culture. Information, education and support for parents should take into account the cultural background of families; however, assumptions should not be made solely on the basis of cultural difference. What is needed is an understanding of the role that particular cultural beliefs and practices have in individual families.

Parenting interventions for **Indigenous families** need to acknowledge and accommodate the role of extended family and kin. Family obligations may take priority over the interests of individuals, and decision-making about children is typically shared with extended family members. Grandparents, aunts and uncles play an active role in child care, and grandparents play an important role in transmission of cultural knowledge and customs. Programs also need to cater for the relatively younger age of Indigenous mothers. Parenting support cannot be divorced from the context of health, housing, education, and other areas of disadvantage for Indigenous Australians.

2.2.5 Social and economic factors

Parenting programs should form part of a broader social development strategy to assist parents to improve their **social and economic circumstances**. Financial hardship has a negative influence and assistance to increase parents' financial resources and/or cope within their current resources may be helpful. Family education based on protective factors is particularly relevant when families are exposed to multiple risks, including low socio-economic status. Improving education for mothers in low socio-economic circumstances would seem to be important, given that maternal education is a reliable predictor of parenting practices and child outcomes. Recently proposed measures of social and family functioning cover five key resource domains—time, income, human capital, psychological capital, and social capital.

Families living in **poverty** vary widely and a similar range of approaches is needed to support parenting. All the factors that promote positive parenting across income groups—including social support, strong religious beliefs, educational attainment and maternal self-efficacy—are relevant to these families. The effects of poverty may be greatest for younger parents, so interventions should be as early as possible in the life of the child. Poverty is not easily defined, and families who do not fit within a rigid 'poverty' category may still experience a level of hardship that has a negative impact on parenting. Thus, it may be beneficial, rather than assessing 'poverty', to assess the extent to which families have access to sufficient resources—including parenting information, education and support—to facilitate their children's health and development.

While access to personal and institutional resources appears to be a protective factor for families in adverse circumstances, in practice, it appears that the families most in need are least likely to live in **neighbourhoods** with good resources. Therefore, perhaps the challenge for these communities is to provide sufficient resources and create environments that assist families directly and support parents in their parenting roles.

Parents' beliefs and attitudes about parenting and their parenting behaviours are influenced by their **social relationships and networks**, and factors that influence the development of social supports and networks also affect parents' support-seeking activities. Parents need information, education and support available to them in a way that is acceptable, accessible, and timely. Practitioners in local services who have regular contact with families may be well placed to assist parents to identify the supports available to them and advise on additional sources of help.

Given the widespread use of informal supports, there would be advantage in interventions that equip parents to work successfully with their social networks and supports, particularly for families who experience difficulties in this regard; although the best way to do this is not yet clear.

2.3 Part B: Approaches to supporting optimal parenting

Part B presents a review of the methodology and effectiveness of the diverse range of intervention strategies that are utilised in the field of parenting education. The review was based on the body of available knowledge, research, and what is known from clinical practice. No one strategy stands out as being more effective than the others, as many contextual factors are involved and the interventions range from brief and highly-specific to prolonged and intensive.

It is possible, however, by identifying the characteristics of effective strategies used for particular target groups and in relevant contexts, to provide some guidance on features to incorporate in future programs. The sections that follow summarise the positive features of each effective parenting education strategy identified in the review, evidence-based outcomes and applications, and recommendations for implementation.

2.3.1 Verbal information

Whilst the available research suggests that clear, standardised verbal suggestions are effective in delivering information, all the studies identified used specific and relatively simple content. To achieve profound behavioural change or for teaching complicated skill sequences, effectiveness research suggests that verbal information alone is insufficient. Thus for altering dangerous or detrimental parent-child behaviours, verbal suggestions are best accompanied by other education methods.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ easy to use ▶ most commonly sought method of communication used by parents. 	<ul style="list-style-type: none"> ▶ effective for increasing parental knowledge ▶ effective, when combined with supportive counselling, for decreasing parental anxiety. 	<ul style="list-style-type: none"> ▶ present clear, specific, standardised verbal advice ▶ advice is best delivered by a professional ▶ encourage active learning and participation, when using structured presentations ▶ combine specific verbal suggestions with other methods, for example, counselling.

2.3.2 Telephone information, advice and support

Telephone-based services can be delivered cheaply and are generally viewed favourably by parents, including those targeting parents of children with specific conditions. Advantages for parents include savings of time and money on appointments, and easy access for rural families. Limitations include lack of longitudinal contact with a professional, dependence on a telephone (limiting access for poorer families), limited use by lower-income and less educated families, and difficulties likely to be experienced by non-English speaking families.

Telephone information alone has not been shown to have an impact on parenting skills and child functioning; however, it can be a useful part of a multi-media parent training package, combined with other strategies such as written material. The delivery of standardised instructions appears more effective than ad hoc information.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ high satisfaction among parents using telephone triage by professionals such as doctors and nurses ▶ reduces time and cost of hospital appointments ▶ reduces travel time and cost for rural families ▶ increases access to quality care for families (often on 24-hour basis) ▶ cheap to deliver. 	<ul style="list-style-type: none"> ▶ effective for behaviour management (for example, school bullying) for parents of primary-aged children ▶ effective for parents of younger children (0–5 years) ▶ limited uptake by low-income families. 	<ul style="list-style-type: none"> ▶ standardised instructions are more effective than ad hoc information ▶ telephone services are best used to complement and support other strategies, for example, written self-help material.

2.3.3 Email

Very little research is available on the use of email communication for delivering parenting information. Whilst it appears that it may have advantages for administrative staff in reducing telephone contact time with families, there are medico-legal and privacy issues to be considered.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ reduces telephone contact time for administrative staff during busy periods, for example, doctors' clinics ▶ provides electronic record of information sought by and provided to parent. 	<ul style="list-style-type: none"> ▶ not yet demonstrated. 	<ul style="list-style-type: none"> ▶ clarification of medico-legal aspects relating to the Privacy Act needed before further implementation.

2.3.4 Written information

Informational handouts can be effective educational tools, particularly when they are accompanied by a personalised approach and advice. A personalised approach generally substantially increases people's recall of the material presented, and its effectiveness in achieving its desired outcomes. In particular, it helps to engage parents' interest and motivation—an essential step if handouts are to be effective teaching tools.

Written material needs to be readable and readily understood. A functionally illiterate person is defined as reading below the 8th grade level (average 13-year-old), which is the level of most newspapers and digest-type magazines. Informational literature should be written at or below this level, but most is above this level. The text should be simple, direct and focused.

An understanding of cultural differences, particularly as they relate to parenting and early childhood, is critical to providing effective services in a multicultural society. Information and educational interventions generally tend to be based on mainstream culture. Differences in family expectations, communication and learning styles need to be identified and understood, and assessments, instructions and information adapted in culturally appropriate ways. Further research is needed to ascertain the most effective ways to achieve culturally sensitive family interventions.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ improves recall and knowledge ▶ used to reinforce verbal information ▶ increases understanding, decreases anxiety, and encourages compliance and self-management. <p>Age-paced newsletters:</p> <ul style="list-style-type: none"> ▶ common parental concerns addressed in relation to the child’s age, with emphasis on knowledge of development, parenting, health care, and emotional wellbeing ▶ increases knowledge about development and parent–child relationships ▶ increases parental self-confidence. 	<ul style="list-style-type: none"> ▶ effective for complex topics or teaching skills involving multiple steps, for example, in behaviour management programs. 	<ul style="list-style-type: none"> ▶ a personalised approach in disseminating information improves effectiveness, rather than giving the written information by itself, for example, discuss handouts during an appointment, rather than being given without further instruction ▶ important material should be presented first verbally and reinforced by written material ▶ strategies such as a self-monitoring calendar and telephone reminders increase effectiveness ▶ also effective if informational handouts are sent by mail in conjunction with a media campaign to raise parents’ interest in the intervention. <p>Readability/literacy levels:</p> <ul style="list-style-type: none"> ▶ resources need to be relevant and easily readable, written at 8th grade level (average 13-year-old). Some research recommends lower level (5th grade, average 10-year-old). Standard readability formulas are in most word-processing programs ▶ replace medical and technical jargon with everyday language where possible. Use short sentences, avoid prepositional phrases and passive tense ▶ write for the desired health behaviour rather than for high-level knowledge ▶ determine key points to achieve behavioural objectives. Limit the number of concepts ▶ personalise the information by using ‘you’. <p>For CALD families</p> <ul style="list-style-type: none"> ▶ clarify differences in family expectations, communication and learning styles ▶ adapt assessments, instructions and information in culturally appropriate ways.

2.3.5 World Wide Web resource material

Given the wealth of information available via the World Wide Web and the relatively easy accessibility to families, it can be an effective resource, provided families have the skills and resources to identify reputable websites and accurate information. The main concern is for those families who are functionally illiterate or are marginal readers and are unable to differentiate or understand the content of the information accessed.

There is an urgent need for the Australian Government to develop or fund an effective consumer guideline filter to ensure that what parents access is quality information that is readable and trustworthy.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> provides access to large amounts of information on many topics relating to parenting. 	<ul style="list-style-type: none"> not yet demonstrated. 	<ul style="list-style-type: none"> improve accessibility of parent education materials, for example, rapid and easy downloading of audio and visual clips develop/disseminate guidelines to assist parents to distinguish credible, current and accurate advice from an authoritative source develop an effective consumer guideline filter to ensure that what parents access is quality information that is readable and trustworthy.

2.3.6 Parent-held records

While parents express high levels of satisfaction with parent-held health records, research is limited to studies of satisfaction and deployment rates. It is not yet clear whether the record's content relevant to developmental promotion is effective in guiding parenting skills and preventing or intervening with problematic child behaviours and development.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> popular with parents—high user satisfaction rates provides anticipatory information on a range of developmental and behavioural topics. 	<ul style="list-style-type: none"> not yet demonstrated beyond satisfaction studies. 	<ul style="list-style-type: none"> research is needed on the efficacy of parent-held records in preventing or intervening with developmental and behavioural difficulties.

2.3.7 Videotape

Instructional videotapes have been effective in producing short-term increases in patient knowledge when shown on specific topics in situations such as clinic waiting rooms. However whether this increase is maintained over time is not known, as studies have focused on immediacy of information recall.

Deep learning entails a parent being able to derive personal meaning from knowledge gained, and to be intrinsically motivated to alter their way of interacting with their child and the world. A combination of video series and verbal discussion groups appears to be most effective in achieving such learning. For effective use with people of different cultural sensitivities, it is important to seek advice on settings and cultural practices from those to whom it is intended and to use real life situations and people.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ can convey information in a consistent, interesting way particularly for complex topics ▶ can form an effective part of a multi-media approach, with written information and/or verbal discussion groups ▶ can circumvent reading/literacy problems ▶ readily dubbed in various languages. 	<ul style="list-style-type: none"> ▶ highly effective in improving parents' knowledge of various child health issues ▶ effective for improving relatively mild parent-child problems ▶ can be effective in waiting rooms (with other distractions eliminated) for improving short-term parent knowledge on specific child health issues ▶ longer or more intensive videos (for example, an hour or more, or a series over several weeks) are effective in producing behavioural changes in problem parent-child interactions ▶ effective for deep learning for parents who are strongly motivated to alter their way of interacting with their child and others, and can derive personal meaning from the knowledge gained. 	<ul style="list-style-type: none"> ▶ best used in combination with other strategies, for example, videos plus short-term group education for self-education; or as part of multi-media parent training program ▶ effective for teaching parenting skills if videos are used to model vignettes of desirable parent-child interactions, and are accompanied by facilitator-led discussions. <p><i>Culturally sensitive videotapes</i></p> <ul style="list-style-type: none"> ▶ seek advice on settings and cultural practices from those for whom the video is intended, and use real life situations and people ▶ use culturally sensitive role models to demonstrate optimal behaviour. Imitation of modelled behaviour produces immediate learning if the model is seen as significant to the learner and the behaviour perceived as desirable with positive personal significance.

2.3.8 Mass media

The use of mass media remains a controversial area due to a number of factors. These include justifying the costs of large campaigns given the difficulty in measuring effectiveness of the mass media impact on the population, in terms of increased knowledge and behavioural changes. Most campaigns appear to be effective in achieving a significant increase in knowledge regarding health education issues, but the retention of this knowledge following cessation of the intervention is variable or often not known in the long term. Behavioural changes are much more difficult to achieve and measure, although these are more likely to be achieved through sustained mass media campaigns involving several strategies. These could include television programs and additional support systems such as telephone helplines, resource centres and support groups.

Cost benefits of programs are also difficult to determine and many studies do not even attempt to include this aspect in their analyses, although several reported negative costs associated with dramatic increases in utilisation of existing health services attributed to unexpected outcomes from the campaign or from unplanned interventions.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ can raise knowledge and awareness about important health issues and research findings ▶ can quickly distribute messages to diverse audiences ▶ can set agendas for individual and societal discourse ▶ can influence behaviour ▶ can reach large numbers of people quickly ▶ can be entertaining as well as informative, for example, television programs. 	<ul style="list-style-type: none"> ▶ effective for increasing parental knowledge of child health issues ▶ highly effective if used for screening campaigns ▶ can result in significant changes in health service utilisation and associated costs ▶ effective in producing short-term knowledge and behaviour changes ▶ effective for parenting and child-related behaviour problems under optimal programming conditions ▶ effective if using television programs based on real life situations and role models that public are able to strongly identify with. 	<ul style="list-style-type: none"> ▶ repetition of campaign message important in aiding knowledge recall ▶ television programs an effective medium in achieving change in short term behaviour especially when combined with another strategy, for example, telephone help line ▶ use real life case studies and culturally sensitive role models in television programs ▶ combine television with additional strategies such as telephone helplines, support groups and parent resource centres ▶ need for study design to incorporate appropriate measures of behavioural outcomes as well as knowledge ▶ further research needed on evaluation of optimal dose, intensity and length of campaign and population characteristics ▶ sustained efforts over longer periods are more likely to produce desired behavioural impact in preference to shorter more intensive campaigns ▶ ascertain the level of awareness in target group to proposed campaign message prior to intervention in order to avoid a 'ceiling effect'.

2.3.9 CD-ROMs

The few studies to date that have contrasted technology-based education with traditional methods have tended to focus on students in higher education courses rather than parent education and have shown it to have similar outcomes to traditional methods (Jeffries, Woolf & Linde 2003).¹ Of those studies that have involved parents, very few were long-term or contrasted various methods of instruction. Additional research is needed before conclusions can be drawn on the efficacy of CD-ROMs.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ can be individualised, since parents can seek information as needed ▶ allows flexibility of learning, providing instruction at any time or place where a computer is available ▶ parental satisfaction is high on common child health issues such as management of nocturnal enuresis ▶ as effective as traditional teaching. 	<ul style="list-style-type: none"> ▶ effective in improving parents' knowledge and perceptions but not in changing parenting behaviour. 	<ul style="list-style-type: none"> ▶ more research needed into effectiveness with regard to parent education.

1 Jeffries, P., Woolf, S., Linde, B. (2003). Technology-Based vs Traditional Instruction. *Nursing Education Perspectives*, 24(2), 70-74.

2.3.10 Role playing and modelling

Role-playing and modelling are effective methods for imparting to parents not only knowledge about child-rearing, but also useful skills. By modelling desirable behaviours, people can form an idea of how new behaviours are performed and code this information as a guide for future action. When visual imagery is accompanied by verbal instructions and/or opportunities for discussion such as role-play, it helps parents to learn and construct their own knowledge base. This is consolidated through trial and error, mutual feedback, and identifying opportunities for practice in their daily routines. This practice appears to be particularly important in the area of promoting effective mother–child interaction, but is also seen to be a useful component of parent training behaviour management programs.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ increases parental imitation of appropriate behaviours ▶ more powerful than verbal or written information in changing parental behaviours ▶ shows parents how to incorporate good practices into daily routines. 	<ul style="list-style-type: none"> ▶ modelling has been shown to improve parent–child communication and interpersonal skills ▶ effective for imparting child-rearing knowledge and skills. 	<ul style="list-style-type: none"> ▶ effectiveness of modelling governed by the degree the parent accurately perceives significant features of the modelled behaviour, and the degree of engaging attributes possessed by the model ▶ program effectiveness can be increased by adding a role-playing component, as in the Systematic Training for Effective Parenting (STEP) program ▶ actively involve parents and provide rapid feedback (verbal/non-verbal) to affirm parents' competency and prevent misinformation being embedded ▶ effective if activities are modelled by an instructor and accompanied by verbal instructions and/or opportunities for discussion such as role-play. This assists parents to construct their own knowledge base ▶ identify naturally occurring opportunities for practice in parents' daily routines, to gain competence and confidence.

2.3.11 Group parent and child visits and social networking

Group parent and child visits have tremendous potential as a mechanism for assisting parents in child-rearing, triaging families with special prevention and intervention needs to more intense services, and offering culturally sensitive and relevant care to minority groups. One of the ways in which group visits—and indeed many other methods of parent education, prevention and intervention—appear to work is by engendering networks among families who, in turn, provide each other with ongoing support and guidance. Implementation logistics are critical and demand careful planning and specialised assistance for professionals to ensure that group visits and meetings can be effective.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ allows group discussion of common parenting issues ▶ provides opportunities for parents to develop a peer group and to share ideas and information ▶ encourages parents to consider a variety of interpretations for a problem ▶ an effective use of sometimes scarce professional resources ▶ valuable for distinct groups, for example, new mothers' follow-up ▶ improves coordination of care that is often more culturally sensitive as it is more community-oriented. 	<ul style="list-style-type: none"> ▶ effective in improving parental confidence and competence ▶ effective in building supportive social networks ▶ effective in reducing dependence upon professional services. 	<ul style="list-style-type: none"> ▶ groups require careful planning to be effective ▶ encourage social support networking amongst parent peer groups and informal discussions ▶ programs might target these social networks rather than individual parents ▶ reduce barriers to knowledge exchange amongst parents in the group by focusing on positive parent–child interactions that have occurred previously, rather than a problem-based approach.

2.3.12 Home visiting

Routine home visiting by health professionals is an effective way of delivering non-medical aspects of care. Home visiting for more substantive family and child problems can also be effective and, importantly, can minimise attrition with families most in need of intervention. Minimising attrition is critical, given the link between the intensity of services and parent engagement, and improved outcomes for the child. Professional training of home visitors, and setting defined goals, are associated with improved outcomes for children across a range of important developmental and social areas, including enhanced language and behavioural development, and decreased child maltreatment and mortality.

Appendix C of the literature review (*Volume 2*) contains reviews of the major home visiting programs that have defined processes and have been subjected to empirical evaluation with positive results.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ overcomes some of the barriers to families accessing primary care services ▶ provides opportunities for therapeutic relationships to develop between home visitors and parents ▶ allows home visitor to see and observe the family circumstances directly. 	<ul style="list-style-type: none"> ▶ effective in reducing negative parental affect and improving emotional responsiveness and nurturing behaviours in mothers ▶ effective in promoting enhanced language and behavioural development in children ▶ effective in increasing parental knowledge of developmentally-appropriate skills and self-efficacy ▶ effective in reducing child maltreatment and mental health problems in children ▶ effective for at-risk families since the program comes to the family rather than vice versa, resulting in higher participation rates ▶ effective for CALD families, using community advocates together with nurses, to offer a culturally sensitive home program (see next column) ▶ effective for high-risk pregnant women, promoting positive health-related behaviours and qualities of infant care-giving ▶ parent-to-parent home-visiting is highly effective — but mostly for very targeted goals. 	<ul style="list-style-type: none"> ▶ create an unthreatening environment ▶ quality of the ‘helping relationship’ is important in determining the program’s success or failure. Strength of relationship is related to intensity and duration of visits ▶ develop a personal relationship between home visitor and parent, to facilitate experiential learning ▶ for new mothers, home visitors with specialist child knowledge appear to be most effective ▶ for high-risk pregnant women — use nurses who begin during pregnancy and follow the family at least through the second year of the child’s life ▶ for CALD families — train teams of community residents to act as advocates to offer a culturally sensitive home program and understanding of the local social context; to work together with nurses providing health knowledge. Ensure the advocates conduct the majority of the program ▶ monitor intensity/frequency of home visits to achieve positive outcomes but minimise attrition rates ▶ focus on families at greater need for the service.

2.3.13 Parent training

Parent training and parenting classes embrace both prevention as well as intervention with developmental, behavioural, and family problems, and can be highly effective. While success rates vary across programs and program evaluation is sometimes less than rigorous, parent training appears more likely than the previously discussed training methods to effect long-term changes in parental skills and child and family outcomes, with parent training classes for the most part showing a high degree of effectiveness in both intervention and prevention. There is a need for effective programs focusing on foster parenting, extended families, and particularly step- and de facto fathers, who are more likely than other parents to lack critical parenting skills. Tailoring programs to specific needs and issues is most effective, and is essential. Such programs need to be timely, able to address immediate and specific needs, and make use of peer role models whenever possible.

Positive features	Evidence-based outcomes, best practice applications	Recommendations for effective implementation
<ul style="list-style-type: none"> ▶ can produce lasting improvements in parents' management skills and in children's functioning ▶ allows direct focus on parenting skills and provision of developmentally appropriate activities for children ▶ ensures at least short-term cooperation with recommended strategies. 	<ul style="list-style-type: none"> ▶ Parent Management Training, which uses the parent as the change agent for their child's behaviour, has been shown to be effective in several studies using videotape modelling vignettes and discussion groups ▶ existing parenting curricula have been successfully adapted to the needs of families with children who have mental health issues, for example, Parent-Child Interaction Therapy ▶ the Triple P program developed in Australia has been adapted for children with early onset conduct problems and/or Attention Deficit Hyperactive Disorder, and for families experiencing marital conflict. The program includes versions for families with varying levels of challenges in child-rearing, and child age-groups including teenagers ▶ expectant mothers—behavioural training plus information on promoting self-sufficient sleep patterns in infants lead to better infant sleeping patterns and less parental stress and anxiety ▶ Parents as Teachers curricula have been reworked to be more sensitive to the limited resources of low-income families. 	<ul style="list-style-type: none"> ▶ CALD families—program effectiveness depends upon addressing the particular needs of parents with limited English and literacy ▶ Assess effectiveness by staff observation, client self-report, readmission rates and community outcomes ▶ focus of training with fathers should be on improving disciplinary style by reducing over-reactivity, laxity, and ineffectiveness towards their child's behaviour ▶ extended families need programs designed to help facilitate children's development and behaviour ▶ foster-parents need for parenting programs that focus on therapeutic care techniques and communication and conflict resolution skills ▶ tailoring programs to specific and immediate needs and issues is effective and essential. These programs should make use of peer role models whenever possible ▶ more research needed on how to provide effective parent training to foster parents, extended families, and step- and de facto fathers.

2.4 Future directions

This two-part review has highlighted that parenting information, education and support need to respond in a timely and flexible fashion and address the immediate problems facing the family. Approaches must address the child's developmental needs, remove barriers to parenting effectively, and match parents' particular learning needs. The diversity in family life—relating to both personal and contextual influences—needs to be acknowledged, and parents need to be assisted to achieve goals for themselves and their families that are consistent with their values. Importantly, interventions need to encourage parents to build on their areas of strength.

A number of highly effective and well-validated models exist, offering a continuum of assistance to address the needs of families across the child-rearing years, from infancy and toddlerhood, through early and middle childhood, and into adolescence. Professional training is also needed across a continuum, to ensure that expertise is available to engage parents, assist them effectively, and allocate families to the most appropriate level of service.

Almost every professional-parent encounter within the typical settings in which parents and professionals engage each other—including maternal and child health, child care, preschool and primary school, and associated social services—should include efforts to engage parents in a dialogue about their role as parents and their parenting needs and to identify those parents who require further assistance.

For parents to be motivated to enhance their parenting skills, parenting programs must be able to demonstrate their benefits for both parents and child. This literature review has contributed to that process. There are many promising approaches to support parents in the difficult and demanding job of parenting, and this review provides the basis for decision-making by government on the most promising and effective approaches to support parents and work towards the wellbeing of future generations.

3. Consultation with parents

This section summarises the findings from the consultations with parents undertaken by ORIMA Research. For a full report on Orima Research's findings, see *Volume 3: Research into the information needs of Australian parents*.

3.1 Background

This research forms part of Phase One of the Parenting Information Project, one of the aims of which was to develop the evidence base around early childhood and positive parenting by identifying:

- ▶ the information that was available to Australian parents
- ▶ the information needs of Australian parents
- ▶ effective mechanisms for addressing these needs.

3.2 Research objectives

The objectives of the research were to identify the views of parents of children aged 0–5 years in relation to:

- ▶ their information and related support needs
- ▶ the extent to which these needs were being addressed
- ▶ their preferred means of obtaining information.

The needs of some specific special-needs parent groups were examined. These groups were:

- ▶ fathers
- ▶ parents from CALD communities
- ▶ parents with a child with a disability
- ▶ single parents
- ▶ grandparents with a significant caring role
- ▶ people expecting their first child.

3.3 Research methodology

The research involved both qualitative and quantitative methods, comprising:

- ▶ a structured program of 35 focus groups, conducted in the Australian Capital Territory, New South Wales, Queensland, South Australia and Victoria
- ▶ a large-scale national telephone survey, covering metropolitan and non-metropolitan areas in all states and territories.

This approach was chosen because the complementarities between the two methods enabled a comprehensive understanding of parents' views.

In total, 1913 people participated in the research.

3.4 Parents' information needs

The research identified two broad types of parental information needs:

- ▶ needs relating directly to the child
- ▶ needs relating to helping parents cope with parenthood.

3.4.1 Information needs relating to the child

The research found a range of key information needs in each of the following areas:

- ▶ physical development and health
 - what physical development to expect at different age ranges
 - general nutrition—what, how much and when to feed children
 - eating difficulties and weight issues
 - signs and symptoms of common illnesses
 - serious medical conditions
- ▶ intellectual development
 - teaching children to talk
 - what intellectual development to expect at different age ranges
 - teaching children to read, write and/or count
 - types of activities to promote intellectual development
- ▶ social development
 - building social skills
 - what social development to expect at different age ranges
 - what is appropriate or inappropriate behaviour, manners
 - to what extent children need socialisation
 - dealing with conflict between children
- ▶ emotional development
 - dealing with temper tantrums and crying
 - strategies and tips for dealing with bad behaviour and encouraging good behaviour
 - what emotional development to expect at different age ranges
 - building self-confidence and self-esteem
 - fears and anxieties, particularly separation anxiety
 - sibling rivalry.

The research from the focus groups demonstrated there was limited awareness among participants of available information and related supports. Many participants considered they had gained a significant amount of knowledge about available information as a result of participating in the focus group.

3.4.2 Information needs relating to the parents

Again, the research found there was limited awareness among parents of available information and supports. The key areas of information need identified through the telephone survey and focus groups were:

- ▶ balancing work and family responsibilities
 - around half (52 per cent) of parents of children aged 0–5 years considered that the need to balance work and family responsibilities had a medium to high negative impact on their ability to be a parent
- ▶ coping with the financial pressures of parenthood
 - 42 per cent of parents of children aged 0–5 years considered that coping with financial pressures had a medium to high negative impact on their ability to be a parent
- ▶ parental health and wellbeing
 - around one-third (33 per cent) of parents of children aged 0–5 years considered that issues surrounding their own or their partner’s health and wellbeing had a medium to high negative impact on their ability to be a parent
- ▶ changes in the relationship between parents as a result of parenthood
 - 28 per cent of parents of children aged 0–5 years considered that changes in their relationship with their partners as a result of parenthood had a medium to high negative impact on their ability to be a parent.

A range of other non-child development issues about which parents required information were raised in both the telephone survey and focus groups. These included:

- ▶ child care
- ▶ managing interference from other family members and friends
- ▶ understanding the impact of their own experiences growing up and their parents as role models
- ▶ dealing with feelings of isolation.

3.5 Extent to which parents’ information needs are being met

Usage of different information sources among parents varied significantly across information topics:

- ▶ Health professionals were the primary source of information for health-related issues.
- ▶ Child care providers were a major source of information in relation to the intellectual, emotional and social development of children.
- ▶ Books were a widely used source of information for child development issues.
- ▶ Grandparents and friends were key sources of information for all of the main needs identified in the research, and particularly for needs related to helping parents cope with parenthood.

For each of the main information sources that had been used, a majority of parents assessed the source as having provided highly useful information.

Overall, a majority of parents were satisfied with the quality of the information that they had obtained in terms of its accessibility, currency, credibility, ease of understanding, relevance, and adequacy.

However, for most of the key information needs identified in the research, a majority of parents who reported that they had needs indicated that these had only been partly addressed.

Moreover, it was clear from the focus groups that awareness among parents of the range of available information was generally low.

Most focus group participants felt that a comprehensive source of universally available information—a ‘one-stop shop’—would be valuable in improving awareness and helping parents to access the information they required.

3.6 Parents’ preferred means of obtaining information

Parents considered a range of information delivery mechanisms to be potentially useful. The most widely preferred mechanisms were face-to-face advice, brochures on specific issues, television programs, and a handbook or kit covering many issues.

The usefulness of each method was seen to depend on the nature of the information provided, and on individual learning preferences. Most parents considered that a variety of mechanisms were needed to address their information needs.

Similarly, parents generally considered that a range of information providers was appropriate. There was a widespread preference for general information services (including referral services) to be provided by government.

3.7 Overall perceptions about parenting and reactions to the Parenting Information Project

Almost all parents involved in the research recognised the importance of the early childhood years to a child’s development and the importance of the role played by parents.

A significant proportion of parents did not feel well prepared for parenthood when their first child was born.

Most parents were confident in their parenting skills and indicated that they were coping well with the pressures and responsibilities of being a parent. However, most also recognised the value in obtaining information that would assist them to be more effective parents.

There was widespread support among parents involved in the research for the Parenting Information Project and the Australian Government’s focus on early childhood.

3.8 Information needs of fathers

Fathers who participated in the focus groups generally considered that there was a need for more information, supports and services specifically targeted towards fathers to encourage and assist them to be effective parents. There was also a widespread interest in ensuring that information provided to parents was inclusive of fathers and their needs.

The research found that fathers had specific information needs in the following areas:

- ▶ interacting effectively with young children, including handling babies, discipline and playing
- ▶ child safety
- ▶ the impact of parenthood on themselves and their relationships with their partner and wider family.

3.9 Information needs of parents from CALD communities

Overall, parents from CALD communities who participated in the research had similar information needs to other parents. There was, however, a greater emphasis among parents from CALD communities on the following areas:

- ▶ appropriate child discipline
- ▶ child health and nutrition
- ▶ coping as a parent in the absence of extended family support.

Two key overarching factors affected the ability of parents from CALD communities to obtain the information they needed:

- ▶ language barriers, compounded by the limited availability of interpretation services
- ▶ cultural factors, particularly cultural norms to access information from family rather than from external sources.

There was a widespread view among participants from CALD communities that existing parenting information resources were not well targeted to their needs. Recent immigrants reported particularly low levels of awareness of available information resources.

3.10 Information needs of parents of children with a disability

The research found that parents of children with a disability had key specific information needs in the following areas:

- ▶ specific information about the child's disability, treatments, services
- ▶ impact of caring for a child with a disability on themselves and other family members.

Parents of children with a disability tended to be confident that they were doing the best they could for their children. They were inclined actively to seek information about their children's disabilities, and generally felt well informed about the needs of their children.

These parents were less confident about how they were dealing with the impacts of caring for a child with a disability on themselves and other family members. They generally felt that additional information and advice would be useful in this area.

Many parents of children with a disability who participated in the research indicated that the most effective way to obtain information on their children's special needs was through discussions with other parents who faced similar circumstances.

3.11 Information needs of single parents

Single parents had similar information needs in relation to their children to those of other parents. However, they also had some specific additional information needs, primarily relating to helping children deal with the emotional effects of parental divorce or separation.

Single parents also had special needs around supports and services to help them cope as parents. They generally reported a greater need for external support than partnered parents in relation to all aspects of parenting. They required information on how to access appropriate supports and services.

Key areas of information need identified in the single-parent focus groups, to assist single parents to cope with parenting, included:

- ▶ how to access key supports and services
- ▶ how to deal with depression and feelings of guilt
- ▶ how to obtain general reassurance concerning their parenting role
- ▶ assistance available to help single parents return to work
- ▶ time management and achieving a better work/life balance.

3.12 Information needs of grandparents

The research found that grandparents who had a significant caring responsibility had key information needs in the following areas:

- ▶ child health and development issues
- ▶ their own physical and emotional wellbeing
- ▶ dealing with the financial burden of a significant caring role.

Cost of access to, and lack of awareness of, available information options were the main barriers faced by grandparents in addressing their information needs.

There was widespread interest in obtaining information specifically targeted to the needs of grandparents.

Grandparents indicated that their information needs would best be addressed through a range of information delivery mechanisms. The most widely preferred mechanisms included telephone hotlines, face-to-face assistance by professionals, written material (for example, pamphlets), and radio/television advertisements to raise awareness.

For most grandparents, government was the most preferred provider of general information resources.

3.13 Information needs of people expecting their first child

People expecting their first child were generally focused on preparing for the short-time horizon before, during and immediately after birth.

The purchase of baby equipment, such as capsules, cots, prams, high chairs, was a major priority. Ensuring the physical safety of a baby was also a key concern. The physical and emotional impact of childbirth on both parents was another key area of interest.

Antenatal classes were a major and reportedly useful source of information for expectant parents.

Most research participants from this group had also done some independent research on parenting. The principal sources of information were books, magazines, websites and word-of-mouth from family and friends.

Overall, expectant parents participating in the research were satisfied with their ability to obtain the information they required about childbirth and parenting.

3.14 Other issues

Focus group participants commented on a range of issues that, while outside the scope of the research objectives, provided some useful additional context to the research. These issues primarily related to supports and services other than information.

Many participants reported that the cost and lack of availability of services and supports were access barriers for them.

A key issue for all parent focus groups was the need to be able to access affordable and flexible child care arrangements.

Many focus group participants felt there was a need for additional support services for parents of young children, particularly post-birth follow-up services, remedial parent support services, and services to monitor children's development between 18 months and three years of age.

3.15 Summary and conclusion

This research project has developed the evidence base around the information needs of Australian parents, the extent to which these needs are currently being addressed, and the most effective mechanisms for providing further information and support.

The focus groups and large-scale national telephone survey conducted as part of the project have identified parent information needs directly related to children's needs and needs related to coping with parenthood.

For most of the information needs identified in the research, a majority of parents who reported that they had needs indicated that these had only been partly addressed. It was clear from the focus groups that awareness among parents of the range of available information was generally low.

Most focus group participants felt that a comprehensive resource that is universally available—a ‘one-stop shop’—would be valuable, not only in improving awareness, but in helping parents to access the information they require, as they need it.

Parents considered a range of information delivery mechanisms to be potentially useful. The most widely preferred mechanisms included face-to-face advice, brochures on specific issues, television programs, and a handbook or kit covering many issues. The usefulness of each method was seen to depend on the nature of the information provided, and on individual learning preferences. Most parents thought a variety of mechanisms needed to be used to address their information needs.

Similarly, parents generally considered that a range of information providers was appropriate. There was a widespread preference for general information services (including referral services) to be provided by government.

Most parents were confident in their parenting skills and indicated that they were coping well with the pressures and responsibilities of being a parent. However, most also recognised the value in obtaining information that would assist them to be more effective parents.

Overall, the research has provided a useful knowledge base for understanding the information support needs of parents. The findings of the research can be considered together with the other components of the Parenting Information Project to inform and support parents more effectively across Australia.

4. Consultation with professionals and policy makers

This section summarises the findings from the consultation process undertaken with professionals. For a full report of these findings, see *Volume 4: Consultation with professionals*.

4.1 Consultation process

Key professionals, policy makers and government representatives involved in the development and delivery of parenting information and supports in each state and territory were consulted between February and April 2004. The consultation sought to determine the type of information and programs that professionals refer parents to; the perceived access and effectiveness of these programs; the information, products and programs professionals find most useful and why; and suggestions for the future provision of information and supports for parents.

Contact was made with as many professionals and key stakeholders across the health, education and child care areas as was possible during the timeline, to allow information to be shared about the project and to seek input and comments on current parenting programs and information. In total, 14 focus groups were held across Australia, with a further 75 individuals consulted via meetings and telephone interviews and conferences. Semi-structured questions guided the consultation process. For further information on the questions and the agencies consulted, see *Volume 4: Consultation with professionals and Volume 5: Compilation of information and program materials*.

4.2 Key issues and needs

4.2.1 General parenting population

The consultation with professionals has highlighted that, in general, parents face many **social and system issues** in their role as parents. Professionals identified similar issues across the states and territories.

In the area of social issues, professionals reported that parents face difficulties due to an absence of extended family and social supports, changing family dynamics and the life adjustments associated with having a child. Professionals also believed that increased levels of mobility, financial concerns, and the perceived safety of society in general all impact on the parenting role. Further, professionals across many jurisdictions reflected on the prevalence of domestic violence, drug and alcohol use and mental health issues and the impact these issues have on individuals and others who may take on (often out of necessity) a carer's role.

At a systems level, professionals consistently reported that parents lack knowledge about the service system, available services and access to these services. Parents struggle with accessing and selecting from the plethora of information available. Professionals reported that parents are often frustrated at the lack of coordination between early childhood services, with many services not engaging particular parent groups (for example, fathers) and believe many professionals do not have the skills to support their specific needs.

To meet these social and system challenges, professionals reported that a range of **information and supports needs** should be addressed. Some of these needs were defined as content-based, while others relate to the process by which information is provided.

Professionals reported that parents need content support to increase their understanding of children's growth and development, basic parent craft, child safety, hygiene, and nutrition. Parents often seek techniques and routines for common parenting dilemmas such as sleeping, feeding and settling. In general, professionals felt many parents lack a strong understanding of the importance of attachment, play and the development of communication links with their children and other family members. Many struggle with the life implications associated with becoming a parent and require support managing day-to-day life and financial pressures.

In terms of the process by which information is delivered, professionals suggested that parents need assurance about their parenting. They need different information, in different forms at different times, and require time to process and practise skills. While many professionals reported that parents need access to a range of services and supports, all agreed that consistent, credible information delivered to parents in the context of a positive face-to-face relationship was likely to have the most impact in supporting parents' needs.

Professionals also reported a number of needs that should be addressed to enable them to support parents more effectively. For example, they reported that they need training and support in the appropriate selection of parenting information, programs and support to meet the needs of different parents. They require access to evidence-based programs; a greater understanding of the role different professionals play and the framework under which they operate; and more opportunities to work in collaboration with colleagues and families. Many require up-skilling to enable them to engage more effectively with parents, particular those with complex needs, and to be more sensitive to the issues facing specific family groups.

4.2.2 Specific parent groups

Professionals also commented on the issues and needs of the specific groups of parents examined in this project. While many of the issues detailed above apply to these specific groups, feedback from professionals further supports the notion that all parents are different and require different levels of support, in different forms and at different times. For example:

- ▶ Professionals reported that, while families from **CALD communities** face concerns that cross cultural boundaries (such as housing, financial pressures and transport access), the Australian construct of parenting does not include parents from these communities. These parents often have limited knowledge of available services, and Australian parenting norms. Professionals suggested that to address some of these needs families need access to quality universal services, translated parenting material, and support delivered through a range of media. Further, information and programs that are specific to the needs of individual cultures is also required. Perhaps most importantly, professionals need to be more sensitive to the issues faced by parents from newly emerging populations and recognise that it takes time to develop trust and rapport with these communities.
- ▶ Professionals reported that **fathers** often feel they lack knowledge about how to interact with their children and are concerned about the role that they play in parenting. Many lack knowledge about child health and brain development. Acknowledging that it is more difficult to engage fathers, professionals suggested that parenting information and programs needs to be better matched to fathers' needs and interests (an element missing from mainstream services), to encompass a 'learn by doing' philosophy and perhaps target fathers at key transition points in a child's life.
- ▶ Professionals commented that an increasing number of **grandparents** are responsible for primary care of grandchildren. They present with a wide range of practical concerns (related but not limited to financial, health and legal issues) and are often caring for children who have undergone significant trauma. To address some of these issues, professionals suggested that grandparents need access to well-facilitated support groups, respite via formal and informal channels, and information about how to access services and how to manage in emergency or crisis situations.
- ▶ Professionals reported a range of issues specific to **young single parents** and **older first-time parents**. They suggested that young parents experience feelings of isolation, do not have access to informal support networks, and often struggle with issues around housing, finance and transport. The crisis issues faced by these parents need to be addressed as a priority. Professionals acknowledged that working with young parents can be slow, intensive and costly. Support needs to be strength-based, require modelling of preferred behaviour, and embrace assertive outreach approaches. Older first-time parents also lack networks to support them in their parenting role, and professionals believed that this increasing population experiences difficulties balancing work and family life and negotiating child care arrangements, and they struggle with the life adjustments that come with parenthood. Professionals suggested that these parents are often somewhat invisible to services, masking their need for support services.

- Professionals reported that **parents with a child with a disability** acknowledge disability as a significant issue. The provision of negative information from a professional is often disempowering and families can get to a very desperate stage before seeking help. To address some of these issues, professionals suggested that parents need support at critical transition points, with the support extending to the whole family. Families need easier access to services, including quality child care that caters for the child's specific needs and provides parents with respite.

4.3 Methods of information provision

While professionals were in agreement that the key to supporting parents lies in the development of a positive relationship through face-to-face programs, they also agreed that other media can provide useful reinforcement of the issues discussed in the context of such a relationship. In summary:

- Despite concerns about waiting times and hours of operation, professionals reported that **parenting hotlines**, with appropriate marketing of their role and availability and improved capacity to deal with demand, are a useful first base for many parents, providing advice on immediate issues and referral to additional services.
- Significant feedback was provided by professionals on the value of **television and mass media** in accessing parents. In general, this approach was viewed positively. The mass media, particularly television, were seen as suitable for raising awareness of the value of children and promoting the importance of the role of parenting to a large and broad range of families. Professionals highlighted the need for such a campaign to be considered as part of a larger marketing campaign encompassing a number of approaches (for example, telephone hotlines, radio, web-based media, and print).
- Given the growth in the use of personal computers and Internet access by families and professionals alike, professionals felt that **Internet or web-based media** offer a useful approach to disseminating information to large numbers of parents and professionals. However, it was noted that this approach generally targets those parents who actively seek information and support, and is not likely to be the most suitable approach for disadvantaged families. Concerns were also raised about the credibility, reliability and evidence base of information delivered via the Internet.
- Professionals recognised that a wealth of **written material** already exists, in a variety of forms. There is a wide use of tip sheets and similar products across states and services to reinforce issues discussed in face-to-face sessions or parenting groups. Despite concerns around the credibility of some material, the appropriateness for low-literacy parents and difficulties with appropriate translations, all professionals recognised the role that written material plays in supporting parents. They expressed the need for consideration of how to best select and disseminate from available written material to reduce duplication, increase consistency in messages, maximise reach to intended target groups, and link to other media such as television, radio and the Internet.

- ▶ Professionals reported that **video and DVD** material is useful, particularly in formal sessions, to guide discussion and provide parents with an opportunity to see desired behaviour modelled. Video and DVD can illustrate real life and everyday-parenting problems and can demonstrate solutions. Specific videos can be developed to address needs of different groups of parents and remove many of the literacy and language barriers often associated with written material. Professionals generally supported continuing development of Australian video material, specific to the needs of different parent groups.
- ▶ Overall, professionals reported a desire for more informal ‘drop-in’ **support groups** to provide parents with the opportunity to develop social connections and become more aware of available services. A preference was expressed for early childhood professionals to work in greater partnership, forging links between different services and embracing the concept of schools as communities or hubs for development and growth. While many professionals believed child care and playgroup sessions provide useful access points for reaching many families, some parents do not feel they ‘fit in’ to such groups and therefore, where support groups do include families presenting with diverse needs, particular sensitivity is required to the needs of these families.
- ▶ The consultation process indicated that a range of **parent training and skill programs** is used by professionals, with the majority selecting elements of different off-the-shelf programs and developing their own program models to meet client needs and levels of function. Parenting programs or sessions are seen as most valuable in skilling parents for specific parenting problems such as sleeping, feeding and behaviour management. Professionals recognised that, like web-based information, these programs may also attract participants who are actively seeking assistance, again missing the hard-to-reach parents who are often in greater need of support.

Overall, professionals agreed there is a plethora of material available, with so much information coming from different quarters that parents are feeling confused and overwhelmed. Early childhood professionals also recognised that there are considerable numbers of websites, information sheets, pamphlets, posters, off-the-shelf programs and videos they can draw on when developing programs and material to support parents, though some noted they have more difficulty accessing these than others. The delivery media need to match the differing needs of families. One of the greatest concerns is associated with selecting information that is reliable, valid and evidence-based, and that addresses the needs of parents.

4.4 Strategies for supporting parents

Throughout the consultation professionals suggested strategies for consideration. These can be categorised under strategies for parents, for professionals and for the broader community. While some strategies were suggested that reflected issues and needs of the general parenting population, some professionals offered strategies particular to the needs of the specific parenting groups examined in this study.

4.4.1 General parenting population

A summary of the strategies to support the general parenting population as suggested throughout the consultation process is presented in the following table, which includes feedback from the discussion around strategies for action at the national workshop held for this project in April 2004.

Parents	Practice/professionals	The community
<ul style="list-style-type: none"> ▶ develop a universal resource (with government endorsement) for new parents so they know how the services system works and the processes to access and use local services ▶ coordinate development and delivery of basic parenting information to ensure consistent and reliable messages are provided to parents ▶ ensure information provided to parent occurs when possible in context of a face-to-face relationship ▶ develop a comprehensive cross-media marketing campaign that uses a variety of media including television, radio, newspapers, web-based and written material to promote the value of children and the importance of the role parents play in children's lives. This could include a lifestyle television series complemented by articles/research and web-based material. It is important that pre- and post-evaluations are carried out to assess needs and gaps ▶ link existing state-based parent helplines to national 1800 number. Recognise the potential increased demand on services and need for appropriate marketing of available services 	<ul style="list-style-type: none"> ▶ establish best practice/ guiding principles, rating scale or accreditation system whereby the quality and effectiveness of existing and newly developed material could be rated ▶ provide professional development in parent engagement, dealing with families, eliciting parents' concerns, relationship training, adult learning principles and working in collaboration ▶ conduct evaluations and embed this process in new programs and information approaches to develop a stronger evidence base for effective practice and long-term outcomes ▶ establish links with tertiary institutions and training providers to improve course competencies and training standards ▶ investigate approaches to ensure recent research evidence is effectively disseminated and shared amongst professionals ▶ improve partnerships between various state and federal departments, non-government agencies, and levels of management to increase collaboration and reduce duplication of programs and materials 	<ul style="list-style-type: none"> ▶ improve the transition from early childhood to school by looking at the effectiveness of schools as communities or hubs where parents can meet informally (at drop-in centres, parent rooms, and so on), engage with others, and become familiar with the school community before children reach school age ▶ share learning and templates around best practice program implementation and evaluation to assist communities who wish to assess own community needs and implement new initiatives ▶ improve training and mentoring provided to local community workers, volunteers and home visiting staff at community level ▶ develop and facilitate support groups to meet the specific needs of particular parent groups and provide venues for these groups ▶ focus on techniques for increasing parents' social connections. Look at community-driven approaches to getting parents together and provide venues and locations for them to meet (for example, encourage parents to bring a friend/family member)

continued next page

Parents	Practice/professionals	The community
<ul style="list-style-type: none"> ▶ enhance existing services to increase quality, reach and size of services ▶ investigate the usefulness of using existing services, such as child care, playgroups and schools, as critical points of access for distribution information and providing support to hard-to-reach families ▶ develop interactive displays to educate parents and professionals about how the world looks and sounds through the eyes and ears of a baby and what influence the parent–child interaction can have ▶ develop programs that promote early education of parents, in school or pre-natally, to promote prevention and early intervention approaches to family issues and child-related health, development and wellbeing concerns. 	<ul style="list-style-type: none"> ▶ establish best practice principles to ensure that government contracts specify that the needs of particular parenting groups are addressed ▶ link to existing program/strategies including the Stronger Families and Community Strategy and Child Care Links initiatives ▶ contracts to recognise the cost of providing high quality supervision/mentoring ▶ educate magistrates to ensure that when parents are referred to attend a parenting program course as part of a court order, they are aware of appropriate local services to attend. 	<ul style="list-style-type: none"> ▶ investigate the opportunity to link media campaigns to local champions or Australian icons, to help promote the importance of the parenting role ▶ explore CALD and Indigenous and cultural practices (learning exercise) to identify appropriate approaches ▶ focus on improving the balance of work and family responsibilities within the workplace—for example, provision of appropriate child care; family-friendly leave arrangements; awareness of fathers in the workplace and the role they play in children’s lives; employee assistance programs that incorporate family issues; and workplaces that are more father and child-friendly. Health campaigns at the workplace could be targeted at supporting and encouraging fathers in their parenting role.

4.4.2 Specific parent groups

When questioned about strategies for particular parent groups, professionals suggested some specific strategies. Examples include the following:

- ▶ To support **CALD families**, professionals suggested development of education strategies at a national and community level that promote the various positive parenting practices across differing cultures, utilising a variety of media such as television, ethnic radio and newspapers. The utilisation and training of professionals and of community leaders to engage parents and educate families about available services and supports was suggested, as was the need for better translation services.
- ▶ To address the needs of **fathers**, professionals suggested a campaign promoting the role of fathers. They highlighted the need to review current services and materials provided to first-time parents, to ensure that they include father-oriented materials and practical advice; and the need to encourage workplaces to be more supportive of fathers’ family pressures and responsibilities. Suggestions were also made around a national fathers’ telephone help line to provide advice on parenting issues, specific parenting programs aimed at fathers, and playgroups for fathers.

- ▶ To support **grandparents**, particularly those in a primary carer role, professionals suggested a campaign to raise the awareness of the role grandparents play in the community. They suggested that issues around affordable child care for grandparents require attention, and that strategies would also be beneficial to enhance grandparents' knowledge of the benefits and entitlements they can receive from Centrelink as a result of being primary carers (for example, 1800 number/Centrelink number). Professionals also recommended that grandparents need access to support groups, such as playgroups, that provide opportunities for children and grandparents alike to interact with their peers.
- ▶ In terms of supporting **single parents**, professionals suggested strategies to help young parents have a greater understanding of what it is like to be a single teen parent, to understand linkages with the child protection system, and to understand how the Family Court system works. They suggested child care and Centrelink as a useful points for distributing information; and proposed a portal or a website for services to share good practice on working with these groups (for example, engagement, how to access young teen and older single parents, and the programs and information available for these groups).
- ▶ Finally, to support parents of a **child with a disability** more effectively, professionals suggested a focus on the provision of good information to support the whole family; for example, production of a resource for service providers to use, together with complementary training on supporting high-needs families. Professionals also suggested development of a booklet on the impact of having a child with a disability, for families to be able to give to other family members and friends, and for the wider community. They suggested that parents need 'somewhere safe' to go to share and discuss issues with other parents and professionals. Overall, while the needs of these parents differ from those of the general parenting public, professionals suggested that ideally, addressing these needs should be incorporated into general programs and services.

4.5 Summary

Overall, the consultation with professionals and policy makers across the health, education, and child care areas has highlighted a range of issues facing parents in their parenting role; and parents' and professionals' information and support needs have been documented. While many of the issues and needs are similar across jurisdictions, some are particular to specific groups of parents, and the key issues and needs of these specific parent groups are also documented.

While professionals were in agreement that the key to supporting parents lies in the development of a positive relationship through face-to-face programs, they also agreed that useful reinforcement of the issues discussed in the context of such a relationship can be provided via other approaches. They described the advantages and disadvantages of different delivery approaches (for example, telephone and information support, television and mass media). Overall, professionals agreed that there is a plethora of material available and that different delivery media meet different

needs for different families. One of the greatest concerns was associated with selecting information that is reliable, valid and evidence-based, and that services the needs of parents.

Throughout the consultation professionals suggested strategies for consideration. These strategies cross three areas are (1) strategies to support parents more effectively; (2) strategies to support professionals more effectively; and (3) strategies to assist the broader community to support parents more effectively. Some strategies reflect issues and needs of the general parenting population, while some address the particular needs of the specific parenting groups examined in this study. These three strategy areas (parents, professionals and the broader community) were further explored in considering a framework in which to view the provision of parenting information and support.

Overall, the findings of the professional consultations have provided critical thinking for the development of the recommended strategies, presented in Section 8 of this report, to assist in the future provision of parenting information and support across Australia.

5. Compilation of information and program materials

This section summarises the findings from the collection of available information and programs gathered as part of the Parenting Information Project. For a full version of the findings from this compilation, see *Volume 5: Compilation of information and program materials*.

5.1 Purpose of the compilation

To build an overview of the various types of information available and the format in which they are presented across Australia, a brief compilation of information and program materials was undertaken. This comprised four components:

- collection of examples of information and program material throughout the consultation process
- development and distribution of a survey to obtain information about the structure, evaluation evidence and future suggestions for improving programs currently operating across Australia
- investigation of websites providing information pertinent to parenting
- investigation of videos providing information pertinent to parenting.

A summary of the process and key findings of these tasks is presented below.

5.2 Collected examples of information and program material

During the consultation phase, professionals were given the opportunity to provide relevant parenting program and support resource material. The purpose of gathering materials was to build an overview of the various types of information available and the format in which they are presented. Note that this compilation is **not comprehensive**. It is neither an audit of material nor a critique.

All material received was read or viewed and logged into the Excel database. The database consists of 15 categories, including but not limited to such categories as document title, type of material (report, information about a program, service, and so on), the target audience, a brief description of the program/document and topics covered.

A total of 495 separate records of information pertaining to parenting was gathered and logged into the database. Investigation of the databases indicated that:

- The types of information gathered are varied and include reports, information about programs and services, newspapers, magazines, resources and facts sheets for parents.

- ▶ Information was provided from a range of organisations and funding providers, covering both federal and state government materials as well as independent organisations and institutions.
- ▶ The majority of material received was information that was provided to parents and carers/guardians and/or professionals. This included advice, clues, tips, research, and facts about specific parenting issues on a range of topics such as sleeping, behaviour, breastfeeding, eating, smacking or stages of child development.
- ▶ A considerable percentage of materials gathered was brochures advertising services and parenting programs associated with daycare, family services, interventions, home-visiting, clinics, parenting groups, playgroups, and training sessions.
- ▶ Sixty-three reports were provided to the Centre for Community Child Health. These include discussion papers, evaluations, annual reports, systematic reviews, action plans, literature reviews, strategic plans and policy information.
- ▶ A further 25 newspapers, newsletters, magazines or journals were provided, often presented as glossy magazines, which target parents and provide them with variety of information about parenting concerns, products, services, programs, current literature and research.
- ▶ Other types of information included articles in journals and newspapers, catalogues of services and programs, conference information, resources, videos and websites.
- ▶ Parenting information materials were provided in many formats, including A4 documents, brochures, posters, flyers, magnets, postcards, newsletters, electronic information, magazines, spiral bound booklets and a calendar.
- ▶ A number of pamphlets, brochures and posters were also provided with examples in other languages.
- ▶ More than 250 of the items logged provided a website link and more than 130 items provided additional referral pathways if required. Examples of pathways provided in the materials included a general practitioner, a maternal and child health nurse, reading lists, websites, translators, legal services, telephone helplines, alcohol and drug programs and services, libraries, health centres, hospitals, ambulance providers and various specialised services and associations.

5.3 Survey of available programs

To illustrate further the range of parent education and support programs available across Australia, a brief survey was developed and distributed across a range of channels to seek information about the structure, evaluation evidence and future suggestions for improving programs currently operating across Australia.

An Excel database, similar to that developed for logging the collected parenting information material, was developed and survey feedback logged accordingly.

In total, 49 surveys were completed and returned in time for processing. Examination of these surveys provided some insight into the range of programs operating across parts of Australia to support parents. For example:

- ▶ There are programs operating to meet the needs of many different parent groups including:

 - new/first-time mothers
 - young mothers
 - expectant parents
 - expectant fathers
 - families with children from birth to age 12
 - families with children with a developmental delay or disability
 - families from CALD communities who require support or are interested in enhancing parenting skills
 - families in difficult circumstances (disadvantaged, at risk of domestic violence, family breakdown, and so on).
- ▶ The documented programs vary in the aims they seek to achieve. The most common goals can be summarised as follows (not in order of priority):

 - to enhance parenting competence and confidence
 - to provide positive parenting skills
 - to improve knowledge about child growth and development
 - to improve pregnancy and post-natal outcomes for young women
 - to increase early intervention and prevention of developmental delay/disability
 - to support and encourage positive communication between parents and children
 - to provide opportunities for support and social networks to develop
 - to improve interactions between fathers and their children.
- ▶ The parenting programs described generally consist of sessions of 1 to 2 hours in duration, offered each week over a period of 4 to 8 consecutive weeks. A facilitator or educator usually coordinates each session, with different topics covered across the sessions.
- ▶ The content areas commonly addressed in the documented parenting programs include:

 - child development and growth (including motor skills, development of language, senses and learning capabilities)
 - child nutrition, safety and hygiene
 - sleeping, settling and feeding routines
 - immunisation
 - attachment, play and social interactions
 - positive relationships, communication and life skills
 - parenting skill development and managing difficult behaviours
 - balancing family and work pressures.
- ▶ Recruitment to participate in the documented programs included self-referral and referral from a range of government and non-government services.

- ▶ Most respondents indicated that some form of evaluation had been, or was being, conducted. Where further details were provided, the majority of these evaluations were based on self-completed pre- and post- program questionnaires or forms, seeking participants' satisfaction, enjoyment and, in some cases, changes in knowledge as a result of attending the program. From the limited information provided, respondents reported positive outcomes from these evaluations. For several programs, respondents indicated that formal outcome evaluations had been undertaken or were under way to determine program effectiveness in the longer term.
- ▶ Some of the suggestions for improvements to programs in the future included the need for:
 - more resourcing to allow more sessions, over a longer time and more often
 - sessions to be available and accessible to wider groups and greater numbers of parents
 - more home visits, often as follow-up to formal sessions
 - sessions for parents to understand more about themselves and how the way in which they were parented influences their own parenting style.

5.4 Investigation of parenting websites

Examples of websites providing parenting information were sought as part of the project. A member of the project team searched the World Wide Web to identify websites providing information pertinent to parenting. All such websites identified were documented. In addition, websites that were provided as links were also explored and documented. For each website the following details were documented: website address, organisation/service name, details and contact details, where available.

In total 398 websites were investigated, including 170 Australian sites. These Australian sites were examined and 98 were categorised under the heading 'information providers', 28 under 'service providers', 26 under 'training providers' and a further 18 under 'peak bodies'. The additional 208 international sites were also documented.

5.5 Investigation of parenting videos

When searching the World Wide Web for pertinent parenting websites, a member of the project team also documented videos available to purchase or borrow that contained information relevant to parenting. The video material was recorded and information was entered into an Excel database. The following categories of information were recorded: website address, video topic, developer, state, target audience, ordering process and cost associated with purchasing the video.

The purpose of this investigation was to simply illustrate the range of video material available when searching the World Wide Web. The process does not make any reference to the quality, content or credibility of the videos listed.

The investigation found 86 Australian videos relating to parenting issues, with some available from organisations in most Australian states. Thirty-three targeted parents of children aged from birth to five years of age. In addition, 12 targeted parents of children with down syndrome, 15 for parents of preschool aged children and five for parents of newborn babies. Videos specifically related to the needs of fathers, Indigenous children, children with young parents and children with a disability were also identified.

These videos cover a range of topics including, but not limited to, child development, behaviour, communication and language development, developmental delay, preparation for the various stages of child development, development of reading, mothering, fathering, children's and babies' needs, play, discipline, sleeping, settling, nutrition, self-esteem and sibling relationships. Finally, around 80 further videos associated with international websites were also documented. Analysis of the target audiences and topics covered by these videos has not been undertaken.

5.6 Summary

The brief compilation of examples information and supports has shown that there is a plethora of parenting information available across Australia and overseas, covering a wide range of parenting topics and needs. The materials gathered are not comprehensive; rather, the purpose was to build an overview of the various types of information available and the format in which they are presented. Further investigation is warranted to determine the quality, credibility and usage of the information, programs, websites and videos identified.

6. National workshop

A national workshop was held on the 28–29 April 2004 to build on the findings of the literature review and the national consultation stages of the Parenting Information Project and to consider future directions and develop strategies for action.

This workshop brought together around 45 professionals with experience and expertise in early childhood, research, policy and/or service delivery. The workshop was structured to include a combination of presentations, small group discussions and plenary sessions. This mix provided workshop participants the opportunity to listen and comment on the project findings, and to consider and discuss the applicability of a proposed conceptual model and framework for the provision of parenting information and support in Australia.

A brief introduction to this conceptual model is presented in Section 7 of this report, with a more detailed version complete with diagrams in Appendix B.

The implications of the conceptual model for the development of a parenting information strategy were also discussed at the workshop. Professionals were given the opportunity to consider strategies for action within this framework, targeting three main groups: parents, practitioners and community. These strategies are further detailed in Section 4 of this report.

Overall, the workshop was instrumental in processing the findings from different components of the project to present and refine the proposed conceptual model and framework, and in discussing suggested strategies and developing priorities for action.

7. Introducing a conceptual model for the provision of parenting support in Australia

7.1 A conceptual model for understanding parenting

Parenting has been studied mostly from a child development perspective, looking at what children need and how parents acquire the attitudes, beliefs and behaviours to meet these needs. Much less is known about parenting as a normal phase in adult development, or about its impact on adult development. The model proposed here takes such a perspective. It sees parenting as a learning process rather than an inherent set of knowledge and skills, and it sees the generic skills that adults acquire in their normal development as equipping them to respond and adapt to the new demands raised by parenting.

In other words, the model proposes that parents do not come to parenting fully equipped and knowledgeable, but they are capable of **learning** how to parent.

7.1.1 Parental adaptability

At a universal level, ‘good’ parenting can be described only in general terms, using words such as ‘warmth’, ‘acceptance’, and ‘consistency’. To be more specific, we need to look at behaviour in context, and at the child’s changing needs—a response that is appropriate for a three-year-old is rarely appropriate for a 13-year-old. The situation is also important; for example, shouting at a child may be the appropriate response when a child is about to step onto a busy road. Very few parental strategies can be ruled out under all conditions. And very few are appropriate under all conditions.

Effective parenting can be seen as anything that brings about the desired result in terms of socialisation, and an optimal outcome for the child. In achieving this, the function of parenting behaviour is more important than its actual form. The critical element is the parent’s adaptability—that is, his or her capacity to adjust constantly to meet a child’s changing needs. Adaptability has three core components:

- ▶ **perceptiveness:** the degree to which a parent is ‘tuned into’ the child, the situation, and their own responding, picking up and accurately interpreting the signals the child gives
- ▶ **responsiveness:** the parent’s ability to stay ‘in sync’ with their child and adjust continually in response to the child or the context
- ▶ **flexibility:** the parent’s capacity to draw on a broad range of behavioural responses, and to adopt new and more effective approaches when older approaches prove unworkable or unsuccessful. This entails problem solving, self-regulation, and a sense of self-efficacy.

This model sees effective parenting not as a specific body of knowledge and skills, but as the ongoing ability to learn and adapt to the ever-changing demands of raising a child, drawing on the generic skills acquired in normal adult development and in all

successful human relationships. In general, adults come to parenting fully equipped with the skills they need to **learn** how to parent, and when problems arise, it is because the demands of the situation outstrip the parent's adaptability.

Adaptability occurs along a continuum, from low to high. It may vary from one situation to another and across the parenting lifecycle and, importantly, it can be modified. It is influenced by genetic and biological factors, by learning and experience. Some of these factors are more distant from the individual and less open to modification; others, the more proximal ones, are more open to being changed. The goal of parenting support programs is clearly to increase parents' adaptability.

7.1.2 Pressure on parental adaptability

The major constraints to a parent's adaptability are adverse social or personal factors, both in the past and the present. Disability, drug misuse, childhood neglect or abuse, early age of parenting, or physical or mental health problems can all constrain a parent's adaptability. At the social level, poverty, poor neighbourhoods, inadequate housing, social isolation, relationship distress and domestic violence can all disrupt parents' capacity to be perceptive, responsive and flexible. Indeed, this is the main way in which social adversity brings about its negative impact on children; and clinical intervention is less likely to be successful if these other major contextual factors are not also addressed.

7.1.3 Parent-child interface

Children play a significant part in shaping their parents' responses, and their need for parental adaptability also ranges along a continuum from low to high. This need may change in response to special individual needs, or at particular times and situations in the child's life. The stronger the adverse factors impinging on the child, the higher the level of adaptability the parent needs to meet the child's needs effectively.

These adverse factors may be ongoing and chronic, or they may be short-term and acute. At the personal level, they include sensory impairment, disability, illness, or behavioural or emotional problems (for example, school bullying, loss of a loved grandparent). Normal developmental milestones such as toilet training, or even a temporary state of ill health or tiredness, can create challenges that require the parent to adjust their response. Similarly, social factors such as a violent neighbourhood, lack of appropriate play spaces, a poor school environment, or constant exposure to media violence, can make it that much harder for parents to meet their child's needs.

7.1.4 The 'zone of proximal development'

According to Russian psychologist L S Vygotsky,² events and activities that have the greatest developmental yield for a child are challenging but within reach with the support of adults or more competent peers. Thus, developmental challenges represent opportunities for children to extend their learning and develop their skills, provided they are sensitively supported so that they are not overwhelmed or overly

2 Rogoff, B., Malkin, C., Gilbride, K. (1984). Interaction with babies as guidance in development. *New Directions for Child Development*, 23, 31–44.

frustrated by the activity. When this concept, known as the ‘zone of proximal development’, is applied to parenting, it suggests that parenting is optimal when the requirements of parenting are within the adult’s zone of proximal development—that is, challenging but within reach with support from more experienced parents (such as their own parents) who form part of their personal support network.

The model proposed here extends the concept to parenting adaptability. Each new challenge encountered in caring for children stimulates growth, development and adaptation in the parent, provided that the demands of caring for the child fall within an individual’s learning reach—that is, that they are able to meet the parenting challenge with the help of their personal support network. Indeed, this may be the norm, the process that guides adult development in a way that ensures the changing needs of children are met. Problems arise when the demands are so overwhelming that they fall outside the parent’s capacity to grow and develop, even with access to good personal support. Parents with poor social support networks are obviously even more at risk of failing to meet parenting challenges.

7.1.5 Vulnerability

Vulnerability, in this context, can be understood as potential risk to a child’s wellbeing or development due to a parent’s inability to meet the child’s needs adequately. It can arise when a child’s needs for parental adaptability fall outside the parent’s zone of proximal development and outstrip the parent’s capacity to respond. This may happen when child-related factors push the child’s needs beyond the parents’ capability, or because constraints on the parents’ limit their ability to adapt, even with help from their personal support network.

Vulnerability can thus be seen as resulting from an **interaction** between parent and child factors, rather than as an inherent characteristic of either child or parent. Neither parenting adaptability nor the child’s need are fixed; rather, the situation is fluid and changes in any part of the parent–child system can change the level of vulnerability.

Vulnerability can, nevertheless, vary in severity and chronicity. For example, a parent who normally copes well might, when extremely tired, be incapable of adapting positively to a child’s need. More severe acute pressures, such as divorce or death of a partner or parent, can, in the short term, make children more vulnerable and parenting needs more complex and demanding. In other situations, parents may be chronically unable to meet the needs of their children due to a chaotic lifestyle, high levels of personal adversity, or low levels of personal support. Disability or extreme behavioural problems in the child can consistently overwhelm a parent’s capacity and resourcefulness. Even where vulnerability is chronic, however, the nature and severity of risk is likely to vary from person to person, and over time.

7.2 Framework for action

7.2.1 Points of intervention

The conceptual model suggests three major points of intervention to enhance parents' adaptability:

- ▶ **Parenting-focused interventions**, which aim to increase parental adaptability directly by modifying parenting behaviour to change the nature of the interactions between parent and child. The most effective programs work to increase parents' ability to identify and solve parenting problems independently, rather than simply providing ready-made solutions. They achieve this primarily by increasing flexibility, widening the parents' behavioural repertoire by teaching new skills and behaviours, and providing parents with the tools to solve future problems.

Such interventions are likely to be more successful where parents have adequate perceptiveness, responsiveness and self-regulation skills, including the ability to set goals, monitor progress, adjust responses in the light of situational feedback, and generally self-manage behaviour.

- ▶ **Person-focused interventions**, which focus on the parent as a person rather than purely as a parent, and attempt to relieve adverse personal or contextual factors that constrain parental adaptability. In theory, reducing personal and contextual constraints creates space and opportunity to develop greater adaptability. Examples include interventions that target depression, anxiety or social isolation, or attempt to reduce sources of adversity through helping to find employment or more adequate housing or access to social support. Interventions might take the form of personal therapy, or group-based work to build greater community connectedness and support.
- ▶ **Child-focused interventions**, which attempt to relieve pressures that increase a child's need for parental adaptability. They range from individual to community-based approaches; from, for example, medication to relieve behavioural problems in a child with Attention Deficit Disorder, to quality child care that meets the challenging developmental needs of young children (for example, toilet training), to school environments that teach problem-solving and social skills, to supportive community environments.

7.2.2 Applying the model

The sources of parenting vulnerability are many and complex, and successful intervention at the practice level requires an understanding of where, when and how it will be most effective to intervene. Many parenting support programs already incorporate some of the essential functions of parent-, person- and child-focused intervention; however, thinking within this proposed framework has the potential to create greater flexibility in our responses to families in trouble. The greater the level of vulnerability, the more likely that all three types of intervention will be necessary. For example, where a parent is using drugs, child-focused intervention might need greater emphasis until drug use is stabilised, when parenting- and person-focused strategies can also be used.

The model supports an emphasis on direct work to enhance parental adaptability through parenting-focused interventions, to improve coping and problem-solving ability. Such interventions are likely to enhance personal effectiveness and create greater protection against the effects of adverse personal and contextual factors into the future.

The model's principles can also be applied at the community level. For example, ready access to information about effective parenting is likely to expand the parenting behaviour repertoire in the community, thus increasing flexibility and therefore adaptability. Social interventions that alleviate poverty or health problems also alleviate important constraints on parents' adaptability. Stronger controls on violence in the media and video games is likely to reduce the level of aggression in children, making the parents' task easier.

7.3 Towards a parenting information strategy

There are limitations to the effectiveness of information alone for developing parenting capacity, and any comprehensive approach to developing parenting capacity will need to contain many elements and modes of service delivery. Nevertheless, parenting information is an important part of any such approach, and the model proposed here suggests that:

- ▶ Information and knowledge can enhance flexibility (and therefore adaptability) by expanding the range of responses that parents have in their parenting tool kit. Written information alone may be sufficient when it is matched to the learning needs of the parent.
- ▶ This can have effects not only at the individual level, but also at the community level, as ideas and information about child-rearing practices are shared, thus encouraging greater community responsibility and support for child-rearing.
- ▶ Information is most likely to be effective when parents' self-regulatory capacity and confidence is high; and much less likely to be effective when parents' self-management, perceptiveness or responsiveness are impaired. The impact of information can be enhanced by attention to these matters.

Advice about parenting and child behaviour is more likely to be used by parents who are operating within their zone of proximal development and can identify an issue, seek information and apply advice to their own situation. It is quite possible that access to good information is one of the things that helps keep parenting within a parent's zone of proximal development.

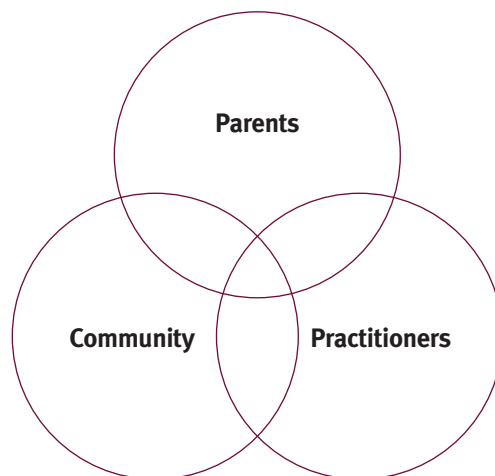
However, when the challenges of parenting overwhelm a parent's capacity for adaptability, information alone is unlikely to be effective. To ensure effective responses from service providers, practitioners and the wider community, it may be more effective to provide parenting information not only to parents, but also to the people and organisations who can provide support to parents in their parenting role.

It is proposed that an information strategy should have three main target groups:

- ▶ **parents:** not necessarily the biological parents, but the person **doing** parenting
- ▶ **practitioners:** any professional who has a role in supporting and assisting parents, and
- ▶ **community:** any person, organisation or agency that interacts with parents or children, that has a capacity to ease the challenges associated with parenting children or support parents in the role of parenting. Involvement might be formal in nature (for example, schools, workplaces, churches, clubs, other services) or informal (for example, family and friendship networks).

Each of these groups requires specific kinds of information; and information is also required at the points where the groups' needs and interests overlap. Finally, the purpose and function of information needs to be defined for each of these categories. Figure 1 shows the overlap between the three target groups in this comprehensive parenting strategy.

Figure 1: A comprehensive parenting information strategy



The recommended strategies in the following section are linked to the conceptual model, framework and information strategy depicted above.

8. Summary and recommendations

8.1 Summary of project findings

The aim of Phase One of the Parenting Information Project was to develop further the evidence base around early childhood and parenting by finding out what information parents want and need to assist them in their parenting role, at what transition points, and how they would prefer to receive this information.

Phase One has resulted in a number of resources to inform all levels of government and the community sector, and help to shape future strategies for communicating with and supporting parents. Phase Two of the project will involve developing and testing parenting information and/or products based on these findings. The five volumes of this report conclude Phase One of the project.

The **literature review** provides an extensive evidence base to support choice of interventions that will be of most value for parents. In summary, it concluded that:

- ▶ Parenting information, education and support needs to acknowledge that parenting is complex and influenced by a wide range of factors that need to be addressed in a timely and flexible way.
- ▶ Strategies are needed to broaden parenting skills, together with education about personal coping strategies, how to establish and maintain positive social supports, and how to work effectively with the service system.
- ▶ Ongoing professional training is needed to ensure expertise is available to engage parents.
- ▶ Strategies to incorporate in future programs to support optimal parenting, and features of these strategies, include the following:
 - Face-to-face advice is very useful and best accompanied by other education measures.
 - Telephone support is cheap and effective, and again best combined with other education methods such as written material.
 - Written information is most effective when accompanied by a personalised approach and advice.
 - Internet resource material can be good but the information must be readable and credible.
 - Instructional video tapes and CD-ROMs are effective in producing short-term increases in knowledge, especially in combination with other strategies—that is, group education or multi-media training.
 - Role playing and modelling are considered to be effective approaches to impart useful skills.
 - Group parenting and child visits and social networking have great potential to assist parents, especially in offering culturally sensitive and relevant interventions.

- Parent training can be highly effective in producing lasting improvements in parents' management skills and children's functioning.

The findings from the **consultations with parents** concluded that parents want a range of information about children's age and developmental stages (physical, intellectual, emotional and social). They also want a range of information to help them cope with becoming a parent; for example, the difficulties of balancing work and family life, the physical and emotional impact of becoming a parent, and changes in family relationships after having a child.

Parents want a centralised, credible and well-coordinated source of information, supports and services for parents, with a range of delivery channels, including but not limited to face-to-face support, brochures on specific issues, television programs and a consolidated parenting kit.

Parents also identified the need for additional support services such as flexible and affordable child care, post-birth follow-up services, effective testing to identify any developmental issue early, information support groups for specific groups of parents and timely access to family counselling.

The findings from the **consultations with professionals** were consistent with the findings from the parent consultations, with identification of similar key issues and needs. Professionals reflected that parents face a range of social issues due to limited extended family and social supports, changing family dynamics and adjustments associated with having a child. Increased levels of family mobility and financial concerns in general were noted as influencing the parenting role, as were the prevalence of domestic violence, drug and alcohol use, and mental health across different communities. Professionals consistently reported that because parents lack knowledge about the service system, they struggle to access and select from the plethora of available information and are frustrated at the lack of coordination between early childhood services.

To meet these social and system challenges, professionals reported that a range of information and support needs should be addressed, including content to support increased understanding of children's growth and development and the importance of attachment, play and communication. Parents require reassurance about their parenting, support for adjusting to the life implications associated with becoming a parent, and help to manage day-to-day life and financial pressures. They need different information, in different forms at different times, and require time to process and practise skills. While many professionals reported that parents need access to a range of services and supports, all agreed that consistent, credible information delivered to parents in the context of a positive face-to-face relationship was likely to have the most impact in supporting parents' needs.

Professionals also suggested a range of needs that they need addressed in order to support parents more effectively, including professional development in parent engagement and relationship building, access to up-to-date and consistent parenting information, and the opportunity and skills to work in closer partnership with each other. Further, professionals want funding allocated to enhance existing services,

with more quality staff in services on the ground on an ongoing basis, rather than one-off funding or pilot programs.

The **compilation of available information and supports** undertaken for the project found that there is a large number and range of information and program resources, websites and video materials currently available to support parents. However there are difficulties around identifying which information is evidence-based and quality assured, and where to access information.

The **national workshop** brought together professionals with experience and expertise in early childhood research, policy and/or service delivery. The findings of the literature review, and the national consultations, and the proposed conceptual model and framework for the provision of parenting information and support in Australia, were presented and discussed, paving the way for consideration of future **recommended strategies**. These actions are further detailed in the following sections.

8.2 Towards a parenting information strategy

Without doubt, parenting is a crucial factor in the health, wellbeing and happiness of children. A substantial body of evidence links problems in parent–child relationships to poor developmental outcomes and a range of social and emotional problems in children, many of which can have detrimental effects that last long into adulthood.

There is growing evidence that interventions that aim to support families and enhance parenting are effective in addressing many of the most important social problems children face, including poor development, abuse and neglect, learning difficulties, and behavioural and emotional problems.

It makes sense then, for a society to invest heavily in supporting parents in the task of raising their children, particularly in the early years of life when children are most vulnerable and when the fundamental elements of a strong parent–child relationship are being established.

An understanding of what parents say they need, the key influences on parenting, and what approaches and strategies are most effective in enhancing and supporting parenting, together with what information and resources already exist, should guide how community resources are invested.

In this section, we describe specific strategies the Australian Government could adopt to help parents. We preface our recommendations with a brief synopsis of the thinking that has guided our conclusions, making reference to the conceptual model, framework for action and information strategy detailed in Section 7.

8.2.1 About parenting

Parenting is a social role carried out by many different people in many different types of families. Whilst parenting can look very different across cultures, families and contexts, there are a number of universal elements to the parenting task. These include providing children with basic care, protecting them from harm, loving and nurturing them, and helping them to develop the skills they will need to participate

fully in society as adults. The main way in which parents achieve this is by shaping the immediate environment in which children live and through the daily interactions they have with their children.

While all parents set out to protect, nurture and socialise their children, the way they achieve these goals is influenced by their personal history, cultural background, and even the children themselves. Variation in parenting practices reflects not only varying styles or emphasis, but also the fact that different approaches are needed to parent effectively in different contexts. Parenting practices that might be effective in one setting, with one child, or at a particular age, may not be effective in another setting, with a different child, or with a child at a different stage of development. This is why it is not possible to prescribe the same set of parenting practices for all people in all situations.

Instead, effective parenting practices can be thought of as those actions that best achieve the goals of parenting a particular child in a particular context. Crucial to this is the parent's capability to adapt in a positive way to the changing needs of their children. They need to be able to respond effectively to changes that occur as children develop and as the environment in which they live changes. Whether parents adapt effectively appears to be related to the extent to which a parent is 'tuned in' and responsive to their child, and able to solve problems and change the way they respond when the need arises. All things being equal, adults acquire these capabilities through their own process of growing up. When they become parents, they use these capabilities to manage the daily challenges of child-rearing—that is they effectively learn through on-the-job experience.

8.2.2 Problems in parenting

Children are vulnerable to poor developmental outcomes when there is a discrepancy between the parenting they need and the parenting they receive. This discrepancy can arise for two main reasons.

Firstly, personal factors (for example, a low sense of self efficacy, poor problem solving and communication skills, difficulties in self regulation, stress, ill health, drug abuse, mental health problems) and social factors (for example, social isolation, poverty, poor housing) can impair a parent's ability to adapt to their children's needs.

Secondly, a child, by virtue of personal characteristics or social situation, can have parenting needs that a parent finds difficult to meet. For example, it is harder to meet the needs of children who have a challenging temperament, disabilities, behaviour problems, or few other people in their lives providing nurturing and care.

8.2.3 Pathways to supporting parenting

Thinking about problems in parenting in this way gives rise to three main ways in which intervention might address such vulnerability.

Firstly, we can attempt to enhance parenting adaptability directly. This might take the form of parenting information, training or support that attempts to help parents develop confidence to solve problems better or find new ways of interacting with their children.

Secondly, we can target the factors that appear to be constraining a parent's ability to respond adaptively to their children. For example, decreasing social isolation or addressing a family's housing needs would fall into this category.

Thirdly, we might try to reduce the child's needs directly. Good quality early childhood education and care services, or providing allied health or educational support for a child with specific needs, for example, may reduce a child's dependence on their parent for some of the things the parent is having difficulty providing.

The most effective intervention for any one family might involve a mix of these three approaches.

8.2.4 How to support parents

In the main, parents still turn to their own social networks for help when they encounter parenting problems. Extended family and friends are important sources of personal, informational and social support for parents. There is evidence that there continue to be significant ongoing barriers to seeking professional help, including the stigmatisation associated with help-seeking and the perception of many parents that they will be blamed for their children's problems. Much is still to be learned about how to engage parents effectively in parenting support programs.

The ultimate aim of parenting intervention is to enhance parents' self-reliance and independence. Research has concluded that many approaches and strategies can be helpful in achieving this. These range from provision of verbal, written or video tape information, through to more intensive, professionally facilitated parenting programs or services. The main conclusion to be drawn is that the effectiveness of any one mode or approach is dependent on how well it is matched to a particular parent's needs at that point in time. Information alone is insufficient for families who need more support to implement changes.

8.2.5 Parents, practitioners and community: a staged, tripartite parenting information strategy

This project has clearly demonstrated that parents, practitioners and community would all benefit from access to reliable, evidence-based information about child health, development, behaviour and parenting. Each group requires specific kinds of information, in different forms, and at different times.

Parents

Parents want and ask for information about child development, about parenting information and skills, about broader parenting well being issues and about how to access services and support. The evidence suggests that people in a parenting role also need information about the parenting learning process and how to solve parenting problems more effectively for themselves. They need information about why, when and how to seek help. Issues such as managing stress and getting support could also be usefully covered in this component of the strategy.

Practitioners

If professionals are to play a more influential role in providing parenting information and support, they need information about how to engage and support parents more effectively. A positive interaction with a teacher or child care worker can make the difference between whether a parent accepts or rejects help. Yet comparatively little effort to date has been put into equipping professionals with the resources and tools they need to communicate with and support parents better. For many professionals, this means turning the traditional expert model of clinical interaction on its head, replacing it with new models that incorporate genuine partnership. Professionals also need information about what constitutes evidence-based practice so that they are more likely to use proven strategies when working with parents. There is also a need to equip services to develop integrated evaluation processes so that successful elements of programs are identified and documented.

Community

Finally, a broader awareness of parenting information and effective ways to support parents could play an important role in making our communities more parent-friendly. Workplaces, clubs, churches and community organisations could potentially play an even more important role in the task of supporting parents. Many such organisations could also become important sources of information about parenting and parenting support services. Strategies for enhancing informal sources of support for parents should also be explored (for example, providing information to grandparents about how best to support their own children in their parenting).

The provision of these various forms of information for parents, practitioners and communities should be seen as the first stage of a comprehensive long-term approach to developing parenting capacity. The evidence indicates that an information strategy on its own is a necessary but not sufficient condition for good parenting outcomes. Such a strategy needs to be embedded in a range of other social and service development initiatives that address the conditions that make effective parenting difficult to achieve. An information strategy that simultaneously provides useful information as well as creating the conditions that make it more likely that the information will be accepted, accommodated, and acted on, has far greater potential to lead to better outcomes for children and parents than simply providing parenting information alone.

This suggests that a staged approach to developing parenting capacity is needed. The first stage could involve the immediate development of a parenting information and universal parenting resource strategy to meet the pressing needs of parents; training and resources for professionals to enable them to support parents more effectively; and a resource kit for use by services and the wider community. A second stage would involve the exploration of strategies to strengthen the linkages between services, and to raise public awareness about parenting issues. Further details of this staged approach are given in Section 8.4 below.

8.3 Recommended strategies

Giving consideration to the evidence found in the literature review and the results of the consultations, and utilising the conceptual framework discussed in earlier sections, strategies for future action have been determined in the following areas—strategies to support parents; strategies to support practitioners; strategies to support the community; and broader strategies. All these strategies are detailed in the following section. The final section of the report outlines a proposed, staged introduction of the strategies.

8.3.1 Recommended strategies to support parents

The evidence from both the literature review and the parent consultations indicated strongly that many parents wanted and would benefit from greater access to information to support them in their parenting role. This included information about parenting as well as about parenting and other family support services. The review of the existing materials and resources available for parents clearly showed the huge variety of information that is currently available. However, the parent consultations identified that, despite this, there was generally a low awareness of available information and supports for parents. Many issues were also identified regarding the credibility and accessibility of current information, and parents and professionals alike agreed that a mechanism was urgently needed to enable parents to access reliable information more easily. During the consultations, many innovative ideas and suggestions were put forward by both parents and professionals to address this. Parents' preferences were for face to face information, brochures on specific issues, television programs and a kit covering many issues. The literature review indicated that all methods of conveying information were effective some of the time, but none were effective all of the time. The evidence also indicated that most if not all methods were more effective when more than one method was used in combination.

In the context of other initiatives and activities currently being developed or under way, where for example, preferences for face to face information are being addressed via specific recommendations for professionals and the community, brochures already exist in states and territories covering a large range of information, and recommendations for television programs could be addressed via established and developing program funding, the project team suggests the following be considered:

8.3.1.1 A universal resource for parents

Development of a universal resource for parents is recommended and is strongly supported by findings from the parent consultations. The resource would include basic child development and parenting information to provide support in the transition to parenthood and through the other major transition points that parents experience with their children. In addition to this information on child development and transitions, the resource needs to include sources (preferably a 'one-stop shop') on where and how to access quality information. The resource should also include

information about how the service system operates and how to access services and other resources that are available to parents, including child care information, family payment information and parent helplines.

The consultations with parents suggest, based on the information parents have sought in the past, that the resource might include information pertaining to children's physical, intellectual, social and emotional development at different ages. For example, given that more than 60 per cent of parents consulted indicated that they had sought information about a child's physical development in the past, it may be beneficial to include information about a child's expected height, weight, motor skills and coordination at different ages.

Parents also reported a number of information needs that would assist them in their parenting role, and such a resource may also provide tips and strategies to assist this process. For example, tips and strategies for budgeting or the types of expenses parents might expect would be beneficial to help parents deal better with financial pressures associated with parenthood. Some parents suggested the need for information about parental well being should cover what to expect after the birth of a child; for example, more information on the changes that occur in relationship with partners and family members, an understanding of how people react differently in their new roles, and information about how to identify post natal depression. Parents also wanted more general information about such things as the safety of baby equipment. Professionals also suggested that information about basic parent craft was needed.

Parents highlighted that the developmental information needs to be presented in a reassuring manner, to prevent parents from becoming unnecessarily concerned if their child's progress falls behind a developmental milestone. It is important that parents understand that each child is different, and that it is not necessarily serious if a child does not develop strictly according to 'normal' milestones.

The resource should include information about the state-funded parent lines and should be developed in partnership and collaboration with parents, community members, service providers and practitioners. Such a resource should draw on the plethora of existing material identified in this project, with an expert panel established to accredit and rate material as appropriate for inclusion. The resource would enable better access to services and supports needed by families.

To address specific concerns and needs of the target groups identified for this project, this resource should include a particular focus on the needs of single parents, especially young parents, fathers, parents of children with a disability and grandparents.

Development and dissemination of the resource should include a CD, and DVD/video format and, subject to timing issues, could possibly link to the following Australian Government initiatives, as well as being made available to state and local government agencies.

Communities for Children initiative

- ▶ The resource could be developed at a national level in a CD/DVD format and utilised by the Communities for Children sites that will be established across Australia. Opportunities for inclusion of local information and the involvement of community members would be supportive of community capacity building activity that will occur in these sites.

Child Care Links

- ▶ The resource would also be a useful tool for utilisation in the Child Care Links sites. Again, additional local information could be included, in consultation with parents and the community.

Playgroups

- ▶ The resource could be distributed widely across Australia through the extensive network of playgroups. The playgroup associations in each state could be a conduit for distribution in either CD/DVD or hard copy format.

Centrelink

- ▶ Consideration should also be given to the provision of the resource through Centrelink. This may be particularly useful to gain access to first-time parents and those parents receiving particular benefits and payments.

Proposed parenting website

- ▶ The resource would be made widely available via the proposed parenting website. Information could be provided through this medium about the resource and how to access it, and could include a printable version from the site. The website would also be an excellent medium to set up a ‘master’ of the resource which would enable local communities to include their own information and then burn in a CD format or print out for local distribution.

8.3.2 Recommended strategies to support practitioners

A major issue identified in the research literature and in the consultations with parents and professionals is the need for professionals to be able to work effectively with parents. Previous national consultations with the Australian Council for Children and Parenting have established that few professionals working with young children and their families are trained to work in true partnership with parents as the “co-producers of children’s outcomes”, and that there are limited opportunities for relevant professional development, support and mentoring. There is a valuable role that the Australian Government can play in developing a national resource to promote effective ways of working with parents. It should also be noted that the proposed parenting website will provide an effective mode through which professionals will be able to access a wide range of information and resources to support them in their practices.

Another major issue emerging from the literature review and the consultations concerned how to ensure the quality of parenting programs and services. Specific gaps identified included the inconsistent implementation of evidence-based practice, the limited use of integrated evaluation processes to ensure that services were being delivered in the way they were intended, and the variable levels of knowledge about how to engage more effectively with parents, particularly those with specific needs.

The following recommendations address these issues.

8.3.2.1 Working more effectively in partnership with parents

It is recommended that a practical resource be developed for practitioners that includes strategies about how to engage parents, work in partnership with them and, in particular, to identify and engage parents who may be ‘hard to engage’ or who have specific needs. The resource could also include practical ideas and strategies to assist the Communities for Children sites to engage and include parents in their activities. This resource will be useful for all services and could be one of a suite of resources utilised by the Child Care Links and the Communities for Children Initiatives.

8.3.2.2 Supporting evidenced-based practice

It is recommended that a national workshop be held with key academics and service providers to discuss and debate the issue of what constitutes evidence-based practice in parenting programs. There is little understanding in the broad early childhood and parenting field about this issue, and many programs and interventions have been developed and implemented that have little or no evidence of effectiveness. The workshop will be an opportunity to bring together experts in the field to discuss the issue, present ideas and develop agreed definitions, framework and strategies that could be documented and made available via the proposed parenting website. As there is high interest and desire nationally and at the state level to ensure that limited funding is directed at what actually works (that is, programs and interventions based on evidence), it is appropriate for the Australian Government, under the National Early Childhood Agenda, to demonstrate leadership on this issue, facilitate this workshop and develop a resource for dissemination to the field.

8.3.2.3 Ensuring evaluation is integral to all programs

It is recommended that a practical ‘how to’ evaluation resource for services be developed. This resource will support parenting services to develop and implement their own evaluation activity as a component of ongoing program development and implementation. It would be particularly useful for the Child Care Links sites and could also underpin the local evaluations for the Communities for Children sites.

8.3.3 Recommended strategies to support communities

The research evidence clearly indicates that the quality of the communities in which families live has a significant effect upon their ability to raise their children as they would wish. The more cohesive communities are and the more family-friendly services and workplaces are, the more effectively parents are able to perform their child-rearing tasks. It is clear from the evidence and the consultations that information could play an important role in assisting our communities to be more parent-friendly, particularly as face to face information was a strong preference of parents throughout the consultations. Workplaces, clubs, churches and community organisations could potentially play an even more important role in the task of supporting parents. Many such organisations, if resourced adequately, could also become important sources of information about parenting and parenting support services.

8.3.3.1 Resourcing communities

It is recommended that a ‘resource kit’ for use by services and the wider community be developed. This resource kit could include:

- ▶ written information relevant to parenting, in the form of evidence-based short articles or fact sheets on particular parenting issues. These articles could be provided by local services to local newspapers, other service agencies and community groups to include in their newsletters and so on
- ▶ written information about parenting and child development that could be utilised by employers in the workplace, for example, placed on notice boards, included in newsletters and distributed to all employees with pay slips and so on
- ▶ ideas for strategies to determine what the community needs to know to support parents more effectively in their parenting role
- ▶ draft templates for community newsletters, press releases, stories based on evidence—could also include some video footage that could be available to community groups for displays and expos
- ▶ some ideas to engage local employers in fostering a more family-friendly workplace.

This information would be useful for the Communities for Children sites and also for the Child Care Links initiatives. The material could be developed and collated in a CD/DVD format and made generally available through the proposed parenting website.

8.3.4 Recommended strategies to support fathers

In the consultations with professionals and parents, the need for early childhood services to be more inclusive of the needs and interests of fathers was consistently highlighted. Fathers consistently reported that they often felt unwelcome in services. These services were reported as mostly designed by women and welcoming to mothers, and not include simple things that would encourage fathers to attend and feel comfortable (for example, posters on walls, magazines in waiting areas, and so on). The majority of early childhood services are also operated by women, further compounding the level of disengagement fathers reported.

Mothers and fathers also think differently. They need different information, at different times, in different formats. Fathers prefer hands-on, experiential approaches to learning about child development and how to best interact with their children. They also reported a desire to increase their confidence with handling babies, to learn more about behaviour management techniques, and to understand how their relationship with their partner alters when they become parents. Some fathers also said it would have been useful to know how to identify post natal depression, so they could have asked for help earlier on.

Overall, services and associated support materials, including posters and information sheets, need to be more father-friendly, to promote the important role fathers play in the lives of their children, and to be more attuned to the way fathers learn.

8.3.4.1 *Poster development*

It is recommended that a set of posters be developed with key messages just for fathers, for use by all universal services in their entrance, waiting and program areas. These posters should promote the role of fathers at various stages of the lifecycle, from birth through to toddlers, preschool and school. They could also focus on messages that indicate what it means to be a father, for example, ‘what does he need to do rather than just being a disciplinarian?’. The posters could be funded through the Parenting Information Program initiative and distributed to all child care and child health services across Australia. They could also be made available more generally through the proposed parenting website.

8.3.4.2 *Resource around engaging fathers*

It is recommended that a resource to ‘teach’ professionals how to engage fathers more effectively be developed and distributed broadly. This could include tips and ideas on how professionals can make their service more inclusive for fathers, including intake processes and the provision of information relevant to fathers. This resource could be produced in a CD/DVD format and made available through the proposed parenting website.

8.3.5 Recommended strategies to support single parents

The consultations highlighted a number of issues facing single parents, both mothers and fathers. A number of issues raised related to broader support and financial needs such as housing, transport and financial pressures. Issues to do with parenting were similar to those facing all parents, but the added stress of ‘going it alone’ means that greater effort is needed to connect single parents to the social supports they need. For teenage single parents, there is a particular need for child health and development information. Access to playgroup and other parenting programs were reported to be difficult for this group as they often feel they do not ‘fit in’. Recent developments in extending access to supported playgroups, more flexible child care options and the availability of programs concerned with social connectedness such as Good Beginnings, are positive steps to providing better support for this group.

8.3.5.1 *Information included in the universal parenting resource*

It is recommended that specific information be included in the universal resource described in section 8.3.1 that be may relevant to single parents. Single parents require the same information as other parents about developmental and behavioural issues, as well as information about how to access support and resources if needed.

8.3.6 Recommended strategies to support CALD communities

While the evidence suggests that there are a range of issues relating to parenting that are common to both English speaking and non-English speaking cultures, such as housing, income and transport, there are concerns that the broad construct of parenting in Australia is not inclusive of parents from CALD backgrounds. That is, Australian culture tends to assume that parenting is the same across all cultures. Language barriers can perpetuate these difficulties, with many families finding it difficult to learn about and access available support services. Further, the printed

support material that is available often relies on bilingual staff and interpreters to transfer knowledge. In reality, the extended family and community often play a larger role in parenting and the transmission of cultural meanings and values. Evidence suggests that further work is required to clarify differences in family expectations, communications and learning styles relevant to specific CALD communities and to adapt material in culturally appropriate ways.

Consultations with parents, together with the evidence, suggests that information, education and support for families from CALD communities should take into account and respect the cultural background of families. It is important that cultural beliefs and practices, and the impact they have on a family, be recognised. The consultations highlighted the need to recognise that ‘one size does not fit all’. Community leaders and elders can play a significant role by providing valuable links to the community and helping to build effective bridges that connecting families and services. Culturally sensitive parenting information needs to be produced in a variety of languages. Further, support strategies should utilise a number of different media at the national and community level to promote and report on positive parenting practices that differ across cultures.

8.3.6.1 Project/s to engage specific cultural groups

It is recommended that a project/s be undertaken to engage specific cultural groups in different areas across Australia and develop specific strategies to support them in their parenting role. Cultural groups considered a priority include Arabic, Horn of Africa, Bosnian, Chinese, Croatian, Somali, Spanish, Turkish and Vietnamese. Strategies should be developed to work with leaders in these communities over an extended time to determine the issues facing parents and, in partnership with the communities, to design and implement strategies that will positively assist them. Results from these projects could be written up and resources developed that would be useful for cultural groups in other areas.

8.3.7 Recommended strategies to support parents of children with a disability

Evidence suggests that parents who have children with a disability, particularly those who are first-time parents, face many challenges in their parenting role. Caring for a child with a disability is a long-term commitment, often lasting well into parents’ old age. While the challenges of caring are often life-long, they may change from time to time at the main childhood transition points.. During the consultations, parents reported on the many difficulties facing them in working with the broad (and always changing) range of service providers who support them in their caring role. One of the areas that parents reported frustrated them the most was the lack of understanding in the medical field and the general community about the impact of having a child with a disability. Many parents shared stories of their negative early experiences and the impact on the family as a whole including other siblings. This was reported as particularly stressful for first-time parents who have a child with a disability. The evidence clearly suggests that the timing and manner in which parents receive information about their child’s disability affects how they undertake their parenting role. Resources and information are needed to support parents and reduce the high levels of family stress, family breakdown and subsequent child abuse and neglect.

8.3.7.1 Video and booklet development

It is recommended that a video and booklet be developed for parents who have a child with a disability, that talks about looking after the whole family ‘like any family’. This resource could be provided to parents at the time of the child’s diagnosis, and distributed through maternity hospitals and child health services.

8.3.7.2 Increase understanding of the impact of being a parent of a child with a disability

It is recommended that strategies be developed to provide medical staff with a better understanding of being a parent of a child with a disability and how it affects the family as a whole. Strategies could include written information for doctors and other staff accessible via the proposed parenting website and through the Colleges of General Practitioners, Obstetrics and Gynaecology and Physicians (Division of Paediatrics and Child Health).

8.3.8 Recommended strategies to support grandparents

Evidence indicates that grandparents play a variety of roles in the life of their grandchildren, with more grandparents responsible for the primary care of grandchildren than ever before. These grandparents experience a wide range of practical concerns, including financial and health issues, an absence of accessible transport, a lack of legal status, and the need for larger housing to accommodate children. Many do not understand what financial or emotional supports are available to them, nor how to access them. Some suffer from social isolation from their own peer group and are often the centre of inter-generational conflict between family members and parenting styles. Many seek up-to-date information about modern parenting techniques and information about child health and development, about what to do in an emergency, or about accessing respite care in the event of personal health issues. The evidence suggests that professionals need to be aware of the different roles and responsibilities of grandparents today, and be mindful that they are supported appropriately.

8.3.8.1 Information included in universal service system

It is recommended that information that is relevant to grandparents who are caring for children be included in the universal resource described in section 8.3.1. Grandparents who are caring for children require similar information to parents about developmental and behavioural issues, as well as information on how to access support and resources if needed. Consideration will need to be given to possible different dissemination points for grandparents, for example, through Centrelink, senior citizens venues’ and newsletters.

8.3.8.2 Increase awareness of available benefits and entitlements

It is recommended that strategies be developed to enable grandparents to become more aware of the benefits and entitlements they can receive through Centrelink as a result of being primary carers for their grandchildren. This information could be included in age pension newsletters and other printed materials that are currently accessed by older people.

8.3.9 Recommended broad strategies

A number of issues were raised during the consultations by parents, professionals and other stakeholders that relate to broader strategic or system issues and concerns. While many of these issues and concerns are valid and need to be addressed, they are outside the scope of the Parenting Information Project. However, given the commonality of these issues and concerns, it is appropriate to identify them and offer some suggestions to move them forward. It should be noted that activity may already be occurring to address these areas.

8.3.9.1 Need for better linkages

Over recent years there has been a marked increase in interest in and activity, at all levels of government across Australia, relating to the early years. This has resulted in a wide range of funding and programs being made available to support parents in their parenting role and to promote early childhood development and ‘readiness for school’. Many new programs testing different ways of providing support to families have been funded, and there have also been increases in funding to meet demand for existing programs and services. Given the high level of activity that is occurring at both state and territory level and within the Australian Government, mechanisms are needed to link new and existing initiatives more effectively, including strategies to bring different sectors together. The Australian Government, through the Stronger Families and Communities Strategy and the National Agenda for Early Childhood, has a vital role in facilitating discussions between the key players to reduce the likelihood of duplication and to address gaps in service delivery. In many areas these discussions are already under way.

8.3.9.2 Need to inform the general community better

The important role that extended family, friends, work colleagues and the general community play in the provision of support to parents with young children was highlighted throughout the consultations. Research evidence suggests that the informal support provided through these groups is crucial to the wellbeing of children and families. Parents reported that their extended family and friends were always the first port of call if they needed information or support in their parenting role. There were many suggestions during the consultations about how the extended family and the community at large could be better informed about the way children grow and develop, the importance of the early years, and strategies to support parents more effectively in their parenting role. The general view was that a major media campaign is needed to promote specific messages about parenting. These messages include:

- ▶ information for fathers and ideas and suggestions about activities they could do with their children
- ▶ promotion of the role of grandparents and ideas for where they can seek further information and assistance if needed
- ▶ general information on child development and managing children’s behaviour
- ▶ information about the importance of the early years
- ▶ the role of children in our community.

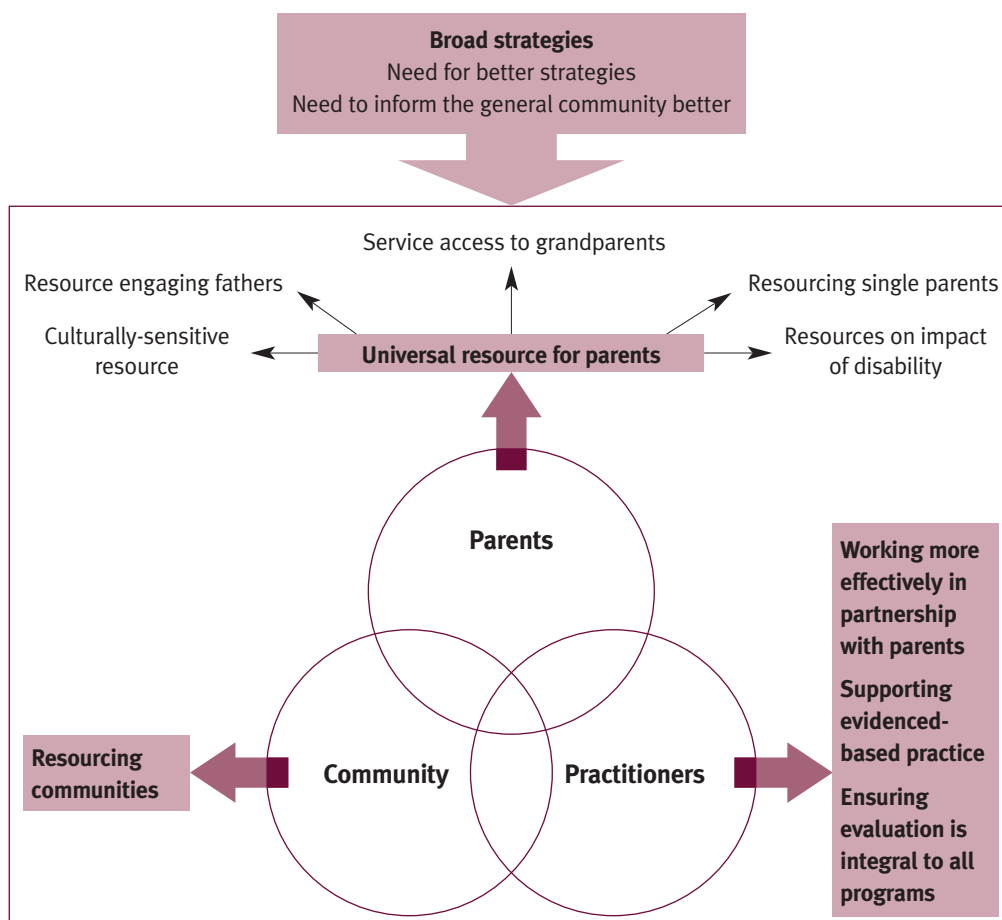
It was also suggested and supported by the evidence that such a media campaign would need to be backed up by some mechanism for parents to follow up to get further advice and support if needed. Linking up the state-based parent telephone lines to a national 1300 number was suggested as a means to achieve this.

While the ideas put forward for a broad community media campaign have a sound basis, extensive development and planning needs to occur with a range of stakeholders, including state and territory governments, before this can be implemented. A campaign such as is suggested here would require a long lead time for consultation and planning with all the stakeholders and a level of budget that is outside the scope of the current Parenting Information Project. It is recommended that discussions continue between the states and territories and the Australian Government around a number of areas where partnerships could be fostered—in particular, a national approach to supporting parenting through the media supported by a national hotline.

8.3.10 Summary of recommended strategies

Figure 2 links the recommended strategies to the three components of the parenting information strategy.

Figure 2: Summary of recommended strategies within a comprehensive parenting information strategy



8.4 Staged implementation schedule

This project has demonstrated how complex a business parenting is, and how many factors impact upon parents' ability to raise their children as well as they would wish. Clearly, any strategy to promote parenting capacity must also be complex, and cannot be implemented at a single point in time. The following staged approach outlines how a comprehensive strategy for promoting parenting capacity could be introduced over time. Recommended strategies have been separated into two stages. Stage 1 depicts strategies for implementation in the short term, while Stage 2 presents those for implementation in the longer term. (It needs to be acknowledged that not all of the areas in which action is needed are the responsibility of the Australian Government. Nevertheless, as argued earlier, the Government, through the Stronger Families and Communities Strategy and the National Agenda for Early Childhood, can play a key leadership role in developing a truly national approach to promoting parenting capacity.)

8.4.1 Stage 1: Strategies for implementation in short term

Development of a universal resource for parents

This should include basic child development and parenting information, as well as information about how the general system of services operates, and where to get help for any child and family problems. Material should target the general parenting population and include material relevant to specific parent groups as appropriate.

The parenting website

The universal parenting resource could be made widely available via the parenting website which the Australian Government has recently announced will be developed after a call for funding applications.

Development of resources and strategies to support particular groups of parents

The development of these resources should include

- ▶ developing posters aimed at fathers and a resource for services on how to engage fathers
- ▶ undertaking project/s to engage specific cultural groups
- ▶ developing information resources to support parents who have a child with a disability
- ▶ developing strategies to increase grandparents' awareness of available benefits and entitlements

Development of a resource kit for use by services and communities

This resource kit could include written information relevant to parenting and child development, ideas about ways in which communities can support parents more effectively; and how to engage local employers in fostering a more family-friendly workplace.

Development of a practical resource to help professionals work more effectively in partnership with parents

This should include strategies about how to engage parents, work in partnership with them and, in particular, to identify and engage parents who may be ‘hard to engage’ or who have specific needs.

Development of a practical evaluation resource for services

This resource would support parenting services in developing and implementing their own evaluation activity as a component of ongoing program development and implementation.

Conducting a national workshop on evidenced-based practice

This workshop could bring together key academics and service providers to discuss and debate the issue of what constitutes evidence-based practice in parenting programs.

8.4.2 Stage 2: Strategies for implementation in longer term***Exploring ways of developing better linkages between systems and services***

Given the high level of activity that is occurring at federal, state and territory level in developing programs to promote parenting capacity, coordination is urgently needed. The Australian Government, through the Stronger Families and Communities Strategy and the National Agenda for Early Childhood, has a vital role in facilitating discussions between the key players to reduce the likelihood of duplication and address gaps in service delivery.

Development of ways of informing the general community better

This could take the form a major media campaign to promote specific messages about parenting. Such a campaign would need to be comprehensive, incorporate a variety of delivery approaches and be accompanied by a suitable mechanism to allow parents to seek further advice and support as needed.

Appendix A: Individuals consulted

Consulted via focus groups

State	Name	Organisation
ACT	Teresa Fitzgerald	Australian Government Department of Family and Community Services
ACT	Annette Carse	Australian Government Department of Family and Community Services
ACT	Vanessa Beck	Australian Government Department of Family and Community Services
ACT	Jo Bowen	Belconnen Community Service
ACT	Sue Mander	Canberra Hospital—social work
ACT	Morella Toscan	Centacare Reconnect
ACT	Rita Eronen	Children, Youth and Women's Health Program, ACT Health
ACT	Amanda Colbron	Communities at Work
ACT	Patrick Fleming	Community and Adolescent Mental Health Service
ACT	Sonia Costello	Companion House
ACT	Bronwyn Webster	Department of Education, Youth and Family Services
ACT	Dave Bromhead	Department of Education, Youth and Family Services
ACT	Glen Williams	Department of Education, Youth and Family Services
ACT	Linda O'Connell	Department of Education, Youth and Family Services
ACT	Elvira Ramanauskas	Department of Education, Youth and Family Services
ACT	Penny Pengryffyn	Family Services Australia
ACT	Karen Blakey-Fahey	Gungahlin Regional Community Service
ACT	Judi Whiteman	Marymead Child and Family
ACT	Claudia Cresswell	Northside Community Service
ACT	Larissa Dann	Parentline, Parent Effectiveness Training
ACT	Gail Frank	Relationships Australia Canberra
ACT	Zoe Barrett	Smith Family
ACT	Yvonne Solly	Southside Good Beginnings
ACT	Julia Clayton	Woden Community Service
NSW	Gargi Ganguly	Cabinet Office
NSW	Peter Warren	Cabinet Office
NSW	Barbara Schneider	Canterbury City Council
NSW	Tracy Wright	Department of Ageing, Disability and Home Care
NSW	Debra Gott	Department of Community Services—Families First
NSW	Vivi Germanos Koutsounadis	Ethnic Child Care, Family and Community Services
NSW	Robert Barker-Salt	Families First
NSW	Victoria Smith	Families First, Cabinet Office
NSW	Michelle Frank	Families First, Central West
NSW	Jenny Spinak	Good Beginnings
NSW	Monique Perusco	Good Beginnings
NSW	Savoy Martenstun	Good Beginnings
NSW	John Leech	Liverpool City Council Communities for Kids
NSW	Alison Loudon	Macquarie Area Health Service
NSW	Sarah Petersen	Macquarie Area Health Service
NSW	Angela White	NSW Parenting Centre

State	Name	Organisation
NSW	Kim Hanley	Parents As Teachers
NSW	Julie Druice	SDN Child Care
NT	Dean Fraser	Anglicare
NT	Julie Southwell	Anglicare NT
NT	Tony Vidot	Anglicare NT
NT	Debbie Milne	Darwin City Council, Fun Bus/Fun in the Parks
NT	Heather Havens	Darwin Family Day Care
NT	Georgie Nutton	Department of Employment, Education and Training— Curriculum Services Branch, Early Years Team
NT	Carolyn Borci	Department of Employment, Education and Training— Student Services Branch, Early Childhood Intervention
NT	Jodie Stewart	Department of Employment, Education and Training— Student Services Branch, Early Childhood Intervention
NT	Barbara Paterson	Department of Health and Community Services
NT	Gail Clee	Department of Health and Community Services— Casuarina Community Care Centre
NT	Lesley Taylor	Department of Health and Community Services— Office of Children and Families
NT	Mora Stronach	Department of Health and Community Services— Community Paediatric Team
NT	Di Halloran	Office of Children and Families
NT	Lisa Schofield	Palmerston City Council
NT	Beth Walker	Team Health
NT	Liz Bell	YWCA Parenting Program
QLD	Julie Russell	Australian Red Cross
QLD	Sophie Rahme	Australian Red Cross
QLD	Cathy Olsen	Carindale Police Citizen Youth Club—Families Our Future
QLD	Leona Elmslie	Commission for Children and Young People
QLD	Roderick Isaac	DRUG-ARM Home Visitation and Family Support Program
QLD	Marita Ram	Families NOW
QLD	Louise Gorman	Family and Friends Parent Aide Program
QLD	Larne Wellington	Honours Student—Queensland University of Technology
QLD	Anne Brelsford	Kinnections
QLD	Candice Davey	Lifeskills (Logan)
QLD	Vince Vernick	Lutheran Community Care
QLD	Cherie Lamb	Pathways to Prevention Project, Mission Australia
QLD	John Lucas	Queensland Program of Assistance to survivors of Torture and Trauma
QLD	Lynn Thompson	Save the Children
SA	Pam Linke	Department of Child and Youth Health
SA	Raema Mahony	Parenting Network
SA	Julie Francis	Parenting SA/Child and Youth Health
SA	Tracey Buchanan	Parenting SA/Child and Youth Health (Volunteers/friends)
SA	Helen Grimshaw	Uniting Care Wesley-Bowden
Tas	Christine Long	Department of Health and Human Service—Family, Child and Youth Health Service
Tas	Linda Johnson	Early Support of Parents
Tas	Carolyn Jones	Good Beginnings
Tas	Lorraine Polglase	Good Beginnings
Tas	Paul Prichard	Good Beginnings
VIC	Sandy Robertson	Anglicare, Northern

State	Name	Organisation
VIC	Cathie Valentine	Anglicare—Parentzone
VIC	Chris Hanly	Anglicare—Parentzone
VIC	Jeannette Milgrom	Austin Health/Parent_Infant Research Institute
VIC	Jennie Ericksen	Austin Health/Parent_Infant Research Institute
VIC	Meridith Alexander	Australian Breastfeeding Association
VIC	Colin Kelly	Ballarat Community Health Centre
VIC	Merran Flemming	Best Start Project
VIC	Ann Nicholls	Centacare
VIC	Annue Munro	Centacare
VIC	Jenny Fink	Central Highlands Regional library
VIC	Fiona White	Children and Family Services
VIC	Jan Keats	City of Greater Geelong
VIC	Shandell Blythe	City of Hume
VIC	Jim Bond	Department of Education
VIC	Marjorie Pickford	Department of Education/Koorie Education Development Officer (KEDO)
VIC	Andreana Harrison	Department of Human Services
VIC	Keryl Thomas	Department of Human Services
VIC	Megan Bourke-O'Neil	Department of Human Services
VIC	Prue Blackmore	Department of Human Services
VIC	Sharelle Knight	Department of Human Services
VIC	Louise Buckle-Smith	Department of Human Services—Children's Services
VIC	Alison Marchbank	Department of Human Services—Specialist Children's Services
VIC	Sue Greig	Department of Human Services—Parentline
VIC	Polly Foster	Department of Human Services—Specialist Children's Services
VIC	Clare Schaper	Kindergarten Association
VIC	Pat Wells	Latrobe City—Parentzone, Gippsland
VIC	Annette Brown	Maribyrnong City Council
VIC	Wendy Jones	Maternal and Child Health Line
VIC	Leslee Neil	Maternal and child health nurse
VIC	Gulson Besim	Migrant Resource Centre North Western
VIC	Zeinab Hussein	Migrant Resource Centre North Western
VIC	Leisha Howland	Parent
VIC	Nicky Russell	Parent/Australian Breastfeeding Association
VIC	Kerrie Guppy	Parent/President Ball Community Health Board
VIC	Kaye Cameron	ParentLink Regional Parenting Service
VIC	Janine Regan	Playgroup Victoria
VIC	Karryn Argus	Playgroup Victoria
VIC	Bride Mosley	Queen Elizabeth Centre
VIC	Debbie Brewis	Queen Elizabeth Centre
VIC	Jan Crowe	Queen Elizabeth Centre
VIC	Jenny Adams	Queen Elizabeth Centre
VIC	Lisa Arnott	Queen Elizabeth Centre
VIC	Lisa Kane	Queen Elizabeth Centre
VIC	Manaly Lyons	Queen Elizabeth Centre
VIC	Marg Kerr	Queen Elizabeth Centre
VIC	Nanette Abblit	Queen Elizabeth Centre
VIC	Pauline Sampson	Queen Elizabeth Centre
VIC	Sue Jackson	Queen Elizabeth Centre
VIC	Trish Aprite	Queen Elizabeth Centre

State	Name	Organisation
VIC	Deb Greenslade	Safe Start project
VIC	Tracey Borg	Secretariat of National Aboriginal and Islander Child Care
VIC	Lyndal Nash	Student Welfare
VIC	Janet White	The Salvation Army
VIC	John Zkia	Victorian Cooperative of Children's Services for Ethnic Groups (VICSEG)
VIC	Catherine Wade	Victorian Parenting Centre
VIC	Kylie Burke	Victorian Parenting Centre
VIC	Leah Brennan	Victorian Parenting Centre
VIC	Richard Thurecht	Victorian Parenting Centre
VIC	Tanya Seath	Victorian Parenting Centre
VIC	Keryn Crebbin	Wendouree West Community Renewal
VIC	Robyn Waugh	Wendouree West Community Renewal/Community Wellbeing
VIC	Bruce Guest	Wendouree West Youth Service
VIC	Caroline Pflieger	Women's Resources Information and Support Centre— Domestic Violence Support Service
VIC	Jue Nguyen	Migrant Resource Centre North Western
WA	Lynn Christie	Department of Education and Training
WA	Judy Stratton	Department of Health—Child and Community Health,
WA	Leah Hanson	Meerilinga Young Children's Services
WA	Jane Hansen	Playgroup WA Inc.- Inclusion Program
WA	Donna Kristionopulus	St John of God Health Care Raphael Centre
WA	Trish Sullivan	St John of God Health Care Raphael Centre
WA	Marie Yuncken	State Child Development Centre

Additional meetings

State	Name	Organisation
ACT	Ruth Ganley	Australian Government Department of Family and Community Services
ACT	Jenny Myers	Australian Government Department of Family and Community Services
ACT	Teena Blewitt	Australian Government Department of Family and Community Services
ACT	Melinda Tynan	Australian Government Department of Family and Community Services
ACT	Vanessa Beck	Australian Government Department of Family and Community Services
ACT	Eileen Newmarch	Australian Government Department of Education, Science and Training
ACT	Pauline Brown	Department of Education and Community Services
ACT	Pam Cahir	Early Childhood Australia
ACT	Anne Marie Mioche	Families Australia
ACT	Penny Pengryffyn	Family Services Australia
ACT	Sue Packer	Paediatrician
NSW	Divonne Holmes a Court	Australian Council for Children and Parenting
NSW	Graham Vimpani	University of Newcastle
NSW	Natasha Ingram	Australian Government Department of Family and Community Services
NSW	Peter Bowen	Australian Government Department of Family and Community Services
NSW	Gillian Calvery	Childrens Commissioner
NSW	Kati Krsevan	Families First
NSW	Deborah Hartman	Family Action Centre
NSW	Judy Geggie	Family Action Centre
NSW	Richard Fletcher	Family Action Centre
NSW	Bron Dekok	Family Day Care Council
NSW	Barbara Wellesley	Good Beginnings Australia
NSW	Catherine Allen	Kaleidoscope
NSW	Jennifer Bowes	Macquarie University
NSW	Adam Foster	National Association for the Prevention of Child Abuse and Neglect
NSW	Denise Taylor	National Childcare Accreditation Council
NSW	Laurie Makin	University of Newcastle—Shells
NSW	Claire Corbet	NSW Health
NSW	Carolyn Race	NSW Health
NSW	Elizabeth Murphy	NSW Health
NSW	June Wangmann	NSW Parenting Centre
NSW	Karen Merange	Playgroup Australia
NSW	Ginie Udy	SDN Children's Services
NSW	Elaine Henry	Smith Family
NSW	Rosemary Sinclair	
NT	Cheryl Berryman	Australian Government Department of Family and Community Services
NT	Sandi Bennett	Centrecare
NT	Kay	Nhulunbuy District Family Support Provider
NT	Nick	Nhulunbuy District Family Support Provider
NT	Sheila	Nhulunbuy District Family Support Provider
QLD	Bev Lauder	Australian Government Department of Family and Community Services
QLD	Robyn Sullivan	Childrens Commissioner
QLD	Anne Miller	Department of Communities
QLD	Judy Rose	Education Queensland
QLD	Sue Clarke	Focus on Families
QLD	Gwynne Bridge	Private Childcare Association

State	Name	Organisation
QLD	Sue Cooke	Queensland Health
QLD	Matt Sanders	Queensland University
QLD	Sarah Dwyer	Queensland University
SA	Jan Shaw	Australian Government Department of Family and Community Services
SA	Kirsty Brown	Child and Youth Health
SA	Pam Linke	Child and Youth Health
SA	Nan Davies	Child and Youth Health
SA	Victor Nossar	Child and Youth Health
SA	Jenny McMullen	Department of Education and Childrens' Services
TAS	Alistair Kay	Australian Government Department of Family and Community Services
TAS	Angela Bromfield	Australian Government Department of Family and Community Services
TAS	Fiona Dempster	Australian Government Department of Family and Community Services
TAS	Frances Russon	Australian Government Department of Family and Community Services
TAS	Dale Rahmanovic	Good Beginnings Australia
TAS	Paul Prichard	Good Beginnings Australia
TAS	Maggie Crawford	Our Kids Bureau
VIC	Peter Quick	Australian Government Department of Family and Community Services
VIC	Margot Fitzpatrick	Council of the Ageing
VIC	Patricia Reeve	Council of the Ageing
VIC	Jeanette Nagorcka	Department of Human Services
VIC	Kathryn Lamb	Department of Human Services
VIC	Noble Tabe	Department of Human Services
VIC	Janice Mitchell	Australian Childhood Foundation
VIC	Chris Thompson	Eastern Access Community Health
VIC	Liz Klein	Free Kindergarten Association—Multicultural Resource Centre
VIC	Pricilla Clarke	Free Kindergarten Association—Multicultural Resource Centre
VIC	Dorothy Scott	Melbourne University
VIC	John Forster	Noahs Ark
VIC	Maureen Bott	ORANA Family Services
VIC	Constance Jenkins	Parenting Australia
VIC	Gay Olchiltree	Parenting Australia
VIC	Pat Jewell	Parenting Australia
VIC	Nick Collins	Southern Family Life
VIC	Anne Paul	Swinburne University of Technology
VIC	Anne Hindle	Tweddle
WA	Robert Webb	Australian Government Department of Family and Community Services
WA	Rosita D'Adamo	Australian Government Department of Family and Community Services
WA	Simon Ball	Australian Government Department of Family and Community Services
WA	Jenni Ibrahim	Department of Community Development
WA	Marlene Hamilton	Department of Community Development
WA	Sue Hudd	Department of Community Development
WA	Margaret Simms	Edith Cowen University
WA	Julie Holschier	Ngala
WA	Mark Donald	Ngala
WA	Trevor Parry	Paediatrician

Attendees at the national workshop (April 2004)

Name	Organisation
Divonne Holmes a Court	Australian Council for Children and Parenting
Eileen Newmarch	Australian Government Department of Education, Science and Training
David Hazlehurst	Australian Government Department of Family and Community Services
Fiona Dempster	Australian Government Department of Family and Community Services
Rachel Robinson	Australian Government Department of Family and Community Services
Teena Blewitt	Australian Government Department of Family and Community Services
Jan Shaw	Australian Government Department of Family and Community Services
Jenni Ibrahim	WA Department of Community Development
Jenny Myers	Australian Government Department of Family and Community Services
Jan Duffie	Australian Institute of Family Studies
Leah de Zen	Café Enfield – Enfield Primary School
Frank Oberklaid	Centre for Community Child Health
June McLoughlin	Centre for Community Child Health
Shannon Newman	Centre for Community Child Health
Pam Linke	Child and Youth Health, South Australia
Tonia Godhard	Consultant (Community Child Care Sector)
Sue Packer	Department of Health and Community Care (ACT)
Pam Cahir	Early Childhood Australia
Ann Meuronen	Families Australia
Richard Fletcher	Family Action Centre
Barbara Wellesley	Good Beginnings
Adam Foster	National Association for the Prevention of Child Abuse and Neglect
Rae Walter	Ngala
John Forster	Noahs Ark Resource and Toy Library
Angela White	NSW Centre for Parenting and Research
Elizabeth Murphy	NSW Department of Health
Wendy Field	Office of Children and Young People NSW
Lesley Taylor	Office of Children, Families and Parenting, Northern Territory
Cheryl Edward	Orima Research
Constance Jenkin	Parenting Australia
Debra Welsh	Queen Elizabeth Centre
Amanda Makepeace	Queensland Department of Communities
Heather Edwards	Queensland Health
Cath Whelan	Reckon Consulting
Tracey Borg	Secretariat of National Aboriginal and Islander Child Care
Jo Cavanagh	Southern Family Life
Judy Hebblethwaite	Tasmanian Department of Education
Lori Rubinstein	Tasmanian Department of Health and Human Services
Graham Vimpani	University of Newcastle
Alan Ralph	University of Queensland
Kimberley Flannagan	Victorian Department of Human Services
Jan Matthews	Victorian Parenting Centre
Warren Cann	Victorian Parenting Centre
Wendy Field	Office of Children and Young People NSW

Appendix B: Introducing a conceptual model for the provision of parenting support in Australia

The conceptual model in which to view parenting support and a framework for action as presented at the national workshop by Warren Cann (Victorian Parenting Centre) is presented in this section. The model and the proposed framework draw together findings from different sections of the project.

The first section ‘Parenting Support: A conceptual model’ builds on the concept of parenting adaptability introduced in *Volume 2: Literature review*, Part A. It proposes a way of conceptualising parenting that takes into account adult development and the reciprocal parent–child, child–parent nature of parenting, as well as the social and contextual factors that impact on the parent–child relationship. Vulnerability is defined in this model as a state that exists when either child- or parent-related factors create a gap between what children need from their parents to facilitate optimal development and the parent’s ability to adapt positively to those needs. The model also accounts for how various forms of parenting and family intervention might reduce vulnerability in children.

The following section, ‘Framework for action’ discusses a range of implications for enhancing parenting effectiveness that arise from this conceptualisation of parenting. In particular, it is noted that the most appropriate target for parenting interventions is the parent’s capacity to learn and self-regulate rather than simply providing a curriculum of parenting skills.

The third and final section, titled ‘Towards a parenting information strategy’, proposes an information strategy for future direction. Fundamental to the strategy, is this shared understanding of how parenting capacity develops, is sustained and can be supported.

Parenting support: A conceptual model

For the most part, parenting has been studied by those who are primarily interested in children. From a child development perspective, the nature of parenting is defined and evaluated from the perspective of what children need. It has therefore followed that the focus of researchers and clinicians has been on how parents acquire and sustain the attitudes, beliefs and behaviours known to be good for children’s development.

In comparison, much less is known or has been written about parenting as a normal phase in adult development, or about the impact of parenting on adult development. In common discourse about parenting, it often appears that there has been a dislocation of adult and child development, as if children need something qualitatively different (in terms of specialist knowledge and expertise) from what their normally developing adult parents can provide them. It’s as if a human adult is not naturally equipped to meet the needs of their children.

On the face of it, failing to consider parenting as part of adult development might seem unusual, as you would expect that the evolution of any successful species would provide for the development of adults who can competently raise their young to adulthood. The limited attention given to adult development processes in parenting may have resulted in part from the rightful rejection of the notion that parenting can be understood as a set of largely instinctual responses that have been genetically pre-programmed into human beings. Cultural diversity in parenting, amongst other things, indicates that very little in parenting behaviour ‘comes naturally’ to people in the sense of being instinctual.

The dislocation of child and adult development in our thinking about parenting is particularly evident in the static view of parenting that appears to underpin much of the research, policy and practice discussion related to parenting. Here parenting capacity is often viewed in categorical terms. The assumption is that competent parenting is a specific mix of knowledge and skills. You either have the knowledge and skills required to parent or you have not. From this perspective, a competent parent starts their parenting career with the skills needed for the task (presumably obtained through their own experiences of being parented). Problems in child functioning or parental coping are seen to indicate deficits in parenting knowledge and skills that require remedial action. Addressing problems in parenting means helping the parent to acquire the knowledge or skills that they, for whatever reason, have not been able to acquire to date.

Applying an adult development perspective to parenting might provide an alternative way of understanding how parenting develops and how parents might best be assisted. Conceptualising parenting as a learning process rather than as a competency is central to the view being offered here. It is argued that the generic skills acquired by adults in the process of normal development equip them in large part to respond adaptively to the new demands raised by parenting. This is not in the sense that the competent parent comes fully equipped and knowledgeable enough to handle all child-raising contingencies, but that they are equipped with the self-regulatory capabilities required to learn how to parent.

A model for understanding parenting

This section describes a way of conceptualising parenting and parenting vulnerability. The model evolved as an attempt to illustrate how the various influences on parenting (described in *Volume 2: Literature review, Part A*) interact to create an optimal parenting situation or one that gives rise to vulnerability and risk for poor outcomes in children. The reader is asked to follow the diagrams in this part of the report carefully. Figures B1–B7 are composite in nature; each figure adding a component to the model that is described in the accompanying text, until the complete model is depicted in Figure B7. First, however, the notion of parenting adaptability is briefly revisited.

Parental adaptability

What constitutes ‘good’ parenting at a universal level can be described only in general terms. For instance, ‘warmth’, ‘acceptance’ and ‘consistency’ are all words that have been used to describe parenting practices that are associated with optimal

development and wellbeing in children. Greater specificity in what constitutes effective parenting behaviour can only be achieved by examining behaviour in its context. There are a range of parenting behaviours and approaches that are consistent with good outcomes for children. Behaviours that constitute effective parenting in one social environment may not constitute effective parenting in a different social environment.

Prescribing a set of effective parenting practices is also difficult because of the ever-changing needs of the child and the changing contexts in which people are parenting. Changes in the child's developmental capacity necessitate changes in the ways parents interact with their children. For example, an appropriate response for a three-year-old is rarely the same as an appropriate response for a 13-year-old. The nature of an appropriate response may depend on the specific characteristics of a situation. For example, shouting at a child—typically viewed as a negative parenting strategy—may be an appropriate response to a child about to step off the curb onto a busy road. Very few parental strategies can be ruled out under all conditions. And even a positive strategy—for example, giving physical affection—might not be appropriate in all situations (for example, when the child has just hit the parent or sibling).

The exact form that parenting practices take is heavily influenced by culture and personal history and the demands of context. As pointed out in the literature review, function is more important than form when considering parenting effectiveness. According to this definition, effective parenting is anything that brings about the desired socialisation result and an optimal outcome for the child.

It is proposed that if the form that parenting practices take is not critical, then the critical element in effective parenting is parental adaptability. According to this model, a functionally effective parenting response that meets a child's needs at any one point in time depends upon the adaptability of the parent.

- ▶ **Adaptability:** is the capacity to constantly adjust to meet a child's changing needs and has three core components (see *Volume 2: Literature review, Part A*)
- ▶ **Perceptiveness:** the degree to which a parent is 'tuned into' the child, the situation, and their own responding. This is the skill of picking up and accurately interpreting infant/child signals. For example, the ability to distinguish signals of distress from happiness is important if an adult is to successfully regulate the level of stimulation they provide in play interactions with an infant.
- ▶ **Responsiveness:** is the ability of the parent to stay 'in sync' with their child. It involves the capacity to continually change and adjust, responding in light of cues being given by the child or by the context. For example, a parent may modulate the intensity of physical affection based on how the child is responding. Or the parent might respond by putting a child to bed if they have accurately read an infant's grizzling as tiredness signs. In adolescence, the parent with a high degree of responsiveness will grant increasing autonomy to the child who is demonstrating responsibility and seeking greater independence. This component of adaptability also refers to the overall level of child orientation that the parent adopts, and the extent to which they can prioritise the child's needs over their own.

- ▶ **Flexibility:** is the behavioural capacity of the parent. The hallmark of flexibility is a broad behavioural repertoire. The parent with a high level of flexibility has a range of responses they can choose from, rather than just one or two responses they feel compelled to use. Flexibility also refers to a person's capability to adopt new and more effective approaches when older approaches prove unworkable or unsuccessful. There appear to be a number of key ingredients to flexibility: (1) problem solving: the ability to analyse problems and develop solutions; (2) self-regulation: the capacity to be goal orientated and modify behaviour patterns in response to feedback; and (3) self-efficacy: a belief in personal effectiveness and the confidence to implement strategies.

Rather than viewing effective parenting as dependent on the mastery of a specific body of knowledge and skills, this model views effective parenting as the ongoing application of adult learning and adaptation to the constantly novel and ever changing demands of raising a child. It is believed that the core components of adaptability are not specific to parenting, but are generic skills acquired in the normal process of adult development. The capacity for receptiveness, responsiveness and flexibility are required for adaptive functioning in almost all domains of human life and are prerequisites for all successful human relationships.

An implication of this model is that parents learn how to parent as they are parenting, and that under normal circumstances adults come fully equipped with the skills they need to learn how to parent. Problems in parenting arise when the demands of the situation outstrip the parent's adaptability—the ability to respond in a positive way to the new challenge or difficulty (more on this later).

The concept of parental adaptability is depicted in Figure B1. Adaptability is presented on a horizontal continuing line from low to high. The vertical line represents a parent's position at any point in time, with arrows indicating the potential to move in either direction. Adaptability:

- ▶ is a capacity rather than a classification: a person's adaptability cannot be accurately predicted from membership of one group or another, such as socio-economic status or cultural origin, or on the basis of a parent's personal characteristics. Knowing who a parent is does not immediately tell us what level of adaptability to expect. For example, one should not assume that drug abuse impairs adaptability in the same way or to the same extent for all parents
- ▶ cannot be framed in dichotomous terms as either present or absent; it is best thought of as occurring along a continuum ranging from low to high levels of adaptability
- ▶ is not a fixed capacity; it is variable. It is possible for a parent to demonstrate greater adaptability in some situations or times than in others, or even on one part of the parenting lifecycle than in another
- ▶ is modifiable: It is possible to experience both increases and decreases in adaptability. The goal of parenting support programs is clearly an increase in parenting adaptability.

A detailed discussion of the origins of adaptability in the individual is beyond the scope of this report, except to say that like in most areas of human behaviour and functioning, genetic factors (for example, temperament), biological factors (for example, physical health and functioning), and learning factors (for example, history and experience solving and mastering problems) would be expected to play a major part. Some of the factors that fall under these general categories are likely to be more distant (and less likely to be open to modification) and some are likely to be more proximal and in principle more open to modification (for example, problem-solving ability).

Figure B1: Parental adaptability

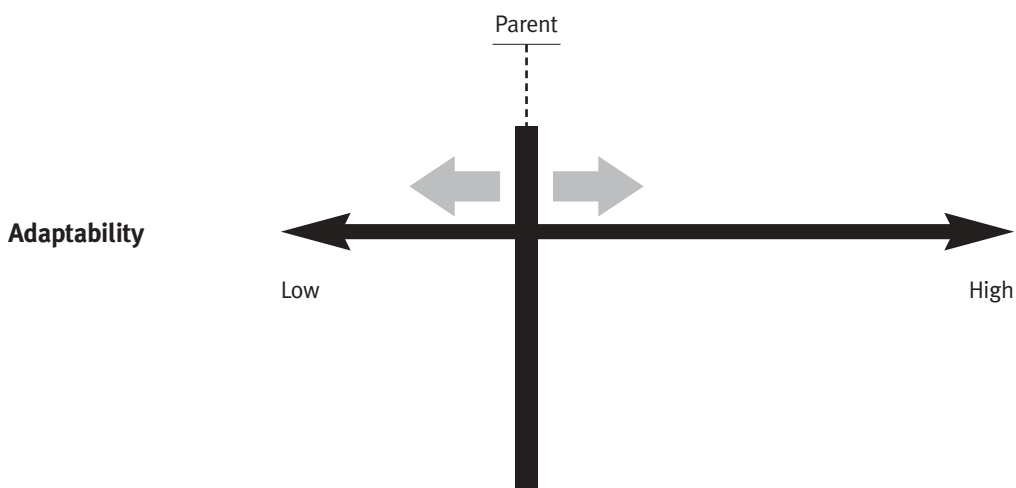
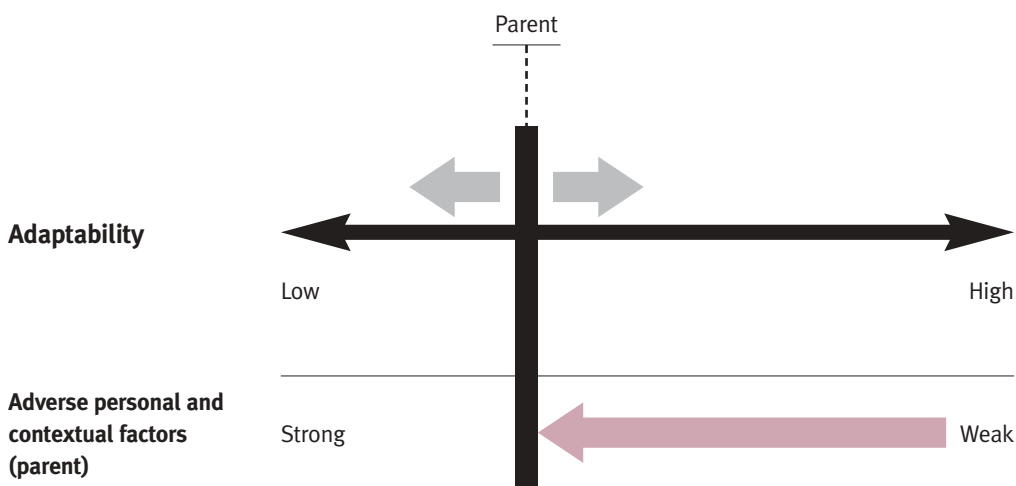


Figure B2: Constraints on parental adaptability



Pressure on parental adaptability

Any understanding of an individual's capacity to respond adaptively to their situation would not be complete without an account of the personal and social context in which the individual is operating. In this model, the major constraining factors on parental adaptability are adverse contextual or personal factors (see Figure B2) represented by the horizontal parallel lines under the adaptability continuum. A parent's position on the adaptability continuum will change depending on the strength of the adverse factors; the stronger the level of adversity, the lower will be the level of parental adaptability.

Personal factors refer to aspects of the individual's personal history or current functioning that restrict or impair adaptability in some way. Some of these factors can be found in the parent's history. A history of severe neglect or abuse as a child, for example, may have implications for an adult's capacity for adaptability when they are raising their own children, possibly through lack of exposure to effective models of nurturance and care. Personal factors can also be operating in the present. The experience of severe depression or anxiety, for example, can impede a parent's capacity to solve problems and initiate and maintain effective parenting behaviours. Adverse personal factors that may constrain parenting adaptability include disability, drug misuse, early age of parenting, or physical or mental health problems.

The other major sources of constraint on parental adaptability are contextual (or social) factors. Factors such as poverty, poor neighbourhoods, inadequate housing, social isolation, relationship distress and domestic violence are all likely to interfere with a parent's capacity to be perceptive, responsive and flexible in their parenting approach. The relationship between these contextual factors and poor child outcomes is now widely accepted, as is the belief that the primary pathway by which social factors impact on children is by impairing the quality of parenting they receive. It is also now widely accepted clinically, that an individually focused intervention is less likely to be successful if other major contextual sources of adversity in a person's life are not also addressed.

And yet an understanding of parental adaptability, and the personal and contextual factors which impact on parenting, is not sufficient to fully explain parenting risk or child vulnerability. As shown in the literature review, child factors play a significant part in shaping parental responses, and the adequacy of parenting response is difficult to determine without taking the specific child who is being parented into consideration. Let us now turn to the issue of how the child's contribution can be taken into account when discussing parenting effectiveness.

Parent-child interface

This model views parenting in the context of the relationship between a specific parent and a specific child. You can think of any one child, at any one point in time, requiring a certain level of parental adaptability in order for his or her needs to be adequately met. Theoretically, the child's need for adaptability can be placed on the parental adaptability continuum (see Figure B3). What is now added to the model is a vertical line representing the degree of need the child presents with, which can move along the continuum from low to high.

Children will differ on the level of parental adaptability required to sufficiently meet their needs; some children, because of special individual needs, will require greater levels of parental adaptability than others. Children’s needs for parental adaptability will also be contextually dependent; and there may be specific times and situations in a child’s life that call on greater adaptability on the part of the parent.

Figure B3: Parent–child interface

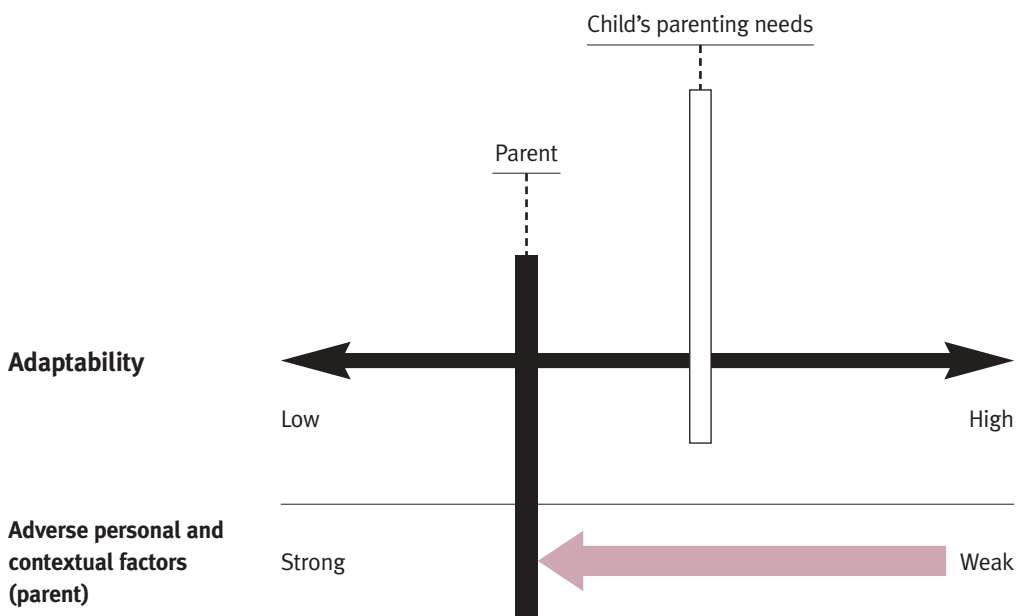
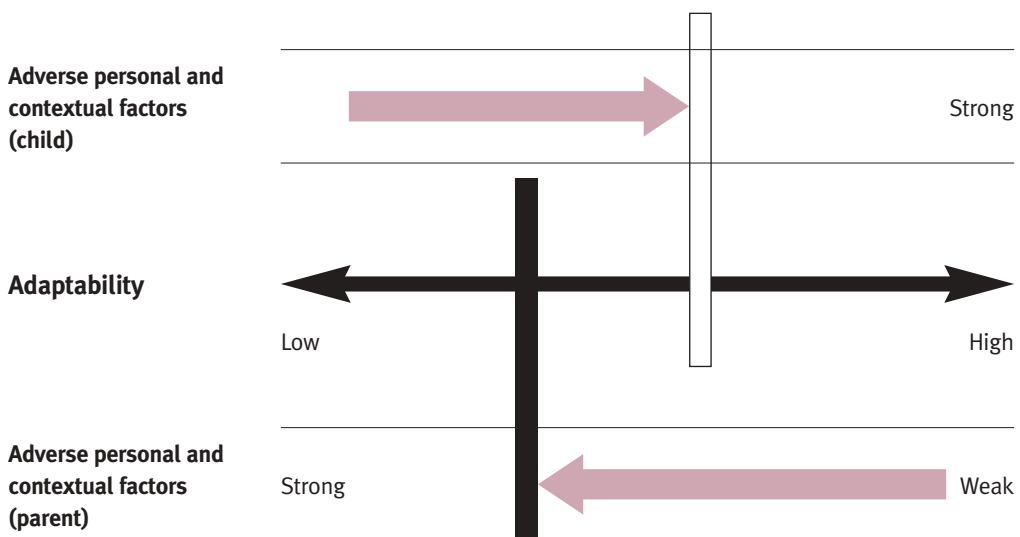


Figure B4: Factors influencing a child’s parental adaptability needs



The main pressures on a child's need for parental adaptability arise from adverse personal and contextual factors related to the child (see Figure B4). The horizontal lines at the top of the diagram represent the continuum of adverse personal and contextual factors that pertain directly to the child. The stronger these adverse factors, the higher the level of adaptability that is required on the part of the parent to effectively meet the child's needs.

Examples of adverse personal factors that increase a child's need for parental adaptability include sensory impairment, disability, illness, or behavioural and emotional problems. Sometimes these pressures will be chronic, as in sensory impairment or disability, and other times more acute in nature, such as being bullied in school. For example, effective parenting after the loss of a loved grandparent is likely to require greater parental adaptability (that is, perceptiveness, responsiveness and flexibility). Many normal developmental milestones create challenges for parental adaptability (for example, toilet training). Even a current state of ill health or tiredness can temporarily require the parent to adjust their response to their child.

Child-related contextual factors might also increase the level of adaptability required by the parent. Contextual factors such as a violent neighbourhood, lack of appropriate play spaces, or a poor school environment can make meeting a child's needs that much harder. Greater ingenuity and care on the part of parents is needed to successfully raise children when the environment is detrimental to their welfare in many ways. Some of the contextual factors that impact on children will be immediate, and part of their everyday environment; others will be more pervasive and part of society generally. For example, raising children to be non-violent, or to have a healthy body image, is believed to be much more difficult when children are constantly exposed to media that promotes violence and an unrealistic body image.

The 'zone of proximal development'

This concept, first described by Russian psychologist L S Vygotsky, has been very important and influential in the area of child development. According to Vygotsky, events and activities that have the greatest developmental yield for a child are challenging but within reach with the support of adults or more competent peers. In being challenging, the child is provided with an opportunity to extend their learning and develop their skills, and in being within reach the child does not become overwhelmed or overly frustrated by the activity—a state that is not conducive to learning. Azar (2000)³ has applied the concept of the 'zone of proximal development' to parenting. Adopting an adult development perspective to parenting, she has argued that parenting is optimal when the requirements of parenting are within the adult's zone of proximal development—that is, challenging but within reach with support from more experienced parents (such as their own parents) who form part of their personal support network.

³ Azar, S. T., (2000). Adult development and parenthood: A social-cognitive perspective. In J. Demick (Ed.) *Handbook of adult development*. New York: Academic/Plenum Press.

We believe that we can build on Azar’s work by applying the concept of the zone of proximal development to the dimension of parenting adaptability. It is represented by the horizontal shaded area that is sited to the right of the of parent’s position on the adaptability continuum (see Figure B5). Thought of in this way, the zone is an individual’s potential adaptability that is realised as he or she encounters new parenting tasks and challenges. Parenting development is viewed as a dynamic process, occurring as the adult engages in the task of parenting. Each new challenge encountered in caring for children stimulates growth and development in the adult, provided that the demands of caring for the child fall within an individual’s learning reach—that is, that they are able to meet the parenting challenge with the help of their personal support network. Problems arise when the demands of caring for a child are so overwhelming that they fall outside of the parent’s capacity to grow and develop. When this occurs, the parent primarily experiences distress rather than learning.

‘Scaffolding’ is another concept developed by Vygotsky that might be usefully applied to our conceptualisation of parenting. In a child development context, scaffolding is the process by which a parent keeps activities or events within a child’s developmental reach. In simplifying a task by breaking it into smaller steps, or by providing physical or verbal prompts, the parent who is sensitive to their child’s developmental capacity ensures that the child can productively engage in an activity that might otherwise have been well out of reach or overwhelming. In a parent support context, the issue is the nature and extent of scaffolding required to keep parenting within a parent’s zone of proximal development.

Figure B5: Optimal parenting: child’s needs within parent’s zone of proximal development

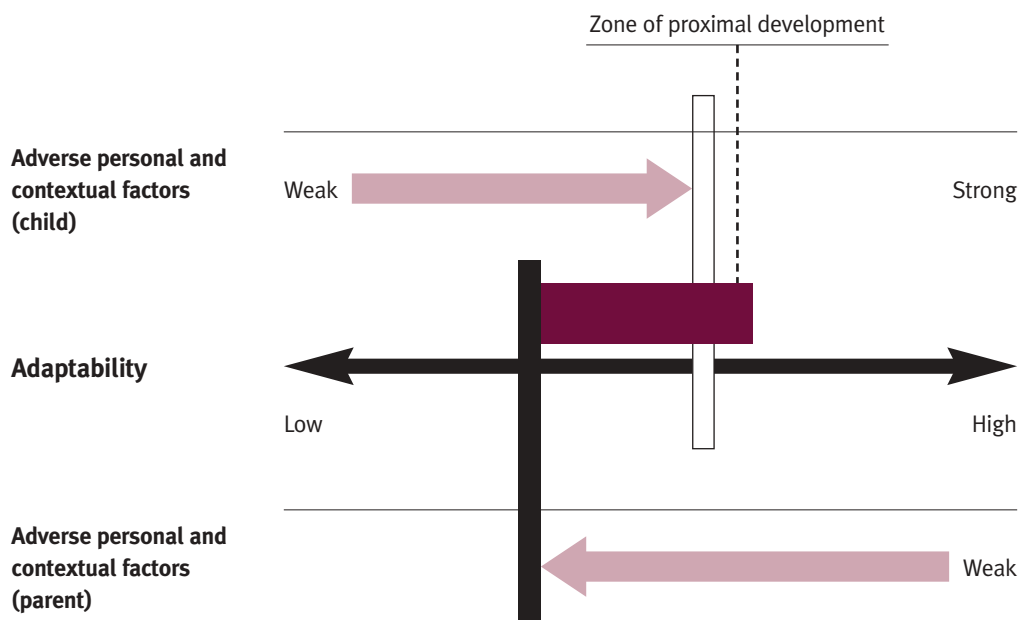
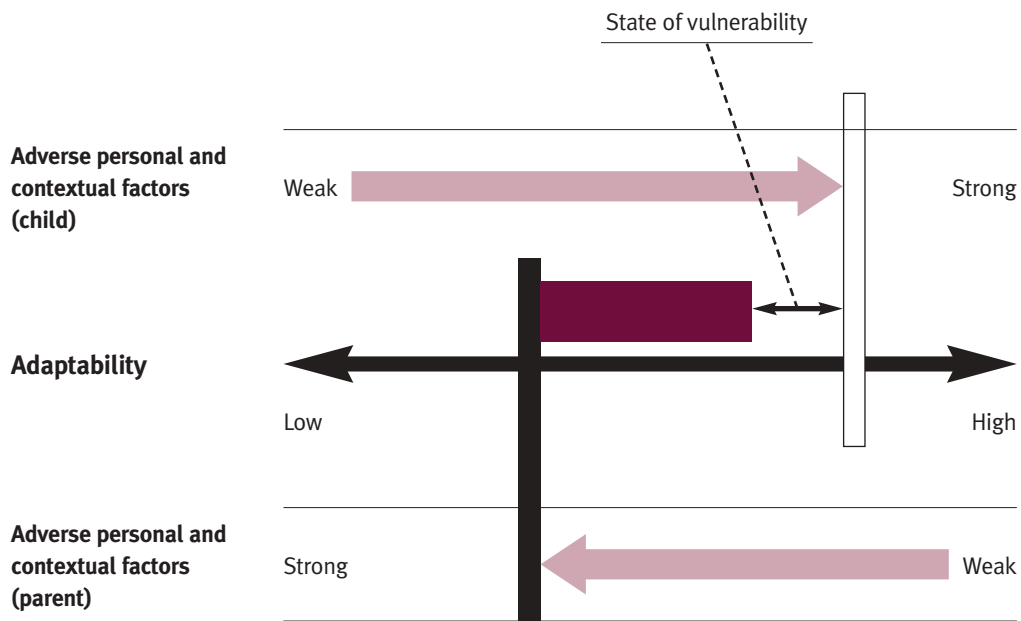


Figure B6: State of vulnerability***Vulnerability***

The term vulnerability is used here to describe the possibility of risk to a child's wellbeing or development due to a parent's inability to adequately meet his or her needs. According to this model, a state of vulnerability can be said to arise when a child's needs for parental adaptability outstrip the parent's capacity to respond. This may happen when child-related factors push the child's needs beyond the parents' capability, or because constraints on the parents limit their ability to adapt, even with help from their personal support network. Figure B6 shows the way in which vulnerability can occur when a parent's zone of proximal development does not extend sufficiently to meet the child's parenting needs.

However, the fact that a parenting challenge falls outside of a parent's current capability does not automatically create vulnerability. If a child's needs fall within the zone of proximal development, then this model would predict that the challenges posed by the child's needs would become stimuli for parental change and adaptation (an optimal situation). This in fact may be the norm for most parents, and the process that guides adult development in a way that ensures the changing needs of children are met.

Vulnerability occurs when the parenting needs of the child fall outside of the parent's level of adaptability and outside of the zone of proximal development. This can happen when child-related personal and/or contextual factors push the child's parenting needs beyond the capability of the parent, or when personal/contextual constraints on a parent's adaptability means that the parent cannot adapt to the needs of the child. The model suggests that the extent of the vulnerability is related to the size of the gap between the child's needs and the parent's current ability to adapt.

The first thing to note, is that vulnerability conceptualised in this way arises from an interaction between parent and child factors rather than being an inherent characteristic of either the child or the parent themselves. For example, a state of vulnerability may not arise for a child with complex needs (for example, a child with an intellectual disability) if the parent has high adaptability. Similarly, a state of vulnerability may not occur for a parent whose adaptability is limited (for example, a parent with a mental illness) if there are factors that mitigate the child's dependence on the parent to meet their needs (for example, the child has another consistent nurturing figure in his or her life).

The second major implication of this model is that vulnerability is best viewed as a state rather than a trait. Because both parenting adaptability and a child's need for parenting adaptability are not fixed, then there is nothing to suggest that either the presence or extent of vulnerability are permanent features of a parent-child relationship. Instead, the situation is fluid, with changes in any part of the parent-child system leading to changes in the nature and extent of vulnerability.

However, whilst it is not helpful to think of vulnerability as being fixed, it is possible to think of vulnerability varying in degrees of severity and chronicity. For example, it is possible to apply the concept at the level of daily interactions between parents and children. A parent who is otherwise coping well might find himself or herself incapable of adapting positively to a child's need in a particular situation (for example, when the parent is extremely tired). These momentary, unpleasant and generally unhelpful interactions may be due to quite temporary impairments in adaptability, and would generally not have long-term effects on child development.

In the course of a normal lifecycle, it would not be unusual for parents to experience acute pressures of a more severe nature that have the potential to lead to temporary states of vulnerability for their children. For example, parents facing a major family loss (for example, divorce, death of a partner or parent) may find themselves temporarily unable to meet the specific needs of their children. The state of vulnerability caused by such events might also be exacerbated by the fact that a child's parenting needs can be made simultaneously more complex and demanding by the very circumstances that are impacting on the parent's level of adaptability (for example, the child's response to a divorce).

However, it is also possible to think of the gap between a child's parenting needs and the parent's level of adaptability as being of a more chronic nature. This arises when parents are typically or generally unable to meet the needs of their children. Chaotic lifestyles, high levels of personal adversity, or low levels of personal support might all constrain parenting adaptability to such a degree that a state of chronic vulnerability arises. Similarly, child factors such as disability or extreme behavioural problems might consistently overwhelm a parent's capacity and resourcefulness leading to a chronic state of vulnerability. However, even in situations of chronic vulnerability, one would expect variance in the nature and severity of risk depending on the context and the domain of parenting that are evident only after looking at the combination of factors and influences in a specific case.

Framework for action

Points of intervention

The conceptual model suggests three major points of intervention for enhancing adaptability in parents: (1) parenting-focused; (2) person-focused; and (3) child-focused (see Figure B7).

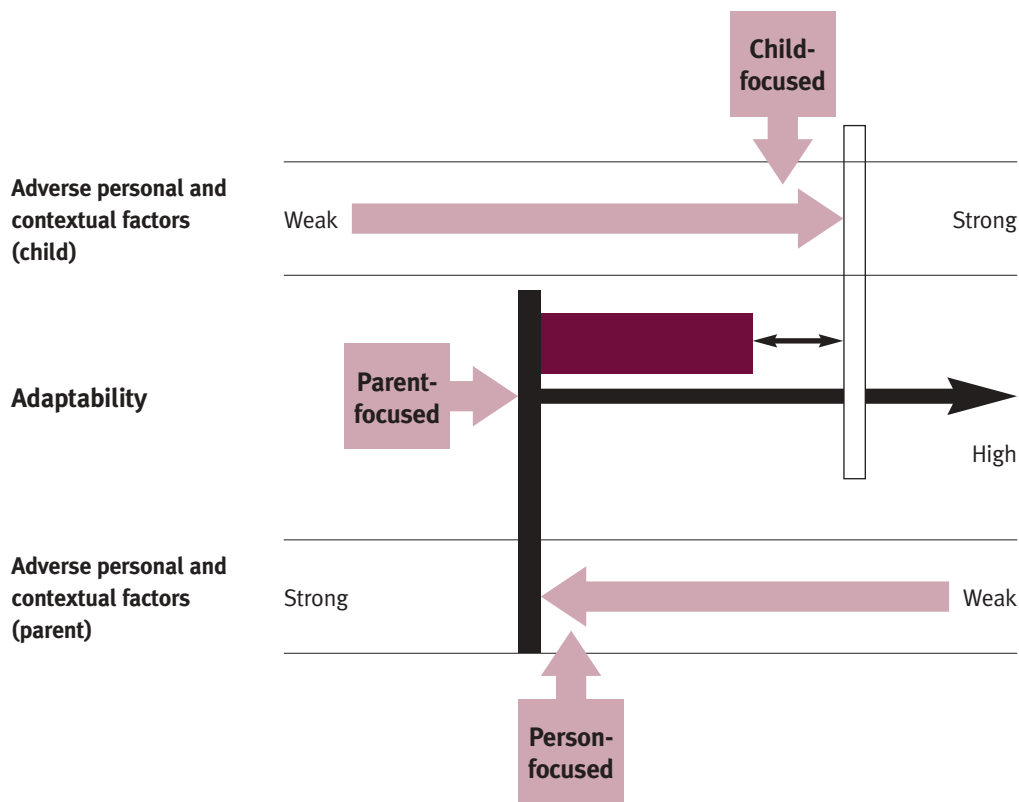
Parenting-focused intervention

Interventions that fall into this category essentially attempt to increase parental adaptability directly. The focus is on changing the nature of parent–child interactions by modifying parenting behaviour; parenting information and skills training programs are examples of interventions of this sort. Programs that go beyond simply providing ready-made solutions to parenting dilemmas, to genuinely enhancing parental adaptability (that is, particularly the ability to identify and solve parenting problems independently) are likely to be more successful in the longer term.

Parenting-focused interventions enhance adaptability primarily by increasing flexibility. By teaching new skills and behaviours, parenting programs widen the parent’s behavioural repertoire. By enhancing problem-solving skills, parenting programs provide parents with the tools to solve future problems that might arise. Moreover, by increasing parent self-efficacy and confidence, parenting programs support a parent’s ability and willingness to attempt new things.

According to this model, parenting-focused interventions are likely to be more successful in enhancing parental adaptability in the presence of adequate perceptiveness and responsiveness. If these components of adaptability are impaired in any way, it is much less likely that parents will acquire new skills and behaviours, or implement them in appropriate ways. For example, effective monitoring and reading of child behaviour (perceptiveness) is a prerequisite for the successful implementation of most child management routines.

Finally, parenting-focused interventions are more likely to be successful when a parent has adequate self-regulation skills. The ability to set goals, monitor progress, adjust responses in the light of situational feedback, and generally self-manage behaviour, is also a necessary component of sustained parental behaviour change. If self-regulation is impaired in any way, parents will have difficulty achieving and sustaining change in their approach to parenting.

Figure B7: Points of intervention

Person-focused interventions

The focus of this group of interventions is the parent as a person, rather than purely as a parent. Person-focused interventions attempt to relieve adverse personal or contextual factors that are operating to constrain parental adaptability. Like child-focused interventions, person-focused interventions are indirect attempts to enhance parental coping. In theory, reducing personal and contextual constraints creates space and opportunity to develop greater adaptability.

Interventions that target depression, anxiety or social isolation are examples of person-focused interventions. Likewise, attempts to reduce sources of adversity in a person's life such as helping them find more adequate housing, access social support, or find employment, could be considered person-focused interventions in this framework.

Person-focused interventions are often, but need not be, individual in nature. Some person-focused interventions might take the form of personal therapy. Others might attempt to enhance personal coping by building greater community connectedness and support. A first-time mothers' groups is an example of a group-based intervention that is likely to have its greatest impact on parental adaptability through supporting parents as people (that is, reducing personal adversity factors such as loneliness).

Child-focused interventions

This group of interventions does not attempt to enhance parental adaptability either directly or indirectly. Instead, child-focused interventions attempt to relieve pressures that increase a child's need for parental adaptability.

Again, child-focused interventions run the gamut from individual to community-based approaches. For example, the use of medication may partly relieve the behavioural problems that make a child with Attention Deficit Disorder challenging to the parent. Good quality child care that is meeting the developmental needs of young children, especially as they negotiate challenging developmental milestones (for example, toilet training) reduces the demands placed on parents. School environments that teach problem-solving and social skills are likely to make the task of parenting easier. The presence of other consistent and loving adults in the child's life means that children are not totally dependent on their parents for all the nurturing they need. Safe and appropriate play spaces provide opportunities for play and recreation that might otherwise require a higher level of parental ingenuity if they are not available. Family-friendly schools, shops, and workplaces that cater effectively for children's needs make it easier for parents and families to negotiate everyday life.

Application of the model at a practice level

An implication of this model is that one approach is highly unlikely to meet all parenting needs in the community. The sources of parenting vulnerability are diverse and complex, and successful intervention will require an understanding of where and when it will be most effective to intervene. For example, some 'parenting' interventions for parents with difficulties in perceptiveness, responsiveness and flexibility may need to look more like intensive individual therapy (and case management), than traditional parenting education programs.

Many programs and initiatives designed to support parents will already incorporate one or more of the essential functions of parent, person and child-focused interventions. However, thinking within this framework might create greater flexibility in our responses to families having trouble. The model would suggest that the greater the level of vulnerability, the more likely that all three intervention components would be necessary. The relative emphasis given to each component would depend on the situation. For example, child-focused interventions might be given greater emphasis in the early stages of supporting a parent who was abusing substances, until stabilisation of drug use permitted the implementation of parenting- and person-focused strategies.

However, the model does support an emphasis on attempts to directly enhance parental adaptability through parenting-focused interventions. Interventions that improve an individual's coping and problem-solving ability are likely to enhance personal effectiveness and create greater protection against the effects of adverse personal and contextual factors that might arise in the future. Interventions that purely attempt to relieve contextual constraints on adaptability in and of themselves do not guarantee that adaptability will increase. On the other hand, attempts to enhance adaptability directly may not succeed in the short term unless personal distress is reduced to a manageable level.

Application of the model at a community level

It is also possible to apply the principles inherent in the model to community level interventions. There are many possible examples of how each form of intervention described above could be conceptualised in social and structural terms. Easy accessibility to information about effective parenting is likely to expand the parenting behaviour repertoire in the community, increasing flexibility and therefore adaptability. Social interventions that reduce adverse contextual factors such as poverty and health problems alleviate important constraints on parenting adaptability. Stronger controls on violence in the media and video games is likely to reduce the level of aggression in children, making it easier for parents to help children develop more pro-social ways of resolving problems.

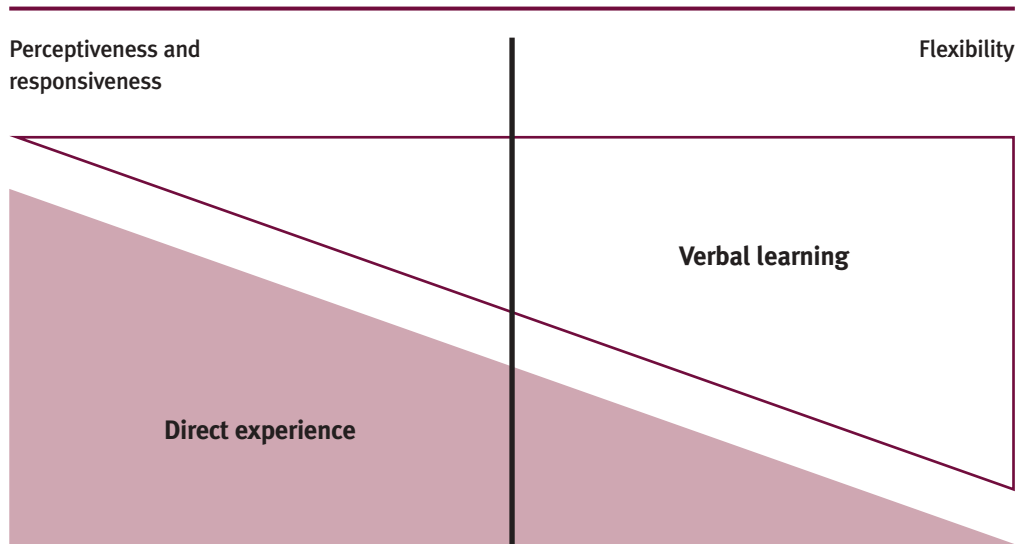
Adaptability: Possible learning mechanisms

This report has argued that enhancing parenting skills in the community is more complex than simply transmitting information about child raising and child development. It is not primarily what parents know that is important, it is how they are functioning in their day-to-day life that matters. Being successful at this level requires adaptability.

Much is known about how to help people acquire new skills and behaviour; however, much less is known about enhancing the self-regulatory capacity of individuals. If enhancing parental adaptability is to be the goal, then a greater understanding of how this can be achieved is critical. A detailed discussion of areas worth exploring to develop our knowledge is beyond the scope of this report. However, it could be speculated that verbally mediated learning (information, advice, ideas, rules) will not be equally effective over each of the three domains of adaptability (that is, perceptiveness, responsiveness, flexibility—see Figure B8).

Figure B8 contrasts the relative roles of verbal and experiential learning across the domains of parental adaptability. As can be seen in the figure, whilst both verbal and experiential learning play a part in all areas of adaptability, the relative contribution of each of these modes of learning differs depending on the domain of adaptability that is being considered.

It is likely that perceptiveness and responsiveness is acquired in the main through direct experience. To be perceptive and responsive you have to be sensitive to the immediate cues and prompts provided by the child and the environment. Through the experience of interacting with a baby, for example, a parent learns to interpret and respond to the baby's signals. Through the constant feedback loops and practice, these skills are developed and honed. The crucial parts of these skills may not even be consciously apparent to a parent (that is, they would have difficulty describing what they are doing). Attempting to tell or show a parent how to be perceptive is likely to have little impact. Instead, the main question that might need to be addressed is what is getting in the way of the parent learning from their direct experience (for example, stress, anxiety, sadness, social isolation, relationship conflict). Here, interventions may look more like personal therapy, as a helper seeks to counter the personal or contextual blocks that are interrupting what should be a natural learning process. In the longer term, systemic interventions aimed at alleviating adversity factors are also important here.

Figure B8: Mechanisms of learning adaptability

Verbally-based strategies, such as information, may play a more important role in the development of flexibility. Verbally mediated strategies (including being more reflective, thoughtful and analytical) can expand parenting skill sets, improve problem solving and enhance self-efficacy. Verbally mediated strategies are also likely to be particularly important when parents are working towards long-term positive or probabilistic outcomes, and responding in a way that relieves immediate pressures will be counter productive in the longer term. However, further theoretical development and research is urgently needed to begin to cast some light over how change at these fundamental levels can be achieved.

Towards a parenting information strategy

Implications of the conceptual model

The first implication of the model discussed in the previous section is that there are limitations to how effective information alone will be as a strategy for developing parenting capacity. As this report has illustrated, a comprehensive approach to parenting support will need to contain many elements and modes of service delivery.

However, on the basis of this model, the following general points about a parenting information strategy are made:

- ▶ Information and knowledge can have the effect of enhancing flexibility (and therefore adaptability) by expanding the range of responses that parents have in their parenting tool kit. There is now a wealth of research that suggests that written information alone may be sufficient in some areas when, as a mode of delivery, it is matched to the learning needs of the parent.
- ▶ This can have effects at the individual level, but also at the community level as ideas and information about child rearing practices are shared between members of the community, encouraging greater community responsibility and support for child rearing.
- ▶ Information is most likely to be effective when parents' self-regulatory capacity and confidence (self-efficacy) is high; it is much less likely to be effective when parents are having difficulties in self-management, or when perceptiveness and responsiveness are impaired. The impact of information can be enhanced by attention to these matters.

Parents, practitioners and community: A tripartite parenting information strategy

The provision of parenting information is an important part of any comprehensive approach to developing parenting capacity, particularly if it is embedded in a range of other social and service development initiatives that aim to minimise the contextual constraints on effective parenting.

As pointed out in this report, however, an information strategy that simply provides advice about parenting and child behaviour to parents is likely to be significantly restricted in its effect, particularly with parents whose currently level of adaptability does not match the parenting needs of their children. Such information is more likely to be utilised by parents who are operating well within their zone of proximal development, and have the means and capacity to identify an issue or problem, seek information and apply advice to their own situation. This in itself should not be thought of as insignificant; it is quite possible that access to good information is one of the things that helps keep parenting within a parent's zone of proximal development. However, when the challenges of parenting a particular child in a particular context overwhelm a parent's capacity for adaptability, it is unlikely that information alone will be effective in reducing the vulnerability that occurs in such a situation.

The idea that parents with more severe adjustment difficulties, or parents experiencing significant difficulties in their child's development or behaviour, need more than information alone may appear self-evident. What is worth exploring, however, is how an information strategy might be used to ensure that parents, especially those with more complex needs, obtain effective responses from service providers, practitioners and the wider community. A strategy that may be more effective provides parenting information not only to parents, but also to the people and organisations that can provide support to parents in their parenting role.

The proposed strategy framework introduced at the national workshop is depicted in Figure B9. The framework has three main target groups: parents, practitioners and community. These can be defined as:

- ▶ **parent:** any person who has adopted a parenting role in relation to a specific child. This may or not include a biological relationship. A parent is someone who is **doing** parenting.
- ▶ **practitioner:** any professional who has a role in supporting and assisting parents
- ▶ **community:** any person, organisation or agency that interacts with parents or children, that has a capacity to ease the challenges associated with parenting children or support parents in the role of parenting. This might be involvement that is formal in nature, such as schools, workplaces, churches, clubs and other services, or it might be informal in nature, such as family and friendship networks.

Finally, it is noted that each of these groups requires specific kinds of information. In addition, information is required at the points where the needs and interests of these groups overlap. Further, a parenting strategy requires definition of the purpose and function of information in each of these categories.

Figure 9: A comprehensive parenting information strategy

