

**Volume 3: Research into the
Information Needs of Australian
Parents**

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Executive Summary

A. Background

This research forms part of Phase 1 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; and
- ◆ effective mechanisms for addressing these needs.

B. 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; and
- ◆ their preferred means of obtaining information.

A number of specific special needs parent groups were examined in the research, including:

- ◆ fathers;
- ◆ parents from Culturally and Linguistically Diverse (CALD) communities;
- ◆ parents of children with a disability;
- ◆ single parents;
- ◆ grandparents with a significant caring role; and
- ◆ people expecting their first child.

C. Research Methodology

The research was conducted through a combination of qualitative and quantitative research methods:

- ◆ a structured program of 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.

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.

D. Parents' Information Needs

The research identified two broad types of parental information needs:

- ◆ needs relating directly to the child; and
- ◆ needs relating to helping parents cope with parenthood.

D.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/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 / inappropriate behaviour / manners
- to what extent do children need socialisation
- dealing with conflict between children; and
- ◆ 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 / 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.

D.2. Information needs relating to the parents

As for information needs related to the child, there was limited awareness among parents of available information and related supports.

The key areas of information need identified through the telephone survey and focus groups were:

- ◆ balancing work and family responsibilities
 - around half (52%) 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% 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%) of parents of children aged 0-5 years considered that issues surrounding their/their partner's health and well-being had a medium to high negative impact on their ability to be a parent; and
- ◆ changes in the relationship between parents as a result of parenthood
 - 28% 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; and
- ◆ dealing with feelings of isolation.

E. Extent to Which Parents' Information Needs Are Being Met

The prevalence of usage of different information sources among parents varied significantly across information topics:

- ◆ Health professionals were the primary source of information for health-related issues.
- ◆ Childcare 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 so 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, as discussed in Section D above, 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 reference source of information that was available would be valuable in improving awareness and helping parents to access the information they required.

F. Parents' Preferred Means of Obtaining Information

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 considered that 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.

G. 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 Government's focus on early childhood.

H. 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 key information needs in the following areas:

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

I. 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; and
- ◆ 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; and
- ◆ 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.

J. 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; and
- ◆ 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 to actively 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.

K. 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 in terms of 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 in terms of assisting single parents cope with parenting included:

- ◆ how to access key supports and services;
- ◆ how to deal with depression and feelings of guilt; and
- ◆ 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.

L. 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 well-being; and
- ◆ 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 at 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 (eg pamphlets) and radio / television advertisements to raise awareness.

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

M. 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.

N. 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 lack of availability and cost 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 3 years of age.

O. 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 of 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 in terms of those directly related to children's needs and those related to parents coping with parenthood.

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. In addition, 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 reference source of information that was available 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 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 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 better inform and support parents across Australia.

1. Introduction

A. Background

As part of the National Agenda for Early Childhood, the Department of Family and Community Services (FaCS) undertook the Parenting Information Project.

One of the aims of phase one of the project 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; and
- ◆ effective mechanisms for addressing these needs.

The Department of Family and Community Services (FaCS) engaged the Centre for Community Child Health (CCCH) to undertake phase one of the Parenting Information Project.

ORIMA Research Pty Ltd was commissioned by CCCH to conduct research with parents as part of the project. This report presents the findings of the research.

B. 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; and
- ◆ their preferred means of obtaining information.

A number of specific special needs parent groups were examined in the research, including:

- ◆ fathers;
- ◆ parents from Culturally and/or Linguistically Diverse (CALD) communities;
- ◆ parents of children with a disability;
- ◆ single parents;
- ◆ grandparents with a significant caring role; and
- ◆ people expecting their first child.

C. Research Methodology

C.1. Research design

The research was conducted through a combination of qualitative and quantitative research methods: a structured program of 35 focus groups; and a large-scale national telephone survey. This approach was chosen because the complementarities between the two methods enabled a comprehensive understanding of parents' views.

The focus groups were a powerful tool for issues identification and for the in-depth exploration of the issues. The telephone survey provided a statistically robust platform for quantifying parents' needs and preferences.

The findings of the focus groups were used in the development of the telephone survey questionnaire and were important in helping to explain the findings of the survey.

C.2. Focus group research

C.2.i Research structure

The focus group research included 35 groups involving 332 participants. Fieldwork was undertaken between 16 March and 22 April 2004 in Adelaide, Ballarat, Brisbane, Canberra, Melbourne, Newcastle, Sydney and Toowoomba.

Most groups comprised between 8 and 10 participants and were between 1½ and 2 hours in duration.

Groups were segmented by the following participant profiles:

- ◆ Parents with children aged 0-5 years (13 groups);
- ◆ Single parents with a child aged 0-5 (4 groups);
- ◆ Prospective parents expecting their first child (3 groups);
- ◆ Fathers with a child aged 0-5 (4 groups);
- ◆ Parents with special needs / disabled child aged 0-5 (4 groups);
- ◆ Parents from CALD communities with a child aged 0-5 (4 groups); and
- ◆ Grandparents with a significant caring role of a child aged 0-5 (3 groups).

C.2.ii Demographic profile of focus group participants

The demographic profile of the focus group participants is presented below.

❖ Age

- ◆ 18-25 years (11%)
- ◆ 26-35 years (47%)
- ◆ 36-45 years (28%)
- ◆ 46-55 years (6%)
- ◆ Over 55 years (8%)

❖ Gender

- ◆ Male (24%)
- ◆ Female (76%)

❖ Marital Status

- ◆ Married (57%)
- ◆ De facto (10%)
- ◆ Single (19%)
- ◆ Divorced/Separated (11%)
- ◆ Widowed (2%)
- ◆ Other (1%)

❖ Number of Children

- ◆ None (23%)
- ◆ One (27%)
- ◆ Two (30%)
- ◆ Three (12%)
- ◆ Four (5%)
- ◆ Five (2%)
- ◆ Six (1%)

- ❖ **Children's Ages**
 - ◆ 1 year or less (n=63)
 - ◆ 2 years (n=72)
 - ◆ 3 years (n=73)
 - ◆ 4 years (n=71)
 - ◆ 5 years and over (n=238)

- ❖ **Background**
 - ◆ Non-English speaking background (21%)
 - ◆ Indigenous Australian (2%)
 - ◆ Neither of the above (77%)

- ❖ **Hours of paid work done by participant**
 - ◆ None (42%)
 - ◆ Less than 15 hours per week (22%)
 - ◆ 15-25 hours per week (8%)
 - ◆ 26-35 hours per week (4%)
 - ◆ Over 35 hours per week (24%)

- ❖ **Hours of paid work done by partner**
 - ◆ None (46%)
 - ◆ Less than 15 hours per week (8%)
 - ◆ 15-25 hours per week (4%)
 - ◆ 26-35 hours per week (3%)
 - ◆ Over 35 hours per week (39%)

- ❖ **Total household income range**
 - ◆ Less than \$25,000 per annum (34%)
 - ◆ \$25,001 to \$50,000 per annum (31%)
 - ◆ \$50,001 to \$75,000 per annum (19%)
 - ◆ \$75,001 to \$100,000 per annum (10%)
 - ◆ More than \$100,000 per annum (6%)

C.2.iii Interpreting focus group research

The qualitative data collection methodology used for focus groups does not allow for the exact number of respondents holding a particular view on individual issues to be measured. It does, however, allow the researcher to gain a broad insight into the proportion of respondents holding particular views and enables in-depth exploration of issues and potential solutions. The findings from the focus groups therefore provide an indication of recurring themes and reactions among research participants rather than exact proportions of participants who felt a certain way.

Focus group findings for each target group have only been identified and discussed where these findings significantly differ from those for other groups.

Quotes have been provided throughout the report to support the findings under discussion.

C.3. Telephone survey

C.3.i Questionnaire development

A draft questionnaire for the telephone survey, based on issues identified through the focus groups, was developed in consultation with CCCH and FaCS. The draft questionnaire was pilot tested with a sample of 20 parents prior to finalisation.

C.3.ii Sample design

The telephone survey was conducted with a stratified random sample of parents with children aged 0-5 years. There were 14 strata, comprising metropolitan and non-metropolitan areas in each State and the Northern Territory. The ACT was included in the NSW metropolitan stratum.

The sample was designed to obtain statistically robust and accurate data for each of the metropolitan and non-metropolitan strata.

Non-metropolitan areas were over-sampled relative to their share of the population of parents because focus group research indicated that there was significantly greater diversity in the needs and experiences of parents in non-metropolitan areas than in metropolitan areas. The target response size was:

- ◆ 97 respondents for each metropolitan stratum; and
- ◆ 145 respondents for each non-metropolitan stratum.

The sampling frame used for the survey was a database of respondents to the Geospend Selecta Lifestyle Survey of Australian households. Geospend is a division of Australia Post.

C.3.iii Telephone survey fieldwork

The fieldwork was conducted between 12 April and 7 May 2004, using Computer Assisted Telephone Interviewing. Quality control procedures consistent with Interviewer Quality Control Australia (IQCA) standards were followed for the project.

Table 1 below presents the key fieldwork statistics for the survey. Overall, a response rate of 65% was achieved for the survey.

For all strata apart from the two Northern Territory strata, target response sizes were achieved.

The sampling frame contained an insufficient number of records to enable the achievement of target response sizes for the Northern Territory strata. Nevertheless, the numbers of responses obtained for these strata are sufficient to enable statistically reliable estimates of population parameters to be produced for these strata.

Table 1: Fieldwork Statistics

Segment	Contact attempted	Completed interviews	Refused	Could not be contacted	Out of scope	Response rate*
Metro NSW/ACT	253	98	35	40	80	62%
Non-metro NSW/ACT	340	145	34	62	99	66%
Metro Victoria	297	97	30	54	116	62%
Non-metro Victoria	324	145	25	66	88	68%
Metro Queensland	293	98	29	74	92	58%
Non-metro Queensland	367	145	40	44	138	69%
Metro SA	248	97	46	46	59	55%
Non-metro SA	313	146	39	72	56	61%
Metro NT	214	82	24	24	84	69%
Non-metro NT	94	36	11	10	37	68%
Metro WA	262	100	35	38	89	63%
Non-metro WA	334	150	38	55	91	67%
Metro Tasmania	227	97	24	29	77	70%
Non-metro Tasmania	307	145	20	36	106	78%
Total	3873	1581	430	650	1212	65%

* Response rate is defined as completed interviews as a percentage of the number of people with whom contact was attempted, excluding those who were out of scope or estimated to be out of scope.

C.3.iv Sampling error

The quantitative results of the survey (percentage responses to particular questions) provide estimates of the percentage responses that would be obtained if all parents of children aged 0-5 years in Australia were surveyed.

The statistical precision of such extrapolations depends on the number of responses to the particular question from the relevant segment of the population. The larger is the number of responses, the lower is the degree of sampling error, and the higher is the degree of statistical precision.

For questions in the survey which all respondents answered, percentage results have a degree of sampling error (at the 95% level of statistical confidence) of around:

- ◆ +/- 2 percentage points (pp) for Australia as a whole;
- ◆ +/- 8 pp for each of the non-metropolitan strata apart from the Northern Territory (+/-17pp); and
- ◆ +/- 10pp for each of the metropolitan strata apart from the Northern Territory (+/-11pp).

It should be noted that higher degrees of sampling error apply to results for questions where a subset of respondents has provided responses.

C.3.v Weighting of percentage results

To increase the accuracy of the aggregate percentage results to the survey as estimates of the underlying population parameters, the raw survey results have been re-weighted by population data from the 2001 Census.

Specifically, in calculating aggregate percentage results, the results for each survey sample stratum (ie the 14 metropolitan and non-metropolitan areas) have been re-weighted by the Census population share of that stratum.

C.3.vi Presentation of results

Percentages presented in the report are based on the total number of valid responses made to the particular question being reported on. This generally differs from the total number of completed interviews because of omissions in some responses. In most cases, results reflect those respondents who had a view and for whom the questions were applicable. Not applicable and don't know responses have only been presented where this significantly aids in the interpretation of the results. Percentage results throughout the report may not add up to 100% due to rounding.

2. Information Needs Relating to the Child

A. About this Chapter

This chapter addresses parents' information needs

identified in the research relating directly to the needs of the child. Information needs relating to helping parents cope with parenthood are addressed in Chapter 3.

B. Overall Findings

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

- ◆ physical development and health;
- ◆ intellectual development;
- ◆ social development; and
- ◆ emotional development.

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.

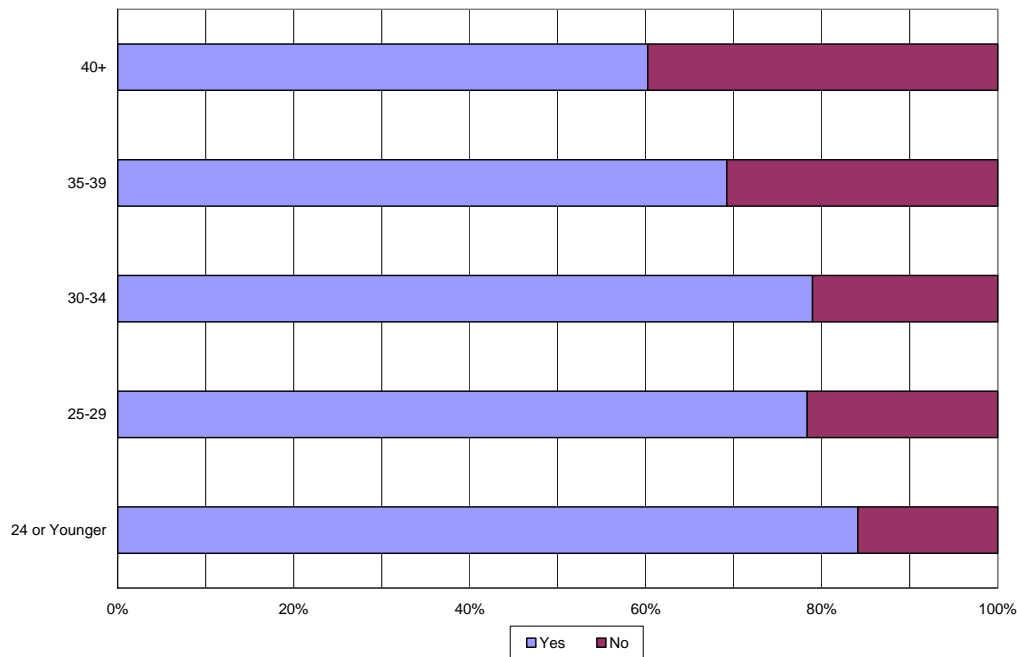
C. Physical Development and Health

The telephone survey found that around three-quarters (74%) of parents of children aged 0-5 years at the time of the survey had sought information about the physical development (defined as including child health, nutrition, height, weight and co-ordination) of these children.

Figure 1 below shows that a majority of parents in all age groups had sought such information, and that younger parents were more likely than older parents to have done so. The latter result was partly explained by a correlation between parental age and previous early childhood parenting experience. Eighty per cent of parents who only had children aged 0-5 years had sought information, compared with 67% of parents who also had older children.

Figure 1: Have you sought information about the physical development of your child/ren under the age of 5 years? – by age of parent

(percentage of parents with children aged 0-5 years)



Mothers were more likely than fathers to have sought information:

- ◆ 76% per cent of mothers and 62% of fathers had sought information about the physical development of their children aged 0-5 years.

Parents working full-time were slightly less likely to have sought such information than parents working part-time, occasionally or not at all:

- ◆ 67% of parents working full-time had sought information, compared with 76% of other parents.

There were no significant differences in the results by family income, parents' level of formal education, single/partnered status, or location of residence (State and metropolitan or non-metropolitan area).

The telephone survey found that the main topics on which parents had required information were:

- ◆ What physical development to expect at different age ranges (nominated by 65% of parents who had sought information);
- ◆ General nutrition – what, how much and when to feed children (25%);
- ◆ Eating difficulties/weight issues (9%);
- ◆ Signs and symptoms of common illnesses (8%); and
- ◆ Serious medical conditions (6%).

There were only minor differences in the percentage responses by topic across States/Territories and across metropolitan and non-metropolitan areas. Similarly, there were no significant differences in the results by sex of parent, family income, single/partnered status, parents' level of formal education or employment status.

Parents aged 24 years or less were significantly more likely to nominate eating difficulties/weight issues as a topic of interest than older parents:

- ◆ 23% of parents aged 24 years or less nominated this topic, compared with 8% of older parents.

The focus group findings help to explain parental needs in relation to each of the main topics identified in the telephone survey. These findings are set out below. In addition, findings are presented in relation to other topics on child physical development that emerged from the focus groups as key points of discussion.

C.1. What physical development to expect

“Information about what children usually do within different age ranges would really help me to know if my child’s progress is OK”
– Parent of child aged 0-5, Sydney

The information sought about physical development by the focus group participants centred on what are the ‘normal’ age ranges when children reach physical milestones, for example:

- ◆ Height;
- ◆ Weight;
- ◆ Teething;
- ◆ Hearing / Vision;
- ◆ Motor skills (rolling, sitting, crawling, walking, climbing); and
- ◆ Co-ordination / balance skills (touching, grabbing, dexterity etc).

“It would have been good to know what types of activities or things I could, or should not do to help my baby’s development. I found out later that he was very slow in rolling over because I left him in the car seat or pram too much” – Parent of child aged 0-5, Adelaide

Focus group participants reported the information was important for them to assess if their child was progressing well. They thought it was important for them to have tips on how to encourage and test their child’s development.

“I followed the information in the baby book (given by the hospital) and was worried that my eldest daughter was a slow learner because she never achieved any of the milestones. She is doing well at school now, so I didn’t use it (the book) for the other children” – Parent of child aged 0-5, Toowoomba

Participants felt the information needed to be reassuring to prevent parents panicking if their child’s progress fell behind developmental milestones. The information provided should make it clear that children develop at different rates and that it is not necessarily serious if a child does not develop in strict accordance with the ‘normal’ milestones.

Their primary concern was to see that their child received what he/she needed to develop, and for themselves to be able to recognise if there were problems.

“You just don’t know what to expect with the first child. We got caught with ours grabbing a cup of coffee” – Father of child aged 0-5, Brisbane

Another aspect of physical development identified as being important was to know what dangers to look out for at the different stages (eg grabbing sharp / hot items, falling etc).

Specific physical development issues nominated by respondents to the telephone survey included:

- ◆ Co-ordination/motor skills (5% of parents who had sought information on physical development);
- ◆ Sensory development (hearing, vision) (3%); and
- ◆ Teething (2%).

C.2. General nutrition

Several nutritional issues were identified as concerns by both telephone survey respondents and focus group participants. The most common information sought, involved what to feed children at what ages, and how much was appropriate.

“Everyone seems to have different advice about when to start giving your baby solids. It would be good to have some reliable information about what to give them and when”
– Parent of child aged 0-5,
Ballarat

Participants were concerned about when to introduce solids to their children and what food groups children need and can cope with at particular ages. Most were aware that some children had allergic reactions to particular food groups, in particular dairy products, eggs and honey. Some were confused about whether they should feed those foods to their child at all. A few had automatically excluded them from their child’s diet without knowing if their child was allergic or not.

“Not long ago I heard on the news that they have changed their mind about red cordial being such a problem for kids” – Parent of child aged 0-5, Melbourne

Some participants were confused about whether or not particular food additives caused behavioural problems with children. These participants recalled obtaining partial information on these matters from media reports, and via word-of-mouth from family and friends.

C.3. Eating difficulties and weight issues

Most focus group participants who indicated they had children over 12 months of age reported they had difficulty getting their child to eat the right foods.

“If it is not bread with nothing on it, my two year old won’t eat it” – Single parent with child aged 0-5, Ballarat

Some participants indicated that their children refused to eat at all unless they were given a particular food. These participants thought it would be useful if they had information about dealing with this situation.

“I’ve done the ‘they will eat when they are hungry routine’. Whoever thought that up hasn’t met my [named]. She just never gets hungry” – Father of child aged 0-5, Melbourne

Parents confronted with this issue were typically advised by friends or family to only give the child the meal that has been prepared and that the child would then eat when he/she was hungry. However, these participants were concerned about how it would affect the child’s health if they did not eat, or if they did not eat the right foods.

“Some recipes for interesting ways of presenting the right foods would help” – Single parent of child aged 0-5, Adelaide

Participants identified that the information should include tips and strategies for getting the child to eat a balanced diet. They thought it would be useful to include suggestions for alternative foods and recipes that have the same nutritional value.

“My baby is 6 months old and built like Buddha, but he only gets breast milk. He has such an appetite, and really lets you know when he is hungry. It would be hard on us and him to put him on a diet” – Father of child aged 0-5, Brisbane

Another nutritional topic that some participants felt they needed more information on was obesity in children. These participants were not sure if the problem applied equally to children of all ages, including children who were fully breast fed. They were also uncertain about how they could manage their child’s appetite.

C.4. Breastfeeding or bottle feeding

“You don’t get any information about bottle feeding and are made to feel guilty if you don’t want to breastfeed” Parent of child aged 0-5, Sydney

The merits of breastfeeding versus bottle feeding was raised in most focus groups as a contentious issue, with participants wanting unbiased and balanced information on the pros and cons of each. Five per cent of those respondents to the telephone survey who had sought information on physical development had sought specific information on this issue.

Generally, focus group participants wanted to do what was best for their child. Most understood the main benefit of breastfeeding as being improved immunity against common infections.

“I had no idea there were so many different formulas and they disagree with some kids. We tried three before we found one that suited” Parent of child aged 0-5, Brisbane

For those participants who had breastfed their child, there was uncertainty about the optimum ages for feeding the child only on breast milk, as well as for weaning the child.

Participants who had experienced difficulties with breastfeeding, or who chose not to, indicated it was difficult to find information about the differences between formulae and feeding bottles available. Most had to experiment through a trial and error process to find out what best suited their child’s needs.

C.5. Signs and symptoms of common illnesses / medical conditions

“They [presumed to be Government] don’t want us to rush to the GP with just a cold or flu’ Parent of child aged 0-5, Sydney

It was a regular event for most focus group participants to have to deal with a sick child. Common symptoms included the child having an elevated temperature, cough, runny nose, loss of appetite, or complaining or crying abnormally.

“It takes about 3 days to get an appointment with my doctor, and then just about as much organising as a 2-week holiday to get there” – Parent of child aged 0-5, Melbourne

Most participants reported that they were reluctant to take their child to a General Practitioner for straightforward childhood problems or illnesses. Key reasons for this included the difficulty of obtaining an appointment, the

difficulty of organising the trip to the doctor; and the expense of the consultation.

Many participants were concerned, however, that they might fail to recognise a serious medical condition (eg meningitis), which could have major adverse health implications without appropriate and immediate treatment.

“It would be easier to decide about whether to go to the doctor if I knew how to recognise when it’s not serious, and had some basic steps to follow to get through it” – Parent of child aged 0-5, Ballarat

Many participants therefore identified a need for information that would help them to recognise the signs and symptoms of common illnesses and to differentiate them from more serious conditions. Key elements of such information identified by participants included strategies for dealing with minor illnesses and how to recognise when they should take a child to the doctor or hospital.

C.6. Immunisation

Only 4% of telephone survey respondents who had sought information on physical development had sought specific information on immunisation. Immunisation was, however, a key topic of discussion in the focus groups.

“Are these diseases still in Australia? How serious are they anyway?” – Father of child aged 0-5, Ballarat

Some focus participants felt that they had not obtained sufficient information to be able to make an informed choice in relation to immunisation. These participants were seeking information about the risks of their child contracting the disease against which they were to be immunised, what impact the diseases could have, and the possible side effects of the immunisation.

“I ended up taking [named] to the doctor after his needle. He had a high temperature and we didn’t know what to do with him” – Parent of child aged 0-5, Toowoomba

Other participants indicated that they would have benefited from better information on how to deal with mild reactions to immunisation procedures.

“The meningitis one only covers Type C doesn’t it? That is not the killer one” – Parent of child aged 0-5, Brisbane

Almost all participants were aware that immunisations other than those funded by government were available at a cost. However, knowledge about the relative merits of these immunisations and the specific diseases covered was poor. Some participants expressed an interest in obtaining more information on the available options.

“We went to our GP because he split that triple one up so it was not so hard on [named]” – Parent of child aged 0-5, Adelaide

A significant number of participants had chosen to have immunisations done by their doctor and had relied on the advice given by the doctor in making their decision.

C.7. Safety

The safety of the child was a major concern for focus participants.

The purchase of baby equipment, such as capsules, cots, prams, high chairs was a major priority, particularly for first-time expectant parents.

“They must change the legal standards for car seats every few months. My three kids are about 18 months apart, and we had to get a different one for each” – Parent of child aged 0-5, Sydney

The most common issue among participants was with purchasing their baby capsule, and knowing which ones were legally approved. Several participants had purchased their capsule second-hand, and when they arranged to have it professionally fitted, had found out that the model they had was no longer legal. There was a perception that the legal standards for capsules changed frequently, and because of the expense of the item, they felt it would be useful to have an accessible hotline, website or information source where they could find out what brands and models met the standards.

“SIDS were very helpful about what cots and bedding to get” – Single parent of child aged 0-5, Toowoomba

Some participants had sought advice from National SIDS Council of Australia when purchasing their baby’s cot and bedding. Some participants were subscribers and had relied on *Choice* magazine when deciding what equipment to buy.

“I have borrowed Choice Magazine to read up on some tests and that was useful. But I can’t afford it. They cover such a range of issues, they would mostly be out of date on baby gear” – Parent of child aged 0-5, Brisbane

A significant number of participants indicated that they had purchased their equipment second-hand or it had been handed down through family or friends. These participants thought it would be useful to have access to information about what brands and models of equipment had safety issues (similar to *Choice* magazine, but not necessarily ranking equipment), and general tips of what to look out for (eg traps for catching little fingers, potential pinching or strangling hazards, sharp edges, adequate air circulation, safety harnesses etc).

Several participants considered that it would be helpful to have similar information about toys. A key concern was for the information to be up-to-date.

“You have to know what they [children] are thinking before they think it” – Father of child aged 0-5, Ballarat

Most participants considered that information about how and which everyday household items can become dangerous for children would be useful (eg items that could cause choking, falling, scalding, poisoning etc.) Participants felt that this information should ideally be linked to the different physical development stages of the child, when the danger initially emerges.

Issues of general health and safety for the child raised during focus groups included the impact on the child of drugs, alcohol, and some foods or medications during pregnancy and while breastfeeding. Awareness of the impact that adults smoking around children can have was also considered by most participants to be important for parents.

C.8. Other topics

A range of other topics about which a small minority of parents required information were raised in both the telephone survey and focus groups.

First aid for children

“I have a first aid certificate, but treating small children is quite different” – Father of child aged 0-5, Brisbane

Most focus group participants thought that first aid for children was one of the most important topics on which parents needed information. Some had obtained first aid certificates, but indicated that the courses had not prepared them well for dealing with children’s issues.

“It would be great if ‘first aid for children’ was part of antenatal classes” – Parent of child aged 0-5, Melbourne

Most felt that experiential training, with some written reference material as reinforcement, was the best way of acquiring the necessary skills. Participants generally thought that the appropriate timing for training was before the child was born (eg could be a part of or extra option with antenatal classes).

The main topics nominated by participants for coverage in such training included:

- ◆ Drowning;
- ◆ Choking;
- ◆ Convulsing;
- ◆ Cardiopulmonary Resuscitation;
- ◆ Cuts and Bruises;
- ◆ Unconsciousness;
- ◆ Broken bones;
- ◆ Epilepsy;
- ◆ Bites and stings;
- ◆ Allergic reactions;
- ◆ Recognising and dealing with shock; and

◆ Dehydration – diarrhoea and nausea.

Normal sleeping patterns

“My one year old won’t go to bed at night, is up early in the morning and doesn’t sleep during the day. I don’t think that’s normal, but how can I make him sleep” – Parent of child aged 0-5, Adelaide

Many focus group participants were not sure whether their child’s sleeping patterns were normal or not. This related to the length of time their child slept, extent to which the child woke at night, and children refusing to sleep in their own beds. Some participants indicated that they would like information about what patterns are normal within given age ranges, as well as tips and techniques to use to encourage their child to sleep when it should (eg controlled crying techniques).

The telephone survey found that 4% of parents who had sought information on physical development had sought information about child sleeping issues.

Toilet training / bedwetting

“My mother had 3 girls, so we didn’t know how to toilet train my son” – Single parent of child aged 0-5, Melbourne

A few focus group participants needed information about toilet training and bedwetting – what age ranges are normal, and tips and techniques for boys and girls on helping the child adjust. A few participants were concerned that the wrong approach could cause emotional and physical problems for the child. These participants also felt that it was important for them to be able to identify if there was a serious problem making it difficult for their child to be toilet trained.

The telephone survey found that 2% of parents who had sought information on physical development had sought information about toilet training/bedwetting.

Circumcision

“In our religion, girls cannot find a partner unless they are circumcised.” – CALD parent of child aged 0-5, Melbourne

Balanced and accurate information about the pros and cons of circumcision was sought in several focus groups, particularly by CALD parents and fathers.

“I was told you had to pull back the foreskin to wash the baby. Then I was told you shouldn’t. There doesn’t seem to be much information about how to care for uncircumcised babies” – Parent of child aged 0-5, Sydney

Information sought centred on where and when was the best timing to have male children circumcised. However, one group focused on female circumcision.

Some participants felt they needed more information about the correct care for, and bathing of uncircumcised males.

Foot and leg problems

The telephone survey found that 2% of parents who had sought information on physical development had sought information about children's foot or leg problems.

Specific issues included:

- ◆ Club foot;
- ◆ Flat-footedness;
- ◆ Turned feet;
- ◆ Bowed legs; and
- ◆ Hip problems.

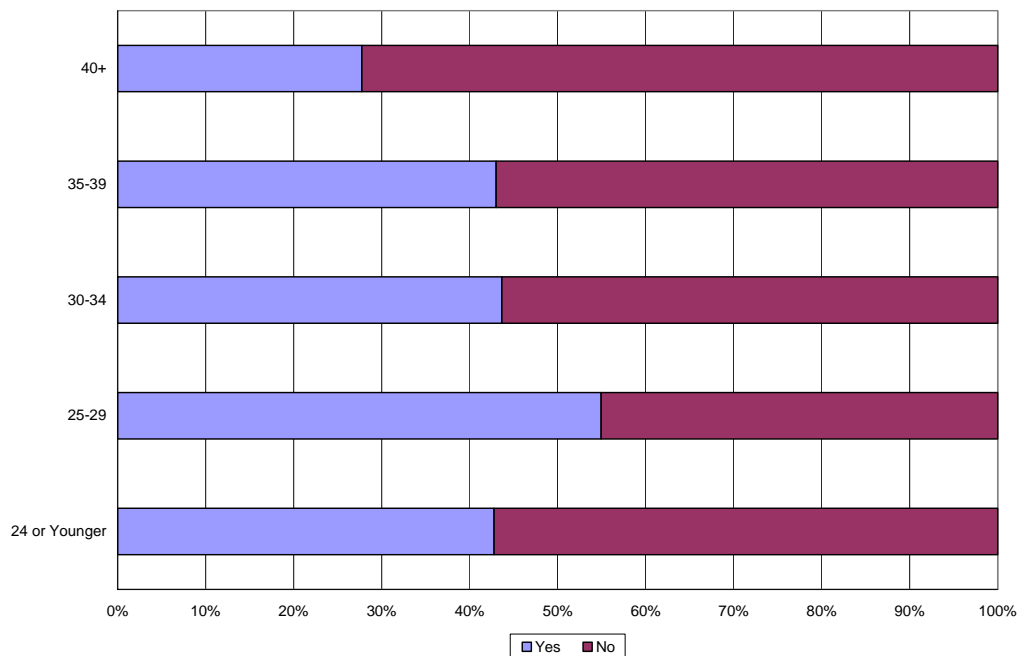
D. Intellectual Development

The telephone survey found that 43% of parents of children aged 0-5 years at the time of the survey had sought information about the intellectual development (defined as including the language a child uses, how they talk, write and read) of these children.

Figure 2 below shows that parents aged 25-29 years were more likely than those in other age groups to have sought such information, and that parents aged 40 years and over were least likely to have done so. The relatively low level of interest among parents aged 40 years and over was not materially related to previous early childhood experience:

- ◆ 29% of parents aged 40 years and over who only had children aged 0-5 years had sought information, compared with 27% of those who also had older children.

Figure 2: Have you sought information about the intellectual development of your child/ren under the age of 5 years? – by age of parent
(percentage of parents with children aged 0-5 years)



Previous experience with older children was, however, a factor that significantly influenced parental information search for other age groups.

- ◆ Across all parent age groups, 48% of parents who only had children aged 0-5 years had sought information, compared with 38% of those who also had older children.

Parents' educational attainment was also a significant factor affecting the likelihood of information search.

- ◆ 48% of parents who nominated Year 12 certificate, undergraduate certificate or diploma, degree or postgraduate certificate/degree as their highest level of formal education had sought information on their children's intellectual development.
- ◆ In comparison, 39% of parents who nominated Year 10 or below, Year 11, trade/apprenticeship qualification or other TAFE/technical qualification, had sought such information.

There were no significant differences in the results by sex of parent, family income, parents' employment status, single/partnered status, or location of residence (State and metropolitan or non-metropolitan area).

The telephone survey found that the main intellectual development topics on which parents had required information were:

- ◆ Teaching children to talk (nominated by 53% of parents who had sought information on intellectual development);
- ◆ What intellectual development to expect at different age ranges (38%);
- ◆ Teaching children to read, write and/or count (16%); and
- ◆ Types of activities to promote intellectual development (9%).

There were only minor differences in the percentage responses by topic across States/Territories and across metropolitan and non-metropolitan areas.

Similarly, there were no significant differences in the results by sex of parent, family income, single/partnered

status, parents' level of formal education or employment status.

Parents aged 40 years and above were significantly more likely to nominate teaching children to read, write and/or count as a topic of interest than younger parents:

- ◆ 29% of parents aged 40 years and above nominated this topic, compared with 15% of younger parents.

The focus group findings help to explain parental needs in relation to each of the main topics of interest identified in the telephone survey. These are set out below.

D.1. Teaching children to talk

Most focus participants indicated that they wanted information about what linguistic skills they should expect from their children at different age ranges. They felt this was an area where they had an important role and wanted tips and strategies on how and when to help their children.

“When I went back to work, the child care worker picked up that [named 2½ year old] could not hear. We thought he was just slow with talking” – Parent of child aged 0-5, Ballarat

Some participants reported that their child's progress with talking had been affected by hearing difficulties and that they had failed to recognise these problems. The problem and its cause had been picked up by child care workers or pre-school teachers.

Some participants wanted information on what impact the use of baby talk had on children's ability to recognise, pronounce and articulate information accurately later on.

“[Named child of 2+ years] started out mixing up both [languages], but he does well with both now” CALD parent of child aged 0-5, Sydney

A few CALD parents did not want their children to learn English because they thought it would confuse them. However most CALD parents indicated that their children easily picked up a couple of languages and learned quite quickly when, and what words to use.

“You only have to swear once and they repeat it. They always seem to use it in the right context and don't forget it either” – Father of child aged 0-5, Brisbane

Some participants indicated they had been shocked by how quickly their children had picked up profanities and slang, and how difficult it was to remove from their vocabulary. They thought if they had information about this much earlier, they would have taken steps to prevent the situation developing.

D.2. What intellectual development to expect at different age ranges

Most focus group participants indicated their child's intellectual development was of particular importance to their achievements in the future. Most wanted to see that their children received the best opportunities that they, as parents, could provide.

“Boys are a bit slower than girls at some things. They probably need a bit more help than girls” – Father of child aged 0-5, Ballarat

To assist with this, participants sought information on what to expect within normal age ranges. Some participants thought there were differences in how boys and girls develop intellectually, and sought information on these differences.

All participants wanted to be able to recognise if their child had problems, and who they could contact for help. Most participants felt there should be some mandatory testing of their child's intellectual progress between 2 years of age and pre-school as a preventative, or early intervention measure for children who have problems.

D.3. Teaching children to read, write and count

“We have just moved interstate. I had no idea they started earlier here” – Parent of child aged 0-5, Ballarat

Most focus group participants did not start thinking about their child's education until the child was approaching the official pre-school or kindergarten age. The schooling systems differed across States and Territories, which caused problems for families who moved interstate.

Most participants wanted information about how proficient their children should be before they start kindergarten or pre-school.

“There is not much information around about how to prepare kids for school. You should be able to pick it up from the local school” – Parent of child aged 0-5, Toowoomba

They wanted tips on what they can do to help prepare their child to achieve the required reading, writing and counting levels needed to start. Some participants wanted information about the types of tests that are administered to children to establish their readiness for school.

Participants who had their children in child care or privately operated kindergartens tended to be more confident about their child's preparation for school.

D.4. Types of activities to promote intellectual development

Some focus group participants were interested in obtaining tips and strategies on what activities and toys would help their children's intellectual development.

“Where do you find out what is happening locally? There should be an information line you can use to find out” – Parent of child aged 0-5, Toowoomba

Only a small number of participants were aware of locally organised activities for children, such as music, dancing, toy libraries, and story and play activities.

Participants who had not known of these activities wanted information about how they could access what was available.

D.5. Other topics

A range of other topics about which a small minority of parents required information were raised in the telephone survey. These included:

- ◆ Speech difficulties and therapy (nominated by 5% of telephone survey respondents who had sought information about intellectual development);
- ◆ Interactive play/stimulation (3%);
- ◆ Teaching children a second language (2%);
- ◆ The role of music, arts and dance in intellectual development (1%);
- ◆ The role of books in intellectual development (1%); and
- ◆ The role of toys and playing in intellectual development (1%).

E. Social Development

The telephone survey found that 39% of parents of children aged 0-5 years had sought information about the social development (defined as including how children relate to friends, siblings, socialise and play with others) of these children.

Consistent with the findings for physical and intellectual development, parents aged 40 years and above were significantly less likely than younger parents to have sought information about social development.

- ◆ 28% of parents aged 40 years and above had sought such information, compared with 41% of parents under 40 years of age.

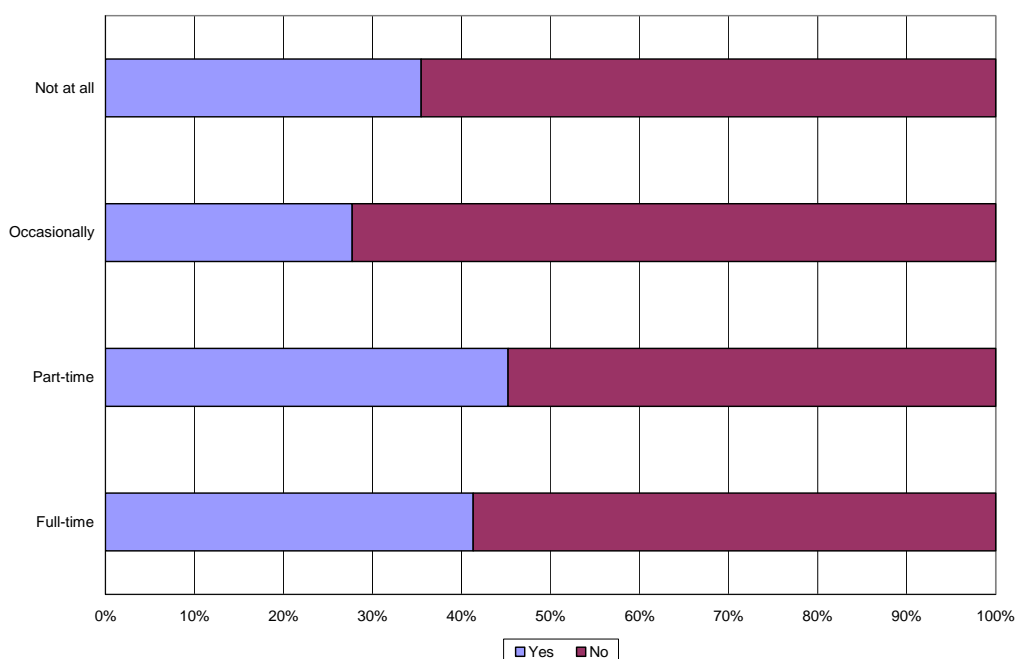
For all age parental age groups, but particularly for parents aged 40 years and above, previous early childhood experience reduced the likelihood of information search.

- ◆ 46% of parents who only had children aged 0-5 years had sought information, compared with 31% of those who also had older children.

As Figure 3 below illustrates, parental employment status was another factor influencing the likelihood of information search, with parents in part-time (usually working less than 35 hours per week) or full-time paid employment more likely to have sought information than parents who did not work in paid employment or those who worked occasionally (on an irregular basis).

This factor resulted in families on low incomes (less than \$20,000 per annum), which had high rates of irregular employment and no employment, recording a lower prevalence of information search (33%) than families earning \$20,000 or more (40%).

Figure 3: Have you sought information about the social development of your child/ren under the age of 5 years? – by employment status of parent
(percentage of parents with children aged 0-5 years)



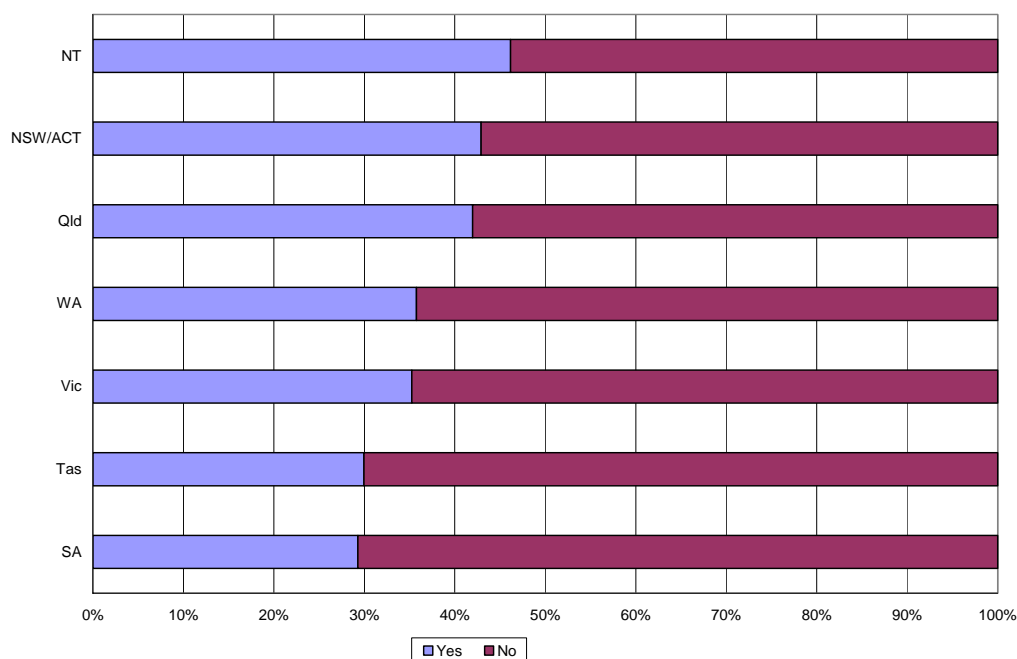
Parents' educational attainment also influenced the likelihood of information search.

- ◆ 45% of parents who nominated degree or postgraduate certificate/degree as their highest level of formal education had sought information on their children's intellectual development.
- ◆ In comparison, 37% of parents who nominated lower levels of formal educational attainment had sought such information.

There were no significant differences in the results by metropolitan/non-metropolitan location, sex of parent and single/partnered status.

As Figure 4 highlights, there were some significant differences in the prevalence of information search about social development across States/Territories. These differences were only partly explained by differences across States in relation to the factors discussed above.

Figure 4: Have you sought information about the social development of your child/ren under the age of 5 years? – by State
(percentage of parents with children aged 0-5 years)



The telephone survey found that the main social development topics on which parents had required information were:

- ◆ Building social skills (nominated by 56% of parents who had sought information on social development);
- ◆ What social development to expect at different age ranges (20%);
- ◆ What is appropriate / inappropriate behaviour / manners (20%);
- ◆ To what extent do children need socialisation (16%); and
- ◆ Dealing with conflict between children (17%).

There were only minor differences in the percentage responses by topic across States/Territories and across metropolitan and non-metropolitan areas. Similarly, there were no material differences in the results by age of parent, family income, single/partnered status, parents' level of formal education or employment status.

Fathers were significantly more likely than mothers to have sought information on the extent to which children required socialisation.

- ◆ 31% of fathers who had sought information on social development nominated this as a topic of interest compared with 14% of mothers.

The focus group findings help to explain parental needs in relation to each of the main topics of interest identified in the telephone survey. These are set out below.

E.1. Building social skills – extent of need for socialisation

Most focus group participants recognised that it was important for their child to learn social skills that would help them to function effectively within society. Many felt it would be helpful to have information about how to encourage the formation of effective social skills.

This included tips and strategies for engaging children in appropriate behaviour and assisting them with forming effective relationships in the broader community (eg making friends and learning to deal with other adults).

E.2. What social development to expect at different age ranges

“With smaller families, first borns and particularly only children, it is hard for parents to know what social development to expect” – Parent of child aged 0-5, Newcastle

Many focus group participants indicated that they would like to be better informed about the level of social development that was within the normal range at different age ranges.

Topics raised included:

- ◆ Learning to play with siblings and other children;
- ◆ Sharing;
- ◆ Learning simple rules;
- ◆ Wanting to please adults;
- ◆ Relating to other adults;
- ◆ Respecting animals;
- ◆ Helping with chores; and
- ◆ Helping others who may be hurt.

E.3. What is appropriate / inappropriate behaviour and manners

“I just love the ‘children should be seen and not heard bit’ that my mother expects. Like that is going to happen unless [named] is sick or asleep” – Father of child aged 0-5, Melbourne

Many focus group participants indicated that they had sought information on what types of behaviour were appropriate and how to encourage good behaviour. These participants wanted to ensure that their children’s manners were socially acceptable without inhibiting the child’s personal growth and personality.

“I wouldn’t smack in public, but if it is needed I do at home” – Parent of child aged 0-5, Melbourne

Discipline was one of the most frequently raised topics in the focus groups. Almost all participants indicated that they would benefit from guidelines and strategies for effective discipline. Most participants admitted there were occasions when they found it necessary to smack their children, but felt that could only be done privately. Some were afraid that government authorities would remove their children, or have them charged with assault or abuse.

“I think the law says you cannot leave a mark such as a bruise. It would be good to know” – Father of child aged 0-5, Ballarat

All participants, and particularly participants in CALD and fathers groups, indicated they would like clear guidelines on what the legal position is on physical punishment. Generally they believed it to be acceptable and quite different from anything that could physically harm the child.

“My 2 year old does what she likes, because if she cries I will be reported to the authorities and they will take her away” – CALC Parent of child aged 0-5, Melbourne

Overall, CALD participants had the strongest need for information on discipline, social norms and customs. Culturally, for some participants, there were significant differences in the behavioural expectations between boys and girls.

“Our culture is much harder on girls. Boys are allowed much more freedom” – CALD parent of child aged 0-5, Brisbane

E.4. Dealing with conflict between children

Focus group participants briefly touched on the issue of dealing with conflict between children.

The conflict sometimes involved unwillingness to share or take turns, and usually unacceptable levels of aggression. In some instances, their child was the aggressor and bullied other children. In other instances their child was the victim, becoming distressed and not wanting to play with other children.

Participants wanted tips on how they could or should manage such conflict so that their children acquired the social skills to be able to develop appropriate relationships.

E.5. Other topics

A number of other social development topics about which a small minority of parents required information were raised in the telephone survey. These included:

- ◆ The role of play in social development (nominated by 3% of telephone survey respondents who had sought information about intellectual development); and
- ◆ Dealing with shyness (1%).

F. Emotional Development

The telephone survey found that 38% of parents of children aged 0-5 years had sought information about the emotional development (defined as including children's interactions with parents, behaviour and confidence) of these children.

Consistent with the findings for physical, intellectual and social development, parents aged 40 years and above were significantly less likely than younger parents to have sought information about emotional development.

- ◆ 25% of parents aged 40 years and above had sought such information, compared with 39% of parents aged less than 40 years.

Also consistent with the findings for other aspects of development, across all parental age groups, but particularly for parents aged 40 years and above, previous early childhood experience reduced the likelihood of search for information on emotional development.

- ◆ 45% of parents who only had children aged 0-5 years had sought information, compared with 28% of those who also had older children.

Parents' educational attainment also influenced the likelihood of information search.

- ◆ 48% of parents who nominated degree or postgraduate certificate/degree as their highest level of formal education had sought information on their children's emotional development.
- ◆ In comparison, 34% of parents who nominated lower levels of formal educational attainment had sought such information.

Single parents were more likely than partnered parents to have sought information about their children's emotional development.

- ◆ 45% of single parents had sought information, compared with 37% of partnered parents.

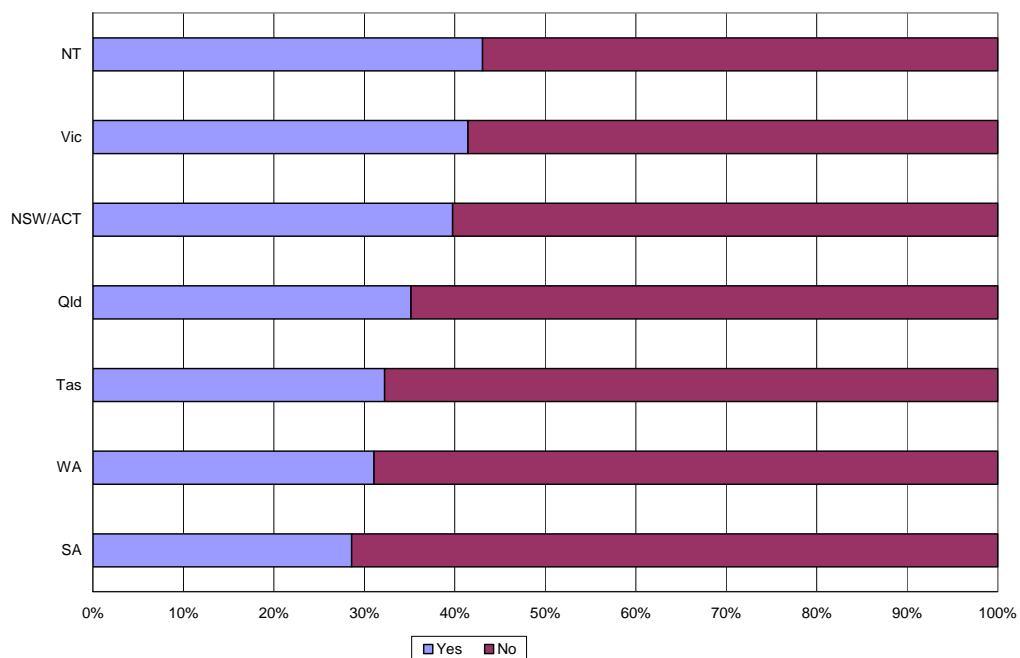
Parents living in metropolitan areas were more likely to have sought such information than parents living in non-metropolitan areas.

- ◆ 40% of parents living in metropolitan areas had sought information compared with 34% of parents in non-metropolitan areas.

There were no significant differences in the results by parents' employment status, sex of parent or family income.

As Figure 5 highlights, there were some significant differences in the prevalence of information search about emotional development across States/Territories. These differences were only partly explained by differences across States in relation to the factors discussed above.

Figure 5: Have you sought information about the emotional development of your child/ren under the age of 5 years? – by State
(percentage of parents with children aged 0-5 years)



The telephone survey found that the main emotional development topics on which parents had required information were:

- ◆ Dealing with temper tantrums (nominated by 30% of parents who had sought information on emotional development) and crying (5%);
- ◆ Strategies and tips for dealing with bad behaviour and encouraging good behaviour (29%);
- ◆ What emotional development to expect at different age ranges (22%);
- ◆ Building self-confidence / self-esteem (15%);
- ◆ Separation anxiety (14%) and other fears and anxieties (8%); and
- ◆ Sibling rivalry (10%).

There were only minor differences in the percentage responses by topic across States/Territories and across metropolitan and non-metropolitan areas. Similarly, there were only minor differences in the results by age of parent, family income, parents' level of formal education and employment status.

Fathers were significantly more likely than mothers to have sought information on:

- ◆ Strategies and tips for dealing with bad behaviour and encouraging good behaviour,
 - nominated by 42% of fathers who had sought information on emotional development, compared with 26% of mothers; and
- ◆ What emotional development to expect at different age ranges,
 - nominated by 38% of fathers and 19% of mothers.

Mothers were more likely than fathers to have sought information on dealing with temper tantrums:

- ◆ 32% of mothers who had sought information on emotional development had required information on this topic, compared with 15% of fathers.

Single parents were significantly more likely than partnered parents to have sought information on:

- ◆ Dealing with divorce/parental separation,
 - nominated by 29% of single parents who had sought information on emotional development, compared with only 0.3% of partnered parents; and
- ◆ Separation anxiety
 - nominated by 27% of single parents and 12% of partnered parents.

The focus group findings help to explain parental needs in relation to each of the main topics of interest identified in the telephone survey. These are set out below.

F.1. Dealing with temper tantrums and crying

“ My 3 year old saves most of the tantrums for when we are out for maximum effect. It’s really hard to know how to deal with it” – Single parent of child aged 0-5, Melbourne

One of the most frequently raised topics in focus groups was how to deal with temper tantrums. Most participants needed information that would help them to identify the difference between whether their child’s crying reflected a real need (such as hunger) or not. In addition, many parents had sought practical information on how to effectively deal with tantrums.

Some focus group participants had sought assistance through parent support centres such as Tresilian, or through Positive Parenting Courses. These supports had reportedly been effective.

F.2. Strategies and tips for dealing with bad behaviour and encouraging good behaviour

“Babies learn from a really early age how to get their own way. As they get older, they turn up the heat” - Father of child aged 0-5, Adelaide.

Most focus group participants considered that, as a preventative measure, it would be useful to have strategies and tips for encouraging appropriate behaviour and being able to recognise and deal with inappropriate behaviour.

In particular, participants thought it would be useful to know what types of things led to inappropriate habit formation (eg going to baby every time it cries).

Most participants indicated that they had at some point in time suffered from sleep deprivation and physical exhaustion because they could not keep up with the demands of a complaining baby or child.

F.3. What emotional development to expect at different age ranges

“My daughter was so much more mature than my son is at the same age” – Parent of child aged 0-5, Brisbane

Most participants did not know what was normal in terms of their child’s emotional development within different age ranges. Some reported they had not been prepared for the differences between their children and between boys and girls.

Many participants wanted information that would help them to know if their child’s emotional development was normal, and if not, what they could do and where help was available.

F.4. Building self-confidence / self esteem

A couple of groups raised the importance for children to have self-confidence and self-esteem. Participants were interested in obtaining information about activities and strategies that would help their children to become strong emotionally.

Some participants were interested in the impact of different disciplinary measures on their child’s self-confidence and self-esteem. Some participants had attended Positive Parenting courses and found them to be effective, however a few participants indicated they thought the courses had not been useful at all.

F.5. Addressing children’s fears and anxieties, including separation anxiety

Most focus group participants indicated that they had experienced difficulties in dealing with their children’s fears and anxieties. These included, for example, not wanting to go to bed for fear of monsters and fear of noises.

“When I leave [named 1 year old] she sits with her head down and won’t play or eat no matter how long it is for” – Parent of child aged 0-5, Ballarat

Some participants had difficulty with being able to leave their children temporarily in the care of another trusted adult. Their child became distressed at the point of separation. The age when this occurred ranged from birth through to pre-school.

“Sometimes the mums are worse than the kids [about starting kindergarten]” – Parent of child aged 0-5, Sydney

Participants wanted tips and strategies on how they could help their children adjust in these circumstances. Some participants indicated that they were sometimes anxious themselves about leaving their children in the care of other adults.

“My [named] has been impossible since his father left. He looks for him all the time and I don’t know how to deal with it” – Single parent of child aged 0-5, Toowoomba

Several participants, mainly single parents, indicated that their children had difficulty in dealing with the loss of a parent through divorce, separation or death. They felt they needed information about how they could help their children deal with this level of loss and grief. They also wanted to be able to recognise if their child was not coping, and where to get help if needed.

F.6. Sibling rivalry

“It doesn’t matter if I buy two of everything, both kids always want the same one” – Parent of child aged 0-5, Melbourne

Sibling rivalry was raised as an issue by all focus participants with more than one child. The main concerns were how to achieve a balance between protecting the younger child, and managing the jealousy of older siblings. Participants typically had problems with both children wanting the same toy or activity, fighting, or intentionally trying to hurt each other.

Participants were interested in tips and strategies on how to encourage their children to play well together.

“There is 8 years between my two and the 4 year old gets upset that she can’t go to the movies with her older sister” – Parent of child aged 0-5, Ballarat

Where there were significant age differences between children, other issues arose. Some participants found it difficult managing the different levels of activities that were appropriate for each child (eg a younger child disrupting an older child’s homework because he/she wanted to be included).

“Some weekends we have six kids from different relationships. I haven’t found the formula for dealing with that” – Parent of child aged 0-5, Brisbane

For some participants, this was complicated by step-family arrangements, with there often being complex relationships between children of different parents, temporary custody and other behavioural adjustment issues to be managed.

F.7. Other topics

A number of other emotional development topics about which a small minority of parents required information were raised in the telephone survey. These included:

- ◆ Dealing with emotional development issues associated with disabilities (raised by 1% of parents who had sought information on emotional development); and
- ◆ Impact of parental stress/anger on children's emotional development (1%).

3. Information Needs Relating to the Parents

A. About this Chapter

This chapter addresses information needs identified in the research directly related to helping parents to cope with parenthood.

B. Overall Findings

As for information needs related to the child, there was limited awareness among parents of available information and related support. Many focus group participants considered that they had gained a significant amount of knowledge about what was available for parents as a result of participating in the focus groups.

The key areas of information need identified through the telephone survey and focus groups were:

- ◆ balancing work and family responsibilities;
- ◆ coping with the financial pressures of parenthood;
- ◆ parental health and wellbeing; and
- ◆ changes in the relationship between parents as a result of parenthood.

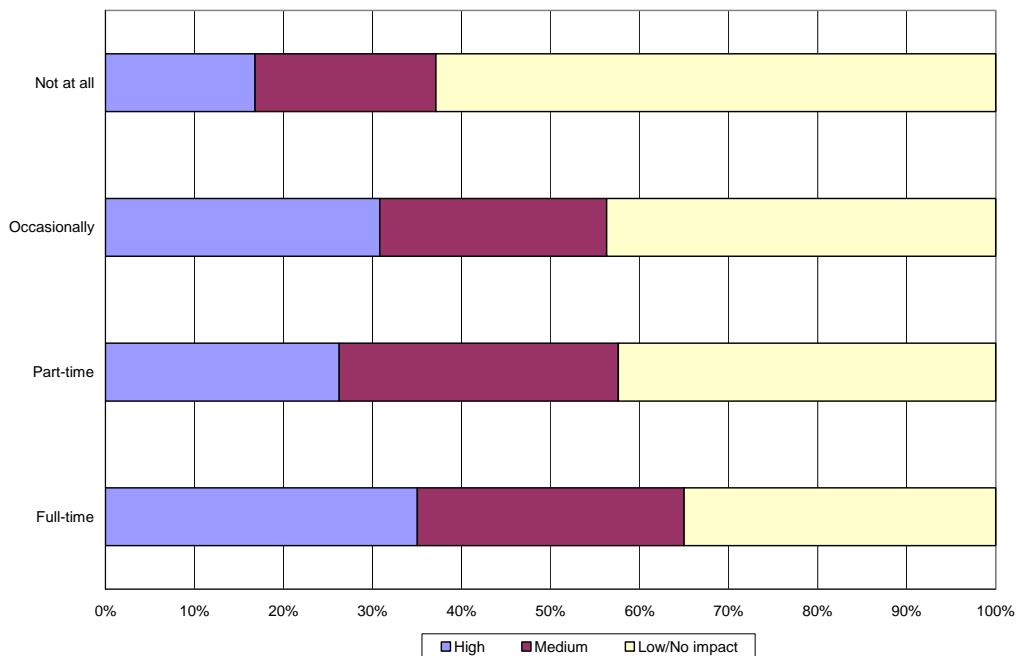
C. Balancing Work and Family Responsibilities

C.1. Telephone survey results

The telephone survey found that around half (52%) 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.

As Figure 6 below illustrates, this level of impact was most prevalent among parents working full-time. However, a majority of parents working part-time or irregularly also reported a medium to high negative impact. Moreover, 37% of parents who did not work in paid employment at all reported this level of impact. The latter finding related to the impact of the work of their partner.

Figure 6: Extent of negative impact on ability to be a parent of need to balance work and family responsibilities – by employment status of parent
(percentage of parents with children aged 0-5 years)



Controlling for the influence of employment status, there were no significant differences in the results by sex of parent, age of parent, single/partnered status, educational attainment, family income, or location of residence (State/Territory or metropolitan/non-metropolitan).

For 54% of parents, the need to balance work and family responsibilities was among the three most significant non-child development issues affecting their ability to be an effective parent. Of these parents, 30% had sought advice or information to help them deal with the issue.

C.2. Focus group findings

Although achieving balance between work and family responsibilities was raised in several focus groups, it was seen as being more of an employment issue than a parenting information need.

It was also regarded as more important among first-time expectant parent groups, because they tended to be focussed on the birth of the baby, and issues such as maternity leave when they had to give up work.

“I am allowed to take time off to help with the kids, but I feel guilty when I do” – Male parent of child aged 0-5

“Just when you have it [the work/family situation] under control, someone gets sick. If my mum and dad could not get time off occasionally to help, I would have to give up work” – Parent of child aged 0-5, Adelaide

Male participants indicated that they needed more family-friendly policies at work that would allow them to take up a stronger parenting role. Most felt that although their employment conditions covered having time off if the children or mother were sick, it was not ‘the done thing’ as far as the boss was concerned. If they did take parental leave, they felt guilty about doing so.

Participants who were working mothers indicated that it was difficult for them to achieve an appropriate balance between work and family.

D. Coping with Financial Pressures of Parenthood

D.1. Telephone survey results

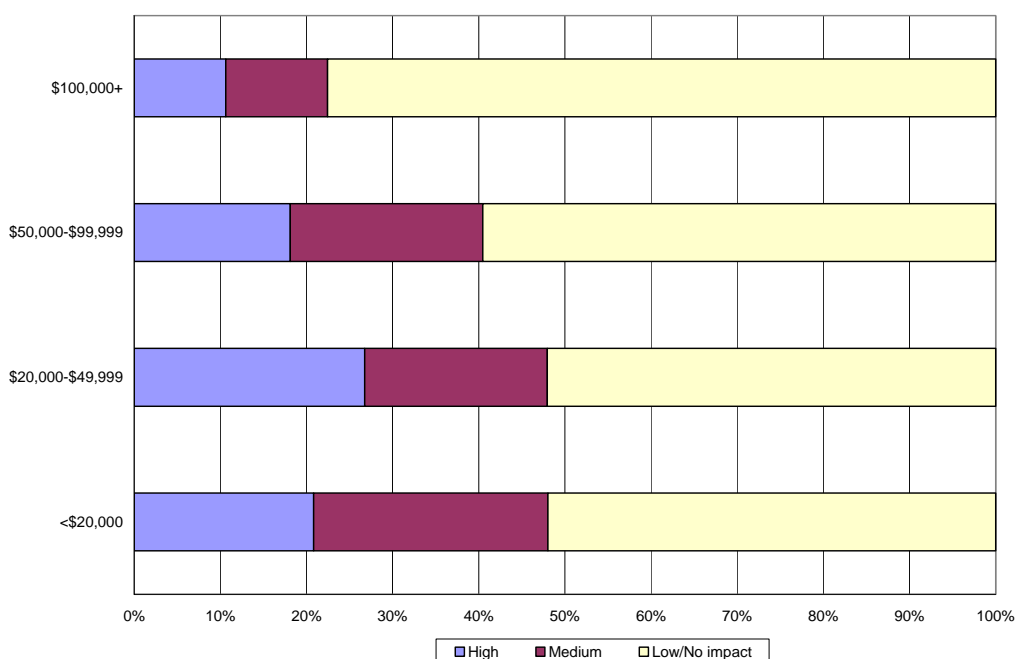
The telephone survey found that 42% of parents of children aged 0-5 years considered that coping with financial pressures had a medium to high negative impact on their ability to be a parent.

As Figure 7 below highlights, the degree of the reported impact of financial pressures was most pronounced among families with gross incomes of less than \$50,000 per annum.

Controlling for the influence of family income, there were no significant differences in the results by sex of parent, age of parent, employment status or parents' educational attainment.

Figure 7: Extent of negative impact of financial pressures on ability to be a parent – by annual gross family income

(percentage of parents with children aged 0-5 years)



Across all family income ranges, single parents were significantly more likely than partnered parents to report a medium to high impact of financial pressures.

- ◆ Overall, 60% of single parents reported a medium to high impact, compared with 40% of partnered parents.

Notwithstanding higher average family incomes, parents living in metropolitan areas were more likely to report financial pressures as a medium to high impact than those living in non-metropolitan areas.

- ◆ 45% of parents living in metropolitan areas reported a medium to high impact, compared with 36% of parents living in non-metropolitan areas.

There were also some differences in the results across States and Territories.

For 50% of parents, coping with the financial pressures of parenthood was among the three most significant non-child development issues affecting their ability to be an effective parent. Of these parents, 42% had sought advice or information to help them deal with the issue.

D.2. Focus group findings

Several focus group participants indicated that they needed information that would help them cope with the financial pressures of being a parent. The main topics raised in the focus groups were:

- ◆ Budgeting;
- ◆ Health Insurance; and
- ◆ Superannuation.

Budgeting

Most participants had tried to work out how they would cope financially with the higher expenses of having children or less income through the loss of a wage earner.

“It would be handy to have a budget planner for parents - you know with things like nappies and child care included” – Parent of child aged 0-5, Sydney

“The mortgage is the biggest problem now we are back on one income. If interest rates go up, we will be homeless” – Father of child aged 0-5, Adelaide

“We tried to work out what our income will be after the baby is born. Try working out what family payments you can expect from the government” First time expectant parent, Canberra

Participants wanted tips and strategies to help establish a budget that was tailored to the types of expenses that parents can expect. Some were also concerned about how they could service their mortgage, particularly in the context of rising house prices and the possibility of interest rate rises. Information about where they could get assistance with financial counselling (if it was required) was suggested by these participants.

Most participants reported they also needed easy to understand information about family assistance and maternity payments that they may qualify for, to be able to establish a budget. Several reported they had found it difficult to estimate if they were entitled and how much they could receive.

Some participants indicated that first-time parents would benefit from information about what items of baby equipment were essential, because many parents tended to waste money on equipment that was used infrequently.

Health Insurance

Among some participants, there was confusion about what types of health insurance options were available (eg ancillary benefits cover, co-contributions etc). A few participants did not know what was covered through their private health insurance (eg ambulance cover).

Superannuation

A few participants indicated that a key financial issue for them was what happened to their superannuation while they were out of the workforce for extended periods because of parental responsibilities. These participants mainly wanted uncomplicated information about the options that were available to them.

E. Parental Health and Well-being

E.1. Telephone survey results

The telephone survey found that one-third (33%) of parents of children aged 0-5 years considered that issues surrounding their/their partner's health and well-being had a medium to high negative impact on their ability to be a parent.

The prevalence of reporting medium to high health impacts fell slightly as family income rose. In addition, there were minor differences in the results across States/Territories.

There were no significant differences in the results by sex of parent, age of parent, single/partnered status, employment status, metropolitan/non-metropolitan location, or parents' educational attainment.

Mental health issues were nominated by 20% of parents as having a medium to high negative impact on their ability to parent.

For 29% of parents, parental health and well-being was among the three most significant non-child development issues affecting their ability to be an effective parent. Of these parents, 60% had sought advice or information to help them deal with the issue.

E.2. Focus group findings

A common finding across focus groups was that much of the information provided to parents before the birth of their child had focussed on the technical and physical aspects of childbirth, with little information about what to expect afterwards.

Most participants indicated they would have liked more information about what they might be able to expect after childbirth. Generally, participants reported that they were not prepared for how they would feel, and the physical and emotional demands associated with being a parent.

Several focus group participants were concerned about what measures they should take to ensure their physical health and that of their child was as good as possible.

“You couldn’t pay anyone enough to do what parents do. It is so full on. I am glad I have work to go to” – Father of child aged 0-5, Brisbane

The main information topics identified as being useful by participants related to their health and wellbeing during the following phases:

- ◆ Before and during pregnancy; and
- ◆ Post birth.

E.2.i Before and during pregnancy

Preparation for pregnancy, particularly in relation to the health of the mother was seen as an important part of ensuring both mother and child were healthy. The main information topics identified in relation to this phase were:

“Aren’t you supposed to start taking Folic Acid 6 weeks before you get pregnant? I wasn’t told about it until I was 14 weeks along” – Parent of child aged 0-5, Melbourne

“I found out after I had the baby that I could have kept playing tennis for much later than I did” – Parent of child aged 0 – 5, Sydney

- ◆ Folic Acid – what are the risks and benefits of taking it, and over what period should it be taken;
- ◆ The impact of smoking, alcohol and drugs during pregnancy and how long before the start of pregnancy should these elements be avoided;
- ◆ What level and types of exercise are beneficial throughout the pregnancy;
- ◆ What activities and foods could be harmful; and
- ◆ Balanced information about giving birth and the various options available.

E.2.ii Post birth

The main types of information identified as being needed about the general health and wellbeing of the parent after the birth of the child were:

- ◆ Post-natal depression
- ◆ Breastfeeding;
- ◆ Hormonal and emotional changes;
- ◆ Coping with lack of sleep and physical exhaustion; and
- ◆ Post natal care.

Post-natal depression

“I don’t think there is enough information given to dads about post-natal depression. They are the ones who are in the best position to recognise it” – Father of child aged 0-5, Brisbane

Several participants had first-hand experience with post-natal depression with the degree of severity and duration varying significantly. Some male participants felt that it was particularly important for the partner to be able to recognise the signs and symptoms and have information about how to deal with them.

“It took 8 months to find out I had post-natal depression and I have had it for over 2 years now” – Single parent of child aged 0-5, Toowoomba

A few single parents who had experienced severe post-natal depression indicated that they had only received treatment because of the persistence of a close friend or family member.

Breastfeeding and complications

“My first 3 weeks of breastfeeding were such agony I almost gave up” – Parent of child aged 0-5, Ballarat

Many focus group participants reported having some difficulty with breastfeeding their child. Most had not anticipated the problems they had experienced.

Many participants felt that the information they had received about breastfeeding was unbalanced, with a lack of emphasis on breastfeeding difficulties. These participants felt it would have been easier for them to cope if they had been more aware of the problems they could encounter (eg mastitis, cracked nipples, delayed arrival or oversupply of milk, baby having difficulty attaching to the breast).

“At 10 days old, my baby looked like he had acne because I was eating chocolate” – Single parent of child aged 0-5, Melbourne

Some participants thought it would be useful to have some information about what types of foods they should eat or avoid while breastfeeding to maximise the quality of the milk they produced.

“My wife screamed at me when I gave her a cuddle when I got home from work. She didn’t want anyone touching her after having 3 kids hanging off her all day” – Father of child aged 0-5, Ballarat

“I wasn’t ready for the mood swings and tried to help. But I didn’t know how to deal with them. It was easier to get out of the way and go to the pub” – Father of child aged 0-5, Ballarat

Hormonal and emotional changes

Almost all female participants who had given birth reported that they had experienced hormonal changes that affected their moods and ability to cope. Male participants indicated they had difficulty in understanding their partner’s behaviour and knowing how to deal with it.

Several male participants indicated that these changes had put a significant strain on their relationship and their confidence in taking up their parenting responsibilities.

Almost all participants felt it would be beneficial for parents to have information about the hormonal and emotional effects that giving birth and the ongoing demands of parenting may have on parents (male and female).

Lack of sleep and physical exhaustion

Most participants indicated that they had frequently been made aware by well-meaning friends or family, to expect to have their sleep disturbed after their child was born. However, almost all felt they had not been prepared for the impact that lack of sleep and physical exhaustion would have on their ability to cope with parenting.

Some felt that more information about what to expect and strategies and tips for coping (if provided from an authoritative source) would help parents to be better prepared and able to cope.

Post-natal care

A small number of participants indicated that they would like more information about post-natal care issues, such as managing the healing process after a caesarean or episiotomy. These participants had experienced complications, such as infection or opening of the wound and were not aware of precautions they should have taken.

However, most participants who had experienced these procedures indicated they had been given information from the hospital and/or treating doctor, and the healing process had been straightforward.

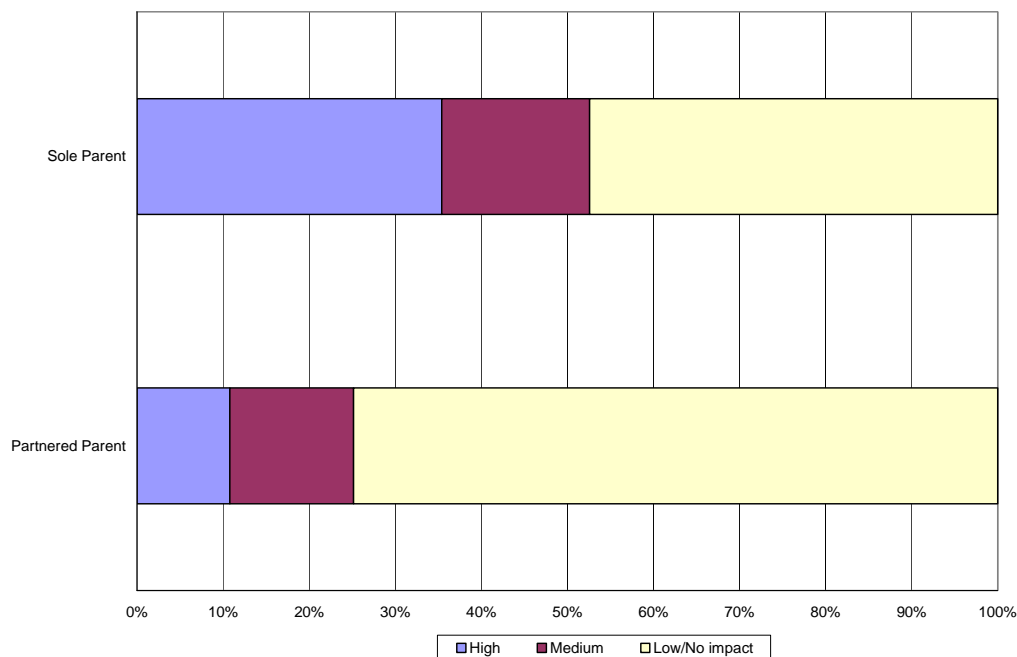
F. Changes in Relationship between Parents as a Result of Parenthood

F.1. Telephone survey results

The telephone survey found that 28% 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.

As Figure 8 highlights, single parents were more than twice as likely as partnered parents to report a medium to high impact of relationship changes.

Figure 8: Extent of negative impact of changes in parental relationship on ability to be a parent – by single/partnered status
(percentage of parents with children aged 0-5 years)



Controlling for the influence of single/partnered status, there were no significant differences in the results by sex of parent, age of parent, family income, employment status, parents' educational attainment, or residential location.

A significant minority of parents (21%) reported that lack of support from their partner/spouse with parenting responsibilities had a medium to high negative impact on their ability to parent.

For 20% of parents, change in the relationship between themselves and their partners was among the three most significant non-child development issues affecting their ability to be an effective parent. Of these parents, 38% had sought advice or information to help them deal with the issue.

F.2. Focus group findings

Many participants in the focus groups indicated that their relationship with their partner and family roles had changed significantly after their child had been born. Most participants would have liked to have had more information before the baby's birth about what to expect, and tips and strategies for how to cope as parents.

Participants considered that it was important for such information to help parents to understand the differences in male and female reactions to their new roles.

Topics of particular interest to participants in terms of receiving tips and strategies included disciplining children and defining parental roles (including where parents are separated or divorced).

“Usually men don't know what they can do because they don't have breasts. There is a lot they can do, but need some tips and lessons on how” – Parent of child aged 0-5, Brisbane

Some participants felt that the information they had received before and after the birth of the child was directed at the mother, and tended to diminish or exclude the male partner. This reduced its effectiveness in helping parents to cope with changes to roles and relationships.

“I attended classes for the birth of the baby and was there after. Whenever they said anything it was as if I was not there” – Father of child aged 0-5, Adelaide

Most participants felt there was a need for more information on how fathers could help and be included in the parenting process from birth.

A few participants considered that it would be useful for parents to obtain information on how to help resolve conflict between parents caused by fathers not sharing parenting responsibilities.

G. Other Areas of Information Need

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; and
- ◆ Dealing with feelings of isolation.

These topics are covered in more detail below.

G.1. Child care

Many focus group participants raised the topic of child care, including family day care and occasional or emergency care.

Participants wanted information about what was available and where, as well as when they needed to book. Many had found that there were long waiting lists and were still waiting after a couple of years because they did not put their child's name down at birth.

“As a single parent, I am entitled to some child care, but I haven't a clue how much” – Single parent of child aged 0-5, Adelaide

Some participants wanted straightforward information about how government child care assistance policies operated. Several were confused about the level of assistance that they were entitled to.

Some participants also wanted information about the pros and cons of using child care or family day care, as well as information about the differences between them.

“I don't know what to do with the other children when this one has to go for treatment” – Parent of child aged 0-5 with a disability, Sydney

Occasional care tended to be more of an issue for participants who had a child with a disability, or who had no family support available. Generally, these participants wanted to know where it was available and if they could access and afford it.

G.2. Managing interference from other family members and friends

The telephone survey found that around a quarter (24%) of parents of children aged 0-5 years considered that pressure/interference from their, or their partner's, parents had a medium to high negative impact on their ability to parent.

"I ended up not answering the door and hiding when my mother-in-law turned up. I couldn't believe the things she kept telling me to do" – Parent of child aged 0-5, Toowoomba

Unwanted interference from grandparents was also raised as an issue in the focus groups. A common source of friction between parents and grandparents was the perception of many parents that grandparents' parenting skills and knowledge was not up-to-date.

Some focus group participants indicated they had experienced unwanted interference/pressure from other family members and friends.

Some participants considered that it would have been useful for them to have some information about what to expect, and some strategies for coping with unwanted help, advice and interference.

G.3. Understanding the impact of their own experiences growing up and their parents as role models

The telephone survey found that around a third (32%) of parents of children aged 0-5 years considered that their own experience growing up (including the parental role models they had) had a medium to high negative impact on their ability to parent.

In the focus groups, a number of participants were concerned about the impact of their own childhood on their ability to be effective parents. They either had not had a father figure, or had come from abusive relationships, and were not confident about their skills as a parent.

These participants felt it would be helpful to have information about how they could be positive role models for their children.

G.4. Coping with feelings of isolation

“The hardest thing with being a young parent is your friends don’t understand why you can’t go out with them whenever they want” – Single parent of child aged 0-5, Melbourne

A few focus group participants and telephone survey respondents indicated that they felt socially isolated as a result of parenthood.

They felt that more information about the demands of parenting before they had their child would have helped them to be more prepared and better able to cope with these feelings.

4. Extent to Which Needs Are Being Met

A. About this Chapter

This chapter addresses the extent to which the parental information needs identified in the previous chapters are being met, including the sources of information used by parents.

B. Overall Findings

The prevalence of usage of different information sources among parents varied significantly across information topics. Health professionals were the primary source of information for health-related issues. Childcare 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 information needs identified in the research.

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 Chapters 2 and 3, 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 consolidated reference source of information that was available would be valuable in improving awareness and helping parents to access the information they required.

C. Main Sources of Information

C.1. Information needs relating to the child

Physical development and health

The telephone survey found that the main sources of information that parents had used in relation to the physical development and health of their children aged 0-5 years were as follows:

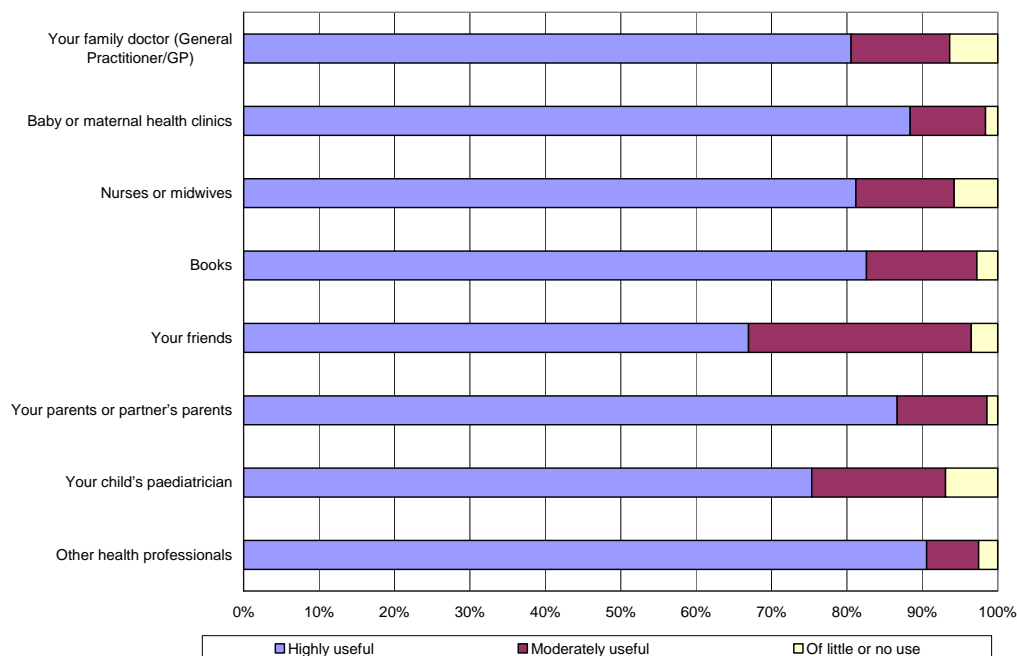
- ◆ Family doctors/General Practitioners (nominated by 39% of parents of children aged 0-5 years who had sought information on physical development/health);
- ◆ Baby or maternal health clinics (35%);
- ◆ Nurses or midwives (33%);
- ◆ Books (26%);
- ◆ Friends (14%);
- ◆ Grandparents (13%);
- ◆ Paediatricians (13%); and
- ◆ Health professionals other than those listed above (19%).

“I couldn’t have survived without my midwife. I got to know her throughout the pregnancy and she just taught me so much about managing and settling the baby. She kept checking up with me for a while after I went home and it worked really well” – Single parent of child aged 0-5, Sydney

Figure 9 below shows that the majority of parents who had used each of the abovementioned sources rated each as a highly useful source of information on child physical development and health. Parents were least likely to rate friends as providing highly useful information.

Figure 9: Usefulness of information sources used to obtain information on child physical development

(percentage of parents with children aged 0-5 years who used the information source)



Intellectual development

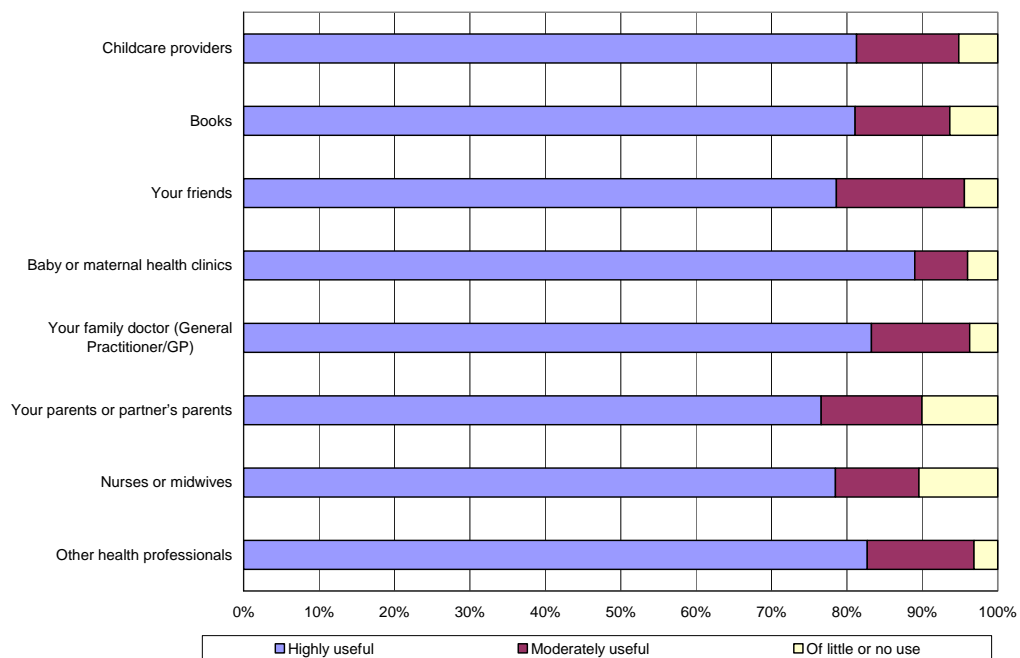
In relation to the intellectual development of children aged 0-5 years, the telephone survey found that the main sources of information used by parents were as follows:

- ◆ Childcare providers (nominated by 27% of parents of children aged 0-5 years who had sought information on intellectual development);
- ◆ Books (22%);
- ◆ Friends (18%);
- ◆ Speech therapists/pathologists (16%);
- ◆ Baby or maternal health clinics (16%);
- ◆ Family doctors/General Practitioners (14%);
- ◆ Grandparents (13%);
- ◆ Nurses or midwives (12%); and
- ◆ Health professionals other than those listed above (29%).

Figure 10 below shows that over three-quarters of parents who had used each of the abovementioned sources rated each as a highly useful source of information on child intellectual development. Parents were most likely to assess baby/maternal health clinics as providing highly useful information.

Figure 10: Usefulness of information sources used to obtain information on child intellectual development

(percentage of parents with children aged 0-5 years who used the information source)



Social development

*“Childcare has been really great .
The kids all get to meet and mix.
My little bloke is fascinated by the
older kids and learned so much
from them” – Parent of child aged
0-5, Brisbane*

*“Our mother’s group has been
good because we meet regularly
and the kids are all the same age,
so they play well usually” – Single
parent of child aged 0-5, Sydney*

*“Playgroups are great [sources of
information] because you learn
from other mothers’ recent
experiences and how they dealt
with it” - Parent of child aged 0-5,
Brisbane*

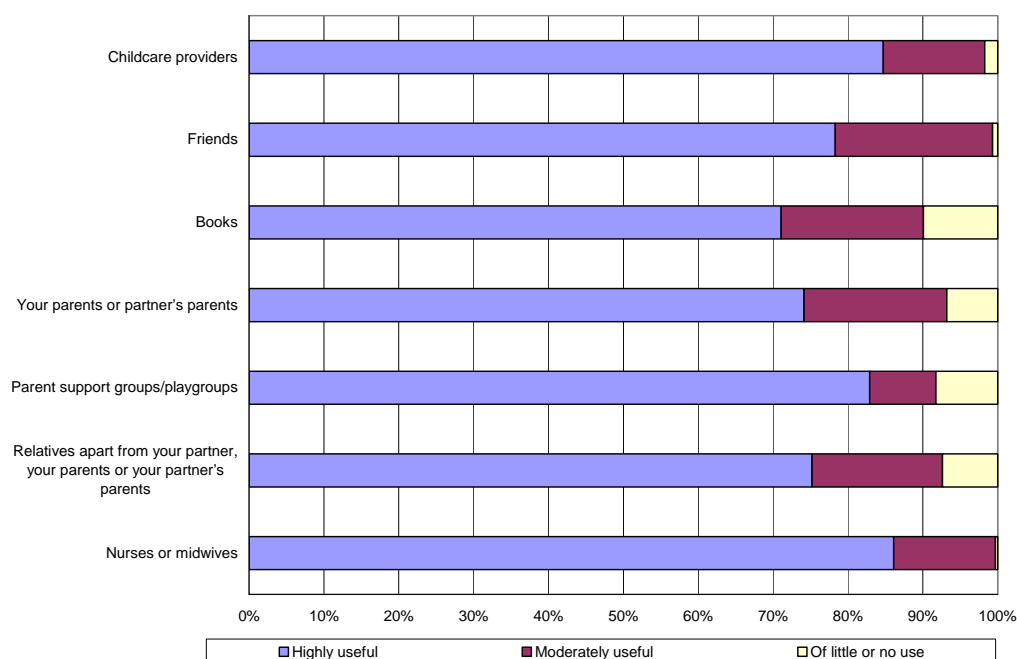
The telephone survey found that the main sources of information that parents had used in relation to the social development and health of their children aged 0-5 years were as follows:

- ◆ Childcare providers (nominated by 41% of parents of children aged 0-5 years who had sought information on social development);
- ◆ Friends (34%);
- ◆ Books (21%);
- ◆ Grandparents (16%);
- ◆ Parent support groups/playgroups (13%);
- ◆ Pre-school/kindergarten teachers (12%);
- ◆ Relatives apart from grandparents and partner (10%); and
- ◆ Nurses or midwives (11%).

Consistent with the findings for physical and intellectual development, Figure 11 below shows that a majority of parents who had used each of the abovementioned sources rated each as a highly useful source of information on child social development.

Figure 11: Usefulness of information sources used to obtain information on child social development

(percentage of parents with children aged 0-5 years who used the information source)



Emotional development

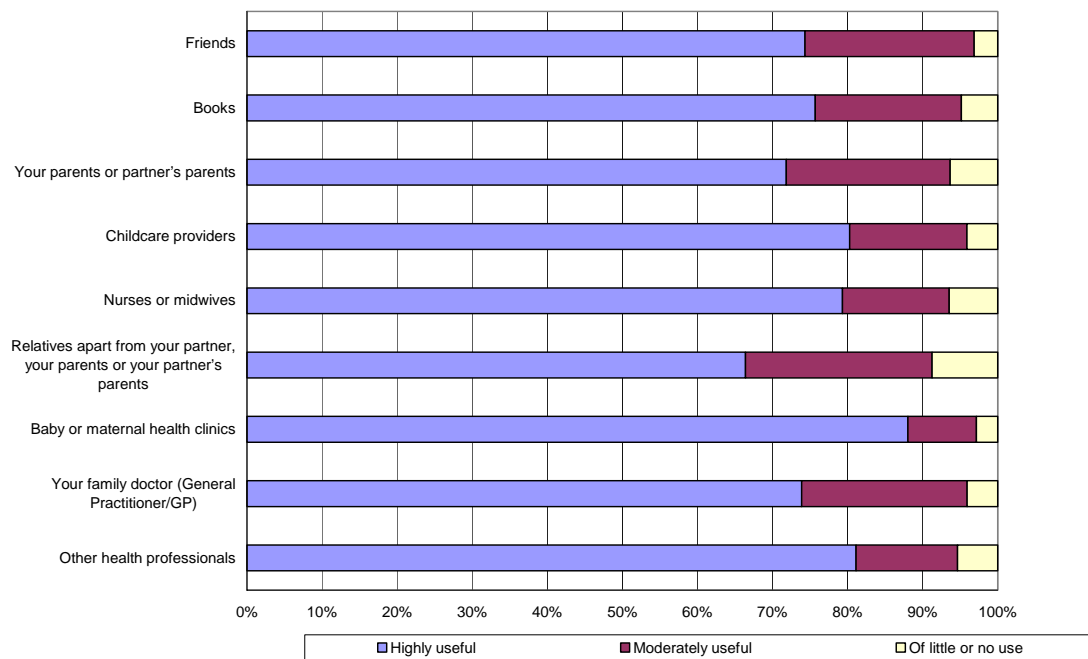
In relation to the emotional development of children aged 0-5 years, the telephone survey found that the main sources of information used by parents were as follows:

- ◆ Friends (nominated by 32% of parents of children aged 0-5 years who had sought information on emotional development);
- ◆ Books (30%);
- ◆ Grandparents (23%);
- ◆ Childcare providers (19%);
- ◆ Nurses or midwives (18%);
- ◆ Relatives apart from grandparents and partner (15%);
- ◆ Baby or maternal health clinics (15%);
- ◆ Family doctors/General Practitioners (11%); and
- ◆ Health professionals other than those listed above (20%).

Consistent with the findings for other aspects of child development, Figure 12 below shows that a majority of parents who had used each of the abovementioned sources rated each as a highly useful source of information on child emotional development.

Figure 12: Usefulness of information sources used to obtain information on child emotional development

(percentage of parents with children aged 0-5 years who used the information source)



C.2. Information needs relating to the parent / family

Balancing work and family responsibilities

In relation to the issue of balancing work and family responsibilities, the telephone survey found that the main sources of information used by parents were as follows:

“I am so lucky to have my mum. She knows just what to do and gives me all the support I need” – Single parent of child aged 0-5, Adelaide

- ◆ Grandparents (used by 41% of parents who had sought information/advice on balancing family and work responsibilities);
- ◆ Friends (38%);
- ◆ Childcare providers (14%);
- ◆ Relatives apart from grandparents and partner (14%); and
- ◆ Partner/spouse (12%).

A large majority of parents who used these sources rated them as providing highly helpful advice.

Coping with the financial pressures of parenthood

In relation to the issue of coping with the financial pressures of parenthood, the telephone survey found that the main sources of information and advice used by parents were as follows:

- ◆ Grandparents (used by 26% of parents who had sought information/advice on coping with financial pressures); and
- ◆ Friends (20%);

Over three-quarters of parents who used these sources rated them as providing highly helpful advice.

Parental health and well-being

In relation to the issue of parental health and well-being, the telephone survey found that the main sources of information used by parents were as follows:

- ◆ Family doctors/General Practitioners (used by 69% of parents who had sought information/advice on parental health and wellbeing);

- ◆ Health professionals other than the family doctor (39%); and
- ◆ Grandparents (11%).

Over three-quarters of parents who used these sources rated them as providing highly helpful advice.

Changes in the relationship between parents as a result of parenthood

In relation to the issue of changes in the relationship between parents as a result of parenthood, the telephone survey found that the main sources of information used by parents were as follows:

- ◆ Friends (used by 37% of parents who had sought information/advice on this issue);
- ◆ Grandparents (36%);
- ◆ Health professionals other than the family doctor/General Practitioner (32%); and
- ◆ Relatives apart from grandparents or partner (17%).

Consistent with the findings for other key parental information issues, a majority of parents who used these sources rated them as providing highly helpful advice.

D. Extent to Which Information Needs Have Been Met

D.1. General Assessment

In the telephone survey, parents of children aged 0-5 years were asked to rate, in general terms, the quality of information, advice and support that they had used.

As Figure 13 below illustrates, a large majority of parents was positive in relation to each of the information quality aspects tested.

These results indicate that, overall, most parents were satisfied with the quality of the information resources that they had accessed.

“I wish I had known about it [The Riverton Centre] a year ago. [Named child] is lucky she made her first birthday because she never slept and we were exhausted

However, it was clear from the focus groups that, prior to the focus group discussion, most participants were only aware of a small portion of the range of information,

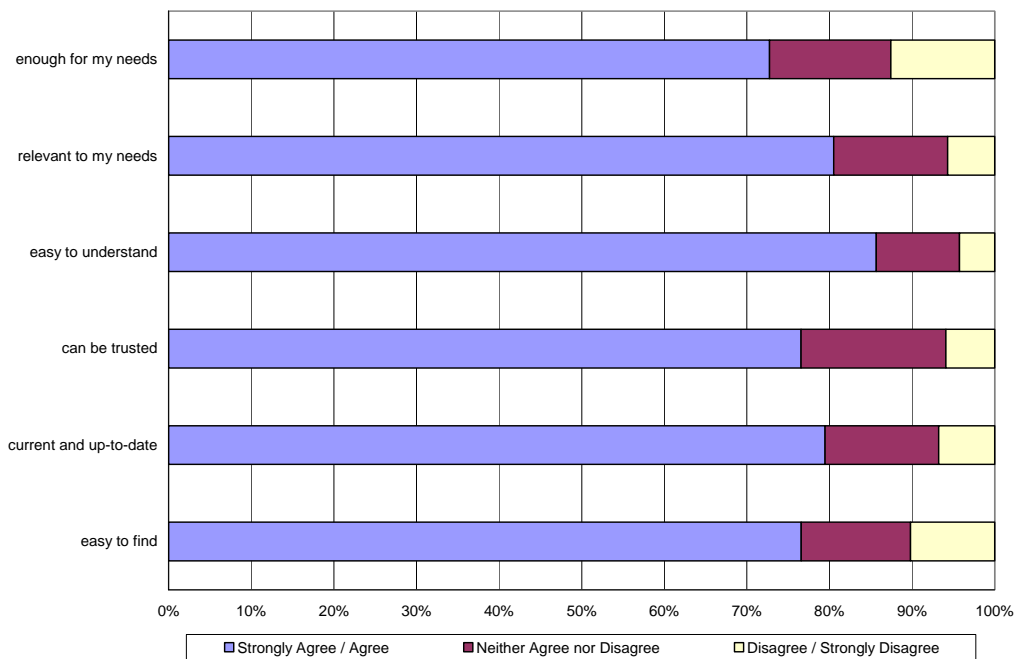
to the point of insanity” – Parent of child aged 0-5, Melbourne

advice and related support that was available to parents. Most participants reported they had learned a great deal from the group’s combined knowledge of the information that was available.

Accordingly, the results presented in Figure 13 do not support a conclusion that parents’ information needs have been substantially addressed.

The findings of the telephone survey and focus groups in relation to the extent to which specific information needs have been satisfied (see D.2 and D.3 below) indicate that there exist significant unmet needs among parents.

Figure 13: In general, I have found that information, advice and support for parents with children aged under 5 years is:
(percentage of parents with children aged 0-5 years)



D.2. Information needs relating to the child

Physical development and health

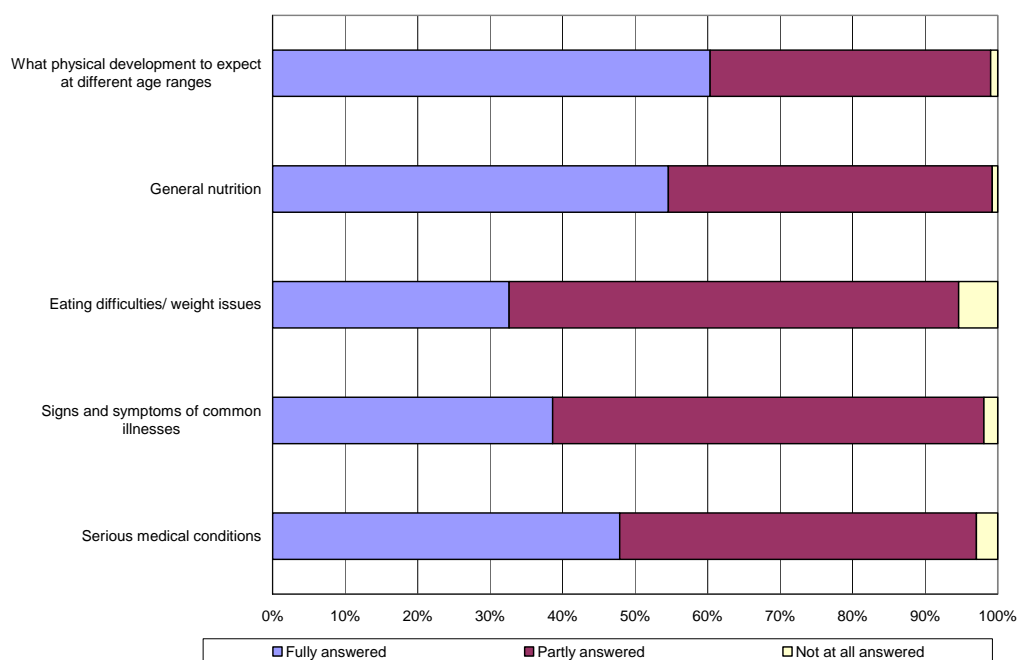
Telephone survey respondents who had sought information relating to their child were asked to rate the extent to which their questions had been answered.

Figure 14 below summarises the findings in relation to the main information needs concerning child physical development and health (see Section C, Chapter 2). For each topic, a significant proportion of parents considered that they required further information to fully address their questions. The topics in relation to which parents were most likely to require further information were:

- ◆ Eating difficulties/ weight issues; and
- ◆ Signs and symptoms of common illnesses.

Figure 14: Extent to which child physical development questions have been answered – by issue

(percentage of parents with children aged 0-5 years who had sought information in relation to each issue)



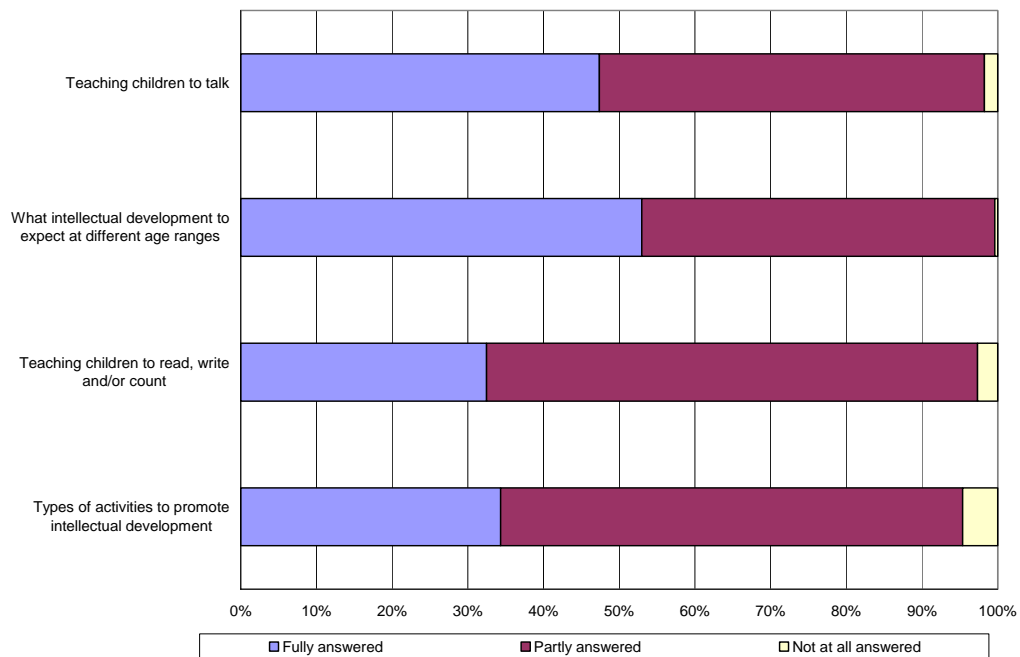
Intellectual development

Figure 15 below summarises the findings in relation to the main information needs concerning child intellectual development (see Section D, Chapter 2). For three of the four topics, a majority of parents considered that they required further information to fully address their questions. The topics in relation to which parents were most likely to require further information were:

- ◆ Teaching children to read, write and/or count; and
- ◆ Types of activities to promote intellectual development.

Figure 15: Extent to which child intellectual development questions have been answered – by issue

(percentage of parents with children aged 0-5 years who had sought information in relation to each issue)



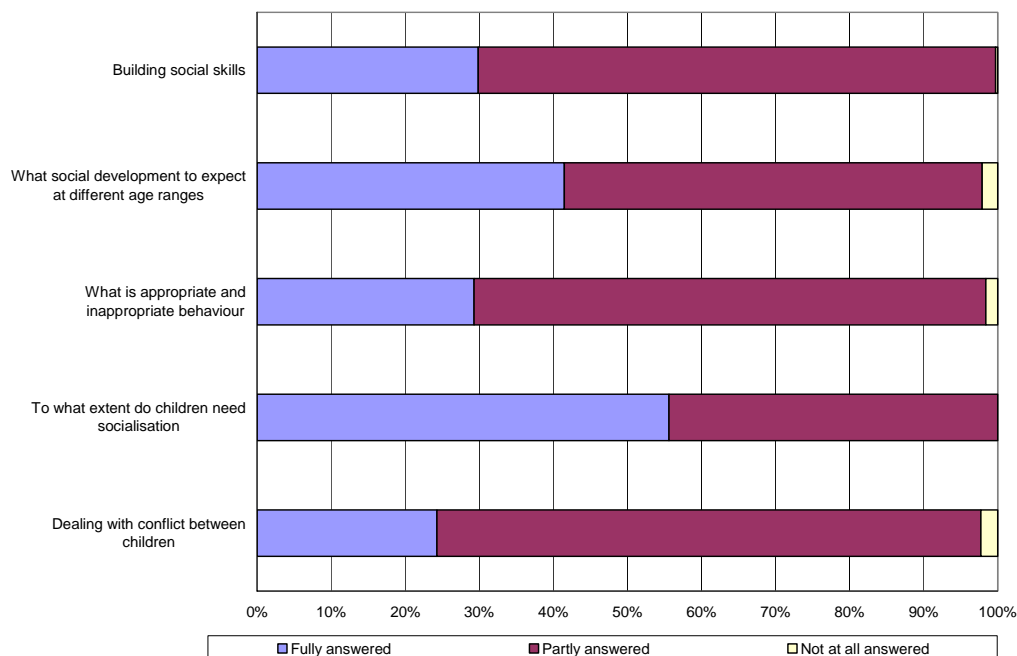
Social development

The telephone survey findings in relation to the extent to which parents' main information needs concerning child social development (see Section E, Chapter 2) have been addressed are set out in Figure 16. For four of the five key topics, a majority of parents required further information to fully address their questions. The topics in relation to which parents were most likely to require further information were:

- ◆ Dealing with conflict between children;
- ◆ What is appropriate and inappropriate behaviour; and
- ◆ Building social skills.

Figure 16: Extent to which child social development questions have been answered – by issue

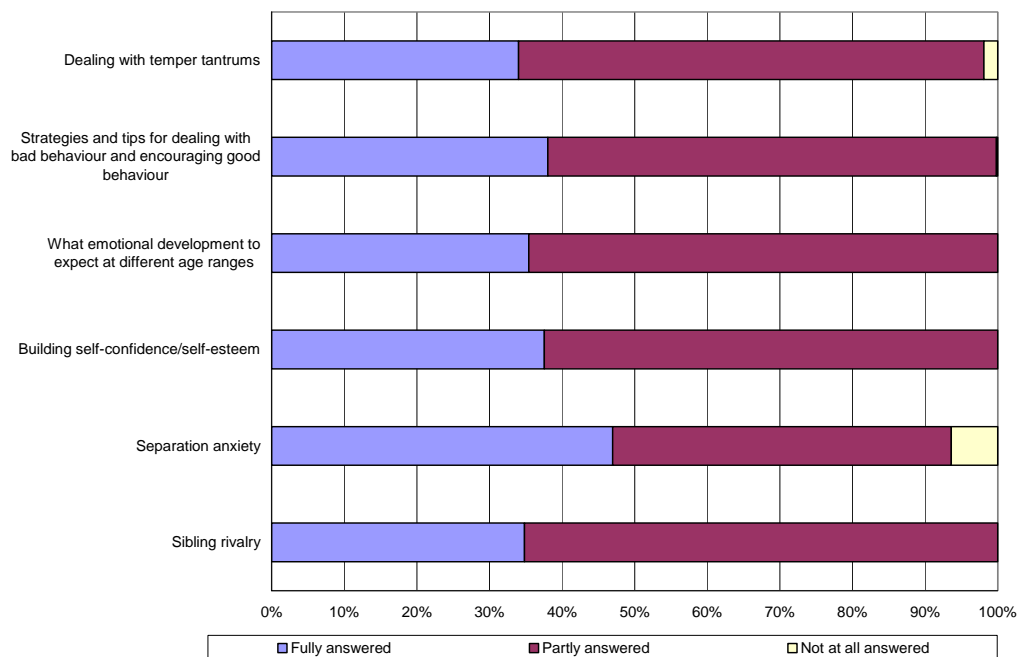
(percentage of parents with children aged 0-5 years who had sought information in relation to each issue)



Emotional development

Figure 17 below summarises the findings in relation to the main information needs concerning child emotional development (see Section F, Chapter 2). For all of the key topics, a majority of parents required further information to fully address their questions.

Figure 17: Extent to which child emotional development questions have been answered – by issue
(percentage of parents with children aged 0-5 years who had sought information in relation to each issue)



The focus group findings suggest that most parents of children aged 0-5 years are only aware of a limited subset of the range of information resources that is available to assist them.

Although the research found there was an enormous amount of information about children available, at an individual level, most participants were only aware of a small part of it.

“What parents need is a baby bible – a single reference that has everything they need to know” – Parent of child aged 0-5, Sydney

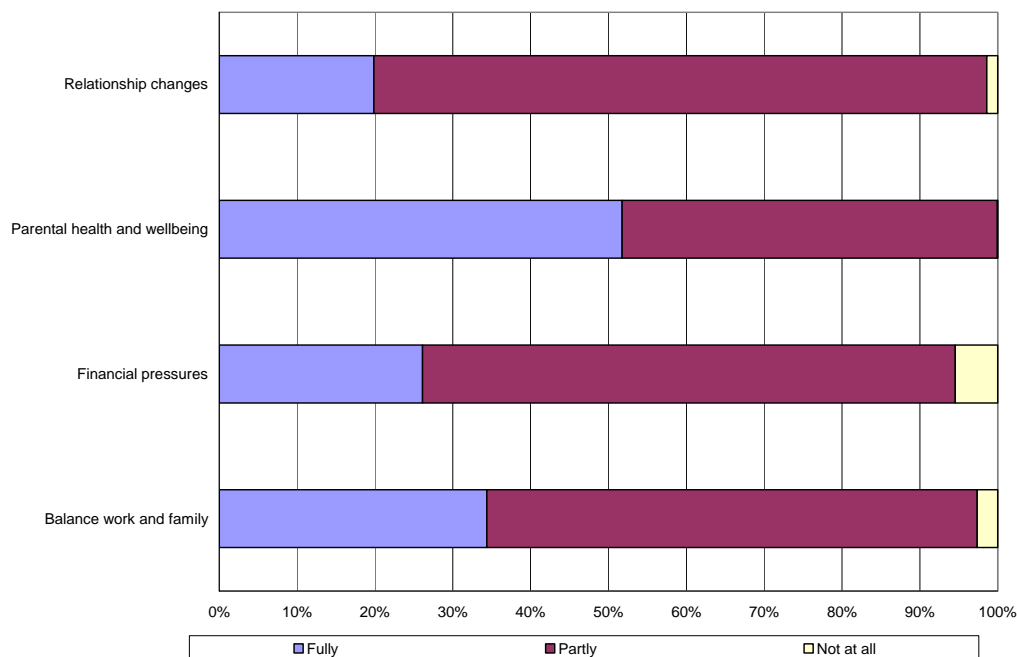
Focus group participants felt that a consolidated reference source of information that can be trusted would be an important part of addressing that need. They indicated that the information also needed to be consistent and reliable.

D.3. Information needs relating to the parent / family

Telephone survey respondents who had sought information about the four key non-child development issues identified in Chapter 3, were asked to rate the extent to which the information received had met their needs. Figure 18 below summarises the findings. For three of the four key information needs identified in Chapter 3, a majority of parents who had sought information had required further information to fully address their questions. In relation to the fourth factor, parental health and wellbeing, around half of parents who had sought information required additional information to fully address their needs.

Figure 18: Extent to which key parent/family focused information needs have been met – by issue

(percentage of parents with children aged 0-5 years who had sought information in relation to each issue)



*“It would be better if any information targeted fathers to get them involved from the beginning”
– Parent of child aged 0-5, Sydney*

Most focus participants needed to know how to access the services and information that was available to them. They also thought the information needed to be inclusive of fathers to encourage and assist them to become more effective parents.

Generally, participants thought information about how to recognise and deal with post-natal depression should be widely available in the broader community as a preventative measure and to promote awareness.

5. Preferred Means of Obtaining Information

A. About this Chapter

This chapter addresses parents' preferences in relation to the methods of obtaining information.

B. Overall Findings

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 considered that 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.

C. Preferred Information Delivery Mechanisms

Respondents to the telephone survey were asked to rate a range of information delivery mechanisms in terms of how useful each mechanism would be to them. They were also asked to select their three most preferred delivery mechanisms. The results of the survey are summarised in Figure 19 and Figure 20 below.

There was a strong positive correlation between the perceived usefulness of a delivery mechanism and its preference rank. The four most widely preferred mechanisms were also the four that were most likely to be rated by parents as being highly useful:

- ◆ Face-to-face communication with professional advisers;
- ◆ Brochures or fact sheets on specific issues;
- ◆ Television programs; and
- ◆ Handbook or kit covering many different issues.

Figure 19: Usefulness of various information delivery methods
(percentage of parents with children aged 0-5 years)

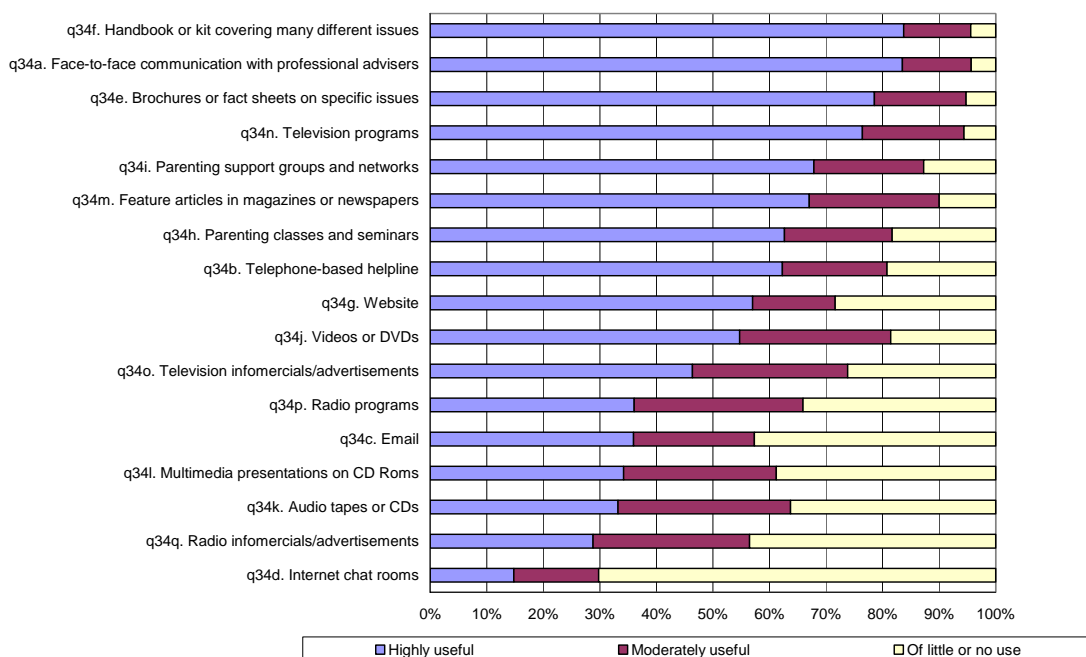
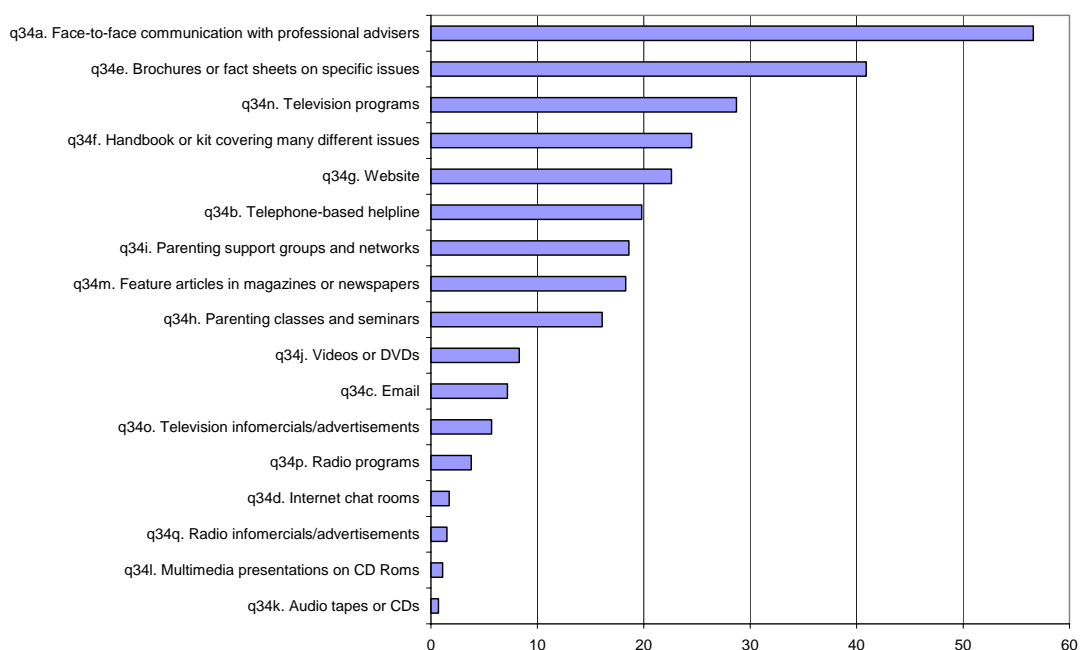


Figure 20: Most preferred information delivery methods
(percentage of parents with children aged 0-5 years)



“I usually do my own research, but in an emergency, I want to speak to a person, not rifle through a book or log on to the internet” – Parent of child aged 0-5, Sydney

The focus group research found a widespread preference among research participants to receive information through multiple mechanisms. This was to cater for the different styles participants had for absorbing and using information, as well as to reinforce learnings and knowledge. Different information delivery mechanisms were also thought to be better suited to particular circumstances.

The main preferred information delivery mechanisms identified by focus group participants were consistent with those identified in the telephone survey. These included:

- ◆ A national telephone hotline;
- ◆ A parenting information kit;
- ◆ One-to-one personal assistance;
- ◆ Internet;
- ◆ Seminars / courses;
- ◆ Television and radio;
- ◆ Videos / DVDs;
- ◆ Parent groups; and
- ◆ Bulletins and newsletters.

The reasons underlying why participants preferred these different mechanisms are discussed in more detail under the relevant heading below.

C.1. A national telephone hotline

“There is no point in having a hotline unless everyone know the number and you can get through any time” – Parent of child aged 0-5, Toowoomba

Many focus group participants were able to identify existing telephone hotlines (eg parent line to the hospital emergency department, or the nursing staff at a family care centre). Some participants noted that they had been unable to access certain hotlines and/or had been placed on hold for a considerable length of time.

For a hotline to be effective, participants thought it was best to have a well promoted national help line that was fully serviced for 24 hours per day, 7 days per week. The national help line would act as a directory to the services needed and that are available in, or for the relevant region.

Participants felt it was important that the staff were qualified people, and not inexperienced volunteers.

C.2. A parenting information kit

“A good reference book is a necessity. That is where you turn to for the day-to-day issues” – Parent of child aged 0-5, Ballarat

Almost all participants indicated that they would find a parenting information kit useful. They preferred such a publication to be a modular-based written reference source that was issued in regular instalments. Each instalment would provide information that would be relevant for the next stage of their child’s development. Most thought that 6-monthly would be best for the first 2 years because of the rate of change during that time. Thereafter, the modules could be sent annually.

“If it was a folder, you could get the information when you need it and add it – not as overwhelming as getting it all at once” – Parent of child aged 0-5, Sydney

The preferred style was as a folder, with inserts.

Many participants indicated that most of the information they needed already existed, but was not readily accessible to parents.

C.3. One-to-one personal assistance

“If you haven’t got family to help you, a midwife is your lifeline in the first 6 weeks or so after the baby is born” – Single parent of child aged 0-5, Melbourne

Most focus group participants felt there were times when one-to-one personal assistance was needed. This was usually in the early stages of coping with a newborn, or where entrenched problems had set in (eg with breastfeeding or baby not sleeping).

Participants thought that home visits from a midwife or community health nurse were the best source of information during the first 4-6 weeks after the baby’s birth (or until parents were coping).

Maternal child care centres were also considered by most to be a good ongoing source of information for parents, and where they could receive reassurance about the progress their child was making.

A few participants, particularly those who had no established support networks (eg newly arrived to a district) thought it would be helpful to receive regular telephone checkups from a midwife or community nurse to make sure they were coping. One important aspect of this was that the same person should remain as the contact so that they could establish a trusting relationship.

C.4. Internet

“The internet has so much information. But you have to sift through it and use lots of commonsense” – Parent of child aged 0-5, Brisbane

Several participants used the internet to research parenting issues. They indicated it was very difficult to know what sources they could trust.

The most trusted sites were government or hospital internet sites. Participants also indicated that it was important for the site to have a good search engine and provide links to appropriate relevant sites.

C.5. Seminars / courses

“The parenting course we went to was fairly good, but it was expensive” – Parent of child aged 0-5, Toowoomba

Some participants who had attended parenting seminars or courses reported they had been useful sources of learning and information. Other focus group participants who had not been aware of the existence of these courses or seminars wanted to know where they could find out about them and were interested in being able to attend.

The focus groups found that it was important for the parenting seminars or courses to be affordable, relevant and well targeted to the skill levels of attendees.

C.6. Television and radio

“TV could be a good way of getting across to fathers that they have an important role as parents” – Parent of child aged 0-5, Melbourne

Focus group participants reported that television and radio were good for short grabs of information. For that reason they were useful for notifying of important changes, updates or introducing new ideas or items. Most thought they would be useful for promoting hotline numbers and some were able to recall a similar promotion they had seen.

A few participants thought television in particular, could be used to give quick tips and advise people on where to get help.

A few also thought television would be a good medium to use to change the culture and promote benefits of parenting to fathers.

C.7. Videos and DVDs

“A video would be useful where you needed a demonstration – as long as you could keep it” – Parent of child aged 0-5, Toowoomba

Some focus group participants thought that videos or DVDs could be very effective where demonstration was needed (eg first aid technique).

Some also thought it could be a cost-effective way of getting information to people with literacy or language problems because they could be easily dubbed.

A few participants also thought they could be beneficial for parents in remote locations.

C.8. Parenting groups

“Playgroups are great because the information is from parents who have had the same experiences recently” – Parent of child aged 0-5, Ballarat

“Why aren’t there playgroups for dads so they can share their experiences” – Father of child aged 0-5, Adelaide

Almost all participants indicated they had found parenting groups (eg play groups or mothers’ groups) to be an excellent source of information. This was one of the most frequently used word-of-mouth sources for parents.

Several male participants indicated that it would be useful if there were groups for males to talk about their parenting experiences as well.

C.9. Bulletins and newsletters

“Regular news items for parents would be good. Centrelink could send it with the family payment” – Parent of child aged 0-5, Ballarat

Most participants indicated that they would like to receive regular bulletins about issues that were important for parents. Some preferred to receive a paper copy while others would like the option of emails. The bulletins could be produced monthly or quarterly, with the content being based on reader’s requests, useful updates or reminders and perhaps some local content on local activities.

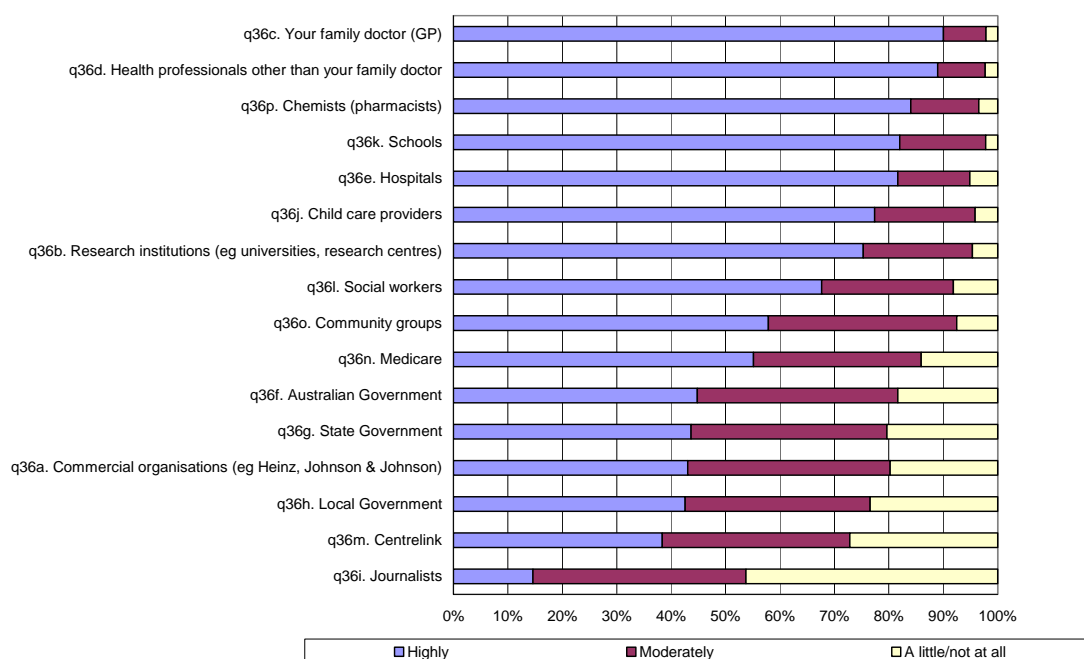
Participants suggested that the bulletins could be distributed through Centrelink (Family Payments), Maternal Health Centres, Child Care agencies, Chemists, Libraries, and Local Authorities.

D. Preferred Providers

The focus groups found that it was important for participants to be able to rely on and trust the information they received.

In the telephone survey, respondents were asked to indicate their level of trust in a range of potential providers of information to address the needs of parents of children aged 0-5 years of age. Figure 21 summarises the survey results. Health professionals, hospitals and schools were the most highly trusted providers.

Figure 21: Extent of trust in various information providers
(percentage of parents with children aged 0-5 years)



The focus group findings revealed that participants' preferences as to information provider depended on the nature of the information/advice being provided

There was a widespread preference among research participants for government to provide general information services (including referral services). Many participants were reassured by the belief that, in providing such general information, the government would be thorough in checking the validity and usefulness of the information.

Where professional (eg medical) advice was needed, participants wanted it to be provided by a qualified person. Participants also felt it was important for any service to be properly resourced so that the quality of the service would not be affected by time pressures.

Community groups, businesses and government sources were generally seen to be acceptable providers of information. Participants were generally accepting of business information provision, unless there was an apparent conflict of interest (such as product promotion), or where there was an obligation to buy.

E. General Parameters for Information Product/Service Design

Focus group discussions identified some general parameters that many participants thought were important in the design of information products/services for parents. These are outlined below:

- ◆ Information should be easy to find (with functional contents table and index in written publications);
- ◆ Information should be up-to-date;
- ◆ The language used should be simple;
- ◆ The tone should be neutral (ie unbiased and balanced);
- ◆ The tone should also be encouraging and give assurance;
- ◆ Wherever possible, products should use a checklist style presentation of what is appropriate and inappropriate;
- ◆ Information should, wherever possible, include practical tips, strategies and hints;
- ◆ Information should give parents choice by including alternatives outlining the pros and cons or risks;
- ◆ Where there are gender-based issues, information should cover differences between the perspectives of males and females;
- ◆ The style should be inclusive of males and encourage them to have an active parenting role;
- ◆ The information should be presented in a style that helps parents to make an ‘informed choice’;
- ◆ The information must be provided by a credible source that parents can trust; and
- ◆ Information materials should have alternative formats or mediums to cater for people with literacy, linguistic or cultural disadvantages.

6. Overall Perceptions about Parenting and Reactions to the Parenting Information Project

A. About this Chapter

This chapter addresses research participants' overall perceptions about the role of parents during early childhood, their preparedness for parenthood, and their confidence in their parenting capabilities. It also covers participants' overall reactions to the Parenting Information Project.

B. Overall Findings

Almost all parents 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 Government's focus on early childhood.

C. Role of Parents in Early Childhood

The telephone survey found that nearly all parents of children aged 0-5 years (99.6%) agreed that the years from birth to age 5 are very important to the way that a child develops into an adult.

Moreover, nearly all parents agreed that the influence of the mother (98.6%) and the influence of the father (97.8%) during the first 5 years of a child's life are very important to the way that a child develops into an adult.

Focus group participants identified a range of skills and personal characteristics that they thought were needed and used by parents with children aged between 0 and 5 years. These are set out in the box below.

Skills	Personal Characteristics
<ul style="list-style-type: none"> ◆ Organisational ◆ Time management ◆ Relationship management ◆ First aid for children ◆ Nutritionist ◆ Listening ◆ Multi-tasking ◆ Communication ◆ Teaching ◆ Role modelling ◆ Psychology ◆ Negotiation ◆ Self management ◆ Reasoning ◆ Dispute resolution ◆ Creativity ◆ Cooking ◆ Problem solving ◆ Research ◆ Occupational Health and Safety 	<ul style="list-style-type: none"> ◆ Patience ◆ Tolerance ◆ Loving ◆ Caring ◆ Flexibility ◆ Sense of humour ◆ Supportive ◆ Pragmatic ◆ Commonsense ◆ Will power ◆ Self confidence ◆ Self respect ◆ Willingness to learn ◆ Adaptable ◆ Playful

D. Preparedness for Parenthood

The telephone survey found that only 50% of parents of children aged 0-5 years felt that they were well prepared for parenthood when their first child was born.

Focus group participants were also asked how prepared for parenthood they felt when they had their first child. Almost all indicated they were confident before the birth, but retrospectively, they thought they were unprepared. This was confirmed by the first-time expectant parent group participants, most of whom felt well prepared.

Most focus group participants reported they had not been ready for the physical and emotional exhaustion they experienced in the first few weeks or months after the birth of the baby. For some, that period was considerably longer.

All participants felt they had learned a lot from experience, and that experience was the only way to learn some things.

Most participants indicated that although they had been aware that parenthood would make some changes to their relationship with their partner, they had not been prepared for the strain it had turned out to be. While some managed to work their way through their problems and focus on the needs of the child, several participants reported that their relationship had broken down and they separated within the first 18 months of the baby's arrival.

Some had also experienced postnatal depression (in varying intensity and duration), which both parents had not been prepared for. Male participants in particular, thought they could have recognised and managed the situation better if they had been better prepared.

E. Confidence as a Parent

Nearly all respondents to the telephone survey indicated that they were confident in their parenting skills (97%) and that they were coping well with the pressures and responsibilities of being a parent (89%).

Moreover, a large majority of parents expressed confidence in their ability to tell that their child was developing in a way that was normal for his/her age in terms of:

- ◆ Physical development (91%);
- ◆ Emotional development (85%);
- ◆ Social development (89%); and
- ◆ Intellectual development (89%).

The focus group findings provide an important contextual backdrop for these results.

Consistent with the telephone survey results, most focus participants were reasonably confident in their skills as a parent. Their confidence was based on their belief that their children were healthy and progressing normally. They tended to benchmark their child's progress against that of other children in the same age range.

“We should have more of these groups. I can't believe how much I don't know about” – Parent of child 0–5, Ballarat

This general confidence, however, did not translate into a lack of desire or perceived need for information in relation to parenting. While they were confident in their role, participants recognised the value in obtaining information that would assist them to be more effective parents.

7. Information Needs of Fathers

A. About this Chapter

This chapter focuses on the specific information needs identified in the focus groups with fathers. It supplements the general findings for parents, including fathers, set out in chapters 2-6.

B. Overall Findings

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 key information needs in the following areas:

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

C. Information Needs Related to the Child

Some fathers were reluctant to handle their newborn baby, for example to dress, bathe or settle, because they did not feel confident in their techniques or were afraid of dropping the baby. Many reported that more information, specifically targeted towards dads, on how to handle, bath and dress babies, would increase their confidence.

Many fathers felt that discipline management was an important part of being a parent, and wanted information on effective discipline methods, including what form such discipline should take, when to apply disciplinary measures and how much was appropriate.

Participants wanted techniques and strategies on how to deal with tantrums, information on setting consistent boundaries, and effective ways to approach teaching their

children appropriate behaviours. They also wanted information on:

- ◆ the differences between discipline and abuse;
- ◆ different ages that you can/cannot reason with a child;
- ◆ the effects of poor discipline management (eg screaming continually at child);
- ◆ differences between the behaviour of boys and girls; and
- ◆ how to effectively use timeout strategies

Overall, fathers wanted reassurance that their children's behaviour can sometimes be difficult to deal with. While some fathers did not want outside help/interference with discipline management issues, many were open to the idea of attending positive parenting programs.

Fathers were interested in what types of toys and games would best suit their children at different developmental stages, and how they could interact and play together. This was a particular concern of fathers who worked during the day and who tended to feel that they were missing out on a large proportion of their child's development. Many participants recognised the importance of spending time with their children and balancing work and family life.

Many participants in the fathers' focus groups noted the importance of providing a safe environment for their child. This included general safety such as first aid, and ensuring that pool gates, in-house fences, and child car seats were properly installed. Receiving reliable and consistent information on these issues was important to these participants. Some fathers also wanted to be informed of community facilities, such as parks and playgrounds that were available and safe for their children.

Some participants in the fathers' focus groups also requested more information on how to be good role models for their children.

D. Information Needs Related to the Father

Fathers identified two key areas of information need related to assisting them to cope with their parenting role:

- ◆ impact of parenting on their lifestyle and relationships; and
- ◆ information and supports specifically targeted towards fathers.

D.1. Impact of parenting on lifestyle and relationships

Participants in the fathers' focus groups generally wanted more information on how becoming a dad would change their lifestyle as well as their relationship with their partner and with other family members.

Many participants commented on how their role and the role of their partner had changed since the birth of their child. With less time for themselves and each other, and significant demands from the baby in terms of time and resources, many fathers reported changed priorities within their relationships. Some of these were expected, however many of them were not.

Many fathers wanted information on how lack of sleep and physical exhaustion could affect themselves and their partner, as well as useful strategies and tips to deal with the associated tensions. Some dads reported they were happy to get up during the night to help with feeding/settling the baby, whereas others said they needed to sleep so they would be alert for work the next day.

Many participants in the fathers' focus groups wanted more information on the different emotional experiences between themselves and their partner. They wanted information on how childbirth physically and emotionally affected their partners, and felt this was important to understand right from the beginning of the pregnancy. Many fathers wanted information to help them understand how these physical and emotional changes may affect their sexual relationship.

Most fathers highlighted the importance of knowing how to recognise and deal with post natal depression if it affected their partner. However many felt they needed more information on what signs, symptoms and triggers to be aware of, as well as how to help their partner and the

treatments available.

*“Being present at childbirth was important but you should be emotionally and psychologically prepared for it”
Father of child aged 0-5, Ballarat*

Many fathers also wanted information on the normal range of feelings males experience after a child is born. Some participants said they felt overwhelmingly guilty and were shocked at seeing their partner in so much pain during childbirth. Some males also reported feelings of helplessness at being unable to feed their child, or support their partner, and thought more information would have made them feel more empowered to help in this situation.

Some fathers wanted advice on how to manage interference or unwelcome advice from relatives such as grandparents or siblings. While they acknowledged much of the support and advice from relatives was valuable, a number felt that sometimes it could become intrusive on their family life and create problems.

D.2. Information and supports specifically targeted towards fathers

“The information needs to be in a blokey language and also visual – something we can hang up the back of the toilet door” Father of Child aged 0-5 Ballarat

Participants generally requested that information and services be targeted specifically towards fathers in order to help them become more effective parents. Many fathers felt that the information was out there, however most of it was directed at mothers. This perceived lack of targeting made some fathers feel left out of the whole parenting process, and unsure about how to help their partners.

Some participants indicated they would like to know where to access support groups for fathers, where they could talk about their experiences and bond with people going through similar experiences. Others suggested they would have liked to have attended fathers-only ante-natal classes, where they could have asked questions without being concerned about showing a lack of knowledge/courage about childbirth in front of their partner.

8. Information Needs of Parents from CALD Communities

A. About this Chapter

This chapter focuses on the specific information needs identified in the focus groups with parents from CALD communities. It supplements the general findings for parents, including those from CALD communities, set out in chapters 2-6.

B. Overall Findings

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; and
- ◆ 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; and
- ◆ 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.

C. Information Needs Related to the Child

Many parents from CALD communities who participated in the focus groups expressed uncertainty about child

discipline issues. Many noted that there were significant cultural differences across communities in disciplinary approaches.

Participants were seeking information on their legal rights and responsibilities in relation to discipline and how to provide an effective disciplinary framework for their children in the Australian context.

"I'm scared to discipline my child because DOCS might take him away, but then I'm worried he's going to grow up and break the law because he hasn't been taught how to behave properly."

CALD parent of child aged 0-5, Melbourne

Some participants reported that their children had developed behavioural problems because they, as parents, had not adopted traditional disciplinary approaches. They had not implemented these approaches (largely focused on physical punishment) to avoid a perceived risk of their children being removed from their care by Australian authorities.

"We have different foods back in Africa. I don't know when to introduce solids and sometimes she has trouble digesting the foods."

CALD parent of child aged 0-5, Logan

Some focus group participants from CALD communities reported that they were not confident that they were effectively providing for the nutritional needs of their children. They noted that, as recent immigrants to Australia, they were adapting to new foods and preparation techniques. These participants wanted general information on child nutrition and practical tips on how to address key nutritional needs.

"When I go to the doctor with my daughter I can't ask him questions about her health because there's no interpreter. He checks her height and weight and then we go home."

CALD parent of child aged 0-5, Melbourne

Some parents from CALD communities felt that, due to language barriers, they did not obtain a satisfactory amount of information from health professionals about child health and development. These parents indicated that they were able to communicate effectively through an interpreter, but that there was a limited availability of interpreting services.

Some parents wanted more information about how to deal with the health system in relation to children with a disability or serious health conditions (eg autism, down syndrome, cancer).

"No doctor would talk to me about female circumcision, but in our culture it's unusual not to be circumcised."

CALD parent of child aged 0-5, Melbourne

Some parents from CALD communities expressed a desire for information on child circumcision (male and female). They were seeking unbiased advice on the health advantages and disadvantages of circumcision.

D. Information Needs Related to the Parent

Many parents from CALD communities who participated in the research commented on the challenges they faced in coping as parents in the absence of support in Australia

from extended families. Extended families were reported as being the predominant traditional support mechanism for many of these parents. Moreover, many participants reported a cultural norm of seeking information concerning parenting from extended family rather than external sources.

Parents who had established connections to their broader communities through associations and support groups generally felt that these links were of significant value.

E. Barriers to Accessing Information, Supports and Services

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

- ◆ language barriers; and
- ◆ cultural barriers.

Language barriers were a key source of concern for parents from CALD communities. Participants felt that much of the available parenting information and advice was provided in English, requiring many parents from CALD communities to rely on translation and interpretation services. Access to interpreters was seen to be critical, in particular, in interactions with health professionals. Many participants reported that access to interpreting services was often quite difficult.

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.

Cultural issues also affected the extent to which parents from CALD communities accessed available information. Many reported that their cultural norms were to seek information from their extended family rather than external sources. Other participants noted that cultural differences around male and female social roles reduced the perceived relevance of mainstream parenting information in some CALD communities.

“It’s good to talk with friends and family, but most of them are back home and I don’t have much support here.”

CALD parent of child aged 0-5,
Melbourne

9. Information Needs of Parents of Children with a Disability

A. About this Chapter

This chapter focuses on the specific information needs identified in the focus groups with parents of children with a disability. It supplements the general findings for parents, including parents of children with a disability, set out in chapters 2-6.

B. Overall Findings

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; and
- ◆ 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 to actively 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.

C. Information Needs Related to the Child

Parents of a child with a disability highlighted the need for an early and straightforward diagnosis of their child's special needs, delivered by an experienced medical practitioner in a compassionate way.

Parents of children with a disability reported that they had needed reliable medical information about their child's disability, as well as the treatments and services available. Many parents stated that they had addressed these needs by conducting their own research after receiving initial information from doctors.

Some parents suggested that information and support could be supplied by a trusted and close case worker who has specific knowledge of their child's needs.

D. Information Needs Related to Parent of Child with Disability

"At the beginning there's always a feeling of guilt and blame. You need to be told that it's ok and happens to other people too."
Parent of disabled child aged 0-5, Toowoomba

Almost all focus group participants who had a child with a disability reported that they were not prepared for the shock and feeling of guilt they experienced. This, combined with the demands of the child, placed a lot of strain on their relationship with their partner.

"I work long hours so that we can pay for the equipment that [named] needs. I also use this to a certain extent to avoid some of the parenting demands" Father of disabled child aged 0-5, Sydney

Generally male partners reported having more difficulty with accepting the child.

Most participants with a child with a disability had not been prepared for the sense of social isolation they experienced. This included isolation from family as well as friends. Many also had little or no social life because of the heavy demands of their caring roles.

"I think we all go through depression at various stages. It's such a delicate emotional state we're all in." Parent of disabled child aged 0-5, Sydney

Some parents reported frequent feelings of depression and tiredness.

Many participants indicated that they were not prepared for the financial burden that having a child with a disability placed upon them.

Most focus group participants considered that professional advice/counselling and respite care services would help address these issues. They therefore considered it important for information about available services to be readily accessible.

Parents of children with a disability who were members of support groups generally reported these groups provided some level of respite and support.

Parents who had children with a disability and other children without a disability considered that the needs of the latter tended to be neglected somewhat due to the need to focus on the former. These parents considered that it would be valuable for them to obtain information on strategies that they could adopt to help address this situation.

E. Preferred Means of Obtaining Information

Many parents of children with a disability who participated in the research indicated that the best way to obtain information on their children's special needs was to talk to other parents who had children with similar needs.

Accordingly, these parents placed a high value on opportunities to meet with other parents facing similar circumstances (eg through support groups).

10. Information Needs of Single Parents

A. About this Chapter

This chapter focuses on the specific information needs identified in the focus groups with single parents. It supplements the general findings for parents, including single parents, set out in chapters 2-6.

B. Overall Findings

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 in terms of 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.

C. Information Needs Related to the Child

"I didn't know how to explain to my daughter why her dad wasn't around all the time."
Single parent of child aged 0-5,
Melbourne

Many single parents considered that there was a general need for more information to assist parents to help children adjust emotionally to a parental separation or divorce. Some parents also indicated a need for information to help them to assist their children to deal with the death of a parent.

Similarly many single parents were seeking information to assist them to support their children's ongoing emotional and social development within the context of a single parent family structure.

The telephone survey results were consistent with these findings. The survey found that single parents were more likely than partnered parents to have sought information about their children's emotional development.

- ◆ 45% of single parents had sought information, compared with 37% of partnered parents.

The telephone survey also found that single parents were more than twice as likely as partnered parents to have

sought information on addressing separation anxiety among children.

D. Information Needs Related to the Parent

“My relationship broke up after <named> was born. It was very stressful and I found it hard to cope.”

Single parent of child aged 0-5,
Melbourne

Many single parents participating in the focus groups felt that single parents carried a significantly heavier burden (financial, physical, emotional) associated with parenting than partnered parents. Accordingly, they felt that they required greater external support and assistance.

“Sometimes I get exhausted and need a break from it all.”

Single parent of child aged 0-5,
Melbourne

The telephone survey found that, across all income ranges, single parents were significantly more likely than partnered parents to report that their ability to parent was significantly adversely affected by financial pressures.

Key areas of information need identified in the single parent focus groups in terms of assisting single parents cope with parenting included:

“There should be more help for getting single mums back to work. I want to keep my skills up to date.”

Single parent of child aged 0-5,
Toowoomba

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

11. Information Needs of Grandparents

A. About this Chapter

This chapter addresses the information needs identified in the focus groups with grandparents.

B. Overall Findings

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 well-being; and
- ◆ 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 at the needs of grandparents.

Participants 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 (eg pamphlets) and radio / television advertisements to raise awareness.

Most participants indicated that they preferred government to provide general information resources.

C. Background

Participants in grandparent focus groups provided different levels of care for their grandchild/ren, including:

- ◆ providing advice and practical assistance;
- ◆ minding the child/ren for 3 or more days per week;
- ◆ supporting the baby and parents living in the same house; and
- ◆ having custody of their grandchildren.

All had a significant caring role in relation to at least one grandchild aged under 5 years.

D. Overall Perceptions of the Grandparenting Role

All participants reported that they enjoyed caring for their grandchildren. All considered that they had a high degree of responsibility for seeing that their grandchild/ren received the best possible start in life. Most placed the wellbeing of their grandchild/ren ahead of their own needs.

E. Information Needs Related to the Child

“It would be good to have tips for grandfathers, like doing practical things with the kids. Most of them didn’t have so much to do with their own kids, so it would help reduce some of the tension when the kids are over – they might even enjoy them” – Grandparent of child aged 0-5, Adelaide

“You forget what it’s like, so it would be handy to have a kit for grandparents to bring them up to date on parenting” – Grandparent of child aged 0-5

Most grandparents who participated in the research had a poor knowledge of how to access information relating to their caring responsibilities.

Most were interested in obtaining up-to-date information on child health and development issues and on modern caring techniques. Many considered that this would help them be more effective carers.

Most participants reported that they had experienced disagreements with parents over parenting issues. Many thought that having better information on modern parenting methods would help them to deal with these disagreements.

There was widespread interest in obtaining information specifically targeted at the needs of grandparents. Participants were seeking easily accessible, practical and authoritative information on key issues.

F. Information Needs Related to the Grandparent

Grandparents identified two key areas of information need related to assisting them to cope with their grandparenting role:

- ◆ physical and emotional well-being; and
- ◆ dealing with the financial burden of a significant caring role.

F.1. Physical and emotional well-being

Most grandparents involved in the focus groups felt that their caring role involved investing a significant amount of personal time. Most were reluctant to decline caring requests from parents because they were aware of their children's struggle. For some, this placed a strain on their relationship with their partner because it impacted on their retirement plans, social life or holiday plans.

"I'm not getting any younger and have some health problems, so it can be pretty exhausting keeping up with the kids" – Grandparent of child aged 0-5, Newcastle

Many grandparents reported having difficulty coping with the physical demands of young children. Most indicated that they often felt tired.

Some participants felt that their capacity to cope was limited by personal health issues and that their caring role tended to have a detrimental effect on their health.

Most participants considered that it would be useful for grandparents to obtain information/advice on how to deal with these issues.

Some grandparents were also seeking information on how to better manage disagreements with parents on parenting issues.

F.2. Dealing with the financial burden of a significant caring role

Most participants indicated that caring for grandchildren brought with it added financial burdens. Most had to purchase equipment eg.(cot, pram, baby seat), and also had the added costs of feeding the grandchildren. For some participants, this was a significant burden.

Participants were seeking information/advice on how to cope with these pressures.

G. Preferred Means of Obtaining Information

Grandparents participating in the focus groups indicated that their main sources of information in relation to their caring role were:

- ◆ personal research, (books, magazines, internet, information pamphlets);
- ◆ family and friends;
- ◆ doctors; and
- ◆ chemists.

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

Participants 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 covering their needs (eg pamphlets); and
- ◆ radio / television – short advertisements to raise awareness.

Most participants indicated that they preferred government to provide general information resources. This preference was based on a generally high level of trust in government as a source of information.

Hospitals and health professionals were considered by many participants to be the most appropriate sources of specific information on health issues.

Participants tended not to trust information provided by businesses.

12. Information Needs of People Expecting Their First Child

A. About this Chapter

This chapter addresses the information needs identified in the focus groups with people expecting their first child.

B. Overall Findings

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.

13. Other Issues

A. About this Chapter

Consistent with the research objectives, the research focused on parents' information needs, the extent to which these are being addressed and how these needs can be better addressed. However, research participants also commented on a range of other issues. While outside the scope of the research objectives, the research findings in respect of these issues provide some useful additional context to the research.

This Chapter addresses these issues, which primarily related to supports and services other than information. The findings presented are based solely on the focus group component of the research.

B. Availability and cost of services

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

- ◆ visits to GPs and specialists;
- ◆ visits to physio / speech / occupational therapists;
- ◆ child care and family day care;
- ◆ occasional child care;
- ◆ family counselling;
- ◆ first aid courses for children; and
- ◆ family-friendly public transport.

C. Gaps in services

Many focus group participants felt there was a need for additional support services for parents of young children. The main areas of nominated by participants included:

- ◆ Post birth follow up services eg home visits / phone calls until parents are coping well.
- ◆ Timely access to remedial parenting support services (eg Tresillian).
- ◆ Services to monitor the child's development,

particularly between 18 months to 3 years of age.

- ◆ Better testing of children's hearing and vision to pick up problems before they have too much impact on the child's development.

D. Employment related issues

Some participants felt there was a need for more family-oriented employment conditions. These participants predominantly focused on the needs of the primary carer, raising issues such as:

- ◆ Maternity leave;
- ◆ Superannuation; and
- ◆ Opportunities to maintain / update workplace skills for mothers (primary carers).

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

14. 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 of providing further information and support.

General parent information needs

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

In relation to needs directly related to children, the research found a range of key information needs in each of the following areas:

- ◆ physical development and health;
- ◆ intellectual development;
- ◆ social development; and
- ◆ emotional development.

In terms of needs relating to helping parents cope with parenthood, the main areas of information need identified through the research were:

- ◆ balancing work and family responsibilities;
- ◆ coping with the financial pressures of parenthood;
- ◆ parental health and wellbeing; and
- ◆ changes in the relationship between parents as a result of parenthood.

Information sources used by parents

The prevalence of usage of different information sources among parents varied significantly across information topics:

- ◆ Health professionals were the primary source of information for health-related issues.
- ◆ Childcare 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 so 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.

Extent to which information needs have been met

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.

Preferred means of obtaining information

Most focus group participants felt that a consolidated reference source of information that was available 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 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 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.

Parental confidence

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.

Special 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 key information needs in the following areas:

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

Special 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; and
- ◆ 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; and
- ◆ 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.

Special 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; and
- ◆ 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 to actively 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.

Special 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 in terms of 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.

Special 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 well-being; and
- ◆ dealing with the financial burden of a significant caring role.

Special needs of expectant parents

Expectant parents participating in the research were satisfied, overall, with their ability to obtain the information they required about childbirth and parenting. People expecting their first child were generally focused on preparing for the short time horizon before, during and immediately after birth.

Conclusion

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 better inform and support parents across Australia.