

**Parenting Information Project
Volume 4
Consultation with professionals**

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Executive Summary

Introduction

This volume (Volume 4) details the consultation process with professionals and policy makers.

Consultation with professionals

Consultation process

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

Contact was made with as many professionals and key stakeholders as possible across the health, education, and childcare areas during the timeline, to allow information to be shared about the project and to seek input and comments on current parenting programs and information. In total, 14 focus groups were held across Australia, and a further 75 individuals were consulted via meetings and telephone interviews or conferences. Semi-structured questions guided the consultation process. Further information pertaining to the questions and agencies consulted are provided in the main body of the report.

Key issues and needs

General parenting population

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

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

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

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

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

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

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

Specific parent groups

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

- ❑ Professionals reported that, while families from **CALD communities** face concerns that cross cultural boundaries (such as housing, financial pressures and transport access), the Australian construct of parenting does not include parents from these communities. These parents often have limited knowledge of child development, available services, and Australian parenting norms. Professionals suggested that, to address some of these needs, families need access to quality universal systems, translated parenting material, and support delivered through a range of media. Perhaps most importantly, professionals need to be more sensitive to the issues faced by parents from newly emerging populations and recognise that it takes time to develop trust and rapport with these communities.
- ❑ Professionals reported that **fathers** often feel they lack knowledge about how to interact with their children and are concerned about the role that they play in parenting. Many lack knowledge about child health and brain development. Acknowledging that it is more difficult to engage fathers, professionals suggested that parenting information needs to be better matched to fathers' needs and interests (an element missing from mainstream services), to encompass a "learn by doing" philosophy and perhaps target fathers at key transition points in a child's life.
- ❑ Professionals commented that an increasing number of **grandparents** are responsible for primary care of grandchildren. They present with a wide range of practical concerns (related but not limited to financial, health and legal issues) and are often caring for children who have undergone significant trauma. To address some of these issues, professionals suggested that grandparents need access to well-facilitated support groups, respite via formal and informal channels, and information about managing emergency or crisis situations.

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- ❑ Professionals reported a range of issues specific to **young single parents** and **older first-time parents**. They suggested that young parents experience feelings of isolation, do not have access to informal support networks, and often struggle with issues around housing, finance and transport. The crisis issues faced by these parents need to be addressed as a priority. Professionals acknowledged that working with young parents can be slow, intensive and costly. Support needs to be strength-based, require modelling of preferred behaviour, and embrace assertive outreach approaches. Older first-time parents also lack networks to support them in their parenting role, and professionals believed that this increasing population experiences difficulties balancing work and family life and negotiating childcare arrangements, and they struggle with the life adjustments that come with parenthood. Professionals suggested that these parents are often somewhat invisible to services, masking their need for support services.
 - ❑ Professionals reported that **parents with a child with a disability** acknowledge disability as a significant issue. The provision of negative information from a professional is often disempowering and families can get to a very desperate stage before seeking help. To address some of these issues, professionals suggested that parents need support at critical transition points, with the support extending to the whole family. Families need easier access to needed services, including quality childcare that caters for the child's specific needs and provides parents with much-needed respite.

Methods of information provision

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

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

reduce duplication, increase consistency in messages, maximise reach to intended target groups, and link to other media such as television, radio and the Internet.

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

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

Strategies for supporting parents

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

General parenting population

A summary of the strategies to support the general parenting population as suggested throughout the consultation process is presented in Table A. This summary table includes feedback from the discussion around strategies for action at the National Workshop held for this project in April 2004.

Table A: Summary of the strategies to support the general parenting population

| Parents | Practice/Professionals | The community |
|--|---|--|
| <ul style="list-style-type: none"> • Develop a comprehensive cross-media marketing campaign that uses a variety of media including television, radio, newspapers, web-based and written material to promote the value of children and the importance of the role parents play in children’s lives. This could include a lifestyle television series complemented by articles/ research and web-based material. It is important that pre and post evaluations are carried out to assess needs and gaps. • Link existing state-based parent helplines to national 1800 number. Recognise the potential increased demand on services and need for appropriate marketing of available services. • Develop a universal resource (with government endorsement) for new parents so they know how the services system works and the processes to access and use local services. • Coordinate development and delivery of basic parenting information to ensure consistent and reliable messages are provided to parents. • Ensure information provided to parent occurs where possible in context of a face-to-face relationship. • Enhance existing services to increase quality, reach and size of services. • Investigate the usefulness of using existing services, such as childcare, playgroups and schools, as critical points of access for distribution information and providing support to hard-to-reach families. • Develop interactive displays to educate parents and professionals about how the world looks through the eyes and ears of a baby and what influence the parent-child interaction can have. • Develop programs that promote early education of parents, in school or prenatally, to promote prevention of and early intervention for family issues and child-related health, development and well-being concerns. | <ul style="list-style-type: none"> • Establish best practice/guiding principles, rating scale or accreditation system whereby the quality and effectiveness of existing and newly developed material could be rated. • Provide professional development in parent engagement, dealing with families, eliciting parents concerns, relationship-training, adult learning principles and working in collaboration. • Conduct evaluations and embed this process in new programs and information approaches to develop a stronger evidence base for effective practice and long-term outcomes. • Establish links with tertiary institutions and training providers to improve course competencies and training standards. • Investigate approaches to ensure recent research evidence is effectively disseminated and shared amongst professionals. • Improve partnerships between various state and federal departments, non-government agencies, and levels of management to increase collaboration and reduce duplication of programs and materials. • Establish best practice principles to ensure that government contracts specify that the needs of particular parenting groups are addressed. • Link to existing program/strategies including Stronger Families and Communities Strategy and Child Care Links initiatives. • Contracts to recognise the cost of providing high quality supervision/mentoring. • Educate magistrates to ensure that when parents are referred to attend a parenting program course as part of a court order, they are aware of appropriate local services to attend. | <ul style="list-style-type: none"> • Improve the transition from early childhood to school by looking at the effectiveness of schools as communities or hubs where parents can met informally (at drop-in centres, parent rooms, etc), engage with others and become familiar with the school community before children reach school age. • Share learning and templates around best practice program implementation and evaluation to assist communities who wish to assess own community needs and implement new initiatives. • Improve training and mentoring provided to local community workers, volunteers and home visiting staff at community level. • Develop and facilitate support groups to meet the specific needs of particular parent groups and provide venues for these groups. • Focus on techniques for increasing parents’ social connections. Look at community-driven approaches to getting parents together and provide venues and locations for them to meet (eg. encourage parents to bring a friend/family member) • Investigate the opportunity to link media campaigns to local champions or Australian icons, to help promote the importance of the parenting role. • Explore CALD and Indigenous and cultural practices (learning exercise) to identify appropriate approaches. • Focus on improving the balance of work and family responsibilities within the workplace – for example, provision of appropriate childcare, leave arrangements, awareness of fathers in the workplace and the role they play in children’s lives, and employee assistance programs that incorporate family issues and making workplaces more father and child friendly. Health campaigns at the workplace could be targeted at supporting and encouraging fathers in their parenting role. |

Specific parent groups

When questioned about strategies for particular parent groups, professionals suggested some specific strategies. Examples are detailed below, with further strategies identified in the main body of the report.

- ❑ To support **CALD families**, professionals suggested development of education strategies at a national and community level that promote the various positive parenting practices across differing cultures, utilising a variety of media such as television, ethnic radio and newspapers. The utilisation and training of professionals and of community leaders to engage parents and educate families about available services and supports was suggested, as was the need for better translation services.
- ❑ To address the needs of **fathers**, professionals suggested a campaign promoting the role of fathers. They highlighted the need to review current services and materials provided to first-time parents, to ensure that they include father-oriented materials and practical advice; and the need to encourage workplaces to be more supportive of fathers' family pressures and responsibilities. Suggestions were also made around a National Fathers' Telephone Help Line to provide advice on parenting issues, specific parenting programs aimed at fathers, and playgroups for fathers.
- ❑ To support **grandparents**, particularly those in a primary carer role, professionals suggested a campaign to raise the awareness of the role grandparents play in the community. They suggested that issues around affordable childcare for grandparents require attention, and that strategies would also be beneficial to enhance grandparents' knowledge of the benefits and entitlements they can receive from Centrelink as a result of being primary carers (eg., 1800 number/Centrelink number). Professionals also recommended that grandparents need access to support groups, such as playgroups, that provide opportunities for children and grandparents alike to interact with their peers.
- ❑ In terms of supporting **single parents**, professionals suggested strategies to help young people have a greater understanding of what it is like to be a single teen parent, to understand linkages with the child protection system, and to understand how the Family Court system works. They suggested childcare and Centrelink as a useful points for distributing information; and proposed a portal or a website for services to share good practice on working with these groups (eg., engagement, how to access young teen and older single parents, programs and information to these groups).
- ❑ Finally, to support parents of a **child with a disability** more effectively, professionals suggested a focus on the provision of good information to support the whole family; for example, production of a resource for service providers to use, together with complementary training on supporting high-needs families. Professionals also suggested development of a booklet on the impact of having a child with a disability, for families to be able to give to other family members and friends, and for the wider community. They suggested that parents need "somewhere safe" to go to share and discuss issues with other parents and professionals. Overall, while the needs of these parents differ from those of the general parenting public, professionals suggested that ideally, addressing these needs should be incorporated into general programs and services.

Summary

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

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

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

The professional consultation has provided critical thinking for the development of a set of priorities to assist in the future provision of parenting information and support across Australia. These priorities have been documented in *Volume 1: Main Report* and submitted to FaCS for consideration.

1 Introduction

1.1 Background to project

This volume (Volume 4 of the Parenting Information Project report) details findings from consultations with key professionals and policy makers undertaken in the second stage of the Parenting Information Project. The findings of stage one and other components of stage two are documented in separate reports.

2 The consultation process

2.1 Purpose

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

2.2 Format

Contact was made with as many professionals and key stakeholders across the health, education, and childcare areas as possible during the timeline, to allow information to be shared about the project and to seek input and comments on current parenting programs and information.

This consultations took a variety of forms including:

- focus group discussions
- face-to-face meetings
- telephone interviews and conferences.

Between February and April 2004, a total of 14 focus groups were held across Australia with an average of 9 participants per group. A further 75 individuals were consulted and around 20 telephone interviews/conferences were also undertaken during this time.

Table 1 presents the number of focus groups, meetings and phone interviews by state.

Table 1: Consultation approach by state

| State | NSW | Vic | Qld | SA | WA | Tas | NT | ACT | Total |
|-------|-----|-----|-----|----|----|-----|----|-----|-------|
| Mixed | 1 | 4 | 2 | 1 | 1 | 1 | 1 | 1 | 12 |
| CALD | 1 | 1 | - | - | - | - | - | - | 2 |

A list of those who attended focus groups and who were consulted via individual meetings and telephone interviews, by state and date of consultation, is provided in **Appendix A**.

Given the timelines imposed on the project, it is important to acknowledge the variety of consultation approaches applied to ensure professionals and key stakeholders were involved in

the process of collecting evidence and the most appropriate approaches for providing parenting information and support.

2.3 Content of consultation

The key themes for discussion during focus groups, meetings and phone interviews are summarised in the following table, together with an example of the discussion prompts used. Some prompts listed in this table may not apply directly to all stakeholders consulted. For example, government stakeholders may have less involvement in the direct provision of programs to support parents, while some non-government organisations may have less influence on the policies or directions governing parenting in a given jurisdiction.

Table 2: Key themes for consultation by discussion prompts

| Key theme | Discussion prompts |
|--|---|
| Key issues facing parents | How do you find out what are the issues of concern for particular families? What policies/directions govern parenting information and programs in your jurisdiction? |
| Strategies in place to support parents | What sort of initiatives are you/your organisation undertaking regarding the provision of parenting information or programs in your jurisdiction? What lets you know that parents are engaged in the process? What strategies do you use to keep parents involved and prevent drop out? What strategies are used to support particular groups of parents – fathers, grandparents as carers, parents with children with a disability, parents from CALD communities? |
| Involvement in the design and development of information, supports or programs | How do you decide on the content of the information, advice, support or education you provide to families? How do you decide what method of delivery to use with parents (eg run groups, provide individual advice face-to-face, telephone, give printed material, website info. etc) If you provide information in a written format (eg fact sheets, tip-sheets, website), how is it used (ie stand alone, with input from you, supplementary only)? In what settings do you provide information, advice, support and/or education to parents (ie home, centre, hospital etc)? What characteristics of the setting facilitate or impede the intervention? |
| Design and outcomes of evaluation studies | Have any evaluations been carried out in relation to the provision of parenting information or programs? |
| Most useful approaches to get to/support parents | If so, what do these evaluations suggest about the usefulness of parenting information or programs and their delivery? |
| Role of the Australian Government at national level | What gaps exist that might present a market for the Australian Government? Are these gaps in relation the types of information or programs delivered, how they are delivered or the content that is delivered – or in relation to the parent target groups that such information and programs are available to? |
| Priorities for future action: <i>if you had a bucket of money</i> | From your experiences and knowledge of the area, how would you like to parents better supported in their parenting role? What would your areas and actions of priority be? |

3 Consultation findings

This section presents the findings from the consultation process undertaken with professionals. These findings draw on the feedback provided in the consultation process and, particularly for the specific parent groups, draw on the issues discussed at the national workshop in April 2004.

The first section, Section 3.1, details the key issues facing parents and comments on their information and support needs from the view of professionals. These issues and needs are presented for the general parenting population, and separately for specific parents groups investigated in this project.

Sections 3.2 and 3.3 describe professional views as to the most useful methods of providing information and support to parents and describe suggested strategies and actions for consideration in better supporting parents. These sections combine needs of both general parenting population and specific parent groups.

Section 3.4 then presents professional feedback in relation to commonly used sources of information.

3.1 Key issues and needs

3.1.1 General parenting population

3.1.1.1 Identification of key issues

When asked to identify the key issues parents face in their role as parents, professionals reported an array of concerns. Many of these concerns were similar across jurisdictions. This section summarises the key issues reported by professionals during the consultations, aggregated across each state and territory. **Appendix B** presents key issues by state. The key issues fall into two categories: social issues and system issues.

Social issues reported include:

- ❑ Lack of extended family and social supports:
 - There is a general lack of support from extended families and grandparents. This influences the level of information parents have available and the opportunities for informal childcare or respite.
- ❑ Changing family dynamics and the role of mums and dads:
 - The balance of family and work life is crucial. As a population, Australians are generally working until they are older and for longer hours per day. There is an increase in the number of families with both parents working, leading to increased demands for childcare arrangements. There also is an increasing number of single, working parents (both mothers and fathers) trying to balance work commitments and family life. The number of grandparents taking on primary or significant caring roles is increasing.
- ❑ Variation in needs of different families:
 - Different groups of parents think differently about parenting, have differing levels of support, and require different types of information at different times. For example, mothers' and fathers' needs are not necessarily the same, nor are they the same as the needs of grandparents or parents with a child with a disability or parents from a CALD community.
- ❑ Variation in parent/carer age and gender:

-
- There is a perception that there is a rising number of older, often career-oriented women who are becoming mothers with little or no experience with children, knowledge of child development or existing support networks. Many professionals believe these mothers are not coping due to factors such as guilt or working/family balance, use of child care and personal time management. Professionals stress that these factors are relevant for mothers across different economic structures.
 - In some states there is a prevalence of young/adolescent (often single) mothers who are particularly vulnerable. They face issues associated with inexperience, low socio-economic status, drugs and alcohol and lack of family/informal support. This highly vulnerable group is typically difficult to engage.
 - Similarly, there was a strong belief that the number of grandparents taking on primary or significant caring roles is increasing. This brings a host of inter-generational, financial, emotional and legal issues into play.
 - Further to this, professionals felt that many parents do not realise that the way in which they were parented, the generation in which this occurred and their own childhood experiences influence the parenting style they adopt with their children.
- Increased family mobility:
 - The increased ability for many families to move between areas and/or states changes the structure and social support systems available to parents. For example, in Tasmania many parents move or return to the state to raise a family, often for financial reasons, despite absence of extended family and friendship networks. In Western Australia, there is a high proportion of “fly-in fly-out” fathers who travel for work reasons, leaving mother (most often) at home to parent semi-alone. In Northern Territory, the proportion of military defence bases means families are often setting up home for indefinite periods of time with little or not informal support networks in place.
 - Adjustment to having a child, and as numbers of children increase:
 - Many parents struggle with the adjustment of becoming a parent in terms of who they are and how their relationship with their partner and with other family members changes. Further, many struggle with the changes in family dynamics when one child becomes two or more and the associated implications for balancing home and work commitments.
 - Financial issues:
 - Financial difficulties and pressures play a large role in a parent’s ability to cope and the level of support they need.
 - Prevalence of domestic violence, drug and alcohol use and mental health issues:
 - The prevalence of domestic violence, and the implications of drug and alcohol use by parents across many states is concerning. Similarly, there is a prevalence of mental health issues, including post-natal depression, that have an impact on children and parent-child relationships. The impact is not only on the parents and children directly involved, but also on members of the larger family unit who may be relied on, though not always available to support parents in such circumstances.
 - Safety of society – limiting risk taking:
 - There is a perceived lack of safety in society in general, and this is linked to parents limiting their children’s risk-taking behaviours. For example, it used to be safe for children to ride their bikes in the street, but now parents are less certain. It was suggested that

this perception leads to more protective parenting styles and desire by parents to 'get parenting right'.

System issues reported included:

- ❑ Lack of knowledge about how the service system works and what services are available:
 - Many professionals felt that parents do not have an adequate understanding of the service system, how it operates and how to best work with professionals to get the outcomes they need.
- ❑ Lack of service awareness (knowing about what is there):
 - Parents do not have a good understanding of the variety of services and specialist services that are available to them and, indeed, how to access these services when needed. Many professionals also lack this awareness.
- ❑ Lack of support access:
 - Professionals believed that parents are experiencing increasing levels of social isolation, in geographical terms and in access to formal and informal support networks. They reported a general lack of confidence in many parents about their ability to parent effectively. This is more evident with highly vulnerable groups. Further, there are insufficient services for the demand placed on support services like childcare and playgroups.
- ❑ How to select from the plethora of available information:
 - Professionals reported that there is a plethora of information available to support parents; but many parents and professionals alike do not know how to access the information that is available, nor do they know how to determine what is evidence-based. Even if parents successfully access information, many struggle with translating it into practice. Further, professionals were concerned that some parents will often seek information until they find "like views" or opinions supporting their view – with less knowledge about the accuracy of the information.
- ❑ Lack of coordination between services:
 - There was a general view that many early childhood services operate in "silos". The level of coordination and collaboration between services is not strong, and parents are often faced with telling and retelling their stories to different professionals in order to gain access to services.
- ❑ Services are not generally father-friendly:
 - Professionals recognised that services are not fundamentally father-friendly despite growth in specific father support programs. Many programs are still only offered in traditional working hours, with waiting rooms and service practice reflecting a very female-based view of the world that does not engage fathers. There is a need for services and information to be more inclusive of fathers rather than considering the needs of this group as add-ons to existing services.
- ❑ The major impact of early discharge from hospital:
 - Early discharge from hospital after childbirth is believed to have an impact on many parents' ability to cope. This is related to the amount of experience many parents have had before having their own children and their level of knowledge and confidence before leaving hospital. Many parents need for extra information, home visits and support groups to assist them.

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- ❑ Lack of understanding of recent research and development knowledge:
 - Parents, and many professionals, lack knowledge of recent, evidence-based research findings. This does not necessarily reflect an absence of available information, but rather a concern with the ability of professionals and parents (to a lesser extent) to access and share this knowledge.
 - ❑ Skills of professionals need development and training:
 - Many professionals commented that, while early childhood professionals often work with children, many do not know how to engage and support families, particularly those families with more complex needs. Professionals are often trained in child development and education, but less so in adopting adult learning principles and engaging and supporting parents with diverse needs. Overall, professionals recognised that it is as important to develop a trusting and effective relationship with parents as it is to provide parenting strategies and information. Balancing these is vital for longer-term, more sustainable behaviour change.

3.1.1.2 Analysis of information and support needs

Professionals believed that these issues raise a range of information and supports needs, both content-based needs, and needs related to the process by which information and supports are provided. In addition, professionals reported a range of needs that should be addressed to enable them to support parents more effectively. Many of these issues were similar across jurisdictions and have therefore been aggregated in this section.

Parents information and supports needs

When questioned about the *content* of information and support, professionals suggested that parents need:

- ❑ Greater understanding of child growth and development:
 - There is a perceived lack of knowledge about and unrealistic expectations of a child's growth, development and behaviour, from new-born babies through to toddlers. This applies universally, regardless of different parent groups.
- ❑ Greater understanding of basic parent craft (eg., bathing, feeding):
 - Given early discharge from hospital and growing proportion of mothers with little or no experience with children, professionals reported that more teaching of parent craft is needed before leaving hospital, with follow-up visits to occur soon after.
- ❑ Techniques and routines around sleeping, feeding and settling:
 - Professionals reported parents often request assistance around sleeping needs and patterns, feeding routines and settling techniques, as children grow.
- ❑ Understanding of child safety, hygiene and nutrition:
 - Professionals reported parents often request information about child safety in the home and beyond, and about nutrition, including when and how to introducing new foods, appropriate quantities etc.
- ❑ Greater understanding of the importance of attachment, play and strong relationships:
 - Professionals felt parents do not understand how to interact and bond with children, and the importance of interacting and bonding. They do not understand how to *be* with children, to respond to baby's cues, to engage and to build relationships. There was a

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- perceived lack of understanding about importance of playing and having fun with children, the value of toys and toy libraries, and appropriate toy and game selection for age and stage of development.
- ❑ Assistance with behaviour and anger management:
 - Professionals reported that parents often request tips, techniques and advice to help manage specific behavioural problems with children, including tantrums, inappropriate behaviour, anger, etc.
 - ❑ Understanding of the difference between managing behaviour, discipline and punishment:
 - Professionals felt that parents do not always understand the difference between how to manage behaviour in a positive way for a desired behavioural outcome, and how this differs to the role of discipline or punishment.
 - ❑ Understanding of how to improve communication between each other and with their child or children:
 - Professionals believed parents need to improve communication between themselves, with professionals and with their children. This should involve learning techniques to avoid conflict, and to clarify roles and responsibilities of each parent and the extended family.
 - ❑ Greater understanding of the life implications associated with becoming a parent:
 - Professionals felt parents need to understand and be equipped with strategies for dealing with the transition to parenting, in relation to early parenting and to maintaining an effective partner relationship.
 - ❑ Support with managing day-to-day family life and financial pressures:
 - Professionals believed that many parents need basic information around how to access housing and employment and other basic issues facing “chaotic” families. Many families also require practical support in shopping, banking and managing money as well as support in parenting.
- In terms of *process* issues, professionals believed that parents need:
- ❑ Assurance about their parenting – “doing okay”:
 - Professionals believed the term “parenting” needs to be normalised, for parents’ confidence and self esteem to be boosted. Parents need acknowledgment that they are experts about their children in their own right.
 - ❑ Time to process and practice parenting skills:
 - Professionals need to ensure parents are given time to consider strategies and information and to practice or rehearse these.
 - ❑ Different information, in different forms, at different times:
 - Support needs are different for each family. The most appropriate method of reaching parents will also differ. Multi-faceted approach to providing information and support is required, depending on where parents are at and to match child’s growth and development. Families have different needs in the levels and duration of support required.
 - ❑ Face-to-face relationships with professionals:
 - The relationship between the professional and the parent is of key importance. Other approaches be can used to support and reinforce what is discussed in the context of this relationship. Some professionals suggested that more access to residential/day stay

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- services and more home visits that have a specific purpose are required to meet needs of specific parent groups.
- ❑ Consistent, credible messages:
 - Parents are overwhelmed with the amount of information and conflicting messages about different aspects of parenting. They need consistency and credible, reliable information.
 - ❑ Access to a range of services and support at different times:
 - Many parents need access to support groups, specialist services and family counselling at different times depending on their situation. However, many parents do not know about the services available or the best way to access these. They require more opportunities and venues to meet together, build relationships and support each other.

Professionals information and support needs

Professionals consulted suggested the following information and support needs for professionals:

- ❑ Training and support in how to select suitable parenting information, programs and supports:
 - Given the plethora of information, professionals need guidance on how to select material that is relevant and credible. They identified need for accreditation or a stamp of approval for information that has been reviewed by experts.
- ❑ Evidence that certain program approaches are effective:
 - Professionals reported a need to know more about the types of programs, information and support available, but also have access to internal, external and published evaluation reports documenting effectiveness of different strategies for parents. They also reported the need to embed formal (rather than just anecdotal) evaluation components into programs currently operating, to build the evidence base. Ongoing funding and time is needed to conduct, evaluate and promote the effectiveness of community-based programs.
- ❑ Skills to engage with parents from pre-birth onwards:
 - Professionals reported that many staff do not have strong skills in effectively engaging with parents, to build relationship and trust.
- ❑ Understanding of the role that different professionals play, and respect for the framework within which they operate:
 - A wide range of professionals and services play a role in supporting parents, and the frameworks within which they work varies. Specific objectives might be different, but the broad intended outcomes should be the same. This should be a consideration when thinking about how services can work more collaboratively.
- ❑ Skills and opportunities to work in partnership and in collaboration with other professionals:
 - Providing professionals with the skills to work collaboratively is important. The service structure must support this and allow professionals to take up the opportunity. Extrapolating from this, the responsibility of parenting should be better integrated into the community at the grass roots level. Many professionals would like to see a return of the view that “it takes a village to raise a child”. Such an approach means that early childhood professionals need to work more collaboratively with others in the community (including allied health professionals, government representation and non-government bodies, local businesses, peak sporting and religion organisations and so on) to build a community approach.
- ❑ Professionals and services to be sensitive to issues for specific family groups:

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- When dealing with particularly vulnerable groups (eg., CALD, Indigenous, intellectual disability, low literacy, etc), professionals need to be sensitive to the particular issues faced by these parents and families. They need also to understand that not all parents enjoy group-based parenting sessions. Parents benefit from having a reason to meet together and a chance to develop relationships and friendships *before* professionals begin to provide information on specific parenting issues.

3.1.2 Parents from culturally and linguistically diverse (CALD) backgrounds

3.1.2.1 Identification of key issues

When asked to identify key issues facing parents from CALD backgrounds, professionals reported the following:

- ❑ There are common concerns across cultures. These include socio-economic factors such as housing and income support.
- ❑ There is a large variation both between and within cultures.
 - Australian culture tends to assume that parenting is the same across cultures. There needs to be recognition that “one size does not fit all” and that parenting norms vary with across and within cultures.
- ❑ Child development and expected parenting norms in a new culture are often misunderstood. The available printed material often relies on bilingual staff to transfer knowledge.
- ❑ The broad construct of parenting in Australia is not inclusive of parents from CALD backgrounds.
 - The individualised construct of parenting in Australia, and its associated norms, need to be broadened to be inclusive of parents from CALD backgrounds, including Indigenous parents. The role of fathers needs to be acknowledged as well as the role that grandparents and extended families play in parenting.
- ❑ Access to and availability of services in Australia is often radically different than in the country of origin.
 - There is a need to build credibility, relationships, respect and trust. Shame about accessing services may be an issue in some cultures, so services need to be flexible and responsive. Partnerships need to be built with parents.
 - The quality of formal and informal interpreters is also an issue.
- ❑ Some families may be experiencing issues of grief and loss associated with moving to a new country. These concerns may need to be addressed before parenting can be dealt with as an issue.

3.1.2.2 Analysis of needs and supports

Professionals suggested that parents from CALD communities need:

- ❑ Accurately translated parenting material:
 - Parenting material needs to be produced in the relevant language, rather than just being translated from the English. Parenting programs need to incorporate issues of grief and loss.
- ❑ Engagement of CALD families as a key issue:

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- A significant role can be played by community leaders and elders. They can be seen as links to the community and can help to build bridges between services and families. There is much value in identifying leaders and potential leaders in different cultures who can be trained to provide parenting support; for example, training of bilingual playgroup leaders.
 - Quality universal care:
 - Universal services such as childcare, teachers, GPs and primary health are key points for engaging CALD families in parenting information and creating linkages to secondary support services. The quality of universal care, such as childcare, can be enhanced by the employment of bilingual workers and by training other workers in the differing needs of CALD families.
 - Access information from a number of media including community radio, ethnic newspapers, SBS:
 - Different strategies need to be employed at the national and community level to promote and report on positive parenting practices that differ across cultures. Valuing this difference yet at the same time normalising parenting is needed.

3.1.3 Fathers

3.1.3.1 Identification of key issues

When asked to identify the key issues fathers face in their role as parents, professionals reported the following concerns:

- Fathers lack knowledge about how to interact with children and the role they play in parenting. The lack knowledge about children's health, hygiene, safety, and the brain development process.
 - Fathers often have the desire to be more hands on but are not sure how to go about it. There is a need to increase fathers' choices in becoming involved with their children. They may feel they do not have the authority to make decisions about their children. Fathers are grappling with their place in society and the family, and there needs to be validation of their concerns about managing work and family.
- There needs to be recognition that the outcomes for children are improved by increasing fathers' involvement.
- Engaging fathers is often difficult for services.
 - Services need to be more father-focussed. Professionals' perceptions of the role of the mother versus the father in the bonding process may reinforce the notion that fathers do not have the power to make decisions or be involved.
- Parenting programs need to be different for fathers.
 - By being more "hands on" and informal, programs are likely to be successful. They should focus on building relationships, brainstorming and discussions. They need to offer pragmatic and practical ideas, such as bottle-feeding, providing respite, or how fathers can identify post-natal depression and subsequently assist their partners. Programs need to educate fathers on the role of play and communication in the child's development, and that discipline is a form of behaviour management, not punishment.
- Current parenting materials are inadequate to meet the needs of fathers.
 - For example, bounty bags for new parents have little or no material targeting fathers. Such materials could include information on such things as Mensline, local service

contacts, freebies for recreational activities to include fathers, how to interact with the baby, and so on.

- ❑ Fathering issues can be compounded by family breakdown, leaving fathers more isolated from their children.

3.1.3.2 Analysis of needs and supports

Professionals believed that, to support and assist fathers more effectively:

- ❑ More effort is needed by services, both universal and secondary, to engage fathers.
 - Strategies could include offering programs outside working hours and informal programs that occur at a place where fathers feel comfortable (e.g. workplace, recreational facilities). They could encourage father/child sessions and provide fathers with opportunities for experiential learning.
- ❑ There are key points in a child's life where there are opportunities for engagement of fathers, for example, pre-natal classes, maternal and child health nurse visits, child-care, pre-school and school.
- ❑ Communication and education about the role of fathers in parenting is required.
 - This could be a combination of community education, group work and individual counselling. Written parenting information needs to reinforce the role of fathers.
- ❑ Father-specific parenting programs and groups are important. Fathers like doing activities where they can bring their children with them.

3.1.4 Grandparents as primary carers

3.1.4.1 Identification of key issues

When asked to identify the key issues faced by grandparents as primary carers, professionals reported the following concerns:

- ❑ More grandparents are responsible for the primary care of children.
 - This is because child protection practices have moved away from placing children in foster care to focus on kinship care, a system that involves grandparents. Many grandparents as primary carers are not paid, as many of these care arrangements are internal (ie. have not gone through the Family Court).
- ❑ Grandparents as primary carers have a wide range of practical concerns.
 - Practical concerns include financial and health issues, a lack of legal status, and the need for larger housing to accommodate children. Many grandparents do not understand what support is available to them and how to access things like legal information and financial assistance. Access to foster care payments differ across the states and territories. Other issues can include lack of transport and the cost of services.
 - Some of the factors that affect grandparents responsible for the primary care of children include social isolation, differing parenting styles, a clash of cultures and inter-generational conflict. The lack of extended family or dysfunctional family networks can influence isolation and the family support available. The needs of grandparents are different to the general parenting population.
- ❑ There are minimal services to support grandparents in parenting children.
 - There is also a stigma associated with asking for help. Carers require more support and professionals need more information on how to support grandparents as carers.

Grandparents are interested in learning about recent knowledge in child development and how to manage child behaviour. They lack access to information and do not have accurate information on the role grandparents play in parenting.

- ❑ Grandparents are often caring for children who have undergone significant trauma.
 - Grandparents' own children may be suffering from mental health or drug issues. There may be tension and confusion of issues and roles within families, particularly if the grandparent has care of one child and the other children are in the primary care of parents. There is also potential to “lose” the child when the parent takes over the primary care of the child.
- ❑ Being a grandparent should be recognised as one role among many.
 - Grandparents may have issues with a loss of their own “retirement” stage of life, and may feel there is an assumption they have nothing better to do than care for the children.

3.1.4.2 *Analysis of needs and supports*

To support and assist grandparents more effectively, professionals made the following points:

- ❑ Support groups are successful for grandparents but they need facilitation.
 - Grandparents may need support for themselves or for the child who has been traumatised. They need information on how this trauma affects child development and behaviour.
- ❑ Grandparents may need respite through formal or informal childcare.
 - They also need to know what services and supports they can access. Whilst they are keen to access support and information for themselves, they also need verbal connections.
- ❑ Grandparents need information and support to know what do in an emergency or a crisis. This may be child- or grandparent-related.
- ❑ Professionals need to be aware of the differing roles that grandparents play across cultures.

3.1.5 **Single parents**

3.1.5.1 *Identification of key issues*

When asked to identify the key issues faced by single parents, professionals reported concerns relating to both young and older single parents.

In relation to *young* single parents, professionals reported that:

- ❑ Some single parents face issues around suitable housing, financial difficulties and lack transport options.
 - They are often located in poorer areas and can be a transient group. There is a need to support parents who may be in crisis and/or at risk of homelessness.
- ❑ Many experience feelings of isolation and lack other young people as mentors. Relationships with extended family are important to maintain and foster.
- ❑ Many feel that they do not belong to existing services (ie. services are too middle class). Their difficulties with transport create additional barriers to accessing services.
- ❑ There is a need to build community and network supports for teen single parents.
- ❑ May have been through the child protection system themselves and may lack good parenting models.

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- ❑ Best practice in working with young teen parents is not shared. Good models need to be disseminated.

In relation to *older* single parents, professionals reported that:

- ❑ There is much diversity within this group, with some older first-time parents who are post-separation.
- ❑ Many older single parents may not have the networks to support them in their parenting role and may experience increased anxiety as a result of putting pressure on themselves.
- ❑ Older single parents may be in the workforce and negotiating childcare issues. There may be financial stressors, including mortgage commitments.
- ❑ Older single parents may be invisible to services and not access the supports they need.

3.1.5.2 Analysis of needs and supports

Professionals believe that, to support and assist young single parents more effectively, these parents need:

- ❑ Crisis issues addressed.
 - There is often a hierarchy of crisis for teen single parents and the crisis needs to be addressed on the day.
- ❑ An acknowledgment of the intensity of parents' needs.
 - Work with young teen parents can be slow, intensive and costly. Change is likely to be incremental rather than dramatic.
- ❑ Support for young teen parents based on modelling, allowing parents to share their experience and build skills.
 - Teen parents prefer to use "drop-in" centres rather than attending structured parenting classes. Assertive outreach is required to engage them. Teenagers like to do things that are "cool" and if hospitality is offered, they are more likely to attend programs.
- ❑ Targeting via universal systems.
 - Universal systems such as childcare can be a hub for providing information and support.

Professionals believe that, to support and assist older single parents more effectively, these parents need:

- ❑ Greater access to support groups with parents in a similar situation.
 - Older parents do not necessarily have the support networks and may be in the workforce and parenting in isolation.
- ❑ Targeting via universal systems.
 - Universal services that older parents access can be a platform for engaging these parents.

3.1.6 Parents of children with a disability

3.1.6.1 Identification of key issues

When asked to identify the key issues faced by parents of a child with a disability, professionals reported the following concerns:

- ❑ Some families have difficulty in acknowledging there is a problem.
- ❑ Information provided by the medical profession is often negative.

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- The diagnosis process can be disempowering for parents and disadvantage other children in the family. Some families may not get a firm diagnosis and entry into services is mostly based on diagnosis.
 - ❑ First-time parents often have greater difficulties.
 - Families want support from other families who have children with similar conditions. There are financial pressures associated with having a child with a disability, which can be compounded by high medical costs.
 - ❑ Often parents get to the very desperate stage before they can get help.
 - Respite is an example. There is often rigidity in respite models, with a lack of available timely services and long waiting lists for support.
 - ❑ Parents lack understanding about developmental age/stages.
 - Therefore they may not be aware of a developmental issue until child reaches preschool.
 - ❑ The number of low birth weight babies surviving birth is increasing.
 - ❑ Community values remain negative about children with disabilities.

3.1.6.2 Analysis of needs and supports

- ❑ Support is often needed at critical transition points.
 - Support for families needs to be organised at the local level and opportunities provided for families to meet and discuss issues in common. A broader range of support for families is required, not just for the child who has a disability. Highest priority needs to be given to first-time parents who have a child with a disability.
- ❑ Services should consider the child in the context of the whole family.
 - Services need to be more family-centred. Often there is a lack of understanding about what parents need (e.g. operation on a medical model). There is a need for appropriately skilled service providers who can respond and support parents in a timely manner.
- ❑ Professionals and practitioners require skills with working with the whole family to build on family strengths and address identified needs.
- ❑ Bureaucratic rules about accessing services often do not make sense for families and make things harder for them.
- ❑ An improved evidence base for intervention is needed.
- ❑ Children with a disability should have the opportunity to access the same experiences as other kids.
- ❑ There is a lack of childcare that caters for special needs, where the special needs are understood and supported and there are no social stigmas.

3.2 Methods for providing information and support to parents

Overall, professionals were in agreement that the key to supporting parents lies in the development of a positive relationship through face-to-face programs. However, professionals also agreed that other media can provide useful reinforcement of the issues discussed in the context of such a relationship. This section reports on professionals' feedback on a number of different approaches to reaching parents and providing information and support across the different groups of parents examined in this project.

3.2.1 Telephone information and support

Professionals report that parenting hotlines are available for immediate issues and for referral to other services. However, not all states have parent hotlines that operate 24 hours a day, seven days a week. There are reports of long waiting periods for parents who call these hotlines, particularly if calling during the night-time when services are often staffed at a lower capacity.

Despite these concerns, professionals felt that, with appropriate marketing of hotline availability and role and improved capacity to deal with demand, hotlines are a useful first base for many parents. Professionals also recognised that opportunities exist to build on hotlines for specific parent groups, such as fathers, as currently adopted in some jurisdictions. Many professionals reflected that a useful way to support marketing hotlines at a national level would be to link up existing telephone hotlines to a national number, which would direct callers to the appropriate hotline in each state.

3.2.2 Television and mass media

Significant feedback was provided by professionals as to their views on the value of television and mass media in accessing parents. In general, views on this approach were positive. Mass media, particularly television, were seen as a suitable avenue for raising awareness of the value of children and for promoting the importance of the role of parenting to an increased number and variety of families.

Professionals acknowledged that, due to the power of this approach, it is important that messages be clear, consistent and promote positive images. It was also noted that while generally accessible to a large proportion of different parenting populations, television alone may not necessarily result in behaviour change. Therefore, professionals highlighted the need for a television campaign to be considered as part of a larger marketing campaign encompassing other approaches including telephone hotlines, radio, web-based media and print material (local newspapers).

The following ideas were commonly reported by professionals as options for supporting parents in their parenting role (these are not listed in order of priority):

- ❑ Development and use of 60 second “grabs” during prime time television.
- ❑ Development of a regular, everyday style, parenting program or series. The example commonly provided was a *Burke’s Backyard* style show, modelling everyday parenting problems and outcomes.
- ❑ Regular input about positive parenting messages and role modelling approaches in script writing of popular drama series like *Home and Away*.
- ❑ Input into current affair programs, which professionals believed that parents see as credible.

Finally, to ensure the greatest reach of a mass media campaign, professionals suggested that commercial television stations need to be targeted. This is not discounting the value of using local or community-based stations for specific groups of parents, but rather, recognising the ability of commercial stations to target a larger number of families.

3.2.3 Internet, web based electronic media

Given the growth in the use of personal computers and Internet access by families and professionals alike, professionals felt that the use of the Internet or web-based media is a valuable approach supporting many parents. It can provide links to information, community directories, research evidence and chat rooms and allows users to explore information at their own pace.

However, it was noted that this approach generally targets those parent who actively seek information and support and is not likely to be the most suitable approach for targeting disadvantaged families.

Perhaps of greater concern is the number of websites from which parents and professionals can choose without guidance as to what information is credible, reliable or evidence-based. Professionals were concerned that parents will continue to search web-based information until they find an answer they find acceptable, or someone with like-thoughts, and this may not be an accurate representation.

Despite these concerns, the web was regarded as a useful approach to disseminating information to a large number of parents and professionals. The development of a rating or accreditation system to guide web-based searches for professionals and parents would be a significant step to increasing the value of this approach. Similarly, development and monitoring of professional chat rooms would be provide another medium for professionals to share thoughts and experience with work colleagues.

3.2.4 Written information

As previously highlighted in this report, professionals recognised that a wealth of written material already exists in a range of different forms. There is a strong use of tip sheets across states and services to reinforce issues discussed in context of face-to-face sessions or parenting groups. However, there are issues associated with the credibility of some written material in the public domain. More specific concerns were expressed that written materials are not effective for those dealing with low literacy clients. Further, professionals highlighted that while there have been increases in the translation of material into different languages for use with parents from various CALD communities, the translations are not always appropriate. Such material often needs to be reproduced with different cultural styles in mind, rather than simply translated from English, to ensure the content is appropriate and relevant to the target group.

Other professionals questioned how many parents actually read pamphlets, brochures and related written material. Overall, all professionals recognised the role that written material plays in supporting parents; however, few were supportive of the development of more written resources. It is more important to consider how best to select and disseminate from available written material, reduce duplication, increase consistency in messages, maximise reach to intended target groups, and link to other media such as television, radio and the Internet.

3.2.5 Video and DVDs

Professionals reported that video and DVD material is useful, particularly in formal sessions, to guide discussion and provide parents with an opportunity to see desired behaviour modelled. Video and DVD footage, if up to date and tailored for particular parent groups, can illustrate real life, everyday parenting problems and demonstrate solutions. These resources also lend themselves to being borrowed, reviewed and shared with family and friends. Specific videos can be developed to address needs of different groups of parents and remove many of the literacy and language barriers often associated with written material. Professionals generally supported continued development of Australian video material, specific to the needs of different groups of parents.

3.2.6 Groups and support sessions

Overall, professionals reported a desire for more informal “drop-in” support-type groups to provide parents with the opportunity to develop social connections and become more aware of available services. This approach builds on the notion that “it takes a village to raise a child”. Professionals reported preference for early childhood professionals to work in greater partnership, forging links

between different services and embracing the concept of schools as communities or hubs for development and growth. The importance of professionals effectively engaging with parents was highlighted as a key to the success of groups and support sessions. Further, many professionals believed that childcare and playgroup sessions provide useful access point for reaching many families.

Some professionals highlighted that some parents do not feel as if they “fit” this approach. This is particularly evident with parents from CALD communities, those with low literacy, and those with a child with a developmental delay or disability, who often prefer to attend support groups specific to their needs. Therefore, professionals suggested that where support groups do include families with diverse needs, particular sensitivity is required to the needs of these families.

3.2.7 Parent-training

The consultation process indicated that a range of parent programs are used by professionals, with the majority of users selecting elements of different off-the-shelf programs and developing their own program models to meet client needs and levels of function. There are, however, limits to the transferability of the evidence base on which a program may be based, when programs are used in this way. For example, while a program as a whole may have been scientifically evaluated as effective, this does not necessarily mean delivery of individual components or adapted versions of the program will yield the same effective outcomes.

Professionals recognised that many programs operating are either part or fully fee-based, restricting access to many parents. Further, like web-based information, these programs may also attract participants who are actively seeking assistance, again missing the hard-to-reach parents who are often in greater need of support.

3.3 Strategies for supporting parents

The previous section has detailed professionals’ feedback on a number of different approaches to reaching parents and providing information and support. This section lists some of the specific strategies that professionals suggested would help support parents.

Strategies suggested for supporting the general parenting population are presented in Section 3.3.1, and Section 3.3.2 provides some strategies recommended for dealing with specific groups of parents. These findings draw on the feedback provided in the consultation process and, particularly for the specific parent groups, on the issues discussed at the national workshop in April 2004.

Strategies have been categorised under three headings: strategies to support parents, to assist professionals, and to assist the broader community. There is some overlap between the material presented here and the professionals’ views on different approaches to providing information, as detailed in the previous section.

3.3.1 Strategies for the general parenting population

3.3.1.1 Parents

To support parents more effectively, professionals suggested consideration of the following strategies or investments:

- ❑ Develop a comprehensive cross-media marketing campaign that uses a variety of media including television, radio, newspapers, web-based and written material, to promote the value of children and the importance of the role parents play in children’s lives.
- ❑ Link state-based parent helplines to a national 1800 number and market this at a national level.

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- ❑ Enhance existing services to increase the quality, reach and size of services.
 - ❑ Investigate the use of existing services, such as childcare, playgroups and schools, as critical points of access for distribution of information and providing support to hard-to-reach families.
 - ❑ Develop interactive displays to educate parents and professionals about how the world looks through the eyes and ears of a baby and what influence the parent-child interaction can have.
 - ❑ Develop (where not already in existence) service compendia that not only inform parents of local services, but also educate them on how the service system works and the processes to access and use available services.
 - ❑ Develop programs that promote early education of parents, in school or pre-natally, to promote prevention and early intervention for family issues and child-related health, development and well-being concerns.
 - ❑ Investigate the opportunity to link media campaigns to local champions or Australian icons to help promote the importance of the parenting role.

3.3.1.2 Professionals

To assist professionals to support parents more effectively, professionals suggested consideration of the following strategies and investments:

- ❑ Develop a rating scale or accreditation system whereby the quality and effectiveness of existing and newly developed material could be rated.
- ❑ Provide professional development in parent engagement, dealing with families, relationship training and working in collaboration. Links are required with tertiary institutions and the training provided.
- ❑ Conduct evaluations and embed this process in new programs and information approaches to develop a stronger evidence base for effective practice and long term outcomes.
- ❑ Investigate approaches to ensure recent research evidence is effectively disseminated and shared amongst professionals.
- ❑ Educate magistrates to ensure that when parents are referred to attend a parenting program course as part of a court order, they are aware of appropriate local services to attend.
- ❑ Improve partnerships between various state and federal departments, non-government agencies and levels of management, to increase collaboration and reduce duplication of programs and materials.

3.3.1.3 Community

To assist communities to support parents and professionals more effectively in service delivery and development, professionals suggested consideration of the following strategies or investments:

- ❑ Improve the transition from early childhood to school by looking at the effectiveness of schools as communities or hubs where parents can meet informally (at drop-in centres, parent rooms, etc), engage with others and become familiar with the school community before children reach school age.
- ❑ Improve training and mentoring provided to local community workers, volunteers and home visiting staff at community level.
- ❑ Develop and facilitate support groups to meet the specific needs of particular parent group and provide venues for these groups.

A final, overarching consideration that professionals in each jurisdiction raised is the need for longer-term funding to be committed to supporting parents. Communities are tired of pilot

programs being undertaken in a given area and then stopping when funding ceases. They feel there is insufficient focus on the sustainability of information and support systems for parents, which is required to achieve longer-term outcomes for children and families.

3.3.2 Strategies specific to the needs of different parents groups

3.3.2.1 Families from culturally and linguistically diverse (CALD) communities

To support CALD parents and families more effectively, professionals suggested consideration of the following strategies or investments:

- ❑ Develop and implement education strategies at a national and community level that promote the various positive parenting practices across differing cultures utilising a variety of media, such as television, ethnic radio and newspapers.
- ❑ Identify where there is a need for better translation services, and then how to improve the quality of interpreter services (e.g. accreditation).
- ❑ Utilise community leaders to engage parents and to educate families about the services and supports that are available to them.
- ❑ Train bilingual community members to be playgroup leaders and develop parent-focussed playgroups.
- ❑ Provide professional development for key people working with CALD families in universal and other support services on how to engage with and support CALD families.

3.3.2.2 Fathers

To support fathers more effectively, professionals suggested consideration of the following strategies or investments:

- ❑ Develop a promotional campaign promoting the role of fathers. This could be around fathers' role at various stages of the lifecycle, from birth through to toddlers, pre-school and school. It could also focus on what it means to be a father – “what does he need to do rather than just being the disciplinarian”.
- ❑ Review the current materials provided to first-time parents to include father-oriented materials and practical advice.
- ❑ Make workplaces more supportive for fathers. This could include such things as raising the awareness of fathers in the workplace and the role they play in children's lives, employee assistance programs that incorporate family issues, and making workplaces more father- and child-friendly. Health campaigns at the workplace could be targeted at supporting and encouraging fathers in their parenting role.
- ❑ Provide professional development for services. This could include the development of practice guidelines and quality assurance guidelines around father inclusive practices. Services need to be accessible to fathers as caregivers.
- ❑ Establish a National Fathers' Telephone Help Line that can offer advice on parenting issues.
- ❑ Provide specific parenting programs aimed at fathers, and playgroups for fathers, and engage fathers early in the pre- natal or immediate post-natal period.

3.3.2.3 Grandparents as primary carers

To support grandparents as primary carers more effectively, professionals suggested consideration of the following strategies or investments:

-
- ❑ Conduct a campaign to raise the awareness of the role grandparents play in the community. This would include grandparents across cultures. Grandparents and the benefits they can bring to the lives of children need to have a public face.
 - ❑ The Australian Government needs to examine the issue of affordable childcare to provide respite for grandparents who have responsibility for the primary care of children; and the issue of support provided to grandparents when the preference is to place children at risk with grandparents rather than in foster care.
 - ❑ Utilise strategies that will enhance grandparents' knowledge of the benefits and entitlements they can receive from Centrelink as a result of being primary carers (eg., 1800 number, Centrelink number). Aged Pension Newsletters could be used to provide information to grandparents. Cross-portfolio work is needed with the Department of Health and Ageing.
 - ❑ Target childcare, pre-school and school GPs as points for grandparents to access parenting information.
 - ❑ Recognise the role of playgroups as a support mechanism for grandparents. FaCS funding contracts need to acknowledge that grandparents responsible for the primary care of children are a specific target group.
 - ❑ Heighten professionals' awareness of the role of grandparents as carers.

3.3.2.4 *Single parents*

To support single parents more effectively, professionals suggested consideration of the following strategies or investments:

- ❑ Provide education for young people on what it is like to be a single teen parent.
- ❑ Establish greater linkages with the child protection system and a better understanding of the Family Court and how it works.
- ❑ Explore childcare as a hub for information and resources. Other services like Centrelink can be a point for distributing information to parents.
- ❑ Develop communities as virtual hubs, so if anyone comes in they can get referrals to another service.
- ❑ Establish a portal or a website for services to share good practice on working with these groups; e.g. engagement, how to access young teen and older single parents, how to provide programs and parenting information to these groups.
- ❑ Seek agreement at a national level about key priorities.

3.3.2.5 *Parents with a child with a disability*

To support parents of a child with a disability more effectively, professionals suggested consideration of the following strategies or investments:

- ❑ Provide information for these parents that is not just about the diagnosis, and that does not marginalise them as a special group. Whilst their needs are different to the general parenting public, these needs should be incorporated into general programs and services.
- ❑ Present positive messages for the broad community through the media.
- ❑ Develop "somewhere safe" to go to share and discuss issues with other parents and professionals when required, e.g. the concept of schools as communities.
- ❑ Develop more parent-driven and parent-responsive service models.
- ❑ Provide good information to support the whole family. For example, produce a resource video for service providers to use. Professionals also need training on this.

-
- ❑ Provide parents with a booklet (a child health record) to hold their own records.
 - ❑ Provide training for medical and health professionals.
 - ❑ Develop a booklet on the impact of having a child with a disability for families to be able to give to other family members, friends and the wider community.
 - ❑ Seek agreement on common criteria for acknowledging a disability level. This needs to be accepted by all service providers so that families have only one assessment.

3.4 Sources of information of value

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

Many professionals reported that their own professional judgement is critical when selecting from available material. They select material for which a solid evidence-base exists and rely on parents' feedback regarding the usefulness of chosen material and resources. Some write their own material, though the majority draw on existing materials and often select elements of existing programs, or rebadge or rewrite material to suit particular programs or parent needs. This avoids duplication of material. However, professionals indicated that this approach is not always feasible, as some programs have strict copyright laws prohibiting the printing or reproduction without agreement via appropriate channels.

The resources most commonly mentioned during the consultations with professionals were tip sheets or information, provided to parents to reinforce issues discussed in the context of a relationship or parenting session.

The large proportion of professionals consulted referred to the credibility and usefulness of the *Parenting SA* "Parents' Easy Guides" (commonly referred to as PEGS) and associated materials developed and distributed by this agency. The PEGS are based on common issues parents struggle with. These PEGS now cover seventy topics and are available on the *Parenting SA* website and in printed form. The PEGS form part of a larger, comprehensive strategy based on a social marketing approach that *Parenting SA* has adopted to support parents. The messages in the PEGS are supported through other media including radio and television messages, parenting calendars, newsletters and magazines. The materials have been translated into fifteen different languages, and PEGS specific to the needs of Indigenous parents have also been developed. *Parenting SA* has given licence agreements all others states to use these guides and associated materials.

Queenslands Department of Communities also reported a comprehensive approach to developing and distributing information for parents. Drawing on the material prepared by *Parenting SA*, the Department develops and distributes a parenting magazine to more than 6,000 locations across Queensland including schools, childcare centres, libraries, hospitals, GPs' offices, and maternal and child health centres. The Department is now preparing its 9th edition of the magazine, with more than 500,000 copies expected to be printed per issue.

A range of other printed materials were reported by professionals as useful in supporting parents. Materials commonly reported including the array of resources that make up the *Triple P* program, the materials used by the Victorian Parenting Centre, and those distributed by NAPCAN. A range of video material were also mentioned. Examples of video or DVD material used by professionals

include: *How to Raise Happy Families*, *SOLVE*, *Hey Dad*, *Emotions*, *STEP*, and *Exploding the Myths*.

4 Summary and conclusion

This volume (Volume 4) has detailed the consultation process with professionals and policy makers.

Summary of consultation with professionals

Overall, the consultation with professionals and policy makers across the health, education, and childcare areas has highlighted a range of key issues facing parents in their parenting role. These span social and system issues. This volume documents the information and support needs of parents, in terms of content needs and the process by which information is provided. While many of the issues and needs are similar across jurisdictions, some are particular to specific groups of parents. The key issues and support and information needs of these specific parent groups are also documented.

While professionals were in agreement that the key to supporting parents is in the development of a positive relationship through face-to-face programs, they also agreed that other media can provide useful reinforcement of the issues discussed in the context of such a relationship. This volume summarises professionals' views on the advantages and disadvantages of approaches including telephone and information support, television and mass media, Internet or web-based media, written material, video and DVD material, support groups and parent training and skill programs. Overall, professionals agreed there is a plethora of material available. They also recognised that there are many websites, information sheets, pamphlets, posters, off-the-shelf programs and videos on which they can draw on when developing programs and material to support parents, though some noted they have more difficulty accessing these than others. Different delivery media meet different needs for different families. One of the greatest concerns was associated with selecting information that is reliable, valid and evidence-based, and services the needs of parents.

Throughout the consultation, professionals suggested strategies for consideration. These strategies, documented in this report, fall into three groups: (1) strategies to support parents more effectively; (2) strategies to support professionals more effectively, and (3) strategies to assist the broader community to support parents more effectively. While some strategies were suggested which reflected issues and needs of the general parenting population, some professionals also offered strategies particular to the needs of the specific parent groups examined in this study.

4.1 Conclusion

The findings of the professional consultation phase have provided critical thinking for the development of a set of priorities to assist in the future provision of parenting information and support across Australia. These priorities are documented in *Volume 1: Main Report* and are submitted to FaCS for consideration.

Appendix A: Persons Consulted

Consulted via focus groups

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

| State | Name | Organisation |
|-------|--------------------|---|
| NT | Debbie Milne | Darwin City Council, Fun Bus/Fun in the Parks |
| NT | Heather Havens | Darwin Family Day Care |
| NT | Georgie Nutton | Department of Employment, Education and Training (DEET)– |
| NT | Carolyn Borci | Department of Employment, Education and Training (DEET)–Student Services Branch. Early Childhood Intervention |
| NT | Jodie Stewart | Department of Employment, Education and Training (DEET)–Student Services Branch, Early Childhood Intervention |
| NT | Barbara Paterson | Department of Health and Community Services (DHCS) |
| NT | Gail Clee | Department of Health and Community Services (DHCS) Casuarina Community Care Centre |
| NT | Lesley Taylor | Department of Health and Community Services (DHCS)–Office of Children and Families |
| NT | Mora Stronach | Department of Health and Community Services (DHCS) □ Community Paediatric Team |
| NT | Di Halloran | Office of Children and Families |
| NT | Lisa Schofield | Palmerston City Council |
| NT | Beth Walker | Team Health |
| NT | Liz Bell | YWCA Parenting Program |
| QLD | Julie Russell | Australian Red Cross |
| QLD | Sophie Rahme | Australian Red Cross |
| QLD | Cathy Olsen | Carindale Police Citizen Youth Club (PCYC)—Families Our Future |
| QLD | Leona Elmslie | Commission for Children and Young People |
| QLD | Roderick Isaac | DRUG-ARM Home Visitation and Family Support Program |
| QLD | Marita Ram | Families NOW |
| QLD | Louise Gorman | Family and Friends Parent Aide Program |
| QLD | Larne Wellington | Honours Student—Queensland University of Technology |
| QLD | Anne Brelsford | Kinections |
| QLD | Candice Davey | Lifeskills (Logan) |
| QLD | Vince Vernick | Lutheran Community Care |
| QLD | Cherie Lamb | Pathways to Prevention Project, Mission Australia |
| QLD | John Lucas | Queensland Program of Assistance to survivors of Torture and |
| QLD | Lynn Thompson | Save the Children |
| SA | Pam Linke | Department of Child and Youth Health |
| SA | Raema Mahony | Parenting Network |
| SA | Julie Francis | Parenting SA/Child and Youth Health |
| SA | Tracey Buchanan | Parenting SA/Child and Youth Health (Volunteers/friends) |
| SA | Helen Grimshaw | Uniting Care Wesley-Bowden |
| Tas | Christine Long | Department of Health and Human Service (DHHS) Family, Child and Youth Health Service |
| Tas | Linda Johnson | Early Support of Parents (ESP) |
| Tas | Carolyn Jones | Good Beginnings |
| Tas | Lorraine Polglase | Good Beginnings |
| Tas | Paul Prichard | Good Beginnings |
| VIC | Sandy Robertson | Anglicare, Northern |
| VIC | Cathie Valentine | Anglicare—Parentzone |
| VIC | Chris Hanly | Anglicare—Parentzone |
| VIC | Jeannette Milgrom | Austin Health/Parent Infant Research Institute |
| VIC | Jennie Ericksen | Austin Health/Parent Infant Research Institute |
| VIC | Meridith Alexander | Australian Breastfeeding Association |
| VIC | Colin Kelly | Ballarat Community Health Centre |
| VIC | Merran Flemming | Best Start Project |

| State | Name | Organisation |
|-------|---------------------|--|
| VIC | Ann Nicholls | Centacare |
| VIC | Annue Munro | Centacare |
| VIC | Jenny Fink | Central Highlands Regional library |
| VIC | Fiona White | Children and Family Services |
| VIC | Jan Keats | City of Greater Geelong |
| VIC | Shandell Blythe | City of Hume |
| VIC | Jim Bond | Department of Education |
| VIC | Marjorie Pickford | Department of Education/Koorie Education Development Officer |
| VIC | Andreana Harrison | Department of Human Services |
| VIC | Keryl Thomas | Department of Human Services |
| VIC | Megan Bourke-O'Neil | Department of Human Services |
| VIC | Prue Blackmore | Department of Human Services |
| VIC | Sharelle Knight | Department of Human Services |
| VIC | Louise Buckle-Smith | Department of Human Services - Children's Services |
| VIC | Alison Marchbank | Department of Human Services - Specialist Children's Services |
| VIC | Sue Greig | Department of Human Services -Parentline |
| VIC | Polly Foster | Department of Human Services □ Specialist Children's Services |
| VIC | Clare Schaper | Kindergarten Association |
| VIC | Pat Wells | Latrobe City—Parentzone, Gippsland |
| VIC | Annette Brown | Maribyrnong City Council |
| VIC | Wendy Jones | Maternal and Child Health (MCH) Line |
| VIC | Leslee Neil | Maternal and child health nurse |
| VIC | Gulson Besim | Migrant Resource Centre (MRC) North Western |
| VIC | Zeinab Hussein | Migrant Resource Centre (MRC) North Western |
| VIC | Leisha Howland | Parent |
| VIC | Nickv Russell | Parent/Australian Breastfeeding Association |
| VIC | Kerrie Guppy | Parent/President Ball Community Health Board |
| VIC | Kaye Cameron | ParentLink Regional Parenting Service |
| VIC | Janine Regan | Playgroup Victoria |
| VIC | Karryn Argus | Playgroup Victoria |
| VIC | Bride Mosley | Queen Elizabeth Centre |
| VIC | Debbie Brewis | Queen Elizabeth Centre |
| VIC | Jan Crowe | Queen Elizabeth Centre |
| VIC | Jenny Adams | Queen Elizabeth Centre |
| VIC | Lisa Arnott | Queen Elizabeth Centre |
| VIC | Lisa Kane | Queen Elizabeth Centre |
| VIC | Manaly Lyons | Queen Elizabeth Centre |
| VIC | Marg Kerr | Queen Elizabeth Centre |
| VIC | Nanette Abblit | Queen Elizabeth Centre |
| VIC | Pauline Sampson | Queen Elizabeth Centre |
| VIC | Sue Jackson | Queen Elizabeth Centre |
| VIC | Trish Aprite | Queen Elizabeth Centre |
| VIC | Deb Greenslade | Safe Start project |
| VIC | Tracey Borg | Secretariat of National Aboriginal and Islander Child Care |
| VIC | Lyndal Nash | Student Welfare |
| VIC | Janet White | The Salvation Army |
| VIC | John Zkia | Victorian Cooperative of Children's Services for Ethnic Groups |
| VIC | Catherine Wade | Victorian Parenting Centre |
| VIC | Kylie Burke | Victorian Parenting Centre |
| VIC | Leah Brennan | Victorian Parenting Centre |
| VIC | Richard Thurecht | Victorian Parenting Centre |

| State | Name | Organisation |
|-------|----------------------|---|
| VIC | Tanya Seath | Victorian Parenting Centre |
| VIC | Keryn Crebbin | Wendouree West (WW) Community Renewal |
| VIC | Robyn Waugh | Wendouree West (WW) Community Renewal /Community Wellbeing |
| VIC | Bruce Guest | Wendouree West Youth Service |
| VIC | Caroline Pflieger | Women's Resources Information and Support Centre – Domestic Violence Support Service (WRISC-DV) |
| VIC | Jue Nguyen | Migrant Resource Centre (MRC) North Western |
| WA | Lynn Christie | Department of Education and Training |
| WA | Judy Stratton | Department of Health □ Child and Community Health, |
| WA | Leah Hanson | Meerilinga Young Children's Services |
| WA | Jane Hansen | Playgroup WA Inc. □ Inclusion Program |
| WA | Donna Kristionopulus | St John of God Health Care (SJGHC) Raphael Centre |
| WA | Trish Sullivan | St John of God Health Care (SJGHC) Raphael Centre |
| WA | Marie Yuncken | State Child Development Centre |

Additional meetings

| State | Name | Organisation |
|-------|------------------------|--|
| ACT | Ruth Ganley | Australian Government Department of Family and Community Services |
| ACT | Jenny Myers | Australian Government Department of Family and Community Services |
| ACT | Teena Blewitt | Australian Government Department of Family and Community Services |
| ACT | Melinda Tynan | Australian Government Department of Family and Community Services |
| ACT | Vanessa Beck | Australian Government Department of Family and Community Services |
| ACT | Eileen Newmarch | Department of Education |
| ACT | Pauline Brown | Department of Education and Community Services (DECS) |
| ACT | Pam Cahir | Early Childhood Australia |
| ACT | Anne Marie Mioche | Families Australia |
| ACT | Penny Pengryffyn | Family Services Australia |
| ACT | Sue Packer | Paediatrician |
| NSW | Divonne Holmes a Court | Australian Council for Children and Parenting |
| NSW | Graham Vimpani | Australian Council for Children and Parenting |
| NSW | Natasha Ingram | Australian Government Department of Family and Community Services |
| NSW | Peter Bowen | Australian Government Department of Family and Community Services |
| NSW | Gillian Calvery | Childrens Commissioner |
| NSW | Kati Krsevan | Families First |
| NSW | Deborah Hartman | Family Action Centre |
| NSW | Judy Geggie | Family Action Centre |
| NSW | Richard Fletcher | Family Action Centre |
| NSW | Bron Dekok | Family Day Care Council |
| NSW | Barbara Wellesley | Good Beginnings Australia |
| NSW | Catherine Allen | Kaleidoscope |
| NSW | Jennifer Bowes | Macquarie University |
| NSW | Adam Foster | National Association for the Prevention of Child Abuse and Neglect |
| NSW | Denise Taylor | National Childcare Accreditation Council |
| NSW | Laurie Makin | Newcastle University □ Shells |
| NSW | Claire Corbet | NSW Health |

| State | Name | Organisation |
|--------------|--------------------|---|
| NSW | Carolyn Race | NSW Health |
| NSW | Elizabeth Murphy | NSW Health |
| NSW | June Wangmann | NSW Parenting Centre |
| NSW | Karen Merange | Playgroup Australia |
| NSW | Ginie Udy | SDN Children's Services |
| NSW | Elaine Henry | Smith Family |
| NSW | Rosemary Sinclair | |
| NT | Cheryl Berryman | Australian Government Department of Family and Community Services |
| NT | Sandi Bennett | Centrecare |
| NT | Kay | Nhulunbuy District Family Support Provider |
| NT | Nick | Nhulunbuy District Family Support Provider |
| NT | Sheila | Nhulunbuy District Family Support Provider |
| QLD | Bev Lauder | Australian Government Department of Family and Community Services |
| QLD | Robyn Sullivan | Childrens Commissioner |
| QLD | Anne Miller | Department of Communities |
| QLD | Judy Rose | Education Queensland |
| QLD | Sue Clarke | Focus on Families |
| QLD | Gwynne Bridge | Private Childcare Association |
| QLD | Sue Cooke | Queensland Health |
| QLD | Matt Sanders | Queensland University |
| QLD | Sarah Dwyer | Queensland University |
| SA | Jan Shaw | Australian Government Department of Family and Community Services |
| SA | Kirsty Brown | Child and Youth Health |
| SA | Pam Linke | Child and Youth Health |
| SA | Nan Davies | Child and Youth Health |
| SA | Victor Nossar | Child and Youth Health |
| SA | Jenny McMullen | Department of Education and Childrens' services (DECS) |
| TAS | Alistair Kay | Australian Government Department of Family and Community Services |
| TAS | Angela Bromfield | Australian Government Department of Family and Community Services |
| TAS | Fiona Dempster | Australian Government Department of Family and Community Services |
| TAS | Frances Russon | Australian Government Department of Family and Community Services |
| TAS | Dale Rahmanovic | Good Beginnings Australia |
| TAS | Paul Prichard | Good Beginnings Australia |
| TAS | Maggie Crawford | Our Kids Bureau |
| VIC | Peter Quick | Australian Government Department of Family and Community Services |
| VIC | Margot Fitzpatrick | Council of the Ageing |
| VIC | Patricia Reeve | Council of the Ageing |
| VIC | Jeanette Nagorcka | Department of Human Services |
| VIC | Kathryn Lamb | Department of Human Services |
| VIC | Noble Tabe | Department of Human Services |
| VIC | Janice Mitchell | Australian Childhood Foundation |
| VIC | Chris Thompson | Eastern Access Community Health |
| VIC | Liz Klein | Free Kindergarten Association – Multicultural Resource Centre (FKA) |
| VIC | Pricilla Clarke | Free Kindergarten Association – Multicultural Resource Centre (FKA) |
| VIC | Dorothy Scott | Melbourne University |
| VIC | John Forster | Noahs Ark |

| State | Name | Organisation |
|--------------|-------------------|---|
| VIC | Maureen Bott | ORANA Family Services |
| VIC | Constance Jenkins | Parenting Australia |
| VIC | Gay Olchiltree | Parenting Australia |
| VIC | Pat Jewell | Parenting Australia |
| VIC | Nick Collins | Southern Family Life |
| VIC | Anne Paul | Swinburne University of Technology |
| VIC | Anne Hindle | Tweddle |
| WA | Robert Webb | Australian Government Department of Family and Community Services |
| WA | Rosita D'Adamo | Australian Government Department of Family and Community Services |
| WA | Simon Ball | Australian Government Department of Family and Community Services |
| WA | Jenni Ibrahim | Department of Community Development |
| WA | Marlene Hamilton | Department of Community Development |
| WA | Sue Hudd | Department of Community Development |
| WA | Margaret Simms | Edith Cowen University |
| WA | Julie Holschier | Ngala |
| WA | Mark Donald | Ngala |
| WA | Trevor Parry | Paediatrician |

Attendees at the national workshop (April 2004)

| Name | Organisation |
|------------------------|---|
| Divonne Holmes a Court | Australian Council for Children and Parenting |
| Eileen Newmarch | Australian Government Department of Education, Science and Training |
| David Hazlehurst | Australian Government Department of Family and Community Services |
| Fiona Dempster | Australian Government Department of Family and Community Services |
| Rachel Robinson | Australian Government Department of Family and Community Services |
| Teena Blewitt | Australian Government Department of Family and Community Services |
| Jan Shaw | Australian Government Department of Family and Community Services |
| Jenni Ibrahim | Australian Government Department of Family and Community Services |
| Jenny Myers | Australian Government Department of Family and Community Services |
| Jan Duffie | Australian Institute of Family Studies |
| Leah de Zen | Café Enfield Enfield Primary School |
| Frank Oberklaid | Centre for Community Child Health |
| June McLoughlin | Centre for Community Child Health |
| Shannon Newman | Centre for Community Child Health |
| Pam Linke | Child and Youth Health, South Australia |
| Tonia Godhard | Consultant (Community Child Care Sector) |
| Sue Packer | Department of Health and Community Care (ACT) |
| Pam Cahir | Early Childhood Australia |
| Ann Meuronen | Families Australia |
| Richard Fletcher | Family Action Centre |
| Barbara Wellesley | Good Beginnings |

| Name | Organisation |
|---------------------|--|
| Adam Foster | National Association for the Prevention of Child Abuse and Neglect |
| Rae Walter | Ngala |
| John Forster | Noahs Ark Resource and Toy Library |
| Angela White | NSW Centre for Parenting and Research |
| Elizabeth Murphy | NSW Department of Health |
| Wendy Field | Office of Children and Young People NSW |
| Lesley Taylor | Office of Children, Families and Parenting, Northern Territory |
| Cheryl Edward | Orima Research |
| Constance Jenkin | Parenting Australia |
| Debra Welsh | Queen Elizabeth Centre |
| Amanda Makepeace | Queensland Department of Communities |
| Heather Edwards | Queensland Health |
| Cath Whelan | Reckon Consulting |
| Tracey Borg | Secretariat of National Aboriginal and Islander Child Care |
| Jo Cavanagh | Southern Family Life |
| Judy Hebblethwaite | Tasmanian Department of Education |
| Lori Rubinstein | Tasmanian Department of Health and Human Services |
| Graham Vimpani | University of Newcastle |
| Alan Ralph | University of Queensland |
| Kimberley Flannagan | Victorian Department of Human Services |
| Jan Matthews | Victorian Parenting Centre |
| Warren Cann | Victorian Parenting Centre |
| Wendy Field | Office of Children and Young People NSW |

Appendix B: Key issues facing parents by state/territory level

This Appendix summarises the key issues as reported by professionals during consultations in each state and territory. Many of the issue professionals believed parents face are similar across jurisdictions. Presentation at this level allows identification of some of the issues that are specific to some areas of Australia.

New South Wales

Generally speaking, professionals in New South Wales believed that many parents:

- ❑ lack an understanding of how children grow and develop – they suggested this often leads to unrealistic expectations around children’s abilities;
- ❑ lack an understanding of how babies develop socially and emotionally, how to bond/attach to child and how to see the world through a child’s eyes;
- ❑ do not understand about how their own experiences as a child shape their parenting role;
- ❑ do not understand their role in the fine-tuning and functioning of a child’s brain;
- ❑ often struggle with the life implications and adjustments associated with having children;
- ❑ face a number of social issues ranging from geographical isolation, transport and access issues to financial concerns and a lack of extended family and social support;
- ❑ feel pressured to “do the right thing” and to parent in the “right way”;
- ❑ struggle to find an appropriate balance between work and family life;
- ❑ do not know about eligibility and access to quality, affordable childcare or to associated childcare benefits; and
- ❑ experience difficulties identifying the information that is available.

Professionals also reported that early childhood services are “already stretched”. There are insufficient services to cope with demand, particularly for families of children aged 0 to 5 years with complex needs.

Victoria

Professionals in this state believed that many parents:

- ❑ face issues associated with the use of drugs and alcohol, the prevalence of domestic violence and the anxiety of “getting it (parenting) right”;
- ❑ lack confidence in their own abilities, often seeking reassurance that they are doing a good job – professionals indicated parents phone hotlines with lots of questions about general parenting, saying things like “I can’t do this” or “I have been to sleep class and still can’t manage”;
- ❑ lack understanding of children’s cognitive development and have unrealistic expectations about children’s development and behaviour;
- ❑ are often consumed with issues lower in *Maslows’ Hierarchy of Needs* (food, housing, clothing), stopping them from thinking about parenting styles that may yield desired behaviour;
- ❑ struggle to see the world from a child’s eyes – many parents and professionals do not know or realise that babies’ brains are developing from birth and that how parents interact with children can influence brain connections;
- ❑ suffer from post-natal depression, although they often mask the “real” issue, for example, professionals suggested that many parents with diagnosed with PND often do not raise child/relationship issues when asked;

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- ❑ feel very isolated – many have limited family and friends to offer support and respite from children, parents feel overwhelmed and don't know where to seek support;
 - ❑ are very concerned with managing behaviour and stress/anger;
 - ❑ often seek immediate, short-term answers to questions, but do not generally ask about the evidence base for a proposed strategy, nor about the long-term changes or impacts the answer or strategy may bring; and
 - ❑ are overwhelmed by the amount of information available.

Professionals reported that there are increasing numbers of older “career” women emerging who have had no or limited experience with children. These parents often feel very socially isolated, feel a loss of control over situations and have high expectations of child development. Early hospital discharge after childbirth can elevate this concern, particularly if there is a delay between leaving hospital and being linked to a maternal and child health nurse.

Professionals also raised a number of concerns and comments about the way children are valued and the importance placed on the parenting role. Professionals were concerned about the following issues:

- ❑ Children are generally not valued in the western world, nor are they involved in decision making in family structure.
- ❑ There is a lack of focus for the needs of children aged 5-12 years and concern for children from “well-to-do” families who suffer from neglect.
- ❑ Parents are often taking on the role of raising a child in isolation– the ‘village’ approach to raising a child appears forgotten.
- ❑ Parents seem to have lost the ability to have fun with children.
- ❑ There is a perceived lack of safety in society in general, and this is linked with parents limiting their children’s risk taking behaviours (for example, many parents only allow children to ride their bikes in the backyard, rather than the street).
- ❑ Parenting is often seen as ‘big business’, with an emphasis on the provision of material goods rather than focusing on the relationships one has with members of the family.

A range of concerns relating to the provision of parental assistance was also raised. Professionals suggested the following:

- ❑ While early childhood professionals often work with children, many do not know how to engage with and support families. Professionals suggested that it is as important to develop a trusting and effective relationship with parents as it is to provide parenting strategies and information – balancing these is vital for longer term, more sustainable behaviour change.
- ❑ Many sometimes forget that parents need time to process skills, and it may be unfair to “ask parents to master some things which take professionals years to acquire”.
- ❑ The length of some current parenting programs is insufficient to establish trust and rapport with professionals/peers.
- ❑ Many “off-the-shelf” parenting programs require adaptation to meet needs or variety of clients.

Queensland

When questioned about the key issues facing parents in Queensland, professionals suggested that parents:

- ❑ encounter difficulties in finding out about services and then in accessing services where available – professionals suggested this is not necessarily a sign that information is not available, rather that the flow of information is not reaching target audiences and further

to this, many parents cannot attend parenting programs as they cannot access suitable childcare;

- ❑ do not generally understand how service systems work and the different roles services play;
- ❑ struggle to identify and access parenting programs, even when they have been referred to attend an 'approved' parenting course; and
- ❑ lack understanding about how children development and have unrealistic expectations about children's cognitive abilities and behaviour.

As in other states, professionals in Queensland were also alarmed at the number of new, often young, mothers who are discharged from hospital over the weekend with little support available. These mothers often present seeking advise and support with basic, daily needs such as bathing.

Professionals also raised a number of issues around the credibility of available information and how many existing parenting programs do not sufficiently emphasis the importance of building relationships with parents.

South Australia

Professionals working in South Australia reported that many parents:

- ❑ face issues associated with post-natal depression, the prevalence of domestic violence and homelessness;
- ❑ have very high standards of children's behaviour – professionals suspected that this was related to a lack of knowledge about children's capabilities at different ages of development;
- ❑ feel very isolated;
- ❑ are leaving raising family until they are older, thus there are an increasing number of older, career orientated women becoming first time mothers with little experience with children or understanding of the networks available to them;
- ❑ wrestle with concerns around "proper" parenting, controlling children and their behaviour – many parents do not understand the difference between managing behaviour, discipline and punishment;
- ❑ do not realise that their own childhood experiences impact on their parenting style.

Professionals were also concerned that the notion of community support for parents is disappearing. While professionals believed there is an increased demand for many support services, some felt there is a lack of collaboration between services (i.e. assessment of developmental delays and referral to other services) that impinges on their ability to effectively assist parents.

Western Australia

Professionals in Western Australia raised similar issues to those raised by professionals in other states. They believed that many parents:

- ❑ face financial pressures that impact on their ability to parent sensitively – the issue of 'relative poverty' was raised, referring to how families feel about what they need and have or have not got;
- ❑ are looking for the "one answer" to help them parent "correctly", this can lead to conflict between parents about how to manage particular behaviours;
- ❑ lack the skills to play and interact with their children – this lack of skills concerns the parents, professionals believed that this is linked to parents' lack of knowledge about child development;

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- ❑ do not understand the importance of providing a caring and loving environment; and
 - ❑ do not know where to get assistance and information.

As in other states, professionals in Western Australia believed there is a rising number of older women who are becoming mothers and not coping due to factors such as guilt or working/family balance, use of child care and personal time management. Professionals stressed that these factors are relevant for mothers across different economic structures.

Overall, professionals reported that in this state, there is a move towards working in partnership and encompassing strength-based approaches to improve parenting.

Tasmania

Consultation with professionals in Tasmania suggested that many parents:

- ❑ face issues associated with mental health, use of drugs and domestic violence;
- ❑ feel isolated, both socially and geographically, as transport is often difficult;
- ❑ do not understand about child development and play, with many professionals reporting parents have unrealistic expectations about their child's development;
- ❑ do not know how to access the information that is available – if they can access information, many parents struggle with translating this information into practice; and
- ❑ struggle with the changing family dynamics when one child becomes two or more.

Further to these, a range of issues specific to different parents groups in Tasmania were raised:

- ❑ Professionals reported that for there is a great deal of family mobility in Tasmania. Many parents in their 30s decide to move to/back to Tasmania, often for financial reasons, when they are ready to settle with children. This means there are many who move away from extended family and known social support systems.
- ❑ There is concern at the increase in the number of young single parents in Tasmania (reported to be the highest incidence overall across Australia), from as young as fourteen years old. This highly vulnerable group is typically, difficult to engage and often involve issues associated with drugs and alcohol.
- ❑ There has also been a significant increase in grandparents caring for children which professionals believed relates to an increase in drug use in Tasmania. Grandparents often find themselves caring for grandchildren whose parents are addicted to drugs or alcohol.
- ❑ Like other states, the number of older, first-time mums is also rising. Professionals note this is a group who also need a lot of support, particularly in relation to knowledge of child development.
- ❑ Tasmania also has a high proportion of indigenous parents, who have a whole range of different issues and concerns (*to be covered further in SNAICC's Final Report*).

Overall, many professionals were concerned that Tasmania, currently, does not have a "whole of government" approach to child health. There is no formal structure for maternal and child health visits for each new born as in many other states. Many service providers are overwhelmed with complexities of issues in dealing with parents and how professionals best deal with these. Foster carers, grandparents and out-of-home carers also struggle with these concerns.

Northern Territory

Professionals consulted in Northern Territory reported that many parents:

- ❑ struggle from social and geographical isolation – there are very remote communities with very young populations;

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- ❑ find it difficult to access services (medical check ups, playgroups sessions) due to transport and financial issues;
 - ❑ face difficulties associated with domestic violence and alcohol consumption – these are both very big issues in communities in the NT;
 - ❑ have unrealistic expectations about their child’s behaviour, many either expect too much or too little, this is noted as being a considerable issue for parents with mental illness;
 - ❑ have limited knowledge about what constitutes healthy relationship – professionals raised issues including rights as a person, understanding development of children and how modelling can impact on children;
 - ❑ do not have access to neighbourhood/community centres like elsewhere in Australia;
 - ❑ do not have access to childcare and respite opportunities available in many other states; and
 - ❑ feel a sense of desperateness – there is often not much to do (particularly so in remote communities), services are restricted and resources to support parents are minimal.

In addition, professionals reported that there are a number of defence force bases operating across NT. Parents working at these are moving on regularly. The population is very mobile and families do not generally have extended networks of support. Children often present with a range of behaviour problems.

Australian Capital Territory

When questioned about the key issues facing parents in Australian Capital Territory, professionals suggested that parents:

- ❑ face difficulties associated with mental health and drug use;
- ❑ feel isolated from family and friends;
- ❑ find it difficult to access services (medical check ups, playgroups sessions), due to transport and financial issues;
- ❑ do not understand the developmental stages children go through and what to expect from children as they grow;
- ❑ often feel helpless/powerless in managing undesirable behaviour and to set boundaries for children;
- ❑ often find their own experiences not helpful and are looking for new ways of doing things;
- ❑ encounter difficulties communicating with their children;
- ❑ are consumed with not having enough time – both parents are often working long hours and children placed in long day care—parents are often exhausted;
- ❑ are frustrated that there is no support available on weekends – professionals reported that various phone lines are available after hours but are not specialised.

Professionals in this jurisdiction commented on the particular difficulties faced by parents and step-parents in separated family situations. Issues were raised around the need for assistance with contact for non-custodial parents and issues with communication and domestic violence, particularly on weekends when services are unavailable.

Professionals also perceived that the numbers of grandparents as carers are increasing dramatically, raising a host of legal and financial issues. Professionals believed that grandparents often do not understand the education system. They often have no legal status in schools, are marginalised and generally feel unsupported.

A range of concerns relating to the provision of parental assistance was also raised. Professionals suggested that many professionals are not skilled to work with “hard end” clients.