Report -Scoping Parenting Strategy: 2014- 2015

Prepared for the Communities for Children Program- East Gippsland

DRAFT Report Scoping Parenting Strategy: 2014- 2015

Prepared for the Communities for Children Program- East Gippsland, UnitingCare Gippsland

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Section 1

This section provides; acknowledgements, introduction, background and the executive summary.

Acknowledgements

I acknowledge the traditional owners of the land, the Gunaikurnai people, and pay respect to their elders past and present. I work in the spirit of reconciliation and acknowledge that the non-Indigenous community need to play a role in healing the wrongs of the past in partnership with Aboriginal communities.

Thanks to the Communities for Children team at UnitingCare Gippsland and Dr. Catherine Wade from the Parenting Research Centre for their support and expertise in undertaking the scoping parenting strategy.

At the time of completing this review and consultation, the report author, Rachel Bell from Bellabury Bespoke, is also employed by Good Beginnings as Acting Manager- East Gippsland. Good Beginnings are a current Community Partner funded by the Communities for Children Program (CfC) to run the Volunteer Family Connect Program until 30 June 2015. In conducting the consultations for this parenting scoping strategy, this information has been provided to those in attendance. This work has been presented in a balanced manner to avoid any conflict of interest. In order to ensure there is no conflict of interest, this report and the contained recommendations are presented as DRAFT; so that the Communities for Children Program and Dr. Catherine Wade from PRC can validate that it has been presented in a fair and unbiased way before endorsing and finalising this report.

Introduction

The Communities for Children (CfC) Program- East Gippsland was funded in 2004 by the Australian Government to support better outcomes for children aged 0-12 years and their families. Funding for the program has been provided in funding agreements spaning from 1-3 years over this period of time. With changes of government and ministers overseeing the program, there have been changes to the program guidelines over this period of time. Given the foundation of the program from the outset has been utilising a community development approach, it has been important at junctures of new funding agreements and program guidelines to undertake a review process. Review processes have included consultation with key service providers and parents, reviewing population level key indicators of wellbeing in children and changes in the community over this period of time. In line with previous reflective processes, the CfC *Scoping Parenting Strategy 2014-2015* aims to review; current evidence-base programs, consultation with service providers and parents. This scoping exercise involves exploring parenting supports and seeking feedback at what future supports would assist parents, through the Communities for Children program from 2015-2019.

Background & Program Objectives

The Communities for Children Program is funded by the Australian Government's Department of Social Services. UnitingCare Gippsland is the Facilitating Partner for the Communities for Children Program in East Gippsland. Facilitating Partners have been offered five year funding as part of the Australian Government's commitment to deliver strong outcomes for Australian families and focus on early intervention and prevention. Five year funding will allow providers to invest resources strategically over the life of the agreement and use the best evidence-based practices to get results over time (Australian Government Department of Social Services, 2014).

The following two objectives of the Communities for Children program relate to the provision of support for parents.

- *Supporting families and parents — support for parents to provide children with secure attachment, consistent discipline and quality environments that are stable, positive, stimulating, safe and secure; (Australian Government Department of Social, 2014).*
- *Early learning — provide access to high quality early learning opportunities in the years before school; provide early identification and support for children at risk of developmental and behavioural problems; assist parents with ways they can stimulate and promote child development and learning from birth* (Australian Government Department of Social Services, 2014).

The importance of the abovementioned objectives are presented by Moore (2012), citing the work of Siegel (2012), which outlines clearly the critical role that relationships play in the development of young children. Children's instinct is to use adult's brains to help them build their own brain and learn via their relationships. Moore (2012) also points to evidence from the National Scientific Council on the Developing Child (2004a, 2004b, 2008) and Richter (2004) that a nurturing and secure attachment is critical for child wellbeing; "*sensitive and responsive care giving and positive attachments with caregivers are essential for the healthy neurophysiological, physical and psychological development of a*

child." This work further illustrates the need to have early interventions available that can promote the importance of, and assist with, the facilitation of relationship development and attachment in young children. This also reinforces the pivotal role of the parent or caregiver; the relationship they have with their child, the environment and interactions they provide, which are fundamental to how children develop and learn. This is also the same for children with additional needs, highlighting the need for services to promote responsive and warm connections between parents/carers and children with disabilities, even with children that are difficult to engage or challenging, all children will ultimately benefit from a responsive relationship (Moore, 2012).

Given the two objectives of the Communities for Children Program, and the research around the pivotal role of relationships between parent and child, this report will explore a range of parenting evidence-based interventions that have been reviewed by the Parenting Research Centre (PRC) for their efficacy to improve the following outcomes; child-parent relationships, child development, child behaviour, safety and physical wellbeing, basic child care and family relationships (Wade, C., Macvean, M., Falkiner, J., Devine., B., Mildon, R., 2012).

This report will also present a summary of local consultations conducted with parents and service providers regarding parenting supports, issues and gaps.

Executive Summary

As outlined, this report provides information about evidence-based parenting interventions, or programs, evidence-based approaches and results from the local consultation process. In short, there is a need to ensure; the combination of services are meeting needs, the structure of services are made accessible, services are reaching families that are most vulnerable, that services look at how they interface with other key services, strong evaluation and reflection is ongoing and embedded in services.

Following are key findings of the DRAFT Scoping Parenting Strategy Consultation:

- The way in which services work with families is important- using a strength-based approach and being non-judgemental is important;
- 'Wrap around' and easy to access services with a combination of options for families (supported playgroup, parenting program, home visits- or a combination of all), are effective for engaging with diverse families;
- Ongoing or 'rolling' parenting education/support programs would benefit families engaged with family support services, and families more broadly;
- There are service gaps for supporting families with children aged 6-12 years and there are not enough services for Dads, Grandparents and vulnerable families;
- Early intervention – reaching parents early, as well as building pre-parent, parent education in the region prior to pregnancy. Nair (2012) promotes that utilising a universal prevention approach promotes child wellbeing and early intervention.
- A layered approach needs to be taken into consideration- in order to achieve child wellbeing, a holistic approach that combines different levels of services (universal, secondary and tertiary) is needed – along with consideration of the broader social context and service systems- including public health, housing, education, domestic violence, early childhood, employment, and Indigenous health. Given this, for consideration is the suggestion of combined service delivery by agencies across levels of services and service systems. Increase in primary and secondary

prevention approaches needed to reach families (we need to look at building the capacity of the service system to reach families – how do we reach families that don't book into hospital and are not connected to services and are isolated);

- Building the capacity of universal services by secondary services building their capacity to work with children with additional needs to increase play-based opportunities and purposeful activities;
- Review the degree of focus of Early Childhood Intervention Services (ECIS) and other services on building the capacity of parents/carers to provide the learning environments that children need, rather than focusing on the service providing this alone.
- Given the specific role of the Communities for Children Program, it would be valuable for a broader, strategic approach of these layers to be included in the updated East Gippsland Early Years Plan. This means that initiatives like Services Connect (via Gippsland Lakes Community Health-GLCH), can be considered in light of other programs and activities and vice versa;
- Information about services is difficult for parents to access; parents don't know where to go for support.
- Engaging with Aboriginal families is important; there is a need to build on what is working and building the capacity of mainstream agencies to engage effectively with Aboriginal families;
- Whilst it is not in the scope of this strategy, it would be useful to consider what therapeutic interventions are available for children who have been exposed to trauma of any description. Locally, there is play therapy available through GLCH, private practitioner (Nat Hunter), CASA and work through the Australian Childhood Foundation (ACF) - a more detailed look at this area, and increase of early intervention could influence child wellbeing and their trajectory in life.
- There is a need to combine feedback from families and service providers about what works for families, with evidence based programs, or actions for improved outcomes for children and families in East Gippsland. This approach of combining 'on the ground' wisdom, with academic learnings has been outlined by Moore (2006).

Support from the Parenting Research Centre

The Parenting Research Centre (PRC) has provided support, expertise and guidance with the Scoping Parenting Strategy on behalf of the Communities for Children Program. Dr. Catherine Wade from the PRC provided this support and provided information from research that the PRC have undertaken around evidence-based intervention for children and families. These programs are categorised as:

1. Parent-skill (parenting support)
2. Parent-support programs (dealing with other issues)

Section 2

This section provides; an overview of the research around the important role that parenting plays in child development, evidence-based parenting interventions and common elements of program delivery across a number of parenting interventions that have been identified as effective.

Review of Research

There is resounding evidence to support the essential role that nurturing and stimulating environments play in the healthy development of children (Moore 2012). The role of parents in providing this environment is critical and the many challenges faced by parents include; the rapid pace of economic and social change, the need for information about how to improve parent-child relationships, the inadequacy that parents feel about accessing support which prevents many parents from seeking support, the role and impact around the use of technology and trying to achieve work-life balance (Nair, 2012).

Furthermore, parenting has become more challenging with such rapid social changes over the last fifty years, including the circumstances in which families are raising children (Moore 2011). Changes include; increasing rates of divorce, increases in the number of people living alone, a reduction in the size of families, higher percentages of mothers in the workforce, and an escalation of the number of children living in one parent or blended families. All of these factors influence the ability of the family in how they care for their children, with some factors increasing the risk of poverty. Other facets of 'social climate change' proposed by Moore (2011) include; an increase in the number of chronic conditions including; asthma, depression, diabetes and physical disabilities. Other key health issues include socio-economic influences on health; poverty, health disparities, technological influences on health, overweight and obesity and increasing mental health concerns (Palfrey, Tonniges, Green & Richmond, 2006 as cited in Moore, 2011).

Moore (2011) proposes that due to social climate change and the complex problems that have arisen as a result, there is a need to look at alternative approaches, identifying interventions and ensuring ongoing evaluation to monitor impacts on outcome, adjusting as necessary to make sure that responses are appropriate to the emerging needs of children and families. Furthermore, we need to consider *"…the social forces that result in worsening outcomes act as a system in which all factors are connected. Understanding how these forces interact and collectively shape the health of well-being of children and their families is the challenge that is facing us."* This means that whilst this report focuses on scoping parenting strategies, interventions that are able to be flexible and respond to a range of changing parenting needs will be important.

Research conducted about evidence-based parenting interventions that facilitate an increase in skills and knowledge of parents, highlights that effecting parenting styles and empowering parents in difficult situations (such as separation) produce positive outcomes (Nair, 2012). There is also substantial evidence that outlines the importance of effective early intervention, which facilitates a range of identified outcomes for families and their children (Nair, 2012).

Features of effective and positive parenting were identified by Moore (2006), in an analysis of research in this area. He summarised that the best way of promoting child development is by ensuring children have access to the following;

- "close and ongoing caring relationships with parents or caregivers
- adults who recognise and are responsive to the particular child's needs, feelings and interests
- adults who are able to help children understand and regulate their emotions
- adults who are able to help children understand their own mental states and those of others
- adults who are able to help children negotiate temporary breakdowns and ruptures in relationships
- protection from harms that children fear and from threats of which they may be unaware
- clear behavioural limits and expectations that are consistently and benignly maintained
- opportunities and support for children to learn new skills and capabilities that are within their reach
- opportunities for children to develop social skills through regular contact with a range of adults and other children
- opportunities and support for children to learn how to resolve conflict with others cooperatively
- stable and supportive communities that are accepting of a different families and cultures

Parenting that provides a basic level of each of these experiences is sufficient to trigger children's biological capacities to become competent and healthy members of families and communities" (Moore, 2006). These elements can be contemplated when reviewing the combination and focus of interventions that would best support child development in East Gippsland.

The following section outlines a number of evidence-based programs, or interventions that have been identified in reviews conducted by the Parenting Research Centre (PRC) where research has indicated that they have had a level of success in relation to the functioning of families and/or the development of children.

Evidence-Based Interventions

A key source of information used in this scoping strategy regarding evidence-based parenting interventions is the *Evidence Review: an analysis of the evidence of parenting interventions in Australia* (2012), developed by the Parenting Research Centre (PRC). Wade et al (2012) produced this report by reviewing a number of evaluations of parenting programs, "p*arenting programs are interventions that aim to influence child outcomes by enhancing parenting knowledge, behaviour or cognition"* (Wade et al. 2012). A review of parenting interventions were scaled down from an initial 144 eligible papers, to 109 parenting program evaluations (Wade et al, 2012). A Rapid Evidence Assessment (REA) was conducted on the 109 parenting program evaluations. From this process, rating scales were applied to interventions based on levels of evidence available, the rating scales are- 'Well Supported', 'Supported' and 'Promising' and their respective definitions can be found in the references and in ***Table 1*** below (Wade et al, 2012).

These programs have been grouped into the following program focus areas;

1. Pregnancy & 0-2 years (Infant Mental Health and Wellbeing)
2. Toddler- School Aged Children
3. Primary School Entry/Education
4. Additional Needs
5. Entering teenage years/transition to high school
6. Vulnerable children & parents

This aims to provide an overview of evidence-based interventions that have a level of effectiveness, and could be considered by the Communities for Children Program. Whilst not all these areas are directly relevant for the Communities for Children Program, these program focus areas could be reviewed by the East Gippsland Early Years Committee, or the East Gippsland Youth Partnership or relevant collaborations, networks or service providers, to assist in working towards the outcome areas that are identified for children and young people in East Gippsland.

Programs or parenting interventions identified with potential relevance for consideration as part of this parenting scoping strategy can be found in ***Table 1*** below , as outlined in the PRC Evidence Review: an analysis of the evidence of parenting interventions in Australia (Wade et al. 2012), and are listed in program category, or focus areas for consideration.

Only two programs were deemed as 'Well Supported'- Triple P and Stepping Stones. Through the Rapid Evidence Assessment (REA) process, another 23 parenting programs were deemed as 'Supported'. Eight programs deemed 'Supported', were versions of Triple P or based on Triple P. A total of 27 programs that were identified as 'Promising' (Wade et al., 2012).

The bulk of programs identified in the REA (a total of 53) were rated as Emerging (definition in ***Table 1***). Emerging programs have not been included in ***Table 1***, but there are a number of programs that could be considered further, given gaps in areas and more evidence could be generated about these programs over time. Emerging programs that may be considered include; Better Beginnings (language and literacy focus- http://www.better-beginnings.com.au/about-us/partners), The Boomerangs Aboriginal Circle of Security Parenting Camp Program (http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=850) Building Blocks (home based model for understanding Autism- http://www.autismspectrum.org.au/content/building-blocks-individualised-program), Child Therapy Plus Parent/Teacher Training (to improve school attendance, emotional distress and overall child functioning), Community Bubs Program (support for vulnerable families, http://familylife.com.au/wp-content/uploads/2013/07/Community-Bubs-Program-Evaluation-Report.pdf/21 January/2015), Families and Schools Together (FAST- http://www.familiesandschools.com.au/), Family Literacy Program, Great Kids Program, Hey Dad! (targeting Indigenous Dads), Kids in Focus (to improve parents perceived parent- child relationship and decrease parental acrimony), Mental Health Positive Parenting Program (to help parents with mental illness learn new parenting strategies), Relatewell (http://www.relatewell.org.au/) , Sing and Grow (http://singandgrow.org/), Tweedle (http://www.tweddle.org.au/), Queen Elizabeth Centre (http://www.qec.org.au/), and What were we thinking? (WWWT- http://www.whatwerewethinking.org.au/).

Table 1: Parenting Interventions **(Wade et al. 2012).**

Rating Scale:	Criteria:
Well-supported	1) No evidence of risk or harm. 2) If there have been multiple studies, the overall evidence supports the benefit of the program, 3) Clear baseline and post-measurement of outcomes for both conditions, 4) At least two RCTs have found the program to be significantly more effective than comparison group, 5) Effect was maintained for at least one study at one-year follow-up.
Supported	1) No evidence of risk or harm, 2) If there have been multiple studies, the overall evidence supports the benefit of the program, 3) Clear baseline and post-measurement of outcomes for both conditions, 4) At least one RCT has found the program to be significantly more effective than comparison group, 5) Effect was maintained at 6-month follow-up.

Promising	1) No evidence of risk or harm, 2) If there have been multiple studies, the overall evidence supports the benefit of the program, 3) Clear baseline and post-measurement of outcomes for both conditions, 4) At least one study using some form of contemporary comparison group demonstrated some improvement outcomes for the intervention but not the comparison group.
Emerging (not included in ***Table 1***)	1)No evidence of risk or harm, 2)There is insufficient evidence demonstrating the program's effect on outcomes because: •the designs are not sufficiently rigorous (i.e. they do not meet the criteria of the above programs) OR •the results of rigorous studies are not yet available

Program Focus	**Program**	**Rating**	**Program Details and Considerations**
1. Pregnancy & 0-2 years (Infant Mental Health and Wellbeing).	Having a Baby	**Promising**	http://www.barnsleyhospital.nhs.uk/services/maternity-services/more-information/having-a-baby-parenting-programme/ Hospital based program, Having a Baby Programme provides parenting information for parents whilst they are pregnant. The Having a Baby programme consists of five 2 hour sessions in pregnancy starting from approximately 16-24 weeks. Session 1 and 2 start at approx. 16-24 weeks of pregnancy. There is then a break of a few weeks returning for Session 3, 4 and 5 starting at approx. 30-36 weeks of pregnancy. Further sessions are offered after your baby is born.
	Mother & Baby Program		https://dro.deakin.edu.au/eserv/DU:30031223/osborne-anexercise-2010.pdf Hospital based program for 4 weeks for improved mental and physical health of Mother through physical activity and parenting education.
Pregnancy & 0-2 years (Infant			

Program Focus	Program	Rating	Program Details and Considerations
Mental Health and Wellbeing), Continued.	Preparation for Parenthood	**Promising**	http://www.ncbi.nlm.nih.gov/pubmed/15023486 Focus on family relationships and building understanding between first time parents about concerns, useful behaviours in parenthood and strategies to assist when parenthood is stressful.
	Home Learning Program (or Healthy and Safe)		http://www.parentingrc.org.au/index.php/sharing-knowledge/program-implementation/healthy-safe Program developed by University of Sydney and training provided by the Parenting Research Centre. Program delivered in the home, targeting parents with an intellectual disability. The Healthy & Safe kit is a home-based parent education resource tailored to the learning needs of parents with learning difficulties. It is designed to equip parents of young children with the knowledge and skills necessary for managing home dangers, accidents and childhood illness. Practitioners who complete training to deliver Healthy & Safe complete background reading, attend one-day face-to-face professional training, receive the program manual and supporting materials in CD-ROM format, and have access to post-training support tailored to their organisation to embed the program in their work.
	Queen Elizabeth Centre Day Stay		www.qec.org.au/families/day-stay-services The Day Stay Unit allows families with babies and toddlers, to spend the day learning and practising new skills, free of charge as a Medicare client. The program gives parents the ability and the confidence to deal with a range of parenting issues relating to unsettled babies, such as lactation and breast feeding, infant formula preparation and feeding, weaning, first foods and

Program Focus	Program	Rating	Program Details and Considerations
			toddler meals, as well as difficult toddler behaviour.
	The Millar Early Childhood Sustained Home-Visiting (MECSH)		homvee.acf.hhs.gov/Model/1/Maternal-Early-Childhood-Sustained-Home-Visiting-Program-MECSH--Effectiveness/47 MECSH looks similar to how M&CH is delivered in East Gippsland, with integration with other services and staff undertaking Family Partnerships Training. The below link for a DEECD document, Starting out Strong that details a case study of the 0-2 Program at GLCH on page 21. www.education.vic.gov.au/Documents/childhood/professionals/health/Starting%20out%20Strong%20Giving%20Victoria%E2%80%99s%20children%20a%20great%20start%20through%20better%20maternal%20and%20child%20health.pdf
2. Toddler- School Aged Children	Tuning Into Kids	**Supported**	http://www.tuningintokids.org.au/ Group setting. UnitingCare Gippsland has delivered this program previously. Tuning in to Kids is an evidence-based parenting program that focuses on the emotional connection between parents and children. In particular the program teaches parents skills in emotion coaching, which is to recognise, understand and respond to children's emotions in an accepting, supportive way. This approach helps the child to understand and manage their emotions.
	1-2-3 Magic		http://www.123magic.com/ 1-2-3 Magic: Effective Discipline for Children 2–12 is an evidence-based, easy-to-learn (4 hours by book, DVD or audio) and effective parenting program for parents of the little ones aged about 18 months to twelve years. 1-2-3 Magic is parents in charge, but no arguing, yelling or spanking is allowed. Deals with behaviour over 2 days (2 x 3 hour

Program Focus	Program	Rating	Program Details and Considerations
			sessions) or similar variations in group settings.
	Parent-child Interaction Therapy (PCIT)	**Supported**	www.pcit.org Parent-Child Interaction Therapy (PCIT) is a dyadic behavioural intervention for children (ages 2.0 – 7.0 years) and their parents or caregivers that focuses on decreasing externalizing child behaviour problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcers of positive child behaviour and traditional behaviour management skills to decrease negative child behaviour. PCIT training available through Karitane in June 2015 at a cost of $1750, plus supervisions required. Further information: Sue Morgan, Nurse Unit Manager Karitane Toddler Clinic, NSW. Tel. 9794 2338, Email. susan.morgan@sswahs.nsw.gov.au, www.karitane.org.au http://karitane.com.au/karitane/events/parent-child-interaction-therapy-5-days-training/
	Triple P	**Well-Supported**	www.triplep.net/ Triple P is delivered to parents of children up to 12 years and program aim is to enhance the knowledge, skills, confidence, self- sufficiency and resourcefulness of parents. Delivery can be 1:1 in the home or other setting, group sessions, by telephone, self-directed with support or a combination. **Standard Triple P:** reduce child disruptive behaviour, **Enhanced Triple P:** reduce child disruptive behaviour and reduce psychosocial risk factors associated with child behaviour problems (i.e., partner conflict and parental stress). Staff need to complete accredited training (1-4 days) to be able to deliver program.

Program Focus	Program	Rating	Program Details and Considerations
	Reach for Resilience	**Promising**	http://digitalcommons.unf.edu/cgi/viewcontent.cgi?article=1394&context=etd New anxiety prevention program, the program is a cognitive-behavioural based prevention program designed to reduce the risk of anxiety in young children, specifically by reducing parent stress and teaching coping skills. Parents attended eight weekly sessions of a psychologist-led intervention in a preschool. Significant reductions were observed related to the impact of shyness on the child's quality of life as well as parental anxiety and stress, both of which are risk factors for developing an anxiety disorder. For consideration as to the level of incidence in East Gippsland of anxiety in preschool children. Local psychologists have highlighted growing numbers of children presenting with anxiety, but this requires further investigation.
	HIPPY	**Promising**	Currently being delivered in East Gippsland by UnitingCare Gippsland.
3. Primary School Entry/Education	Ausparenting in schools transition to primary school parent program	**Promising**	http://www.kidsmatter.edu.au/primary/programs/ausparenting-schools The AusParenting in Schools program is designed for families of primary-school aged children, particularly families of children entering into prep (kindergarten) grade, as well as primary school personnel. AusParenting in Schools is a school-based parenting and family information, support and prevention strategy for primary schools. It aims to promote the wellbeing and resilience of children and their families by helping schools to: • Strengthen family-school partnerships; • Encourage family involvement in their children's education; and

Program Focus	Program	Rating	Program Details and Considerations
			• Provide parenting information and resources to all families in the school community. • Parent group at school setting Developed by the Parenting Research Centre, contact the PRC for further program and implementation details: http://www.parentingrc.org.au
4. Additional Needs	Parent Education and Behaviour Management -PEBM	**Supported**	http://reseauconceptuel.umontreal.ca/rid=1NHNZJ142-1FBCD8F-FJ/ST-GERMAIN_Laurence_Vignette6_article.pdf Parent education and behaviour management for parents with children with Autism Spectrum Disorder (ASD). Parent education and behaviour management resulted in significant improvement in adaptive behaviour and autism symptoms at 6 months follow-up for children with greater delays in adaptive behaviour. Parent education and behaviour management was superior to parent education and counselling. This research paper identifies outcomes, unclear where PEBM approach/training can be accessed and whether this is part of acquiring counselling/psychology qualifications.
	Stepping Stones Triple P	**Well-supported**	www.triplep-steppingstones.net Designed for parents who have a child with a disability to promote children's competence and development, parent's management of misbehavior and generalization and maintenance of parenting skills. Can be delivered in groups or 1:1 sessions. Staff need to complete accredited training (1-4 days) to be able to deliver program.
	Signposts	**Promising**	http://www.signposts.net.au/ To help parents manage difficult behaviour of their child aged 3-16 years with developmental delay or intellectual disability. Signposts help families develop strategies to manage or prevent difficult

Program Focus	Program	Rating	Program Details and Considerations
			behaviour, encourage appropriate behaviour and teach children new skills. Evaluation shows that Signposts strategies have been used successfully by families to deal with a wide range of behaviours. Signposts can be offered in a number of ways. Delivered to groups or individuals face-to-face, the program consists of six to eight two to two-and-a-half hour sessions. Signposts delivered by telephone typically involve fortnightly half-hour consultations. With the self-directed method of delivery, parents receive the parent materials fortnightly and work on them independently. Participants receive the same materials regardless of how the program is offered.
5. Entering teenage years/transition to high school	ABCD Parenting Young Adolescents Program	**Promising**	http://www.abcdparenting.org/ ABCD aims to provide information and ideas that can help parents decide on an approach to parenting their own adolescents and to come up with solutions to problems. The ABCD program is based on the principle of respect for the values and goals of families. All families are different and parents have different values and priorities. Rather than tell you what you should be aiming for, the program offers strategies that you can use to meet your own goals.
	Parenting wisely		www.parentingwisely.com Parents can access online interactive course for $39.95 for 6 months and can be accessed on phones and tablets- bulk accounts can be purchased by an agency and they can track how parents are going. Focus on children aged 3-10 years, with a teen program 10-18 year -1:1 program outcomes better than group outcomes. Sessions 1-3, with 2-3 hour

Program Focus	Program	Rating	Program Details and Considerations
			duration with use of CD rom. No facilitator training required.
	Resilient Families Intervention	**Supported**	http://www.acys.info/ysa/issues/v.25_n2.2_2006/pp33-40_resilient_families.pdf School-based prevention program to help students and parents develop knowledge and skills and support networks in the transition and early years of secondary school.
	Teen Triple P	**Well-Supported**	http://www.triplep.net/files/2713/8725/5804/Triple_P_Practitioner_Info_Sheet_Group_Teen.pdf Group Teen Triple P is a broad-based parenting intervention delivered over eight weeks for parents of teenagers up to 16 years old and who are interested in learning a variety of parenting skills. Parents may be interested in promoting their teenagers development and potential or they may have concerns about their teenager's behaviour that they want to change. The program involves four (2 hour) group sessions of up to 12 parents.
6. Vulnerable children & parents	Parents Under Pressure (PUP)	**Supported**	http://www.pupprogram.net.au/ The Parents Under Pressure (PuP) program combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model. The program is home-based and designed for families in which there are many difficult life circumstances that impact on family functioning. Such problems may include depression and anxiety, substance misuse, family conflict and severe financial stress. Training and clinical supervision required (30 hours at $3,000 per clinician), no

Program Focus	Program	Rating	Program Details and Considerations
			specific qualifications necessary.
	Cottage community care pilot project (CCCPP)	**Promising**	http://uwsprod.uws.dgicloud.com/islandora/object/uws%3A743 Program run by UnitingCare Burnside, NSW, in the home for first time vulnerable families from perinatal to three years of child's life to address child maltreatment. Trained volunteers support the families with supervision from coordinator. There are potential similarities to 0-2 Program at GLCH and Volunteer Family Connect at Good Beginnings. There may be opportunities to learn from this project and embed into existing programs.

Discussion – Parenting Interventions

In the focus area of **Pregnancy & 0-2 years (Infant Mental Health and Wellbeing)**, there are six programs that are cited for consideration in this area; three that are hospital based and focus on preparing parents for parenthood through parenting and other information relevant for their new baby, one focuses on improving mental health through physical exercise and one on the relationship between parents (building awareness of the impact of a new baby and how this changed relationship can be strengthened). Other programs cited in the Pregnancy & 0-2 years (Infant Mental Health and Wellbeing) area provide; parenting information to parents with an intellectual disability (Home Learning Program), the Queen Elizabeth Centre Day Stay program (Melbourne based) for parents to access support for sleep, settling, routines and relationship development. There is also the MESCH program, which looks very similar to the support that Maternal & Child Health Program delivers, particularly the 0-2 program at Gippsland Lakes Community Health. However MESCH also uses volunteers to work with families. This program could be explored further as to whether there are elements that could 'add on' to existing programs like 0-2 Program. Consultations with service providers and parents highlighted that support in the area of Pregnancy & 0-2 years (Infant Mental Health & Wellbeing) could be strengthened with a focus on early intervention.

In addition to the interventions highlighted in ***Table 1***, the consultation sessions with Dr. Catherine Wade, highlighted the smalltalk program as another potential intervention. This program is currently operating in 18 Local Government Areas and is supported by the Department of Education and Early Childhood Development, with evaluations being collected to determine its effectiveness. Smalltalk focuses on child development and learning via a range of different models of service delivery, through Maternal & Child Health, parent groups, supported playgroups with some also having a home coaching component (http://www.earlyhomelearningstudy.net.au/parents/smalltalk/21 January/2015). This program merits some further consideration.

There are six programs cited for consideration in the **Toddler- School Aged Children** focus area- with three parenting programs; 1-2-3 Magic, Tuning into Kids, and Triple P. The 1-2-3 Magic program looks at positive behavioural strategies for children, and Tuning into Kids has a focus on emotion recognition and coaching with children as a foundation for relationship building. Triple P aims to build the capacity of parents to positively influence child behaviours. Parent-Child Interaction Therapy (PCIT) is used for managing difficult behaviours and building the parent/child relationship and Reach for Resilience is a child anxiety prevention program. The HIPPY- Home Interaction Program for Parents and Youngsters program is cited as well- which is already operating in East Gippsland through UnitingCare Gippsland.

There needs to be a reference to the Triple P program, as it was one of the highest rated evidence-based programs identified in Wade et al., (2012). The Triple P program has not run in East Gippsland before, and there are different variations of this program that target a range of specific populations (e.g. for Indigenous parents, parents of teenagers). One criticism levelled at Triple P is that is it too structured, which can make it less attractive to vulnerable families. However, conference presentations and research regarding access to Triple P for vulnerable families has been developed and there is a variety of formats in which it can be delivered. This program could be investigated further as to its applicability to the East Gippsland context.

There is one program cited in the **Primary School Entry/Education** focus area- Ausparenting in schools, a program that focuses on transition to primary school with a parent program to support the transition process. This program was developed by University of Sydney and training is delivered by the Parenting Research Centre.

There are three programs identified in the **Additional Needs** focus area; Parent Education and Behaviour Management- PEBM, Stepping Stones- Triple P and Signposts.

Four programs are flagged in the **Entering Teenage year/transition to high school** focus area- most of these programs are parenting education programs, with one also focussing on building supports and networks in the transition to high school. These programs may be looked at in more detail by the School Focussed Youth Service, the East Gippsland Schools Network or other relevant partnerships that focus on young people in partnership with the Communities for Children Program.

There are two programs highlighted in the **Vulnerable Children and Families** focus area- Parents Under Pressure (PUP), an Australian developed and evaluated program which works with parents with substance abuse issues, and the Cottage Community Care Pilot Project. In addition, there are programs referenced in ***Table 3*** that are deemed effective for working with vulnerable children aged 0-6 years as identified by Macvean, Mildon, Shlonsky, Devine, Falkiner, Trajanovska, D'Esposito (2013) by the Parenting Research Centre (PRC), using Rapid Evidence Assessment (REA).

Common Elements

A number of parenting interventions have been presented in the preceding pages. This sub-section explores the concept of using a common elements approach. Common elements are the similar features present in evidence-based programs, whereby some use a similar theoretical or pedagogical paradigm, or have similar content. Using common elements highlighted across a range of evidence-base programs may be useful in situations where manualised programs don't exist that; address particular outcomes, or would be more appropriate given the needs of a specific target group or unique context in which an agency works.

Following is a number of reviews and studies that identify common elements of effective programs that have demonstrated outcomes for families.

Nair (2012) identifies aspects of the Community Bubs Program which contributes to its effectiveness, elements of which are also present in other comparable programs;

- *Localised service provision;*
- *Targeted services with holistic approaches*
- *Home-based support;*
- *Embedding the program in an agency that offered a range of family services; and*
- *Links with neighbours that enabled parents to develop informal social supports* -as well as education programs and other community links as cited by Flynn and Hewitt (2007).

It should be noted that the Community Bubs program is an intervention program for families at risk, which is rated as Emerging in the PRC Rapid Evidence Assessment rating (Wade et al., 2012). The evaluation report identified outcomes achieved and recommended that the key elements of the

program continue to be built on to provide intensive support, but that there was also a need to engage with fathers and develop skills and resources to deal with substance abuse issues (Flynn and Hewitt, 2007).

Holze et al., (2006) also identify four features of successful parent education programs for the prevention of child abuse:

1. Targeted recruitment: (at risk for child maltreatment by self-report scales or risk determined by income, level of education, unemployment and absence of support) through agency or hospital referral or through family self- referral (Holze, Higgins, Bromfield, Richardson and Higgins, 2006).

2. Structured program: having a set structure or order of intervention. Overall, the greater the intensity and longer-term (more than 4-6 weeks) the program, the more effective (than short-term programs) in reducing the frequency of child maltreatment (Holze et al., 2006).

3. A combination of interventions/strategies: programs that have a greater level of success utilised a mixture of parent education strategies (parent skills training, cogitative retraining, child development information, and specific services), rather than those with a narrow focus (Holze et al., 2006). Holze et al., 2006 also pointed out the benefits of combining parent education strategies with other complementary supports activities such as *"medical assistance, employment programs, behavioural/skills training and therapeutic interventions."*

4. Strengths-based Approach: most effective programs work in a way that acknowledges and uses parent skills and strengths to build on. However, Holze et al., (2006) also highlight that there are challenges practicing this approach at times when working with extremely complex families.

In addition to the abovementioned features, Holze et. al., (2006) also identify the effectiveness of a range of evaluated home-visiting programs and determined that they did influence the following; the incidence of child maltreatment (when this was directly measured, many home-visiting programs don't measure this), an increase in parents knowledge and skills, increases in the child's cogitative and social development, and higher rates of parents linking with other services and supports.

The analysis of eight home-visiting programs by Holze et. al., (2006), identifies common elements that make them most effective for dealing with child maltreatment:

- Programs that targeted an 'at risk' population;
- Programs where services were delivered by more highly trained and qualified home visitors;
- Programs where home visitors were experienced in dealing with the complex needs of many 'at risk' clients;
- Programs of long enough duration to impact upon parenting or risk factors that contribute to child maltreatment;
- Programs that matched program designs to the needs of the client group; and

- Programs that focused on improving both maternal and child outcomes.

"…both parent education and home visiting programs can improve parents' knowledge, skills and supports and may be effective in preventing child abuse and neglect.

However, parent education and home visiting programs should be seen as part of a comprehensive approach to child maltreatment prevention that includes primary, secondary and tertiary interventions. Arguably, the most effective service provision (in terms of program utilisation, participant outcomes and cost effectiveness) targets the 'right' intervention to the 'right' audience.

In fact, the promulgation of primary and secondary approaches in the prevention of child maltreatment may help to alleviate the strain placed on an already overburdened tertiary child protection system." (Scott, 2005 as reported by Holze et. al., 2006).

The following common elements of interventions deemed effective have been identified by Macvean, Mildon, Shlonsky, Devine, Falkiner, Trajanovska, D'Esposito (2013) at the Parenting Research Centre (PRC) via a parenting intervention review, using Rapid Evidence Assessment (REA) and focusing on effective international interventions targeting vulnerable children aged 0-6 years.

Table 2: Identified common elements of interventions classified as effective by Macvean et al. (2013)

Common Elements: Delivery & Content (Macvean et al., 2013)	**Details**
1. **Trained professional** (delivery focus)	A trained and qualified professional delivers intervention (found to be more effective than paraprofessionals as evaluated in the Nurse Family Partnership program).
2. **Structured content and planned sessions** (delivery focus)	Structured curriculum and planned sessions are used in the program, sometimes following a program manual. However, there can be flexibility to cater for different family circumstances.
3. **Assessment** (delivery focus)	A process of family assessment occurs which identifies strengths, skills, resources, support, interactions, functioning, needs and concerns.
4. **Individualised Plan** (delivery focus)	A plan is developed for the family and family members. The plan is based on the assessment and can be developed with family input.
5. **Discussing** (delivery focus)	The content of the intervention is discussed with the family, instead of delivery by didactic teaching.

Common Elements: Delivery & Content (Macvean et al., 2013)	**Details**
6. **Information about Child Behaviour** (content focus)	Information about child behaviour is given to parents, including; what is typical behaviour; reasons for misbehaviour; understanding child behaviour and responses to child behaviour.
7. **Know What is Expected of Them** (content focus)	Parents learn how to give children an environment where children know what to expect and know what is expected of them to increase children's opportunities to behave well and reduce the incidence of misbehaviour. Strategies are taught to parents; **routines** for children, giving clear **rules** to children, explaining parents' **expectations** of the children; **setting limits;** and the provision of **clear** instructions for children.
8. **Managing Child Behaviour** (content focus)	Parents learn strategies for **managing child behaviour**, including ideas for increasing preferred behaviour and how to manage misbehaviour.
9. **Positive Parenting** (content focus)	Parents learn positive parenting strategies through encouraging positive parent-child relationships, through a focus on positive behaviour. Strategies identified; praising children, labelling praise, provision of reinforcement or rewards for children behaving in desired way. "This works well when the parent has clearly described the expectations to the child and also if the child knows what the positive consequences of the good behaviour will be (the reinforcer); and the use of charts (such as star charts) for recording and tracking the occurrence of desired behaviours. This is often used in conjunction with praise and reinforcement" (Macvean et al .2013).
10. Parents are taught to use **'non-punitive'** measures for decreasing misbehaviour (content focus)	'non-punitive' measures for decreasing misbehaviour that involve alternate methods to: • Deal with misbehaviour with clear and reasonable consequences (does not involve punishment). • Most frequently used strategy is 'time out' (although other strategies mentioned like planned ignoring and

Common Elements: Delivery & Content (Macvean et al., 2013)	Details
	quiet time). • Time out most effective when it is part of set plan (of managing behaviour) and child knows time-out is consequence of pre-identified misbehaviour and there is follow through by parent.
11. **Parent-child interactions** (content focus)	Information about **parent-child** interactions are given to parents. A focus on encouraging positive parent-child interactions, what positive relationships look like and reflecting on current interactions and responses between parent and child.
12. **Regulate emotions** (content focus)	Parents and children are given information to assist them **regulate their emotions**, such as understanding emotions, anger management training, and preventing, detecting and dealing with depression, anxiety and fear.
13. **Child health, development and safety** (content focus)	Parents are given information **about child developmental milestones**, what is usual development (or not), how to support the health of children, what a **safe home** looks like, and ways to **protect children** from abuse and harm.
14. **Parental and family wellbeing and life course** (content focus)	Parents are given information about and support around **parental and family wellbeing** and life course. With a focus on physical and mental health of parents, facilitating access to education employment, information about nutrition, physical activity and financial focus for the family. Linking families to services to support family wellbeing and supporting future planning.

Identification of Common Elements of Interventions: Families at Risk

It is clear that parents who are vulnerable need support to improve outcomes for their children, with Nair (2012) highlighting that parental surveys confirm that for a number of parents, they are unclear on potential risks to children, acknowledging limited skills and education in this area.

As identified earlier, a parenting intervention review conducted by Macvean et al. (2013) looked at a number of interventions targeting basic child care, safety, child development and relationships have been identified and these are presented in ***Table 3*****.** Macvean et al. (2013) highlight some programs that could be of benefit for families at risk of poor outcomes.

If an early intervention approach is, along with key demographics and indicators of wellbeing prioritised (http://www.goodbeginnings.org.au/families/wellbeing-of-children-youth-initiative accessed on 15/11/14), then the following programs that have been identified in ***Table 3*** need some consideration. If some of these programs do not fall squarely into the Communities for Children Program area of responsibility, then these could be followed up by the East Gippsland Early Years Committee to determine appropriateness and resourcing. Further work may be needed to gauge their potential for shifting significant wellbeing risk factors for children and families in East Gippsland, in addition to how they could fit with, or complement other programs.

Macvean et al. (2013) assessed 81 interventions, with 1 rated Well Supported, 4 rated Supported, and with 7 rated Emerging. Interventions that were classed as Well Supported, Supported, Promising or Emerging were deemed to be effective interventions by Macvean. The following ***Table 3*** provides a summary of all of these programs reviewed by Macvean et al (2013). With the most frequently targeted outcome focus being child behaviour, with 11 programs cited, and followed closely by child development and parent-child relationships, with 10 programs cited for each. Safety and physical wellbeing were targeted by 7 interventions. The family relationships domain was targeted by 6 interventions and systems outcomes were targeted by 5. Only 2 interventions targeted basic child care. There were 10 effective interventions that were home-based. It is interesting to note that "*All effective interventions were delivered at the individual level, such as to individual parents, families or parent-child dyads. Four interventions also involved the delivery of group"* (Macvean, et al., 2013).

"In terms of maltreatment- there were immediate post intervention effects on maltreatment outcomes for ABC and Early Start, with medium gains from PCIT and PUP. Early Start, SafeCare and NFP demonstrated the longest follow-up effects."

"The long-term effects observed in SafeCare and NFP along with the physical abuse reports in PCIT (2.3 maintenance of effect), were based on the most reliable measures. Unlike the other outcomes, these were not assessed by parental self-report or even by interviewer administration, but rather child protection and child welfare subs tainted reports, therefore reducing the risk of bias."

Evidence review: An analysis of the evidence for parenting interventions for parents of vulnerable children aged up to six years (commissioned by the Families Commission of NewZealand), Parenting Research Centre, Melbourne, 2013, p.39.

Table 3: Summary of Interventions from Macvean et al. (2013).

Rating	Intervention	Intervention Elements	Evaluation
Well Supported[1] (1 Intervention)	**Nurse Family Partnerships**- *delivered and evaluated in the US*	Nurse Family Partnerships (NFP), was developed in the US and running for a substantial amount of time. It is a home visiting program that commences when the Mother is pregnant and concludes when the child is 2 years old. Supports families to access housing, health, education, and other services. Works with family to identify goals and build skills through encouragement and praise (Macvean, et al., 2013).	Positive evaluation findings, with this program operating since the 1980s. With behavioural improvements and less visits recorded to hospital for children. Improvements at 15 years, with fewer reports of child abuse and neglect and less engagement in substance abuse and juvenile justice (Macvean, et al., 2013).
Supported[2] (4 Interventions)	**Attachment and Biobehavioral Catch-up (ABC)**- *delivered and evaluated in the US*	ABC: for children under the age of 6 years who are at risk. It is delivered to individual parent/carer-child dyads in the home or foster home and targets child development, child behaviour and the parent-child relationship. The program is delivered by a professional in 10 sessions (Macvean, et al., 2013). In ABC, participants receive written material in the form of a manual. They are videotaped during structured activities with the children and provided with performance feedback based on the videotapes. There is also discussion between the	Immediate evaluation from the program highlighting benefits of participating in program, with less likelihood of child abuse, less parental stress child and internalising and externalising behaviour problems (Macvean, et al., 2013). 2 year follow up positive effects, with children displaying higher cognitive flexibility and theory of mind (Macvean et al.,

[1] In order to receive a rating of **Well Supported**, No evidence of harm or risk to participants. Clear baseline and post-measurement of outcomes exist for compared conditions. A well-conducted SYSTEMATIC REVIEW that contains a META-ANALYSIS and includes comparisons of at least TWO RCTs has been conducted. The systematic review has found that the overall evidence supports the benefit of the intervention. A positive effect was maintained at 12-MONTH follow-up.

[2] No evidence of risk or harm. Clear baseline and post-measurement of outcomes exist for compared conditions. Multiple studies, at least TWO of with are RCTs. Overall evidence supports the benefit of the intervention. At least TWO RCTs have found the intervention to be both significantly and substantially more effective than a comparison group. A positive effect was maintained at 12-MONTH follow-up.

Rating	Intervention	Intervention Elements	Evaluation
		professional and the caregiver. Information conveyed during the interventions includes teaching caregivers how to reinterpret children's alienating behaviour, nurturance in response to child distress, how to manage caregiver negative reactions when the child displays negative behaviours, synchronous parent-child interactions and how to provide a predictable environment for the child (Macvean et al., 2013).	2013).
	Parent-Child Interaction Therapy (PCIT) - training available in Australia, contact details outlined in ***Table 1***.	PCIT is focused on the relationship between parent and child. "*PCIT involves didactic presentation to parents, as well as direct coaching of parents while they are interacting with their children"* (Macvean et al., 2013). Parents receive praise, and are taught until they master skills that focus on their role in the family and how they can influence child behaviour through praise and positive reinforcement (Macvean et al., 2013).	Evaluations at 12 weeks positive and longer term evaluation positive with reduced negative parental behaviours (Macvean et al., 2013).
	SafeCare- *delivered and evaluated in the US*.	"*SafeCare is a service model delivered in the home by professionals to individual families. The service commences with an assessment of parent skills using observations and checklists. Parenting skill deficits are taught via active skills training, verbal instructions, discussion, modelling, role-play, feedback and praise. Parents are given homework tasks and skills are taught to Mastery criteria in both simulations and*	RCT identified lower rates of domestic violence for those involved in the program. Follow up at seven years identified lower recidivism rates for those that participated in the program (Macvean et al., 2013).

Rating	Intervention	Intervention Elements	Evaluation
		in actual interactions. Content delivered in SafeCare includes information on parent-infant interactions, basic caregiving structures, parenting routines, home safety (such as assessing the home for hazards and teaching parents to remove hazards and child-proof the home) and child health care" (Macvean et al., 2013).	
	Triple P Positive Parenting Program – Standard and Enhanced Group Behavioural Family Interventions- *delivered and evaluated in Australia*.	"*…parents with a history of maltreatment were specifically targeted and the intervention was designed to assist with anger control. The mean age of children in this study was 4 years. In this study, Standard Triple P involved four weekly group sessions delivered in the community plus four individual telephone calls. The intervention was delivered by discussion, goal setting, modelling, rehearsal, practice, feedback and developing set goals for behavioural change. Intervention content included child behaviour management with 10 strategies for promoting children's competence and seven strategies for managing misbehavior"* (Macvean et al., 2013).	"*…the Standard and Enhanced groups compared to the waitlist at post had significantly better outcomes for negative child behaviour, parents' perception of disruptive behaviour in the child, parents' reports of problem child behaviour, parents' reports of dysfunctional discipline style, and mothers' sense of competency. Many of these outcomes for the Enhanced and Standard groups are also significantly better than those in the Self-Directed group, and the Self-Directed group also has some significant gains over the waitlist sample"* (Macvean et al., 2013).
Emerging[3] (7 Interventions)	**Child FIRST**- *delivered and*	Child FIRST works with children aged 6 months- 3 years and is a	Evaluation highlighted a reduction of social,

[3] No evidence of risk or harm. Clear baseline and post-measurement of outcomes exist for compared conditions. Overall evidence supports the benefit of the intervention. ONE RCT has found the intervention to be both

Rating	Intervention	Intervention Elements	Evaluation
	evaluated in the US	system of care for children with behavioural and emotional issues. Child FISRT is delivered in the home weekly by a professional over a six month period. A parent and child assessment is conducted by a range of service providers and parents with a family plan drawn up to identify services needed for all of the family, using the strengths and priorities of the family. Home visiting focus is then guided by parent, not set curriculum and are linked with other supports and services they need (Macvean, et al., 2013).	emotional and language issues for children, and less stress for parents (Macvean, et al., 2013). .
	Child-Parent Psychotherapy (CPP)- *delivered and evaluated in the US*	CPP is a program targeting children 3 to 5 years old where domestic violence in present. The program focuses on outcomes in child development, behaviour and safety & physical wellbeing and parent-child relationships. The program is delivered by professionals to parent-child dyads over a year, with around 30 sessions. The program includes assessment, and individual treatment plans- with a focus on the provision of information about; *".. parent-child relationships, safety in the environment, promoting safe behaviour and setting appropriate limits."* There is also a focus on self-	Evaluation highlighted that those that participated had reduced levels of traumatic stress disorder and avoidant behaviour and an improvement in child behaviour (Macvean et al., 2013).

significantly and substantially more effective than a comparison group. A positive effect was maintained at 6-MONTH follow-up.

Rating	Intervention	Intervention Elements	Evaluation
		regulation and dealing with and acknowledging positive and negative emotions in the parent-child relationship. This program also looks at traumatic events and how they have impacted on child and parent and supported to understand responses to trauma and "…supported in creating a joint narrative" (Macvean et al., 2013).	
	Cognitive Behavioural Therapy for Sexually Abused Pre-schoolers (CBT-SAP)- *delivered and evaluated in the US*	CBT-SAP targets children aged 3-6 years old who have been subject to abuse. A total of weekly twelve CBT sessions are delivered to parent-child dyads by professionals. *"Parenting management training is also provided, as well as problem solving, psychoeducational and supportive interventions…"* (Macvean et al., 2013).	Children participating had improved behaviour and a reduction of behaviour problems. At one year follow up, those who had CBT-SAP had less sexualised behaviours and reduced problem behaviours (Macvean et al., 2013).
	Early Intervention Foster Care Program (EIFC)- *delivered and evaluated in the US*	Targets children 0-6 years in foster care. The service model is delivered weekly to children 1:1 and group sessions for six-nine months. Foster parents are also involved in 1:1 sessions and group sessions. Session commence prior to child placement. Foster parents are provided support (supervision and via phone) and foster parents' support groups on a weekly basis. Crisis intervention is available at any time. A behavioural specialist is available in relevant settings (day-care, kinder or at home)	Reduced number of failed placements identified in evaluation (Macvean et al., 2013).

Rating	Intervention	Intervention Elements	Evaluation
		and therapeutic playgroups are provided for children on a weekly basis. The child treatment element of EIFC focuses on prosocial skills to improve behaviour, with playgroup sessions focusing on skills needed for school entry (Macvean et al., 2013).	
	Early Start- *delivered and evaluated in New Zealand.*	Program for children up to 3 months old at risk of maltreatment. Early Start is a professional-delivered intervention in the home for vulnerable families for up to 3 years. Home-visits vary from weekly to once a month.	Evaluation showed an increase in early childhood education and positive parental practices. With a follow-up period at 9 years, this intervention more than met the 6 month follow-up criteria for a rating of Emerging. Had another RCT with effect been located, this program would have been rated Supported.
	Parent training prevention model- *delivered and evaluated in the US*	Parent training program is for children aged 18 months to 4 years of age who are at risk of maltreatment and have parents who have a low SES status or who are disadvantaged. Focus on child behaviour management in group setting.	Evaluation highlighted increases in problem-solving and frequency of tasks where rewards for children were given.
	Parents Under Pressure (PUP)- *delivered and evaluated in Australia*	Parents Under Pressure (PUP) is a program for parents of children aged 2 to 8 years, where parental substance abuse is an issue. Weekly sessions over ten weeks are delivered in the home.	Evaluation highlighted positive differences for parenting stress, child abuse potential, rigid or harsh parenting beliefs and attitudes, parental methadone dose and child behaviour

Rating	Intervention	Intervention Elements	Evaluation
			problems.

Attachment and Bio-behavioral Catch-up (ABC) has also been reviewed by Shlonsky, Kertesz, Macvean, Petrovic, Devine, Falkiner, D'Esposito, Mildon, (2013), in the Evidence review: Analysis of the evidence for out-of-home care. This program was reviewed as 'Supported' through a Rapid Evidence Assessment (REA). ABC treated children in foster care under the age of 6 years who have been maltreated or have attachment problems, with outcomes identified that reduced levels of behavourial problems, attachment issues, parental distress and the risk of child abuse (Shlonsky et al., 2013).

Other programs identified by the above-mentioned review are worthy in terms of influencing outcomes for vulnerable children. Following are a list of programs rated in terms of their effectiveness for children aged 0- 12 years, and families involved in out of home care. Supported programs; 1) Multi-dimensional Treatment Foster Care for Preschoolers (MTFC-P)- therapeutic foster care for children aged 2-7 years- with outcomes demonstrating increased: placement stability, permanence and positive attachment (Shlonsky et al, 2013). The following programs are rated as Emerging; 2) Big Brothers-Big Sisters- mentor service for children aged 10 – 16 years (use in foster or kinship care), with improved outcomes in pro-social skills and self-esteem; 3) Combined cognitive behavioural program and educational program-parenting program for improving difficult behaviour in children aged 3 to 8 years. Targets adoption and permanency, with outcomes identified with increased satisfaction with parenting and increased positive interactions (Shlonsky et al, 2013); 4) Fostering Healthy Futures (FHF)- foster care for children aged 9 to 11 years who have been maltreated, demonstrating outcomes in improved quality of life, mental health, restrictiveness of care setting, placement stability and permanency; 5) Kid in Transition to School (KITS)- children in OOHC transitioning from preschool to primary school, with identified outcomes of reduced aggression and behavioural problems (Shlonsky et al, 2013); 6) Life Story Intervention (LSI)- MH program for rural children in OOHC aged 7 to 17 years with parents who abuse methamphetamine, with outcomes of improved externalizing behaviour; 7) Together Facing the Challenge- therapeutic foster care for children around 12 years of age, with reduced behavioural problems identified (Shlonsky et al., 2013).

Children in out of home care, or foster care, are particularly vulnerable and are more likely to experience poor outcomes in psychosocial and health related outcome measures- despite the respite from maltreatment that foster care provides. Children with a kinship care placement, overall, are more prone to improved outcomes than children in other care placements. This information should be considered in terms of improving supports and additional programs for carers and the children they are looking after in foster care, which can facilitate improved outcomes (Shlonsky et al., 2013).

The Australian Centre for Post-traumatic Mental Health & the Parenting Research Centre developed a report in 2014 that reviewed *Approaches targeting outcomes for children exposed to trauma arising from abuse and neglect: Evidence, practice and implications*. As with other reviews cited in this report, interventions have been rated for their efficacy for reaching outcomes for children and families. There is a substantial amount of information provided in this report, which cannot be provided in detail. However, it should be noted that there was only one approach that was rated Well Supported; Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), which is trauma-informed and a trauma-specific/focused intervention- . TF-CBT is a program that directly targets post-traumatic stress and related symptoms. The findings of the studies assessing the effectiveness of TF-CBT indicate that this

program demonstrates effect at 12 months after program completion for the following outcomes: Child Post Traumatic Stress Disorder (PTSD), child abuse-related shame, child dissociation and parent distress.

Eight approaches (five programs, two service models, one system of care) met the criteria for Supported approaches: Child-Parent Psychotherapy (CPP); Family Connections; Fourth R: Violence Prevention; Fostering Healthy Futures; Nurse Home Visiting Service; Multi-Systemic Therapy for Child Abuse and Neglect (MST-CAN); Parents Under Pressure (PUP); and Project Support. These approaches tended to draw from cognitive behavioural paradigms as well as attachment/relational and ecological paradigms. It should be noted that CPP, PUP and Nurse Home visiting Service have been cited in other reviews within this report, rated for effective outcomes. As outlined in the report from The Australian Centre for Post-traumatic Mental Health & Parenting Research Centre, there is a need for additional research in the programs classified as 'Supported' in this report to conclude that the outcomes identified would occur in subsequent program evaluations over a longer period of time to confirm their effectiveness.

How to Work with Families- Models of Delivery

There are key areas for how to work with families listed in the successful common elements of programs referred to previously, which reinforce practice to reach vulnerable families- 'no wrong door', soft entry points, warm referrals, meet where families feel most comfortable (home, park, other service) to name a few (Robinson, Scott, Meredith, Nair, Higgins, 2012). These practice elements are also contained in the Service Access Guidelines, developed by a partnership of agencies with UnitingCare Gippsland as the lead agency, and available online (www.ucgipps.org.au).

A key success factor identified by Moore (2010) is the use of family-centred practice in working successfully with families, particularly those from diverse backgrounds. Influencing factors include;

- Treating families with respect and dignity;
- Being sensitive and responsive to cultural, ethnic and socio-economic diversity of families;
- Needs and priorities of families drive service focus;
- The changing needs of families are taken into consideration with flexible services;
- Acknowledgment and response of the families expert knowledge of their child and family functioning is used in conjunction with knowledge of the service provider;
- Parents are given an active role in the planning and delivery of services, and respect is given for family choices.

Furthermore, it is important to acknowledge the skills identified that facilitate effective work with families, which includes; ability to listen carefully, apply empathy and concern, able to use reflection with clients and as a service provider, ability to observe parent/child relationship, identify role boundaries, be able to react with thoughtfulness to emotionally powerful conversations, and have, and manage one's feelings appropriately, and challenge families when appropriate (Moore 2006).

A scaffolded approach needs to be taken into consideration- with a combination of primary, secondary and tertiary levels of service delivery, as highlighted by Nair (2012) who cites Higgins & Katz (2008), concluding that in order to achieve child wellbeing, a holistic approach that combines different levels of services (universal, secondary and tertiary) is needed – along with attention to the broader social context and service systems- including public health, housing, education, domestic violence, early

childhood, employment, and Indigenous health. Given this, combined service delivery by agencies across levels of services and service systems could be investigated. Kennedy, McLoughlin, Moore, Gavidia-Payne, and Forster (2010) cite a review undertaken by the Centre for Community Child Health in 2006, which outlines that changes to the way we deliver services are needed in order to improve developmental outcomes for children. Kennedy et al. (2010) suggest that there is a need to "(a) shift from treatment and targeted services to a universal prevention approach, (b) to develop an integrated tiered system of universal, targeted and specialist services, and (c) to develop better ways of engaging and retaining the most vulnerable families."

As illustrated by Nair (2012) families benefit from "collaboration and integrated program planning and delivery between various service sectors, such as education, health, employment and other community services, and can be an efficient and cost-effective way to achieve the best possible outcomes for families and communities."

Changes in service systems to build the capacity of the universal system are further outlined by Kennedy et al. (2010) in relation to the Early Childhood Intervention service system, where specialists build the capacity of staff in the universal system and work more broadly and in a more integrated way with universal services. Kennedy et al. (2010) also highlight that children with additional needs can miss out on play-based learning opportunities when universal services don't have access to tools and resources through specialist services that support their capacity to engage with children with additional needs.

Another consideration is a way of working in Early Childhood Intervention Services (ECIS) for children with additional needs proposed by Moore (2012), which highlights that given that children learn through their environments and opportunities to build their capabilities, that the focus of ECIS should be on building the capacity of parents/carers to provide the learning environments that children need, rather than focusing on the service providing this alone. This has occurred to some extent in East Gippsland through different services and programs, but in terms of models of delivery and the feedback from parents about accessing ECIS services, Moore's (2012) presentation about rethinking early childhood intervention services could be considered further to gauge to what extent services are operating in the way he proposes.

What Creates Barriers or Makes Services More Accessible?

The consultations highlighted that some parents, particularly vulnerable families need extra support to access programs. Extra support includes; assistance with transport, provision of childcare where appropriate, and food to share. Access to transport is a major issue for families without a car, with limited access to public transport and proving more difficult for families to access services when the weather is wet. For single parents without a licence their options are limited. Building a relationship of trust and feeling comfortable and not judged by workers is also a key factor for parents.

Times that programs are held are also an issue, with parents and grandparents giving feedback that evening or weekends for parents working or with other commitments during the week, would make programs more accessible. A barrier identified by service providers is the lack of specific supports and education available for grandparents that are carers for children. Grandparents don't always feel comfortable attending a playgroup where there are younger parents and some parenting techniques

that are utilised by some grandparents caring for children are not strength-based or don't maximise child development opportunities.

Another barrier identified by Nair (2012), and service providers is that parents don't want to access parenting education programs as they feel judged as parents, that by attending it makes them feel like they are not doing a good job. A service provider discussed the notion of having parenting education programs available universally, in schools and through other universal services. This means that parenting programs are promoted and targeted to all parents, so the stigma is reduced, and it becomes more socially acceptable to participate. Holze et. al. (2006) promotes the increased use of secondary prevention services via entry points that are non-stigmatising, "…if all families are accessing some form of intervention, it will not be apparent to others whether they are accessing different levels [primary or secondary]".

Work commissioned by the Australian Research Alliance for Children and Young People (ARACY) and conducted by TNS consultants, (Bueren, Miller, Rutley, 2012) provide a summary of parental consultations and outlines implications for approaches in reaching parents. There are some elements that are useful for consideration when targeting parents and relevant when pondering what makes services accessible to parents. Bueren, et al. (2012) summarised the thoughts of parents surveyed; their children develop according to milestones not years- so this needs to be considered in the language and approach of program promotion; all children are unique- so a one size fit all approach doesn't work; considering how parents were parented (which is positive and negative); thinking about grandparents as another target group in caring for children- but also reaching parents with messages; parents try to do the 'right things'- but a number have a level of guilt about not doing the 'right things' or more of the 'right things'- guilt does not motivate parents in a positive way; being judged is not liked by parents, but sometimes find that they are judgemental towards others; getting good ideas off other parents is useful, so using anecdotes and testimonials from other parents can be a positive tool; parents don't look for support/advice until they have an issue or crisis, so windows to engage parents need to be acted on quickly, or develop a persuasive hook to engage parents in the service. Feedback from parents indicated they preferred the following message as 'a hook' when given a number of different messages, *'Every parent struggles with bringing up their kids. Children's needs are constantly changing. Parents doing well ask for help, and learn as they go. Every step of the way. To learn as you go, go to www.xyzzz.org'* (Bueren, Miller, Rutley, 2012).

Working with Aboriginal Families

Family relationships in Aboriginal families operate differently to the majority of mainstream families- with extended family playing a role in children's lives. For example, children may have many different 'nannas' and aunties. (Walker and Shepherd 2008).

From research conducted in Western Australia, it is suggested that the majority of Aboriginal families generally function well and have many strengths, which is the same with the general population of families (Walker and Shepherd 2008). However, there are a number of factors that impact on the functioning of families, including; financial wellbeing, children's diet, overuse of alcohol and drugs caused problems, and whether the primary carer had been forcibly separated from their family (Walker and Shepherd 2008).

Furthermore, a number of studies highlight the impact of socio-economic status and the percentage of Aboriginal families living in poverty is high (Walker and Shepherd 2008). A high proportion of Aboriginal families are dealing with a myriad of challenges, and it is important for mainstream agencies to make their services as accessible to Aboriginal children and families as possible. It takes time and commitment to engage effectively. This priority must be a focus for improving services, and outcomes for Aboriginal children and families by working with Aboriginal communities and Aboriginal organisations.

The consultation with Aboriginal services and families was limited due to time constraints in this development of this report. The consultations include feedback from service providers working with Aboriginal families. As highlighted in the draft recommendations, with each Aboriginal community being unique, there is the need to understand specific strengths, needs and relationships in each Aboriginal community across East Gippsland, and involve the community in program design and delivery.

Section 3

This section provides an overview of the consultation conducted around parenting support with parents and service providers. It concludes with draft recommendations based on the findings from the consultation and considering feedback in light of the evidence-based program reviews and research around effective interventions for families.

Consultation Design & Results

A consultation framework was developed to capture the key questions for the Scoping Parenting Strategy for both service providers and parents. A summary of the key questions and goals are provided below.

Consultation Framework	Service Providers	Parents
Key Questions	1. What draws families to the service? 2. What helps them come back? 3. What brings about change? 4. What are the needs? 5. Do current services meet the needs?	1. What draws families to the service? 2. What helps them come back? 3. What brings about change? 4. What are the needs? 5. Do current services meet the needs?
Goals	• Identification of access strategies	• Identification of needs of families at risk of poor outcomes

	• Identification of service delivery models that are deemed accessible • Identification of needs of families at risk of poor outcomes • Identification of any emerging needs in the community	• Identification of any emerging needs in the community • Identification of parent perception of service gaps

With the timeframe and availability of Dr. Catherine Wade from the Parenting Research Centre, a number of consultation sessions were conducted with parents and service providers. These sessions were not able to be held across the East Gippsland region, and were Bairnsdale based. With support from the Communities for Children Program Coordinator, Julie Patel, consultations were held with:

1. Young, Pregnant and Parenting Group (facilitated by Gippsland Lakes Community Health- GLCH).
2. Puppets and Play (facilitated by Bairnsdale Primary School).
3. Play 2 Learn (facilitated by Good Beginnings).
4. Bairnsdale West Primary School playgroup.
5. Little Angels Playgroup.

Questions were posed to parents about services they access, how easy they are to access, supports their families need and what services would support them in their parenting. Questions were asked in the following format- one-one interview, online and hard copy questionnaires, and group discussions.

A total of 19 (including the five abovementioned groups) responded to the parenting support consultation. Following is a summary of the feedback from parents regarding parenting support in East Gippsland.

Do you currently access any parenting supports? (parent education, playgroup, family support, etc.) If so, what are these programs or supports? How did you find out about this support or program?

Around 37% of respondents did not access any supports or services. Other respondents accessed supports such as playgroup, supported playgroups, with 16% accessing Early Childhood Interventions Services (ECIS), and 16% making reference to Maternal & Child Health support. Access to programs at the library, kinder gym and Active Lorikeets were mentioned by parents at one playgroup that participated in the consultation. Other services that were accessed by parents that were mentioned by another playgroup included; accessing GPs (but very hard to access), Parent and Infant Support Program (PAIRS), My Time program and Home Interaction for Parents and Youngsters (HIPPY) program.

10% of respondents didn't access services as they were working, or were a grandparent caring for a child and didn't access any programs or supports.

A total of 26% of respondents found out about services from word of mouth, with 16% finding out via Maternal & Child Health. 5% of respondents found out by walking past the service/sign, with 10% finding out from their school and another 5% of respondents citing their doctor as a referral point, and another 5% mentioning the East Gippsland Children & Families Facebook page as a source of finding out about services, but another respondent said that this wasn't updated enough.

Is this program or support easy for you to access? If not, what makes it hard to get to? What programs or supports help you and your family achieve the things you want for your family?

A total of 57% respondents said that the service was easy to access (apart from doctors) and citing a welcoming facilitator, which makes them feel comfortable. However, parents who responded also talked about feeling that it was hard to talk about issues with M & CH, feeling there was judgement and that they were 'doing the wrong thing'; differing advice about breastfeeding from hospital and consistent support would be useful. Respondents talked about no support beyond M & CH, and not sure who to go to, to get information and support, and access to sleep school was difficult with the closest at Warragul. Parents talked about playgroups as a key area of support, and other services accessed included Noah's Ark, and schools.

What does support look like when things are not going well?

"A friendly caring voice on the other end of the phone. Positive strategies to help parents cope. Programs to empower parents."

"Someone who listens, doesn't judge, respects my decisions on how to raise my children, doesn't see me as a bad mother if my views are different to theirs."

What programs or supports help you achieve what you want for your family?

"8 week program at MCH after birth was really helpful and helped establish this [play]group. Playgroup because non-judgemental, supportive when working through challenging behaviours, sharing resources. Google and MCHN"

Parent Survey Respondent, 2014

Parents talked about difficulties accessing GPs, with some not being helpful and feeling pushed out. Many parents talked about how hard it is to find information about local services. Parents talked about using the internet to get information and that a central spot on the East Gippsland Shire website or Facebook would be useful. Online websites and resources used included; Raising Children Network, better health channel, nurse on call, breastfeeding on call, parenting on call. A source of support for parents was family and friends, supports from mums groups and playgroups were also mentioned. Parenting support for dealing with court orders was mentioned as needed and the lack of supports and options for fathers was also mentioned. The benefit of attending positive parenting workshop on Autism was mentioned, as well as My Time. Access to breastfeeding support was cited and support from midwives was described as valuable (and a new service to the area). One family talked about leaving Sale hospital after a caesarean and proposed referral to Bairnsdale midwifes, but no one provided support and she was left with no support with a new-born and two other children, and had to drive after two weeks.

When things are not going well for families, all respondents talked about turning to family or friends, or someone understanding to talk to.

Are you seeking to do things differently as a parent, or as a family? What programs or supports help to bring about change that you are seeking?

Over 30% of respondents said they are not seeking to do things differently as a parent, or as a family. Other respondents had a mixture of feedback- that playgroup provides support, that a focus on the positives for when things are going well makes a difference. Over 10% of respondents talked about the lack of supports and programs focussed on Dads, as well as having parenting programs out of hours so Dads can participate. The lack of information available about services was also made evident, with this comment coming through on a range of questions. The lack of information about kindergarten enrolment processes was also highlighted by parents. It was suggested that this information is given via M& CH at 18 month check so that parents are aware of the process to access kindergarten so they don't miss out, from parents there seems to be a lack of kindergarten places. Having access to information about balancing work and family was also raised.

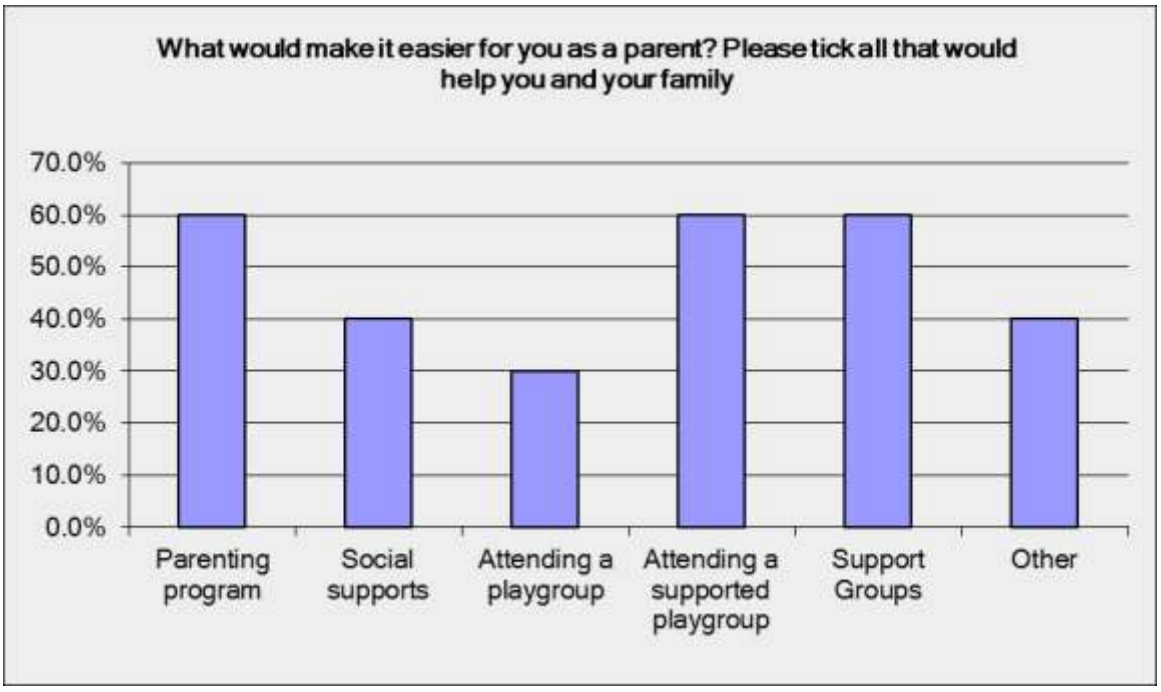
What are the main concerns you have about your children or family right now?

26% of Respondents did not have any main concerns about their children or family. Support and guidance for court orders was highlighted as a concern for 10% of parents. Other respondents to this question highlighted the following concerns;

- Knowing about supports, kinder places and process;
- Support with household/children post operation;
- Breastfeeding and change table in town (library acknowledged, still would like more- nobody likes the new toilet in mall);
- Returning to work and earning enough income;
- Choosing a school;
- Ensuring there are educational activities on school holidays;
- Children fitting in and ready for school;
- Arranging care out-of-school hours for my rural based primary school children. Trying to ensure they can remain in after school activities, when both parents have town based employment;
- Negative and tragic events, overwhelming youth, preventing them from reaching their own potential as an individual;
- My happiness= kids happiness;
- Safety;
- Some defiant, resistant behaviours from 4 year old, particularly around following instructions and interacting positively with other children.

What would make it easier for you as a parent? Please tick all that would help you and your family

The following graph highlights that 60% of respondents reported that parenting programs, attending a supported playgroup and support groups would make it easier for them as a parent. 40% identified social support and other (not specified) would make it easier for parents. 30% of respondents highlighted that attending a playgroup would make it easier as a parent.



Any other comments that would support you in bringing up your children

- Gap for services for dads. - Dad's support group for kids with Autism? A gap for support for Dads- birth experience, nothing or Dads, muddled through.
- Kinder spots (can't get in), only spots out of town and knowledge about putting your kids at kinder- what do you need to do? Need to be proactive- but no info to know.
- Not enough childcare available. Family day care much better.
- Pediatrics a real gap, every 2 months visiting- but have to go to Sale, speech (2.5 year waiting list) and OT: massive issue. Local allied health and issue, plenty of psychologists. Only 1 play therapist.
- Respite is a big issue- no carers available. Asked 3 times- over 12 months, but a waitlist (months and months). GLCH and UCG providing respite but the left hand doesn't know what the right hand is doing.
- How do you get info?
- Centrelink referral to Quantum re: homelessness, but people going in circles.

Service Provider Consultation & Findings

Services working with families in East Gippsland were consulted in relation to; the services they provide, the profile of their clients, the programs they deliver and the evidence-base of the programs they deliver, the outcomes they see, access points, what supports are needed to facilitate change, the needs of families and the gaps. The following key questions guided the consultation with service providers.

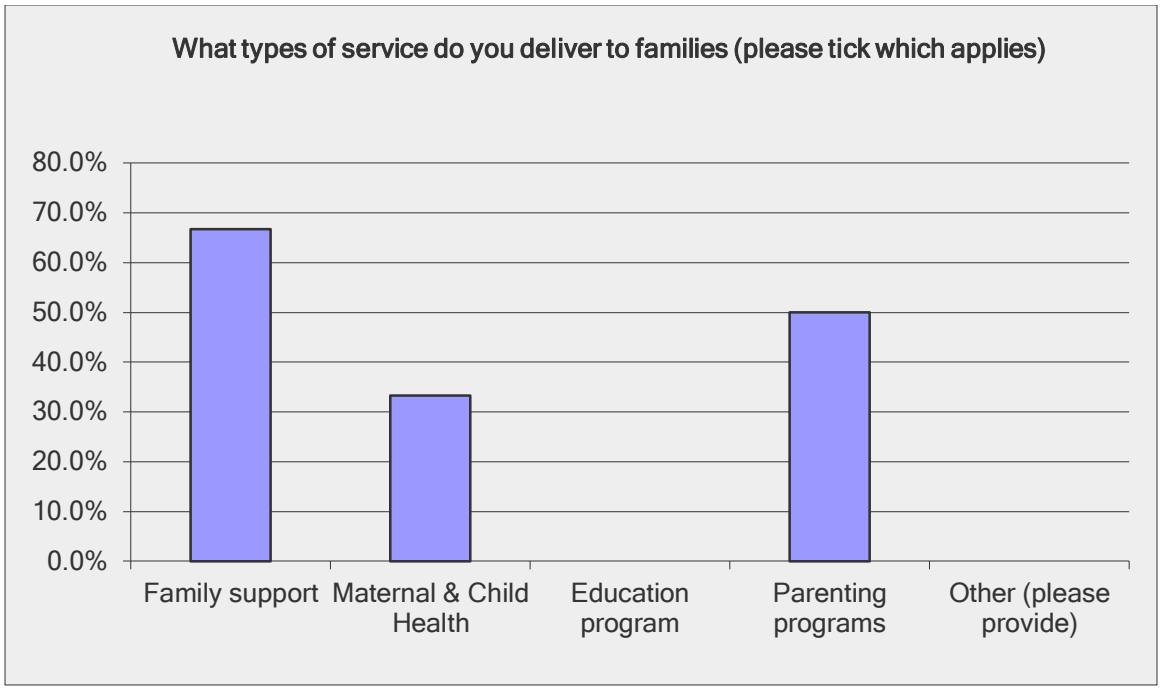
1. What draws families to the service?
2. What helps them come back?
3. What brings about change?
4. What are the needs?
5. Do current services meet the needs?

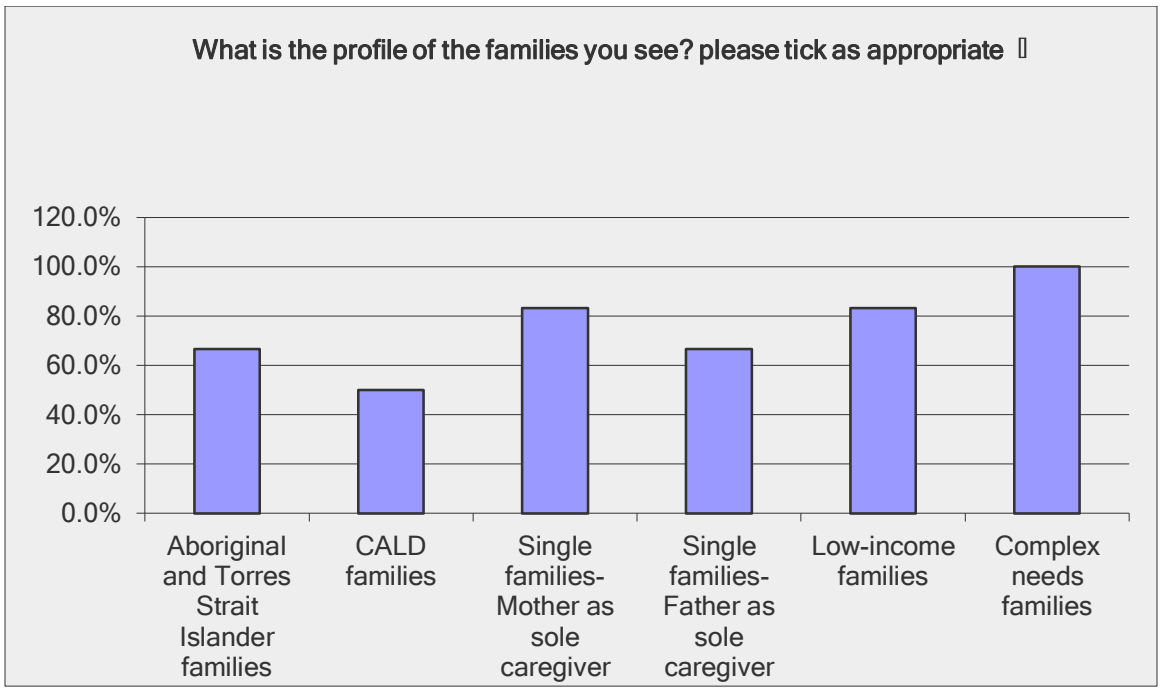
The services that were consulted with through a range of mediums include;

- Gippsland Lakes Community Health (GLCH), Maternal & Child Health
- Gippsland Lakes Community Health (GLCH), Integrated Family Services Team
- Gippsland Lakes Community Health (GLCH), Health Promotion- Toddler Gym
- Noah's Ark
- Anglicare
- Orbost Regional Health, Maternal & Child Health
- High Country Schools as Hubs Coordinator
- Federation Training
- Good Beginnings- East Gippsland
- Gippsland & East Gippsland Aboriginal Cooperative (GEGAC), Boorai Team

Service providers reported overwhelming that all of the families they see require supports, which they are not currently accessing. The services that organisations provide to families and the profile of families using services can be found in ***Table 4*** *below*.

Table 4: Types of services you deliver to families; and profile of families using services.





What draws families to the service?

- Friendly, non-threatening, inclusive programs where parents do not fell judged or intimidated, listening to parents as to what they want and when they want it run as much as possible, giving parents ownership of the activity by asking them about ideas and opinions of activities, be flexible with communities as to their need, engaging parent advocates is a very valuable tool, clear, consistent advertising in local media, however the best advertising is word of mouth, making a them with activities to interests in the community, offering free food or children's books, personal contact from coordinator.
- Building a positive relationship and not giving up.
- Opportunities to socialise in a relaxed, friendly environment. Educational benefits for their children.
- Child protection involvement leading to referral, family services involvement leading to referral, court orders to do parenting education, parent separation- conflict between both parties, seeking custody and access to children, recommendation from legal representative to do parenting education.
- Identified need; home-visits; not 'workers'- volunteers; no cost; not time limited and flexibility to move from program to program depending on needs.
- Immunisation and KAS visits.
- General information on raising children, parenting challenges, social gatherings.
- A well organised and friendly delivery of the program, at present we are turning clients away as we don't have the capacity to take any more clients on.
- Relationship with each other, chance to get out of the house.
- Need for support for a child with a diagnosed/undiagnosed disability.

What factors need to be present to help families to keep using service/program?

- Parents need to feel the program is worthwhile, they get something out of it, parents see their children enjoying the activity, regular reminders, social contact- particularly in isolated (geographically and socially) areas, having a good 'culture' in the program, parents feel a sense of belonging to program, if they are made to feel valued as a parent, personal contact from coordinator, no cost entry into programs.
- Good communication with families, advertising and personal contact.
- Providing activities with no costs involved.
- Trust between parent and agency, engagement with families- facilitator building rapport with parent, warm referral from other community service (e.g., neighbourhood house), holding activity in local community that people are receptive to attend, building trust between parent and facilitator, being accepted, treated with respect, listened to, relevance of program content to the needs of the parent, parent needs to be receptive to style of delivery of the parenting program, childcare is always an issue for parents with under school-age children.
- Trained volunteers; active referring; on-going support.
- Access/availability of M&CH service hours- more staff.
- Transport is a barrier. Some drive 2hrs for MCHN.
- Connections, feeling welcoming, feeling they are contributing, socialisation, consistency of service and facilitator.

- Engagement with Key worker- family centred, service occurring in natural environment.

What brings about change?

What changes do you see in families? How do these changes occur?

- Families connect to other families providing socialising time and contacts, children becoming more socially, emotionally aware and ready for school.
- Changes in attitude- shifting from seeing the child as the problem and now seeing that as the parent they need to make the change. Understanding what is causing or influencing their children's behaviour, understanding the impact of trauma on children, changes in parent's confidence, and changes in parent's ability to respond to their children's need, changes in parent's ability to respond to their children's behaviour.
- More self-confident parents- the input from volunteers and staff; increased connected with the community- attend playgroup and kindergarten; better relationships with children- more play together, positive input and praise.
- Holistic growth of the family.
- Families can be quite shy when first attending but they are soon to find this is a safe environment and we are here not only for support but to offer and assist with other services.
- Confidence, happiness, better connections with each other, services and children, opportunity to spend positive time with their kids.
- Increase in confidence and skills of parents. Capacity building, strengths based approach.
- Use of positive parenting strategies.

What parts of the service/program that help families to make changes?

- Building a trusting relationship with the family, helping give them confidence to make a change, subtle education programs with positive delivery, consistency with support and delivery, sometimes it can be a lifestyle change, so need to work in with other agencies working with families- all working on the same page. Helping them see the benefits of other ways, not necessarily delivered by a professional but a friend or parent advocate, conversations with the deliverer or other parents.
- All activities held help families make the changes.
- Parents may also make change to see their part in conflict in their family. When they then make a positive change, they may experience change in the level of conflict that was occurring, and they are able to work more cooperatively with their ex-partner.
- A big influence on these changes is the strategic order of the parenting program content that engages with parents, builds trust, helps parents to change their attitude and understanding of their children, and how they can make changes to create a positive family environment and increase children's cooperative behaviour.
- A module based program enables us to select content that specifically focuses on conflict between parents. These can include: dealing with conflict and managing anger, dealing with stress, transactional analysis theory, self-esteem, effective communication strategies, emotion coaching.

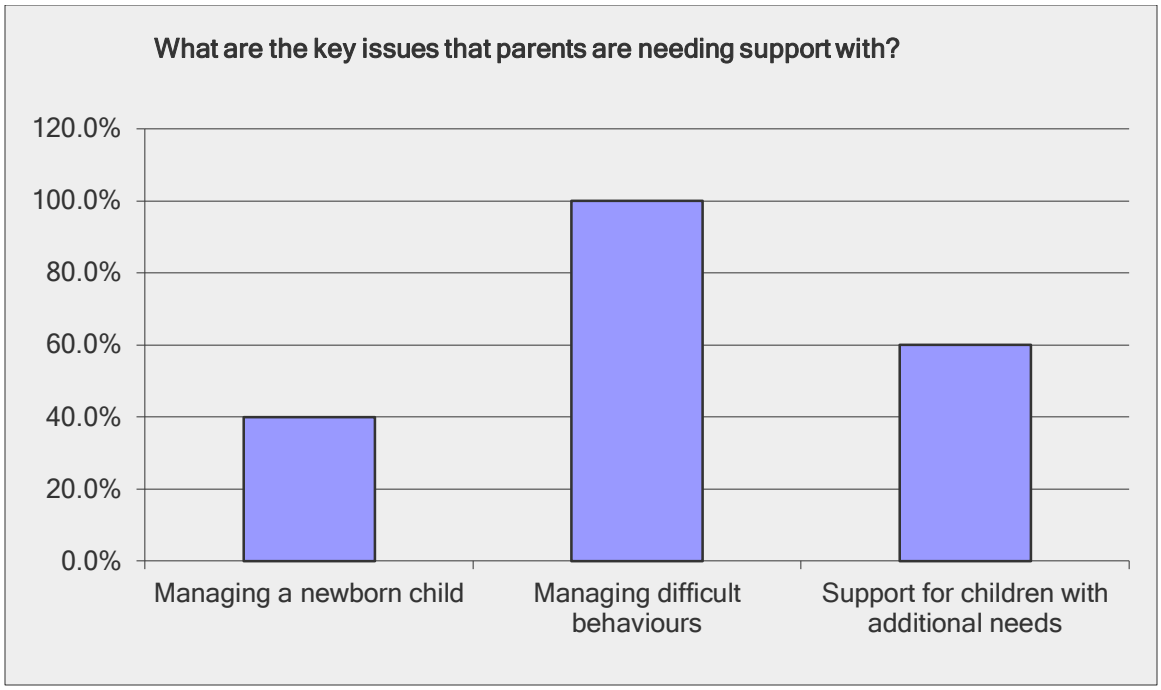
- On-going service, not time limited; trained volunteers- role modelling; support from volunteers and staff.
- Professional advice and networking with peers.
- The more one on one, and also the friendliness that is shown as they enter the premise confidence/encouragement, practical ideas to use at home, speaking, role-modelling, creating a safe space.
- Service provided in natural environment- parent focused individualised goals /plans formed collaboratively with parents, use of coaching model - active reflection when 'practicing' skills.

What are the needs?

Resoundingly, service providers stated that current services do not meet the needs of families, following are the gaps where more support for families is needed in East Gippsland;

- Evidence-based personal programs for families that are struggling;
- Early intervention;
- To create change, need to experience it- in the home with parents role- modelling, getting on the floor, focus on emotional connection and how parent was parented;
- Workshops for parents around behavioural strategies, how do you approach difficult behaviours?
- Information strategies for professionals about behavioural strategies and positive parenting approaches that can be shared;
- Paediatrics and Audiology;
- Case management for complex care;
- Ongoing parenting programs, including parenting programs for when couples are pregnant across East Gippsland. Could be pregnant and parenting groups for everyone (not just young mums);
- Access to sleep clinic;
- MCHN, mums groups, playgroups, mental health services for parents and kids, financial counselling;
- Support for families/children who have experienced attachment/relationship trauma;
- Peer support for Dads;
- Parenting programs and other supports for Dads;
- Support groups for parents of children with disability now that My Time no longer running;
- Public transport/other transport available to access services;
- There is a gap for parents who do not have their children in their residential care, and who require intensive parenting skill development, particularly for the care of babies and younger children. They are not eligible to access services (like Families First, family services, QEC) because they don’t have their children living with them. These parents are not able to gain these hands-on skills from specialist parenting services, to assist them towards reunification with their children. Transport issues create difficulties/tyranny of distance for appointments and access to services;
- There is nothing for older children- a real gap of support available for children aged 6-12 years and their families;
- Disability services and education (getting kids to school);

- Drug and alcohol impact on children and families;
- Support for Aboriginal children in school- there are KESOs, but they have large workload;
- Activities in the school holidays (no-one is funded to do this);
- Some things are so overwhelming- need time to pick issues apart- one at a time;
- Safety- car seats for children;
- Families living in squalor and overcrowded conditions;
- Financial counselling, psychologist for children and families;
- Not enough services for; Drug & Alcohol issues, domestic violence, housing and follow up;
- Men leaving jail- no support or follow up;
- Staffing to be able to be responsive to families when they are seeking help;
- Mental health supports;
- Families relocating from overseas- seeing GPs, but not M&CH, making sure they are linked in with services;
- Talking to families at Lake Tyers Trust (decreasing numbers with 2 babies and 2 children);
- Having to go to GP for Mental Health Plan is a real barrier;
- Paediatrics is a real issue;
- Streamlining services- keep an eye on pilot at Latrobe City Council (Whittlesea and Yarra Ranges are also pilot sites) for outcomes of coordination and key worker model;
- More regional collaboration work, knowing what is going for families once they are linked in Child FIRST or Child Protection;
- Ability to get advice and support from other professionals- coaching available;
- Regional conferences and networks are lacking;
- IT an issue- how can we share and learn from each other;
- Engaging with parents- sharing where it works;
- Looking at peer to peer learning for parents; looks promising- worth building on, positive peer support can be great;
- Playgroup- key elements work;
- Sharing parenting skills in home;
- A combination of in-home and group settings;



Implementation

The Parenting Research Centre (PRC) has been involved in the development of Implementation – key success factors and drivers that need to be present to ensure that interventions are implemented effectively to achieve outcomes for children and families. For any program or intervention, this is a pivotal consideration. The following has been taken directly from Wade et al., (2012), and provides a good summary of key elements that need to be taken into account for effective implementation of interventions. Further information can be drawn from http://www.parentingrc.org.au/, in particular- Bridging the Gap from Science to Service provides an overview of the role that PRC plays in supporting organisations around implementation and evaluation of evidence-based interventions.

Implementation considerations for parenting programs (Wade et al., 2012).

Appropriateness of program aims and outcomes

• Is the program based on a clearly defined theory of change?

• Are there clear program aims?

• Are there clear intended outcomes of the program that match our desired outcomes?

Targeted participants

• Is the target population of the program identified and does it match our intended target population?

• What are the participant (child, parent or family) eligibility requirements (ages of caregivers or children, type of person, presenting problem, gender)?

Delivery setting

• What are the program delivery options (e.g. group, individual, self-administered, home-based, centre-based)?

• Is there flexibility in delivery modes that suit our service context?

Costs

• What are the costs to purchase the program?

• What are the costs to train staff in the program?

• What are the ongoing costs associated with purchasing manuals and technical assistance (e.g. coaching and supervision of staff)?

• What are the costs to implement the program with families (in terms of staff time, resources to deliver, travel cost to agency, travel cost to families, costs to families in terms of time off work and childcare)?

• Are cost-effectiveness studies available?

Accessibility

• Are the materials, trainers and experts available to provide technical assistance (i.e. training, coaching and supervision) to staff who will deliver the program?

• Is the program developer accessible for support during implementation of the program?

• Does the program come with adequate supporting documentation? For instance, are the content and methods of the intervention well documented (e.g. in provider training courses and user manuals); are the content and methods standardised to control quality of service delivery?

• Are the program content and materials suited for the professionals and parents we work with, in terms of comprehension of content (e.g. reading level of materials, amount of text to read or write, use of complex terminology)?

• Does the program suit our service's access policies (e.g. 'no wrong door' principles; 'soft' entry or access points; community-based access; access in remote communities)?

Technical assistance required

• What are staff training needs (frequency, duration, location, cost)?

• What amount of ongoing technical assistance is required (including top-up training, coaching or supervision)?

Fidelity

• What are the requirements around the fidelity or quality assurance of delivery of the program components to families? That is, how well do practitioners need to demonstrate use of the program either during training or while they are working with families (e.g. are there tests, checklists or observations that they need to perform during training; are there certain things they need to do to

prove/show to the trainers that they are using the program correctly, such as video-taped sessions, diaries, checklists about their skills or use of the program with families)?

• Are there certain program components that MUST be delivered to families? That is, if they don't do X, they are not actually using the program as intended.

• What are the program dosage or quantity requirements for effective results (i.e. how often and for how long do families need to receive the intervention)? Can our service meet those requirements?

Data and measurement of effectiveness

• How is progress towards goals, milestones and outcomes tracked?

• What are the requirements for data collection (i.e. what measures are recommended, how often are they to be administered, who can administer them)?

• How accessible and relevant are the developer-recommended evaluation tools (ease of access, cost, ease of administration and scoring, relevance to Australian context)?

Staff selection • What are the necessary staff qualifications or skill requirements (i.e. who can deliver the intervention)? Does our service have such staff or can our service acquire such staff?

DRAFT Recommendations

Based on the elements presented in this report, there is a need to carefully consider the high level of need in the community with evidence-based programs presented via a number of reviews involving the Parenting Research Centre (PRC). There are a number of programs identified that require additional research for their appropriateness and cost effectiveness to operate within in East Gippsland.

Based on evidence-based reviews, as highlighted, and consultations, the following DRAFT recommendations are presented;

- Matching local needs to a **mixture of evidence-based programs**, with many identified, with capacity to implement (as per section on implementation);
- A need to look at the combination of programs and **engagement options** (primary and secondary and how they interface to ensure service access for families that most need it, along with early intervention);
- How services work with families is critical – **strength-based approach**, with capacity to engage with families with complex issues needs to be considered in recruitment and program planning;
- **Evaluation** needs to be a strong component, with the ability to give staff and managers regular feedback to ensure programs are meeting the changing needs of families, and be flexible to adapt to these needs;
- **Supports for Aboriginal parents** are important. One of the limitations of this process was a short-time frame in order to consult- there is limited consultation in respect to a number of Aboriginal communities and this needs to be considered for program planning and more localised consultations around program development;
- **Interventions need to be flexible and culturally responsive**. The Boorai Service model at GEGAC is working well in Bairnsdale, this may be considered for other communities, but would require

specific consultations with key Aboriginal communities and organisations (Lakes Entrance, Lake Tyers Aboriginal Trust and Orbost for example). There is a need to build on what is working and building the capacity of mainstream agencies to engage effectively with Aboriginal families;

- A combination of **early intervention and therapy-based interventions** for children could be considered;
- There are emerging needs of the community which includes a lack of **support for Dads, better service information and access, more support and interventions for grandparents and carers**;
- A lack of services are available with a focus on **children aged 6- 12years**, and needs an increased focus;
- There are a lack of **medical services and Early Childhood Intervention Services** (ECIS) for children and families- advocacy regarding access is needed;
- Parents have given overwhelming feedback that they don't know where to **get information about services to support their family**- there needs to be a common place to seek information about playgroups and other supports that are available to families (in a range of formats, but primarily online);
- Support for families regarding **court orders, and support around family violence issues**;
- There is limited support for **couples separating** and navigating how to parent with family changes (other areas have Relationship Centres that provide support for couples separating);
- Running programs within existing groups and **offering programs out of hours**- evenings and weekends;
- A scaffold approach needs to be taken into consideration- in order to achieve child wellbeing, a holistic approach that **combines different levels of services** (universal, secondary and tertiary) is needed – along with consideration of the broader social context and service systems- including public health, housing, education, domestic violence, early childhood, employment, and Indigenous health. Given this, for consideration is the suggestion of combined service delivery by agencies across levels of services and service systems;
- **Prevention approaches** needed to reach families (we need to look at building the capacity of the service system to reach families – how do we reach families that don't book into hospital and are not connected to services and are isolated);
- Building the capacity of universal services through **secondary services sharing knowledge about working with children with additional needs** to increase play-based opportunities;
- That the focus of **ECIS should be on building the capacity of parents/carers** to provide the learning environments that children need, rather than focusing on the service providing this alone- scoping to what degree ECIS services embrace this approach;
- Given the specific role of the Communities for Children Program, it would be **valuable for a broader, strategic approach** of these layers to be included in the updated East Gippsland Early Years Plan. This means that initiatives like Services Connect (via Gippsland Lakes Community Health-GLCH), can be considered in light of other programs and activities;
- It would be useful to consider **what therapeutic interventions are available** for children who have been exposed to trauma of any description. Locally, there is play therapy available through GLCH, private practitioner (Nat Hunter), CASA and work through the Australian Childhood Foundation (ACF)- a more detailed look at this area, and increase of early intervention could influence child wellbeing and their trajectory in life.

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