

Positive Parenting of Toddlers: A Primary Care Initiative

Executive Summary of final report prepared by Victorian
Parenting Centre, Melbourne, Australia

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EXECUTIVE SUMMARY

Under a grant from the Stronger Families and Communities Strategy from the Commonwealth Department of Family and Community Services, The Victorian Parenting Centre undertook a two year project to establish the effectiveness of a parenting program for parents of toddlers. The study used a modified version of the Triple P program, and trained local Primary Care Providers (mainly Maternal and Child Health Nurses) to deliver the group programs within their municipality in four regions of Melbourne – City of Melbourne, City of Greater Bendigo, City of Brimbank and Mornington Peninsula Shire.

The expected project outcomes and deliverables as well as the attained outcomes and deliverables are summarised in the table below.

Expected Project Deliverables	Attained Deliverables
<p>Training and establishment –</p> <ul style="list-style-type: none"> • Engagement of MCH services across four municipalities • One training and accreditation program completed including training in working with families from culturally and linguistically diverse backgrounds and training in the partner support module. • 18 nurses trained and accredited to deliver Triple P groups. • Three Peer Supervision networks established. • Three telephone/visit/e-mail contacts with each trained nurse by the clinical supervisor (more as required). <p>Service Delivery</p> <ul style="list-style-type: none"> • 90 Parent groups • 900 families participating in the program (based on an average of 10 families per group). <p>Evaluation</p> <ul style="list-style-type: none"> • Comprehensive data base of all outcome data • Comprehensive statistical analysis. • Detailed report (published in hard copy and on the internet). • A presentation prepared for interested meetings of service providers or policy makers. • At least three papers for presentation at conferences. 	<ul style="list-style-type: none"> • Engaged Municipalities listed above • Provided written material on CALD and partner support modules including instructions on use • Training and accreditation completed • Peer support networks established for each municipality. • Clinical supervisor attended 3 supervision sessions per region, and telephone contact as required. • 65 parent groups completed • approx. 601 participants in the groups • Access data base developed • statistical analysis completed (see Appendix 2) • this report to be included on VPC website pending FaCS approval. • presentation will be available for interested parties • One presentation organised to date through the Queen Elizabeth Centre Third National Conference – The Critical Early Childhood Years: Rethinking Current Interventions and Strategies. October 1 & 2, 2004. The University of Melbourne. Material has also been presented to trainee Maternal and Child Health nurses at La Trobe University and Royal Melbourne Institute of Technology (RMIT) University. Further presentations planned for the future now the data is available

Expected Project Outcomes	Attained Project Outcomes
<p>For Participating families:</p> <ul style="list-style-type: none"> • Reduction in the frequency and intensity of behavioural problems in young children • Reduction in the use of dysfunctional parenting practices • Increased parental confidence and competence • Reduced conflict between partners over parenting issues (where relevant) <p>For participating nurses:</p> <ul style="list-style-type: none"> • Enhanced confidence and competence in delivering group based parenting intervention programs <p>For policy makers and program planners:</p> <ul style="list-style-type: none"> • An opportunity to examine whether parenting intervention delivered through a universal primary care service, MCH services, is effective in engaging and assisting high risk families. • Increased understanding of the factors associated with program uptake by parents. 	<ul style="list-style-type: none"> • Reduction on child behaviour problems established on pre and post measures of the Strengths and Difficulties Questionnaire • Parents reported more confidence and skill on consumer satisfaction and Parent Sense of Competence scales. • Reduction in conflict between partners from pre to post on the Parent Problem Checklist • Nurses reported improvement in their skills as well as becoming supports for other nurses not involved in the project. • Conclusions drawn from the project as well as Key findings and recommendations discussed in this report. • Conducted a survey of 'Interest in Parent Education' – Results summarised in Section 3 of this report.

The project involved the development of materials, training of facilitators, supervision, promotion and co-facilitation. An evaluation package was developed to assess child and family outcomes. These included:

- Child outcome measures
- Parent confidence measures
- Difficulties between partners measures and
- Satisfaction survey

Furthermore, the study conducted a survey of first time parents of toddlers to assess the interest in attending parent education within the municipalities involved.

Results of the study showed positive effects across all measures. There were positive outcomes on child measures, parent confidence in their parenting ability increased, and partner problems reduced . Furthermore, there was high client satisfaction with the program and it was perceived by participating parents as being a worthwhile process. Results from the Interest in Parent Education Survey also revealed that parents of Toddlers are interested in education, particularly about child development and behaviour.

Recommendations were made regarding three aspects of the study – Project Management, Operational aspects and Outcomes.

Summary of Recommendations

Learnings and recommendations from outcomes:

- 1. Education to parents of toddlers by Maternal and Child Health Nurses in their own region could enhance the service already being delivered by them. Regions should consider providing such a service.*
- 2. Training parents of toddlers using Triple P should be considered and evaluated (long term).*

Learnings and recommendations from operational aspects:

- 3. Should the regions decide to continue with such programs, full costings involved in offering such a service would need to be considered.*
- 4. Randomised control conditions may best work for services already offering groups for some time as the uptake of groups in an existing service may be higher than experienced in this project.*
- 5. Participating regions should have training in using a data base and entering the questionnaire results into the database. This would ensure that regions become more independent in conducting their own evaluation.*
- 6. Future studies should have written examples and supplementary videos to include during the sessions of the relevance of the material to a young toddler group.*

Learnings and recommendations for project management:

- 7. Because of the time required for a program to be promoted, time lines need to allow for a build up of clients in the initial stages of the project.*
- 8. Future studies should investigate the effectiveness of a shorter version of the program.*
- 9.1 Future studies should look at having on-site child care provided as a trial compared to no child care to establish whether it would increase attendances.*
- 9.2 Future studies should investigate the effects of providing transport for attendees, particularly in communities where attendances are poor.*
- 10. Where possible, future trials should ensure when possible that clients are enrolled into groups run by their regular maternal and child health nurse. Progress could be monitored at follow-up visits. Original mother's groups could be used to form groups.*
- 11. Venues should be booked on a rotation basis and equipment be either accessible at the venue or easily accessible to the practitioner to take to the venues.*

12. Timing of groups should be considered with regards to school and public holidays. Facilitators should have sufficient breaks from the program to take their own leave.

13. Future studies should consider co-facilitation for the initial stages, and for situations requiring long travel or evening work in remote settings.

14.1 Future budgeting arrangements should take into account administrative and secretarial roles as well as flexibility with travel time. The cost of advertising and doing mail outs should be included in the budget.

14.2 Future studies should allocate sufficient funds to allow the investigating body to develop more extensive written guidelines prior to the implementation of the project so that information is provided in a clear written form that can be referred back to as necessary.