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Technical Report

**Parenting
Today in
Victoria**

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Glossary

Term	Definition
Alpha coefficient (Cronbach's alpha; α)	Cronbach's alpha is a measure of internal consistency, that is, how closely related a set of items are as a group. It is considered to be a measure of scale reliability. It is a function of the number of items in a test, the average covariance between item-pairs, and the variance of the total score. Alpha levels around 0.7 are considered acceptable, with 0.8 and above considered 'good' and 0.9 and above as 'excellent'.
ANOVA	A parametric statistic, Analysis of Variance (ANOVA) provides a test of whether or not the means of comparison groups are equal.
CATI	Computer assisted telephone interview. A surveying technique in which the interviewer follows a script provided by a software application.
Child	The survey respondent's child (aged 18 years and under) whose birthday was closest to the date the survey was administered with the parent. Child can include biological children as well as step-children, and adoptive or foster children that the parent is involved in caring for.
Chi Square test	Pearson's chi-squared test (χ^2) is a statistical test applied to sets of categorical data to evaluate how likely it is that any observed difference between the sets arose by chance.
Confidence interval	A 95% confidence interval was used in the establishment of an appropriate sample size for the <i>Parenting Today in Victoria</i> survey. This means that if the same sampling method was used to select different samples and an interval estimate was computed for each sample, it could be expected that the true population parameter would fall within the interval estimates 95% of the time.
Coping (related to 'Support')	Successfully face and deal with responsibilities, problems or difficulties related to parenting.
Cross-sectional design	Cross-sectional surveys are studies aimed at determining the frequency (or level) of particular attributes in and information from a defined population at a particular point in time.
DET	Victorian Government Department of Education and Training. Funded the <i>Parenting Today in Victoria</i> survey.
Dialogic strategies	Reading interactively with children. Adults encourage and prompt children with questions and engage them in discussions about the reading material while reading to them.
ECEC	In Victoria, Early Childhood Education and Care (ECEC) refers to paid child care and Kindergarten programs. Child care includes centre-based day care, family day care, long day care, occasional care and outside school hours care services.
Educator	Can refer to any professional involved in the education of children. For this report, it refers to early childhood educators who are early childhood professionals. Educators work directly with children in a variety of settings, including kindergarten, long day care, occasional care, family day care and outside school hours care services. Primary and secondary school educators are referred to as 'teachers' or 'school staff' in this report.
Electronic devices	Examples given to parents were computer, laptop, ipad/tablet, mobile phone.
Formal supports (related to 'Informal Supports')	For this report, formal supports refer to external sources of information and advice about raising children, and obtaining help from a professional, such as a general practitioners, mental health/behavioural specialist and educators and school staff.
Help-seeking	Obtaining help for parenting – e.g. from a health professional, parenting group, telephone helpline, other parents/friends/neighbours, community leaders, educators and school staff, books and online.
Informal supports	For example, a trusted person, family, other parents, friends and neighbours.
Interval level variables	This refers to how individual survey items and scale and subscale scores are presented numerically. Values of interval level variables are in an ordered sequence and the intervals between the values are equally spaced. Averages (e.g.

Term	Definition
	means) can be meaningfully calculated. Interval level variables are required for parametric statistics.
IRSD	The Index of Relative Socio-economic Disadvantage (IRSD) is an Australian general socio-economic index that summarises a range of information about the economic and social conditions of people and households within a geographical area. A low score indicates relatively greater disadvantage in general. A high score indicates a relative lack of disadvantage in general.
Item inter correlation	Refers to the correlation or relationship between items in a test or scale and is an indication of how internally consistent the scale is (e.g. to what extent different items measure the same general concept).
Kessler 6 (K6)	A short version of the Kessler Psychological Distress Scale has six items on feelings of nervousness, depression, restlessness, hopelessness, effort and worthlessness. It is primarily used as a screening test and has been included in Australian surveys such as the Australian Bureau of Statistics Health Survey and the Longitudinal Study of Australian Children.
Kruskal Wallis test	The Kruskal Wallis H test is a non-parametric test that can be used when the assumptions for ANOVA are not met. Like ANOVA it tests for the statistical significance of differences between groups.
Me as a Parent Scale (MaaPs)	Commissioned by the Victorian Government and developed and normed with Victorian families, this 16-item scale measures parents' perceptions of their parenting efficacy, personal agency, self-management and self-sufficiency.
Maternal and Child Health (MCH) First-Time Parents Group	The MCH service is funded by the Victorian Government, local government and the Municipal Association of Victoria. First Time Parents Groups provided by local MCH services are attended by parents of babies one month to six months of age. Facilitated by an MCH nurse, the groups are designed to provide support and information aimed at enhancing parental wellbeing, increasing parents' confidence, and establishing informal support networks.
Mean (<i>M</i>)	Calculated by dividing the total of a set of items by the number of items in the set. Can be referred to as 'average' and is one way of describing central tendency.
Monitoring	For this report, monitoring refers to parents' knowledge of their children's whereabouts, and whether they set rules or limits about this.
Non-parametric statistics	These do not require a normal distribution of scores and can be used with categorical and ordinal data. Used in our analyses when the data were not on an interval scale, or when the assumptions for parametric statistics were not met.
Parametric statistics	These were used when the scores were normally distributed and the items were on an interval scale.
Parent	A person over the age of 16 years who was the primary caregiver of a child in the relevant age range at the time of the survey. This could be the child's biological parent, but also someone other than the biological parent functioning in a parenting role, thus could include grandparents, step-parents, foster parents or other carers.
Parent engagement	This refers to parents' engagement with their children's learning and educational experience. It included involvement in informal learning activities as well as more formal learning that occurs in ECEC and school.
Parent performance	Measured by four items from the Parent Performance subscale of the Cleminshaw-Guidubaldi Parent Satisfaction Scale
Parent self-efficacy	The belief about being able to perform parenting tasks successfully. Efficacious parenting beliefs have been shown to be associated with greater competence in performing parenting tasks. Measured by one of the subscales of the MaaPs.
Parent wellbeing	Shown by parents' ratings of their physical and mental health.
Parenting confidence	This refers to confidence in help-seeking as well as confidence in parenting practices, such as supporting their children in school transitions and helping their children to do well. Items on the MaaPs also tapped confidence in parenting skills and strategies.
Parenting practices	Strategies for addressing child behavioural challenges. Three items from the Parent and Family Adjustment Scale (M. Sanders, Morawska, Haslam, Filus, &

Term	Definition
	Fletcher, 2014), on praise, smacking and arguing or yelling, and an additional item about talking to their children about problems/issues.
Parenting programs/groups	Examples given to parents were: MCH First-Time Parent Groups, playgroups and other parent groups such as Triple P, 123 Magic and smalltalk.
Pearson correlation coefficient	A Pearson correlation coefficient is the statistic that shows the correlation between two sets of data and is represented as Pearson's <i>r</i> . The <i>r</i> value given is between +1.0 (positive correlation) and -1.0 (negative correlation). The closer the value is to +1.0, the stronger the relationship. A coefficient close to zero shows little correlation.
Playgroups: Supported & community	Playgroup sessions are held in the community for babies, toddlers and pre-schoolers and their parents/caregivers with a focus on child play and social interaction. They are usually held once a week for a two-hour session. Supported playgroups are facilitated by a trained practitioner and are funded by both Commonwealth and Victorian governments. Victorian-government supported playgroups are designed for families living in disadvantaged circumstances. Community playgroups are not facilitated and are funded in a variety of ways in Victoria.
Parenting Research Centre (PRC)	The Parenting Research Centre commenced in 1996. Its focus is on better outcomes for children by increasing effectiveness and fostering innovation in the way parenting is supported. Activities include knowledge translation and exchange, research, building organisational capacity to support parenting, and influencing the policy environment.
Psychological distress	Parents indicated whether they had symptoms of mental health problems since becoming a parent. Also, the Kessler 6 measured the parents' current psychological state.
Rapid evidence assessment (REA)	An REA is more rigorous than an ad hoc search, and faster but less rigorous than a full systematic review. For the purposes of the <i>Parenting Today in Victoria</i> project, a purposeful search of high-quality systematic reviews was undertaken, combined with key papers identified by the project team and advisory groups.
Reliability	A measure is said to have a high reliability if it produces similar results under consistent conditions. There are several ways to establish the reliability of a measure. For the <i>Parenting Today in Victoria</i> survey we reported and calculated internal consistency according to Cronbach's alpha (see 'Alpha Coefficient' in this Glossary).
Resilience	Child resilience was measured by a question about parents' preferences about how their children handled challenges or issues.
Sampling frame	The source from which a sample is drawn. It is a list of all those within a population who can be sampled, and identifies the inclusion and exclusion criteria. For the <i>Parenting Today in Victoria</i> survey the sampling frame was designed to maximise the representativeness of the sample for the Victorian population of parents of children 0 through 18 years.
Skewness	Skewness is a measure of the symmetry of a distribution of data. A data set is symmetric if it is evenly distributed to the left and right of the centre point. We checked this when a statistical test required a normal (not skewed) distribution.
SPSS	IBM SPSS Statistics is a computer application for statistical analysis of data. All analyses for the <i>Parenting Today in Victoria</i> survey were conducted with SPSS.
Standard deviation (SD)	Quantifies the amount of variation or dispersion of a set of data values - indicating how closely the data is clustered around the mean or average value. For the <i>Parenting Today in Victoria</i> survey we report standard deviations as well as level of statistical significance of differences.
Statistical significance	Refers to the likelihood that a relationship between two or more variables is caused by something other than chance. For <i>Parenting Today in Victoria</i> we used a conservative significance level of $p < 0.001$ which means that the probability of a result occurring by chance is less than one in a thousand.
Validity	The validity of a measure can be thought of as the degree to which the tool measures what it claims (or is supposed) to measure.

1. Overview

This *Technical Report* sets out the background, methodology and findings from the 2016 administration of the *Parenting Today in Victoria* Survey involving 2600 parents of children aged zero through 18 years, residing in the state of Victoria.

Participating parents were invited to participate at random using random dialling of landlines and mobile telephone numbers. A quota of 40% fathers was predetermined for the sampling of participants, to ensure responses reflected the views of a large proportion of Victorian fathers as well as mothers. Accordingly, the data collected using the survey incorporates the views of one of the largest survey samples of fathers available in Australia.

Participants were interviewed via telephone by a contracted polling company, Ipsos.

We employed a robust methodology to maximise the representativeness of the data collected, and we achieved a sample very close to population estimates. However, to improve the representativeness we subsequently applied weighting on three variables to bring the sample estimates closer to the ABS 2011 Census estimates for Victorian parents and their partners. This procedure adjusted education levels downwards, parental age group upwards and residential location more towards metropolitan than regional/remote areas.

Detailed descriptive findings from the 102-item survey are augmented in this *Technical Report* through the inclusion of additional statistical information. Findings are presented grouped under themes covering parent engagement with children's education, the parent-child relationship, parent monitoring and children's use of electronic devices, parent help-seeking, and parent coping and support. In addition, sample characteristics are reported and compared with Australian Bureau of Statistics (ABS) Census data from the broader adult population in Victoria. Data are analysed for the sample as a whole and for different subgroups, specifically, mothers and fathers, parents living in regional and metropolitan areas, families living in areas classified as having varying levels of socioeconomic disadvantage, and parents of children with and without a medical condition or learning difficulty.

The 2016 *Parenting Today in Victoria* survey is the first state-wide population-level survey of its kind to be carried out with parents living in Victoria. It is proposed that the survey be repeated with Victorian parents every four years. This report, based on the weighted data, is primarily descriptive, providing an overview of the method adopted to administer the survey, along with a summary of participants and key findings.

2. Introduction

Parents play a critical role in shaping the future of their children and parenting factors have been linked to a wide range of child outcomes. These include physical and mental health, cognitive development and educational attainment, substance misuse, unemployment and juvenile offending (Davidov & Grusec, 2006; Davis-Kean, 2005; Repetti, Taylor, & Seeman, 2002). Further, parenting plays an important role in determining how the broader social environment influences a child's healthy development (Armstrong, Birnie-Lefcovitch, & Ungar, 2005). As a result, supporting parents in their parenting role is being recognised as a powerful way of improving childhood wellbeing, health and educational outcomes, and ultimately reducing social disadvantage (Keating & Hertzman, 1999; McCain & Mustard, 1999; Shonkoff & Meisels, 2000).

In light of this evidence, the Parenting Research Centre (PRC), with support from the Department of Education and Training (DET) explored the parenting experience in Victoria via a state-wide survey. The resulting key findings from the survey provide valuable insights into the day-to-day experiences of today's parents, including their aspirations, their parenting practices, their concerns and their strengths.

2.1 Rationale

The Victorian government has a history of investment in parenting support. Better engagement and partnering with parents has been a priority across Maternal and Child Health, Early Years Education and Care, Early Childhood Intervention, and schooling, with government support for the parenting role also demonstrated through ongoing investment in parenting education and support, including Victoria's Early Parenting Centres, Regional Parenting Services, the Strengthening Parenting Support Program and Parentline.

The recent commitment to parental engagement and support to improve outcomes for children is reflected in a central policy direction of the Victorian Government's *Education State*, whereby nearly \$750 million had been allocated to building an education system that promotes student excellence, gives parents confidence, and reduces the impact of disadvantage. Having completed an extensive consultation phase, the Victorian Government will release an Education State Early Childhood Development Reform plan in coming months.

The Victorian Government's position on evidence-based policy is shown by the desire to enhance sharing of, and access to information-rich resources to support evidence-based decision-making in the public sector. As expressed in the Victorian Government Reporting and Analytics Framework (State Government of Victoria, 2014), the ability to identify, collect, analyse and use data in the course of service delivery is becoming a key function that will play an increasingly important role in organisational performance. The findings of the *Parenting Today in Victoria* survey will be vital for government to ensure that parenting supports and policies are evidence-informed and appropriately directed.

Until this time there has not been a survey like *Parenting Today in Victoria* that could provide the type of accurate and up-to-date information about parents' attitudes and behaviours, their concerns, and their patterns of help-seeking, collected in a rigorous way from a large proportion of the Victorian parenting population.

Some Australian states have conducted small surveys of parents to capture information about the parenting experience. For example, the "Queensland Parenting Survey" completed in 1996 (Sanders et al., 1999), and the "WA Parenting Perceptions Report" completed in 2012 (Anglicare WA, 2013). A larger survey of Queensland families, published in 2014, included only parents of children 4 to 7 years of age (Morawska, Ramadewi, & Sanders, 2014). Prior to 2016 there had been no large-scale representative surveys focused primarily on measuring Victorian parents' experiences.

While data sets capturing the experiences of Victorian families were available, the majority focused on assessing trends in child health and development, and collected little or no information about parenting per se (e.g., the National Assessment Program – Literacy and Numeracy (2016) and the Australian Early Development Census (2014). Where parenting information had been collected it tended to be demographic or general in nature (e.g., the Longitudinal Study of Australian Children (Zubrick, Lucas, Westrupp, & Nicholson, 2014) and provided little insight into the relationship between parents' attitudes and behaviours to help-seeking and concerns. Furthermore, existing longitudinal surveys such as the LSAC were no longer able to provide a current account of the experiences of parents across the full scope of child ages (i.e., from zero to late adolescence) as the cohorts of children recruited to participate in such studies were now nearing or were well into their teenage years.

The gaps in knowledge about the needs, concerns, practices, behaviours and help-seeking of Victorian parents was the compelling reason for this survey. It was anticipated that such a survey of a large and representative proportion of Victorian parents would provide vital insights on parenting issues, concerns and experiences that can be used by decision makers responsible for improving policy and the service system in Victoria.

Consequently, in early 2016, a large sample of randomly selected Victorian parents were invited and agreed to participate in a study aimed at providing a snapshot of how people are faring in their parenting role today.

2.2 Aims

The aim of the *Parenting Today in Victoria* survey was to help build understanding of parenting attitudes, behaviours and practices, and parent help-seeking as well as parenting concerns. The experiences of particular sub-groups of parents was also of interest, including fathers, socioeconomically disadvantaged families, families with a child with a medical condition or learning difficulty, and parents living in rural areas.

A further aim of this work was to design a survey that could be repeated at intervals to measure and understand contemporary parenting experiences across Victoria over time.

We sought to achieve these aims by employing a scientifically rigorous methodology for developing and administering the survey. Where relevant and possible we used items from existing scales with known psychometric properties, and surveys published in the peer reviewed literature or in government reports. Where we could not locate existing items that related to the key constructs under consideration, we considered the best evidence from the published literature, and the advice of acknowledged experts in the fields of interest.

This report provides an overview of the methodology along with a detailed summary of key findings from the survey and serves as the technical report that can be used to inform future communications about the survey, its findings and implications.

Synthesising input from a range of sources, we identified five parenting domains as priorities for inclusion in the survey. These were:

- parent engagement with children's learning
- parent help-seeking
- parent coping and support
- the parent-child relationship, and
- parent monitoring and children's use of electronic devices.

Item selection and generation for the pilot survey used these five broad areas as a framework to group items that reflected the topics of interest. In addition, information about family context and demographic characteristics were included as items in the survey. Following the pilot phase, these five domains were retained for the final survey.

3. Survey Development and Pilot

3.1 Survey Development

3.1.1 Survey design principles

The principles adopted to guide the selection of survey items for the pilot survey are listed in Table 1 and are in line with expert recommendations (DeVellis, 2012) and the design principles underpinning item selection for the Longitudinal Study of Australian Children (Zubrick et al., 2014).

These principles were thought of as a hierarchical guide to survey item selection, with criteria graded by level of importance (essential, desirable, useful), acknowledging that in many cases it was not possible to identify existing items that met all of the criteria highlighted in Table 1.

Table 1. Item Selection Principles

Importance	Item/Measure Selection Guide
Essential	Items adequately quantify the constructs of interest
Essential	Items are appropriately matched to the age range of participants
Essential	Items do not require specific training to administer or complete
Desirable	Items have been demonstrated to be sensitive to change as a result of an intervention (relevant for established scales)
Essential	Administration time (tolerability): The complete set of items should be limited to a length/time duration that does not over-burden participants In this case, the survey should preferably take 20-30 minutes to complete, around 60 questions
Essential	Items are relevant to the construct of interest: face validity, construct validity
Essential	Items have social validity: stakeholder acceptability, items acceptable to targeted participant group (e.g., brief, simple response format, easily understood, accessible language), items are translatable into community languages
Desirable	Established scales have demonstrated internal consistency
Desirable	Items have demonstrated temporal stability (test-retest reliability)
Desirable	There is an absence of redundancy (data from these items are not available elsewhere)
Desirable	Availability: A preference where appropriate, is given to measures that are free to use or inexpensive, or available in the public domain
Desirable	Item response scales are appropriate to the question, easy to comprehend and avoid ambiguity
Desirable	Items are applicable across the age groups
Useful	Items allow for comparison with other international or national studies or data
Useful	There are Australian norms available for items or scales

3.1.2 Item selection procedure for pilot survey

Our approach to item selection involved three steps:

1. Examination of existing large-scale surveys of parents
2. Consideration of existing scales and measures of specific constructs of interest
3. Creation of new items.

Large scale surveys require significant planning, research and time to construct, and are put through rigorous development and piloting procedures before the final survey is produced. Rather than creating all new items for the *Parenting Today in Victoria* survey, items from high quality, previously developed surveys and scales relevant to parenting were adopted where possible. This technique reduces survey development time and is regarded as good practice as items have already been scrutinised (Thayer-Hart, Dykema, Elver, Schaeffer, & Stevenson, 2010).

National and international surveys exploring the parenting experience in relation to parenting attitudes and behaviours were identified by: (1) asking experts from the Steering Committee, the Project Board, and the Technical Advisory Group to propose surveys of relevance; (2) a search of all the surveys already held by the Parenting Research Centre; (3) following up reference lists associated with existing known surveys; (4) an internet search using the terms 'parent' and 'survey'; and (5) any surveys that were found during the course of the literature review.

A total of 31 parenting scales and 43 surveys were located, this total was reduced by removing scales and surveys for the following reasons:

- They were purely observational with no parent attitudes or behaviours collected (e.g., does your child play with others)
- They did not relate to children (e.g., a focus on couple's conflict)
- They had a cost associated with their use
- The relevant items could not be located (e.g., not in the public domain)
- The scale had no, or poor, reliability and validity
- They overlapped in content with another collected scale/survey which had better reliability/validity.

Nine surveys were retained and either contributed items, or contributed to the formulation of items to the pilot survey (see Table 2). Some of the items selected for potential inclusion in the *Parenting Today in Victoria* pilot survey that were not part of a pre-existing scale were not always used exactly as they were presented in their original form. Some items required alteration to ensure that they were appropriate to the Australian context (for example, help-seeking options), or to ensure that their content was contemporary (for example, internet use options). Such changes were generally in the response options component of the item and are therefore unlikely to impact significantly on the meaning of an item. Where relevant, data analysis and discussion of *Parenting Today in Victoria* survey findings presented below account for any changes made to pre-existing items.

Existing scales or measures were also considered for inclusion in the survey, particularly scales that sought information about parenting attitudes and behaviours. Scales are a valuable method of data collection because their development typically requires rigorous theoretical conceptualisation, research and analysis, and their inclusion provides additional information than can be gleaned from just the individual items. Typically, the items included in existing scales have been examined to check that they are adequately testing what they are reported to test (validity). By using multiple items to measure a construct (e.g., parenting self-efficacy) there can be more confidence that the construct of interest is being accurately measured (an aspect of the reliability of a scale).

Table 2. Surveys contributing items to the pilot survey

Survey Name	Origin of Survey	Age Range of Child (years)	Area of Contribution
Growing up in Ireland	Ireland	0-18	Absence from school. Parents' expectations about their children's education (10 items)
Growing up in Scotland	Scotland	0-18	Child care arrangements and screen time (7 items)
International Parenting Survey	Ottawa, Canada	0-5	Decisions about attendance in parenting programs (1 item)
Kids Matter Survey	Australia	6-18	Parents' relationship to school (7 items)
Learning to Read (PIRLS/TIMMS)	Massachusetts, USA	0-18	Reading and educational activities outside of school (4 items)
Lever Fabergé Family Report	England	13-18	Single question: I feel that society is more supportive of parents with younger children than it is of parents with teenagers (1 item)
Longitudinal Study of Australian Children	Australia	0-2	Prenatal care (1 item)
School Entrant's Health Questionnaire	Victoria, Australia	0-18	Child's development (11 items)
Victorian Adolescent Health and Wellbeing Survey	Victoria, Australia	13-18 (Years 7, 9 and 11 students recruited)	Contribution to a single question: As a family (including my child) in times of crisis we can turn to each other for support (1 item)

Finally, information about the reliability and validity of existing scales is commonly available, providing evidence that these scales have potential to collect the information they claim to collect. Including standardised scales and subscales in the survey also allows data to be compared to data from other samples and populations, facilitating comparisons at different levels.

Seven scales or subscales from whole scales were retained for the pilot survey (see Table 3).

Where suitable items could not be found in previously conducted surveys or existing scales or measures, new items were created. These items were devised by the *Parenting Today in Victoria* Project Team at the Parenting Research Centre with input from the Technical Advisory Group, Project Board and the Project Steering Committee.

Existing survey items scales could not be found to address one particular area of stakeholder interest. Members of the Steering Committee and the Technical Advisory Group were interested in parents' attitudes to children's transition from primary to secondary school. The Project Team found that while there was a scale on the transition from kindergarten to primary school (Parent Self-efficacy in Managing the Transition to School Scale), there was no scale available for transition from primary to secondary school. Alterations were made to the Parent Self-efficacy in Managing the Transition to School Scale to make it applicable to the primary to secondary school transition and this new version was included in the pilot to determine its performance in comparison to the original scale. The changed wording for four items added 'high school' (i.e., '....move from primary school to high school') or replaced 'primary school' with 'high school'.

Table 3. Scales or subscales contributing to the pilot survey

Scale Name	Origin of scale	Age Range of Child (years)	Area of Contribution
Me as a Parent	PRC: Victoria, Australia	0-18	Parenting Self-Regulation, specifically: self-efficacy, personal agency, self-management, and self-sufficiency. All 16 items of this scale included.
Parental Communication	Botvin Life Skills Training: New York, USA	13-18	Frequency with which parents talk to their child about important issues and whether parents make themselves available for open communication. All 5 items included.
Parent Performance	Kent State University: Ohio, USA	0-18	Parents' satisfaction with their child rearing skills. All 10 items included.
Parent Self-Efficacy in Managing the Transition to School Scale	Parenting Research Centre: Victoria, Australia	3-5 and 6-12	Parents' self-efficacy in managing their children's transition into primary school. Also adapted for transition to high school. All 5 items of the efficacy subscale included in the survey.
Parental Monitoring Scale	West Virginia University: West Virginia, USA	13-18	Types and degree of monitoring undertaken by parents. Four of the 7 subscales (17 items) were included examining direct, indirect, school and restrictive monitoring.
Parenting and Family Adjustment Scale	University of Queensland: Queensland, Australia	2-12	Parenting practices and family adjustment; often used as an outcome measure to assess change over time and with intervention. Three items were used in the final <i>Parenting Today in Victoria</i> survey – 1 from the Positive Encouragement subscale and 2 from Coercive Parenting Subscale. Items from the Family Adjustment subscales were not used.
Short Form Health Survey	Quality Metric Incorporated: Rhode Island, USA	0-18	Current physical and mental health. All 12 items included.

3.1.3 Piloting scales for the Australian context

One aim of the piloting process was to ensure that both the scales and specific items taken from international surveys were applicable to the Australian context. For individual items, both the language used and the examples offered were assessed for their applicability in Australia and were altered when necessary. The success of these changes was judged based on respondent feedback to the items (see page 27).

Seven scales were included for testing, however, of these seven, four had not been tested for reliability or validity for Australian samples (data only available on US samples). By piloting these scales, their reliability in an Australian sample and therefore, their appropriateness for the final survey, could be assessed. Scales which were developed and tested in Australia were examined again to see if they were able to maintain previously demonstrated reliability.

3.2 Pilot Methodology

Conducting a pilot study is a crucial step in good survey design (van Teijlingen & Hundley, 2001). It fulfils a range of important functions including the refinement and reduction of items, the clarification of instructions and the determination of the reliability of scales in a new sample (van Teijlingen & Hundley, 2001). Pilots provide an important step in structuring the final survey and increase the likelihood that the data collected will provide the information requested by stakeholders (Salkind, 2010).

The purpose of the pilot study for the *Parenting Today in Victoria* survey was to (1) improve the clarity of the instructions and of the survey items themselves with the help of respondent feedback, (2) collect information on the internal consistency of included scales (that is, whether different items that are supposed to measure the same general construct produce similar scores), (3) determine if altered scales maintained the same level of internal consistency as their original scale, and to (4) help determine which survey items need to be removed based on redundancy and a lack of variability in responses (that is, everyone responds in the same way to an item).

Once all the items had been collated from the surveys and the scales and the additional items had been devised, the item pool was large. This large number of items was retained for the pilot survey as piloting provides a basis for identifying which items should be retained and which should be removed.

In some cases, a pilot study is conducted on a near finalised survey with a small but representative sample to refine the instructions and the wording of items, and this is generally a good strategy for well-studied topics. However, parenting in the Australian context is not a well-studied topic so survey items for potential inclusion in *Parenting Today in Victoria* were piloted early in the survey development process. It was not deemed necessary to recruit a representative sample for this pilot given the early stage of survey development. Instead, the final survey items were subject to small scale additional testing prior to widespread dissemination of the survey in Phase 2 of the project.

Prior to the collection of pilot data, the pilot study was reviewed and approved by the PRC's Human Research Ethics Committee (Project Number: App 28 Approval Date: 08/05/2015).

3.2.1 Procedure

Before the pilot survey was carried out, items were pre-piloted with eight parents some of whom were staff at PRC, who had children of varying ages. Based on recommendations regarding survey development and to obtain an indication of face validity (DeVellis, 2012), respondents were asked to rate the relevance and the clarity of every item and were allowed space to write any other feedback on the content of the survey more broadly. This information was used to refine and reduce the total items for the pilot survey.

After pre-piloting, the surveys were uploaded to a web-based survey platform (Survey Monkey) for online completion by respondents. An online platform was chosen at this stage of the pilot as a convenient and efficient method of collecting data for the purposes of evaluating internal consistency and survey length. The items were organised by domain themes with each domain labelled to provide context for the respondents (e.g., Parent-Child Relationship).

Participants were recruited via the Raising Children Network (RCN) website (www.raisingchildren.net.au) and by emails to PRC and DET contacts requesting their assistance to forward the invitation to participate to friends and family who were parents with children aged 0 to 18 years. The only exclusion criterion was that respondents were aged 18 years or over as ethical approval was not sought for parents under this age for the pilot. Respondents were not limited to Victoria as the pilot was advertised nationally through RCN. This was deemed sufficient for the purpose of receiving feedback on the survey items.

The large pool of survey items were grouped into four child age brackets (0-2, 3-5, 6-12 and 13-18 years) creating four separate surveys relevant to child age. The survey obtained responses from 40 parents per child age group (once individuals with missing data were removed). This resulted in 160 complete surveys.

3.2.2 Pilot results and survey refinement

Scale internal consistency - pilot survey

The internal consistency of scales included in the pilot was calculated using Cronbach's alpha (see Table 4). Accepted practice is that internal consistency is deemed to be acceptable if Cronbach's alpha is above 0.70 (DeVellis, 2012). In cases where scales contained 5 items or fewer however, Cronbach's alpha can appear artificially low. So, for those subscales with 5 or fewer items and a Cronbach's alpha of less than 0.70, the inter-item correlations were examined. Generally, if the correlation between items within a scale is above 0.20, then reliability can be considered sufficient (Briggs & Cheek, 1986). The Parenting and Family Adjustment Scale (PAFAS) demonstrated poor inter-item correlation for the Parental Consistency subscale with correlations as low as 0.02, and so this subscale as a whole was not retained. Instead, three single items which demonstrated the highest correlations with other items from the Parental Consistency subscale were retained from the PAFAS for the final survey. The Restrictive Monitoring subscale of the Parental Monitoring Scale also failed to demonstrate sufficient scale reliability, with inter-correlations as low as 0.11. As a result, no items from the Restrictive Monitoring subscale of the Parental Monitoring Scale were retained for the final survey.

Internal consistency of the Parent Self-efficacy in the Transition to School Scale in the pilot

The results of the pilot demonstrated that the internal consistency of the 'Transition to School Scale' was maintained when the wording of the items was adjusted to reflect transition to secondary school. Further, the means and standard deviations (SD) were also well matched between the two age groups for the 3-5 year age group: mean = 22.40, SD = 4.91 and for the 6-12 year age group: mean = 21.19, SD = 5.64). This result supported the inclusion of the altered scale in the final survey. Survey length was a consideration for the final survey, however, and the decision was made to reduce the number of items related to school transition.

Survey item refinement/removal following the pilot

The final survey length was determined based on two considerations: (1) time taken to complete the survey; and (2) the number of items included. In determining the best way to administer the final survey, experts from a number of survey delivery companies were contacted for quotes on survey administration and advice on estimates for survey completion time. In general, it was suggested that the survey should take no longer than half an hour. The Project Board agreed with this as a rule of thumb but suggested that, in their experience, the relevance of parenting means that respondents are often willing to remain engaged for up to 40 minutes. The survey delivery specialists also suggested that 60 items generally take 30 minutes to administer. This is, of course, dependent on the nature of the questions.

The time taken to complete the pilot survey and the respondent's patterns of completion were important in determining which items should be refined or removed. The time taken to complete the pool of items for the pilot varied greatly but fell between thirty-five minutes (for the shortest 0-2 year age group) to an hour (for the two older age groups). Further, parents of children in the youngest age group (0-2 years) responded to 74 items, parents of the 3-5 year age group responded to 118 items and parents of the 6-12 year and the 13-18 year age groups responded to 130 items. As such, the item pool needed to be reduced significantly for the older age groups.

Table 4. Cronbach's alphas for existing scales based on the pilot results

Scale	Subscales	Child Age Group	Cronbach's Alpha	No. of items
Parent Performance		0-18	0.85	10
Me as a Parent		0-18	0.90	16
Parent Self Efficacy in the Transition to School Scale		3-5	0.86	5
Parent Self Efficacy in the Transition to School Scale		6-12	0.87	5
Parenting and Family Adjustment Scale	Coercive Parenting	3-12	0.59	5
	Encouragement	3-12	0.68	3
Parental Communication		13-18	0.84	5
Parental Monitoring Scale	Indirect	13-18	0.77	7
	Direct	13-18	0.93	3
	School	13-18	0.78	4
	Restrictive	13-18	0.49	3

There were three main criteria outlined for the removal of items: (1) when items on the same topic were highly related, one of the items would be removed; (2) if item responses were highly skewed (everyone agreeing or everyone disagreeing with an item); and (3) if there was a large amount of missing data in response to a single item or a scale.

For *highly related items*, there was no specific cut off for determining when two items were too alike. For the pilot, highly correlated items were first considered on the basis of their face validity – did they seem to measure the same construct? Any pairs of items with a correlation of greater than 0.7 were examined and, on a case by case basis, one item of the pair was removed. This method was not used for items within an existing scale but was used for consideration between two single items or between single items and existing scale total scores.

In relation to *skewed responding*, items which demonstrated poor variance (more than 80% of respondents rated an item in an identical way, or responses yielded a standard deviation of less than 0.10) (Salkind, 2010), were considered for refinement or removal.

In determining what scales should be retained in the survey, it was considered better to keep some whole scales and lose others rather than keep just some items from all scales. This would ensure that there was some collected data that (1) had prior evidence of reliability and validity and (2) was directly comparable to other research. A small number of whole scales were retained, specifically those that were completed by all respondents regardless of child age.

Missing data: Respondents' answers were removed completely from analysis if they failed to complete more than two thirds of the survey. Missing data was examined to determine if respondents who discontinued early, did so at a similar section or item. There was no single question that appeared to be responsible for premature discontinuation, however, six percent of pilot respondents stopped the survey at question 9: "If I was having problems in my life, there is someone I trust that I could turn to for advice." This question is somewhat sensitive in nature

and, given that a percentage of respondents (even if small) stopped at this point, this item was moved to a later position in the survey, once respondents are committed to completing the survey and are likely to be more comfortable with the questions.

All seven parenting scales were completed by all respondents suggesting that there were no individual items that were particularly problematic for respondents.

There was no missing data from the demographic questions suggesting that these were all acceptable to respondents if they made it that far through the survey.

There were no other predictable patterns of missing data suggesting that most items were acceptable to respondents.

Respondent feedback on the pilot survey

Respondents gave their opinions on the survey instructions and the items themselves. If an issue was raised by more than three respondents or if it was provided by a respondent with expertise in the area (e.g., a staff member of the PRC) then it was considered for refinement/removal. Respondents' feedback is summarised here.

Length of survey

The survey length was considered problematic by many respondents and therefore reduction in the number of items was indicated. As noted earlier, a large pool of items was deliberately included in the pilot with the aim of refining item inclusion with feedback. Apart from a small number of existing scales or subscales, which were kept intact, the items included in the final survey were determined based on a number of considerations, resulting in reduced survey length:

- Response invariability: if over 80 percent of respondents respond to an item in the same way the limited variability may indicate the item is not adequately able to pick up population-level differences. As such, the item would not provide rich information about the breadth of views of the Victorian parenting population, and was removed.
- If three or more respondents commented that an item is difficult to understand, it was either removed or reworded to improve its comprehensibility.
- For some of the survey themes, multiple similar items were included. This was because multiple promising items were identified and a 'best' item could not be determined objectively. The item which correlated best with related items was retained and the others removed.

As outlined earlier, a number of multi-item scales were also included in the pilot. An examination of important aspects of the reliability and validity of these scales with the pilot sample helped to determine the usefulness of retaining them.

The SF-12 questionnaire

This questionnaire focused on mental and physical health has items about the extent to which current physical health impacts on the ability to do physical activities such as walking upstairs or housework. It does not, however, ask about what the physical condition is. This is an issue as it does not differentiate between an injury/physical illnesses versus a natural condition such as pregnancy as reported by a number of respondents.

Further, respondents pointed out that, in terms of the mental health questions, there is an item relating to feeling blue but no differentiation between feeling sad in the last month and having diagnosed depression. Thus the SF12 was deemed unsuitable for the final survey.

Question order

A number of respondents thought that beginning the survey with a question about child resilience, which raised issues around children facing challenges in life, was perhaps too intense. As such, the order of question presentation was addressed.

Children's health status

An item asked about whether the respondent's child had a disability. However, respondents requested the ability to provide more detail about the child's health (allergies etc.) as they felt it impacted on the meaning of their responses to questions about how they are feeling about their ability to parent and how they are feeling about themselves as parents.

Screen time versus internet use

Multiple respondents found questions around internet use confusing. A number of items referred to 'screen time' which some respondents interpreted as being related to watching television. These questions were re-worded to reflect internet use specifically.

Additional response options

Questions about parenting concerns included a number of response options for respondents to indicate whether or not the concern was true for them. A limitation of providing response options is that sometimes matters of interest to respondents can be missed. This is generally dealt with by the use of an 'other' response option accompanied by an open text box for details to be collected. On examination of the 'other' options provided, some valid additional or replacement options were identified for this item of parenting concerns. For example, a number of respondents reported that 'transportation to school' was a concern for them and others highlighted 'communication with school' as a major issue. These options were considered for inclusion in the final survey. Survey refinement retained items relevant to communication with schools, but did not include questions on transportation in the final version.

Age range for questions

Many items were not targeted specifically at different child age ranges. For this early stage, the age ranges initially used were 0-2, 3-5, 6-12 and 13-18 based on discussions with the Project Board and accepted by the Steering Committee. Some items received feedback from pilot respondents about their lack of applicability to certain ages. These items were re-assessed to determine (1) whether it was worth targeting a small age range with each item or (2) whether the question needed to be broadened so it would be applicable to a wider range of respondents. Changes to the final survey were made accordingly.

Variable wording between items

The wording of items often had different styles which some respondents felt disrupted the flow between items. To address this issue, individual items which were not part of an established scale were made more uniform in their style. Scales with specified response scales would be identified as such and presented separately to respondents to ensure respondents understand the reasons for the apparent change in format.

Selecting most and least important values

An item asking respondents to select their most (and then least) important values was widely reported to be 'too difficult', with respondents often reporting that all of the options (e.g., values like, 'being a good person' 'being a happy person' 'being respectful') were important. Therefore, this item was not retained.

Item/s about ancestry and culture

One item asked about ancestry specifically (do you identify as English, Chinese etc.). Some respondents felt this did not accurately capture information about their culture. This is a complex area and the final item/s on this needed to be refined. The Steering Committee suggested that items from other major surveys used by DET be used as they have been vetted already and the use of such items will make the survey more comparable. The items from relevant surveys (i.e., Victorian Children's Health and Wellbeing Survey and Student Entrance Health Questionnaire) were examined for their ancestry/culture questions and were examined by our Technical Advisory Group and Project Board to ensure they would collect information relevant to parenting attitudes/ behaviours before they were included in the final survey.

3.2.3 The final survey

The final survey contained 102 items, consisting of domain specific and demographic items. The section of this report on page 34 provides a detailed description of the final survey, and the full survey items are in Appendix 1.

4. Conduct of the *Parenting Today in Victoria* survey

4.1 Survey design & sampling frame

A single cohort cross-sectional sample design was deemed most appropriate to the aims of this study. Furthermore, given the plan is to repeat the survey at regular intervals (e.g. every three years) to obtain an up-to-date snapshot of the parenting experiences of Victorians, the benefits of using repeated cross-sectional surveys over longitudinal surveys include: increased cost effectiveness; no limitations associated with sample attrition; and a better reflection of the circumstances and support needs of a changing population (Yee & Niemeier, 1996).

Other options for sampling were considered (such as area sampling, or sourcing participants from administrative systems such as Medicare databases or birth records), however, due to limitations associated with these approaches (e.g., cost, efficiency, coverage of the population, currency of information, legislative/privacy restrictions), a simple randomisation approach via computer assisted telephone interview (CATI) was deemed to be most likely to result in a representative sample. The option for sample stratification at a mid-way point was available, meaning that if the data did not look representative at a point mid-way through survey administration, underrepresented groups could be specifically targeted for the remainder of recruitment to ensure representativeness is achieved. Alternatively, statistical weighting techniques could be used to artificially create representativeness after data collection, if necessary.

The parent was the sampling unit of interest. The sampling frame adopted aimed to achieve a sample that represented all Victorian parents of children aged zero to 18 years. As such, it was intended that the sample would be representative of all Victorian parents across child ages and across geographic regions, that is, proportional to the regional distribution of the Victorian population.

A quota was applied to sample recruitment so that fathers constituted approximately 40% of respondents. No other quotas were applied, given advice by the selected survey administration company (Ipsos Social Research Institute) that decisions regarding the representativeness of the sample across characteristics such as geographic location, child age and parent age could be made at any point during the survey administration period, with quotas applied at any time if required.

Because the survey was delivered by CATI, it did not exclude those with poor English. Further, because it was delivered in simple English, it did not exclude most individuals with English as a second language. However, because of the prohibitive costs of using translators to deliver the CATI, this survey was conducted in English only and therefore may have excluded individuals with very low levels of spoken English. As such, the sample may not reflect the views of parents who do not speak English fluently. Also, parents who do not have a landline or mobile number (e.g., potentially some homeless families, new migrants and refugees) could not be sampled.

The study did not adopt approaches aimed at over-sampling (meaning specifically targeting) particular sub-populations (e.g., grandparents or Aboriginal or Torres Strait Islander parents). This decision was based on an understanding that oversampling for small subgroups can often provide only limited improvement to the statistical precision of population estimates (see Soloff, Lawrence, & Johnstone, 2005).

4.2 Sample Size Estimations

In general, calculations for ideal sample size estimates are influenced by a range of factors, including: the specific research questions, types of analyses, study design, question/item response design, missing data and sample attrition. In the case of a cross-sectional survey like *Parenting Today in Victoria*, where a broad range of research questions may be asked of the data, by a variety of stakeholders, it was challenging to calculate the necessary statistical power at the outset of survey administration.

An estimate of appropriate sample size was calculated based on the three hypothetical research questions in Table 5. These research questions were devised based on demonstrated interest from policy documents and project stakeholder consultations, and estimates of sample size requirements took into account an estimated margin of error of 10%, a 10% non-response rate, power at 80% and a 95% confidence interval. Based on these estimates (detailed calculations described in Appendix 2), the target sample size of the proposed project was deemed to be 2600 parents (see Table 5).

Table 5. Sample size estimates

Example Research Question	Sample Size Required
1. What proportion of Victorian parents hold high aspirations or positive expectations for their children's schooling achievements?	2561
2. What factors influence the degree to which children are exposed to a home environment that supports their development and learning?	1500
3. Does parenting self-efficacy differ over the age of the child?	2424

As a primary aim of this study was to examine the parenting experiences of mothers and fathers, across age groups and in rural and metropolitan areas, the intended sample distribution was also examined to ensure adequate distribution across these groups. As shown in Table 6, a total sample size of 2600 participants would result in an approximate cell size of 162 parents per group.

Table 6. Intended sample distribution across groups

		Child age group			
		0-2 years	3-5 years	6-12 years	13-18 years
Males	Rural	162	162	162	162
	Metropolitan	162	162	162	162
Females	Rural	162	162	162	162
	Metropolitan	162	162	162	162

4.3 Participants

To be eligible, participants needed to be parents or caregivers who were aged 16 years and over and have sufficient spoken English to participate in the survey.

A 'parent' was defined as any person functioning in a parenting role who views themselves as a primary caregiver to a child who at the time of the survey was aged 0 to 18 years inclusive. To ensure respondents were adequately knowledgeable about their child, an additional inclusion criterion was imposed: that the parent spent at least 4 days in a typical month with their child. The person referred to as 'parent' may be any person, biologically related to the child or not, who fulfils the caregiving role. Such a person may be different from the person who is the child's biological parent. This definition therefore may include grandparents, step-parents, foster parents or other carers. When the report identifies 'mothers' and 'fathers', this refers to the gender of the parent and includes carers other than the child's biological parents, including step parents, foster parents and adoptive parents. Approximately 1.5% of respondents were grandparents or other non-biological parents who were fulfilling the caregiving role.

Parents who had more than one child aged under 18 were asked to complete the survey in regard to the child whose last birthday was closest to the time of conducting the survey. This was to ensure random selection of the 'study child' across parents.

4.4 Survey administration

The survey was administered using randomly selected phone numbers from a sample of landline phone numbers initially, with the addition of a sample of mobile phone numbers at the midpoint of survey administration to allow for data collection from a randomly recruited and representative sample of the Victorian parent population.

An independent survey and polling company, Ipsos, was selected to administer the survey via CATI. Ipsos have access to datasets which are all sourced from Veda - Australia's largest credit reporting bureau. Veda are fully compliant with the Privacy Act and have a Compliance Team dedicated to ensure they remain compliant. Similarly, Ipsos are fully compliant with the International Standard for Market and Social Research (ISO 20252), and to ISO 9001 the International Standard for Quality Management Systems. The database used to recruit via mobile phones was obtained by Ipsos from Veda at the midway point during survey administration. Primary data sources for this mobile phone dataset come from the aggregation of over two dozen commercially available privacy compliant lists, including credit assessment lists. The core sources for this dataset are:

- Government - data collated through Veda's relationships with various government departments
- Public - publically available data that Veda sources directly or through partner organisation
- Veda Proprietary - data collected through Veda's direct relationship with consumers
- Third Party - data acquired from third party partners.

All respondents when contacted by Ipsos are actively invited to opt out of future calls during the initial introduction about the research. Recipients of calls can also opt out online or via a 1800 number. Opt out lists are maintained by ReachTEL and all telephone numbers on the opt-out lists are never included on any future research campaign. These lists never expire.

The introduction of mobile phone sampling half way through the survey administration was in response to apparent gaps within the sample of younger parents, and therefore also of younger children. The mobile phone sample was taken from the database provided sourced by Ipsos from Veda (as described above) and was made up of 18-34 year old mobile phone owners (including mobile only users and dual mobile plus landline users).

The introduction of mobile sampling was a successful strategy in improving the representativeness of the sample.

4.4.1 Interviewing procedure

The study was approved by the Parenting Research Centre Human Research Ethics Committee (Project Number: App32 Approval Date: 19/11/2015). On ethics approval, the final survey items and instructions were given to Ipsos, who provided feedback on the appropriateness of the survey formatting for CATI delivery. The Ipsos CATI team then conducted the survey with 100 parents to review the clarity and wording of the CATI script, response prompting and item wording, and adjustments were made as necessary prior to commencing the full survey administration. Full survey administration took place in six consecutive weeks over February to March 2016.

The CATI involved a trained interviewer administering the survey over the phone, by reading out the survey items to each respondent. The interviewer followed a script that listed the survey items and the possible response options and allowed the interviewer to provide prompts when necessary. This method of survey administration was selected to enhance the representativeness of the study sample (through the use of quotas), to minimise data entry errors and missing data, and ensure timely data collection.

The CATI team made initial contact with potential respondents over the phone. If respondents requested an alternate time to complete the survey, the CATI team sent an SMS reminder to mobile users before calling them again to complete the survey. To ensure a high quality of data collection, the CATI team monitored interviewer performance and invited the PRC project team to observe an interview being conducted to ensure it met expectations. Decisions about when phone calls were made, and the number of attempts to contact the owner of each phone number were made by the CATI service.

The CATI interviewer explained to respondents who was calling them and why they were being called. The interviewer then explained that the number was dialled randomly. The interviewer mentioned that they were conducting a survey for the Parenting Research Centre on behalf of the Victorian Government for parents raising a child aged from birth up to and including 18 years. Potential participants were then asked if they were a parent or caregiver with a child in that age range. If so, they were given a small amount of information about the survey aims and an opportunity to seek clarification. Following this, participants were informed about confidentiality and privacy assurances associated with their participation in the survey and the time it would take to complete. Potential participants were also informed that they could choose to terminate the call and cease their participation at any time and that if they did so their answers would be deleted and not used. However, if they did finish the survey and changed their mind later the information they provided could not be withdrawn because the survey was anonymous.

At this point the interviewer sought the interviewees' consent to participate by asking some simple questions about whether they would like to take part in this survey, if they understood who this survey was being conducted for and why, and if they understood that information collected from them would be anonymous. A script for the interviewer to obtain informed consent is provided in Appendix 3.

Interviewers asked consenting participants a series of screener questions to verify their eligibility and to assess whether quotas were being fulfilled (i.e. parent age and gender, postcode, and time spent with child in a typical month) to ensure representativeness of the survey findings.

If participants had multiple children they were asked to answer child-relevant questions keeping one of their children in mind. This would be the child whose last birthday was closest to the current date.

The average time to complete the survey was 24 minutes (range 14 to 55).

At the end of each survey administration the CATI interviewer thanked the participant and asked them if they had any further questions about their participation in the survey. Appendix 4 outlines the specific script that was read aloud to participants at the end of the survey, with one of three options of scripts chosen by the participant's total, automatically calculated, K6 score. The K6 is a brief measure of psychological distress, and is used in the survey as a measure of parents' current nonspecific psychological distress. If indicated (e.g. if the automatically calculated K6 score was high), participants were offered the phone numbers of various helplines (Lifeline or Parentline) or encouraged to speak to their general practitioner.

Data collection continued until a total sample of 2600 parents was reached and the specified quota for fathers was met. Regular updates on data collection were provided by the CATI facility to the project team, including sample sizes across subgroups of interest (metropolitan and regional areas, fathers, child age groupings). The PRC research team received non-identifiable participant data at the conclusion of data collection.

4.5 The survey

The final survey for the Parenting Today in Victoria study had 102 items, consisting of domain specific and demographic items. In addition, there were seven introductory questions asked at the start of the interview that established participant eligibility and quota inclusions. All participants were asked questions in all domains, however, the number and type of questions within domains were different according to their relevance for the child's age. Table 7 shows the number of items in all domains, identifies the source of the items from existing scales and surveys, and the relevant child ages. It also indicates items collecting demographic information about participants.

Table 7. Source of final items included in the *Parenting Today in Victoria* survey

Source	Number of Items	Child Ages
Domain: Parent Engagement with Children's Education		
Australian Bureau of Statistics survey (reading)	1	0-12 years
Longitudinal Study of Australian Children – LSAC survey (activities/talking)	4	All (& 2-18 years for an item about talking to the child)
Devised by <i>Parenting Today in Victoria</i> team (e.g. child resilience, importance of early learning/activities, aspirations for education)	8	Various depending on question
Kids Matter survey (participation/satisfaction, school/staff)	4	Kindergarten & over
Parent's Self-efficacy in Managing Transition to School scale	1	Pre-primary & primary
Growing up in Ireland survey (adapted – aspirations for education)	2	13-18 years
Domain: Parent-Child Relationship		
Cleminshaw-Guidubaldi Parent Satisfaction Scale: Parent Performance subscale (items from scale)	4	all
Parenting & Family Adjustment Scale (items from scale)	3	all
Parental Communication (item from scale)	1	4-18 years
Domain : Parent Monitoring and Children's Use of Electronic Devices		

Source	Number of Items	Child Ages
Devised by <i>Parenting Today in Victoria</i> team (monitoring)	2	all (1) & 6-18 years (2)
Devised by <i>Parenting Today in Victoria</i> team (device use)	2	all
Domain : Parent help-seeking		
Devised by <i>Parenting Today in Victoria</i> team (information, advice, professionals & programs)	15	all
Father survey for the <i>Like Father Like Son Project</i> (engagement - barriers & enablers)	2	all
Domain : Parent coping and support		
Devised by <i>Parenting Today in Victoria</i> team (support)	2	all
Devised by <i>Parenting Today in Victoria</i> team (physical and mental health)	3	all
Devised by <i>Parenting Today in Victoria</i> team (partner agreement & shared duties)	2	all
LSAC survey (understood & supported by partner)	1	all
LSAC survey (child sleep)	1	all
Kessler 6 scale (psychological distress)	6	all
Me as a Parent scale (parenting self-regulation)	16	all
Demographics		
Devised by <i>Parenting Today in Victoria</i> team (household, child & parent)	17	all
LSAC survey & <i>Parenting Today in Victoria</i> team (employment, education, income)	6	all
Education State – DET strategy (public/private education)	1	Kindergarten & over

4.5.1 Existing scales and subscales used

Two existing intact scales used were the *Me as a Parent scale* and the *Kessler 6* (K6).

The '*Me as a Parent*' (*MaaP*) scale is 16-item, self-report inventory aimed to measure a parent's global (not task-specific) self-perception of skills, competence, and efficaciousness within the parenting role (i.e., parental self-regulation; (Hamilton, Matthews, & Crawford, 2014). It is largely drawn from Bandura's (1977, 1982; 1993) notion of self-efficacy and Karoly (1993) and Sanders (2008) conceptualization of 'self-regulation' (Sanders, 2008). The measure is comprised of the following constructs: Self-efficacy (self-confidence as a parent), Personal Agency (extent to which child behaviors and outcomes are attributed to one's own efforts), Self-sufficiency (capacity to solve parenting-related problems), and Self-management (degree of parental autonomy regarding goal-setting, self-monitoring and evaluation). Each subscale has four items, all of which underlie the latent (theoretically inferred) variable 'Parental self-regulation' (Hamilton et al., 2014).

Items were scored on a 5-point Likert scale, from 1 ("strongly disagree") to 5 ("strongly agree"). Total *MaaP* scores (ranging from 16 to 80) involved the summation of all item scores; subscale scores (ranging from 4 to 16) involved the summation of all item scores within their respective

factor. Regarding internal consistency, for the original development sample, Cronbach's alpha for the total MaaP scale was .85, for self-efficacy $\alpha = .75$, self-management $\alpha = .72$, self-sufficiency $\alpha = .65$, and personal agency $\alpha = .63$ and a moderately strong correlation ($r = .71, p < .001$) was obtained when estimating test-retest reliability (Hamilton et al., 2014). For the current *Parenting Today in Victoria* sample, Cronbach's alpha coefficients were found to be .87 for the total MaaP scale, for self-efficacy $\alpha = .83$, self-management $\alpha = .71$, self-sufficiency $\alpha = .74$, and personal agency $\alpha = .68$, so these were all considered reliable according to this indicator.

The Kessler 6 (K6) is a short version of the Kessler Psychological Distress Scale with six items on feelings of nervousness, depression, restlessness, hopelessness, effort, and worthlessness, over a limited time frame. In the *Parenting Today in Victoria* survey, this period was specified as 'over the past 30 days'. It is primarily used as a screening test and has been included in Australian surveys such as the Australian Bureau of Statistics Health Survey and the Longitudinal Study of Australian Children. With a Cronbach's alpha level of 0.89, the scale has demonstrated excellent internal consistency (Kessler et al., 2002). For the current *Parenting Today in Victoria* sample, a Cronbach's alpha coefficient of .80 was found across K6 items.

Validity of the K6 has been demonstrated in a number of international studies by good concordance with independent clinical ratings of serious mental illness (Kessler et al., 2010). Clinical validation studies of the K6 against structured diagnostic interviews have shown the test to have a sensitivity of 0.36, specificity of 0.96, and total classification accuracy of 0.92 at a cut-point ≥ 13 (Kessler et al., 2003). This cut-point is used as an indicator of clinical levels of psychological distress. In this instance, sensitivity refers to the extent to which a positive test finding is associated with the presence of psychological distress, and specificity refers to the extent to which a negative test finding is associated with the absence of psychological distress.

4.5.2 Single items from existing scales

Three items were taken from the *Parent and Family Adjustment Scales* (PAFAS; Sanders, Morawska, Haslam, Filus, & Fletcher, 2013), a 30 item questionnaire measuring parenting practices and family adjustment. Items on the full PAFAS tap into two factors, Parenting, and Family Adjustment, which are broken down into seven subscales (Parental Consistency, Coercive Parenting, Positive Encouragement, Parent-Child Relationship, Parental Adjustment, Family Relationships, and Parental Teamwork).

Psychometric information about the PAFAS support its validity and reliability. The published literature shows the PAFAS has: good convergent validity for parental teamwork, emotional adjustment, and family relationships, and moderate convergent validity for parenting practices; satisfactory discriminant validity (moderate correlations between factors); good predictive validity in terms of its associations with child adjustment and parental self-efficacy as measured by the Child Adjustment and Parental Efficacy Scale (CAPES); confirmatory factor analysis has supported the scales and subscales; there has been good internal consistency reported (α coefficients .70 to .87); and existing literature reports satisfactory reliability and validity when the PAFAS is used in different cultural contexts (Guo, 2016; Mejia, Filus, Calam, Morawska, & Sanders, 2014). However there were two considerations that influenced whether the PAFAS or its subscales were included in the final survey. One was the need to substantially reduce the length of the survey and another was the modest degree of internal consistency shown in the analysis of the pilot data (see Table 4). Nevertheless, individual items showed strong face validity for the survey purposes, as judged by expert consensus.

Of the three PAFAS items used in the survey one was from the Positive Encouragement subscale and two from Coercive Parenting Subscale. Wording of two of these items was modified slightly from the original: 'When my child behaves well, I reward them with praise/a treat/attention - replacing 'treat, reward or fun activity', and adding 'or yell at' to 'I argue with my child about their behaviour or attitude'.

Four items were selected from the 10-item *Parent Performance* subscale of the *Cleminshaw-Guidubaldi Parent Satisfaction Scale* (Guidubaldi & Cleminshaw, 1985). Parents were asked to respond on a scale of 1 (strongly disagree) to 5 (strongly agree) how much they agreed with four statements about their parenting behaviour. Items were: becoming impatient quickly; consistency in parenting behaviours; being too critical; and, satisfaction with the amount of time they could spend with their child. For the whole 10-item subscale, internal consistency has been quoted as good (alpha .83).

One item from the *Parent Self-Efficacy in Managing the Transition to School Scale* (Giallo, Kienhuis, Treyvaud, & Matthews, 2008) was adapted and included: 'I feel confident I can support my child in their transition to primary/secondary school'. Originally designed for primary school transition, the *Parent Self-Efficacy in Managing the Transition to School Scale* is a 9 item self-report two factor (efficacy and worry) measure of parents' self-efficacy in managing this transition. Literature on its psychometric properties (Giallo, et al., 2008) showed internal consistency alpha coefficients of 0.74 (efficacy) and 0.76 (worry). Construct validity was demonstrated with significant and moderate convergence with a well-established measure of parenting self-efficacy, the Parenting Sense of Competence scale. The *Parent Self-Efficacy in Managing the Transition to School* efficacy subscale has been significantly positively correlated with children's social school adjustment five months after starting school. The selected item was also adapted for the *Parenting Today in Victoria* survey to suit transition to secondary school as well as primary school.

One item adapted from the *Parental Communication Scale of the Life Skills Training Questionnaire* (Botvin, 2007) asked parents to indicate the extent to which they talked to their child about problems or issues they might be dealing with.

4.5.3 Existing surveys used

Longitudinal Study of Australian Children (LSAC): Commencing in 2004, this is a major study following the development of 10,000 children and families from all parts of Australia. LSAC is being conducted in waves, and in the latest wave, conducted in 2014, the children in the two cohorts were 10-11 years and 14-15 years old. LSAC is investigating the contribution of children's social, economic and cultural environments to their adjustment and wellbeing. Having included relevant LSAC items in the *Parenting Today in Victoria* survey will permit comparisons with this large data set. There were six items on child and family demographics, four items on activities and interactions with the child, one item on the child's sleeping difficulties and an item on partner support and understanding.

Australian Bureau of Statistics (ABS): There was one item asking parents about how many days did a family member read to their child in the last week. This item was taken from the ABS Childhood Education and Care Survey (Australian Bureau of Statistics, 2014).

Kidsmatter Parent Survey. Kidsmatter was funded by the Australian Government and beyondblue as a mental health and wellbeing initiative focused on schools and early childhood education and care services. The Parent Survey is freely available on the Kidsmatter website and has 23 items obtaining parents' perspectives on their experience with their child's school. Four items from this survey were included in the *Parenting Today in Victoria* survey on how well parents felt they could participate in decision-making, communicate with staff and know how to help their child do well.

Growing up in Ireland: Launched in 2007, Growing up in Ireland is a government funded longitudinal study of 18,000 children over seven years. It aims at identifying how the children are developing in the current social, economic and cultural environment. One item from the Primary Caregiver Questionnaire was adapted for the *Parenting Today in Victoria* survey asking parents about their aspirations for their child's future education.

Father Survey: Two items were adapted and added to the survey from the *Father Survey* used for the *Like Father Like Son Project*, conducted in 2015-2016 by the University of Sydney. To date there is no psychometric information about these items. For one item, parents selected from eight options their reasons for not attending a parenting program. The other item required parents to indicate which, of ten options, would influence their decision to participate in a parenting program in the future.

4.5.4 Items devised for the *Parenting Today in Victoria* survey.

As can be seen in Table 7, items were created for components of domains where items from existing measures and surveys were not deemed suitable for purpose. This was done for four of the five domains and for demographic information. These new items were based on existing literature, advice from content experts and the information desired by DET. The new items were subject to the face validity checking described for the development of the pilot study and scrutiny by the Project Board, Steering Committee and the Technical Advisory Group.

4.5.5 Indicator of socio-economic disadvantage

As a broad measure of socio-economic circumstances, we used the Index of Relative Socio-Economic Disadvantage (IRSD) from the Socio-Economic Indexes for Areas (SEIFA) 2001 (Australian Bureau of Statistics, 2001, 2006). The IRSD provides an indication of neighbourhood disadvantage for each family, based on their postcode. Devised by the Australian Bureau of Statistics its calculation is informed by a range of economic and social conditions of people and households in a geographical area (combining several community-level socio-economic indicators such as income, unemployment, occupation and education of residents in areas). Area scores have been standardised to a distribution with a mean of 1000 and a standard deviation of 100, whereby roughly two-thirds of Australian areas have scores between 900 and 1100 (Pink, 2008). Deciles are created by dividing a distribution into ten equal groups. The lowest scoring 10% is given a rank of 1, the second-lowest scoring 10% is given a rank of 2 and so on, up to a highest rank of 10. The validity of the SEIFA scales has been established (Australian Bureau of Statistics, 2001).

4.6 Response rate

Exactly 2600 parents of children aged 0 to 18 years (i.e., birth through to 18 years, 11 months) who were living in Victoria at the time of the survey were recruited to complete the survey.

Response rate is the estimated proportion of all eligible people in the sample population who completed the survey, and can be useful when considering how representative the project data is. There are many different ways of estimating response rate, we have used the American Association for Public Opinion Research (AAPOR) Standard Definition guidelines (The American Association for Public Opinion Research, 2016) to inform the categorisation of calls and calculation of response rates.

A total of 95,001 phone numbers were called as part of the *Parenting Today in Victoria* study. Contact was made with 2822 individuals that were eligible to participate (e.g., parents living in Victoria who had a child aged 0–18 at the time of the survey), and 92% of these individuals completed the survey. A total of 55,669 calls made were not eligible for the study, these included individuals who were not parents living in Victoria, as well as disconnected phone numbers and businesses. 36,510 calls were made where it was not possible to determine eligibility for the study (e.g., someone answered the phone but did not complete the screening questions, the phone went to an answering machine or there was no answer). Table 8 presents a breakdown of the number of calls made in each category.

Table 8. Number and outcomes of phone calls made through the *Parenting Today in Victoria* project

	Call outcomes	Number of calls
Eligible	Completed interview	2,600
	Terminated mid-way	96
	Not available in study period	126
Unknown Eligibility	Answering Machine/Engaged	10,522
	Contact made, but no screener completed (e.g., refusal, language barrier)	8,136
	No answer	17,852
Not Eligible	No eligible respondent (e.g., not a parent in Victoria)	26,834
	Not eligible phone number (e.g., Fax line, business number, disconnected)	28,825
	Quota filled	10
Total		95,001

Response rate was calculated, taking into account the number of cases of unknown eligibility who would have been eligible to complete the survey (see Figure 1). Of all the calls made as part of this study, 5% were eligible to participate. Therefore, it is assumed that 5% of the calls where it was not possible to determine eligibility, would also have been eligible. **The resulting estimated response rate for this study was 56.8%**, meaning that of all eligible parents in Victoria that were contacted as part of the study, 57% completed the survey. This figure of 57% compares well to other population-level surveys involving parent respondents. For instance, the recent Australian Child and Adolescent Survey of Mental Health and Wellbeing reported a response rate of 55% of eligible households who participated in their survey of parents and carers of young children (Lawrence et al., 2015).

Figure 1. Response rate calculations

$$\begin{aligned}
 \text{Estimated Eligibility Proportion} &= \frac{\text{Total Eligible}}{\text{Total Eligible} + \text{Not Eligible}} = \frac{2822}{2822 + 55669} = 4.8\% \\
 \\
 \text{Response Rate} &= \frac{\text{Completed Interviews}}{\text{Total Eligible} + \text{Unknown Eligibility} * \text{estimated eligibility proportion}} \\
 \\
 &= \frac{2600}{2822 + (36510 * 4.8\%)} = 56.8\%
 \end{aligned}$$

4.7 Data cleaning and optimisation

4.7.1 Missing data

An advantage of the CATI methodology adopted for *Parenting Today in Victoria*, is the high quality of the data collected and reduction in the amount of missing data (compared to other survey methods). Missing data can be due to: a refusal to answer a question; an accidentally missed question, a “don’t know” response; or a skipped question (the respondent was not eligible to answer the question and so was filtered out). A very small amount of missing data due to refusal or accidentally missed questions was evident, with only nine variables containing more than 1% missing data. For those variables that did contain missing data, this included three items for which there was an initial error in the survey skip logic during the pilot. The amount of missing data for these three items ranged from 4 to 5%. When the initial pilot data was excluded, all variables contained less than 3% missing data. Due to the very small amount of missing data evident, missing values were not imputed for the analyses reported to DET (that is, for example, missing data were not replaced with average or estimated values), but were excluded from analyses (by listwise deletion), so only valid responses were used in analyses reported.

4.7.2 Data exploration and cleaning

All data analyses for this report were performed using SPSS.

Prior to detailed analysis, a number of steps were taken to prepare the data provided by Ipsos to the Parenting Research Centre for analysis.

1. Data verification and cleaning: Ensures the range of responses are valid (i.e., there are no unusual outliers), and that data are coded accurately and consistently. Missing data was scrutinised to explore whether there were any systematic reasons why particular data might be missing.
2. Establishment of a data codebook and recoding where required: Provides complete information to define each variable, including variable names, descriptive variable labels, the type of variable (e.g., ordinal, continuous, nominal) and value labels (numbers assigned to data item responses, e.g., “1” is for male, “2” is for female, “99” indicates missing data). Coding of nominal and ordinal scale data occurs by converting responses to numerical values that can be quantitatively analysed, where appropriate. Open-ended questions were also numerically coded, where possible (e.g., “other” responses). Some recoding of variables occurred whereby response categories were grouped into fewer categories where meaningful.
3. Construction of scales and multiple item variables: Statistical calculations were conducted to verify that items do in fact relate to a multi-item scale (e.g. through the calculation of intra-scale item correlations). Following this, where relevant, total or mean scale scores were calculated for multiple item measures.

4.8 Sample representativeness

To examine to what extent the parents who completed the *Parenting Today in Victoria* survey are representative of the broader population, key demographic characteristics from this sample are presented in the following table, relative to Australian Bureau of Statistics (ABS) 2011 Census figures for parents of children aged 0-18 years and their partners, in the state of Victoria. While the distribution of the *Parenting Today in Victoria* study sample broadly matched the distribution of parents and partners in the 2011 Census for the majority of characteristics examined, variables with a discrepancy of 5% or more between the *Parenting Today in Victoria* sample and the Census population were considered for weighting, with consideration of appropriateness of each

relevant variable for weighting also influencing the final calculation of weights. Consequently, data were weighted on respondents' age group, educational level and type of residential location – metropolitan or regional. Table 9 shows the obtained survey percentages, the percentages weighted according to the ABS data, and the percentages from the ABS 2011 Census of parents and partners.

- In regards to the **Aboriginal and Torres Strait Islander population** the *Parenting Today in Victoria* study sample appears representative of the broader Victorian population and the weightings do not make a noticeable difference to proportions in the sample.
- The data weighting resulted in little change in the proportions across **child age** groups.
- The applied weightings changed the **remoteness** proportions to more accurately reflect the proportions of Victorian parents living in major cities, inner regional areas and outer regional and remote areas.
- Parents who speak a **language other than English** at home appear to have been underrepresented in the current sample, which is not surprising given that participation required individuals to complete the interview in English. It would not have been appropriate to apply a weight to enhance the representation of this subgroup of parents, as the under-sampling was related to the study methodology, and further, applying weights to small samples/subgroups can lead to distortion of the data. The weightings changed this proportion from 11% unweighted to 10% weighted.
- The comparison of **family income** suggests that the lower income categories were slightly underrepresented in the unweighted data, with improvements shown in the weighted data.
- A larger proportion of individuals in **full-time employment** and with a **postgraduate degree** were included in the study sample than in the general population of Victoria.
- Relative to other projects of this kind, this study recruited a large proportion of fathers (40%) into the study, which can be compared to a population estimate of 45% in the ABS 2011 Census of parents and partners. However, the data weighting did not improve the population representativeness for **parent gender** - the proportion of fathers remained 40% for weighted data.

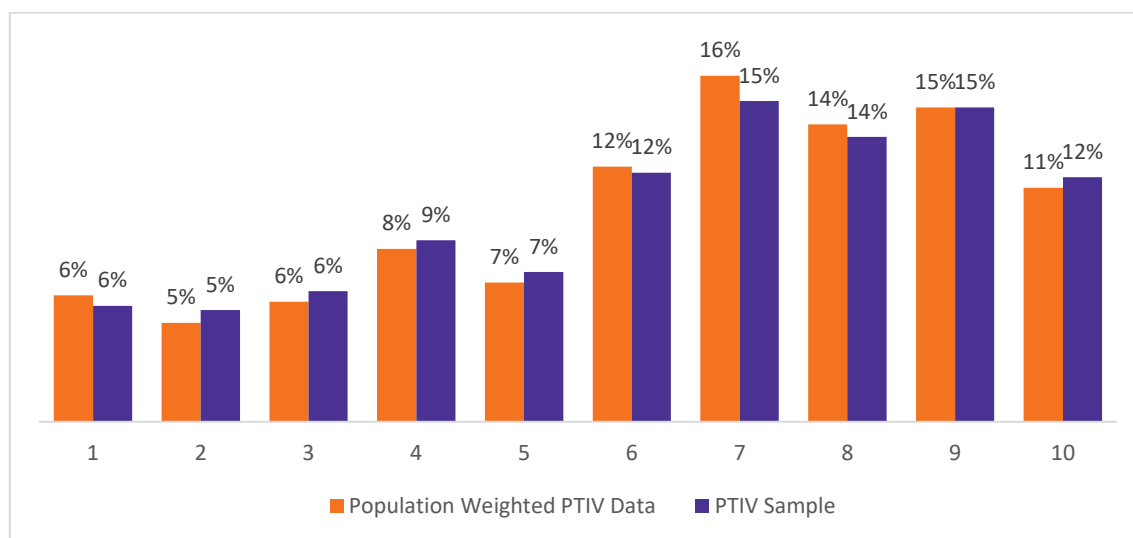
Table 9 Population characteristics

Population characteristics	Parenting Today unweighted N (%)	Parenting Today weighted N (%)	Victorian parents & partners, 2011 Census (ABS, 2011) %
Child age			
0–2 years	521 (20.0%)	458 (18.1%)	NA
3–5 years	460 (17.7)	445 (17.6%)	NA
6–12 years	919 (35.3%)	929 (36.7%)	NA
13–18 years	697 (26.8%)	702 (27.7%)	NA
Parent age			
16–34 years	704 (27.1%)	569 (22.5%)	22%
35–44 years	945 (36.3%)	1127 (44.5%)	44%
45–54 years	733 (28.2%)	728 (28.7%)	29%
55+ years	162 (6.3%)	112 (4.4%)	5%
Parent Gender			
Male	1044 (40.2%)	1006 (39.7%)	45%
Female	1556 (59.8%)	1529 (60.3%)	55%
Diversity			
Aboriginal or Torres Strait Islander population	27 (1%)	26 (0.9%)	1%
Language other than English spoken at home	278 (10.7%)	246 (9.7%)	27%
Remoteness			
Major cities of Australia	1805 (69.4%)	1935 (76.3%)	76%
Inner regional Australia	646 (24.8%)	483 (19.1%)	19%
Outer regional Australia & remote Australia	143 (5.5%)	112 (4.4%)	4%
Family Income*			
<\$1000 per week	445 (17.1%)	489 (19.3%)	25%
\$1000–1499 per week	371 (14.3%)	378 (14.9%)	17%
\$1500–1999 per week	477 (18.3%)	467 (18.4%)	14%
\$2000–2499 per week	296 (11.4%)	282 (11.1%)	10%
\$2500–2999 per week	272 (10.5%)	235 (9.3%)	10%
\$3000–3499 per week	176 (6.8%)	149 (5.9%)	6%
>\$3500 per week	272 (10.5%)	238 (9.4%)	6%
Don't know	140 (5.4%)	164 (6.5%)	11%
Not stated	151 (5.8%)	131 (5.2%)	NA
Education			
Postgraduate degree level	486 (18.7%)	335 (13.2%)	6%
Bachelor degree level	671 (25.8%)	438 (17.3%)	20%
Less than year 12	329 (12.6%)	554 (21.8%)	21%
Employment			
Full time	1154 (44.4%)	1101 (43.4%)	47%
Part time	599 (23.0%)	550 (21.7%)	24%
Unemployed	77 (3.0%)	81 (3.2%)	3%

*Family income is presented by family composition in the 2011 Census, this population figure includes families with children (age not specified), one parent families and 'other families'. Families without children were excluded from this calculation. Furthermore, the percentages of the *Parenting Today in Victoria* sample in each category of family income in this table is different to that presented in the sample characteristics section as non-responders are included in the sample characteristics section, but here they are excluded to allow comparison with 2011 Census data.

The Index of Relative Socio-Economic Disadvantage (IRSD) is a measure of general disadvantage in an area (combining several community-level socio-economic indicators), with lower scores indicating more disadvantaged areas and higher scores indicating less disadvantaged areas. As an IRSD value is applied to individuals according to their postcode of residence, the IRSD value can be viewed as an indicator of likely socio-economic disadvantage, acknowledging that it is likely that within a single postcode there is variability in the actual socio-economic status of households, and that some postcodes will have a broader range of socio-economic wellbeing while other postcodes will be more homogenous. Figure 2 shows the distribution of IRSD scores comparing the original (unweighted) *Parenting Today in Victoria* sample and the weighted *Parenting Today in Victoria* sample.

Figure 2. Distribution of the sample by Index of Relative Socio-Economic Disadvantage deciles (population weighted data)



For the unweighted sample there appears to be underrepresentation of individuals living in more disadvantaged areas relative to the Census 2011 general parent and partner population findings (from less than 1% difference to 2.5% difference). However, population adjusted data made little impact on these results. There was a small percentage increase in decile 1, representing the most disadvantaged area and a slight decrease in decile 10, representing the least disadvantaged areas. However, there were also slight increases in the proportions in the sixth to eighth deciles, which represent less disadvantaged areas.

4.9 Technical analyses of the data

This report presents what Victorian parents said about their parenting experiences. Therefore, we adopted a descriptive approach to data analysis. Results are described in the following sections by the weighted percentage of participants who responded in various categories, and, where relevant, measures of central tendency (e.g., mean scores) are used to describe the *average* responses for the weighted sample.

For parent characteristics of interest we sought to determine if there were *statistically significant* differences in responding to the survey questions (for example, if gender was related to different levels of confidence in parenting). For such a large sample size, the likelihood of a statistically significant difference emerging is increased, even for very small differences between groups. To

account for this, a conservative significance probability threshold of $p < 0.001$ was adopted for this report.

We used analysis of variance (ANOVA) to determine if there were *statistically significant* differences in the mean scores reported by parents across different groups (e.g., were there differences in mothers' and fathers' reports about the number of days per week someone in their family spent time reading to their child). Where the data did not satisfy the assumptions for ANOVA, we used a non-parametric alternative.

The assumption that comparison groups will have the same variation or spread of answers (equal variance) is usually required for ANOVA, but this assumption was violated for some analyses. In such cases, the significance of results were confirmed using a Welch Test (which does not assume equal variance between groups).

Another requirement of ANOVA, the assumption of normally distributed scores, was also violated for some analyses (e.g., a large number of parents reported spending time reading to their child on 6 or 7 days per week and few reported reading to their child on only 1 day per week – so responses were clustered at one end of the scale). Some researchers consider ANOVA to be a robust test against violations of the normality assumption (as this has little influence on the chance of reporting a relationship between variables that does not really exist, particularly when the sample size is large, e.g., see Glass, Peckham, & Sanders, 1972). Nevertheless, all statistically significant findings (at $p < .001$) were confirmed using the non-parametric Kruskal-Wallis test, which does not assume normally distributed scores.

ANOVA assumes that the dependent variable of interest is a continuous measure (e.g., that there is equal distance between each point on the scale, such as days in the week). Many of the variables of interest were measured on a 5-point Likert scale, which asks parents to report their level of agreement with a statement (e.g., from (1) Strongly Disagree to (5) Strongly Agree). There is some debate about whether or not it is appropriate to use data from Likert scales in parametric comparisons (such as ANOVA), as these are not strictly continuous variables but rather rank ordered categories (Glass et al., 1972; Jamieson, 2004). To account for this potential issue, a conservative approach was adopted and significant findings were confirmed using an appropriate non-parametric analysis (except for a small number of analyses where there was no non-parametric alternative, because multiple variables were included).

All ANOVA findings that were found to be statistically significant at $p < .001$ were also significant using the non-parametric alternative, and so the ANOVA results have been reported throughout this Technical Report.

Where relevant, we used the non-parametric Pearson's chi-Square test to determine if there were *statistically significant* differences in the proportion of parents who reported a particular outcome (for example, if a greater proportion of mothers or fathers reported seeking help for their child from early childhood educators or school staff). Chi-Square tests are non-parametric comparisons and can be used with categorical data as well as data that is not normally distributed.

Relationships between interval-level data, such as numeric scales, were tested with Pearson correlation coefficient (r) or its non-parametric alternative.

4.9.1 Subgroup analyses

This *Technical Report* present results for the total weighted sample, as well as comparing parenting experiences of parents or children in different circumstances. These include: fathers (male carers) and mothers (female carers), parents living in regional/remote versus metropolitan areas, families living in socio-economically disadvantaged or advantaged areas, and parents of children with medical conditions or learning difficulties.

The analyses presented in this report do not attempt to explain why differences might exist between groups. For example, in some cases differences between how mothers and fathers responded to the survey questions might be explained by factors such as parents' age or education rather than parents' gender per se. There may be explanations for observed differences other than just the subgroup membership. The analyses described in the current report are indicative of the existence of differences between subgroups, but they do not attempt to explain all of the variation in the data – more complex analyses would be needed to do this. Further analyses, examining relationships between multiple variables, would be required to understand the differences we describe between groups.

Furthermore, analyses in this report have not attempted to capture any potential moderating effects that might exist. For example, there might be more parents of children with a medical condition or learning difficulty in metropolitan than regional areas – and thus there may be a possible moderating effect of area of residence if there is a difference in scores of parents of children with and without medical conditions or learning difficulties. Further analyses would be required to identify and account for any possible moderating effects.

5. Characteristics of sample

5.1 Parent characteristics

A total of 2600 parents or caregivers (hereafter referred to as parents) completed the *Parenting Today in Victoria* survey. Sections 5.1, 5.2 and 5.3 first present data on the unweighted sample, and therefore are a record of what the individuals participating in this survey said. Beside the figures with the unweighted data are figures with the weighted data and a description of how the weighting changed the proportions in the parent and child characteristics and their living arrangements. Table 10 and Table 11 also provide detailed information about characteristics of survey respondents.

Survey respondents were 1044 men and 1556 women (so the sample was 40% male). It is very unusual for a study of parenting experiences to include such a large sample of men. Therefore this study provides an important opportunity to understand the unique parenting needs and experiences of fathers and ensure that these are accurately represented.

Of parents interviewed, 1% identified being of Aboriginal or Torres Strait Islander descent. Parents were asked the main language they spoke at home, 11% of parents (14% fathers and 9% mothers) spoke a main language other than English at home. As seen on page 41, Table 9, the weighting did not change the proportions of respondents of Aboriginal or Torres Strait Islander descent, and there was minimal (1%) change for language other than English spoken at home.

Other languages spoken by survey respondents included Hindi, Punjabi and Malayalam, Mandarin, and German.

The majority of parents surveyed were biological parents (97% of mothers and 95% of fathers for the unweighted data and no change in proportions for weighted data), with a small proportion of step-parents, foster parents, adoptive parents and grandparents and 'others'. Parents were aged from 17 to 78 years; on average mothers were aged 41 years and fathers 42 years (unweighted and weighted data). The distribution of mothers' and fathers' ages are presented in Figure 3a and b. Mothers' and fathers' data here do not include grandparents and 'others'. Figure 3b presents the weighted distribution which shows some changes in proportions in age categories compared to the original survey findings.

When the survey data on parent age are weighted there is a greater representation of parents in the 35-44 years age group, fewer are estimated in 25-34 years age group, with minimal change for the other age groups.

Parents were asked about the highest level of education they had completed. Of the parents surveyed, 45% of fathers and 44% of mothers had a university degree (bachelor or postgraduate), while 12% of fathers and 13% of mothers left school before completing year 12 (see Figure 4a). Participants were asked to report their current main work or study activities and, if applicable, were able to select more than one option from the categories presented in Figure 5a. The majority of fathers (88%) reported that they were in paid employment (79% full time) and 63% of mothers were in paid employment (21% full time). Mothers' and fathers' education and employment are presented below. More than one-third of mothers reported that 'home duties' were currently a main work activity, compared with 8% of fathers (see Figure 5a).

Figure 3a. Parent age, mothers and fathers (unweighted data)

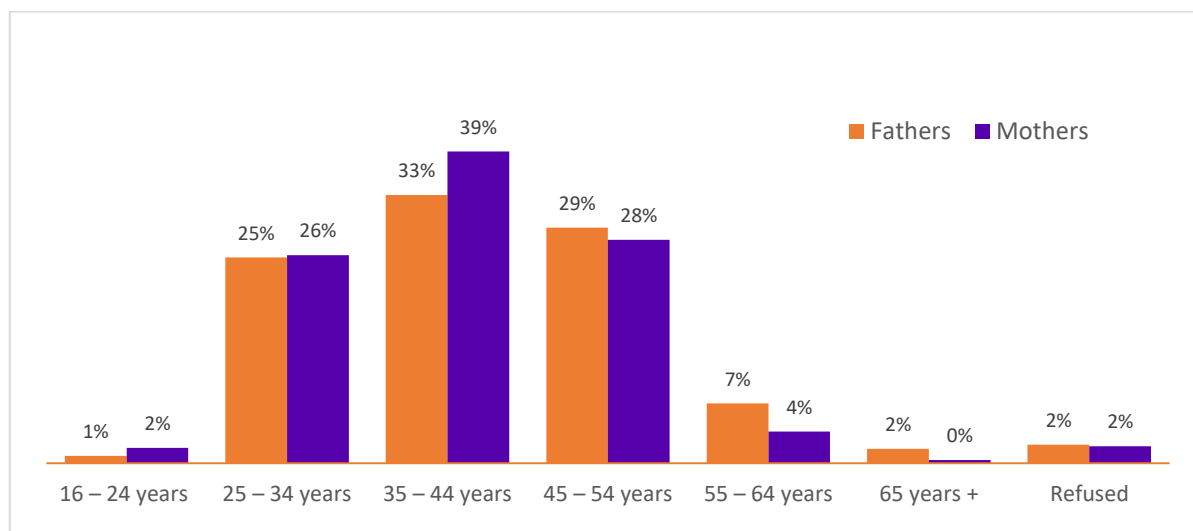


Figure 3b. Parent age by mothers and fathers (population weighted data)

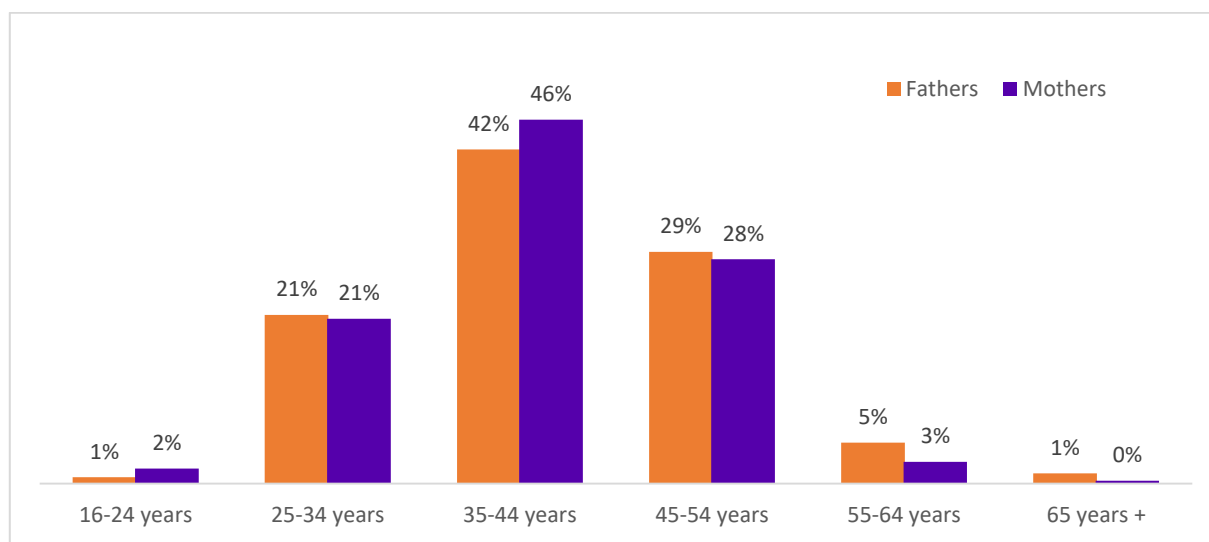


Figure 4b and Figure 5b show the population weighted estimates for parent education level and employment. The weighted representation of Diploma, Bachelor and Postgraduate education was 46% for both mothers and fathers, compared to 60% unweighted. The weighted proportions for vocational education were unchanged, and there were higher percentages for year 12 and below – 41% (weighted) compared to 28% (unweighted) for mothers, and 37% (weighted) compared to 25% (unweighted) for fathers.

Apart from a slight increase in the proportion of mothers engaged in home duties (see Figure 5b), there were no other noteworthy differences after weighting in the proportions in different categories of employment.

Figure 4a. Parent education, mothers and fathers (unweighted data)

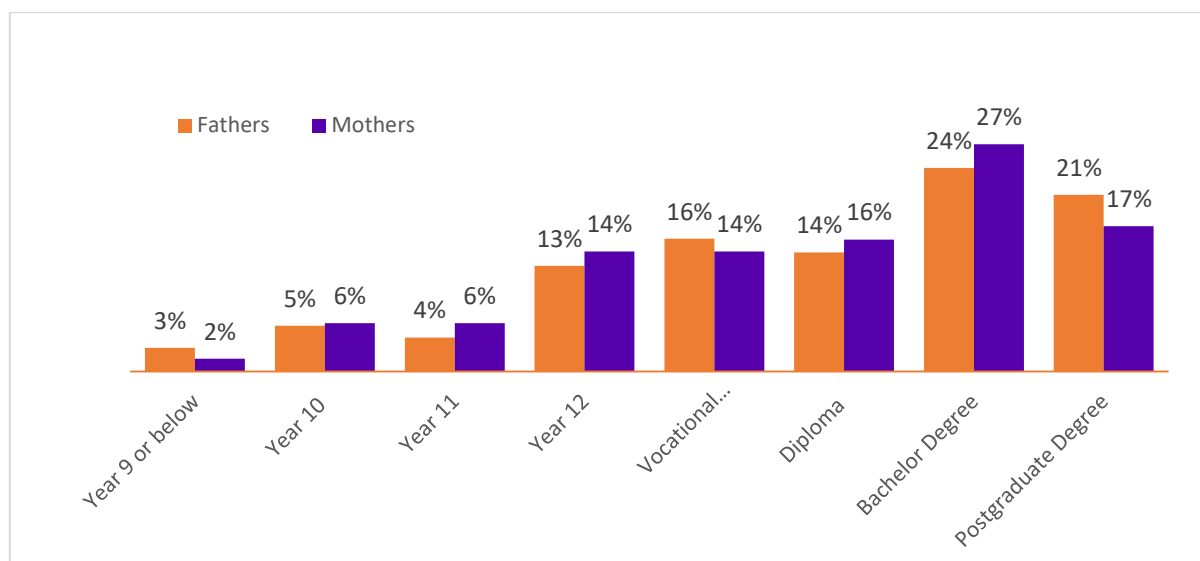


Figure 4b. Parent education, mothers and fathers (population weighted data)

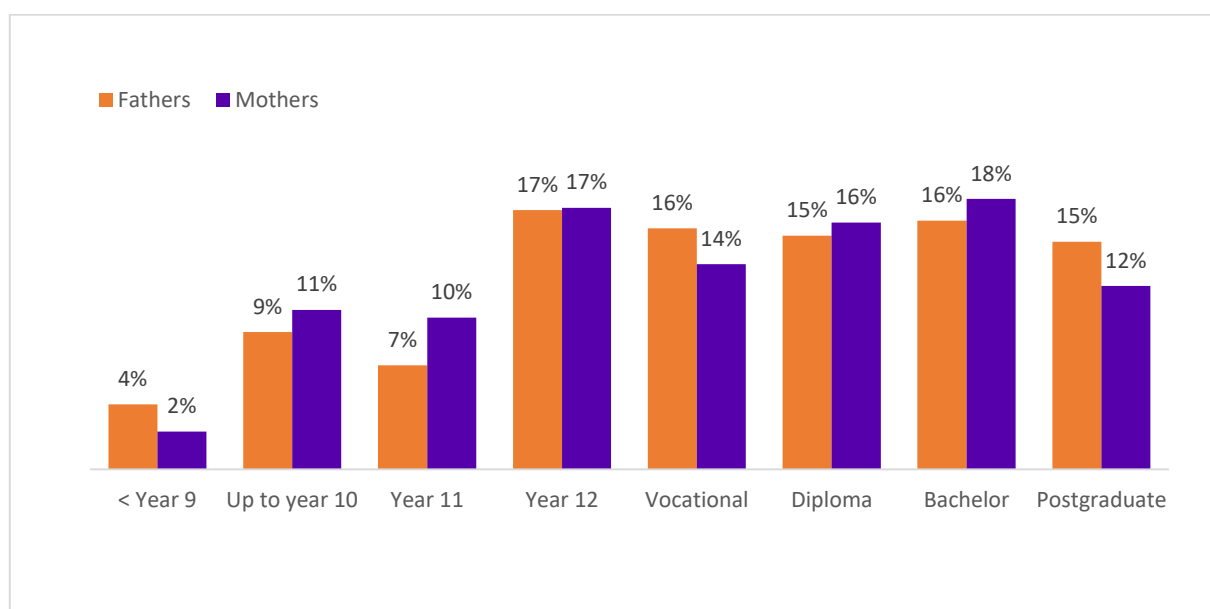


Figure 5a. Parent employment, mothers and fathers (unweighted data)

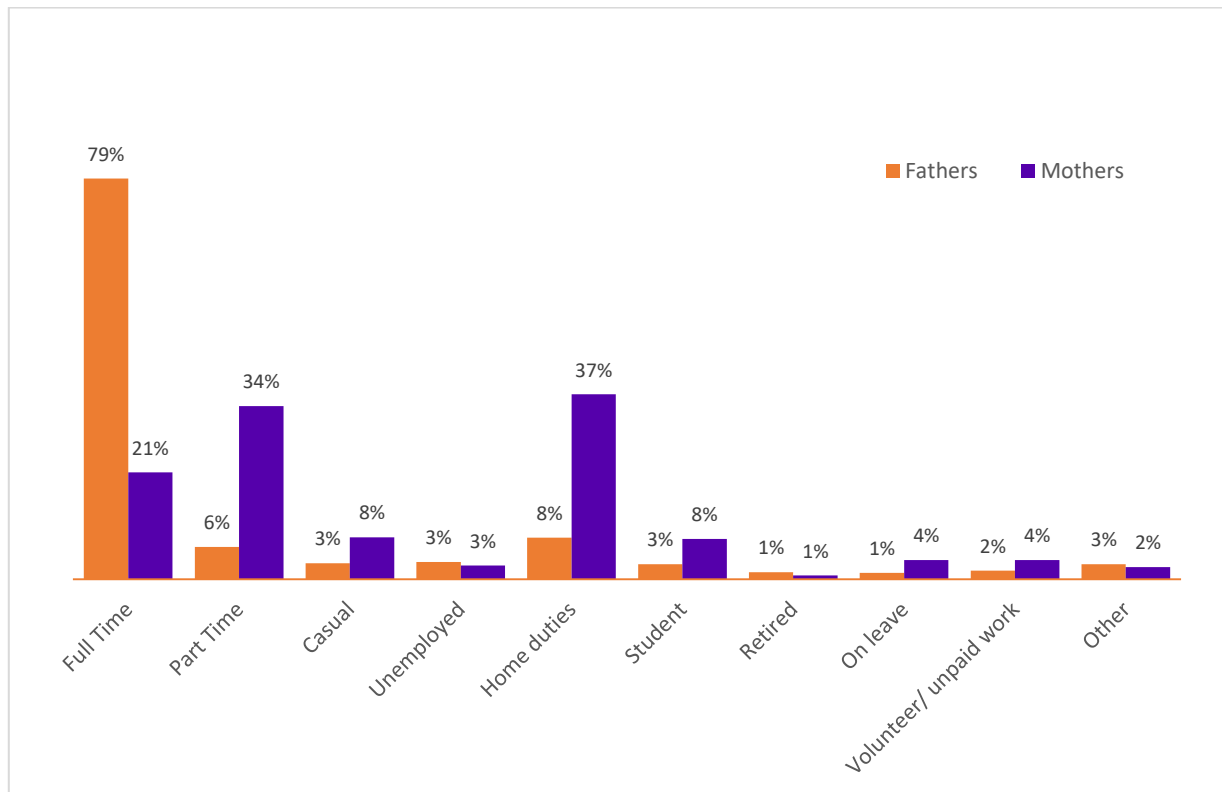
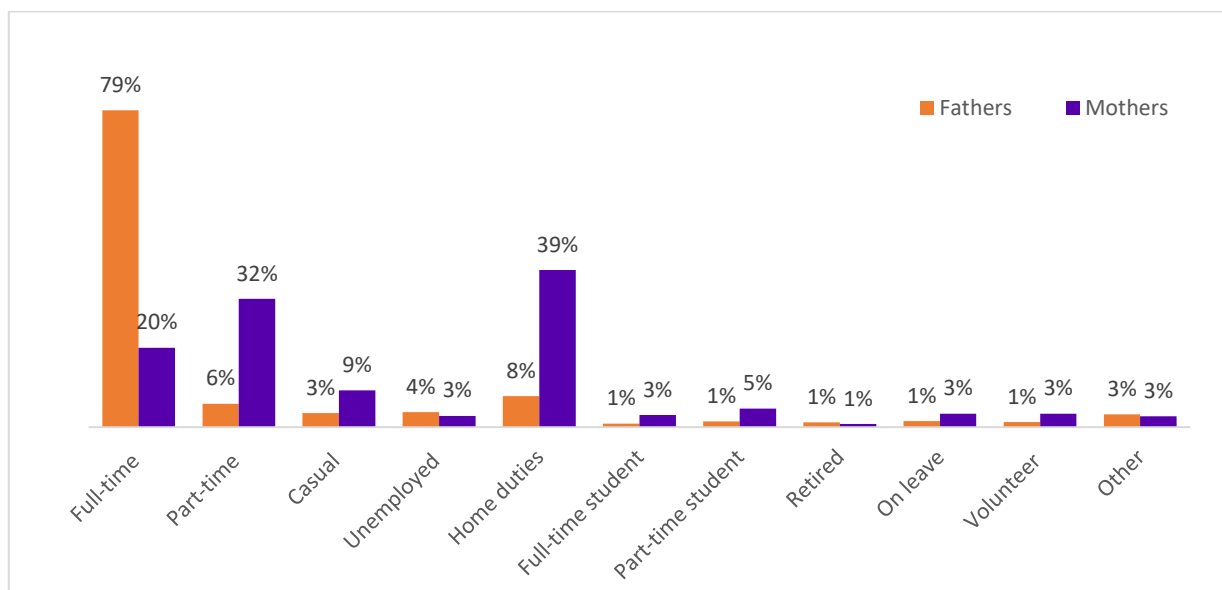


Figure 5b. Parent employment, mothers and fathers (population weighted data)



The main source of income reported by the majority of parents surveyed was wages/salary (78%), while 12% of parents reported that earnings from their own business was the main source of income for their household. Weighted data revealed wages/salary as a source of income for 76%, and earnings from their own business 11%. A larger proportion of mothers (13% unweighted, 15.5% weighted) had a government pension or allowance as their main source of family income, compared with fathers (5% unweighted, 5.2% weighted).

Family income was determined by asking parents to report the total income for their household (before tax) from work, investments or government benefits, including all adults who live in their

home, and this is presented in Figure 5a. The median household income reported was \$78,000 to \$103,948 annually or \$1500 to \$1999 per week. A larger proportion of fathers than mothers reported a household income above this median level (47% vs. 34%).

Figure 6b, shows similar percentages to the unweighted sample except for slightly higher proportions in the lower income brackets than the unweighted survey findings.

Figure 6a. Household income, mothers and fathers (unweighted data)

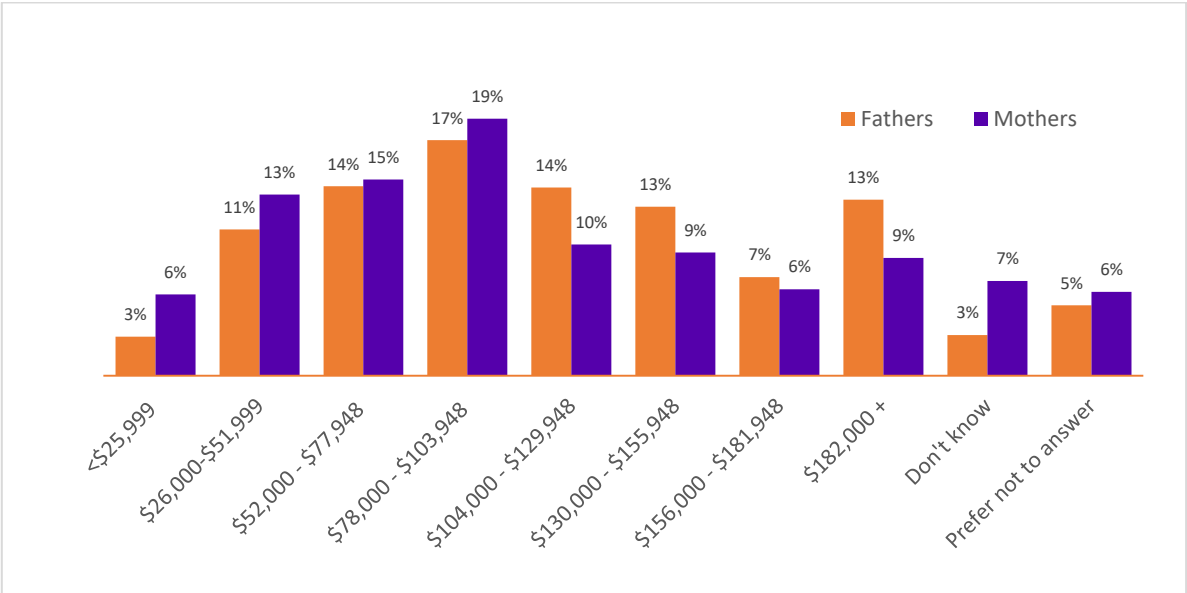


Figure 6b. Household income, mothers and fathers (population weighted data)

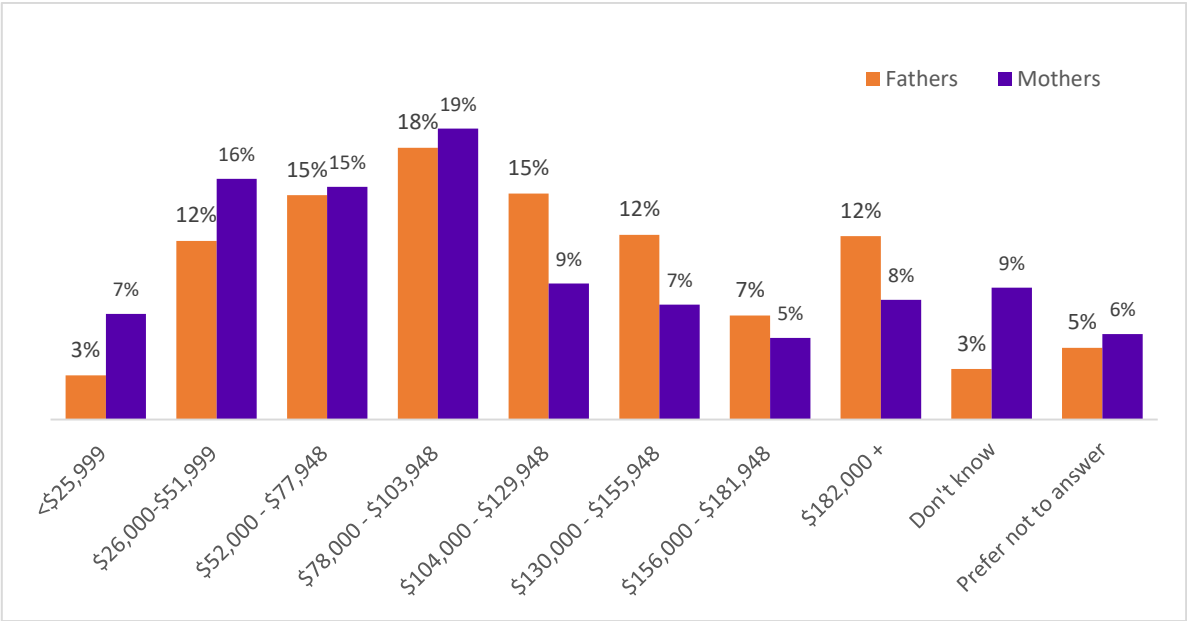


Table 10. Parent and family sample characteristics, *N* (%) (unweighted data)

Parent Characteristics	Male <i>N</i> = 1044	Female <i>N</i> = 1556	Total <i>N</i> = 2600
Relationship to Child			
Biological Parent	995 (95.3%)	1509 (97.0%)	2504 (96.3%)
Foster Parent	4 (0.4%)	7 (0.4%)	11 (0.4%)
Step Parent	24 (2.3%)	9 (0.6%)	33 (1.3%)
Adoptive Parent	3 (0.3%)	7 (0.4%)	10 (0.4%)
Grandparent	13 (1.2%)	17 (1.1%)	30 (1.2%)
Other	1 (0.1%)	7 (0.5%)	12 (0.5%)
Parent Age			
16 – 24 years	9 (0.9%)	29 (1.9%)	38 (1.5%)
25 – 34 years	265 (25.4%)	400 (25.7%)	665 (25.6%)
35 – 44 years	346 (33.1%)	599 (38.5%)	945 (36.3%)
45 – 54 years	304 (29.1%)	429 (27.6%)	733 (28.2%)
55 – 64 years	77 (7.4%)	60 (3.9%)	137 (5.3%)
65 years +	19 (1.8%)	6 (0.4%)	25 (1.0%)
Refused	24 (2.3%)	33 (2.1%)	57 (2.2%)
Area			
Major Cities	767 (73.5%)	1038 (66.7%)	1805 (69.4%)
Inner Regional	231 (22.1%)	415 (26.7%)	646 (24.8%)
Outer Regional	42 (4.0%)	98 (6.3%)	140 (5.4%)
Remote Australia	3 (0.3%)	0	3 (0.1%)
Other	1 (0.1%)	5 (0.3%)	6 (0.2%)
Identify as ATSI			
Aboriginal or Torres Strait Islander	10 (1.0%)	17 (1.1%)	27 (1.0%)
Main Language			
English	897 (85.9%)	1425 (91.6%)	2322 (89.3%)
Other	147 (14.1%)	131 (8.4%)	278 (10.7%)
Employment			
Full Time	826 (79.1%)	328 (21.1%)	1154 (44.4%)
Part Time	67 (6.4%)	532 (34.2%)	599 (23.0%)
Casual	33 (3.2%)	129 (8.3%)	162 (6.2%)
Unemployed seeking work	35 (3.4%)	42 (2.7%)	77 (3.0%)
Home duties	86 (8.2%)	568 (36.5%)	654 (25.2%)
Full time student	13 (1.2%)	50 (3.2%)	63 (2.4%)
Part time student	17 (1.6%)	79 (5.1%)	96 (3.7%)
Retired	15 (1.4%)	13 (0.8%)	28 (1.1%)
On leave	14 (1.3%)	59 (3.8%)	73 (2.8%)
Volunteer/ unpaid work	18 (1.7%)	59 (3.8%)	77 (3.0%)
Other	31 (3.0%)	37 (2.4%)	68 (2.6%)

Parent Characteristics	Male N = 1044	Female N = 1556	Total N = 2600
Education			
Year 9 or below	29 (2.8%)	24 (1.5%)	53 (2.0%)
Year 10	56 (5.4%)	89 (5.7%)	145 (5.6%)
Year 11	42 (4.0%)	89 (5.7%)	131 (5.0%)
Year 12	130 (12.5%)	199 (14.2%)	329 (12.7%)
Vocational qualification	164 (15.7%)	221 (14.2%)	385 (14.8%)
Diploma	147 (14.1%)	242 (15.6%)	389 (15.0%)
Bachelor Degree	252 (24.1%)	419 (26.9%)	671 (25.8%)
Postgraduate Degree	218 (20.9%)	268 (17.2%)	486 (18.7%)
Other	6 (0.6%)	3 (0.2%)	9 (0.3%)
Refused	0	2 (0.1%)	2 (0.1%)
Annual Household Income			
<\$25,999	30 (2.9%)	93 (6.0%)	123 (4.7%)
\$26,000-\$51,999	113 (10.8%)	209 (13.4%)	322 (12.4%)
\$52,000 - \$77,948	146 (14.0%)	225 (14.5%)	371 (14.3%)
\$78,000 - \$103,948	182 (17.4%)	295 (19.0%)	477 (18.3%)
\$104,000 - \$129,948	145 (13.9%)	151 (9.7%)	296 (11.4%)
\$130,000 - \$155,948	131 (12.5%)	141 (9.1%)	272 (10.5%)
\$156,000 - \$181,948	76 (7.3%)	100 (6.4%)	176 (6.8%)
\$182,000 +	136 (13.0%)	136 (8.7%)	272 (10.5%)
Don't know	31 (3.0%)	109 (7.0%)	140 (5.4%)
Prefer not to answer	54 (5.2%)	97 (6.2%)	151 (5.8%)
Source of Income			
Wages/Salary	852 (81.6%)	1165 (74.9%)	2017 (77.6%)
Own business earnings	118 (11.3%)	183 (11.8%)	301 (11.6%)
Government Pension/allowance	56 (5.4%)	195 (12.5%)	251 (9.7%)
Other	17 (1.6%)	10 (0.6%)	27 (1.0%)
Refused	1 (0.1%)	3 (0.2%)	4 (0.2%)

5.2 Child Characteristics

The focus children were aged from birth to 18 years 11 months with 52% boys and 48% girls (Figure 7a). The boys were 8.7 years and girls were 8.4 years old on average. There was an even spread of boys and girls across infancy, preschool, primary and secondary school age categories, as shown in the figures below.

Figure 7a. Child age, boys and girls (unweighted data)

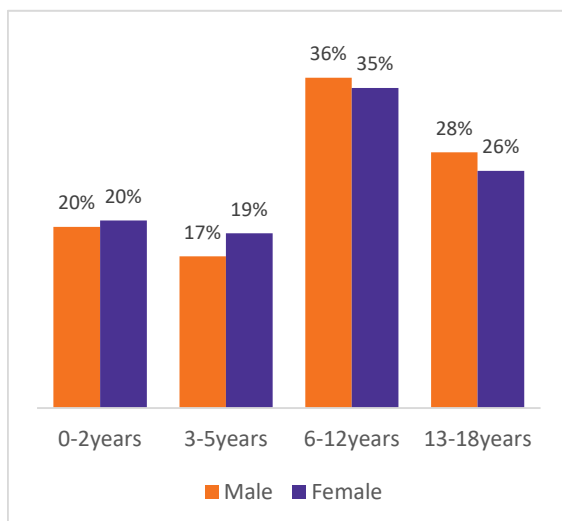
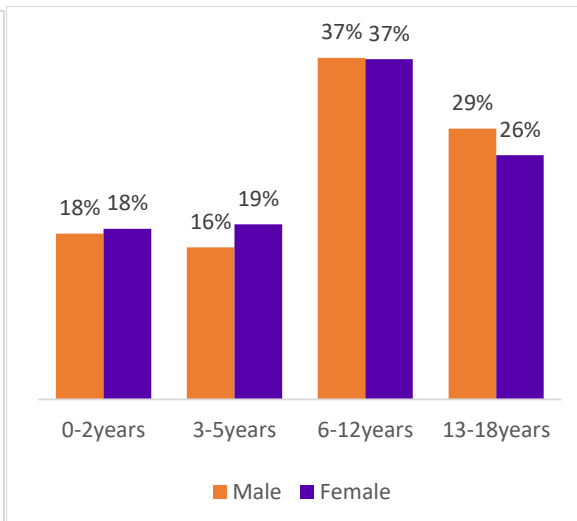


Figure 7b. Child age, boys and girls (population weighted data)



When population weightings were applied, there were minimal differences between the unweighted and weighted proportions for the four child age categories.

Parents were asked whether or not the child they were reporting on was their first child (meaning the first child they had been involved in raising). Forty-four percent of the children in the original sample were their parent's first child, and this proportion did not differ for boys and girls. When weighting was applied, the proportion of children who were their parents' first child was slightly lower (43%).

The majority of children (96% boys, 97% girls) were said to be in good to excellent health (see Figure 8a). Weighted data revealed minimal differences in these proportions (95.7% boys, 96.4% girls).

Figure 8a. Child health, boys and girls (unweighted data)

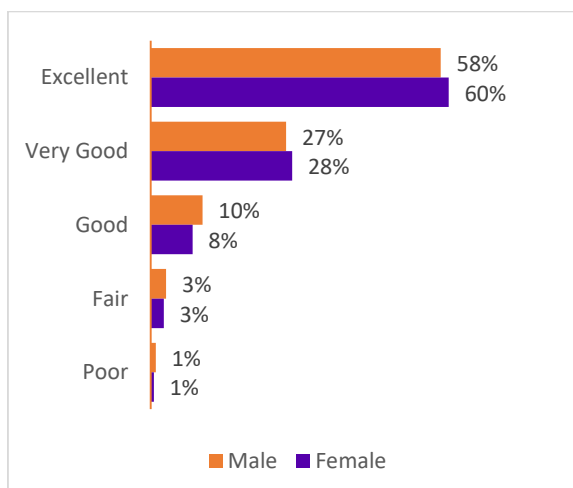
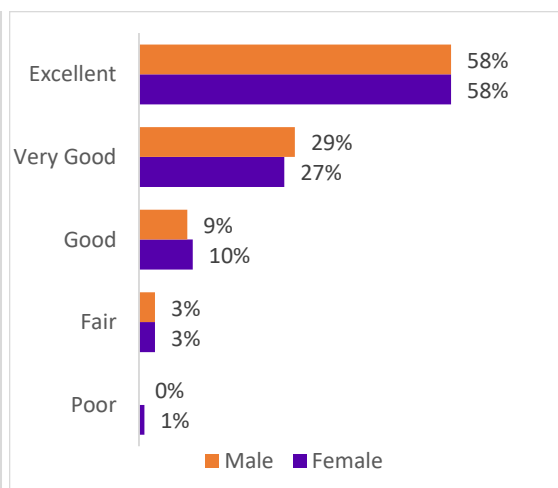


Figure 8b. Child health, boys and girls (population weighted data)



Parents were also asked if their child had any medical conditions or learning difficulties (that have lasted or are likely to last for 6 months or more). Twenty-five percent of children were reported to have medical conditions or learning difficulties (26% weighted data), and this proportion was statistically significantly higher for boys (28% unweighted, 30% weighted) than for girls (21% unweighted, 22% weighted). Of those children with a medical (i.e. health) condition or learning difficulty, 25% were reported to have multiple conditions (range 2–5). The range of medical conditions and learning difficulties reported is presented in Figure 9a; this includes a relatively large proportion of ‘other’ responses, which comprised a large variety of conditions including anxiety/depression, heart/liver/kidney conditions and tonsillitis. Figure 9b shows the weighted proportions. The weighted data on the presence of child medical conditions or learning difficulties show few differences from the unweighted data. Where there are differences, they are within one percentage point.

Figure 9a. Medical conditions and learning difficulties, boys and girls (unweighted data)

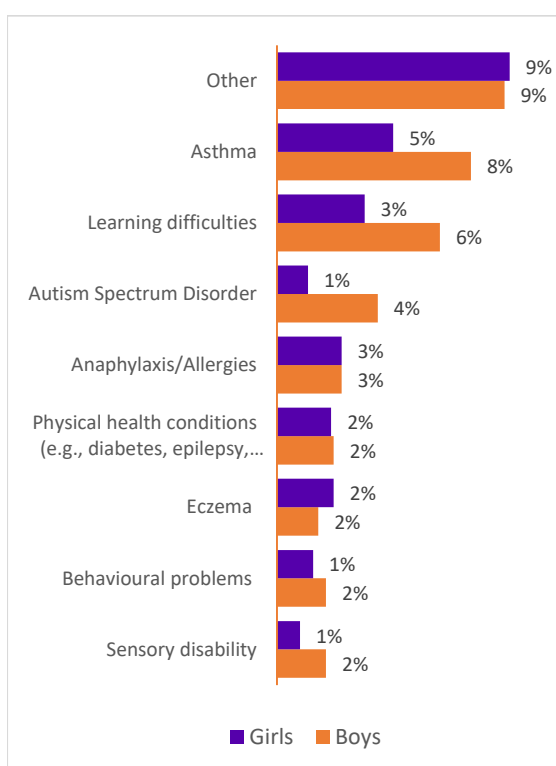


Figure 9b. Medical conditions and learning difficulties, boys and girls (population weighted data)

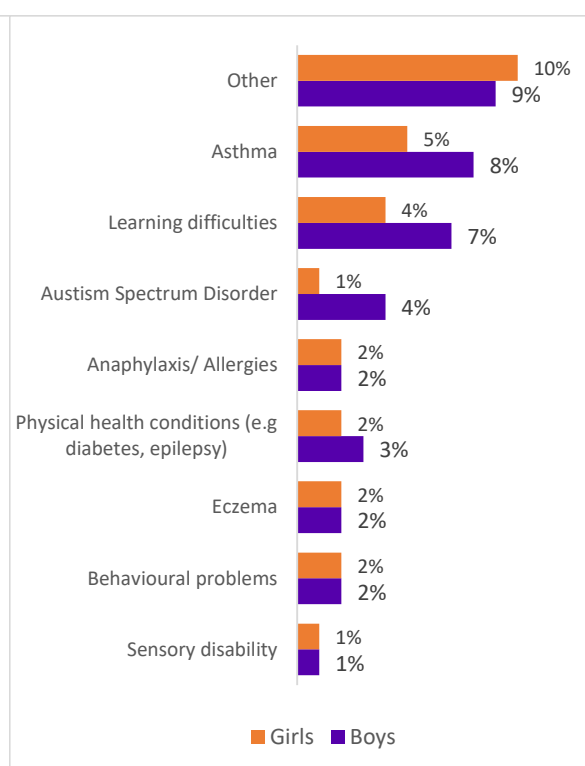


Table 11. Child sample characteristics, *N* (%) (unweighted data)

Child Characteristics	Male <i>N</i> = 1344	Female <i>N</i> = 1256	Total <i>N</i> = 2600
Child Age			
0 - 2 years	265 (19.7%)	256 (20.4%)	521 (20.1%)
3 - 5 years	222 (16.5%)	238 (19.0%)	460 (17.7%)
6 - 12 years	482 (35.9%)	437 (34.8%)	919 (35.4%)
13 - 18 years	374 (27.8%)	323 (25.8%)	697 (26.8%)
First Child			
Yes	600 (44.6%)	555 (44.2%)	1155 (44.4%)
Medical Condition or Learning Difficulty			
Yes	380 (28.3%)	259 (20.6%)	639 (24.6%)
One condition	285 (75.0%)	194 (74.9%)	479 (75.0%)
Multiple conditions	92 (24.2%)	63 (24.3%)	155 (24.3%)
Child Health			
Excellent	784 (58.3%)	752 (59.9%)	1536 (59.1%)
Very Good	366 (27.2%)	357 (28.4%)	723 (27.8%)
Good	140 (10.4%)	105 (8.4%)	245 (9.4%)
Fair	41 (3.1%)	33 (2.6%)	74 (2.8%)
Poor	13 (1.0%)	7 (0.6%)	20 (0.8%)
Unsure	0	2 (0.2%)	2 (0.1%)

5.3 Living arrangements

Table 12 summarises parents' responses to items regarding their living arrangements. Responses regarding the number of adults in the household ranged from one to six. Unweighted data showed the majority of parents (77% of fathers and 69% of mothers) said that their household had two adults. Weighting reduced the proportion of mothers in a two adult household to 67%, with no change for fathers. The number of children currently living in surveyed households ranged from 0 to 8, with 32% (unweighted) of parents reporting that they lived with one child (30% weighted), 45% with two children (46% weighted) and 16% with three children (17% weighted).

Ninety-six percent of parents (unweighted data) reported that they lived with the child full time. The weighted proportion was 97%. Four percent of parents (weighted and unweighted data) did not live with the focus child full time. There were parent gender differences with 6% of fathers (both weighted and unweighted) and 3% (both weighted and unweighted data) of mothers not living with the child full-time. Parents said they spent between 4 and 31 days (weighted and unweighted) with their children in a typical month (15 days per month on average; unweighted, 14 days weighted).

Table 12. Living arrangements, N (%) (unweighted data)

Living Arrangements	Male N = 1044	Female N = 1556	Total N = 2600
Adults in Household			
1	81 (7.8%)	283 (18.2%)	364 (14.0%)
2	806 (77.2%)	1066 (68.5%)	1872 (72.0%)
3	99 (9.5%)	147 (9.4%)	246 (9.5%)
4	48 (4.6%)	51 (3.3%)	99 (3.8%)
5	4 (0.4%)	7 (0.4%)	11 (0.4%)
6	6 (0.6%)	2 (0.1%)	8 (0.3%)
Children in Household			
0	34 (3.3%)	13 (0.8%)	47 (1.8%)
1	351 (33.6%)	467 (30.0%)	818 (31.5%)
2	452 (43.3%)	716 (46.0%)	1168 (44.9%)
3	158 (15.1%)	257 (16.5%)	415 (16.0%)
4	38 (3.6%)	79 (5.1%)	117 (4.5%)
5	7 (0.7%)	20 (1.3%)	27 (1.0%)
>5	3 (0.4%)	4 (0.3%)	8 (0.3%)
Shared Living Arrangement			
Yes	91 (8.07%)	152 (9.8%)	243 (9.3%)
I live with <i>my child</i> and they spend less than half the time with another parent ¹	35 (38.5%)	25 (16.4%)	60 (24.7%)
I live with <i>my child</i> and share equal time with another parent ¹	22 (24.2%)	116 (76.3%)	138 (56.8%)
I live with <i>my child</i> and they spend more time with the other parent ¹	18 (19.8%)	5 (3.3%)	23 (9.5%)
I don't live with <i>my child</i> but I have contact with the child ¹	11 (12.1%)	2 (1.3%)	13 (5.3%)
Other ¹	5 (5.5%)	4 (2.6%)	9 (3.7%)

¹ Percentages reflect of the proportion of parent who have a shared living arrangement.

Eighty percent of parents responding to the survey (unweighted data) reported that they lived with their spouse or partner, a further 6% of parents lived with at least one other adult who was not their partner, while 14% of parents lived in a single-adult household.

Weighted data showed that 15% of parent respondents lived in single-adult households. Of the households with more than one adult living there, 78% lived with their partner or spouse. Using the weighted data, the following table has the proportions of mothers and fathers in four household categories: single alone, single with non-residential partner, single with other adults in the household and living with partner.

Table 13. Partnering status, mothers and fathers (population weighted data)

Partnering status	Father	Mother
Single alone	3.9%	14.6%
Single – non res. partner	3.9%	4.7%
Single – other adults	5.2%	7.8%
Live with partner	86.8%	73%

There were higher proportions of mothers in the three ‘single’ categories, with more fathers living with partners, and a substantially smaller proportion of fathers who were ‘single alone’.

Overall, 9% of parents (unweighted data) reported they had a shared living arrangement whereby their children spent time with another parent who did not live with them (and this proportion did not differ across mothers and fathers). Data weighting slightly increased the proportion of parents with a shared living arrangement (10%). The shared living arrangements reported by parents are presented in Figure 10a (unweighted). When asked to describe their shared living arrangements, 76% of mothers, compared to 24% of fathers indicated that ‘I live with my child and they spend less than half the time with another parent’.

Changes that occurred with weighting can be seen in Figure 10b. There are slight differences in weighted proportions compared to unweighted survey data. The greatest change is for the category ‘...less than half the time spent with another parent’. For that category, the weighted proportion for mothers is 79% compared to 76% unweighted. There are slightly larger proportions in the unweighted data for both mothers and fathers for the categories ‘....equal time with another parent’ and ‘....more time with another parent’. The unweighted data shows a smaller proportion for ‘...don’t live with my child...’.

Figure 10a. Shared living arrangements, mothers and fathers (unweighted data)

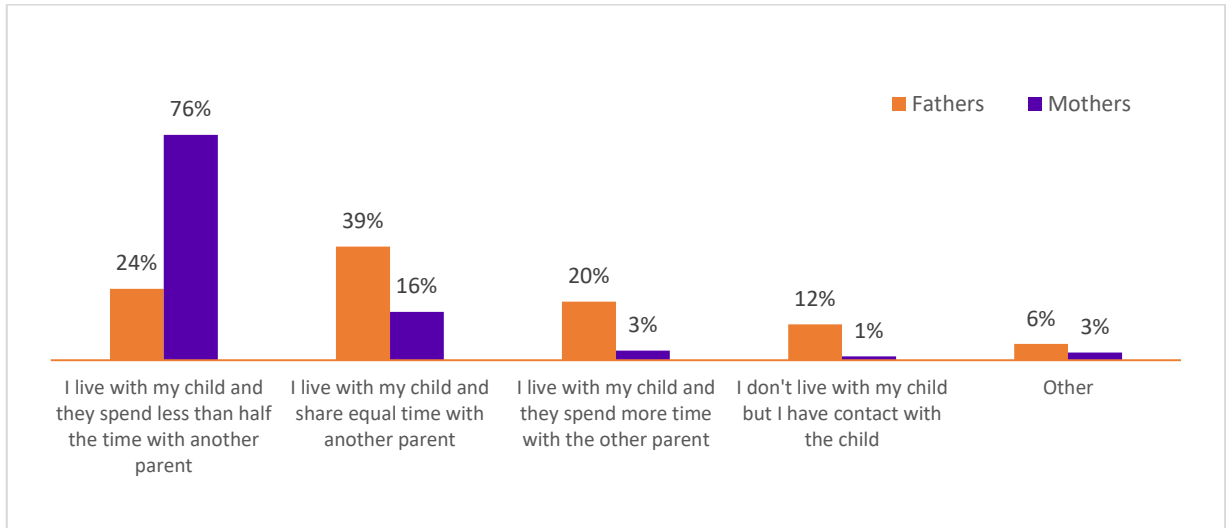
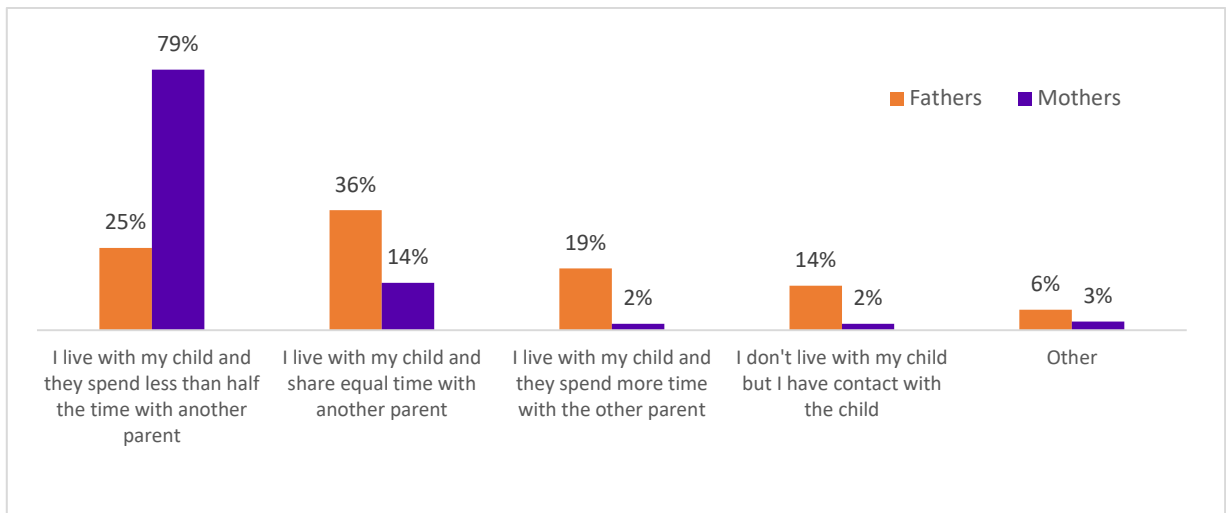


Figure 10b. Shared living arrangements mothers and fathers (population weighted data)



6. Parent engagement with children's education

This section presents findings based on the population weighted data describing parents' views about participation in their children's learning and educational experience. It includes parents':

- involvement in informal learning activities at home such as play, reading and music, as well as formal learning in childcare, kindergarten and school
- engagement with services in ways that promote children's learning
- views on the importance of early learning and out-of-school activity
- aspirations for their children's future educational opportunities as well as the importance they place on early learning activities and experiences
- views about school absenteeism and child resilience
- satisfaction with interactions with school staff and ECEC educators and confidence managing school transitions

The survey results for this domain are in two parts. First are the findings related to what parents do and think in terms of their children's learning and educational experiences. Then there are findings about what parents say about their experiences with the education sector. Detailed results for particular questions are presented for the whole population weighted sample, then by child age, mother/father status, socio-economic profile of residential area, regional/metropolitan location, and child medical condition or learning difficulty.

6.1 What are children's learning and educational experiences?

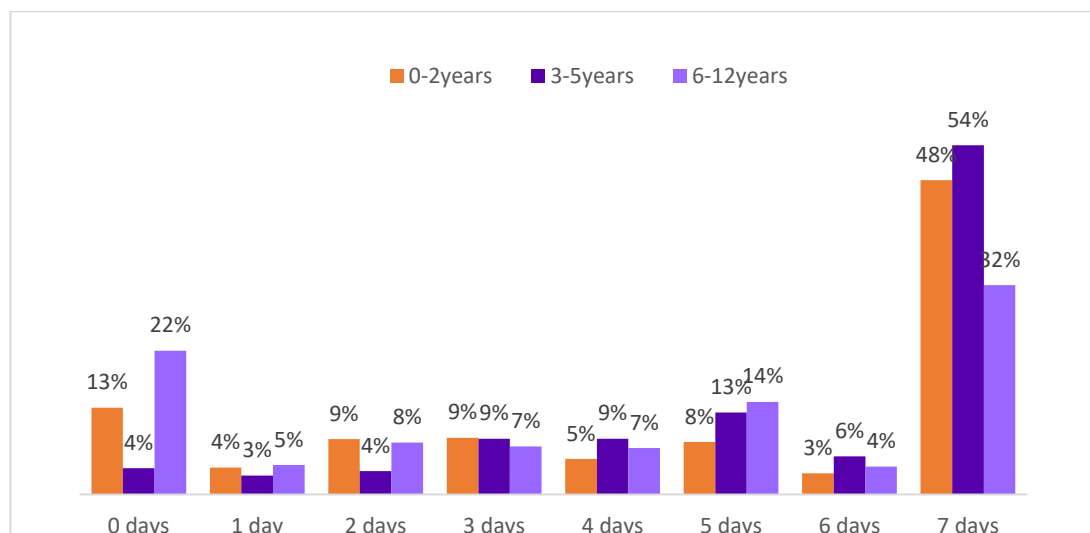
6.1.1 Frequency of parents' engagement with children in learning outside early childhood education and school

Time spent reading

Parents of children aged 0 to 12 years were asked on how many days in the last week a family member had spent time reading to their children.

Among this age group, on average, someone read to the focus child four to five days per week. For 42%, someone read to the focus child every day. Figure 11 shows responses by child age group.

Figure 11. Days in the last week a family member spent time reading with child (population weighted data)



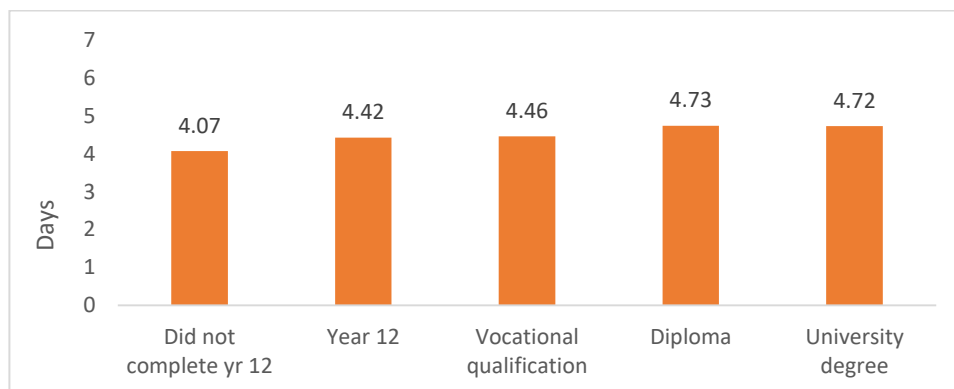
There were statistically significant differences in the number of days someone read to the focus child across **child age groups**. Children aged 3–5 years were read to most often (54% every day). However, 18% of children aged 0–2 years and 27% of those aged 6–12 years were read to only one day or less per week $F(2,1710) = 50.870, p < .001$.

There was no statistically significant difference in reporting between **mothers and fathers**. However, the survey did not allow direct mother–father comparisons, given that the wording of the question refers to any family member reading to the focus child.

No statistically significant differences were found according to: *metropolitan versus regional areas; socio-economic residential area; or child medical condition or learning difficulty*.

There was a (non-significant) trend for the child of a responding parent with a diploma or degree to be read to slightly more often, on average (see Figure 12).

Figure 12. Average days in the last week a family member spent time reading with child by parents' education (population weighted data)

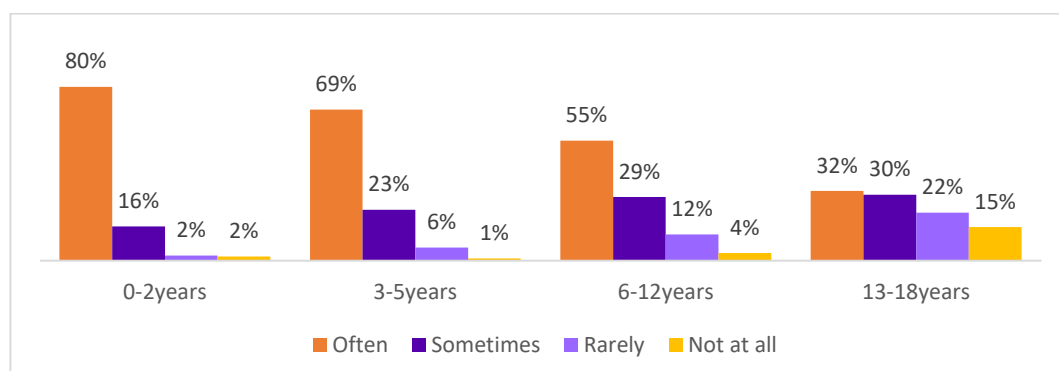


Musical activities

Parents of children of all ages rated how often they engaged in musical activities with their child selecting from 'often', 'sometimes', 'rarely', or 'not at all'. Analyses indicated that 56% did this often.

As seen in Figure 13, this proportion varied by **child age**. Parents of children aged 0 to 5 years were significantly more likely to say they engaged often in musical activities with their children than were parents of primary or secondary school age children, $\chi^2(9) = 408.369, p < .001$. More than three out of four parents of children aged 0-2 years reported playing music, singing or engaging in other musical activities with their child often (6% rarely or never engage in musical activities with their child).

Figure 13. Frequency of engaging in musical activities with child by child age groups (population weighted data)



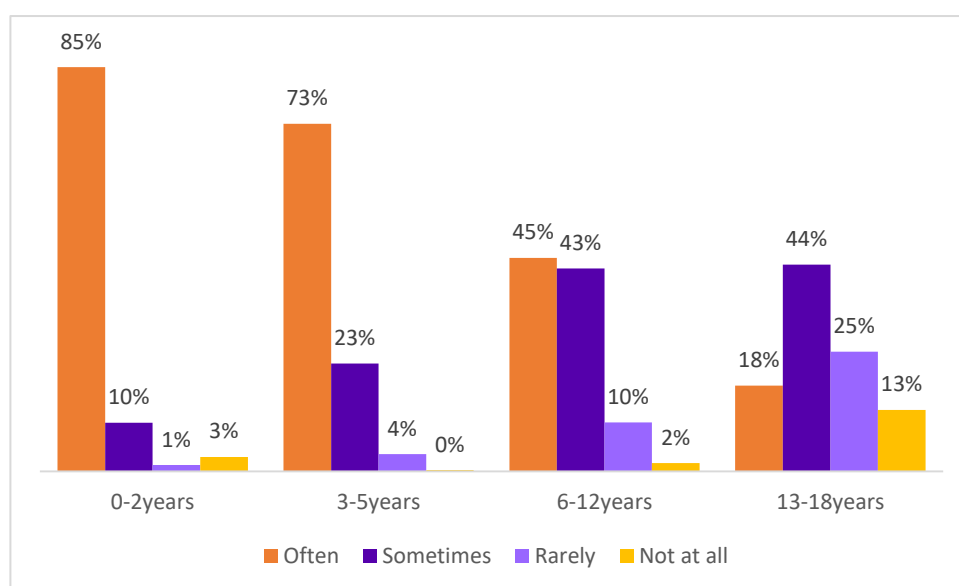
No statistically significant differences were found for *mothers and fathers, metropolitan versus regional areas, socio-economic residential areas, or child medical condition or learning difficulty*.

Indoor games

Using the same ratings as for musical activities, all parents were asked to indicate how often they played with toys or indoor games with their child. Analyses indicated that 50% did this often.

This proportion varied significantly by child age (see Figure 14), with parents of younger children more likely to report engaging in indoor games with their child more frequently, $\chi^2(9) = 7863.475$, $p < .001$. Thirty-eight percent of parents of 13–18 year olds reported that they rarely or never played indoor games with their child.

Figure 14. Frequency of indoor games with child by child age groups (population weighted data)



No statistically significant differences were found for *mothers and fathers, socio-economic residential area or child medical conditions or learning difficulties*. However, parents in metropolitan areas were very slightly **less** likely to play indoor games (18% 'rarely or never' compared with 12% in regional areas).

Outdoor games & exercise

Parents were asked to select from 'often', 'sometimes', 'rarely' and 'not at all' regarding how often they played outdoor games or exercised with their child. Our analyses indicated that that 49% did this often.

There was a statistically significant difference for **child age**, with parents of younger children more likely to report engaging in outdoor games or exercising with their child more frequently, $\chi^2(9) = 313.631$, $p < .001$. Parents of children aged 13–18 years reported engaging in outdoor games less often, with 30% reporting rarely or never playing outdoor games or exercising with their child compared to 17% of parents of children aged 0 to 2 years (see Figure 15 and Table 14).

A slightly larger proportion of parents in **regional areas** reported engaging in outdoor games with their child more frequently than parents in metropolitan areas, $\chi^2(3) = 11.795$, $p < .001$ (see Figure 16).

There were no statistically significant differences in the time spent engaging in outdoor games reported by *mothers and fathers, parents from different socioeconomic areas or parents of children with a medical condition or learning difficulty*.

Figure 15. Frequency of outdoor games with child by child age group (population weighted data)

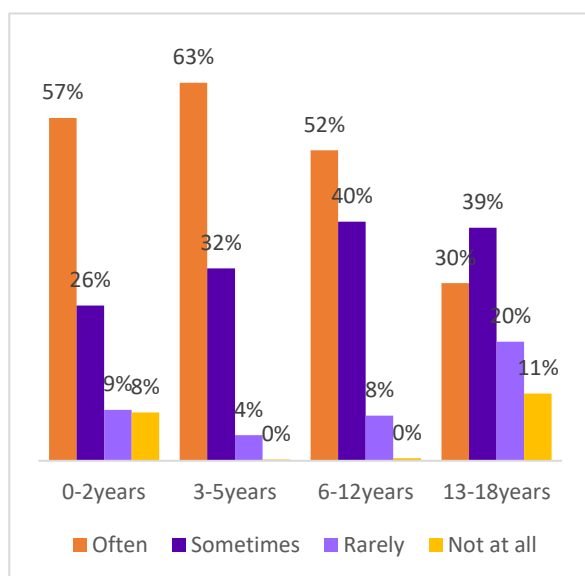


Figure 16. Frequency of outdoor games with child by metropolitan/regional areas (population weighted data)

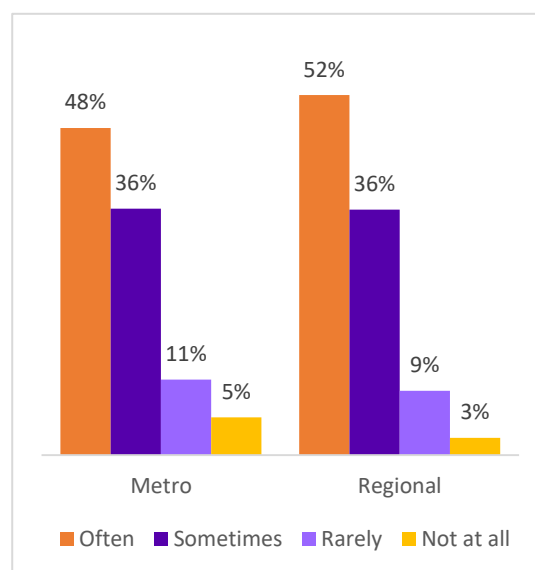


Table 14. Frequency and percentage of parents engaging in musical activities, indoor and outdoor games with their child, across child age groups, N (%) (population weighted data)

	0-2 years (N = 457)	3-5 years (N = 444)	6-12 years (N = 929)	13-18 years (N = 701)	Total (N = 2531)
Musical activities					
Often	365 (79.9%)	308 (69.4%)	512 (55.1%)	225 (32.1%)	1410 (55.7%)
Sometimes	72 (15.8%)	104 (23.4%)	272 (29.3%)	213 (30.4%)	661 (26.1%)
Rarely	11 (2.4%)	27 (6.1%)	112 (12.1%)	155 (22.1%)	305 (12.1%)
Not at all	9 (2.0%)	5 (1.1%)	33 (3.6%)	108 (15.4%)	155 (6.1%)
Indoor games					
Often	392 (85.4%)	326 (73.4%)	419 (45.1%)	127 (18.1%)	1264 (49.9%)
Sometimes	47 (10.2%)	101 (22.7%)	398 (42.8%)	306 (43.7%)	852 (33.6%)
Rarely	6 (1.3%)	16 (3.6%)	96 (10.3%)	177 (25.2%)	295 (11.6%)
Not at all	14 (3.1%)	1 (0.2%)	16 (1.7%)	91 (3.0%)	122 (4.8%)
Outdoor games					
Often	263 (57.4%)	281 (63.3%)	483 (52.0%)	209 (29.8%)	1236 (48.8%)
Sometimes	119 (26.0%)	143 (32.2%)	372 (40.0%)	274 (39.0%)	908 (35.8%)
Rarely	39 (8.5%)	19 (4.3%)	70 (7.5%)	140 (19.9%)	268 (10.6%)
Not at all	37 (8.1%)	1 (0.2%)	4 (0.4%)	79 (11.3%)	121 (4.8%)

Talking about school

Selecting from ‘often’, ‘sometimes’, rarely’ or ‘not at all’, parents were asked to state how often they talked to their children about their educational experiences. A substantial majority (94%) often talked to their child about their day in early childhood education and care services (ECEC), kindergarten or school.

There was a statistically significant relationship between **child age** groups and how often parents reported talking to their child about their day, with parents of younger children (aged 0-2 years) less likely to talk to their child about their experience in the educational setting, $\chi^2(9) = 113.084$, $p < .001$ (see Table 15).

Table 15. Parents who reported talking to their child about their day at school or ECEC, across child age groups, *N* (%) (population weighted data).

	0-2 years (<i>N</i> = 158)	3-5 years (<i>N</i> = 419)	6-12 years (<i>N</i> = 929)	13-18 years (<i>N</i> = 665)	Total (<i>N</i> = 2171)
Often	126 (79.7%)	401 (95.7%)	899 (96.8%)	614 (92.3%)	2040 (94.0%)
Sometimes	12 (7.6%)	15 (3.6%)	19 (2.0%)	36 (5.4%)	82 (3.8%)
Rarely	10 (6.3%)	1 (0.2%)	7 (0.8%)	11 (1.7%)	29 (1.3%)
Not at all	10 (6.3%)	2 (0.5%)	4 (0.4%)	4 (0.6%)	20 (0.9%)

Mothers reported talking to their child about their day at school or early childcare slightly more often than **fathers**, $F(1,2135) = 12.811$, $p < .001$, with 96% of mothers saying they talked to their children about their day at school or ECEC often, compared to 92% of fathers.

There was no statistically significant difference in how often parents in *regional or metropolitan areas, or more disadvantaged areas, or parents of children with a medical condition or learning difficulty* reported talking to their child about ECEC, kindergarten or school.

6.2 What importance do parents place on learning experiences inside and outside the home?

6.2.1 Early home learning

Parents were asked how important they thought what they did with their children before primary school was for their children’s later development. Ratings were 1 (not at all important) to 5 (extremely important) with a rating of 3 indicating ‘somewhat important’.

Eighty percent of parents believed that what they did with their children before primary school was extremely important for their children’s later development and a further 13% reported that this was moderately important. Only 2% of parents thought that what they did with their children in these years was not at all important or only slightly important for their children’s later development.

There was a significant relationship between **child age** and the importance parents placed on early learning experiences in the home, with parents of children aged 0-2 years assigned slightly higher importance on what they do with their child in the years before primary school, $F(3,2528) = 9.71$, $p < .001$ (see Table 16).

Table 16. Parent reported importance of early learning activities in the home, across child age groups, *N* (%) (population weighted data).

Early learning (home)	0-2 years (<i>N</i> = 458)	3-5 years (<i>N</i> = 444)	6-12 years (<i>N</i> = 930)	13-18 years (<i>N</i> = 700)	Total (<i>N</i> = 2532)
Not at all important	0 (0%)	3 (0.7%)	9 (1%)	4 (0.6%)	16 (0.6%)
Slightly important	2 (0.4%)	5 (1.1%)	21 (2.3%)	16 (2.3%)	44 (1.7%)
Somewhat important	13 (2.8%)	11 (2.5%)	43 (4.6%)	38 (5.4%)	105 (4.1%)
Moderately important	40 (8.7%)	59 (13.3%)	140 (15.1%)	96 (13.7%)	335 (13.2%)
Extremely important	403 (88%)	366 (82.4%)	717 (77.1%)	546 (78.0%)	2032 (80.3%)
<i>M</i> (<i>SD</i>)	4.84 (0.48)	4.75 (0.64)	4.64 (0.76)	4.66 (0.74)	4.70 (0.69)

Controlling for the effect of child age, mothers reported significantly higher levels of importance for early learning experiences in the home, $F(1,2494) = 13.93$, $p < .001$. However, the mean ratings out of 5 for both parent groups were high (mothers: $M = 4.75$, $SD = .62$; fathers: $M = 4.65$, $SD = .76$) and the difference was very small.

There were no significant differences in how parents of children *with a medical condition or learning difficulty*, *parents in metropolitan or regional areas*, or from *more disadvantaged areas* reported the importance for early learning experiences in the home.

6.2.2 Formal early learning

For this area, parents rated, on the same 5-point scale, the importance of early learning settings such as child care and kindergarten for their children's future success. The findings indicated that 61% of parents thought that learning experiences in ECEC/kindergarten were extremely important and 34% that these were somewhat or moderately important. Only 5% indicated early learning experiences were not at all or only slightly important.

There was a statistically significant relationship between **child age** and the importance parents placed on early learning experiences in formal early learning settings, with parents of children aged 3-5 years assigning slightly higher importance to this $F(3,2528) = 6.58$, $p < .001$ (see Table 17).

Table 17. Parent reported importance of formal early learning activities, across child age groups, *N* (%) (population weighted data).

Early learning (formal education)	0-2 years (<i>N</i> = 458)	3-5 years (<i>N</i> = 444)	6-12 years (<i>N</i> = 928)	13-18 years (<i>N</i> = 701)	Total (<i>N</i> = 2531)
Not at all important	5 (1.1%)	5 (1%)	17 (1.8%)	13 (1.9%)	40 (1.6%)
Slightly important	14 (3.1%)	4 (0.9%)	22 (2.4%)	39 (5.6%)	79 (3.1%)
Somewhat important	39 (8.5%)	35 (7.9%)	85 (9.2%)	76 (10.8%)	235 (9.3%)
Moderately important	125 (27.3%)	93 (20.9%)	250 (26.9%)	157 (22.4%)	625 (24.7%)
Extremely important	275 (60.0%)	307 (69.1%)	554 (59.7%)	416 (59.3%)	1552 (61.3%)

After controlling for the influence of child age, there were no statistically significant differences in how *mothers and fathers*, *parents of children with a medical condition or learning difficulty*, *parents in regional and metropolitan areas*, or *more disadvantaged areas* reported the importance of formal early learning experiences.

6.2.3 Activities outside the home

Most parents (62%) thought that out-of-home activities, for example playgroup and swimming lessons, were extremely important for their child's development, with 35% reporting that these activities were somewhat or moderately important.

On average, parents reported that their child does activities outside the home 2.5 days per week. There was no difference in how parents of children of **different ages** reported the importance of activities outside the home. However, parents of older children reported that their children engaged in activities outside the home on a greater number of days per week, $F(3,2530) = 65.73$, $p < .001$, see Table 18.

Table 18. Parent-reported importance of activities outside the home, across child age groups, N (%) (population weighted data).

	0-2 years ($N = 458$)	3-5 years ($N = 445$)	6-12 years ($N = 930$)	13-18 years ($N = 704$)	Total ($N = 2537$)
Activities out of home					
Not at all important	4 (0.9%)	2 (0.4%)	12 (1.3%)	7 (1.0%)	25 (1.0%)
Slightly important	8 (1.7%)	13 (2.9%)	14 (1.5%)	9 (1.3%)	44 (1.7%)
Somewhat important	35 (7.6%)	40 (9.0%)	59 (6.3%)	51 (7.2%)	185 (7.3%)
Moderately important	137 (29.9%)	138 (31.0%)	265 (28.5%)	171 (24.3%)	711 (28.0%)
Extremely important	274 (59.8%)	252 (56.6%)	580 (62.4%)	466 (66.2%)	1572 (62.0%)
$M(SD)$	4.46 (0.78)	4.40 (0.80)	4.49 (0.79)	4.54 (0.76)	4.48 (0.79)
Days per week					
0 days	146 (31.2%)	59 (13.3%)	81 (8.7%)	79 (11.3%)	365 (14.4%)
1 day	106 (23.2%)	119 (26.8%)	134 (14.4%)	86 (12.3%)	445 (17.6%)
2 days	96 (21.0%)	114 (25.7%)	211 (22.7%)	154 (21.9%)	575 (22.7%)
3 days	66 (14.4%)	74 (16.7%)	243 (26.1%)	156 (22.2%)	539 (21.3%)
4 days	21 (4.6%)	37 (8.3%)	136 (14.6%)	95 (13.5%)	289 (11.4%)
5 days	8 (1.8%)	22 (5.0%)	68 (7.3%)	61 (8.7%)	159 (6.3%)
6 days	1 (0.2%)	2 (0.5%)	27 (2.9%)	35 (5.0%)	65 (2.6%)
7 days	13 (2.8%)	17 (3.8%)	30 (3.2%)	36 (5.1%)	96 (3.8%)
$M(SD)$	1.58 (1.61)	2.17 (1.67)	2.73 (1.66)	2.86 (1.86)	2.46 (1.77)

Controlling for the effect of child age, **fathers** placed higher importance on learning activities outside the home, $F(1,2495) = 25.11$, $p < .001$, and although not significant according to the criteria applied here, fathers reported that their child participated in activities outside the home on a greater number of days per week, $F(1,2495) = 7.72$, $p = .005$, see Table 19.

Parents of a child with a **medical condition or learning difficulty** were statistically more likely to feel that outside activities were not really important (15% compared with 8% where the child did not have any special needs), $F(1,2543) = 13.902$, $p < .001$.

There were no significant differences in how parents in *metropolitan versus regional areas*, or in *more or less disadvantaged areas*, reported the importance of learning experiences outside the home or the number of days per week their child participated in activities outside the home.

Table 19. Importance of and days spent in early learning activities outside the home, reported across mothers and fathers, *M (SD)* (population weighted data).

	Importance of activities out of home	Days per week
Mothers	4.42 (.84)	2.38 (1.77)
Fathers	4.58 (.70)	2.58 (1.76)

6.3 Experiences with the Education Sector

Again using population weighted data, this section presents the views of parents about their abilities to participate in decisions regarding their children, satisfaction with and comfort in communicating with staff, and experiences of seeking help from teachers and educators. Parents were asked this set of questions if they reported that their children were attending ECEC, primary school or secondary school. However, parents were only asked to specify if their children attended a government or non-government school if their children were attending kindergarten or school. Children attending ECEC are included in the comparisons by child age group but not in the comparisons across government and non-government school type. Where comparisons between parents with children in government and non-government school or ECEC occur, the effect of child age is taken into account. This is because of the greater proportion of older children in non-government schools.

Findings are presented by child age groups (0–2 years, 3–5 years, 6–12 years and 13–18 years) consistent with the other sections of this report. These age groups were selected to generally represent the functional groups of ECEC, kindergarten, primary and high school.

6.3.1 How satisfied are parents with their interactions with educational services?

Children attending government and non-government schools

Parents were asked if their children were in day care, kindergarten, primary, secondary school or something else — as appropriate to the focus child's age. Findings showed that 67% of children were attending primary or secondary school, while 17% of children were said to be attending day care or kindergarten (see Figure 17).

Parents of children attending school and kindergarten were asked to indicate whether their children attended a government or non-government school (or kindergarten) (see Figure 18).

- 1171 (64.5%) parents reported that their child attended a government School, while 645 (35.5%) reported their child attended a non-government school.
- The proportion of children attending government school was substantially lower for secondary school aged children (Figure 18), $\chi^2(2) = 31.762, p < .001$.

Figure 19 illustrates the attendance at government and non-government kindergartens and schools broken down by **residential areas of relative socio-economic disadvantage** (IRSD). Children in the most advantaged areas (quintiles 4 and 5) were significantly more likely to attend non-government kindergartens/schools, $\chi^2(4) = 24.477, p < .001$. There was no significant difference in attendance at government and non-government kindergartens/schools according to the *child's medical condition or learning difficulty*.

Figure 17. Proportion of children attending ECEC, primary and secondary school (population weighted data)

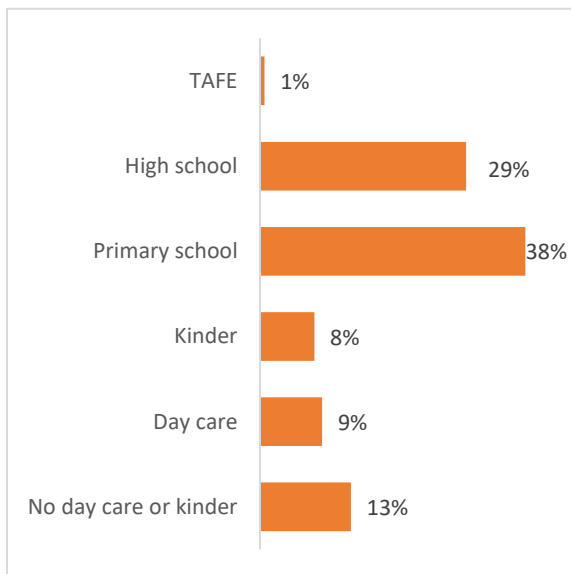


Figure 18. Proportion of children attending government and non-government kindergartens and schools (population weighted data)

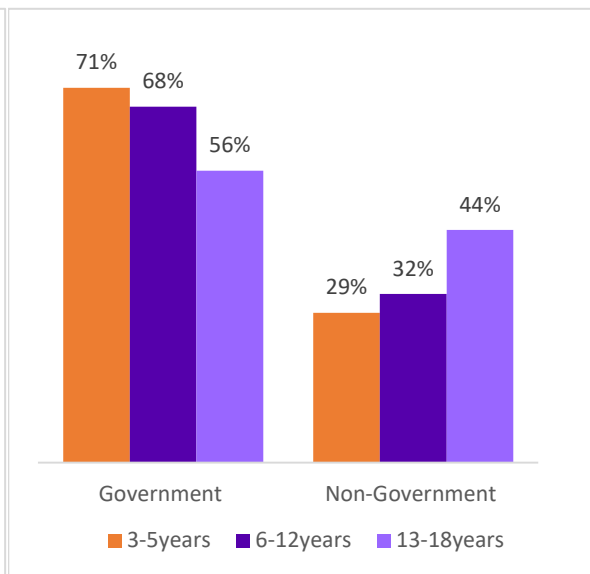
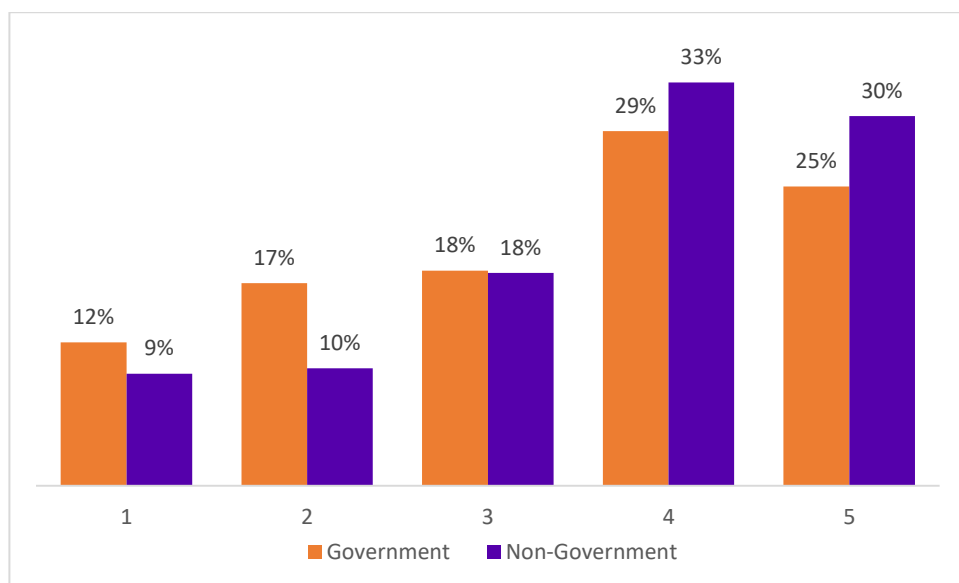


Figure 19. Proportion of children attending government and non-government kindergartens or schools by socio-economic area (population weighted data)



Educators' understanding of children's needs

Parents were asked how well they thought that their child's kindergarten educators or school teachers understood the child. Where children were attending school or kindergarten, the results suggested that 78% of parents felt that their child's educators/teachers understood the child very well or quite well (see Figure 20).

There was a statistically significant difference across **child age groups** in the degree to which parents felt that their children were understood by their educators/teachers (see Table 20), with parents of secondary school aged children (aged 13–18 years) reporting their children were relatively not as well understood, $F(2,1920) = 38.02$, $p < .001$.

Figure 20. Proportion of parents reporting how well their child's educator/teacher understands their child (population weighted data)

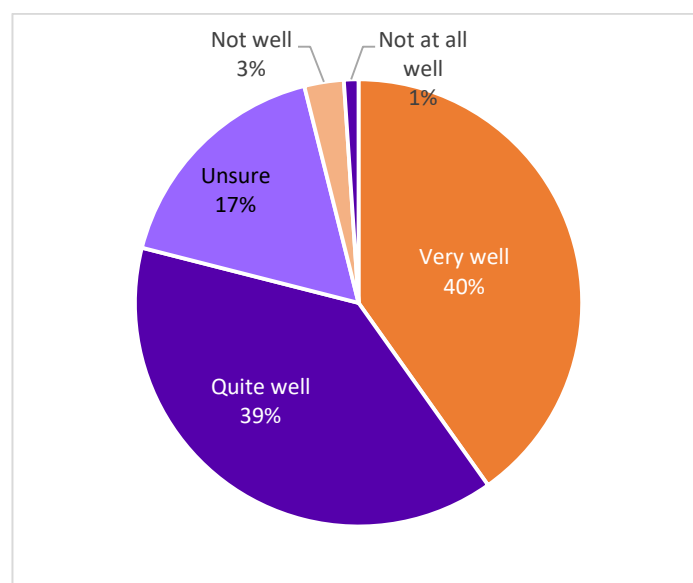


Table 20. Parents reporting how well their child's educator/teacher understands their child (population weighted data)

Age group	M (SD)
3-5years	1.67 (0.78)
6-12years	1.82 (0.90)
13-18years	2.16 (1.09)

Note. (1 = very well, 5 = not at all well)

There was also a slight significant difference between **mothers and fathers**, with mothers appearing more concerned that the focus child was not well understood by educators/teachers $F(1,2141) = 27.24, p < .001$.

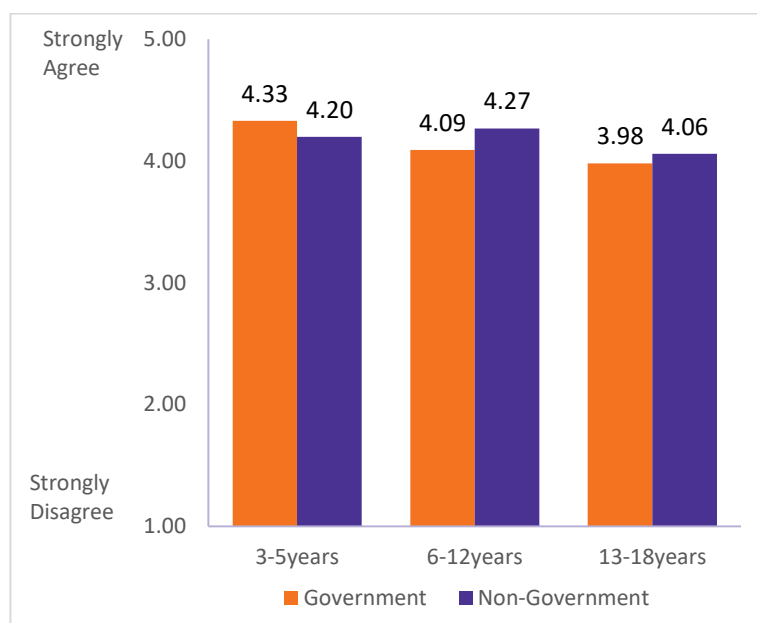
No significant differences were apparent for *metropolitan vs. regional areas*, *areas of different socio-economic disadvantage*, or according to *child's medical conditions or learning difficulties*.

Able to participate in decisions

Overall, 80% of parents of children attending kindergarten or school agreed or strongly agreed that they felt able to participate in decisions that affect the focus child at kindergarten/school.

The level of agreement that parents reported that they felt able to participate in kindergarten/school decisions varied slightly across **child age groups**, $F(3,2173) = 6.89, p < .001$, with parents of older, secondary school aged children reporting relatively less agreement (see Figure 21). The same pattern of findings was evident when the data were examined according to child attendance at kindergarten, primary or secondary school (e.g., with parents of children attending secondary school reporting slightly less agreement that they felt able to participate in decisions that affect their children at school. This difference, although small, was statistically significant, $F(2,2014) = 9.55, p < .001$.

Figure 21. Average parent participation in kindergarten or school decisions (population weighted data)



Controlling for the effect of child age, there was a range of statistically significant differences between subgroups of interest to this study (see Table 21 and Table 22). **Mothers** reported feeling more able to participate in kindergarten/school decisions than **fathers**, $F(1,2140) = 27.24$, $p < .001$. Parents living in **regional areas** also reported feeling slightly more able to participate in kindergarten/school decisions, $F(1,2174) = 13.11$, $p < .001$. **Parents of children with a medical condition or learning difficulty** reported feeling more able to participate in kindergarten/school decisions, $F(1,2174) = 12.47$, $p < .001$.

Controlling for the effect of child age, there were no significant differences in how parents of children attending government and non-government kindergartens or schools or parents living in **different areas of socioeconomic disadvantage** reported being able to participate in decisions.

Table 21. Parents reporting the degree to which they feel able to participate in decisions at school or kindergarten, N (%) (population weighted data).

Able to participate in decisions	0-2 years ($N = 157$)	3-5 years ($N = 419$)	6-12 years ($N = 927$)	13-18 years ($N = 670$)	Total ($N = 2173$)
Strongly agree	69 (44%)	188 (45%)	371 (40%)	241 (36%)	869 (40%)
Agree	58 (37%)	163 (39%)	379 (41%)	256 (39%)	856 (40%)
Mixed feelings	25 (16%)	54 (13%)	135 (15%)	126 (19%)	340 (16%)
Disagree	5 (3%)	12 (3%)	31 (3%)	34 (5%)	82 (4%)
Strongly Disagree	0	2 (1%)	11 (1%)	13 (2%)	26 (1%)
<i>M(SD)</i>	4.21 (0.83)	4.25 (0.82)	4.15 (0.88)	4.01 (0.96)	4.13 (0.89)

Table 22. Parents reporting the degree to which they feel able to participate in school or kindergarten decisions: across parent subgroups (population weighted data)

Participate in School Decisions	<i>M (SD)</i>
Mothers	4.21 (.88)
Fathers	4.00 (.90)
Metropolitan	4.09 (.92)
Regional	4.25 (.81)
Child medical condition or learning difficulty	4.24 (0.89)
No child medical condition or learning difficulty	4.09 (0.90)

Satisfaction with communication from school/early childhood educators

Overall, 81% of parents agreed or strongly agreed that they were satisfied with how kindergarten educators and primary/secondary school teachers communicated with them.

The level of satisfaction that parents reported with ECEC (including kindergarten) or school communication, varied across **child age groups**, with parents of high school aged children reporting relatively less satisfaction, $F(3,2164) = 17.76, p < .001$, see Table 23. The same pattern of findings was evident when the data was examined according to child attendance at ECEC, primary or secondary school (e.g., with parents of children attending secondary school reporting slightly less agreement that they felt satisfied with communication from their children's schools than parents of children attending ECEC, $F(2,2092) = 13.30, p < .001$).

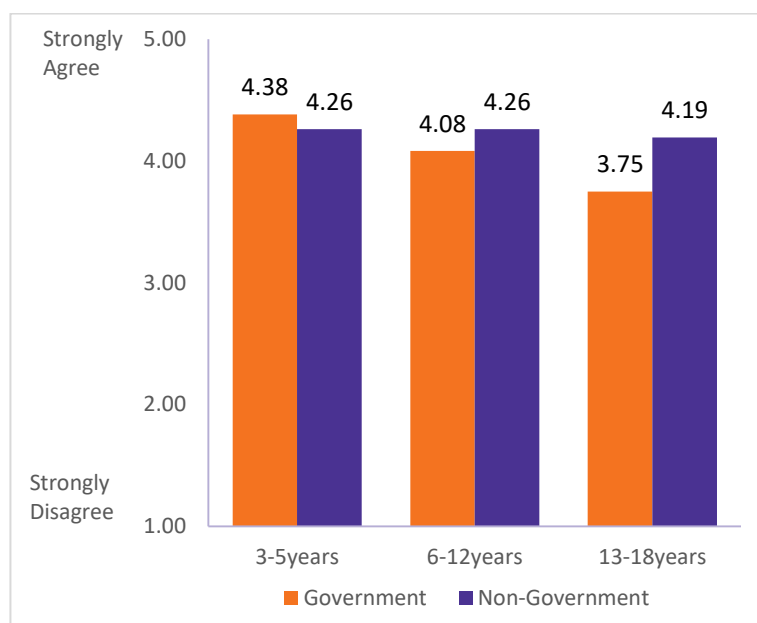
Table 23. Parents reporting the degree to which they satisfied with the communication from school or ECEC, *N* (%) (population weighted data).

Satisfied with communication	0-2 years (<i>N</i> = 1157)	3-5 years (<i>N</i> = 420)	6-12 years (<i>N</i> = 928)	13-18 years (<i>N</i> = 664)	Total (<i>N</i> = 2169)
Strongly agree	83 (52.9%)	211 (50.2%)	372 (40.1%)	212 (31.9%)	878 (40.5%)
Agree	57 (36.3%)	148 (35.2%)	392 (42.2%)	287 (43.2%)	884 (40.8%)
Mixed feelings	13 (8.3%)	39 (9.3%)	105 (11.3%)	100 (15.1%)	257 (11.8%)
Disagree	3 (1.9%)	18 (4.3%)	39 (4.2%)	45 (6.8%)	105 (4.8%)
Strongly Disagree	1 (0.6%)	4 (1.0%)	20 (2.2%)	20 (3.0%)	45 (2.1%)
<i>M (SD)</i>	4.39 (0.76)	4.30 (0.87)	4.14 (0.93)	3.94 (1.01)	4.13 (0.94)

Figure 23 shows the mean agreement ratings on a scale of 1= 'strongly disagree' to 5 = 'strongly agree', and by way of child age and government versus non-government kindergarten/school attendance. A rating of 3 indicates 'mixed feelings'.

Controlling for the effect of child age, there was a significant effect of kindergarten/school type, with parents of children attending government kindergarten/school reporting slightly less satisfaction with communication from the kindergarten/school, $F(2,1835) = 11.08, p < .001$. Parents of secondary school aged children attending government schools reported the lowest level of satisfaction with communication from staff.

Figure 22. Mean satisfaction with kindergarten/school communication (population weighted data)



There was a trend towards *mothers* being more satisfied with communications, but no significant differences for *metropolitan vs. regional areas*, *different socio-economic areas* or according to *children's medical conditions or learning difficulties*.

Parent's comfort in talking to educators and teachers

Parents were also asked to indicate their level of agreement with a broad statement about how comfortable they were talking to kindergarten educators or school teachers about their child. Findings suggested that, overall, a high proportion (92%) agreed or strongly agreed that they felt comfortable talking to their child's teachers or educators.

While the majority of parents reported that they did feel comfortable talking to their child's ECEC (including kindergarten) or school teacher or educator, there was a significant relationship between **child age group** and the level of comfort parents reported talking to ECEC/school staff, with parents of younger children reporting they felt more able to talk to ECEC/school staff, $F(3,2165) = 21.20, p < .001$, see Table 24. The same pattern of findings was evident when the data was examined according to attendance at ECEC, and primary and secondary schools (e.g., with parents of children attending kindergarten or day care reporting slightly higher agreement that they felt comfortable talking to their children's educators than parents of children attending high school, $F(2,2153) = 19.45, p < .001$).

Figure 23 indicates the mean agreement ratings for comfort in talking to educators by child age group, within the government and non-government kindergarten/school sectors.

Controlling for the effect of child age, there was no significant relationship between kindergarten/school type and parents' comfort talking to educators and school staff. There were also no statistically significant differences reported by *parents living in more disadvantaged areas*, *mothers vs. fathers*, *between metropolitan vs. regional areas*, or according to *whether or not children had a medical condition or learning difficulty*. While there were some differences between *mothers and fathers* and *between metropolitan versus regional areas*, whereby mothers, $F(1,2134) = 6.27, p = .01$, and parents in regional areas, $F(1,2168) = 7.44, p = .006$, reported feeling slightly more comfortable talking to their child's educators and school staff (see Table 25), according to the criteria applied here these were not statistically significant differences.

Table 24. Parents reporting the degree to which they felt comfortable talking to ECEC educators and school staff, *N* (%) (population weighted data).

	0-2 years (<i>N</i> = 157)	3-5 years (<i>N</i> = 418)	6-12 years (<i>N</i> = 929)	13-18 years (<i>N</i> = 665)	Total (<i>N</i> = 2169)
Strongly agree	104 (66.2%)	288 (68.9%)	541 (58.2%)	319 (48.0%)	1252 (57.7%)
Agree	46 (29.3%)	113 (27.0%)	330 (35.5%)	260 (39.1%)	749 (34.5%)
Mixed feelings	5 (3.2%)	12 (2.9%)	33 (3.6%)	50 (7.5%)	100 (4.6%)
Disagree	2 (1.3%)	4 (1.0%)	11 (1.2%)	24 (3.6%)	41 (1.9%)
Strongly Disagree	0	1 (0.2%)	14 (1.5%)	12 (1.8%)	27 (1.2%)
<i>M</i> (<i>SD</i>)	4.60 (0.63)	4.63 (0.62)	4.48 (0.75)	4.28 (0.89)	4.46 (0.78)

Figure 23. Mean comfort talking to staff by child age groups (population weighted data)

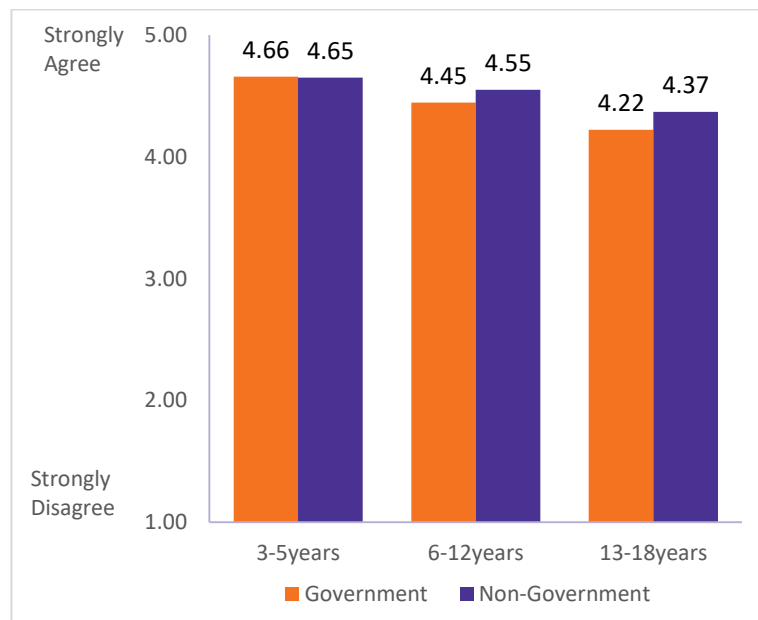


Table 25. Parents reporting the degree to which they are comfortable talking to their child's educator, across parent subgroups (population weighted data)

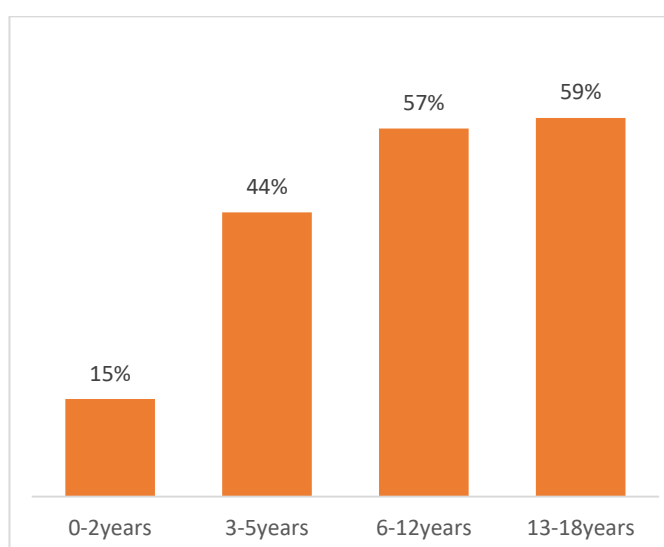
Comfortable talking to educator	<i>M</i> (<i>SD</i>)
Mothers	4.49 (.76)
Fathers	4.40 (.80)
Metro	4.43 (.79)
Regional	4.54 (.72)

Seeking help from educators and teachers

Parents across the full range of child ages were asked if they had ever sought help from ECEC providers (including kindergarten educators) or school teachers and, if so, the extent of their agreement with a statement about satisfaction with this help ('I am satisfied with the help offered'). Parents were also asked about the degree to which they felt their ideas and opinions were valued and whether they felt judged, blamed or criticised. Ratings were again 1 (strongly disagree) to 5 (strongly agree), with 3 being 'mixed feelings'.

Overall, 48% of parents reported that they had sought help from ECEC educators or school teachers. This proportion varied substantially by **child age group** (but not kindergarten/school type), with parents of older children more likely to have approached school staff for help, $\chi^2(3, 2533) = 261.838, p < .001$. Figure 24 shows the proportion of parents who had 'ever' sought help from ECEC educators and school teachers by child age group.

Figure 24. Parents' help-seeking from educators or teachers by child age group (population weighted data)

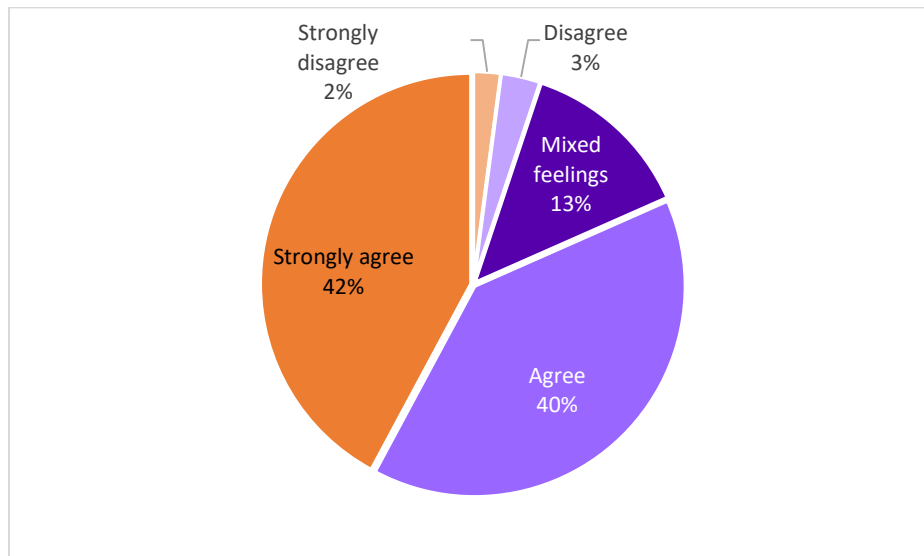


- A larger proportion of **mothers than fathers** reported seeking help from ECEC or school (51% vs. 42%), $\chi^2(1, 2495) = 18.11, p < .001$.
- A larger proportion of **parents of children with a medical condition or learning difficulty** reported seeking help from childcare or school staff (63% vs. 42%), $\chi^2(1, 2533) = 87.80, p < .001$.
- There were no statistically significant differences for *metropolitan vs. regional areas* or for different *socio-economic areas*.

Satisfaction with help

- Of those parents who had sought help from ECEC educators (including kindergarten) or primary or secondary schoolteachers, 82% agreed or strongly agreed that they were satisfied with the help offered (see Figure 25).
- Parents were significantly more satisfied with the help they received when **children were younger** (86% for 3-5 year age group compared with 74% satisfied for 13-18 year olds) $\chi^2(12, 1240) = 37.450, p < .001$.
- There were no significant differences found for *metropolitan vs. regional areas*, *socio-economic area type*, or for whether or not a child had a *medical condition or learning difficulty*.

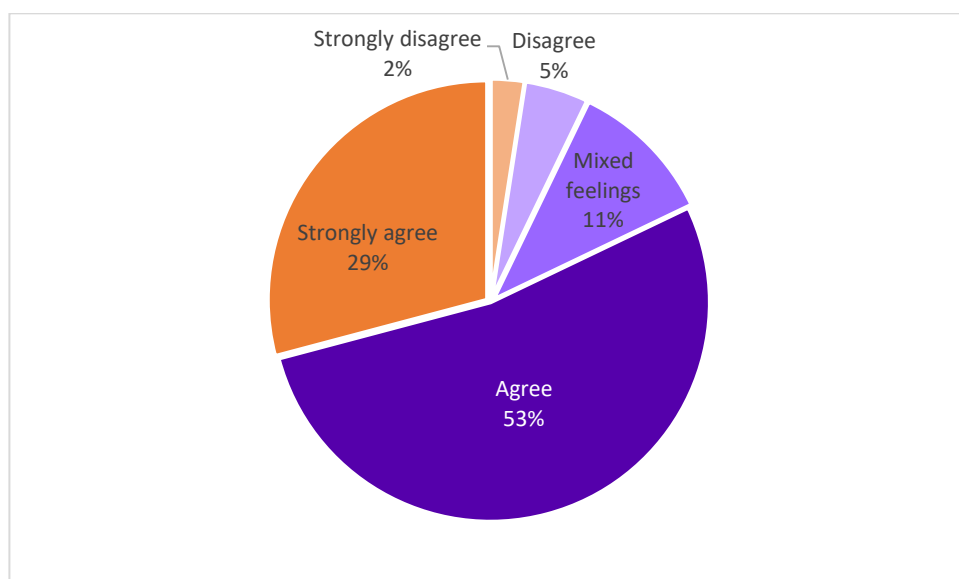
Figure 25. Satisfaction with help from ECEC educators or school teachers (population weighted data)



Opinions valued?

- For parents who had ever sought help from ECEC educators or school teachers, 82% agreed or strongly agreed that their ideas and opinions were valued, although 11% had mixed feelings (see Figure 26).
- However, there was a statistically significant difference according to IRSD index of **socio-economic disadvantage**: parents in the lowest two quintiles (so more disadvantaged) were more likely to disagree that their opinion was valued (e.g. 14% in quintile 2 compared with 4% in quintile 5 did not think their opinion was valued) $\chi^2(16, 1200) = 46.753, p < .001$.
- No significant differences were found for *mothers vs. fathers*, *metropolitan vs. regional areas*, or whether the *child had medical conditions or learning difficulties*.

Figure 26. Felt ideas and opinions were valued by ECEC/school staff (population weighted data)



Feeling judged or criticised?

- Most parents (82%) seeking help from educators or teachers reported they didn't feel judged, and 92% indicated they didn't feel blamed or criticised. Only 4% agreed or strongly agreed they felt criticised or blamed in their interactions with educators.
- There were no statistically significant differences in how parents reported feeling, judged, blamed or criticised for *child age groups*, *mothers vs. fathers*, *metropolitan vs. regional areas*, *socio-economic areas*, or *child medical conditions or learning difficulties*.

Figure 27. Felt judged by ECEC educators or school teachers when seeking help (population weighted data)

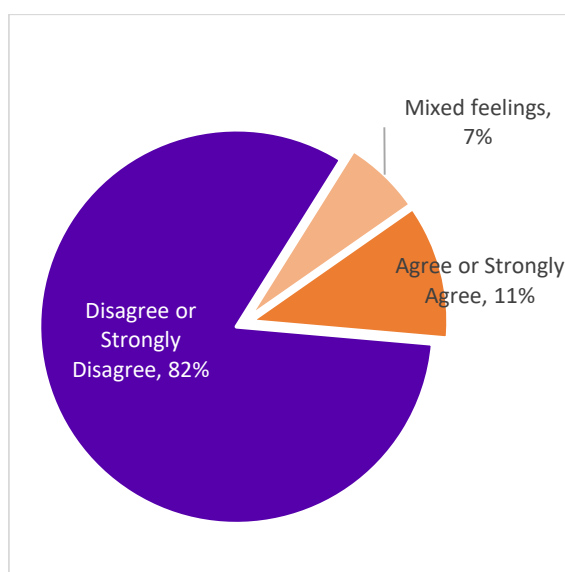
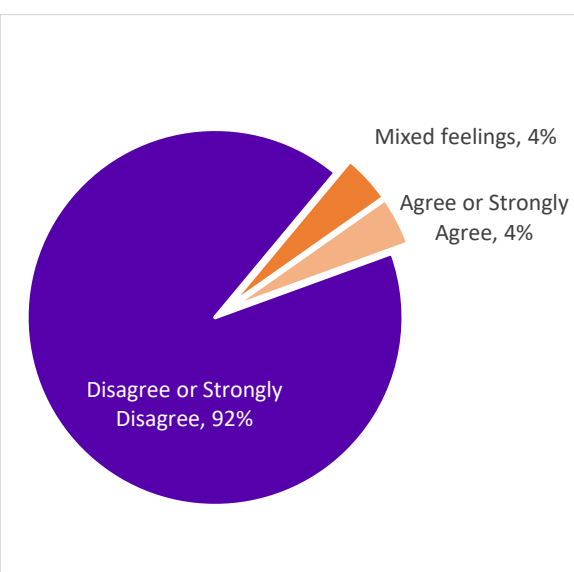


Figure 28. Felt blamed and criticised by ECEC educators or school teachers when seeking help (population weighted data)



6.4 Parents' aspirations or expectations for their children's schooling achievements

Parents of children aged 13 years and over were asked how important it was to them that their child continue further study after school and how far they would like their child to go with their education.

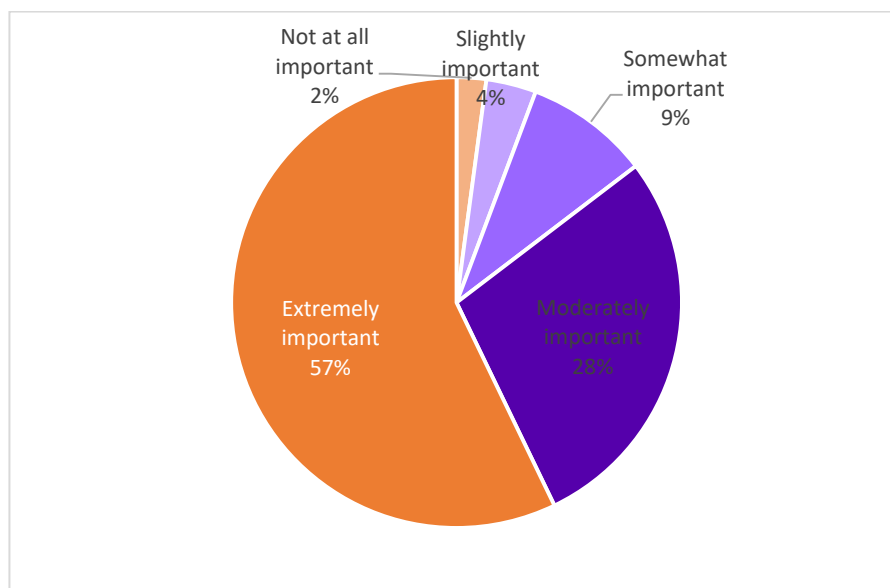
Results indicated that 57% considered it extremely important for their child to continue further study after completing school, and only 2% said it was not at all important (see Figure 29).

A substantial proportion of parents indicated they would like their children to complete a degree at university (52%) or higher/postgraduate degree (16%).

Parents of **older children** were slightly more likely to feel further study was important. There was a statistically significant and moderately strong relationship between **child age group** and the relative importance that parents placed on further study, with parents of older children more likely to report that this was more important ($r = .52, p < .001$).

There was no statistically significant difference in the importance that *mothers and fathers* placed on further study, or in how far mothers and fathers reported they would like their children to go in their education.

Figure 29. Importance of child continuing education post-school (population weighted data)



Parents living in **metropolitan areas** reported that continuing further study was relatively more important than **parents living in regional areas**, $F(1,775) = 13.519$, $p < .001$, see Figure 30 and Table 26. There was also a significant relationship between how far parents living in regional and metropolitan areas reported they would like their child to go in their education, $\chi^2(6) = 23.937$, $p < .001$. A higher proportion of parents in metropolitan areas (19%) reported that they would like their child to complete a postgraduate degree (compared to 9% of regional parents) (see Figure 31).

Figure 30. Mean importance of child continuing further education by metropolitan/regional areas (population weighted data)

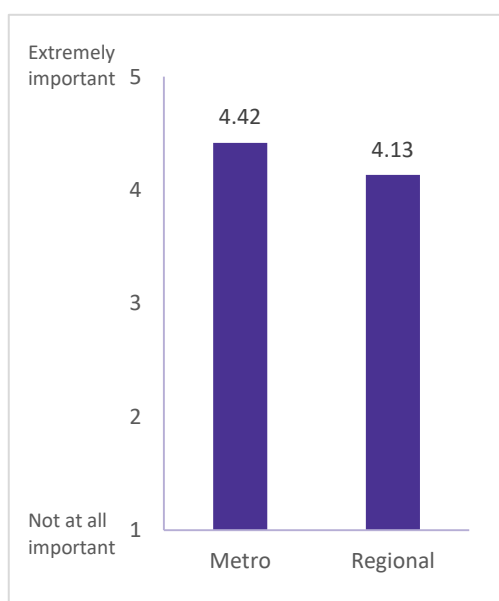


Figure 31. Aspirations for further education by metropolitan/regional areas (population weighted data)

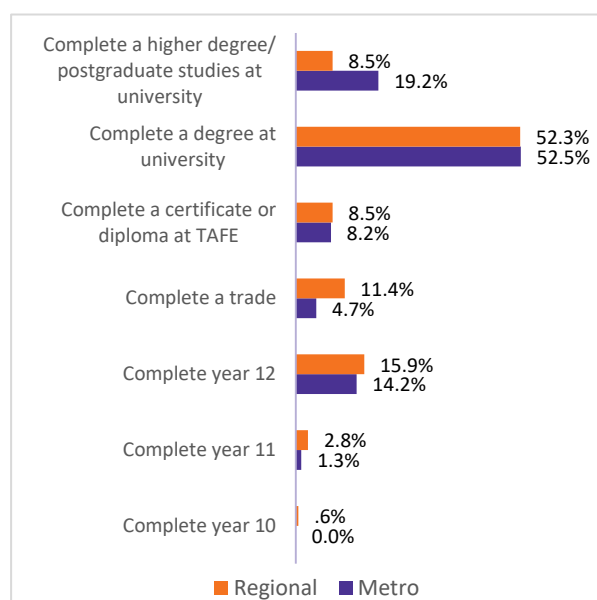
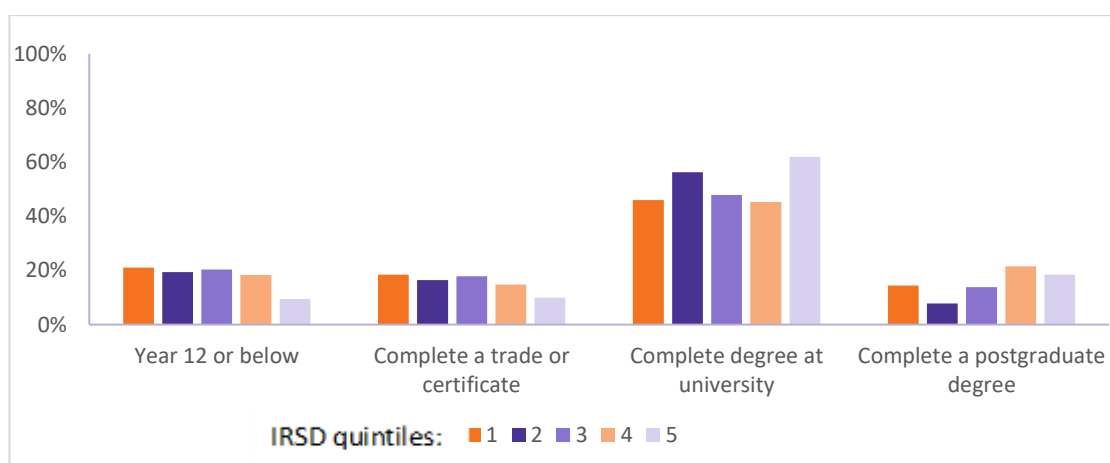


Table 26. Importance of continuing education, across parent subgroups (population weighted data)

Importance of continuing education	M (SD)
Metropolitan	4.42 (.88)
Regional	4.13 (1.05)

There was no statistically significant difference in the importance of continuing further study according to relative disadvantage in their residential *socio-economic areas* (IRSD). Parents living in more disadvantaged areas had slightly lower educational expectations for their child, $\chi^2(12) = 30.008$, $p < .01$, being more likely to report they would like their children to complete a trade or certificate (18% in the most disadvantaged areas [lowest IRSD quintile] compared to 10% in most advantaged [highest IRSD quintile]), while parents living in more advantaged areas were more likely to report they would like their children to complete a degree or postgraduate university degree (81% in highest IRSD quintile compared with 61% in lowest IRSD quintile, see Figure 32).

Figure 32. Aspirations for qualifications by socio-economic areas (as measured by IRSD quintiles) (population weighted data)



There was no difference in how parents of children with **medical conditions or learning difficulties** rated the importance of continuing further study; however, there was a statistically significant difference in how far they reported they would like their children to go in their education. A smaller proportion of parents of children with medical conditions or learning difficulties reported they would like their children to complete a university degree (43% vs. 56%), and a larger proportion reported they would like their children to complete a certificate or diploma at TAFE (14% vs. 6%), $\chi^2(6) = 30.945$, $p < .001$.

6.5 Parents' concern about absenteeism from school

Parents were asked to rate on a 5-point scale from 'not at all' to 'extremely' how important they thought it was for their children to attend ECEC or school every day it is available. For 99% of parents (across all age groups) daily attendance was moderately or extremely important.

Though the ratings were very high for all, there were differences between **child age groups**. Parents of primary and secondary school aged children (6 – 18 years) attributed slightly higher importance to daily attendance than parents of younger children, $F(2,1918) = 22.50$, $p < .001$, see Table 27.

There were no statistically significant differences in the level of importance of daily school attendance reported by *mothers vs. fathers*, *parents of children with a medical condition or learning difficulty*, *parents in metropolitan vs. regional areas*, or *parents living in different socio-economic areas*.

Table 27. Parents' report of the importance of daily school attendance, across child age groups, *N* (%) (population weighted data)

Importance of daily attendance	3-5 years (<i>N</i> = 343)	6-12 years (<i>N</i> = 917)	13-18 years (<i>N</i> = 659)	Total (<i>N</i> = 1930)
Not at all important	1 (0.3%)	2 (0.2%)	6 (0.9%)	9 (0.5%)
Slightly important	1 (0.3%)	3 (0.3%)	0	4 (0.2%)
Somewhat important	17 (5.0%)	4 (0.4%)	2 (0.3%)	23 (1.2%)
Moderately important	57 (16.9%)	75 (8.1%)	40 (6.1%)	172 (8.9%)
Extremely important	261 (77.4%)	844 (90.9%)	610 (92.7%)	1715 (89.2%)
<i>M</i> (<i>SD</i>)	4.71 (0.59)	4.89 (0.39)	4.90 (0.45)	4.86(0.46)

6.6 Parents' views about their child's resilience

One question related to child resilience. Parents were asked to indicate their level of agreement with the statement 'When my child faces a challenge, I prefer him/her to ask for help rather than persist with it on his/her own'.

Sixty percent of parents agreed or strongly agreed that they preferred their children to ask for help. Thirteen percent disagreed or strongly disagreed and 26% had mixed feelings.

Parents' views about their children's resilience varied significantly by **child age group**, with parents of younger children reporting less agreement compared to parents of older children, $F(3,2528) = 26.13$, $p < .001$, see Table 28.

Table 28. Parents' agreement that they would prefer their child to persist on their own when facing a challenge, across child age groups, *N* (%) (population weighted data).

Ask for help rather than persist on own	0-2 years (<i>N</i> = 458)	3-5 years (<i>N</i> = 444)	6-12 years (<i>N</i> = 929)	13-18 years (<i>N</i> = 701)	Total (<i>N</i> = 2532)
Strongly agree	87 (19.0%)	90 (20.3%)	249 (26.8%)	260 (37.1%)	686 (27.1%)
Agree	140 (30.6%)	139 (31.3%)	334 (36.0%)	240 (34.2%)	853 (33.7%)
Mixed feelings	158 (34.5%)	144 (32.4%)	229 (24.7%)	130 (18.5%)	661 (26.1%)
Disagree	57 (12.4%)	61 (13.7%)	101 (10.1%)	63 (9.0%)	282 (11.1%)
Strongly Disagree	16 (3.5%)	10 (2.3%)	16 (1.7%)	8 (1.1%)	50 (2.0%)
<i>M</i> (<i>SD</i>)	3.49 (1.04)	3.54 (1.02)	3.75 (1.02)	a. (1.01)	3.73(1.04)

There was also a statistically significant difference reported by parents living in different **socio-economic areas**, with parents living in the least disadvantaged areas reporting slightly less agreement that they would prefer their child to ask for help rather than persist on their own, $F(4,2522) = 5.49$, $p < .001$, see Table 29.

There were also statistically significant differences between **mothers and fathers**, with fathers a little more inclined to want the child to ask for help, $F(1,2495) = 15.50$, $p < .001$. There were no statistically significant differences for *metropolitan vs. regional areas* or *children's medical conditions or learning difficulties*.

Table 29. Parents' agreement that they would prefer their child to persist on their own when facing a challenge, by disadvantage categories (population weighted data)

IRSD quintiles	<i>M (SD)</i>
1 (most disadvantaged)	3.75 (1.08)
2	3.83 (1.00)
3	3.76 (1.04)
4	3.79 (1.03)
5 (least disadvantaged)	3.57 (1.04)

6.7 Parents' confidence about their ability to manage school transitions

Figure 33 and Figure 34 show the responses of parents of children up to the age of 12 years who were asked to rate their agreement or disagreement with a statement about parents' confidence to manage school transitions. Analyses indicate that the majority (88%) of parents of children aged up to 12 years agreed or strongly agreed that they felt confident they could support their children during transition to primary or secondary school.

Figure 33. Parents' confidence in supporting school transitions (population weighted data)

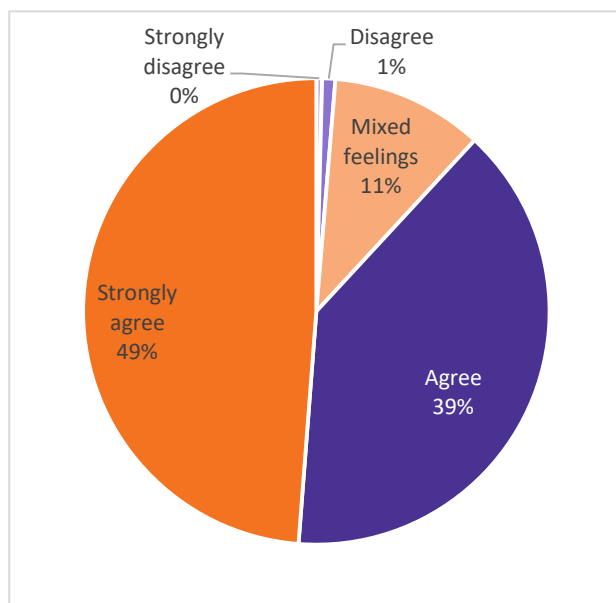
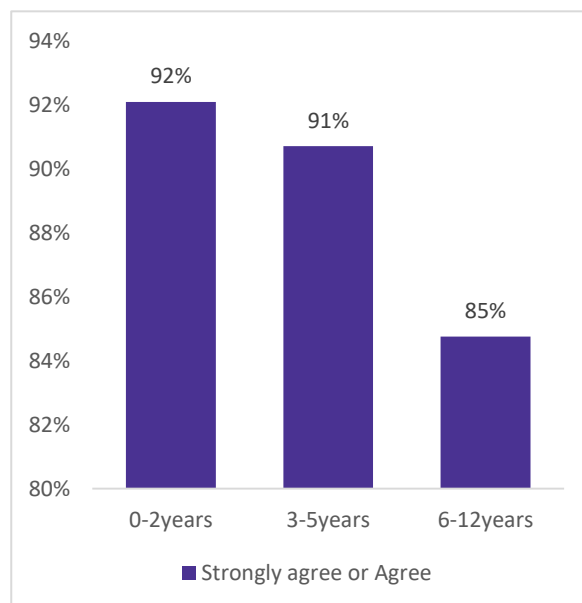


Figure 34. Parents' confidence in supporting school transitions, by child age groups (population weighted data)



This proportion varied significantly by **child age group**, with parents of younger children (0-2 years) reporting that they were more confident in their ability to manage transitions than parents of older children, $F(3,1717) = 18.42$, $p < .001$, see Figure 34.

There was also a statistically significant **gender difference** whereby fathers expressed slightly more confidence than mothers in managing school transitions, $\chi^2(4) = 21.411$, $p < .001$. However, those with a **child who had a medical condition or learning difficulty** were a little less confident, $\chi^2(4) = 16.883$, $p < .001$.

There were no statistical differences for *metropolitan vs. regional areas* or *socio-economic areas*.

6.7.1 Parents knowing how to help children do well

Parents were asked to what extent they agreed that they knew how to support their children to do well in ECEC or school. Findings indicated that 83% of parents agreed or strongly agreed with this statement (Figure 35). While overall parents reported high confidence in knowing how to support their children do well at school, there was a statistically significant difference across **child age groups**, with parents of a child aged 13–18 years reporting slightly less agreement, $F(3,2165) = 18.02, p < .001$ (see Figure 36). There was also a small, but statistically significant difference between **mothers and fathers**, with mothers reporting slightly higher agreement ($M = 4.22, SD = 0.77$) than fathers ($M = 4.02, SD = 0.81$) that they knew how to support their children to do well at school, $F(1,2134) = 34.03, p < .001$.

There were no statistically significant differences for *metropolitan vs. regional areas*, *area of socio-economic disadvantage*, or parents of *children with and without medical conditions or learning difficulties*.

Figure 35. Proportion of parents that agree they know how to help their child do well at school (population weighted data)

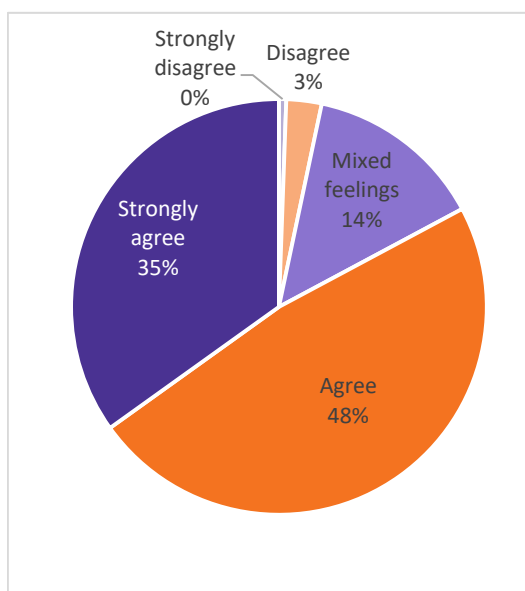
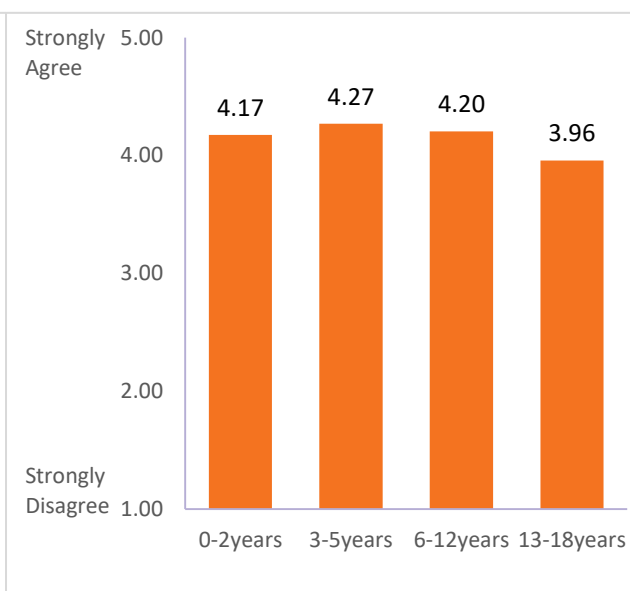


Figure 36. Average agreement that parents know how to help their child do well at school across child age groups (population weighted data)



7. Parent Help-seeking

This section presents findings based on the population weighted data describing parents' experiences about help-seeking, including:

- where parents go for support, advice and information
- their satisfaction with the help received
- participation in parenting programs, perceived helpfulness and satisfaction with programs
- preferences for ways of receiving parenting information
- formal informational supports used and the likelihood of using them in the future
- confidence in help-seeking
- reasons for not seeking help
- awareness of a quality-assured online parenting resource (the Raising Children Network).

Detailed results are presented for the whole population weighted sample initially then by way of child age, mother/father status, socio-economic area, regional/metropolitan location, and whether the focus child has a medical condition or learning difficulty.

7.1 What sources of information have parents used and will use?

7.1.1 Parenting information sources used

Parents were asked what they had used when they needed information or advice about raising their children. The most highly endorsed sources of parenting information were asking other parents or friends, online information, and books. Sixty-nine percent of parents had obtained information from health professionals, with a similar proportion from educators. A relatively smaller proportion of parents (19%) reported using telephone helplines. Parents reported obtaining parenting information or advice from an average of four to five different sources, with a range of zero sources to eight sources.

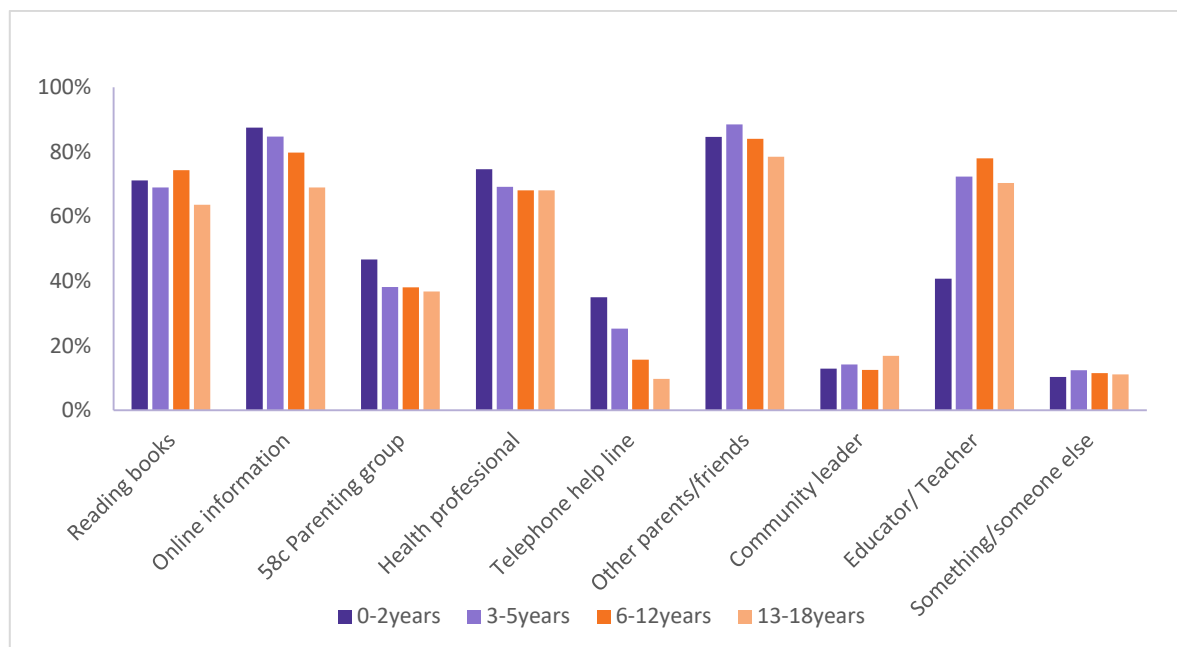
Table 30. Sources of information accessed outside the family about parenting, *N* (%) (population weighted data)

	Accessed source
Other parents/friends/neighbours	2114 (83.4%)
Accessing information online	2004 (79.1%)
Reading books	1771 (69.9%)
In person with a health professional such as a general practitioner, speech pathologist, psychologist, family support worker	1760 (69.4%)
Early childcare staff or teacher/principal	1728 (68.2%)
Participate in a parenting group	996 (39.3%)
Telephone help line	487 (19.2%)
Community leader such as an Elder or religious leader	357 (14.1%)
Something/someone else	288 (11.4%)

There were significant differences across **child age** groups in the sources of parenting information that participants reported ever having accessed (see Table 30).

- A greater proportion of parents of younger children reported accessing information online, $\chi^2(3) = 72.187, p < .001$, reading books $\chi^2(3) = 22.004, p < .001$, and from telephone help lines, $\chi^2(3) = 132.729, p < .001$.
- A smaller proportion of parents of 13-18 year old children reported approaching other parents/friends for parenting advice, $\chi^2(3) = 21.576, p < .001$.
- A smaller proportion of parents of 0-2 year old children reported approaching educators or teachers for parenting advice, $\chi^2(3) = 205.843, p < .001$.
- There were no significant differences between age groups in parents accessing information in person with a health professional, a community leader or 'something/someone else'.

Figure 37. Sources of parenting information accessed, by child age group (population weighted data)



As shown in Figure 38, a larger proportion of **mothers than fathers** reported accessing many of the sources of parenting information:

- Reading books, $\chi^2(1) = 11.370, p < .001$
- Participating in parenting groups, $\chi^2(1) = 50.316, p < .001$
- In person with a health professional, $\chi^2(1) = 46.558, p < .001$
- Telephone help line, $\chi^2(1) = 26.875, p < .001$
- Other parents/friends/neighbours, $\chi^2(1) = 37.010, p < .001$
- Early childcare staff/ teacher or principal, $\chi^2(1) = 19.462, p < .001$.

Figure 38. Sources of parenting information accessed, by mothers and fathers (population weighted data)

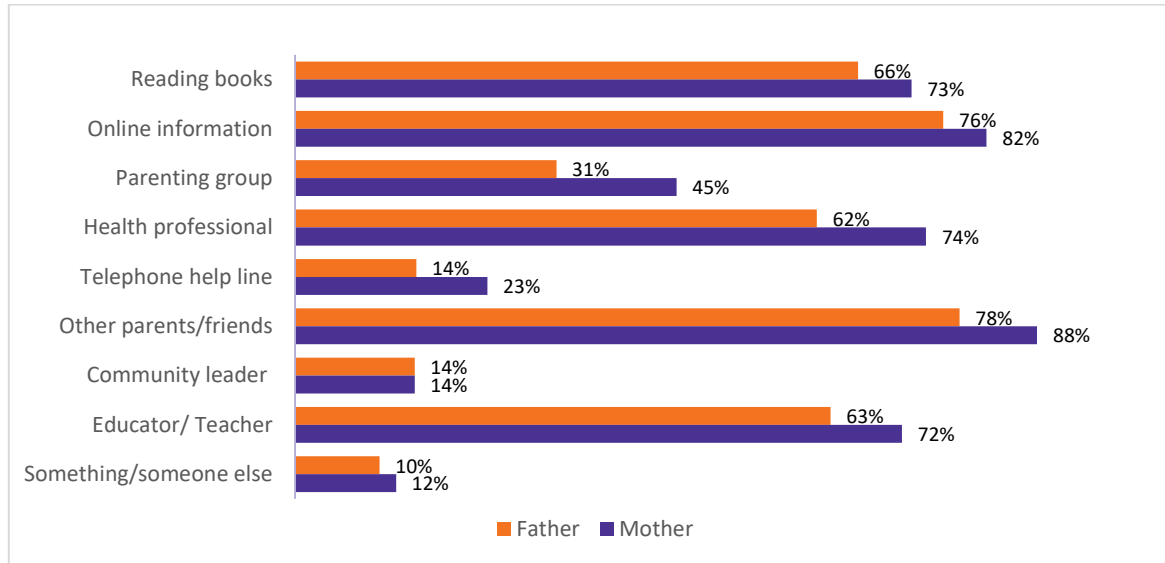
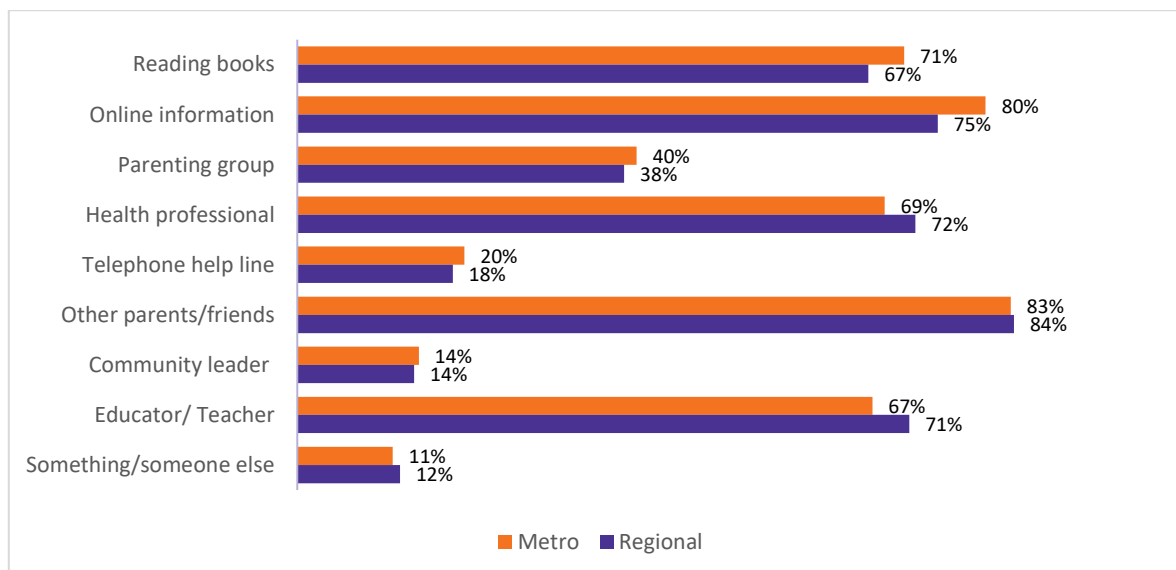


Figure 39 of metropolitan and regional comparisons shows the proportion of parents indicating that they had used various sources of support.

There were no statistically significant differences at $p < .001$ in types of information sources used by *metropolitan* and *by regional/remote parents* or *by socio-economic area type*.

Figure 39. Sources of parenting information accessed, by metropolitan and regional areas (population weighted data)



A greater proportion of **parents of children with a medical condition or learning difficulty** reported accessing parenting information or advice in a parenting group, $\chi^2(1) = 13.111$, $p < .001$, from a health professional, $\chi^2(1) = 81.269$, $p < .001$, from educators or teachers, $\chi^2(1) = 35.388$, $p < .001$, and from other sources, $\chi^2(1) = 38.501$, $p < .001$ (see Figure 40).

A slightly smaller proportion of parents living in more **disadvantaged areas** reported having accessed parenting information from books, compared to the least disadvantaged areas, $\chi^2(4) = 37.040$, $p < .001$ (see Table 31). There were no other significant differences in reported access to parenting information across socioeconomic areas.

Figure 40. Sources of parenting information children accessed, by child with medical conditions or learning difficulties (population weighted data)

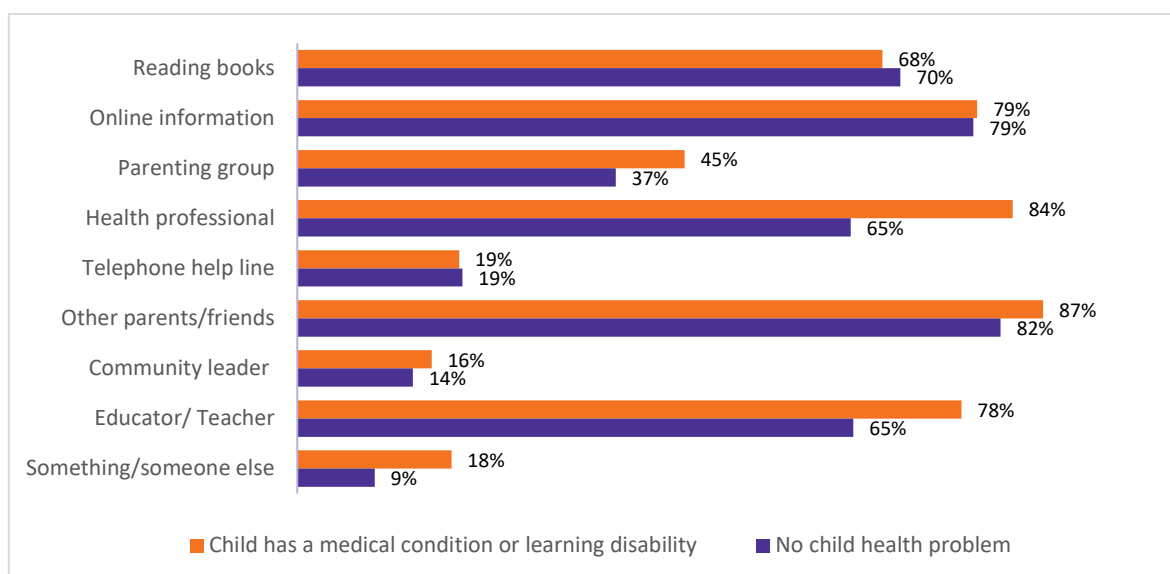


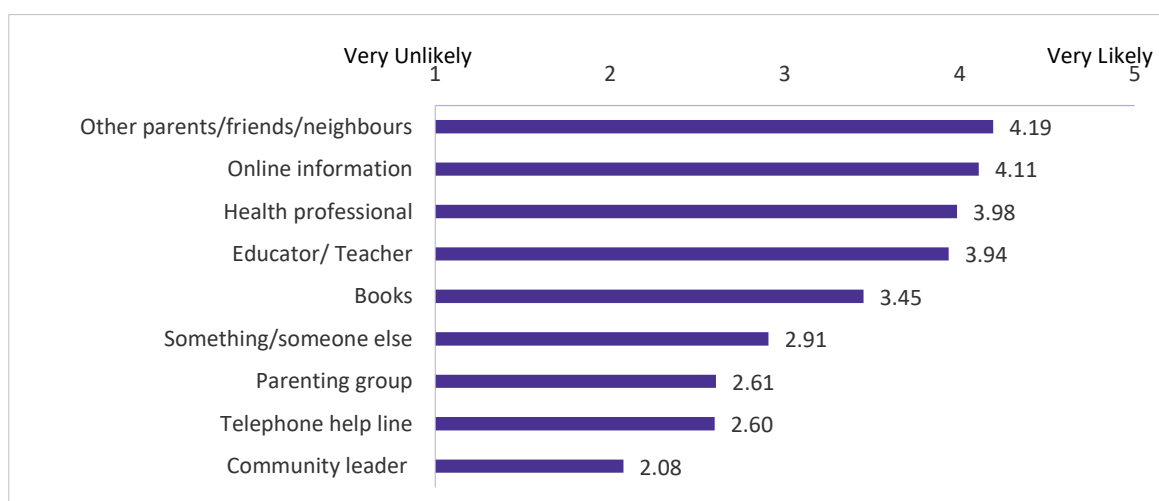
Table 31. Proportion of parents who reported accessing parenting information in Books across IRSD quintile ranks, N (%) (population weighted data)

	Index of Relative Socio-Economic Disadvantage (IRSD) quintile					Total
	1	2	3	4	5	
Reading books	188 (69.1%)	224 (63.5%)	297 (62.9%)	544 (70.5%)	512 (77.7%)	1765

7.2 Use of parenting information sources in the future

Figure 41 presents the average rating on a range of 'very unlikely' (rating of 1) to 'very likely' (rating of 5) to use these same sources of parenting information in the future. A rating of 3 refers to 'neither likely nor unlikely'.

Figure 41. Mean ratings regarding future use of parenting information sources (population weighted data)

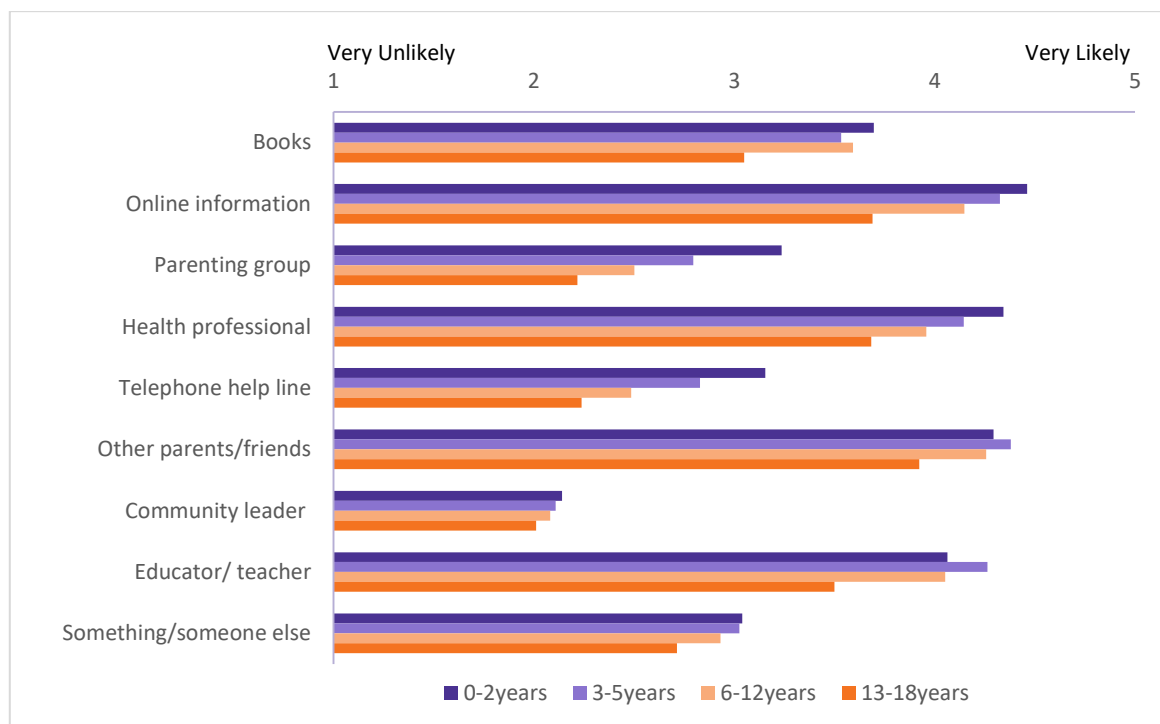


When asked how likely they would be to use these sources of parenting information/advice in the future, parents reported they were most likely to (1) approach other parents or friends, (2) seek information online, (3) approach a health professional and (4) approach early childcare or school staff. Parents reported that they were least likely to seek support from community or religious leaders (see Figure 41).

There were significant differences across **child age groups** in the reported likelihood of parents accessing the different sources of parenting information again in the future; with parents of younger children (0-2 years and 3-5 years) generally reporting higher likelihood of using each source of parenting information again in the future, see Figure 42.

- Reading books, $F(3,2532) = 27.765, p < .001$
- Online, $F(3,2532) = 48.153, p < .001$
- Parenting group, $F(3,2532) = 55.786, p < .001$
- Health professional, $F(3,2532) = 29.101, p < .001$
- Telephone helpline, $F(3,2532) = 55.146, p < .001$
- Other parents/friends/neighbours, $F(3,2532) = 19.266, p < .001$
- Educators or teachers, $F(3,2532) = 44.524, p < .001$
- There was no significant difference between child age groups in the likelihood of parents talking to community leaders about childrearing in the future.

Figure 42. Mean ratings regarding future use of parenting information sources by child age (population weighted data)



Mother/father comparisons showed that, consistent with their stated current or past use, mothers reported significantly higher likelihood of accessing parenting information in the future in person, via telephone or from other parents, friends or neighbours.

Table 32. Average ratings regarding likelihood of fathers and mothers accessing information in the future (population weighted data)

Source of information	M (SD)	
	Father (N = 993)	Mother (N = 1504)
Reading books	3.36 (1.41)	3.51 (1.41)
Accessing information online	4.02 (1.26)	4.19 (1.17)
Participate in a parenting group	2.50 (1.38)	2.68 (1.44)
In person with a health professional *	3.74 (1.34)	4.13 (1.18)
Telephone help line *	2.49 (1.28)	2.69 (1.33)
Other parents/friends/neighbours *	4.01 (1.22)	4.33 (1.07)
Community leader such as an Elder or religious leader	2.08 (1.27)	2.09 (1.29)
Early childcare staff or teacher/principal	3.88 (1.23)	3.98 (1.27)
Something/someone else	2.87 (1.14)	2.93 (1.18)

Range 1-5, * significantly different $p < .001$,

Parents living in **metropolitan areas** reported higher likelihood of accessing parenting information again in the future online, $F(1,2534) = 15.372$, $p < .001$, than parents living in regional areas.

Parents of **children with a medical condition or learning difficulty** reported a statistically significant greater likelihood of accessing parenting information or advice from a health professional in the future, $F(1,2534) = 57.23$, $p < .001$.

There were no significant differences in how parents reported the likelihood of accessing different sources of parenting information again in the future, across more and less disadvantaged areas.

7.3 What are parents' experiences of help received?

7.3.1 Parents seeking help for their child

The data shows that 48% of parents reported that they had sought help from educators/teachers, 55% from general practitioners and 20% from mental health or behavioural specialists.

In some cases this proportion varied significantly by **child age group**, with a greater proportion of parents of older children reporting seeking help from educators and teachers, $\chi^2(3) = 261.83$, $p < .001$, and from mental health or behavioural specialists, $\chi^2(3) = 222.51$, $p < .001$ (see Figure 43).

A significantly greater proportion of **mothers than fathers** reported seeking help from educators or teachers, $\chi^2(1) = 18.02$, $p < .001$, general practitioners, $\chi^2(1) = 27.14$, $p < .001$, and mental health or behavioural specialists, $\chi^2(1) = 21.62$, $p < .001$ (see Figure 44).

Figure 43. Help-seeking by child age (population weighted data)

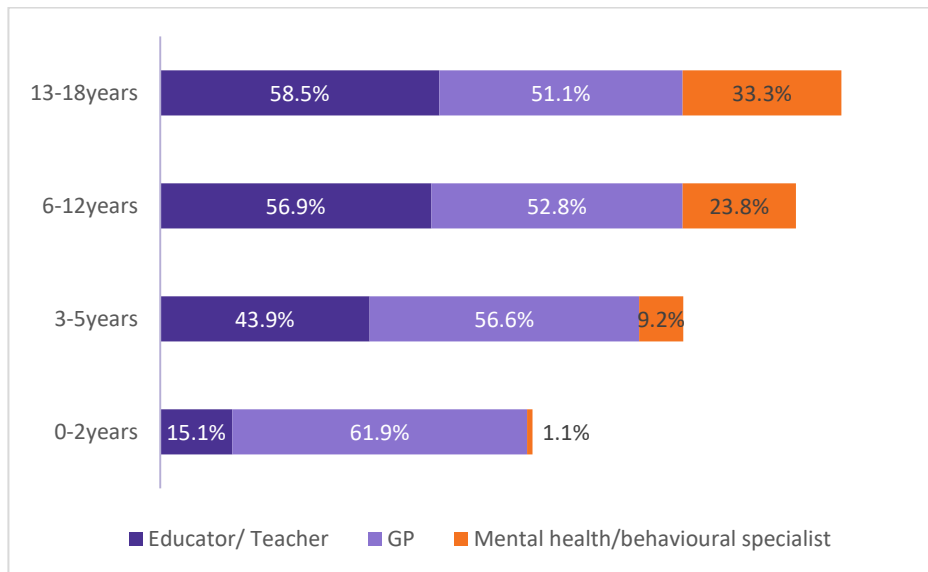
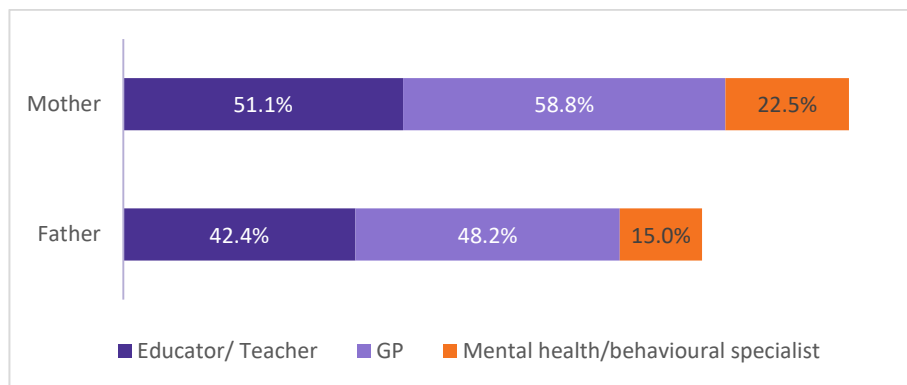
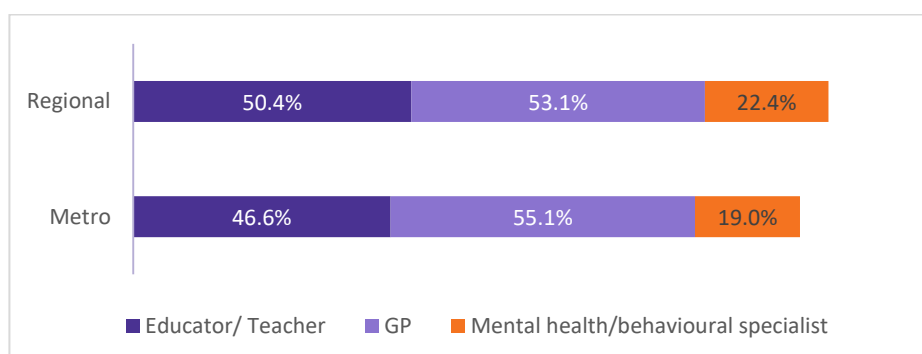


Figure 44. Help-seeking by mothers and fathers (population weighted data)



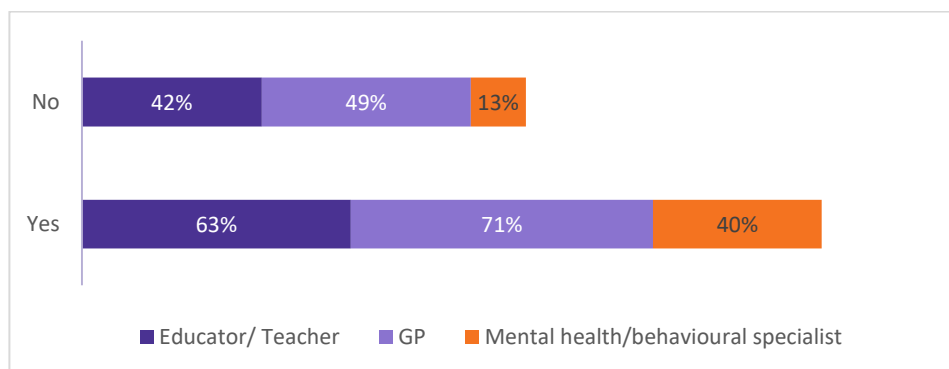
There were no significant differences in the proportion of parents who reported seeking help for their child from educators and teachers, their general practitioner, or a mental health or behavioural specialist by *socio-economic areas* or parents living in *regional and metropolitan areas* (see Figure 45).

Figure 45. Help-seeking by metropolitan and regional areas (population weighted data)



A significantly greater proportion of **parents whose child had a medical condition or learning difficulty** reported seeking help for their child from educators or teachers, $\chi^2(1) = 84.87, p < .001$, their general practitioner, $\chi^2(1) = 93.35, p < .001$, and mental health or behavioural specialists, $\chi^2(1) = 216.25, p < .001$ (see Figure 46).

Figure 46. Help-seeking by child medical condition or learning difficulty (population weighted data)

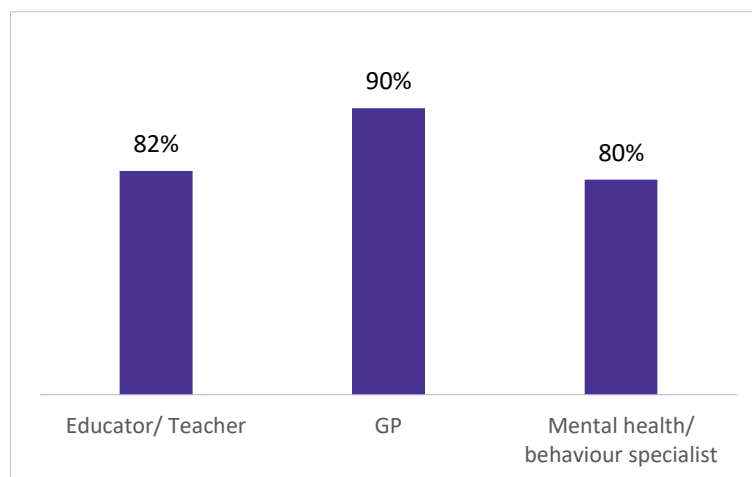


7.3.2 Satisfaction with help received

Over 80% of parents were satisfied with the support they received from the three categories of provider studied. Visual inspection of Figure 47 shows a larger proportion of parents agreed or strongly agreed that they were satisfied with the help received from general practitioners relative to other sources of support.

There was a statistically significant difference for satisfaction with help from educators/teachers by **child age group**, with parents of infants (0-2 years) the most satisfied (90%) and those of teenagers (13-18 years) least satisfied (74%), $\chi^2(12, 1240) = 37.450, p < .001$. There were no significant differences in the degree to which parents agreed that they were satisfied with the help they received for *mothers vs. fathers*, *metropolitan vs. regional areas*, *socio-economic area of residence or child medical condition or learning difficulty*.

Figure 47. Proportion of parents satisfied with help received (population weighted data)



7.3.3 Feeling valued when help-seeking

A large proportion of parents agreed or strongly agreed that, when seeking help, the professional valued their ideas (educator/teacher, 82%; general practitioner, 84%; and mental health/behaviour specialist, 80%).

There was a significant difference for feeling valued by educators/teachers according to **socio-economic residential areas**. Parents in more disadvantaged areas (lowest 2 quintiles of RSID) were less likely to feel educators/teachers valued their ideas, $\chi^2(16, 1200) = 46.753, p < .001$, but this was not significant for general practitioners or mental health/behavioural professionals.

Comparisons between *mothers and fathers, child age groups, regional/metropolitan areas and children with and without medical conditions or learning difficulties*, showed no statistically significant differences in the proportion of parents indicating that their ideas were valued by educators/teachers, general practitioners or mental health/behavioural specialists.

7.3.1 Feeling judged, blamed and criticised

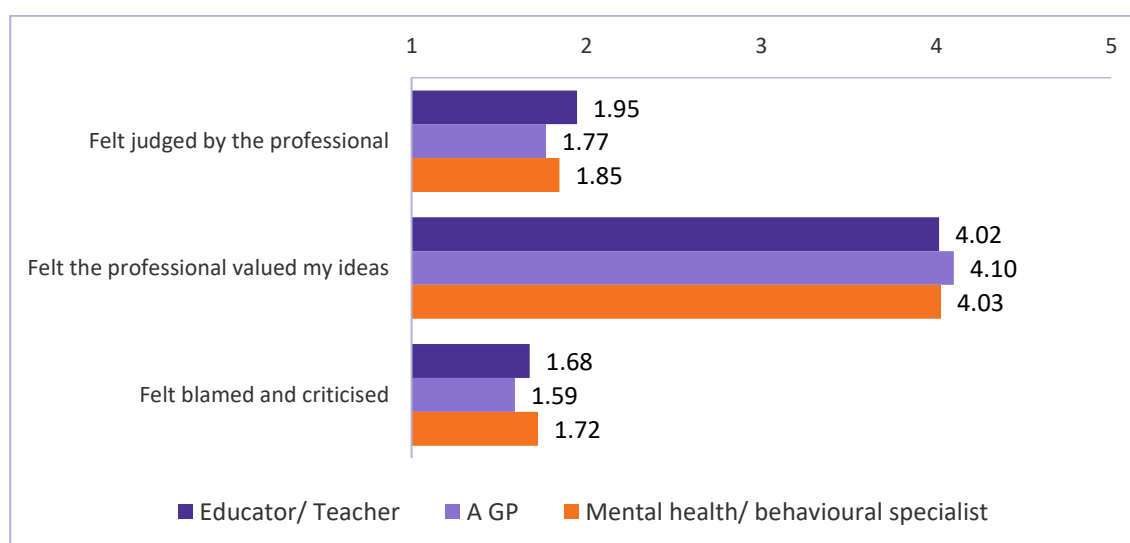
A substantial proportion of parents reported that they disagreed or strongly disagreed with feeling judged, blamed or criticised when seeking help from ECEC educators or schoolteachers, general practitioners and mental health or behavioural specialists. For educators, the proportion of parents who disagreed or strongly disagreed that they had felt judged was 82%, and for feeling blamed or criticised 92%. For the category of general practitioners, 88% disagreed or strongly disagreed that they felt judged and 95% disagreed or strongly disagreed that they felt blamed or criticised. For mental health or behavioural specialists, 85% disagreed or strongly disagreed that they felt judged, with 90% reporting disagreement or strong disagreement with feeling blamed or criticised.

There were no statistically significant differences in parents' reports of feeling judged, blamed or criticised when seeking help from general practitioners, educators/teachers or mental health/behavioural specialists across *child age groups, regional/metropolitan areas and child's medical condition or learning difficulty*.

However, there was a borderline significant tendency for **mothers** to be a little more positive than **fathers** about help-seeking interactions with all three types of professional. There was also a borderline significant tendency for those in the least advantaged **socio-economic areas** to feel more blamed or criticised by educators/teachers or mental health/behavioural specialists (but not general practitioners).

Figure 48 shows the mean ratings for perceptions about support offered by ECEC educators or teachers, general practitioners and mental health/behavioural specialists. Scores could range from 1 (strongly disagree) to 5 (strongly agree). For the items on satisfaction with help and valued ideas, high scores represent a positive view. For the items on feeling judged and blamed and criticised, low scores represent a positive view. There were very similar ratings for the three categories of assistance to families.

Figure 48. Average ratings of parents' perceptions of support (population weighted data)



These findings regarding satisfaction with formal supports, and feelings of being valued, blamed, criticised and judged by professionals are summarised in Table 33.

Table 33. Satisfaction with support, *N* (%) (population weighted data)

	Strongly disagree	Disagree	Mixed feelings	Agree	Strongly agree
a) childcare/kinder/school staff					
62a. Satisfied with help offered	25 (2.1%)	36 (3.0%)	160 (13.3%)	475 (39.5%)	508 (42.2%)
63a. Felt judged by the professional	463 (38.4%)	527 (43.7%)	79 (6.6%)	88 (7.3%)	47 (3.9%)
64a. Felt professional valued my ideas	30 (2.5%)	57 (4.7%)	129 (10.7%)	638 (53%)	351 (29.1%)
65a. Felt blamed and criticised	559 (46.4%)	547 (45.4%)	47 (3.9%)	34 (2.9%)	17 (1.4%)
b) A general practitioner					
62b. Satisfied with help offered	12 (0.8%)	19 (1.4%)	101 (7.3%)	530 (38.3%)	723 (52.2%)
63b. Felt judged by the professional	620 (44.8%)	601 (43.4%)	57 (4.1%)	77 (5.5%)	30 (2.1%)
64b. Felt professional valued my ideas	18 (1.3%)	57 (4.1%)	143 (10.3%)	718 (51.8%)	450 (32.5%)
65b. Felt blamed and criticised	687 (49.6%)	626 (45.2%)	32 (2.3%)	32 (2.3%)	8 (0.6%)
c) A mental health/behavioural					
62c. Satisfied with help offered	16 (3.3%)	30 (6.0%)	52 (10.4%)	170 (33.9%)	233 (46.5%)
63c. Felt judged by the professional	218 (43.5%)	209 (41.8%)	25 (5.0%)	30 (5.9%)	19 (3.8%)
64c. Felt professional valued my ideas	17 (3.4%)	31 (6.1%)	50 (10%)	228 (44.5%)	176 (35.1%)
65c. Felt blamed and criticised	233 (46.6%)	218 (43.4%)	22 (4.4%)	12 (2.5%)	16 (3.1%)

7.4 Participation in parenting programs

Parents were asked if they were currently attending or had ever attended a parenting group or program. Examples given of types of parenting groups were ‘Maternal and Child Health First-Time Parent Group, playgroup, or another parent group, such as Triple P, 123 Magic or *smalltalk*’. If parents responded that they had not personally attended a parenting group, they were asked if their partner had participated in a program.

Results indicated that 62% of parents reported that either they or their partner had attended a playgroup, 66% a Maternal and Child Health (MCH) or First-Time Parent Group, and 18% another parent group such as Triple P, 123 Magic or *smalltalk*’ (see Figure 49).

There were no statistically significant differences across **child age groups** in the proportion of parents who reported attending a MCH First-Time Parent Group or another parent group. However, a significantly greater proportion of parents of older children (6–12 and 13–18 years) reported having attended a playgroup (see Figure 50).

A significantly greater proportion of **mothers than fathers** reported ever having participated in First Time Parents Groups, $\chi^2(1) = 114.367, p < .001$, Playgroups, $\chi^2(1) = 29.402, p < .001$, and Other Parent Groups, $\chi^2(1) = 24.902, p < .001$ (see Figure 51). The data suggested that 41% of fathers reported having attended a MCH First-Time Parent Group and that 50% of fathers reported having attended a playgroup. Reactions from our stakeholders were consistently that

these figures seem rather high. It is likely that social desirability played a role in responses to this item, with parents of both sexes possibly overstating their actual attendance at such groups. Further examination of this is required, with the possibility of comparison against service administrative data.

There were no statistically significant differences in participation at MCH First-Time Parent Groups, playgroups or other parent groups between parents living in *regional versus metropolitan* areas (see Figure 52). However, those in the more disadvantaged **socio-economic areas** (IRSD quintiles 1, 2 and 3) were significantly less likely to have attended MCH First-Time Parent Groups, $\chi^2 (4) = 25.481, p < .001$, or playgroups, $\chi^2 (4) = 20.482, p < .001$ (but there were no significant differences for 'other' parenting groups).

A significantly higher proportion of **parents of children with a medical condition or learning difficulty** reported attending playgroups, $\chi^2 (1) = 10.788, p < .001$ and 'other' parent groups, $\chi^2 (1) = 13.205, p < .001$, but there was no significant difference in attendance at MCH First Time Parents' Groups.

Figure 49. Family participation in parenting programs (population weighted data)

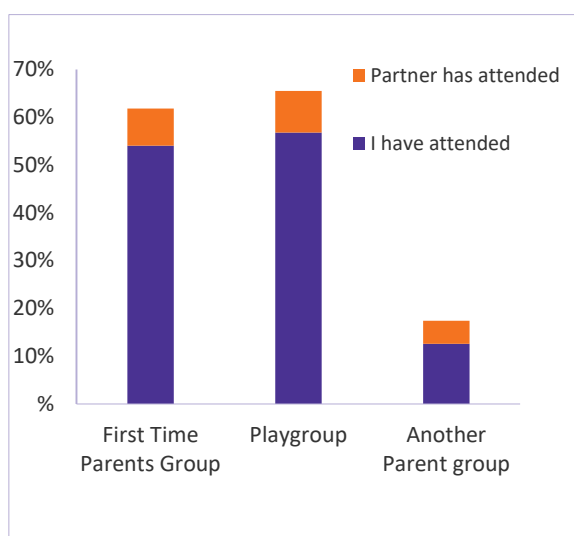


Figure 50. Participation in parenting programs by child age group (population weighted data)

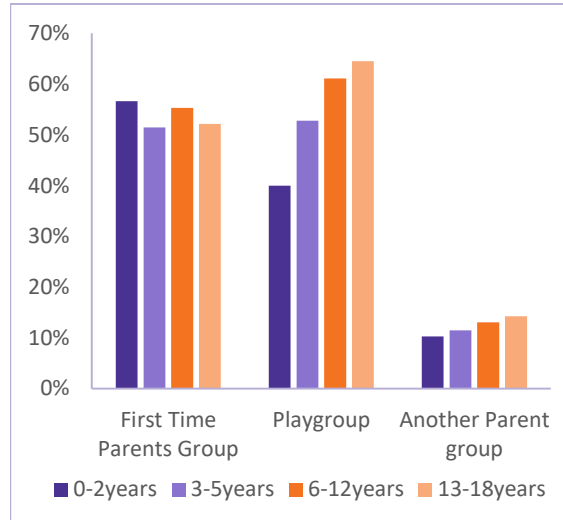


Figure 51. Participation in parenting groups by mothers and fathers (population weighted data)

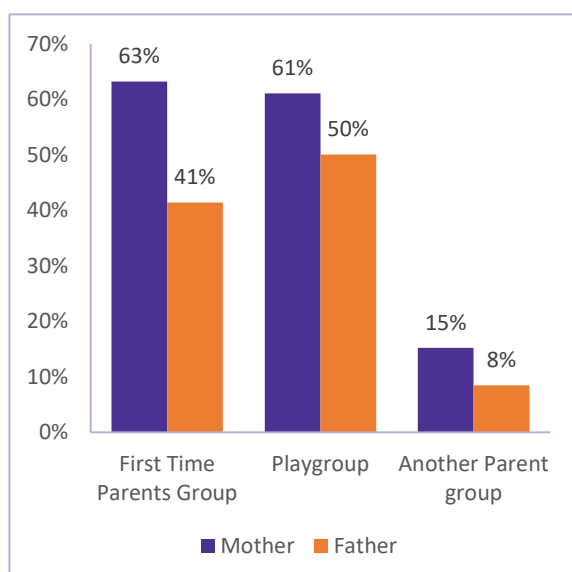


Figure 52. Participation in parenting groups by regional and metropolitan areas (population weighted data)

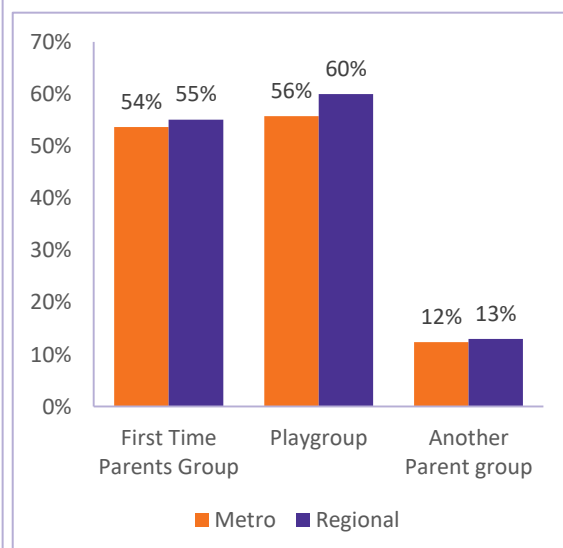
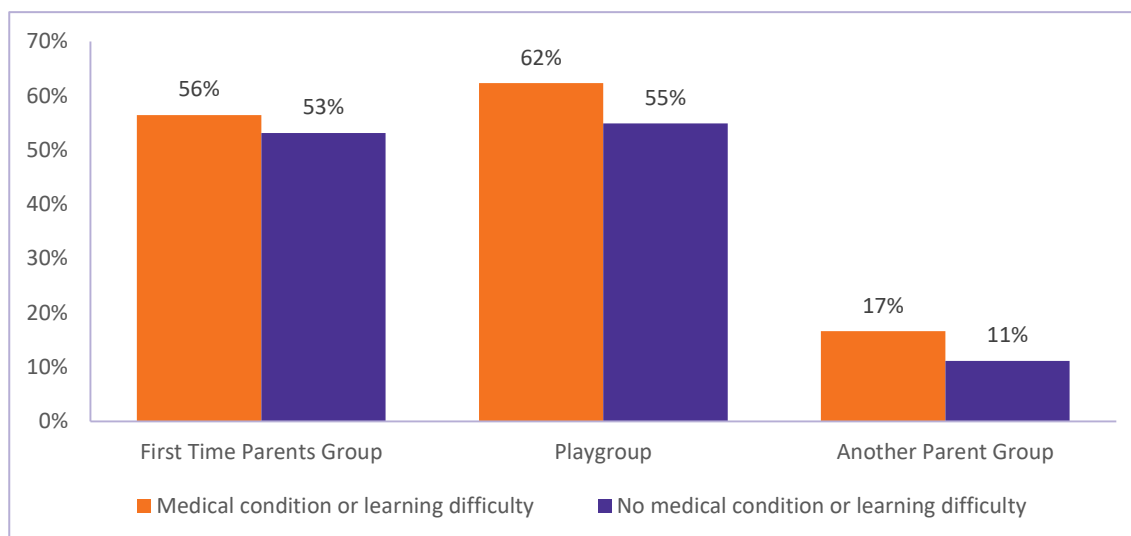


Figure 53. Participation in parenting groups by parents of children with or without medical conditions or learning difficulties (population weighted data)



7.4.1 Perceived helpfulness of parenting programs

A large proportion of parents who attended parenting groups reported that they found them extremely helpful, very helpful or somewhat helpful. Figure 54, Figure 55, and Figure 56 show the breakdown of perceived helpfulness by way of type of parenting program.

Figure 54. Perceived helpfulness of MCH First-Time Parents Group (population weighted data)

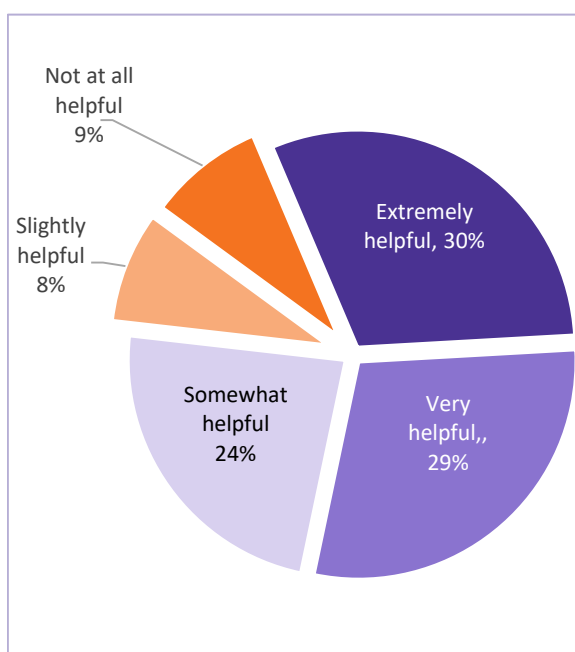


Figure 55. Perceived helpfulness of playgroups (population weighted data)

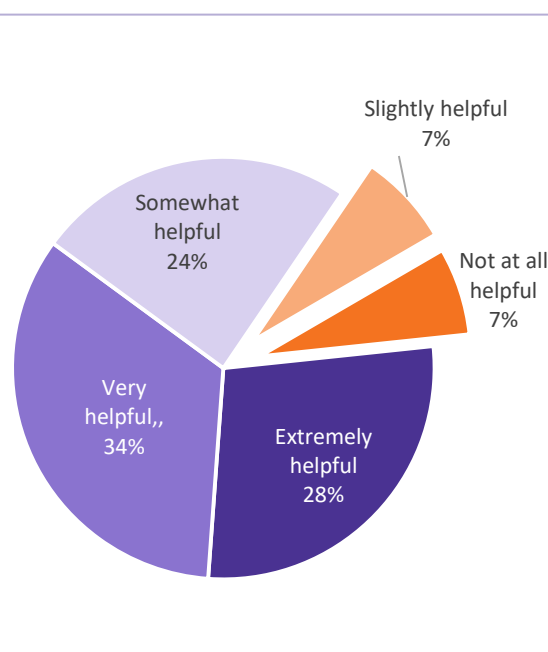
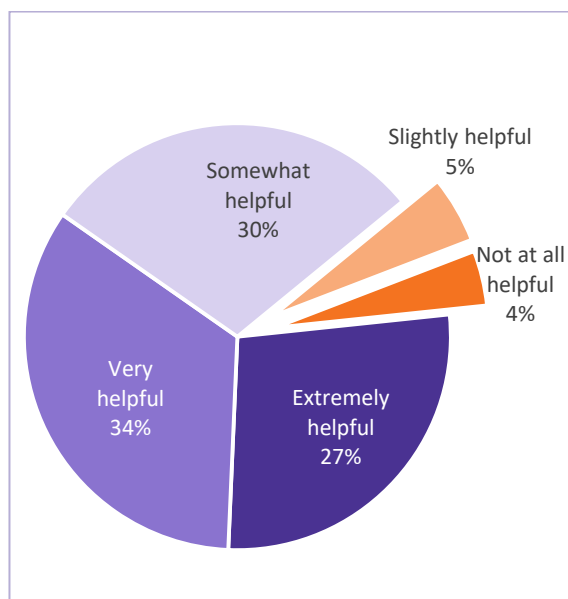


Figure 56. Perceived helpfulness of 'other' parent group (population weighted data)



The data indicate that 84% of parents who attended MCH First-Time Parent Groups found them helpful with only 16% reporting that they were not at all helpful or only slightly helpful. Eighty-six percent of parents found playgroups helpful with only 14% finding them not at all helpful or only slightly helpful. Ninety-one percent of parents who had attended another parent program reported it as being helpful, with only 9% reporting that it was not at all helpful or only slightly helpful.

There were no statistically significant effects of *mothers vs. fathers, child age, metropolitan vs. regional area, child medical condition or learning difficulty, or by parents' residential socio-economic area.*

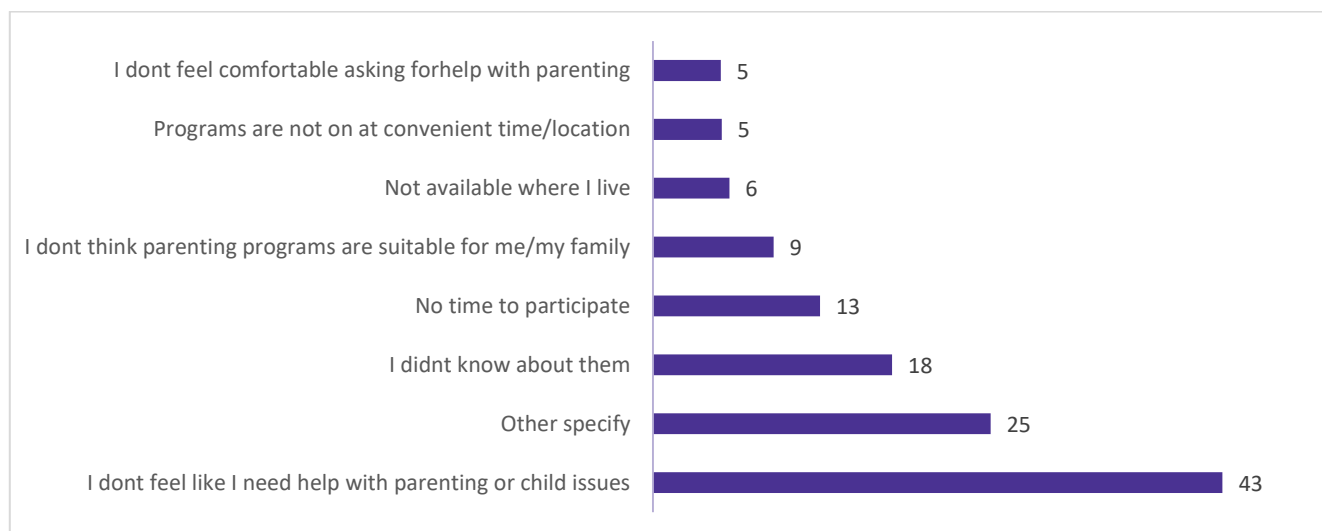
7.5 What are the barriers to participation in parenting programs?

When asked about barriers to participation in a parenting program, parents responded 'yes' or 'no' to seven potential reasons and were also given the option to specify another, non-stated, reason. This question was asked of parents who answered 'no' to the question about attendance at MCH First-Time Parent Group, playgroup or another parenting group such as Triple P, 123 Magic or *smalltalk*.

The most common reason for not participating in a parenting program was that parents felt like they didn't need help (43%) and 18% of parents reported that they did not know about these groups. Twenty-five percent gave 'other' reasons. Figure 57 shows the percentages for all eight reasons.

There were no statistically significant differences across *child age groups, mothers vs. fathers, metropolitan vs. regional areas, parents with or without a child who had a medical condition or learning difficulty, and socio-economic residential areas* in the proportion of parents who reported barriers to their participation in parenting programs.

Figure 57. Percentage of reasons given for not participating in parenting programs (population weighted data)



7.5.1 Reasons for not asking for help

Parents were asked 'If there have been issues for your child that you or your partner have not sought help for, why didn't you seek help?' (see Table 34). Nearly two thirds of parents (62%) responded that there had been no issues with the child, and 30% indicated that they did not require help for the issue. Only 3% of parents reported not knowing where to obtain help when they needed it.

Table 34. Reasons for not asking for help (population weighted data)

	N (%)
I/we didn't need help for this issue	750 (29.6%)
I/we need/ed help but didn't/don't know where to get help from	74 (2.9%)
Other (please specify)	140 (5.5%)
No issues with child	1571 (62.0%)

With regard to **child age groups**, a greater proportion of parents of older children reported not seeking help because they didn't need help for that issue, while a greater proportion of parents of younger children reported there were no issues for which they needed to seek help, $\chi^2 (9) = 50.151, p < .001$.

There were no significant differences in the reasons for not asking for help reported by *mothers and fathers, parents living in metropolitan versus regional areas, or across socio-economic areas of disadvantage*.

Parents of children with a medical condition or learning difficulty were more likely to provide an 'other' reason for not seeking help (11% compared with 3.4% of parents whose child did not have a condition). Reasons included not knowing about the problem and difficulties obtaining a diagnosis and/or referral. Parents of children with a medical condition or learning difficulty were also less likely to report that their reason for not seeking help was that there was no problem (53.5% vs. 65%), $\chi^2 (3) = 78.10, p < .001$.

7.6 What did parents think were important features of parenting programs?

Parents were asked to indicate the importance of ten features which might influence whether or not to participate in a parenting program, on a 10-point scale. Parents rated facilitator factors (training, understands me, same gender as parent), convenience (location, time offered) effectiveness (benefits, recommendations from others) and program factors (designed for mothers and fathers, what was involved).

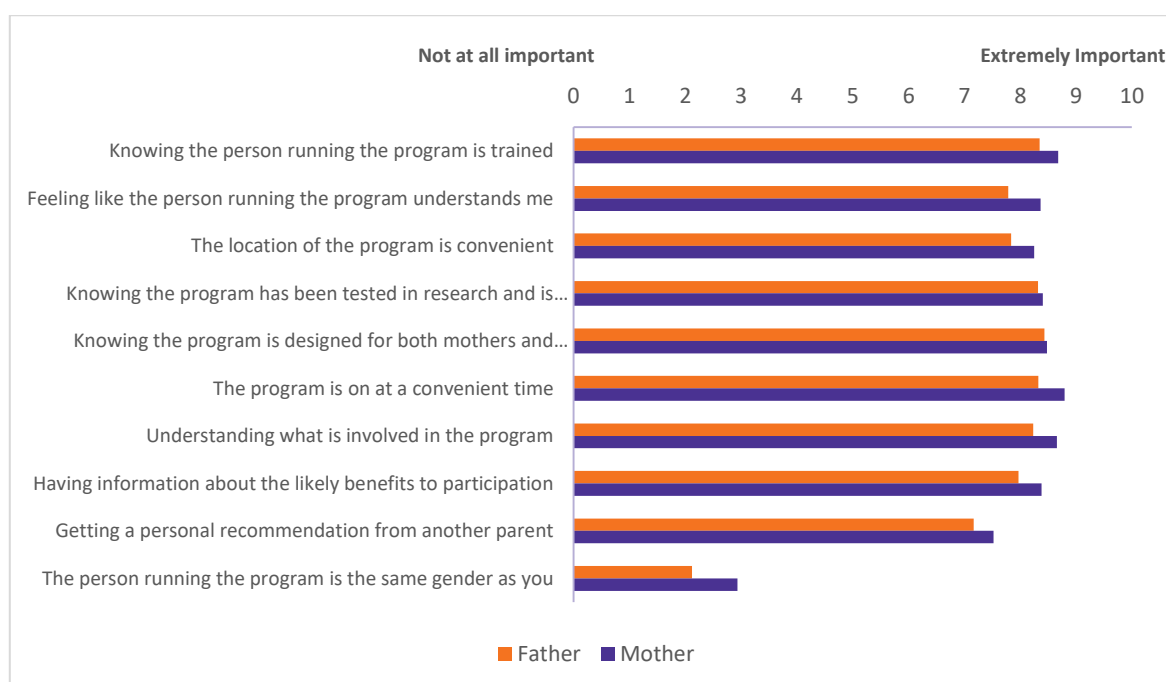
The data suggests that all features of parenting programs were highly important **except** for a requirement for the person running the program to be the same gender as them. This was rated as 'not at all important' by 37% of parents and 'neither important nor unimportant' by 20% of parents.

There were no differences in the relative importance of these program elements reported by parents of children of different *age groups*, *with or without medical conditions or learning difficulties* or by way of *socio-economic area*.

While both **mothers and fathers** rated each of the program elements as extremely important (except having a facilitator the same gender as them), mothers assigned significantly higher importance to facilitator training, $F(1,2496) = 13.888, p < .001$, having a facilitator that understands them, $F(1,2496) = 53.153, p < .001$, convenience of location, $F(1,2496) = 28.369, p < .001$, convenient time, $F(1,2496) = 44.338, p < .001$, understanding what is involved $F(1,2496) = 40.257, p < .001$, the benefits of the program, $F(1,2496) = 33.029, p < .001$, receiving a personal recommendation from another parent, $F(1,2496) = 15.729, p < .001$, and having a facilitator the same gender as them, $F(1,2496) = 52.042, p < .001$, see Figure 58. The only program elements for which there were no gender differences in the level of importance assigned were that the program is supported by research, and that it is suitable for both mothers and fathers (which were rated equally as important by mothers and fathers).

Having a program facilitator of the same gender was rated as relatively less important to parents living in **regional areas**, $F(1,2533) = 15.38, p < .001$. No differences in the relative importance of other program elements were reported by parents in regional versus metropolitan areas.

Figure 58. Average ratings of importance of features of parenting programs by mothers and fathers (population weighted data)



7.7 What is parents' awareness and use of the Raising Children Network?

The Raising Children Network (RCN) is an Australian government-funded, online parenting information and support website that has been operating for 10 years, initially for parents of children 0–8 years. In 2010 the resource was expanded to include content for parents of adolescents up to 16 years. Parents were asked about their knowledge and use of this resource.

The findings indicate that 18% of parents have used the RCN website, while a further 14% have heard of RCN but never used it.

A significantly greater proportion of **parents of younger children** (aged 0-2 and 3-5 years) had used the RCN website compared to parents of older children, $\chi^2(6) = 265.451$, $p < .001$, see Table 35.

Table 35. Parent awareness of the Raising Children Network by child age groups, N (%) (population weighted data)

	Child Age			
	0-2years	3-5years	6-12years	13-18years
Yes, have used RCN website	159 (34.7%)	129 (29.1%)	142 (15.3%)	34 (4.8%)
Heard of but never used	91 (19.9%)	67 (15.1%)	138 (14.9%)	69 (9.8%)
No, never heard of	208 (45.4%)	248 (55.9%)	649 (69.9%)	599 (85.3%)

A significantly greater proportion of **mothers** (26.1%), compared to **fathers** (7.3%), reported having used the RCN website, $\chi^2(2) = 185.222$, $p < .001$, see Table 36.

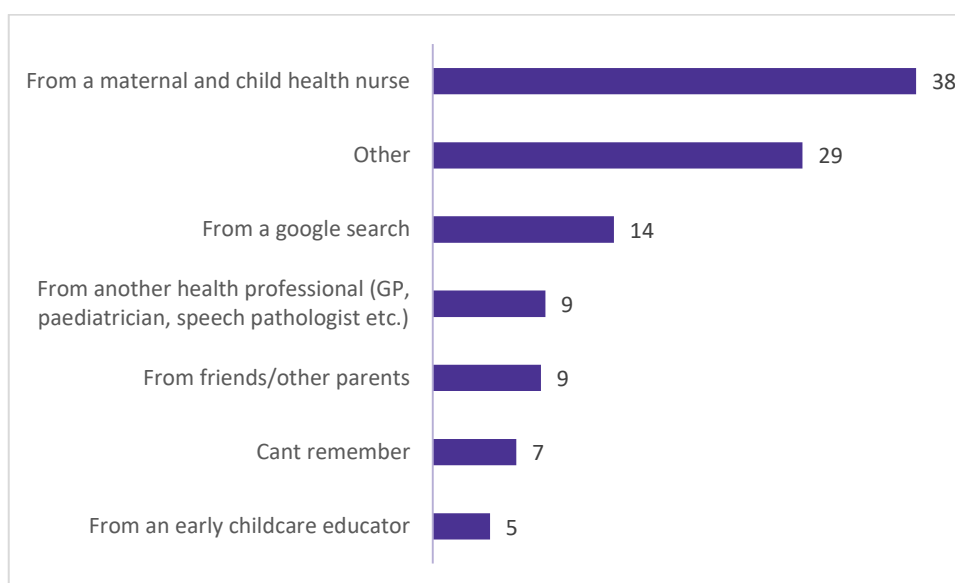
There were no differences in the proportion of parents living in *metropolitan or regional areas*, or *more disadvantaged areas* who reported having heard of or used the RCN website.

Table 36. Parent awareness of the Raising Children Network by mothers and fathers, N (%) (population weighted data)

	Mothers	Father
Yes, have used RCN website	392 (26.1%)	72 (7.3%)
Heard of but never used	253 (16.8%)	106 (10.7%)
No, never heard of	859 (57.1%)	815 (82.1%)

Of those parents who reported having heard of the RCN website, 38% heard about it from their Maternal and Child Health nurses, and 14% from a Google search. Twenty-nine percent heard about RCN from an 'other' source which included the parent's own workplace, through the school or school newsletter, or at the hospital after the birth of their child.

Figure 59. How did you hear about the Raising Children Network? % (population weighted data)



7.8 How confident are parents to seek help for parenting?

Parents were asked to rate their confidence in knowing where to obtain help for parenting if they needed it, see Table 37. Ratings on a 5-point scale could range from 1 (not at all confident) to 5 (extremely confident). The data indicated that 70% of parents were 'very' or 'extremely confident', with only 3% being 'not at all confident' about where to seek help.

While both **mothers and fathers** reported high levels of confidence knowing where to seek help, mothers reported slightly (but statistically significantly) higher confidence than fathers, $F(1,2493) = 38.85, p < .001$.

Similarly, parents in **regional areas** reported statistically significantly higher confidence knowing where to seek help, $F(1,2531) = 13.77, p < .001$.

There were statistically significant differences in parent reported confidence in knowing where to seek help by **socioeconomic areas of disadvantage**, $F(4,2521) = 4.87, p < .001$.

There were no significant differences in parent reported confidence of knowing where to seek help across **child age** groups or for parents of **children with a medical condition or learning difficulty**.

Table 37. Parent reported confidence knowing where to seek help (population weighted data)

Perceived support needs	M (SD)
Mothers*	4.00 (0.96)
Father*	3.75 (1.06)
Metro*	3.86 (1.01)
Regional*	4.03 (0.97)
Child medical condition or learning difficulty	3.97 (1.03)
No child medical condition or learning difficulty	3.87 (1.0)
Total	3.90 (1.01)

Note. (1 = Not at all confident, 5 = Extremely Confident). * $p < .001$

8. Parent Coping and Support

This section presents findings based on the population weighted data covering a range of topics related to how parents cope and who supports them. Included are: informal support, support from family members, partner agreement and support, parental wellbeing, and how efficacious parents feel in their parenting role. Also presented here are findings about how much of a problem the focus child's sleep is for parents. The **Help-seeking** sub-section (see page 81) addresses how parents access sources of parenting information outside the family.

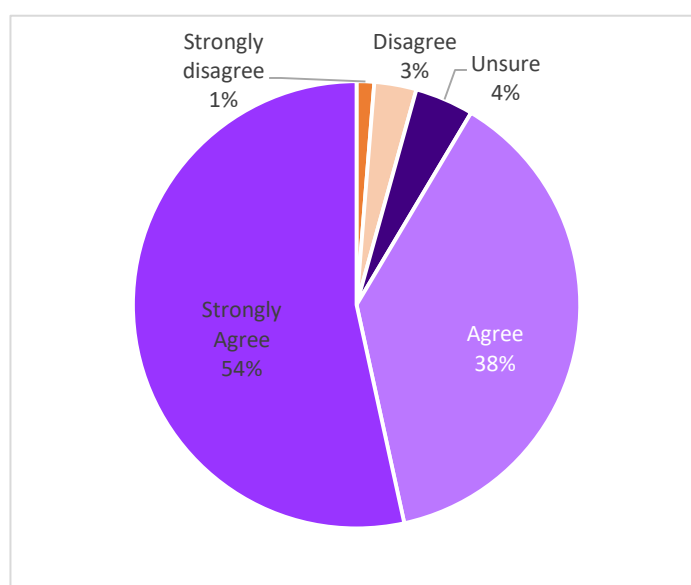
Detailed results are presented for the whole population weighted sample initially then by way of child age, mother/father status, area of relative socio-economic disadvantage, child medical condition or learning difficulty, and regional/metropolitan location.

8.1 What informal supports have parents used

8.1.1 Trusted support person

On a 5-point scale from 'strongly disagree' to 'strongly agree', parents were asked to indicate their level of agreement with the statement 'If I was having problems in my life, there is someone I trust that I could turn to for advice'. Overall, the data indicated that 91.4% of parents agreed or strongly agreed that they had a trusted support person they could turn to for advice, as seen in Figure 60.

Figure 60. Percentage of parents who have a trusted support person (population weighted data)



While the majority of parents reported strong agreement that they had a trusted support person, there was a significant difference found between **child age groups** with the degree that parents felt they had a trusted person in their life who could offer advice, $F(3,2528) = 9.156$, $p < .001$, with younger parents (of children aged 0-2 and 3-5 years) reporting more agreement. However, the mean ratings for all age groups were similar, as seen in Table 38, with high ratings indicating strong agreement.

There was also a significant difference between the degree to which **mothers and fathers** felt they had a trusted person in their life who could offer advice, $F(1,2493) = 39.362$, $p < .001$, with mothers reporting a higher level of agreement.

There were no statistically significant differences between *metropolitan and regional areas*, *different socio-economic areas*, or *parents of children with medical conditions or learning*

difficulties in how much parents agreed that they had a trusted person in their life who could offer advice.

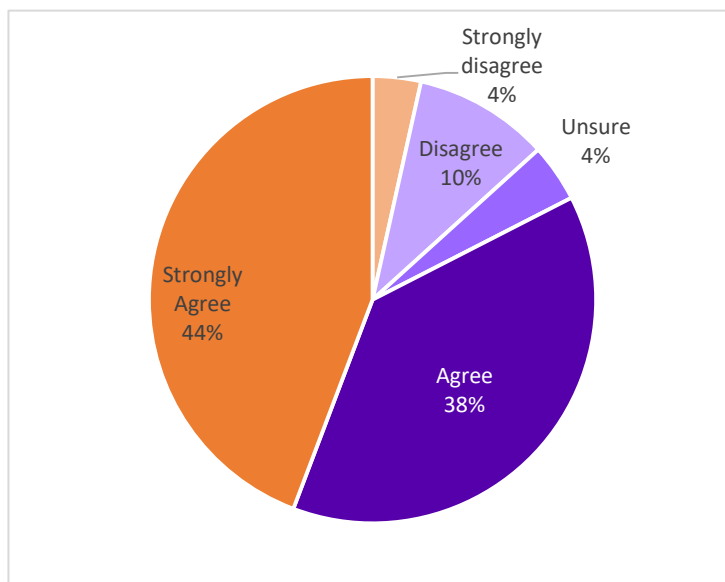
Table 38. Average agreement that parents have trusted support person by child age group (population weighted data)

Child age	<i>M (SD)</i>
0–2 years	4.48 (.79)
3–5 years	4.53 (.67)
6–12 years	4.34 (.82)
13–18 years	4.32 (.88)

8.1.2 Support from family

On a 5-point scale from 1 (strongly disagree) to 5 (strongly agree), parents were asked to indicate their level of agreement with the statement ‘My family are the people I turn to first when I am looking for help and support in raising [child name]’. Results showed that 83% percent agreed or strongly agreed that their family were the first people they turned to when looking for help to raise and support their children, while 13% disagreed or strongly disagreed with this statement and 4% were unsure (Figure 62).

Figure 62. Family as first source of support (population weighted data)



There was a significant difference in the degree to which parents reported first turning towards family for help in childrearing according to **child’s age group**, $F(3,2528) = 11.001$, $p < .001$, with parents of younger children reporting more agreement that they would first approach family for advice. Table 39 shows the mean agreement ratings across child age groups.

Table 39. Average agreement that parents turn to family for support or help first by child age group (population weighted)

Child age	M (SD)
0–2 years	4.30 (1.00)
3–5 years	4.22 (1.05)
6–12 years	4.04 (1.05)
13–18 years	3.97 (1.16)

There were no statistically significant differences in the reports of *mothers and fathers*, parents of children with *medical conditions or learning difficulties*, parents in *metropolitan/regional* areas and in different *socio-economic areas* about turning to family for support in child rearing.

8.1.3 Partner agreement and support

Parents were asked to report on their living arrangements. Among respondents to the survey 71% had two adults living in their household, 14% had more than two adults in the household and 14.8% had one adult only (range, 1–6 adults). Just over 78% were living with a partner or spouse. Of those, 94% of **fathers** and 90% of **mothers** lived with a spouse or partner and this difference was statistically significant.

There was no statistically significant difference in the proportion of parents who reported living with their partner across *child age* groups, although the trend was towards slightly smaller proportions in the older child age groups. Similarly there were no statistically significant differences for parents in *metropolitan/regional* areas. There was a smaller percentage of parents of children with *medical conditions or learning difficulties* who had no partner at home, but this difference did not reach statistical significance.

Of those parents who reported living in a single-adult household, 34.6% had partners or spouses helping to raise their child and 65.4% did not. Parents of younger children were more likely to have a partner to help raise their child but the *child age group* differences failed to reach statistical significance. There was a difference in the proportions of parents of children with and without *medical conditions or learning difficulties* who had a partner to help raise their child (27.5% and 38.4% respectively) which approached but did not reach statistical significance.

A statistically significant greater proportion of **mothers than fathers** ($\chi^2(1) = 24.492, p < .001$), and a greater proportion of **parents living in more disadvantaged areas** ($\chi^2(4) = 18.25, p < .001$) reported that they did not have a partner to help raise their child (see Figure 63 and Figure 64).

Figure 63. Parents in single adult households who do not have partners to help raise their child (population weighted data)

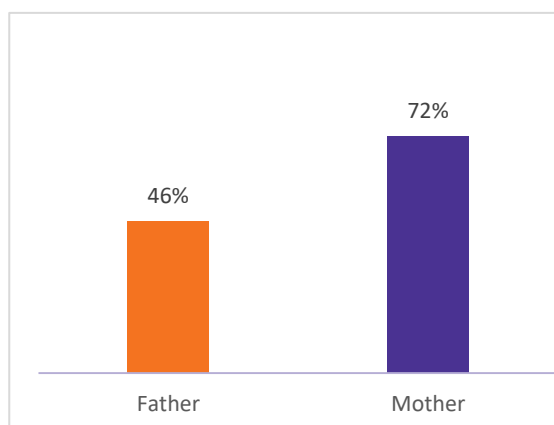
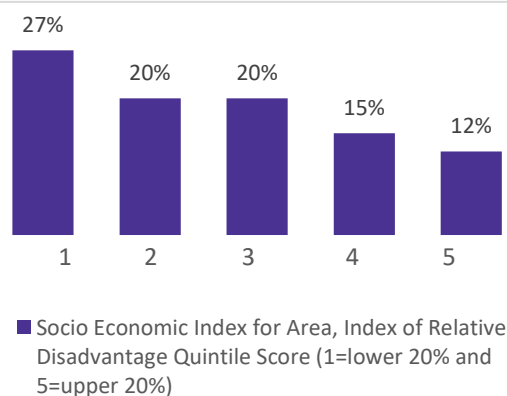


Figure 64. Parents who do not have partners to help raise their children across areas of socio economic disadvantage (population weighted data)

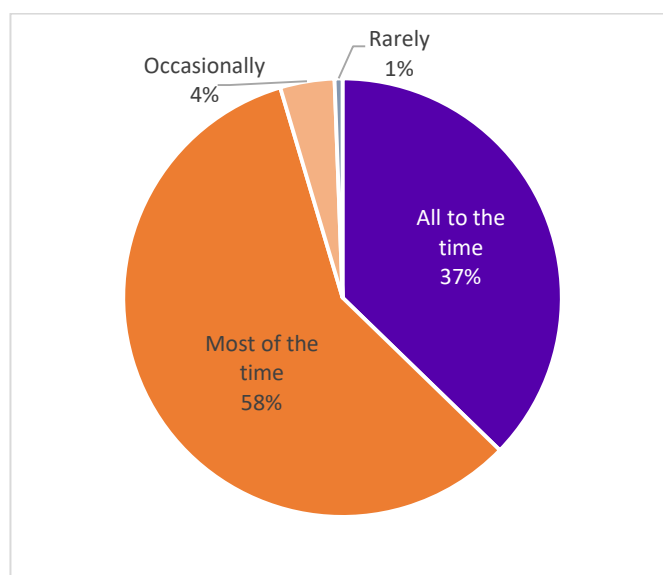


Of those parents who had partners to help raise their children, data showed that 94.9% agreed on how to parent their children most or all of the time, with a very small percentage who rarely or never agreed (see Figure 65).

Table 41 shows mean ratings for the three questions on partner support for mothers and fathers. Lower scores indicate higher frequency of agreement and of feeling understood, and greater satisfaction with shared duties.

One of the **mother/father** differences (satisfaction with parenting duties), as illustrated in Figure 65, was statistically significant $F(1,2058) = 11.843, p < .001$, the other two approached significance. On average, the fathers' ratings showed they thought they agreed with their partner more often than what mothers reported. Fathers' average rating for feeling understood was lower than mothers', reflecting that they felt understood more often. Fathers' average degree of satisfaction with the way that parenting duties were shared was statistically significantly different from mothers'.

Figure 65. How often do you and your partner agree on how to parent? (population weighted data)



The difference across *child age* groups in how often parents said they agreed on parenting was not quite statistically significant according to our conservative cut point of $p < .001$ (overall ANOVA was $F(3,2085) = 4.797, p = .002$), although there was a statistically significant **child age group** difference in the degree to which parents felt understood and supported by their co-parent, $F(3, 2058) = 15.585, p < .001$, with parents of younger children reporting feeling more supported than parents of older children (see Table 40).

Table 40. Average ratings regarding partner agreement and support by child age group, *M (SD)*(population weighted)

	0–2 years	3–5 years	6–12 years	13–18 years
Agreement between parents on raising children	1.59 (.56)	1.73 (.62)	1.73 (.62)	1.71 (.65)
Frequency of feeling understood and supported by co-parent*	1.43 (.63)	1.58 (.68)	1.67 (.79)	1.75 (.83)

Note. Scores range from 1 (*all the time*) to 5 (*never*). *Statistically significant difference across child age groups, $p < .001$.

The difference approached but did not reach significance for **child age group** in how often parents said they agreed on parenting. However, there was a statistically significant child age

group difference in the extent to which parents felt understood and supported by their co-parents. As low scores on these items reflect more positive findings, this indicates that parents of younger children felt understood and supported more often by their co-parent than did parents of older children $F(3,2058) = 15.585, p < .001$.

While the majority of parents reported that they and their partner agreed on how to parent their child all or most of the time, **fathers** reported a slightly higher level of agreement than mothers, $F(1,2033) = 11.843, p < .001$. Fathers also reported feeling a greater degree of satisfaction with the way that parenting duties were shared, $F(1,2033) = 80.627, p < .001$, see Table 41.

Table 41. Average ratings regarding partner agreement and support by mothers and fathers, *M (SD)* (population weighted data)

	Father	Mother
Agreement between parents on parenting children*	1.64 (0.63)	1.74 (0.62)
Frequency of feeling understood	1.56 (0.74)	1.67 (0.77)
Satisfaction with shared parenting duties*	1.42 (0.69)	1.72 (0.79)

Note. Scores range (1) All the time to (5) Never. * $p < .001$

There were no statistically significant differences in how parents of *children with medical condition or learning difficulty* reported that they felt understood and supported by their partner or satisfied with the way that parenting duties were shared or how often they agreed with their partner on how to parent their child (see Table 42).

Table 42. Average ratings regarding partner agreement and support by child medical condition or learning difficulty, *M (SD)* (population weighted)

	Medical condition or learning difficulty	No medical condition or learning difficulty
Agreement between parents on parenting children	1.77 (.062)	1.67 (0.62)
Frequency of feeling understood	1.69 (0.81)	1.61 (0.75)
Satisfaction with shared parenting duties	1.64 (0.80)	1.58 (0.76)

There were no statistically significant differences between *metropolitan and regional* areas, and *socio-economic areas* in the findings about how often parents agreed on parenting or how often parents felt understood and supported by their co-parents.

There were no statistically significant differences across *child age* groups, *socio-economic areas* or *metropolitan and regional* locations in parents' satisfaction with the extent to which their parenting duties were shared.

8.2 What do parents say about their wellbeing?

This section of the survey included questions about physical health, mental health and distress. Parents were asked to rate their physical health on a 5-point scale from 'poor' to 'excellent'. They were asked if they had any symptoms of depression, anxiety or substance addiction since becoming a parent. In addition, there were 6 items comprising an established scale (Kessler 6; K6), a measure of non-specific psychological distress, enquiring how parents felt in the past 30 days. Each K6 item was analysed on a 4-point scale from 0 (none of the time) to 4 (all of the time). A total score was obtained that classified the level of risk of psychological distress as 'low',

‘moderate’, ‘high’ or ‘very high’. Presented here are the findings adjusted to match population estimates for Victorian parents and partners.

8.2.1 Current physical Health

Just over 87% of parents reported that they were in ‘good’, ‘very good’ or ‘excellent’ physical health.

There were no statistically significant differences between *mothers and fathers*, or *metropolitan and regional* areas. However, analyses for **child age group** showed statistically significant differences with parents of older children more likely to report ‘fair’ or ‘poor’ physical health (10% of parents of 0-2 year olds compared to 17% of 13-18 year olds and around 11% of 3-5 and 6 to 12 year olds) $\chi^2(12) = 39.10, p < .001$.

A greater proportion of parents in the upper two IRSD categories (reflecting less **socioeconomic disadvantage**) rated their physical health as good, very good or excellent, and this was statistically significant, $\chi^2(16) = 56.26, p < .001$, see Figure 67. A greater proportion of **parents of children with a medical condition or learning difficulty** reported their physical health as ‘fair’ or ‘poor’ (20.4%) compared to other parents (10.1%), and this difference was also statistically significant, $\chi^2(4) = 75.09, p < .001$.

Figure 66. Parents’ physical health (population weighted data)

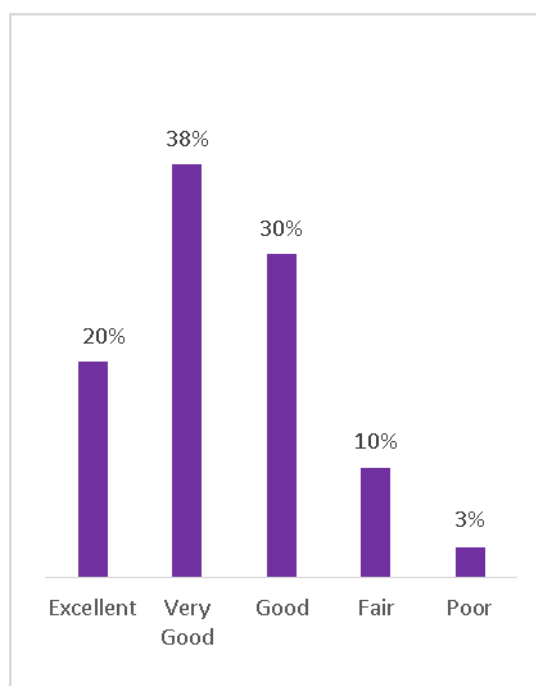
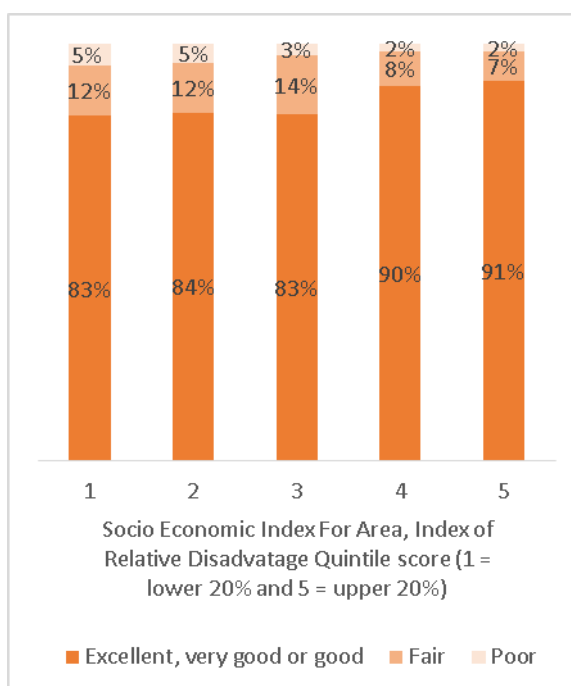


Figure 67. Parents’ physical health by socio-economic area (population weighted data)

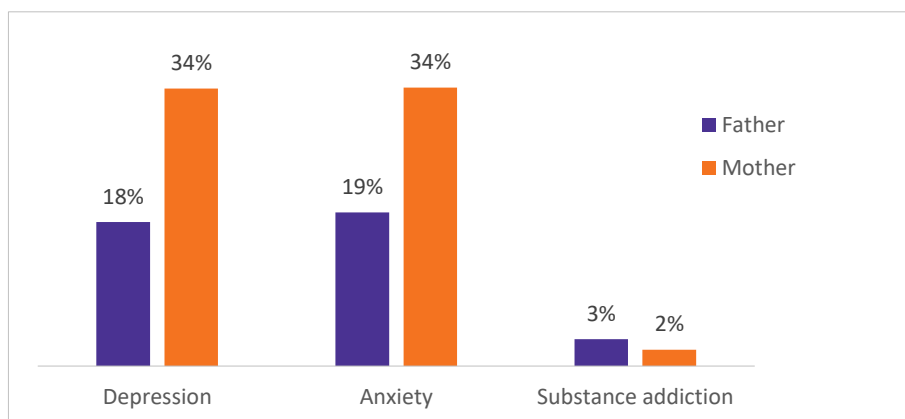


8.2.2 Past mental health

Analyses showed 60% of parents had not experienced symptoms of a mental-health condition since becoming a parent. Just over 23% had experienced symptoms of one of these conditions, 15% symptoms of two conditions, and 2% symptoms of three conditions.

Mother/father comparisons are shown in Figure 68, with a larger proportion of mothers reporting symptoms of mental health conditions, $\chi^2(1) = 117.639, p < .001$. There was a statistically significant difference between the proportion of mothers and fathers who had experienced depressive symptoms, $\chi^2(1) = 80.768, p < .001$, and symptoms of anxiety, $\chi^2(1) = 69.676, p < .001$, but no significant difference with substance addiction.

Figure 68. Proportion of mothers and father reporting symptoms of a mental-health condition (population weighted data)



Child age group comparisons show a greater proportion of parents of older children reporting symptoms of a mental health condition, that is, depression and anxiety, since becoming a parent. These were statistically significant findings for depression, $\chi^2(3) = 21.577$, $p < .001$, and anxiety, $\chi^2(3) = 21.476$, $p < .001$, however the percentage differences between groups were small, see Table 43.

Table 43. Parents' symptoms of depression, anxiety or substance addiction by child age group (population weighted)

	0–2years	3–5years	6–12years	13–18years
Depression*	19.0%	27.6%	29.8%	30.2%
Anxiety*	20.1%	29.0%	28.7%	32.5%
Substance addiction	1.5%	1.1%	3.9%	2.4%

* $p < .001$

A larger proportion of parents in **regional areas** reported experiencing symptoms of depression, $\chi^2(1) = 23.937$, $p < .001$, since becoming a parent but there was no significant difference in parents' reports of anxiety or substance addiction symptoms in metropolitan and regional areas, see Table 44).

Table 44. Parent reported symptoms of depression, anxiety or substance addiction by metropolitan and regional areas (population weighted)

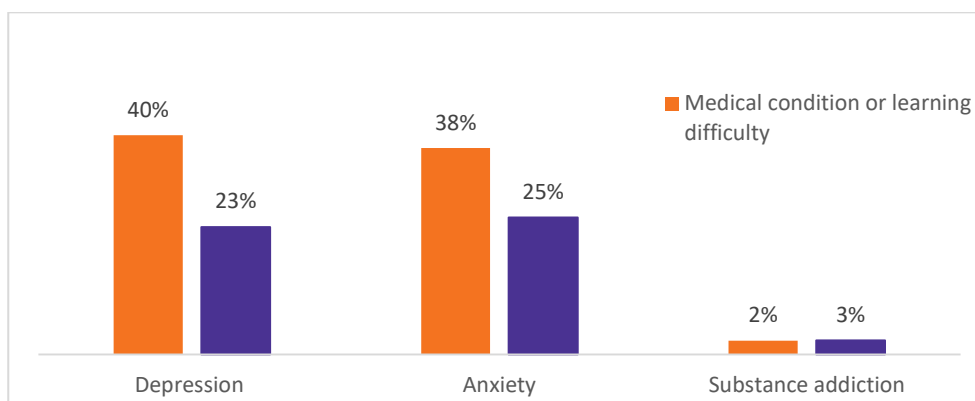
	Metropolitan	Regional
Depression*	25.2%	34.4%
Anxiety	27.2%	31.7%
Substance addiction	2.5%	2.7%

* $p < .001$

Area level socioeconomic comparisons showed no statistically significant differences in parents' reports of symptoms of depression, anxiety or substance addiction.

A larger proportion of parents of children with a **medical condition or learning difficulty** reported that they had experienced symptoms of depression since becoming a parent, $\chi^2(1) = 23.937$, $p < .001$. There were no statistically significant differences in reports of anxiety or substance addiction by child medical condition or learning difficulty (Figure 69).

Figure 69. Parent reported symptoms of a mental-health condition by child medical condition or learning difficulty (population weighted data)



8.2.3 Current parent distress

Current levels of parent psychological distress were obtained using the Kessler 6 (K6) which has questions about negative emotional states/distress such as ‘nervous’, ‘hopeless’, ‘restless or fidgety’, ‘so depressed that nothing could cheer you up’, ‘everything was an effort’, and ‘worthless’. The minimum possible score is 0 and a maximum possible score is 24 with higher scores indicating higher levels of distress.

While the K6 is not a diagnostic measure, respondents who score above a clinical cut-off score of 13 are said to be reporting serious psychological distress. There is no internationally agreed cut-off for moderate distress, however research suggests that individuals who score above 5 would benefit from mental health support, which was offered during the administration of the parenting survey if it was indicated.

The majority of parents (72%) scored in the low range of mental distress, 24% in the moderate range and 4% met the clinical cut-off score for serious mental distress. Table 45 displays the proportion of responses in each category for each K6 item.

Table 45. Proportion of participants across response categories of the K6 scale, N (%) (population weighted data)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Nervous	1309 (51.6%)	691 (27.3%)	436 (17.2%)	71 (2.8%)	28 (1.1%)
Hopeless	1830 (72.2%)	382 (15.1%)	255 (10.1%)	45 (1.8%)	22 (0.9%)
Restless or fidgety	1226 (48.4%)	556 (21.9%)	569 (22.4%)	114 (4.5%)	71 (2.8%)
So depressed that nothing could cheer you up	2116 (83.5%)	226 (8.9%)	139 (5.5%)	44 (1.7%)	9 (0.4%)
Everything was an effort	1251 (49.3%)	579 (22.8%)	506 (20.0%)	117 (4.6%)	83 (3.3%)
Worthless	2071 (81.7%)	240 (9.5%)	158 (6.2%)	44 (1.7%)	22 (0.9%)

Table 46 shows the mean scores for each item of the K6. **Mother-father** comparisons showed statistically significant differences with mothers scoring slightly higher for ‘nervousness’, $F(1,2495) = 20.295, p < .001$, and ‘hopelessness’, $F(1,2495) = 20.106, p < .001$, and worthless $F(1,2495) = 21.957, p < .001$.

Table 46. K6 Subscale and Total Scores for mothers and fathers, *M (SD)* (population weighted)

	Father	Mother
Nervous*	.64 (0.84)	.80 (0.93)
Hopeless*	.35 (0.72)	.49 (0.86)
Restless or fidgety	.90 (1.03)	.92 (1.08)
So depressed that nothing could cheer you up	.21 (0.60)	.30 (0.71)
Everything was an effort	.81 (1.08)	.94 (1.06)
Worthless*	.22 (0.59)	.36 (0.82)
Total	3.10 (3.36)	3.80 (4.11)

Note: Item score range 0 (none of the time) to 4 (all of the time). Total score range 0–24. Low (0–4). Moderate (5–12) Serious (13+). *Statistically significant difference between fathers and mothers, $p < .001$.

There were no significant differences in K6 scores between *metropolitan or regional location*, across *socioeconomic areas*, or between *child age groups*.

Parents of children with a **medical condition or learning difficulty** reported higher levels of psychological distress overall, $F(1,2532) = 67.02, p < .001$, and across each item (see Table 47).

Table 47. K6 Subscale and Total Scores by child medical condition or learning difficulty, *M (SD)* (population weighted)

	Child medical condition or learning difficulty	No child medical condition or learning difficulty
Nervous*	.94 (1.01)	.68 (0.87)
Hopeless*	.60 (0.97)	.38 (0.75)
Restless or fidgety*	1.11 (1.16)	.85 (1.02)
So depressed that nothing could cheer you up*	.38 (0.82)	.23 (0.61)
Everything was an effort*	1.12 (1.16)	.82 (1.04)
Worthless*	.47 (0.96)	.25 (0.64)
Total *	4.63 (4.66)	3.20 (3.50)

Note: Item score range 0 (none of the time) to 4 (all of the time). Total score range 0–24; Low (0–4), Moderate (5–12), Serious (13+). *Statistically significant difference between parents of children with and without special needs, $p < .001$.

8.3 How efficacious do parents feel in their parenting role?

Parents’ perceptions of how efficacious they were in their parenting role were obtained with an established scale, *Me as a Parent*. This consisted of 16 items rated on a 5-point scale from ‘strongly disagree’ to ‘strongly agree’, with a midpoint of ‘mixed feelings’. A total scale score was obtained as well as subscale scores for ‘self-efficacy’, ‘self-sufficiency’, ‘personal agency’ and

‘self-management’. The minimum possible score is 16 and the maximum possible score is 80 for the total scale. For the subscales the minimum score is 4 and the maximum score is 20.

The mean *Me as a Parent* total scale score for the sample was 65.74 ($SD = 6.88$). Inspection of the total scale and subscales scores in Table 48 shows, on average, parents are responding in the positive range. Below are the mean subscale and total scale scores for the four child age groups.

As well as examination of mean scores, parents’ results can be represented by the proportion of parents who scored in the positive range for the total scale and subscale scores. For the total scale score 63% of parents scored in the positive range, with a score between 64 and 80. For the subscales, the minimum score that can be obtained is 4 and the maximum score is 20. A subscale score between 16 and 20 shows responses in the positive range. Just over 84% of parents scored in the positive range for the ‘self-efficacy’ subscale. Self-efficacy refers to how effective parents believe they are in overcoming or solving parenting problems. Just over seventy percent were in the positive range for ‘self-sufficiency, which is about how self-reliant parents feel about using their own parenting resources, or in identifying and using appropriate external resources. For ‘self-management’, referring to parents’ perceptions about how well they set goals, and monitor and evaluate how well they are doing, 69% scored in the positive range. ‘Personal-agency’ refers to the extent to which parents attribute their children’s behaviour and outcomes to their parenting efforts rather than to chance or maturation, and 68.4% scored in the positive range.

Table 48. Me as a Parent subscale and Total scale scores by child age group, $M (SD)$ (population weighted data)

	0–2 years	3–5 years	6–12 years	13–18 years
Self-efficacy*	17.30 (1.91)	17.0 (1.89)	16.94 (1.94)	16.68 (2.22)
Personal-agency	16.37 (2.56)	16.34 (2.77)	16.41 (2.65)	16.01 (2.80)
Self-sufficiency*	16.65 (1.88)	16.50 (1.91)	16.33 (1.92)	15.78 (2.34)
Self-management*	16.74 (2.04)	16.40 (1.86)	16.23 (1.98)	15.86 (2.28)
Total score*	67.06 (6.44)	66.25 (6.58)	65.91 (6.49)	64.34 (7.67)

*Statistically significant difference across child age groups, $p < .001$.

Child age group comparisons showed statistically significant differences with higher scores for parents of younger children. Differences were found for ‘self-efficacy’ $F(3,2532) = 9.080$, $p < .001$, ‘self-sufficiency’ $F(3,2532) = 20.747$, $p < .001$, and ‘self-management’ $F(3,2532) = 17.966$, $p < .001$, as well as for the total scale score $F(3,2532) = 16.568$, $p < .001$.

Analyses of **mother-father** responses showed statistically significant differences on two subscales, ‘self-sufficiency’ $F(1,2495) = 19.340$, $p < .001$, and ‘self-management’ $F(1,2495) = 18.042$, $p < .001$, and in the total scale score $F(1,2495) = 12.455$, $p < .001$. As Table 49 shows, the total score and two of the subscale scores were higher, on average, for mothers.

Table 49. Me as a Parent subscale and total scale scores by mothers and fathers, *M* (*SD*) (population weighted data)

	Father	Mother
Self-efficacy	16.93 (1.88)	16.95 (2.10)
Personal-agency	16.12 (2.78)	16.38 (2.64)
Self-sufficiency*	16.04 (2.02)	16.41 (2.08)
Self-management*	16.04 (2.04)	16.40 (2.10)
Total score*	65.15 (6.62)	66.14 (7.08)

*Statistically significant difference between fathers and mothers, $p < .001$.

There were no statistically significant differences in how parents of children with *medical conditions or learning difficulties*, or parents living in *metropolitan/regional* areas rated their efficaciousness as parents as shown by *Me as a Parent* Total Scale scores.

Parents in the lower two categories of IRSD reported slightly lower personal agency scores, see Table 50 and this was a statistically significant finding, $F(4,2522) = 9.05$, $p < .001$. There were no statistically significant differences in the other subscales for different *socioeconomic* areas.

The overall average scores of each of the items in the *Me as a Parent* items and subscales are presented in Table 51.

Table 50. Me as a Parent mean subscale and total scale scores by socioeconomic area, *M* (*SD*) (population weighted data)

	Index of Relative Socio-economic Disadvantage (IRSD) Quintiles				
	1 (most disadvantaged)	2	3	4	5 (Least disadvantaged)
Self-Efficacy	17.13 (1.99)	16.77 (2.28)	16.97 (1.90)	16.98 (1.97)	16.90 (2.03)
Personal-Agency*	15.84 (2.74)	15.65 (3.11)	16.34 (2.67)	16.45 (2.70)	16.54 (2.41)
Self-Sufficiency	16.44 (2.13)	16.24 (2.24)	16.34 (2.03)	16.28 (2.02)	16.14 (2.02)
Self-Management	16.61 (2.08)	16.21 (2.26)	16.27 (2.11)	16.16 (2.05)	16.19 (2.01)
Total-Score	65.98 (6.90)	64.88 (7.79)	65.92 (6.59)	65.87 (6.88)	65.77 (6.70)

Table 51. Average responses to individual items from the “Me as a Parent” Scale (population weighted data)

	<i>M (SD)</i>
<i>Self-Efficacy ($\alpha = .83$)</i>	16.94 (2.06)
3. I have confidence in myself as a parent	4.29 (0.66)
11. I have all the skills necessary to be a good parent to my child	4.31 (0.59)
12. I know I am doing a good job as a parent	4.24 (0.61)
15. My parenting skills are effective	4.10 (0.62)
<i>Personal-Agency ($\alpha = .68$)</i>	16.28 (2.70)
1. When something goes wrong between me and my child, there is little I can do to fix it ^r	4.17 (0.98)
4. My child usually ends up getting their own way, so why try ^{rev}	4.05 (0.94)
9. I often feel helpless about my child’s behaviour ^{rev}	3.83 (1.00)
16. How my child turns out is mainly due to luck ^{rev}	4.23 (0.85)
<i>Self-Sufficiency ($\alpha = .73$)</i>	16.26 (2.07)
2. I know how to solve most problems that arise with parenting	3.93 (0.82)
5. I have the skills to deal with new situations with my child as they arise	4.09 (0.68)
7. I can find out what’s needed to resolve any problems my child has	4.03 (0.67)
13. I know how to work out which situations my child is likely to be happiest in	4.22 (0.59)
<i>Self-Management ($\alpha = .70$)</i>	16.25 (2.09)
6. When changes are needed in my family I am good at setting goals to achieve those changes	4.05 (0.72)
8. I meet my expectations for providing emotional support for my child	4.18 (0.66)
10. I am good at making plans and arranging fun and educational activities for my child to engage in	3.97 (0.80)
14. I can stay focused on the things I need to do as a parent even when I’ve had an upsetting experience	4.05 (0.69)
<i>Total-Score ($\alpha = .86$)</i>	65.73 (6.92)

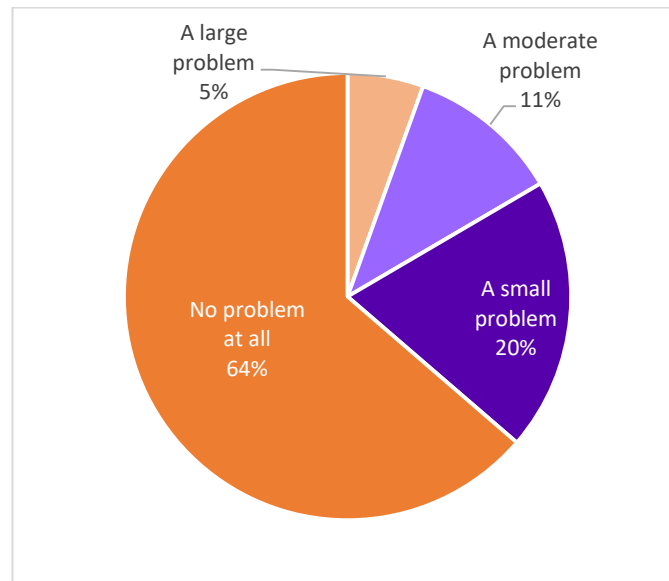
Notes. Item Range 1 (strongly disagree) – 5 (strongly agree). ^{rev} Items reversed-scored 1 (strongly agree) – 5 (strongly disagree)

8.4 Child Sleep

Parents were asked to indicate how much of a problem their child’s sleeping pattern or habits are for them. There were five alternatives: ‘large problem’, ‘moderate problem’, ‘small problem’, ‘no problem at all’, and ‘not sure/don’t know.’

The majority of parents (63.7%) reported that their children’s sleeping patterns or habits were not a problem. For close to twenty percent (19.8%) sleep was a small problem and 16.6% reported it was a moderate or large problem (see Figure 70).

Figure 70. Child sleep problems (population weighted data)



There was a significant effect of **child age group** on the degree to which parents reported that their child's sleeping patterns were a problem, with parents of younger children reporting that sleep was more of a problem $F(3,2514) = 12.589, p < .001$. Figure 71 shows the percentage of parents across the four child age groups who thought their child's sleep was not a problem compared with those who thought it was a problem (large, moderate and small ratings combined).

Figure 71. Sleep problems by child age group (population weighted data)

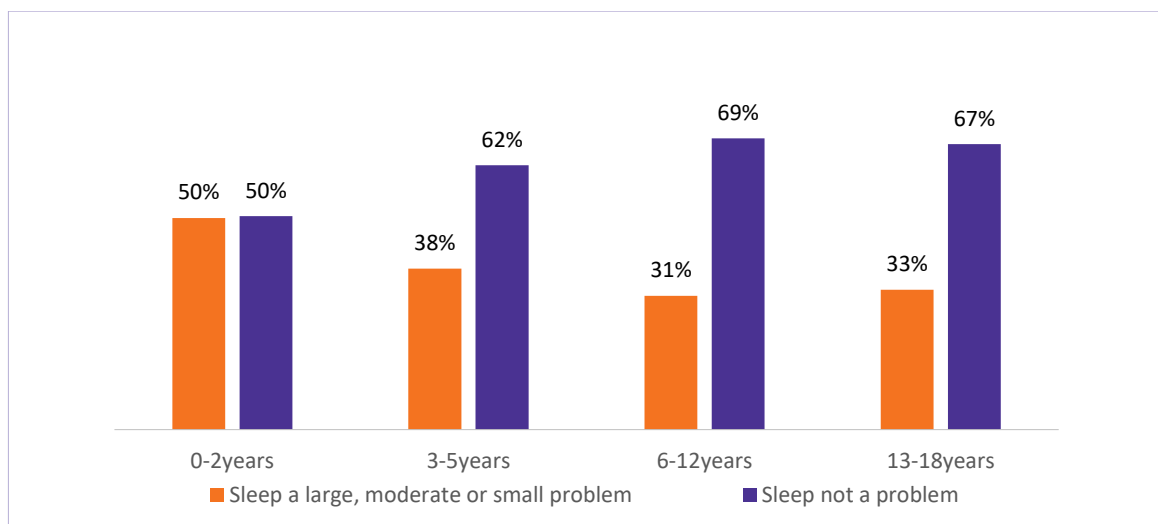
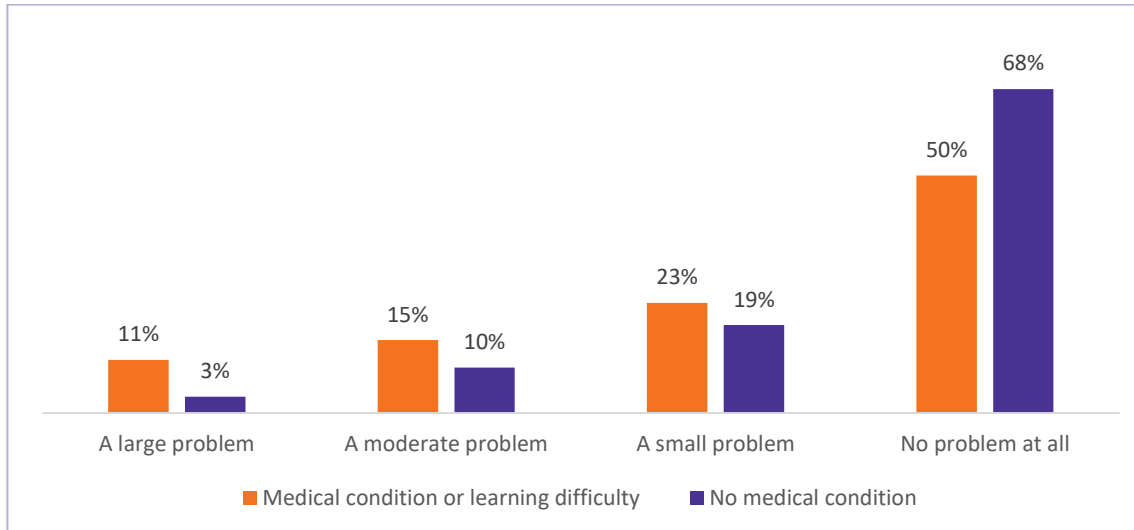


Figure 72 shows that parents whose child has a **medical condition or learning difficulty** were more likely to say that their child's sleeping patterns or habits were a problem and this difference was statistically significant, $\chi^2(3) = 98.74, p < .001$.

There were no significant differences in how *mothers and fathers*, parents living in *metropolitan or regional* areas or different *socioeconomic* areas reported that their child's sleep as a problem.

Figure 72. Sleep problems in children by medical conditions or learning difficulties (population weighted data)



9. Parent-child relationship

This section presents findings based on the population weighted data describing aspects of parent-child relationships including parents' confidence in their parenting skills, and the parenting practices they use, including child behaviour management strategies. Parental behaviours that contribute to the parent-child relationship, such as spending time with the child reading, playing, musical and outdoor activities are described in the section on Parent Engagement and Child Learning.

Detailed results for the population weighted sample are presented for the whole sample initially then by way of mother/father status, child age, parents of children with medical conditions or learning difficulties, regional/metropolitan location, and socio-economic area.

9.1 How confident are parents in their parenting skills?

Described here are the population weighted responses to four single items from the *Me as a Parent Scale* (MaaP) that relate to parenting confidence. These items ask parents to rate how much they agree they have confidence in themselves as a parent, they have the skills to be a good parent, they think they are doing a good job as a parent, and their parenting skills are effective. Parents' subscale and total scale scores for all 16 items of the MaaP are reported in the chapter on **Parent Coping and Support** (see page 99).

The graphs below show the proportions of agreement ratings for each of the four MaaP items (see Figure 73, Figure 74, Figure 75 and Figure 76). Although there is variation in responses, inspection of all four graphs shows that the majority of parents rated their parenting positively.

Nevertheless, there were statistically significant differences in parents' reported confidence in their parenting skills across **child age groups**, with a slightly larger proportion of parents of older children having mixed feelings about their confidence as parents (12% vs. 5-7% for other age groups), $\chi^2(12) = 40.32, p < .001$.

Mother/father comparison showed a trend for fathers to be more likely to agree or strongly agree that they had confidence in themselves as a parent. The difference was small (fathers 93.5% compared to mothers 89.2%) and this difference failed to reach statistical significance, $\chi^2(4) = 16.49, p = .002$. For other subgroups, that is, *metropolitan/regional* location, *child medical condition or learning difficulty*, and *socio-economic area*) there were no statistically significant differences for parenting confidence.

There were small differences between parents of different **child age groups** in how much they agreed they had the skills necessary to be a good parent to their child and this comparison reached statistical significance, $\chi^2(12) = 39.98, p < .001$. Parents of older children (13 to 18 years) were more likely to have mixed feelings and less likely to strongly agree with this item. Conversely, there were no child age group differences for the items "...doing a good job as a parent' and '...skills are effective'.

Sub-group comparisons between *metropolitan/regional* location, *child medical conditions or learning difficulty*, *mothers/fathers*, and *socio-economic area* showed no statistically significant differences in the proportion who agreed they had the skills necessary to be a good parent, thought they were doing a good job as a parent, and that their parenting skills were effective.

Figure 73. I know I am doing a good job as a parent (population weighted data)

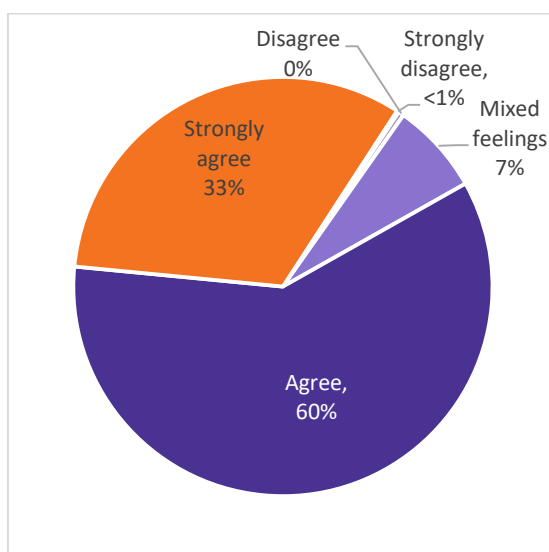


Figure 74. My parenting skills are effective (population weighted data)

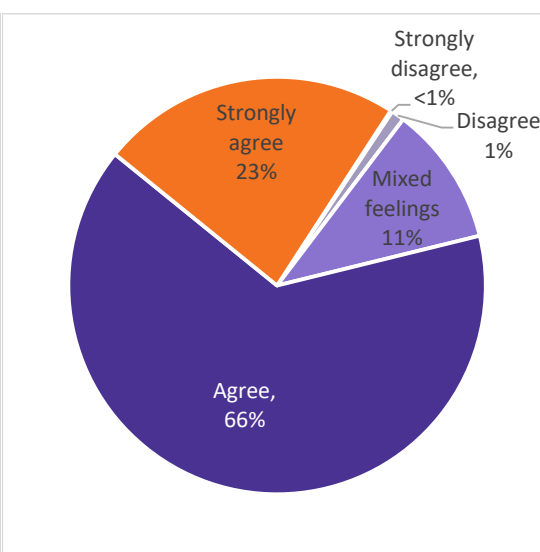


Figure 75. I have confidence in myself as a parent (population weighted data)

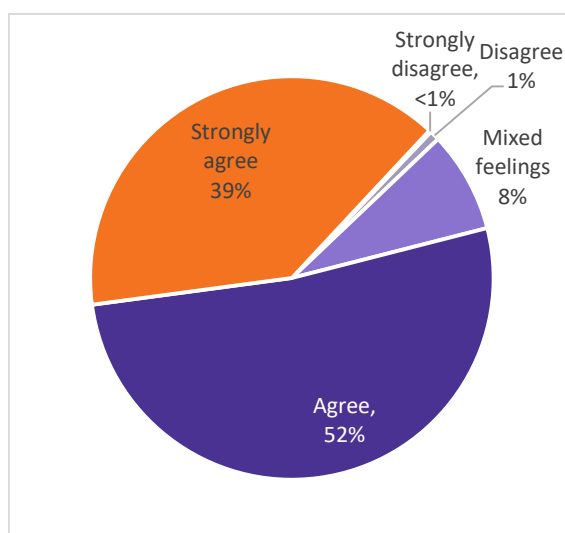
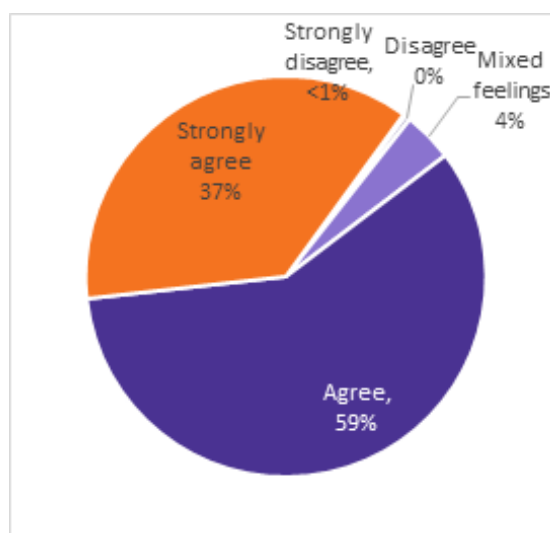


Figure 76. I have all the skills necessary to be a good parent to my child (population weighted data)



9.2 What do parents say about their parenting practices?

Parents were asked to respond on a scale of 1 (strongly disagree) to 5 (strongly agree) how much they agreed with four statements about their parenting behaviour. Items were: becoming impatient quickly; consistency in parenting behaviours; being too critical; and, satisfaction with the amount of time they could spend with their child. These items were selected from the Parent Performance subscale of the Cleminshaw-Guidubaldi Parent Satisfaction Scale (Guidubaldi & Cleminshaw, 1985).

Despite the high levels of parenting confidence reported by parents (see page 112), close to 41% agreed or strongly agreed that they wished they did not become impatient with their children so quickly (see Figure 77), just over 29% wished they were more consistent in their parenting behaviour (see Figure 78), and 29% of parents agreed that they were sometimes too critical of

their children (see Figure 79). Thirty-seven percent were dissatisfied or had mixed feelings about the amount of time they could give their children (see Figure 80).

Figure 77. I wish I did not become impatient so quickly with my child (population weighted data)

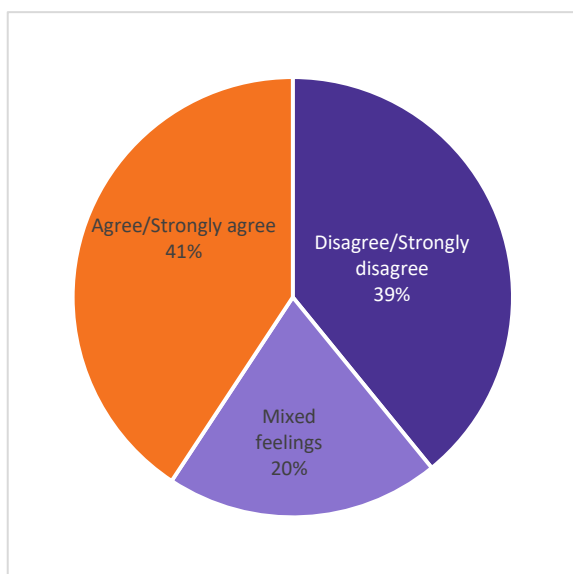


Figure 78. I wish I were more consistent in my parenting behaviours (population weighted data)

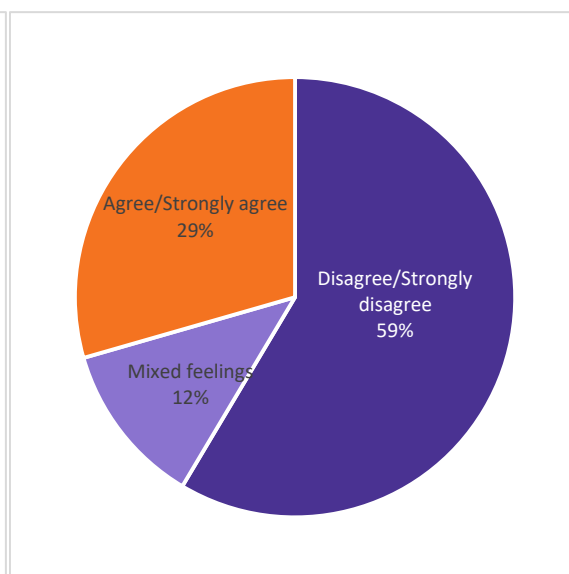


Figure 79. Sometimes I feel I am too critical of my child (population weighted data)

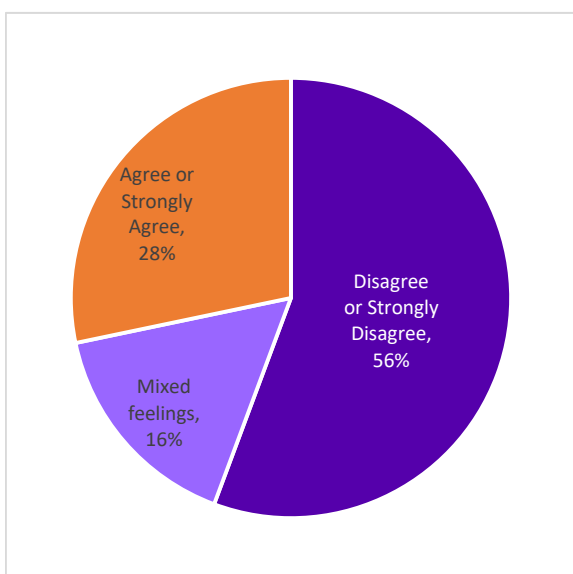
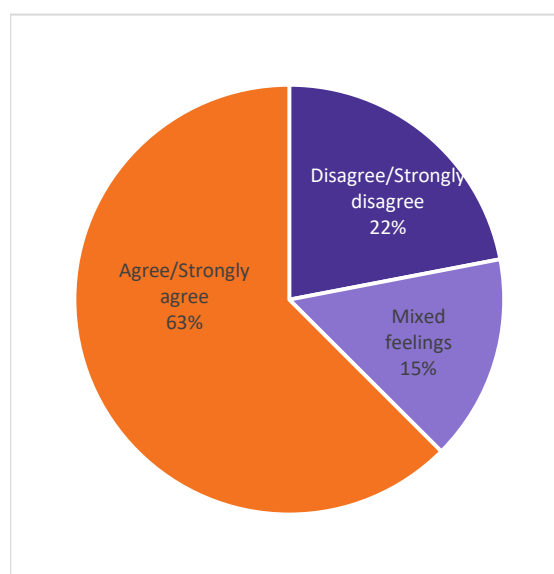


Figure 80. I am satisfied with the amount of time I can give to my child (population weighted data)



There was a significant difference in Parent Performance items between **child age groups** on three of the items: “I wish I did not become impatient so quickly” was highest in age 3-5 years $F(3,2531) = 6.610, p < .001$, “Sometimes I feel too critical” was higher in ages 13-18 years $F(3,2531) = 21.950, p < .001$, and “I am satisfied with the amount of time I can give my child” was higher in 0-2 and 13-18 years $F(3,2531) = 7.390, p < .001$. There was no statistically significant difference in Parent Performance items between child age groups on “I wish I were more consistent with my parenting behaviours”. Table 52 shows the mean ratings for the age groups.

Table 52. Average scores on the Parent Performance items by child age group, *M (SD)* (population weighted data)

	0–2 years	3–5 years	6–12 years	13–18 years	Total
I wish I did not become impatient so quickly with my child*	2.81 (1.19)	3.13 (1.14)	3.04 (1.11)	2.96 (1.13)	2.99 (1.14)
I wish I were more consistent in my parenting behaviours	2.53 (1.01)	2.71 (1.11)	2.68 (1.08)	2.63 (1.11)	2.64 (1.08)
Sometimes I feel I am too critical of my child*	2.30 (0.97)	2.59 (1.10)	2.72 (1.06)	2.79 (1.10)	2.64 (1.08)
I am satisfied with the amount of time I can give to my child*	3.72 (1.07)	3.49 (1.10)	3.48 (1.06)	3.66 (1.06)	3.57 (1.07)

*Statistically significant difference across child age groups, $p < .001$.

There was a small, but statistically significant difference between **fathers and mothers** on “I feel satisfied with the amount of time I can give to my child”, with higher scores for mothers $F(3,2495) = 85.191, p < .001$. Agreement with ‘Sometimes I feel I am too critical of my child’ was higher for fathers, but this mother/father difference failed to reach statistical significance. There was no significant difference in Parent Performance responses between **fathers and mothers** on ‘I wish I did not become so impatient with my child’ and ‘I wish I were more consistent in my parenting behaviours’ (see Table 53).

Table 53. Average scores on the parent performance items by mothers and fathers, *M (SD)* (population weighted data)

	Fathers	Mothers
I wish I did not become impatient so quickly with my child	2.99 (1.11)	3.00 (1.15)
I wish I were more consistent in my parenting behaviours	2.70 (1.09)	2.61 (1.08)
Sometimes I feel I am too critical of my child	2.72 (1.08)	2.59 (1.07)
I am satisfied with the amount of time I can give to my child*	3.33 (1.08)	3.73 (1.04)

*Statistically significant difference between fathers and mothers, $p < .001$.

A comparison of responses of parents from *metropolitan/regional* locations, different *socioeconomic* areas, and parents of children with a *medical condition or learning difficulty* showed no statistically significant differences in Parenting Performance items.

9.3 What strategies do parents use to address their child’s behaviour?

Parents were asked how often they used four strategies for dealing with their children’s behavioural challenges. There were three items from the Parent and Family Adjustment Scale (PAFAS; Sanders, Morawska, Haslam, Filus & Fletcher, 2013) on praise, smacking and arguing or yelling, and an additional item about talking to their children about problems/issues that they might be confronting (for example, problems with friends, schoolwork or drug use).

As seen in the graphs below, the majority of parents (82%) reported that they rewarded or praised their child when they behaved well ‘quite or lot’ or ‘very much’ (Figure 81) and never smacked their child (72%, Figure 82). Sixty-two percent of parents reported that they argued with or yelled at their child ‘a little’ (Figure 83) and 76% ‘always’ or ‘often’ talked about problems or issues with their child (Figure 84).

Figure 81. When my child behaves well, I reward them with praise/a treat/attention (population weighted data)

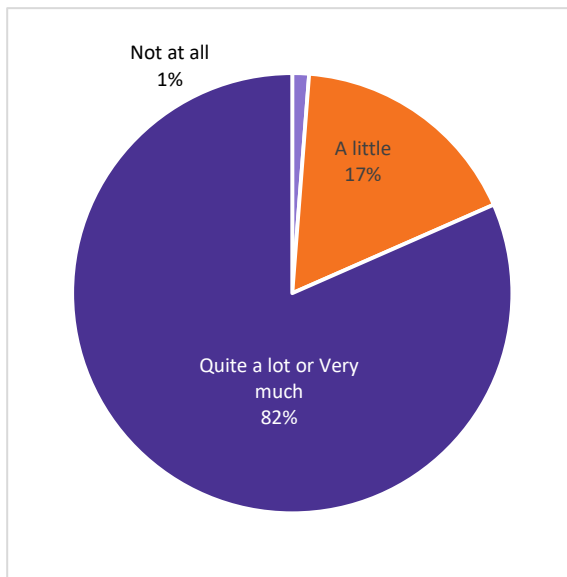


Figure 82. I smack my child when they misbehave (population weighted data)

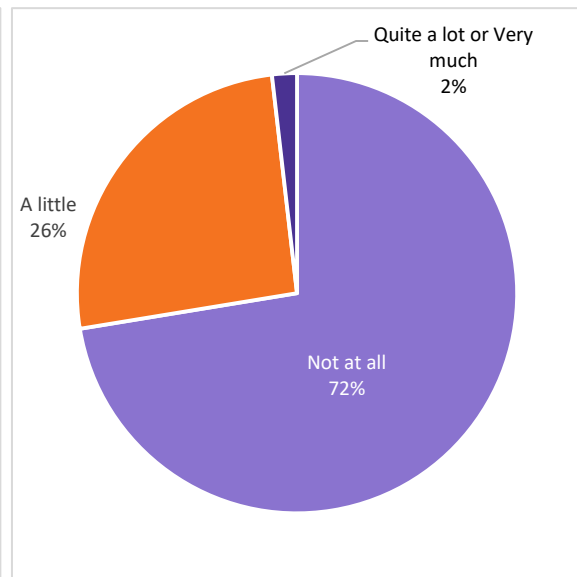


Figure 83. I argue with or yell at my child about their behaviour or attitude (population weighted data)

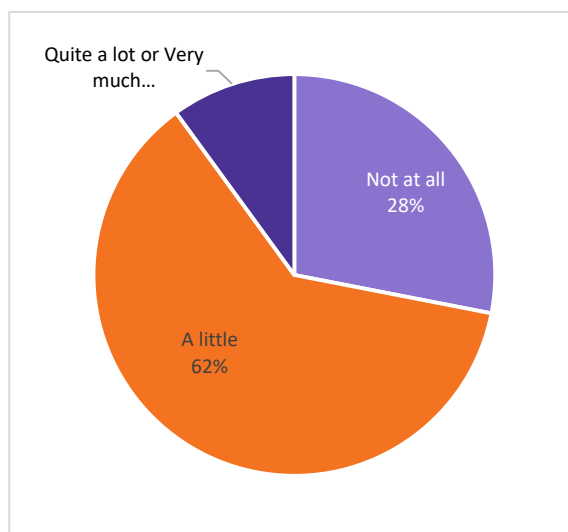
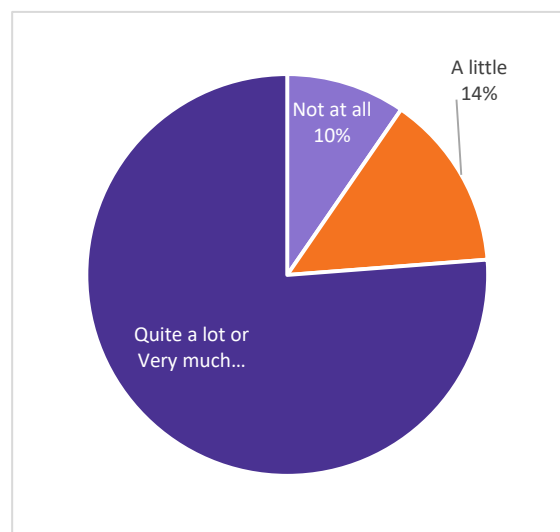


Figure 84. Talk to child about problems/issues (population weighted data)



There were significant differences across **child age groups** in parents' reports of parenting practices:

- Parents of children aged 0-2 years were more likely to report praising or rewarding their child more often, $F(3,2529) = 23.149, p < .001$
- While the majority of parents reported that they did not smack their child when they misbehave, parents of children aged 3-5 years reported that "I smack my child when they misbehave" relatively more often, $F(3,2532) = 45.132, p < .001$
- Parents of 0-2-year-old children reported that "I argue or yell at my child about their behaviour or attitude" more often, $F(3,2532) = 47.933, p < .001$
- There was also a significant difference across child age groups in the degree to which parents report talking to their child about problems or issues, with parents of 6-12 year-old children reporting highest agreement, $F(3,2532) = 168.939, p < .001$ (this difference was one of the rare analyses to also show a large effect size, $\eta_p^2 = .17$).

Table 54 shows the adjusted mean ratings for the four child age groups. PAFAS items were rated on a 4-point scale from 1 = 'not at all' to 4 = 'very much'. High scores for praise are reflective of positive parenting strategies; high scores for smacking and arguing or yelling reflect a negative parenting approach. The item about talking to their child was rated on a 5 point scale from 1 (never) to 5 (always) with high scores representing positive parenting.

Table 54. Average parenting strategies scores (selected PAFAS items) by child age, *M (SD)* (population weighted data)

	0–2 years	3–5 years	6–12 years	13–18 years	Total
When my child behaves well, I reward them with praise/a treat/attention*	3.38 (0.72)	3.29 (0.75)	3.19 (0.75)	3.03 (0.77)	3.20 (0.76)
I smack my child when they misbehave*	1.35 (0.58)	1.49 (0.58)	1.32 (0.51)	1.14 (0.44)	1.30 (0.53)
I argue with or yell at my child about their behaviour or attitude*	1.52 (0.63)	1.86 (0.64)	1.92 (0.62)	1.94 (0.69)	1.85 (0.66)
Talk to child about problems/issues*	3.05 (1.66)	4.14 (1.04)	4.35 (0.76)	4.20 (0.87)	4.04 (1.15)

*Statistically significant difference across child age groups, $p < .001$.

Comparisons between **mothers and fathers** showed statistically significant differences for two items (see Table 55). Mothers reported arguing or yelling at their child more often, $F(1,2496) = 11.863$, $p < .001$, and also talking to their child about issues more frequently than fathers, $F(1,2495) = 84.617$, $p < .001$.

Table 55. Average parenting strategies scores (selected PAFAS items) by mothers & fathers, *M (SD)* (population weighted data)

	Father	Mother
When my child behaves well, I reward them with praise/a treat/attention	3.15 (0.77)	3.24 (0.75)
I smack my child when they misbehave	1.34 (0.57)	1.28 (0.51)
I argue with or yell at my child about their behaviour or attitude*	1.79 (0.65)	1.88 (0.67)
Talk to child about problems/issues*	3.78 (1.21)	4.21 (1.08)

*Statistically significant difference between fathers and mothers, $p < .001$

There were some other comparisons that approached statistical significance, though the differences were very small. Parents in *regional* areas were more likely to say they smacked their child more often and parents in *metropolitan* areas were more likely to say they argued or yelled more often. A slightly greater proportion of parents in the lower two categories of socioeconomic disadvantage reported smacking their child 'a little', while parents in more socioeconomically advantaged areas were slightly more likely to report never smacking their child, $\chi^2(8) = 23.892$, $p < .001$. These results for parents from different **socioeconomic areas** are presented in Figure 85.

As shown Figure 86 a larger proportion of parents of children with a **medical condition or learning difficulty** reported that they 'always' talk to their child about problems or issues that they might be dealing with, and this difference was statistically significant, $\chi^2(4) = 32.907$, $p < .001$. There were no other statistically significant differences in responses to the positive parenting items reported by parents of children with a medical condition or learning difficulty.

Figure 85. Responses to the PAFAS item 'I smack my child when they misbehave' by socio-economic areas (population weighted data)

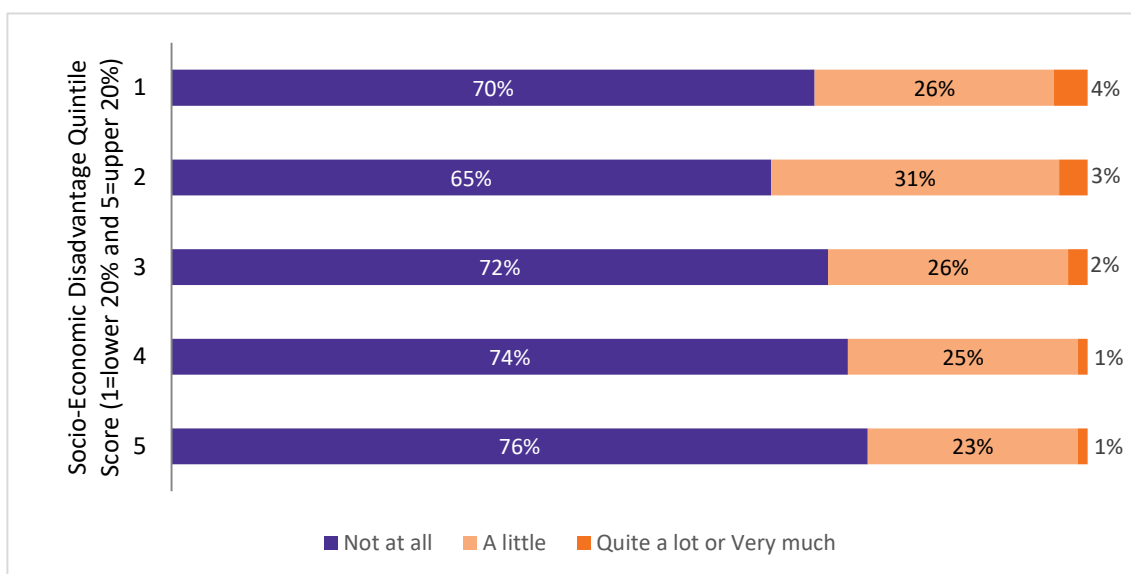
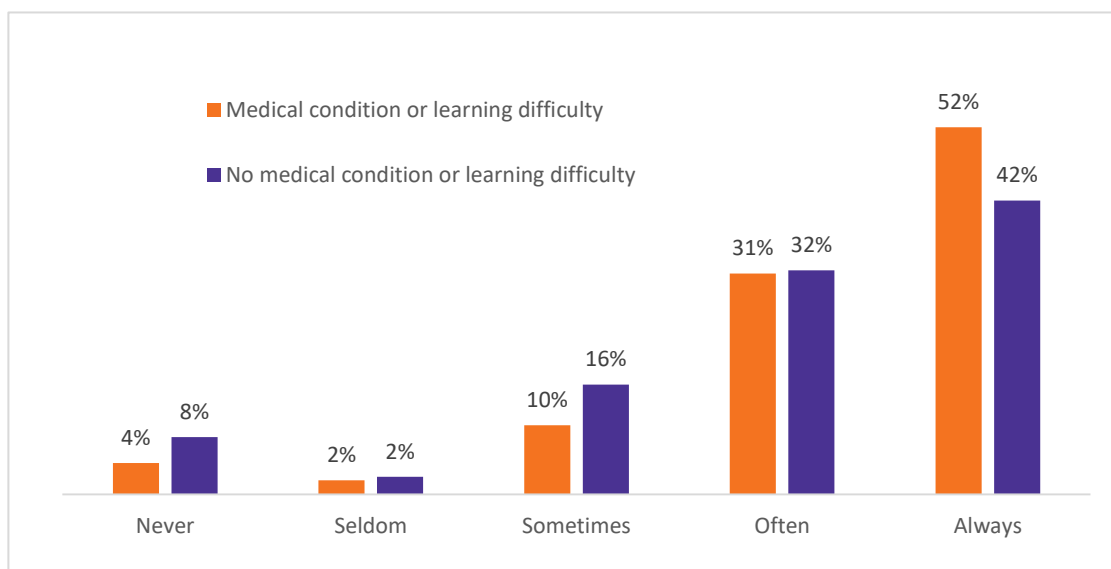


Figure 86. Responses to the PAFAS item 'I talk to my child about problems/issues' by child medical condition or learning difficulty (population weighted data)



10. Parent Monitoring and Children's Use of Electronic Devices

This section presents the population sample weighted estimates of parents' monitoring of their child and of electronic device usage. Are parents aware of where their children are when they are not at school and how often do parents report setting limits about where their children go in their free time? What about the amount of time children spend using electronic devices such as iPads, computers, laptops, and mobile phones, and what strategies are used to monitor the use of electronic devices and online activity?

Detailed results are presented for the population weighted sample initially then by way of child age, mother/father status, area of socio-economic disadvantage, child medical condition or learning difficulty, and regional/metropolitan location.

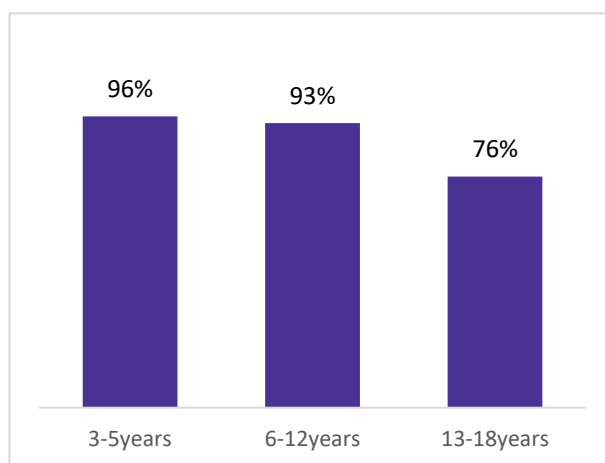
10.1 How do parents monitor their child's activities

10.1.1 Knowledge of whereabouts

Parents of children over the age of 3 years were asked how often they know where their child is when not at school (or kinder/child care). Response options were 1 (never), 2 (seldom), 3 (sometimes), 4 (often) and 5 (always). The population weighted data shows that 87% of parents 'always' knew where their child was, while 2% only sometimes, seldom or never knew where their child was.

A significant difference was found in the frequency of parental monitoring of children's location across **child age groups**. With parents of younger children reporting they know where their children are more often, $F(2,1731) = 42.720$, $p < .001$, see Figure 87.

Figure 87. Parents who report 'always' knowing where their children are by child age group (population weighted data)



There were no significant differences between *mothers and fathers*, although mothers tended to report higher levels of monitoring. There were no differences between *regional or metropolitan areas*, *different socio-economic areas* or *children's medical conditions or learning difficulties*.

Of those parents with a shared care arrangement for the focus child, 85% of the 'majority-time' parents (where the child spent more than half the time with them) said they always knew where the child was, compared with only 22% of those who did not co-habit with the child at all (who just had contact) and 50% of parents whose child spent less than half the time with them.

Parents who stated that they did not live with their child were less likely to report that they always knew where their child was (88% of parents who lived with their child reported this, compared to 59% of parents who did not live with their child), $\chi^2(4) = 113.919$, $p < .001$.

10.1.2 Rules and limits about children's free time

Parents were asked about how often they set rules and limits about where their children went in free time on the same scale as above ranging from 1 (never) to 5 (always). Around 80% of parents always have rules and limits about where children go in their free time, while 8% of parents only sometimes, seldom or never had rules and limits.

A statistically significant difference was found in parental rule/limit setting by **child age group** as seen in the graph below, $F(3,1757) = 17.955, p < .001$. Parents of children 6 to 12 years reported setting rules/limit more often, followed by parents 3 to 5 year olds (see Figure 88). Parents of adolescents were less likely to report they applied rules/limits to their children's free time.

A statistically significant difference was found in parental rule setting between **fathers and mothers**, $F(1,1729) = 21.999, p < .001$, with more mothers than fathers reporting they set rules about free time (see Figure 89).

Figure 88. Parents who report 'always' setting limits about where their children go by child age group (population weighted data)

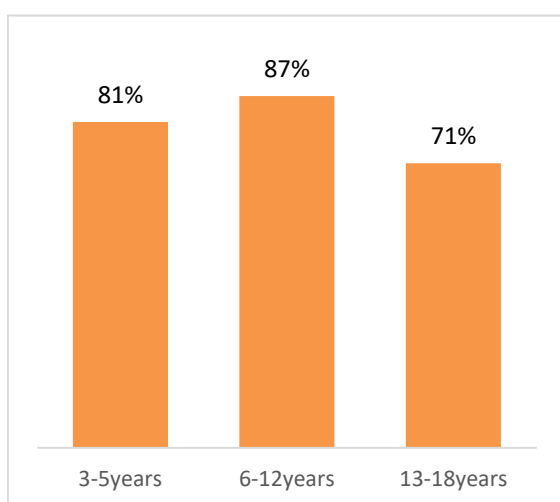
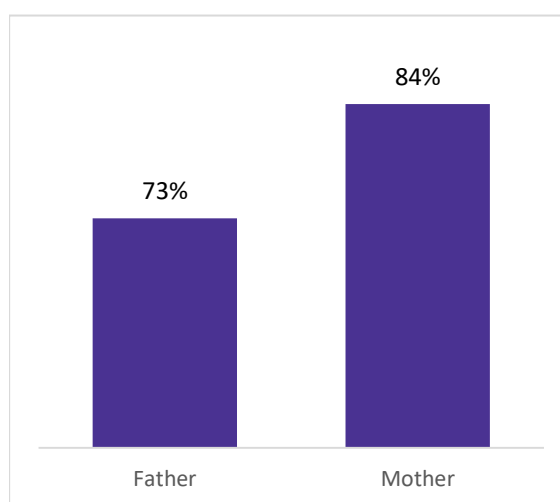


Figure 89. Mothers and fathers who report 'always' setting limits about where their children go (population weighted data)



Comparisons between parents living in *metropolitan* and *regional* areas or in different *socioeconomic* areas, and parents of children with a *medical condition* or *learning difficulty* showed no statistically significant differences in their reports of limit setting about where their child goes in free time.

Parents who stated that they did not live with their child were less likely to report that they always set rules or limits about where their child goes in their free time (61% vs. 81% of parents who said that they lived with their child), $\chi^2(4) = 29.63, p < .001$.

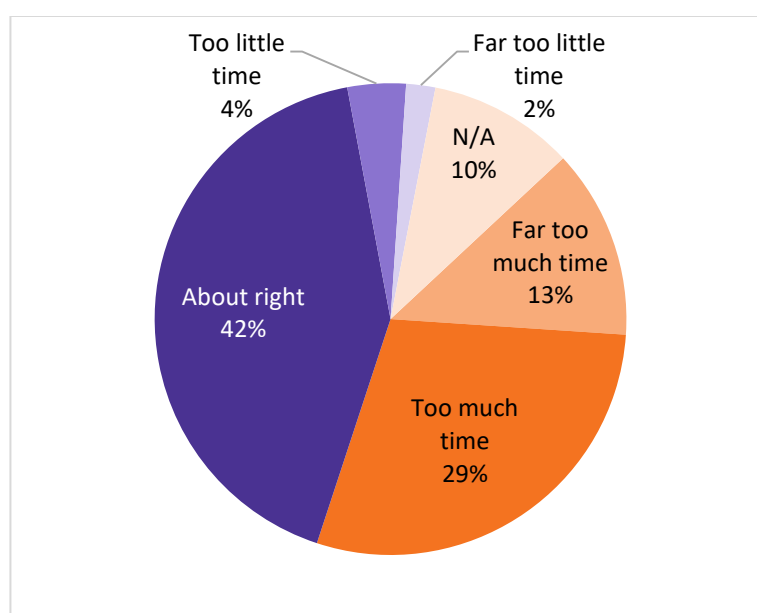
10.2 What do parents report about their children's use of media and technology?

10.2.1 Time spent using electronic devices

Parents' opinions about the amount of time children spent using electronic devices were obtained on a 5 point scale with 1= 'far too much time', 2='too much time', 3 = 'about right', 4='too little time' and 5='far too little time'. There was also a 'don't know' option.

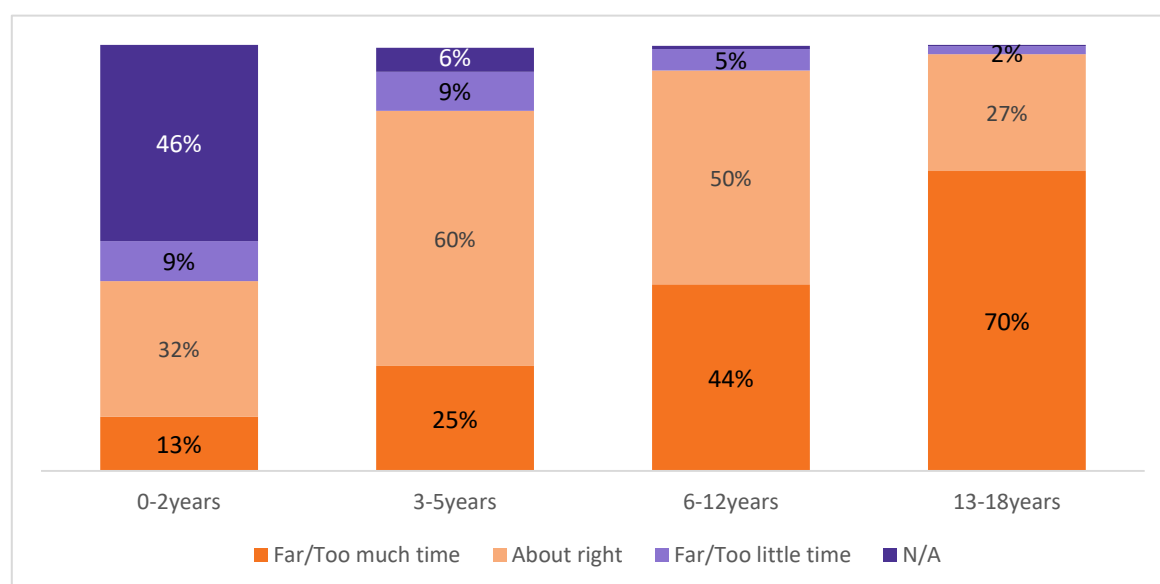
Approximately 42% of parents thought that their child spent too much (or far too much) time using electronic devices, such as iPads, computers and mobile phones (see Figure 90).

Figure 90. Time child spends using electronic devices (population weighted data)



Child age group comparisons showed that parents of older children (13-18 years) were more likely to report that their child spent too much time using electronic devices as illustrated in Figure 91, and this finding was statistically significant, $\chi^2(12) = 373.320, p < .001$. Interestingly, 60% of parents of children aged 3-5 years thought their child's electronic usage was 'about right'.

Figure 91. Parents' opinions about the amount of time their children spend using electronic devices by child age group (population weighted data)



Comparisons between *mothers* and *fathers*, parents living in *metropolitan* or *regional* areas, and parents living in different *socioeconomic* areas showed no statistically significant differences in their opinions of the amount of time their child spent using electronic devices.

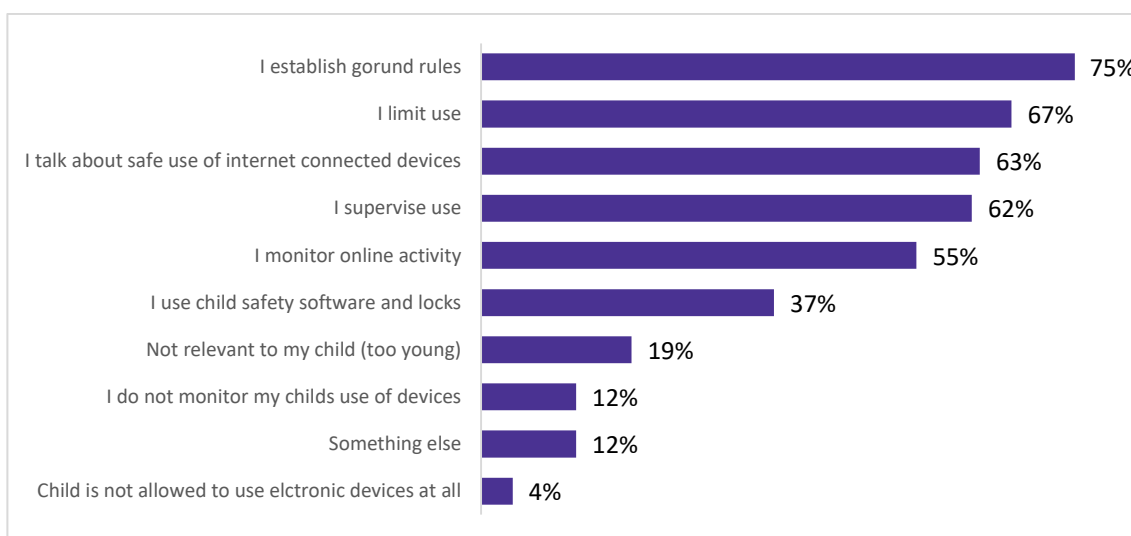
A larger proportion of parents of children with a **medical condition or learning difficulty** reported that their child spent "far too much time" using electronic devices (19% vs. 12%), and this difference was statistically significant, $\chi^2(4) = 17.968, p < .001$.

10.2.2 Parental strategies to monitor children's internet use

Parents were given a list of nine strategies aimed at controlling or monitoring children's use of electronic devices, and asked to state for each one whether or not they used the strategy. There was a tenth option of 'something else'.

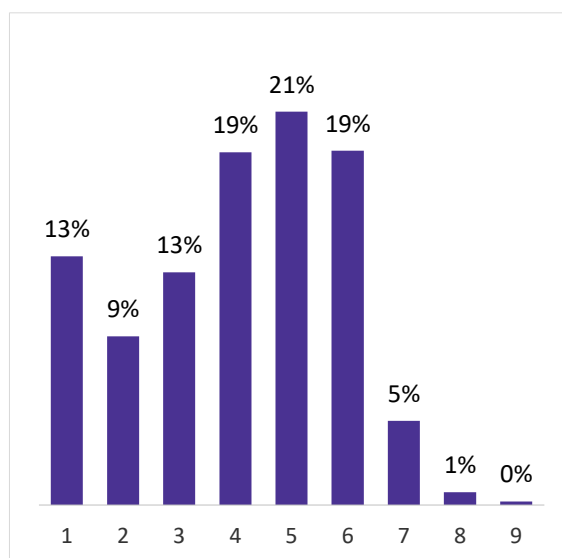
As shown in Figure 92, parents employ a range of strategies to monitor children's use of the internet and electronic devices. Establishing ground rules was the most commonly endorsed strategy (75% of parents). Limiting the time children use devices (68%), supervising use (62%) and talking about safe use of the internet (63%) were the next most frequently reported strategies. Twelve percent of parents said they did not monitor their children's use, and 4% said they did not allow their children to use electronic devices at all.

Figure 92. Strategies to monitor children's use of electronic devices (population weighted data)



Many parents said they used multiple strategies: around 63% used four or more strategies. Figure 93 shows the percentages of parents using one to nine monitoring strategies.

Figure 93. Number of monitoring strategies used (population weighted data)



There were significant differences in the strategies parents reported using to monitor device use across child age groups (see Table 56). Parents of 6 to 12-year-old children were the more likely to report establishing ground rules $\chi^2(3) = 557.295, p < .001$, and limiting time use $\chi^2(3) = 377.477, p < .001$, and monitoring online activity $\chi^2(3) = 371.354, p < .001$. Higher percentages of parents of children aged 6 to 12 years and 13 to 18 years reported talking to their children about safe internet use (83% and 87% respectively) $\chi^2(3) = 912.761, p < .001$.

Table 56. Percentage of parents who report using the listed strategies to monitor child use of electronic devices across child age groups (population weighted data)

Strategies to monitor child use of electronic devices	0–2 years	3–5 years	6–12 years	13–18 years
Not relevant to my child (too young)*	70.5%	19.8%	5.6%	1.4%
I do not monitor my child's use of devices*	8.5%	7.2%	7.8%	22.1%
Child is not allowed to use electronic devices at all*	15.1%	5.4%	0.6%	1.0%
I limit time use*	41.4%	79.3%	85.6%	52.8%
I supervise use*	42.2%	75.9%	79.9%	40.7%
I established ground rules*	33.9%	76.9%	91.0%	80.9%
I talk about safe use of internet connected devices*	16.8%	33.1%	82.8%	86.5%
I use child safety software and locks*	21.8%	49.7%	48.3%	22.1%
I monitor online activity*	26.3%	56.0%	74.3%	48.1%
Something else*	5.9%	11.9%	13.6%	14.0%

*Statistically significant difference across age groups, $p < .001$.

Parents of children with a **medical condition or learning difficulty** were less likely to report that monitoring children's use of devices was not relevant to them because their child was too young (11% vs. 21%), $\chi^2(1) = 33.181, p < .001$. Parents of children with a medical condition or learning difficulty were slightly more likely to report that they 'establish ground rules' (79% vs. 74%), $\chi^2(1) = 7.264, p < .001$, and to 'talk about safe use of internet connected devices' (69% vs. 61%), $\chi^2(1) = 12.933, p < .001$. Differences in child age may also have contributed to these findings (e.g., as older children may be more likely to have an identified medical condition or learning difficulty).

Mothers were significantly more likely than **fathers** to talk about safe internet use (66% vs. 58%) $\chi^2(1) = 17.026, p < .001$.

There were no significant differences in reported use of monitoring strategies for *metropolitan vs. regional areas*, and for *differing socio-economic residential areas*.

11. Concluding statement

The *Parenting Today in Victoria* survey of 2016 was the first parenting survey of its kind for Victoria and thus provides vital new insights to inform policy decision-making, service planning and future research.

The findings accumulated from the analysis of survey data thus far have provided valuable insights into the views and circumstances of Victorian parents. These analyses have led us to the point where more sophisticated and targeted analysis needs to be performed to further understand the interactions between family characteristics, and parenting experiences, behaviours, concerns and needs.

The *Parenting Today in Victoria* survey of 2016 provides a valuable baseline measure of the experiences of Victorian parents. Repeated delivery of this survey will allow ongoing understanding of contemporary parenting experiences, as well as the opportunity to monitor trends in parenting strengths and needs over time.

Building on the experience of the inaugural administration of the *Parenting Today in Victoria* survey we will apply what we have learned to future iterations of the survey. For instance, notwithstanding the close representation of survey participants to the broader Victorian parenting population, future administration of the survey will consider additional measures to improve the representativeness of the sample (e.g., by applying quotas or a targeted recruitment strategy to key cultural groups or to parents who have attained lower levels of education, and by incorporating mobile phone as well as landline CATI recruitment from the outset). We will also review the type and range of items in the survey, to maintain contemporary relevance but also to ensure we are using the most reliable and valid, albeit brief, measures of constructs of interest (e.g., our results about child resilience would be more robust if it was measured with more than one question).

Finally, we gratefully acknowledge the Victorian Government for supporting the development, delivery and analysis of the *Parenting Today in Victoria* survey. A key success of this project has been the collection of a rich set of information from a large representative sample of parents across the state, and particularly from a large number of fathers. The detailed knowledge gained about parents' experiences of help-seeking and satisfaction with supports has brought new insights into parenting in Victoria which will contribute to how we use data to inform policy and practice decision-making for Victorian families.

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Appendix 1. Survey items

Parenting Today In Victoria Survey 2016

SCREENING QUESTIONS AND QUOTAS

SQ1. What is your gender?

	CODE
Male	1
Female	2
Other	97

SQ2. Are you at least 16 years old?

[terminate if no or refused]

	CODE
Yes	1
No	2
Refused	97

SQ3. Do you live full time with any of the children you are helping to raise?

[terminate if refused]

	CODE
Yes	1
No	2
Refused	97

SQ3a. <ask if SQ3=2>Thinking of the child/children that you spend the most time with, how many days in a typical month, are you spending with the child/children?

[terminate if refused or response <4]

	CODE
(Australian Bureau of Statistics)	1

Refused	97
---------	----

SQ4. what is the postcode where you live?

--	--	--	--

SQ5 <ask of respondents who answered 4 days a month or more to item SQ3a>. How many children are you spending ? number of days with?

CODE	
One	1
More than one	2

SQ6 <ask if sq5>1>**AND IF SQ3=1 READ FOLLOWING:** Of the children who live with you full time, please select the child whose last birthday is closest to today's date. It's important to keep this child in mind for all of the questions I ask you.

<ASK about children in SQ5 is 1> Thinking about the children you spend the most time with, of these children, please select the child whose last birthday is closest to today's date. It's important to keep this child in mind for all of the questions I ask you.

<ASK if only 1 child identified in SQ5> for the rest of the survey, I would like you to keep this child in mind.

Thinking of this child – is this child: male or female? <ask if sq5=1> Thinking of your child – is this child: male or female?

CODE	
Male	1
Female	2

SQ7. We would like to give this child a name for the rest of the interview, what name should I use?

CODE	
RECORD NAME	1
Refused	97

PARENT – CHILD RELATIONSHIP

Item no.	Item	Response scale	Origins of item	Age Group
1	What is your relationship with [child name]?	1 Biological Parent 2 Foster Parent 3 Step Parent 4 Adoptive Parent 5 Other Relative (please specify) 6 Other (please specify) 7 Grandparent	Devised by team	All ages
2	Is there a shared living arrangement in place for this child? <i>(if yes, ask the following question. If no, move to item 'we are interested in finding out about who else lives with you')</i>	1 Yes 2 No	Devised by team	All ages
3	If [child name] has shared living arrangements with you and another parent, please select the option which best describes your current arrangements:	1. I live with [child name] and they spend less than half the time with another parent 2. I live with [child name] and share equal time with another parent 3. I live with [child name] and they spend more time with the other parent 4. I don't live with [child name] but I have contact with the child 5. Other	Devised by team	All ages
85	<i>We are interested in finding out about who else lives with you</i> How many adults are living in your household 4 days a week or more?	Record number	Devised by team	All ages
86	How many children (0-18 years) are living in your household 4 days a week or more?	Record number	Devised by team	All ages
87	(IF more than one adult in the home) Are any of the adults living with you your partner/spouse?	1. Yes 2. No	Devised by team	All ages
Q87a	<if Q85=1 or Q87=2> Do you have a partner/spouse helping to raise this child? (if yes ask next three questions, If no skip to Q7)	1. Yes 2. No	Devised by team	All ages

Item no.	Item	Response scale	Origins of item	Age Group
4	<p><i>For the next three items, keep in mind this child's other parent:</i></p> <p><i>(note: if there is another biological parent AND a partner and the respondent wants clarification on which one to have in mind, questions should be answered with most significant other parent in mind)</i></p> <p>How often do you and your partner agree on how to parent [child name]?</p>	<ol style="list-style-type: none"> 1. All to the time 2. Most of the time 3. Occasionally 4. Rarely 5. Never 	Devised by team	All ages
5	How often do you feel that [child's name] other parent understands and is supporting you as a parent?	<ol style="list-style-type: none"> 1. All to the time 2. Most of the time 3. Occasionally 4. Rarely 5. Never 	LSAC	All ages
6	Are you happy with the way parenting duties are shared?	<ol style="list-style-type: none"> 1. All to the time 2. Most of the time 3. Occasionally 4. Rarely 5. Never 	Devised by team	All ages
7	What is [child name] date of birth?	dd/mm/yyyy 99 refused	Devised by team	All ages
7a	Can I ask for [child name] month and year of birth?	mm/yyyy 99 refused	Devised by team	All ages
8	<p>Is [child name] in day care/kinder/primary/high school/ other (TAFE, working full time)?</p> <p>(ask depending on age. 0-6 day care, 4-6 kinder, or combo day care and kinder, 0-6, no day care or kinder, 6-13 primary, 12-18 high, 15-18, high school, TAFE, apprenticeship, working full time)</p>	<ol style="list-style-type: none"> 1. No day care or kinder 2. Day care 3. Kinder 4. A combination of day care and kinder 5. Primary school 6. High school 7. Apprenticeship 8. TAFE 9. Working full time 10. Other (Pre Kinder aged) Specify 11. Other (Kinder aged) Specify 12. Other (Primary school aged) Specify 13. Other (high school aged) Specify 14. Seeking employment 99. Refused 	Devised by team	All ages

Item no.	Item	Response scale	Origins of item	Age Group
8a	<p>For children attending school:</p> <p>If Q8=3-4 What type of kinder does your child attend? (offer the response options if needed)</p> <p>If Q8=5-6 What type of school does your child attend? (offer the response options if needed)</p>	<ol style="list-style-type: none"> 1. Government (state/public) 2. Non-Government (independent/ religious) 	Devised by team s	5-18 years Q8=3-6

LEARNING AND ENGAGEMENT

Item no.	Item	Response scale	Origins of item	Age Groups
9	In the last week, on how many days did you or another member of your family, spend some time reading to [child name]?	<ol style="list-style-type: none"> 0. 0 days 1. 1 day 2. 2 days 3. 3 days 4. 4 days 5. 5 days 6. 6 days 7. 7 days 	Australian Bureau of Statistics (ABS)	0-12years Q8=1-5,10,11,12
10	<p><i>When [child name] is with you, how often do you do the following (next 3 items):</i></p> <p>Play music, sing, dance or do other musical activities with [child name]?</p>	<ol style="list-style-type: none"> 1. Often 2. Sometimes 3. Rarely 4. Not at all 	LSAC (adapted by project team)	All ages
11	<p><Q8=1-4,10,11>Play with toys or games indoors with [child name]?</p> <p><i>For kindergarten and younger</i></p> <p><Q8=5-9,12,13,14>Play with games indoors, like board, card or electronic games, with [child name]?</p> <p><i>For primary school and up</i></p>	<ol style="list-style-type: none"> 1. Often 2. Sometimes 3. Rarely 4. Not at all 	LSAC (adapted by project team)	All ages
12	Play a game outdoors or exercise together?	<ol style="list-style-type: none"> 1. Often 2. Sometimes 3. Rarely 4. Not at all 	LSAC (adapted by project team)	All ages

Item no.	Item	Response scale	Origins of item	Age Groups
13	<p>How well do you feel that [child name]'s early <Q8=3-4,11>childcare staff/s <Q8=5,12> teacher <Q8=6,13 teacher/s understands them? (if clarity is required for what is meant by 'understands' can suggest 'understands their personality/education or health needs')</p> <p><i>Choice of 'childcare staff' should be used for children in kinder or younger. (if clarity is required for what is meant by 'childcare staff, can include kinder teacher, long or occasional day care staff, family day care staff)</i></p> <p><i>Teacher for primary school</i></p> <p><i>Teachers for high school</i></p>	<ol style="list-style-type: none"> 1. Very well 2. Quite well 3. Unsure 4. Not well 5. Not at all well 6. N/A 	Devised by team	Kinder and up Q8=3-13
14	<p><i>I would like you to think about how much you agree with the following statement:</i></p> <p>When [child name] faces a challenge, I prefer [him/her] to ask for help rather than persist with it on [his/her] own</p> <p>(clarity: Any kind of challenge that they might learn from)</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree 	Devised by team	All ages
15	<p><Q8=1-4,10,11>How important do you feel that what you do with [child name] in the years before primary school will affect [his/her] later development? (If clarity is required by what is meant by 'what you do', might refer to activities like reading, playing etc.)</p> <p><i>For children who have not yet started primary school</i></p> <p><Q8=5-9,12,13,14>How important do you feel that what you did with [child name] in the years before primary school impacted on [his/her] later development?</p> <p><i>For children in primary or high school</i></p>	<ol style="list-style-type: none"> 1. Not at all important 2. Slightly important 3. Somewhat important 4. Moderately important 5. Extremely important 	Devised by team	All ages
16	<p><i>Kinder and younger:</i></p> <p><Q8=1-4,10,11>How important do you think [child name] experiences in formal early learning settings (that is, childcare & kindergarten) are for their future success?</p> <p><i>Primary and older:</i></p> <p><Q8=5-9,12,13,14>How important do you think [child name] experiences in early</p>	<ol style="list-style-type: none"> 1. Not at all important 2. Slightly important 3. Somewhat important 4. Moderately important 5. Extremely important 	Devised by team	All ages

Item no.	Item	Response scale	Origins of item	Age Groups
	childhood settings (that is, childcare & kindergarten) were for their future success? (‘future success’ is whatever a parent wants to define it as.)			
17	<p><i>For kinder or younger:</i></p> <p><Q8=1-4,10,11>How important do you think activities out of the home (e.g. swimming lessons, playgroup, GymbaROO) are to [child name] development?</p> <p><i>For Primary school and older:</i></p> <p><Q8=5-9,12,13,14>How important do you think activities out of the home (organised sport/training, creative pursuits) are to [child name] development?</p>	<ol style="list-style-type: none"> 1. Not at all important 2. Slightly important 3. Somewhat important 4. Moderately important 5. Extremely important 	Devised by team	All ages
18	<p><i>For kinder or younger:</i></p> <p><Q8=1-4,10,11>In a typical week, on how many days does [child name] do activities like those mentioned above? (e.g. swimming lessons, playgroup, GymbaROO)</p> <p><i>For kids in primary school or older:</i></p> <p><Q8=5-9,12,13,14>In a typical week, on how many days does [child name] do activities like those mentioned above? (organised sport/training, creative pursuits)</p>	<ol style="list-style-type: none"> 0. 0 days 1. 1 day 2. 2 days 3. 3 days 4. 4 days 5. 5 days 6. 6 days 7. 7 days 	Devised by team	All ages
19	<p><i>How strongly do you agree with the following statement? (next 5 items)</i></p> <p>I feel that I can participate in decisions that affect my child at:</p> <p>[INSERT RESPONSE FROM Q8]</p> <p><Q8=2,10>Early childcare / Day care</p> <p><Q8=3,11>Kinder</p> <p><Q8=4,11>Daycare and Kinder</p> <p><Q8=5,6,12,13>School</p> <p><Q8=14>While they are seeking employment</p> <p>(‘decisions’ might be around needing extra help, disciplinary measures, selecting the childs</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree 	Kids Matter Survey	Q8=2-6,10-14>

Item no.	Item	Response scale	Origins of item	Age Groups
	teacher. For high school kids, choosing subjects might be a decision) Repeat logic for 20-22 <i>If Q8=9,14 go to Q26</i>			
20	I am satisfied with the way the <i>Early childcare staff</i> <i>Kinder</i> <i>School</i> communicates with me	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree	Kids Matter Survey	Q8=1-13
21	I am comfortable talking to my child's <i>Early childcare staff</i> <i>Teachers</i> about my child	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree	Kids Matter Survey	sQ8=1-13
22	I know how to help my child do well in: <i>Early childcare</i> <i>Kinder</i> <i>School</i> <i>('do well' can refer to school work, fit in with other kids etc.)</i>	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree	Kids Matter Survey	sQ8=1-13
23	I feel confident that I can support my child well during their transition to <Q8=1-4,10,11,12> <i>Primary school</i> <Q8=5,12> <i>High school</i> <i>(support can include: e.g. emotionally, practically, financially)</i>	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree	Parent Self-efficacy in Managing the Transition to School Scale	Q8=15,10,11,12
24	How often do you talk to [child name] about their day at: <Q8=2,10> <i>Early childcare / Daycare</i> <Q8=3,11> <i>Kinder</i> <Q8=4,11> <i>Daycare and Kinder</i> <Q8=5,6,12,13> <i>School</i>	1. Often 2. Sometimes 3. Rarely 4. Not at all	LSAC	2-18 years Q8=2-6,10-13>

Item no.	Item	Response scale	Origins of item	Age Groups
25	<p><i>For Kinder age children <Q8=3-4,11>:</i></p> <p>How important do you think it is that [child name] attend kinder every day that it is available</p> <p><i>For school age children <Q8=5,6,12,13>:</i></p> <p>How important do you think it is that [child name] attend school every school day?</p>	<ol style="list-style-type: none"> 1. Not at all important 2. Slightly important 3. Somewhat important 4. Moderately important 5. Extremely important 	Devised by team	4-18 years
26	<p><Q8=6,13>How important is it to you that [child name] continues further study after completing school?</p>	<ol style="list-style-type: none"> 1. Not at all important 2. Slightly important 3. Somewhat important 4. Moderately important 5. Extremely important 	Devised by team	13-18 years
27	<p><Q8=6,13,14>Ideally, how far would you LIKE [child name] to go with their education?</p> <p><i>(Initially, we want parents to generate their own responses. Only read out prompts if the parent needs help. Responses that don't fit with those listed – e.g. they should go as far as they want, I haven't thought about it, are coded as 'other' and written out in full)</i></p>	<p>Select one:</p> <ol style="list-style-type: none"> 1. Leave after completing year 10 2. Leave after completing year 11 3. Leave after completing year 12 4. Complete a trade 5. Complete a certificate or diploma at TAFE/registered training provider 6. Complete a degree at university 7. Complete a higher degree/ postgraduate studies at university 8. Other specify 	Growing up in Ireland (adapted by project team)	13-18 years

PARENT - CHILD RELATIONSHIP (Me As a Parent Scale, Parent Performance scale, Parenting and Family Adjustment Scale)

Item no.	Item	Response Scale	Origins of item	Age Groups
28	<p><i>Preceding statement:</i></p> <p><i>For the next set of questions, I am going to read out a statement and I am asking you to say how much you agree or disagree that the statement applies to you. You can say that you strongly disagree with the statement, disagree with it, agree with it or strongly agree with it. You can also indicate that you have mixed feelings about the statement – that you neither agree nor disagree with it in your case]</i></p> <p>When something goes wrong between me and my child there is little I can do to fix it</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	Me as a Parent Scale (MaaPS)	All ages
29	I know how to solve most problems that arise with parenting	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	MaaPS	All ages
30	I have confidence in myself as a parent	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	MaaPS	All ages
31	My child usually ends up getting their own way so why try	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	MaaPS	All ages
32	I have the skills to deal with new situations with my child as they arise	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	MaaPS	All ages
33	When changes are needed in my family I am good at setting goals to achieve those changes	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	MaaPS	All ages

Item no.	Item	Response Scale	Origins of item	Age Groups
34	I can find out what's needed to resolve any problems my child has	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree	MaaPS	All ages
35	I meet my expectations for providing emotional support for my child	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree	MaaPS	All ages
36	I often feel helpless about my child's behaviour	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree	MaaPS	All ages
37	I am good at making plans and arranging fun and educational activities for my child to engage in	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree	MaaPS	All ages
38	I have the skills necessary to be a good parent to my child	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree	MaaPS	All ages
39	I know I am doing a good job as a parent	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree	MaaPS	All ages
40	I know how to work out which situations my child is likely to be happiest in	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree	MaaPS	All ages
41	I can stay focused on the things I need to do as a parent even when I've had an upsetting experience	1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree	MaaPS	All ages

Item no.	Item	Response Scale	Origins of item	Age Groups
42	My parenting skills are effective	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	MaaPS	All ages
43	How my child turns out is mainly due to luck	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	MaaPS	All ages
44	<p><i>For the next four items, I am going to read out a statement and I am asking you to say how much you agree or disagree with the item.</i></p> <p>I wish I did not become impatient so quickly with my child</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	Parent Performance scale – item 1	All ages
45	I wish I were more consistent in my parenting behaviours	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	Parent Performance scale – item 3	All ages
46	Sometimes I feel I am too critical of my child	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	Parent Performance scale – item 4	All ages
47	I am satisfied with the amount of time I can give to my child	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly agree 	Parent Performance scale – item 10	All ages
48	<p><i>For the next three items, I am going to read out a statement and I am asking you to say how true the statement is for you.</i></p> <p>When my child behaves well, I reward them with praise/a treat/attention</p>	<ol style="list-style-type: none"> 1. Not at all 2. A little 3. Quite a lot 4. Very much 	Parenting and Family Adjustment Scale (PAFAS) - item 6	All ages
49	I smack my child when they misbehave	<ol style="list-style-type: none"> 1. Not at all 2. A little 3. Quite a lot 4. Very much 	PAFAS - item 9	All ages

Item no.	Item	Response Scale	Origins of item	Age Groups
50	I argue with or yell at my child about their behaviour or attitude	1. Not at all 2. A little 3. Quite a lot 4. Very much	PAFAS - item 10	All ages
51	<p><i>Primary school and younger <Q8=1-5,10,11,12>:</i></p> <p>I talk to my child about problems/issues that they might be dealing with (e.g. friendships, bullies, schoolwork)</p> <p><i>High school to 18 years <Q8=6-9,13,14>:</i></p> <p>I talk to my child about problems/issues that they might be dealing with (e.g. relationships, schoolwork, sexual health, mental health drug use)</p>	1. Never 2. Seldom 3. Sometimes 4. Often 5. Always	Parental Communication	4-18 years

MONITORING AND INTERNET USE

Item no.	Item If Q8=14 go to Q52	Response Scale	Origins of item	Age Groups
52	When [child name] is not at school, how often do you know where [he/she] is?	1. Never 2. Seldom 3. Sometimes 4. Often 5. Always	Devised by team	Q8=5,6,12,-13
53	I have rules and/or set limits about where [child name] goes in their free time	1. Never 2. Seldom 3. Sometimes 4. Often 5. Always	Devised by team	6-18 years Q8=5-9,12,13,14>
54	In my opinion, the amount of time [child name] spends using electronic devices (such as iPad, computer, laptop, mobile phone) is:	1. Far too much time 2. Too much time 3. About right 4. Too little time 5. Far too little time 6. Don't know 7. N/A	Devised by team	All ages

Item no.	Item If Q8=14 go to Q52	Response Scale	Origins of item	Age Groups
55	There are a number of ways of monitoring the use of electronic devices. I will read out some approaches. For each could you indicate whether you use this approach? Just a yes or no answer will do.	<ol style="list-style-type: none"> 1. <i>Select all that are relevant (yes/no to each):</i> Not relevant to my child (too young) 2. I do not monitor my child's use of devices 3. Child is not allowed to use electronic devices at all 4. I limit time use 5. I supervise use 6. I established ground rules 7. I talk about safe use of internet connected devices 8. I use child safety software and locks 9. I monitor online activity 10. Something else (please specify) 	Devised by team	All ages

COPING AND SUPPORT, AND HELPSEEKING

Item no.	Item	Response Scale	Origins of item	Age Groups
56	<p><i>To what extent do you agree with these statements (2 items):</i></p> <p>If I was having problems in my life, there is someone I trust that I could turn to for advice</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Unsure 4. Agree 5. Strongly Agree 	Devised by team	All ages
57	My family are the people I turn to first when I am looking for help and support in raising [child name]	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Unsure 4. Agree 5. Strongly Agree 	Devised by team	All ages
58	<p>Outside your family, when you need information and advice about raising [child name], which of the following sources of information have you used?</p> <p>a) Reading books</p> <p>b) Accessing information online</p> <p>c) Participate in a parenting group</p>	<ol style="list-style-type: none"> 1. Yes 2. No 	Devised by team	All ages

Item no.	Item	Response Scale	Origins of item	Age Groups
	d) In person with a health professional such as a GP, speech pathologist, psychologist, family support worker e) Telephone help line f) Other parents/friends/neighbours g) Community leader such as an Elder or religious leader h) Early childcare staff or teacher/principal i) Something/someone else (please specific)			
59	In the future, how likely would you be to use the following sources of information? a) Reading books b) Accessing information online c) Participate in a parenting group d) In person with a health professional such as a GP, speech pathologist, psychologist, family support worker e) Telephone help line f) Other parents/friends/neighbours g) Community leader such as an Elder or religious leader h) Early childcare staff or teacher/principal i) Something/someone else (please specific)	1. Very likely 2. Somewhat likely 3. Unsure 4. Not likely 5. Very unlikely to go there	Devised by team	All ages
60	How confident would you be in knowing where to get help from a professional with parenting if you needed it?	1. Not at all confident 2. Slightly confident 3. Moderately confident 4. Very confident 5. Extremely confident	Devised by team	All ages
61	Have you ever sought help from any of the following for [child name]? a) childcare/kinder/school staff b) A GP c) A mental health/behavioural specialist (psychologist, counsellor) <i>Note: when respondents endorse an item, ask the next 4 items. Then back to this item and repeat the steps until all options are complete.</i>	1. Yes 2. No	Devised by team	All ages

Item no.	Item	Response Scale	Origins of item	Age Groups
62	<p><ask if 61a-c=1>How much do you agree or disagree with the following statements with that experience in mind:</p> <p>I was satisfied with the help offered</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree 	Devised by team	All ages
63	<p><ask if 61a-c=1>I felt judged by the professional I had contact with</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree 	Devised by team	All ages
64	<p><ask if 61a-c=1>I felt like the professional valued my ideas and opinions about [child name]</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree 	Devised by team	All ages
65	<p><ask if 61a-c=1>I felt blamed and criticised in my interactions with this/these professional/s</p>	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Mixed feelings 4. Agree 5. Strongly Agree 	Devised by team	All ages
66	<p>If there have been issues for [child name] that you or your partner have not sought help for, why didn't you seek help?</p> <p><i>Single response [focus on the most difficult problem they have dealt with themselves]</i></p>	<ol style="list-style-type: none"> 1. I/we didn't need help for this issue 2. I/we need/ed help but didn't/don't know where to get help from 3. Other (please specify) 	Devised by team	All ages
67	<p>Have you heard of or have you used the Raising Children Network website (raisingchildren.net.au)?</p>	<ol style="list-style-type: none"> 1. No, never heard of 2. Heard of but never used 3. Yes, have used RCN website 	Devised by team	All ages
68	<p>If 'yes' to 'have heard of' or 'have used' – <ask if Q67=2 or 3> How did you hear about the Raising Children Network?</p>	<ol style="list-style-type: none"> 1. From a google search 2. From a maternal and child health nurse 3. From another health professional (GP, paediatrician, speech pathologist etc.) 4. From an early childcare educator 	Devised by team	All ages

Item no.	Item	Response Scale	Origins of item	Age Groups
		5. From friends/other parents 6. Can't remember 7. Other (please specify)		
74	Are you currently or have you personally ever attended: Interviewer Note: This does not include partner a) Maternal Child Health: First Time Parents Group b) Playgroup c) Another Parent group (e.g., Triple P, 123 Magic, smalltalk)	1. Yes 2. No	Devised by team	All ages
74a	If no Has your partner participated in a Maternal Child Health: First Time Parents Group / Play Group / Other Parent Group program?	1. Yes 2. No	Devised by team	All ages
75	If Q74/Q74a=yes How helpful did you find this service in relation to [child name]	1. Extremely helpful 2. Very helpful 3. Somewhat helpful 4. Slightly helpful 3. Not at all helpful		All ages
71	If no to Q74 yes to Q74a and has a partner Q87=1) Did your partner discuss the information from the parenting program Maternal Child Health: First Time Parents Group / Play Group / Other Parent Group with you?	1. Yes 2. No	Devised by team	All ages
72	(For all parents/carers) If no to 74, why have you not participated in a parenting program?	<i>Multiple responses</i> 1. I didn't know about them 2. Not available where I live 3. I don't feel comfortable asking for, and/or receiving help with parenting 4. I don't feel like I need help with parenting or child issues	Father Survey	All ages

Item no.	Item	Response Scale	Origins of item	Age Groups
		5. I don't think parenting programs are suitable for me/my family 6. Programs are not on at convenient time/location 7. No time to participate 8. Other specify		
73	<p>(For all parents/carers) I'm going to read out a list of things that some people have said they look for in a parenting program. If a parenting program was available how important would each of the following things be in your decision about participating. (10 meaning extremely important, 5 is neither and 0 is not at all important)</p> <ul style="list-style-type: none"> a) Knowing the person running the program is trained b) Feeling like the person running the program understands me c) The location of the program is convenient d) Knowing the program has been tested in research and is effective e) Knowing the program is designed for both mothers and fathers f) The program is on at a convenient time g) Understanding what is involved in the program h) Having information about the likely benefits to participation i) Getting a personal recommendation from another parent j) The person running the program is the same gender as you 	0-10 point scale	Father Survey	All ages

DEMOGRAPHICS Part 2

About your child

Item no.	Item	Response Scale	Origins of item	Age group
76	Is [child name] your first child – and by first child, I mean the first child you’ve been involved in raising?	<ol style="list-style-type: none"> 1. Yes 2. No 	Devised by team	All ages
77	In general, would you rate [child’s] health as Excellent, very good, good, fair or poor?	<ol style="list-style-type: none"> 1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor 6. Unsure 	Devised by team	All ages
78	Does [child name] have any medical conditions or learning difficulties that have lasted, or are likely to last, for 6 months or more?	<ol style="list-style-type: none"> 1. Yes 2. No (skip to 80) 	Devised by team	All ages
79	<p>If yes, what is the medical condition or difficulty?</p> <p>Does [child name] have another medical condition or learning difficulty that has lasted, or is likely to last, for 6 months or more? If yes, what is the nature of that condition or difficulty? [repeat until parent say’s “No”]</p>	<p>Interviewer to code as many as apply:</p> <ol style="list-style-type: none"> 1. Epilepsy 2. Diabetes 3. Asthma 4. Ear infections 5. Gastro-intestinal problems 6. Frequent headaches/migraines 7. Sensory disability (vision, hearing) 8. Learning difficulties (dyslexia, dyspraxia, speech/language difficulty, slow progress) 9. behavioural problems (e.g. ADHD, conduct disorder) 10. Autism spectrum disorder (including what was known as Asperger's syndrome) 11. Other (specify) 	Devised by team	All ages
80	How much of a problem are [child name] sleeping pattern or habits for you?	<ol style="list-style-type: none"> 1. A large problem 2. A moderate problem 3. A small problem 4. No problem at all 5. Not sure/Don’t know 	LSAC	All ages

About you (parent)

Item no.	Item	Response Scale	Origins of item	Age group
82	What is your birthdate?	dd/mm/yyyy 99 refused	Devised by team	All ages
83	Do you identify as being of Aboriginal or Torres Strait Islander descent?	<ol style="list-style-type: none"> No Yes Aboriginal Yes Torres Strait Islander Yes both Aboriginal and Torres Strait Islander 	LSAC	All ages
84	What is the main language you speak at home? (if multiple, record the main one)	Select the main one: <ol style="list-style-type: none"> English Vietnamese Cantonese Arabic (or Lebanese) Mandarin Turkish Korean Khmer Spanish Persian Assyrian (or Aramaic) Greek Italian Japanese Aust. Aboriginal Other specify 	LSAC	All ages
91	In general, would you rate your physical health as: excellent, very good, good, fair or poor.	<ol style="list-style-type: none"> Excellent Very Good Good Fair Poor 	Devised by team	All ages
92	Since becoming a parent, have you had symptoms of any of the following? <ol style="list-style-type: none"> Depression Anxiety Substance addiction None of these 	<ol style="list-style-type: none"> Yes No 	Devised by team	All ages
92a	<ask if 92a=1> Did this include postnatal depression?	<ol style="list-style-type: none"> Yes No 	Devised by team	All ages

Item no.	Item	Response Scale	Origins of item	Age group
93	The following questions are about how you have been feeling during the past 30 days . During the past 30 days, about how often did you feel... nervous	<ol style="list-style-type: none"> 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time 	K6	All ages
94	During the past 30 days, about how often did you feel... hopeless?	<ol style="list-style-type: none"> 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time 	K6	All ages
95	During the past 30 days, about how often did you feel... restless or fidgety?	<ol style="list-style-type: none"> 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time 	K6	All ages
96	During the past 30 days, about how often did you feel... So depressed that nothing could cheer you up?	<ol style="list-style-type: none"> 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time 	K6	All ages
97	During the past 30 days, about how often did you feel... That everything was an effort?	<ol style="list-style-type: none"> 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time 	K6	All ages
98	During the past 30 days, about how often did you feel... worthless?	<ol style="list-style-type: none"> 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time 	K6	All ages
99	What are your main work or study activities at present?	Select as many as apply: <ol style="list-style-type: none"> 1. Full-time paid employment 2. Part-time paid employment 3. Casual paid employment 4. Unemployed and seeking work 5. Home duties 6. Full-time student 7. Part-time student 8. Permanently retired 9. On leave from work 	LSAC (adapted by project team)	All ages

Item no.	Item	Response Scale	Origins of item	Age group
		10. Volunteer or unpaid work 11. Other		
100	What is the highest education level you have completed?	Select one: 1. Year 9 or below 2. Up to Year 10 or equivalent 3. Year 11 or equivalent 4. Year 12 or equivalent 5. Vocational qualification (e.g. apprenticeship, trade, certificate) through a TAFE or college 6. Diploma 7. Bachelor Degree 8. Postgraduate degree (PhD, Masters, Post-grad diploma) 9. Other	LSAC (adapted by project team)	All ages
101	Before income tax is taken out (so gross income), what is the total income in your household (including all adults who live in your home four days a week or more) This should include income from work, investments, and government benefits.	Select one: 1. Less than \$500pw (\$25,999 or less per year) 2. \$500-999pw (\$26,000-\$51,999 yearly) 3. \$1000-\$1,499pw (\$52,000 - \$77,948 yearly) 4. \$1,500 - \$1,999pw (\$78,000 - \$103,948 yearly) 5. \$2,000 - \$2,499pw (\$104,000 - \$129,948 yearly) 6. \$2,500 - \$2,999pw (\$130,000 - \$155,948 yearly) 7. \$3,000 - \$3,499pw (\$156,000 - \$181,948 yearly) 8. Over \$3,500pw (more than \$182,000 yearly) 9. Don't know 10. Prefer not to answer	LSAC (adapted by project team)	All ages

Item no.	Item	Response Scale	Origins of item	Age group
102	What is the main source of annual income in your home?	Select one: <ol style="list-style-type: none"> 1. Wages/salary 2. Earnings from your own business 3. Government pension, benefit or allowance 4. Other sources 	LSAC (adapted by project team)	All ages

Appendix 2. Sample Size Calculations

Quantifying the optimal sample size for a survey study ensures adequate power to detect statistically significant differences between groups (e.g., between mothers and fathers within the survey sample, or between parents with high ratings on a variable of interest and those with lower ratings). Power is the probability that a statistical test will correctly find a significant difference between groups, and is commonly set by researchers at 80%. The determination of ideal sample size is an essential step in survey planning, to avoid the risk of having an underpowered study.

Sample size estimations for survey research are ideally calculated based on having clear research questions that inform decisions about which sub-groups to include in analyses (i.e., what groups are we comparing) and what survey items will be analyzed. The research question will typically guide the types of analyses to be conducted, which also influence sample size estimate calculations. However, in the case of a cross-sectional survey like *Parenting Today in Victoria*, where a broad range of research questions may be asked of the data, by a variety of stakeholders with varying interests in the data, it can be challenging to calculate the necessary statistical power at the outset of survey administration. Using information gleaned from policy documents and consultations with key stakeholders for the project, we can propose example research questions that are clearly of interest, and that can guide early power estimates to inform optimal sample size decisions. These example questions are:

1. What proportion of Victorian parents hold high aspirations or positive expectations for their children's schooling achievements?
2. What factors influence the degree to which children are exposed to a home environment that supports their development and learning?
3. Does parenting self-efficacy differ over the age of the child?

Using the abovementioned example research questions as a guide, and with an understanding of the study design (cross-sectional with participants randomly selected from the population, potentially moving to more stratified sampling, if required) and included items, we can calculate estimates of optimal sample size, based on the desired power of 80%. Power is the probability of correctly rejecting the null hypothesis that sample estimates (e.g., Mean, proportion, odds, correlation co-efficient etc.) do not statistically differ from what would be seen in the broader population. Power proportionately increases as study sample size increases, therefore researchers can control the sample size by adjusting the study power, and vice versa.

For research questions related to the prevalence of a condition within the population, as with question 1 above, sample size can be estimated using the following formula (Suresh & Chandrashekara, 2012):

$$N = \frac{Z_{\alpha/2}^2 * P * (1-p) * D}{E^2}$$

where P is the prevalence or proportion of an event of interest for the study (in this case, as estimated from previous literature, the prevalence of parents having low expectations for their children going on to post-school education is around 20%; Yu & Daraganova, 2015), E is the precision (or margin of error) with which a researcher would want to measure something (estimated margin of error here is 10%). $Z_{\alpha/2}$ is the critical value of the normal distribution at $\alpha/2$ (e.g. for a confidence level of 95%, α is 0.05 and the critical value is 1.96). This tells us how likely it is that the observed effect in the sample is due to chance. D is the design effect which reflects the sampling design used in the survey type of study. D would usually be 1 for simple random sampling and higher (usually 1.5 to 2) for other designs including stratified, systematic or cluster

random sampling and closer to 10 for purposive or convenience sampling. As the sampling method for the *Parenting Today in Victoria* survey will start with simple random sampling but potentially move to stratified sampling, we will adopt a *D* of 1.5.

Thus,

$$N = (1.96)^2 \cdot .20(1-.20) \cdot 1.5 / (0.1 \cdot .20)^2 = 3.8416 \cdot .16 \cdot 1.5 / (.02)^2 = 0.921984 / .0004 = 2305$$

Therefore, a sample size of 2305 is required to conduct a community-based representative survey to estimate the prevalence of low educational expectations by parents. Allowing for a non-response rate of 10%, to calculate the final adjusted sample size for the above example:

$$2305 / (1 - 0.10) = 2305 / 0.90 = 2561$$

Therefore, the adjusted optimal sample size will be 2561 for this research question.

For research questions regarding associations between multiple variables, as for question 2 above, analyses may involve simple regression (correlation between 2 variables) or more complex analyses such as multiple regression or Structural Equation Modelling. While estimates for ideal sample size for such analyses do vary widely, a general rule of thumb is for around 10 participants per parameter within an analysis (Tabachnick & Fidell, 1996). Thus, for question 2, it may be that we are interested in the influence of 3 parent-related factors (e.g., mental health, social support, and socioeconomic status) on two types of parenting behaviour (e.g., warmth and irritability) and on two aspects of parent engagement with learning (e.g., how many days of the week do you read to your child? How important do you think learning activities outside of school are to your child's development?). These separate constructs may have a number of indicator items that are combined in analyses to reflect that construct of interest (e.g., social support may be measured by five individual items). Each of these five items are a "parameter", as is the proposed pathway of association between two items. Therefore, an analysis involving seven constructs, each measured by five items, with a range of pathways of influence to be measured, would require a sample size of at least 700 for the main analysis. Further, it is desirable to test the measurement model in a randomly selected proportion (typically 10%) of the overall sample to verify hypothesised associations between items and constructs. In addition, any analyses involving sub-group comparisons of the interrelationships between multiple variables (e.g., are the factors that influence the provision of supportive home environment different for fathers than for mothers?), would need to account for this in any power calculations. Thus, as an indication, to answer questions about whether mental health, social support and socioeconomic status influence parenting differently for mothers and fathers, a sample size of at least 1500 would be desirable. More complex analyses involving more variables would, of course, call for large sample sizes.

For a research question involving the comparison of two or more groups, as for the third example research question provided above, we can use the following formula to estimate sample size needed to detect a difference between two independent groups (e.g., parents of 3-5 year olds compared to parents of 8-10 year olds):

$$N = (Z_{\alpha/2} + Z_{\beta})^2 \cdot (p_1(1-p_1) + p_2(1-p_2)) / (p_1 - p_2)^2$$

Where $Z_{\alpha/2}$ is the critical value of the normal distribution at $\alpha/2$ (e.g., for a confidence level of 95%, α is 0.05 and the critical value is 1.96), Z_{β} is the critical value of the normal distribution at β (e.g., for a power of 80%, β is 0.2 and the critical value is 0.84) and p_1 and p_2 are the expected sample proportions of the two groups. Expected sample proportions are what you expect the results to be. This can sometimes be determined from existing literature or a pilot study. If such information is not available, researchers are advised to use proportions close to 50%, which is conservative and will indicate larger sample sizes are needed. For research question 3 aimed at

examining differences in parents' self-efficacy in their parenting for children under two compared to children ages between 13-18, we could estimate that parents of young children will feel more efficacious than parents of older children, therefore we use the estimates of .80 and .75 to claim that 80% of parents of younger children feel highly efficacious compared to 75% of parents of older children. In this scenario a sample size of 1091 for each group is recommended using the formula provided above. Allowing for a non-response rate of 10%, to calculate the final adjusted sample size for this example:

$$1091*2/(1-0.10) = 2182/0.90 = 2424$$

Therefore, based on the calculations above, it is determined that the sample size should include 2,600 respondents. This equates to approximately 0.2% of Victoria's child population (estimated to be 1.3 million across age 0-18 years; ABS, 2014).

Appendix 3. Introductory script for CATI

Hello, my name is [SAY NAME] calling from Ipsos.

We are conducting a survey for the Parenting Research Centre on behalf of the Victorian Government.

It is for parents raising a child aged between newborn and 18 years. I'll be asking what it's like to be a parent, how you care for this child, who supports you to do this and what would help you. There are also questions about childcare and this child's education, your well-being and how you rate your parenting or child caring skills. We're hoping to recruit over 2,000 parents for the study.

Do you help to raise any children aged 18 years or younger?

[IF NOT ASK FOR QUALIFIER AND REINTRODUCE OR TERMINATE AS NQ1 NO PARENT / CARER IN HOUSEHOLD]

In accordance with Privacy Laws, your participation in this survey will remain confidential and your individual responses anonymous. My supervisor may monitor this call for quality assurance purposes. Your contribution will help the Victorian government to understand what it's like to be a parent in Victoria right now. The government can then use this information in making decision on how to support parents. We'd really appreciate your assistance with this survey.

The survey will take between 30 - 45 minutes to do.

[if person complains of time constraints, offer to do the interview over a couple of calls or ask for a time to call back]

[Note: The Australian Market and Social Research Society's Surveyline on 1300 364 830 is available for you to call if you would like to check if Ipsos is recognised by the society as a bona fide research company]

[IF NECESSARY] Your telephone number has been randomly generated.

Obtaining Consent

Would you like to take part in this survey? If yes, continue...

Do you understand who this survey is being conducted for and why?

Do you understand that any information collected from you will be anonymous?

Are you happy to answer the questions with me now?

After the parent has consented and before starting the survey:

If you start the survey, then change your mind, you can stop at any time. If you do stop the survey early your answers will be deleted and won't be used. However, if you finish the survey and change your mind later we can't withdraw the information you gave because it's anonymous.

One more thing before we start. If doing this survey brings up any issues for you, I can give you contact details for Lifeline and Parentline. When we've finished I'll ask you if you'd like this information.

Appendix 4. End of Survey Script

We have now reached the end of the survey. Thank you very much for your time.

Before I go, I'd just like to remind you that the information you give about yourself and your family is anonymous. When the results of this survey are reported, we will only describe how parents responded generally and no reference will be made to the specific responses of any parent.

Thank you very much for taking part in this survey. Your contribution to this research is very valuable and we appreciate the time you've given.

*If you'd like **further information** about the project, you can contact the principal study investigator, Dr Erica Neill at the Parenting Research Centre [provide contact details if requested].*

Do you have any other questions about your participation in this survey?

IF K6 SCORE IS IN THE 'HIGH' RANGE (20-30)

From some of your answers it sounds like you've felt distressed quite often in the past month, I'd like to give you a couple of contact numbers for helplines. Is that OK?

IF PARENT SAYS YES ASK IF THEY HAVE A PEN & PAPER

Lifeline is on 13 11 14 and can be contacted at any time and Parentline is 13 22 89 between 8am and midnight 7 days a week.

Your GP is also a good person to start talking to about matters that are distressing you, including those about parenting.

IF K6 SCORE IS IN THE 'MODERATE' RANGE (12-19)

From some of your answers it sounds like you've experienced some distress in the past month. Would you like the number of a helpline?

IF PARENT SAYS YES ASK IF THEY HAVE A PEN & PAPER

Lifeline is on 13 11 14 and can be contacted at any time and Parentline is 13 22 89 between 8am and midnight 7 days a week.

Your GP is also a good person to start talking to about matters that are distressing you, including those about parenting.

IF K6 SCORE IS IN THE 'LOW' RANGE (6-11)

If doing this survey brought up any issues for you that you might want help with, Lifeline is available at any time and Parentline can be contacted between 8am and midnight 7 days a week. Would you like the contact numbers for these?

IF PARENT SAYS YES ASK IF THEY HAVE A PEN & PAPER

Lifeline is on 13 11 14 and Parentline is 13 22 89

IN CONCLUSION, SAY TO ALL

This project has been approved by the Parenting Research Centre's ethics committee. If you have any concerns about the project you can also contact the Chair of this committee on 8660 3500.



Parenting Today in Victoria

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