

PARENTING RESEARCH CENTRE

ANNUAL REPORT 2013

Driving innovation



Parenting Research Centre
raising children well

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PARENTING RESEARCH CENTRE

ANNUAL REPORT 2013

FROM OUR CHAIR AND CEO

The year 2013 has been another successful year for the Parenting Research Centre. Each year we are reminded of what a privilege it is to be involved in a purposeful organisation driven by our compelling vision: **skilled parenting – thriving children**. Our work continues to contribute to achieving better outcomes for all children by improving the quality and accessibility of parenting support available to Australian families.

This year we completed a strategic plan review process that produced our Strategic Directions 2012-17. This process largely affirmed our original purpose and broadly articulates how we aim to achieve our key strategic directions over the coming five years.

An important area of future development will be a sharper focus on social policy and service system settings that impact on families, parenting and the quality of supports provided to them. A major milestone was the establishment of a new Director of Social Policy and Strategy. This work will strengthen our existing focus on services, programs and practice. We are already proud of the impressive start we have made in this area with work ranging from conducting social policy-relevant research on work and family, advising the Australian Government on parenting and family support, through to supporting VicRoads in developing a parenting strategy to reduce the risk to young drivers.

Our work would not be possible without the support of our partners and our funders, many of whom are featured in the pages of this report. Their collaboration with us is greatly appreciated.

We also recognise that strong organisations delivering good outcomes for the community are made up of highly committed and hardworking people. We would like to take this opportunity to thank members of the Board for the highly professional standard of governance they provide to the organisation, and also our talented executive leadership team who drive our success. But most of all, we thank every single member of our staff for the innumerable times they walked the extra mile when it was needed or exceeded expectations in the quality of their work.



Warren Cann
CEO



John Lawrence
CHAIR

WHY PARENTING MATTERS

Parenting is the single most important influence on a child's wellbeing and development. Working with parents is often the most effective way of ensuring better social, health and education outcomes for children. Warm and nurturing parenting lays down strong foundations for children and provides a buffer for life's ups and downs. Tomorrow's citizens have the right to the best parenting possible.

Parents and children are a work in progress together. Parenting is learned through the sharing of knowledge and the daily experiences of raising children. Good parenting rises above biological ties, family structure or a parent's gender, age, sexuality or disability.

In particular, parents under pressure need support. Daily stress, negative life-changing events, poverty, isolation, family violence, substance abuse and mental health problems make it harder for parents. Parenting can be particularly challenging for families raising a child with high and complex needs such as behavioural problems, a disability or a chronic illness, or where the parent themselves may have learning difficulties. Parenting programs that take these circumstances into account, develop parenting skills, and build family strength and resilience are greatly needed and can make a significant difference to outcomes for both individual parents and society as a whole.

Children do best when the whole community values and supports parenting. Supportive communities provide parents with the chance to develop parenting knowledge, skills and confidence and give access to professional advice and support. Government policies and programs that support parents are needed, backed by family-friendly neighbourhoods, flexible working conditions and access to quality childcare.

OUR WORK & OUR PURPOSE

We believe that improving the effectiveness and accessibility of parenting support is a powerful way to improve children's outcomes in health, welfare and education.



VISION AND MISSION

We believe that improving the effectiveness and accessibility of parenting support is a powerful way to improve children's outcomes in health, welfare and education. Science can make a difference in the everyday lives of families when it is translated effectively into useable information, policy and professional practice.

Our Vision is **"Skilled parenting – thriving children"**. We envision a society with happy, healthy and resilient children thriving in the context of a safe, nurturing and lasting parental bond. We also envision parents being resilient and engaged, capable of learning and adapting to the changing needs of their children. An essential foundation for this is a community that shares the responsibility of raising children, understanding and valuing parenting, as well as competently resourcing parents in the best ways to promote the health and wellbeing of their children.

Our Mission is **"Helping parents raise happy healthy children"**. In parenting the children of today, families are shaping the society of tomorrow. Supporting mothers, fathers and carers to raise happy and healthy children is an investment in the next generation that will pay huge social dividends.

To achieve our Vision and Mission, we are committed to four key goals as outlined in our new five-year strategy, Strategic Directions.

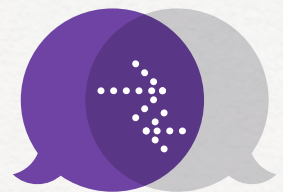
Read more on our
Strategic Directions 2012-2017



OUR GOALS



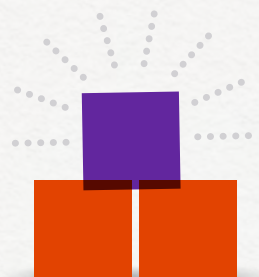
Support families in parenting their children



Enhance the capacity of child and family services

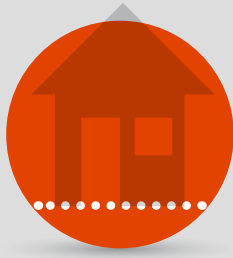


Inform policy and practice



Build scientific knowledge of parenting to drive innovation

GOAL ONE:

SUPPORT FAMILIES IN
PARENTING THEIR CHILDREN

We promote the importance of parenting and provide practical help and support for families raising children by:

- Ensuring the effective coordination and delivery of parenting support initiatives delivered locally by community partners
- Increasing the accessibility and effectiveness of evidence informed parenting information
- Informing the public dialogue about parenting through active engagement with mass media.

Highlights of our work towards achieving this goal in the past year are as follows.

ABOUT THE RAISING CHILDREN NETWORK

Established in 2006, Raising Children Network (raisingchildren.net.au) is the complete Australian resource for parenting newborns to teens. It provides a comprehensive range of information on pregnancy, child health, learning, development and behaviour from pregnancy and infancy to the middle teens in multiple formats, including written, graphic, video and interactive resources. Ongoing support from the Australian Government has ensured the development of a unique information infrastructure supporting Australian health, education and support services. The Raising Children Network is a partnership between the Parenting Research Centre and Murdoch Childrens Research Institute with The Royal Children's Hospital Centre for Community Child Health.



PUTTING QUALITY INFORMATION AT PARENTS' FINGERTIPS

Raising Children Network's website optimised for smartphones

Parents now have access to real-time advice and information on the go, whenever and wherever they need support, reassurance or guidance. This is the result of the mobile-optimised version of Raising Children Network's website launched in March 2013.

Recent figures from the Australian Bureau of Statistics show that nearly half of the Australian adult population now accesses the Internet via their mobile devices. The changing use of technology, in particular the widespread adoption of smartphones, has parents looking for information in short and accessible bites at times and in places where it's not practical or possible to use a computer. With the mobile-optimised version of the Raising Children Network available to everyone who can access the Internet from a mobile device, parents can now conveniently and easily find the information they need in situations outside of the home, such as in playgrounds, shopping centres or at friends' houses.

The mobile-optimised version of the website had an immediate impact on reach and accessibility. Of the 5.1 million visits and 11.7 million page views Raising Children Network received in 2013, 30 per cent came via the mobile site. With more Australians expected to access the internet via their smart phone than their personal computer by 2015, Raising Children Network is well placed to continue to provide mothers, fathers and carers in Australia with reliable and accessible parenting support resources.

Another critical function of the Raising Children Network is the extensive range of ready-to-use resources it provides for organisations and professionals who work with parents. The mobile site provides another modality for those who work with families to use Raising Children Network in their practice, connecting parents to the resources in their day-to-day work.

Social media connecting parents

Social networking is an increasingly important method of connecting parents and carers with the resources offered by Raising Children Network. Over the past year we successfully continued our focus on expanding our social media following. Social media accessibility was also enhanced



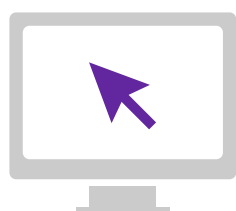
Raising children network website optimised for smartphones

with the introduction of a social sharing toolbar enabling easier sharing via Twitter, Facebook, Google+ and Pinterest.

Read more



During 2012 there were



5.1
MILLION
VISITS



11.7
MILLION
PAGE VIEWS



30%
VISITS VIA
MOBILE SITE

TRUSTWORTHY INFORMATION FOR PARENTS OF CHILDREN WITH ADDITIONAL NEEDS ACROSS AUSTRALIA

Raising a child with special needs brings a range of additional stressors and strains on families. Access to a source of reliable and up-to-date information is especially important for families forced to navigate a complex service system and a world of competing and contradictory ideas and opinions.

In 2013 we worked hard to better meet the information needs of families of children with developmental disabilities, with the development and publication of new written and video resources for the Raising Children Network.

Parenting children with Autism Spectrum Disorder

We believe that parents of all children, no matter what their child's ability, should be able to access the information they need on Australia's national parenting information website.

We moved a step closer to this vision with the production of an additional 39 articles, accompanying videos and services-related information for parents of children with Autism Spectrum Disorder.

Continuing government support for regular review of these resources ensures that all information contained on Raising Children Network is contemporary and reflects the latest research and thinking in parenting and child development. Our work in the area of Autism Spectrum Disorder was no exception. Our new resources and future plans were informed by a comprehensive review of autism-related materials currently available at Raising Children Network, undertaken in collaboration with our content partners at The Olga Tennison Autism Research Centre, LaTrobe University. This ensured that our information and resources are consistent with recent changes to the way autism is described and diagnosed.

Parenting a teenager with Autism Spectrum Disorder

Good information for parents of teenagers with autism has been a recognised gap in parenting information in Australia. Working in consultation with peak bodies, parents, and educators within the field of autism, we produced an additional range of new resources covering topics such as signs and diagnosis of Autism Spectrum Disorder in older children and teenagers, and interventions for older children. Puberty, sexuality, employment opportunities and social and conversation skills are also among the topics covered in the new articles and videos.

As Australia's only government funded, extensive parenting information portal, we aim to ensure that the comprehensive resource we are building is embedded and fully integrated into services provided for families. As with all our resources, strong marketing and promotion of the special needs content took place, including the development of collateral, stakeholder communications and social media outreach.

Supporting a Better Start for children with disabilities

Thanks to the expansion of the Australian Government's Better Start for Children with Disability initiative, parents of children with disabilities now have access to online forums and more quality-assured online information resources in a range of community languages.

Working with the the former Department of Families, Housing, Community Services and Indigenous Affairs (now known as the Department of Social Services), Raising Children Network published information related to the disabilities covered by the Better Start national initiative including Prader Willi, Williams, Angelman, Kabuki, Smith-Magenis, CHARGE, Cornelia de Lange and Cri du Chat syndromes and microcephaly. The new resources are designed to provide information about these disabilities and assist parents in seeking support and connecting with others.



SUPPORTING PARENTS OF CHILDREN WITH ADDITIONAL NEEDS THROUGH THEIR LOCAL COMMUNITY

A map of local services for parents of children with special needs.

Parents of children with disabilities will soon have extra support in identifying and locating relevant services thanks to an upgrade in the Raising Children Network's My Neighbourhood tool.

My Neighbourhood is an innovative interactive mapping feature designed to help parents find and connect with services and support in their local area or a location they are visiting. It includes general practices, allied health care, early childhood learning centres, playgroups and child and family health centres, just to name a few.

The upgraded My Neighbourhood, now in a testing phase, will include enhanced filtering to identify and locate services related to the federally funded Helping Children with Autism initiative, as well as the Better Start initiative. This includes services such as optometry, orthoptics, orthotics, physiotherapy, psychology, special education teachers and more.

Our partners: Murdoch Childrens Research Institute with The Royal Children's Hospital Centre for Community Child Health

Supported by: The former Department of Families, Housing, Community Services and Indigenous Affairs (now known as the Department of Social Services)

MyTime

Over the life of the program, 7,631 parents and carers of children with developmental disabilities or complex health needs have participated in more than 361 MyTime peer support groups established nationwide. At the end of 2013, we had 5,274 MyTime members were attending 254 groups across Australia.

Those caring for children with a disability or a chronic medical condition can feel isolated and socially disconnected from family and friends due to the demands of their caring role. MyTime aims to create opportunities for parents and carers to share ideas and experiences and learn about other resources and networks available to them. Employed by their local agencies, a large group of committed and skilled facilitators help ensure parents and carers can spend time focused on their needs and interests. Play-helpers are also on hand to ensure the children are busily engaged in developmentally appropriate activities while their parents talk.

The Parenting Research Centre coordinates the MyTime program nationally, acting as a single point of contact between the government and community sector, working collaboratively to establish and maintain high quality service delivery. We now work directly with 14 single agency lead coalitions, who in turn work with more than 170 local agencies across Australia drawn from disability advocacy, early childhood and early intervention services.



Working in collaboration with coalitions of local agencies allows us to keep MyTime responsive to local needs and conditions, while capitalising on a broadly consistent national model and set of resources. An important role we have is to facilitate community partnerships at the local level, encouraging agencies to work together to improve support for MyTime members and facilitators. This year we have continued to develop the MyTime program, in particular by working with coalition lead agencies to provide increased practice support to facilitators and play helpers.

We also continue to develop materials to support members, facilitators and play helpers. For example, we produced an adaptation of the evidence-based “Learning Games” activities for Indigenous members, developed in collaboration with The Secretariat of National Aboriginal and Islander Child Care (SNAICC)

Supported by: The former Department of Families, Housing, Community Services and Indigenous Affairs (now known as the Department of Social Services)

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PEER SUPPORT FOR GRANDPARENTS AND KINSHIP CARERS WHO ARE FULL-TIME CARERS

MyTime for Grandparents

Taking care of children can be exhausting at any age, but finding yourself caring for young children again at a time when most people are considering retirement is particularly demanding. Yet a growing number of grandmothers and grandfathers are doing exactly this when their adult children, due to adversity, are unable to care for their own children. In taking on this new and unplanned responsibility, grandparents do a great service for their grandchildren and the community.

In recognition of this, the Australian Government commissioned us to establish MyTime for Grandparents, a national network of peer support groups for grandparents and kinship carers who are the full-time carers of their grandchildren aged up to 18 years. MyTime for Grandparents shares the same successful model as MyTime for parents and carers of children with additional needs. By meeting with others in similar circumstances, participants benefit from sharing experiences and knowledge about available community support and make time for themselves while children play, supported by a play helper.

MyTime for Grandparents is delivered by local community organisations and coordinated nationally by the Parenting Research Centre. The program currently operates in 25 areas of high need around Australia.

Supported by: The former Department of Families, Housing, Community Services and Indigenous Affairs (now known as the Department of Social Services)

HEALTHY START: A NATIONAL STRATEGY FOR CHILDREN OF PARENTS WITH LEARNING DIFFICULTIES

Research shows that parents with learning difficulties can parent effectively when support is matched to their learning needs. Healthy Start works to bridge the gap between what is known about how to support parents with learning difficulties and what is currently offered to them. By partnering with a wide network of organisations and individuals, Healthy Start supports these families by facilitating the exchange of knowledge between members of its network of practitioners, managers, researchers, policy makers and the community.

Through a range of knowledge translation and exchange activities, Healthy Start supports its network members by first understanding their working context and needs, then providing information, practice support and resources to help meet those needs.

Activities in 2013 included the publication of easy-to-digest **research summaries** and **practice guidelines**, webinars and face-to-face knowledge exchange forums held across Australia.

Our partner: The University of Sydney

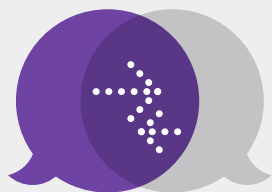
Supported by: The former Department of Families, Housing, Community Services and Indigenous Affairs (now known as the Department of Social Services)

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GOAL TWO:

ENHANCE THE CAPACITY OF CHILD AND FAMILY SERVICES



Through a genuine exchange with the users of research, we help build the capacity of community services to improve child outcomes through effective parenting support by:

- Assisting child and family services to adopt evidence-informed approaches to parenting support.
- Ensuring that innovations in parenting and family support are implemented effectively and sustainably.
- Disseminating our programs, practices, strategies, tools and resources using best practice knowledge exchange and implementation approaches.

Highlights of our work towards achieving this goal in the past year are as follows.



SUPPORTING THE IMPLEMENTATION OF PRACTICE BASED ON EVIDENCE

There is growing recognition that support for parents and families should be based on the best available evidence. Indeed, the focus on service quality and effectiveness intensifies when resources are limited.

Evidence based or informed practice differs from approaches based on tradition, convention, rules of thumb, anecdotal evidence, or speculation, and instead seeks to deliver approaches and interventions that have the strongest evidence available. Despite the promise of evidence-based practice, and the great advances in our knowledge of what works, the impact of evidence based practice on service systems as a whole has been challenging. It has proven much harder than anticipated to install and sustain programs and practices that have strong evidence.

Highly committed organisations hit real barriers in adopting and scaling up evidence based interventions at a local level. Interventions that are 'out-of-the-box' do not always translate well into local conditions. The lack of technical and training support from program developers can make it hard for organisations to achieve an acceptable level of program fidelity, and therefore fail to replicate results reported in the scientific literature. Passive dissemination strategies, such as scientific publication, evidence briefs, and professional training (especially one-off professional training programs), have proven to be relatively ineffective in establishing and maintaining programs or practice. The unfortunate outcome is that children and families do not always receive the programs and services as they were intended, and therefore do not benefit from them.

Supporting the implementation of an intensive family support service

In 2013, we have continued to develop our work in supporting the implementation of effective services for families in the community. A project that has added substantially to our knowledge of the practical challenges, together with the great promise of a genuinely collaborative approach to implementation, has been the development of a program for some of Australia's most vulnerable and disadvantaged children.

Intensive Family Support Services (IFSS) is a key part of the Australian Government's investment in targeted services to support vulnerable children and their families living in areas of the Northern Territory and South Australia. This service aims to improve child outcomes in families where child neglect has been identified.

This service is available to Indigenous and non-Indigenous families with children aged 0-12 years of age, where neglect has been substantiated by the state or territory child protection authority. The service is delivered by non-government organisations and trained staff work with parents and caregivers to ensure that children's physical and health needs are met as well as their educational, emotional and developmental needs. A range of community organisations are involved, many of whom employ Indigenous family support workers.

Our role is to provide implementation support that helps to ensure the program fits each of the multiple contexts in which it is being delivered. In close collaboration with the service providers over the past year we have been:

- Coordinating the development of the program framework and key practices
- Providing training and coaching for workers
- Developing resources for practitioners
- Designing and managing an implementation-focused evaluation.

A substantial part of the work undertaken by our team has been the ongoing development of implementation knowledge and skills and capacity across the multiple levels of the system in which the service is being delivered.

Systems level implementation support

During 2013, we continued to facilitate the work of an IFSS Central Implementation Team, a group comprised of various key stakeholders including federal, state and local service representatives, all of whom are in a decision making role and can effectively address systems level barriers that could impede successful delivery of the program. Quarterly meetings were held to ensure an alignment of purpose and sharing of program implementation knowledge across the Northern Territory. Program data is regularly reviewed to further inform the program's development and its ongoing delivery. An important achievement of this group at a systems level was overcoming barriers to the referral of eligible families to the program.

Organisational level implementation support

Our approach to implementation support also includes the establishment of implementation teams at the services level. These Local Implementation Teams meet at least monthly and look at the organisational level factors that can influence the effective delivery of the program. They consist of senior staff from each delivery site and members of our team. The local teams are designed to serve as a focused, accountable structure for assessing the implementation of the service. When local teams make recommendations or facilitate changes themselves, it increases the likelihood of consistent, reliable implementation of the intervention in their specific service delivery sites.

The local teams also put in place the implementation infrastructure required for the effective delivery of the service to each agency's delivery area. Data relevant to the area is reviewed to help inform the team of progress toward the program's identified outcomes.

This year we've worked with partner agencies to identify and put in place data systems that allow them to collect and use the best data available to monitor and evaluate the effectiveness of their implementation and achievement of outcomes. The creation of a purpose-designed, secure, web-based database has been made available to all Provider Agencies. In some instances, we've worked with the agency to build an 'add on' to their existing data capture systems that allows for the seamless transmission of data between the two systems. Local implementation teams have also made changes to administration (organisational policy and procedures) to better align and support their staff's efforts to effectively deliver the service to their clients.

Practice level implementation support: A training + approach

We have also been successful at supporting and enhancing practice level activities to ensure high quality delivery of the IFSS program to families. At this level of implementation support, we worked with our partners to develop, improve and sustain their staff's ability to implement the IFSS program. We supported them to select, recruit and retain staff, as well as develop staff competencies to deliver the program through regular training, coaching and assessment of staff and supervisor performance. This contributed to achieving and maintaining the desired standard of delivery of the program.

More information about IFSS can be found at www.ifss.net.au

Our partners: Partner agencies delivering IFSS in the Northern Territory include:

- Anyinginyi Health Aboriginal Corporation
- Good Beginnings Australia
- Save the Children Australia
- Central Australian Aboriginal Congress
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council

Supported by: The former Department of Families, Housing, Community Services and Indigenous Affairs (now known as the Department of Social Services)

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SUPPORTING THE IMPLEMENTATION OF A PARENTING PROGRAM

We design and develop parenting support interventions, and then aim to provide effective implementation support for community agencies wishing to deliver our programs in the local community. For example Signposts, delivered in Singapore by our partners at the KK Women's and Children's Hospital, has reached over 1,500 parents and caregivers. A rigorous evaluation shows that the participants reported feeling less hassled, stressed, depressed and anxious after attending the program.

In addition to supporting the implementation of our program, we also conduct research and development activities designed to improve the reach, uptake or effectiveness of the program. Signposts is one of our own evidence-informed parenting programs targeted at parents of children with a disability. It has been available for over 10 years to parents and carers and is designed to help them prevent or manage difficult behaviour of children who have a developmental delay or disability. Widely used in Victoria, the program is now also offered in Singapore, the United Kingdom and New Zealand. We continue to support all trained facilitators in Australia and abroad.

Like in most parenting programs, father involvement is actively encouraged. However, the reality is that program uptake continues to be higher for mothers than fathers. Over the last year, an initial investigation of the impact of father involvement on mothers' outcomes was conducted in Victoria. We found that mothers who participate in Signposts along with fathers, when compared to mothers who participate in Signposts without fathers, experience additional program benefits including lower stress levels, greater confidence in their parenting and lower ratings of child behavioural difficulties.

In the next phase of this study we will further investigate possible outcomes for families associated with father involvement in Signposts, and investigate the factors that may support or inhibit father participation in the program.

These results highlight possible additional program benefits for mothers who participate in Signposts with fathers, and are of particular significance in light of research describing the increased stress experienced by mothers of children with a disability.

Supported by:

The Victorian Government

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ENHANCING PRACTICE THROUGH GENUINE KNOWLEDGE EXCHANGE

We believe that meaningful and lasting improvements to the practice of parenting support are achieved through genuine knowledge exchange. This important exchange occurs between those with specialised expertise working in the front line with children and families, and those with expertise in identifying, evaluating and communicating the latest scientific evidence.

Such an opportunity arose with the development of a partnership between our Centre and Noah's Ark, one of Australia's largest and most highly respected providers of early childhood intervention services.

Together we are developing an Early Childhood Intervention Collaborative Practice Model to support Early Childhood Intervention practitioners in their work with parents.

The strength and nature of the parent-child relationship, the quality of parent-child interactions, and the home learning environment are all critical factors in the development and wellbeing of all children, including children with developmental delays. In response to this knowledge, early childhood intervention practice is increasingly focusing on working with a child's primary caregivers. The first phase of this project will develop a collaborative framework that will guide practitioners in engaging and supporting parents to adapt, change and develop new skills. The framework is due for completion in December 2013.

Our partner: Noah's Ark

Supported by: The Buckland Foundation

BUILDING IMPLEMENTATION CAPACITY IN ORGANISATIONS

One of our aims is to ensure that innovations in parenting and family support are effectively and sustainably implemented. To do this, we provide direct implementation support to assist agencies in specific program or service quality improvement initiatives. We also work with community services to help build their capacity in effective implementation more generally.

A good example of this is the work we are doing in family support. Family support services are becoming increasingly aware of the benefits of service delivery based on evidence-informed practice, but it is often challenging for organisations to adopt and implement changes in practice in a sustained and routine way across the whole agency.

We are working to develop a systematic framework for implementation support within the family services sector. This framework is based on conceptual models that are grounded in the science of understanding how to implement innovations in a high quality and effective way. Using this framework we aim to support the efforts of practitioners, organisations and governments to effectively implement evidence-based practices and programs in a sustainable manner.

Tailoring our coaching model

Over the past year working with a major family services provider, we've assisted with the development of a support structure for practitioners, targeting specific practice skills. This new approach has facilitated a developmental trajectory for each worker and ensured ongoing improvement that is guided and monitored by practice coaches.

Wanslea Family Services is a not-for-profit, non-government agency providing services to children and families in Western Australia such as family support, out of home care, child care and community capacity building.

The coaching model for Wanslea practitioners was tailored by using the best-practice approach of observing practitioners in the field and then using those observations to revise the individual staff member's development plan and process.

Coaching is an important implementation component that supports the skills development of practitioners with the aim of effectively delivering the intended evidenced-informed program or practice. The coaching model's design is informed by a number of factors and tailored for the particular agency's characteristics, as well as the specific approach being implemented. The continual quality assurance process, which supports its implementation, is also tailored accordingly. These factors include the selection and skills of practitioners delivering the innovation, methods of supervision, the complexity of the practices, the organisational context in which staff operate, the external stakeholder context, as well as data regarding the client organisation's outcomes or effects on a target group.

Coaching Quality Assurance

Progressing from initial to full implementation involves the development and use of sustainable Continuous Quality Improvement processes. In the past year we have delivered ongoing review and feedback via on-site and off-site sessions with Wanslea Practice Coaches. The enhanced coaching model at Wanslea used several quality assurance processes such as taping, review, feedback, coach development planning and review of data.

This process supports the evidenced-informed coaching model, ensuring the ongoing development of practice coaches. Providing this data, and maintaining an accountable and transparent quality improvement process, is essential to progressing a program to full implementation in a sustainable way.

Our ongoing collaboration with Wanslea Family Services aims to help workers deliver services that address the needs of the children and families they support, and takes into account its unique organisational context. We have pursued a strategy that involved an early exploration phase, an initial installation phase, then working towards full implementation.

The project is now in its third year of implementation. Several key components of implementation have been enhanced during this period, including refinement of the Wanslea Practice Framework materials and training curriculum, tailoring the coaching model to advance practitioner skill, and enhancing the use of data to support data-based decision making and continuous quality improvement.

This project exemplifies our approach to supporting the implementation of evidence-informed practices and programs within agencies.

Our partner: Wanslea Family Services

Supported by: Wanslea Family Services



SUPPORTING PARENT ENGAGEMENT IN THEIR CHILDREN'S EDUCATION

UnitingCare Burnside: Working with Families Experiencing Domestic Violence Practice Framework

We have also worked towards the installation of a range of evidence-informed implementation components aimed at effectively supporting families where domestic violence is a current or recent concern.

Our role was to support UnitingCare Burnside (NSW), one of Australia's largest family support organisations, in implementing the 'Working with Families Experiencing Domestic Violence' framework. Implementation activities included establishing a local implementation team, assessing and promoting site and practitioner readiness, as well as developing and delivering practitioner training and other readiness workshops in the framework. We also conducted an initial assessment and development of a tailored coaching approach.

Our partner: UnitingCare Burnside

Supported by: UnitingCare Burnside

We aim to assist services to adopt evidence-informed approaches to parenting support, helping to ensure that implementation of a given framework is effective and sustainable. Our work in this area extends beyond family services to the field of education and includes a unique implementation support model that involves the embedding of a Parenting Research Centre specialist in a school community.

Doveton College is a recently built, birth to Year 9 community learning centre, developed to meet the needs of children in a significantly disadvantaged area of Victoria where there are higher numbers of families with complex needs and the demand for support was greater than the usual services available. Fast establishing itself as a national demonstration site in best-practice, place-based, integrated children's services delivery, the College includes an early learning centre, schooling for Prep to Year 9 students, child and maternal health nurses, family support services and other support agencies, all operating under a single governance model.

The Parenting Research Centre and Doveton College formed a partnership in mid-2012 on a three-year plan to work on 10 key components, including a parent engagement strategy, a school-wide behaviour management approach, social-emotional skill development and staff wellbeing. We provide implementation support to the College with one of our staff members, a psychologist, embedded within the College to carry out this work as a core member of the College team. This arrangement provides a skilled staff member onsite for the College, with the full backing of a specialised organisation, avoiding the pitfalls of single, unsupported practitioners in service settings.

Over the past year, we have been working on a number of approaches to be implemented at Doveton College including the development of an early years focused every-day interactions package designed to promote learning and social development (Making Moments Matter) and a Home-College Partnership Framework. Our approach features close collaboration with College leadership and staff in applying the latest scientific evidence to approaches designed to improve outcomes for children and their families, together with on-the-job coaching and training for Centre staff.

Future steps include working with teaching staff around the key principles and elements of the framework in development, specifically around engaging families in their children's learning. Once the framework has been completed and the leadership team further consulted, implementation of the framework will begin and the Parenting Research Centre will continue to offer implementation support involving consultation, staff training and coaching throughout the coming year.

Our partner: Doveton College

Supported by: Doveton College



EXPLORING INTER-COUNTRY PARENTING PROGRAM ADOPTION

A major issue in the field of implementation is the transportability of evidence-based programs from one country to another. Cultural and social differences in the contexts in which programs are delivered mean that organisations that adopt imported programs often strike a range of barriers to successful program implementation. Consensus is emerging that considerable thought and systematic attention needs to be paid to the process of adapting programs to local conditions, so as to improve the implementability of the program and retain active program elements crucial to program success.

We have had the opportunity this year to examine this question with the implementation of our Parenting Young Children program in Sweden. This program, developed by us in Australia, is designed to help parents with intellectual disability develop skills and confidence in parenting tasks. The program was specifically designed to assist families whose children were at risk of Protective Services involvement.

The first international implementation of our program is now well underway across Sweden. In partnership with Swedish researchers at the University of Gothenburg, we are investigating factors at the practitioner, organisational and system levels that are known to influence the successful adoption and implementation of a program into a new context.

Up to 23 Swedish municipalities are implementing the Parenting Young Children program. Over 120 Swedish professionals have already completed introductory workshops, with 50 attending intensive training in April 2013. These workshops were delivered by Parenting Research Centre staff, who regularly meet with the Swedish researchers and program implementation support staff to evaluate whether a model of low-intensity implementation support can influence the adoption and use of the program.

The Parenting Young Children program was developed by the Parenting Research Centre as an education program to help parents with intellectual disability develop skills and confidence in parenting tasks. The skills include basic child care such as feeding, sleeping and safety, and parent-child interactions.

There are three phases to the project. In Phase One, now complete, we translated the program into Swedish and evaluated views of parents and professionals about the acceptability and usefulness of the program. Findings from Phase One have recently been presented at international conferences and published in a peer-reviewed journal.

In Phase Two we will evaluate the effectiveness of the low intensity implementation support model and in Phase Three we will examine organisational factors associated with the successful sustained delivery of the program over time.

Read more about the research methodology and results in our Creating Knowledge section of our website: **Parenting with a Learning Difficulty in Sweden.**

Read more about our approach to the implementation of the program in Sweden in our Sharing Knowledge section of our website: **Implementing Parenting Young Children in Sweden.**

Our partners: University of Gothenburg – Sweden, Brock University – Canada

Supported by: Swedish Council for Working Life and Social Research (Forskningsrådet för Arbetsliv och Socialvetenskap: FAS), Swedish Foundation for International Cooperation in Research and Higher Education (STINT)

LEADERSHIP IN IMPLEMENTATION

Showcasing our leadership role in informing policy and practice across human services, we co-hosted the first ever Australian Implementation Conference (AIC), which was held in Melbourne in October 2011. The focus of this inaugural event was to explore how we can improve the implementation of policies and programs to more effectively deliver better health, education and wellbeing outcomes for Australia.

Working with our partner, the Australian Research Alliance for Children and Youth (ARACY), we brought together more than 400 researchers, policy makers, practitioners, community and organisational leaders from the health, education and human services sectors. The conference provided a unique opportunity for delegates to gain the latest knowledge on applying what we know from implementation science to real-world settings in order to improve outcomes for both individuals and society.

Building on the success of the 2012 conference, we are hosting the second conference in Sydney on 17 and 18 September 2014. The 2014 conference will focus on the theme “Solving Complex Implementation Problems” and will provide another important opportunity to focus on the development of implementation science, practice and policy to support organisational change, system transformation and implementation in human services.

Read more



GOAL THREE:

INFORM POLICY
AND PRACTICE

As scientific knowledge in parenting increases, we assist policy makers in overcoming the challenge to effectively use research in policy formulation by:

- Providing and translating scientific evidence to support policy making in parenting and family support.
- Assisting research, policy and practice communities to become better informed on developments in implementation science.
- Gaining and sharing new scientific knowledge on effective implementation of evidence-informed practice.

Highlights of our work towards achieving this goal in the past year are as follows.

SUPPORTING DECISION MAKING IN POLICY
AND PRACTICE – THROUGH RAPID EVIDENCE REVIEWS

Policy makers and organisational leaders frequently operate in an environment that requires a high level of responsiveness and urgency. The challenge for them is to achieve evidence-informed decision making within short time frames and limited resources. This challenge is increasing in line with the exponential growth of international scientific research relevant to children and families.

While systematic reviews remain the ideal form of evidence collection and assessment, they are time and resource consuming. Rapid evidence reviews are increasingly viewed as a practical option for decision makers who need access to relevant, balanced and reliable synthesis of available evidence. Based on a restricted systematic review methodology, rapid assessment reviews still offer a more rigorous and reliable assessment of the evidence than non-systematic literature reviews. This year, we continued our work in providing rapid evidence reviews to inform policy and practice decisions.

*Analysis of approaches used
for children exposed to trauma*

What evidence-based approaches are being used in the field improve outcomes for children exposed to trauma associated with abuse and neglect? To answer this question we conducted an analysis of the evidence for approaches used to support children exposed to trauma.

Funded through the Targeted Community Care (Mental health) Program, Child Aware Approaches Initiative, the review involved a practitioner survey and senior manager consultations. We asked practitioners working with children exposed to trauma about their use of trauma informed care and evidence based programs. Senior managers also provided information about factors that drive practice decision makers and the uptake of evidence based programs.

We then collected and evaluated the scientific evidence for interventions for children who have been exposed to trauma arising from abuse or neglect. Interventions were rated according to their level of effectiveness. We also reported whether the interventions were trauma-informed or trauma-focused and whether they were program, service models or systems of care. Data was synthesised from three sources (evidence, surveys and consultations), summarising the interventions with good evidence and the current use of these interventions. The report is being prepared for full dissemination and will shortly be available on our website. There has already been much interest in the report and it is anticipated that the findings will aid decision making at the policy and practice levels.

Our partner: The Australian Centre for Posttraumatic Mental Health

Supported by: The former Department of Families, Housing, Community Services and Indigenous Affairs (now known as the Department of Social Services)





Analysis of Parenting Interventions for parents of vulnerable children in New Zealand

What are the most effective interventions for parents of vulnerable children? This is the question the Families Commission of New Zealand was looking for answers to following a recent White Paper highlighting the maltreatment of vulnerable children in New Zealand. The Commission was seeking information that would assist in service planning, and was particularly interested in the common characteristics and practices in effective parenting interventions.

As a result, we were commissioned to conduct a rapid evidence assessment of the international evidence for parenting interventions for parents of children aged up to six years who have been exposed to, or are at risk of, abuse or neglect.

We identified interventions that were the most effective using a stringent rating scheme, and extracted the essential elements of effective interventions, bringing them together in a common elements analysis. Strict criteria were used to rate the effectiveness of programs evaluated internationally. To identify the practices and characteristics shared by the most effective interventions, we conducted a common elements analysis. Factors to consider when implementing these interventions in the New Zealand context were also presented.

Our partner: Families Commission of New Zealand

Supported by: Families Commission of New Zealand

Analysis of out-of-home care interventions

Care and Protection Services (of the Community Services Directorates, ACT Government) needed evidence to help guide future decisions regarding their ongoing efforts to improve the outcomes of children and youth in out-of-home care. We conducted a rapid assessment of the evidence for out-of-home care interventions. The findings of the review provided Care and Protection Services with a comprehensive analysis of the field and the ACT context. At the time of publishing this annual report, findings of this report were yet to be released.

Our partner: The Department of Social Work at The University of Melbourne

Supported by: Care and Protection Services (of the Community Services Directorates, ACT Government)



PARENTAL WORK IMPACTS ON CHILDREN'S DEVELOPMENT

Parents' long work hours and poor quality jobs can compromise the developmental opportunities of already vulnerable children. This was a major finding of research conducted the Parenting Research Centre and our partners over the past six years.

Using data from the 10,000 families participating in Growing Up in Australia: the Longitudinal Study of Australian Children (LSAC), we have been examining children's development to identify the family and social circumstances that limit parents ability to give their children the best start in life.

Our work has confirmed that children's health and development is shaped by their family's socio-economic circumstances from birth. Across all areas (health, socio-emotional and cognitive), children from more disadvantaged families have poorer outcomes than their more advantaged peers. Effects are most pronounced for those areas of development that are more sensitive to the quality of parenting and the home environment. Of concern, we found that 25 per cent of children from the most disadvantaged families experienced problems in all three areas of development at age 8-9 years compared to just seven per cent of children from the most advantaged families.

Governments in most developed countries have responded to this issue through the introduction of policies that promote parents' participation in the work force. The rationale is that by increasing parental work, family income and resources will increase and benefits will flow on to children. Unfortunately, our work with LSAC shows that the picture is more complicated than this. Children in the most vulnerable families may be further disadvantaged by long parental work hours and poor quality jobs.

Our studies of mothers' and fathers' work show that parents employed in poor quality jobs (jobs that lack paid leave provisions, flexible hours, job control and security) experience higher rates of distress than parents in higher quality jobs. The effects flow through to the next generation, with the children of these parents showing higher rates of socio-emotional difficulties.

We have also found that long work hours, particularly long hours worked by fathers, limits the time that parents are able to spend with their children in developmentally important activities such as reading, with the effects most pronounced for the lowest income families. Across a week, children spend four hours less time in reading in low compared to higher income families, with the smallest amount of time occurring in families where low income is combined with mothers working and fathers working long hours.

These findings are of particular concern given the changing nature of the Australian workforce. With the growth of casual jobs and consequent lack of employment safeguards and conditions, increasing numbers of children from financially disadvantaged homes are likely to be exposed to the adverse effects of their

parents' poor quality jobs. To combat this, different approaches are needed at a policy and workplace level to provide parents of young children with the types of jobs and work hours that will allow them effectively negotiate work and family responsibilities.

Our partners: Australian National University, the University of New England, Murdoch Childrens Research Institute, Queensland University of Technology

Supported by: The Victorian Government and the Australian Research Council

Three areas of development at age 8-9 years



HEALTH



SOCIO
EMOTIONAL

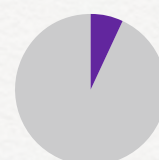


COGNITIVE




25%
CHILDREN

*from the most disadvantaged families
experienced problems in all three
areas of development*




7%
CHILDREN

from the most advantaged families

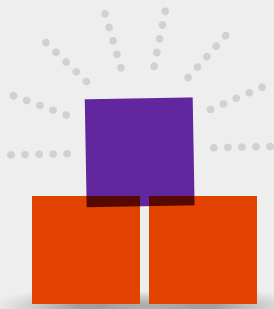


Parents' long work hours and poor quality jobs can compromise the developmental opportunities of already vulnerable children. This is a major finding of research we and our partners have conducted over the past six years, using data from the 10,000 families participating in Growing Up in Australia: the Longitudinal Study of Australian Children.



GOAL FOUR:

BUILD SCIENTIFIC KNOWLEDGE OF PARENTING TO DRIVE INNOVATION



The nature of effective parenting and the challenges faced by children and families is constantly evolving, never more so than in a time of social change. To ensure the relevance of our work, we seek to build knowledge of the factors that shape modern parenting, and our understanding of what effective parenting is, by:

- Building on best practice in supporting families in their parenting by identifying needs and gaps in knowledge.
- Identifying current trends and issues in parenting.
- Creating new knowledge on the individual and social factors that influence parenting, and effects of parenting on child outcomes.
- Developing and evaluating new programs, practices and strategies for supporting parenting.

Highlights of our work towards achieving this goal in the past year are as follows.

FATHERS MATTER (AS MUCH AS MOTHERS)

Our research continues to build a better understanding of the contribution that fathers' wellbeing and parenting makes to their children. We have shown that fathers wellbeing matters just as much as mothers.

In a study of 131 fathers and 851 mothers of children aged 0-4 years, we found few differences in how much mothers and fathers engage in play and learning activities with their children, after taking employment hours into consideration. Both mothers and fathers in full-time employment reported lower involvement in activities such as playing with toys, reading books and playing outdoors than parents in part-time or no employment.

Although there are benefits of employment participation for parents, those in full-time employment may have less time and energy to engage in non-routine parenting practices such as involvement in play and learning activities than parents in part-time or no employment. In the early parenting period, employment hours are typically longer for fathers than mothers, and this may curtail opportunities for fathers to be involved in daily family activities and play. This has also been reflected in our qualitative study in which fathers talked about the dual pressures of work and family. Fathers reported a need to be 'switched on at work and switched on at home' for their children.

These findings underscore the importance of policies and workplace initiatives targeting fathers' access to family-friendly employment conditions to minimise work-family conflict and the potential impact on fathering and mental health.

Our research has also shown that mental health difficulties are just as common for fathers as they are for mothers. In a study of over 3000 fathers participating in Growing Up In Australia: the Longitudinal Study of Australian Children, approximately one in 10 fathers reported high levels of distress in the first year after having a baby. This was found to be higher than depression reported by men in the general population, and is comparable to rates of postnatal depression among women.

It is well established that postnatal depression among women can impact on parenting and relationships with children. Our research confirms that fathers' mental health is also associated with parenting and outcomes for children. Examining over 2000 Australian fathers over a four year period, we found that fathers' mental health in the postnatal period was associated with later parenting behaviour and wellbeing outcomes for children when aged 4-5 years. Fathers with good mental health reported engaging in more warm and affectionate interactions with their children than fathers who were experiencing symptoms of depression and stress. These fathers also reported less irritability and frustration in relationships with their children, and in turn their children had fewer emotional and behavioural difficulties.

Our research has also shown that mental health difficulties are just as common for fathers as they are for mothers.

HEALTHCARE COSTS OF COMMON CHILDHOOD HEALTH PROBLEMS

Taken together, these findings highlight the importance of protecting fathers' mental health in the early parenting years. One way we are helping to address the wellbeing of fathers at this time is through the development of the Raising Children Network **Dads Guide to Pregnancy**. This provides information for fathers expecting a baby about a broad range of topics focused on promoting their health and wellbeing, strengthening their couple relationships, and preparing for fatherhood.

Our continued research in this area will generate new knowledge and a sound evidence base to inform prevention, intervention and policy initiatives targeting the fathers' mental health, fathering and family relationships that are important for promoting children's healthy development during the critical early childhood years.

Our partners: Telethon Institute of Child Health Research and the Murdoch Childrens Research Institute

Supported by:
The Victorian Government

Read more



Our research has highlighted that early parenting interventions to redress common childhood difficulties have the potential to save the Australian economy millions of dollars annually. Using Australian Medicare data linked to Growing Up in Australia: the Longitudinal Study of Australian Children (LSAC), we examined the excess costs incurred to the Australian health care system of common childhood conditions such as behavioural and emotional problems, attention deficit hyperactivity disorder (ADHD), sleep problems and being born premature or underweight. Annual excess costs to the government through subsidised general practitioner visits, primary health care services and prescription medications were substantial and generally intensified for children who experienced longer lasting difficulties.

In our first study, we found that in children born preterm, low birth weight and/or small for gestational age (termed as having 'perinatal risk'), excess costs were evident up to nine years after birth. In addition, because those children born with mild risk were more numerous, they accounted for a greater overall cost to the Australian economy than the smaller number of children born with more severe perinatal risk. When we compared the costs to Medicare incurred by children with perinatal risk relative to healthy born peers, the difference equated to an excess cost to the Medicare system of \$32 million per year.

Our second study found that the persistence of behavioural and emotional difficulties in children was associated with higher costs to the Medicare system: at a population level, childhood mental health difficulties were associated with an estimated excess Medicare cost of AU\$8.1m over the first four years of life and AU\$19.5m from the fourth to the eighth birthday. Individual costs increased with the persistence of mental health difficulties over time. Our analyses also suggested that the new mental health services rebated by Medicare are not used by the majority of young children who experience a mental health difficulty, indicating that a key access point for intervention may be missed.

Many of the conditions we have examined and/or their associated comorbidities could be ameliorated through effective parenting. These studies provide a strong economic argument for investing in the development and provision of effective and early parenting support.

Our partners: The Murdoch Childrens Research Institute and Deakin University

Supported by: The Murdoch Childrens Research Institute



PARENT MENTAL HEALTH, PARENTING AND CHILD OUTCOMES

Strengthening the wellbeing of parents and families is important for promoting the health, wellbeing and development of children. Our strong research focus on parent mental health and wellbeing is generating important knowledge about the extent to which parents experience a range of wellbeing issues, how this can potentially impact on their parenting experiences and behaviours, and how this flows on to influence their children's health, wellbeing and development.

In a series of studies, we have identified that parents can experience a broad range of wellbeing difficulties, particularly in the first year after having a baby. Approximately one in 10 fathers experience distress in the postnatal period, and this is similar to rates of one in seven for mothers. Although many studies focus on depressive symptoms, our research with over 1200 parents shows that fatigue, anxiety and stress are also common among both mothers and fathers during the postnatal and early parenting period.

Although for many parents these difficulties are transient, for some parents they can be longer lasting, and have the potential to significantly impact on their parenting experience. Several of our studies have shown that parent wellbeing difficulties such

as fatigue and stress are associated with lower satisfaction and confidence in the parenting role. In another study, 131 fathers and 851 mothers of children aged 0-4 years, we found that both mothers and fathers experiencing wellbeing difficulties such as stress, anxiety and depressive symptoms had lower confidence in their parenting role and engaged in fewer play and learning activities with their children than parents without wellbeing difficulties.

Our research using data from Growing Up in Australia: the Longitudinal Study of Australian Children has shown that mothers and fathers distress in the postnatal period is associated with less warmth and more irritability and frustration in their relationships with children and this is associated with poorer emotional wellbeing when children are aged 6-7 years. In another study, we found that high maternal separation anxiety in the postnatal period was associated with later overprotective parenting behaviour and poor social and emotional functioning among children at age 2-3 years.

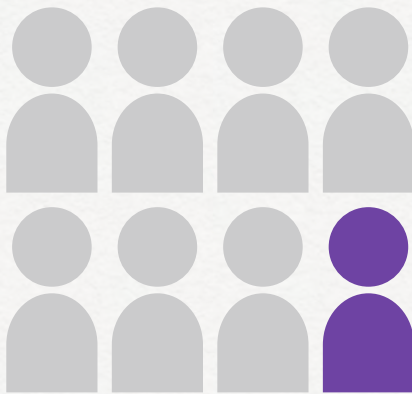
This body of research underscores the importance of strengthening parent health and wellbeing in the early parenting years. Our research going forward will continue to create new knowledge and build the evidence base to inform approaches to parenting support and policy development aimed at strengthening parent mental health and the early parenting behaviours that are important for children's optimal health, wellbeing and development.

Our partners: Murdoch Childrens Research Institute, the Australian National University

Supported by: The Victorian Government

Distress in the postnatal period

1/10
FATHERS

1/7
MOTHERS




PARENTING SELF-EFFICACY PROJECT: THE DEVELOPMENT AND VALIDATION OF 'ME AS A PARENT', AN AUSTRALIAN MEASURE OF PARENTING SELF-EFFICACY

A measure of parental confidence we developed has attracted considerable interest from researchers nationally. Me as a Parent (MAAP) was developed in response to limitations identified in existing self-report measures that assess parents' perceptions of their efficacy in their parenting role.

The aim was to develop a brief self-report measure relevant for parents of infants through to teenagers. This was done in two phases: a construction phase based on responses of a representative sample of families to a large preliminary item pool; and a validation phase that examined whether the resulting 16 item scale was sensitive to changes associated with parenting interventions.

As a result of our increasing confidence in the tool's accuracy and reliability, MAAP is now being used across a number of internal and external studies, including the smalltalk transition project, Signposts for building better behaviour, the MyTime program, a La Trobe University project supporting parents of children with cochlear implants, an Australian Catholic University survey of parents of children with autism spectrum disorders, and the VicHealth funded study of parental fear as a barrier to children's independent mobility.

Supported by: The Victorian Government

DEVELOPMENT OF TAKE A BREATH ONLINE

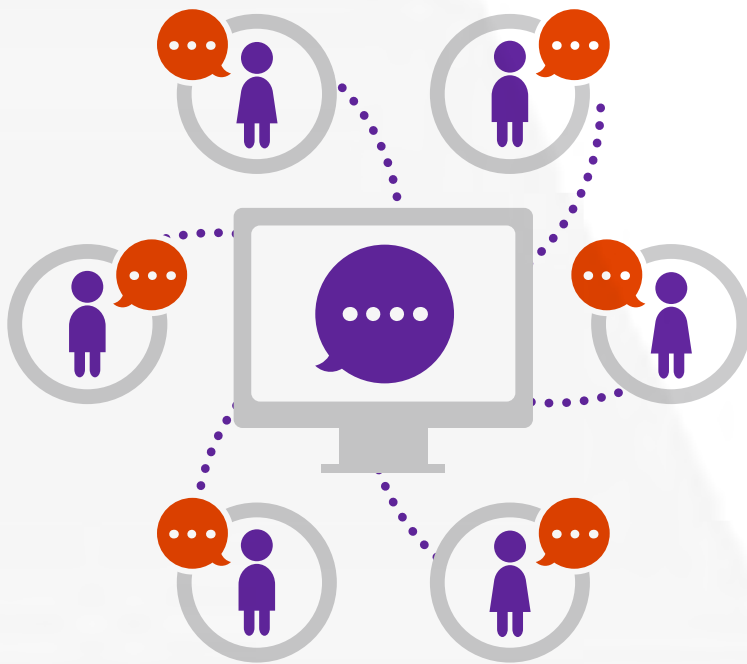
The use of an online interactive web conferencing program is improving the accessibility of a parent support program targeting families of children with a life threatening illness or injury.

In the Take A Breath (TAB) research project, we are working to increase the coping skills of parents at risk of poor mental health due to the challenges of caring for a child with a very serious injury or illness.

In 2013 we field tested a new version of the program able to be delivered via web conferencing with parents participating from the comfort of their own home. This approach recognised the geographical barriers and time and resources demands faced by these parents. Families are loaned iPads fully equipped with Internet data and a web conferencing application. Parents log into the group on a weekly basis and are able to view and interact with facilitators and other parents simultaneously. Preliminary data with fourteen parents demonstrate that this method of delivery is accessible and acceptable to parents. The program will be further evaluated in randomised controlled trial commencing in late 2013.

Our partners: Murdoch Childrens Research Institute, Royal Children's Hospital, the University of Queensland

Supported by: The Victorian Government and the Pratt Foundation



Cry Baby interactive online program - increasing the reach of online parenting support

INCREASING THE REACH OF ONLINE PARENTING SUPPORT

Infant sleep and crying problems can be a source of significant distress for both mothers and fathers. Our previous work shows that information and strategies on these issues can benefit parents. While this can be provided to parents online, little is known about who accesses and uses online resources. Cry Baby is an interactive online program on infant sleep and crying for the parents of young infants. We are conducting a randomised controlled trial to evaluate two approaches to promoting access to the program (information provided via Maternal and Child Health services compared to open marketing on the Raising Children Network website). The trial will also determine whether weekly email support is effective in helping parents to complete Cry Baby. Results will be available in 2014.

Our partner: The Royal Childrens Hospital Centre for Community Child Health

Supported by: The Victorian Government

CAESAREAN BIRTH AND ITS EFFECTS ON CHILD HEALTH

Understanding whether surgical intervention at birth has a long-term impact on children's health and development is the focus of new research by the Parenting Research Centre. Along with the Australian National University and La Trobe University, we won a Bupa Health Foundation grant in 2013 to conduct Australian-first research into the long-term impact of caesarean versus vaginal birth. Using population-representative data from 5000 children participating in the Longitudinal Study of Australian Children the research will examine the psychological, emotional and physical effects of caesarean delivery on children across infancy, early and middle childhood.

Our partners: La Trobe University: Dr Hassan Vally, Australian National University: Professor Stephen Robson; Associate Professor Abdel-Latif Mohamed

Supported by: Bupa Health Foundation

CHILDREN'S ATTENTION PROJECT: COHORT STUDY OF CHILDREN WITH ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is the most common neurodevelopmental disorder in childhood, affecting approximately seven per cent of Australian children. The Children's Attention Project (CAP) based at Murdoch Childrens Research Institute and led by the Parenting Research Centre's Professor Jan Nicholson, is seeking to improve our understanding of how ADHD impacts on children's behaviour, learning and day-to-day living, and its effects on the wellbeing of parents. CAP is the first study of its kind in Australia and one of the first world-wide. Commencing in 2011, we screened nearly 4000 Grade 1 children over two consecutive years, with 494 children and their families participating in an ongoing in-depth study. Early findings are confirming high levels of behavioural, social and academic difficulties amongst children with ADHD.

Our partner: Murdoch Childrens Research Institute

Supported by: National Health and Medical Research Council (NHMRC)

EARLY HOME LEARNING STUDY

At school entry, children from families experiencing disadvantage often lag behind their peers in their language and communication skills. To bridge this gap, we worked with existing early childhood services to help them become more effective in supporting parents from disadvantaged families to provide an enriched home learning environment for their young children.

Developed as part of a major Victorian Government initiative, a series of new program elements were delivered through two existing services – Maternal and Child Health parent groups and supported playgroups – with some families receiving home coaching in addition to the group program. We called the new approaches ‘smalltalk’. This year we completed a three year cluster randomised controlled trial with 2,228 families participating across 22 local government areas in Victoria. Seventeen of these areas have continued to run smalltalk since completion of the formal trial, delivering programs to another 1,217 families. Findings have been presented to the Victorian Government and we are working closely with government and community stakeholders to plan how to effectively roll the program out more broadly.

Our partner: Queensland University of Technology

Supported by: The Victorian Government

CENTRE OF RESEARCH EXCELLENCE IN CHILD LANGUAGE

Advancing the science of how language develops, what goes wrong and when, and how to intervene is being addressed by the newly established Centre of Research Excellence in Child Language based at Murdoch Childrens Research Institute. The Centre brings together leading international researchers to build capacity in this important field of child development. We are a key partner with four staff participating as Chief or Associate Investigators and as funded post-doctoral or PhD researchers. The Centre for Excellence is providing opportunities to use PRC, national and international datasets to explore the associations between parenting, the home environment and children's language. The project is funded by the National Health and Medical Council for five years from 2012.

Our partners: Murdoch Childrens Research Institute, Deakin University, University of Newcastle, and University of Iowa (USA)

Supported by: National Health and Medical Council via the Centres of Research Excellence Scheme

This year we completed a three year cluster randomised controlled trial with



2,228
FAMILIES



Participating across

22
LOCAL GOVERNMENT
AREAS IN VICTORIA

The combination of normal adolescent development and having to manage a chronic illness such as Type 1 diabetes places significant physical and emotional demands on both young people and their parents.

IMPACT OF INTIMATE PARTNER ABUSE ON CHILDREN

Exposure to abusive relationships within the family affects at least one million Australian children annually and is associated with developmental, behavioural, emotional and physical health problems. Yet surprisingly little is known about how the timing and duration of abusive relationships between parents affects these outcomes. We have partnered with researchers from the Murdoch Childrens Research Institute to win a research grant (\$1.27 million) from the National Health and Medical Research Council, to fund a five-year study investigating the links between pregnancy and childhood exposure to Intimate Partner Abuse and child physical and mental health outcomes at age 10. This will be the first longitudinal study in Australia to examine Intimate Partner Abuse in a population-based cohort and the first to examine outcomes for mothers and children in tandem.

Our partner: Murdoch Childrens Research Institute

Supported by: National Health and Medical Research Council

MITIGATING PARENTAL FATIGUE IN THE EARLY YEARS

Fatigue in the first year after having a baby is a common problem for parents. While most mothers and fathers expect to be tired at this time, there is little information available on how parents can manage the effects of fatigue on their wellbeing, relationships and parenting. Wide Awake Parenting is a written information resource designed to support mothers and fathers to manage fatigue used either with professionally-led telephone support or self-directed by parents. This year we completed a randomised controlled trial to evaluate the efficacy of the program to (a) improve parents' engagement in health-care behaviours, and (b) reduce fatigue, depressive symptoms, anxiety and stress. In total, 246 mothers and 44 fathers participated in the research, and the study findings will be provided in 2014.

Supported by: The Victorian Government

IMPROVING OUTCOMES FOR TEENAGERS WITH CHRONIC HEALTH PROBLEMS

The combination of normal adolescent development and having to manage a chronic illness such as Type 1 diabetes places significant physical and emotional demands on both the young people and their parents. Teens with chronic illness are at much higher risk than their healthy peers for developing serious mental health problems. While supportive parenting can protect against these risks, few programs have simultaneously addressed the needs of adolescents with chronic illness and their parents.

A total of 236 adolescents with Type 1 diabetes and 231 parents (191 mothers and 40 fathers) participated in the Nothing Ventured Nothing Gained (NVNG) online parenting and adolescent program. NVNG aims to prevent mental health problems in adolescents with chronic illness.

A randomised controlled trial has been conducted to evaluate the program's effects on adolescents' physical and psychological wellbeing and on parent and family functioning. Study findings will be provided in 2014.

Our partners:

- University of Queensland
- Swinburne University of Technology
- Royal Children's Hospital
- Monash Medical Centre

Supported by:

- beyondblue: the national depression initiative
- The Victorian Government

PARENTAL FEAR AND CHILDREN'S INDEPENDENT MOBILITY

Parent's concerns about their children's safety when they are out alone has been identified as a potentially barrier to children's independent travel, play and incidental physical activity. In an attempt to better understand how parental fear develops and then influences children's independence, we conducted focus groups with 132 children (aged 8 to 15 years) and 12 parents from diverse primary and secondary schools in metropolitan and regional areas of Victoria.

The results have highlighted a range of individual and environmental factors that affect whether and when parents allow their children independence. This has informed the content development for a state-wide survey of 2000 Victorian parents which will be conducted in late 2013.

Our partners: University of Western Australia, Australian National University and University of Texas (USA)

Supported by: Victorian Health Promotion Foundation (VicHealth)

WE ACKNOWLEDGE OUR HUMAN RESEARCH ETHICS COMMITTEE

A Human Research Ethics Committee plays a critical role in any research organisation.

In the last year we farewelled our inaugural Chair Professor Dennis Moore and pastoral member David Volk. We welcomed our new Chair (and former Human Research Ethics Committee member) Emeritus Professor Alan Hudson.

Other members in 2012-13 included: Susan Gribben, Betty Hassold, Vicky Heyward, Ian Jungwirth and four organisational members.

We thank all the voluntary members for their invaluable contribution throughout the year.



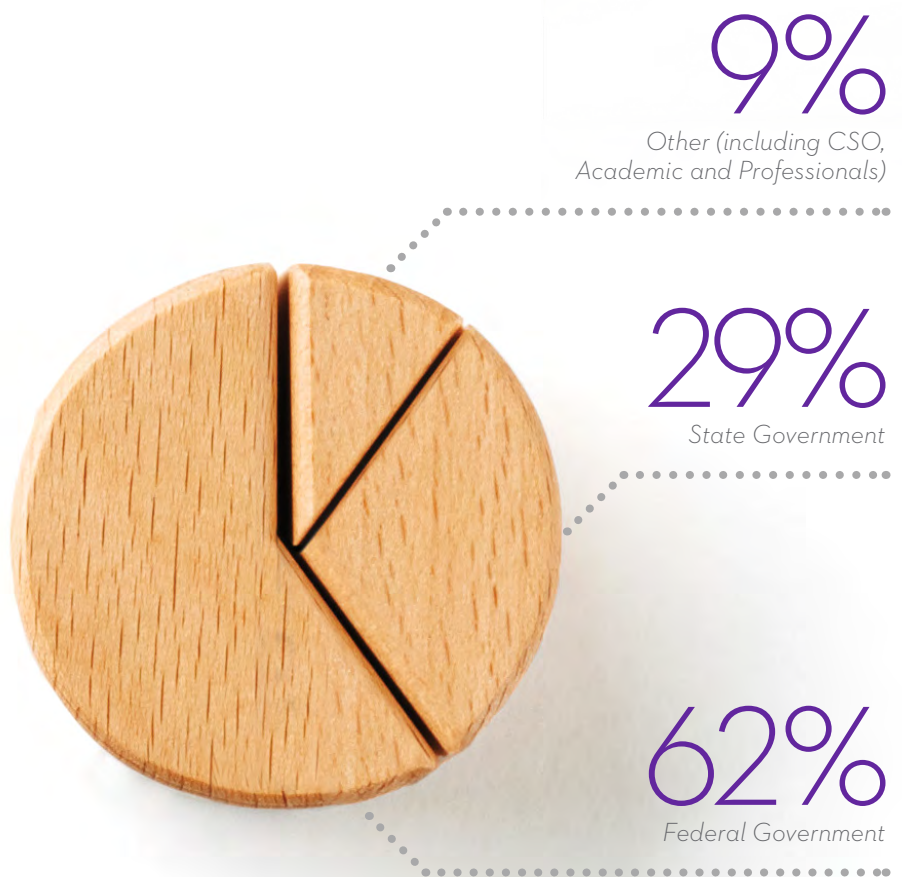
OPERATIONS

During the 2012-2013 financial year we have continued to develop and consolidate our position as Australia's only independent non-profit research and development organisation with an exclusive focus on parenting. We have been able to deliver significant value to our stakeholders as well as further develop our capacity.

Delivering value to our stakeholders included management of major projects and programs including the Raising Children Network project (RCN LTD) as well as consultancy, training, collaboration and conference presentations across government, academic, community service organisation, and professional networks.

In support of this work, the Operations team continue to develop and manage internal functions, systems, processes and tools. This is an important part of ensuring we maintain the excellence we are committed to as a recently accredited ISO 9001: 2008 quality assured organisation.

Our major funding sources by percentage are:



OUR PEOPLE AND CULTURE

We are able to continue to deliver significant value to our stakeholders as a result of the outstanding staff who work at the Parenting Research Centre.

Over the past year (as at 30 June 2013) we have had:

- 78 employees
- 13 new hires
- 15 departures (including career advancement and end of contract).

Our Divisions comprise of Research, Knowledge Exchange and Implementation, and Operations. This year, in line with our increased focus on social policy, our Executive team expanded to include Annette Michaux, our Director responsible for Social Policy and Strategy.

Our staff strongly believes in the work they do and the values of our organisation. Results from our annual staff survey show:

- Our people personally believe in the purpose and values of the Parenting Research Centre and the work it does (93 per cent, 12 per cent above industry average)
- Our team is highly committed to the organisation, believe it to be successful in achieving its objectives and believe that the organisation is providing a high quality of service to its clients (91 per cent, 28 per cent above industry average)
- There is a strong culture of seeking positive results within the organisation, and a belief that the organisation is ethical (83 per cent, 11 per cent above the industry average).

In developing our organisational capacity we continue to focus on cultivating a culture that supports excellence and innovation as well as attracting, keeping and developing the best people. We are also focused on growing and diversifying our funding base, increasing our productivity, quality and efficiency, and ensuring that we are valued and respected by our stakeholders.



A summary of some of our internal capacity-building achievements over the past year include:

Attaining quality assurance accreditation ISO 9001:2008

Launching our 2012-2017 Strategic Directions document

Developing and Implementing a Staff Code of Conduct

Designing a Manager Competency Framework in preparation for introducing our Manager/Supervisor Development Program

Successfully contracting a new IT support company

Commencing work on the development of an upgraded Intranet

Progressing our Employee Value Proposition strategy, including the launch of a new paid parental leave scheme

Improving internal contract management processes

Attaining National Medical Health and Research Council Research Institute and Administrative status

Media relations

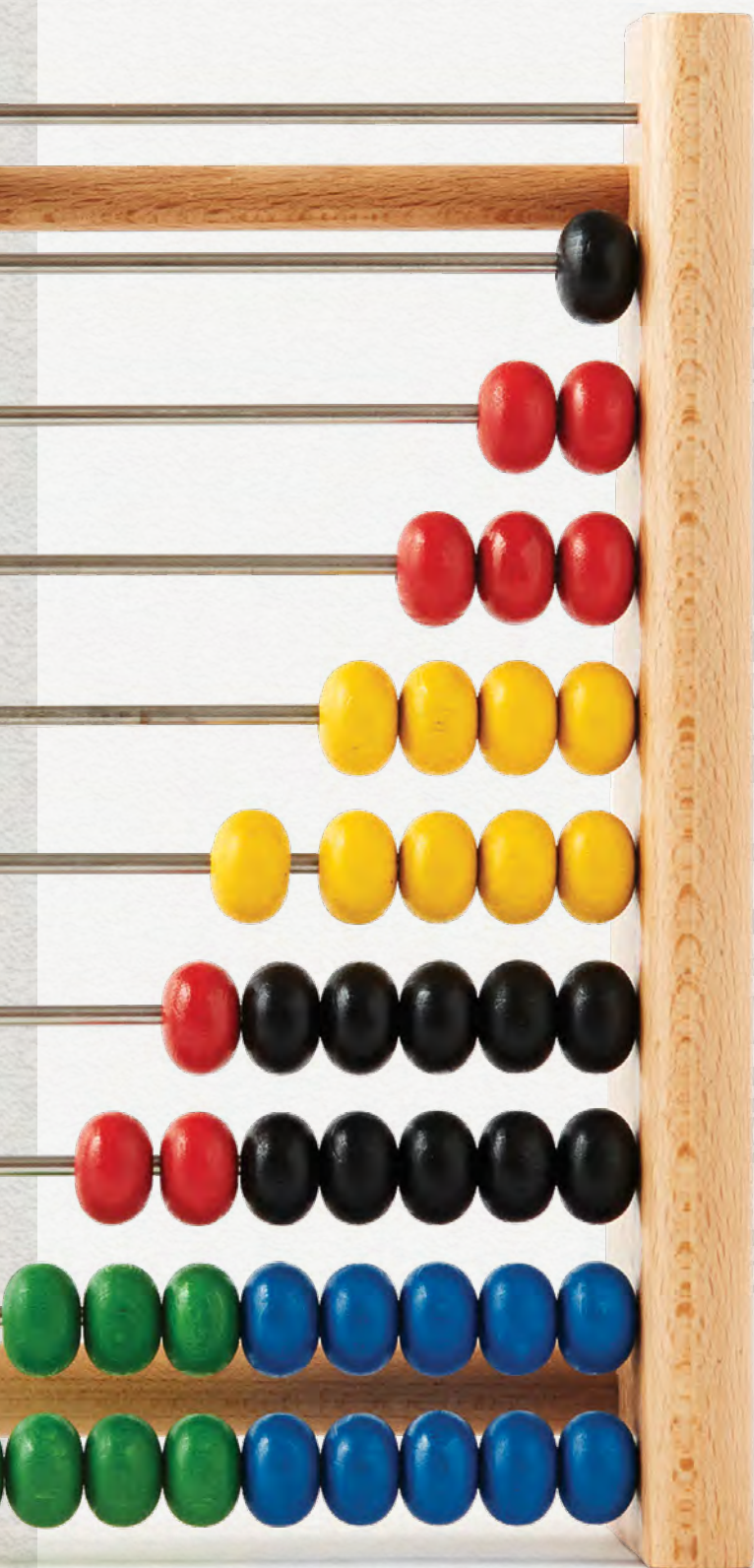
Through effective media relations activity, the Parenting Research Centre works to be a balanced, reasonable, and reliable voice on parenting in the community. We aim to promote a constructive dialogue on parenting, raise awareness of our programs and research, and enhance our profile among key stakeholders. Through our media relation activities, we aim to position ourselves as a leading Australian organisation in parenting research, program delivery, and implementation science.

Media activity contributes to the work we do towards achieving our goals. The Centre engages the CEO, Directors or key approved staff and external experts to act as spokespersons for our various initiatives, and to promote research or commentary on current parenting topics in the public domain. By engaging with the media representatives, we ensure that all our media activity reinforces our evidence-based approach and is aligned to our strategy, vision and mission.

The past 12 months has focused on continuing to build our capacity to address current and future media opportunities. For example, a major focus of our media publicity is to promote the Raising Children Network website. The launch of the mobile-optimised version of the site achieved prime time television news coverage, as well as excellent print media.

We also play a role in influencing the tone of media reporting on parenting topics. In the past year we have focused on maximising all appropriate media opportunities to contribute a balanced, evidence-based perspective, achieving close to 300 media appearances.

FINANCIALS



Our finances from the past year reflect our approach to effective and long-standing partnerships. The Parenting Research Centre's largest single expenditure is on brokered service delivery by our many community partners and funding sources.

Our financial results, achieved during challenging national economic conditions exceeded our expectations, demonstrating a modest growth in Income of three per cent from 2011.

\$14,503,254

Income

\$14,227,313

Expenditure

\$275,941

Surplus

\$2,946,122

Total equity



Download our full Financial Report

GOVERNANCE

BOARD MEMBERS

Our Board was comprised of the following members during the 2012-13 financial year.

Professor Vivian Lin was a new Board Member during the past year who left to take up a role in the Philippines with the World Health Organization.



JOHN LAWRENCE
CHIEF EXECUTIVE OFFICER
UnitingCare Gippsland



JULIETTE ALUSH
EXECUTIVE DIRECTOR PEOPLE
CULTURE AND COMMUNICATIONS
Western Health



TIM MCEVOY
BARRISTER
*Visiting professor at the
University of Virginia, USA*



CRAIG HEINER
MANAGING DIRECTOR
North East Water



DR LINDSAY HEYWOOD
HIGHER EDUCATION
STANDARDS EXECUTIVE
Higher Education Standards



ALANA KILLEN
CHIEF EXECUTIVE OFFICER
*Australasian College
for Emergency Medicine*



VIVIAN LIN
PROFESSOR OF PUBLIC HEALTH
LaTrobe University (previously)
DIRECTOR, HEALTH SECTOR PLANNING
*World Health Organization,
Western Pacific Region Office
(currently)*



TASS MOUSAFERIADIS
DIRECTOR
*beyondblue: national
men's health program*



DR ALISON ROBERTS
DIRECTOR
*Policy and Practice at the Pharmaceutical
Society of Australia (PSA)*

SENIOR LEADERSHIP

The executive team are responsible for the management of research strategy, research income, development, infrastructure and operational issues.



WARREN CANN
CHIEF EXECUTIVE OFFICER



DR JULIE GREEN
EXECUTIVE DIRECTOR
Raising Children Network



ANNETTE MICHAUX
DIRECTOR
Social Policy and Strategy



DR ROBYN MILDON
DIRECTOR
*Knowledge Exchange
and Implementation*



PROFESSOR JAN NICHOLSON
DIRECTOR
Research



CHRISTIAN THOMPSON
DIRECTOR
Operations

PARTNERS AND FUNDERS

We are proud to be associated with a vast range of institutions, agencies and organisations that provide funding in our work across research, training and program delivery.

This past financial year, we would like to acknowledge and thank the following organisations:

PARTNERS

| | | |
|--|--|---|
| Anyinginyi Health Aboriginal Corporation | Doveton College | The Royal Children's Hospital |
| Australian Centre for Posttraumatic Mental Health | Families Commission of New Zealand | The Secretariat of National Aboriginal and Islander Child Care (SNAICC) |
| Australian National University | Good Beginnings Australia | UnitingCare Burnside (NSW) |
| Australian Research Alliance for Children and Youth (ARACY) | La Trobe University | University of Gothenburg, Sweden |
| Brock University, Canada | Monash Medical Centre | University of Iowa (USA) |
| Central Australian Aboriginal Congress | Murdoch Childrens Research Institute | University of New England |
| Centre for Community Child Health | Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council | University of Newcastle (UK) |
| Childrens Research Institute, the Australian National University | Queensland University of Technology | University of Queensland |
| Deakin University | Royal Women's Hospital | University of Sydney |
| Department of Social work at the University of Melbourne | Save the Children Australia | University of Texas (USA) |
| | Swinburne University of Technology | University of Western Australia |
| | Telethon Institute of Child Health Research | Wanslea Family Services |
| | The Olga Tennison Autism Research Centre | |

FUNDERS

| | | |
|--|---|--|
| beyondblue: the national depression initiative, Victorian Government | National Health and Medical Council (NHMRC) via the Centres of Research Excellence (CRE) Scheme | Swedish Foundation for International Cooperation in Research and Higher Education (STINT) Victorian Department of Human Services |
| Bupa Health Foundation | National Health and Medical Research Council (NHMRC) | Victorian Government |
| Department of Social Services | Pratt Foundation | Australian Research Council |
| Murdoch Childrens Research Institute Theme Funding | Swedish Council for Working Life and Social Research (Forskningsrådet för Arbetsliv och Socialvetenskap: FAS) | Victorian Health Promotion Foundation (VicHealth) |

There are a number of other organisations, schools and individuals not listed here who have provided funding and collaborated with us in our work. To view the full list of our partners and funders see our website.

www.parentingrc.org.au/index.php/about-prc/partners-funders

PUBLISHED PAPERS

As part of our aim to advance scientific knowledge of parenting, our researchers and staff are committed to publishing papers in peer-reviewed journals to share our findings. The past financial year saw us publish the following papers.

2012

Daniels, L.A., Mallan, K.M., Battistutta, D., Nicholson, J.M., Perry, R., & Magarey, A. (2012). Evaluation of an intervention to promote protective infant feeding practices to prevent childhood obesity: outcomes of the NOURISH RCT at 14 months of age and 6 months post the first of two intervention modules. *International Journal of Obesity*, 36 (10), 1292-1298.

Daniels, L.A., Wilson, J.L., Mallan, K.M., Perry, R., Mihrshahi, S., Nicholson, J.M., Magarey, A. (2012). Recruiting and engaging new mothers in nutrition research studies: lessons from the Australian NOURISH randomised controlled trial. *International Journal of Behavioral Nutrition and Physical Activity*, 9, 129. DOI:10.1186/1479-5868-9-129

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de Silva-Sanigorski, A., Ashbolt, R., Green, J., Calache, K., Riggs, E. (2012). Parental self-efficacy and oral health related knowledge are

associated with parent and child oral health behaviors and self-reported oral health status. *Community Dentistry and Oral Epidemiology*, Online: 17 November 2012 DOI: 10.1111/cdoe.12019.

Giallo, R., Dunning, M., Cooklin, A., Seymour, M., Graessar, H., Zerman, N., & Vittorino, R. (2012). Acceptability of Wide Awake Parenting: A psycho-educational intervention to manage parental fatigue. *Journal of Reproductive and Infant Psychology*, 30 (5), 450-460.

Green, J., Zazryn, T., Hopkins, L. & Strong, G. (2012). Innovative learning environments (OECD/ILE) project: Case study. *The Royal Children's Hospital, Melbourne*, 1-26.

Mellor, D., Renzaho, A., Swinburn, B., Green, J. & Richardson, B. (2012) Aspects of parenting style and family functioning that are associated with obesity among adolescent refugees and migrants from African backgrounds living in Australia. *Australian and New Zealand Journal of Public Health*, 36 (4), 317-23.

Mildon, R., & Polimeni, M. (2012). *Parenting in the early years: Effectiveness of parenting support programs for Indigenous families*. Resource sheet no. 16. Close the Gap Clearing House: Australian Institute of Health and Welfare & Australian Institute of Family Studies.

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Vetere, F., Green, J., Nisselle, A., Dang, X.T., Zazryn, T. & Deng, P.D. (2012). Inclusion during school absence: Using ambient technology to create a classroom presence for hospitalised children. *Telecommunications Journal of Australia*, 62 (5). Online: dx.doi.org/10.7790/tja.v62i5.353

Walker, S., Nicholson, J.M., Carrington, S., Dunbar, S., Hand, K., Whiteford, C., Meldrum, K. & Berthelsen, D. (2012). The transition to school of children with developmental disabilities: Views of parents and teachers. *Australasian Journal of Early Childhood*, 37 (3), 22-29.

2013

Chow, S., Sciberras, E., Gillam, L., Green, J. & Efron, D. (2013). Paediatricians' decision-making about prescribing stimulant medications for children with ADHD. *Child: Care, Health and Development*, Online: 27 February 2013. DOI: 10.1111/cch.12036.

Clayton, O., & Smith, C. (2013). How do I work with a parent with learning difficulties. *Primary Times*, 13 (1), 21-27.

Cooklin AR, Giallo R, D'Esposito F, Crawford S, Nicholson, J. (2013). Postpartum maternal separation anxiety, over-protective parenting and children's social-emotional well-being: Longitudinal evidence from an Australian cohort. *Journal Family Psychology*. 27(4), 618-628.

Cooklin, A.R., Lucas, N., Strazdins, L., Westrupp, E.M., Giallo, R., Canterford, L. & Nicholson, J.M. (2013). Heightened maternal separation anxiety in the postpartum: The role of socio-economic disadvantage. *Journal of Family Issues*, Online: 31 March 2013. DOI: 10.1177/0192513x13481776

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- Giallo, R., Cooklin, A., Wade, C., D'Esposito, F., & Nicholson, J.M. (2013). Maternal postnatal mental health and later emotional-behavioural development of children: The mediating role of parenting behaviour. *Child: Care, Health and Development*, Online: 30 January 2013. DOI: 10.1111/cch.12028
- Giallo, R., Cooklin, A., Wade, C., D'Esposito, F., & Nicholson, J.M. (2013). Fathers' postnatal mental health and child wellbeing at age 5: The mediating role of parenting behaviour. *Journal of Family Issues*. doi: 10.1177/0192513X13477411
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- Hopkins, L., Nisselle, A., Green, J., & Zazryn, T. (2013). Adolescents with health conditions at risk of educational disengagement: how hospital practice mitigates risk. *Youth Studies Australia*, 32 (1), 37-45.
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