

Report of key findings

# Parenting Today in Victoria

March 2017

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## GLOSSARY

Term	Definition
CATI	Computer assisted telephone interview. A surveying technique in which the interviewer follows a script provided by a software application.
Child	The survey respondent's child (aged 18 and under) whose birthday was closest to the date the survey was administered with the parent. Child can include biological children as well as step-children, and adoptive or foster children that the parent is involved in caring for.
Coping (related to 'Support')	Successfully face and deal with responsibilities, problems or difficulties related to parenting.
DET	Victorian Government Department of Education and Training. Funded the <i>Parenting Today in Victoria</i> survey.
Dialogic strategies	Reading interactively with children. Adults encourage and prompt children with questions and engage them in discussions about the reading material while reading to them.
ECEC	In Victoria, Early Childhood Education and Care (ECEC) refers to paid child care and Kindergarten programs. Child care includes centre-based day care, family day care, long day care, occasional care and outside school hours care services.
Educator	Can refer to any professional involved in the education of children. For this report, it refers to early childhood educators who are early childhood professionals. Educators work directly with children in a variety of settings, including kindergarten, long day care, occasional care, family day care and outside school hours care services. Primary and secondary school educators are referred to as 'teachers' or 'school staff' in this report.
Electronic devices	Examples given to parents were computer, laptop, ipad/tablet, mobile phone.
Formal supports (related to 'Informal Supports')	For this report, formal supports refer to external sources of information and advice about raising children, and obtaining help from a professional, such as a general practitioners, mental health/behavioural specialist and educators and school staff.
Help-seeking	Obtaining help for parenting – e.g. from a health professional, parenting group, telephone helpline, other parents/friends/neighbours, community leaders, educators and school staff, books and online.
Informal supports	For example, a trusted person, family, other parents, friends and neighbours.
Interval level variables	This refers to how individual survey items and scale and subscale scores are presented numerically. Values of interval level variables are in an ordered sequence and the intervals between the values are equally spaced. Averages (e.g. means) can be meaningfully calculated. Interval level variables are required for parametric statistics.
IRSD	The Index of Relative Socio-economic Disadvantage (IRSD) is an Australian general socio-economic index that summarises a range of information about the economic and social conditions of people and households within a geographical area. A low score indicates relatively greater disadvantage in general. A high score indicates a relative lack of disadvantage in general.

Term	Definition
Item inter correlation	Refers to the correlation or relationship between items in a test or scale and is an indication of how internally consistent the scale is (e.g. to what extent different items measure the same general concept).
Me as a Parent Scale (Maaps)	Commissioned by the Victorian Government and developed and normed with Victorian families. This 16-item scale measures parents' perceptions of their parenting efficacy, personal agency, self-management and self-sufficiency.
Maternal and Child Health (MCH) First-Time Parents Group	The MCH Service, including First Time Parents Groups, is funded by DET in partnership with Municipal Association of Victoria and local government. First Time Parents Groups are typically attended by parents of babies one month to six months of age. Facilitated by an MCH nurse, the groups are designed to provide support and information aimed at enhancing parental wellbeing, increasing parents' confidence, and establishing informal support networks.
Mean	Calculated by dividing the total of a set of items by the number of items in the set. Can be referred to as 'average' and is one way of describing central tendency.
Monitoring	For this report, monitoring refers to parents' knowledge of their children's whereabouts, and whether they set rules or limits about this.
Kessler 6	A short version of the Kessler Psychological Distress Scale has six items on feelings of nervousness, depression, restlessness, hopelessness, effort and worthlessness. It is primarily used as a screening test and has been included in Australian surveys such as the Australian Bureau of Statistics Health Survey and the Longitudinal Study of Australian Children.
Non-parametric statistics	These do not require a normal distribution of scores and can be used with categorical and ordinal data. Used in our analyses when the data were not on an interval scale, or when the assumptions for parametric statistics were not met.
Parametric statistics	These were used when the scores were normally distributed and the items were on an interval scale.
Parent	A person over the age of 16 years who was the primary caregiver of a child in the relevant age range at the time of the survey. This could be the child's biological parent, but also someone other than the biological parent functioning in a parenting role, thus could include grandparents, step-parents, foster parents or other carers. In this report, 'mothers' and 'fathers' refer to the gender of the caregiver including those who are not the child's biological parents, that is, foster parent, step parent or adoptive parent.
Parent engagement	This refers to parents' engagement with their children's learning and educational experience. It included involvement in informal learning activities as well as more formal learning that occurs in ECEC and school.
Parent performance	Measured by four items from the Parent Performance subscale of the Cleminshaw-Guidubaldi Parent Satisfaction Scale
Parent self-efficacy	The belief about being able to perform parenting tasks successfully. Efficacious parenting beliefs have been shown to be associated with greater competence in performing parenting tasks. Measured by one of the subscales of the <i>Me as a Parent</i> scale.
Parent wellbeing	Shown by parents' ratings of their physical and mental health.

Term	Definition
Parenting confidence	This refers to confidence in help-seeking as well as confidence in parenting practices, such as supporting their children in school transitions and helping their children to do well. Items on the <i>Me as a Parent scale</i> also tapped confidence in parenting skills and strategies.
Parenting practices	Strategies for addressing child behavioural challenges. Three items from the Parent and Family Adjustment Scale (Sanders, Morawska, Haslam, Filus & Fletcher, 2014) on praise, smacking and arguing or yelling, and an additional item about talking to their children about problems/issues.
Parenting programs/groups	Examples given to parents were: MCH First-Time Parent Groups, playgroups and other parent groups such as Triple P, 123 Magic and <i>smalltalk</i> .
Playgroups: Supported & community	Playgroup sessions are held in the community for babies, toddlers and pre-schoolers and their parents/caregivers with a focus on child play and social interaction. They are usually held once a week for a two-hour session. Supported playgroups are facilitated by a trained practitioner and are funded by both Commonwealth and Victorian governments. Victorian-government supported playgroups are designed for families living in disadvantaged circumstances. Community playgroups are not facilitated and are funded in a variety of ways in Victoria.
PRC	The Parenting Research Centre commenced in 1996. Its focus is on better outcomes for children by increasing effectiveness and fostering innovation in the way parenting is supported. Activities include knowledge translation and exchange, research, building organisational capacity to support parenting, and influencing the policy environment.
Psychological distress	Parents indicated whether they had symptoms of mental health problems since becoming a parent. Also, the Kessler 6 measured the parents' current psychological state.
Rapid evidence assessment (REA)	An REA is more rigorous than an ad hoc search, and faster but less rigorous than a full systematic review. For the purposes of the <i>Parenting Today</i> in Victoria project, a purposeful search of high-quality systematic reviews was undertaken, combined with key papers identified by the project team and advisory groups.
Resilience	Child resilience was measured by a question about parents' preferences about how their children handled challenges or issues.
Skewness	Skewness is a measure of the symmetry of a distribution of data. A data set is symmetric if it is evenly distributed to the left and right of the centre point. We checked this when a statistical test required a normal (not skewed) distribution.
Statistical significance	Refers to the likelihood that a relationship between two or more variables is caused by something other than chance. For <i>Parenting Today</i> in Victoria we used a conservative significance level of $p \leq 0.001$ which means that the probability of a result occurring by chance is less than one in a thousand.

# 1. Executive summary

## 1.1. Overview

Supporting parents is a powerful way to improve children's wellbeing, health and educational outcomes, and ultimately reduce social disadvantage. It is important that governments have access to the best available information about the experiences and support needs of parents to ensure that parenting supports and policies are evidence-informed and appropriately directed.

The Victorian Government's commitment to parental engagement and support to improve outcomes for children is reflected in a central policy direction set out in the *Education State*. In this initiative, nearly \$750 million has been allocated to building an education system that promotes student excellence, builds parents' confidence, and reduces the impact of disadvantage. To build on this, the Victorian Government plans to release an Education State Early Childhood Development Reform plan in coming months.

*Parenting Today in Victoria* is a representative survey of 2600 Victorian parents conducted by the Parenting Research Centre (PRC), with funding from the Victorian Government Department of Education and Training (DET), aimed at exploring the contemporary experiences, behaviours, concerns and needs of Victoria's parents.

This report of the survey's key findings allows us to hear the voices of Victorian parents as they tell us about their parenting practices and their relationships with their children. It explores parents' engagement in their children's education and learning, and where and how they access parenting information. It also tells us how much support parents feel they have, and how they are coping.

This survey is significant because it provides first-time data in a number of areas. While other data sets capturing the experiences of Victorian families are available, the majority of these focus on trends in child health and development, with little or no information about parenting per se. Some information on parent coping and support is already collected by other major surveys (e.g. the Victorian Child Health and Wellbeing Survey), but its inclusion in this survey means that coping and support can be explored alongside more formal help-seeking, and thus contribute to a more complete understanding of parenting support generally. The *Parenting Today in Victoria* survey differentiates itself from other Victorian help-seeking data sources due to its focus on the psychology behind service use. Finally, relative to other projects of this kind, this study interviewed a large proportion of fathers (40%) with the aim of ensuring the views of parents reflect both father and mother perspectives.

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

This report, based on the weighted data, is primarily descriptive, providing an overview of the method adopted to administer the survey, along with a summary of participants and key findings. It serves as the initial piece of documentation that can be used to inform future communications about its findings and implications. It is a part of the picture that can be used to strengthen parenting policy.

## 1.2. Methods

We identified five domains as priorities for inclusion in the survey. These were: (i) parent engagement with children's learning; (ii) parent help-seeking; (iii) parent coping and support; (iv)

the parent-child relationship; and (v) parent monitoring and children's use of electronic devices. These five broad areas informed selection of survey questions. In addition, information about family context and demographic characteristics were included as items in the survey.

We contacted prospective survey participants using random dialling of landlines and mobile phone numbers. We used computer assisted telephone interviewing to survey people aged 16 years and over, who were primary caregivers of a child aged from birth to 18 years and 11 months, and who spent at least four days in a typical month with their child. Caregivers could be parents, grandparents, step-parents, foster parents or other carers, but in this study they are referred to as 'parents', and male and female caregivers are referred to as 'fathers' and 'mothers'. We applied a quota to sample recruitment so that fathers constituted approximately 40% of respondents. Parents who had more than one eligible child completed the survey with reference to the child whose last birthday was closest to the time of conducting the survey. Participants had to have sufficient English to understand and respond to the questions.

The sampling frame adopted was aimed at achieving a sample of 2600 respondents, representative of all Victorian parents of children aged from birth to 18 years, across metropolitan and regional areas (proportional to the geographic distribution of the Victorian population), with a target of 40% of the sample being fathers.

### **1.3. Findings**

#### **1.3.1. Diverse voices**

We surveyed 2600 parents (1044 males – 40%, and 1556 females – 60%). One percent of these were Aboriginal and Torres Strait Islanders. Eleven percent spoke a language other than English at home. Residence included major cities (69%), and inner (25%) and outer (5%) regional Victoria. Family income ranged from less than \$1,000 per week (17%) to more than \$3,500 per week (8%). The largest categories of parent education were bachelor's degrees (26%) and postgraduate degrees (19%).

Weighting the data resulted in 2535 usable cases comprising 40% males and 60% females. Representation in major cities increased to 76% and in inner and outer regional Victoria 19% and 4.5% respectively. Weighted family income ranged from less than \$1,000 per week (19%) to more than \$3,500 per week (9%), and the categories of education were 17% bachelor's degrees and 13% post-graduate degrees.

As well as describing the parenting experience for the total weighted sample, we report population estimated differences across subgroups of parents: fathers and mothers, parents living in regional and metropolitan areas, parents living in a range of socio-economic areas, and parents of children with and without medical conditions or learning difficulties.

#### **1.3.2. A shared experience, different responses to challenges**

The survey identified many similarities among parents across the sample. A large majority (at least 90%) of parents said they had confidence in themselves as a parent, and had the skills necessary to be a good parent. A similarly large majority reported they had someone they trusted and could turn to for advice. The majority of parents reported that they had good mental and physical health. Other specific questions about parents' attitudes and behaviours, their concerns, and their patterns of help-seeking revealed the various challenges many parents face. The data also uncovered trends within subgroups.

### 1.3.3. Parenting behaviours

The parent-child relationship is fundamental to child outcomes, influencing a diverse range of child outcomes from learning to substance abuse. As well as the large majority of parents feeling confident and effective as parents, a healthy 76% said they talked about problems or issues with their child.

Other questions revealed some of the challenges around parenting today, and the shortfalls between how parents behaved and what they expected of themselves:

- Two out of every five parents agreed or strongly agreed that they wished they did not become impatient with their child so quickly, with this regret expressed most commonly among parents of young children (two to five years old).
- Nearly 30% of parents reported that they wished they were more consistent in their parenting behaviour.
- Nearly three in ten parents (28%) agreed or strongly agreed that they felt they were sometimes too critical of their children.
- Over a third stated that they were dissatisfied or had mixed feelings about the amount of time they could give their children.

We also asked questions about child discipline. Positive parenting strategies were reported by the majority of the sample: 82% reported that they rewarded or praised their children when they behaved well. But punitive methods were also reported. Over a quarter (28%) of all parents stated that they smacked their children at least a little, and parents of young children (three to five years old) reported smacking more often than parents of children of other ages. The proportion of parents from the most disadvantaged socio-economic areas who reported *never* smacking their children was somewhat lower (65% and 70% in the two most disadvantaged categories) than the proportion in parents from the least disadvantaged areas (74% and 76% in the two least disadvantaged categories). Two percent of parents reported that they smacked their children when they misbehaved 'quite a lot or very much'. A much larger proportion — one in ten — reported yelling at their child quite a lot.

### 1.3.4. Parent monitoring and electronic devices

Another aspect of parenting behaviour is the extent to which parents monitor their children's activities and whereabouts. We chose to investigate this because it has been shown to be associated with both positive and negative child outcomes. Good parental knowledge of their children's activities and whereabouts has been linked to lower levels of problematic child behaviour, but too much questioning can lead to negative feelings of being controlled and increased conduct problems (stronger parent-child relationships help to reduce these problems). The topic of use of electronic devices is of growing interest given the surge in their use in Australia and globally over the past decade.

Looking at monitoring of children in a general sense, the majority of parents reported that they did monitor their children's whereabouts — 87% of parents said they always knew where their children were. Eighty percent set rules about free time, and mothers were more likely to set rules about their children's free time than fathers (84% compared to 73%).

The majority of all parents reported that they monitored their children's use of electronic devices, and around 40% thought their children spent too much time on these devices. But, when turning our attention to just the parents of adolescents, we found that 70% of these said their children spent too much time on electronic devices. This percentage dropped with decreasing age of children.



### **1.3.5. Educational values and aspirations**

We wanted to understand the values parents placed on their children's education, and how far they would like their children to go in their studies.

Just over 60% rated learning experiences in early childhood settings as extremely important. Just under 60% of parents of children aged 13 and over thought that post-school education and university were extremely important, and this belief was the same for parents living right across the range of socio-economic areas, and for both parents of children with and without medical conditions or learning difficulties. We did see a difference in the value parents placed on post-school education in regional versus metropolitan areas. Parents in regional areas rated further study as less important than metropolitan parents; however, the mean ratings for both subgroups were high and the difference was small.

We also see differences — based on regional or metropolitan location, on area of socio-economic disadvantage, and on whether or not their child had a medical condition or learning difficulty — in the highest *level* of education that parents aspired to for their children. Although the greatest number of parents across regional and metropolitan areas (around 52%) wanted a university degree for their children, more parents from regional areas named a trade, certificate or diploma qualification as the highest level of education they wanted for their children, and more metropolitan parents wanted their children to complete a post-graduate qualification. Parents living in more disadvantaged areas were more likely to report they would like their children to complete a trade, certificate or diploma, while parents living in less disadvantaged areas were more likely to report they would like their children to complete a degree or postgraduate university degree. In addition, parents of children with medical conditions or learning difficulties were less likely to expect or want their children to go onto post-secondary education.

Regarding parents' interactions with educators, most parents said that they felt confident and comfortable communicating with their children's formal educators and carers. Nevertheless, some groups of parents expressed greater levels of concern in this domain. For instance, parents of secondary school aged children felt less able to participate in making decisions about their children's schooling, reported lower satisfaction about communication from school staff, less agreement that they knew how to support their child to do well in school, and felt less confident that their child's educator understood their child. Mothers were more concerned than fathers that their child's educator did not understand their child, and less confidence than fathers in their ability to manage school transitions

### **1.3.6. Parents' contribution to children's learning**

Ninety-three percent of all parents thought that their contribution to their children's learning in the early years at home was either moderately (13%) or extremely (80%) important. Child age was a factor in parents' responses, with parents of younger children telling us they valued this aspect of parenting more highly. Two percent of parents reported that what they did with their children in these early years was not at all important or only slightly important for their children's later development.

Parents reported that children aged up to 12 years were read to by someone in the family on average four to five days a week. According to parent reports, less than half (42%) of children under 12 years were read to by someone in the family every day. Across all child age groups, most parents said they often talked with their children about their experiences at school or in early childhood education. Over half of parents engaged in musical activities and indoor games with their children, and just under half (49%) said they exercised or participated in outdoor activities with their children.

The number of days an adult read to the child was highest for three to five year olds, and musical activities with parents occurred more often with younger children. While most parents saw the value of activities for children outside the home (e.g. playgroups, swimming lessons), there were marked differences in parents' reports of participation in indoor and outdoor activities according to child age. Eighty five percent of parents of infants said they often played with their children indoors, as did 73% of parents of 3-5 year olds, but over a third of parents of secondary school aged children said they rarely or never did this. Similarly, a greater percentage of parents of younger children said they exercised or did outdoor activities with their children.

### **1.3.7. Mothers and fathers**

From their answers, it appears that mothers and fathers cope somewhat differently with the challenges of parenting, and think differently about the support that is available, and although many of the reported differences between mothers and fathers were small in magnitude, they were statistically significant.

Participation in parenting groups was reported to be greater for mothers than fathers. A greater proportion of mothers reported using a variety of sources of information about raising their children. Proportionally more mothers than fathers had sought help from general practitioners, educators, and mental health and behavioural specialists. Mothers were more confident in knowing where to seek help for parenting concerns than fathers were, and fathers had lower agreement than mothers about having someone they trust and could turn to for advice. When presented with the statement 'If I was having problems in my life, there is someone I trust that I could turn to for advice', mothers reported a higher level of agreement (a mean rating of 4.48 on a 5-point scale) than fathers (4.27).

Compared with fathers, mothers reported feeling more effective as parents. They scored higher than fathers on questions designed to measure 'self-sufficiency' and 'self-management'. This comparative confidence also carried over into how mothers engaged with their children's educators: they felt more able to participate in decision making and more comfortable talking to staff. Fathers reported feeling less satisfied with the time they gave to their children and were more likely to wish they were more consistent in their parenting, compared with mothers. Fathers reported that, on average they talked to their children about problems or issues (such as friendships, schoolwork or drug use) less often than mothers, but they also reported yelling at their children less often than mothers.

This spotlight on parenting also revealed differences in how mothers and fathers reported on how they related as parents and shared parenting duties. Fathers reported higher levels of agreement on how to parent, and in satisfaction with shared duties compared with mothers. In other words, fathers felt they more often agreed with their partners on parenting matters (mothers felt they disagreed more often), and felt that the parenting duties were shared fairly (mothers were more likely to disagree).

More sole parents were women: 27% of mothers did not live with a partner, including 16.6% who were in a single adult household. This compares to 13.2% of fathers who did not live with a partner including 3.9% living in a single adult household. A larger proportion of parents in more disadvantaged areas reported that they were single parents. Compared to fathers, mothers were more likely to report having had depression or anxiety symptoms since becoming a parent.

While this survey provides rich information on the differences in the experiences of mothers and fathers in Victoria, it is important to keep in mind that these differences may reflect variations in the parenting roles of women and men, rather than sex differences. Differences in parenting roles that may have influenced participants' responses include the time they spend with their children, their employment conditions, or other differential aspects of mothers' and fathers' lives.

### 1.3.8. Help-seeking and sources of information

*Parenting Today in Victoria* project stakeholders were not simply interested in which services parents used or needed, but more particularly in the psychology behind service use (exploring *why* services were used, or not used). Parents' preferences (e.g. 'How do you prefer to get information or advice about parenting?') and their experiences of the help received (e.g. 'How satisfied were you with...') were explored to provide a more complete picture of parental help-seeking in Victoria.

The question 'If there have been issues for your child that you or your partner have not sought help for, why didn't you seek help?' was designed to better understand the psychology of help-seeking. Many parents said there had been no such issues (62%), but where there were issues, most parents felt confident in knowing where to seek help for concerns related to raising their children (e.g. early childhood education and care educators, primary and secondary school teachers, healthcare providers, and family supports). This was the case for parents from low socio-economic areas as well as more advantaged areas. A very small proportion of parents (3%) reported that they did not know where to get help if they needed it for their children.

Over 80% of parents currently, or in the past, said they sought parenting information from other parents and friends and used online sources. Around 70% read books or obtained information from health professionals, such as general practitioners, and educators. A large percentage also obtained information from health professionals, such as general practitioners, and educators. A large majority were satisfied with the help they received, felt valued and did not feel judged, blamed or criticised.

Many parents said they used multiple sources of information (around four or five types) to support their parenting — some parents used up to eight sources of information. Compared with fathers, mothers tended to report using a greater variety of information sources.

Despite the reported popularity of the internet for sourcing parenting information, only 18% of parents said they had ever used the quality-assured Raising Children Network website. This figure was lower for parents of primary school-aged children (15%) than parents of pre-schoolers (34%) and for fathers (only 7% had used it compared to 26% of mothers). Telephone helplines were also fairly low sources of parenting information (20% of parents had used these).

We were able to detect patterns in reported differences in help-seeking behaviour. For example, more metropolitan parents than regional parents reported accessing online parenting information. Parents in regional areas reported greater confidence in knowing where to obtain help for their parenting. Some methods of seeking information seemed to decline with child age. Parents of younger children were more likely to report having sourced information online and having used telephone helplines.

Past and current participation in playgroups and Maternal and Child Health First-Time Parent Groups was reported by the majority of parents for themselves (around 60%) or their partner (a further 20%). Mothers were most likely to have attended at least one of these groups, and there was some evidence that parents from less socio-economically advantaged areas were less likely to access Maternal and Child Health First-Time Parent Groups and playgroups. Nevertheless, a large majority of parents who participated found these services helpful. However, more than one in ten parents stated that they did *not* find the Maternal and Child Health First-Time Parent Groups helpful.

### 1.3.9. Support

As distinct from the help parents sought from services, and the sources of information they accessed, we looked at the informal supports they received from family, friends and other day-to-day contacts in their lives. Just over 90% of parents reported that they had someone they trusted and could turn to for advice, although fewer fathers than mothers reported this. Most parents said

they would turn to family first when they needed help with child raising. And, although there were differences within subgroups, another positive finding of this survey was that 95% of partnered parents said they agreed with their partner on how to raise their child most of the time.

### **1.3.10. Sleep**

Child sleep problems can cause adult sleep problems, and affect parental functioning. Children's sleep problems, particularly those of adolescents, can also have negative impacts on the children themselves, affecting school performance and achievement, among other things. We wanted to know how much of a problem children's sleep habits were to their parents. Most parents (nearly 64%) said their children's sleeping patterns were not a problem, but 20% said they were a small problem and 16% reported their children's sleeping patterns to be a moderate or large problem. Although more parents of younger children found children's sleep to be a problem, it was a problem that was also experienced well into adolescence: 33% of parents of children aged 13–18 years found this aspect of parenting challenging. It was also a problem reported more often by parents of children with medical conditions or learning difficulties.

### **1.3.11. Parents of adolescents**

Parents of older children reported feeling less effective as parents, and were more likely to express mixed feelings about their parenting skills. And, as children reach adolescence, we noticed a reported reduction in activities that not only contribute to the parent-child relationship, but also help children's learning and development. For example, parents reported engaging less in musical activities and spending less time playing indoor and outdoor games together. Nearly a third of all parents of adolescents (13–18 years old) reported they never or rarely played outdoor games or exercised with their children.

Parents of secondary school aged children felt less able to participate in making decisions about their children's schooling – especially when the child was in the government school system – and reported lower satisfaction about communication from school staff. Compared with parents of primary school aged children, parents of adolescents reported their children were relatively less well understood by teachers. There is also an indication that, as children age, the number of parents feeling that they do not have someone they trust and could turn to for advice increases.

### **1.3.12. Parents of children with additional needs**

Clearly, parenting a child with a medical condition or learning difficulty can be a different experience to parenting a typically developing child. There was greater involvement with, and slightly increased confidence in dealing with, some services and supports. Compared to other parents, a larger proportion of parents of children with medical conditions or learning difficulties reported that they had sought parenting help from educators, general practitioners, and mental health and behavioural specialists. They were more likely to say they had attended an 'other' parenting group, such as Triple P, 123 Magic or *smalltalk*.

A slightly larger proportion of parents of children with medical conditions or learning difficulties said they felt they were able to participate in decisions affecting their children's education. But educational aspirations for their children were different in this group of parents, with a smaller proportion wanting their children to complete a university degree. When it came to talking with their partners, these parents said they agreed less often on how to raise their children.

Parents of children with medical conditions or learning difficulties were more likely to provide an 'other' reason for not seeking help (11% compared with 3% of parents whose child did not have a condition). Reasons included not knowing about the problem, and difficulties obtaining a diagnosis and/or referral. These parents were also less likely than other parents to report that their reason for not seeking help was that there was no problem.

Children's sleep habits were also more of a problem for parents of this group. More than twice the proportion of parents of children with medical conditions or learning difficulties said their children's sleeping problems were 'moderate' or 'large' compared with other parents. Parents of children with medical conditions or learning difficulties were also more likely than other parents to report having symptoms of depression and anxiety since having children and reported poorer physical health.

## **1.4. Discussion**

### **1.4.1. A positive picture**

The Victorian government's recent investments, reforms and strategic policy plans reflect the value placed by government on supporting parents in their parenting role, particularly in the early years. Victoria's high-quality Maternal and Child Health service, commitment to the reform and funding of supported playgroups, and adoption of approaches that support parents with low rates of participation in or difficulty accessing parenting programs, including fathers and grandparents, are testament to this. Better engagement and partnering with parents has been a priority in service development in Maternal and Child Health, early childhood education and care, Early Childhood Intervention, and schooling. The state invests in a range of services that specialise in parenting education and support, including Early Parenting Centres, Regional Parenting Services, and Parentline.

The findings broadly reflect a positive story for the majority of Victorian parents. These parents report good physical and mental health. For the most part they report that they are confident in knowing where to seek help, are engaging in constructive learning activities with their children, and feel supported in their parenting. Parents are ready and equipped for taking on information about how to improve their children's health, wellbeing and educational outcomes, and this is true even for families in relatively more disadvantaged or non-metropolitan communities. Parents across socio-economic groups report more similarities than differences in their parenting experiences.

### **1.4.2. Parental behaviour and contribution to children's learning**

Despite the high levels of parenting confidence reported by most parents, there were clear areas identified where parenting support efforts could be targeted to improve parents' sense of competence, parenting practices, and satisfaction. One example would be the 28% of parents who reported that they smacked their children when they misbehaved (2% did this 'quite a lot or very much'). Our data point to the need to promote the evidence-based advice and existing evidence-based programs regarding positive parenting strategies for dealing with children's misbehaviour, particularly to parents of children three to five years old, and for parents living in more disadvantaged socio-economic areas.

Less than half of all parents under 12 children reported that an adult in the household spent time reading to the child every day. While this may reflect the increasing independence and skill in reading expected of children once they start school, it does indicate a decrease in opportunities for parents to interact in positive ways around books, to reinforce messages about the importance of reading, and to monitor and teach children more advanced reading skills through dialogic interchanges and interactions with text. Further exploration of the data is needed to better understand the potential predictors (for example, child age) and consequences of parents' reading behaviours.

Further research or analysis of the data could also help us understand the 2% of parents who reported that what they did with their children before the children started primary school was not at all important or only slightly important for their children's later development.

### **1.4.3. Fathers**

There has been a growing recognition of the importance of fathers to child outcomes. DET and the PRC have invested in developing products aimed at parenting support for fathers (e.g. the Fathers Matter Parenting Resource); and, in partnership with others, we have conducted research with fathers to improve their support experiences (e.g. Healthy Start's Fathers with Learning Difficulties project in 2011; the SMS4Dads parenting support program). Our findings about the lower (compared with mothers) levels of confidence and parenting efficacy, as well as other issues discussed above, indicate the timeliness of these initiatives.

What we have found about fathers is a great foundation for more detailed analytic work and targeted future research efforts. We can learn from the *Parenting Today* findings to better target supports for fathers. Data from the survey in relation to barriers to service use are particularly pertinent here, and could lead to an exploration of father-inclusive approaches and further enhance the parenting experience for fathers.

### **1.4.4. Parenting adolescents**

As a whole, it seems that parents of secondary school age children are well placed to meet the needs of their children. Nevertheless, the responses of parents of adolescents suggest that across a number of domains these parents are needing more support with their teenagers. In particular, there seems to be a dip in parental confidence and efficacy around adolescence.

Nearly a third of parents of children 13–18 years old never or rarely exercised or played outdoor games with their children. Consequently, it seems that many teenage children may not be experiencing the same frequency of engagement with parents in these types of activities compared to very young children. This may have implications for teenagers, not just in relation to their physical health, healthy weight and exercise, but also in their relationships and connections with their family members. Other areas where parents of adolescents report problems are their children's sleep and the time their children spend using electronic devices.

These findings provide us with an opportunity to remind government and non-government service providers about the importance of the developmental stage of adolescence. Adolescence can be viewed as a time of second chances. The move into secondary school, in particular, affords an opportunity for checking in with parents, and for intervention if needed. This is a key transition point, and with relatively more parents of children nearing secondary school reporting concern about their ability to manage the transition, we need to do more to reach out and provide the types of supports shown with evidence to be helpful to these families.

### **1.4.5. Other subgroup differences**

A finding emerging from the *Parenting Today in Victoria* survey is the apparent lack of difference in how parents report their parenting experiences over different socio-economic area groupings. As discussed above, one area of difference identified was in parents' aspirations and expectations for their children's education, with more parents aspiring to lower levels of post-school education in areas of greater socio-economic disadvantage. We found similar results for regional parents, compared with metropolitan parents, and in addition, these parents rated post-school education as slightly less important than their metropolitan counterparts. These differences may reflect differences in how parents in regional areas, and areas of greater socio-economic disadvantage, perceive the reality of their children actually going to university. Conversely, these differences could reflect different perceptions about the accessibility of education, or the different employment needs and job opportunities available in regional as opposed to metropolitan areas. Further exploration of the data is needed to better understand the interrelationships between context, perceptions, aspirations and behaviours associated with the post-secondary school opportunities available to today's youth.



Parents of children with medical conditions or learning difficulties were also less likely to report they wanted their children to complete a university degree. These parents also reported facing challenges in accessing help, especially when they didn't understand their children's condition, or had difficulties obtaining a diagnosis or referral. Parents of children with medical conditions or learning difficulties reported more child sleep problems, more mental health issues, and less partner agreement on how to raise children. This suggests the need for targeted supports and evidence-based strategies for these families.

#### **1.4.6. Reaching parents better**

One way of transferring helpful messages to parents about the importance of parent engagement, literacy activities, and alternatives to harsh discipline is the internet. Online parenting supports are well used by Victorian parents, especially by mothers and by younger parents. But there is room for further promotion of the range of options available to parents across the full scope of child ages, including the high-quality, expert-informed Raising Children Network and telephone helplines.

The high proportion of Victorian parents reporting attendance at playgroups and Maternal and Child Health First-Time Parent Groups, and the value parents place on these groups is positive news for the parenting support sector in Victoria. The inference here is that universally available parenting supports provide a valued resource to parents. However, around one in ten parents stated that they did not find Maternal and Child Health groups helpful. We should endeavour to find out more about who these parents are, and why they aren't finding such resources helpful.

### **1.5. Conclusion**

Overall, findings from the *Parenting Today in Victoria* survey of 2016 present a positive picture of parenting experiences for the majority of Victorian parents. Today's parents appear to feel confident, satisfied with their parenting and knowledgeable about where to go for help in their parenting. Notwithstanding some areas of concern we identified, our findings support a strengths-and-assets framing of modern parenting. As such, parents can and ought to play a key role in any systematic attempts to improve child health, educational and welfare outcomes.

The survey provides a valuable baseline of parenting practices and issues in the Victorian population and a sound way of assessing progress in initiatives designed to enhance parenting support in this state. It also provides a potentially useful benchmark for better understanding the population of parents who are seeking and using state-funded parenting support services as well as the outcomes that are being achieved with those families. The findings accumulated from the analysis of survey data thus far have provided valuable insights into the views and circumstances of Victorian parents. These analyses have led us to the point where more sophisticated and targeted analysis needs to be performed to further understand the interactions between family characteristics and parenting experiences, behaviours, concerns and needs. Further interrogation of the data will explore and clarify identified areas of concern and unmet need, and assist in the identification of groups who may be struggling. Such analysis will facilitate evidence-informed policy-making regarding where and how to target supports and services for those who need them most.

In partnership with DET, the PRC are committed to further analysis of the *Parenting Today in Victoria* data, with analyses logically grouped under sub-themes of relevance and interest to key stakeholders. Areas for future work include exploration of the circumstances and experiences of those families identified as having the greatest levels of unmet need, further examination of the parenting experiences and help-seeking behaviours of fathers, and more finely grained analyses to assist DET to answer questions in relation to their strategic directions. In addition, sub-group analyses of parents experiencing different levels of support need based on their children's medical

conditions or learning difficulties would be highly salient for planning in line with the National Disability Insurance Scheme.

Acknowledging limitations associated with the survey design and administration (outlined in the Discussion below and in the Technical Report associated with this Key Findings Report), the *Parenting Today in Victoria* survey presents us with rigorously collected, accurate and up-to-date information from a representative sample of Victorian parents. This was the first parenting survey of its kind for Victoria and provides vital new insights to inform policy decision-making, service planning and future research.



## 2. Introduction

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

In light of this evidence, the Parenting Research Centre (PRC), with support from the Victorian Government Department of Education and Training (DET), explored the parenting experience in Victoria via a state-wide survey. This report on key findings from the survey provides valuable insights into the day-to-day experiences of Victorian parents, including engagement in their children's education and learning, help-seeking, coping and support, the parent-child relationship, and parenting practices.

### 2.1. Rationale

Recent Victorian Government investments and reforms reflect the value placed by government on supporting parents in their parenting role. Better engagement and partnering with parents has been a priority across Maternal and Child Health, early childhood education and care, Early Childhood Intervention, and schooling. Government support for parenting is also demonstrated through ongoing investment in services such as Victoria's Early Parenting Centres, Regional Parenting Services, the Strengthening Parenting Support Program and Parentline.

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

The findings of the *Parenting Today in Victoria* survey will be vital for government to ensure that parenting supports and policies are evidence-informed and appropriately directed.

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

Some Australian states have conducted small surveys of parents to capture information about the parenting experience, for example, the 'Queensland Parenting Survey' completed in 1996 (Sanders et al., 1999), and the 'WA Parenting Perceptions Report' completed in 2012 (Anglicare, 2013). A larger survey of Queensland families, published in 2014, included only parents of children 4 to 7 years of age (Morawska, 2014).

While data sets capturing the experiences of Victorian families were available, most were designed to assess trends in child health and development, and collected little or no information about parenting per se, for example, the Victorian Child Health and Wellbeing Survey (2006; 2013), the National Assessment Program – Literacy and Numeracy (2016) and the Australian Early Development Census (2014). Where parenting information had been collected it tended to be demographic or general in nature (e.g. the Longitudinal Study of Australian Children, LSAC;

(Zubrick, Lucas, Westrupp, & Nicholson, 2014) and provided little insight into the relationship between parents' attitudes and behaviours to help-seeking and concerns. Furthermore, existing longitudinal surveys such as the LSAC were no longer able to provide a current account of the experiences of parents across the full scope of child ages (i.e., from zero to late adolescence) as the cohorts of children participating were nearing or were well into their teenage years. Surveys such as the Victorian Child Health and Wellbeing Survey, Victorian Student Health and Wellbeing Survey, and the Victorian Adolescent Health and Wellbeing Survey had some items on parent health or family functioning but their main focus was on the child.

To address this gap in detailed knowledge of parenting in Victoria, in early 2016, a large sample of randomly selected Victorian parents participated in a study to provide a snapshot of how people are faring in their parenting role today.

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

## **2.2. Aims**

The purpose of the *Parenting Today in Victoria* survey was to help build understanding of parenting attitudes, behaviours and practices, and parent help-seeking as well as parenting concerns. The experiences of particular sub-groups of parents was also of interest, including fathers, families in socio-economically disadvantaged areas, families with children with medical conditions or learning difficulties, and parents living in regional and rural areas.

A major aim of this work was to design a tool that could track progress in the delivery of policy initiatives. The survey would establish a baseline and could be repeated at intervals to measure and understand contemporary parenting experiences across Victoria over time.

This report is primarily descriptive, giving an overview of the method adopted to administer the survey along with detailed summary of participants and key findings. It serves as the initial piece of documentation that can be used to inform future communications about its findings and implications.

### 3. Method

#### 3.1. The survey

##### 3.1.1. Parenting domains addressed by the survey

The interests of DET through the Steering Committee and relevant policy documents guided the initial identification of domains for the survey to address. A review of the literature also identified relevant topics which had either been well reviewed or could be viewed as gaps in knowledge. Members of the Internal Project Board and the Technical Advisory Group also contributed their input to topics of current interest.

Synthesising information gleaned from all information sources, we identified five parenting domains as priorities for inclusion in the survey. These were: parent engagement with children's learning; parent help-seeking; parent coping and support; the parent-child relationship; and parent monitoring and children's use of electronic devices. The next stage of survey item selection and generation for the pilot survey used these five broad areas as a framework to group items that reflected the topics of interest. In addition, information about family context and demographic characteristics were included as items in the survey.

Below are descriptions of the types of items included in each domain and the contextual and participant characteristics information that was obtained, along with a brief overview of what the research literature says about each domain. The research literature discussed very briefly below is drawn from a review of the evidence that was undertaken in 2015 just prior to the survey pilot being conducted (Parenting Research Centre, September 2015). The search methodology employed for this review of the evidence combined a systematic search of academic databases for high-quality systematic reviews and meta-analyses on the topic of interest (e.g. parent engagement) plus key papers that had been recommended by content area experts (e.g. this project's Technical Advisory Group).

##### 3.1.1.1. Parent engagement and child learning

The contents of this domain were informed by the interests of DET and the other project stakeholders as well as the findings of a 2015 report to the Victorian Government regarding *Engaging Families in Learning* (Parenting Research Centre, ARACY, & the Murdoch Children's Research Institute, 2015).

For the 2015 *Engaging Families in Learning* report, the PRC conducted a rapid evidence assessment<sup>1</sup> of the existing literature on parent actions that may directly support children's learning and development. The review identified 11 actions that parents can perform which have evidence of effectiveness at improving a range of educational and developmental outcomes for children, including literacy and numeracy outcomes as well as socio-emotional outcomes.

For instance, there was strong evidence that reading with the child using rich explanations, discussion and dialogic strategies is associated with improved learning and development for children. There was good evidence that having high parental aspirations for the child's education, being involved with the child's school, and engaging children in literacy activities were also related with positive outcomes for children.

Items included in the *Parenting Today in Victoria* survey for this domain addressed how parents engaged children with learning outside early childhood education and school (e.g. 'How often does

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<sup>1</sup> Rapid Evidence Assessments (REAs) review the evidence in an area using systematic review methods to search and evaluate the literature but applying methods to accelerate or streamline traditional systematic review processes to enable the review to occur within a short time period (Ganann, Ciliska, & Thomas, 2010).

someone in your family spend time reading to the child'), aspirations for their children's education (e.g. 'How important is it to you that your child continues on to further study after school?'), and their own feelings about their ability to manage school transitions (e.g. 'I feel confident that I can support my child well during this time.').

There were items relating to parents' concerns about absenteeism from school and about children's resilience. Children's resilience was identified as a key area of interest by stakeholders. This was based on Australian research suggesting a lack of independence from parents may lead to negative child outcomes including reduced competencies outside home and reduced opportunities for developing a sense of achievement and self-worth (Malone, 2007).

#### **3.1.1.2. Help-seeking**

Information about parent help-seeking has not been well represented in the peer-reviewed literature as identified through our review of systematic reviews and meta-analyses. This gap in the available literature therefore indicates a clear area where the *Parenting Today in Victoria* survey could contribute significantly to the international literature. The obtained literature pointed to some potential influences on parental help-seeking (e.g. parent literacy, socio-economic status and parent mental health), which could be further explored with *Parenting Today in Victoria* data to better understand points for intervention for families experiencing vulnerability.

Project stakeholders were not simply interested in which services parents used or needed, but more particularly on the psychology behind service use (exploring *why* services are used or not used). While a significant amount of data is already collected on service use in Victoria through other major surveys (e.g., the Victorian Child Health and Wellbeing Survey (VCHWS), and the Victorian Population Health Survey), the *Parenting Today in Victoria* survey is different due to its focus on the psychology behind service use. Furthermore, parents' preferences (e.g. 'How do you prefer to get information or advice about parenting?') and their experiences of the help received (e.g. 'How satisfied were you with...?') are explored to provide a more complete picture of parental help-seeking in Victoria. Survey items that tap into *formal* support options (e.g. paid child care) were included in the survey.

#### **3.1.1.3. Parent coping and support**

Reviews of the literature (i.e. systematic reviews or meta-analyses) had limited information on correlates of parent coping and support (that is, influences on, or the effects of coping and support). Thus, this was an opportunity for the *Parenting Today in Victoria* survey to contribute to the broader knowledge base. More was known from existing literature about the effect of parental coping and support on children's social and emotional wellbeing. In general, parent psychological distress (e.g. depression) is associated with children's psychological distress and problematic behaviour (Field, 2010). The role of parenting sense of efficacy is also of interest within this domain, with a number of studies identifying that the extent to which parents feel confident and competent in their parenting can influence parenting behaviours and children's wellbeing (Giallo, Cooklin, Wade, D'Esposito, & Nicholson, 2014a; Jones & Prinz, 2005).

This domain includes items relevant to parent social and emotional wellbeing and the informal supports they receive from family, friends and other day-to-day contacts in their lives (e.g. 'If I was having problems in my life, there is someone I could trust that I could turn to for advice.'). Some of this information is already collected by other surveys (e.g., VCHWS) but its inclusion in the *Parenting Today in Victoria* survey means that coping and support can be compared to more formal help-seeking, and thus contribute to a more complete understanding of parenting support generally. We included the 'Me as a Parent Scale' (Hamilton, Matthews & Crawford, 2015), which was created and validated by the PRC in an earlier, separate project commissioned by DET. This section of the survey also had items related to how much of a problem children's sleep habits were to the parent.

#### **3.1.1.4. Parent-child relationship**

The parent-child relationship is fundamental to child outcomes. The literature review revealed a number of contexts in which the parent-child relationship influenced child outcomes, for example, findings that positive parent-child relationships and higher levels of parental responsiveness were associated with healthy weight, healthy eating, and more physical activity in the child (Pinquart, 2013). Other research suggests that adolescents who experience poor relationships with their parents may be at high risk for substance misuse (Hummel, Shelton, Heron, Moore, & Bree, 2013).

Survey items in this domain included established scales which measure parents' confidence in their parenting skills (e.g. 'My parenting skills are effective') and their concerns (e.g. 'I wish I gave my child more individual attention'), as well as parenting actions related to child discipline. Four individual items from the *Me as a Parent Scale* also tap into this construct.

#### **3.1.1.5. Parent monitoring and children's use of electronic devices**

The literature review identified parents' monitoring of their children's behaviour as being an important and multifaceted factor contributing to children's social outcomes. For example, good parental knowledge of their children's activities and whereabouts has been linked to lower levels of delinquency, but too much questioning about a child's activities can lead to negative feelings of being controlled and increased conduct problems, with stronger parent-child relationships mediating this relationship (Hoeve, 2009; Racz & McMahon, 2011).

The topic of use of electronic devices is of growing interest given the surge in their use in Australia and globally over the past decade. Some studies show that adolescents with 'internet addiction' demonstrate concerning changes in brain function (Hong et al., 2013). Furthermore, internet access via tablets has been associated with fewer hours sleep per night in children (Cain & Gradisar, 2010).

The items in the monitoring domain asked parents to reflect on whether they know where their children are when not at school and if they had rules and set limits about where their children go in their free time. Items relating to internet use and use of electronic devices were about how much time children spend using electronic devices and the methods of restriction that parents used.

#### **3.1.1.6. Characteristics/context information**

A range of parent and family characteristics are understood to be related to children's learning and development and to their wellbeing more broadly (e.g. socio-emotional wellbeing). We explored the evidence for the role of these demographic characteristics on parenting and on children, in our review of the literature.

For instance, parent gender may play a role: there has been a growing recognition of the importance of fathers to child outcomes (Baxter & Smart, 2011) although more information on the parenting experiences of fathers is certainly required.

Socio-economic circumstances may play a role: for example, it is well understood that poverty is associated with poorer physical and mental health, intelligence and education outcomes for children (Bradbury, 2007; Engle & Black, 2008).

Families' geographic location may be important: for example, there is evidence from the Australian Research Centre for Population Oral Health of differences in child outcomes between rural and metropolitan communities, with poorer health outcomes (2006), and poorer social and economic wellbeing (Waring, Makin, Stevens, Cullen, & Winn, 2014) often associated with rural dwelling.

Items in this section of the survey included demographic information about the age, gender, education, income and working arrangements of parents. It also asked parents to rate their own physical and mental health, as well as to provide information about their children's physical health. Parents were also asked for details about their living arrangements (how many adults and children live in the family home), and parent access to the child.

### 3.1.2. Survey development

A thorough process was undertaken in 2015 to first identify relevant items for potential inclusion in the *Parenting Today in Victoria* survey, and then to pilot the survey prior to full administration. Full information about the survey development and piloting process is outlined in a Technical Report (Parenting Research Centre, in preparation), with key points summarised here:

1. We adopted a number of principles to guide the selection of survey items for the pilot survey. These principles can be thought of as a hierarchical guide to survey item selection, with criteria graded by level of importance (essential, desirable, useful). Essential criteria included principles such as: items adequately quantify the constructs of interest; items are appropriately matched to the age range of participants; and items do not require specific training to administer or complete. Where existing items were not available or were insufficient to measure a construct of interest, new items were created, or where allowed, existing items were modified to suit current purposes.
2. Where possible, we selected items from existing large-scale surveys and parenting measures or scales for potential inclusion in the survey. We sometimes modified the wording of items, where allowed, to ensure fit with the purpose and target population of the *Parenting Today in Victoria* survey.
3. We developed new items for the survey that addressed domains of interest. The Project Team at the Parenting Research Centre devised these items with input from the Technical Advisory Group, Internal Project Board and the Project Steering Committee.

### 3.1.3. Piloting the survey

Before collecting pilot data, the pilot study was reviewed and approved by the PRC's Human Research Ethics Committee.

Pilot survey items were pre-piloted with eight people including parents of children in different age bands, some of whom were staff at PRC. Respondents were asked to rate the likability and the clarity of every item and were allowed space to write any other feedback on the content of the survey more broadly. This information was used to refine and reduce the total number of items for the pilot survey.

Pilot participants were recruited via the Raising Children Network website ([www.raisingchildren.net.au](http://www.raisingchildren.net.au)) and by emails to PRC and DET contacts requesting their assistance to forward survey information to friends and family who were parents with children aged 0 to 18 years, inviting them to participate in the pilot anonymously via the Survey Monkey web-based survey platform.

The large pool of survey items were grouped into four child age brackets (0–2, 3–5, 6–12 and 13–18 years) creating four separate surveys relevant to the age of the children. The survey obtained responses from 40 parents per child age group thus achieving 160 completed surveys.

Item refinement and removal occurred post-pilot based on consideration of item inter-correlation, skewness, missing data and pilot respondents' feedback about the clarity of items. Results were used to: (1) improve the clarity of the instructions and of the items themselves (2) collect information on the internal consistency of intact scales; (3) determine if altered scales maintained the same level of internal consistency as their original scales; and (4) help determine which items need to be removed based on redundancy and lack of variance in responding.



## **3.2. The survey sample**

### **3.2.1. Sample design**

We employed a single-cohort, cross-sectional sample design using random digit dialling (RDD) of landlines initially, with the addition of a modified RDD of mobile phones at the midpoint of survey administration to allow for data collection from a randomly recruited and representative sample of the Victorian parent population. The introduction of mobile phone sampling half way through the survey administration was in response to apparent gaps within the sample of younger parents, and therefore also of younger children. The introduction of mobile sampling was a successful strategy in improving the representativeness of the sample. To check representativeness, following data collection, the characteristics of the sample were compared to those obtained by the Australian Bureau of Statistics 2011 population survey of Victorian parents and partners. We then applied data weighting aimed at improving the representativeness of the obtained data to the Victorian population. Data were weighted on respondents' age group, educational level and type of residential location – metropolitan or regional.

The parent/primary caregiver was the sampling unit of interest and only one parent per household was interviewed. The sampling frame adopted was aimed at achieving a sample of 2600 respondents that represented all Victorian parents of children aged 0 to 18 years. As such, it was intended that the sample will be representative of all Victorian parents across child ages, across mothers and fathers, and across metropolitan and regional areas, that is, proportional to the geographic distribution of the Victorian population. The sample size of 2600 was selected based on sample size estimation calculations performed before survey administration, using examples of likely research questions gleaned from examination of policy documents and consultations with project stakeholders including DET, the Technical Advisory Group and the Internal Project Board.

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

Before administration of the survey, the study was reviewed and approved by the PRC's Human Research Ethics Committee.

### **3.2.2. Participants**

To be eligible, participants needed to be parents who were aged 16 years and over and have sufficient English to understand and respond to the questions.

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

Parents who had more than one child aged 18 or younger were asked to complete the survey with reference to the child whose last birthday was closest to the time of conducting the survey. This was to eliminate possible bias in the selection of the 'study child' across parents.

### **3.2.3. Interview procedure**

Interviews were conducted by Ipsos, an Australian ISO 20252 accredited company that specialises in survey research. A trained Ipsos interviewer phoned potential participants, introduced themselves and said where they were calling from (i.e. Ipsos). They mentioned that they were conducting a survey for the Parenting Research Centre on behalf of the Victorian Government for parents raising a child aged from birth up to and including 18 years. Potential participants were then asked if they were a main parent or caregiver with a child in that age range. If so, they were given a small amount of information about the survey aims and an opportunity to seek clarification. Following this, participants were informed about confidentiality and privacy assurances associated with their participation in the survey and the time it would take to complete.

At this point the interviewer sought the interviewees' consent to participate by asking some simple questions about whether they would like to take part in this survey, if they understood who this survey was being conducted for and why, and if they understood that information collected from them would be anonymous. Potential participants were informed they could stop the survey at any time and that if they did so their answers would be deleted and not used, but that if they did finish the survey and changed their mind later the information they gave us could not be withdrawn because the survey was anonymous. Participants were also given contact details of sources of assistance such as Lifeline or Parentline to use if completing the survey brought up any issues for them.

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

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

The Ipsos interviewer conducted the survey in simple English by computer assisted telephone interviewing (CATI). The average time to complete the survey was 24 minutes (range 14 to 55). All participants were asked questions in all domains described earlier. Some questions within domains were different according their relevance for the child's age.

At the end of each CATI the interviewer thanked the participant and asked them if they had any further questions about their participation in the survey. If indicated (e.g. if the automatically calculated measure of psychological distress that had been administered to the parent during the interview was high), participants were offered the phone numbers of various helplines or encouraged to speak to their general practitioner (GP).

### **3.2.4. Response rate**

Exactly 2600 parents of children aged 0–18 years living in Victoria at the time of the survey were recruited to complete the survey.

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

A total of 95,001 phone numbers were called as part of the Parenting Today in Victoria study. Contact was made with 2822 individuals who were eligible to participate (e.g. parents living in Victoria who had a child aged 0–18 at the time of the survey), and 96% of these individuals completed the survey. A total of 55,669 calls made were not eligible for the study, these included



individuals who were not parents living in Victoria, as well as disconnected phone numbers and businesses. 36,510 calls were made where it was not possible to determine eligibility for the study (e.g. someone answered the phone but did not complete the screening questions, the phone went to an answering machine or there was no answer). Table 1 below presents a breakdown of the number of calls made in each category.

**Table 1. Number and outcomes of calls made through the Parenting Today in Victoria project**

	Call outcomes	Number of calls
Eligible	Completed interview	2600
	Terminated mid-way	96
	Not available in study period	126
Unknown eligibility	Answering machine/engaged	10,522
	Contact made, but no screener completed (e.g. refusal, language barrier)	81,36
	No answer	17,852
Not eligible	No eligible respondent (e.g. not a parent in Victoria)	26,834
	Not eligible phone number (e.g., Fax line, business number, disconnected)	28,825
	Quota filled	10
Total		95,001

Response rate was calculated taking into account the number of cases of unknown eligibility who would have been eligible to complete the survey. Of all the calls made as part of this study, 5% were eligible to participate. Therefore, it is assumed that 5% of the calls where it was not possible to determine eligibility, would also have been eligible. **The resulting estimated response rate for this study was 57%.**

### 3.3. Representativeness of the sample

To examine to what extent the parents who completed the *Parenting Today in Victoria* survey are representative of the broader population, key demographic characteristics from this sample are presented in the following table, relative to Australian Bureau of Statistics (ABS) 2011 census figures for parents of children aged 0-18 years in the state of Victoria. While the distribution of the *Parenting Today in Victoria* study sample broadly matched the distribution of parents in the 2011 census for the majority of characteristics examined, variables with a discrepancy of 5% or more between the *Parenting Today in Victoria* sample and the census population were considered for weighting. Consideration of appropriateness of each relevant variable for weighting also influenced the final calculation of weights. Consequently, data were weighted on respondents' age group, educational level and type of residential location – metropolitan or regional. Table 2 shows the obtained survey percentages, the percentages weighted according to the ABS data, and the percentages from the ABS 2011 census of parents and partners.

- In regards to **Aboriginal and Torres Strait Islander population** the *Parenting Today in Victoria* study sample appears representative of the broader Victorian population and the weightings do not make a noticeable difference.
- The data weighting resulted in little change in the proportions in **child age** groups.

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

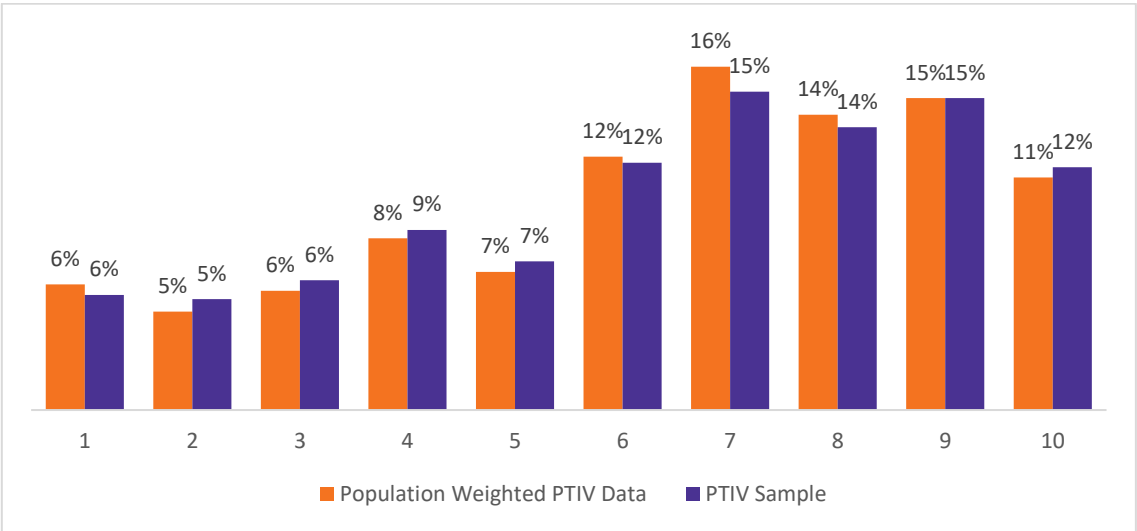
**Table 2. Population characteristics**

Population characteristics	Parenting Today unweighted	Parenting Today weighted	Victorian parents 2011 census (ABS, 2011)
Child age			
0–2 years	20%	18%	NA
3–5 years	18%	17%	NA
6–12 years	35%	37%	NA
13–18 years	27%	28%	NA
Parent age			
16–34 years	28%	23%	22%
35–44 years	36%	45%	44%
45–54 years	28%	29%	29%
55+ years	6%	4%	5%
Parent Gender			
Male	40%	40%	45%
Female	60%	60%	55%
Diversity			
Aboriginal or Torres Strait Islander	1%	1%	1%
Language other than English	11%	10%	27%
Remoteness			
Major cities of Australia	69%	76%	76%
Inner regional Australia	25%	19%	19%
Outer regional Australia & remote	5%	5%	4%
Family Income*			
<\$1000 per week	17%	19%	25%
\$1000–1499 per week	14%	15%	17%
\$1500–1999 per week	18%	18%	14%
\$2000–2499 per week	11%	11%	10%
\$2500–2999 per week	11%	9%	10%
\$3000–3499 per week	8%	6%	6%
>\$3500 per week	8%	9%	6%
DK	11%	11%	11%
Education			
Postgraduate degree level	19%	13%	6%
Bachelor degree level	26%	17%	20%
Less than year 12	13%	22%	21%
Employment			
Full time	44%	43%	47%
Part time	23%	22%	24%
Unemployed	3%	3%	3%

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

The Index of Relative Socio-Economic Disadvantage (IRSD) is a measure of general disadvantage in an area (combining several community-level socio-economic indicators), with lower scores indicating more disadvantaged areas and higher scores indicating less disadvantaged areas. As an IRSD value is applied to individuals according to their postcode of residence, the IRSD value can be viewed as an indicator of likely socio-economic disadvantage, acknowledging that it is likely that within a single postcode there is variability in the actual socio-economic status of households, and that some postcodes will have a broader range of socio-economic wellbeing while other postcodes will be more homogenous. Figure 1 shows the distribution of IRSD scores comparing the original *Parenting Today in Victoria* sample and the weighted *Parenting Today in Victoria* sample.

**Figure 1. Index of Relative Socio-Economic Disadvantage (population weighted *Parenting Today in Victoria* (PTIV) data and PTIV sample)**



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

### 3.4. Data analysis

All data analyses were performed using SPSS.

#### 3.4.1. Data preparation

Prior to detailed analysis, a number of steps were taken to prepare the data Ipsos provided to PRC. These are outlined in detail in the Technical Report, and summarised here briefly:

1. Data verification and cleaning: Ensures the range of responses are valid (i.e. there are no unusual outliers), and that data are coded accurately and consistently. Only valid responses were used in analysis, to ensure an accurate reflection of the range of answers among

participants. Although missing data were scrutinised to explore whether there were any systematic reasons why particular answers might be absent, any missing information was not replaced with median or average values.

2. Establishment of a data codebook and recoding where required: Provides complete information to define each variable, including variable names, descriptive variable labels, the type of variable (e.g. ordinal, continuous, nominal) and value labels. Open-ended questions were also numerically coded, where possible (e.g. 'other' responses). Some recoding of variables occurred whereby response categories were grouped into fewer categories where meaningful.
3. Construction of scales and multiple item variables: Statistical calculations were conducted to verify that items do in fact relate to a multi-item scale. Following this, where relevant, total or mean scale scores were calculated for multiple-item measures.
4. In this report, survey data has been weighted on three demographic variables (age group, education level and type of residential location – metropolitan or regional) to reflect the ABS 2011 census estimates for Victorian parents and their partners (so this is not a direct comparison, since the *Parenting Today in Victoria* sample only had one reference parent/carer and did not include questions for their partners).

### 3.4.2. Technical analyses of the data

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

For parent characteristics of interest we sought to determine if there were *statistically significant* differences in responding to the survey questions (for example, if gender was related to different levels of confidence in parenting). For such a large sample size, the likelihood of a statistically significant difference emerging is increased, even for very small differences between groups. To account for this, a conservative significance probability threshold of  $p \leq 0.001$  was adopted for this report.

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

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

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

#### 3.4.2.1. Comparative analyses

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

## 4. Characteristics of sample

### 4.1. Parent characteristics

A total of 2600 parents or caregivers (hereafter referred to as parents) completed the *Parenting Today in Victoria* survey. Sections 3.1, 3.2 and 3.3 first present data on the unweighted sample, and therefore are a record of what the individuals participating in this survey said. Beside the figures with the unweighted data are figures with the weighted data and a description of how the weighting changed the proportions in the parent and child characteristics and their living arrangements.

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

Of parents interviewed, 1% identified being of Aboriginal or Torres Strait Islander descent. Parents were asked the main language they spoke at home, 11% of parents (14% fathers and 9% mothers) spoke a main language other than English at home. As seen in section 2, Table 2, the weighting did not change proportion of Aboriginal or Torres Strait Islander decent, and there was minimal (1%) change for language other than English spoken at home.

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

The majority of parents surveyed were biological parents (97% of mothers and 95% of fathers for the unweighted data and no change in proportions for weighted data), with a small proportion of step-parents, foster parents, adoptive parents and grandparents and 'others'. Parents were aged from 17 to 78 years, on average mothers were aged 41 years and fathers 42 years (unweighted and weighted data). The distribution of mothers' and fathers' ages are presented in Figure 2. Mothers' and fathers' data here do not include grandparents and 'others'. Figure 2b presents the weighted distribution which shows some changes in proportions in age categories compared to the original survey findings (Figure 2a).

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

Figure 2a. Parent age mothers and fathers (unweighted data)

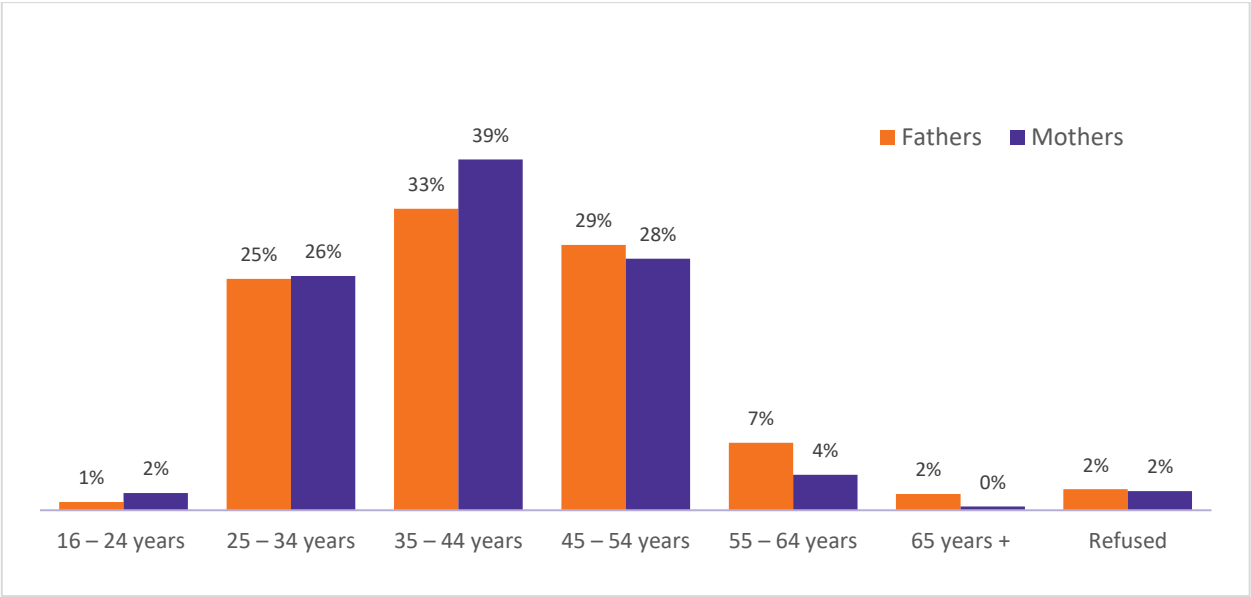
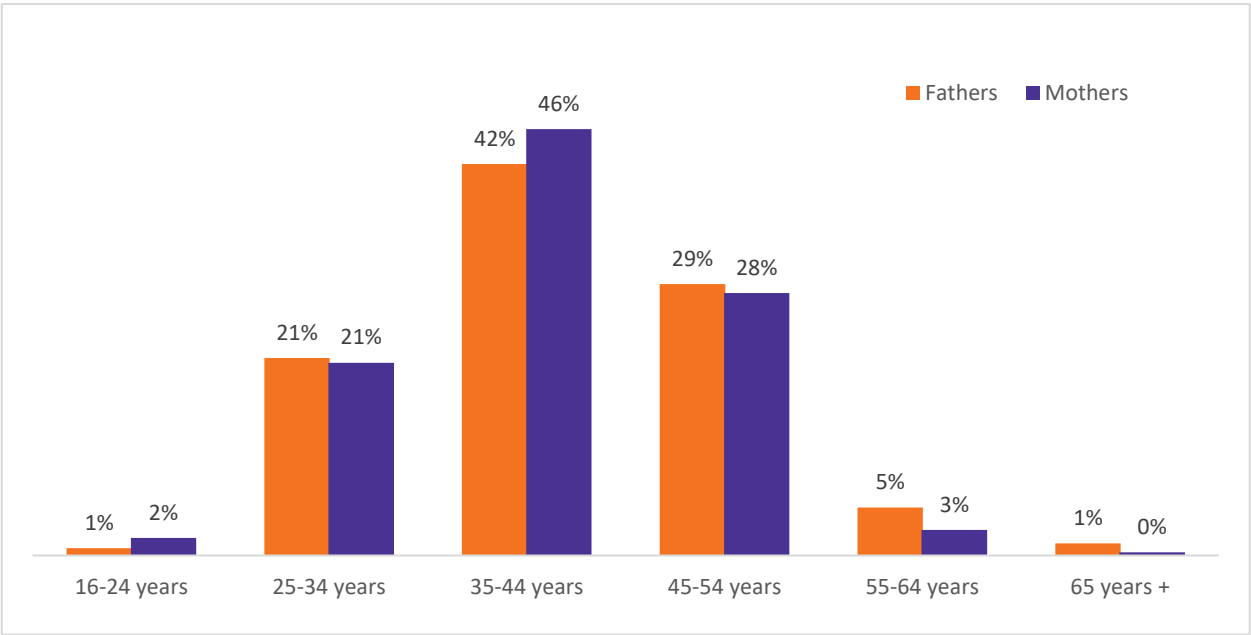


Figure 2b. Parent age mothers and fathers (population weighted data)



Parents were asked about the highest level of education they had completed. Of the parents surveyed, 45% of fathers and 44% of mothers had a university degree (bachelor or postgraduate), while 12% of fathers and 13% of mothers left school before completing year 12 (see Figure 3a).

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

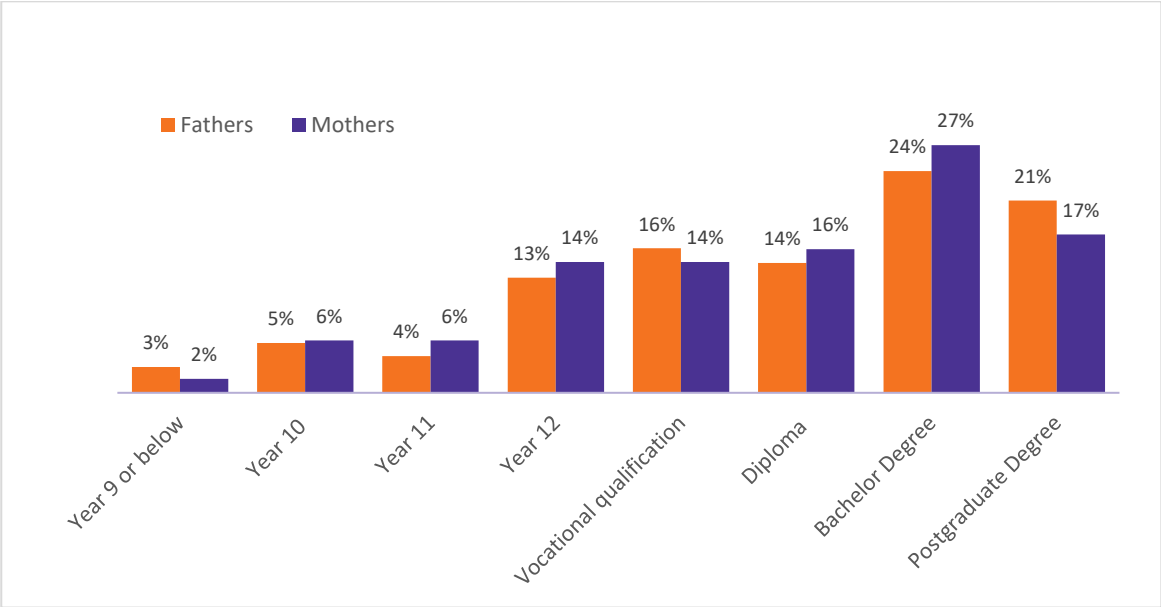
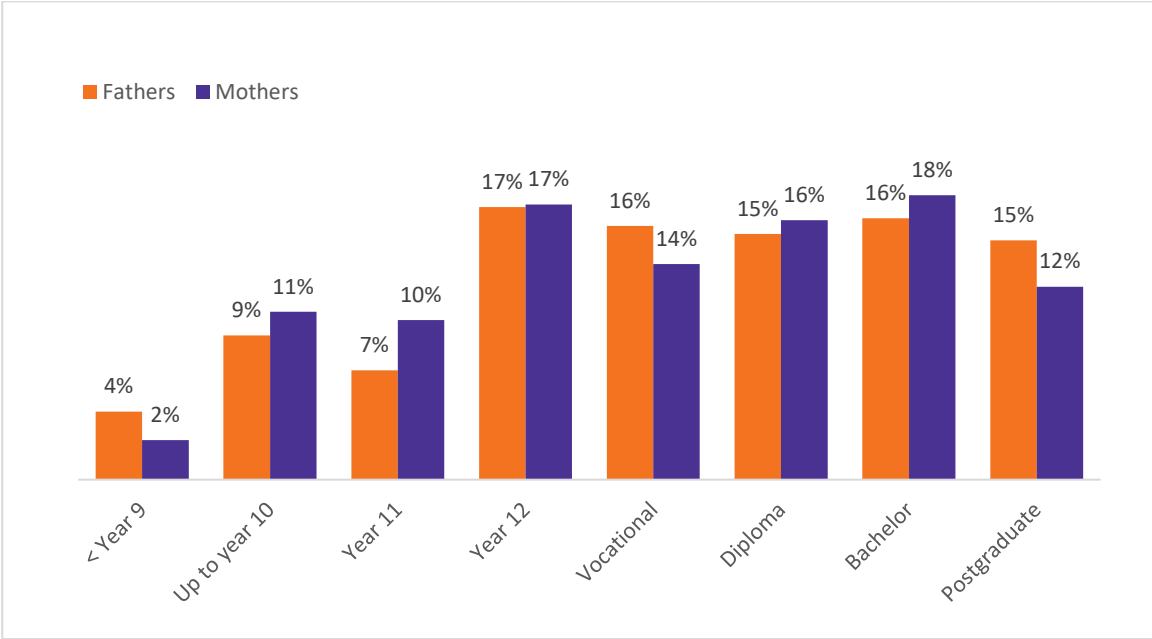


Figure 3b. Parent education mothers and fathers (population weighted data)





Participants were asked to report their current main work or study activities and, if applicable, were able to select more than one option from the categories presented in Figure 4a. The majority of fathers (88%) reported that they were in paid employment (79% full time) and 63% of mothers were in paid employment (21% full time). More than one-third of mothers reported that 'home duties' were currently a main work activity, compared with 8% of fathers.

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

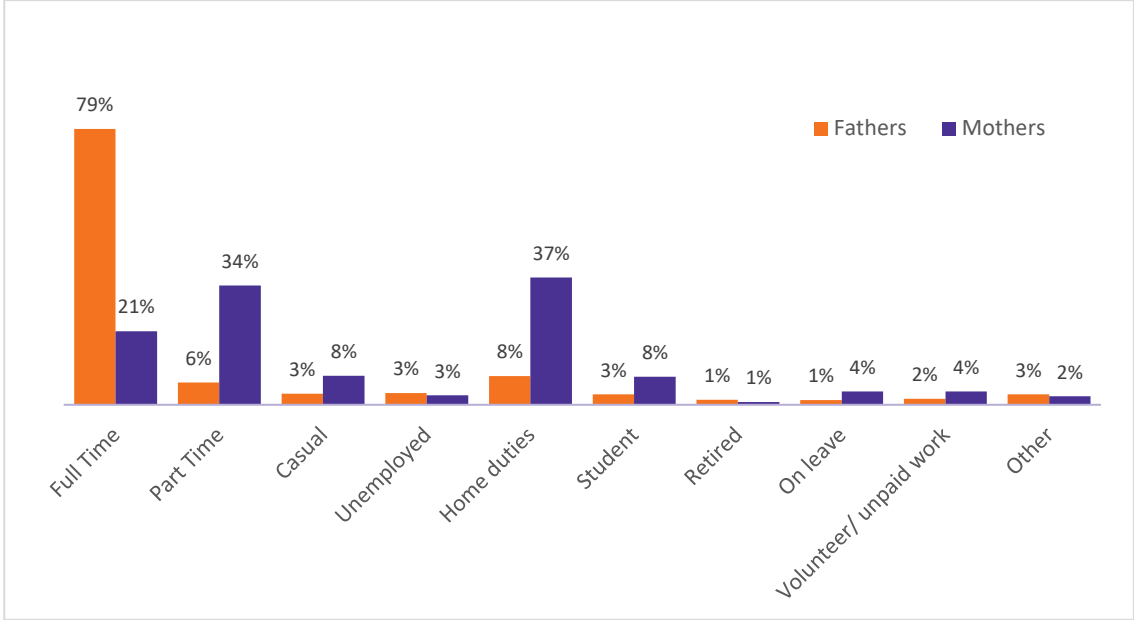


Figure 4b. Parent employment mothers and fathers (population weighted data)

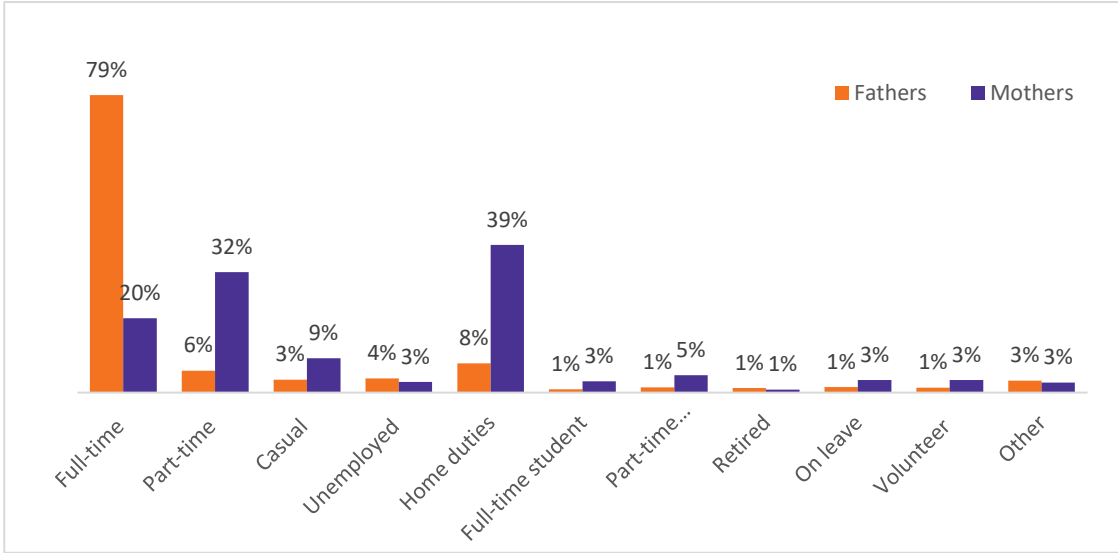


Figure 3b and Figure 4b show the population weighted estimates for parent education level and employment. The weighted representation of Diploma, Bachelor and Postgraduate education was 46% for both mothers and fathers, compared to 60% unweighted. The weighted proportions for vocational education were unchanged, and there were higher percentages for year 12 and below – 41% (weighted) compared to 28% (unweighted) for mothers, and 37% (weighted) compared to 25% (unweighted) for fathers.

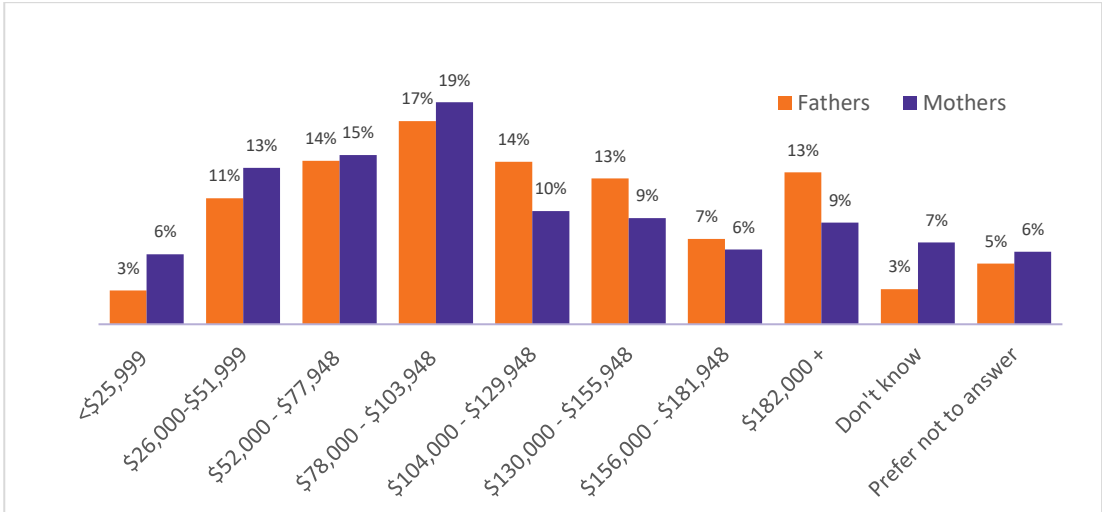
Apart from a slight increase in the proportion of mothers engaged in home duties (see Figure 4b), there were no other noteworthy differences after weighting in the proportions in different categories of employment.

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

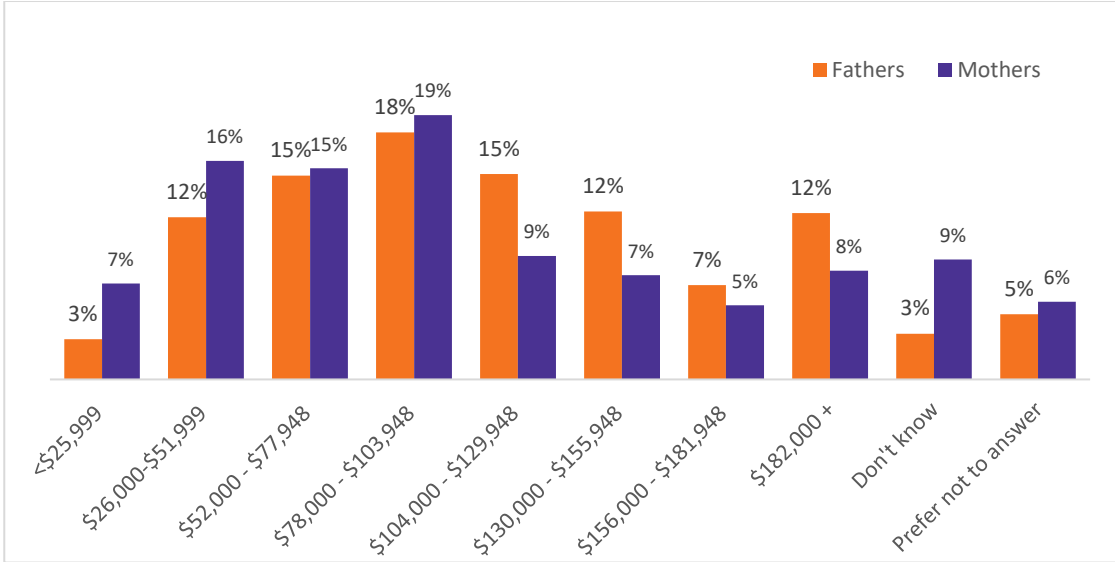
Family income was determined by asking parents to report the total income for their household (before tax) from work, investments or government benefits, including all adults who live in their home, and this is presented in Figure 5a. The median household income reported was \$78,000 to \$103,948 annually or \$1500 to \$1999 per week. A larger proportion of fathers than mothers reported a household income above this median level (47% vs. 34%).

Figure 5b, shows similar percentages to the unweighted sample except for slightly higher proportions in the lower income brackets than the unweighted survey findings.

**Figure 5a. Household income mothers and fathers (unweighted data)**



**Figure 5b. Household income mothers and fathers (population weighted data)**



## 4.2. Child characteristics

The focus children were aged from birth to 18 years 11 months with 52% boys and 48% girls (Figure 6a). The boys were 8.7 years and girls were 8.4 years old on average. There was an even spread of boys and girls across infancy, preschool, primary and secondary school age categories, as shown in the figures below.

Figure 6a. Child age boys and girls (unweighted data)

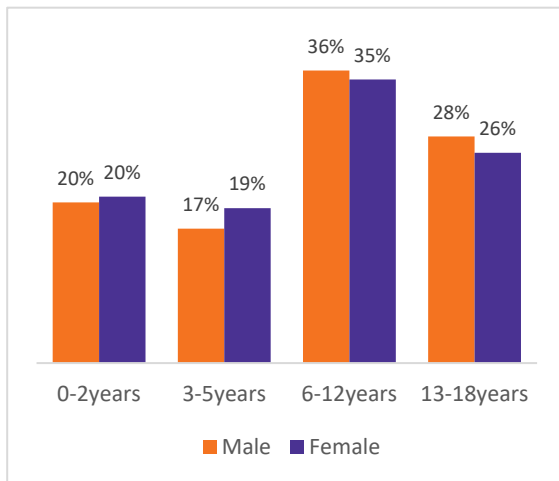
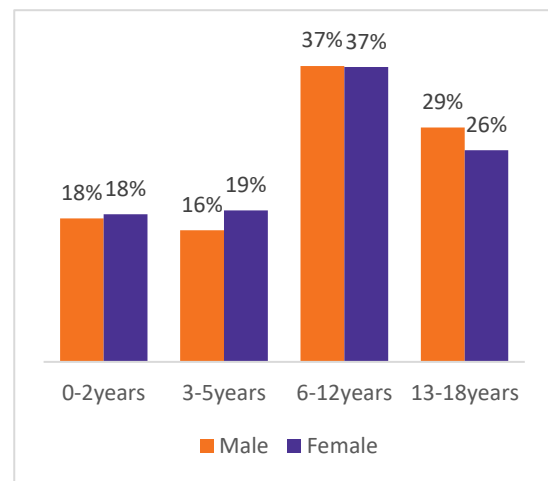


Figure 6b. Child age boys and girls (population weighted data)



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

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

The majority of children (96% boys, 97% girls) were said to be in good to excellent health (see Figure 7a). Weighted data revealed minimal differences in these proportions (95.7% boys, 96.4% girls).

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

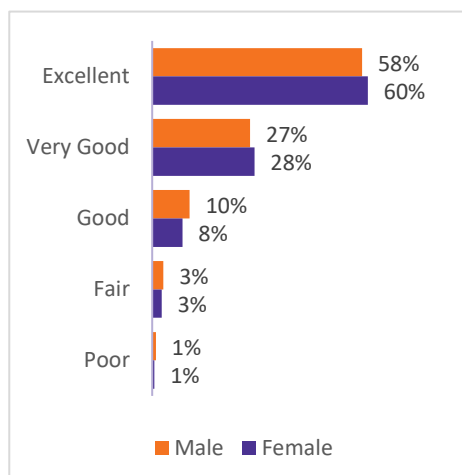
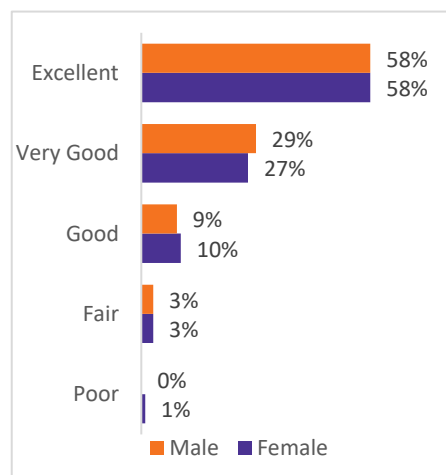
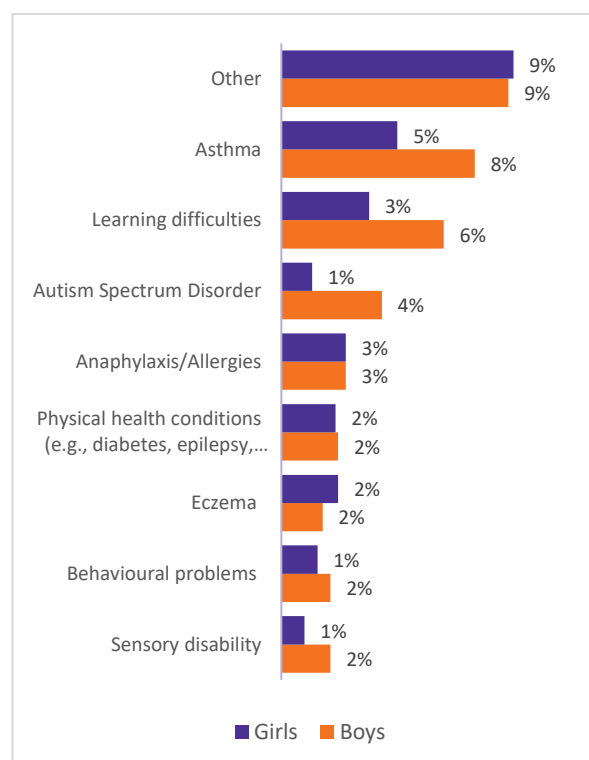


Figure 7b. Child health boys and girls (population weighted data)

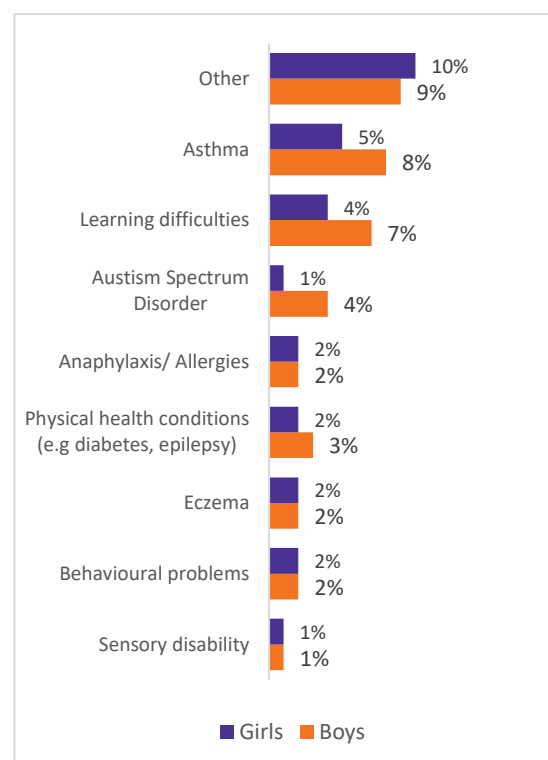


Parents were also asked if their child had any medical conditions or learning difficulties (that have lasted or are likely to last for 6 months or more). Twenty-five percent of children were reported to have medical conditions or learning difficulties (26% weighted data), and this proportion was statistically significantly higher for boys (28% unweighted, 30% weighted) than for girls (21% unweighted, 22% weighted). Of those children with a medical (i.e. health) or learning difficulty, 25% were reported to have multiple conditions (range 2–5). The range of medical conditions and learning difficulties reported is presented in Figure 8a; this includes a relatively large proportion of ‘other’ responses, which comprised a large variety of conditions including anxiety/depression, heart/liver/kidney conditions and tonsillitis. Figure 8b shows the weighted proportions.

**Figure 8a. Medical conditions and learning difficulties boys and girls (unweighted data)**



**Figure 8b. Medical conditions and learning difficulties boys and girls (population weighted data)**



The weighted data on the presence of child medical conditions or learning difficulties show few differences from the unweighted data. Where there are differences, they are within one percentage point.

### 4.3. Living arrangements – weighted and unweighted data

Responses regarding the number of adults in the household ranged from one to six. Unweighted data showed the majority of parents (77% of fathers and 69% of mothers) said that their household had two adults. Weighting reduced the proportion of mothers in a two adult household to 67.5%, with no change for fathers. Ninety-six percent of parents (unweighted data) reported that they lived with the child full time. The weighted proportion was 96.6%.

The number of children currently living in surveyed households ranged from 0 to 8, with 32% (unweighted) of parents reporting that they lived with one child (29.5% weighted), 45% with two children (45.5% weighted) and 16% with three children (16.8% weighted). Four percent of parents did not live with the focus child full time (3.4% weighted). There were parent gender differences

with 5.5% of fathers (both weighted and unweighted) and 2.6% (unweighted) of mothers (2.1% weighted) not living with the child full-time. Parents said they spent between 4 and 31 days (weighted and unweighted) with their children in a typical month (15 days per month on average-unweighted, 14 days per month weighted).

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

Population estimated (weighted) data showed that 14.8% were single-adult households. Of the households with more than one adult living there, 78.3% lived with their partner or spouse. Using the population weighted data, the following table has the proportions of mothers and fathers in four household categories: single alone, single with non-residential partner, single with other adults in the household and living with partner.

**Table 3. Partnering status, mother and fathers (population weighted data)**

Partnering status	Father	Mother
Single alone	4%	15%
Single – non-residential partner	4%	5%
Single – other adults	5%	8%
Live with partner	87%	73%

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

Overall, 9% of parents (unweighted data) reported they had a shared living arrangement whereby their children spent time with another parent who did not live with them (and this proportion did not differ across mothers and fathers). Data weighting slightly increased the proportion of parents with a shared living arrangement (9.9%). The shared living arrangements reported by parents are presented in Figure 9a. When asked to describe their shared living arrangements, 76% of mothers, compared to 24% of fathers indicated that ‘I live with my child and they spend less than half the time with another parent’. Changes that occurred with weighting can be seen in Figure 9b.

As can be seen in Figure 9b there are slight differences in proportions compared to unweighted survey data. The greatest change is for the category ‘...less than half the time spent with another parent’. For that category, the weighted proportion for mothers is 79% compared to 76% unweighted. There are slightly larger proportions in the unweighted data for both mothers and fathers for the categories ‘....equal time with another parent’ and ‘....more time with another parent’. The unweighted data shows a smaller proportion for ‘...don’t live with my child...’.

Figure 9a. Shared living arrangements mothers and fathers (unweighted data)

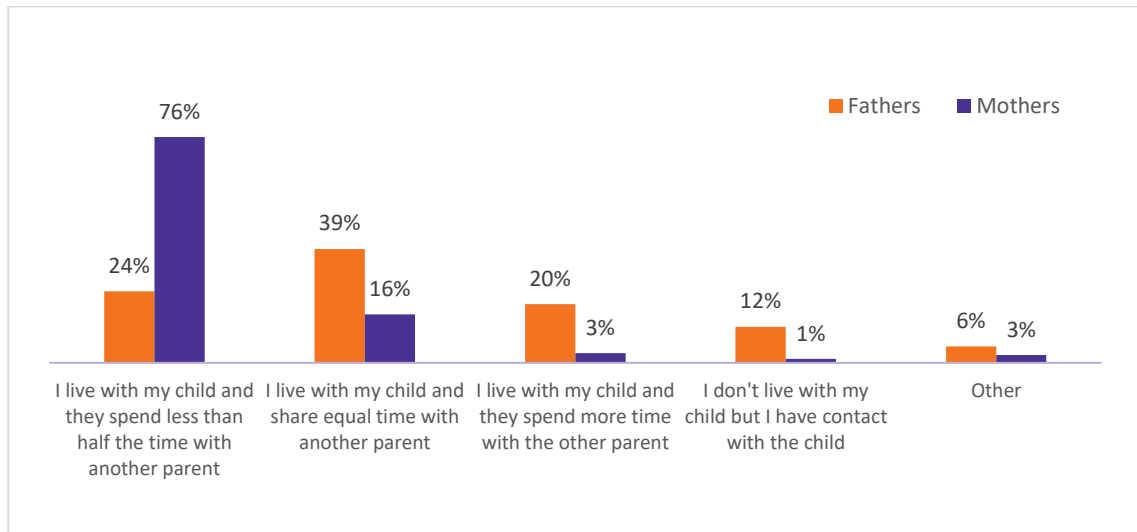
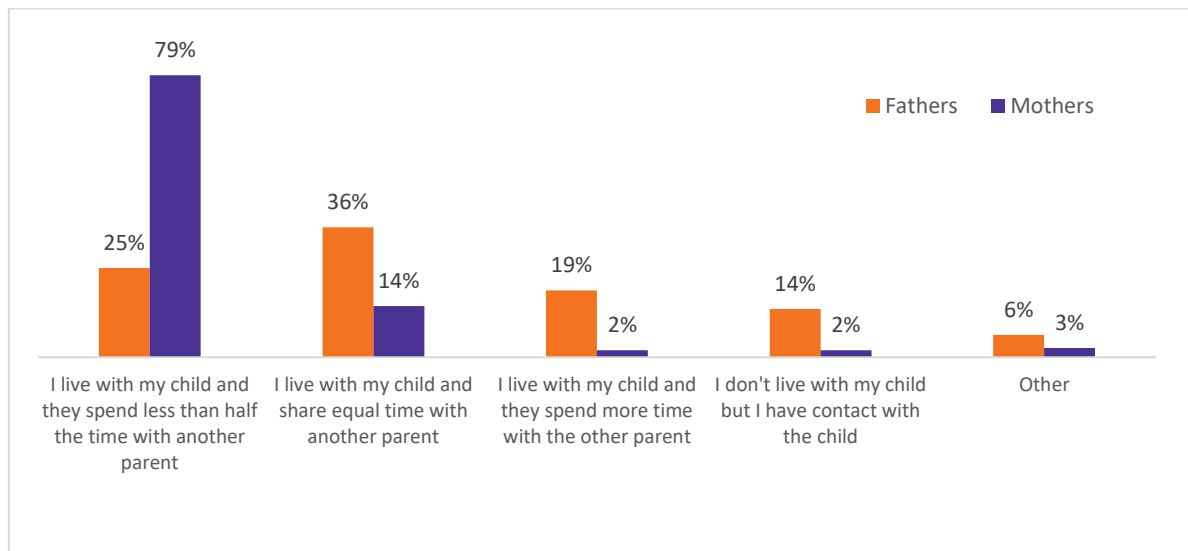


Figure 9b. Shared living arrangements mothers and fathers (population weighted data)



## 5. Parent engagement and child learning

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

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

The survey results for this domain are in two parts. First are the findings about parents' interactions with their children's learning and educational experiences. This includes experiences with the education sector. Detailed results for particular questions are presented for the whole population weighted sample initially, then by child age, mother/father status, area-level socio-economic disadvantage, regional/metropolitan location, and child medical condition or learning difficulty.

### Snapshot of findings for parent engagement and child learning

Using population weighted data, findings from the survey indicate that:

#### ***In general***

##### *Engagement with child learning*

There was a high level of engagement with children's learning experiences overall. Parents with children up to 12 years of age reported reading to their child on average four to five days a week, with this happening every day for over 40% of respondents. Across all child age groups, most parents said they often talked with their children about their experiences at school or in early childhood education. Around half of parents engaged in musical activities and indoor games, and just under half said they exercised or participated in outdoor activities with their children.

About 80% thought that their contribution to their children's learning in the early years at home was extremely important with a smaller percentage (just over 60%) rating learning experiences in early childhood settings as extremely important. A similar proportion thought that activities outside the home were important for their children's development.

Parents' aspirations for their children's educational future showed that nearly 60% thought it was extremely important for their children to continue post-school education, and nearly 70% wanted their children to have a university qualification.

Being absent from kindergarten or school was viewed negatively. Almost 100% of parents said it was moderately or extremely important for their children to attend every day.

Over 80% agreed that they knew how to help their children do well. Parents' views about child resilience showed that around 60% preferred their child to seek help with a challenge rather than persist on their own.

## Snapshot of findings for parent engagement and child learning

### *Experiences with education sector*

Parents' ratings on their interactions with the education sector were generally positive. A large majority felt able to participate in decisions affecting their children, were satisfied with their communication with the school or kindergarten and felt comfortable talking to ECEC educators or primary/secondary school teachers. Overall, 78% felt their children's educators understood their children's needs. Of those who had sought help from educators, most were satisfied with what they had received. In line with this, large proportions of parents felt that their ideas and opinions were valued and they did not feel judged, blamed or criticised. For parents of children up to 12 years of age, confidence in their ability to manage school transitions was high.

### ***Parents of younger and older children***

#### *Engagement with child learning*

There were some differences in parents' responses according to their children's ages. The number of days an adult read to the child was highest for three to five year olds, and musical activities with parents occurred more often with younger children. There were marked differences in parents' reports of participation in indoor and outdoor activities according to child age. Around 80% of parents with children 5 years or younger said they often played with their children indoors but over a third of parents of secondary school aged children said they rarely or never did this. Similarly, a greater percentage of parents of younger children said they exercised or did outdoor activities with their children. Parents of older children were more likely than were parents of younger children to say their child participated in activities outside the home.

Although most parents of both younger and older children reported talking with their children about their educational experiences, parents of very young children were less likely to do so. Parents of children 0–2 years assigned slightly higher importance to the early home learning experience than did parents of older children, and parents of 3–5 year olds rated the importance of early learning settings higher than did parents of younger and older children.

Parents of older children placed relatively more importance on post-secondary study for their children than did parents of younger children. Parents of school aged children viewed being absent from school more negatively than parents of younger children. Confidence in managing school transitions was greater for parents of under school aged children compared to parents of 6 to 12 year olds. There were child age differences in the degree to which parents felt they knew how to help their child do well in early education or school, with lower agreement ratings for parents of 13–18 year olds. Regarding child resilience, parents of older children were more likely to say they wanted their children to seek help with a challenge rather than persisting on their own. Over 70% of parents of adolescents had this view.

### *Experiences with education sector*

Parents of secondary school aged children felt less able to participate in decision making and reported the lowest satisfaction about communication from teachers. Parents of younger children reported feeling more comfortable talking to educators. Parents of 13 to 18 year olds had the lowest ratings about knowing how to help their child do well at school.



## Snapshot of findings for parent engagement and child learning

### ***Mothers and fathers***

#### *Engagement with child learning*

Proportionally more mothers than fathers said they talked to their child about their educational experiences, and mothers' ratings of the importance of early home learning were higher than fathers' were. Fathers placed greater importance on their child having activities outside the home. However, the differences in these three areas were very small. Mothers were more likely to indicate they knew how to help their child do well at school or in early childhood settings.

#### *Experiences with education sector*

Mothers felt more able to participate in decision making, were more comfortable talking to early childhood and school educators and a little more likely than fathers to seek help from educators. Fathers were more confident about assisting their child with school transitions. There were no differences between mothers and fathers in feeling valued, judged, blamed or criticised by their child's educators.

### ***Metropolitan/regional location***

There were few differences in the responses of metropolitan and regional parents. A slightly higher proportion of regional parents reported playing indoor games, exercising or doing outdoor activities with their child.

Although the ratings for both groups were high, parents in metropolitan areas rated further study as more important than did parents in regional areas. A greater proportion of parents in regional areas stated that they would like their children to complete a trade or certificate/diploma, while a higher proportion of parents in metropolitan areas reported that they would like their children to complete a postgraduate degree.

### ***Socio-economic disadvantage***

Parents living in more disadvantaged residential areas were less likely to feel their opinions were valued by educators and more likely to want their children to complete a trade or certificate/diploma. Parents living in more advantaged areas were more likely to say they wanted their children to complete a degree or postgraduate university degree and were more likely to want their children to persist with a problem before asking for help.

### ***Parents with children with medical conditions or learning difficulties***

Compared to parents of children who did not have medical conditions or learning difficulties, a larger proportion who had children with these concerns felt they were able to participate in ECEC/school decisions, felt more comfortable talking to teachers and educators and also sought help from educators. Parental aspirations for their children were different, with a smaller proportion of parents of children with such concerns reporting that they want their children to complete a university degree.

## 5.1. What are children’s learning and educational experiences?

### 5.1.1. Frequency of parents' engagement with children in learning outside early childhood education and school

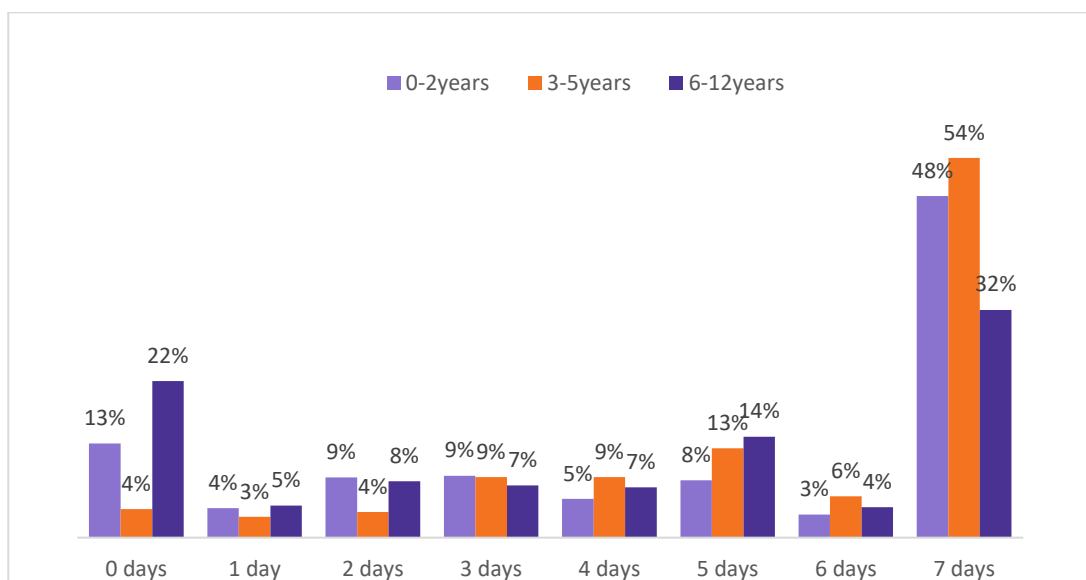
Parents responded to a range of questions about the type of activities they engaged in with their children related to their children’s learning and development. Topics included reading, music, indoor and outdoor games and exercise, and conversation about school. Findings described below are based on analysis of the population weighted data.

#### 5.1.1.1. Time spent reading

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

Findings indicate that on average within this age group someone read to the focus child four to five days per week. For 42%, someone read to the focus child every day. Figure 10 shows responses by **child age** group:

Figure 10. Days in the last week a family member spent time reading with child (population weighted data)



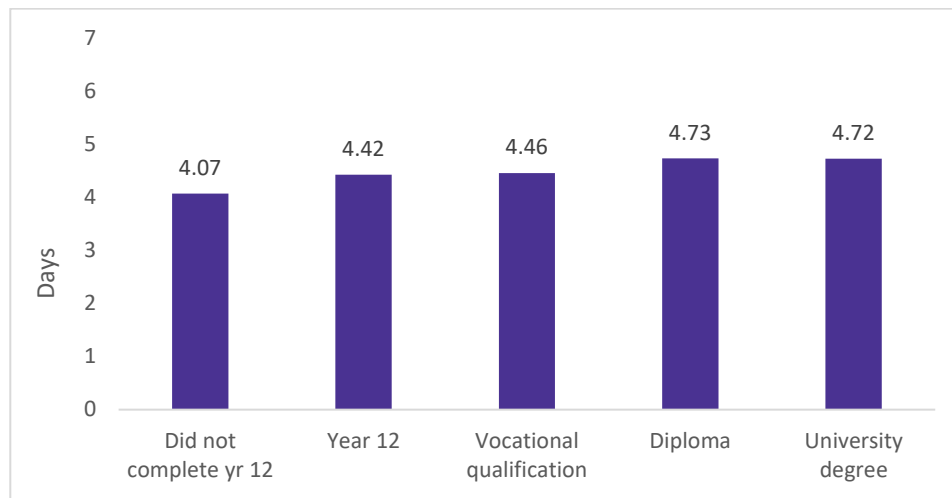
There were statistically significant differences in the number of days someone read to the focus child across **child age** groups. Children aged 3–5 years were read to most often (54% every day). However, 18% of children aged 0–2 years and 27% of those aged 6–12 years were read to only one day or less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

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

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

There was a (non-significant) trend for the child of a responding parent with a diploma or degree to be read to slightly more often, on average (see Figure 11).

**Figure 11. Average days in the last week a family member spent time reading with child by parents' education (population weighted data)**

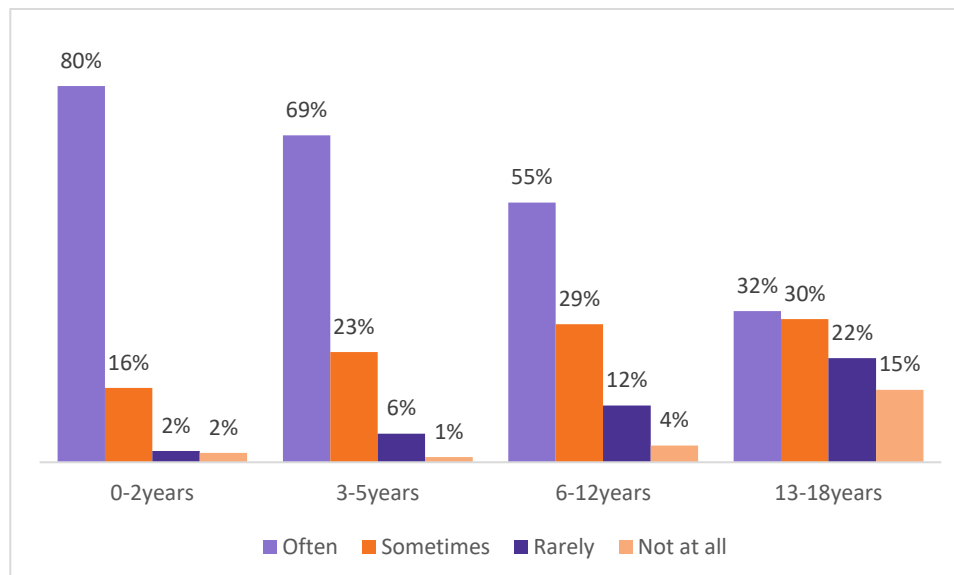


#### 5.1.1.2. Musical activities

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

As seen in Figure 12, this proportion varied by **child age**. Parents of children aged 0–5 years were significantly more likely to say they engaged often in musical activities with their children than were parents of primary or secondary school age children.

**Figure 12. Frequency of engaging in musical activities with child by child age groups (population weighted data)**



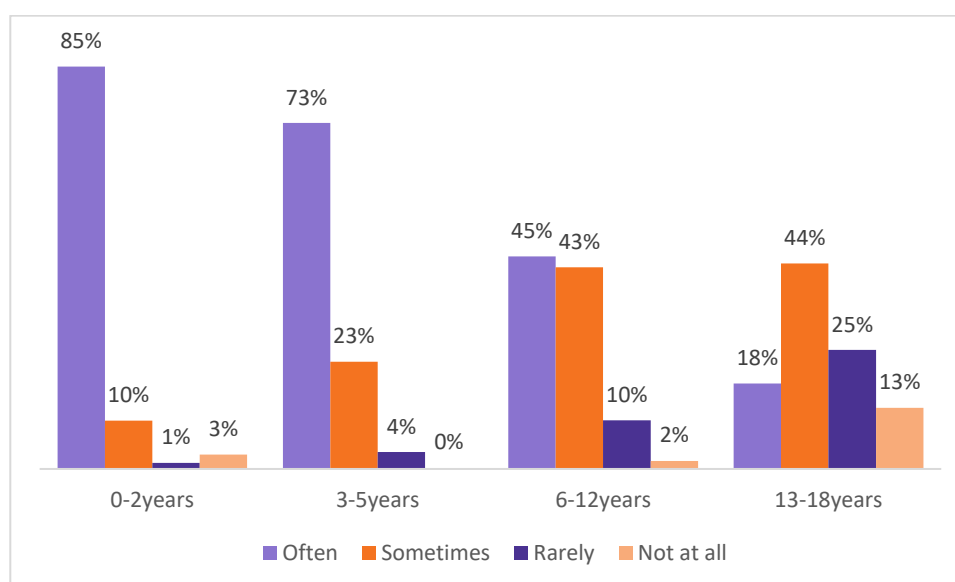
No statistically significant differences were found for: *mothers and fathers; metropolitan versus regional areas; socio-economic residential areas; or child medical condition or learning difficulty.*

#### 5.1.1.3. Indoor games

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

Figure 13 illustrates the responses by child **age group**. There were statistically significant differences with parents of younger children (0–2 years) more likely to report often playing indoor games with their children (85%, compared to 18% for 13–18 years group). Thirty-eight percent of parents of 13–18 year olds, compared with 4% of parents of 0–2 year olds, reported that they rarely or never played indoor games with their children.

**Figure 13. Frequency of indoor games with child by child age groups (population weighted data)**



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

#### **5.1.1.4. Outdoor games**

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

There was a statistically significant difference for **child age**, with parents of younger children more likely to report engaging in outdoor games or exercising with their children more frequently. Parents of children aged 13–18 years engaged in outdoor games less often, with 31% saying they rarely or never played outdoor games or exercised with their children compared to 17% of parents of children aged 0–2 years (Figure 14).

**Metropolitan/regional** comparisons indicated a slightly higher proportion of parents in regional areas played outdoor games or exercised with their children **often** (52%) compared with those in metropolitan areas (48%), and this finding was statistically significant (Figure 15).

No statistically significant differences were found for: *mothers and fathers; socio-economic residential area; or child medical condition or learning difficulty*.

Figure 14. Frequency of outdoor games with child age (population weighted data)

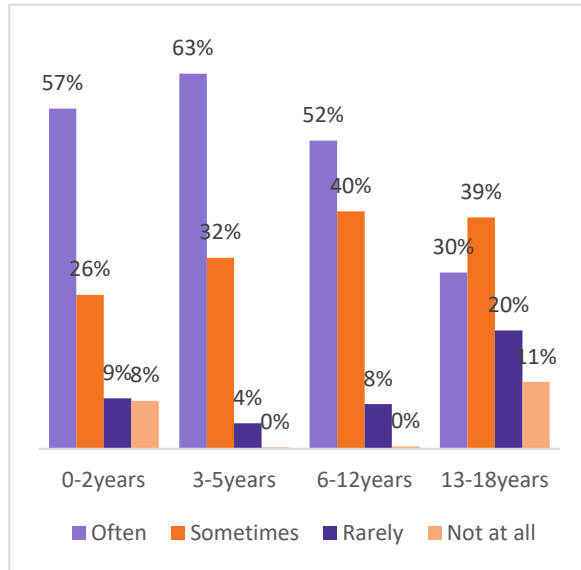
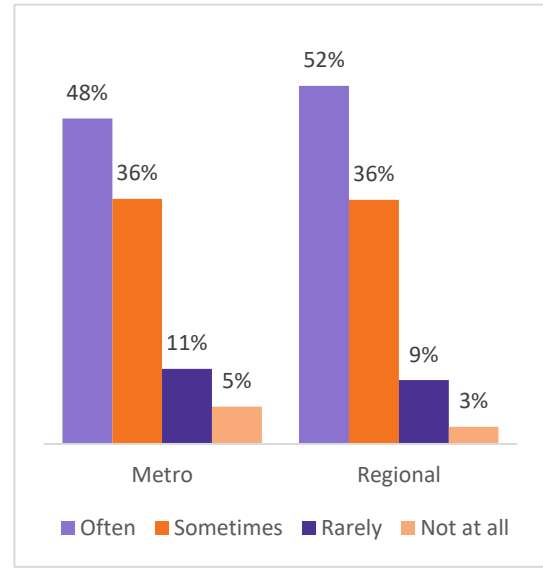


Figure 15. Frequency of outdoor games with child metropolitan/regional areas (population weighted data)



#### 5.1.1.5. Talking about school

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

There was a statistically significant relationship between **child age** groups and how often parents reported talking to their children about their day, with parents of younger children (aged 0–2 years) less likely to talk to their children about their experiences in the educational setting (81.4%, compared to over 90% for the other age groups).

**Mother/father** comparison showed a statistically significant, though small, difference, with 95% of mothers saying they talked to their children about their day at school or ECEC often, compared to 91% of fathers.

There were no statistically significant differences for: *metropolitan vs regional areas, different socio-economic areas; or whether or not the child had medical conditions or learning difficulties.*

#### 5.1.2. Importance of learning experiences inside and outside the home

##### 5.1.2.1. Early home learning

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

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

There was a statistically significant relationship between **child age** and the importance parents placed on early learning experiences in the home. Eighty-eight percent of parents of children aged 0–2 years felt that what you do with their child in the years before primary school was very important, compared to 78% of parents of 13 to 18 year olds (regarding what they did in the past).

**Mother/father** comparisons showed that mothers reported statistically significant higher levels of importance for early learning experiences in the home': 83% of mothers and 77% of fathers responded with 'extremely important', so the difference was small.

There were no statistically significant differences for: *metropolitan/regional areas; socio-economic areas; or children with medical conditions or learning difficulties.*

#### **5.1.2.2. Formal early learning settings**

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

There was a statistically significant relationship between **child age** and the importance parents placed on learning experiences in formal early learning settings, with parents of children aged 3–5 years assigning slightly higher importance to this. However, this difference was very small.

There were no statistically significant differences for: *mothers and fathers; metropolitan/regional areas; socio-economic areas; or for children with/without medical conditions or learning difficulties.*

#### **5.1.2.3. Activities outside the home**

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

On average, parents reported that their children were involved in activities outside the home 2.5 days per week. Regarding **child age**, there was no difference in how parents of children of different ages rated the importance of activities outside the home. However, parents of older children said that their children engaged in activities outside the home on a greater number of days per week, and this finding was statistically significant.

**Mother/father** comparison showed that fathers placed more importance on learning activities outside the home and said their children participated in activities outside the home on a greater number of days per week. Both of these differences were very small but statistically significant.

Parents of a child with a **medical condition or learning difficulty** were statistically more likely to feel that outside activities were not really important (15% compared with 8% where the child did not have any special needs).

There were no statistically significant differences for: *metropolitan/regional areas or socio-economic areas.*

## **5.2. What are parents' experiences with the education sector?**

### **5.2.1. Parents' satisfaction with their interactions with educational services**

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

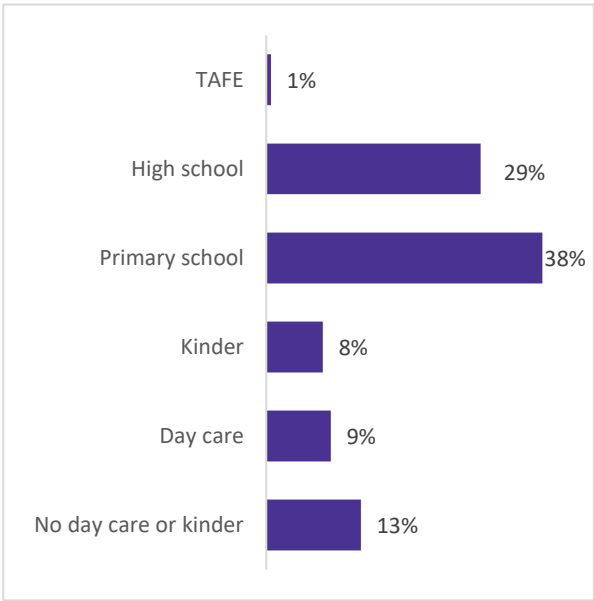
parents with children in government and non-government school or ECEC occur, the effect of child age is taken into account. This is because of the greater proportion of older children in non-government schools.

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

**5.2.1.1. Children attending government and non-government kindergartens and schools**

Parents were asked if their children were in day care, kindergarten, primary, secondary school or something else — as appropriate to the focus child’s age. Findings showed that 67% of children were attending primary or secondary school, while 17% of children were said to be attending day care or kindergarten (see Figure 16). Parents of children attending school and kindergarten were asked to indicate whether their children attended a government or non-government school (or kindergarten); whereby 64% of children were attending a government school and 36% a non-government school. Figure 17 has the relative proportions of government and non-government school attendance across three child age groups. This shows the proportion of children attending government schools was substantially lower for secondary school aged children than for primary school aged children. This difference was statistically significant.

**Figure 16. Proportion of children attending ECEC, primary and high school (population weighted data)**



**Figure 17. Proportion of children attending government and non-government kindergartens and schools (population weighted data)**

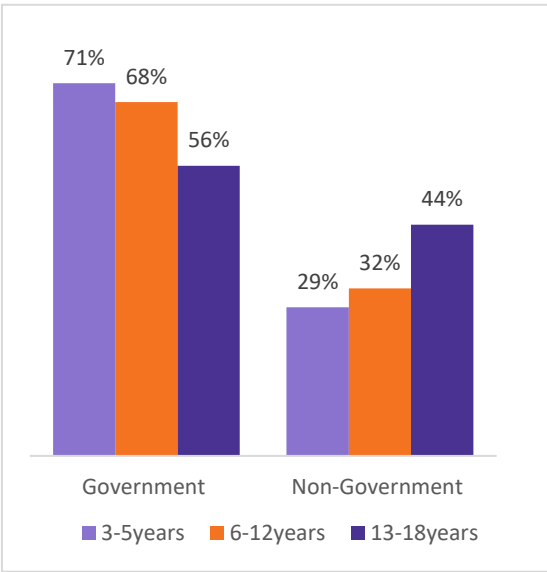
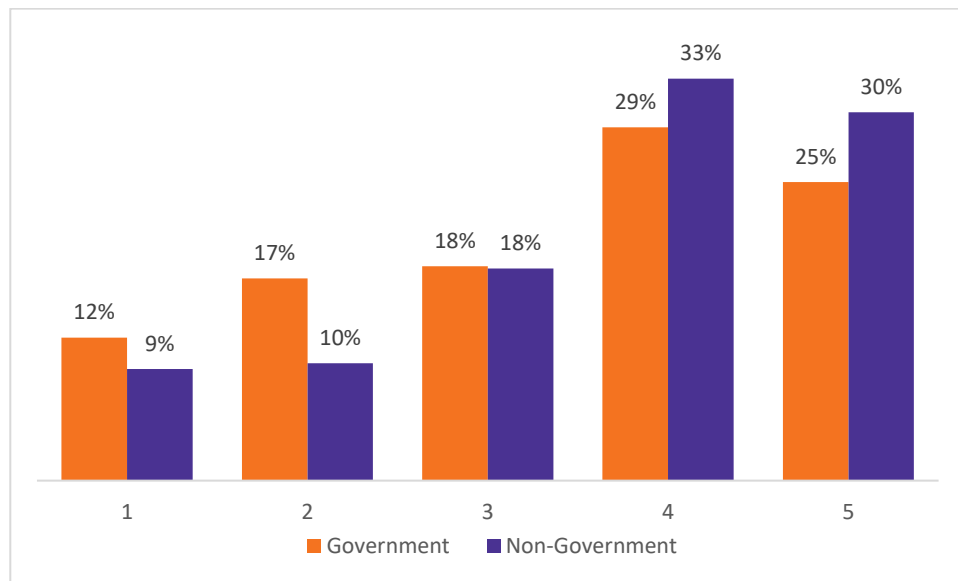


Figure 18 illustrates attendance at government and non-government schools broken down by residential areas of relative socio-economic disadvantage (IRSD). Children in the most advantaged areas (quintiles 4 and 5) were significantly more likely to attend non-government schools. There was no significant difference in attendance at government and non-government schools according to the child’s health condition.

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

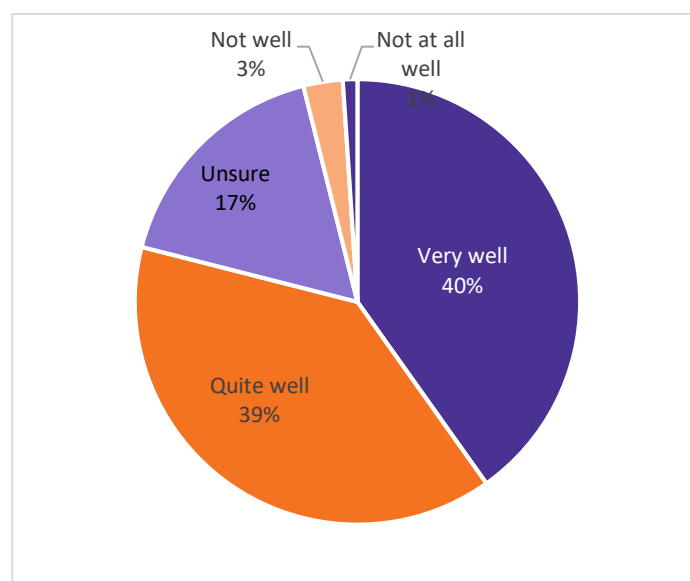


#### 5.2.1.2. Educators' understanding of children's needs

Parents were asked how well they thought that their child's early childhood educators or school teachers understood the child. Where children were attending school or kindergarten, the results suggested that 78% of parents felt that their child's educators/teachers understood the child very well or quite well (see Figure 19).

There was a statistically significant difference across **child age** groups in the degree to which parents felt that their children were understood by their educators/teachers, with parents of secondary school aged children (aged 13–18 years) reporting their children were relatively not as well understood.

Figure 19. Proportion of parents reporting how well their child's educator/teacher understands their child (population weighted data)





There was also a slight significant difference between **mothers and fathers**, with mothers appearing more concerned that the focus child was not well understood by educators/teachers.

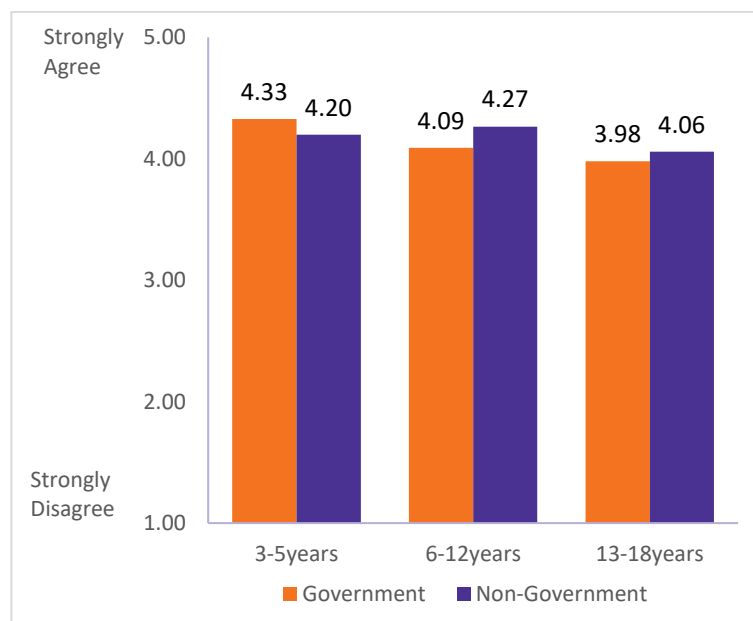
No significant differences were apparent for: *metropolitan or regional areas*; *areas of different socio-economic disadvantage*; or *child's medical conditions or learning difficulties*.

#### 5.2.1.3. Able to participate in decisions

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

Figure 20 shows the mean agreement ratings for **child age** and by type of kindergarten or school attended (where 5 indicates the strongest agreement and 3 refers to 'mixed feelings'). The level of agreement that parents reported feeling able to participate in kindergarten/school decisions varied slightly across child age groups, with less involvement as children grew older – but this was only statistically significant for government kindergartens and schools, not for the non-government sector, where decision-making involvement was a little higher across the board.

**Figure 20. Parent participation in kindergarten/school decisions (population weighted data)**



Parents of children with **medical conditions or learning difficulties** reported feeling more able to participate in kindergarten/school decisions. The difference though small was statistically significant. Also, where children had no special needs, parents had more 'mixed feelings' about participating in decision-making.

For the **mother/father** comparison, mothers reported feeling more able to participate in kindergarten/school decisions than fathers did. The difference though small was statistically significant.

There was no statistically significant difference for: *metropolitan vs regional areas*; and between *socio-economic areas*.

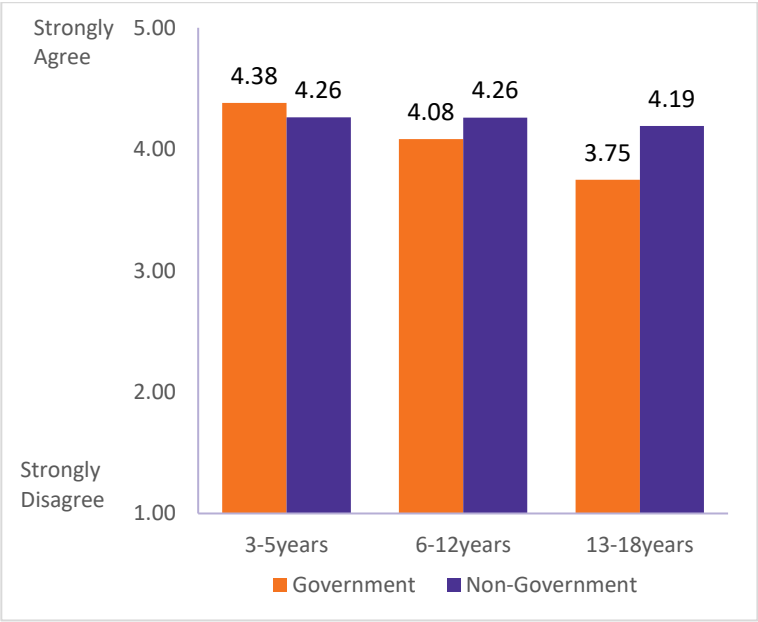
#### 5.2.1.4. Satisfaction with communication from school/early childhood educators

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

Again, the level of satisfaction with kindergarten/school communication varied across *child age* groups, with parents of secondary school aged children reporting slightly less satisfaction – but again, this age difference was only statistically significant for government kindergartens/schools, not for the non-government sector, where satisfaction with communication was a little higher across the board.

Figure 21 illustrates the mean agreement ratings for satisfaction with school communication (where 5 indicates the strongest agreement) by child age group, within the government and non-government kindergarten/school sectors.

**Figure 21. Satisfaction with kindergarten/school communication (population weighted data)**



Parents of secondary school aged children attending government schools reported the lowest level of satisfaction with communication from school teachers.

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

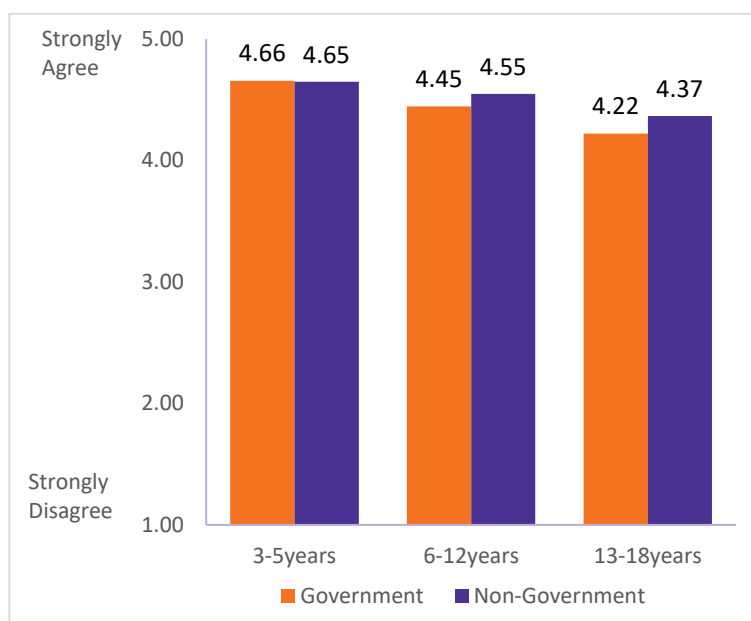
**5.2.1.5. Parent’s comfort in talking to educators and teachers**

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

While the majority of parents reported that they felt comfortable talking to kindergarten educators and school staff, there was a significant relationship between *child age* and level of comfort, this time for both government and non-government sectors. The highest level of comfort was for the youngest children and the least for those aged 13-18 years, and this was especially evident for government schools.

Figure 22 indicates the mean agreement ratings for comfort in talking to educators by child age group, within the government and non-government kindergarten/school sectors.

Figure 22. Comfort talking to staff by child age group (population weighted data)



This time, there was no statistically significant relationship between kindergarten/school type and parents' comfort talking to teachers and educators.

**Mother/father** comparison showed that mothers felt slightly more comfortable than did fathers in talking to teachers and educators. This difference, though statistically significant was small.

Parents of children with **medical conditions or learning difficulties** again felt more comfortable talking to teachers and educators. The difference though small was statistically significant.

There was no statistically significant difference for: *metropolitan vs regional*; or *between socio-economic areas*.

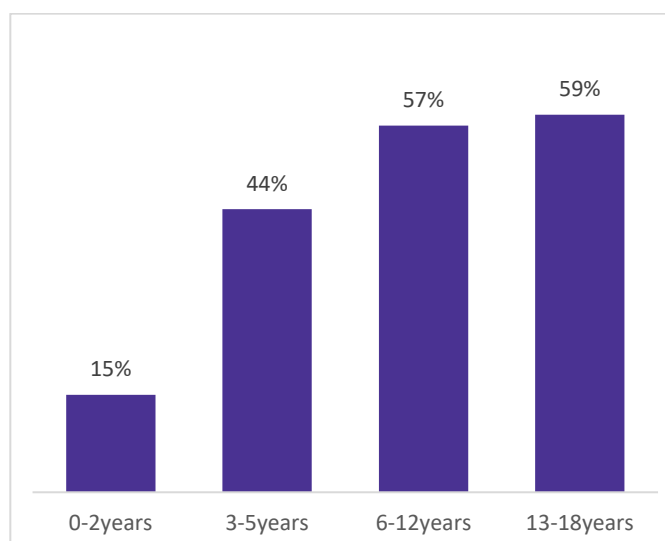
#### 5.2.1.6. Seeking help from educators and teachers

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

Overall, a high proportion (48%) had sought help from ECEC educators or school teachers. This proportion varied substantially by **child age** (but not kindergarten/school type), with parents of primary and secondary school children being much more likely to have approached school teachers for help, and this difference was statistically significant.

Figure 23 shows the proportion of parents who had 'ever' sought help from ECEC educators and school teachers by child age group.

Figure 23. Parents' help-seeking from educators or teachers (population weighted data)



- A slightly larger proportion of **mothers** than fathers reported seeking help from ECEC or school (57% vs. 50%).
- A larger proportion of parents of children with **medical conditions or learning difficulties** also reported seeking help from ECEC/school (67% vs. 50%).
- There were no statistically significant differences for: *metropolitan vs regional*, or *different socio-economic areas*.

#### Satisfaction with help

- Of those parents who had sought help from ECEC educators or primary or secondary schoolteachers, 81% agreed or strongly agreed that they were satisfied with the help offered (see Figure 24).
- Parents were significantly more satisfied with the help they received when **children were younger** (86% for 3-5 year age group compared with 74% satisfied for 13-18 year olds) and **mothers** were a little more satisfied than fathers.
- There were no significant differences found for: *metropolitan vs regional*; *socio-economic area* type; or for whether or not a child had a *medical condition or learning difficulty*.

#### Opinions valued?

- For parents who had ever sought help from ECEC educators or school teachers, 81% agreed or strongly agreed that their ideas and opinions were valued, although 11% had mixed feelings (see Figure 25).
- However, there was a statistically significant difference according to IRSD index of **socio-economic disadvantage**: parents in the lowest two quintiles (so more disadvantaged) were more likely to disagree that their opinion was valued (e.g. 14% in quintile 2 compared with 4% in quintile 5 did not think their opinion was valued).
- No significant differences were found for: *mothers and fathers*; *metropolitan vs regional*; or *child medical conditions or learning difficulties*.

Figure 24. Satisfaction with help from ECEC educators or school teachers (population weighted data)

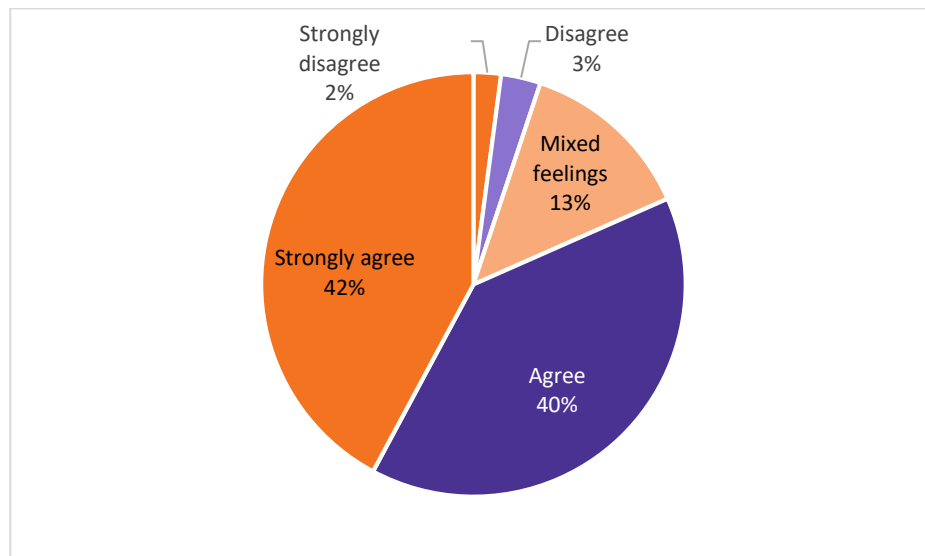
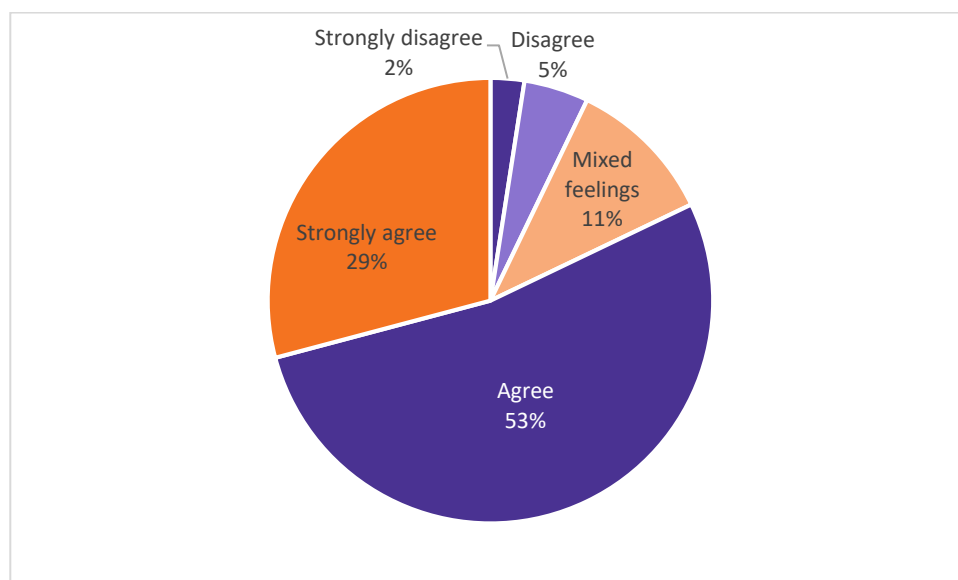


Figure 25. Felt ideas and opinions were valued by ECEC/school staff (population weighted data)



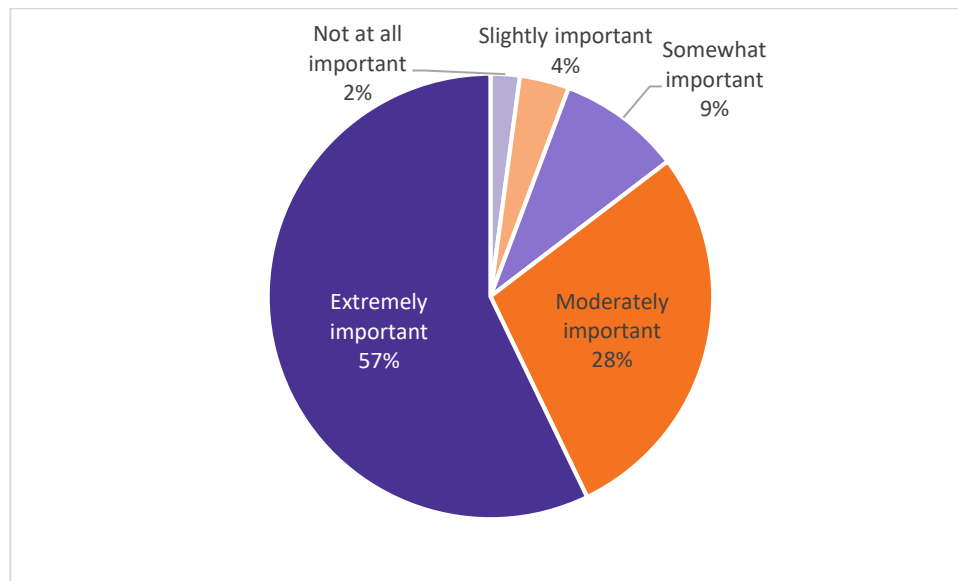
#### Feeling judged or criticised?

- Most parents (82%) seeking help from educators or teachers reported they didn't feel judged, and 92% indicated they didn't feel blamed or criticised. Only 4.5% agreed or strongly agreed they felt criticised or blamed in their interactions with educators.
- There were no statistically significant differences in how parents reported feeling, judged, blamed or criticised for: *child age groups*; *mothers/fathers*; *metropolitan/regional areas*; *socio-economic areas*; or *child medical conditions or learning difficulties*.

#### 5.2.2. Parents' aspirations or expectations for their children's schooling achievements

Parents of children aged 13 years and over were asked how important it was to them that their children continue further study after school and how far they would like their children to go with their education (Figure 26).

Figure 26. Importance of child continuing education post-school (population weighted data)

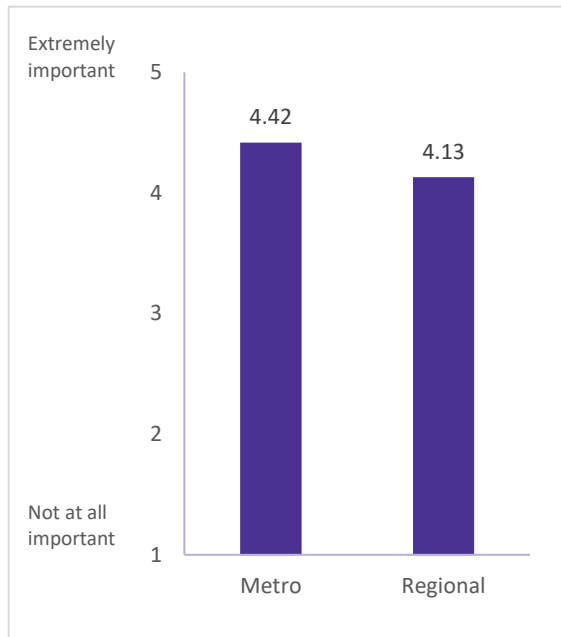


Results indicated that 57% considered it extremely important for their child to continue further study after completing school, and only 2% said it was not at all important.

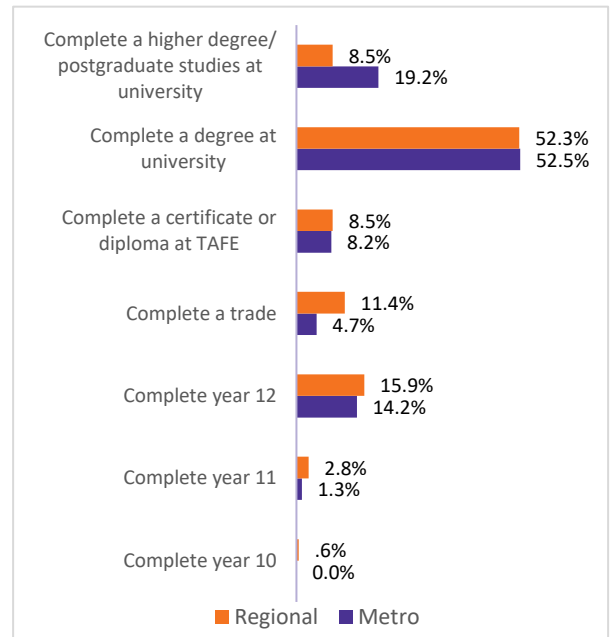
- A substantial proportion of parents indicated they would like their children to complete a degree at university (52%) or higher/postgraduate degree (16%).
- Parents of **older children** were slightly more likely to feel further study was more important.
- There was no statistically significant difference in the importance that **mothers and fathers** placed on further study, or in how far mothers and fathers reported they would like their children to go in their education.

Figure 27 presents **metropolitan versus regional** comparisons about the importance of further study and parents' aspirations for their children's education and post-school qualifications. The data suggest that parents living in metropolitan areas saw further study as relatively more important than did parents living in regional areas. However, the mean ratings for both subgroups were high and the difference small. There was also a statistically significant relationship between how far parents living in regional and metropolitan areas thought they would like their children to go in their education. A higher proportion of parents in regional areas stated that they would like their children to complete a trade or certificate, while a higher proportion of parents in metropolitan areas reported that they would like their children to complete a postgraduate degree (see Figure 28). Even so, around half of all parents are estimated to aspire to a degree for their child.

**Figure 27. Importance of child continuing further education metropolitan/regional areas (population weighted data)**

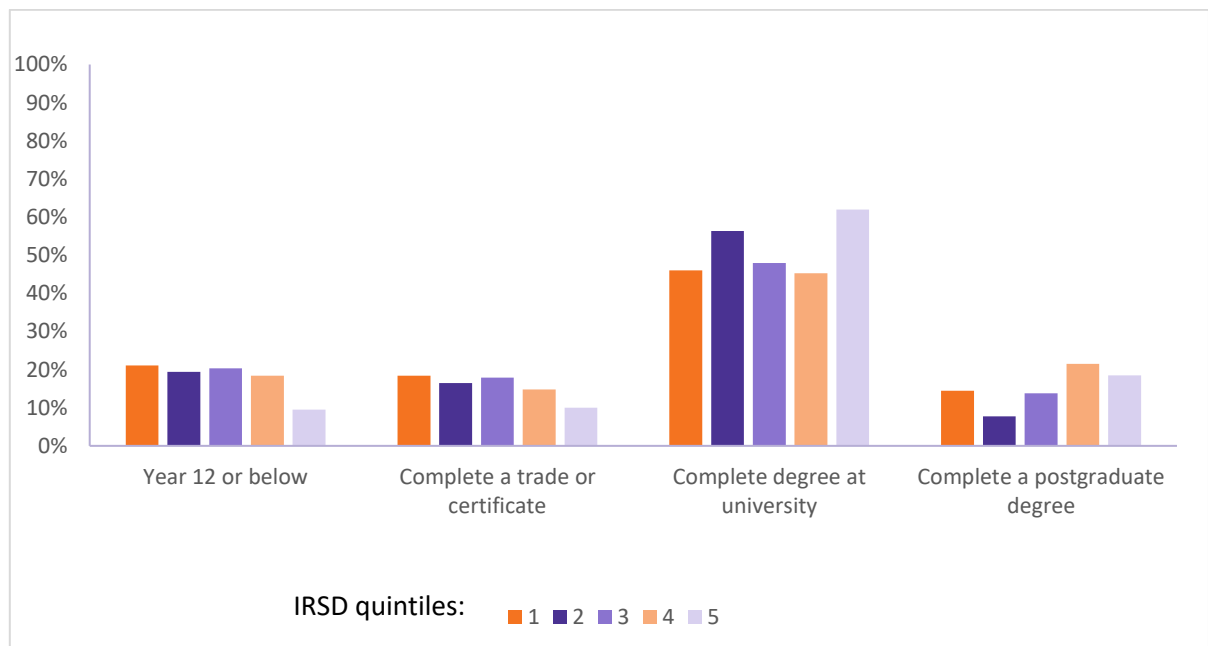


**Figure 28. Aspirations for further education metropolitan/regional areas (population weighted data)**



There was a statistically significant difference in the importance of continuing further study according to **relative disadvantage in their residential socio-economic areas (IRSD)** (see Figure 29). Parents living in more disadvantaged areas had slightly lower educational expectations for their child, being more likely to report they would like their children to complete a trade or certificate (18% in the most disadvantaged areas [lowest IRSD quintile] compared to 10% in most advantaged [highest IRSD quintile]), while parents living in more advantaged areas were more likely to report they would like their children to complete a degree or postgraduate university degree (81% in highest IRSD quintile compared with 61% in lowest IRSD quintile).

**Figure 29. Aspirations for qualifications and socio-economic areas (population weighted data)**



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

### 5.2.3. Parents' concern about absenteeism from school

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

Though the ratings were very high for all, there were differences in **child age** groups. Parents of primary and secondary school aged children (6–18 years) attributed slightly higher importance to daily attendance than did parents of younger children. This difference, though very small (4% difference), was statistically significant.

There were no statistically significant differences for: *mothers and fathers; metropolitan vs regional areas; different socio-economic areas; or children with medical conditions or learning difficulties.*

### 5.2.4. Parents' views about their children's resilience

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

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

Parents' views varied significantly by **child age**, with parents of younger children reporting lower agreement with the statement compared with parents of older children. This difference was statistically significant. More than one-third of parents of a young child aged 0-2 had mixed feelings, while 71% of parents of a child aged 13-18 agreed or strongly agreed.

There were also statistically significant differences between mothers and fathers (with fathers a little more inclined to want the child to ask for help) and between different **residential socio-economic areas**. Parents living in the 40% least disadvantaged areas reported slightly more agreement that they would prefer their children to ask for help rather than persist on their own (30% of parents living in the most disadvantaged areas strongly agreed to this statement, compared to 20% of parents in the top quintile (most advantaged).

There were no statistically significant differences for: *metropolitan vs. regional areas; or children's medical conditions or learning difficulties.*

### 5.2.5. Parents' confidence about their ability to manage school transitions

Figure 30 and Figure 31 show the responses of parents of children up to the age of 12 years who were asked to rate their agreement or disagreement with a statement about confidence to manage school transitions. Analyses indicate that the majority (86%) of parents of children aged up to 12 years agreed or strongly agreed that they felt confident that they could support their children during transition to primary or secondary school.



Figure 30. Parents' confidence in supporting school transitions (population weighted data)

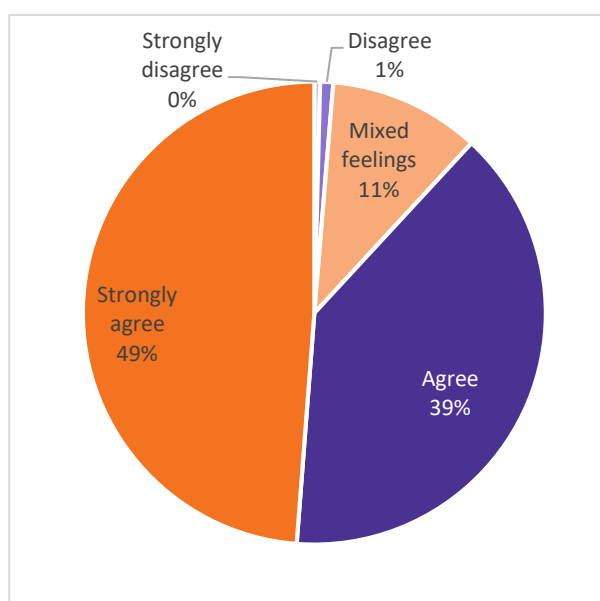
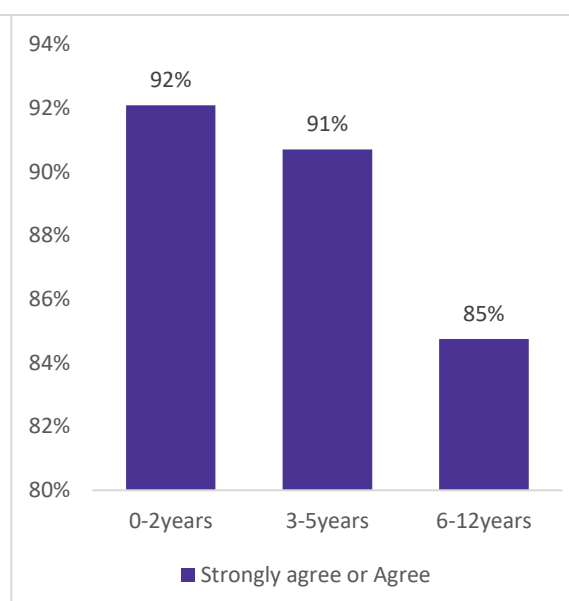


Figure 31. Parents' confidence in supporting school transitions child age groups by age (population weighted data)



There was a statistically significant finding for **child age**, with parents of younger children (0–2 years) reporting that they were more confident in their ability to manage transitions than did parents of older children (91% compared to 84% of parents of children 6–12 years).

There was also a statistically significant **gender difference** whereby fathers expressed slightly more confidence than mothers in managing school transitions. However, those with a **child who had a medical condition or learning difficulty** were a little less confident.

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

#### 5.2.6. Parents' knowing how to help children do well

Parents were asked to what extent they agreed that they knew how to support their children to do well in ECEC or school. Findings indicated that 83% of parents agreed or strongly agreed with this statement (Figure 32). While overall parents reported high confidence in knowing how to support their children do well at school, there was a statistically significant difference across **child age** groups, with parents of a child aged 13–18 years reporting slightly less agreement (see Figure 33). There was also a small, but statistically significant difference across **mothers and fathers**, with mothers reporting slightly higher agreement than fathers that they knew how to support their children to do well at school.

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

Figure 32. Proportion of parents that agree they know how to help their child do well at school (population weighted data)

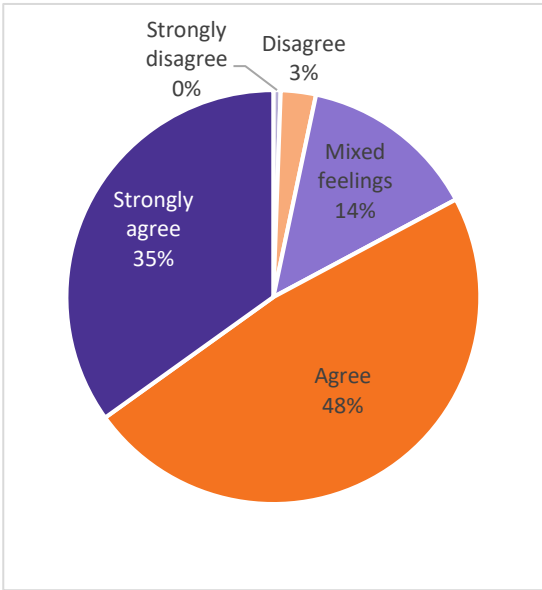
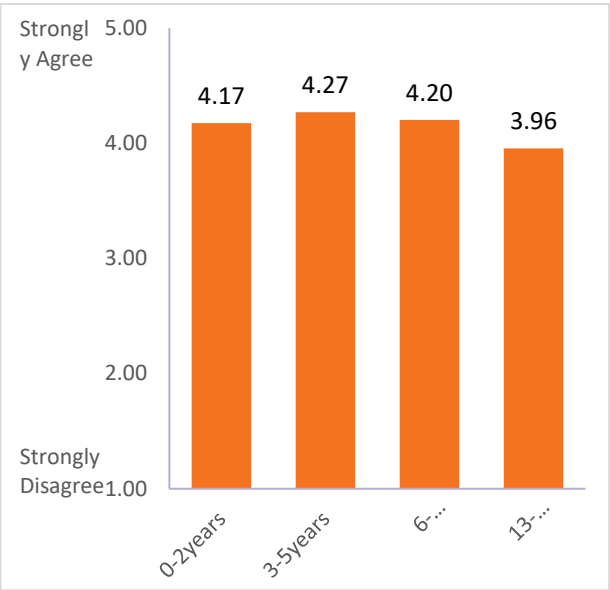


Figure 33. Average agreement that parents know how to help their child do well at school across child age groups (population weighted data)



## 6. Parent help-seeking

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

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

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

### Snapshot of findings for parent help-seeking

Results presented below reflect the population weightings that were applied to the *Parenting Today in Victoria* sample data. Most parents currently, or in the past, said they sought parenting information from other parents and friends and used online sources and books. A large percentage also obtained information from health professionals and educators. Future intentions to use parenting information sources showed similar results. Nearly one-third of parents had used or heard of the Raising Children Network.

Around half of parents had sought help from general practitioners and educators with around one-fifth accessing mental health/behavioural specialists (more so for teenage children). A large majority were satisfied with the help they received, felt valued and did not feel judged, blamed or criticised by professionals.

Past and current participation in playgroups was reasonably high, as was attendance at Maternal and Child Health First-Time Parent Groups (nearly two-thirds). A much smaller proportion said they had attended an 'other' parenting group. The great majority of parents found the three types of parenting groups helpful. The most common reason for not attending a group was that parents felt that they didn't need help, while nearly one-fifth said they didn't know about these groups. When asked why they didn't seek help when there were issues with their children, very few reported not knowing where to obtain help. There were many considerations parents rated as important in influencing whether they would attend a parenting program or not, including facilitator factors, time, location, evidence of benefit, recommendations from others and designed for both genders. The majority thought facilitator gender was not a factor.

There were some differences in the help-seeking experiences in the subgroups of interest; however, most differences, though statistically significant were very small.

## Snapshot of findings for parent help-seeking

### ***Mothers and fathers***

A greater proportion of mothers said they used a variety of sources of information about raising their child. Proportionally more mothers than fathers sought help from general practitioners, educators and mental health/behavioural specialists. Participation in all three types of parenting groups was greater for mothers than fathers, and mothers found them more helpful. Mothers were more confident in knowing where to seek help than fathers were and were also more likely to have used, or know about, the Raising Children Network (more than twice the proportion of fathers).

### ***Parents of younger and older children***

Parents of infants were the most likely to source information online, use telephone helplines, books, parenting groups or talk in person with a health professional, while those of teenagers were the least likely to access information sources. However a greater proportion of parents of older children sought help directly from educational and mental health/behavioural services. Parents of infants and pre-schoolers were more satisfied with the help received from professionals. Proportionally more parents of older children said they had attended a playgroup.

### ***Parents with children with medical conditions or learning difficulties***

Compared to other parents, a greater proportion reported seeking help from all three service categories (general practitioners, educators and mental health/behavioural specialists) and were more likely to attend a playgroup or 'other' parenting group. However, of those who didn't attend these groups, parents with a child who had a medical condition or learning difficulty were more likely to say they didn't know about these groups.

### ***Metropolitan/regional location***

Parents in regional areas reported greater confidence in knowing where to obtain help for their parenting.

### ***Socio-economically disadvantaged areas***

Parents in the more disadvantaged socio-economic areas were less likely to have attended Maternal and Child Health First Time Parent Groups or playgroups. They were less likely to feel educators/teachers valued their ideas and there was also a tendency for them to feel more blamed or criticised by educators/teachers or mental health/behavioural specialists (but not by general practitioners).

## **6.1. What sources of information have parents used and will use?**

This section describes the population weighted information about what parents say about their previous, current and future use of sources of information that can be accessed outside the family. More detail about parents' informal sources of parenting support, such as advice from family members, is described in the **Coping and Support** section.

### **6.1.1. Parenting information sources used**

Parents were asked what they had used when they needed information or advice about raising their children. Findings revealed that the most highly endorsed sources of parenting information

were asking other parents or friends, online information, and books. Sixty-nine percent of parents had obtained information from health professionals, with a similar proportion from educators. A relatively smaller proportion of parents (19%) reported using telephone helplines. Parents reported obtaining parenting information or advice from an average of four to five different sources, with a range of zero sources to eight sources.

Figure 34 shows the percentage of parents reporting on their use of different sources of support.

**Figure 34. Sources of parenting information (population weighted data)**

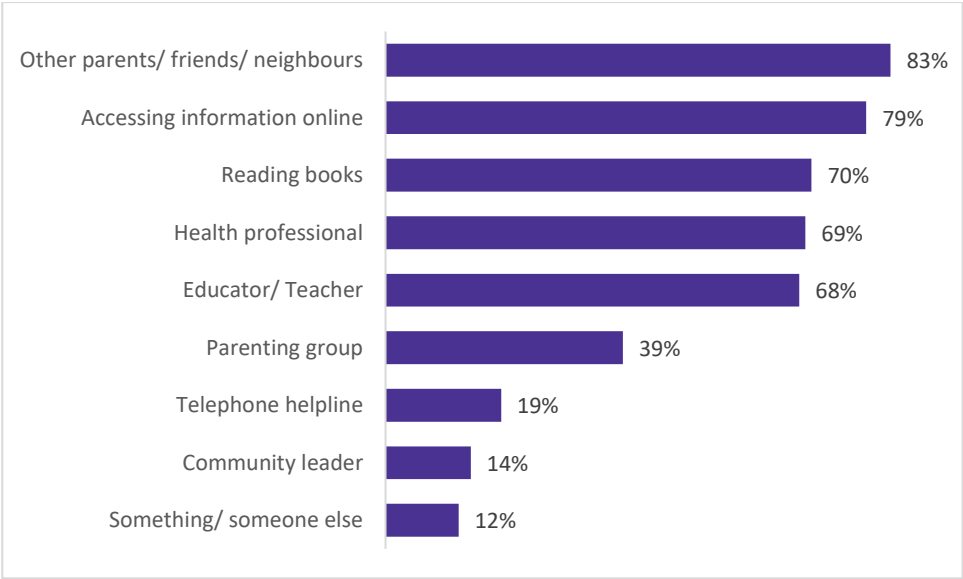
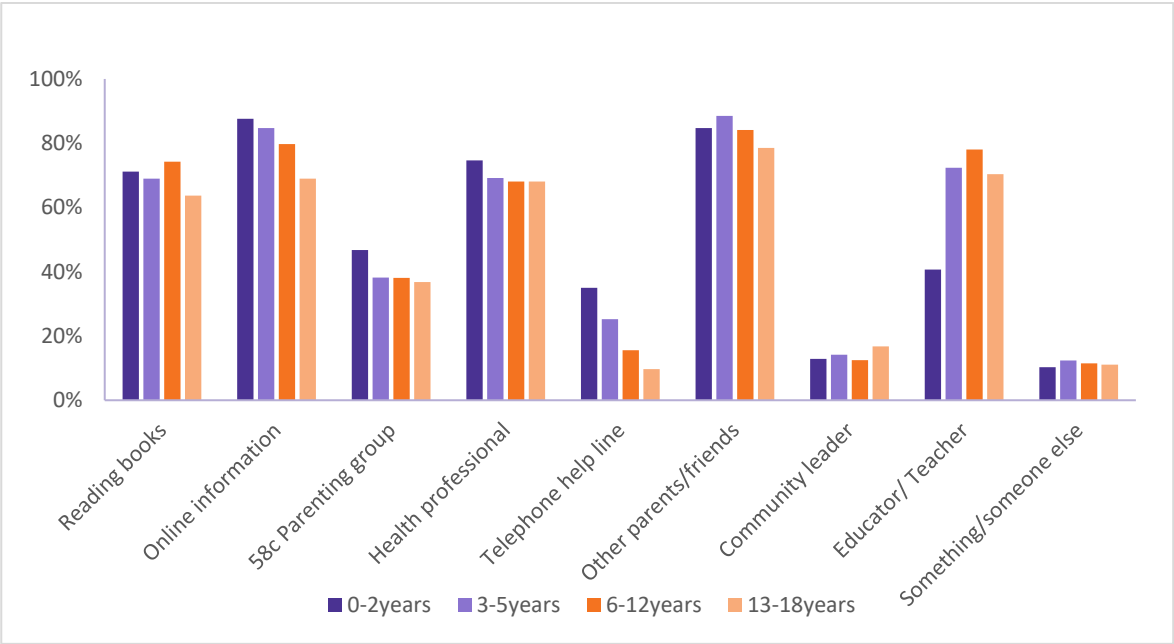


Figure 35 presents the child age group breakdown for parents using various sources of parenting information.

**Figure 35. Sources of parenting information child age group (population weighted data)**



There were statistically significant differences across **child age groups** in the sources of parenting information that participants reported ever having accessed. A greater proportion of parents of younger children reported sourcing information online, and from telephone helplines. A smaller proportion of parents of 13–18 year old children reported approaching other parents/friends or using telephone or online services for parenting advice. A much smaller proportion of parents of 0–2 year old children reported they had approached educators for parenting advice (not surprising since many were not in formal education). However, there were no statistically significant differences between child age groups for parents acquiring information from a 'health professional', 'community leader', 'parenting group' or 'something/someone else'.

There were also differences in the proportions of **mothers and fathers** who reported use of particular parenting information sources. The following comparisons were statistically significant. It was more likely for mothers than fathers to report they had accessed information in the following ways:

- Reading books
- Online
- Participating in parenting groups
- In person with a health professional
- Telephone helpline
- Other parents/friends/neighbours
- ECEC educator/teacher

Figure 36 shows the relative percentages of mothers and fathers who said they used the listed sources for parenting information.

**Figure 36. Sources of parenting information by mothers and fathers (population weighted data)**

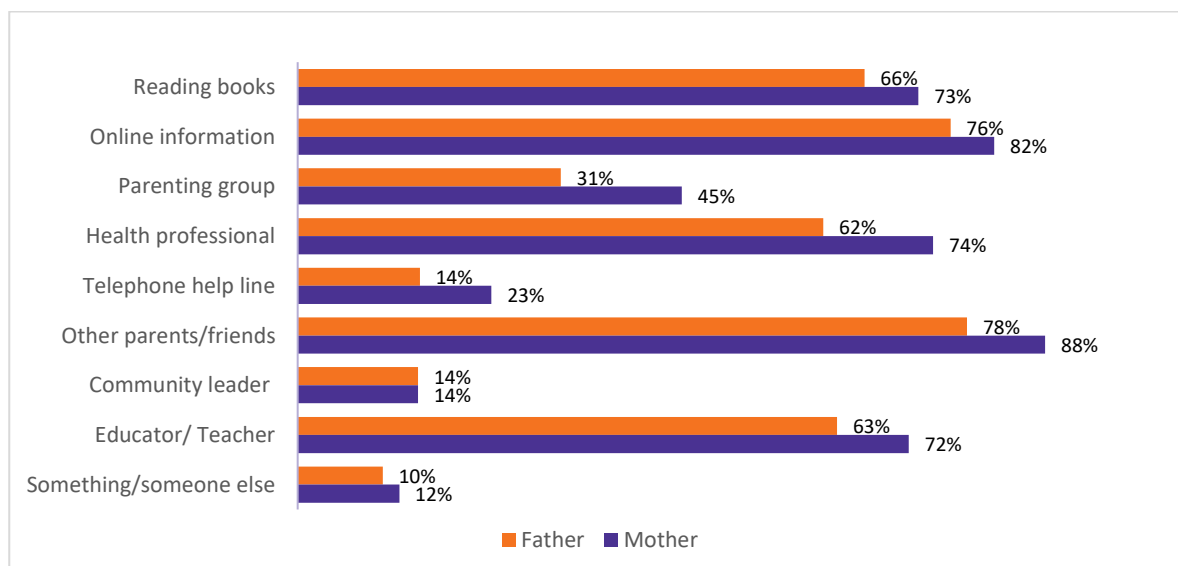
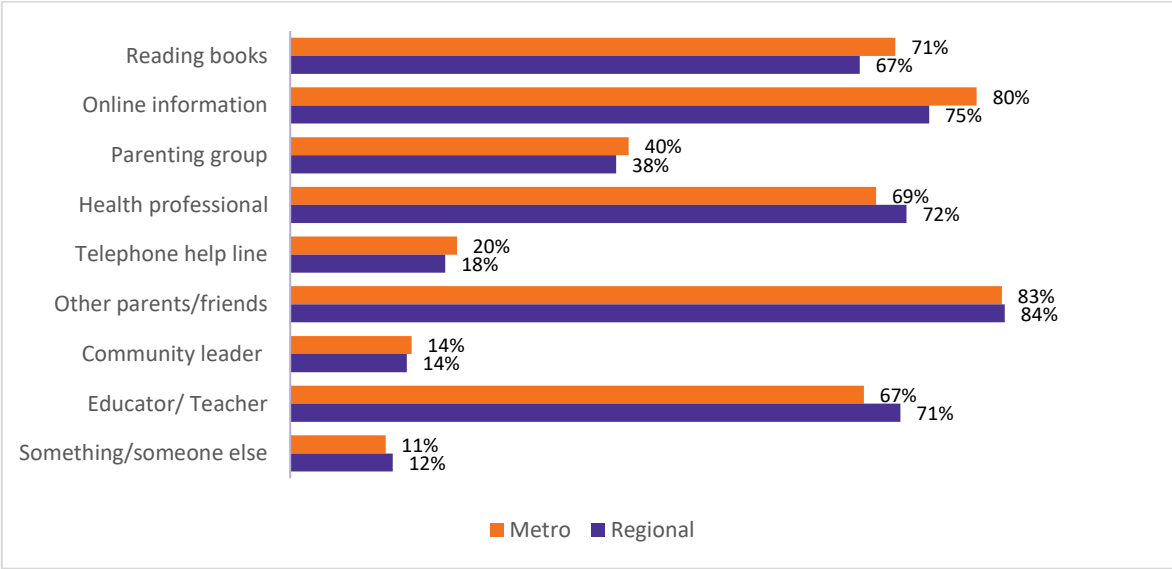


Figure 37 of **metropolitan and regional** comparisons shows the proportion of parents indicating that they had used various sources of support.

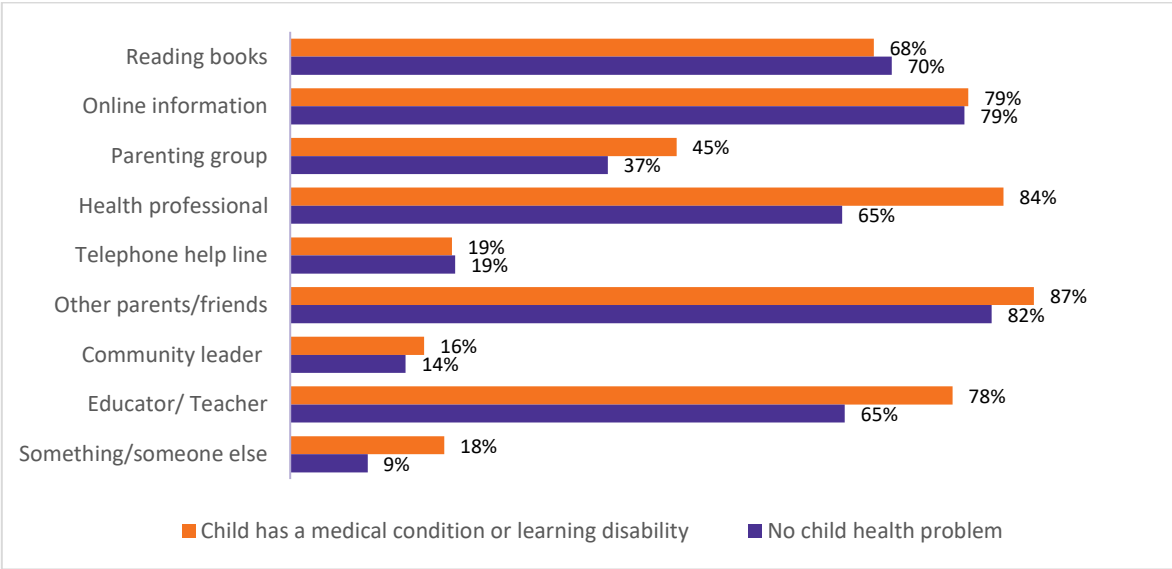
There were no statistically significant differences in types of information sources used by *metropolitan and by regional/remote parents or by socio-economic area type*.

**Figure 37. Sources of parenting information metropolitan and regional areas (population weighted data)**



A significantly greater proportion of parents of children with **medical conditions or learning difficulties** reported accessing parenting information or advice in a parenting group (45% vs. 37%), from a health professional (84% vs. 65%), educator or teacher (78% vs. 65%) and other sources (18% vs. 9%) compared to those without a child with special needs, as Figure 38 shows.

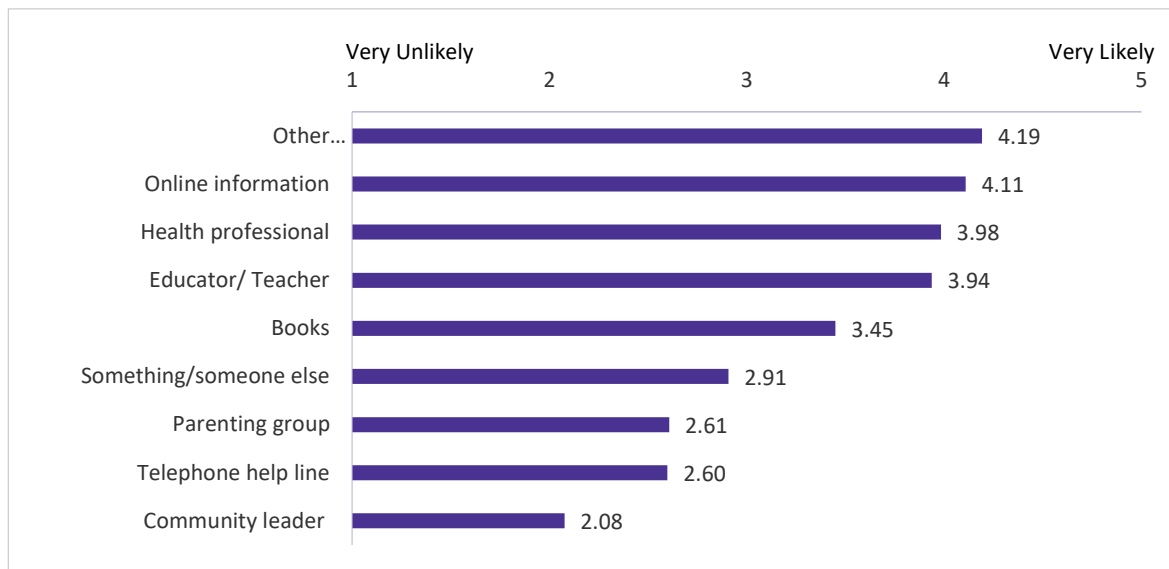
**Figure 38. Sources of parenting information children with medical conditions or learning difficulties (population weighted data)**



### 6.1.2. Use of parenting information sources in the future

Figure 39 presents the mean rating on a range of 'very unlikely' (rating of 1) to 'very likely' (rating of 5) to use these same sources of parenting information in the future. A rating of 3 refers to 'neither likely nor unlikely'.

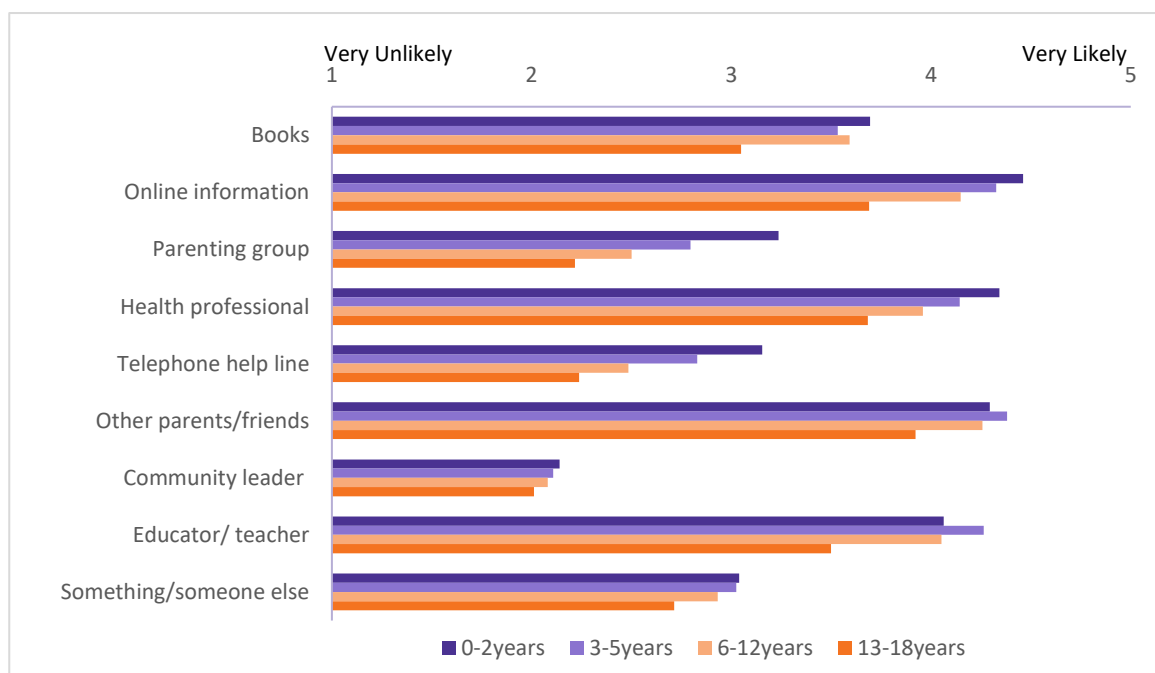
Figure 39. Future use of parenting information sources (population weighted data)



As shown by the figure above, the data indicated that the highest average ratings for future use of these sources were for: other parents or friends; online; health professional; and educators or teachers. The lowest mean score was for support from community or religious leaders.

There were also differences across **child age** groups in the reported likelihood of parents accessing all sources of parenting information in the future, with the exception of community or religious leaders. Figure 40 shows the mean likelihood ratings for four different child age groups.

Figure 40. Future use of parenting information sources and child age (population weighted data)





The following are the statistically significant findings for **child age** group:

- Parents of 0–2 year old children were the most likely to access parenting via books, information online, through parenting groups, talking in person with a health professional, and from a telephone helpline.
- Parents of 3–5 year old children were the most likely to approach other parents, friends and neighbours and educators to obtain parenting information or advice
- Parents of the oldest children (13–18 years) reported that they were less likely to access every source of parenting information again in the future.

**Mother/father** comparisons showed that, consistent with their stated current or past use, mothers reported significantly higher likelihood of accessing all these sources of parenting information in the future **except** for books, educators, talking to community leaders and other sources of information.

Parents of children with **medical conditions or learning difficulties** reported a significantly greater likelihood of accessing parenting information or advice from a health professional in the future.

Parents' relative *socio-economic disadvantage* of their residential area (IRSD) bore no discernible relationship to the likelihood of accessing parenting information sources in the future.

## 6.2. What are parents' experiences of help received?

Parents were asked if they had ever sought help for their children from particular sources such as ECEC educators, or primary/secondary school teachers, a general practitioner, or a mental health/behavioural specialist such as a psychologist or counsellor. If so, they were asked to reflect on their satisfaction with the assistance given and their perceptions of being valued, judged, criticised or blamed.

Help-seeking in the education sector (ECEC/school) was explored in more detail under **Parent engagement in children's learning** (section 4).

### 6.2.1. Parents seeking help for their children

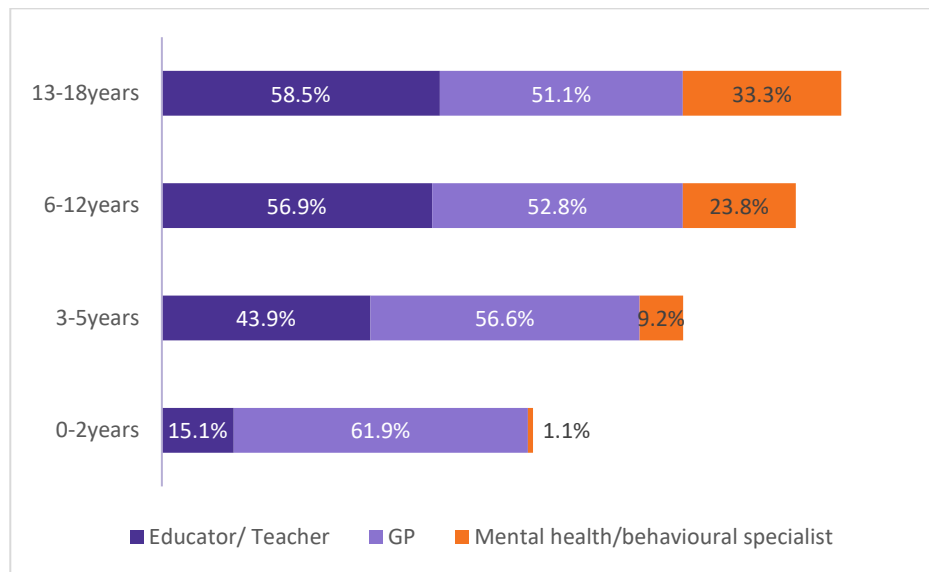
The population weighted data shows that 48% of parents reported that they had sought help from educators/teachers, 55% from general practitioners and 20% from mental health or behavioural specialists.

Proportions varied by **child age**, with statistically significant findings showing a greater percentage of parents of school-age children seeking help from educators/teachers, and mental health or behavioural specialists – particularly for 13-18 year-olds (see Figure 41). There was also significantly more help sought from GPs for infants (0-2 years).

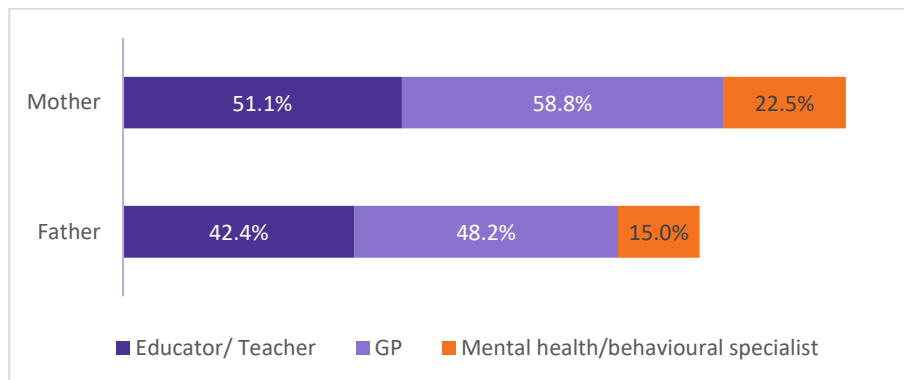
A statistically significant greater proportion of **mothers** than **fathers** reported seeking help from ECEC educators or primary/secondary school teachers, general practitioners, and mental health or behavioural specialists.

Figure 42 shows the percentage breakdown for mothers and fathers in the three categories of assistance.

**Figure 41. Help-seeking and child age (population weighted data)**

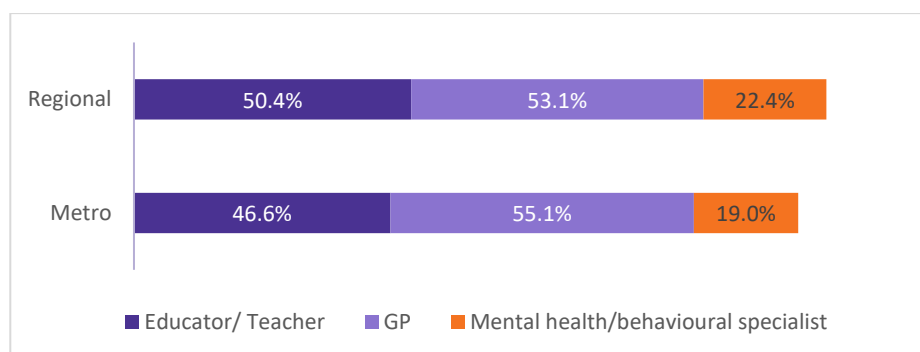


**Figure 42. Help-seeking mothers and fathers (population weighted data)**



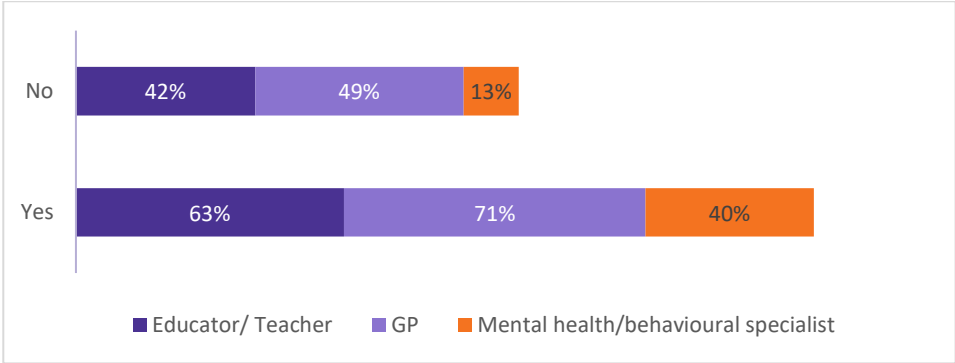
For *regional and metropolitan* comparisons, there were no statistically significant differences in the proportion of parents who reported seeking help for their children from educators, their general practitioners, or mental health or behavioural specialists. Figure 43 shows the breakdown by regional and metropolitan location.

**Figure 43. Help-seeking metropolitan and regional (population weighted data)**



A greater proportion of parents who said their children had **medical conditions or learning difficulties** reported seeking help from educators/teachers, their general practitioner and mental health or behavioural specialists and these findings reached statistical significance. Figure 44 shows the proportion of parents of children with medical conditions or learning difficulties compared with those who do not have children with those conditions who sought help from the three assistance categories.

Figure 44. Help-seeking child health problems (population weighted data)



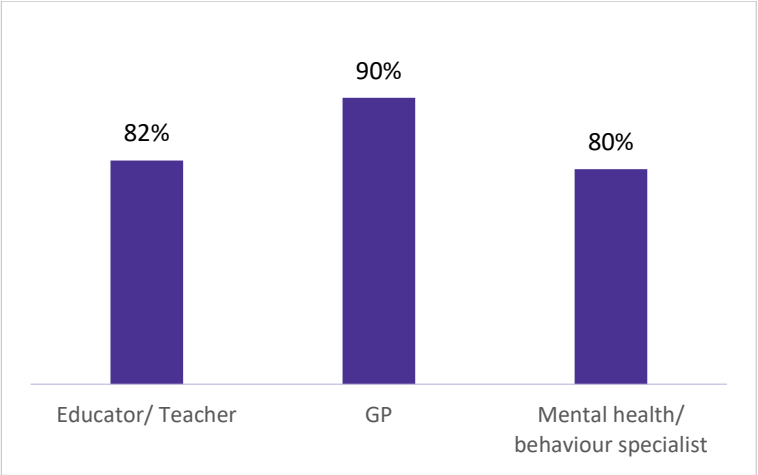
Area level *socio-economic disadvantage* was unrelated to help-seeking from an educator/teacher, a general practitioner or a mental health specialist.

6.2.2. Satisfaction with help received

Over 80% of parents were satisfied with the support they received from the three categories of provider studied. Visual inspection of Figure 45 shows a larger proportion of parents agreed or strongly agreed that they were satisfied with the help received from general practitioners relative to other sources of support.

There was a statistically significant difference for satisfaction with help from educators/teachers by **child age** group, with parents of infants (0-2 years) the most satisfied (90%) and those of teenagers (13-18 years) least satisfied (73%). There were no significant differences in the degree to which parents agreed that they were satisfied with the help they received for: mothers/fathers, metro/regional areas, socio-economic area or child health.

Figure 45. Proportion of parents satisfied with help received (population weighted data)



### 6.2.3. Feeling valued when help-seeking

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

There was a significant difference for feeling valued by educators/teachers according to **socio-economic residential areas**. Parents in more disadvantaged areas (lowest 2 quintiles of RSID) were less likely to feel educators/teachers valued their ideas (but this was not significant for GPs or mental health/behavioural professionals).

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

### 6.2.4. Feeling judged, blamed and criticised

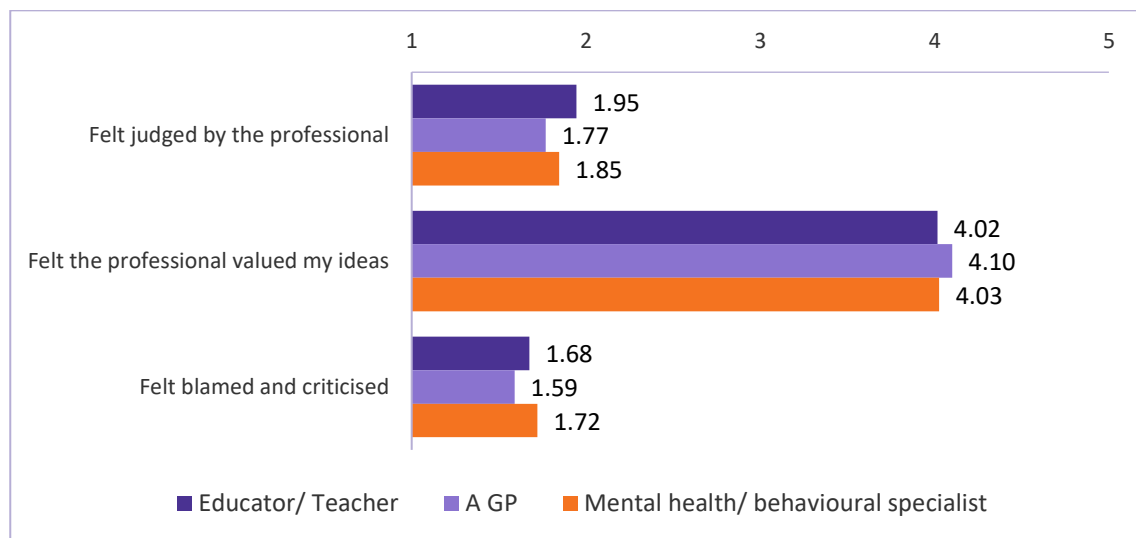
A substantial proportion of parents reported that they disagreed or strongly disagreed with feeling judged, blamed or criticised when seeking help from ECEC educators or schoolteachers, general practitioners and mental health or behavioural specialists. For educators, the proportion of parents who disagreed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

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

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

Figure 46 shows the mean ratings for perceptions about support offered by ECEC educators or teachers, general practitioners (GP) and mental health/behavioural specialists. Scores could range from 1 (strongly disagree) to 5 (strongly agree). For the items on satisfaction with help and valued ideas, high scores represent a positive view. For the items on feeling judged and blamed and criticised, low scores represent a positive view. There were very similar ratings for the three categories of assistance to families.

Figure 46. Parents' perceptions of support (population weighted data)



#### 6.2.5. Participation in parenting programs

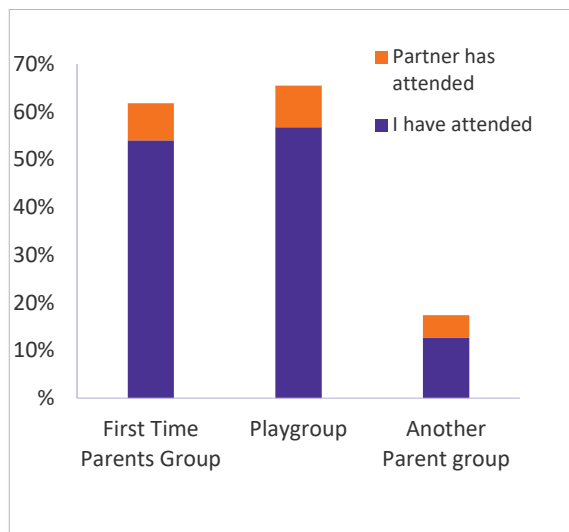
Parents were asked if they were currently attending or had ever attended a parenting group or program. Examples given of types of parenting groups were 'Maternal and Child Health First-Time Parent Group, playgroup, or another parent group, such as Triple P, 123 Magic or *smalltalk*'. If parents responded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

Results indicated 62% of parents reported that either they or their partner had attended a playgroup, 66% a Maternal and Child Health (MCH) or First-Time Parent Group, and 18% another parent group such as Triple P, 123 Magic or *smalltalk*' (see Figure 47).

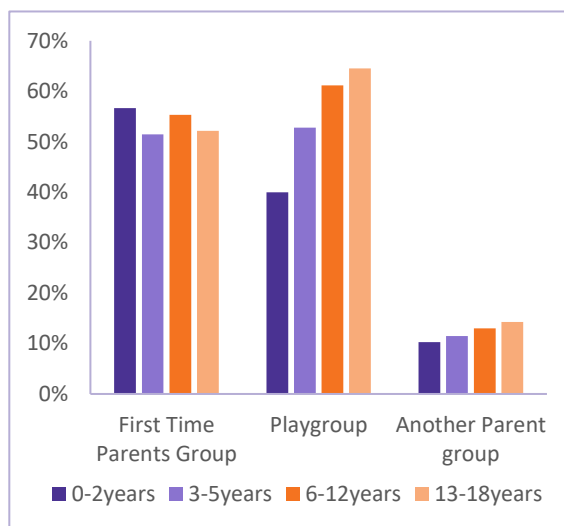
- There were no statistically significant differences across **child age** groups in the proportion of parents who reported attending a MCH First-Time Parent Group or another parent group. However, a significantly greater proportion of parents of older children (6–12 and 13–18 years) reported having attended a playgroup (see Figure 48).
- A statistically significant greater proportion of **mothers** than **fathers** reported ever having participated in MCH First-Time Parent Groups, playgroups and other parent groups (see Figure 49). The data suggested that 41% of fathers reported having attended a MCH First-Time Parent Group and that 50% of fathers reported having attended a playgroup. Reactions from our stakeholders were consistently that these figures seem rather high. It is likely that social desirability played a role in responses to this item, with parents of both sexes possibly overstating their actual attendance at such groups, or possibly that some fathers might have gone once or twice to accompany their partner, rather than on their own to many sessions. Further examination of this is required, with the possibility of comparison against service administrative data.
- There were no statistically significant differences in participation at MCH First-Time Parent Groups, playgroups or other parent groups between parents living in *regional/metropolitan* areas (see Figure 50). However, those in the more disadvantaged **socio-economic areas** (IRSD quintiles 1, 2 and 3) were significantly less likely to have attended MCH First-Time Parent Groups or playgroups (but there were no significant differences for 'other' parenting groups).

- A statistically significant higher proportion of parents of children with **medical conditions or learning difficulties** reported attending a playgroup or ‘other’ parent groups, but there was no significant difference in reported attendance at MCH First-Time Parent Groups (see Figure 51).

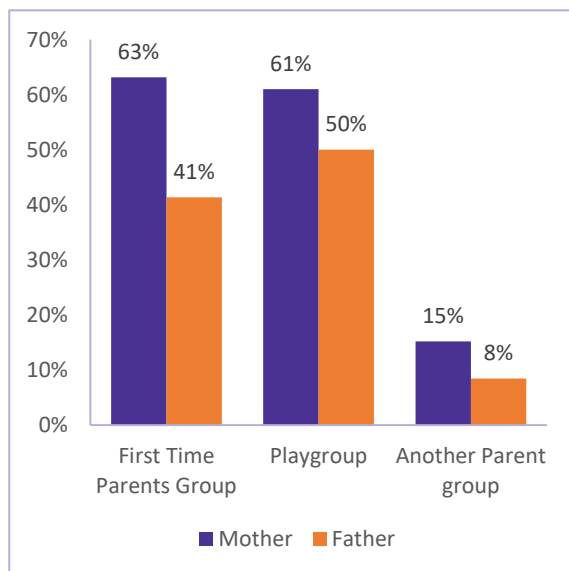
**Figure 47. Family participation in parenting programs (population weighted data)**



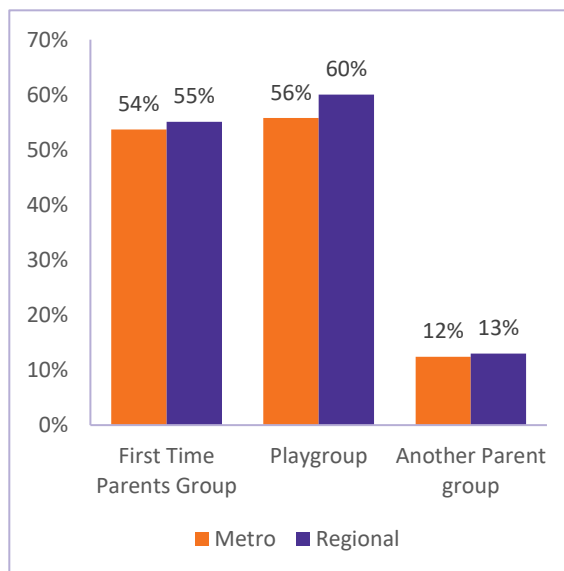
**Figure 48. Participation in parenting programs child age (population weighted data)**



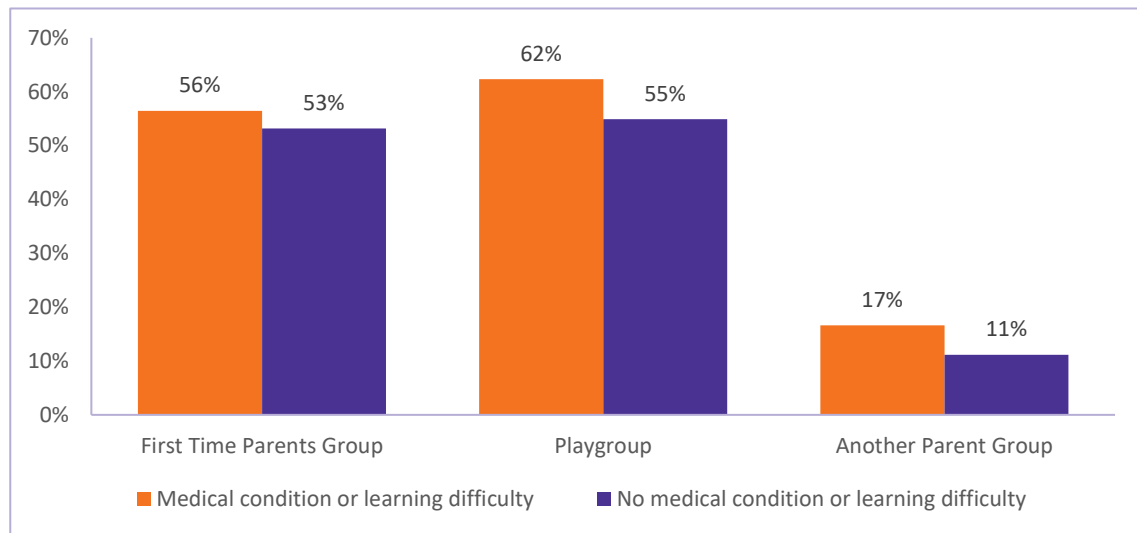
**Figure 49. Participation in parenting groups mothers and fathers (population weighted data)**



**Figure 50. Participation in parenting groups regional and metropolitan areas (population weighted data)**



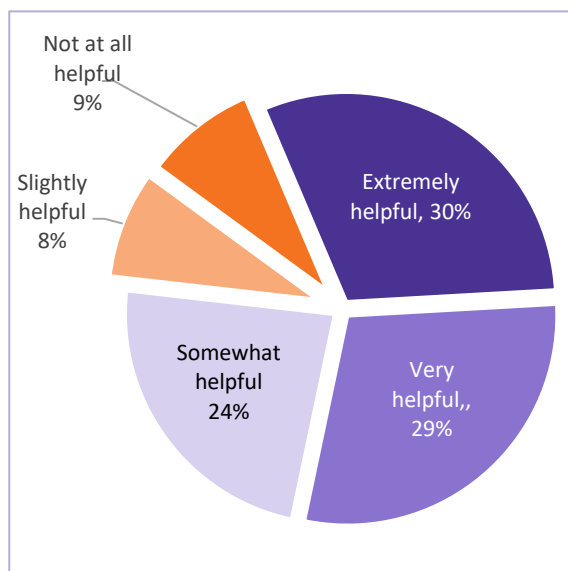
**Figure 51. Participation in parenting groups parents of children with medical conditions or learning difficulties (population weighted data)**



#### 6.2.6. Perceived helpfulness of parenting programs

A large proportion of parents who attended parenting groups reported that they found them extremely helpful, very helpful or somewhat helpful. Figure 52, Figure 53, and Figure 54 show the breakdown of perceived helpfulness by way of type of parenting program.

**Figure 52. Perceived helpfulness of MCH First-Time Parents Group (population weighted data)**



**Figure 53. Perceived helpfulness of playgroups (population weighted data)**

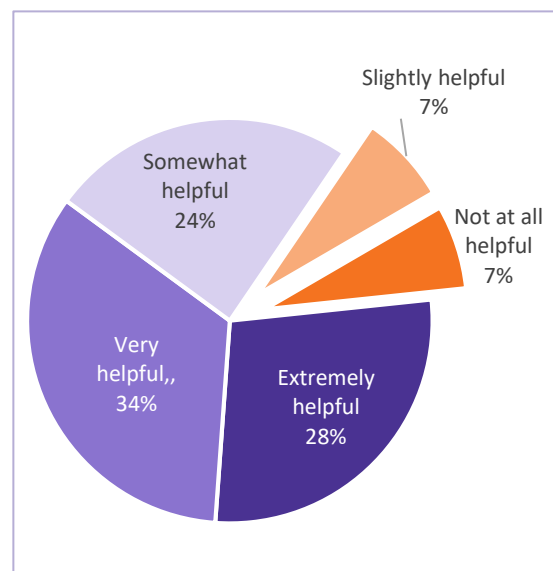
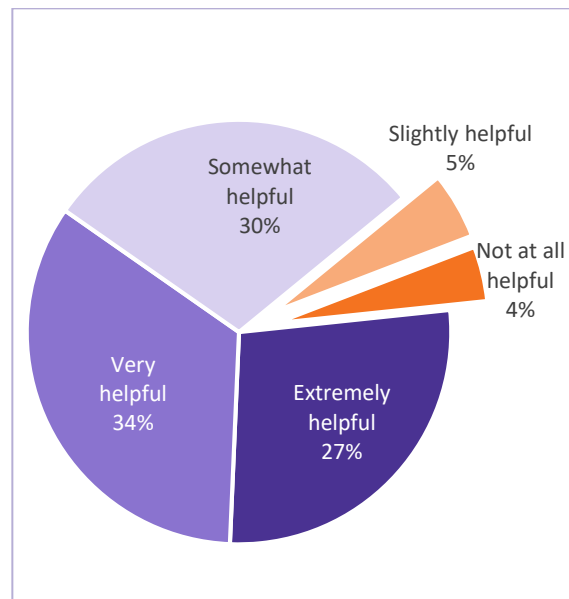


Figure 54. Perceived helpfulness of other parent group (population weighted data)



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

**Mothers** found MCH First-Time Parent Groups and playgroups significantly more helpful than did **fathers** but fathers judged playgroups to be a little more helpful than did mothers.

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

### 6.3. What are the barriers to participation in parenting programs?

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

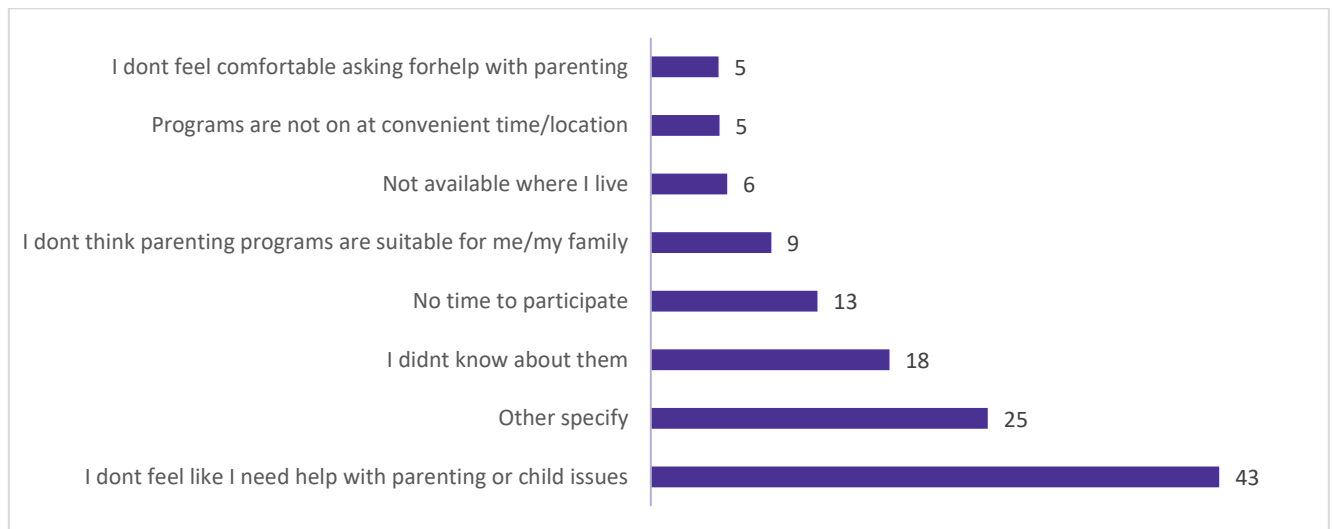
The population weighted sample data indicates that the most common reason for not participating in a parenting program was that parents felt like they didn't need help (43%) and 18% of parents reported that they did not know about these groups. Twenty-five percent gave 'other' reasons. Figure 55 shows the percentages for all eight reasons.

Parents with a child who had a **medical condition or learning difficulty** were significantly more likely to say they didn't know about these parent groups (25% compared with 15% of parents whose child had no special needs) but no significant differences were found for the other barriers listed.

There were no statistically significant differences across: *child age groups*; *mothers/fathers*; *metropolitan/regional*; and *socio-economic residential areas* in the proportion of parents who reported barriers to their participation in parenting programs.



Figure 55. Barriers to participating in parenting programs (population weighted data)



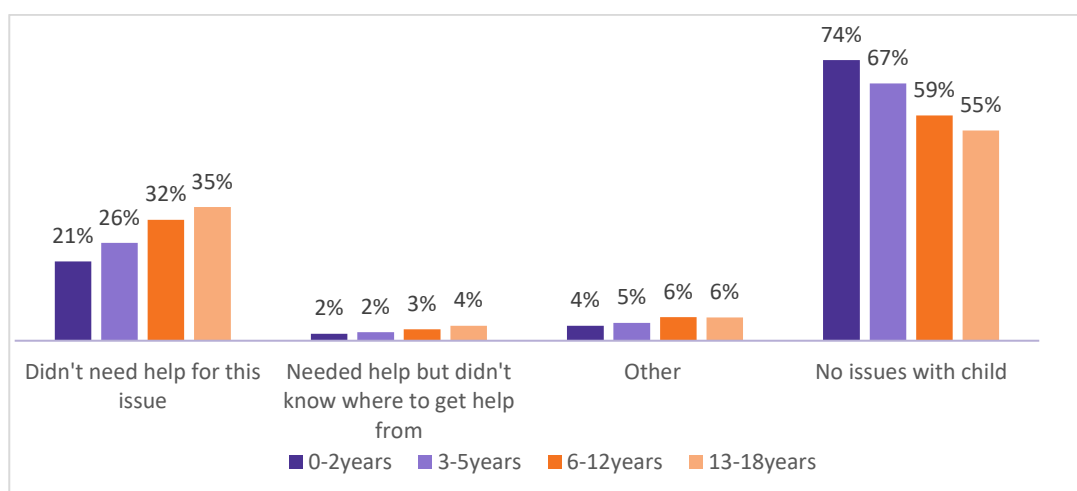
#### 6.4. What were parents' reasons for not seeking help for child issues?

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

With regard to **child age** groups, a greater proportion of parents of older children reported not seeking help because they didn't need help for that issue, while a greater proportion of parents of younger children reported there were no issues for which they needed to seek help. These differences were statistically significant.

Figure 56 shows the breakdown of responses by way of child age group for 'didn't need help', 'didn't know where to go' and 'no issues for the child'.

Figure 56. Barriers to participating in parenting programs by child age (population weighted data)



There were no statistically significant differences in the proportion of parents citing reasons for not seeking help for mothers and fathers, parents living in metropolitan/regional areas, or across socio-economic areas of disadvantage.

Parents of children with **medical conditions or learning difficulties** were more likely to provide an 'other' reason for not seeking help (11% compared with 3% of parents whose child did not have a condition). Reasons included not knowing about the problem, and difficulties obtaining a diagnosis and/or referral. Of course, parents of children with medical conditions or learning difficulties were also less likely than other parents to say there were no issues.

## 6.5. What did parents think were important features of parenting programs?

Parents were asked to indicate the importance of ten features which might influence whether or not to participate in a parenting program, on an 11-point scale. Parents rated facilitator factors (training, understands me, same gender as parent), convenience (location, time offered) effectiveness (benefits, recommendations from others) and program factors (designed for mothers and fathers, what was involved).

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

The only statistically significant difference across **child age** groups was that "Knowing the person running the program is trained" was more important for parents of infants and pre-schoolers (0-5 years). There was no difference in the relative importance of these program elements reported by parents of children with or without medical conditions or learning difficulties or by way of socio-economic area.

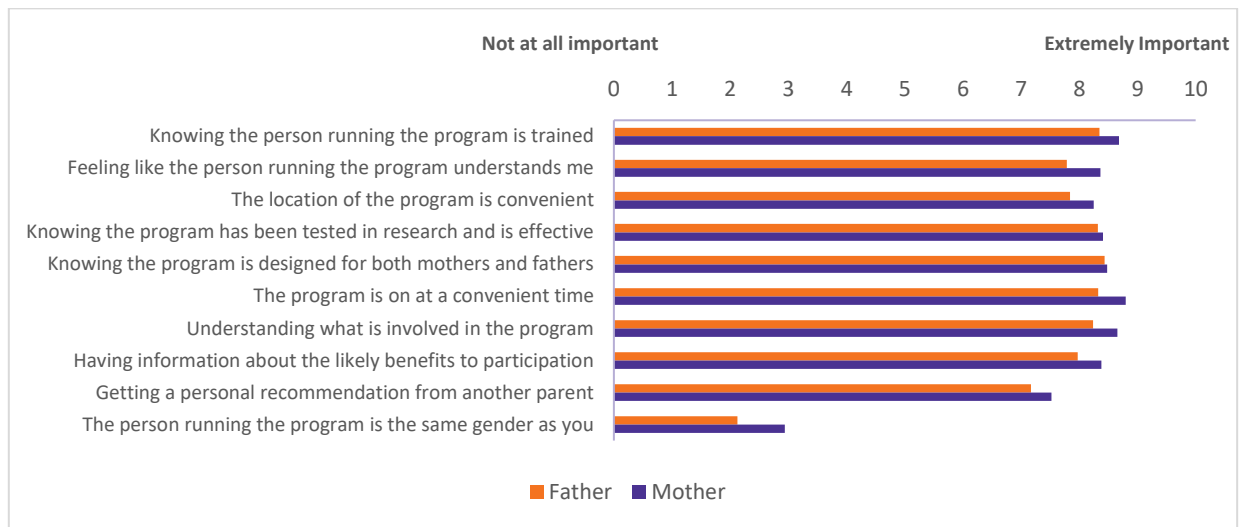
For **metropolitan/regional** comparisons, having a program facilitator of the same gender was rated as relatively less important by parents living in regional areas, and this difference was statistically significant. There were no differences in the relative importance of other program elements reported by parents in regional/ metropolitan areas.

Figure 57 shows the features of parenting programs and mothers' and fathers' mean ratings of importance on a scale of 1 to 10, with higher ratings reflecting higher importance. The middle score of 5 represents 'neither important nor unimportant'.

While both **mothers and fathers**, on average, rated the program features as important, mothers assigned greater importance to facilitator training, having a facilitator that understands them, convenience of location and time, understanding what is involved, the benefits of the program, receiving a personal recommendation from another parent, and having a facilitator the same gender as them. All of these findings were statistically significant.

The only program features for which there were no statistically significant differences between mothers and fathers were that the program was supported by research and designed for both mothers and fathers (which were rated equally as important by mothers and fathers).

Figure 57. Importance of features of parenting programs by mothers and fathers (population weighted data)



## 6.6. What is parents' awareness and use of the Raising Children Network?

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

The population weighted data shows that 18% of parents have used the RCN, while a further 14% have heard of RCN but never used it.

Figure 58 shows the child age group breakdown related to having used or heard of the RCN.

With regard to **child age**, a statistically significant greater proportion of parents of younger children (aged 0–5 years) had used the RCN website compared to parents of older children.

A statistically significant greater proportion of **mothers** (26%), compared to **fathers** (7%), reported having used the RCN website, while 17% of mothers had heard about it but not used it, compared to 10% of fathers and 57% of mothers had never heard of RCN, compared to 82% of fathers.

There were no significant differences by: *metropolitan/regional areas, socio-economic residential areas or child medical condition or learning difficulty.*

Figure 58. Awareness and use of RCN by child age (population weighted data)

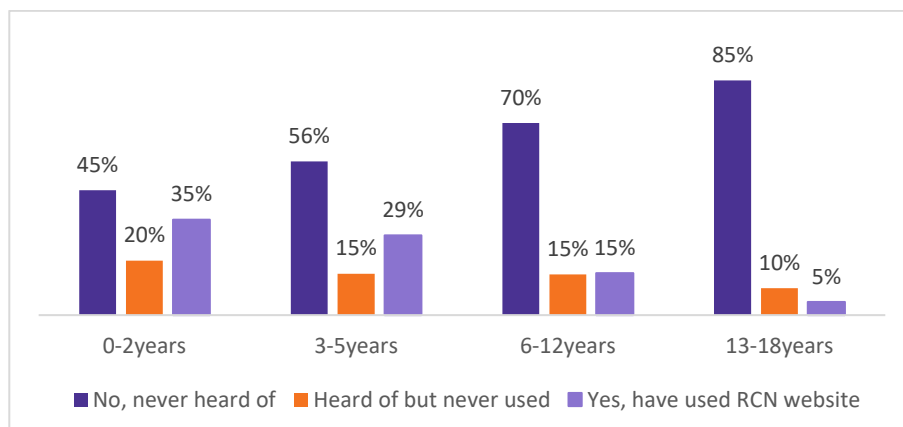
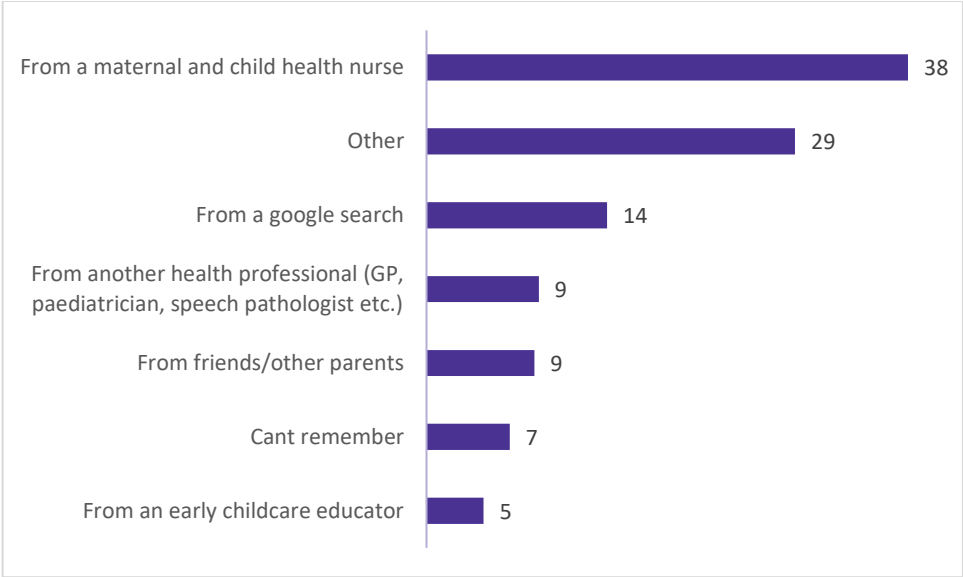


Figure 59 presents the ways in which parents heard about the RCN.

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

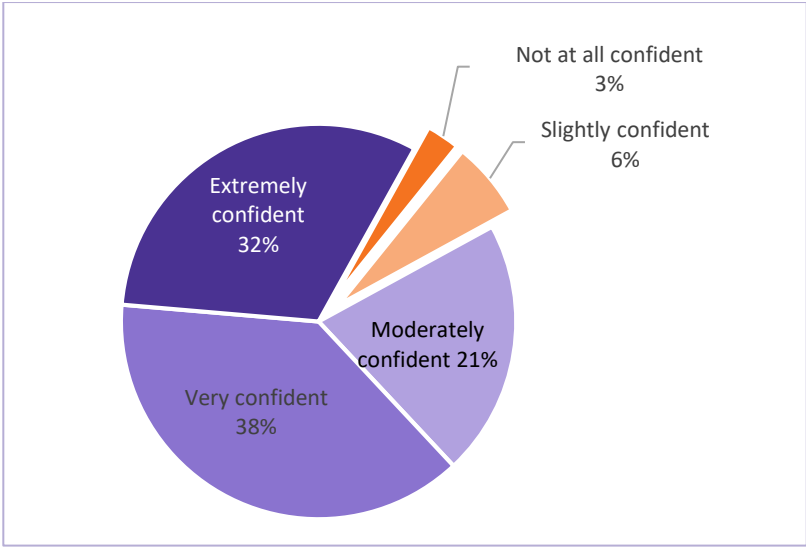


Of those parents who reported having heard of the RCN website, 38% heard about it from their Maternal and Child Health nurses, and 14% from a Google search. Twenty-nine percent heard about RCN from an ‘other’ source which included the parent’s own workplace, through the school or school newsletter, or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

**6.7. How confident are parents to seek help for parenting?**

Parents were asked to rate their confidence in knowing where to obtain help for parenting if they needed it. Ratings on a 5-point scale could range from 1 (not at all confident) to 5 (extremely confident). The population weighted data indicated that 70% of parents were ‘very’ or ‘extremely confident’, with only 3% being ‘not at all confident’ about where to seek help (see Figure 60).

**Figure 60. Confidence in knowing where to get help (population weighted data)**



There was a borderline significant difference across **child age** groups where parents of an infant (0-2 years) were the most confident (mean rating 4.0) with those of teenagers slightly less confident (mean of 3.8) about where to seek help.

**Mother/father** comparisons revealed that mothers reported higher confidence in knowing where to seek help than did fathers, and this difference was also statistically significant. The mean rating for mothers was 4.0 and for fathers 3.7, both of which were in a positive direction.

Parents in **regional** areas also reported slightly higher confidence than those in **metropolitan** areas in their knowledge about where to seek help. The mean rating for regional parents was 4.03 and for metropolitan parents the mean was 3.86.

There were no significant differences for *socio-economic residential areas* or where the child had a *medical condition or learning difficulty*.

## 7. Parent coping and support

This section presents findings based on the population weighted data covering a range of topics related to how parents cope and who supports them. Included are: informal support, support from family members, partner agreement and support, parental wellbeing, and how efficacious parents feel in their parenting role. Also presented here are findings about how much of a problem the focus child's sleep is for parents. The **Help-seeking** section (section 6) addresses how parents access sources of parenting information outside the family.

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

### Snapshot of findings: parent coping and support

#### ***In general***

Population weighted survey data revealed that most parents felt supported, with 91.4% saying they had a trusted person who could advise them if they had a problem, and 82.5% saying that family were the first people they would turn to for help in raising their child. Parents with partners who were also raising their children showed high levels of agreement with statements about feeling understood and supported by their partner, and high satisfaction with how parenting duties were shared. Ninety-five percent said they agreed with their partner most of the time on how to parent their children.

Physical health was rated 'good' to 'excellent' by 87% of parents, and just over 60% said they had no symptoms of a mental-health condition since becoming a parent. A substantial majority (almost 72%) reported no current symptoms of psychological distress. Furthermore, parents generally responded in the positive range when rating how efficacious they felt in their parenting role.

Parents were also asked about their child's sleep, with 36% saying it was problematic.

#### ***Mothers and fathers***

Although the ratings were high for both mothers and fathers, mothers had a higher rating for informal support, that is: having a trusted person to turn to when problems occur. Fathers were more satisfied with how duties were shared. Similarly, comparisons of mothers' and fathers' showed higher ratings for fathers and a trend towards statistical significance for the extent to which they agreed with their partner about child rearing and felt understood by their partner.

More mothers than fathers reported symptoms of depression (34% compared to 18%) and anxiety (34% compared to 19%) occurring since they had children. On a measure of current psychological distress, mothers scored higher on 'nervousness' and 'hopelessness'.

When asked to rate how efficacious they felt in their parenting role, mothers scored higher than fathers on 'self-sufficiency' and 'self-management'.

## **Snapshot of findings: parent coping and support**

### ***Parents of younger and older children***

Parents of younger children were more likely to report that they had a trusted person for advice on problems and that they turn to family for support and advice on child rearing. In addition, parents of younger children said they felt understood and supported by their partner more often than did parents of older children.

Compared to parents of children aged 0–2 years, more parents of older children said they had symptoms of a mental health condition since having children, although differences across child age groups were small. In addition, parents of older children were more likely to report that their physical health was ‘poor’ or ‘fair’.

On a scale measuring how efficacious parents thought they were in their parenting role, parents of very young children (0–2 years) had the highest average (more positive scores) with parents of adolescents showing the lowest average scores.

Half of parents of very young children (0–2 years) indicated that their children’s sleep was a problem. Just over a third of parents of adolescents also thought their children’s sleep was problematic with similar percentages for the other two child age categories (3–5 years, and 6–13 years).

### ***Metropolitan/regional location***

A greater proportion of parents in regional areas said they had symptoms of depression since having children (34% compared to 25% of parents in metropolitan areas).

### ***Parents with children with medical conditions or learning difficulties***

In single adult households, parents of children with medical conditions or learning difficulties were less likely than other parents to have a partner to help raise their child.

Of those with partners, compared to parents who did not have children with medical conditions or learning difficulties, these parents said they agreed less often with their partner on how to raise their children. They were also more likely than other parents to report having had symptoms of depression and anxiety since having children, having ‘fair’ or ‘poor’ physical health and higher levels of current psychological distress.

Nearly 50% of parents of children with medical conditions or learning difficulties said their child’s sleeping problem was ‘moderate’ or ‘large’ compared to 32% of other parents.

### ***Socio-economic area***

Parents living in more disadvantaged areas reported poorer physical health, and were less likely to have a partner to help raise their child. They had lower average scores on ‘personal agency’, which was one of the four components of a measure of how efficacious they perceived they were in their parenting role.

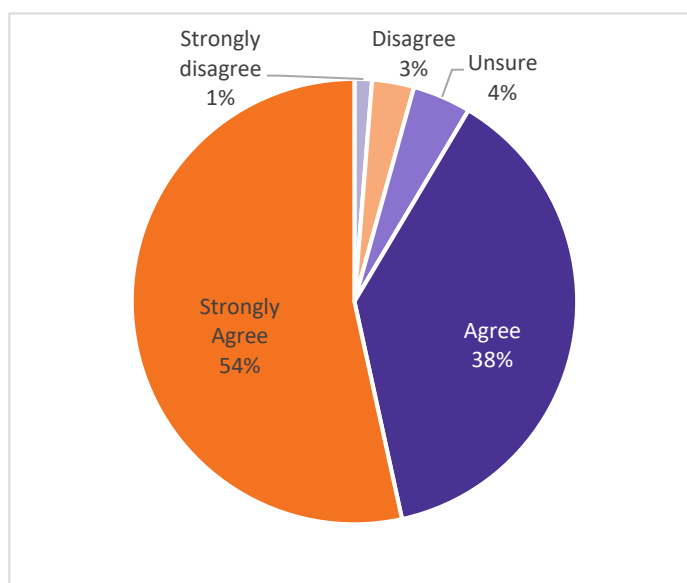


## 7.1. What informal supports have parents used?

### 7.1.1. Trusted support person

On a 5-point scale from 'strongly disagree' to 'strongly agree', parents were asked to indicate their level of agreement with the statement 'If I was having problems in my life, there is someone I trust that I could turn to for advice'. Overall, the population weighted data found that 91.4% of parents agreed or strongly agreed that they had a trusted support person they could turn to for advice, as seen in Figure 61.

Figure 61. Trusted support person (population weighted data)



While the majority of parents reported strong agreement that they had a trusted support person, there was a statistically significant difference found between **child age** groups with parents of younger children (aged 0–2 and 3–5 years) reporting slightly more agreement with the statement. However, the mean ratings for all age groups were similar, as seen in Table 4, with high ratings indicating strong agreement.

Table 4. Average agreement that parents have trusted support person by child age (population weighted data).

Child age	Mean
0–2 years	4.48
3–5 years	4.53
6–12 years	4.34
13–18 years	4.32

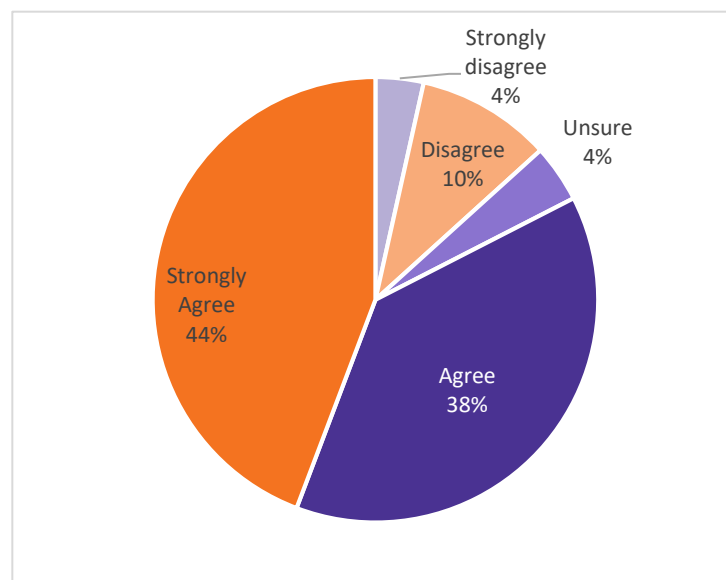
There was also a statistically significant difference in the degree to which **mothers and fathers** felt they had a trusted person in their life who could offer advice, with mothers reporting a higher level of agreement, that is, a mean rating of 4.48 compared to 4.27 for fathers.

There was no statistically significant difference between *metropolitan and regional* areas, different *socio-economic areas*, or parents of children with *medical conditions or learning difficulties* in how much parents agreed that they had a trusted person in their life who could offer advice.

### 7.1.2. Support from family

On a 5-point scale from 1 (strongly disagree) to 5 (strongly agree), parents were asked to indicate their level of agreement with the statement ‘My family are the people I turn to first when I am looking for help and support in raising [child name]’. Results showed that 82.5% percent agreed or strongly agreed that their family were the first people they turned to when looking for help to raise and support their children, while 13.3% disagreed or strongly disagreed with this statement and 4.2% were unsure (Figure 62).

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



There was a statistically significant difference in the degree of agreement about first turning towards family for help in child rearing according to **child's age** group, with more agreement in the younger child age group that parents would first approach family for advice. Table 5 shows the mean agreement ratings across child age groups.

Table 5. Average agreement that parents turn to family for support or help first by child age (population weighted)

Child age	Mean
0–2 years	4.30
3–5 years	4.22
6–12 years	4.04
13–18 years	3.97

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

### 7.1.3. Partner agreement and support

Parents were asked to report on their living arrangements. Among respondents to the survey 71% had two adults living in their household, 14% had more than two adults in the household and 14.8% had one adult only (range, 1–6 adults). Just over 78% were living with a partner or spouse. Of those, 94.3% of **fathers** and 90.4% of **mothers** lived with a spouse or partner and this difference was statistically significant. There was no statistically significant difference in the proportion of parents who reported living with their partner across *child age* groups, although the trend was towards slightly smaller proportions in the older child age groups. Similarly there were no statistically significant differences for parents in *metropolitan/regional* areas. There was a smaller percentage of parents of children with *medical conditions or learning difficulties* who had no partner at home, but this difference did not reach statistical significance.

Of those parents who reported living in a single-adult household, 34.6% had partners or spouses helping to raise their child and 65.4% did not. Parents of younger children were more likely to have a partner to help raise their child but the *child age* group differences failed to reach statistical significance. Statistically significant greater proportions of **mothers than fathers** and parents living in more **socio-economically disadvantaged** areas reported that they did not have partners to help raise their children (see Figure 63 and Figure 64).

There was a difference in the proportions of parents of children with and without *medical conditions or learning difficulties* who had a partner to help raise their child (27.5% and 38.4% respectively) which approached but did not reach statistical significance.

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

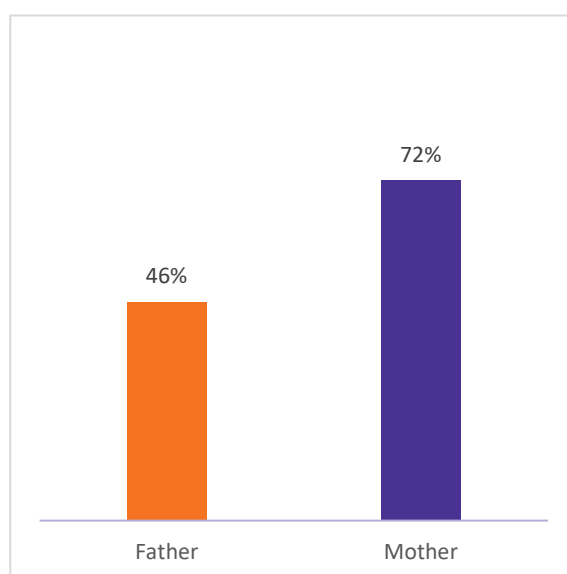
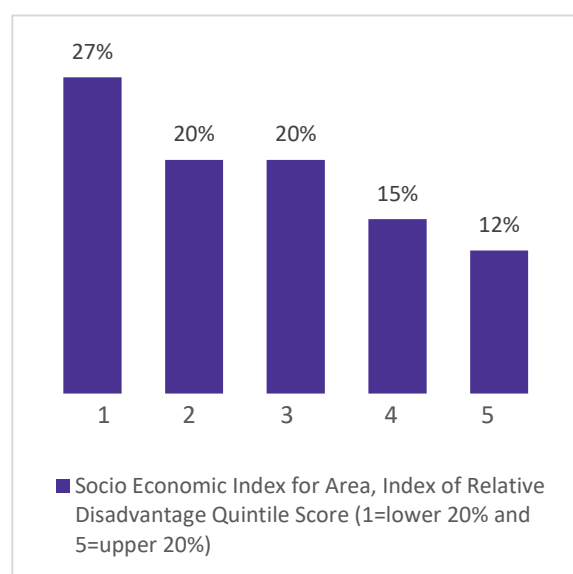


Figure 64. Parents who do not have partners to help raise their children and areas of socio economic disadvantage (population weighted data)



Parents who had partners were asked how often they and their partner agreed on how to parent their children. They were also asked how often they felt happy with the way parenting duties were shared and how often they felt their partner understood and supported their parenting. Responses to these three questions were obtained on a 5-point scale ranging from 1 (all the time) to 5 (never), with 'occasionally' as the midpoint.

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

Table 6 shows mean ratings for the three questions on partner support for mothers and fathers. Lower scores indicate higher frequency of agreement and of feeling understood, and greater satisfaction with shared duties.

One of the ***mother/father*** differences (satisfaction with parenting duties), as illustrated in the Table 6, was statistically significant, the other two approached significance. On average, the fathers' ratings showed they thought they agreed with their partner more often than what mothers reported. Fathers' average rating for feeling understood was lower than mothers', reflecting that they felt understood more often. Fathers' average degree of satisfaction with the way that parenting duties were shared was statistically significantly different from mothers'.

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

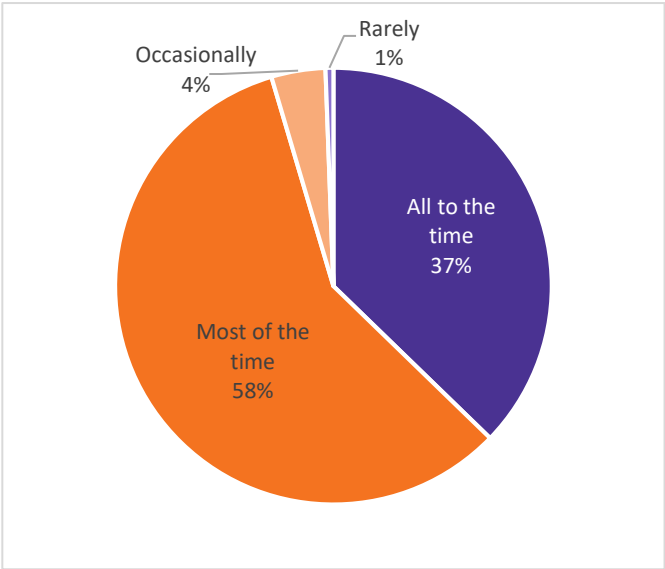


Table 6. Partner agreement and support: mothers' and fathers' mean ratings (population weighted)

	Father	Mother
Agreement between parents on parenting children	1.64	1.74
Frequency of feeling understood	1.56	1.67
Satisfaction with shared parenting duties*	1.42	1.72

Note. Scores range from 1 (all the time) to 5 (never). \*Statistically significant difference between fathers and mothers,  $p < .001$ .

Table 7 shows the mean ratings by way of **child age** group for two questions on parent support.

**Table 7. Partner agreement and support: child age group mean ratings (population weighted)**

	0–2 years	3–5 years	6–12 years	13–18 years
Agreement between parents on raising children	1.59	1.73	1.73	1.71
Frequency of feeling understood and supported by co-parent*	1.43	1.58	1.67	1.75

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

The difference approached but did not reach significance for **child age** group in how often parents said they agreed on parenting. However there was a statistically significant difference in the extent to which parents felt understood and supported by their co-parents. As low scores on these items reflect more positive findings, this indicates that parents of younger children felt understood and supported more often by their co-parent than did parents of older children.

Parents of children with *medical conditions or learning difficulties* reported that they agreed with their partner on how to parent their children less often than other parents, and this difference approached statistical significance. There were no statistically significant differences in how parents of children with medical conditions or learning difficulties reported that they felt understood and supported by their partner or satisfied with the way that parenting duties were shared (see Table 8).

**Table 8. Partner agreement and support: child medical condition or learning difficulty (population weighted)**

	Medical condition or learning difficulty	No medical condition or learning difficulty
Agreement between parents on parenting children	1.77	1.67
Frequency of feeling understood	1.69	1.61
Satisfaction with shared parenting duties	1.64	1.58

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

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

## 7.2. What do parents say about their wellbeing?

This section included questions about physical health, mental health and distress. Parents were asked to rate their physical health on a 5-point scale from 'poor' to 'excellent'. They were asked if they had any symptoms of depression, anxiety or substance abuse since becoming a parent. In addition, there were six items comprising an established scale (Kessler 6), a measure of non-specific psychological distress, enquiring how parents felt in the past 30 days. Each Kessler 6 item

was analysed on a 4-point scale from 0 (none of the time) to 4 (all of the time). A total score was obtained that classified the level of risk of psychological distress as 'low', 'moderate', 'high' or 'very high'. Presented here are the findings based on population weighted data.

### 7.2.1. Current physical health

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

There were no statistically significant differences between *mothers and fathers*, or *metropolitan and regional* areas. However, analyses for **child age group** showed statistically significant differences with parents of older children more likely to report 'fair' or 'poor' physical health (9.5% of parents of 0-2 year olds compared to 17% of 13-18 year olds and around 11% of 3-5 and 6 to 12 year olds).

Comparisons of **socio-economic areas** showed a greater proportion of parents in the upper two IRSD categories (reflecting less socio-economic disadvantage) rating their physical health as 'good', 'very good' or 'excellent' compared to parents in the lower two categories (89% and 90% compared to 83% and 84%). A smaller proportion of parents in the upper two categories reported 'poor' physical health compared to the lower two categories (5% and 4.5% compared to 1.8% for the upper two categories). These differences were statistically significant.

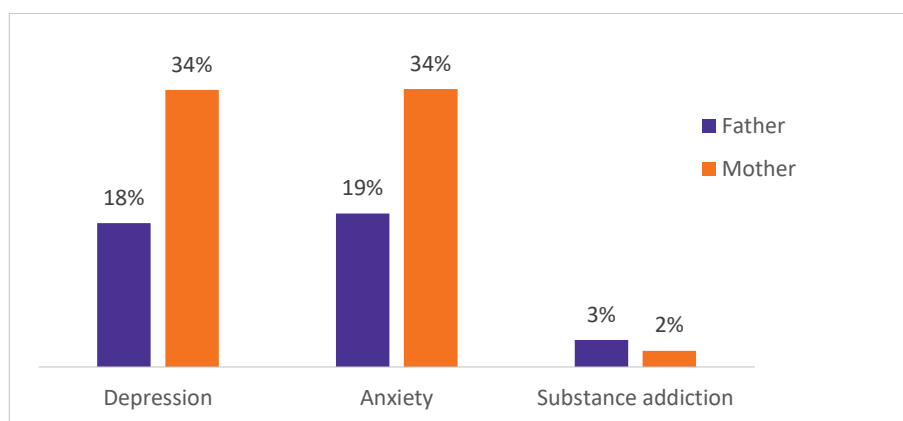
There were also statistically significant differences for parents of children with additional needs compared to other parents. For example, a greater proportion of parents of children with **medical conditions or learning difficulties** reported their physical health as 'fair' or 'poor' (20.3%) compared to other parents (10.1%), and a smaller proportion reported their physical health as 'excellent' (11.8% compared to 22.8%).

### 7.2.2. Past mental health

Analyses showed 60.1% of parents had not experienced symptoms of a mental-health condition since becoming a parent. Just over 23% had experienced symptoms of one of these conditions, 14.9% symptoms of two conditions, and 1.8% symptoms of three conditions.

**Mother/father** population weighted comparisons are shown in Figure 66 below, with a larger proportion of mothers reporting symptoms of mental-health conditions. There was a statistically significant difference between the proportion of mothers and fathers who had experienced depressive symptoms and symptoms of anxiety, but no significant difference with substance abuse.

Figure 66. Proportion of mothers and father reporting symptoms of a mental-health condition (population weighted data)



**Child age** group comparisons show a greater proportion of parents of older children reporting symptoms of a mental-health condition, that is, depression and anxiety, since becoming a parent. This was a statistically significant finding; however, the percentage differences between groups were small, see Table 9. The child age group differences for parents' substance abuse were not statistically significantly different.

**Table 9. Parents' symptoms of depression, anxiety or substance abuse by child age group (population weighted)**

	0–2years	3–5years	6–12years	13–18years
Depression*	19%	27.6%	29.8%	30.2%
Anxiety*	20.1%	29%	28.7%	32.5%
Substance abuse	1.5%	1.1%	3.9%	2.4%

**Metropolitan/regional** comparisons in Table 10 show a greater proportion of parents in regional areas reporting having had symptoms of depression, and this difference was statistically significant. However, there were no statistically significant differences in parents' anxiety or substance abuse symptoms.

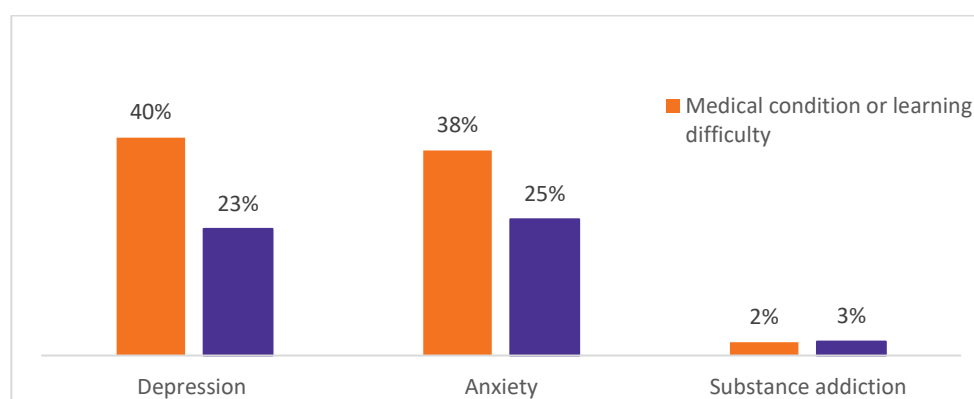
**Table 10. Parent reported symptoms of depression, anxiety or substance abuse: Metropolitan and regional areas (population weighted)**

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

Comparisons between *socio-economic areas of disadvantage* showed no statistically significant differences in symptoms of depression, anxiety or substance abuse.

As shown in Figure 67, a larger proportion of parents of children with **medical conditions or learning difficulties** had experienced symptoms of depression and anxiety since becoming a parent and the differences were statistically significant. There was no statistically significant difference in the category of substance abuse.

**Figure 67. Parent reported symptoms of a mental-health condition: child medical condition or learning difficulty (population weighted data)**



### 7.2.3. Current parent distress

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

While the Kessler 6 is not a diagnostic measure, respondents who score above a clinical cut-off score of 13 are said to be reporting serious psychological distress. There is no internationally agreed cut-off for moderate distress; however, research suggests that individuals who score above 5 would benefit from mental-health support, which was offered during the administration of the parenting survey if it was indicated.

The majority of parents (71.7%) scored in the low range of mental distress, 24.3% in the moderate range and 4% met the clinical cut-off score for serious mental distress.

There were no statistically significant differences in parent distress according to the Kessler 6 among parents of different *child age* groups, and across *metropolitan/regional* location or *socio-economic areas of disadvantage*.

Table 11 shows the adjusted mean scores for each item of the Kessler 6. **Mother/father** comparisons showed statistically significant findings with mothers scoring slightly higher for ‘nervousness’, ‘hopelessness’ and ‘worthlessness’.

**Table 11. Kessler 6 results: mothers and fathers (population weighted)**

	Father	Mother
Nervous*	.64	.80
Hopeless*	.35	.49
Restless or fidgety	.90	.92
So depressed that nothing could cheer you up	.21	.30
Everything was an effort	.81	.94
Worthless*	.22	.36
Total	3.1	3.8

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

Parents of children with **medical conditions or learning difficulties** reported statistically significant higher levels of psychological distress for the Total K6 Score overall, and across all six items. The mean scores are presented in Table 12.



**Table 12. Kessler 6 results: child medical condition or learning difficulty (population weighted)**

	Child medical condition or learning difficulty	No child medical condition or learning difficulty
Nervous*	.94	.68
Hopeless*	.61	.38
Restless or fidgety*	1.1	.85
So depressed that nothing could cheer you up*	.38	.23
Everything was an effort*	1.12	.82
Worthless*	.47	.25
Total *	4.6	3.2

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

### 7.3. How efficacious do parents feel in their parenting role?

Parents' perceptions of how efficacious they were in their parenting roles were obtained with an established scale, *Me as a Parent*. This consisted of 16 items rated on a 5-point scale from 'strongly disagree' to 'strongly agree', with a midpoint of 'mixed feelings'. A total scale score was calculated, as well as subscale scores for 'self-efficacy', 'self-sufficiency', 'personal agency' and 'self-management'. The minimum possible score for the total scale is 16 and the maximum possible score is 80. The adjusted mean total scale score for the sample was 65.74. Visual inspection of the total scale and subscales scores depicted in Table 13 and Table 14 shows weighted average (mean) scores in the positive range.

As well as examination of mean scores, parents' results can be represented by the proportion of parents who scored in the positive range for the total scale and subscale scores. Sixty-three percent of parents scored in the positive range for the total scale, with a score between 64 and 80. For the subscales, the minimum score that can be obtained is 4 and the maximum score is 20. A subscale score between 16 and 20 shows responses in the positive range. Just over 84% of parents scored in the positive range for the 'self-efficacy' subscale. Self-efficacy refers to how effective parents believe they are in overcoming or solving parenting problems. Just over 70% were in the positive range for 'self-sufficiency, which is about how self-reliant parents feel about using their own parenting resources, or in identifying and using appropriate external resources. For 'self-management', referring to parents' perceptions about how well they set goals, and monitor and evaluate how well they are doing, 69% scored in the positive range. 'Personal-agency' refers to the extent to which parents attribute their children's behaviour and outcomes to their parenting efforts rather than to chance or maturation, and 68% scored in the positive range.

Table 13 has the mean subscale and total scale scores for the four child age groups.

**Table 13. Me as a Parent: subscale and total scale scores by child age group (population weighted)**

	0–2 years	3–5 years	6–12 years	13–18 years
Self-efficacy*	17.3	17.0	16.94	16.68
Personal-agency	16.37	16.34	16.41	16.01
Self-sufficiency*	16.65	16.50	16.33	15.78
Self-management*	16.74	16.40	16.23	15.86
Total score*	67.06	66.25	65.91	64.34

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

**Child age** group comparisons showed statistically significant differences, with higher scores for parents of younger children. Differences were found for ‘self-efficacy’, ‘self-sufficiency’, and ‘self-management’ subscales as well as for the total scale score, but not for ‘personal agency’.

Analyses of **mother/father** responses showed statistically significant differences on two subscales, ‘self-sufficiency’ and ‘self-management’ and in the total scale score. As Table 14 below shows, the total score and two of the subscale scores were higher, on average, for mothers.

**Table 14. Me as a Parent: subscale and total scale scores by mother/father (population weighted)**

	Father	Mother
Self-efficacy	16.93	16.95
Personal-agency	16.14	16.38
Self-sufficiency*	16.04	16.41
Self-management*	16.04	16.40
Total score*	65.15	66.14

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

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

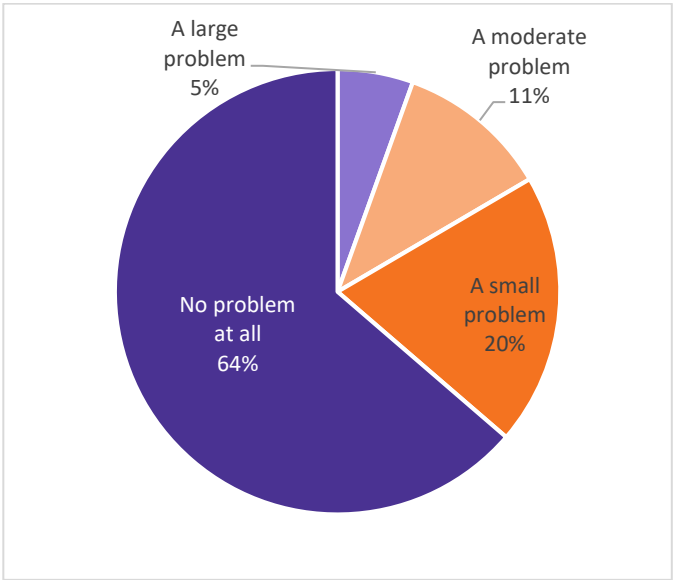
Parents in the lower two categories of IRSD had slightly lower personal agency scores and this was a statistically significant finding. There were no statistically significant differences in the other subscales for different **socio-economic areas**.

## 7.4. Are child sleep patterns a problem for parents?

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

Weighted data showed the majority of parents (63.7%) reported that their children’s sleeping patterns or habits were not a problem. For close to twenty percent (19.8%) sleep was a small problem and 16.6% reported it was a moderate or large problem (see Figure 68).

Figure 68. Child sleep problems (population weighted data)



There was a statistically significant effect of **child age** on the degree to which parents reported that their children’s sleeping patterns were a problem, with parents of younger children reporting that sleep was more of a problem. Figure 69 below shows the percentage of parents across the four child age groups who thought their children’s sleep was not a problem compared with those who thought it was a problem (large, moderate and small ratings combined).

Figure 69. Sleep problems child age group (population weighted data)

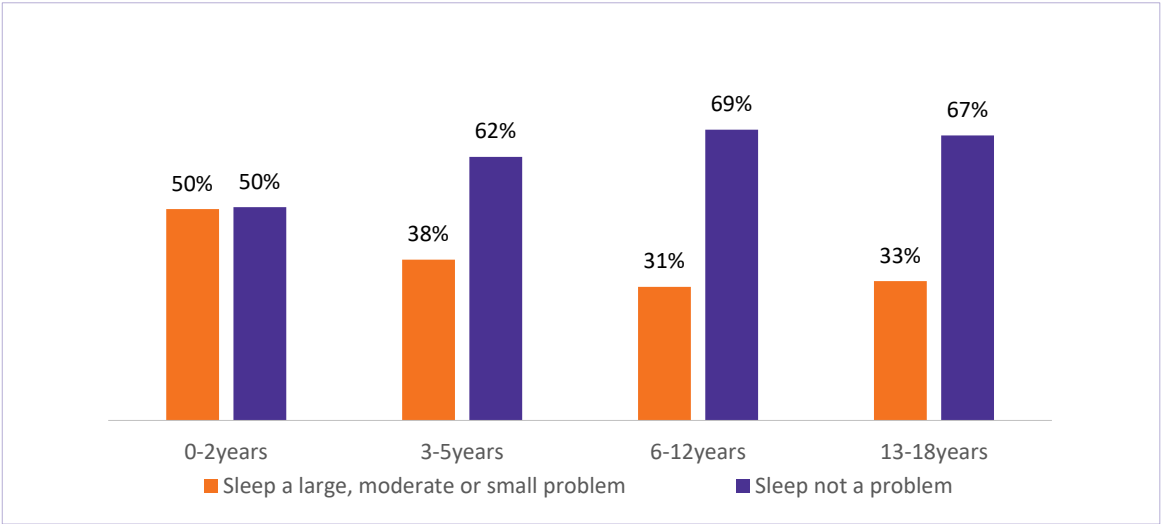
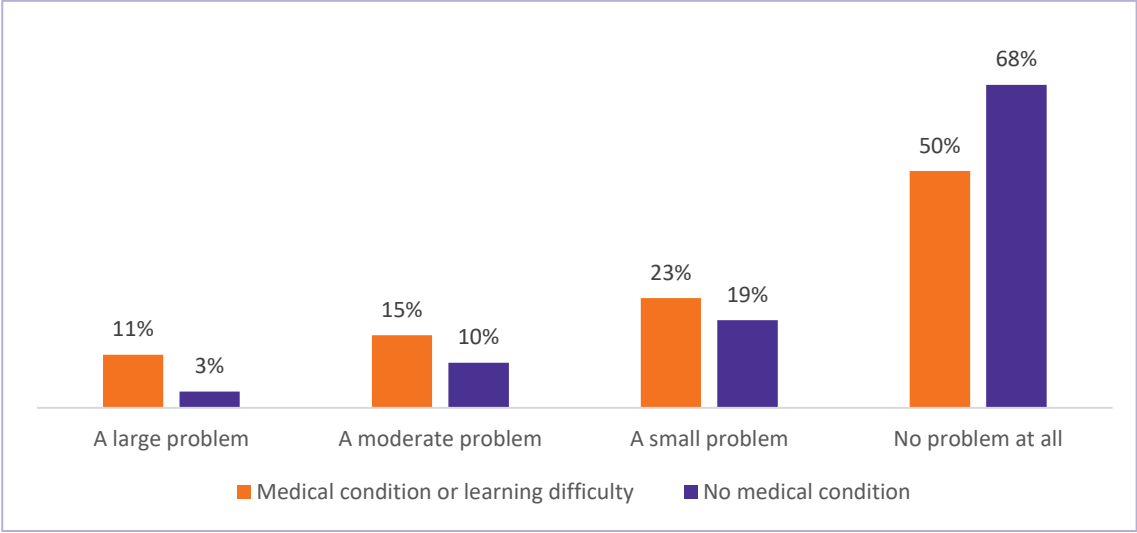


Figure 70 shows that the child’s sleeping patterns or habits were more likely to be a problem for parents whose children had **medical conditions or learning difficulties** and this difference was statistically significant.

Figure 70. Sleep problems in children with medical conditions or learning difficulties (population weighted data)



There were no significant differences in how *mothers and fathers*, parents living in *metropolitan or regional areas* or different *socio-economic areas* reported that their children’s sleep was a problem.

## 8. Parent-child relationship

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

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

### Snapshot of findings: parent-child relationship

#### ***In general***

Findings described below are based on population weighted data.

A large majority (90% and over) of parents said they had confidence in themselves as a parent, and had the skills necessary to be a good parent. Over 80% said they knew they were doing a good job and thought their parenting skills were effective. However, when asked about their parenting practices, over 40% wished they were less impatient, nearly 30% wished they were more consistent and felt they were too critical. Thirty-seven percent were dissatisfied or had mixed feelings about the amount of time could give their child, and 28% felt they were too critical of their child.

Positive strategies parents used to address their children's behaviour or problems were praising or rewarding (82% said 'quite a lot' or 'very much') and talking to the child about problems/issues (76% said 'quite a lot' or 'very much'). Seventy percent said they argued or yelled, and 28% said they smacked their child, with 2% indicating that they did this 'quite a lot' or 'very much'.

#### ***Mothers and fathers***

Although the differences in mothers' and fathers' responses were small, fathers were more likely to report they wished they were more consistent in their parenting behaviours, and mothers' ratings of their satisfaction with the time they give their child were higher than fathers' ratings.

Mothers and fathers differed on two parenting practices. Mothers reported a higher frequency of arguing with or yelling at their child, and they said they talked to their child about issues more frequently than what fathers reported.

## Snapshot of findings: parent-child relationship

### ***Parents of younger and older children***

Parents of older children were more likely to have mixed feelings about their confidence as a parent and having the skills necessary to be a good parent. Perceptions about their parenting behaviour differed with different child age groups. Parents of 3–5 year olds were more likely to agree they wished they were less impatient. Parents of 13–18 year olds had the highest ratings for ‘too critical’, and parents of 3–5 year olds and 6–12 year olds were less satisfied with the time they could give their child.

Parents’ accounts of their parenting practices also showed differences according to child age. Parents of 0–2 year olds said they praised more often, and yelled or argued less often than did parents of older children. Reported frequency of smacking was highest for parents of 3–5 year olds, and parents of 6–12 year olds said they talked about problems/issues with their children more often than reported by parents of younger and older children.

### ***Parents of children with medical conditions or learning difficulties***

A larger proportion of parents of children with medical conditions or learning difficulties said that they always talked to their children about problems or issues the child might be dealing with (52% compared to 42% of other parents).

### ***Metropolitan/regional location***

There were no differences in reported parenting confidence of parents in metropolitan and regional areas. There were very small differences in parenting practices that approached statistical significance with parents in regional areas more likely to say they smacked their child more often and parents in metropolitan areas more likely to argue or yell more often.

### ***Socio-economic area***

Parents in less socio-economically disadvantaged areas were more likely to report never smacking their child and parents in more socio-economically disadvantaged areas more likely to say they smacked their child a little. Apart from this, there were no other statistically significant differences in what parents said about their parenting confidence and practices.

## **8.1. How confident are parents in their parenting skills?**

Described here are the population weighted responses to four single items from the *Me as a Parent* scale that relate to parenting confidence. These items ask parents to rate how much they agree they have confidence in themselves as a parent, they have the skills to be a good parent, they think they are doing a good job as a parent, and their parenting skills are effective. Parents’ subscale and total scale scores for all 16 items of the *Me as a Parent* scale are reported in the section on **Parent coping and support**.

The following graphs show the proportions of agreement ratings for each of the four *Me as a Parent* scale items (see Figure 71, Figure 72, Figure 73 and Figure 74). Although there is variation in responses, inspection of all four graphs shows that the majority of parents rated their parenting positively.

Figure 71. I know I am doing a good job as a parent (population weighted data)

Figure 72. My parenting skills are effective (population weighted data)

Figure 71. I know I am doing a good job as a parent (population weighted data)

Figure 72. My parenting skills are effective (population weighted data)

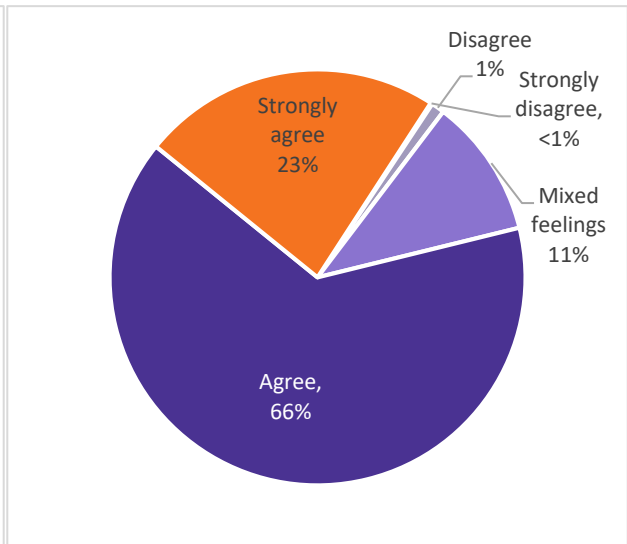
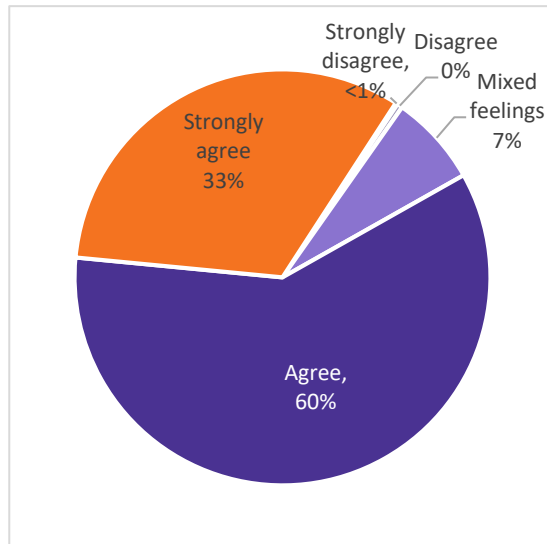
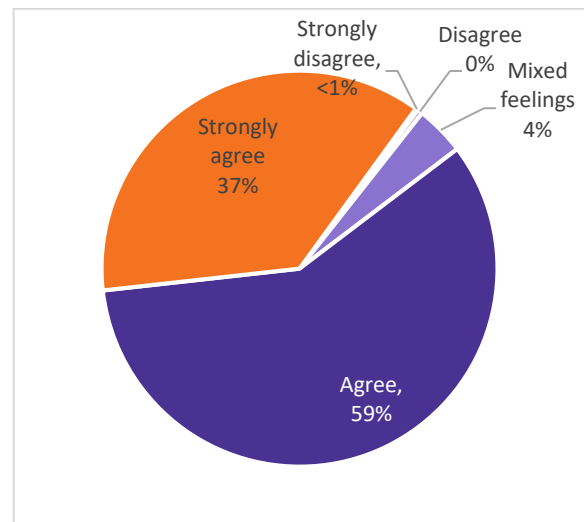
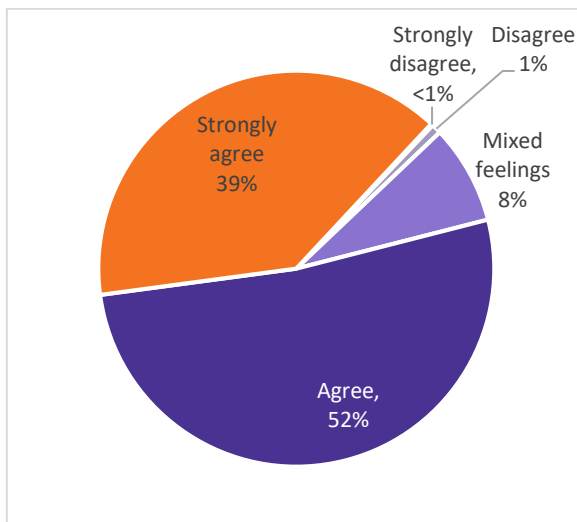


Figure 73. I have confidence in myself as a parent (population weighted data)

Figure 74. I have all the skills necessary to be a good parent to my child (population weighted data)



Nevertheless, there was a statistically significant difference across **child age** groups in the item on confidence in parenting with a slightly larger proportion of parents of older children having mixed feelings about their confidence as parents (12.3% of parents of 13-18 years old compared to 5.2% of parents of 0-2years old, 5.8% of parents of 3-5 years old and 7.4% of parents of 6-12 years old).

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

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

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

## 8.2. What do parents say about their parenting practices?

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

Despite the high levels of parenting confidence reported by parents (see section above), using population weighted data, close to 41% of survey respondents agreed or strongly agreed that they wished they did not become impatient with their children so quickly (see Figure 75), just over 29% wished they were more consistent in their parenting behaviour (see Figure 76), and 28.5% of parents agreed that they were sometimes too critical of their children (see Figure 77). Thirty-seven percent were dissatisfied or had mixed feelings about the amount of time they could give their children (see Figure 78).

Figure 75. I wish I did not become impatient so quickly with my child (population weighted data)

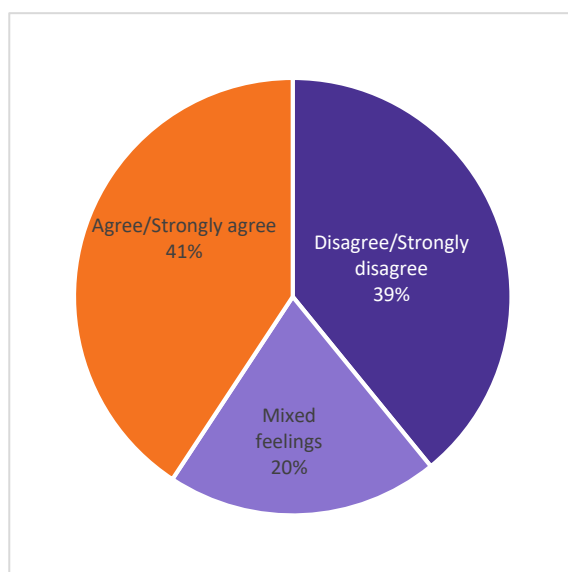


Figure 76. I wish I were more consistent in my parenting behaviours (population weighted data)

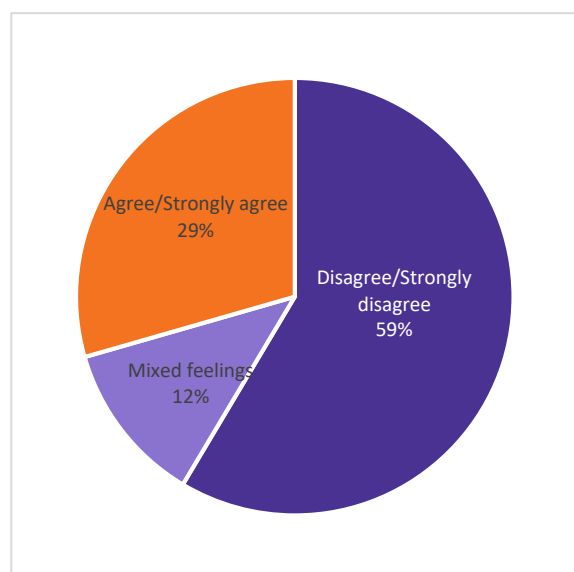




Figure 77. Sometimes I feel I am too critical of my child (population weighted data)

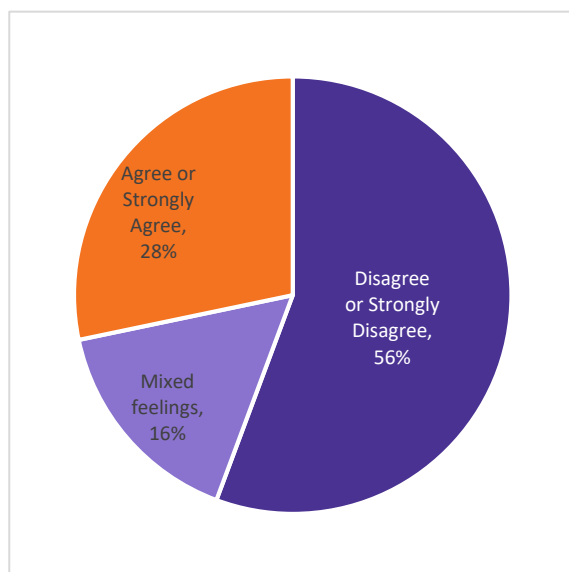
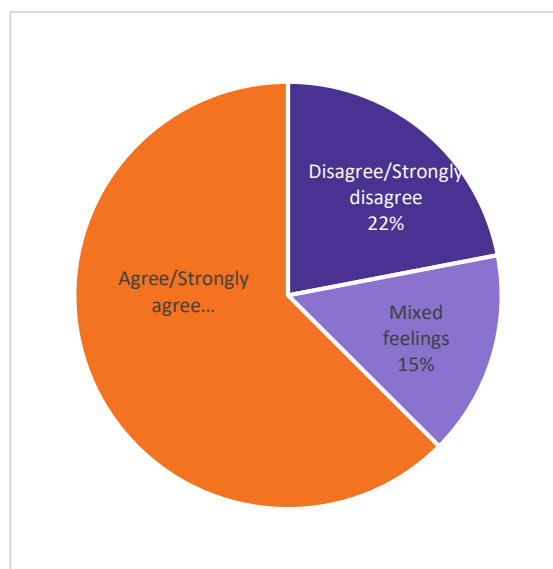


Figure 78. I am satisfied with the amount of time I can give to my child (population weighted data)



There was a statistically significant difference in responses to Parent Performance items between **child age** groups on three of the items ('impatient', 'critical' & 'amount of time'), as seen in Table 15, which shows the mean ratings for the age groups.

Table 15. Average scores on the Parent Performance items: child age (population weighted data)

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

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

Agreement with the item 'I wish I did not become impatient so quickly' was highest in parents with children aged 3–5 years. 'Sometimes I feel too critical' was highest in in parents with children aged 13–18 years and 'I am satisfied with the amount of time I can give my child' was higher in in parents with children aged 0–2 and 13–18 years. All of these differences were statistically significant. There was no statistically significant difference in the responses of parents with children in different age groups for 'I wish I were more consistent with my parenting behaviours'.

There was a statistically significant, though small, difference between **fathers' and mothers'** scores on one of the items - 'I feel satisfied with the amount of time I can give to my child' - with mothers' scores higher than fathers'. Agreement with 'Sometimes I feel I am too critical of my child' was

higher for fathers, but this mother/father difference failed to reach statistical significance. There was no significant difference in Parent Performance responses between fathers and mothers on 'I wish I did not become so impatient with my child' and 'I wish I were more consistent in my parenting behaviours'. Table 16 presents the responses of mothers and fathers.

**Table 16. Average scores on the parent performance items: mothers and fathers (population weighted data)**

	Fathers	Mothers	Total
I wish I did not become impatient so quickly with my child	2.99	3.00	3.00
I wish I were more consistent in my parenting behaviours	2.70	2.61	2.65
Sometimes I feel I am too critical of my child*	2.72	2.59	2.64
I am satisfied with the amount of time I can give to my child*	3.33	3.73	3.57

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

A comparison of responses of parents from *metropolitan/regional* locations, different *socio-economic areas*, and parents of children with and without *medical conditions or learning difficulties* showed no statistically significant differences in the responses to Parenting Performance items.

### 8.3. What strategies do parents use to address their children's behaviour?

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

As seen in the following graphs, data from the population weighted sample shows the majority of parents (81.6%) reported that they rewarded or praised their child when they behaved well 'quite or lot' or 'very much' (Figure 79) and never smacked their child (72.4%, Figure 80). Sixty two percent of parents reported that they argued with or yelled at their child 'a little' (Figure 81) and 76.2% 'always' or 'often' talked about problems or issues with their child (Figure 82).

Figure 79. When my child behaves well, I reward them with praise/a treat/attention (population weighted data)

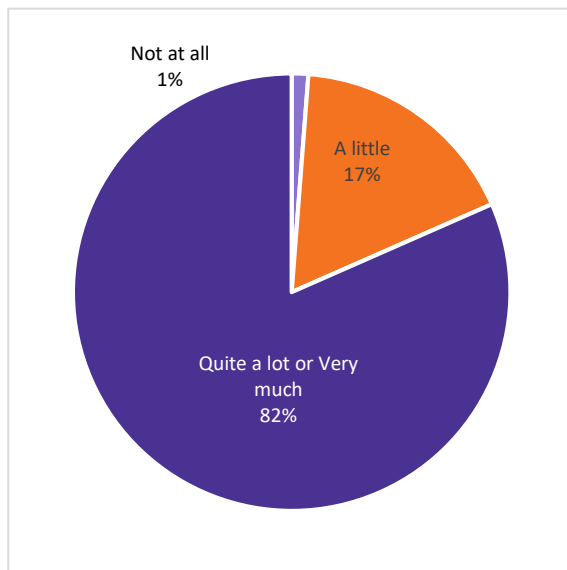


Figure 80. I smack my child when they misbehave (population weighted data)

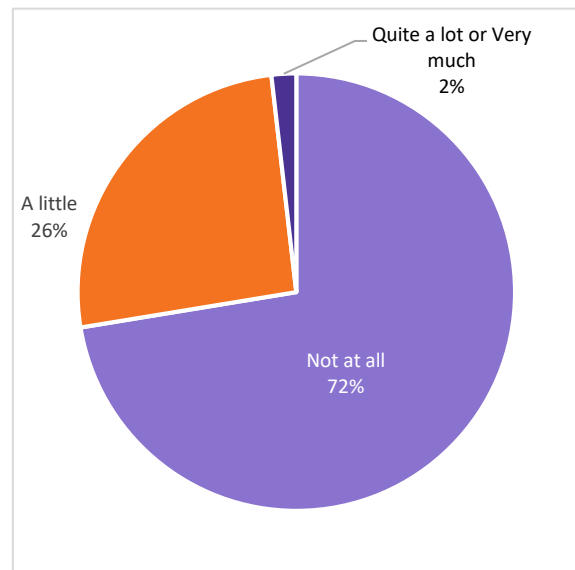


Figure 81. I argue with or yell at my child about their behaviour or attitude (population weighted data)

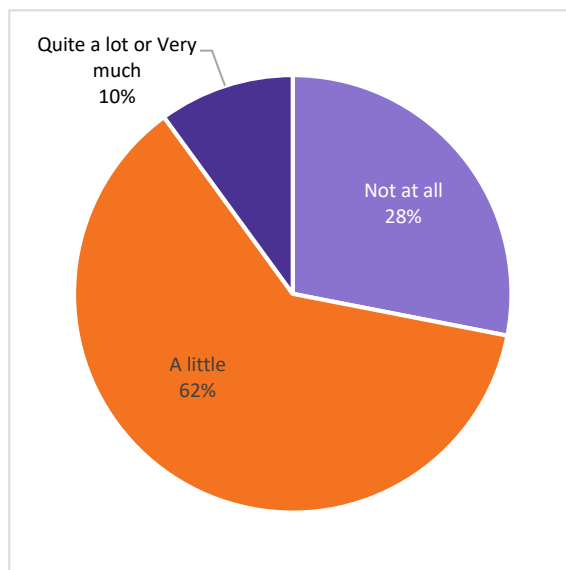
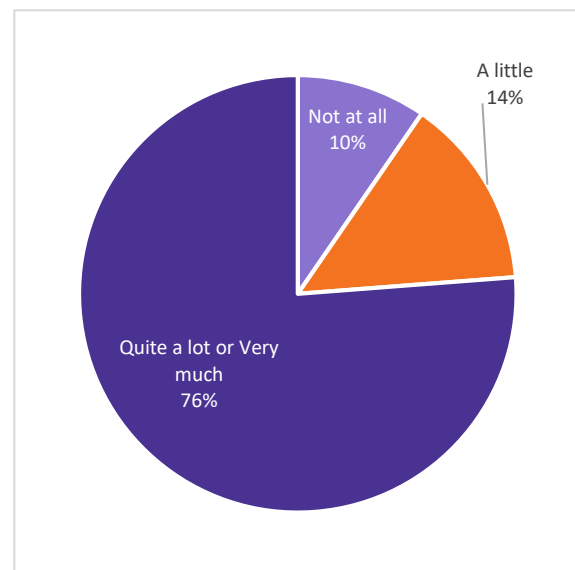


Figure 82. Talk to child about problems/issues (population weighted data)



There were significant differences across **child age** groups in parents' reports of parenting practices. Table 17 shows adjusted mean ratings for the four child age groups. PAFAS items were rated on a 4-point scale from 1 (not at all) to 4 (very much). High scores for praise are reflective of positive parenting strategies; high scores for smacking and arguing or yelling reflect a negative parenting approach. The item about talking to their child was rated on a 5-point scale from 1 (never) to 5 (always), with high scores representing positive parenting.

**Table 17. Parenting strategies: child age (population weighted data)**

	0–2 years	3–5 years	6–12 years	13–18 years	Total
When my child behaves well, I reward them with praise/a treat/attention*	3.38	3.29	3.19	3.03	3.20
I smack my child when they misbehave*	1.35	1.49	1.32	1.14	1.30
I argue with or yell at my child about their behaviour or attitude*	1.52	1.86	1.92	1.94	1.85
Talk to child about problems/issues*	3.05	4.14	4.35	4.20	4.04

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

**Child age** group comparisons showed the following statistically significant differences:

- Parents of children aged 0–2 years were more likely to report praising or rewarding their children more often.
- While the majority of parents said that they did not smack their children when they misbehaved, parents of children aged 3–5 years reported that they did this relatively more often.
- Parents of 0–2 year old children reported that ‘I argue or yell at my child about their behaviour or attitude’ less often.
- Parents of 6–12 year old children reported that they talked to their children about problems or issues more often.

Comparisons between **mothers and fathers** showed statistically significant differences for two items. Mothers reported arguing or yelling at their children more often than fathers did, and also talking to their children about issues more frequently than fathers did (Table 18).

**Table 18. Parenting strategies: mothers and fathers (population weighted data)**

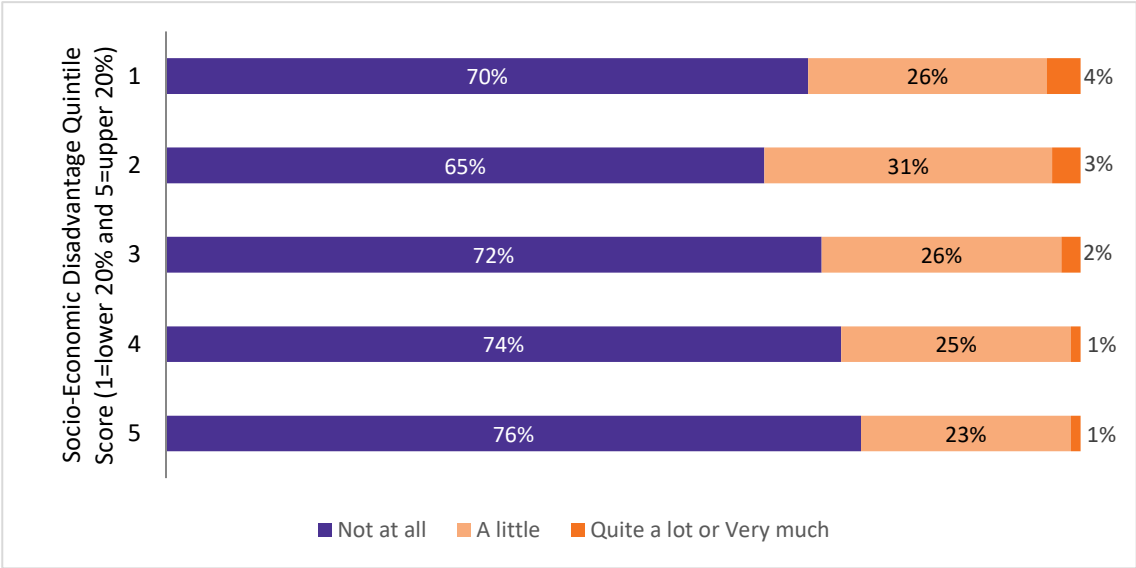
	Father	Mother
When my child behaves well, I reward them with praise/a treat/attention	3.15	3.24
I smack my child when they misbehave	1.34	1.28
I argue with or yell at my child about their behaviour or attitude*	1.79	1.88
Talk to child about problems/issues*	3.78	4.21

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

There were some comparisons that approached statistical significance, though the differences were very small. Parents in *regional* areas were more likely to say they smacked their child more often and parents in *metropolitan* areas were more likely to say they argued or yelled more often. A slightly larger proportion of parents in the lower two categories of *socio-economic disadvantage* reported smacking their children ‘a little’, while parents in less socio-economically disadvantaged areas were slightly more likely to report never smacking their children and this difference

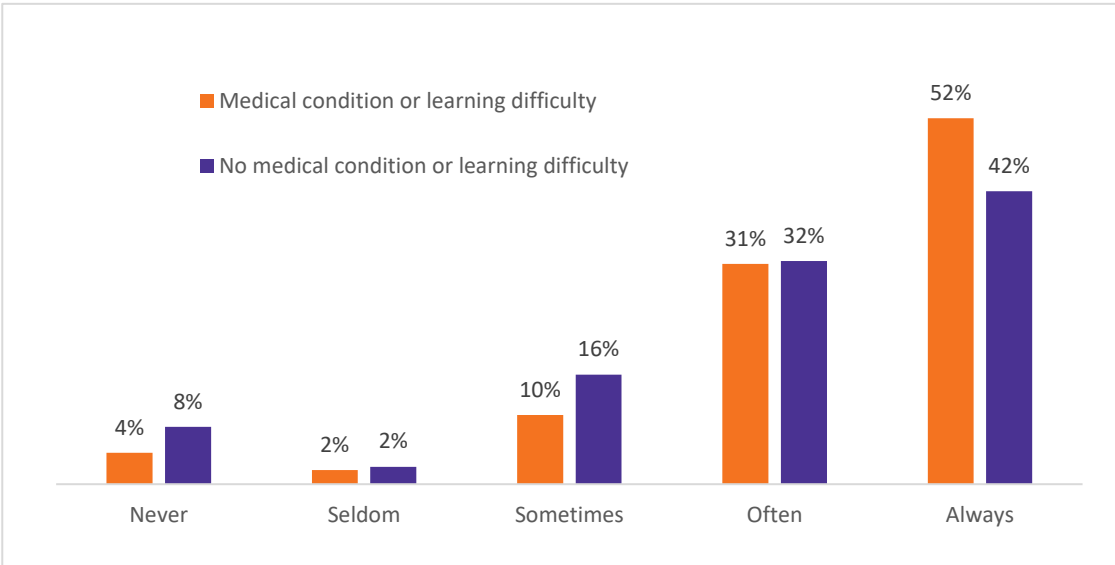
approached statistical significance. These results for parents from different socio-economic areas are presented in Figure 83.

Figure 83. I smack my child when they misbehave and socio-economic areas (population weighted data)



As shown in Figure 84 a larger proportion of parents of children with *medical conditions or learning difficulties* reported that they ‘always’ talked to their children about problems or issues that they might be dealing with, and this difference was statistically significant. There were no other statistically significant differences in responses to the other positive parenting items reported by parents of children with medical conditions or learning difficulties.

Figure 84. Talk to child about problems/issues child medical condition or learning difficulty (population weighted data)



## 9. Parent monitoring and children's use of electronic devices

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

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

### Snapshot of findings: parent monitoring and children's use of electronic devices

#### ***In general***

Findings described below are based on population weighted data about the sample.

The majority of parents reported that they monitored their children's whereabouts and use of electronic devices. Eighty-seven percent of parents said they 'always' knew where their children were, and 80% set rules about free time. Of those parents with a shared care arrangement for the focus child, 85% of those living with the child most of the time said they always knew where the child was, compared with only 22% of those who did not co-habit with the child at all.

Around 40% of parents thought their children spent too much time on electronic devices, but most employed one or multiple strategies to control or monitor their internet use.

#### ***Mothers and fathers***

Although large proportions of mothers and fathers said they 'always' set rules about their children's free time, mothers were more likely to report that they did this (84% compared to 73%). Mothers were also more likely than fathers to talk to their child about safe internet use and to monitor on-line activity.

#### ***Parents of younger and older children***

Parents of children aged 3-12 years were more likely to report they knew their children's whereabouts all the time. Parents of adolescents were less likely to set rules 'often', although the percentage of parents who often set rules was still high (71%).

Compared to parents of younger children, a greater proportion of parents of adolescents said their children spent too much time on electronic devices. A greater proportion of parents of 3-12 year olds reported using strategies for monitoring electronic device use.

#### ***Children with medical conditions or learning/behavioural difficulties***

Parents of children with special needs were a little more likely to 'establish ground rules', 'talk about safe use of internet connected devices' and 'monitor activity' regarding internet use.

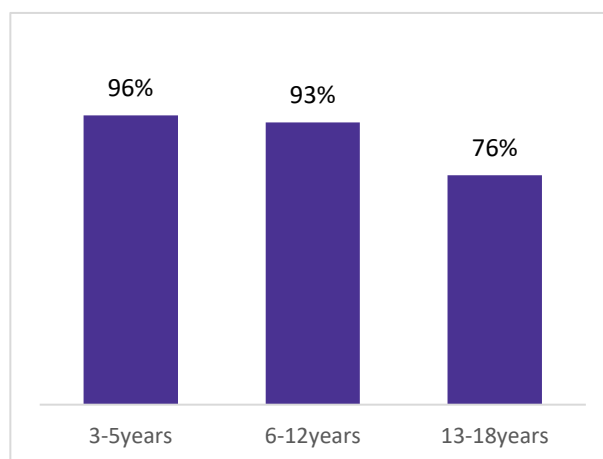
## 9.1. How do parents monitor their children's activities

### 9.1.1. Knowledge of whereabouts

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

A statistically significant difference was found in the frequency of parental monitoring of children's location across **child age** groups. As Figure 85 illustrates, a higher proportion of parents of younger children reported they always knew where their children were.

Figure 85. Parents who report 'always' knowing where their children are by child age group (population weighted data)



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

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

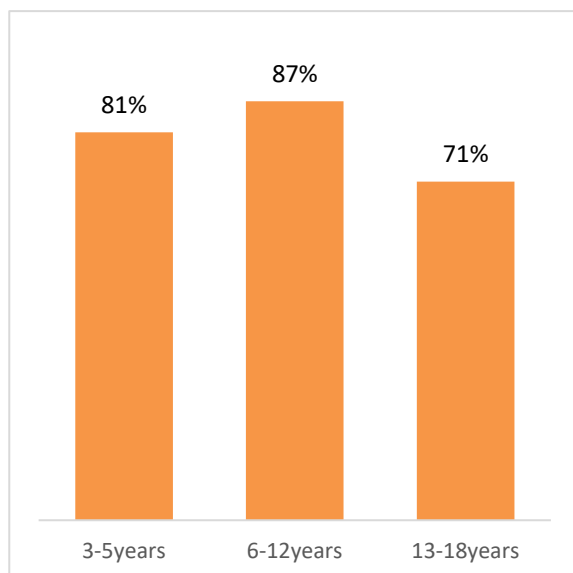
### 9.1.2. Rules and limits about children's free time

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

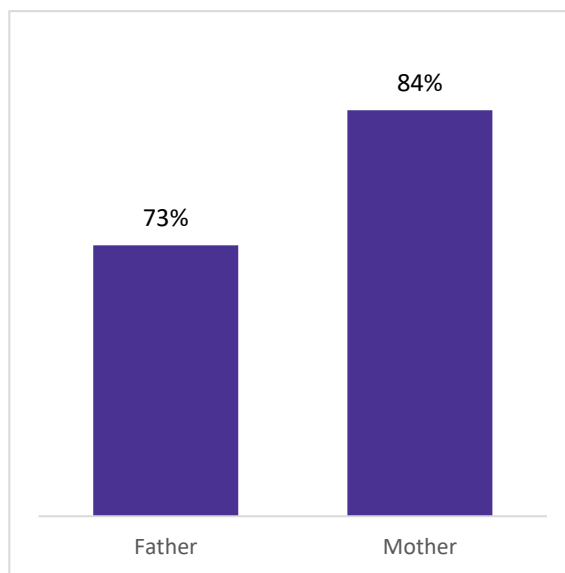
A statistically significant difference was found in parental rule/limit setting by **child age** group as seen in Figure 86. Parents of children 6–12 years of age reported setting rules/limit more often, followed by parents of 3–5 year olds. Parents of adolescents were less likely to report they applied rules/limits to their children's free time.

A statistically significant difference was found in parental rule setting between **fathers and mothers**. Mothers were more likely than fathers to often or always set rules about free time (see Figure 87).

**Figure 86. Parents who report 'always' setting limits about where their children go by child age group (population weighted data)**



**Figure 87. Mothers and fathers who report 'always' setting limits about where their children go (population weighted data)**



Comparisons between parents living in *metropolitan and regional areas* or in *different socio-economic areas*, and *parents of children with and without medical conditions or learning difficulties* showed no statistically significant differences in their reports of limit-setting about where their children went in free time.

Of those parents with a shared care arrangement for the focus child, 76% of the 'majority-time' parents (where the child spent more than half the time with them) said they always set rules and limits, compared with 30% of those who did not co-habit with the child at all (who just had contact) and 59% of parents whose child spent less than half the time with them.

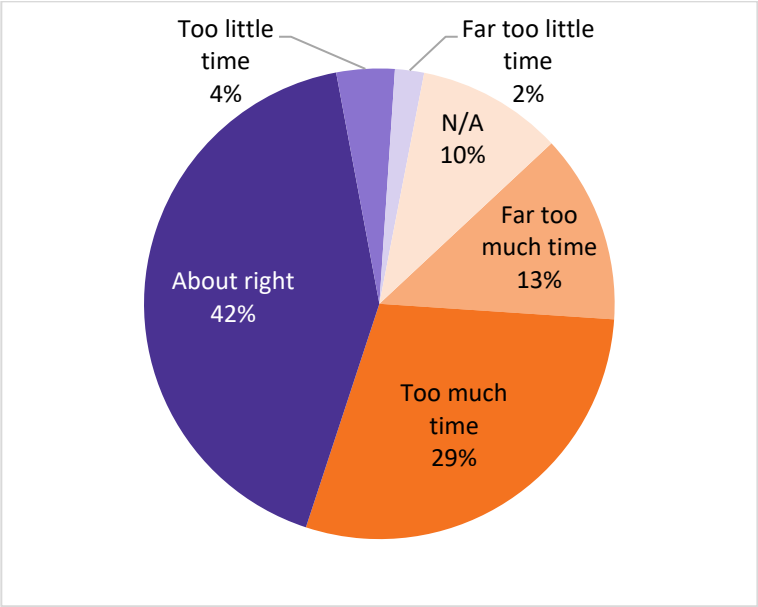
## 9.2. What do parents report about their children's use of media and technology?

### 9.2.1. Time spent using electronic devices

Parents' opinions about the amount of time children spent using electronic devices were obtained on a 5-point scale: 1 = 'far too much time', 2 = 'too much time', 3 = 'about right', 4 = 'too little time' and 5 = 'far too little time'. There was also a 'don't know' option. Based on population weighted data, approximately 42% of parents thought that their children spent too much (or far too much) time using electronic devices, such as iPads, computers and mobile phones (see Figure 88).

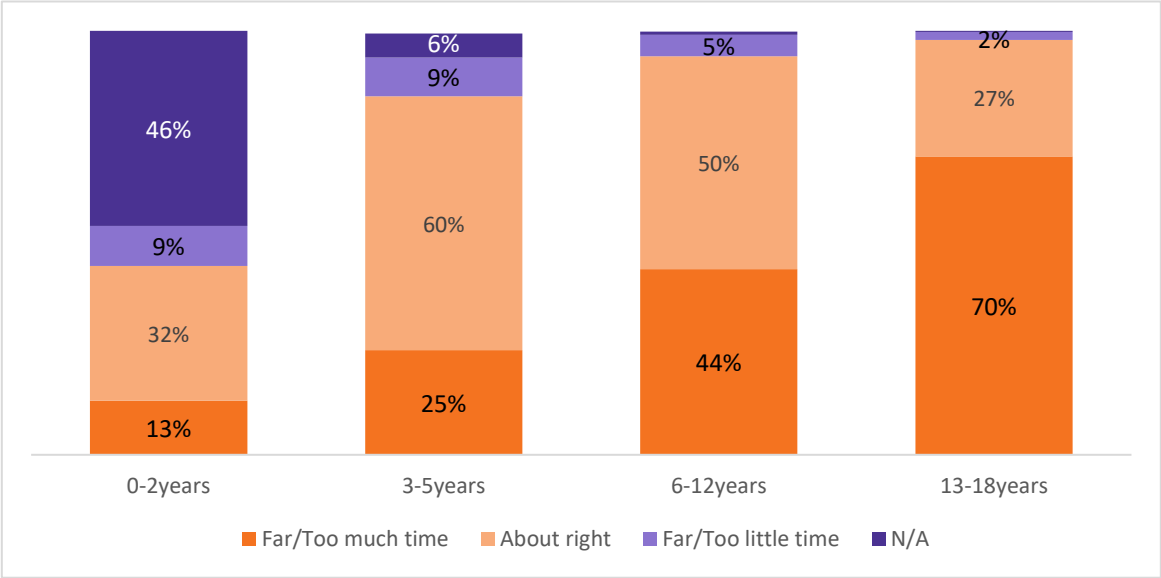


Figure 88. Time child spends using electronic devices (population weighted data)



**Child age** group comparisons showed that parents of older children (13–18 years) were much more likely to report that their children spent too much time using electronic devices as illustrated in the graph below, and this finding was statistically significant (see Figure 89). Interestingly, 60% of parents of children aged 3-5 years thought their child’s electronic usage was ‘about right’.

Figure 89. Parents' opinions about the amount of time their children spend using electronic devices by child age (population weighted data)



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

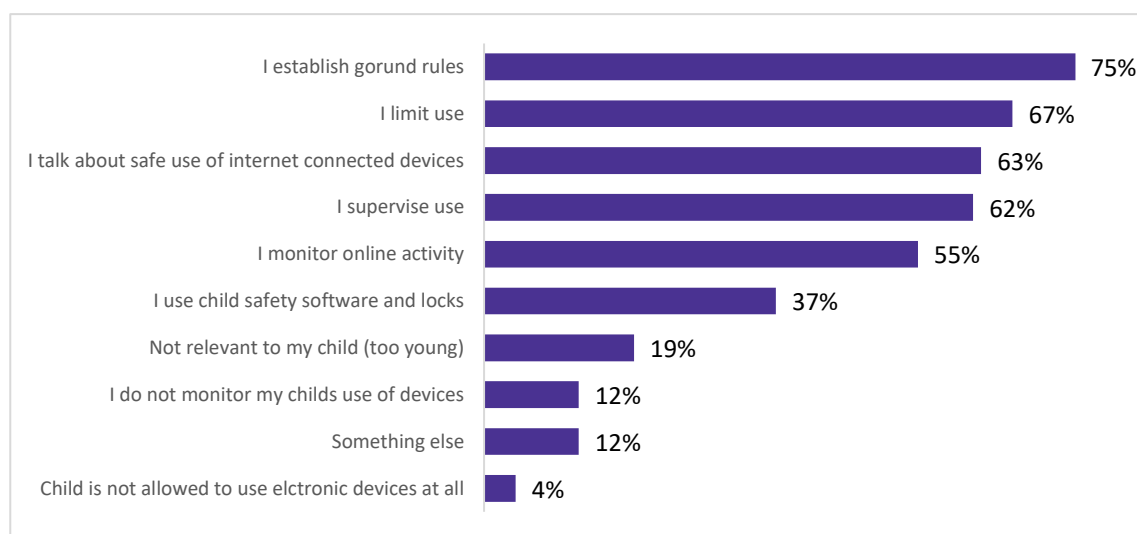
A larger proportion of parents of children with **medical conditions or learning difficulties** reported that their children spent ‘far too much time’ using electronic devices (18% vs. 11%), and this difference was statistically significant.

### 9.2.2. Parental strategies to monitor children's internet use

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

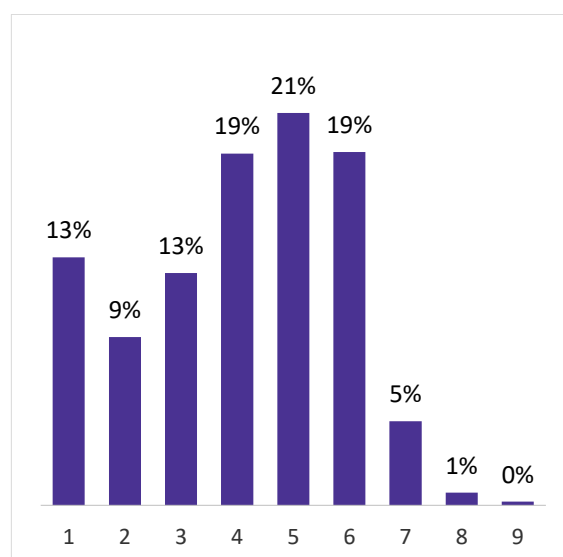
As shown in Figure 90, parents employ a range of strategies to monitor children's use of the internet and electronic devices. Establishing ground rules was the most commonly endorsed strategy (75% of parents). Limiting the time children use devices (68%), supervising use (62%) and talking about safe use of the internet (63%) were the next most frequently reported strategies. Twelve percent of parents said they did not monitor their children's use, and 4% said they did not allow their children to use electronic devices at all.

**Figure 90. Strategies to monitor children's use of electronic devices (population weighted data)**



Many parents said they used multiple strategies: around 63% used four or more strategies. Figure 91 shows the percentages of parents using one to nine monitoring strategies.

**Figure 91. Number of monitoring strategies (population weighted data)**



There were statistically significant differences in what parents used to control or monitor device use across **child age** groups for all listed strategies (see Table 19). In general, parents of pre-school or primary school aged children were more likely to supervise use, limit time, use child safety software and locks or monitor on-line activity. In particular, parents of 6-12 year olds were the most likely to establish ground rules, limit time, monitor use, and supervise internet use. High percentages of parents of 13–18 year-olds reported talking to their children about safe internet use and establishing ground rules, but overall, there was much less monitoring of teenagers' internet usage.

**Table 19. Percentage of parents who reported using the listed strategies to monitor child use of electronic devices across child age groups (population weighted data)**

Strategies to monitor child use of electronic devices	0–2 years	3–5 years	6–12 years	13–18 years
Not relevant to my child (too young)*	71%	20%	5%	1%
I do not monitor my child's use of devices*	9%	7%	8%	22%
Child is not allowed to use electronic devices at all*	15%	6%	1%	1%
I limit time use*	41%	79%	86%	53%
I supervise use*	42%	76%	80%	41%
I established ground rules*	34%	77%	91%	81%
I talk about safe use of internet connected devices*	17%	33%	83%	87%
I use child safety software and locks*	22%	50%	48%	22%
I monitor online activity*	26%	56%	74%	48%
Something else*	6%	12%	14%	14%

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

Parents of children with **medical conditions or learning difficulties** were more likely to report that monitoring children's use of devices was relevant to them, that they 'establish ground rules', 'talk about safe use of internet connected devices', and that they 'monitor online activity'.

**Mothers** were significantly more likely than **fathers** to talk about safe internet use (66% vs 58%) and to monitor on-line activity (58% vs 50%).

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

## 10. Discussion

The *Parenting Today in Victoria* survey, conducted for the first time in 2016, provides valuable insights into the day-to-day experiences of Victorian parents. This state-wide survey of 2600 participants was broadly representative of the Victorian parent population and is the first time such breadth of information about the parenting experience has been available to inform service provision and policy across the state. The robust methodology employed in sampling participants and conducting the survey means we can be confident these views reflect the broader Victorian parent population.

This report on the key findings from the survey uses data that has been weighted to match 2011 ABS census proportions of Victorian parents and partners with children zero to 18 years (see details below in 'Limitations') to outline a rich set of insights into how Victorian parents are faring and areas of support needs that will direct the focus of future policy, practice and research initiatives.

### 10.1. Parent wellbeing

The empirical literature supports the view that parent wellbeing is strongly linked to child wellbeing. The reciprocal nature of the parent-child relationship means that there is often a strong interactional effect between parents' psychological and physical wellbeing and children's socio-emotional functioning. For instance, parent psychological distress (e.g., depression) has been widely found to be associated with children's psychological distress and problematic behaviour (Field, 2010). Thus, it is important to understand how Victorian parents are faring in terms of their mental and physical wellbeing, in order to have a clearer picture of the extent of support needs in this area.

Findings from the *Parenting Today in Victoria* survey broadly reflect a positive story for the majority of Victorian parents. Most parents reported that they had good mental and physical health, and felt that they were coping well with the parenting role.

Around twelve percent of parents reported fair or poor physical health — not surprisingly socio-economic factors may play a role here — but our findings indicate that whether people live in regional or metropolitan settings did not play a role in physical health. However, a greater proportion parents of adolescents as well as parents of children with medical conditions or learning difficulties reported fair or poor physical health.

While three in five parents stated that they had not experienced symptoms of depression, anxiety or substance abuse since becoming a parent, and only 4% of parents were currently reporting high or serious levels of psychological distress, two in five parents reported that they had experienced symptoms of depression, anxiety or substance abuse since becoming a parent. And more than a quarter were currently reporting moderate to serious psychological distress.

Mothers were more likely to report having had symptoms of depression or anxiety compared to fathers, and parents outside major cities were more likely to report having had symptoms of depression only. Parents of children with health or learning difficulties also reported higher levels of depression and anxiety symptoms.

Data regarding parent wellbeing that has been made available by the *Parenting Today in Victoria* survey will enable us to develop a clearer picture of the families who are experiencing the greatest levels of support need in our communities. Opportunities to target and enhance the supports to these families will be vital in improving the outcomes of some of Victoria's most vulnerable children.

## 10.2. Parenting confidence

A number of studies have identified a link between a parent's sense of confidence and competence in parenting with children's wellbeing (Giallo et al., 2014a; Jones & Prinz, 2005).

Victorian parents generally reported feeling very positive about their parenting, as measured across the subscales of the *Me as a Parent* scale, and as indicated by the finding that 91% of parents agreed or strongly agreed that they had confidence in themselves as a parent. However, around a third of parents reported *Me as a Parent* scale scores that are not considered to be within the "positive range" for the Total Scale score and for three of the four subscale scores. This indicates that a large number of Victorian parents are feeling that their parenting is poorer than the average parent.

Fathers reported lower efficacy on some subscales and on the total score of the *Me as a Parent* scale. Moreover, parents of older children (13-18 years) reported lower sense of efficacy in their parenting role compared to other parents. Parental confidence and sense of parenting efficacy seems to drop around the time the children reach adolescence.

## 10.3. Parenting practices

The parent-child relationship is fundamental to child outcomes, influencing a range of outcomes for children, across areas as diverse as healthy eating, behaviour problems, psychological wellbeing and learning (McLoyd, 1990; Repetti et al., 2002). The actions that parents perform to manage children's routines, access to the internet and electronic devices, and the parenting actions that encourage positive child behaviour and that discourage challenging child behaviour, are critically important to a range of socio-emotional and other child outcomes.

Most parents participating in the *Parenting Today* survey reported that they felt positive about their parenting skills, with 96% of parents rating their parenting skills positively. Four in five parents reported that they rewarded or praised their children when they behaved well, and nearly three-quarters of parents reported never smacking their children.

Despite the high levels of parenting confidence reported by most parents paired with findings that most parents rated their parenting skills positively, there were clear areas where parenting support efforts could be targeted to improve parent's sense of competence, parenting practices, and satisfaction. For example, two out of every five parents agreed or strongly agreed that they wished they did not become impatient with their children so quickly, with this regret expressed most commonly among parents of two to five year olds. Three in ten parents reported that they wished they were more consistent in their parenting behaviour. Nearly three in ten parents reported that they felt they were sometimes too critical of their children. Over a third stated that they were dissatisfied or had mixed feelings about the amount of time they could give their children.

Furthermore, the observation that 28% of parents reported smacking their children when they misbehaved (2% did this 'quite a lot or very much') is concerning, while one in ten parents report yelling at their children quite a lot. Parents of three to five year old children reported smacking relatively more often than parents of children of other ages.

There was some evidence that parents' feelings about their own parenting practices may vary with parent gender. Specifically, fathers reported feeling less satisfied with the time they gave to their children and were more likely to wish they were more consistent in their parenting, compared to mothers. Fathers reported that, on average they talked to their children about problems or issues (such as friendships, schoolwork or drug use) less often than mothers, but they also reported yelling at their children less often than mothers.

Taken together, the findings for this population weighted sample regarding high levels of parenting confidence paired with findings on parenting practices reveal an interesting story. When asked a

general question about their confidence in parenting, parents tended to report that they were doing fine, but when we asked more finely grained questions about their parenting strategies and how they felt about the parenting practices they tended to adopt, we saw a different picture emerging, with parents reporting variable levels of confidence and competence in their parenting; for instance, that many parents wished they were less impatient and more consistent.

Another aspect of parenting behaviour that was touched on by the *Parenting Today* survey was actions taken to monitor children's whereabouts and their use of electronic devices. Most parents stated that they knew where their children were most or all of the time, and most reported that they had rules and limits on their children's movements within free time. This was true for nearly all parents of younger children (3-12), but also for parents of adolescents, where over 70% of parents knew where their teenagers were most or all of the time. Nevertheless, over 70% of parents of teenagers reported feeling that their children spent too much (or far too much) time using electronic devices, and more than a quarter of parents of teens reported not being aware of where their children are at all times. While further examination of the data will facilitate better understanding of parents' views and experiences in relation to their monitoring and supervision of teenage children, it does seem that for a proportion of Victorian parents, there is a need for additional supports during this key developmental stage of life.

#### **10.4. Parental concerns about child sleep**

Child sleep problems can cause adult sleep problems, and affect parental functioning. Children's sleep problems, particularly those of adolescents, can also have negative impacts on the children themselves, affecting school performance and achievement, among other things.

We explored parents' views about their children's sleeping habits and routines. Twenty percent of parents reported that their children's sleeping patterns or habits were a small problem for them and 16% reported they were a moderate or large problem. Thus, over a third of parents reported child sleep was a problem. While we might have expected the result that half of parents of infants say child sleep is a problem, what is interesting is that children's sleep is still reported to be a problem by one-third of parents of three through to 18 year olds. Children's sleeping habits and patterns appear to be a persistent and chronic problem for today's parents, and especially so for parents of children with medical conditions or learning difficulties.

#### **10.5. Parental engagement in children's learning**

There is strong empirical evidence that what parents do with children within the home learning environment impacts on children's learning and developmental outcomes (Keating & Hertzman, 1999; McCain & Mustard, 1999; Shonkoff & Meisels, 2000). Previous syntheses of the empirical literature have provided clear evidence that reading with children using rich explanations, discussion and dialogic interactions is associated with improved educational outcomes for children (Parenting Research Centre, ARACY, & the Murdoch Children's Research Institute, 2015). Furthermore, there is good evidence that having high parental aspirations for children's education, being involved with a child's schooling, and engaging children in literacy activities are also related to positive outcomes for children (Parenting Research Centre, ARACY, & the Murdoch Children's Research Institute, 2015).

Findings from the *Parenting Today in Victoria* survey indicated that the majority of Victorian parents reported engaging in a range of activities that could be viewed as evidence of high levels of parent engagement in children's learning and development. For instance, parents reported frequently talking to their children about what was happening in their ECEC program or school (over 90% of parents report 'often' doing this with their preschool and school-age children).

Parents with children up to 12 years of age were asked how often a family member read to the child. Children on average were read to four to five days a week, with this happening every day for over 40% of respondents. Therefore, less than half of all parents of zero to twelve year old children reported that an adult in the household spends time reading to the child every day. While the reported frequency of someone reading to the child was somewhat higher for parents of preschool children, only a third of parents of primary school age children reported that someone was reading to their children every day of the week. While this may reflect the increasing independence and skill in reading expected of children once they start school, it does indicate a decrease in opportunities for parents to interact in positive ways around books, to reinforce messages about the importance of reading, and to monitor and teach children more advanced reading skills through dialogic interchanges and interactions with text. Further exploration of the data is needed to better understand how the age of children is associated with parents (or other family members) reading to a child, as well as the potential predictors and consequences of parents' reading behaviours.

Most parents of 0 to 18 year olds saw the value of activities for children outside the home (e.g. playgroups, swimming lessons). Nevertheless, while around half of all parents reported engaging in musical activities, indoor games, and outdoor games with their children 'often', many did not engage in such activities often, with particularly low rates among parents of teenage children. For instance, nearly a third of parents of 13 to 18 year olds stated that they never or rarely played outdoor games with their children. Thus, notwithstanding the possibility that this reflects normal developmental changes in interests and activities between parents and their teenage children, many teenage children may not be experiencing the same frequency of engagement with parents in indoor and outdoor activities as very young children. This may have implications for children's development not just in relation to their physical health and literacy, but also in their relationships and connections with their family members.

Most parents reported feeling that what they did with their children before primary school was extremely important for their children's later development. However, a proportion of parents may not place high value on their own engagement with their children's learning and education experiences. Around 80% of parents reported feeling that what they did with their children before primary school was extremely important for their children's later development and this was especially so for parents of infants (0-2 years). Yet a small but concerning proportion (2%) of parents reported that what they did with their children in these early years was not at all important or only slightly important for their children's later development.

Parents reported that they held high and positive aspirations for their children's academic future, with nearly three in every five parents of 13 to 18 year olds reporting a strong desire for their children to continue to further study after secondary school. This was particularly true for parents in metropolitan areas and for parents in more advantaged socio-economic areas.

The educational aspirations reported by parents in regional areas were lower than in metropolitan areas. While the majority of parents in regional areas did report feeling that post-secondary education was important, a greater proportion reported that they would like their children to complete a trade or certificate-level education after secondary school. This may reflect differences in how parents in metropolitan and regional areas perceive the reality of their children actually going to university.

Parents of children with health or learning difficulties were also less likely to report that they wanted their children to complete a university degree, compared to other parents.



## 10.6. Perceived support

Within the empirical literature accessibility to social support has been linked to positive parenting (e.g., higher rates of parenting warmth and lower rates of child maltreatment) and to parent wellbeing (Garbarino, Bradshaw & Kostelny, 2005; McLoyd, 1990). The majority of Victorian parents reported that they felt supported in their parenting. Over nine in ten parents reported that they had someone they trusted and could turn to for advice, and most parents felt confident in knowing where to seek help for concerns related to raising their children (e.g. ECEC educators, primary and secondary school teachers, healthcare providers, and family supports). This was the case for parents from areas with higher levels of socio-economic disadvantage as well as less disadvantaged areas, which may counter widely held public perceptions of parents living in areas of higher socio-economic disadvantage.

So, while over 90% of parents reported having someone they trusted and could turn to for advice, 6% did not. Our findings indicate that this challenge may be particularly common among parents of older children and among fathers. In addition, a small proportion of parents (3%) reported that they did not know where to get help if they needed it for their children.

In terms of differences between subgroups of parents, we found that fathers reported feeling more satisfied than mothers with the level of agreement and support they receive from a partner in their parenting. In addition, parents of children with medical conditions or learning difficulties reported lower levels of agreement with their partner about how to raise their child, compared to other parents.

## 10.7. Parental help-seeking

There has been limited prior research examining the psychology of parental help-seeking. Extending beyond an examination of which services parents used or needed, the focus of the Parenting Today in Victoria survey was to explore the psychology behind service use, that is, the reasons why services are used or not used, and what were parents' views about those services in terms of their helpfulness, and parents' feelings of being valued, judged or blamed by service providers.

For the most part, parents responding to the *Parenting Today in Victoria* survey said that they were confident in knowing where to seek help. Of the many parents who stated that they had sought help from professionals (including more than half of the sample who had sought help from a GP and more than half who had sought help from an educator), the vast majority (around 80%) felt satisfied with the help they received. Furthermore, most parents said that they felt confident and comfortable communicating with their children's formal educators and carers.

Parents, particularly parents of younger children, reported that they were using credible sources of information for their parenting advice. While most Victorian parents reported going to friends, family, other parents or neighbours for information on parenting, almost as many said that they accessed parenting information online. The internet was most often reported as a source of parenting information by parents of younger children followed by health professionals. Given the wealth of high-quality parenting information easily accessible online (e.g. through Australia's quality-assured Raising Children Network website) this is encouraging. Indeed nearly one-third of parents had used or heard of the Raising Children Network. Nevertheless there is room for further promotion of the range of accessible options for parenting support available to Victorian parents across the full scope of child ages.

Nearly two-thirds of Victorian parents reported that they or their partner had attended playgroups and Maternal and Child Health First-Time Parent Groups, suggesting that these activities are viewed as a valued resource. This was particularly so for mothers whose personal participation



was much higher than that of fathers. That universally available parenting supports are well attended is good news for DET, which plays a key role in the delivery of universal supports for parents as well as funding supported playgroups for families experiencing disadvantage. The observation that most participating parents (85%) felt that these groups were helpful is very positive news for the parenting support sector in Victoria.

However, around one in ten parents stated that they did not find Maternal and Child Health groups helpful – more so fathers. We should endeavour to find out more about these who these parents are, and why they aren't finding such resources helpful.

Furthermore, parents from more disadvantaged areas were less likely to report that they had attended Maternal and Child Health First Time Parent Groups or playgroups, and were less likely to report feeling that their children's educators valued their ideas. There was also a tendency for parents from greater socio-economically disadvantaged areas to feel more blamed or criticised by educators and by mental health/behavioural specialists.

In addition, while the vast majority of Victorian parents reported that they were confident in knowing where to seek help for concerns related to raising their children, fathers reported slightly less confidence compared with mothers.

Furthermore, it seems that there is still more needed in order to better support parents of children with medical conditions or learning difficulties. While their attendance at a playgroup or 'other' parenting group was higher than that for other parents, and they reported greater levels of comfort than other parents in talking to educator about their child, they nevertheless reported facing challenges in accessing help, especially when they didn't understand their children's condition, or had difficulties obtaining a diagnosis or referral.

## **10.8. Parents' experience of services**

While most parents stated that they felt confident in seeking help, and the majority felt satisfied with the help they have received, a reasonable proportion did report feeling blamed, judged or criticised by professionals. For example, 18% of parents reported feeling judged, and 8% felt blamed or criticised by their children's educators when they asked for help, but there was less of this sentiment when dealing with GPs. Around 15% of parents reported some level of agreement that they felt blamed, judged or criticised. Moreover, while over 80% of parents reported that they were satisfied with the support they received from professionals, (the greatest satisfaction being with GPs at 90%) this leaves 20% who did not feel satisfied or who had mixed feelings. Parents living in more disadvantaged residential areas, in particular, tended to report higher levels of feeling blamed and criticised by some professional groups, compared to other parents.

## **10.9. Socio-economic differences**

Despite some findings to the contrary, a key message emerging from analysis of the *Parenting Today in Victoria* data from parents across the full range of socio-economic areas (according to the IRSD index) is the apparent lack of difference in how parents reported their parenting experiences over these different socio-economic area groupings.

There were only a handful of items where there were statistically significant differences between how parents living in more and less disadvantaged areas reported their parenting experiences. For example, parents in more disadvantaged socio-economic areas were less likely to have a partner helping them raise their child, less likely to have attended Maternal and Child Health First-Time Parent Groups or playgroups, less likely to feel educators/teachers valued their ideas and tended to feel more blamed or criticised by educators/teachers or mental health/behavioural specialists (although not by general practitioners).

While we need to be cautious in interpreting findings that are based on geographic indicators of socio-economic status rather than individual household income (for example), these findings may go some way towards countering some of the widely held stereotypes about low-income families and families facing financial difficulties.

Our future analyses will take advantage of the household income data collected from respondents, to provide a more nuanced understanding of how socio-economic factors relate to a range of parenting experiences, hopes, concerns and patterns of service use.

## **10.10. Parents of adolescents**

Echoing the findings of the overall sample of parents in Victoria, parents of adolescents generally reported that they were faring well. Most reported parenting practices which suggest they are connected to their adolescents in positive and enriching ways. The majority of parents of adolescents also reported that they were confident in knowing where to seek help and felt supported in their parenting. Therefore, as a whole, it seems that parents of secondary school age children are well placed to meet the needs of their children.

Nevertheless, the responses of parents of adolescents suggest that across a number of domains these parents are needing more support with their teenagers. For example, parents of 13 to 18 year olds were more likely to express mixed feelings about their parenting skills, parental confidence and sense of parenting efficacy seems to drop around the time their children reach adolescence, and children's sleep patterns and habits persisted as a problem for around one-third of parents of teenagers. Added to this are the complications that parents of older children tend to report poorer physical health than parents of younger children, and they are more likely to report not having someone they trust and can turn to for advice.

Furthermore, while most parents in general reported knowing where their children were, and most had rules and limits on children's movements in their free time, parents of teens reported this less often than parents of younger children. In addition, over 70% of parents of teenagers reported feeling that their children spent too much (or far too much) time using electronic devices. While around one-tenth of all parents reported that they did not monitor their children's device use at all, this crept up to one in five parents of teens. Parents of six to twelve year olds reported using many of the strategies to monitor children's use of the internet and electronic devices more frequently than parents of adolescents – except for talking about the safety of internet connected devices, which was done more often with teenagers.

Also of note is that parents of adolescents felt a little less confident about helping their child do well in school, less confident that their child's educator understood their child, less satisfied with communication with teachers and with involvement in decision-making around school. Parenting of adolescents is a less-resourced stage of life compared to parenting pre-schoolers, and in comparison with parenting research focused on the first few years of a child's life. Parenting adolescents has received relatively less attention in research, policy and practice, and the *Parenting Today in Victoria* findings suggest that there may be a number of areas to target in the future in relation to parenting teenagers.

In combination with the positive news about parents of teenagers generally reporting that they felt well equipped, confident and capable, these findings provide us with an opportunity to reinforce messages about the importance of the developmental stage of adolescence, and that parents of adolescents are still in need of support. Researchers are telling us more and more each day about the brain of an adolescent. We are discovering more about the neuroplasticity of the adolescent brain; this is a time of 'pruning' and regrowing of neuronal connections. This is a time of life of massive change, when the individual may still be viewed as being 'under construction' (Frameworks Institute, 2016).

While the importance of providing effective parenting support in the early years of life is reflected strongly in the Victorian Government's reforms and priorities (reflected in sustained and strong funding and supports for Maternal and Child Health, early childhood education and care, Early Childhood Intervention, and the state's Early Parenting Centres), it may be that further attention on, and investment in, supporting parents of adolescent children is needed.

Our results support the conclusion that most parents would have good stories about their teens that are positive stories of strength, close relationships, and mutually beneficial interactions. However, this is not often reflected in mass media or in research. Nevertheless, there is a lot going on for these parents and their adolescent children that is good at this time.

Despite this, it is important for us to understand what is happening for those parents (and adolescents) who aren't faring so well.

The move into secondary school, in particular, affords an opportunity for checking in with parents, and for intervention if needed. This is a key transition point, and with many parents of children nearing secondary school feeling concerned about their ability to manage the transition (14% reporting mixed feelings or disagreeing that they felt confident to manage this), we need to do more to reach out and provide the types of supports shown with evidence to be helpful to these families.

## **10.11. Fathers**

There has been a growing recognition of the importance of fathers to child outcomes (Baxter & Smart, 2011). This survey has captured data on the parenting experiences of a reasonably representative sample of fathers (40% of the total sample). This serves as a valuable contribution to research, as well as to policymakers' and service providers' knowledge of the strengths and needs of dads.

Like mothers, the vast majority of fathers are faring well across a range of indicators of parenting competence and confidence. Fathers generally reported feeling that they knew where to seek help with their child rearing, engaging in constructive learning activities with their children, and feeling supported in their parenting. While the detail of their parenting experience, as captured in the rich dataset afforded by *Parenting Today*, is still to be explored, we can be confident that for the most part, fathers today share more in common with mothers in their views and feelings about parenting than we might have expected.

This report did, however, identify a few points of difference that alert us to the specific needs of fathers. For instance, fathers reported feeling somewhat less efficacious in their parenting and less confident in knowing how to help children do well at school. Fathers were also less satisfied with the time they gave to their children and were more likely to wish they were more consistent in their parenting, compared to mothers. Fathers also reported that, on average, they talked to their children about problems or issues (such as friendships, schoolwork, or drug use) less often than did mothers, and were less likely to discuss safe use of internet connected devices with teenagers.

Even so, fathers reported feeling more satisfied than mothers with the level of agreement and support they received from a partner in their parenting, and also reported yelling at their child less often than mothers. Regarding help-seeking, while the vast majority of Victorian parents said that they were confident in knowing where to seek help for concerns related to raising their children, fathers reported slightly less confidence compared with mothers, were less likely to report that they had a trusted person in their life who could offer advice, and were less likely to seek help from teachers/early childhood educators.

While DET and the PRC have invested in developing products aimed at parenting support for fathers (e.g. the Fathers Matter Parenting Resource), and, in partnership with others, have conducted research with fathers to improve their support experiences (e.g. Healthy Start's Fathers

with Learning Difficulties project in 2011; the SMS4Dads parenting support program), this new information on the parenting experiences of fathers will inform future developments that further enhance the parenting experience for fathers.

We can learn from the *Parenting Today* findings to better target supports for fathers. For instance, using the knowledge that fathers sometimes do not feel high levels of parenting efficacy, and using our newfound understanding of the different patterns of help-seeking for mothers and fathers, we can target parenting resources specifically to fathers in need of support.

## 10.12. Limitations

A robust methodology, including a randomised approach to sample recruitment and a high response rate, was employed in sampling and surveying participants for the *Parenting Today in Victoria* survey to enhance the representativeness of the collected data. As noted in Section 2, this representativeness has subsequently been enhanced by data weighting to bring three variables closer to the ABS 2011 Census estimates for Victorian parents and their partners. This weighting adjusted education levels downwards, parental age group upward and residential location more towards metropolitan than regional/remote areas.

However, a limitation of the sampling approach adopted for this survey is that parents who understand or speak limited English may not have been recruited at representative levels. Because the survey was delivered by CATI, it did not specifically exclude those with poor English language skills. Further, because it was delivered in simple English, it did not exclude most individuals with English as a second language. However, because of the costs of using translators to deliver the CATI, this survey was conducted in English only and therefore may have excluded individuals with very low levels of spoken English.

Also, parents who did not have a landline or mobile number (e.g. potentially some homeless families, new migrants and refugees) were not sampled.

While our findings are broadly representative of the Victorian parent population, our capacity to compare groups based on cultural background (e.g. Aboriginal or Torres Strait Islander) is limited, due to the relatively small number of people from some cultural groups within the sample, reflecting their proportional numbers within the broader population. The aim for the *Parenting Today in Victoria* survey was to capture a population-level picture of parenting experiences as noted above. As such the study did not use sampling methods aimed at over-sampling for particular sub-populations (e.g. grandparents, or Aboriginal or Torres Strait Islander parents). This was based on an understanding that oversampling for small subgroups can often provide only limited improvement to the statistical precision of population estimates (see Soloff, Lawrence & Johnstone, May 2005). More intensive studies of important subgroups of the Victorian population would be required to capture the experiences of these smaller sub-groups, which would be better conducted using different sampling techniques or research designs.

Finally, although not a limitation of the sampling method, a caveat of the analyses performed for the current report is that these analyses are primarily descriptive and more detailed analysis is now needed to better understand the inter-relationships between variables such as family characteristics (parent and child sex and age, parent working status, family income, parent residential status, family composition, etc.) and outcomes such as parenting confidence, efficacy, behaviours, beliefs and aspirations. One reason to do this is to test whether the simple relationships – or correlations – we have presented in this report can be more fully explained by other factors, or, in particular, by groups of factors.

## 11. Conclusion

Overall, findings from the *Parenting Today in Victoria* survey of 2016 present a positive picture of parenting experiences for the majority of Victorian parents. Today's parents appear to be a generation of parents who feel confident, satisfied with their parenting and knowledgeable about where to go for help in their parenting. Parents are therefore generally well placed for dealing with child-related concerns, and are ready and equipped for taking on information about how to improve their children's health, wellbeing and educational outcomes, and this is true even for families in relatively more disadvantaged or non-metropolitan communities.

These findings stand in contrast to popular images of parenting conveyed in the mass media that parents on the whole are ineffective, confused, or lack commitment to their role. We did not find evidence to support the notion of significant, population-level deficits in modern parenting; indeed, we found the reverse, with parents reporting positive perceptions and confidence in their parenting, as well as positive perceptions of both informal and formal sources of support. Notwithstanding some areas of concern we identified, our findings strengthen the notion of a strengths and assets framing of modern parenting that accords with the key role parents can and ought to play in any systematic attempts to improve child health, educational and welfare outcomes.

The Victorian government's recent investments, reforms and strategic policy plans reflect the value placed by government on supporting parents in their parenting role, particularly in the early years. Victoria's high-quality Maternal and Child Health Care, commitment to the reform and funding of supported playgroups, and attempts to adopt father-inclusive approaches to service provision, are testament to this.

Better engagement and partnering with parents has been a priority in service development in Maternal and Child Health, early childhood education and care, Early Childhood Intervention, and schooling. The state invests in a range of services that specialise in parenting education and support, including Early Parenting Centres, Regional Parenting Services, and Parentline.

Recent developments in DET's planning and policy have acknowledged the importance of parental engagement and support in order to improve outcomes for children, and to benefit the broader community. A central policy direction for DET at this time is the Education State initiative whereby nearly \$750 million has been committed to building an education system that promotes student excellence, gives parents confidence, and reduces the impact of disadvantage.

This was the first parenting survey of its kind for Victoria and thus provides vital new insights to inform policy decision-making, service planning and future research. This data provides a valuable baseline of parenting practices and issues in the Victorian population and a sound way of assessing progress in initiatives designed to enhance parenting support in this state. It also provides a potentially useful benchmark for better understanding the population of parents who are seeking and using state-funded parenting support services as well as the outcomes that are being achieved with those families.

Further interrogation of this valuable data set is required to explore and clarify identified areas of concern and unmet need, and to assist in the identification of groups who may be struggling. Such analysis will facilitate evidence-informed policy-making regarding where and how to target supports and services for those who need them most.

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

in Victoria data, with analyses logically grouped under sub-themes of relevance and interest to key stakeholders. For instance, below we describe areas of further investigation across subthemes related to identifying the characteristics of families who express greatest levels of need, fathers, and parents of adolescents, among other key areas for further exploration.

### **Addressing unmet needs**

To take the examination of *Parenting Today in Victoria* data to the next level, it would be beneficial to have a better understanding of who the families are who are experiencing the greatest levels of support need. By clustering families along dimensions of need, distress and/or concerns we should be able to identify clusters of families who score negatively across a range of variables, and who therefore present the greatest challenge to the support system. We can then target these families specifically, using detailed information about what they look like, where they are likely to reside, and what barriers to help-seeking they experience, among other things. We can make recommendations about targeting services more specifically to these families.

### **Fathers**

Relative to other projects of this kind, this study included a large proportion of fathers (40% of the sample). However, when reporting the overall experiences of parents, it is likely that fathers' views are still somewhat underrepresented in this sample. In this report, the experiences and characteristics of mothers and fathers were reported separately to ensure that any differences in mothers' and fathers' parenting experiences were adequately described. However, future analyses of these data could consider weighting for this difference in the number of mothers and fathers.

Further investigation of the seemingly high rates of fathers attending Maternal and Child Health First-Time Parent Groups (41%) and playgroups (50%) is needed to determine whether this concurs with what services actually see. If there is a mismatch, our finding could indicate fathers' interest and willingness to participate at the very least. In which case services should ensure they are using father-specific invitation approaches, and making these groups welcoming and relevant to dads.

Research tells us a lot about what fathers need from services in order to feel welcomed and relevant. The *Parenting Today in Victoria* data presents the opportunity to better understand the impact of father-inclusive approaches, and the need to refine these. We could examine what fathers tell us are barriers or how important are things like facilitator factors (training, understands me, same gender as parent), convenience (location, time offered) effectiveness (benefits, recommendations from others) and program factors (designed for mothers and fathers, what was involved).

### **Policy-relevant research questions**

Findings from the *Parenting Today in Victoria* survey bring valuable opportunities for DET policy decision-makers and the broader Victorian community to better understand the strengths and aspirations of today's parents. The findings could be used to improve the parenting experience, and therefore enhance the lives of Victoria's children where family vulnerabilities exist.

There may be more finely grained analyses to conduct to assist DET to answer questions in relation to their strategic directions. For instance, we could break down the metropolitan/regional split into smaller zones, perhaps looking at (for example) Best Start regions using respondents' postcodes. This may assist with decision-making around place-based initiatives and service delivery, and may help in any future evaluation of Best Start.

Sub-group analyses of parents experiencing different levels of support need based on their children's medical conditions or learning difficulties would be highly salient for planning in line with the National Disability Insurance Scheme. *Parenting Today in Victoria* data affords us an opportunity to better understand the specific support needs of this group of families.

### **11.1. Concluding statement**

For the first time in Victoria's history the *Parenting Today in Victoria* survey affords us the opportunity to interrogate accurate and up-to-date data about parents' attitudes and behaviours, their concerns, and their patterns of help-seeking, collected in a rigorous way from a large proportion of Victorian families.

The findings of the *Parenting Today in Victoria* survey serve to address gaps in knowledge about the needs, concerns, practices, behaviours and help-seeking of Victorian parents. As such, these findings provide vital information for government to ensure that parenting supports and policies are evidence-informed and appropriately directed.

The survey findings establish a baseline measure of the experiences of Victorian parents. Repeated delivery of this survey will allow ongoing understanding of contemporary parenting experiences, as well as the opportunity to monitor trends in parenting strengths and needs over time.



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