Parenting Research Centre

2022

Parenting Today in Victoria

Technical Report

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ACKNOWLEDGEMENTS

Parenting Today in Victoria: Technical Report was prepared by the Parenting Research Centre for the Victorian Government Department of Families, Fairness and Housing.

Special thanks to additional members of Parenting Research Centre staff for their contributions to the *Parenting Today in Victoria* study: Zvezdana Petrovic and Amber Ledsam.

Thanks also to the experts involved in stakeholder consultation, including Janice Robertson, Donna Palmer, Pam Anders, Emma Wellington, Jane Blurton, Claire Thorn, Aleesha Harrison-Grace, Professor Matthew Sanders, Professor Mark Dadds, Dr Divna Haslam, and Dr James Kirby.

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Overview

This Technical Report contains the background, methodology and findings from the Parenting Today in Victoria Survey conducted in 2022.[1] The survey is representative of the population, involving 2602 Victorian parents of children, birth through 18 years. The third iteration of this survey was conducted by the Parenting Research Centre with support from the Victorian Government Department of Families, Fairness and Housing. The first survey was conducted in 2016, and the second in 2019.

The aim of the series of surveys is to periodically 'check-in' with Victoria's parents, to understand how they are faring. Each survey involves a new set of parents and allow us to: (a) continue to monitor how parents are faring in Victoria, (b) understand changes in parenting experiences over time, (c) continue to explore the impact of current experiences on patterns of help-seeking and support need for parents, and (d) capture new information about emerging areas of interest to the Victorian Government, the Parenting Research Centre and other important stakeholders.

The 133-item 2022 version of the survey was conducted using Computer Assisted Telephone Interviews (CATI) by a contracted polling company Ipsos. Parents were invited to participate using random dialling of landlines and mobile telephone numbers. As with the previous two surveys, we prescribed a quota of 40% fathers to ensure responses reflected the views of a large proportion of Victorian fathers as well as mothers. Accordingly, the data collected incorporates the views of one of the largest population representative survey samples of Australian fathers.

We collected information on child and family characteristics (demographics) and the following key areas of interest:

- Experience of being a parent (including self-efficacy).
- Approach to parenting (including concerns about child behaviour, and parenting practices).
- Parent wellbeing, self-care and work-life balance.
- Parent support and help-seeking (including a focus on telepractice, and support for child mental health concerns).
- Learning and education (including parent engagement in child learning, parents' attitudes and beliefs associated with child schooling and achievement, and parent-school relationships).

We employed a robust methodology to maximise the representativeness of the data collected. To examine whether our sample was representative of the Victorian parent population, we compared sample characteristics (e.g., parent employment, family income, regional versus metropolitan dwelling) with Australian Bureau of Statistics (ABS) (2016) Census data from the broader parent population in Victoria. Our sample was very close to population estimates of key demographic characteristics of the Victorian parent population, however, to improve the representativeness of the sample, we used weighted data.

This report, based on weighted data, is primarily descriptive, providing an overview of the method adopted to administer the survey, along with a summary of participant characteristics and key findings. Where relevant, we describe how the current results compare with the results from previous surveys in 2016 and 2019, and these comparisons are descriptive only. A summary of major findings is provided in the Snapshot below, highlighting areas where parents in our communities are faring well, and where supports are needed. Further analysis of these data over the coming years will help build understanding of the important interactions between family characteristics and parenting experiences in Victoria and will continue to guide policy development and provision of supports for parents in Victoria.

[1] Some text in this report has been taken from previous technical reports on the Parenting Today in Victoria study, which are available online: https://www.parentingrc.org.au/publications/parenting-today-in-victoria/

Summary of major findings

Most Victorian parents in 2022 are faring well

- Most (around 8 in 10) are confident in their parenting
- Most (around 8 in 10) have someone they can turn to for advice
- Most (around 8 in 10) report at least 'good' physical health

There are strengths and gaps in help-seeking

- Most (four in five) have a trusted support person they can turn to for advice
- Most (over four in five) know where to go for help with child behavioural or emotional concerns if they need it
- Many (over four in five) use the internet for information
- Three quarters are satisfied with the professional help they have received
- More than a third said they had accessed parenting information or advice remotely from either a GP or other professional

Most engage in generally positive interactions with their children

- Most (around 8 in 10) 'often' use positive consequences for good child behaviour
- Most (9 in 10) try to talk and reason with their child when they are misbehaving
- Most (around 9 in 10) held, cuddled or otherwise used physical contact to settle or calm their child
- Most (9 in 10) encourage their child to express their feelings in words when they are upset
- Most (around 8 in 10) never smack their children
- Most (8 in 10) help their child to learn through play (0-5 years) or use everyday activities to teach their child (6-18 years)
- Many parents (close to 3 in 5) of 3-5 year olds read to their child daily

Parenting self-care varies

- Almost half are experiencing at least moderate current psychological distress (7% very high distress)
- Two in five parents do something to relax and re-energise
- Nearly half feel they do not have enough time to get everything done
- About two in five feel tiredness gets in the way of being the kind of parent they want to be
- Over a third feel they are too hard on themselves about their parenting
- Over half could forgive themselves when they make parenting mistakes
- About one in six struggle with feelings of guilt or shame about their parenting
- One quarter said work gets in the way of quality family time

Most report positive engagement in education and learning

- Most (around nine in ten) report positive interactions with their children's teachers or educators
- Two thirds think homework is important
- Two thirds indicate that supporting children with homework is part of their role
- Almost one third say helping with homework is stressful
- Most (around seven in ten) are confident they can help their child do well at school
- Almost half would like for their child to complete a bachelor's degree or post-graduate qualification

Many experience parenting challenges

- Just under one in five say they smack their child
- Around two in five wish they didn't become impatient so quickly with their child
- Almost half say they are dissatisfied or have mixed feelings about the amount of time they can give their child
- Just under half report their child's sleep to be of concern
- Nearly two in five are concerned about their child's worries, concerns, or anxieties (3-18 years)
- Nearly two in five are concerned about their child playing computer games or using electronic devices (3-18 years)
- Nearly 3 in 10 are concerned about their child's use of social media (6-18 years)
- Just under one in five find parenting to be very or extremely frustrating

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Glossary

Alpha coefficient (Cronbach's alpha; α) – Cronbach's alpha is a measure of internal consistency, that is, how closely related a set of items are as a group. It is considered to be a measure of scale reliability. It is a function of the number of items in a test, the average covariance between item-pairs, and the variance of the total score. Alpha levels around 0.7 are considered acceptable, with 0.8 and above considered 'good' and 0.9 and above as 'excellent'.

ANOVA – A parametric statistic, Analysis of Variance (ANOVA) provides a test of whether or not the means of comparison groups are equal.

Bonferroni correction – An adjustment made to *p* values when several dependent or independent statistical tests are being performed simultaneously on a single data set. We used this when there were multiple comparisons within a variable.

CATI – Computer assisted telephone interview. A surveying technique in which the interviewer follows a script provided by a software application.

Child – The survey respondent's child (aged 18 years and under) whose birthday was closest to the date the survey was administered with the parent. Child can include biological children as well as stepchildren, and adoptive or foster children that the parent is involved in caring for.

Chi Square test – Pearson's Chi-squared test (χ^2) is a statistical test applied to sets of categorical data to evaluate how likely it is that any observed difference between the sets arose by chance.

Complex needs – Refers to children whose parent indicated their child had a medical condition or learning difficulty that was chronic (has or is likely to last 6 months or more). This is the same definition used to describe children who had a medical condition or learning difficulty in the 2016 & 2019 *Parenting Today in Victoria* surveys,

Coping (related to 'Support') – Successfully face and deal with responsibilities, problems or difficulties related to parenting.

Cross-sectional design – Cross-sectional surveys are studies aimed at determining the frequency (or level) of particular attributes in and information from a defined population at a particular point in time.

DET – Victorian Government Department of Education and Training. Funded the 2019 *Parenting Today in Victoria* survey.

DFFH – Department of Families Fairness and Housing funded the 2022 *Parenting Today in Victoria* survey

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 and young people. For this report, it refers to early childhood educators who are early childhood professionals. Early child care 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.

Effect size – Effect size is a type of statistic used to describe the magnitude of a difference in responses to survey items between sub-groups (for example between men and women or the parents of children in different age groups).

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 practitioner, mental health/behavioural specialist, teacher/educator or member of school staff.

Help-seeking – Obtaining help for parenting – e.g. from a health professional, parenting group, telephone helpline, parent/friend/neighbour, community leader, teacher/educator, member of school staff, a book or online resource.

Informal supports – For example, a trusted person, family member, 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.

Item inter correlation – Refers to the correlation or relationship between items in a test or scale and is an indication of how internally consistent the scale is (e.g. to what extent different items measure the same general concept).

Kessler 6 (K6) – A short version of the Kessler Psychological Distress Scale that has six items on feelings of nervousness, depression, restlessness, hopelessness, effort and worthlessness. It is primarily used as a screening test and has been included in Australian surveys such as the Australian Bureau of Statistics Health Survey and the Longitudinal Study of Australian Children.

Kruskal Wallis test – The Kruskal Wallis H test is a non-parametric test that can be used when the assumptions for ANOVA are not met. Like ANOVA it tests for the statistical significance of differences between groups.

Me as a Parent Scale (MaaPs) – Commissioned by the Victorian Government and developed and normed with Victorian families, this 16-item scale measures parents' perceptions of their parenting efficacy, personal agency, self-management and self-sufficiency. For this survey we used a valid 4-item short form (MaaPs-SF).

Maternal and Child Health (MCH) First-Time Parents Group – The MCH service is funded by the Victorian Government, local government and the Municipal Association of Victoria. First Time Parents Groups provided by local MCH services are attended by parents of babies one month to six months of age. Facilitated by an MCH nurse, the groups are designed to provide support and information aimed at enhancing parental wellbeing, increasing parents' confidence, and establishing informal support networks.

Mean (M) – 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.

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. Where assumptions were violated we conducted a non-parametric analysis.

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, or someone other than the biological parent functioning in a parenting role, such as grandparents, stepparents, foster parents or other carers.

Parent engagement – This refers to parents' engagement with their children's learning and educational experience. It included involvement in informal learning activities as well as more formal learning that occurs in ECEC and school.

Parent performance – Measured by four items from the Parent Performance subscale of the Cleminshaw-Guidubaldi Parent Satisfaction Scale.

Parent self-efficacy – The belief about being able to perform parenting tasks successfully. Efficacious parenting beliefs have been shown to be associated with greater competence in performing parenting tasks. Measured in this survey by the short form of the MaaPs.

Parent wellbeing – Shown by parents' ratings of their physical and mental health.

Parenting confidence – This refers to confidence in help-seeking as well as confidence in parenting practices.

Parenting practices – Strategies for addressing child behavioural challenges, and positive parenting techniques.

Parenting programs/groups – Examples given to parents as part of the survey items were: Triple P and Tuning in to Kids, MCH first time parents group.

Pearson correlation coefficient – A Pearson correlation coefficient is the statistic that shows the correlation between two sets of data and is represented as Pearson's r. The r value given is between +1.0 (positive correlation) and -1.0 (negative correlation). The closer the value is to +1.0 or -1.0, the stronger the relationship. A coefficient close to zero shows little correlation.

Playgroups: Supported & community – Playgroup sessions are held in the community for babies, toddlers and pre-schoolers and their parents/caregivers. The sessions focus on child play and social interaction. They are usually held once a week for two hours. Supported playgroups are facilitated by a trained practitioner and are funded by both Commonwealth and Victorian governments. Victorian government supported playgroups are designed for families living in disadvantaged circumstances. Community playgroups are not facilitated and are funded in a variety of ways in Victoria.

Parenting Research Centre (PRC) – The Parenting Research Centre commenced in 1996. Its focus is on better outcomes for children by increasing effectiveness and fostering innovation in the way parenting is supported. Activities of the Centre 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.

Reliability – A measure is said to have a high reliability if it produces similar results under consistent conditions. For the *Parenting Today in Victoria* survey we reported internal consistency according to Cronbach's alpha (see 'Alpha Coefficient' in this Glossary).

Sampling frame – The source from which a sample is drawn. It is a list of all those within a population who can be sampled and identifies the inclusion and exclusion criteria. For the *Parenting Today in Victoria* survey the sampling frame was designed to maximise the representativeness of the sample for the Victorian population of parents of children 0 to 18 years inclusive.

Skewness – Skewness is a measure of the symmetry of a distribution of data. A data set is symmetric if it is evenly distributed to the left and right of the centre point. We checked this when a statistical test required a normal (not skewed) distribution.

SPSS – IBM SPSS Statistics is a computer application for statistical analysis of data. All analyses for the *Parenting Today in Victoria* survey were conducted with SPSS.

Standard deviation (*SD*) – Quantifies the amount of variation or dispersion of a set of data values - indicating how closely the data is clustered around the mean or average value. For the *Parenting Today in Victoria* survey we report standard deviations as well as level of statistical significance of differences.

Statistical significance – Refers to the likelihood that a relationship between two or more variables is caused by something other than chance. For *Parenting Today in Victoria* we used a conservative significance level of $p<.001$ which means that the probability of a result occurring by chance is less than one in a thousand.

Validity – The validity of a measure can be thought of as the degree to which the tool measures what it claims (or is supposed) to measure.

Introduction

Parents have a critical role in shaping the future of their children. Parenting factors have been linked to a wide range of child outcomes including physical and mental health, cognitive development and educational attainment, substance misuse, unemployment and juvenile offending (Davidov & Grusec, 2006; Davis-Kean, 2005; Morris, Criss, Silk, & Houltberg, 2017; Repetti, Taylor, & Seeman, 2002).

Furthermore, parenting is the crucial mediating pathway that determines the impact of the broader social environment on a child's healthy development (Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Hoffman et al 2022). It is widely acknowledged that supporting parents in their parenting role is fundamental to improving child wellbeing, health and educational outcomes, and ultimately reducing social disadvantage (Kaminski et al 2022; Keating & Hertzman, 1999; McCain & Mustard, 1999; Shonkoff & Meisels, 2000). Therefore, understanding, currently, what parents are doing and thinking has an important role to play in informing policy and services that impact on parenting and thus child outcomes.

The *Parenting Today in Victoria* surveys conducted in 2016 and 2019 contributed significantly to our understanding about how parents were faring. For example, information on the parenting experience helped to fill gaps in our knowledge about the impact of fathers' and mothers' confidence and mental health on their behaviours, attitudes and help-seeking behaviours.

We have demonstrated the value of the previous surveys through a range of outputs. These have included technical reports, papers in the peer-reviewed literature, op-ed publications, engaging communications materials (web-based), and ten research briefs. We have also presented at national conferences and seminars and have engaged in radio, print and television media activities to share the findings and discuss their implications. As a result, policy makers have had access to the data useful for parenting support policies, services and programs, with potential to be more responsive and supportive of emerging needs.

Repeating this survey at three-year intervals allows us to: (a) continue to monitor how parents are faring in Victoria, (b) understand changes in parenting experiences over time, (c) continue to explore the impact of current experiences on patterns of help-seeking and support need for parents, and (d) capture new information about emerging areas of interest to the funder, the Parenting Research Centre and other important stakeholders.

In 2022, the survey was funded by the Victorian Government Department of Families, Fairness and Housing. It builds on data collected for the Victorian Child and Family Health Survey (2019) and the School Entrant Health Questionnaire (2019, 2020, 2021), as well as other population-level data sets related to children and families that predominantly focus on assessing trends in child health and development (e.g., the National Assessment Program – Literacy and Numeracy, Australian Early Development Census, the Longitudinal Study of Australian Children, and the Victorian Child and Family Health Survey).

The *Parenting Today in Victoria* survey conducted in 2022 occurred at a distinct time in the history of Victorian families, a time of the Covid-19 pandemic and the associated restrictions. As the 2022 survey occurred at a time when families were adjusting to 'covid-normal', the findings tell us how parents are faring during this time of adjustment, compared to how they were faring before Covid-19. This builds on the work of others who have investigated the impact of Covid-19 on Australian families and children and collected data during the pandemic (e.g., Westrupp, Bennett, Berkowitz, et al., 2021).

The scope of the *Parenting Today in Victoria* surveys was initially determined through a feasibility study for the first survey in 2016 followed by consultation with three Victoria Government Departments and other key stakeholders. Such consultation has also occurred for the second and third surveys. The aim is this stakeholder consultation is to identify emerging areas of interest to the Victorian Government and other important stakeholders. In addition to consultation with the Department of Families, Fairness and Housing (DFFH), the Department of Education and

Training (DET), and the Department of Health (DH), a range of experts provided advice about policy-relevant and contemporary issues worth exploring further in the 2022 survey.

Five key emerging areas of interest were identified from stakeholder consultations:

- parental issues around child mental health, including parent concerns about child behaviours and awareness of supports
- help-seeking, with a focus on online service delivery and digital parenting support
- child sleep
- parenting self-perceptions about self-compassion, guilt, shame and self-care
- parent engagement in children's learning.

These key areas are reflected in the five parenting domains captured by survey items.

RATIONALE

The Victorian Government has a strong history of investment in parenting support. Better engagement and partnering with parents are key principles underlying the Victorian Early Years Learning and Development Framework (VEYLDF) (see State of Victoria, Department of Education and Training, 2016), the Victorian Government Roadmap for Reform: Pathways to support for children and families 2021-2024 and Child and Family Services Information, Referral and Support Teams (Child FIRST) (Department of Families, Fairness and Housing). Partnership with parents has been a priority across maternal and child health, early childhood intervention and schooling for many years. Furthermore, Victorian Government support for parenting has been demonstrated through ongoing investment in the delivery of *smalltalk* within Supported Playgroups and via in-home support (see Victorian Government, 2017), and through parenting education and support, including Victoria's Early Parenting Centres, Regional Parenting Services, the Strengthening Parenting Support Program and Parentline. Information derived from the *Parenting Today in Victoria* survey has and will continue to be used to enhance professionals' understanding of parenting needs.

A continued commitment to providing access to information-rich resources in order to support evidence-based decision-making in the public sector is a priority of the Victorian Government. As expressed in the Victorian Government Reporting and Analytics Framework (State Government of Victoria, 2014) and the Roadmap for Reform (Victorian Government, 2021), the ability to identify, collect, analyse and use data in the course of service delivery is becoming a key activity that will play an increasingly important role in organisational performance, especially when it comes to children experiencing vulnerability. Data collected through the *Parenting Today in Victoria* 2022 survey will continue to generate knowledge that will help government ensure parenting supports and policies are evidence-based and data driven. Ultimately this will help ensure the current needs of Victoria's parents and families are met, and that emerging trends are identified early to promote a proactive response to contemporary parenting issues.

AIMS

In 2022, the *Parenting Today in Victoria* survey aims to help build an understanding of parenting attitudes, behaviours, practices, help-seeking and concerns. A further aim is to identify any changes in these areas between 2016, 2019 and 2022. To identify changes across time we used a repeated cross-sectional survey. This methodology has advantages over a longitudinal survey because it is more cost-effective, is not impacted by sample attrition and provides a better reflection of a changing population.

What follows in this report is an overview of the methodology along with a detailed summary of key findings from the survey. This report can be used to inform future communications about the survey, its findings and implications.

The 2022 survey includes items across five parenting domains which were identified as priority areas of interest by multiple stakeholders. In addition to demographic items about respondents and their families, items were included under the following domains:

- Experience of being a parent (including self-efficacy)
- Approach to parenting (including concerns about child behaviour and child sleep, and parenting practices)
- Parent wellbeing and self-care, (including work-life balance)
- Parent support and help-seeking (including a focus on telepractice, and support for child mental health concerns)
- Parent engagement with children's learning and education.

Conduct of the Parenting Today in Victoria survey

SURVEY DESIGN

This is the third survey of a series of planned surveys. A repeated cross-sectional design was deemed most appropriate to the aims of this study. The benefits of using repeated cross-sectional surveys over longitudinal surveys include: increased cost effectiveness; no limitations associated with sample attrition; and a better reflection of the circumstances and support needs of a changing population (Yee & Niemeier, 1996).

Survey design principles

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

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

Table 1. Item Selection Principles

Importance	Item/measure selection guide
Essential	Items adequately quantify the constructs of interest
Essential	Items are appropriately matched to the age range of participants
Essential	Items do not require specific training to administer or complete
Desirable	Items have been demonstrated to be sensitive to change as a result of an intervention (relevant for established scales)
Essential	Administration time (tolerability): The complete set of items should be limited to a length/time duration that does not overburden participants Based on what was achieved in the 2016 and 2019 surveys, in 2022 the survey ideally would take 30-40 minutes to complete, around 100 questions
Essential	Items are relevant to the construct of interest: face validity, construct validity
Essential	Items have social validity: stakeholder acceptability, items acceptable to targeted participant group (e.g., brief, simple response format, easily understood, accessible language), items are translatable into community languages
Desirable	Established scales have demonstrated internal consistency
Desirable	Items have demonstrated temporal stability (test-retest reliability)
Desirable	There is an absence of redundancy (data from these items are not available elsewhere)
Desirable	Availability: A preference where appropriate, is given to measures that are free to use or inexpensive, or available in the public domain
Desirable	Item response scales are appropriate to the question, easy to comprehend and avoid ambiguity
Desirable	Items are applicable across the age groups
Useful	Items allow for comparison with other international or national studies or data
Useful	There are Australian norms available for items or scales

Pilot survey

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

Before commencing the first survey in 2016 we conducted a pilot survey to ensure the appropriateness of the created items and the items adopted from local and international surveys and scales. Comprehensive details of the pilot study rationale, methodology, item origin and selection, and results can be found in Section 3 of the Technical Report (Parenting Research Centre, May 2017) of the initial survey.

Consistent with the approach taken in 2019, the first step of the pilot of the 2022 version of the survey involved completion of an electronic (Word document) version of the survey with a convenience sample of 15 parents of children of varying ages who were staff members at the Parenting Research Centre. The aim of this first step was to determine the face validity of items, and to identify any spelling or grammatical errors.

The second step in the pilot process was carried out by the survey administration company (Ipsos Social Research Institute) and is discussed in the Survey Administration section.

SAMPLING FRAME

As with the previous surveys, the sampling frame aimed to achieve a sample representing all Victorian parents of children aged zero to 18 years. As such, the sample was intended to be representative of all Victorian parents across child ages and across geographic regions, that is, proportional to the regional distribution of the Victorian population.

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

As with the other two surveys, the option for sample stratification at a mid-way point was available, meaning that if the data did not look representative mid-way through survey administration, underrepresented groups could be specifically targeted for the remainder of recruitment to ensure representativeness was achieved. If needed, statistical weighting techniques could be used to artificially create representativeness after data collection. Throughout the CATI process the proportion of parents across demographic categories was similar to the Victorian population in parent age, child age, metro and regional location and no formal quotas were needed or applied.

Because the survey was delivered by CATI, it did not exclude those with poor English literacy skills. Further, the survey was designed to be inclusive of individuals with English as a second language because of the simplicity of the language used. Interpreters from Ipsos were available for participants who spoke Mandarin, Cantonese, Vietnamese and Arabic. These are the four most common languages spoken in Victoria by adults aged 18-60 years who do not also speak English (i.e., Italian and Greek are more commonly spoken, but most in this age group also speak and understand English). According to ABS Census data, people who speak these four selected languages make up 11.4% of the Victorian population in this age group (ABS, 2016).

A limitation of this study is parents who do not have a landline or mobile number (e.g., potentially some homeless families, new migrants and refugees) could not be sampled.

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

SAMPLE SIZE ESTIMATIONS

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

An estimate of appropriate sample size was based on the calculations undertaken for the 2016 survey (See Appendix 2 or Section Characteristics of Sample of the Technical Report; Parenting Research Centre, May 2017).

PARTICIPANTS

Eligibility criteria were the same in this survey as in the previous two surveys. To be eligible, participants needed to be parents or caregivers who were aged 16 years and over and have sufficient spoken English, Arabic, Cantonese, Mandarin or Vietnamese to participate.

A 'parent' was defined as any person functioning in a parenting role who views themselves as a primary caregiver to a child who at the time of the survey was aged 0 to 18 years inclusive. To ensure respondents were able to provide sufficient current information about their child, an additional inclusion criterion was imposed: that the parent spent at least 4 days in a typical month with their child. The person referred to as 'parent' may be any person, biologically related to the child or not, who fulfils the caregiving role. Such a person might not be the child's biological parent. This definition therefore may include grandparents, stepparents, 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 stepparents, foster parents and adoptive parents.

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

SURVEY ADMINISTRATION

The survey was administered using randomly selected telephone numbers from a sample of landline and mobile phone numbers to allow for data collection from a randomly recruited and representative sample of the Victorian parent population.

An independent survey and polling company, Ipsos, was selected to administer the survey via CATI. Ipsos have access to datasets sourced from Illion, Sensis, Impact Lists and SamplePages. SamplePages is the leading provider of accurate and representative data for market and social research in Australia.

Ipsos is fully compliant with the International Standard for Market and Social Research (ISO 20252), and to ISO 9001 the International Standard for Quality Management Systems.

The databases used to recruit via mobile phones was obtained by Ipsos at the beginning of survey administration. Primary data sources for this mobile phone dataset come from the aggregation of over two dozen commercially available privacy compliant lists, including credit assessment lists. The core sources for this dataset are:

- Government – data collated through relationships with various government departments
- Public – publicly available data sourced directly or through partner organisations
- Veda Proprietary – data collected through direct relationship with consumers
- Third Party – data acquired from third party partners.

When contacted by Ipsos, all respondents are actively invited to opt out of future calls during the initial introduction. Recipients of calls can also opt out online or via a 1800 number. Opt-out lists are maintained by Illion, Sensis, Impact Lists, Sample Pages and Ipsos. Telephone numbers on the opt-out lists are never included in any future research campaign using these sample sources. These lists never expire.

The mobile phone sample was taken from the database sourced by Ipsos (as described above) and was made up of 18-34 year old mobile phone owners (including mobile only users and dual mobile plus landline users).

Interviewing procedure

When ethics approval was received[2], the final survey items and instructions were given to Ipsos, who provided feedback on the appropriateness of the survey formatting for CATI delivery. The Ipsos CATI team then piloted the survey with 100 parents in their mobile and landline lists to review the clarity and wording of the CATI script, as well as response prompting and item wording. In consultation with the Parenting Research Centre team, adjustments were made as necessary to the CATI script prior to commencing the full survey administration. These 100 respondents were included in the final survey sample. Full survey administration took place in 14 consecutive weeks over February through May 2022. A longer period of administration was needed in 2022 compared to previous years. This was due to challenges with staffing due to Covid-19 and also due to a drop in phone response rates.

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

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

The CATI interviewer began by explaining to the potential respondent who was calling and why they were being called. The interviewer then explained that the number was dialled randomly. The interviewer mentioned 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. Next, potential participants were asked if they were a parent or caregiver with a child in that age range. If so, they were given a small amount of information about the survey aims and an opportunity to seek clarification. Following this, participants were informed about confidentiality and privacy assurances associated with their participation in the survey and the time it would take to complete. Potential participants were also told they could terminate the call and cease their participation at any time and that if they did so their answers would be deleted and not used. However, participants were also told that if they finished the survey

[2] The study was approved by the Parenting Research Centre Human Research Ethics Committee (Project Number: App 67; Approval Date: 12/11/2021).

and changed their mind later the information they provided could not be withdrawn because the survey was anonymous, and therefore it was not possible to locate their specific responses.

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

Interviewers asked consenting participants a series of screener questions to verify their eligibility and to assess whether quotas were being filled (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 keep one of their children in mind when answering child-relevant questions. Initially this was the child whose last birthday was closest to the date the survey was undertaken.

The average time to complete the survey was 33 minutes (range 17 mins to 71 mins).

At the end of each survey, the CATI interviewer thanked the participant and asked them if they had any further questions about their participation in the survey. Appendix 4 outlines the specific scripts that were read aloud to participants at the end of the survey. There were three script options. The choice of which option to use was determined by the level of the participant's total, automatically calculated, Kessler 6 (K6) score. The K6 is a brief measure of psychological distress (Kessler et al., 2002). It was used in the survey as a measure of parents' current psychological distress. If indicated (e.g., if the automatically calculated K6 score was high), participants were offered the phone numbers of various helplines (Lifeline or Parentline) or encouraged to speak to their general practitioner.

Data collection continued until a total sample of 2600 parents was reached and the specified quota for fathers was met. The CATI facility provided regular updates on data collection to the project team, including sample sizes across subgroups of interest (metropolitan and regional areas, fathers, child age groupings). The Parenting Research Centre research team received non-identifiable participant data at the conclusion of data collection. A total of 2602 parents of children aged 0 to 18 years (i.e., birth through to 18 years, 11 months) who were living in Victoria at the time of the survey formed the final sample.

THE SURVEY

The final survey for the *Parenting Today in Victoria* study had 133 items consisting of domain specific and demographic items. Many of the items in the 2022 version of the survey are repeated from 2016 and/or 2019 to allow for examination of changes in experiences over time. Of the 133 items in 2022 survey, 44 items were unchanged from 2019, 21 items were modified, and 68 were new to the 2022 survey.

All participants were asked questions in all domains, however, the number and type of questions within domains were different according to their relevance for the child's age.

Where relevant and possible, we used items from existing scales with known psychometric properties as well as surveys published in peer reviewed literature and government reports. Where we could not locate existing items relating to the key constructs under consideration, we considered the best evidence from the published literature, and the advice of experts from relevant fields. Any new items were subject to the face validity checking described for the development of the pilot study, as well as the scrutiny of the Project Board. Table 2 shows the number of items in all domains and identifies the source of the items from existing scales and surveys, as well as the relevant child ages. It also includes the screening questions and the items that were used to collect demographic information from participants. Further detail about survey items is provided in Appendix 1.

Table 2. Sources of final items included in the Parenting Today in Victoria 2022 survey (continues next page)

Source	No. of items	Child ages	Source
Screening & quota			
Screening and quota items (e.g., postcode, child age, child gender, parent relationship to child)	9	all	Devised by team
DOMAIN: About parent, child and family			
Partner, partner relationship to child	2	all	Devised by team
Partner support	1	all	Devised by team
Partner support	1	all	LSAC
Partner support	1	all	Wynter et al (2017)
Child health	3	all	Devised by team
Parent age	1	all	Devised by team
Language spoken, ATSI	2	all	LSAC
Employment, education, income	3	all	LSAC / Devised by team
ECEC/school attended	1	all	Devised by team
DOMAIN: Experience of being a parent			
Parenting is frustrating	1	all	Devised by team
Parenting is demanding/rewarding	2	all	Parenting Experience Survey
Parenting self-efficacy	4	all	Me as a Parent Scale - Short Form
DOMAIN: Approach to parenting			
Become impatient quickly; consistency in parenting; satisfaction with time spent with child	3	all	Cleminshaw-Guidubaldi Parent Satisfaction Scale: Parent Performance subscale (items from scale)
Child sleep	1	all	LSAC
Child sleep	1	if sleep problem	Devised by team
Child behaviour	20	Various depending on question	Devised by team
Parent interactions with child	4	all	Parenting & Family Adjustment Scale (items from scale)
Parent interactions with child	7	1= 2-18 years; remaining = all	Devised by team
Parent interactions with child	3	1= 0-12 years; 3= all	International Parenting Survey

Table 2 cont. Sources of final items included in the Parenting Today in Victoria 2022 survey

Source	No. of items	Child ages	Source
DOMAIN: Parent wellbeing and self-care			
Parent health	1	all	Devised by team
Psychological distress	6	all	Kessler 6
Wellbeing and self-care (e.g., sleep, healthy diet, self-care, self-compassion, guilt, worry, time pressure)	11	all	Devised by team
Fatigue	1	all	Parenting Research Centre Fatigue survey
Technoference	1	all	McDaniel & Radesky (2017)
Employment flexibility	3	all	Devised by team
Work-family conflict	3	all	Work-family conflict scale (items from scale)
DOMAIN: Parent support and help-seeking			
Information & support	2	all	Devised by team
Confident to identify child mental health problem	1	all	Devised by team
Professional help	2	all	Devised by team
Support and help-seeking (e.g., sources of information, parenting programs, online)	13	all	Devised by team
Quality of help	2	all	Devised by team
Remote support, telepractice	4	all	Devised by team
Parenting programs	2	all	International Parenting Survey
Awareness and use of Raising Children Network	1	all	Devised by team
DOMAIN: Parents engagement with children's learning & education			
Reading	1	0-12 years	Australian Bureau of Statistics survey
Homework	4	6-18 years	Devised by team
Confidence to help child in school	1	all	Kids Matter survey
Education aspirations for child	1	all	Growing Up in Ireland / Devised by team
Communication/satisfaction with school/staff	2	Kindergarten & over	Kids Matter survey
Feel welcome at child's school	1	Kindergarten & over	Devised by team

Screening and quota items

Nine questions were asked at the start of the interview that established participant eligibility and quota inclusions. These items asked about parent age, parent gender, postcode, time spent with focus child in a typical month, number of children in the family, child age, and child gender. All items were developed by the *Parenting Today in Victoria* team.

About parent, child and family

A total of 15 items asked about the parent, child and family. Eight of these items were developed by the project team and were used to ask respondents about their partner, partner support, child health, parent age, and the education context that the child attended. One item about partner support, one about language spoken at home, and another asking respondents whether they identified as being of Aboriginal and/or Torres Strait Islander descent, were taken from the *Longitudinal Study of Australian Children (LSAC*). A further three items about employment, education, and income were adapted by the project team from LSAC items (Zubrick et al., 2014).

We adapted one item from a validated scale created by Wynter and colleagues (2017) to assess one aspect of the co-parenting relationship. The original item asks parents to rate 'on a scale of 1 (not at all fair) to 5 (very fair), how fair does the current sharing of child care / household tasks between you and your partner feel?'. We used the same response scale, but modified the wording slightly to say 'On a scale of 1 (not at all fair) to 5 (very fair), how fair does the current sharing of child care and other parenting tasks between you and this person feel?'. For this item 'this person' relates to the other person (if anyone) who the parent identifies as a partner who lives with them.

Experience of being a parent

Seven items were included in this domain. As in 2016 and 2019 survey, two items were taken from the Parenting Experience Survey (Sanders et al., 1999). These are: 'Parenting is rewarding' and 'Parenting is demanding'. Thinking about their experience as a parent in the past six weeks, respondents were asked to rate these statements on a 5-point scale with 1 = 'not at all', 2 = 'slightly', 3 = 'moderately', 4 = 'very' and 5 = 'extremely'. A 'don't know' option was also provided. Using the style of these two questions, the survey developers at the Parenting Research Centre also added another item 'Parenting is frustrating' which was also in the 2019 survey.

To measure parenting self-efficacy, we used the 4-item short form of the *Me as a Parent scale* (MaaPs-SF) (Matthews et al, 2022). The full version is a 16-item, self-report inventory aimed to measure a parent's global (not task-specific) self-perception of skills, competence, and efficaciousness within the parenting role (Hamilton, Matthews, & Crawford, 2014). MaaPs items are largely drawn from Bandura's (1977, 1982; 1993) notion of self-efficacy and Karoly's (1993) and Sanders' (2008) conceptualization of 'self-regulation'. The short form has three items tapping self-efficacy and one item on self-management. Items are scored on a 5-point Likert scale, from 1 ("strongly disagree") to 5 ("strongly agree"). The short form MaaPs has scores ranging from 4 to 20. The current survey shows internal consistency reliability for the MaaPs-SF to be .82 (Cronbach's alpha).

Approach to parenting

A total of 39 items were included in this section. Twenty-eight of these items were developed by the *Parenting Today in Victoria* team, and asked about parent-child interactions, child sleep, and child behaviour. Other items were taken from established scales or surveys.

Three items were selected from the 10-item *Parent Performance* subscale of the *Cleminshaw-Guidubaldi Parent Satisfaction Scale* (Guidubaldi & Cleminshaw, 1985). On a scale of 1 (strongly disagree) to 5 (strongly agree), parents were asked how much they agreed with three statements about their parenting behaviour. Items were: becoming impatient quickly; consistency in parenting behaviours; and, satisfaction with the amount of time they could spend with their child.

Three items about parent-child interactions were taken from the *Parent and Family Adjustment Scales* (PAFAS; Sanders, Morawska, Haslam, Filus, & Fletcher, 2014), a 30 item questionnaire measuring parenting practices and family adjustment. The PAFAS is a commonly used scale with established psychometric properties. Of the four PAFAS items used in the 2022 survey, one was from the Positive Encouragement subscale, one from the Parental Consistency subscale, and two from Coercive Parenting Subscale. Wording of two of these items was modified slightly from the

original: 'When my child behaves well, I reward them with praise/a treat/attention' ('praise/a treat/attention' replaced 'treat, reward or fun activity' in the original), and we added the phrase 'or yell at' to the original item, 'I argue with my child about their behaviour or attitude'.

Three items about parent-child interactions were used from the *International Parenting Survey* (Morawska, Filus, Haslam, & Sanders, 2019). The first item asks parents about deliberately ignoring child misbehaviour. The second item was about the use of time out, and the language was adapted from 'I send my child to time out (e.g., sit alone in a quiet place) when they misbehave' to 'I send my child to quiet time or timeout when they misbehave'. The third item asks parents about their use of physical contact to settle their child. Consistent with use by Sanders and colleagues in other population surveys, the wording was adapted from the original PAFAS wording of 'I enjoy giving my child hugs, kisses and cuddles' to 'I hold, cuddle or otherwise use physical contact to settle or calm my child down'.

One item asking parents about their child's sleep was taken from the *Longitudinal Study of Australian Children* (Zubrick et al., 2014).

Parenting wellbeing and self-care

We used the *Kessler 6* (K6) as a measure of parent psychological distress. The K6 is a short version of the Kessler Psychological Distress Scale with six items on feelings, over a limited time frame, of nervousness, depression, restlessness, hopelessness, effort, and worthlessness. In the *Parenting Today in Victoria* survey, this period was specified as 'during the past 30 days'. It is primarily used as a screening test and has been included in Australian surveys such as the Australian Bureau of Statistics Health Survey and the Longitudinal Study of Australian Children. With a Cronbach's alpha level of 0.89, the scale has demonstrated excellent internal consistency (Kessler et al., 2002). For the current (2022) *Parenting Today in Victoria* sample, a Cronbach's alpha coefficient of .83 was found across the six items.

Validity of the K6 has been demonstrated in a number of international studies by good concordance with independent clinical ratings of serious mental illness (Kessler et al., 2010). Clinical validation studies of the K6 against structured diagnostic interviews have shown the test to have a sensitivity of 0.36, specificity of 0.96, and total classification accuracy of 0.92 at a cut-point ≥ 13 (Kessler et al., 2003).[3] This cut-point is used as an indicator of clinical levels of psychological distress. In this instance, sensitivity refers to the extent to which a positive test finding is associated with the presence of psychological distress, and specificity refers to the extent to which a negative test finding is associated with the absence of psychological distress.

We adapted one item from McDaniel and Radesky (2017) on 'technoference'. The original item 'I feel like I use my mobile phone too much' was adapted to 'I feel like I use my mobile phone or device too much'. Parents responded on a 5-point scale (strongly disagree, disagree, mixed feelings, agree, strongly agree). This response scale differs from the original 6-point scale used by McDaniel and Radesky.

We used one item developed by the Parenting Research Centre for the *Parent Wellbeing and Fatigue Study* (2008-2012) which involved over 800 parents who completed an online survey about their experiences with fatigue (Parenting Research Centre, unpublished). Respondents are asked to indicate, on a 5-point scale (strongly agree, agree, not sure, disagree, strongly disagree), whether 'Tiredness gets in the way of being the kind of parent they would like to be'. In the Parent Wellbeing and Fatigue study, 65% of parents who completed the online survey agreed

3 Australian scoring of the K6 uses item response scaling of 1-5, rather than 0-4 (ABS, 2012). Therefore the total K6 score range reported herein is 6-30 rather than 0-24, and the clinical cut-off is 19 rather than 13. Moderate distress is considered with scores of 11-18 and low distress with scores 6-10.

or strongly agreed that tiredness gets in the way of them being the kind of parent they would like to be (Parenting Research Centre, unpublished).

Twelve items were developed by the *Parenting Today in Victoria* team to ask parents about their health, sleep, and whether they had a healthy diet, as well as items about self-care, self-compassion, guilt, worry, and time pressure.

To measure work-family conflict, two items were taken from the Work-Family Conflict Scale, and a third item was from the pool items used to develop the Work-Family Conflict Scale (Haslam, Filus, Morawska, Sanders, & Fletcher, 2015). Three items were developed by the *Parenting Today in Victoria* team to ask parents about employment flexibility.

Parent support and help-seeking

Two items about parenting programs were adapted from those used in the *International Parenting Survey* (Morawska, et al., 2019), with minor modifications to wording. The first item asked parents how likely it is that they will participate in a parenting program in future. The second item asks parents about the features of parenting programs that would influence their decision to participate, with modification to include additional response options.

The remaining 25 items in this domain were developed by the *Parenting Today in Victoria* team, and asked about parents use of different sources of advice and support, engagement with face-to-face and online parenting programs, experience of professional help when delivered by telepractice, quality of professional help received, awareness of the Raising Children Network, and parent confidence to identify child mental health problems.

Parent engagement with children's learning and education

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

Three items asked parents about their satisfaction with communication with staff at their child's school or early care and educational setting, parent comfort when talking with staff at their child's school or early care and educational setting, and whether parents know how to help their child do well at school or in the early child care and education setting. These items were taken from the from *Kidsmatter Parent Survey*. Kidsmatter was funded up until 2017 by the Australian Government and *beyondblue* as a mental health and wellbeing initiative focused on schools and early childhood education and care services. Kidsmatter has since been replaced by the Mental Health in Education Program referred to as 'BeYou'. The Kidsmatter Parent Survey was freely available on the Kidsmatter website up until 2017 and had 23 items for obtaining parents' perspectives on their experience with their child's school.

One item asked parents about their educational aspirations for their child. This item was based on the Growing Up in Ireland study (Williams et al., 2009) and adapted by the *Parenting Today in Victoria* team.

Five items in this domain were developed by the *Parenting Today in Victoria* team to ask parents about homework and whether they felt welcome at their child's school, and homework.

Indicator of socio-economic disadvantage

We used the Index of Relative Socio-Economic Disadvantage (IRSD) from the Socio-Economic Indexes for Areas (SEIFA) 2001 as a broad measure of socio-economic circumstances (Australian Bureau of Statistics, 2001, 2006). The IRSD provides an indication of neighbourhood disadvantage for each family, based on their postcode. Devised by the Australian Bureau of Statistics, this calculation of disadvantage is informed by a range of economic and social conditions of people and households in a geographical area (combining several community-level socio-economic indicators such as income, unemployment, occupation and education of residents in areas). Area scores have been standardised to a distribution with a mean of 1000 and a standard deviation of 100, whereby roughly two-thirds of

Australian areas have scores between 900 and 1100 (Pink, 2008). Lower scores indicate more disadvantaged areas and higher scores indicate less disadvantaged areas. Deciles are created by dividing a distribution into ten equal groups. The lowest scoring 10% is given a rank of 1, the second-lowest scoring 10% is given a rank of 2 and so on, up to the highest rank of 10. We used quintiles for our analyses, so the 10 ranks are divided into five, and our analyses were performed on these five ranks.

The validity of the SEIFA and IRSD scales has been established (Australian Bureau of Statistics, 2001).

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 within a single postcode there may be variability in the actual socio-economic status of households, and that some postcodes will have a broad range of socio-economic wellbeing while others will be more homogenous.

Area of residence – Remoteness

Respondents were categorised as residing in metropolitan or regional areas based on their postcode. We used information from the Australian Bureau of Statistics (ABS, 2018) to classify postcodes into Remoteness Area categories. This ABS data uses the Remoteness Areas Structure within the Australian Statistical Geography Standard (ASGS), which divides Australia into five categories of remoteness on the basis of a measure of relative access to services. Access to services are measured using the Accessibility and Remoteness Index of Australia (ARIA) which is produced by the Hugo Centre for Migration and Population Research at the University of Adelaide. The five categories of remoteness are: major cities, inner regional, outer regional, remote, and very remote. For the purpose of this survey, we classified participants living in major cities as metropolitan, and those living in inner regional, outer regional, remote, and very remote as regional.

RESPONSE RATE

Response rate is the estimated proportion of people who completed the survey as a proportion of all eligible people who were called during the sampling period, including those who did not respond. This estimate can be useful when considering the representativeness of the data.

There are different ways of estimating a response rate. We have used the American Association for Public Opinion Research (AAPOR) Standard Definition guidelines (The American Association for Public Opinion Research, 2016) to inform the categorisation of calls and calculation of response rates. Table 3 presents a breakdown of the number of calls made in each category and Figure 1 presents the response rate calculation.

Response rate was calculated, taking into account the estimated eligibility proportion. As a large number of calls are of unknown eligibility due to a range of reasons (e.g., no answer, refusal to complete screening questions) it is important to have an estimate of eligibility that takes the calls of unknown eligibility into account.

The estimated eligibility proportion is calculated by dividing the number of eligible calls by the number of ineligible calls and eligible calls (Figure 1). Of the attempted calls that were successful in determining eligibility, 2826 were eligible and 47400 were not eligible. Based on those figures, the estimated eligibility proportion was .0562. This means that of the calls where eligibility was determined, 5.6% calls were eligible.

From this, we can estimate that of the calls of unknown eligibility 5.6% would likely be eligible to participate. The estimated response rate was then derived by calculating the number who completed the survey as a proportion of (a) the number of responders who were eligible plus (b) the number of callers of unknown eligibility multiplied by the estimated eligibility proportion (in simple terms this is an estimate of those who would have been eligible from the calls of unknown eligibility).

Table 3. Number and outcomes of phone calls made through the Parenting Today in Victoria project

	Call outcomes	No. of calls
Eligible	Completed interview	2602
	Not available in study period	224
	Subtotal eligible	2826
Unknown eligibility	Contact made, but no screener completed (e.g., refusal, abandoned)	32005
	Contact made, but no screener completed (e.g., language barrier)	1258
	Exceeded maximum attempts to make contact	24222
	Subtotal unknown eligibility	57485
Not eligible	No eligible respondent (i.e., not a parent)	27805
	Not in Victoria	2075
	Ineligible phone number (e.g., fax line, business number, disconnected)	17520
	Subtotal not eligible	47400

Estimated Eligibility Proportion:

Total Eligible / Total Eligible + Not Eligible

2826 / 50, 266 = .0562 = 5.6%

Response Rate:

Completed Interviews / Total Eligible + (Unknown Eligibility*estimated eligibility proportion)

2602 / 2862 + (57485*0.0562) = .4271 = 42%

Figure 1. Response rate calculation

The resulting estimated response rate for this study was 42%, meaning that of the estimate of eligible parents in Victoria who were called as part of the study, 42% answered the call and completed the survey. The number of phone calls that resulted in a refusal was over three times higher in 2022 compared to 2019. Considering the increase in publicity around telephone scams, it is plausible that participants were less comfortable answering questions on the phone in 2022, when compared to 2019 and 2016. A recent publication from the Pew Research Centre identified that response rates in telephone surveys have been steadily declining since the early 2000's, with researchers attributing the most recent declines to the increase in the use of automated telemarketing services (Pew Research Centre 2019).

DATA CLEANING AND OPTIMISATION

Missing data

An advantage of the CATI methodology adopted for *Parenting Today in Victoria* is the high quality of the data collected and the low amount of missing data (compared to other survey methods). Missing data can be due to: a refusal to answer a question; an accidently missed question, a 'don't know' response; or a skipped question (the respondent was not eligible to answer the question and so was filtered out).

Excluding instances where respondents were not eligible to answer an item, a very small amount of missing data due to refusal or 'don't know/unsure' was evident, only two variables had missing data rates greater than 1%, this included respondent's birthday (6.3%) and household income (7.3%).

Due to the small amount of missing data, missing values were not imputed for the analyses in this report (that is, for example, missing data were not replaced with average or estimated values) but were excluded for analyses (by listwise deletion), so only valid responses were used in analyses.

Data exploration and cleaning

All data analyses for this report were performed using SPSS.

Prior to detailed analysis, the following steps were undertaken to prepare the data provided by Ipsos to the Parenting Research Centre for analysis:

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

SAMPLE REPRESENTATIVENESS

The *Parenting Today in Victoria* survey used a number of methodological techniques to ensure the sample is as representative of Victorian parents as possible. These techniques included applying a sampling quota, offering the survey in common languages other than English and applying a sample weight to the data.

Sample quota

A sampling quota involves selecting participants based on certain characteristics, to ensure the proportion represented in the sample matches the proportion in the population more closely. As highlighted in the section

'Sampling Frame', the *Parenting Today in Victoria* deliberately recruited approximately 40% of the sample as fathers to ensure a close match to the proportion of fathers present in the Victorian population.

Sample weights

Post-recruitment, a sample weight was applied to the data to make the sample more representative of the Victorian parenting population. A sample weight effectively magnifies or diminishes the results of certain individuals based on their demographic characteristics and the demographic profile of the population. Groups over-represented in the sample will have their results reduced by a certain proportion, while under-represented groups will have their results increased. Sample weights are best used with caution as the effect on interpretation of results may be hard to determine. A conservative approach is to weight by as few variables as possible and avoid magnifying any group beyond twice their actual contribution. If all available cases are to be included in the weighted sample it would be necessary for any variable used to weight not to have missing data; otherwise the weighted sample size would be reduced.

For the majority of characteristics examined, the distribution of the *Parenting Today in Victoria* 2022 study sample broadly matched the distribution of parents and partners in the 2016 Census. Variables with a discrepancy of 5% or more between the *Parenting Today in Victoria* 2022 sample and the Census population were considered for weighting. The *Parenting Today in Victoria* survey data was weighted on education to improve the representativeness of the sample on this characteristic and other characteristics in comparison to the broader Victorian parent population (Table 4). The decision about which variable to weight on considered the impact of weighting on different combinations of variables, with the result that weighting on education alone was the most pragmatic and broadly influential solution. Some variables were not used for weighting (such as cultural diversity or income) due to missing data and small cell sizes which may have resulted in distorted findings in other key areas. The decision to weight on education meant that the overall sample size was reduced to 2,596, as 6 cases had missing education data.

Table 4. Sample weight calculation 2022

Weight variable	Parenting Today proportion	Population proportion	Weight formula	Sample weight
Lower education	46.8%	64.3%	weight = pop%/sample %	1.373932
Higher education	53.2%	35.7%	weight = pop%/sample %	0.671053

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 Table 5, relative to Australian Bureau of Statistics (ABS) 2016 Census figures for Victorian parents of children aged 0-18 years and their partners.

- With regards to the Aboriginal and Torres Strait Islander population, the Parenting Today in Victoria study sample appears representative of the broader Victorian population and the weightings do not make a noticeable difference to proportions in the sample.
- The data weighting resulted in little change in the proportions across child age groups.
- Parents who speak a language other than English at home appear to have been underrepresented in the current sample. While this was also the case in 2016 and 2019, it is important to clarify that for the Census the ABS phrase their question about the main language spoken at home differently to how it was phrased for the Parenting Today in Victoria survey. In the Census, the ABS asks, 'What is the main language other than English spoken at home?', while our survey asked, 'What is the main language you speak at home?'. Thus, English is included in our proportional calculations of languages spoken, but for the Census data, it may be that

respondents speak English plus another language at home, thereby inflating the percentage of respondents who speak a language other than English. We have therefore determined that it is inappropriate to apply a weight to enhance the representation of language other than English speakers in the Parenting Today in Victoria data.

- 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 brought the percentage of full-time employees in the sample down somewhat and improved the population representativeness of parent education so that it closely matched the ABS data.
- Relative to other projects of this kind, this study recruited a large proportion of fathers (42.3%), which compares to a population estimate of 46% in the ABS 2016 Census. However, the data weighting did not change the population representativeness for parent gender.

Table 5. Population characteristics and Parenting Today in Victoria samples 2016, 2019 and 2022 (continues next page)

Population characteristics	Parenting Today 2016 weighted %	Parenting Today 2019 weighted %	Parenting Today 2022 unweighted n (%)	Parenting Today 2022 weighted n (%)	Victorian Parents & Partners, 2016 census (abs, 2019) %*
Child age					
0–2 years	18.1%	15.9%	501 (19.3%)	474 (18.3%)	NA
3–5 years	17.6%	18.5%	437 (16.8%)	429 (16.5%)	NA
6–12 years	36.7%	39.9%	1044 (40.1%)	1045 (40.2%)	NA
13–18 years	27.7%	25.6%	620 (23.8%)	648 (25%)	NA
Parent age					
16-34 years	22.5%	19.0%	405 (15.6%)	426 (16.4%)	22.8%
35-44 years	44.5%	45.2%	1275 (49%)	1264 (48.7%)	41.8%
45-54 years	28.7%	24.0%	679 (26.1%)	667 (25.7%)	29.8%
55+ years	4.4%	6.4%	69 (2.7%)	75 (2.9%)	5.6%
Missing			(6.7%)		22.8%
Parent gender					
Male	39.7%	41.1%	1101 (42.3%)	1108 (42.7%)	45.6%
Female	60.3%	58.9%	1501 (57.7%)	1488 (57.3%)	54.4%
Cultural background					
Aboriginal or Torres Strait Islander population	0.9%	1.9%	39 (1.5%)	46 (1.8%)	0.7%
Language other than English spoken at home	9.7%	8.8%	251 (9.6%)	215 (8.3%)	32.5%
Residence					
Major cities of Australia	76.3%	78.8%	1992 (76.6%)	1925 (74.2%)	78.8%
Inner regional Australia, Outer regional & remote Australia	23.5%	20.8%	610 (23.4%)	670 (25.8%)	21.2%
Family income					
<$1000 per week	19.3%	17.7%	184 (7.1%)	227 (8.7%)	16.3%
$1000–1499 per week	14.9%	12.5%	232 (8.9%)	267 (10.3%)	15.0%
$1500–1999 per week	18.4%	15.8%	338 (13%)	350 (13.5%)	15.0%
$2000–2499 per week	11.1%	13.5%	377 (14.5%)	391 (15.1%)	14.4%
$2500–2999 per week	9.3%	10.6%	304 (11.7%)	301 (11.6%)	9.9%
$3000–3499 per week	5.9%	7.7%	299 (11.5%)	284 (10.9%)	6.1%
>$3500 per week	9.4%	15.7%	682 (26.2%)	585 (22.5%)	15.4%
Don't know/not stated	11.7%	6.9%	186 (7.2%)	191 (7.3%)	7.9%

Table 5 cont. Population characteristics and Parenting Today in Victoria samples 2016, 2019 and 2022

Population characteristics	Parenting Today 2016 weighted %	Parenting Today 2019 weighted %	Parenting Today 2022 unweighted n (%)	Parenting Today 2022 weighted n (%)	Victorian Parents & Partners, 2016 census (abs, 2019) %*
Parent education					
Postgraduate degree level	13.2%	16.1%	595 (22.9%)	399 (15.4%)	35.7%
Bachelor degree level	17.2%	21.4%	789 (30.3%)	529 (20.4%)	
Less than year 12	21.8%	12.4%	191 (7.3%)	262 (10.1%)	13.7%
Parent employment					
Full time	43.4%	51.7%	1487 (57.1%)	1460 (56.2%)	48.5%
Part time	21.7%	14.4%	554 (21.3%)	520 (20.0%)	25.2%
Unemployed	3.2%	1.5%	46 (1.8%)	57 (2.2%)	3.6%

*Note: *ABS Census data (collected in 2016) is based on the person who is used as the basis for determining the familial and non-familial relationships within a household, and their partners aged 16 years and over, in families containing children aged 0–18 years.*

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 parent 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 $p \leq .001$ was adopted for this report.

For continuous data, we used analysis of variance (ANOVA) to determine if there were *statistically significant* differences in the mean scores reported by parents across different groups. Where the data did not satisfy the assumptions for ANOVA, we confirmed the result using a non-parametric alternative.

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

Another requirement of ANOVA, the assumption of normally distributed scores, was also violated for some analyses. Some researchers consider ANOVA to be a robust test against violations of the normality assumption (as this has little influence on the chance of reporting a relationship between variables that does not really exist, particularly when sample size is large, e.g., see Glass, Peckham, & Sanders, 1972). Nevertheless, all statistically significant findings (at $p \leq .001$) were confirmed using the non-parametric Kruskal-Wallis test, which does not assume normally distributed scores.

ANOVA assumes the dependent variable of interest is a continuous measure (e.g., there is equal distance between each point on the scale, such as days in the week). Many of the variables of interest were measured on a 5-point Likert scale, which asks parents to report their level of agreement with a statement (e.g., from (1) Strongly Disagree to (5) Strongly Agree). There is some debate about whether or not it is appropriate to use data from Likert scales in

parametric comparisons (such as ANOVA), as these are not strictly continuous variables but rather rank ordered categories (Glass et al., 1972; Jamieson, 2004). To account for this potential issue, a conservative approach was adopted and significant findings were confirmed using an appropriate non-parametric analysis. Furthermore, where relevant, we used the non-parametric Pearson's Chi-Square test to determine if there were *statistically significant* differences in the proportion of parents who reported a particular outcome. Chi-Square tests are non-parametric comparisons and can be used with categorical data as well as data that is not normally distributed.

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

When we found statistical significance using ANOVA ($p \leq .001$) we also calculated a measure of effect size (eta squared, η^2). This method of determining effect size gives an indication of the proportion of variance accounted for. An eta squared value of 0.01 can be considered small, 0.06 medium and 0.14 large (see Richardson, 2011). When we found statistical significance ($p \leq .001$) using Chi-Square we also calculated a measure of effect size (Phi coefficient φ), whereby a value of 0.1 can be considered a small effect, 0.3 a medium effect, and 0.5 a large effect (Wiedmaier, 2017).

Subgroup analyses

This *Technical Report* presents results for the total weighted sample, as well as comparing parenting experiences of parents or children in different circumstances. These include: fathers (male carers) and mothers (female carers), parents living in regional/remote areas versus metropolitan areas (defined as Major Cities by ABS remoteness classification, based on postcodes), families living in socio-economically disadvantaged or more advantaged areas (using the IRSD based on postcode), and parents of children with medical conditions, emotional and behavioural conditions or learning difficulties, which we refer to as 'children with complex needs'.

When comparing subgroups using ANOVA, statistical significance and effect sizes are reported to quantify differences between group means. To provide additional meaning to these comparisons, the percentage of respondents within categories is also reported, particularly when visually representing the findings in figures. An exception to this is when reporting findings from established scales where means can be compared to norms, in which case means and standard deviations are reported.

We have also reported, where relevant, how the 2022 data compared with the *Parenting Today in Victoria* surveys conducted in 2016 and 2019. Rather than statistical analyses of differences, we have simply compared descriptive data – usually percentages – to illustrate change in population-level (i.e., prevalence) experiences over the years between surveys.

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

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

Characteristics of sample

A total of 2602 parents or caregivers (hereafter referred to as parents) completed the *Parenting Today in Victoria* survey in 2022. With weighting this sample size reduced to 2,596 as 6 cases were missing education data. Before providing a detailed description of the characteristics of the parents responding to the survey and their children, in this section we provide a comparison between unweighted and weighted data, in order to illustrate the impact of weighting on the demographic make-up of the sample.

COMPARISON BETWEEN UNWEIGHTED AND WEIGHTED DATA

As can be seen in Table 5, most of the key demographic characteristics of the sample were minimally impacted by the weighting procedure. For example, the proportion of parents identifying with an Aboriginal and Torres Strait Islander background or who spoke a language other than English at home remained within 1% of the original proportion.

The proportion of parents who have completed higher education (bachelor or postgraduate degrees) is reduced in the weighted sample when compared to the unweighted data (Figure 2). The proportions for Diploma and vocational education increased in the weighted sample, and there were higher percentages for Year 12 and below using weighted data. Thus, applying the sample weight reduced the influence of those with higher levels of education, and increased the influence of those with below university level education. The same was true in 2016 and 2019. This more closely resembles education categories of parents in the Victorian Census data (Table 5).

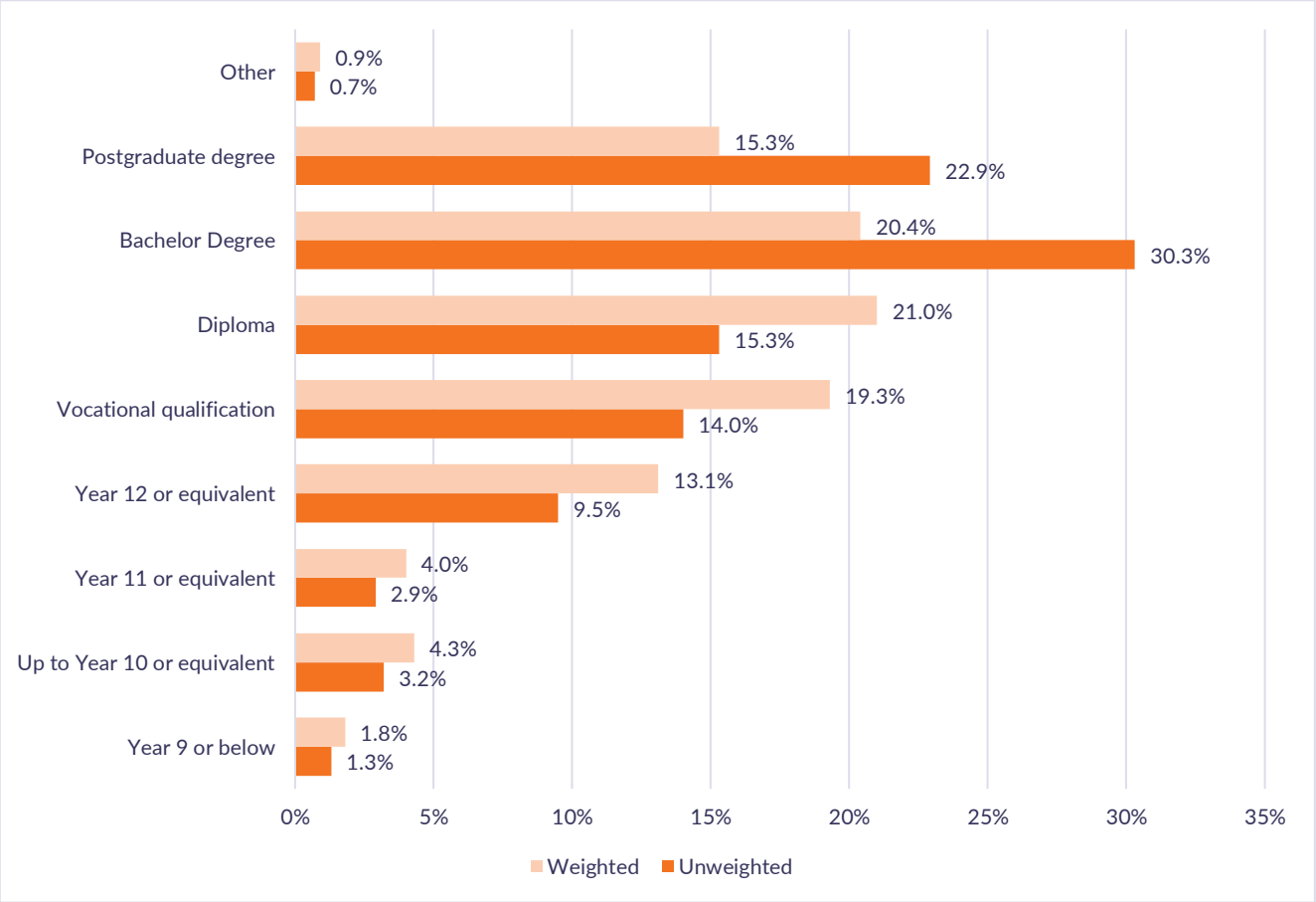

Figure 2. Comparison of parent education between weighted and unweighted data

The weighting procedure had a slight effect on the characteristics of weekly family income and parent employment. As can be seen in Figure 3, the proportion of parents reporting the two highest brackets of income were reduced, while parents in lower income brackets were slightly increased. The proportion of parents in full-time employment was slightly reduced following the weighting procedure and the proportion in part-time employment was slightly increased (Figure 4). These small alterations make the data more closely aligned the Victorian Census data for parents.

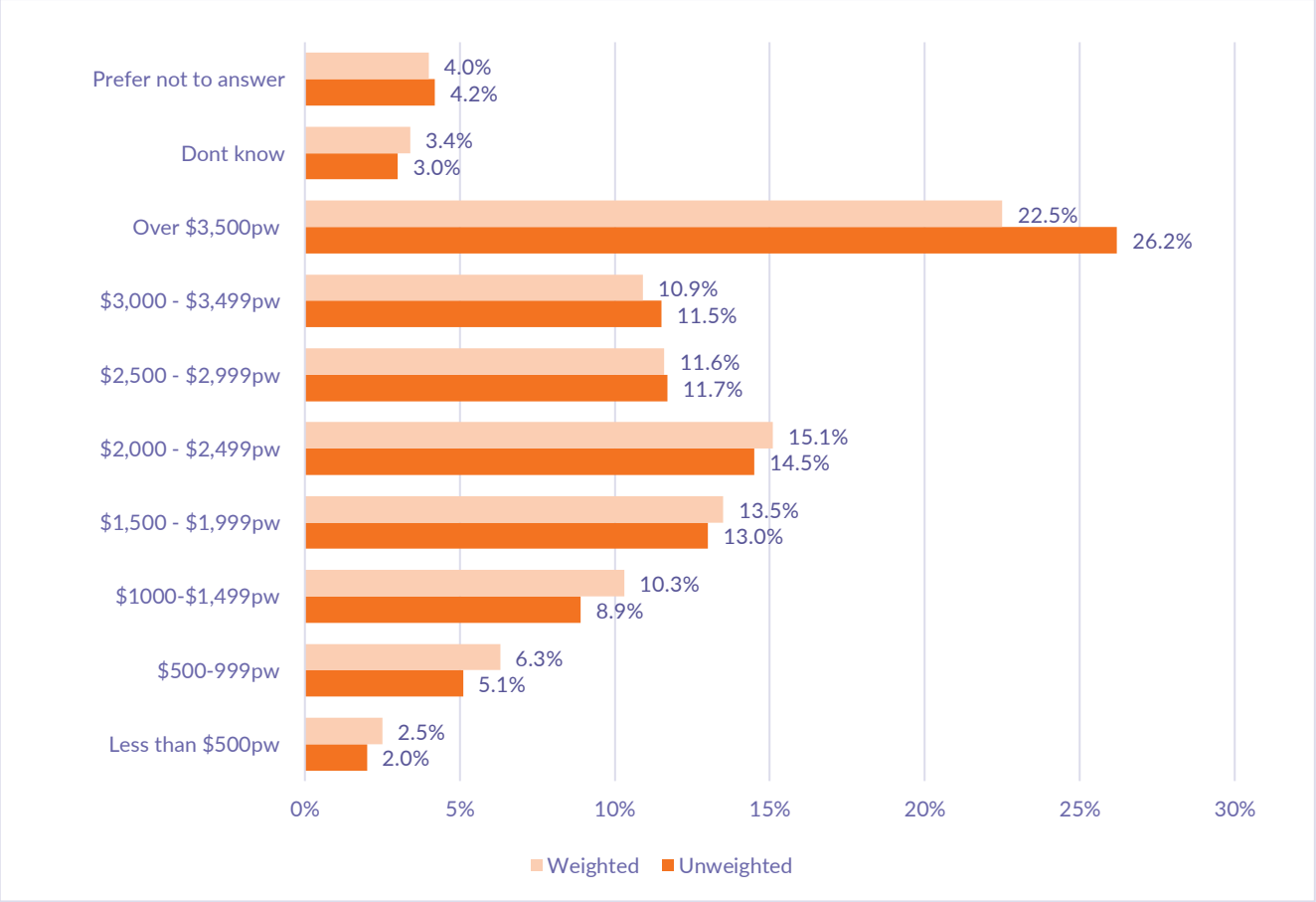

Figure 3. Comparison of family income between weighted and unweighted data

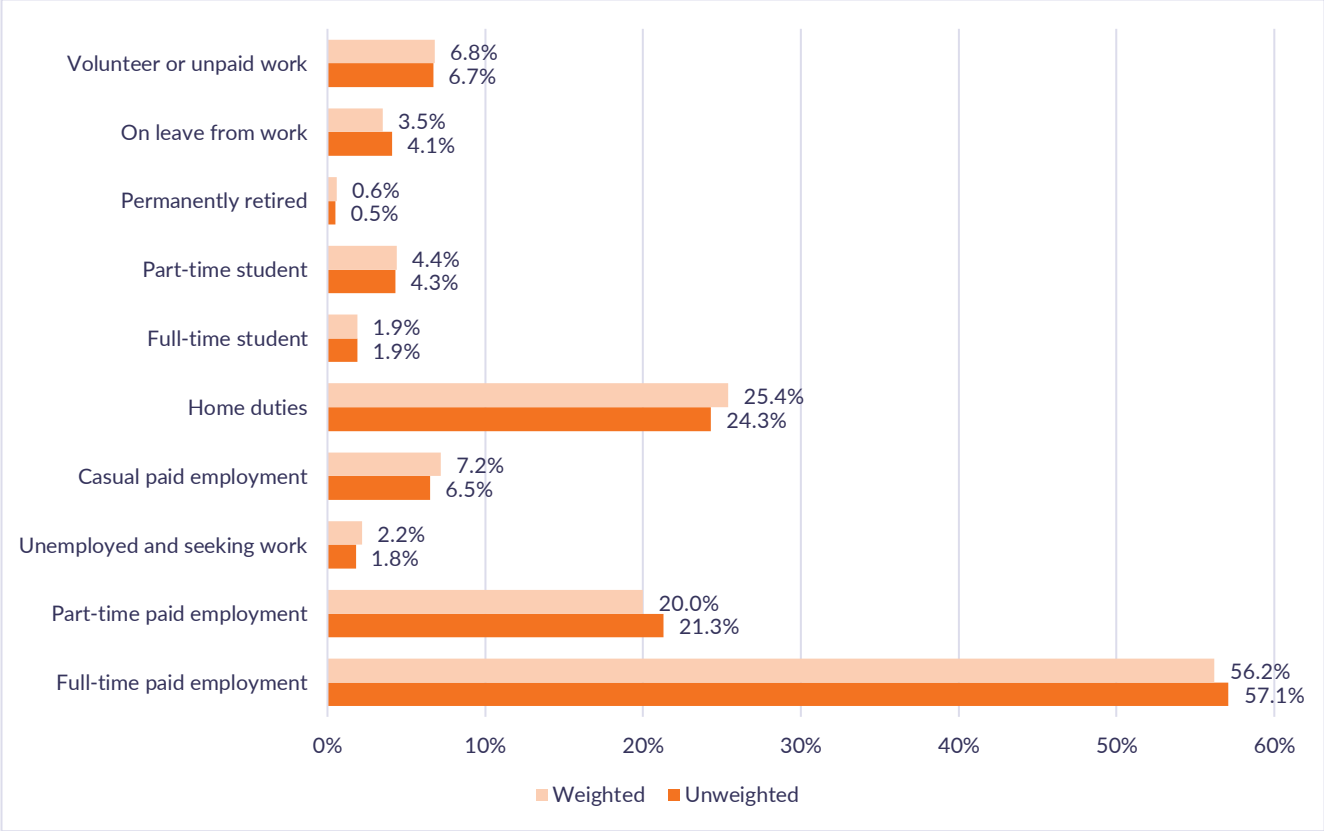

Figure 4. Comparison of parent employment in weighted and unweighted data

There were minimal differences in the proportions of target children in different age groupings or the number of children in the family between weighted and unweighted data (Figure 5 and Figure 6).

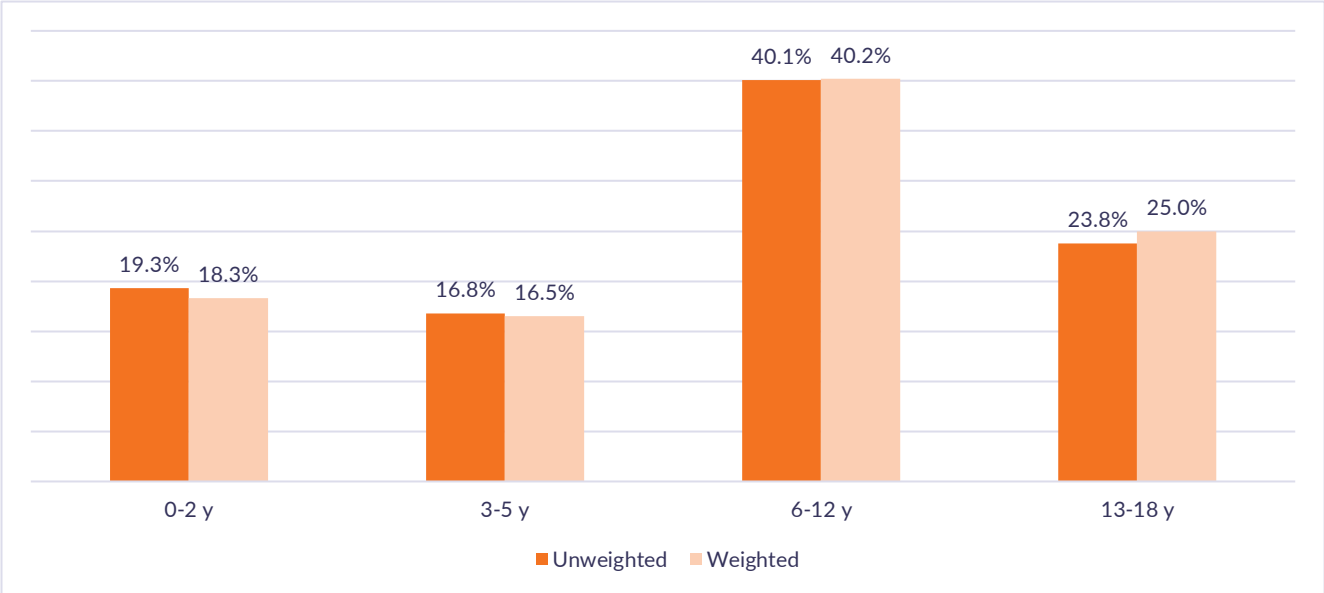

Figure 5. Child age comparison between unweighted and weighted data

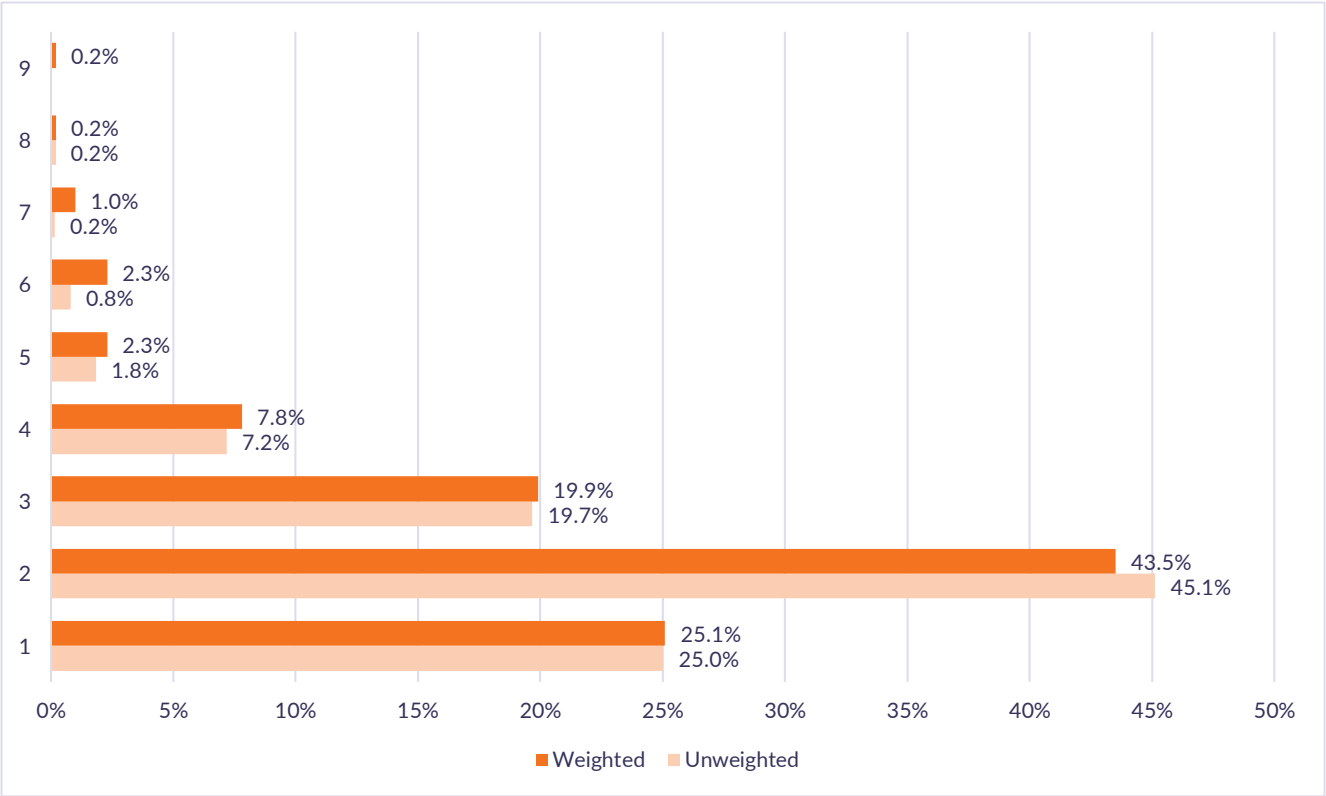

Figure 6. Comparison of percentages for the number of children in the family between weighted and unweighted data.

PARENT CHARACTERISTICS

Detailed information about the characteristics of survey respondents based on weighted data is provided in Table 6.

Table 6. Parent and family sample characteristics, *N* (%) (population weighted data) (continues next page)

Parent characteristics		Male parent	Female parent	Total
Age of parents	16-34	120 (11.5%)	306 (22.0%)	426 (17.5%)
	35-44	559 (53.7%)	706 (50.7%)	1265 (52.0%)
	45-54	332 (31.9%)	335 (24.1%)	667 (27.4%)
	55+	30 (2.9%)	45 (3.2%)	75 (3.1%)
Employment	Full-time paid employment	942 (85.0%)	517 (34.7%)	1459 (56.2%)
	Part-time paid employment	50 (4.5%)	469 (31.5%)	519 (20.0%)
	Unemployed and seeking work	20 (1.8%)	37 (2.5%)	57 (2.2%)
	Casual paid employment	47 (4.2%)	139 (9.3%)	186 (7.2%)
	Home duties	136 (12.3%)	524 (35.2%)	660 (25.4%)
	Full-time student	7 (0.6%)	43 (2.9%)	50 (1.9%)
	Part-time student	30 (2.7%)	85 (5.7%)	115 (4.4%)
	Permanently retired	9 (0.8%)	6 (0.4%)	15 (0.6%)
	On leave from work	13 (1.2%)	78 5.2%)	91 (3.5%)
	Volunteer or unpaid work	71 (6.4%)	105 (7.1%)	176 (6.8%)

Table 6 cont. Parent and family sample characteristics, *N* (%) (population weighted data)

Parent characteristics		Male parent	Female parent	Total
Family income	Less than $500pw	7 (0.6%)	57 (3.8%)	64 (2.5%)
	$500-999pw	35 (3.2%)	129 (8.7%)	164 (6.3%)
	$1000-$1,499pw	101 (9.1%)	166 (11.2%)	267 (10.3%)
	$1,500 - $1,999pw	119 (10.7%)	231 (15.5%)	350 (13.5%)
	$2,000 - $2,499pw	178 (16.1%)	213 (14.3%)	391 (15.1%)
	$2,500 - $2,999pw	147 (13.3%)	154 (10.3%)	301 (11.6%)
	$3,000 - $3,499pw	143 (12.9%)	141 (9.5%)	284 (10.9%)
	Over $3,500pw	327 (29.5%)	258 (17.3%)	585 (22.5%)
	Don't know	15 (1.4%)	72 (4.8%)	87 (3.4%)
	Prefer not to answer	37 (3.3%)	67 (4.5%)	104 (4.0%)
Parent education	Year 9 or below	29 (2.6%)	18 (1.2%)	47 (1.8%)
	Up to Year 10 or equivalent	52 (4.7%)	60 (4.0%)	112 (4.3%)
	Year 11 or equivalent	51 (4.6%)	52 (3.5%)	103 (4.0%)
	Year 12 or equivalent	152 (13.7%)	188 (12.6%)	340 (13.1%)
	Vocational qualification	240 (21.6%)	260 (17.5%)	500 (19.3%)
	Diploma	195 (17.6%)	349 (23.5%)	544 (21.0%)
	Bachelor Degree	207 (18.7%)	322 (21.7%)	529 (20.4%)
	Postgraduate degree	176 (15.9%)	222 (14.9%)	398 (15.3%)
	Other	7 (0.6%)	16 (1.1%)	23 (0.9%)
Language spoken at home	English	996 (89.8%)	1384 (93.0%)	2380 (91.6%)
	Other than English	113 (10.2%)	104 (7%)	217 (8.4%)
Aboriginal or Torres Strait Islander descent		18 (1.5%)	28 (1.9%)	46 (1.7%)
Index of Relative Socio-economic Disadvantage (IRSD quintiles)	1	102 (9.3%)	179 (12.2%)	281 (10.9%)
	2	166 (15.1%)	236 (16.0%)	402 (15.6%)
	3	242 (22.0%)	324 (22.0%)	566 (22.0%)
	4	287 (26.1%)	379 (25.8%)	666 (25.9%)
	5	302 (27.5%)	353 (24.0%)	655 (25.5%)
Region	Metro	817 (73.7%)	1109 (74.5%)	1926 (74.2%)
	Regional	291 (26.3%)	379 (25.5%)	670 (25.8%)

Of the total number of survey respondents included in the weighted analysis, 1108 were men and 1488 were women (43% male in 2022 compared to 41% in 2019).

Of parents interviewed, close to 2% identified themselves as being of Aboriginal or Torres Strait Islander descent (a similar proportion to 2019). Parents were asked the main language they spoke at home, 8% of parents spoke a main language other than English at home (slightly less than the 9% in 2019). The common languages spoken by respondents who spoke a language other than English at home included Mandarin, Arabic, and Vietnamese. Eighty-three (3%) interviews were conducted by bilingual interviewers.

The majority of parents surveyed were biological parents (97% of mothers and 98% of fathers), with a small proportion of stepparents, foster parents, adoptive parents, grandparents and 'others'. These proportions were very similar to those observed in the previous survey rounds conducted in 2016 and 2019.

Parents were aged from 21 to 89 years. Parents were slightly younger in the 2022 survey round, on average mothers were aged 39 years and fathers 42 years. The distribution of mothers' and fathers' ages are presented in Figure 7. Mothers' and fathers' data here do not include grandparents and 'others'. There was very limited change in proportions in age categories compared to the survey findings in 2019 and 2016.

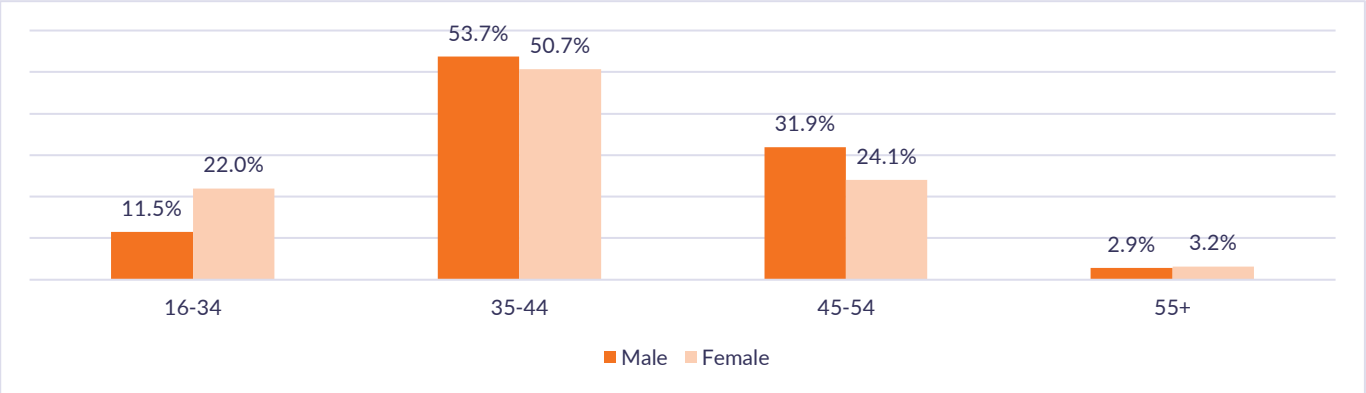

Figure 7. Parent age by mothers and fathers (population weighted data)

Parents were asked about the highest level of education they had completed (Figure 8). Of the weighted data, 35% of fathers and 37% of mothers had a university degree (bachelor or postgraduate). In 2022, 13% of fathers and 9% of mothers left school before completing year 12 (in 2019, the figures were 10% and 11% for fathers and mothers, respectively).

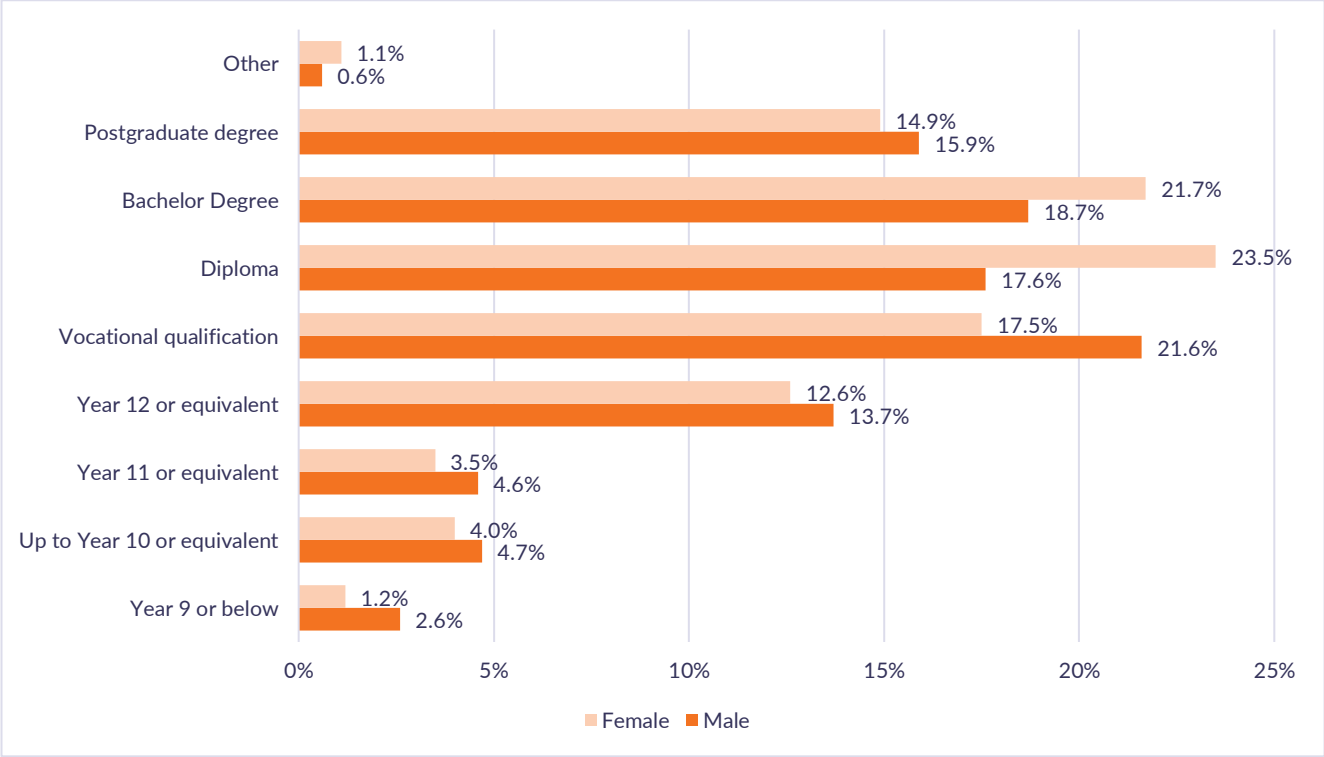

Figure 8. Parent education by mothers and fathers (population weighted data)

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 9. The majority of fathers reported they were in paid employment (85% full time; compared to 79% and 80% in 2016 and 2019) and 35% of mothers were in full time paid employment (compared to 28% and 21% in 2016 and 2019).

Thirty-five percent of mothers reported 'home duties' were currently a main work activity (Figure 9), which is similar to 2016 and 2019 when approximately a third reported home duties as a main work activity. In each survey round, a higher proportion of mothers reported home duties as a main occupation compared to fathers; in 2022 12% of men reported home duties as the main occupation, while in the 2019 and 2016 surveys, approximately 8% of fathers reported home duties.

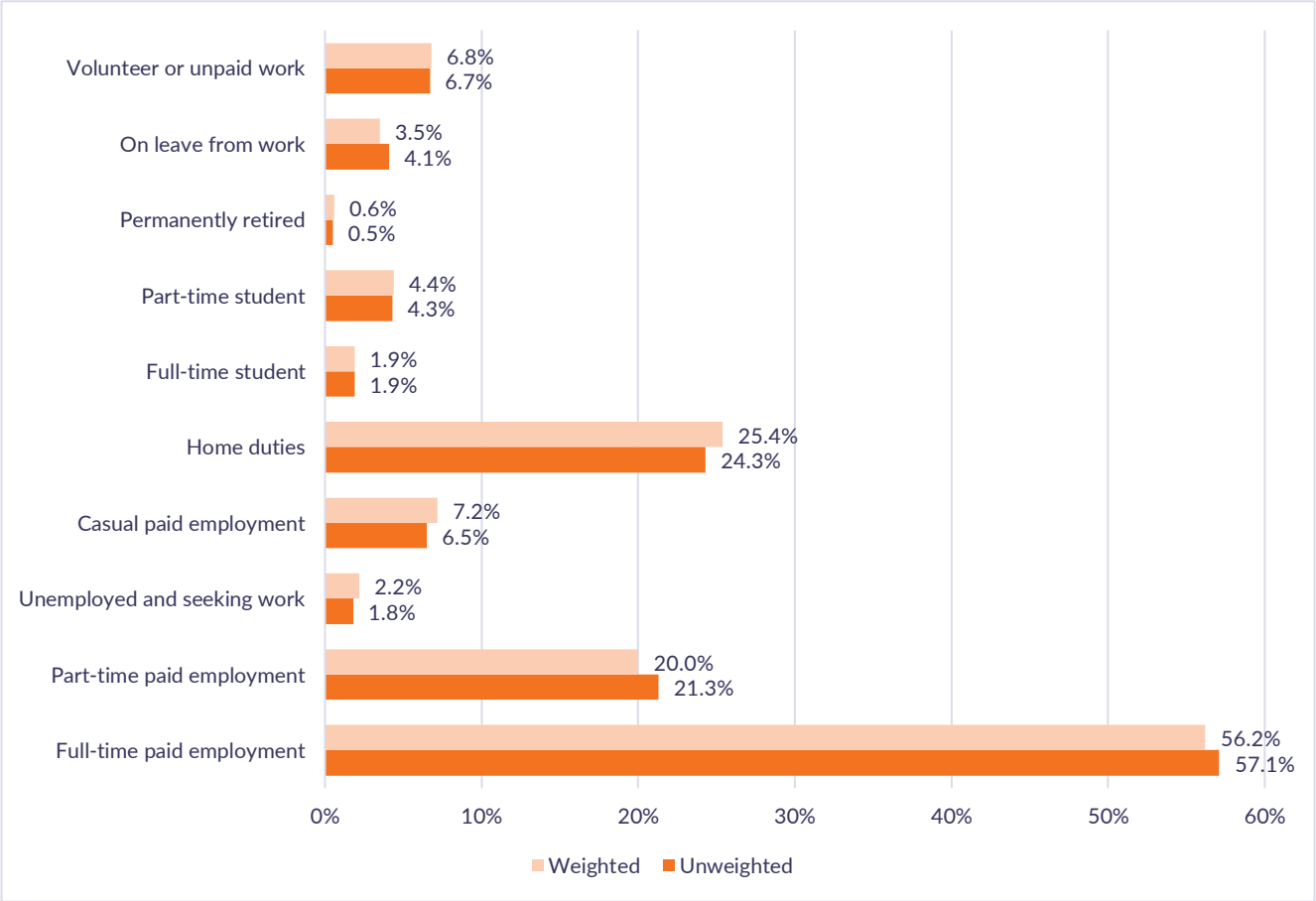

Figure 9. Employment status by mothers and fathers (population weighted data)

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; this data is presented in Figure 10. Consistent with 2019 findings, the median household income reported was $104,000 to $129,948 annually or $2000-$2499 per week (in 2016 the median was lower, at $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 (56% vs. 34%).

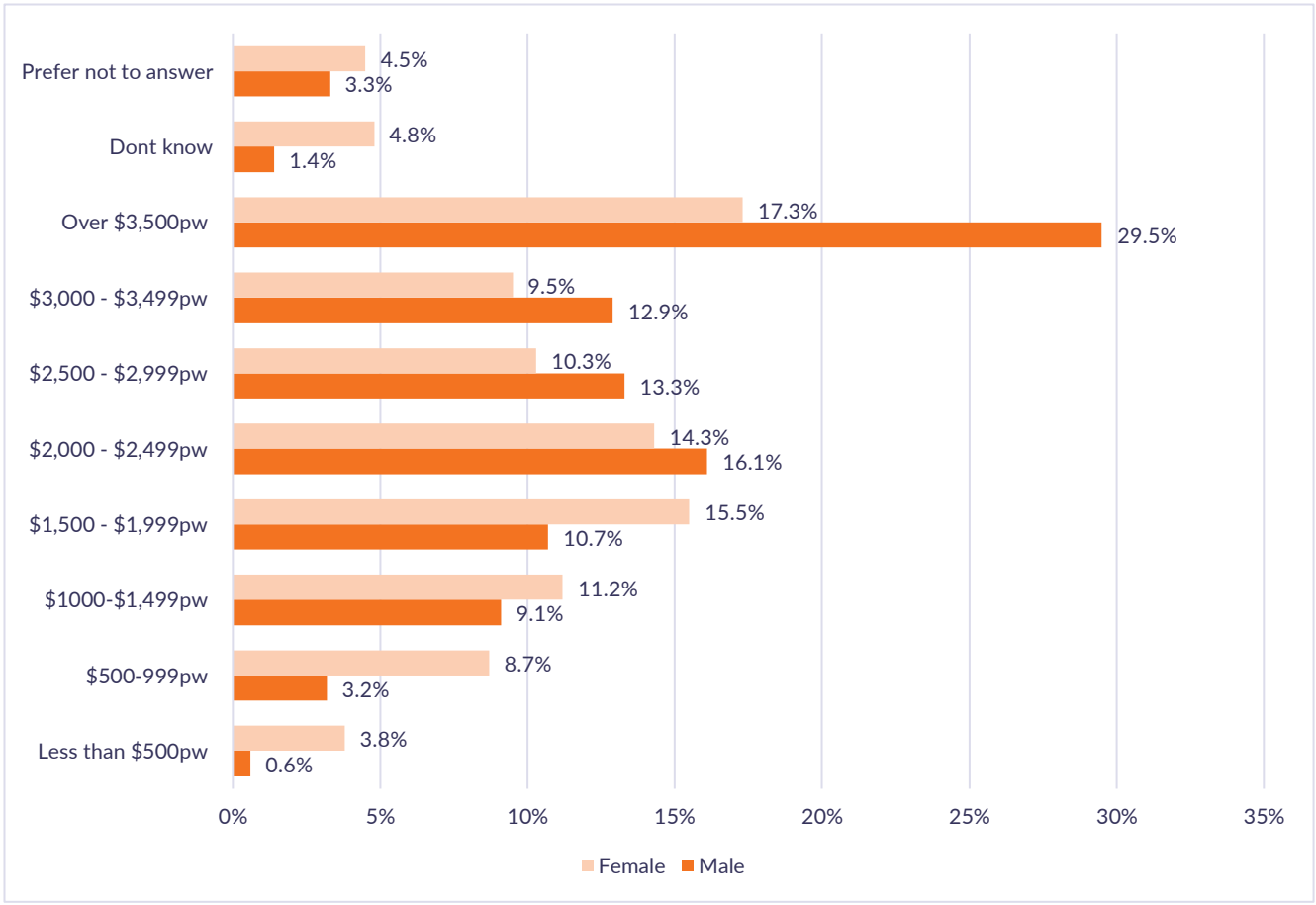

Figure 10. Household income by mothers and fathers (population weighted data)

CHILD CHARACTERISTICS

Child characteristics are displayed in Table 7.

Table 7. Target child sample characteristics, *N* (%) (population weighted data)

		Boys (*N*=1385)	Girls (*N*=1203)	Other (*N*=8)	Total (*N*=2596)
Child age	0-2 y	250 (18.1%)	225 (18.7%)	0	475 (18.3%)
	3-5 y	235 (17.0%)	193 (16.0%)	0	428 (16.5%)
	6-12 y	568 (41.0%)	471 (39.2%)	5 (62.5%)	1044 (40.2%)
	13-18 y	332 (24.0%)	314 (26.1%)	3 (37.5%)	649 (25.0%)
Complex condition		641 (46.3%)	506 (42.1%)	5 (62.5%)	1152 (44.4%)
Conditions	Medical condition	409 (29.5%)	295 (24.5%)	2 (25.0%)	706 (27.2%)
	Sensory or learning	269 (19.4%)	150 (12.5%)	3 (37.5%)	422 (16.3%)
	Emotional or behavioural	367 (26.5%)	281 (23.4%)	5 (62.5%)	653 (25.2%)
Number of conditions	1	350 (25.3%)	337 (28.0%)	1 (12.5%)	688 (26.5%)
	2	179 (12.9%)	117 (9.7%)	4 (50.0%)	300 (11.6%)
	3	112 (8.1%)	52 (4.3%)	0	164 (6.3%)

Table 7 presents key characteristics of the focus children of respondents in the 2022 sample. The focus children were aged from zero to 18 years (inclusive) with 53% boys and 46% girls. The average age of children was 8.2 years (*SD*=5.172). There was a range of boys and girls across infancy, preschool, primary and secondary school age categories, with the highest proportion enrolled in primary school, as shown in Figure 11.

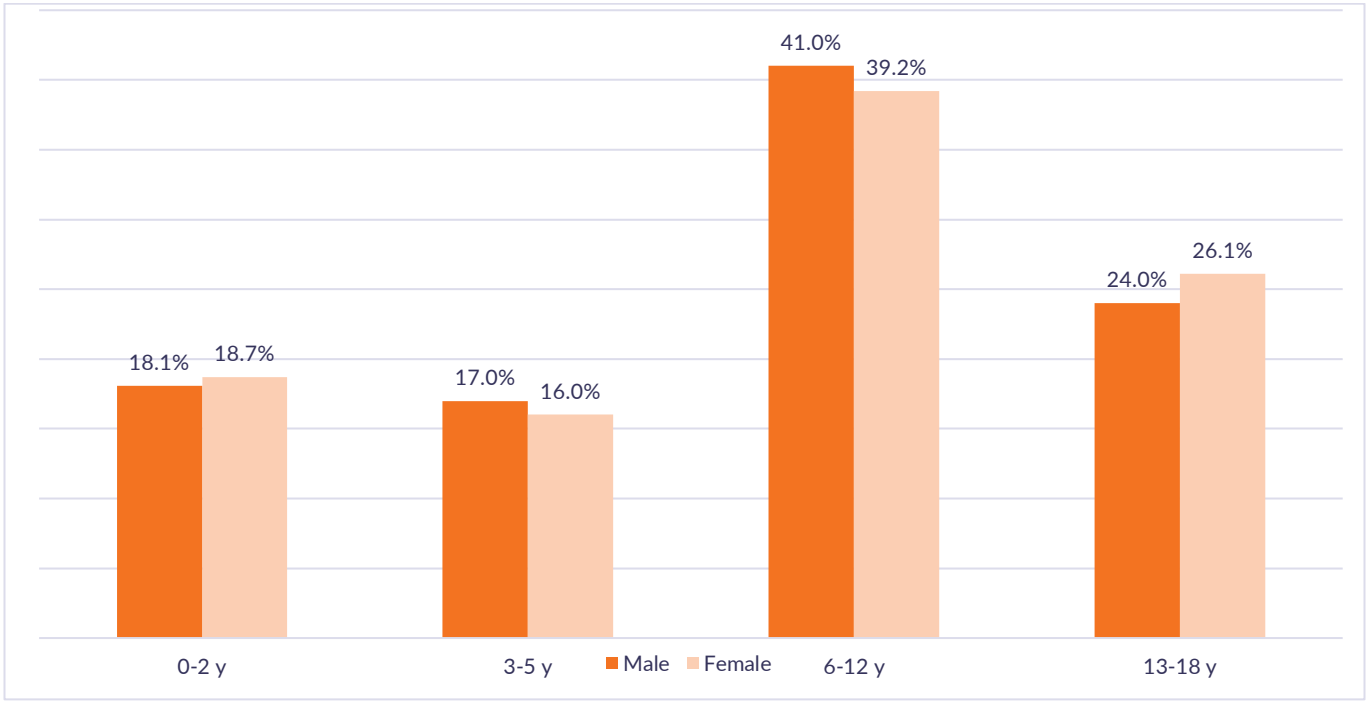

Figure 11. Age groups of boys and girls (population weighted data)

A number of survey items asked parents about any medical conditions, sensory and learning difficulties, or behavioural and emotional difficulties, their children were currently experiencing. Responses to these items about the focus child were recoded into a single variable which indicated whether or not the focus child had 'complex needs'. According to the survey questions, a child with 'complex needs' had, at the time of the survey, been experiencing a medical condition, behavioural emotional or sensory learning difficulty that had lasted or was likely to last at least 6 months.

Forty-four percent of children were reported to have complex needs in 2022 compared to 37% in 2019. Twenty-six percent of children had one condition, 11% had two conditions and 6% had three or more conditions (Figure 12).

Figure 12. Target child type of complex need (population weighted data)

LIVING ARRANGEMENTS

Eighty-four percent (*n*=2175) of parents described themselves as partnered and co-habiting. Sixteen percent (*n*=422) of respondents indicated they do not have a partner who lives with them. Therefore, we can consider these respondents to be 'single parents'. The parent gender differences for these single parenting data are large; 9% of fathers and 22% of mothers are single parents. These parent gender differences were also observed in 2016 and 2019.

Table 8 illustrates the number of children residing in the household for at least four days each week. Figure 13 shows how many children parents have, including biological, adopted, fostered or stepchildren.

Table 8. Number of children living in household 4+ days/week, *N* (%) (population weighted data)

		Boys (*N*=1107)	Girls (*N*=1488)	Total (*N*=2595)
Children in household 4+ days per week	1	365 (33%)	505 (33.9%)	870 (33.5%)
	2	511 (46.2%)	641 (43.1%)	1152 (44.4%)
	3	176 (15.9%)	248 (16.7%)	424 (16.3%)
	4	46 (4.2%)	68 (4.6%)	114 (4.4%)
	5	8 (0.7%)	13 (0.9%)	21 (0.8%)
	6	1 (0.1%)	12 (0.8%)	13 (0.5%)
	8	0	1 (0.1%)	1 (0%)

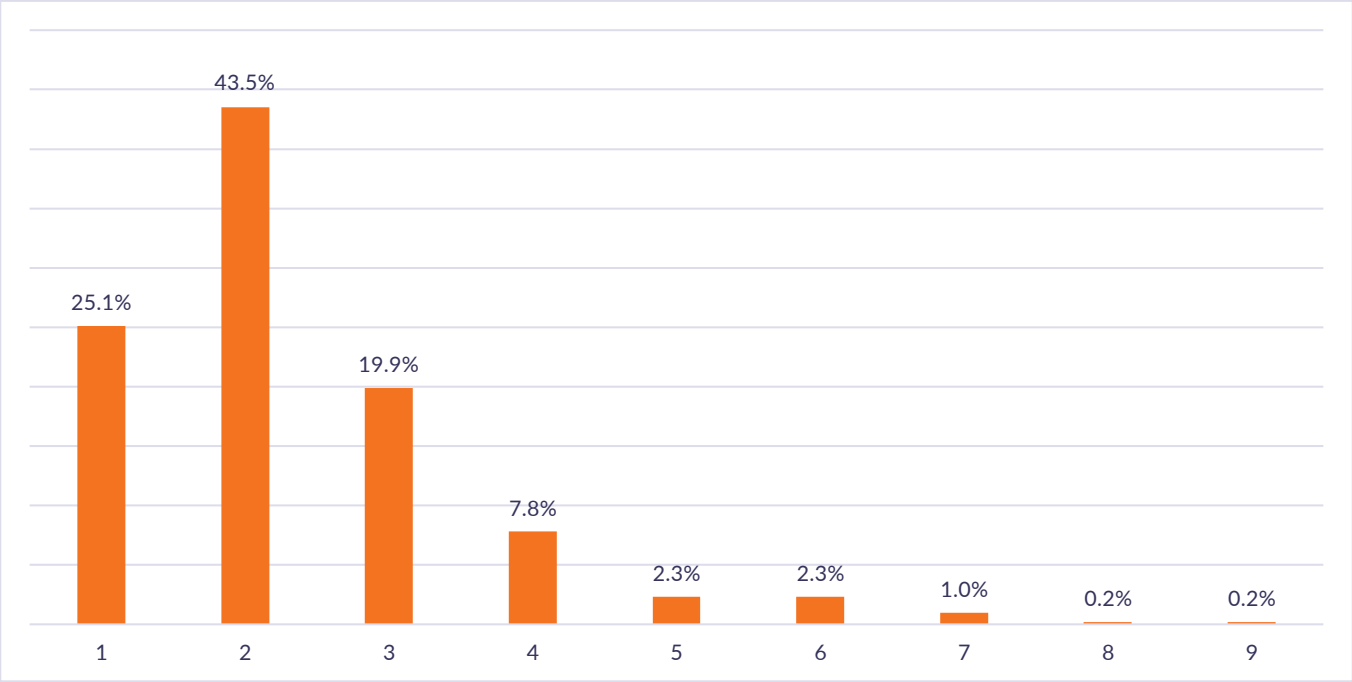

Figure 13. Number of children in family (population weighted data)

Experience of being a parent

In this section we present the results of the weighted sample data for seven items tapping into aspects of the parenting experience.

Items covered in this section address:

- Confidence in parenting/ parenting self-efficacy repeated from 2019 using the Me as a Parent-Short form MaaPs-SF (Matthews et al,.2022) and the comparable four items from the 2016 long version of the MaaPs.
- Parents' views on how frustrating, rewarding and demanding parenting can be (repeated from 2019).

The MaaPs-SF has four items, three tapping into a sense of parenting self-efficacy and one related to self-management. Two of the other items (parenting is rewarding and demanding) were taken directly from the Parenting Experience Survey (Sanders et al., 1999), and the third (parenting is frustrating) was created by the project team using the same format as the two items from the Parenting Experience Survey.

HOW EFFICACIOUS DO PARENTS FEEL IN THEIR PARENTING ROLE?

Parents rated the four items of the MaaPs-SF on a 5-point scale from 'strongly disagree' to 'strongly agree', with a midpoint of 'mixed feelings'. For each item the minimum score is 1 and the maximum score is 5. A total short form score was obtained by adding the four item scores together thus the minimum score for the total short form is 4 and the maximum score is 20. Reliability was assessed with Cronbach's alpha which was .81.

The mean MaaP-SF total score for the sample was 16.68 (*SD*=2.547) compared to 16.89 (*SD*=2.030) in 2016 and 17.20 (*SD*=2.404) in 2019. Inspection of the total and item scores in Table 9 shows, on average, parents responded in the positive range.

Table 9. Average responses to individual items from the MaaP-SF, *N* (%) (population weighted data)

Item	Mean (*SD*)
I have confidence in myself as a parent	4.26 (.797)
I have the skills necessary to be a good parent to my child	4.31 (.735)
I know I am doing a good job as a parent	4.16 (.786)
I can stay focused on the things I need to do as a parent even when I've had an upsetting experience	3.96 (.889)
Total short form	16.68 (2.547)

Note: Item Range 1 (strongly disagree) - 5 (strongly agree). Item scores calculated excluding missing data

For the total score, 70% of parents scored in the positive range with a score between 16 and 20. In 2019, 77% of parents scored in the positive range. Around eight in ten parents (84%) agreed or strongly agreed with the item 'I have confidence in myself as a parent'. Eighty eight percent agreed or strongly agreed 'I have the skills necessary to be a good parent to my child'. For the item 'I know I am doing a good job as a parent', 82% agreed or strongly agreed, while for the item 'I can stay focused on the things I need to do as a parent even when I've had an upsetting experience' 72% agreed or strongly agreed. These percentages are in the same direction but slightly lower than the 2019 findings (90% for 'I have confidence in myself as a parent', 92% for 'I have the skills necessary to be a good parent to my child', 87% for 'I know I am doing a good job as a parent' and 79% for 'I can stay focused on the things I need to do as a parent even when I've had an upsetting experience').

In the current findings there were differences for *child age* groupings, $F(3,2595)=8.233$, $p<.001$, with a small effect size ($\eta^2 = .009$). The statistically significant differences were between child ages 0-2 years and 6-12 years, and 0-2 years and 13-18 years, with parents of younger children reporting greater confidence. The difference between 0-2 year olds and 3-5 year olds approached significance ($p=.002$). Figure 14 shows the mean scores for four age groups.

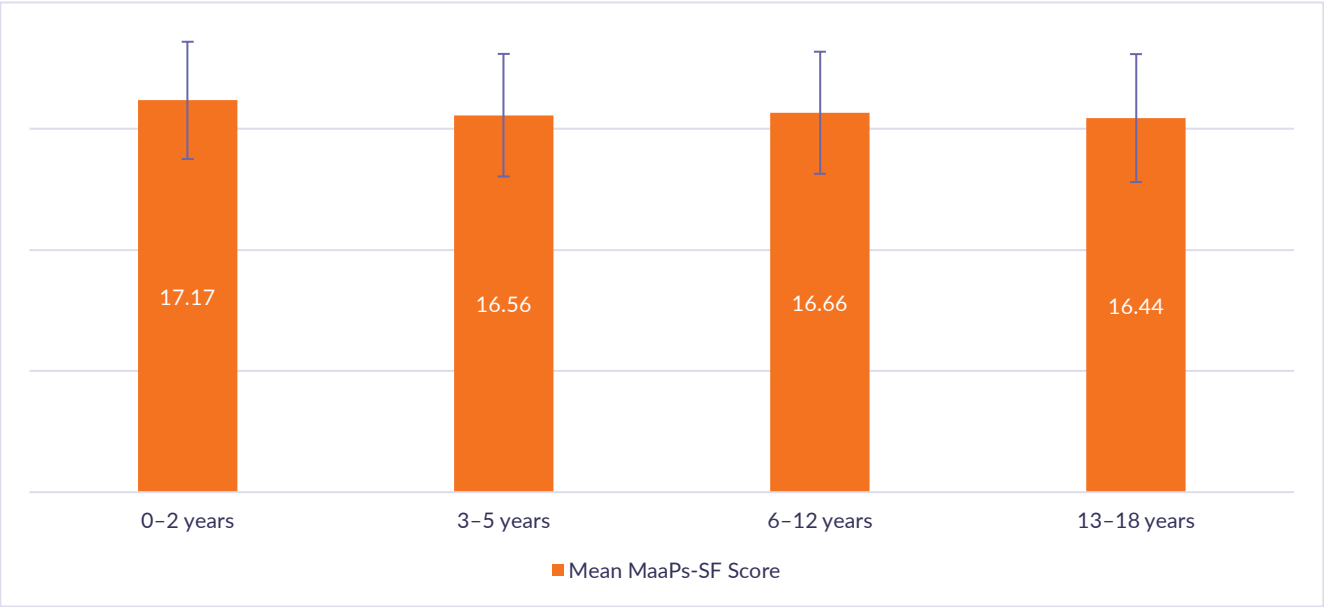

Figure 14. Mean MaaP-SF scores by child age (error bars represent *SD*) (population weighted data)

There were no significant differences for *child age* groupings in 2019. However, the 2016 data, using the full version of the MaaP, also showed statistically significant differences for child age groups with higher scores for parents of younger children (for three of the four subscales of the full version and for the total scale score).

Parents who had a *child with complex needs* had lower MaaP-SF scores on average (M=16.27, SD=2.36) than parents who did not have a child with complex needs (M=17.02, SD= 2.71), $F(12595)=55.175$, $p<.001$) with a small effect size (η^2 = .021). In 2019 there was no significant difference between those two groups of parents. Parents of children with complex needs were less likely to agree with the statement, 'I have confidence in myself as a parent' (77% agree or strongly agree) compared to parents of children without complex needs (89% agree or strongly agree).

Consistent with 2019, there were no statistically significant differences between *socio-economic areas*, *metro versus regional areas*, and *parent gender* in total MaaP-SF scores.

PARENTS' VIEWS OF THE PARENTING EXPERIENCE

Three items (parenting is frustrating, demanding and rewarding) asked parents to rate statements about their experience as a parent in the past six weeks, on a 5-point scale ranging from 'not at all' to 'extremely'. A 'don't know' option was also provided. These items were also in the 2019 survey.

Across the total sample, responses to these items reflect a generally positive view of parenting (Figure 15). The majority (90%) agreed parenting was 'very' or 'extremely' rewarding. Nevertheless, some parents agreed that parenting in the past six weeks had been frustrating; 8% saying 'extremely' so, 11% 'very' and close to a third (30%) saying parenting had been 'moderately' frustrating over that time. Furthermore, fifty one percent of respondents agreed that parenting was 'very' or 'extremely' demanding, with 26% of parents saying this was 'moderately' so. These findings are relatively consistent with the 2019 survey in which 93% of parents found parenting 'very' or 'extremely' rewarding, 9% 'extremely' and 14% 'very' frustrating. However, in 2019, a greater percentage (75%) of parents found parenting 'very' or 'extremely' demanding.

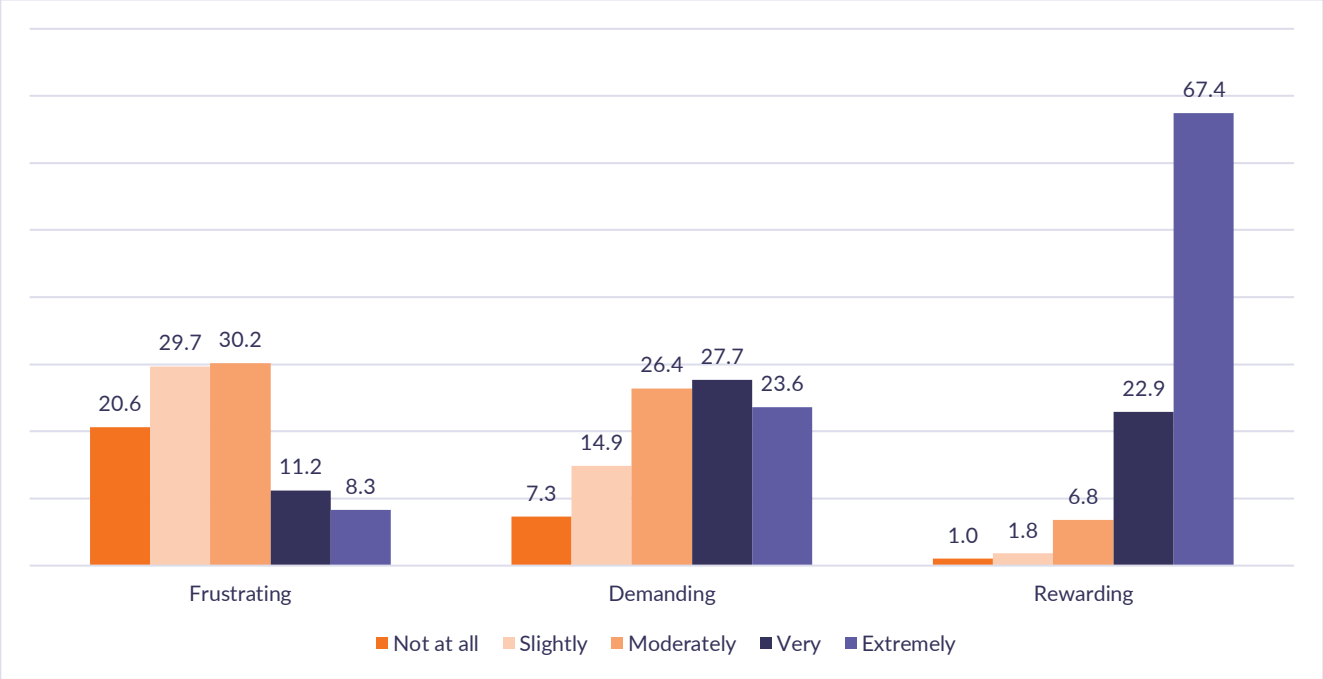

Figure 15. Proportion (%) of responses to items about experience of parenting (population weighted data)

Fathers reported finding parenting less frustrating than *mothers* did, $F(1,2595)=78.168$ $p<.001$, with a small effect size ($\eta^2 = .029$). *Fathers* also found parenting less demanding than *mothers* did, $F(1, 2595)=58.207$, $p<.001$, with a small effect size ($\eta^2 = .022$). Figure 16 shows the percentage responses for both items and parent genders. There were no *parent gender* differences for 'Parenting is rewarding'. The three findings for parent gender are consistent with the 2019 survey results.

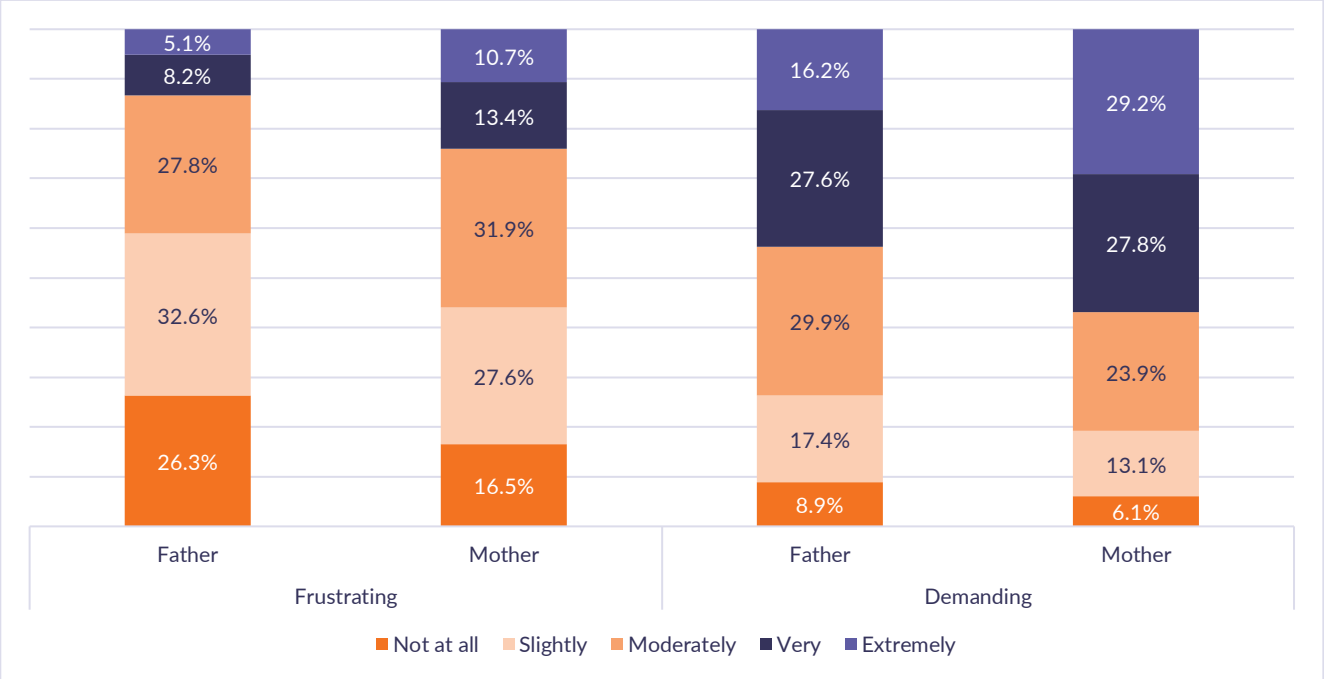

Figure 16. Fathers' and mothers' ratings of parenting as frustrating and demanding (population weighted data)

There were *child age* group differences in the extent to which respondents found parenting to be demanding in the past six weeks, $F(3,2592)=10.279$, $p<.001$, with a small effect size ($\eta^2 = .012$). Significant differences ($p<.001$) were observed between parents of infants and 13-18 year olds, and parents of 3-5 and 13-18 year olds. In general, a greater proportion of parents of younger children found parenting to be demanding compared to parents of older children. A smaller proportion of parents of teens and primary school aged children reported parenting as 'extremely' demanding than in 2019 where close to half of parent of teens and primary school age children found parenting 'extremely' demanding. Figure 17 compares percentages across age groups for all response categories for the 2022 findings.

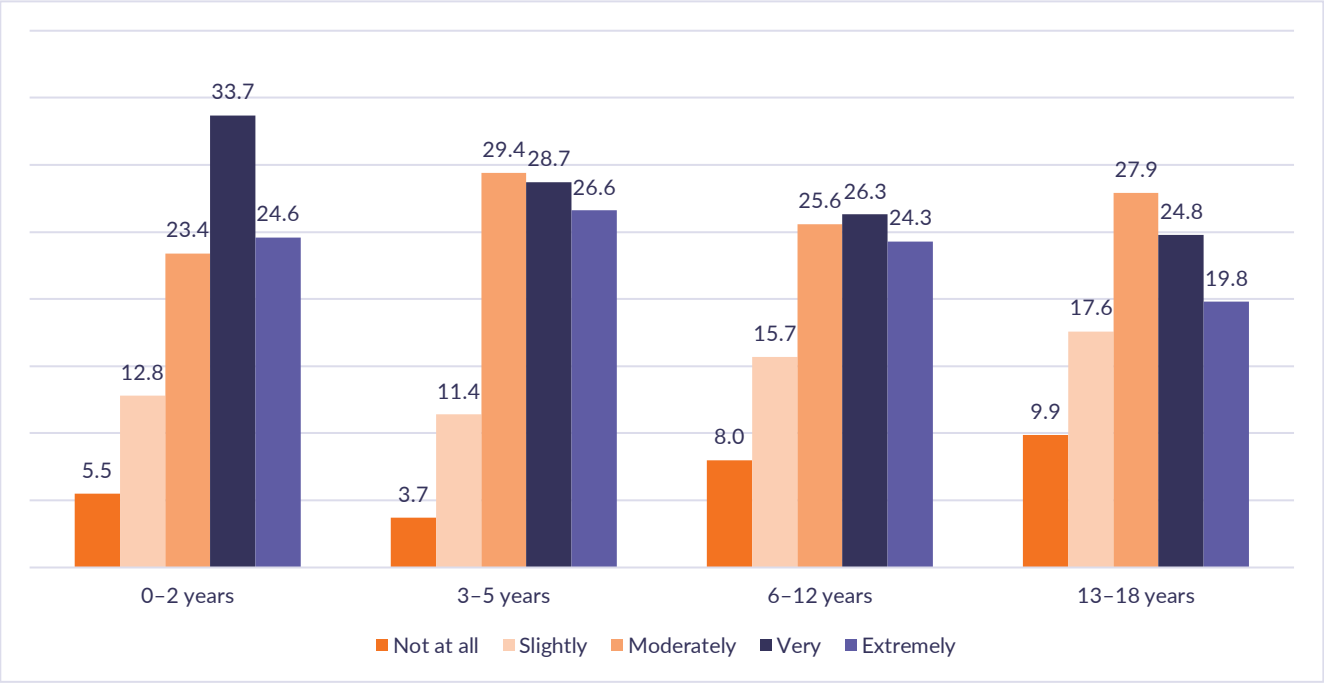

Figure 17. Responses (%) to 'parenting is demanding' by child age group (population weighted data)

For the item 'Parenting is rewarding', consistent with 2019, there was a significant difference according to *child age* group, $F(3,2591)=7.919$, $p<.001$ ($\eta^2 = .009$) Parents of older children (6-12 and 13-18 years) were significantly less likely to rate parenting as rewarding compared to parents of infants (0-2 years). Figure 18 has the proportion of parents of different age children who rated how rewarding parenting was.

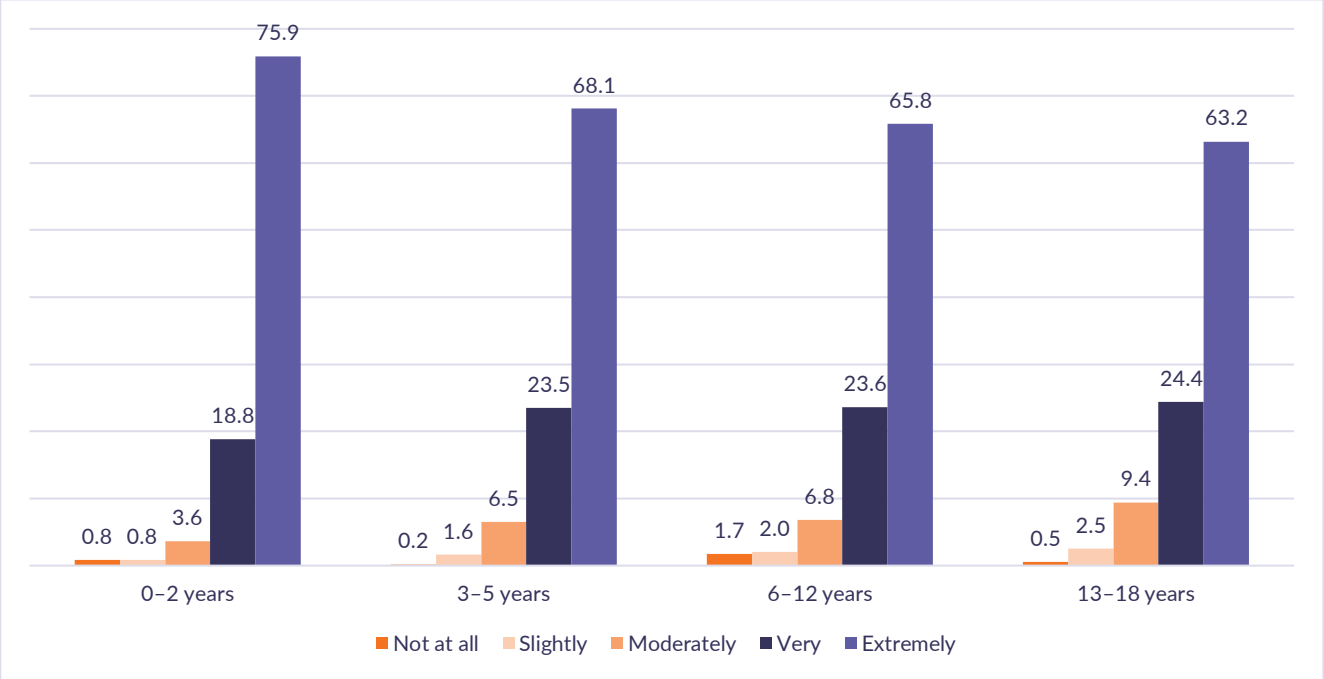

Figure 18. Responses (%) to 'parenting is rewarding' by child age group (population weighted data)

As in 2019, there were no significant differences by *child age* group for the item 'parenting is frustrating'.

For 'Parenting is frustrating' there was a significant difference between parents of *children with and without complex needs*, $F(1,2594) = 90.677$, $p<.001$, ($\eta^2 = .034$). Parents of children with complex needs were more likely to report that parenting was frustrating. Parents of children with complex needs also tended to find parenting more demanding compared to other parents. This difference was statistically significant $F(1,2594= 55.527)$ $p<.001$, with a small effect size ($\eta^2 = .021$). Figure 19 (Parenting is frustrating) and Figure 20 (Parenting is demanding) show the percentage of parents who rated the items from 'not at all' to 'extremely'. There was no statistically significant difference between those with and without complex needs for 'Parenting is rewarding'.

There were no significant differences on these three items for *socio-economic groups* or for *metropolitan versus regional areas* as was the case in 2019.

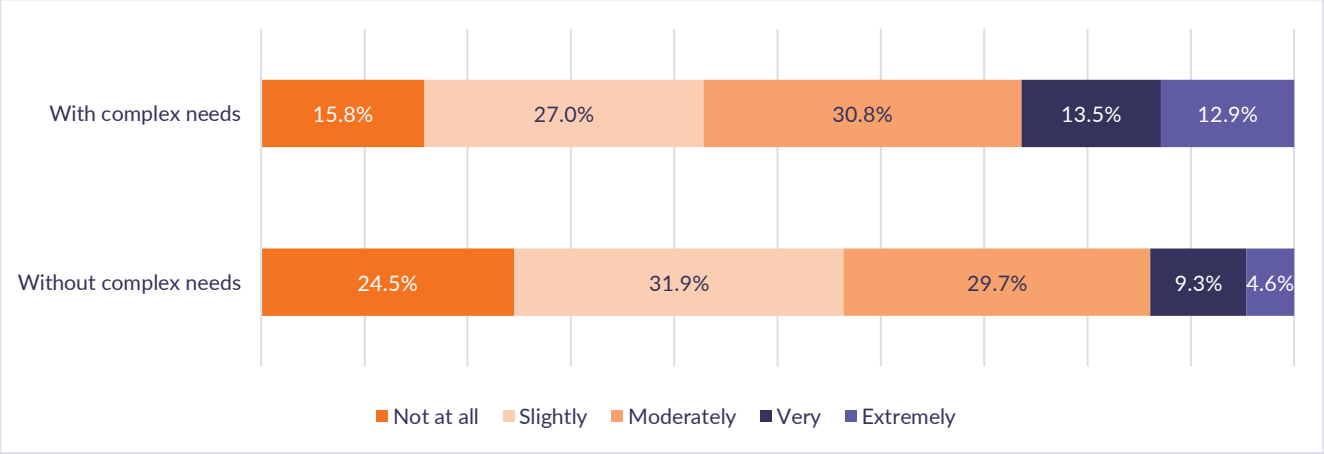

Figure 19. Responses to 'parenting is frustrating' by parents of children with and without complex needs (population weighted data)

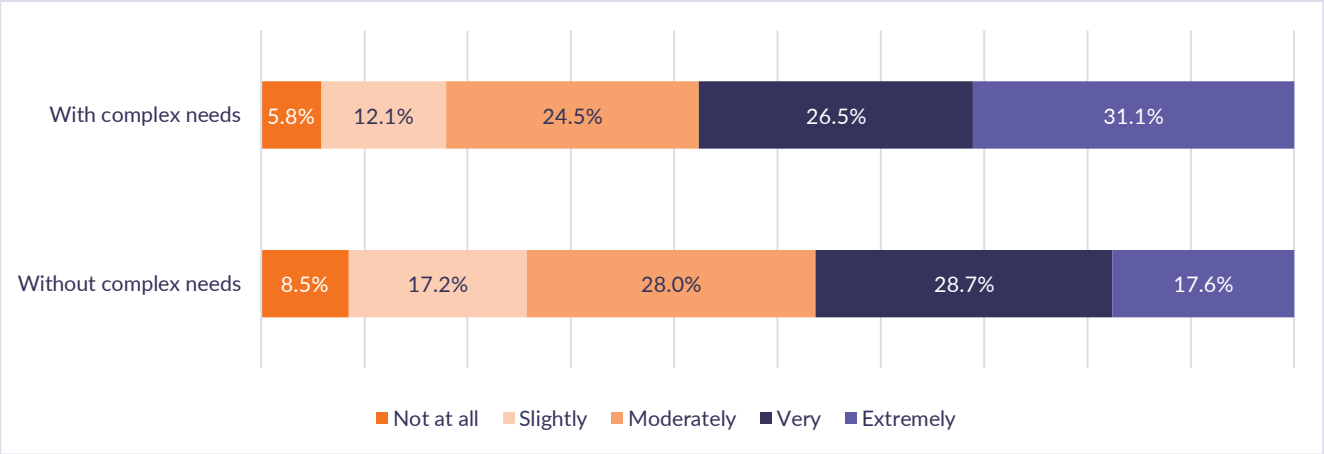

Figure 20. Responses to 'parenting is demanding' by parents of children with and without complex needs (population weighted data)

Approach to parenting

This section presents findings based on the population weighted data describing parents' concerns about their child's behaviour (new items) and about their own behaviours and practices in relation to parenting their children (some items repeated from 2016 and 2019), including interactions with their child (e.g., patience, consistency, time spent) and responses to child behaviour (e.g., praise, smacking).

PARENT CONCERNS ABOUT CHILD'S BEHAVIOUR

A new set of 18 questions was included in the 2022 survey to ask parents about their concerns about their child's behaviour. Parents were asked to rate how much of a problem each child behaviour was on a four-point scale from 'no problem at all' to 'a large problem'. Parents could also respond 'Not sure/Don't know' and this response option was not included in the subgroup comparison analyses. Table 10 presents the percentages for each response option for this set of items. Parents' concerns about some child behaviours were considered relevant for some age groups only, and the relevant age group for each item is also presented in the table.

Table 10 Percentage responses for each child concern (population weighted data)

Item	No problem at all	A small problem	A moderate problem	A large problem	Not sure/ don't know
Child not doing what you ask (3-18 years)	27.3%	38.4%	25.6%	8.6%	0.1%
Child not following family rules (3-18 years)	42.4%	34.9%	17.9%	4.5%	0.3%
Child lying (3-18 years)	58.9%	25.6%	10.4%	4.2%	0.9%
Child whining (3-18 years)	35.1%	34.2%	22.0%	8.1%	0.6%
Child's eating	44.3%	22.4%	20.9%	11.8%	0.5%
Child arguing or fighting with siblings (3-18 years)*	26.1%	35.5%	27.1%	11.3%	0.0%
Child's worries, fears or anxiety (3-18 years)	28.2%	31.5%	25.0%	14.5%	0.8%
Child not attending school (6-18 years)	81.0%	7.5%	6.0%	5.2%	0.2%
Child being violent or aggressive towards you or your partner (6-18 years)	84.7%	8.6%	3.7%	2.9%	0.1%
Child's tantrums (3-18 years)	53.5%	27.5%	13.7%	4.9%	0.4%
Child being bullied (4-18 years)	60.5%	20.6%	11.7%	5.2%	2.0%
Child bullying others (4-18 years)	79.6%	12.2%	4.5%	2.2%	1.4%
Child being depressed or withdrawn (3-18 years)	62.0%	21.9%	10.0%	5.5%	0.6%
Child's use of social media (6-18 years)	52.6%	20.3%	17.2%	9.3%	0.5%
Child playing computer games or using electronic devices like iPads, PlayStation, etc. (3-18 years)	32.7%	27.3%	27.0%	12.6%	0.3%
Child not doing chores (6-18 years)	38.3%	29.6%	22.3%	9.3%	0.5%
Child not paying attention (being distractable) (4-18 years)	31.7%	31.9%	25.0%	11.3%	0.1%
Child's persistence (not sticking with tasks) (4-18 years)	38.2%	31.3%	20.7%	9.3%	0.5%

*Note: *Includes reports of parents of children with siblings only (82% of parents of children aged 3-18 years)*

Some child behaviours were of greater concern to parents than others. The behaviours rated as a 'large problem' or 'moderate problem' by the most parents were worries, fears or anxiety (40%), playing computer games or using electronic devices (40%), arguing or fighting with siblings (38%), not paying attention (36%), not doing as asked (34%),

eating (33%), not doing chores (32%), whining (30%), and persistence with tasks (30%). Child's use of social media was a 'large problem' or 'moderate problem' for 27% of parents, not following rules for 22% of parents, and tantrums for 19% of parents. Being bullied (17%), being depressed or withdrawn (16%), lying (15%), and not attending school (11%) were less commonly described as large or moderate problems. Bullying others (7%) and being violent or aggressive towards the parent or their partner (7%) were infrequently reported as large or moderate problems.

For the item asking parents about their child's use of social media, a follow-up question was asked of parents who indicated their child's use of social media was a problem. Results for this item are reported only for those who indicated that social media use was a moderate or large problem. The question was 'What concerns you about your child's use of social media?' Parents' responses were coded into one or more of the categories listed in Figure 21.

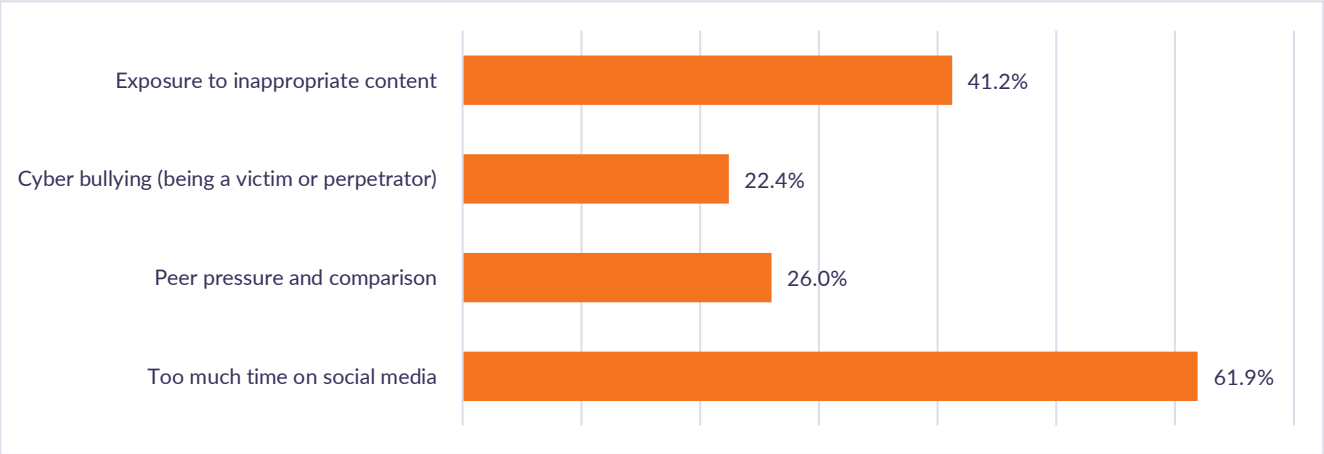

Figure 21. Percentage of parents reporting different types of social media problems (among parents who rated social media use as a moderate or large problem) (population weighted data)

Differences between subgroups are presented below for each child behaviour, grouped according to the type of sub-group comparison (e.g., mothers/fathers, child age groups).

There were differences between mothers and fathers in reports of 5 of the 18 child problems (Figure 22):

- Mothers reported that their child not doing as asked was more of a problem than fathers did, $F(1, 2118) = 20.421$, $p<.001$, a small effect ($\eta^2 = .01$).
- Mothers reported child whining was more of a problem than fathers did, $F(1, 2106) = 11.144$, $p=.001$, a small effect ($\eta^2 = .005$).
- Mothers reported that child worries, fears or anxiety was more of a problem than fathers did, $F(1, 2103) = 32.702$, $p<.001$, a small effect ($\eta^2 = .015$).
- Mothers reported child not attending school was more of a problem than fathers did, $F(1, 1686) = 11.714$, $p=.001$, a small effect ($\eta^2 = .007$).
- Mothers reported child tantrums was more of a problem than fathers did, $F(1, 2112) = 20.148$, $p<.001$, a small effect ($\eta^2 = .009$).

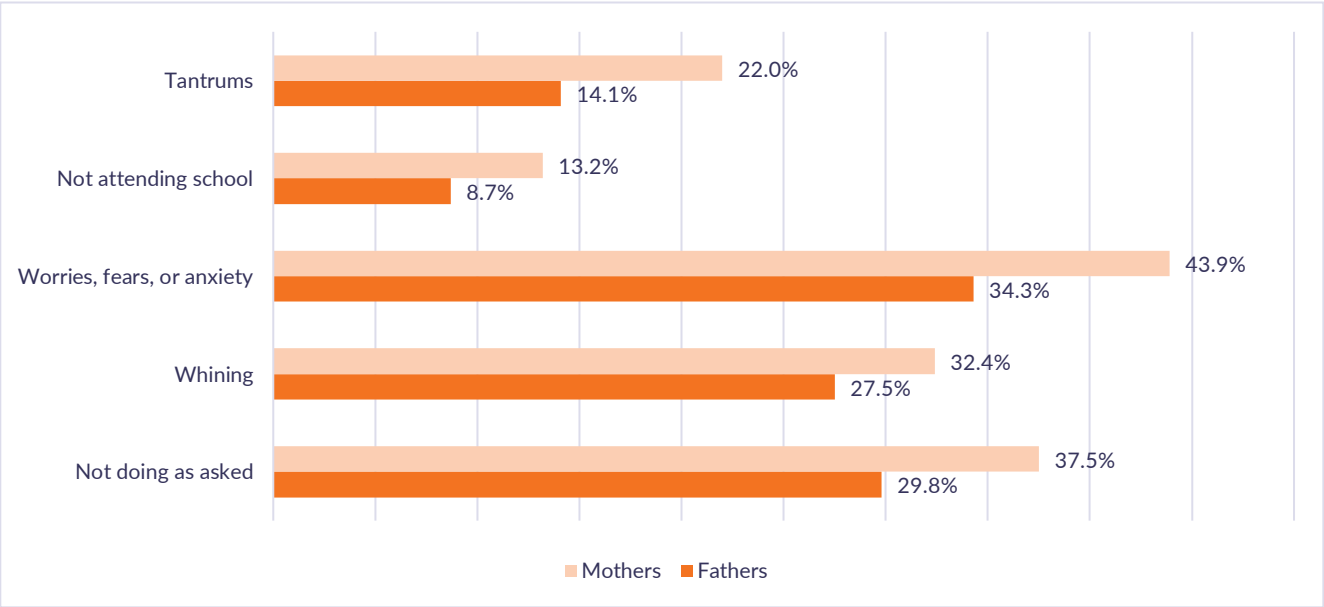

Figure 22. Percentage of mothers and fathers reporting different types of child concerns (among parents who rated concerns as a moderate or large problem) (population weighted data)

There were differences across *child age groups* in parents' reports of 12 of the 18 child problems (Figure 23):

- An overall effect was observed for child age group for the item child not doing as asked, $F(2, 2117) = 7.383$, $p=.001$, a small effect ($\eta^2 = .007$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between the 3-5 years and 13-18 years groups. Child not doing as asked was a greater problem for 3-5 year olds compared to 13-18 year olds.
- An overall effect was observed for child age group and child whining, $F(2, 2105) = 49.497$, $p<.001$, a small effect ($\eta^2 = .045$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between all groups, indicating child whining is less of a problem for parents of older compared to younger children.
- An overall effect was observed for child age group for child eating, $F(3, 2577) = 26.275$, $p<.001$, a small effect ($\eta^2 = .03$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between the 0-2 age group and all other age groups, and between 3-5 years and 13-18 years age groups. This problem was more of a concern for parents aged 3-5 years compared to those of children aged 0-2 years, and less of a concern for parents of older children.
- An overall effect was observed for child age group for child worries, fears, and anxiety, $F(2, 2102) = 58.318$, $p<.001$, a small effect ($\eta^2 = .053$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between all groups, with parents reporting worries, fears, and anxiety to be more of a problem with increased child age.
- An overall effect was observed for child age group for not attending school, $F(1, 1686) = 17.959$, $p<.001$, a small effect ($\eta^2 = .011$). Parents of secondary school aged children reported their child not attending school was more of a problem compared to primary school aged children.
- An overall effect was observed for child age group for child being violent or aggressive towards the parent or their partner, $F(1, 1689) = 12.816$, $p<.001$, a small effect ($\eta^2 = .008$). Parents of primary school aged children reported this to be more of a problem compared to secondary school aged children.
- An overall effect was observed for child age group for child tantrums, $F(2, 2111) = 71.720$, $p<.001$, a medium effect ($\eta^2 = .064$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between all groups, with parents reporting tantrums to be more of a problem in younger children.

- An overall effect was observed for child age group for child bullying others, $F(2, 1937) = 6.961$, $p=.001$, a small effect ($\eta^2 = .007$). Bonferroni adjusted post hoc differences ($p=.001$) were observed between the 3-5 years and 13-18 years age groups, with a trend for this to be less of a concern for parents of older children.
- An overall effect was observed for child age group for child being depressed or withdrawn, $F(2, 2105) = 64.589$, $p<.001$, a small to medium effect ($\eta^2 = .058$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between all groups, with parents reporting depressed and withdrawn behaviours to be more of a problem with increased child age.
- An overall effect was observed for child age group for child's use of social media, $F(1, 1682) = 198.619$, $p<.001$, a medium effect ($\eta^2 = .106$). Parents of secondary school aged children report social media use to be more of a problem compared to primary school aged children.
- An overall effect was observed for child age group for playing computer games or using electronic devices, $F(2, 2111) = 27.844$, $p<.001$, a small effect ($\eta^2 = .026$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between the 3-5 years and the 6-12 years groups and between 3-5 years and 13-18 years groups, but not between the 6-12 years and 13-18 years groups. There was an increase in parents' perception of this problem with age from younger to older children, but the difference between older children and teenagers not statistically significant.
- An overall effect was observed for child age group for child not doing chores, $F(1, 1682) = 11.392$, $p=.001$, a small effect ($\eta^2 = .007$). Not doing chores more of a problem for parents of secondary school aged children compared to primary school aged children.

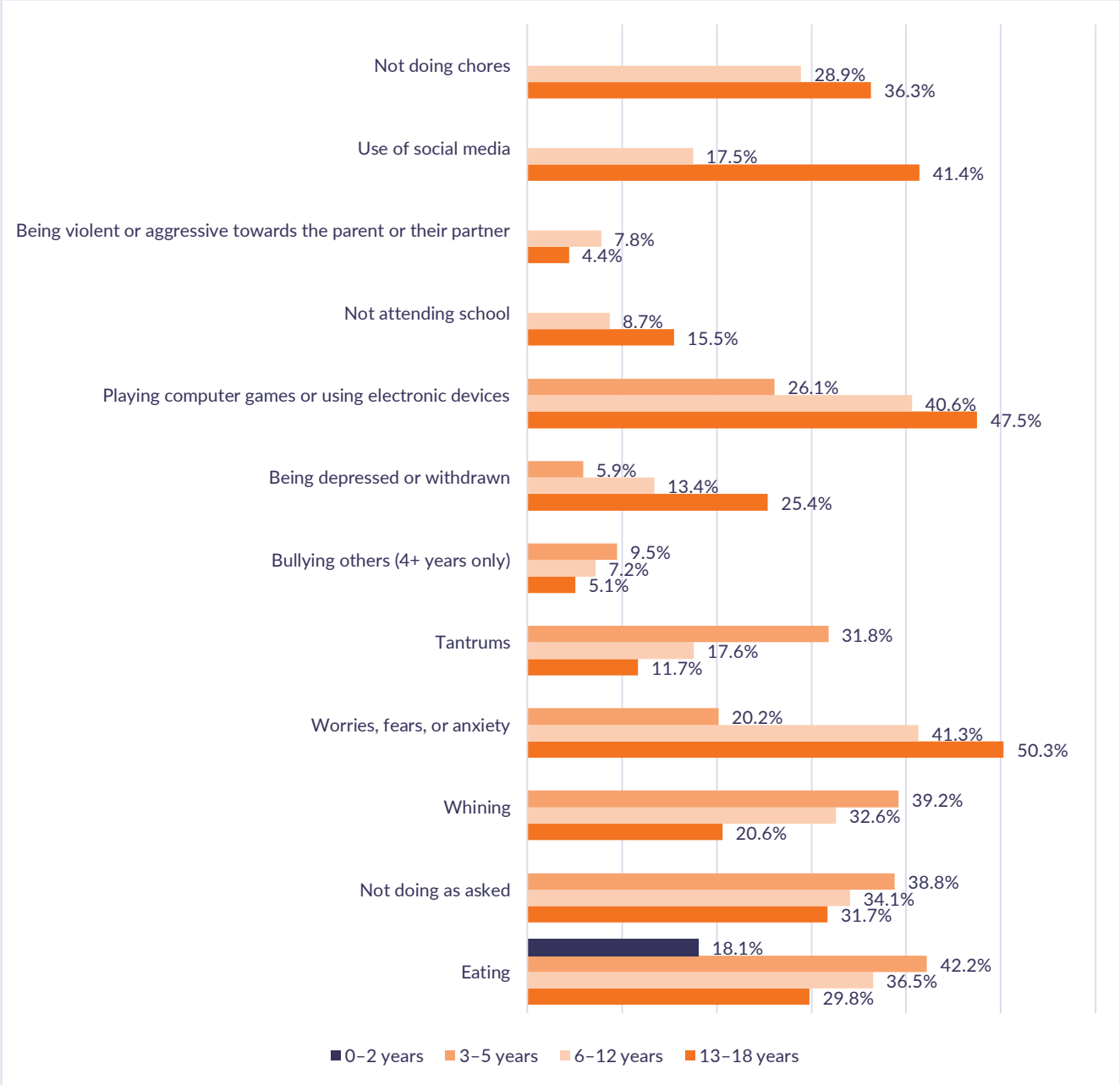

Figure 23. Percentage of parents reporting different types of child concerns, by child age group (among parents who rated concerns as a moderate or large problem) (population weighted data)

There were differences between *metropolitan versus regional* dwellers in reports of the following child problems (Figure 24):

- Parents in regional areas reported child lying was more of a problem than parents in metropolitan areas did, $F(1, 2100) = 10.927$, $p=.001$, a small effect ($\eta^2 = .005$).
- Parents in regional areas reported their child being bullied was more of a problem than parents in metropolitan areas did, $F(1, 1927) = 10.217$, $p=.001$, a small effect ($\eta^2 = .005$).
- Parents in regional areas reported their child being depressed or withdrawn was more of a problem than parents in metropolitan areas did, $F(1, 2106) = 11.095$, $p=.001$, a small effect ($\eta^2 = .005$).

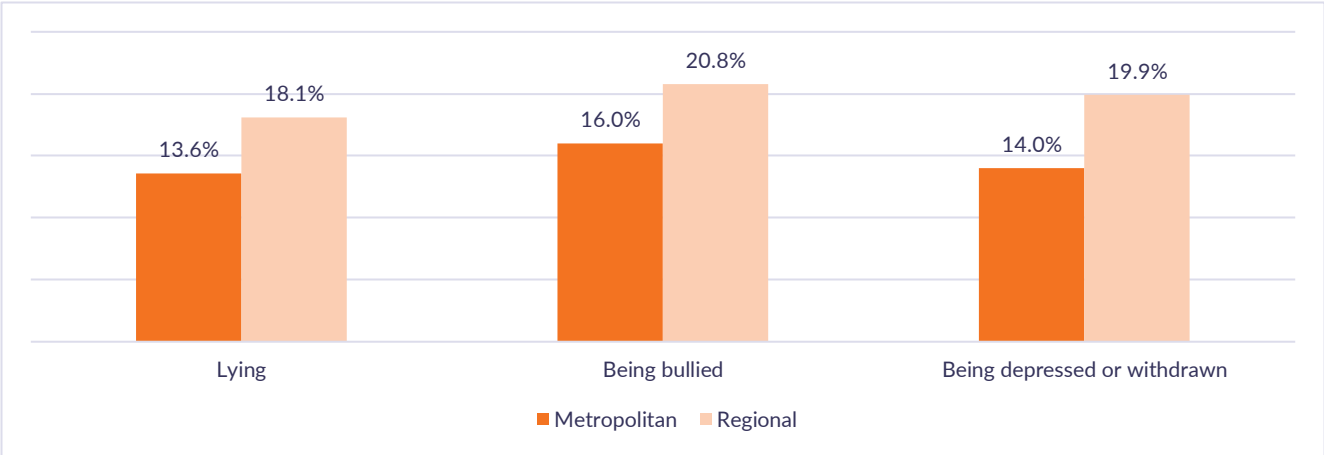

Figure 24. Percentage of parents reporting different types of child concerns, by region (among parents who rated concerns as a moderate or large problem) (population weighted data)

There were differences between parents of *children with and without complex needs* in reports of 17 of the 18 child problems (Figure 25):

- Parents of children with complex needs reported their child not doing as asked was more of a problem compared to parents of children without complex needs, $F(1, 2118) = 91.929$, $p<.001$, a small effect ($\eta^2 = .042$).
- Parents of children with complex needs reported their child not following family rules was more of a problem compared to parents of children without complex needs, $F(1, 2113) = 84.047$, $p<.001$, a small effect ($\eta^2 = .038$).
- Parents of children with complex needs reported their child lying as more of a problem compared to parents of children without complex needs, $F(1, 2100) = 33.822$, $p<.001$, a small effect ($\eta^2 = .016$).
- Parents of children with complex needs reported child whining as more of a problem compared to parents of children without complex needs, $F(1, 2106) = 45.967$, $p<.001$, a small effect ($\eta^2 = .021$).
- Parents of children with complex needs reported child eating as more of a problem compared to parents of children without complex needs, $F(1, 2579) = 132.05$, $p<.001$, a small effect ($\eta^2 = .049$).
- Parents of children with complex needs reported child arguing or fighting with siblings as more of a problem compared to parents of children without complex needs, $F(1, 2116) = 15.128$, $p<.001$, a small effect ($\eta^2 = .007$).
- Parents of children with complex needs reported child's worries, fears, or anxiety as more of a problem compared to parents of children without complex needs, $F(1, 2103) = 316.468$, $p<.001$, a medium to large effect ($\eta^2 = .131$).
- Parents of children with complex needs reported child not attending school as more of a problem compared to parents of children without complex needs, $F(1, 1686) = 72.201$, $p<.001$, a small effect ($\eta^2 = .041$).
- Parents of children with complex needs reported child being violent or aggressive towards themselves or their partner as more of a problem compared to parents of children without complex needs, $F(1, 1689) = 66.567$, $p<.001$, a small effect ($\eta^2 = .038$).
- Parents of children with complex needs reported child's tantrums more of a problem compared to parents of children without complex needs, $F(1, 2112) = 115.02$, $p<.001$, a small effect ($\eta^2 = .052$).
- Parents of children with complex needs reported child being bullied as more of a problem compared to parents of children without complex needs, $F(1, 1927) = 114.765$, $p<.001$, a small to medium effect ($\eta^2 = .056$).
- Parents of children with complex needs reported child bullying others as more of a problem compared to parents of children without complex needs, $F(1, 1938) = 27.608$, $p<.001$, a small effect ($\eta^2 = .014$).

- Parents of children with complex needs reported child being depressed or withdrawn as more of a problem compared to parents of children without complex needs, $F(1, 2106) = 221.374$, $p<.001$, a medium effect ($\eta^2 = .095$).
- Parents of children with complex needs reported child playing computer games or using electronic devices as more of a problem compared to parents of children without complex needs, $F(1, 2112) = 50.909$, $p<.001$, a small effect ($\eta^2 = .024$).
- Parents of children with complex needs reported child not doing chores as more of a problem compared to parents of children without complex needs, $F(1, 1682) = 49.137$, $p<.001$, a small effect ($\eta^2 = .028$).
- Parents of children with complex needs reported child not paying attention as more of a problem compared to parents of children without complex needs, $F(1, 1964) = 163.696$, $p<.001$, a medium effect ($\eta^2 = .077$).
- Parents of children with complex needs reported child persistence as more of a problem compared to parents of children without complex needs, $F(1, 1957) = 163.680$, $p<.001$, a medium effect ($\eta^2 = .077$).

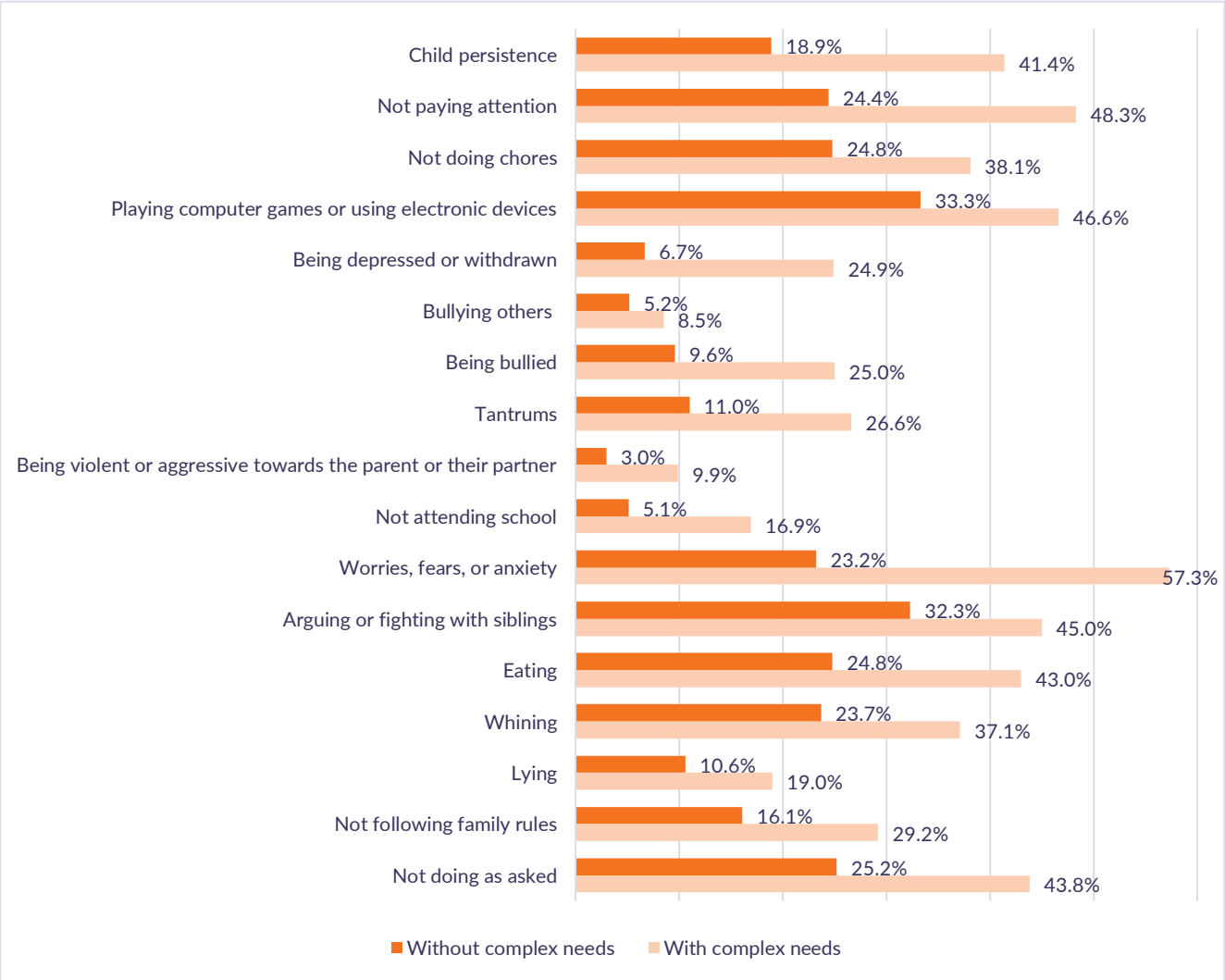

Figure 25. Percentage of parents reporting different types of child concerns, by complex needs (among parents who rated concerns as a moderate or large problem) (population weighted data)

There were differences across *socioeconomic area* in reports of the following child problems (Figure 26):

- An overall effect was observed for socioeconomic area for child being bullied, $F(4, 1904) = 7.631$, $p<.001$, with a small effect size ($\eta^2 = .016$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between groups 1 and 2 when compared with group 5. The child being bullied was a larger problem in the two most disadvantaged groups compared to the least disadvantaged group.
- An overall effect was observed for socioeconomic area for the child bullying others, $F(4, 1916) = 7.516$, $p<.001$, with a small effect size ($\eta^2 = .015$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between groups 4 and 5 when compared with group 2. The child bullying others was a larger problem in the more disadvantaged group compared to the least disadvantaged groups.

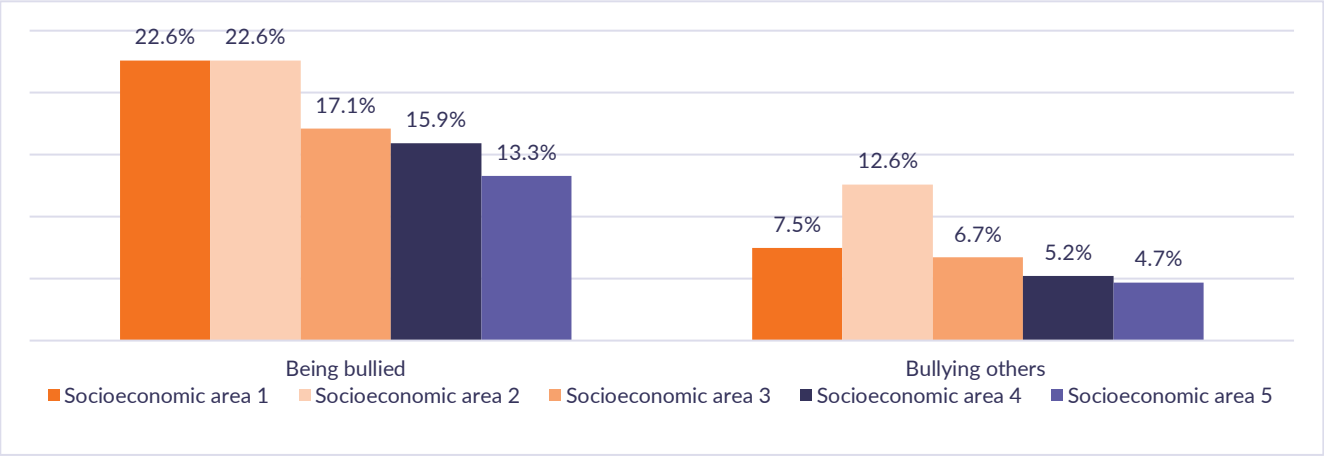

Figure 26. Percentage of parents reporting different types of child concerns, by socioeconomic area (among parents who rated concerns as a moderate or large problem) (population weighted data)

Child sleep

Another common concern for parents is their child's sleep and there were two questions addressing this. The first, asked how much of a problem was their child's sleep. The second question asked why the child's sleep was a concern for them.

In 2016 and 2019 parents were asked "how much of a problem are your child's sleeping pattern or habits for you?" In 2022, wording was changed, and parents were asked "how much of a problem is your child's sleep?"

In 2022, nearly half of parents (46%) reported their children's sleep was a problem compared to 44% in 2019 and 36% in 2016. About 1 in 5 (21%) rated their child's sleep problem as small compared to 24% in 2019 and 20% in 2016. Twenty-five percent reported it was a large or moderate problem compared to 20% in 2019 and 17% in 2016 (Figure 27 for 2022 data).

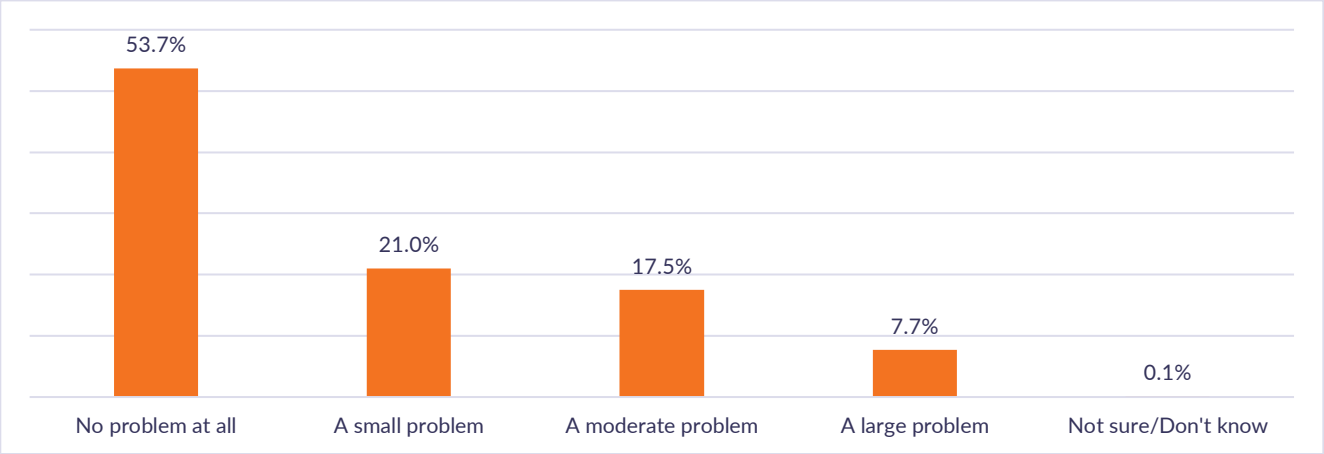

Figure 27. Percentage of parents reporting the degree to which their child's sleep is a problem (population weighted data)

In 2022, there were no differences when comparing *metropolitan/ regional* areas and different *socio-economic areas* of disadvantage, consistent with the survey results in 2016 and 2019. However, there were differences between *mothers and fathers*, parents of *children of different ages*, and parents of children with and without *complex needs*.

Mothers reported that child sleep was more of a problem than fathers did, $F(1, 2590) = 16.81$, $p<.001$, a small effect ($\eta^2 = .006$) (Figure 28). This pattern of findings is consistent with the survey results from 2019 but different to 2016 when there was no difference between mothers and fathers. In 2022, 21% of fathers reported sleep to be a large or moderate problem (17% in 2019) compared to 28% of mothers (22% in 2019).

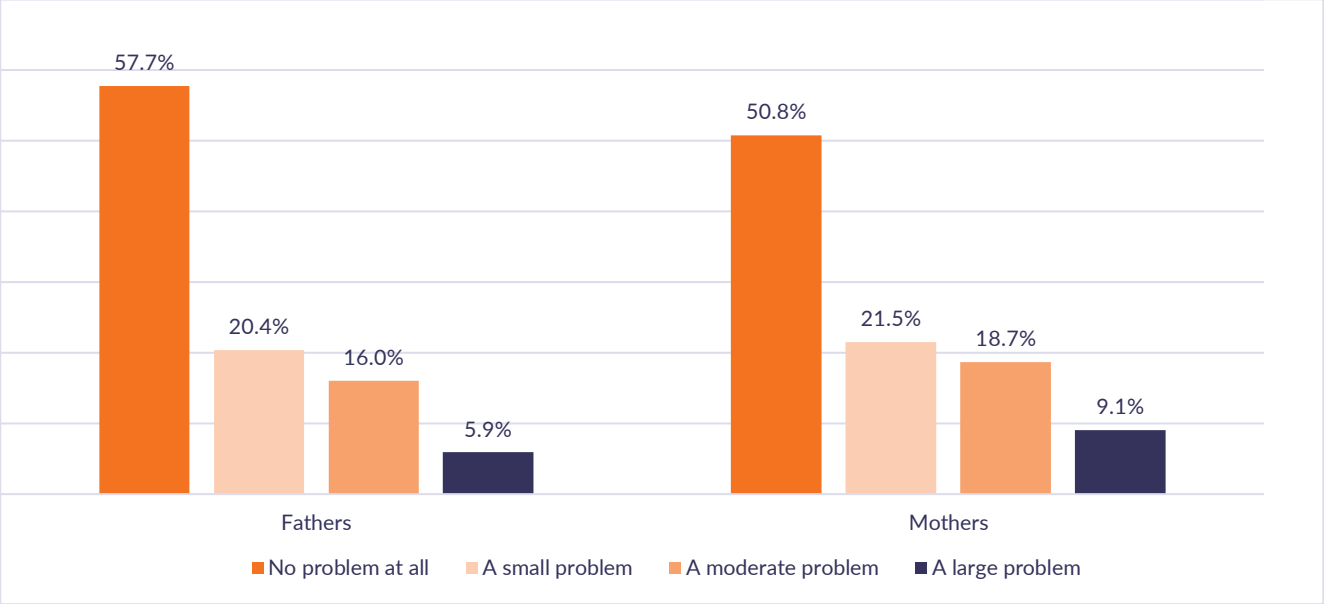

Figure 28. Percentage of mothers and fathers reporting the degree to which their child's sleep is a problem (population weighted data)

An overall effect was observed for child age group for child sleep, $F(3, 2588) = 16.464$, $p<.001$, with a small effect ($\eta^2 = .019$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between the 0-2 and 6-12 years groups, and between the 6-12 and 13-18 years groups. Child sleep was more of a problem for parents of children aged 0-2 compared to age 6-12 and for parents aged 13-18 years compared to 6-12 (Figure 29). This pattern is similar to previous surveys that found sleep to be more of a problem in younger compared to older children. This pattern of

findings is different to 2019 and 2016, with parents of adolescents reporting sleep to be more of a problem compared to parents of primary school aged children. In 2022, 28% parents of teenagers reported that sleep was a large or moderate problem.

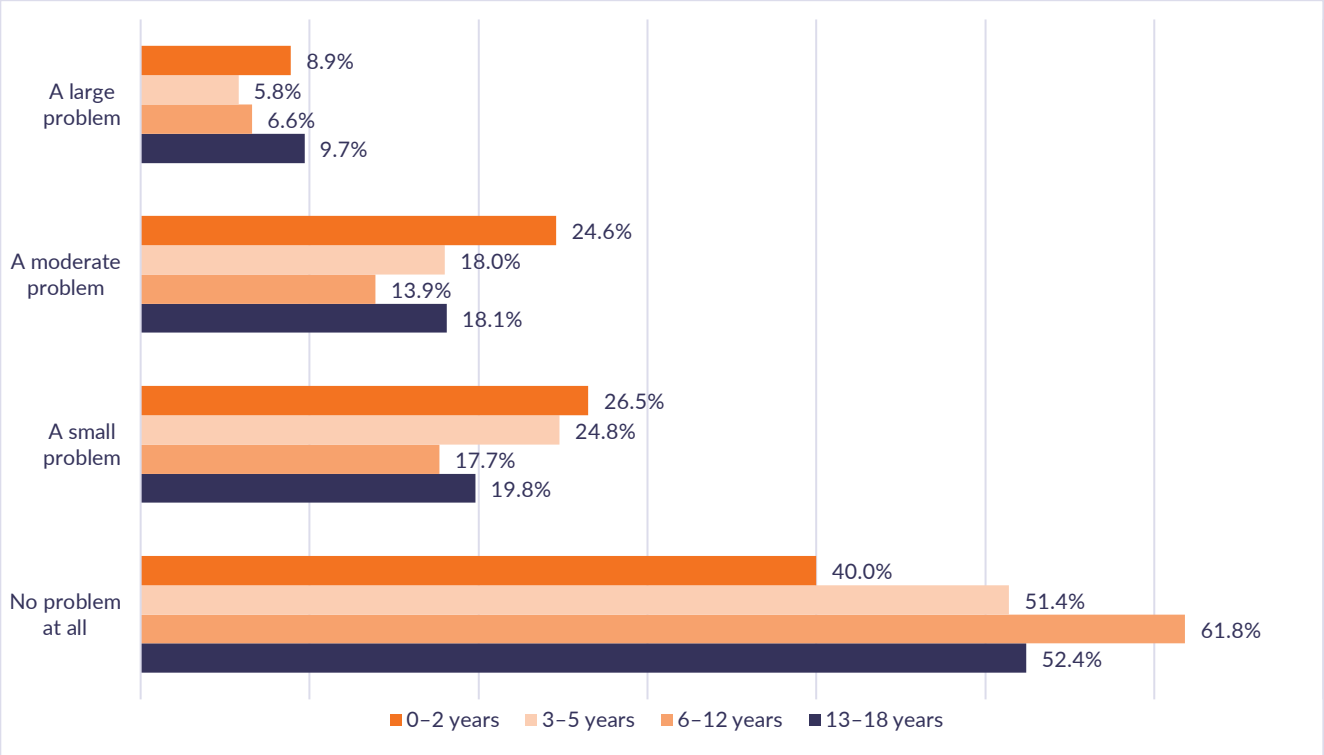

Figure 29. Percentage of parents reporting the degree to which their child's sleep is a problem for each age group (population weighted data)

Figure 30 shows that parents whose children have *complex needs* were more likely to say their child's sleep was a problem and this difference was statistically significant, $F(1, 2590) = 122.963$, $p<.001$, with a small effect ($\eta^2 = .045$). This finding is consistent with the 2016 and 2019 surveys.

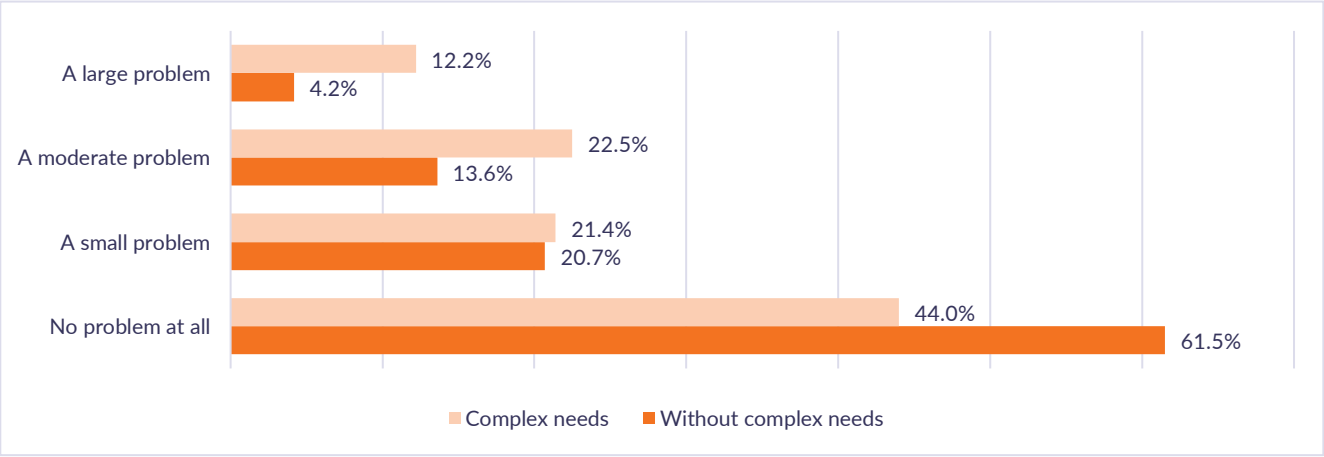

Figure 30. Sleep problems in children by child complex needs (population weighted data)

A follow-up question about sleep problems was introduced in 2019 and asked again in 2022. To be consistent with 2019, when this question was only asked of parents who indicated their child's sleep was either a moderate or large problem, results for this item are reported for those who indicated that sleep was a moderate or large problem only. The question was 'Why is your child's sleep a problem for you?' and parents' responses were coded into one or more of the categories listed in Figure 31.

For the 25% of parents who reported that their child's sleep was either a moderate or large problem in 2022, the most reported types of problems were 'Takes a long time to fall asleep' (35%) 'Wakes repeatedly through the night' (35%) and 'Hard to get child to bed at bedtime' (31%). These were also the most commonly reported problems in 2019.

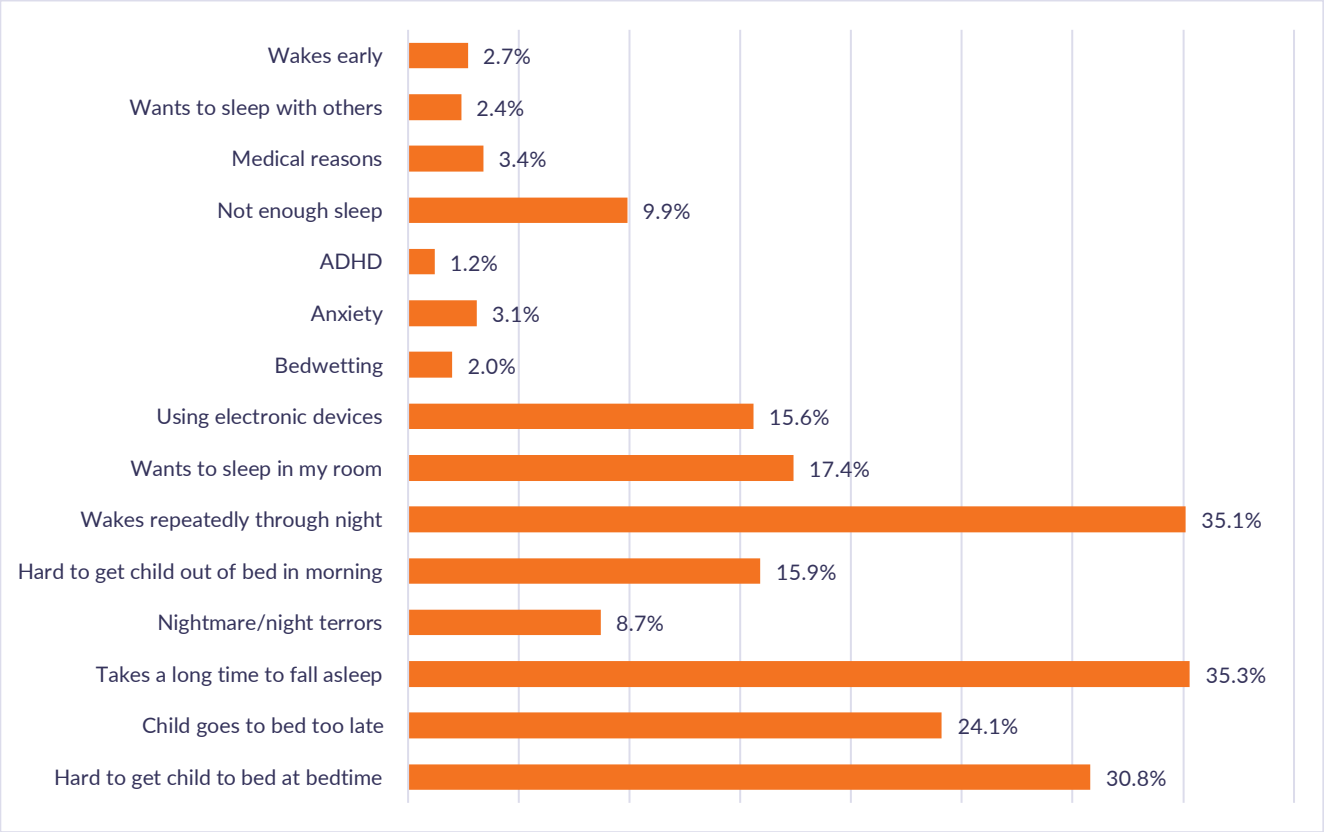

Figure 31. Percentage of parents indicating the type of their child's sleep problems (among parents who rated sleep problems as a moderate or large problem) (population weighted data)

Comparisons between the age groups revealed differences for eight out of the 15 sleep problems. Figure 32 shows the percentage of parents who reported each type of child sleep problem or problems according to *child age group*. Only those problem types for which there were differences ($p<.001$) according to Chi-square analyses are presented in the figure. These data are from parents who indicated their child's sleep was a moderate or large problem and does not represent the percentage of children in the total sample who had these problems. It also includes parents who identified more than one type of problem. Parents of older children were more likely to say their child goes to bed too late, is hard to get out of bed in the morning, uses electronic devices, and is anxious. Parents of younger children reported they were more likely to wake repeatedly through the night and want to sleep in the parents' room.

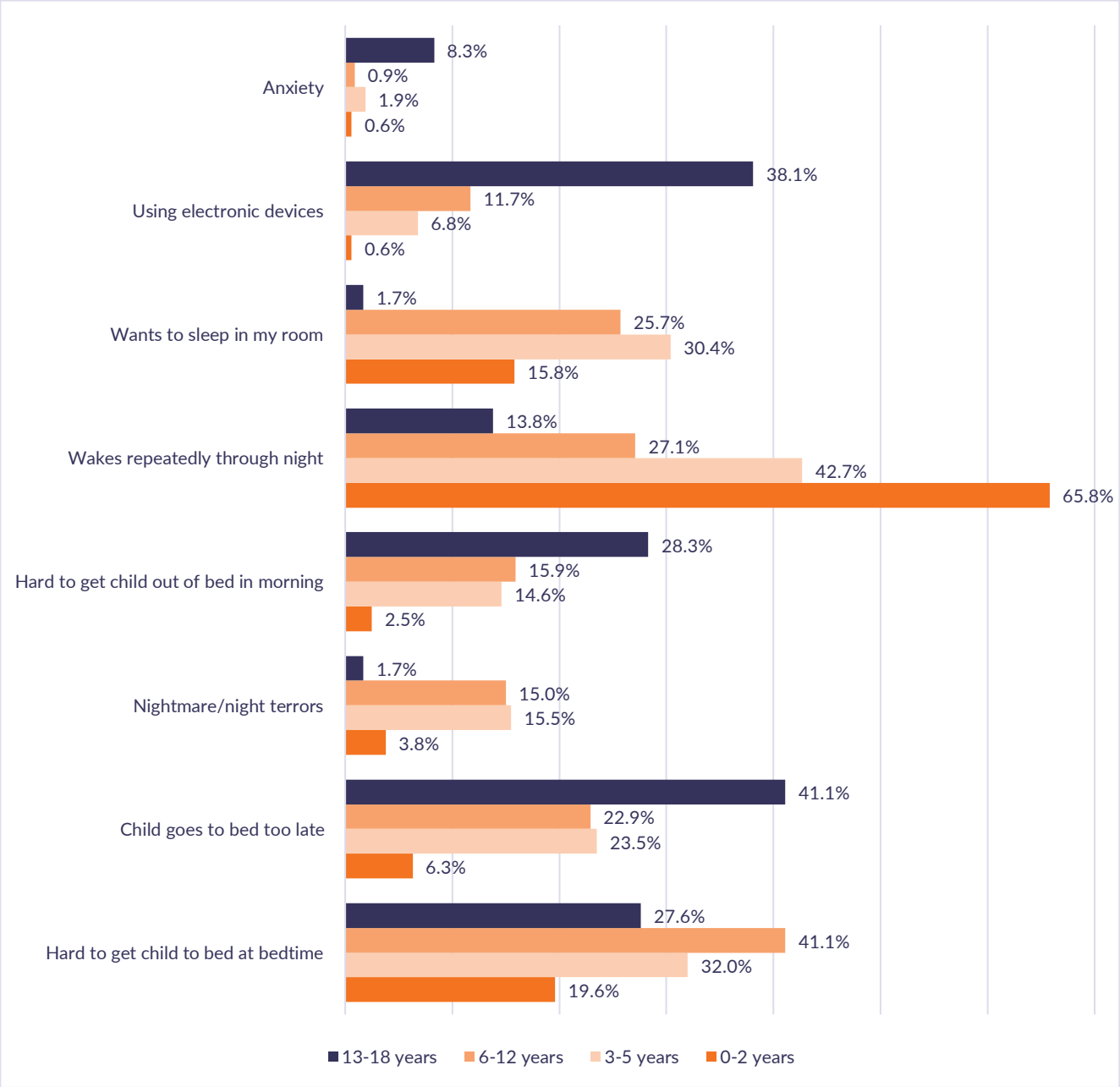

Figure 32. Percentage of parents reporting different types of child sleep problems, by child age group (among parents who rated child sleep as a moderate or large problem) (population weighted data)

WHAT DO PARENTS SAY ABOUT THEIR PARENTING PRACTICES?

Parents were asked to rate how much they agreed with three statements about their parenting behaviour. Items were: becoming impatient quickly; consistency in parenting behaviours; and, satisfaction with the amount of time they could spend with their child. These items were selected from the Parent Performance subscale of the Cleminshaw-Guidubaldi Parent Satisfaction Scale (Guidubaldi & Cleminshaw, 1985), and all three items also appeared in the 2016 and 2019 *Parenting Today in Victoria* surveys.

Despite the high levels of parenting confidence reported by parents (see *How efficacious do parents feel in their parenting role?*), 38% agreed or strongly agreed that they wished they did not become impatient with their children so

quickly (Figure 33). This is just slightly lower than 2016 (41%) and 2019 (44%). Twenty nine percent wished they were more consistent in their parenting behaviour (Figure 34), which is the same as the 2016 value of 29% but below the 2019 value of 34%. Just over 49 percent were dissatisfied or had mixed feelings about the amount of time they could give their children (Figure 35), which is consistent with 2019 (49%) yet higher than in 2016 (37%).

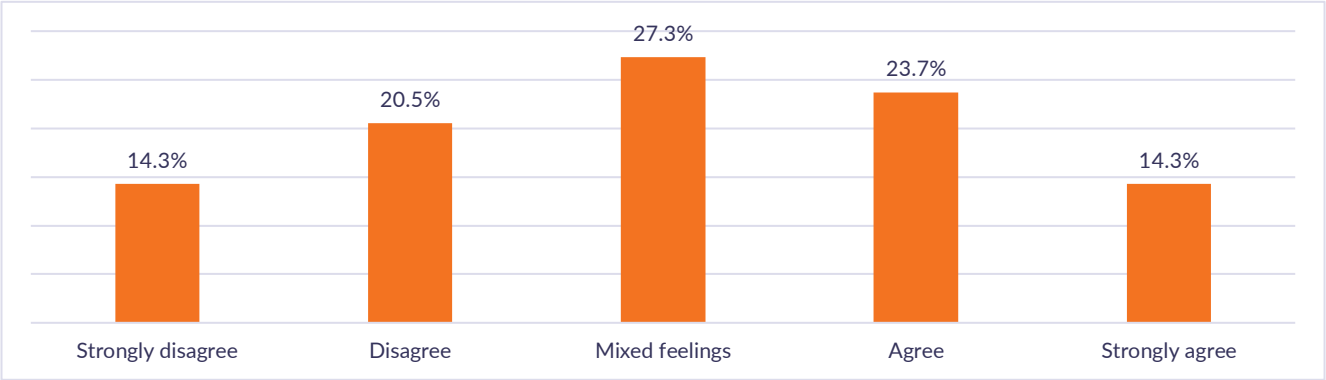

Figure 33. Percentage responses to the item 'I wish I did not become so impatient with my child' (population weighted data)

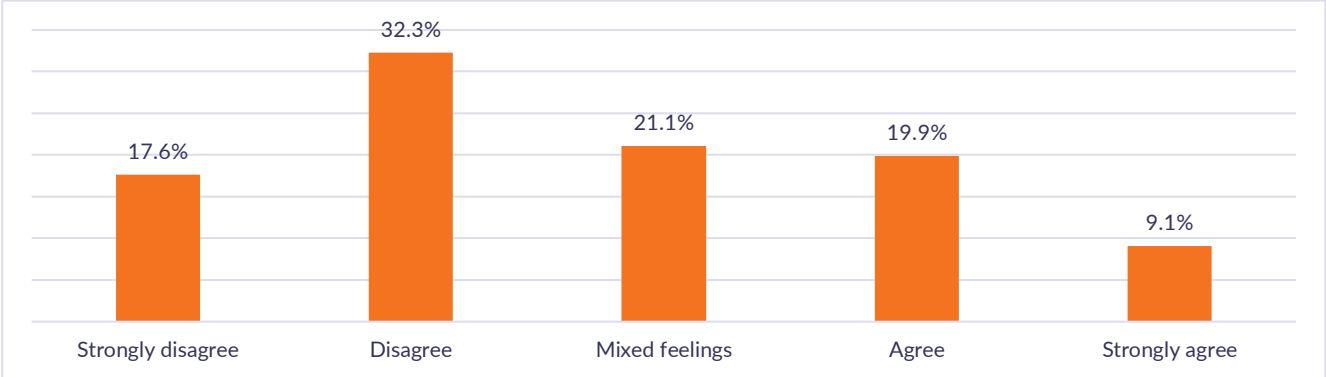

Figure 34. Percentage responses to the item 'I wish I were more consistent in my parenting behaviours' (population weighted data)

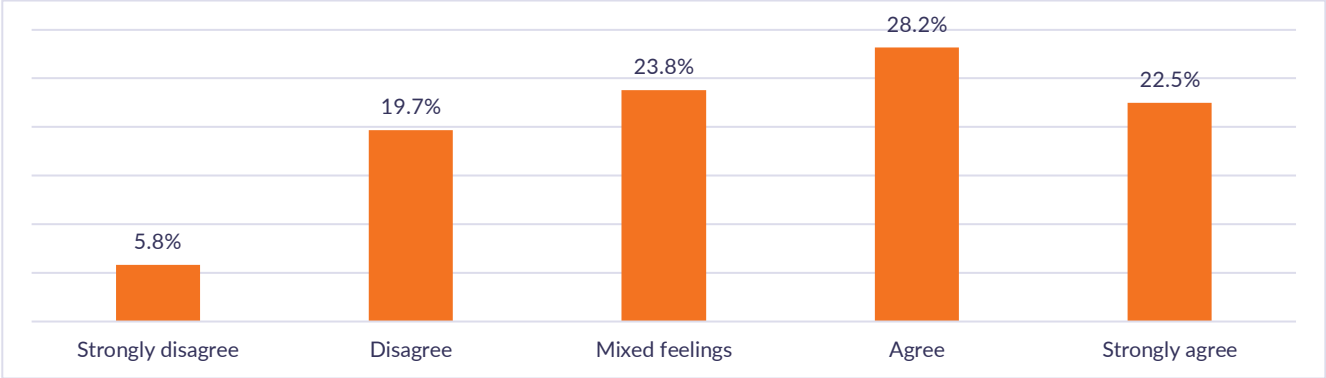

Figure 35. Percentage responses to the item 'I am satisfied with the amount of time I can give my child' (population weighted data)

There were differences between *child age groups* for all three of the Parent Performance items: “I wish I did not become impatient so quickly”, “I wish I were more consistent with my parenting behaviours”, and "I am satisfied with the amount of time I can give my child” “.

Parents of 0-2 year olds had the lowest level of endorsement for the item “I wish I did not become impatient so quickly” compared to other age groups (Figure 36). An overall (omnibus) significant difference was observed, $F(3, 2591) = 27.139$, $p<.001$, a small effect ($\eta^2 = .03$), with Bonferroni adjusted post hoc tests ($p < .001$) revealing significant differences between the youngest age group and all other age groups. This pattern of findings is similar to 2019 when parent of 0-2 year olds reported lower endorsement of this item compared to 6-12 year olds. While in 2019, there was a statistically significant difference where parents of 6-12 year olds were more likely to endorse this item compared to parents of 13-18 year olds, this difference was not statistically significant in 2022.

Parents of children aged 0 to 2 years had the lowest endorsement for the item “I wish I were more consistent with my parenting behaviours” while parents of children aged 6 to 12 years had the highest endorsement of this item (Figure 37). An overall (omnibus) significant difference was observed, $F(3, 2591) = 6.167$, $p<.001$, a small effect ($\eta^2 = .007$), with Bonferroni adjusted post hoc tests ($p < .001$) revealing that the parents of children aged 0-2 years were less likely to wish they were more consistent compared to parents with children in the 6-12 years age groups. This pattern of findings is consistent with 2019.

In 2022, parents of children aged 0 to 2 years had the highest endorsement for the item “I am satisfied with the amount of time I can give my child" (Figure 38). The overall (omnibus) test approached significance, $F(3, 2591) = 5.395$, $p=.001$, a small effect ($\eta^2 = .006$), with Bonferroni adjusted post hoc tests ($p = .001$) revealing that the parents of children aged 0-2 years were more likely to be satisfied compared to parents with children aged 3-5 years. In 2019, there was no child age group difference for this item but the current findings are partly consistent with 2016 when parents of children aged 0-2 years (and parents of teenage children) were more likely to express satisfaction with the amount of time they gave their child.

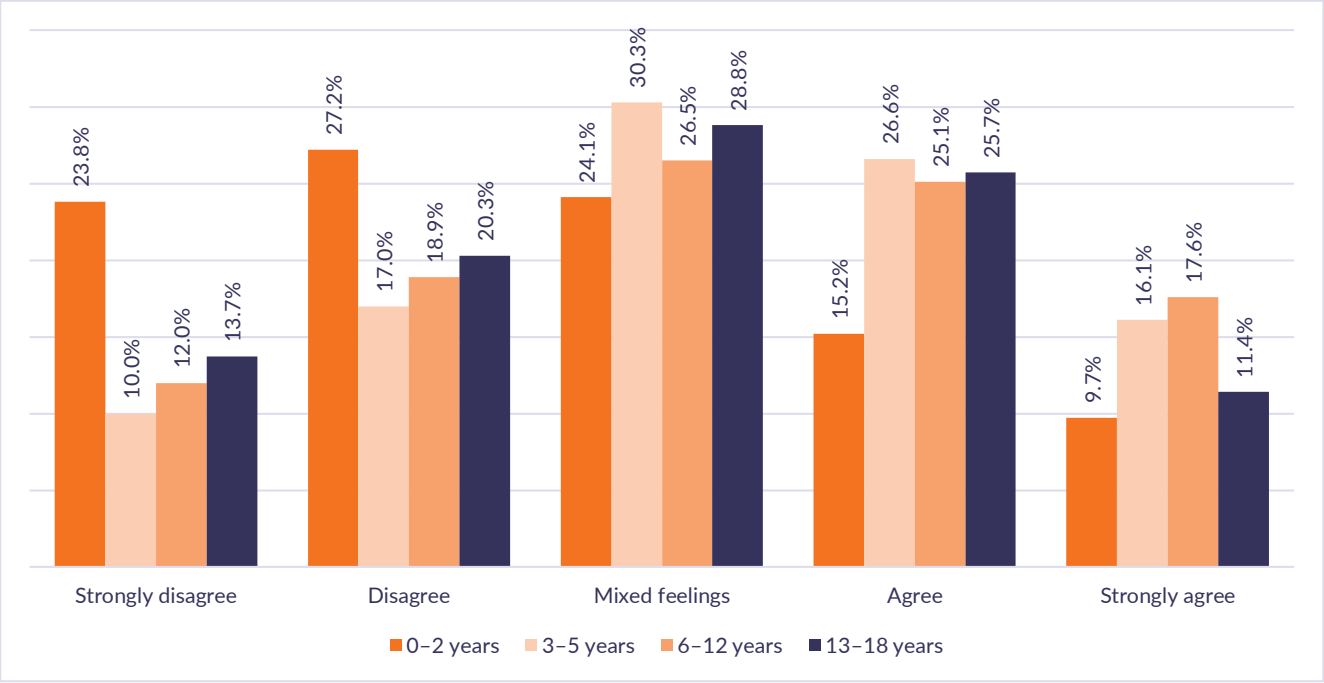

Figure 36. Proportion (%) of responses to 'I wish I did not become impatient so quickly with my child' by child age group (population weighted data)

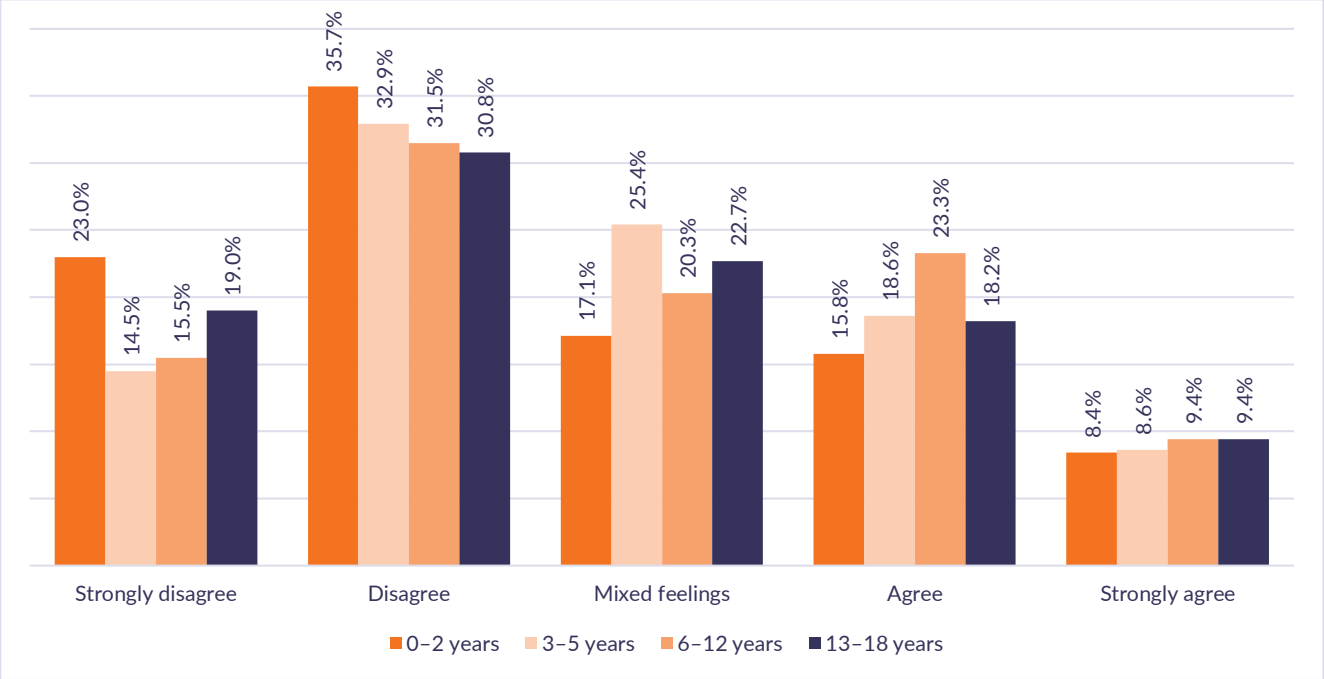

Figure 37. Proportion (%) of responses to 'I wish I were more consistent with my parenting behaviours' by child age group (population weighted data)

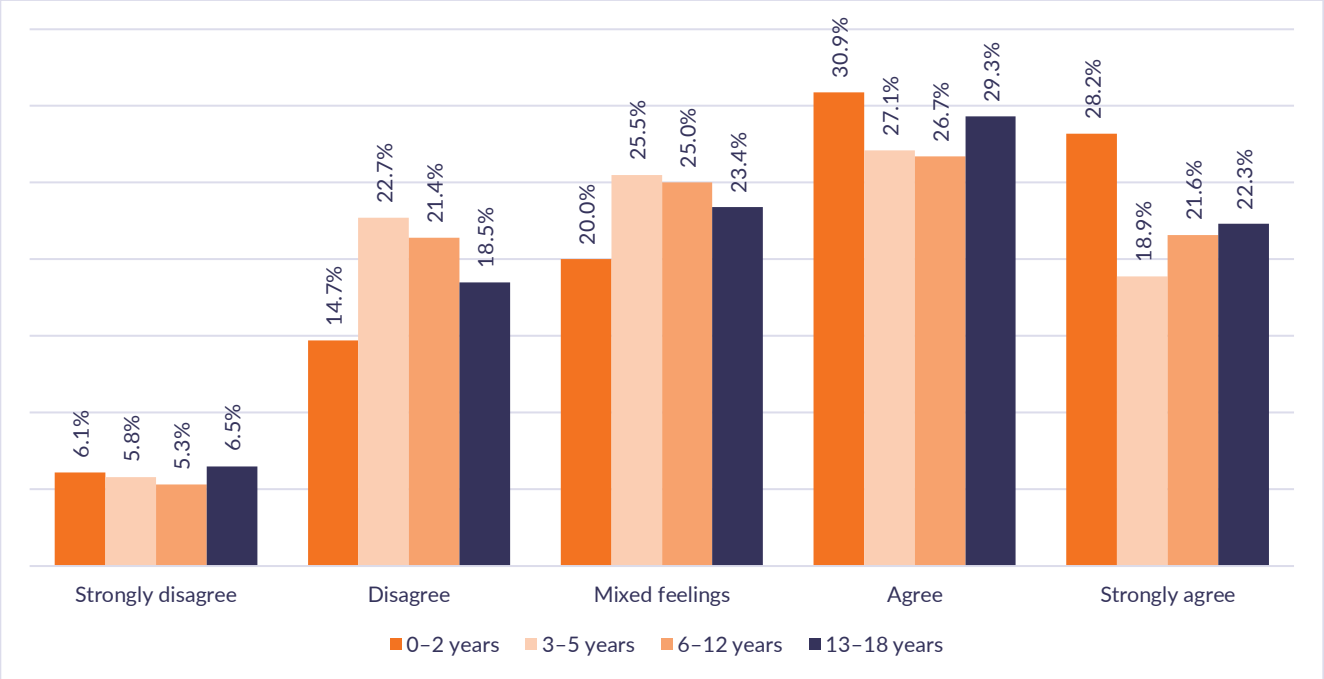

Figure 38. Proportion (%) of responses to 'I am satisfied with the amount of time I can give my child' by child age group (population weighted data)

Similar to 2016 and 2019, there was a significant difference between fathers and mothers on '*I am satisfied with the amount of time I can give to my child*', with higher scores for mothers $F(1, 2593) = 17.685$, $p<.001$, with a small effect size ($\eta^2 = .007$) (Figure 39). There were no significant differences in responses between fathers and mothers on *'I wish I did not become so impatient with my child*' or '*I wish I were more consistent in my parenting behaviours*', which was consistent with 2016 and 2019.

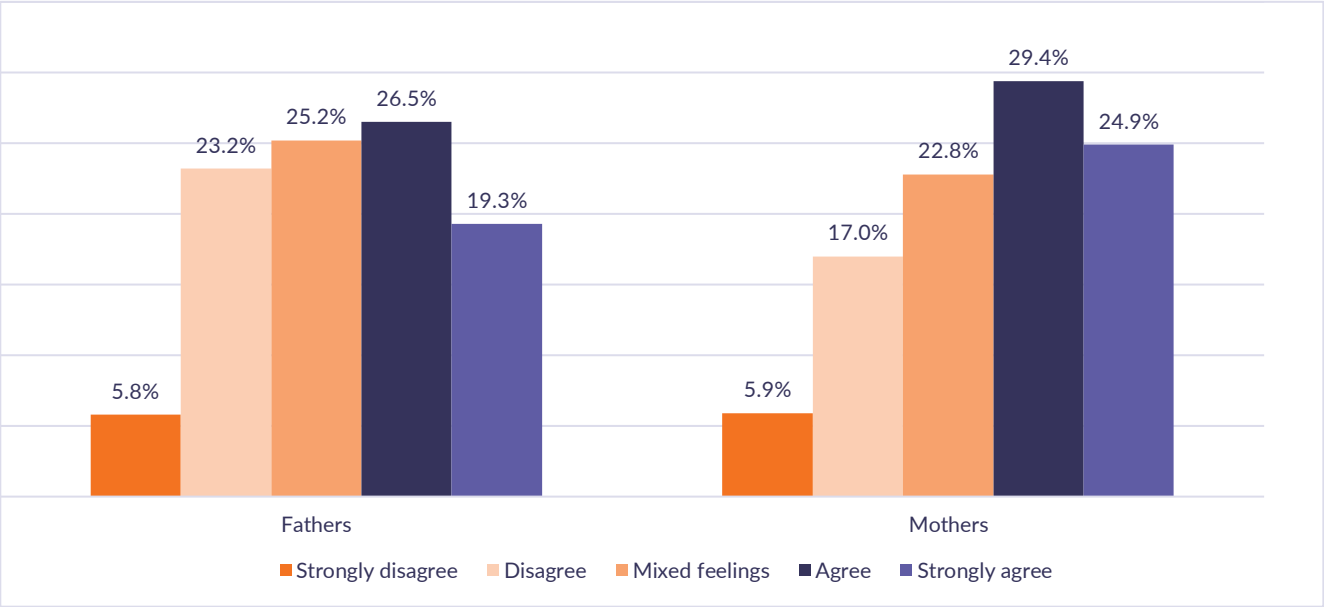

Figure 39. Proportion (%) of responses to 'I am satisfied with the amount of time I can give my child', by mothers and fathers (population weighted data)

There were no differences for any of the Parent Performance items according to the different *socio-economic areas* parents resided in. This is consistent with 2016, but not consistent with 2019 when a significant overall effect ($p<.001$) was observed for the item "I am satisfied with the amount of time I can give my child' and Bonferroni adjusted post-hoc tests suggested a trend ($p<.01$) whereby parents in higher socio-economic area were less satisfied with the amount of time they could give their child.

Parents of children with complex needs had higher scores on the *'I wish I did not become so impatient with my child*' item, $F(1, 2593) = 31.182$, $p <.001$, with a small effect ($\eta^2 = .012$) (Figure 40), and on the *'I wish I were more consistent in my parenting*' item, $F(1, 2593) = 29.646$, $p <.001$, with a small effect ($\eta^2 = .011$) (Figure 41). There was a non-significant trend for parents of children with complex needs to have lower scores on the *'I am satisfied with the amount of time I can give my child*' item, $F(1, 2593) = 9.281$, $p =.002$, with a small effect ($\eta^2 = .004$) (Figure 42). In 2016 and 2019 there were no significant differences between parents with and without complex needs on these Parenting Performance items.

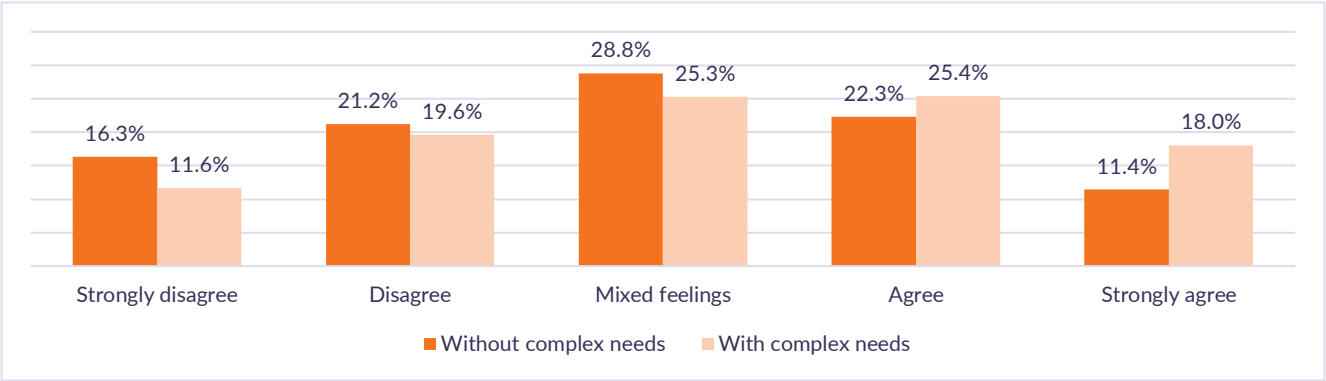

Figure 40. Proportion (%) of responses to 'I wish I did not become impatient so quickly with my child' by complex needs (population weighted data)

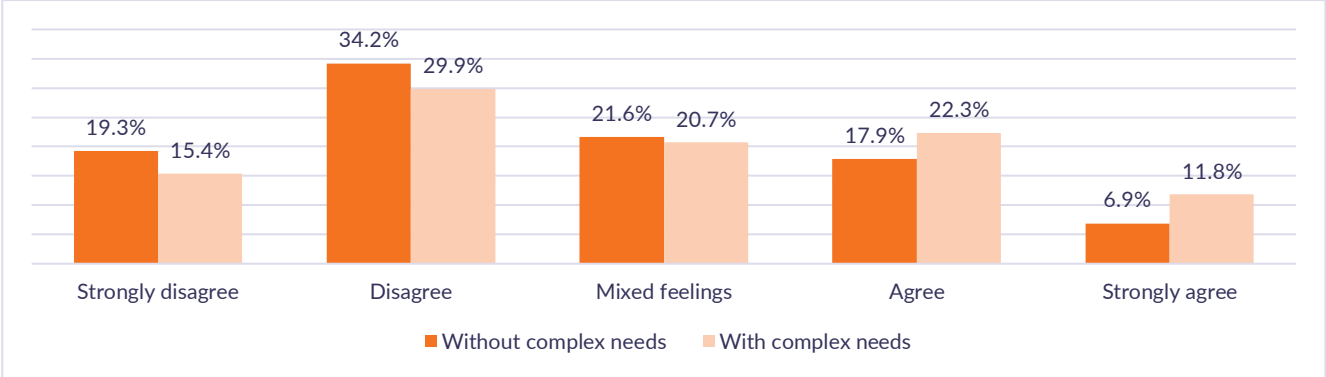

Figure 41. Proportion (%) responses to the item 'I wish I were more consistent in my parenting behaviours child' by complex needs (population weighted data)

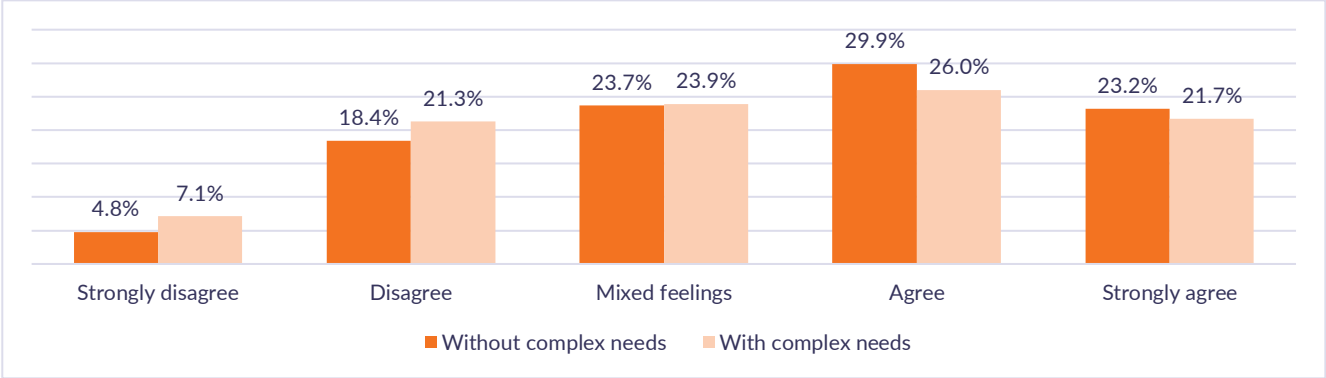

Figure 42. Proportion (%) responses to the item 'I am satisfied with the amount of time I can give my child' by complex needs (population weighted data)

In 2022, comparisons of responses from *metropolitan/regional* locations showed no statistically significant differences in Parenting Performance items. This is consistent with 2016 and 2019 findings.

HOW PARENTS RESPOND TO THEIR CHILD'S BEHAVIOUR

A set of 14 items asked parents how often they used particular strategies for dealing with their children's behavioural challenges with four potential responses from 'not at all' to 'quite a lot'. Three items, repeated from 2016 and 2019 ask parents about their use of praise, smacking, and arguing or yelling, and comparisons are made in text to 2016 and 2019 data for these items. Eleven new items were asked in 2022 that were not asked in 2016 or 2019, so comparisons cannot be made to 2019 and 2022 findings. Table 11 presents the percentages for each response option for this set of items. Some items were asked of parents of selected child age groups, and where relevant, this is indicated in the table.

Table 11. Percentage responses for each parenting strategy (weighted data)

Item	Not at all	A little	Very much	Quite a lot
I help my child learn through play (0-5 years)/ I use everyday activities to teach my child (6-18 years)	2.4%	18.1%	39.9%	39.6%
When my child behaves well, I reward them with praise/a treat/attention	1.9%	12.2%	39.9%	45.9%
Our family has well established daily routines and mostly stick to them	3.8%	14.1%	42.4%	39.8%
I hold, cuddle or otherwise use physical contact to settle or calm my child down	6.1%	12.9%	28.8%	52.2%
I try to talk and reason with my child when they are misbehaving	3.2%	6.5%	33.9%	56.4%
I encourage my child to express their feelings in words when they are upset (3-18 years)	1.3%	5.6%	31.5%	61.6%
I send my child to quiet time or timeout when they misbehave (0-12 years)	37.2%	31.2%	16.7%	14.8%
I threaten something (e.g., to turn off TV) when my child misbehaves but I don't follow through	45.8%	34.2%	12.6%	7.4%
I deliberately ignore my child's minor misbehaviour	39.2%	41.7%	13.9%	5.1%
I let my child experience the natural consequences of their actions	8.7%	29.7%	38.1%	23.5%
I take away a privilege or something my child likes if they misbehave	21.3%	30.7%	28.5%	19.5%
I smack my child when they misbehave	83.2%	15.1%	1.1%	0.5%
I argue with or yell at my child about their behaviour or attitude	33.8%	47.9%	15.2%	3.1%
I believe my child understands the consequences of breaking any rules we set in our household	11.2%	18.7%	34.7%	35.4%

Some parenting strategies in this list were more commonly endorsed than others. Parents were asked about whether they "help their child to learn through play" (0-5 years) or whether they "use everyday activities to teach their child" (6-18 years). The majority of parents (80%) report doing this 'quite a lot' or 'very much', with only 2% reporting 'not at all'.

A larger proportion of parents (86%) reported that they rewarded or praised their child when they behaved well 'quite or lot' or 'very much' which matches closely to 2016 (82%) and 2019 (81%). Most parents (82%) reported that their family has well established daily routines and mostly stick to them 'quite or lot' or 'very much'. Also, most parents (81%) reported that they held, cuddled or otherwise used physical contact to settle or calm their child down 'quite or lot' or 'very much', with 13% reporting 'a little', and 6% 'not at all'. The highest percentage (90%) was for parents reporting they try to talk and reason with their child when they are misbehaving 'quite or lot' or 'very much'.

Parents aged 3-18 years were asked about whether they encourage their child to express their feelings in words when they are upset. The majority of parents (93%) reported that they did this 'quite or lot' or 'very much'.

A smaller proportion of parents (20%) reported that they threaten something when their child misbehaves but don't follow through 'quite a lot' or 'very much', while 34% reported they did this 'a little', 46% 'not at all'. When asked whether they deliberately ignore their child's minor misbehaviour, 19% parents report doing this 'quite a lot' or 'very much', while 42% reported they did this 'a little', and 39% 'not at all'.

Many parents (70%) reported that they believed their child understands the consequences of breaking household rules 'quite or lot' or 'very much', and 62% reported that they let their child experience the natural consequences of their actions 'quite or lot' or 'very much'. Also, many parents (49%) reported that they take away a privilege or something their child likes if they misbehave 'quite or lot' or 'very much', while 31% said they did this 'a little', and 21% 'not at all'.

Most parents (83%) in 2022 said they never smacked their child which is an increase from previous years (72% in 2016, 73% in 2019).

About a third of parents (34%) reported that they never argued or yelled at their child (28% in 2016, 24% in 2019). Forty-eight percent of parents reported that they argued with or yelled at their child 'a little' (62% in 2016, 55% in 2019) while 18% said they did this quite a lot or very much (10% in 2016, 22% in 2019).

Parents aged 0-12 years were asked about whether they send their child to quiet time or timeout when they misbehave. Almost one-third of parents (32%) reported that did this 'quite or lot' or 'very much', while 31% said they did this 'a little', and 37% 'not at all'.

There were differences were between mothers and fathers in reports of the following parenting practices (Figure 43):

- Mothers reported that they held, cuddled or otherwise use physical contact to settle or calm their child more frequently than fathers, $F(1, 2592) = 34.727$, $p<.001$, a small effect ($\eta^2 = .013$).
- Mothers reported that they try to talk and reason with their child when they are misbehaving more than fathers did, $F(1, 2593) = 15.870$, $p<.001$, a small effect ($\eta^2 = .006$).
- Mothers reported that they encourage their child to express their feelings in words when they are upset more than fathers did, $F(1, 2277) = 34.315$, $p<.001$, a small effect ($\eta^2 = .015$).
- Mothers reported that they argue with or yell at their child about their behaviour or attitude more than fathers, $F(1,2593) = 26.487$, $p<.001$, a small effect ($\eta^2 = .010$). In 2016, mothers were also found to argue with or yell at their child significantly more frequently than fathers did, however this difference was not observed in 2019.

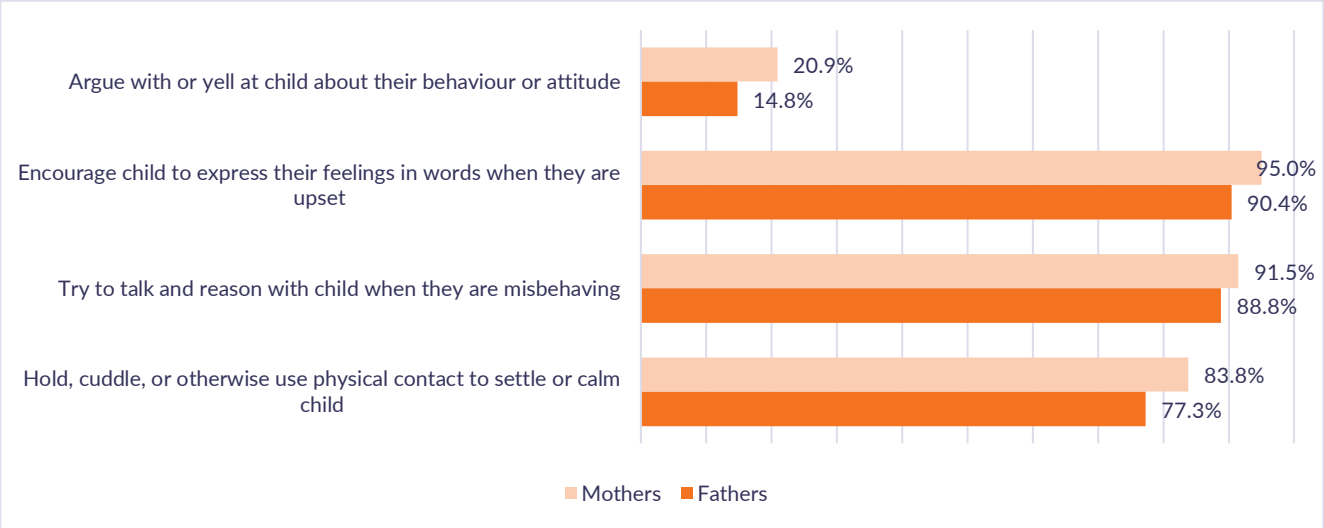

Figure 43. Percentage of mothers and fathers reporting different types of parenting practices quite a lot or very much (population weighted data

There were differences across *child age groups* in parents' reports of the following parenting practices (Figure 44):

- An overall effect was observed for child age group for the item about helping children learn through play and using everyday activities to teach, $F(3, 2951) = 33.099$, $p<.001$, with a small effect ($\eta^2 = .037$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between all age groups, except for between the 3-5 years and 6-12 years groups. In general, there was a decrease in the use of this activity with increase in child age.
- An overall effect was observed for child age group for item about praising or rewarding their child, $F(3, 2591) = 20.316$, $p<.001$, with a small effect ($\eta^2 = .023$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between the 13-18 years age group and all other groups, and between 0-2 years and 6-12 years groups, indicating a reduction in endorsement of this item with increasing child age. Parents of teenagers praise and reward their children less than parents of younger children, and parents of school-age children praise and reward their children less than parents of the youngest age group. This pattern of parents of older children using praise and reward less often than parents of younger children, is generally consistent with 2016 and 2019 findings.
- An overall effect was observed for child age group for item about established routines, $F(3, 2591) = 5.548$, $p=.001$, with a small effect ($\eta^2 = .006$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between the 6-12 years and 13-18 years age groups. Parents of teenagers were less likely to say that their family had established rules compared to school aged children.
- An overall effect was observed for child age group for the item about holding, cuddling or otherwise using physical contact to settle or calm child, $F(3, 2590) = 137.788$, $p<.001$, a medium effect to large effect ($\eta^2 = .138$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between all groups except the two youngest groups. Parents of the two youngest groups were more likely to say they did this.
- An overall effect was observed for child age group for the item about talking and reasoning with child when they are misbehaving, $F(3, 2591) = 14.038$, $p<.001$, with a small effect ($\eta^2 = .016$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between the youngest group and all other age groups. Parents of the youngest children (0-2 years) were less likely to do this.

- An overall effect was observed for child age group for the item about sending child to quiet time or timeout when they misbehave, $F(2, 1944) = 62.192$, $p<.001$, with a medium effect ($\eta^2 = .06$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between the youngest group and all other two age groups. Parents of the youngest children (0-2 years) were less likely to use this strategy compared to those of older children (parents of children aged 13-18 were not included in this analysis).
- An overall effect was observed for child age group for the item about threatening something when my child misbehaves but not following through, $F(3, 2591) = 34.692$, $p<.001$, with a small effect ($\eta^2 = .039$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between the youngest group and all other age groups. Parents of the youngest children (0-2 years) were less likely to do this.
- An overall effect was observed for child age group for the item about letting my child experience the natural consequences of their actions, $F(3, 2591) = 48.938$, $p<.001$, with a small effect ($\eta^2 = .054$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between all groups except between the 3-5 and 6-12 age groups. Parents of the youngest children (0-2 years) were less likely to use this strategy compared to those of older children, and parents of teenagers were more likely to use this strategy compared to younger children.
- An overall effect was observed for child age group for the item about taking away a privileges if child misbehaves, $F(3, 2591) = 96.265$, $p<.001$,with a medium effect ($\eta^2 = .10$). Bonferroni adjusted post hoc differences ($p<.001$) were observed between all groups except between the 3-5 year and 13-18 years groups. There was an increase in use of this strategy across the 0-2 years group through to 6-12 years group, followed by decrease in this strategy by parents of teenagers.
- Although the majority of parents reported that they did not smack their child when they misbehave, there was a significant overall child age group difference, $F(3, 2591) =14.192$, $p <.001$, with a small effect ($\eta^2 = .016$). Bonferroni adjusted post hoc test revealed significant ($p<.001$) differences between parents of teenage children and two other age groups – 3-5 year olds and 6-12 year olds. Parents of 3-5 and 6-12 year olds smacked their children more often than did parents of teens. These findings are consistent with 2016 and 2019.
- An overall effect was observed for child age group for the item about arguing or yelling at child about their behaviour or attitude, $F(1,2593) = 26.487$, $p<.001$, with a small effect ($\eta^2 = .01$). Bonferroni adjusted post hoc test revealed significant ($p<.001$) differences between all groups except between the oldest age group (13-18 years) and the middle age groups. Parents of children aged 3-5, 6-12, and 13-18 years reported that they yell or argue with their child more than parents of children aged 0-2 years do. Parents of children aged 6-12 years reported that they yell or argue with their child more than did parents of children aged 3-5, however the difference between parents of 6-12 years was not statistically significant from parents of children aged 13-18. There is a general increase in parents yelling with increase in child age, but no increase into the teen years. This pattern of an increase in the use of this strategy with child age is generally consistent with findings observed in 2019, however in 2019 the difference was only observed between the youngest group and the other three age groups.
- An overall effect was observed for child age group for parents belief that their child understands the consequences of breaking household rules, $F(3, 2591) = 235.969$, $p<.001$, with a large effect ($\eta^2 = .276$). Bonferroni adjusted post hoc test revealed significant ($p<.001$) differences between all groups. Parents of older children hold this belief more frequently than parents of younger children.

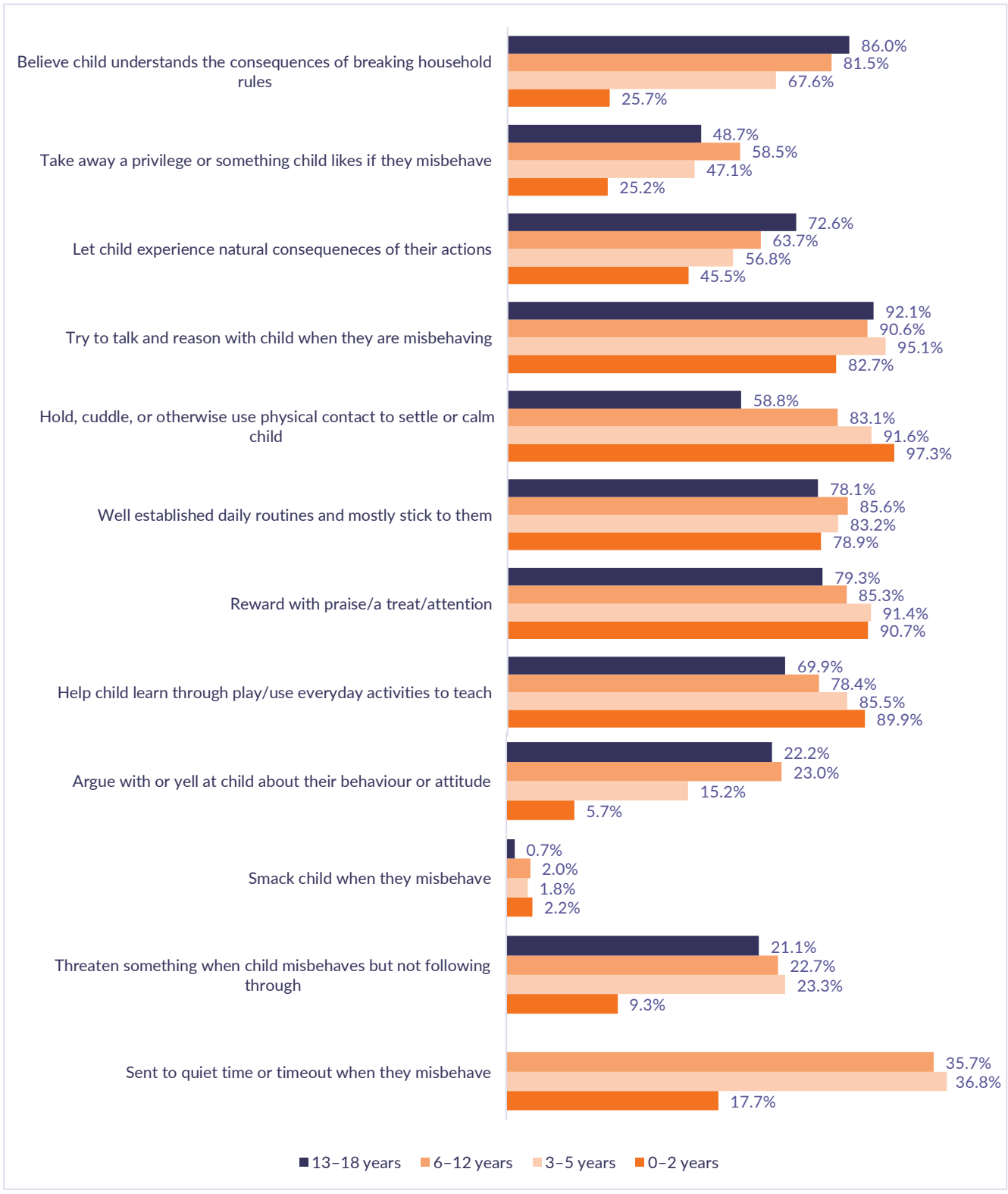

Figure 44. Percentage of parents reporting different types of parenting practices quite a lot or very much, by child age group (population weighted data)

There were differences between *metropolitan versus regional* dwellers in reports of the following parenting practices (Figure 45):

- Parents in metropolitan areas reported they held, cuddled or otherwise used physical contact to settle or calm their child more frequently than parents in regional areas, $F(1, 2592) = 12.825$, $p<.001$, with a small effect ($\eta^2 = .005$).
- Parents in metropolitan areas reported they let their child experience the natural consequences of their actions less frequently than parents in regional areas, $F(1, 2593) = 12.618$, $p<.001$, with a small effect ($\eta^2 = .005$).

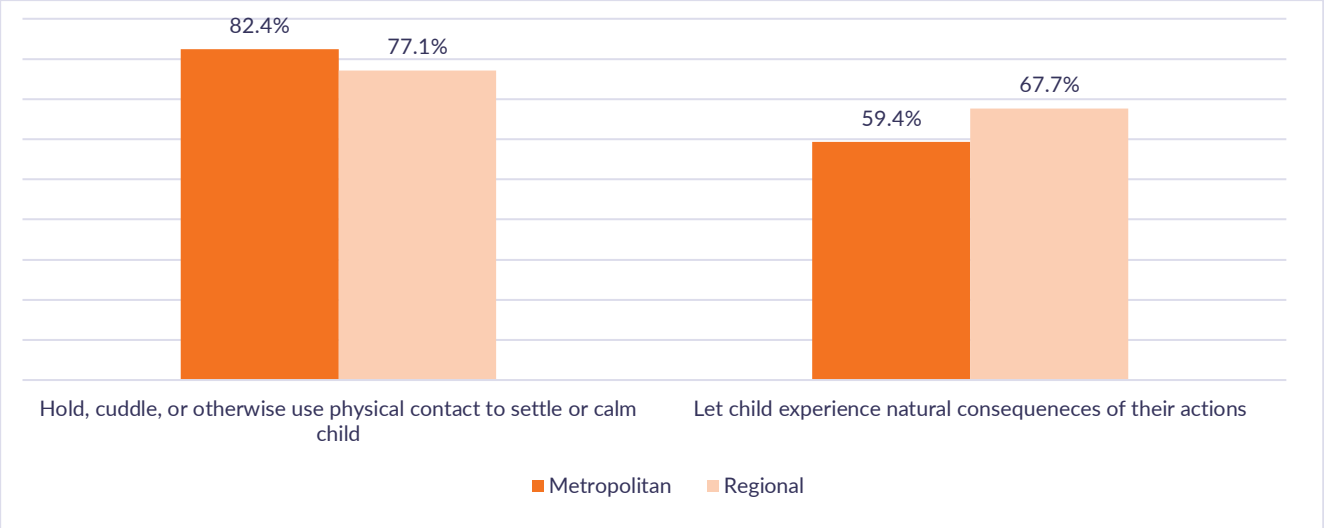

Figure 45. Percentage of parents reporting different types of parenting practices quite a lot or very much, by region (population weighted data)

There were differences between parents of *children with and without complex needs* in reports of the following parenting practices (Figure 46):

- Parents of children with complex needs were less likely to report that their family has well established daily routines and mostly stick to them, $F(1, 2593) = 12.833$, $p<.001$, with a small effect ($\eta^2 = .005$).
- Parents of children with complex needs were more likely to report that they try to talk and reason with their child when they are misbehaving, $F(1, 2593) = 11.123$, $p=.001$, with a small effect ($\eta^2 = .004$).
- Parents of children with complex needs were more likely to report that they let their child experience the natural consequences of their actions, $F(1, 2593) = 20.167$, $p<.001$, with a small effect ($\eta^2 = .008$).
- Parents of children with complex needs were more likely to report that they take away a privilege or something their child likes if they misbehave, $F(1, 2593) = 21.760$, $p<.001$, with a small effect ($\eta^2 = .008$).
- Parents of children with complex needs were more likely to report that they argue with or yell at their child about their behaviour or attitude, $F(1,2593) = 55.198$, $p<.001$, with a small effect ($\eta^2 = .021$). This is different to 2016 and 2019, when there were no differences between these groups for this item.
- Parents of children with complex needs were more likely to report that they believe their child understands the consequences of breaking household rules, $F(1, 2593) = 11.65$, $p=.001$, with a small effect ($\eta^2 = .004$).

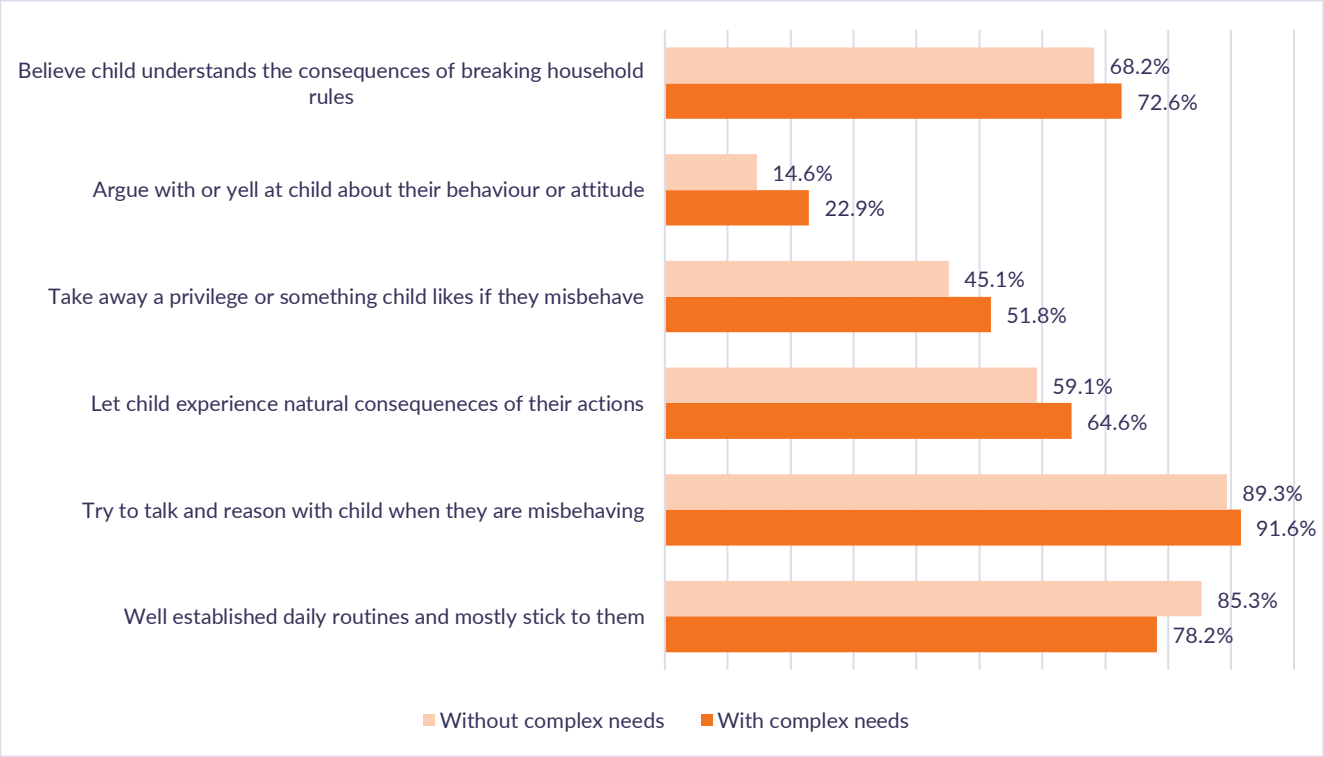

Figure 46. Percentage of parents reporting different types of parenting practices quite a lot or very much, by complex needs (population weighted data)

There were no significant differences across *socioeconomic area* in reports of any of the parenting practices. This is consistent with two of the three items that were asked in 2016 and 2019. For the smacking item, in 2016 and 2019, parents in higher socio-economic areas were less likely to smack their children, however this difference was not observed in 2022.

Parent wellbeing and self-care

This section presents findings based on the population weighted data covering a range of topics related to parents' mental and physical health, wellbeing, and how well they are coping with parenting.

This section includes:

- Parents' physical health including healthy behaviours diet, exercise and sleep
- Parents' mental health including Kessler 6 distress scale
- Parents' self-care and self-compassion
- Parents work-life balance.

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 complex need.

WHAT DO PARENTS SAY ABOUT THEIR HEALTH AND WELLBEING?

This section of the survey included questions about parents' physical health, including questions regarding overall health and healthy behaviours such as diet, sleep, exercise and relaxation

Current physical health

Parents were asked to rate their current physical health. This item was also asked in 2016 and 2019.

Just over 81% of parents reported they were in 'good', 'very good' or 'excellent' physical health. This is slightly higher than in 2019, when 79% of parents rated their health as at least 'good', and lower than in 2016 when 88% rated their health as at least 'good' (Figure 47).

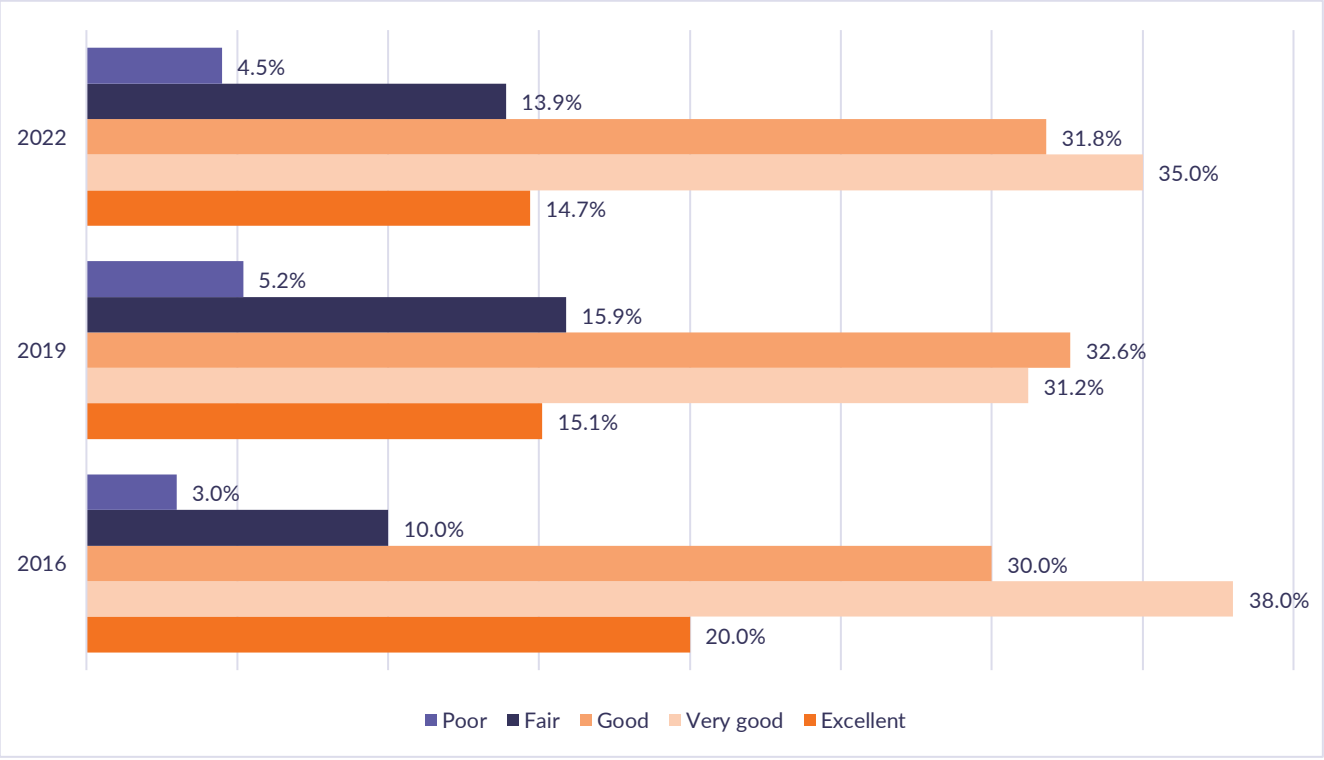

Figure 47. Self-reported health rating for parents 2016, 2019 and 2022

An overall significant difference for *socio-economic areas* was detected for parent physical health, $F(4,2565) = 11.241$, $p<.001$ for the 2022 data. There was a small effect size ($\eta^2 = .017$), with higher self-reported health as parents were classified as more advantaged. Eighty-four percent of parents in the most advantaged group reported they were in 'good', 'very good' or 'excellent' physical health compared to 75% in the least disadvantaged group.

Consistent with the 2016 and 2019 survey findings, a difference between *parents of children with complex needs* in their physical health was detected, $F(4,2595) = 68.764$, $p<.001$, with parents of children with complex needs reporting poorer health with a small effect size ($\eta^2 = .026$), (Figure 48).

Figure 48. Self-reported health status of parents of children with and without complex needs

There were no statistically significant differences between *mothers and fathers*, *child age group* or *metropolitan and regional* areas for parent physical health. These results are generally reflective of earlier findings, although in 2016, analyses for child age group showed statistically significant differences with parents of older children more likely to report 'fair' or 'poor' physical health.

Healthy behaviours: diet, sleep, exercise, relaxation

In 2022 parents were asked to rate, on a five-point scale from strongly disagree to strongly agree, if they would describe themselves as having: a healthy diet, enough sleep, enough exercise and if they regularly do things to relax and re-energise. They were also asked how many hours on average they slept each night. Not all of these questions were asked in previous survey waves.

Diet

Approximately 62% (n=1604) of parents agreed or strongly agreed with the statement 'I have a healthy diet', while 27% (n=709) had mixed feelings and 11% (n=283) said they disagreed or strongly disagreed with the statement. This was a new question in 2022, so no comparison with previous years can be made.

An overall significant difference for socio-economic areas was detected for parent diet, $F(4, 2569) = 11.414$, $p<.001$, with a small effect size ($\eta^2 = .017$). Bonferroni adjusted post hoc tests identified the differences equal to or less than $p<.001$ between the two lowest IRSD quintiles and the highest IRSD quintile, with parents in the lowest quintile less strongly agreeing their diet was healthy (Figure 49).

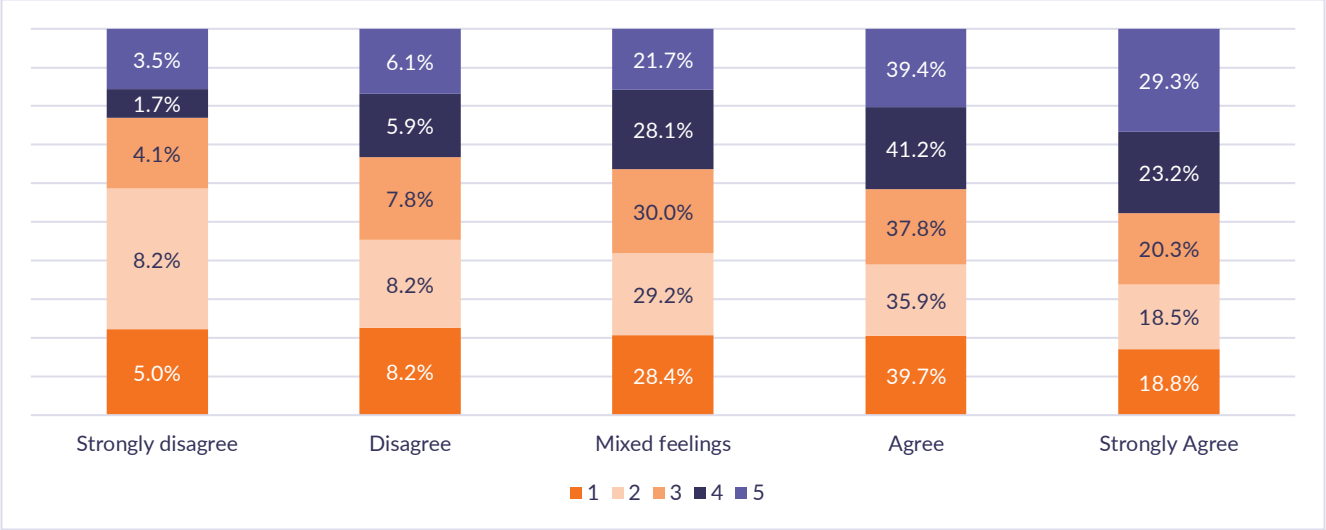

Figure 49. Self-reported healthy diet by parents across socio-economic areas (IRSD 1 = lowest 5= highest)

An overall significant difference for *parents of children with complex needs* was identified $F(1,2694) = 16.364$, $p<.001$. Parents of children without additional needs rated higher on a healthy diet scale, with a small effect size ($\eta^2 = .006$). Fifty-seven percent of parents of children with complex needs agreed or strongly agreed with the statement 'I have a healthy diet' compared to 66% of parents of children without complex needs.

There were no statistically significant differences between , *child age group* or *metropolitan and regional* areas.

Sleep

Thirty-nine percent (n=1019) of parents agreed or strongly agreed with the statement 'I get enough sleep', while 26% (n=675) had mixed feelings and 35% (n=901) said they disagreed or strongly disagreed with the statement. On average, participants estimated they achieved 6.4 (*SD* 1.284) hours of sleep each night.

An overall significant difference for parents' own sleep was detected between *mothers and fathers*, $F(1,2593) = 11.97$, p=.001 (Figure 50). Mothers were less likely to report getting enough sleep, with a small effect size ($\eta^2 = .005$).

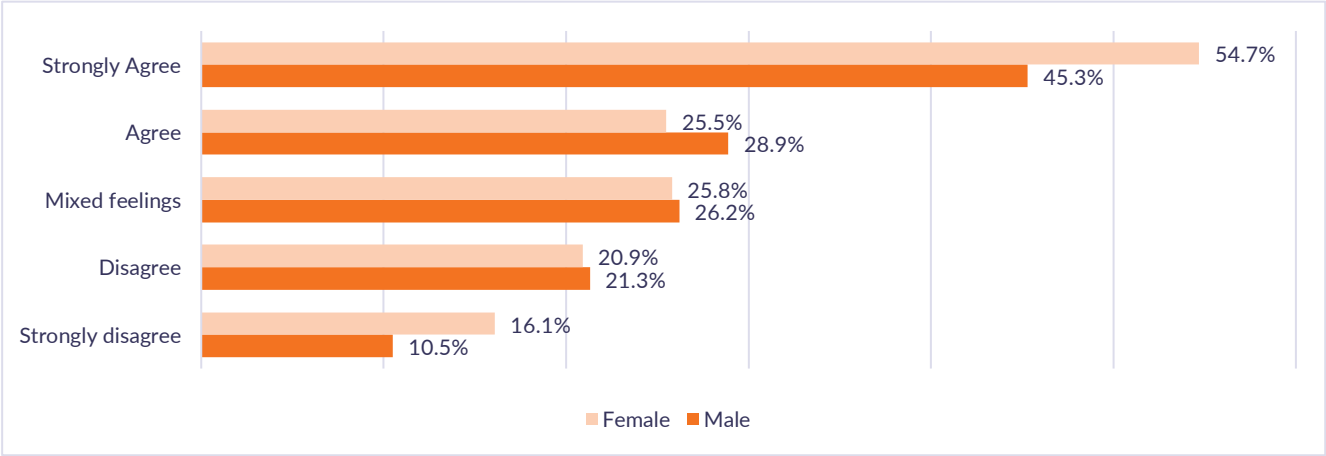

Figure 50. Self-reported sufficient sleep by mothers and fathers

A difference was reported between *child age groups*, $F(3,2595) = 6.488$, $p<.001$, with a small effect size ($\eta^2 = .007$). Bonferroni adjusted post hoc tests identified the key ($p<.001$) difference was between parents of children in the age groups 0-2 and 13-18 years, with parents of older children getting more sleep. Thirty-two percent of parents of children aged 0-2 years agreed or strongly agreed with the statement 'I get enough sleep' compared to 45% of parents of children aged 13-18 years.

A significant difference was also identified for parents of *children with complex needs* $F(1,2595) = 16.39$, $p<.001$, with a small effect size ($\eta^2 = .006$). Parents of children with complex needs were less likely to say they get enough sleep (36% agree or strongly agree) compared to parents of children without complex needs (42% agree or strongly agree).

There were no statistically significant differences on this parent sleep item between *socio-economic areas* or *metropolitan and regional* areas.

Exercise

Forty-six percent ($n=1198$) of parents agreed or strongly agreed with the statement 'I get regular exercise', while 24% ($n=619$) had mixed feelings and 30% ($n=778$) said they disagreed or strongly disagreed with the statement. This was a new question in 2022, so no comparison with previous years can be made.

There were no statistically significant differences between any of the sub-groups in the amount of exercise they achieved.

Relaxation

Forty percent (40%, $n=1036$) of parents agreed or strongly agreed with the statement 'I regularly do things for myself that help me relax and re-energise', while 25% ($n=654$) had mixed feelings and 35% ($n=905$) said they disagreed or strongly disagreed with the statement. In comparison, in 2019 55% parents said they regularly did things to relax and re-energise (Figure 51). This item was not asked in 2016.

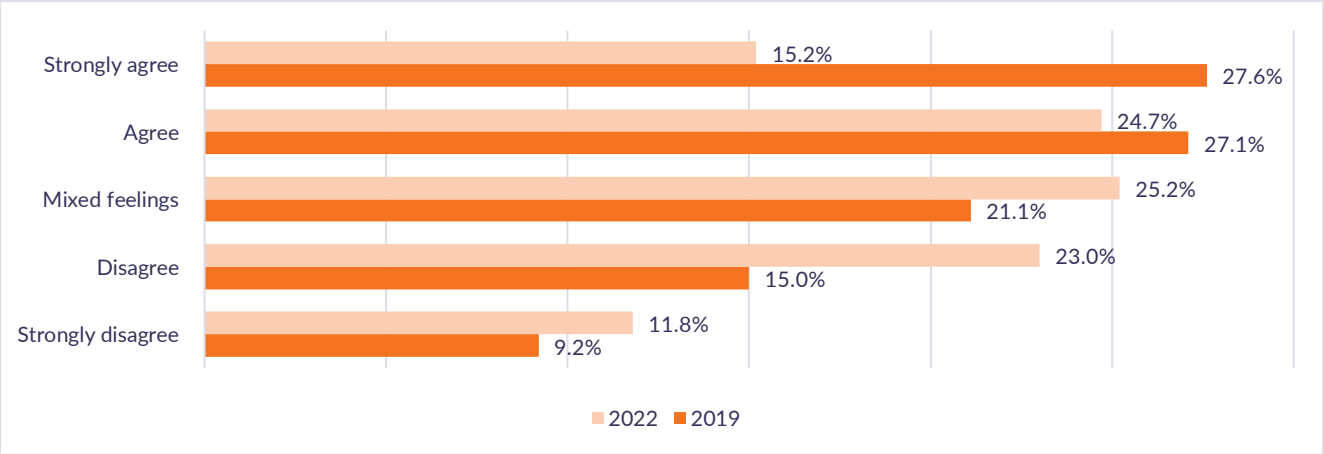

Figure 51. Parents' participation in activities to relax and re-energise 2019 and 2022

An overall significant difference was detected for *mothers and fathers* $F(1,2594) = 64.71$, $p<.001$. Mothers were less likely to report they regularly did things to relax, with a small effect size ($\eta^2 = .024$) (Figure 52 and Figure 53).

A difference was also detected for *child age groups* $F(4,2594) = 5.289$, $p=.001$, with a gradual increase in the amount parents agreed they were able to do things to relax as child age increased (small effect size $\eta^2 = .006$). Thirty-four percent of parents of children aged 0-2 years agreed or strongly agreed with the statement 'I regularly do things for myself that help me relax and re-energise' compared to 41% of parents of children aged 13-18 years.

A difference was also reported between the parents of *children with and without complex needs*, $F(1,2594) = 22.86$, $p<.001$, with a small effect size ($\eta^2 = .009$). Parents of children with complex needs were less likely to say they regularly did things to relax and re-energise (36% agree or strongly agree) compared to parents of children without complex needs (43% agree or strongly agree).

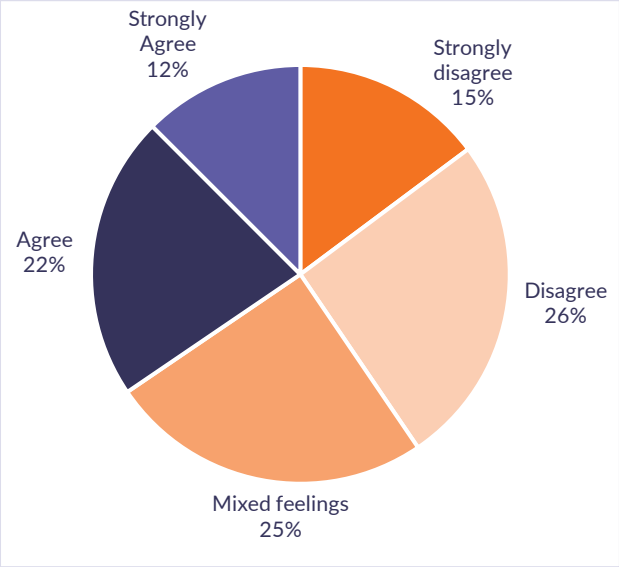

Figure 52. Mothers responses to 'I regularly do things to relax'

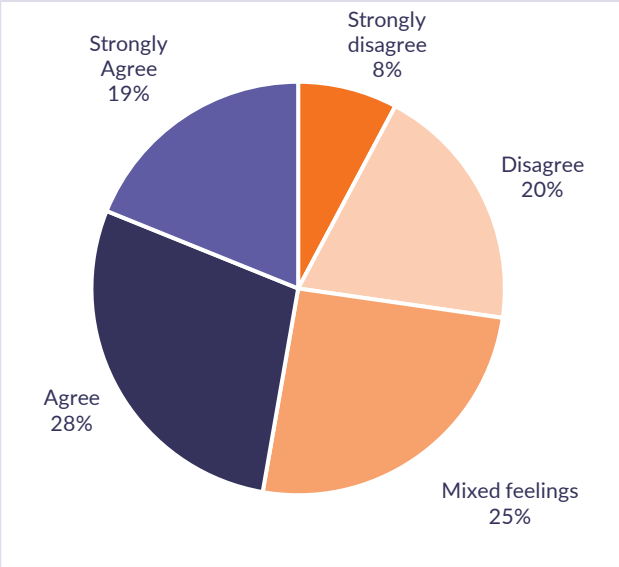

Figure 53. Fathers responses to 'I regularly do things to relax'

There were no statistically significant differences between *socio-economic areas* or *metropolitan and regional* areas for this item.

PARENT MENTAL HEALTH

The six items of an established scale (Kessler 6; K6) were included in all three waves of the survey (Kessler, et al., 2022). The K6 is a measure of non-specific psychological distress, enquiring how parents felt during the past 30 days. K6 items ask about the frequency of 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'.

Each K6 item was rated by parents on a 5-point scale from 1 (all of the time) to 5 (none of the time), and then reverse scored so that higher values equated to greater distress (ABS, 2012)[4]. A total score (sum of reverse-coded responses to each item) was obtained which classified the level of risk of psychological distress as 'low', 'moderate', 'high' or 'very high'.

Presented here are the findings adjusted to match population estimates for Victorian parents and partners. The minimum possible score is 6 and the maximum possible score is 30, with higher scores indicating higher levels of distress.

[4] Australian scoring of the K6 differs from US scoring. Rather than each item scored on a scale for 0-4, Australian scoring uses 1-5. Therefore, the total score range is 6-30 rather than 0-24. High levels of psychological distress are viewed to be scores of 19 or more. Moderate distress is considered with scores of 11-18 and low distress with scores of 6-10.

While the K6 is not a diagnostic measure, respondents whose total score is above a clinical cut-off score of 19 are said to be reporting serious psychological distress (ABS, 2012). There is no internationally agreed cut-off for moderate distress, however, research suggests that individuals who score above 10 would benefit from mental health support, which was suggested to them during the administration of the survey if it was indicated.

In 2022 just over half of all parents (55%) scored in the low range (K6=6-10), 38% in the moderate range and 7% in the high distress range. When compared to the survey results from 2019 and 2016, these proportions describe increasing levels of distress among parents with each survey round. In 2019, 63% scored in the low distress range and in 2016 72% scored in the low distress range. In 2019 6% fell into the high distress category (K6=19-30) and in 2016 4% were in this category (Figure 54).

Table 12 displays the proportion of responses for every K6 item in each wave of the survey. Across all items, the proportion of parents reporting a challenge (across each response category, from 'a little' through to 'all of the time') had increased from 2016 to 2019 and then again from 2019 to 2022 with the exception of respondents indicating they felt 'hopeless' all of the time (was 1.3% in 2019 and 1.1% in 2022). Therefore, today's parents seem to be reporting greater levels of distress and ill-health compared to three years ago. Consideration of data over the three waves of the survey do indicate increasing rates of mental ill-health among Victoria's parents over time, with a steeper rate of change over the past three years, which may suggest an impact of COVID-19 on parent mental health.

Table 12. Proportion of participants across response categories of the K6 scale (2016, 2019 and 2022 population weighted data).

K6 items	Survey year	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Nervous	2016	51.6%	27.3%	17.2%	2.8%	1.1%
	2019	43.3%	30.2%	19.8%	4.7%	1.8%
	2022	32.6%	33.1%	26.2%	5.8%	2.2%
Hopeless	2016	72.2%	15.1%	10.1%	1.8%	0.9%
	2019	65.0%	19.3%	11.5%	2.8%	1.3%
	2022	58.0%	24.0%	13.4%	3.5%	1.1%
Restless or fidgety	2016	48.4%	21.9%	22.4%	4.5%	2.8%
	2019	43.5%	23.4%	22.9%	6.4%	3.8%
	2022	33.8%	29.5%	24.9%	7.7%	4.1%
So depressed that nothing could cheer you up	2016	83.5%	8.9%	5.5%	1.7%	0.4%
	2019	78.7%	11.4%	7.3%	1.7%	0.9%
	2022	72.0%	15.8%	8.3%	2.8%	1.1%
Everything was an effort	2016	49.3	22.8%	20%	4.6%	3.3%
	2019	40.8%	25.0%	23.5%	6.4%	4.3%
	2022	30.3%	33.0%	24.0%	8.3%	4.4%
Worthless	2016	81.7%	9.5%	6.2%	1.7%	0.9%
	2019	75.9%	12.8%	7.1%	2.8%	1.4%
	2022	73.7%	13.6%	8.7%	2.4%	1.6%

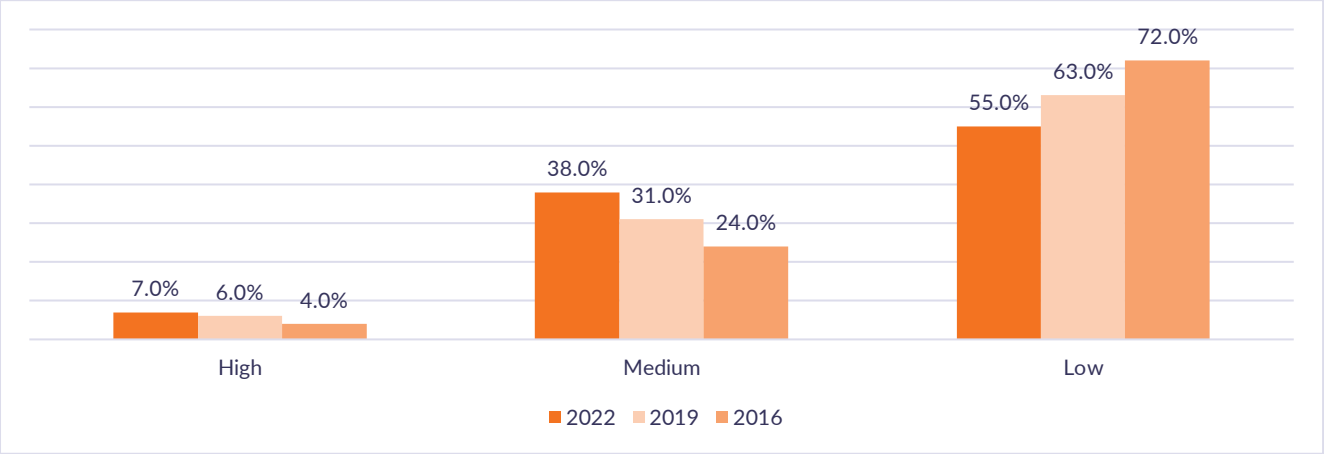

Figure 54. Distress scores (K6) 2016, 2019 and 2022

Consistent with the 2019 survey, there were differences detected in distress levels between *mothers and fathers* (Table 13 and Figure 55) and *parents of children with and without complex needs* (Table 14 and Figure 56). Mothers scored higher on the distress scale, with a mean of 11.62 (*SD*=4.597) compared to fathers who had a mean of 10.39 (*SD*=3.845), $F(1,2594) = 52.028$, $p<.001$, with a small effect size ($\eta^2 = .02$). Parents of children with complex needs also scored higher on the K6 scale, with a mean of 12.12 (*SD*=4.847) compared to parents of other children who had a mean of 10.28 (*SD*=3.679), with a medium effect size ($\eta^2 = .044$).

Table 13. K6 item and Total Scores for mothers and fathers, M (*SD*) (population weighted data).

K6 items	Mothers		Fathers		Comparison
	Mean	*SD*	Mean	*SD*	*F(df)*
Nervous*	2.24	(1.045)	1.95	(0.920)	52.941(1,2594)
Hopeless*	1.75	(0.987)	1.53	(0.792)	36.961 (1,2594)
Restless or fidgety*	2.25	(1.140)	2.11	(1.059)	10.176 (1,2594)
So depressed that nothing could cheer you up*	1.5	(0.895)	1.39	(0.771)	12.401 (1,2594)
Everything was an effort*	2.35	(1.137)	2.08	(1.031)	41.116 (1,2594)
Worthless*	1.53	(0.952)	1.34	(0.735)	29.441 (1,2594)
Total Score*	11.62	(4.597)	10.39	(3.845)	52.028 (1,2594)

*Note: * indicates significant difference; Item score range (reversed): 1 (none of the time) to 5 (all of the time). Total score range 1-5. Total score range 6–30. For Total score, Low (6-10); Moderate (11-18); High (19+).*

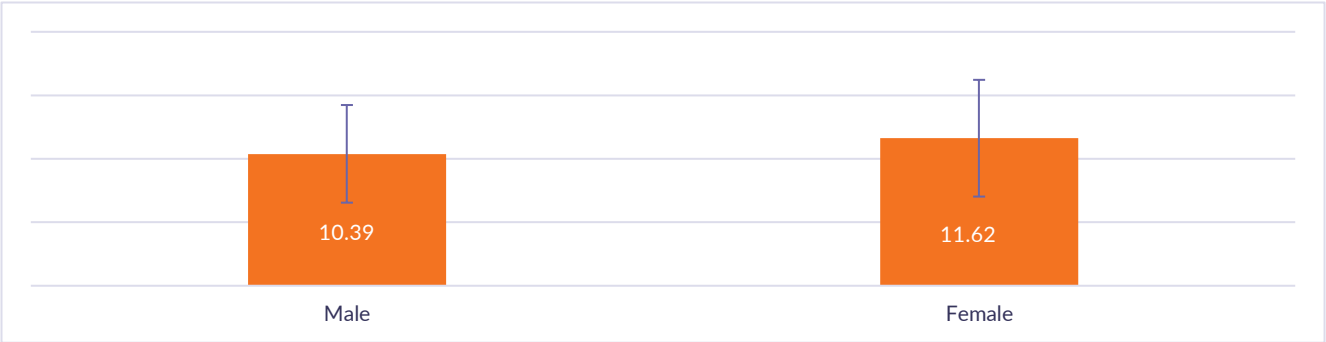

Figure 55. Mean total distress scores (K6) for mothers and fathers (error bars represent *SD*) (population weighted data)

Table 14. K6 item and Total Scores - parents of children with complex needs, *M* (*SD*) (population weighted data)

K6 item	No complex needs		Complex needs		Comparison
	Mean	*SD*	Mean	*SD*	*F(df)*
Nervous*	1.97	(0.912)	2.30	(1.081)	68.138 (1,2594)
Hopeless*	1.52	(0.812)	1.83	(1.004)	73.862 (1,2594)
Restless or fidgety*	2.03	(1.018)	2.38	(1.185)	63.898 (1,2594)
So depressed that nothing could cheer you up*	1.33	(0.700)	1.61	(0.976)	74.984 (1,2594)
Everything was an effort*	2.11	(1.050)	2.39	(1.143)	42.657 (1,2594)
Worthless*	1.31	(0.726)	1.61	(1.001)	75.839 (1,2594)
Total Score*	10.28	(3.679)	12.12.	(4.847)	

*Note: * indicates significant difference; Item score range (reversed): 1 (none of the time) to 5 (all of the time). Total score range 6–30. For Total score, Low (6-10); Moderate (11-18); High (19+).*

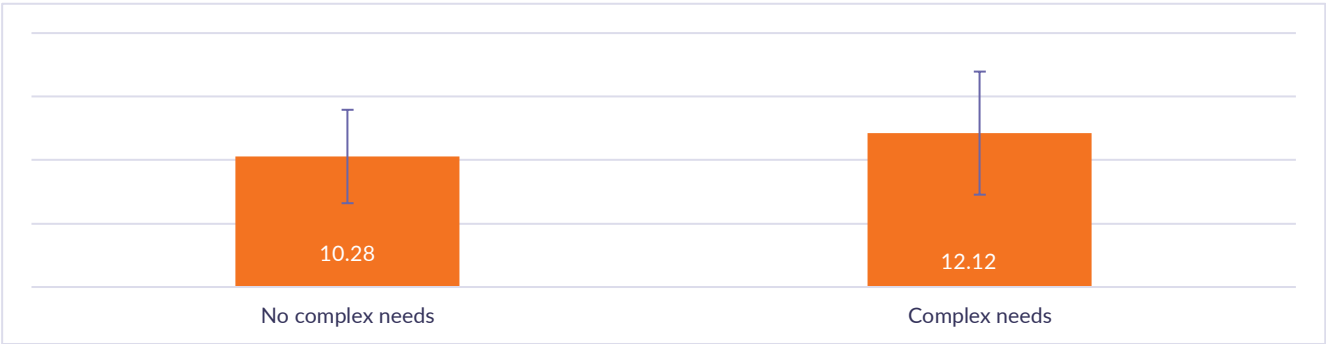

Figure 56. Mean total distress scores (K6) for parents of children with and without complex needs (error bars represent *SD*) (population weighted data)

In contrast to the 2019 survey, in 2022 there was no significant difference between *child age groups*. Similar to the 2019 survey, in 2022 there were no statistically significant differences between *socio-economic areas* or *metropolitan and regional* areas.

SELF-CARE AND SELF-COMPASSION

Parents were asked to rate how much they agreed, on a five-point scale from strongly disagree to strongly agree, with statements regarding their own self-care and attitudes towards themselves in relation to self-compassion; for example 'I am often hard on myself for not being the kind of parent I really want to be' and 'Tiredness gets in the way of being the parent I would like to be'. Many of these items were also asked in 2019.

Tiredness

Over a third (38%, *n*=993) of parents agreed or strongly agreed with the statement 'Tiredness gets in the way of being the parent I would like to be', while 25% (*n*=637) had mixed feelings and 37% (*n*=967) said they disagreed or strongly disagreed with the statement (Figure 57). In comparison, in 2019 (44%) of respondents said that tiredness got in the way of them being the kind of parent they would like to be.

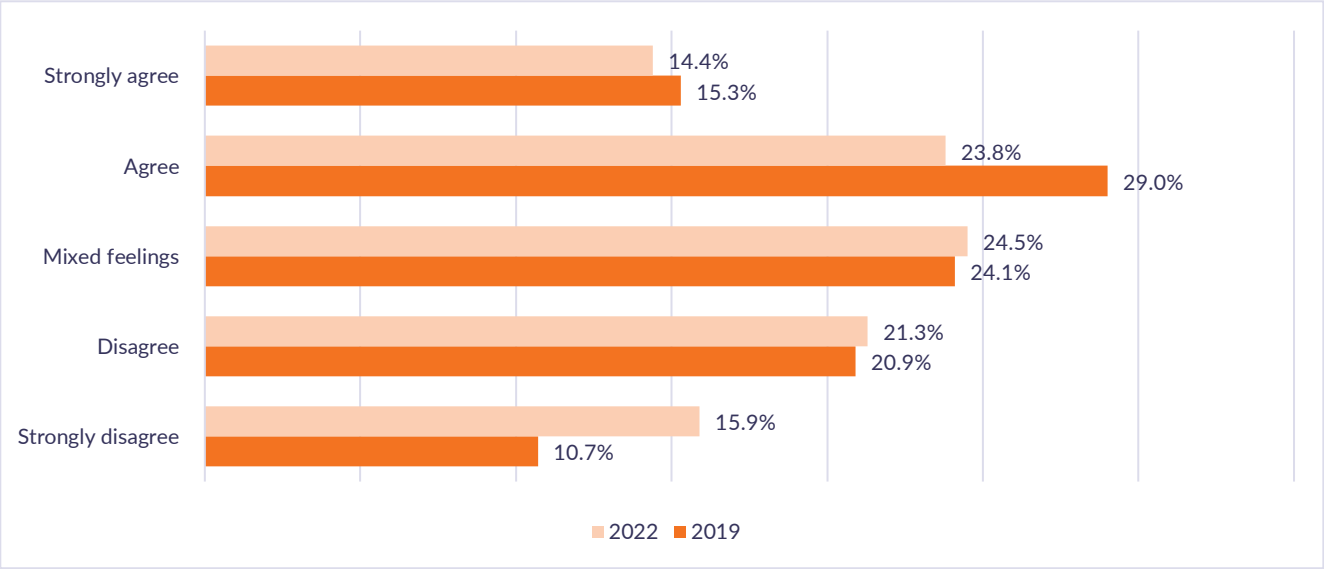

Figure 57. Comparison of parents' feelings of tiredness 2019 and 2022 (population weighted data)

Consistent with results from 2019, in 2022 there was a significant difference for *mothers and fathers* in relation to ratings about tiredness getting in the way of parenting, $F(1,2595) = 37.504$, $p<.001$ (Figure 58). Mothers reported that tiredness interfered with being the kind of parent they wanted to be more than fathers, with a small effect size ($\eta^2 = .014$).

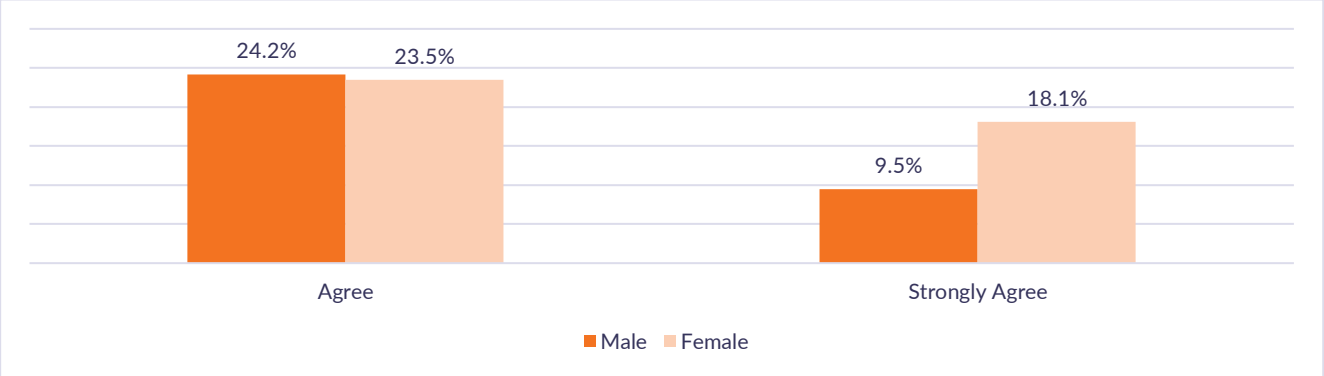

Figure 58. Levels of interference from tiredness for mothers and fathers

A difference was also identified for *child age groups*. Parents of children aged 0-2 years reported greater levels of tiredness interfering with parenting compared to parents of children in older age groups $F(3,2954) = 8.581$, $p<.001$, with a small effect size ($\eta^2 = .01$) (Figure 59). A difference was also reported between parents of *children with and without complex needs*, $F(1,2954) = 30.593$, $p<.001$, with a small effect size ($\eta^2 = .012$). Forty-three percent of parents of children with complex needs agreed or strongly agreed that tiredness interferes with their parenting compared to 34% of parents of children without complex needs. These two subgroup differences were not observed in 2019.

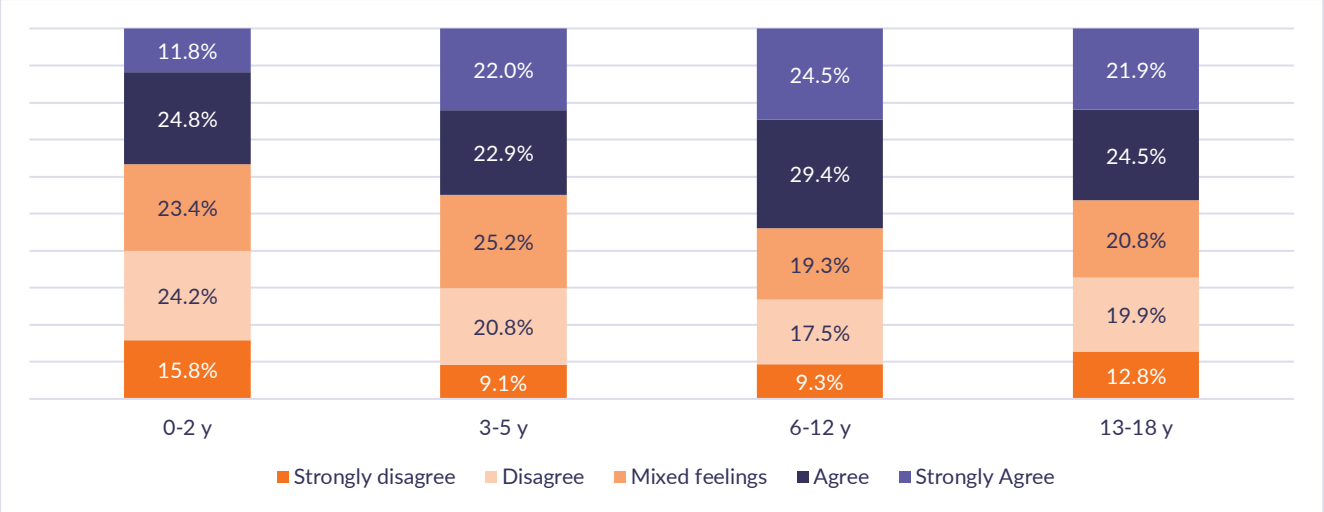

Figure 59. Interference from tiredness by parents of children across age groups (population weighted data)

Consistent with 2019 results, there were no statistically significant differences in ratings about the impact on tiredness on parenting across different *socio-economic areas* or for *metropolitan versus regional areas*.

Worry

More than a third (35%, *n*=909) of parents agreed or strongly agreed with the statement 'I worry a lot', while 25% (*n*=644) had mixed feelings and 40% (*n*=1044) said they disagreed or strongly disagreed with the statement.

An overall significant difference for *mothers and fathers* was identified $F(1,2595) = 138.305$, $p<.001$, with a small effect size ($\eta^2 = .015$) with mothers reporting greater worry (Figure 60).

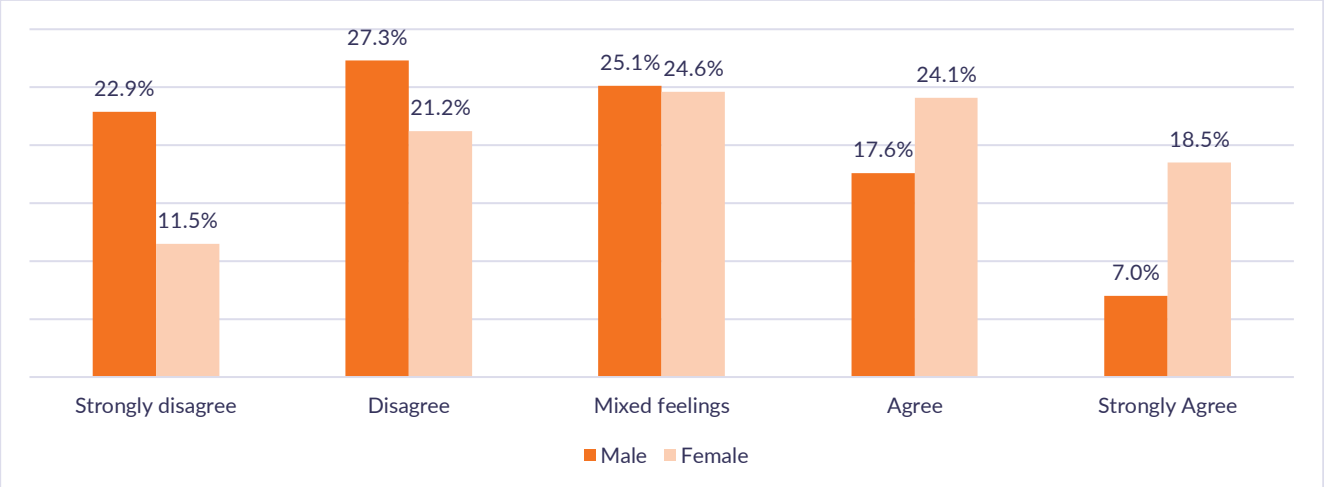

Figure 60. Feelings of worry by mothers and fathers (population weighted data)

A difference was also identified by child age groups, $F(3,2595) = 6.368$, $p<.001$, with a small effect size ($\eta^2 = .007$). Parents of children in the age group 6-12 years reported more worry (38% agree or strongly agree) compared to parents of children aged 0-2 years (30% agree or strongly agree).

A significant difference was identified between parents of *children with and without complex needs*, with parents of children with complex needs reporting more worry, $F(1,2594) = 108.969$, $p<.001$, with a small effect size ($\eta^2 = .04$). Forty-four percent of parents of children with complex needs agreed or strongly agreed with the statement 'I worry a lot', compared to 28% of parents without complex needs.

There were no statistically significant differences in parental worry between *socio-economic areas* or *metropolitan and regional* areas.

Time pressure

Close to half of all parents (47%, $n=1230$) agreed or strongly agreed with the statement 'I feel under constant time pressure', while 22% ($n=555$) had mixed feelings and 31% ($n=811$) said they disagreed or strongly disagreed with the statement. In 2019 parents were asked how much they agreed with the statement, 'I have enough time to get what I need done', similar to 2022, 46% disagreed with this statement.

An overall significant difference for *mothers and fathers* was identified, $F(1,2595) = 41.432$, $p<.001$, with a small effect size ($\eta^2 = .016$). Mothers reported greater time pressure (51% agree or strongly agree) compared to fathers (42% agree or strongly agree).

A difference was also identified across *child age groups* with parents of children aged 0-2 years reporting less time pressure than other age groups, $F(3,25945) = 16.032$, $p<.001$, with a small effect size ($\eta^2 = .018$) (Figure 61).

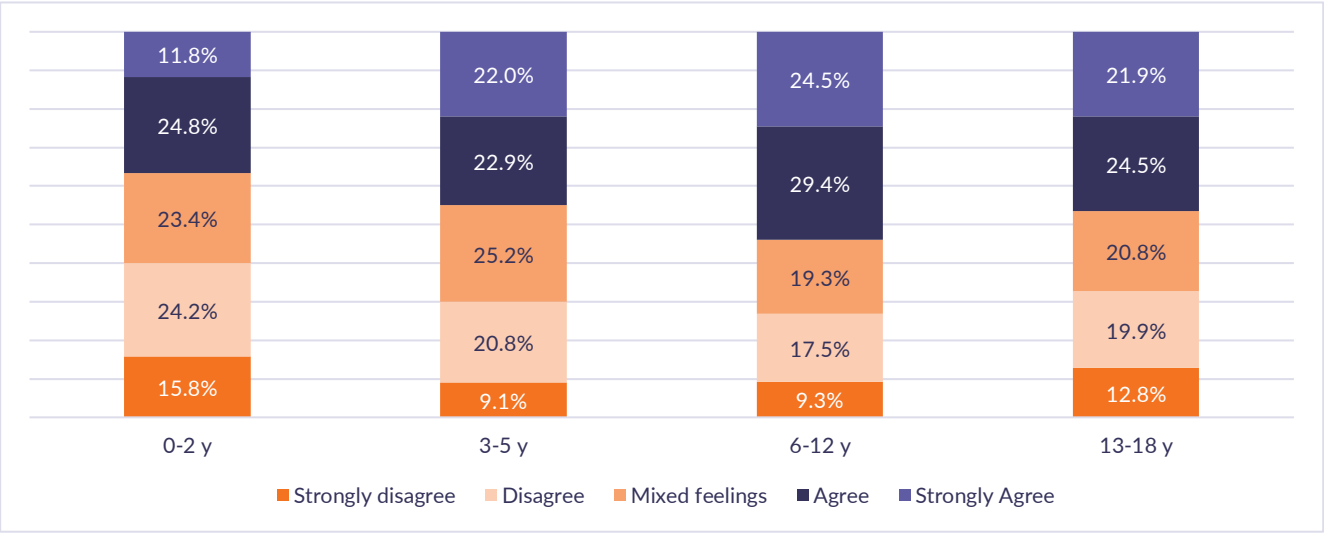

Figure 61. Parents' feeling of time pressure by child age groups (population weighted data)

Parents of *children with complex needs* also reported greater time pressure when compared to parents of other children, $F(1,2594) = 32.882$, $p<.001$, with a small effect size ($\eta^2 = .013$). Parents of children with complex needs reported greater time pressure (53% agree or strongly agree) compared to parents of children without complex needs (43% agree or strongly agree).

There were no statistically significant differences between *socio-economic areas* or *metropolitan and regional* areas.

Electronic device use

Almost half (47%, *n*=1220) of parents agreed or strongly agreed with the statement 'I feel like I use my mobile phone or other electronic device too much' (was 55% in 2019), while 24% (*n*=622) had mixed feelings and 29% (*n*=754) said they disagreed or strongly disagreed with the statement.

As was the case in 2019, an overall significant difference for child age groups was identified in the 2022 data, $F(3,2594) = 15.104$, $p<.001$ (Figure 62). There was a small effect size ($\eta^2 = .017$) in 2022, with parents of children aged 0-2 years reporting they feel like they use their device too much, to a greater extent than parents of older aged children. In 2019 the significant ($p<.001$) differences lay between 0-2 year olds and 6-12 year olds and 0-2 year olds and 13-18 year olds.

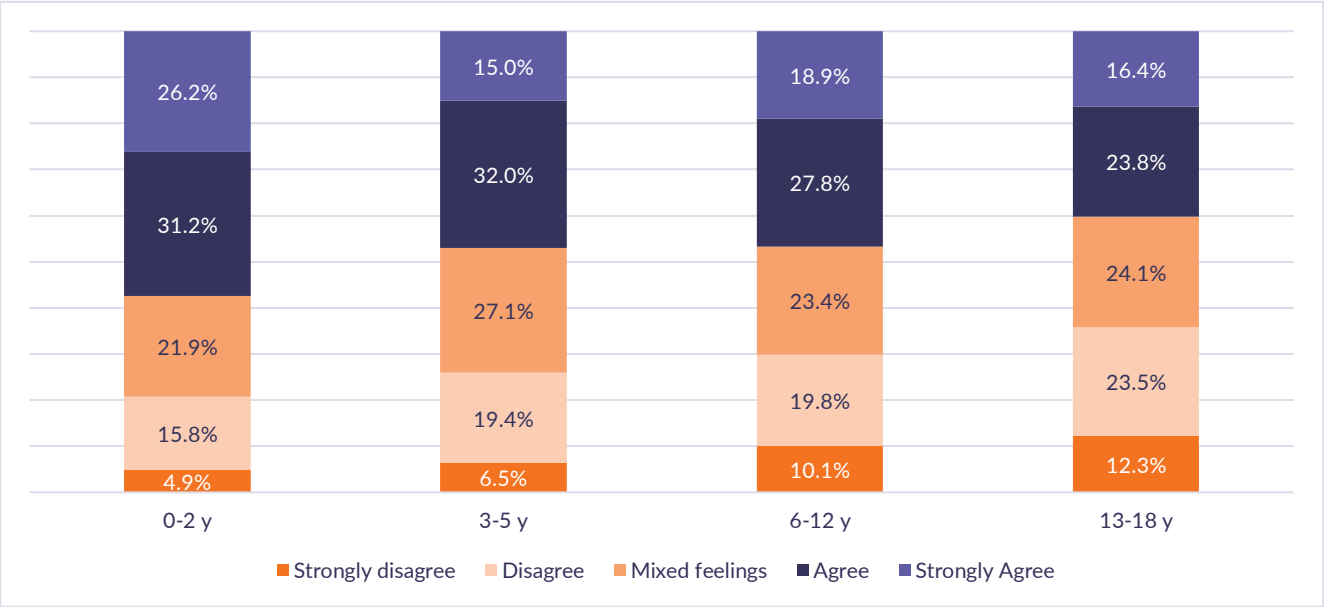

Figure 62. Parents report of using mobile devices too much by child age groups (population weighted data)

There were no statistically significant differences between *mothers and fathers*, *children with complex needs*, *socio-economic areas* or *metropolitan and regional* areas.

Self-compassion

Over a third (37%, *n*=953) of parents agreed or strongly agreed with the statement 'I am often hard on myself for not being the kind of parent I really want to be', while 24% (*n*=609) had mixed feelings and 40% (*n*=1034) said they disagreed or strongly disagreed with the statement. This is consistent with 2019, when a substantial proportion of respondents (37%) either agreed or strongly agreed, 24% expressed 'mixed feelings', while 39% disagreed they were too hard on themselves.

An overall significant difference for *mothers and fathers* was identified, $F(1,2594) = 143.239$, $p<.001$ (Figure 63). There was a medium effect size ($\eta^2 = .052$), with mothers feeling harder on themselves.

A difference was also identified for parents of *children in different age groups*, $F(3,2594) = 10.014$, $p<.001$. There was a small effect size ($\eta^2 = .011$), whereby parents of children in the middle age groups 3-5 and 6-12 years reported being harder on themselves than parents of younger children. Forty percent of parents of children aged 3-5 years and of those aged 6-12 years agreed or strongly agreed they were hard on themselves, compared to 28% of parents of children aged 0-2 years.

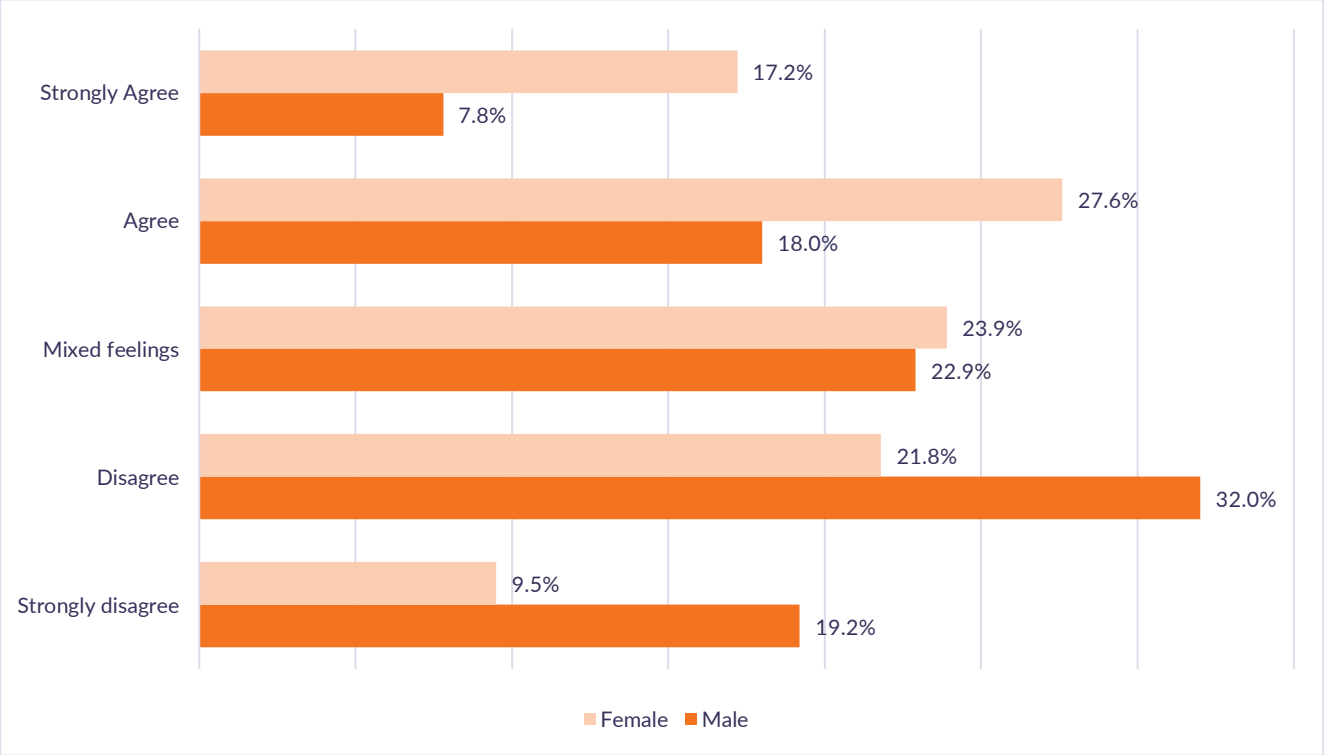

Figure 63. Parents response to 'I am often hard on myself for not being the kind of parent I really want to be' (population weighted data)

Parents of *children with complex needs* also reported they were harder on themselves than other parents $F(1,2594) = 85.199$, $p<.001$, with a small effect size ($\eta^2 = .032$). Forty-five percent of parents of children with complex needs agreed or strongly agreed with the statement 'I am often hard on myself for not being the kind of parent I really want to be', compared to 30% parents of children without complex needs. These results are largely consistent with the 2019 survey, when an effect for gender and parents of children with complex needs was identified. In 2019 however there was no difference between the child age groups.

There were no statistically significant differences between *socio-economic areas* or *metropolitan and regional areas*, for the item 'I am often hard on myself for not being the kind of parent I really want to be'.

Over half (56%, $n=1447$) of parents agreed or strongly agreed with the statement 'I forgive myself when I make mistakes as a parent', while 26% ($n=666$) had mixed feelings and 19% ($n=483$) said they disagreed or strongly disagreed with the statement. This was a new item in 2022 so no comparison over time is possible.

Overall parents of *children with complex needs* identified they were less likely to forgive themselves compared to other parents, $F(1,2594) = 27.516$, $p<.001$, with a small effect size ($\eta^2 = .011$) (Figure 64).

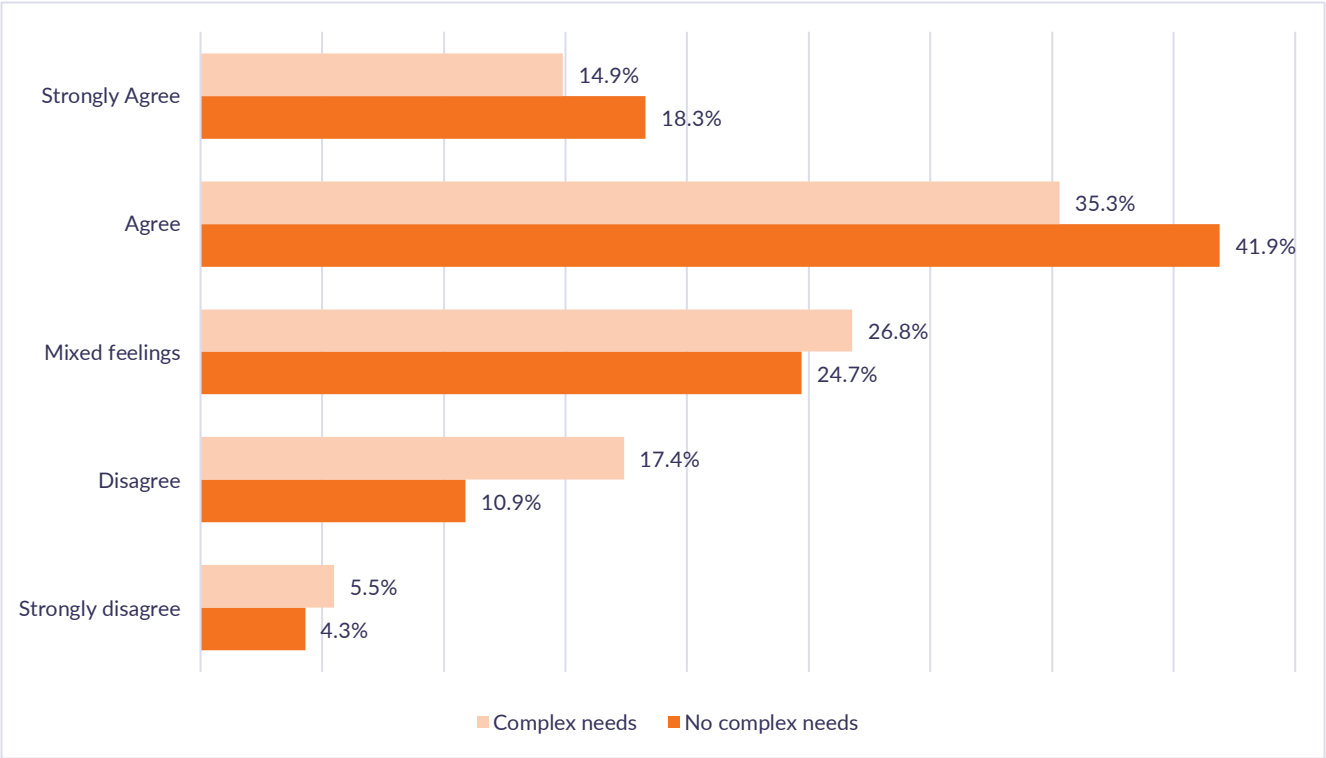

Figure 64. Self-forgiveness between parents of children with and without complex needs (population weighted data)

There were no statistically significant differences between *mothers and fathers*, *child age groups*, *socio-economic areas* or *metropolitan and regional areas*, for the item 'I forgive myself when I make mistakes as a parent'.

One in six parents (16%, *n*=411) agreed or strongly agreed with the statement 'I struggle with feelings of guilt or shame about my parenting', while 20% (*n*=505) had mixed feelings and 65% (*n*=1680) said they disagreed or strongly disagreed with the statement.

An overall significant difference for *mothers and fathers* was identified, $F(1,2594) = 161.224$, $p<.001$, with a medium effect size ($\eta^2 = .059$). Mothers reported feeling more guilt and shame (21% agree or strongly agree) compared to fathers (9% agree or strongly agree).

A difference was also found for *child age groups* $F(3,2594) = 10.734$, $p<.001$ (Figure 65). There was a medium effect size ($\eta^2 = .012$), with parents of children aged 3-5 years (18% agree or strongly agree) and 6-12 years (19% agree or strongly agree) feeling more guilt and shame than parents of children aged 0-2 years (12% agree or strongly agree).

More guilt and shame was also experienced by *parents of children with complex needs*, $F(1,2594) = 84.217$, $p<.001$, with a small effect size ($\eta^2 = .031$). Twenty-one percent of parents of children with complex needs agreed or strongly agreed with the statement 'I struggle with feelings of guilt or shame about my parenting', compared to 12% of parents of children without complex needs.

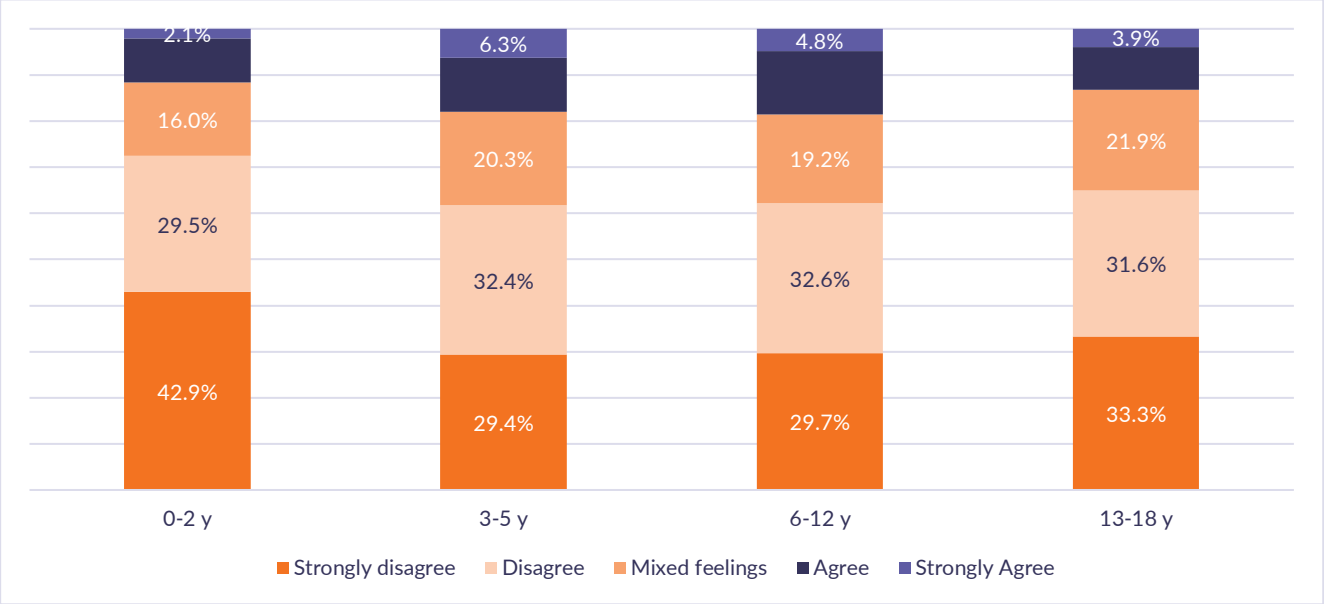

Figure 65. Parent feelings of guilt by child age (population weighted data)

There were no statistically significant differences between *socio-economic areas* or *metropolitan and regional areas*, for the item 'I struggle with feelings of guilt or shame about my parenting'.

Most parents (92%, *n*=2393) agreed or strongly agreed with the statement 'There are still things I can learn about parenting', while 5% (*n*=136) had mixed feelings and 3% (*n*=66) said they disagreed or strongly disagreed with the statement. For this item, there were no statistically significant differences between all subgroups analysed: *mothers and fathers*, *child age groups*, *children with complex needs*, *socio-economic areas* or *metropolitan and regional areas*.

PARENT'S WORK-LIFE BALANCE

In 2022 parents were asked to rate how much they agreed, on a five-point scale from strongly disagree to strongly agree, with statements regarding their work-life balance, for example 'I would like the opportunity to work more than I do now' and 'My work performance suffers because of my personal and family commitments'. Most of these items were introduced for the first time in 2022, with the exception of the item 'My work provides sufficient flexibility to enable me to fulfil parenting responsibilities', which was also asked in 2019.

The results for the whole sample of parents (population weighted sample) are presented in Table 6. There was a significant proportion of people who declined to answer the questions in this section, the percentages reported have been calculated to exclude the missing data.

Desire for additional work

One in five parents (20%, *n*=518) agreed or strongly agreed with the statement 'I would like the opportunity to work more than I do now', while 10% (*n*=271) had mixed feelings and 70% (*n*=1807) said they disagreed or strongly disagreed with the statement.

A significant difference was detected for *mothers and fathers*, $F(1,2595) = 84.157$, $p<.001$, with a small effect size ($\eta^2 = .031$) and mothers reporting greater desire to work more (Figure 66).

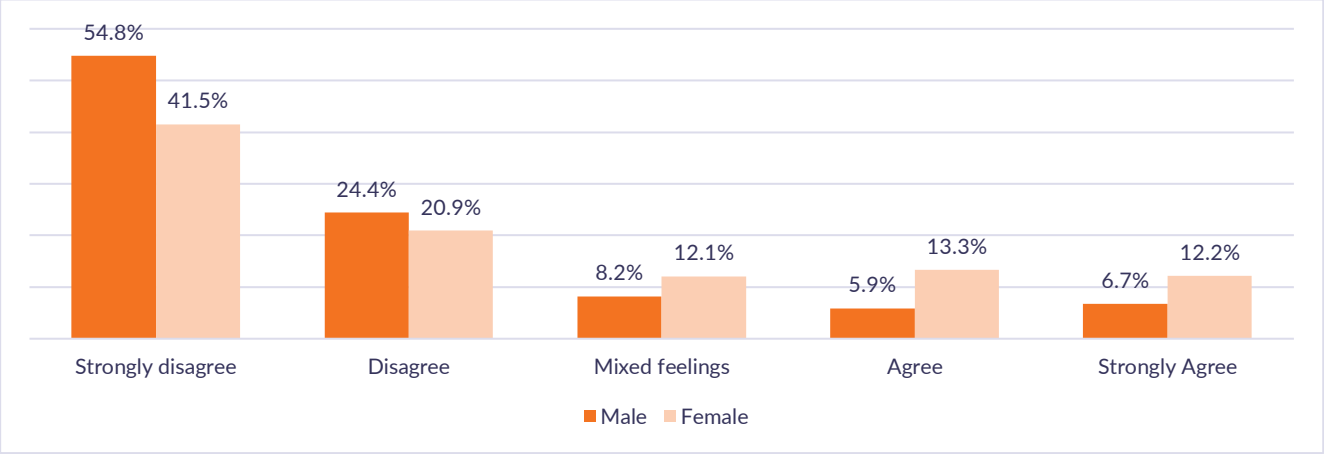

Figure 66. Desire for additional work by mothers and fathers (population weighted data)

There was a difference between parents of *children with and without complex needs*, $F(1,2595) = 38.837$, $p<.001$, with a small effect size ($\eta^2 = .015$). Parents of children with complex needs were more likely to report a desire to work more (25% agree or strongly agree) compared to parents of children without complex needs (16% agree or strongly agree).

There were no statistically significant differences between different *child age groups*, *across socio-economic areas* or *metropolitan versus regional areas*.

Desire for less work

Just over half (53%, *n*=1146) of parents agreed or strongly agreed with the statement 'I would like to work less than I do now', while 12% (*n*=265) had mixed feelings and 34% (*n*=732) said they disagreed or strongly disagreed with the statement.

An overall significant difference was detected *for mothers and fathers* $F(1,2141) = 84.332$, $p<.001$, with a small effect size ($\eta^2 = .031$) and fathers reporting greater desire to work less (Figure 67).

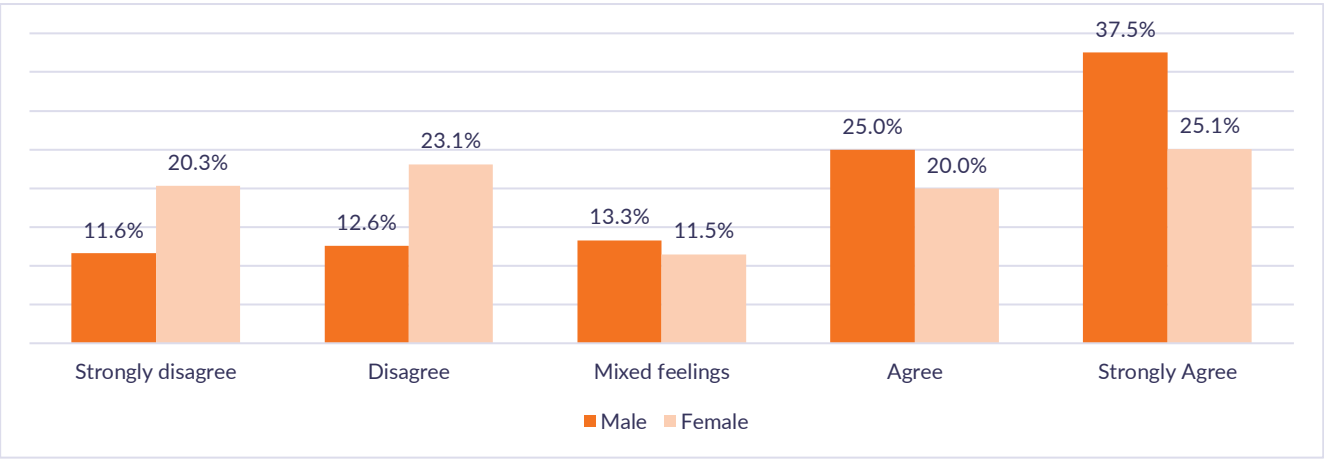

Figure 67. Desire for less work by mothers and fathers (population weighted data)

There were no statistically significant differences between *child age groups*, for parents of *children with or without complex needs*, for *socio-economic areas* or for *metropolitan versus regional areas*.

Flexible work

Seventy-two percent (*n*=1534) of parents agreed or strongly agreed with the statement 'My work provides sufficient flexibility to enable me to fulfil parenting responsibilities', while 14% (*n*=299) had mixed feelings and 14% (*n*=309) said they disagreed or strongly disagreed with the statement. In comparison, in 2019 almost two thirds (64%) agreed or strongly agreed that they had sufficient flexibility in their employment to enable them to fulfil parenting responsibilities (Figure 68).

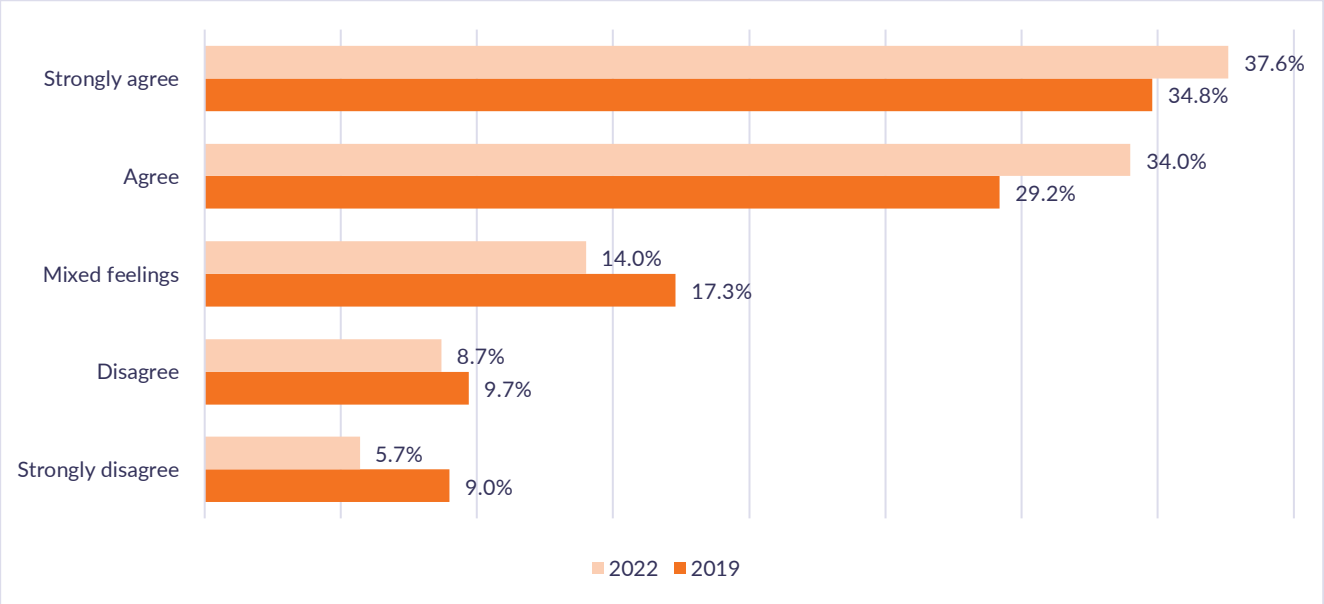

Figure 68. Flexible work conditions 2019 and 2022 (population weighted data)

There were no statistically significant differences between *mothers and fathers*, *child age group*, parents of *children with complex needs*, *socio-economic areas* or *metropolitan and regional* areas, as was also the case in 2019.

Work getting in the way of spending quality time with family

Around a quarter (27%, *n*=583) of parents agreed or strongly agreed with the statement 'My work prevents me spending sufficient quality time with my family', while 17% (*n*=368) had mixed feelings and 56% (*n*=1192) said they disagreed or strongly disagreed with the statement.

There were no statistically significant differences between *mothers and fathers*, *across child age groups*, for parents of *children with or without complex needs*, for *socio-economic areas* or for *metropolitan and regional* areas.

Distracted by work

Thirty-one percent (*n*=658) of parents agreed or strongly agreed with the statement 'I am often distracted by thoughts about work while spending time with my family', while 20% (*n*=440) had mixed feelings and 49% (*n*=1046) said they disagreed or strongly disagreed with the statement.

There were no statistically significant differences between *mothers and fathers*, *across child age groups*, for parents of *children with or without complex needs*, for *socio-economic areas* or for *metropolitan and regional* areas.

Work performance

Fifteen percent (*n*=312) of parents agreed or strongly agreed with the statement 'My work performance suffers because of my personal and family commitments', while 15% (*n*=324) had mixed feelings and 70% (*n*=1507) said they disagreed or strongly disagreed with the statement.

An overall significant difference was detected for *mothers and fathers* $F(1,2142) = 13.532$, $p<.001$. There was a small effect size ($\eta^2 = .006$) with mothers reporting greater suffering in their work performance because of family commitments (Figure 69).

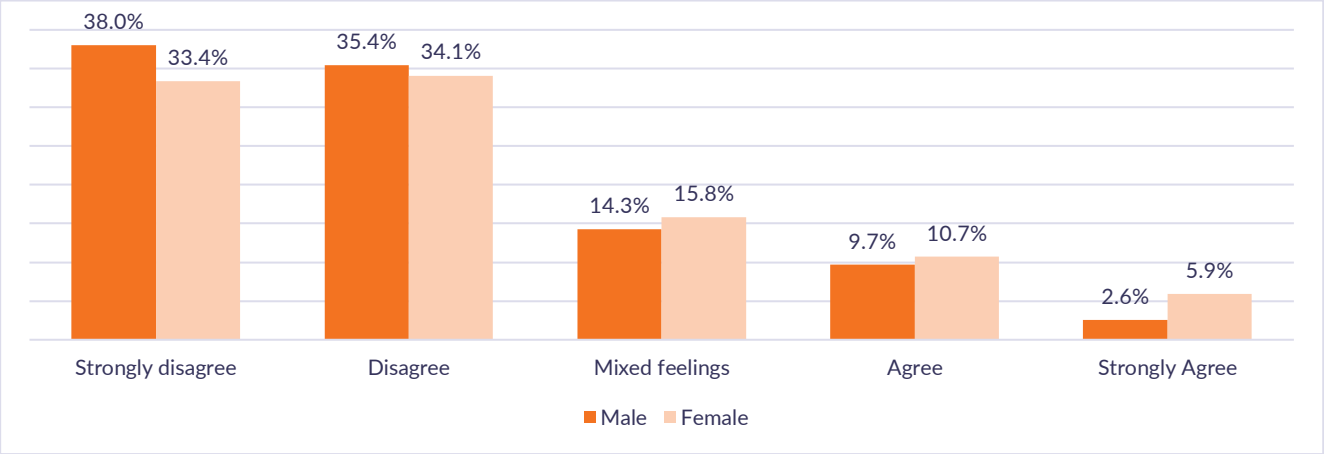

Figure 69. Work performance compromised by mothers and fathers (population weighted data)

Parents of *children with versus without complex needs* also reported differences, $F(1,2142) = 17.709$, $p<.001$, with a small effect size ($\eta^2 = .008$). Parents with children with complex needs reported greater suffering in their work performance because of family commitments (Figure 70).

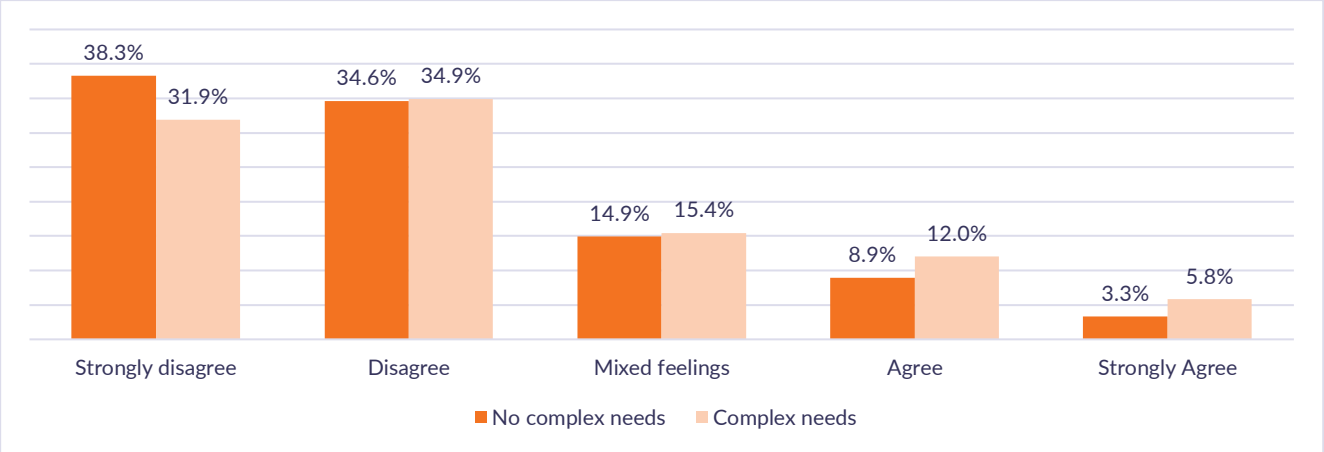

Figure 70. Work performance is compromised by parents of children with and without complex needs (population weighted data)

There were no statistically significant differences between child age groups, socio-economic areas or for *metropolitan versus regional* areas.

Parent support and help-seeking

In this section, we present information about where parents go for information and advice about their parenting. The section starts with consideration of the informal support parents draw on for support with their parenting, followed by exploration of the sources of parenting information parents access outside the family. Topics include:

- availability of a trusted support person
- reliance on family for parenting support
- partner agreement and support
- where parents go for support, advice and information
- support for child emotional and behavioural concerns
- participation in parenting programs
- influences on decision to participate in parenting programs
- parents' satisfaction with the help they have received
- awareness of a quality-assured online parenting resource (the Raising Children Network).

WHAT INFORMAL SUPPORTS HAVE PARENTS USED

Trusted support person

Parents were asked to indicate their level of agreement with the statement 'If I was having problems in my life, there is someone I trust that I could turn to for advice'. Overall, the data indicated that 83% of parents agreed or strongly agreed they had a trusted support person they could turn to for advice, as seen in Figure 71. This value has gradually decreased from previous surveys, where 91% in 2016 and 86% in 2019 agreed or strongly agreed they had a trusted support person.

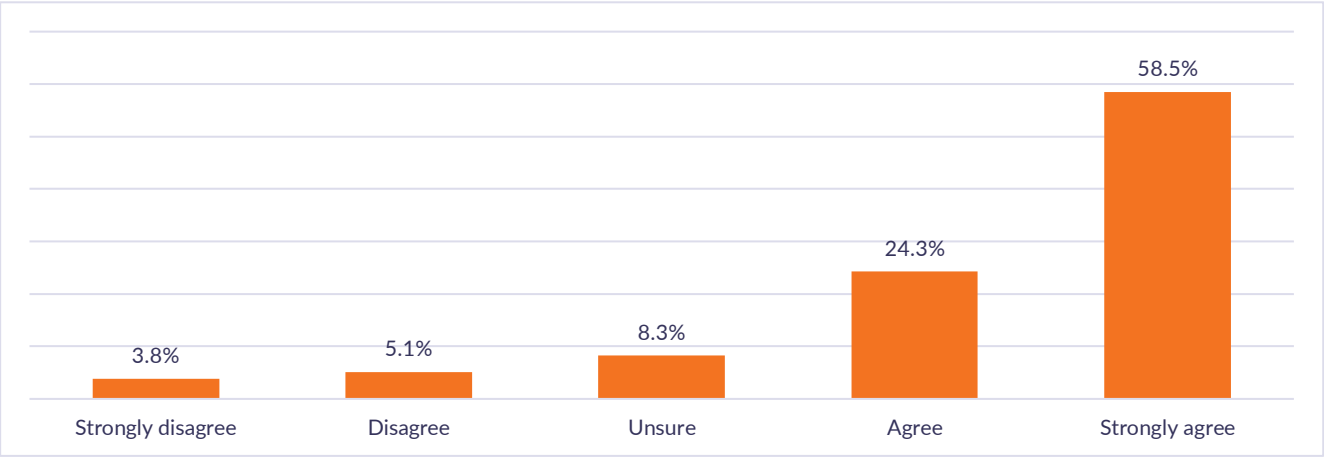

Figure 71. Percentage of parents who have a trusted support person (population weighted data)

Although the majority of parents strongly agreed they had a trusted support person, there was a significant difference between the degree to which *mothers and fathers* felt they had a trusted person in their life who could offer advice, $F(1,2593) = 20.477$, $p<.001$ (small effect size, $\eta^2 = .008$) , with mothers reporting a higher level of agreement. This is consistent with 2016 and 2019 findings about the differences between *mothers and fathers* (Figure 72).

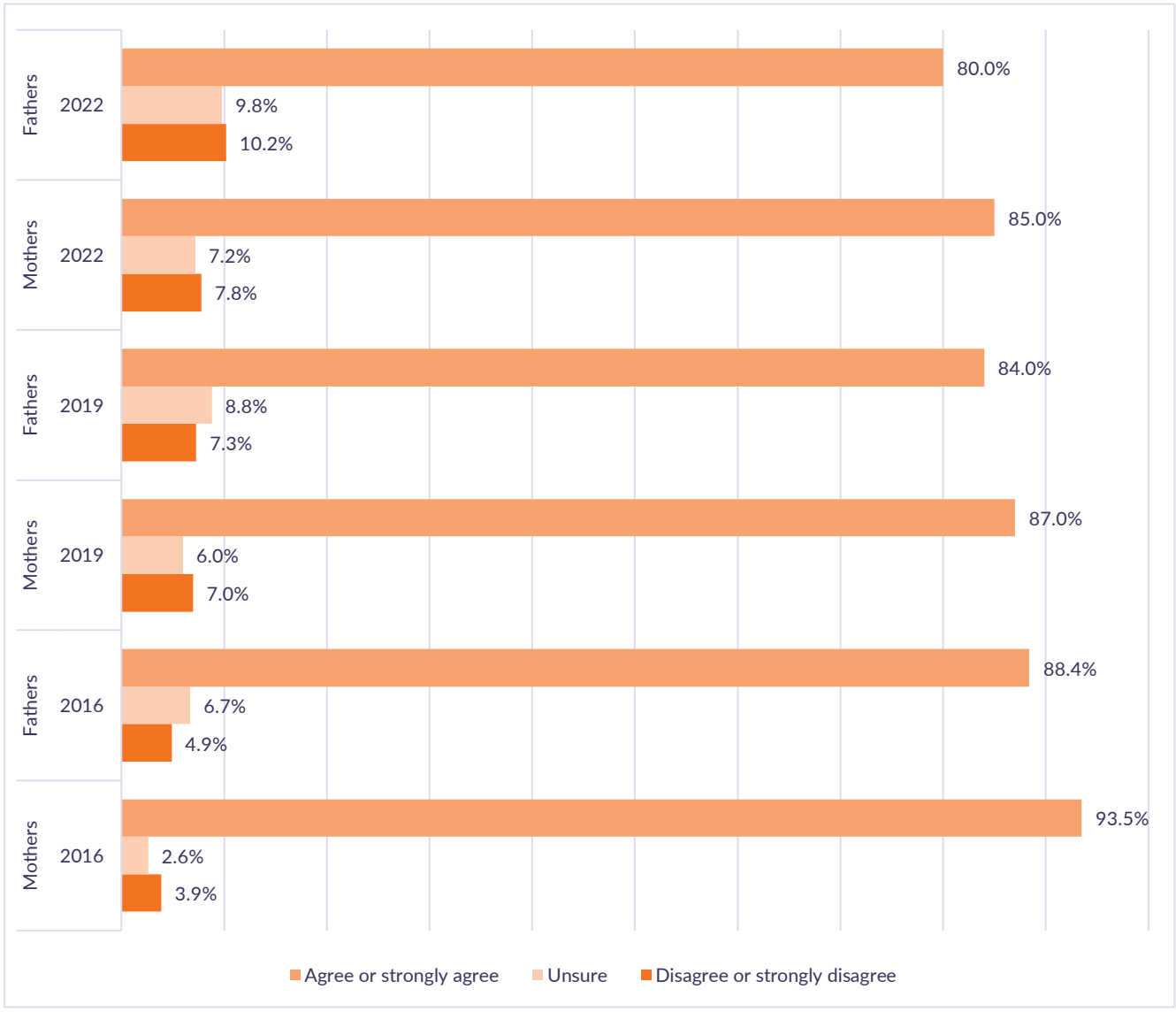

Figure 72. Percentage of parents who have a trusted support person, by mothers and fathers, 2016-2022 (population weighted data)

As in 2019, there were no significant differences (at p<.001) between *child age groups*, *metropolitan and regional areas*, *different socio-economic areas*, or *parents of children with and without complex needs* in how much parents agreed they had a trusted person in their life who could offer advice.

Support from family

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 76% 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 16% disagreed or strongly disagreed with this statement and 9% were unsure (Figure 73). These findings are similar to those observed in 2019 (74%, 17% and 9% respectively) but different from what was observed in 2016 (83%, 13% and 4%). While there appears to be a more negative view about the availability, accessibility or usefulness of trusted support people for family members since 2016, the majority of parents were positive about their family as first source of support.

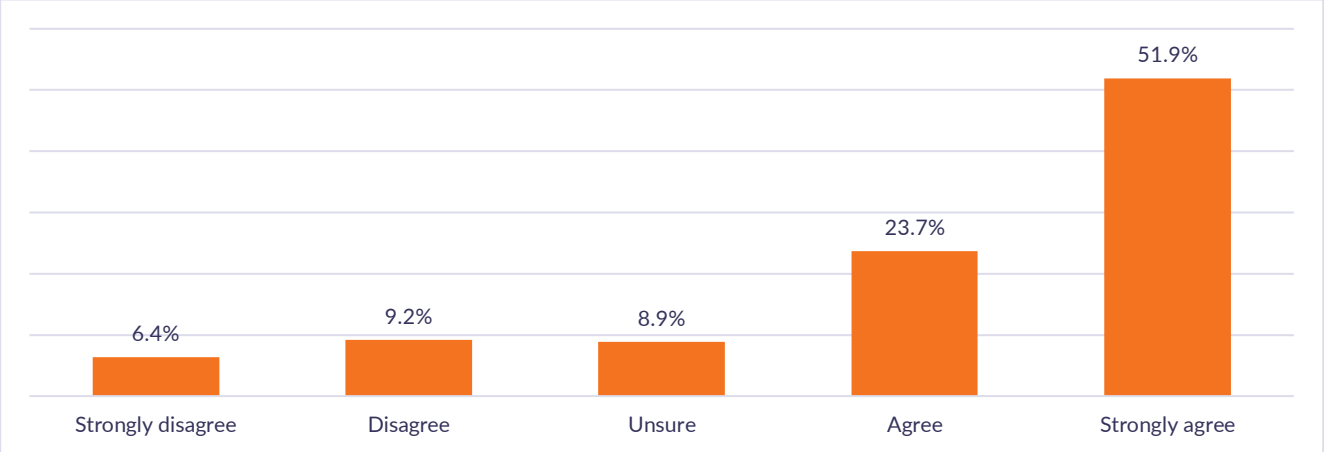

Figure 73. Family as first source of support (population weighted data)

There were significant differences in the degree to which parents reported first turning towards family for help in childrearing according to *child's age group*, $F(3,2591) = 6.292$, $p<.001$ (small effect size, $\eta^2 = .007$) (Figure 74), and for *parents of children with and without complex needs*, $F(1,2593) = 27.531$, $p<.001$ (small effect size, $\eta^2 = .011$) (Figure 75). Parents of children aged 0-2 years and parents of children without complex needs reported more agreement that they would first approach family for advice. In 2016 and 2019 there was no significant difference for *parents of children with and without complex needs* and there was general trend (but not a statistically significant difference at $p<.001$) towards parents of younger children being more likely to seek help from family first.

Similar to 2016 and 2019, there were no significant subgroup differences on this item for *fathers versus mothers*, *different socio-economic areas* or for *metropolitan versus regional areas*.

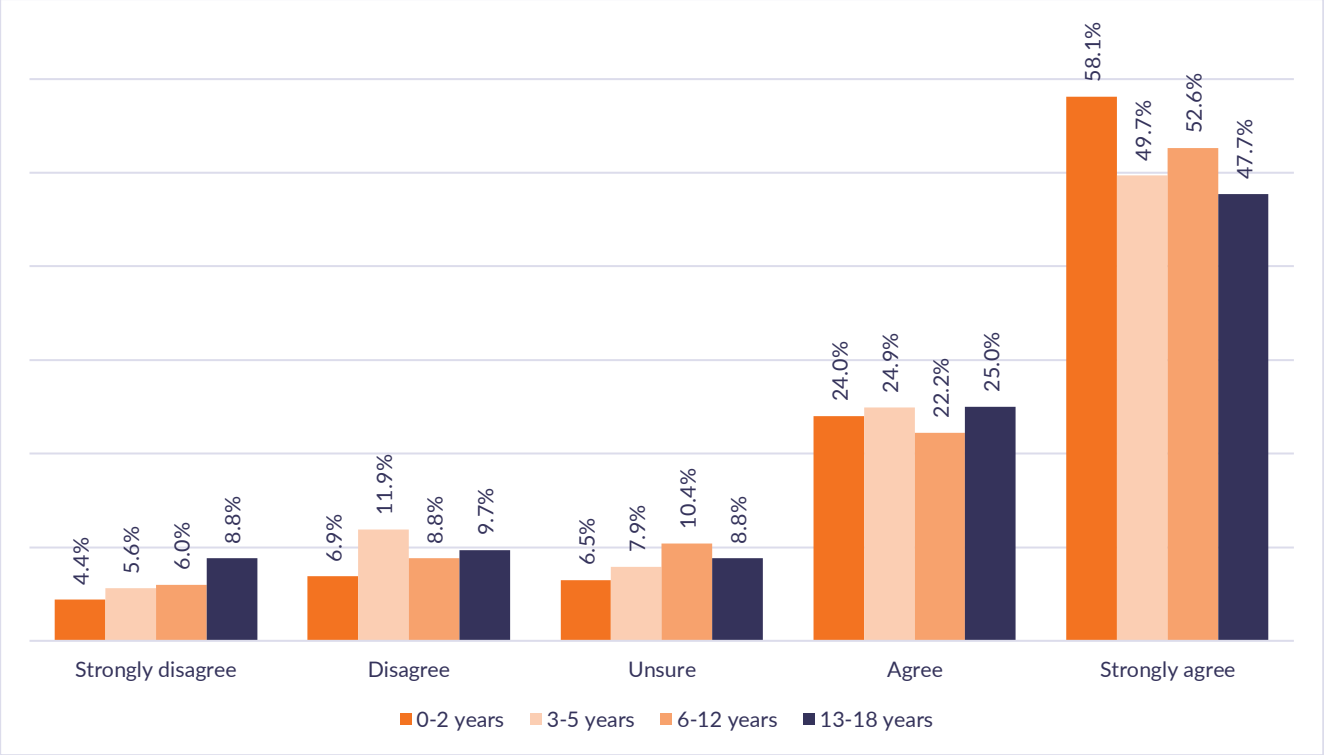

Figure 74. Family as first source of support by child age group (population weighted data)

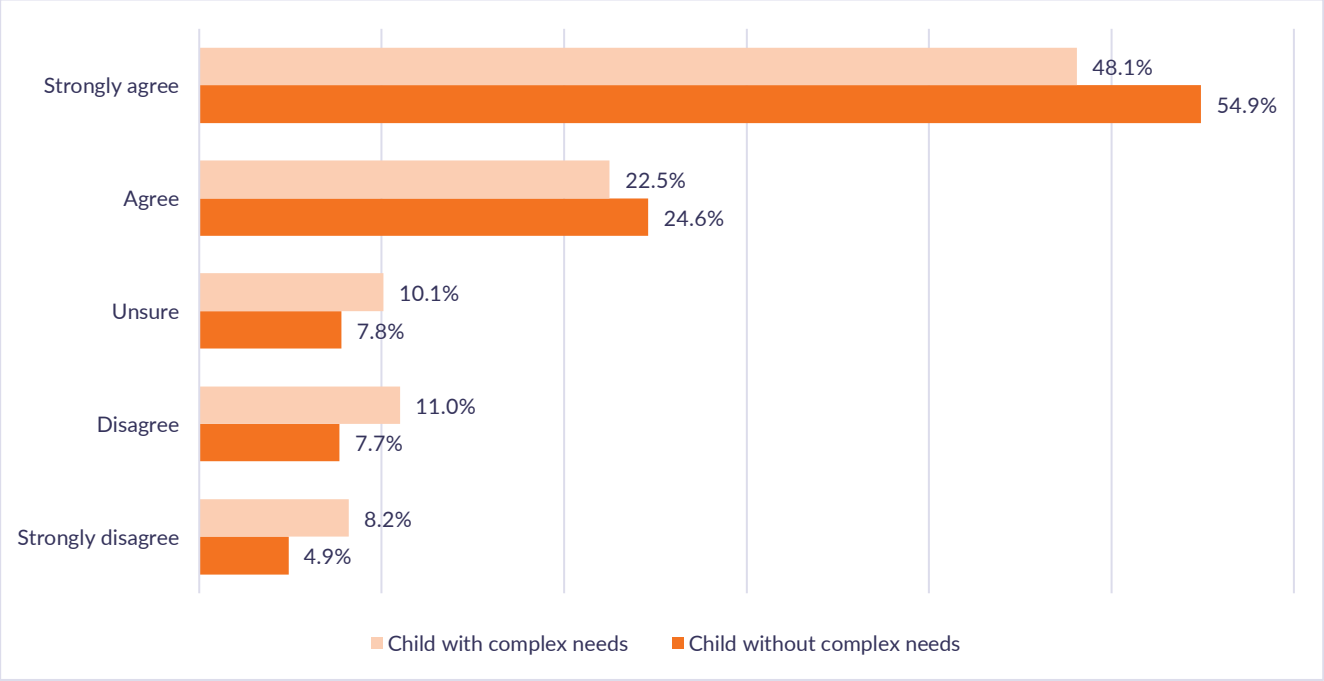

Figure 75. Family as first source of support by child with and without complex needs (population weighted data)

Partner agreement and support

Questions in the 2022 survey about partner support differed somewhat to 2016 and 2019, therefore, responses cannot be compared over the waves. The key difference was in phrasing of the question about *who* the respondents' 'partner' was. Specifically, in 2022 we asked 'Do you have a partner that lives with you', while in 2019 we asked respondents to think about the person they saw as the most significant other parent in the life of the target child. In 2016 we asked a series of questions about shared living arrangements, and respondents were advised that if there was another biological parent and a partner/spouse then questions should be answered with most significant other parent in mind. The rationale for only asking about partners who lived with the respondent in 2022 is that we wanted to simplify the line of questioning for the respondents' benefit, but also to simplify the interpretation of data. Thus, in 2022 we wanted to understand respondents' perceptions about the support they received from the person they lived with, rather than support from others in the child's life who may or may not be in a position to provide the respondent with day-to-day support.

Thus, in 2022 parents were asked if they have a partner that lives with them, and if so, what is their partner's relationship to the child, then three questions about their partners' support.

Of the 2596 respondents in the weighted sample for the 2022 survey, 84% said they had a partner living with them. In most cases (95%) this 'partner' was the biological parent of the focus child. Only 4% said the partner living with them was not the biological parent and 1 % described them as other (e.g., carer, foster carer, grandfather).

Parents who identified they have a partner and who gave their partner's relationship to the child (n = 2175) were asked how often they agreed with their partner on how to parent the child. Most parents (96%) indicated they agreed all or most of the time, 3% agreed occasionally, while only 1% agreed rarely or never (Figure 76).

When asked how often their partner 'understands and is supporting you as a parent', most parents (94%) indicated this occurred all or most of the time, 5% said this was occasionally true, and only 1% said this was never or rarely true (Figure 77).

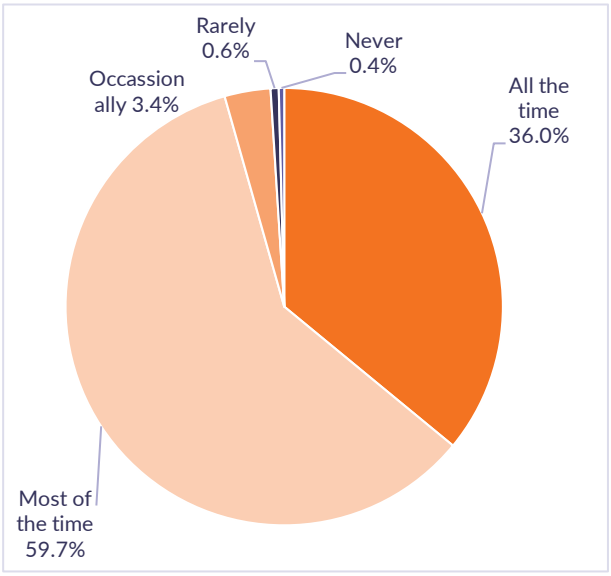

Figure 76. How often do you and your partner agree on how to parent your child? (population weighted data)

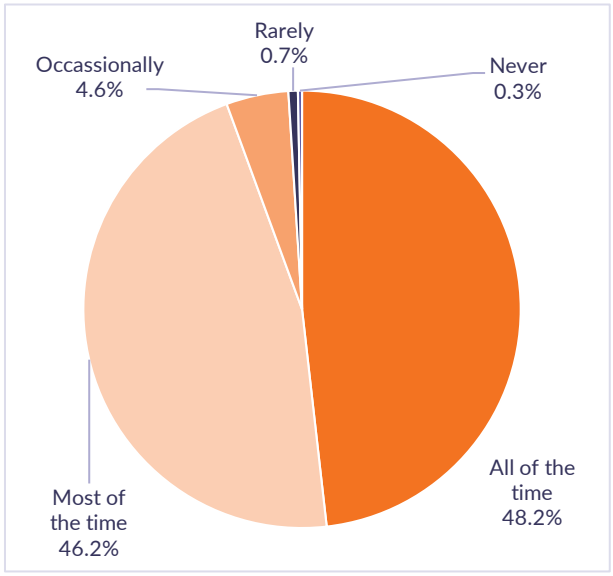

Figure 77. How often do you feel that your partner understands and is supporting you as a parent? (population weighted data)

When asked how fair the current share of child care and other parenting tasks felt to them, most respondents (74%) indicated the division was very fair (or close to very fair), although 2% rated it as not fair at all (Figure 78).

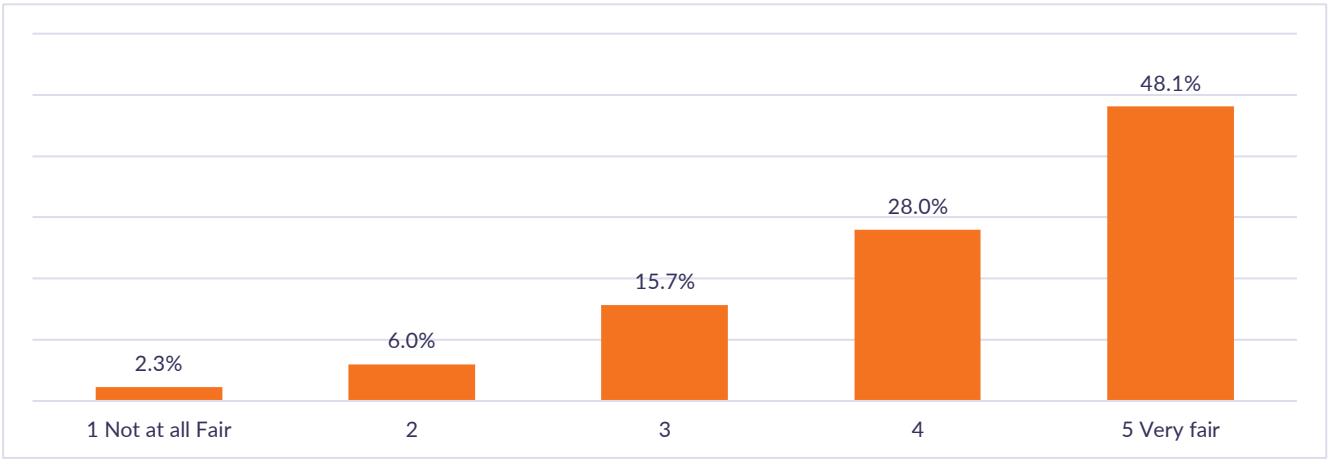

Figure 78. How fair is the current sharing of child care and other parenting tasks? (population weighted data)

There was a significant difference between *mothers and fathers* agreement on how to parent their child, $F(1,2172) = 36.118$, $p<.001$ (small effect size $\eta^2 = .016$), with a greater proportion of mothers who felt this occurred occasionally, rarely or never (6%) compared to fathers (3%) (Figure 79).

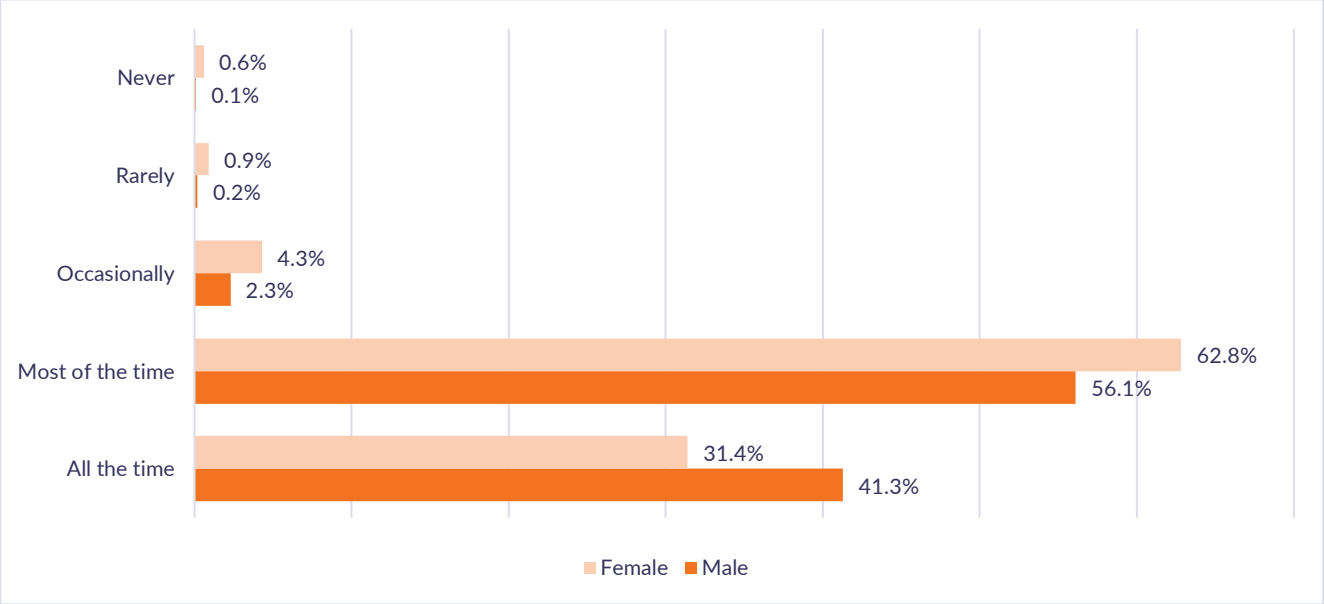

Figure 79. How often parents agree on how to parent their child, by mothers and fathers (population weighted data)

Although the majority of both *mothers and fathers* indicated that they felt understood and supported by the child's other parent, there was a significant difference between mothers and fathers on this item, $F(1,2172) = 48.827$, $p<.001$ (small effect size $\eta^2 = .022$), with mothers reporting feeling understood never, rarely or occasionally more often (8%) than fathers (<1%) (Figure 80).

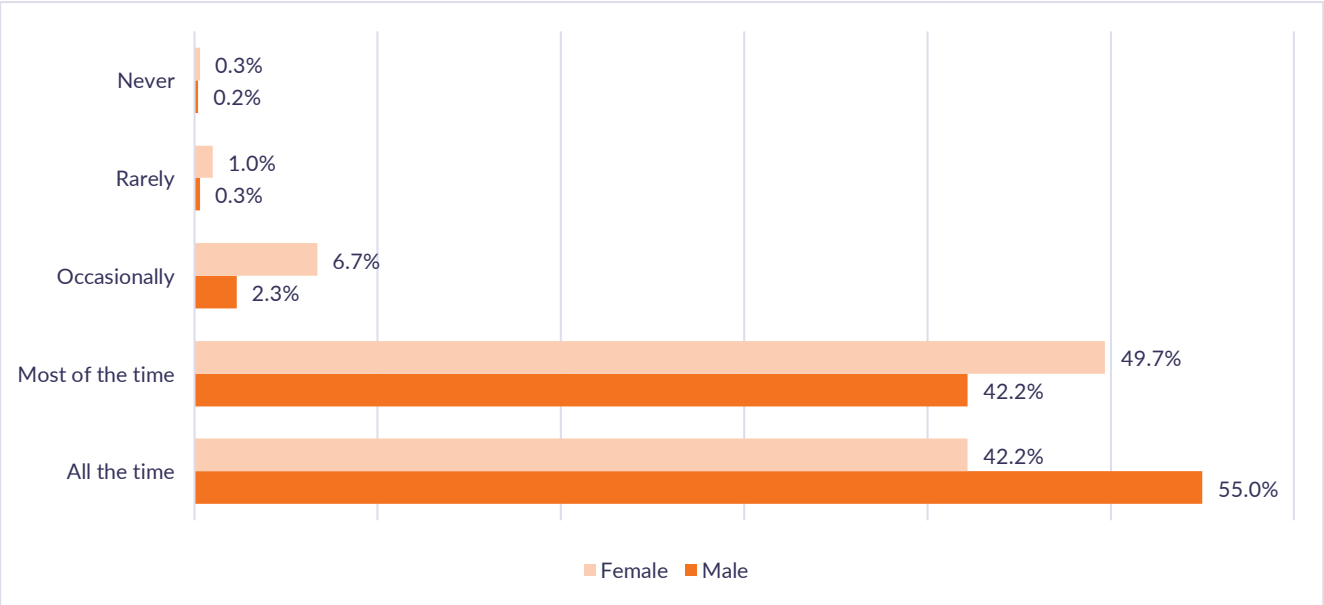

Figure 80. How often parents feel their partner understands and supports them as a parent, by mothers and fathers (population weighted data)

Fathers also reported feeling a greater degree of satisfaction with the way parenting duties were shared compared to mothers, $F(1,2172) = 95.355$, $p<.001$ (small to moderate effect size, $\eta^2 = .042$) (Figure 81).

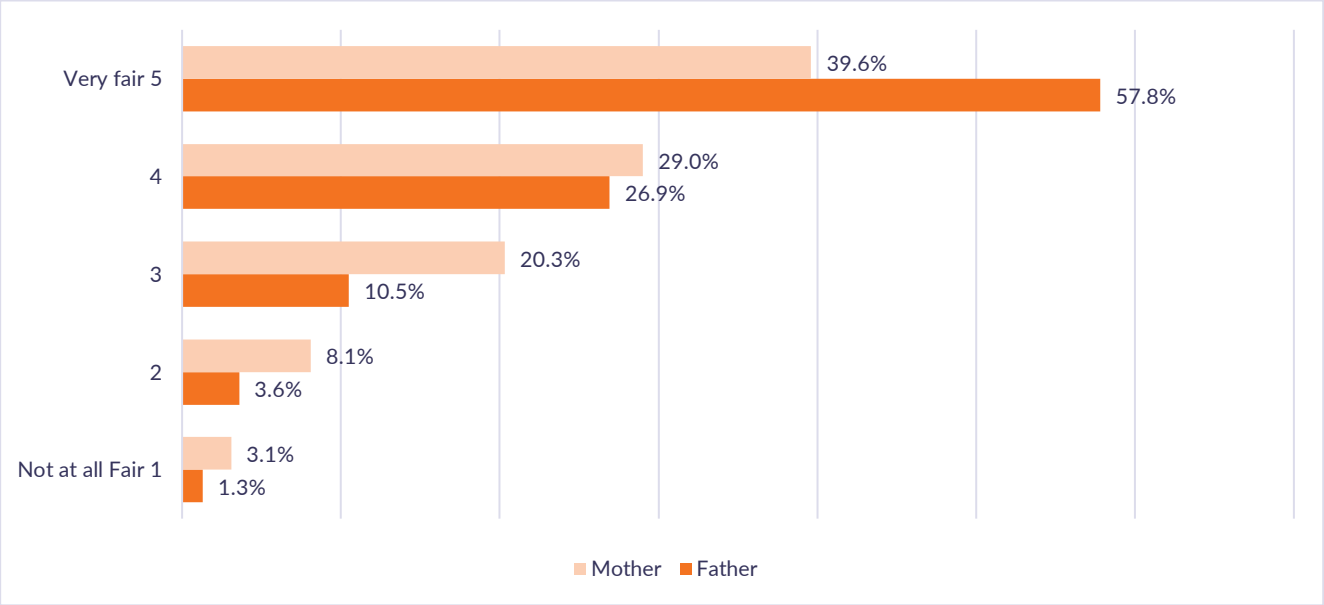

Figure 81. Fairness in sharing of child care and other parenting tasks, by mothers and fathers (population weighted data)

The difference across *child age groups* in how often parents said they and their partner agreed with their partner about how to parent was statistically significant, $F(3,2170) = 6.204$, $p<.001$ (small effect size $\eta^2 = .0.009$), with Bonferroni adjusted post hoc tests revealing the significant differences ($p<.001$) lay between the eldest age group (13-18 years) and the youngest age group (0-2 years). Parents of older children reported partner agreement about parenting less often than parents of younger children (Figure 82).

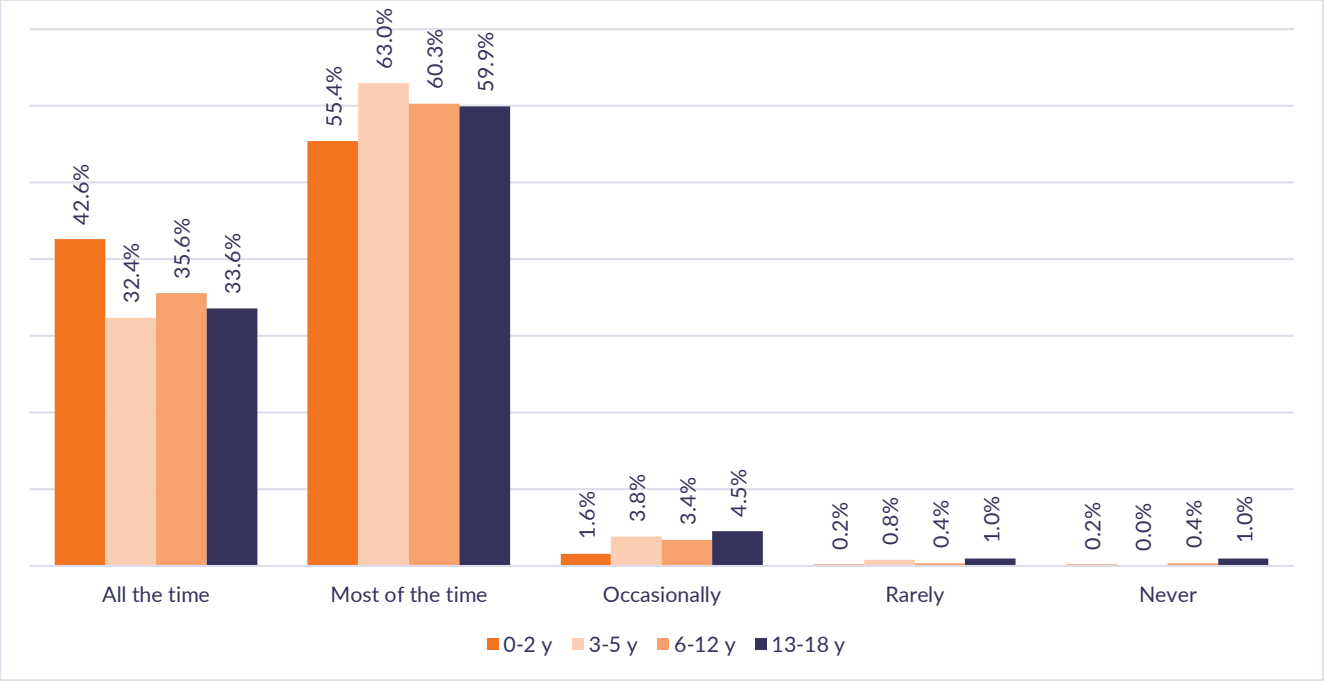

Figure 82. How often parents agree on how to parent their child, by child age group (population weighted data)

There was also a statistically significant *child age group* difference in the degree to which parents felt understood and supported by their co-parent, $F(3, 2170) = 9.032$, $p<.001$ (small effect size $\eta^2 = .012$), with Bonferroni adjusted post hoc tests revealing significant differences ($p<.001$) once again between the older age groups (3-5, 6-12 and 13-18 years) and the youngest age group (0-2 years) such that parents of older children felt less understood and supported by their parenting partner (Figure 83).

There were no differences across *child age groups* in parents' ratings of the extent to which parenting duties were shared.

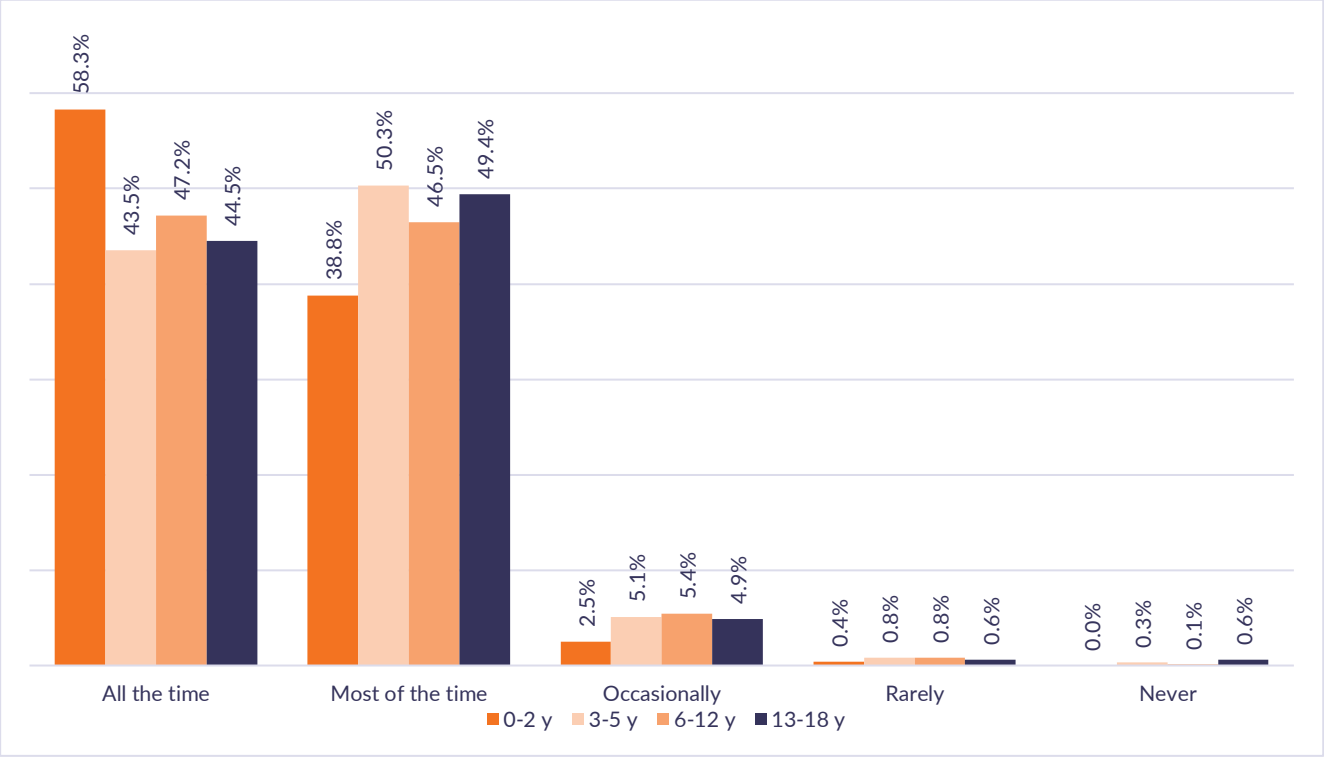

Figure 83. How often parents feel their partner understands and supports them as a parent, by child age group (population weighted data)

On average, the ratings of parents of children without complex needs showed that they thought they agreed with their partner more often than did parents of children with complex needs, $F(1,2172) = 19.744$, $p<.001$ (small effect size $\eta^2 = .009$) (Figure 84).

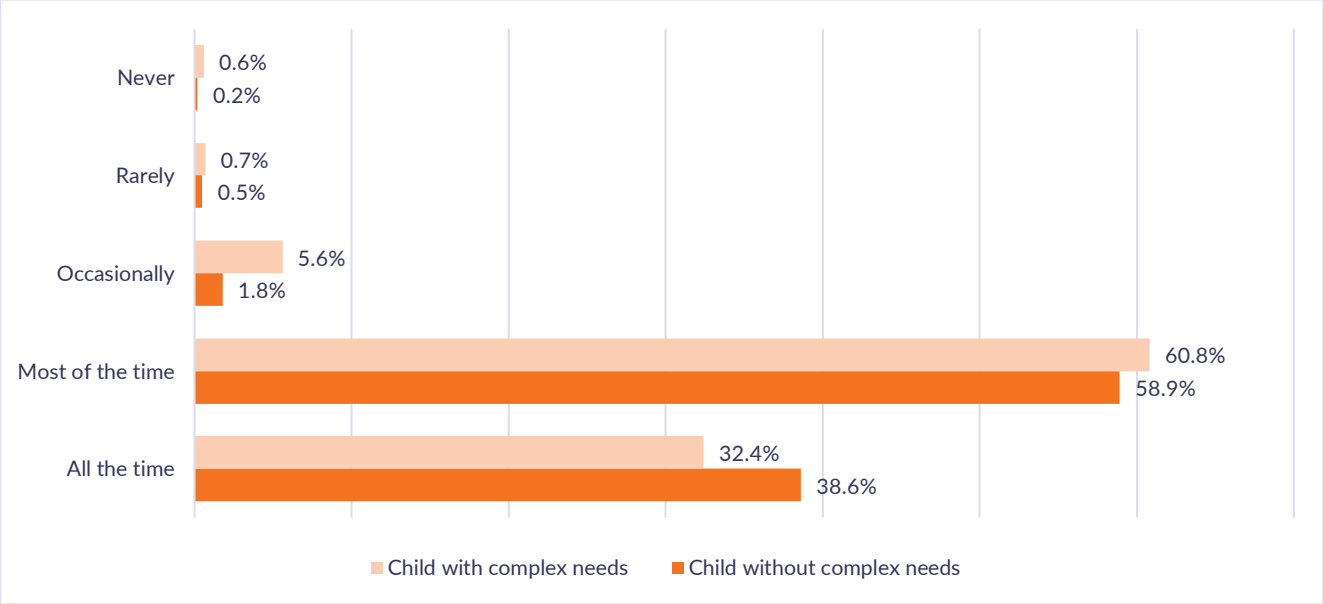

Figure 84. How often parents agree on how to parent their child, by child with and without complex needs (population weighted data)

Parents of children without complex needs average rating for feeling understood and supported by the child's other parent was lower than parents of children with complex needs, reflecting that parents of children without complex needs felt understood more often than parents with complex needs, $F(1,2172) = 34.584$, $p<.001$ (small effect size $\eta^2 = .016$) (Figure 85).

There were no differences between parents of *children with or without complex needs* in parents' ratings of the extent to which parenting duties were shared.

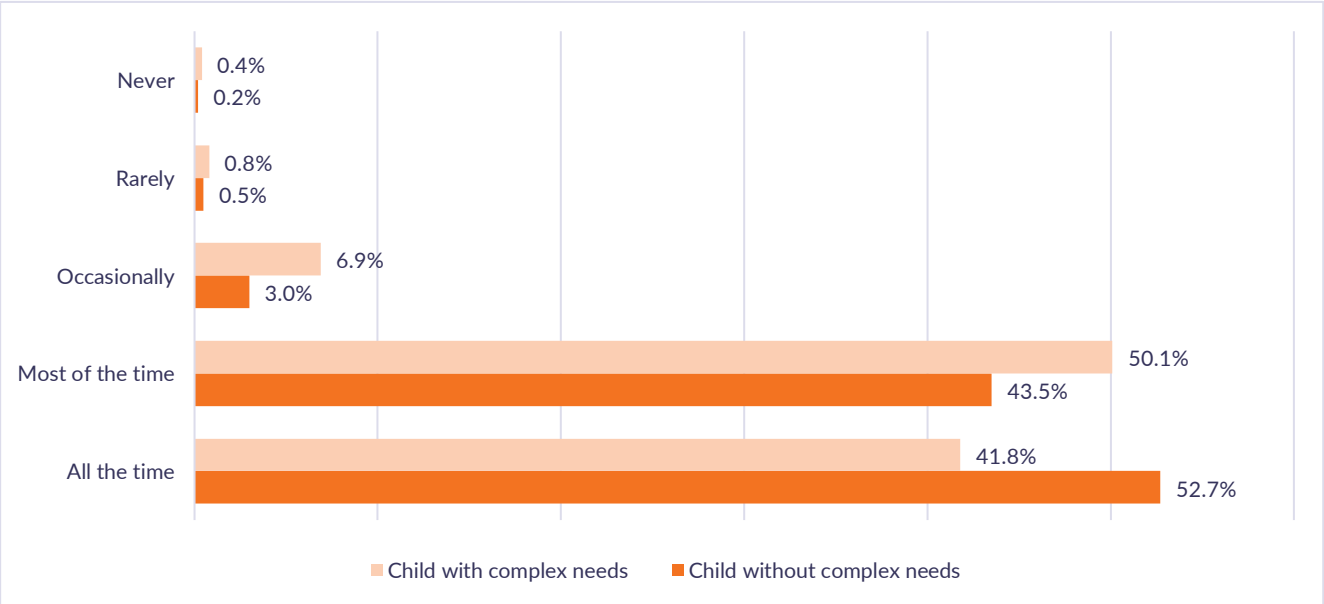

Figure 85. How often parents feel their partner understands and supports them as a parent, by child with and without complex needs (population weighted data)

There were no statistically significant differences between *metropolitan and regional* areas and for different *socio-economic areas* in the findings about how often parents agreed on parenting, how often parents felt understood and supported by their co-parents, or with the extent to which they felt parenting duties were shared.

Although not directly comparable (as the definition of 'partner' was different between waves), these results about partner support are generally consistent with findings from the previous surveys in 2016 and 2019, with fathers on average reporting higher levels of agreement and support and higher levels of sharing duties, and parents of older children on average reporting lower levels of agreement and support. One difference in 2022 is that, while there were previously no statistically significant differences in how parents of children with and without complex needs felt about partner support, these differences were statistically significant in 2022.

USE OF SUPPORTS FOR CHILD EMOTIONAL AND BEHAVIOURAL PROBLEMS

In 2022 new questions were asked about parent confidence in knowing if their child is developing a mental health problem and knowing where to go if they need professional help with their child's emotional or behavioural problems.

Child's mental health

Parents were asked to indicate their level of agreement with the statement 'I am confident I would know if my child was developing a mental health problem'. Overall, the data indicated that three quarters (75%) of parents agreed or strongly agreed that they were confident in knowing if their child was developing a mental health problem, while 7% disagreed or strongly disagreed with this statement and 18% were unsure (Figure 86).

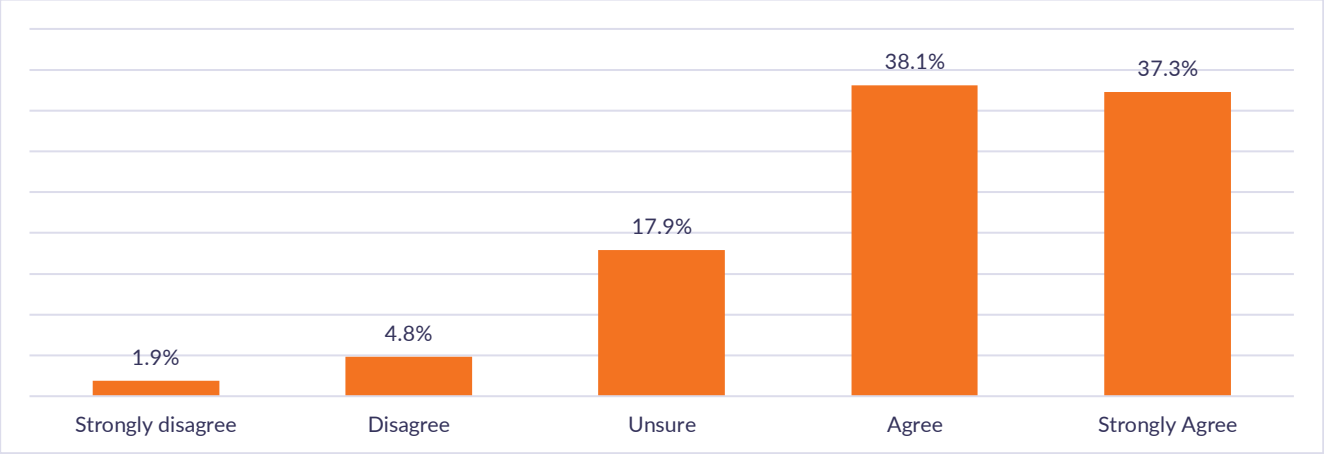

Figure 86. Percentage of parents confident in knowing if their child was developing a mental health problem (population weighted data)

There was a significant difference between the degree to which mothers and fathers felt confident in knowing if their child was developing a mental health problem, $F(1,2593) = 65.005$, $p<.001$ (small effect size $\eta^2 = .024$), with mothers reporting a higher level of agreement (Figure 87).

There were no significant differences (at p<.001) between *child age groups, metropolitan and regional areas, different socio-economic areas,* or for *parents of children with and without complex needs* in how much parents agreed they were confident in knowing if their child was developing a mental health problem.

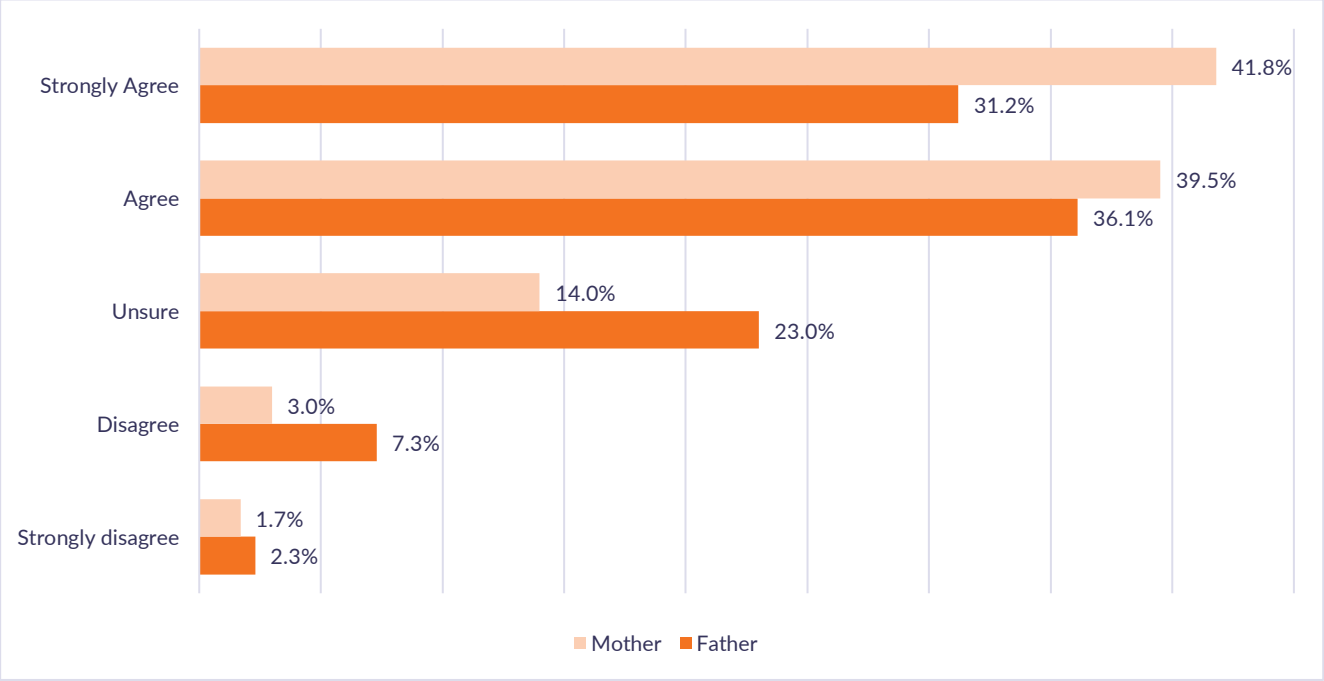

Figure 87. Percentage of parents confident in knowing if their child was developing a mental health problem, by mothers and fathers (population weighted data)

Professional help for child's emotional problems

Parents were asked to indicate their level of agreement with the statement 'If I needed professional help with my child's emotional problems (e.g., worries, fears, anxiety, depression), I know where to go'. Results showed 75% agreed or strongly agreed that they would know where to go to get professional help with their child's emotional problems, while 13% disagreed or strongly disagreed with this statement and 13% were unsure (Figure 88).

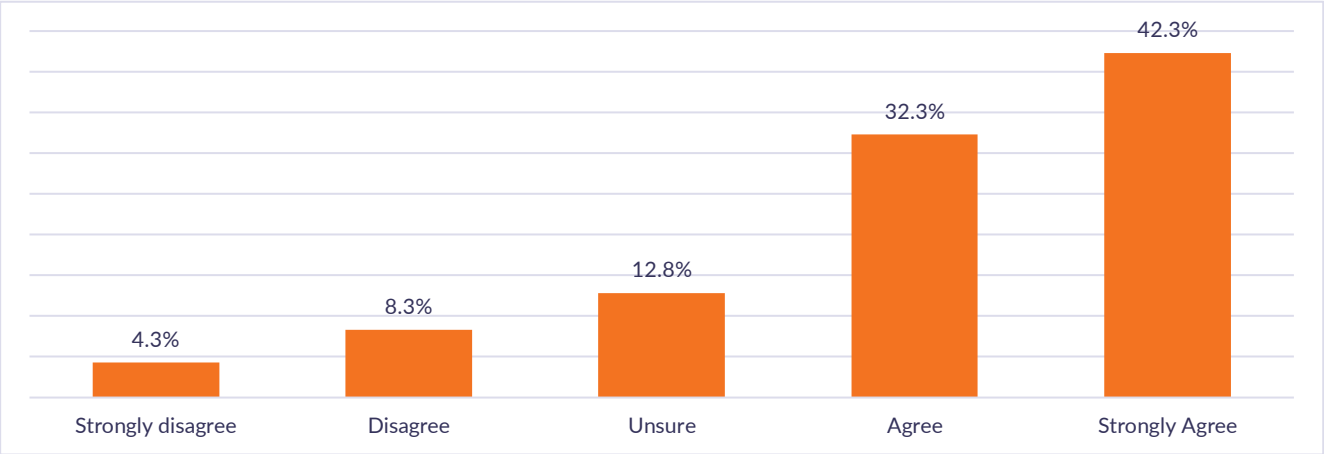

Figure 88. Percentage of parents who know where to go to get professional help with their child's emotional problems (population weighted data)

There was a significant difference between the degree to which mothers and fathers felt they know where to go to get professional help with their child's emotional problems, $F(1,2593) = 36.158$, $p<.001$ (small effect size $\eta^2 = .014$), with mothers reporting a higher level of agreement (Figure 89).

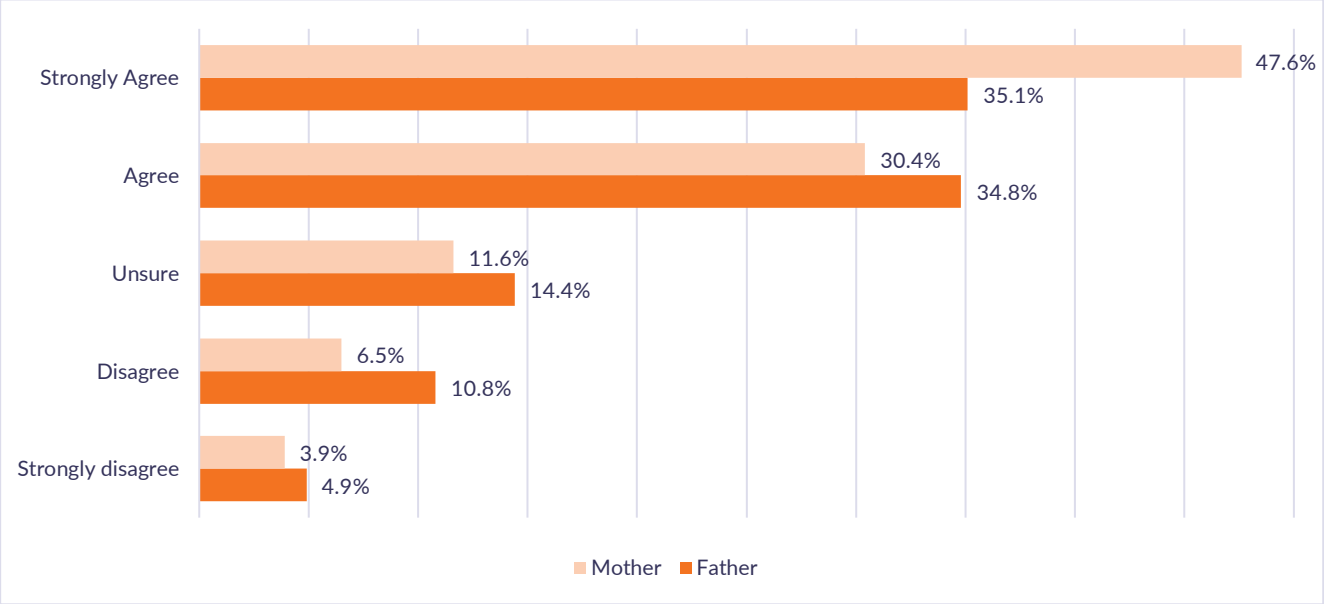

Figure 89. Percentage of parents who know where to go to get professional help with their child's emotional problems, by mothers and fathers (population weighted data)

There was a significant difference in the degree to which parents reported knowing where to go to get professional help with their child's emotional problems according to *child's age group*, $F(3,2591) = 14.46$, $p<.001$ (small effect size $\eta^2 = .016$), with parents of older children (6-12 and 13-18 years) reporting a higher level of agreement (Figure 90).

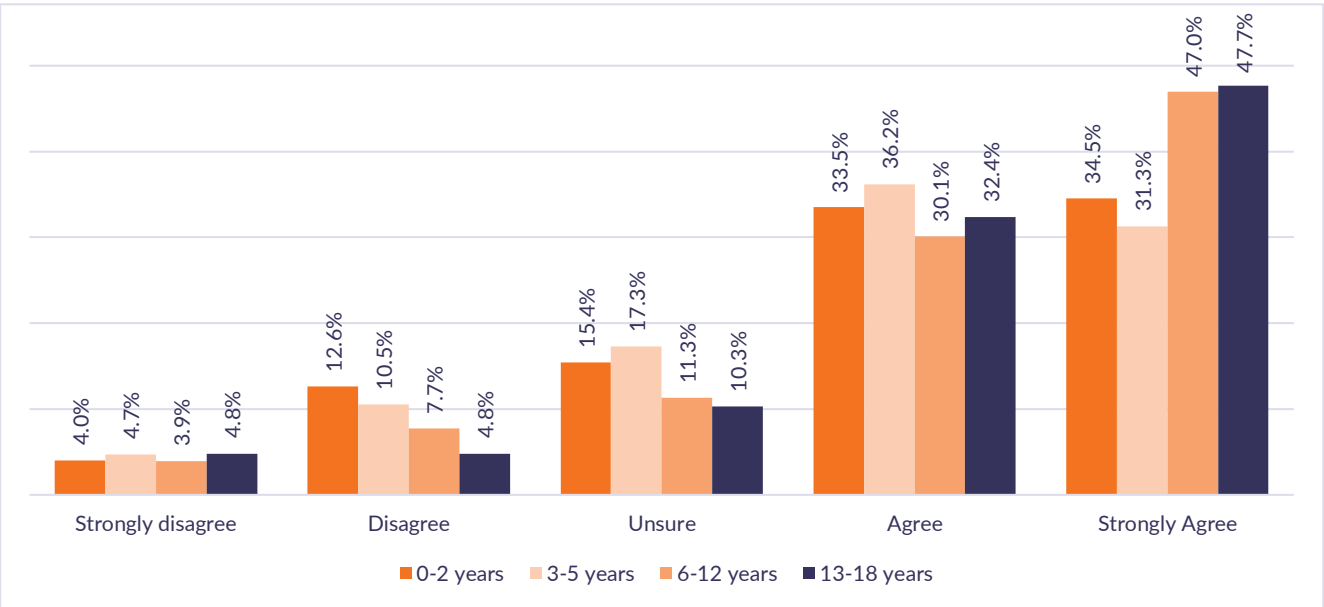

Figure 90. Percentage of parents who know where to go to get professional help with their child's emotional problems, by child age group (population weighted data)

There were no significant differences (at $p<.001$) between *metropolitan and regional areas*, *different socio-economic areas*, or *parents of children with and without complex needs* in how much parents agreed they know where to go to get professional help with their child's emotional problems.

Professional help for child's behavioural problems

Parents were asked to indicate their level of agreement with the statement 'If I needed professional help with my child's behavioural problems (e.g., temper tantrums, breaking rules) I know where to go'. Results showed 72% agreed or strongly agreed that they would know where to go to get professional help with their child's behavioural problems, while 14% disagreed or strongly disagreed with this statement and 14% were unsure (Figure 91).

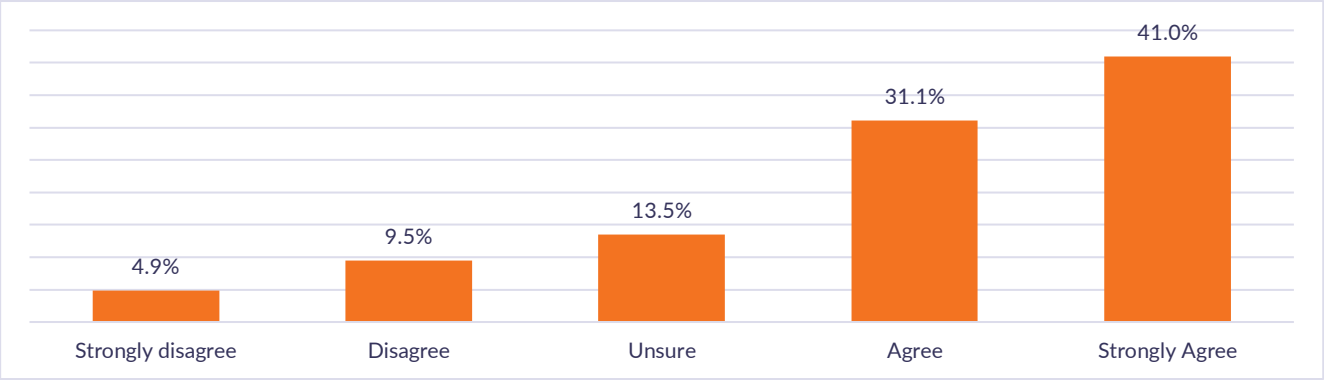

Figure 91. Percentage of parents who know where to go to get professional help with their child's behavioural problems (population weighted data)

There was a significant difference between the degree to which mothers and fathers felt they know where to go to get professional help with their child's behavioural problems, $F(1,2593) = 21.360$, $p<.001$ (small effect size $\eta^2 = .008$), with mothers reporting a higher level of agreement (Figure 92).

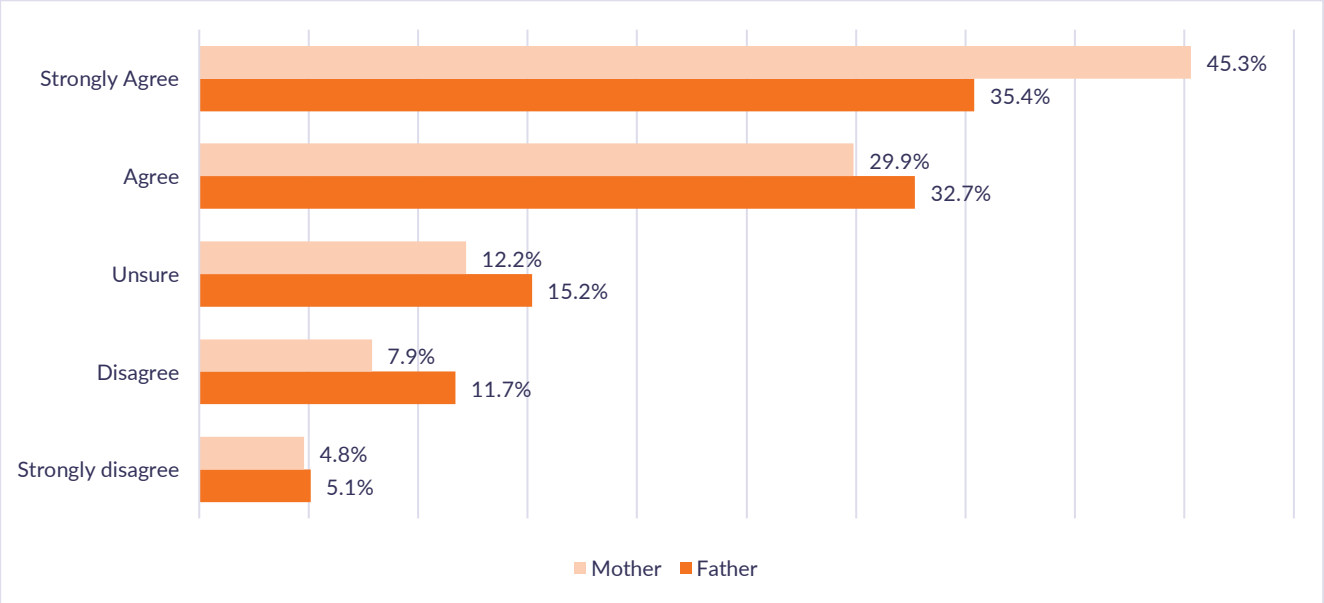

Figure 92. Percentage of parents who know where to go to get professional help with their child's behavioural problems, by mothers and fathers (population weighted data)

There was a significant difference in the degree to which parents reported knowing where to go to get professional help with their child's behavioural problems according to *child's age group*, $F(3,2591) = 9.852$, $p<.001$ (small effect size $\eta^2 = .011$), with parents of older children (6-12 and 13-18 years) reporting a higher level of agreement (Figure 93).

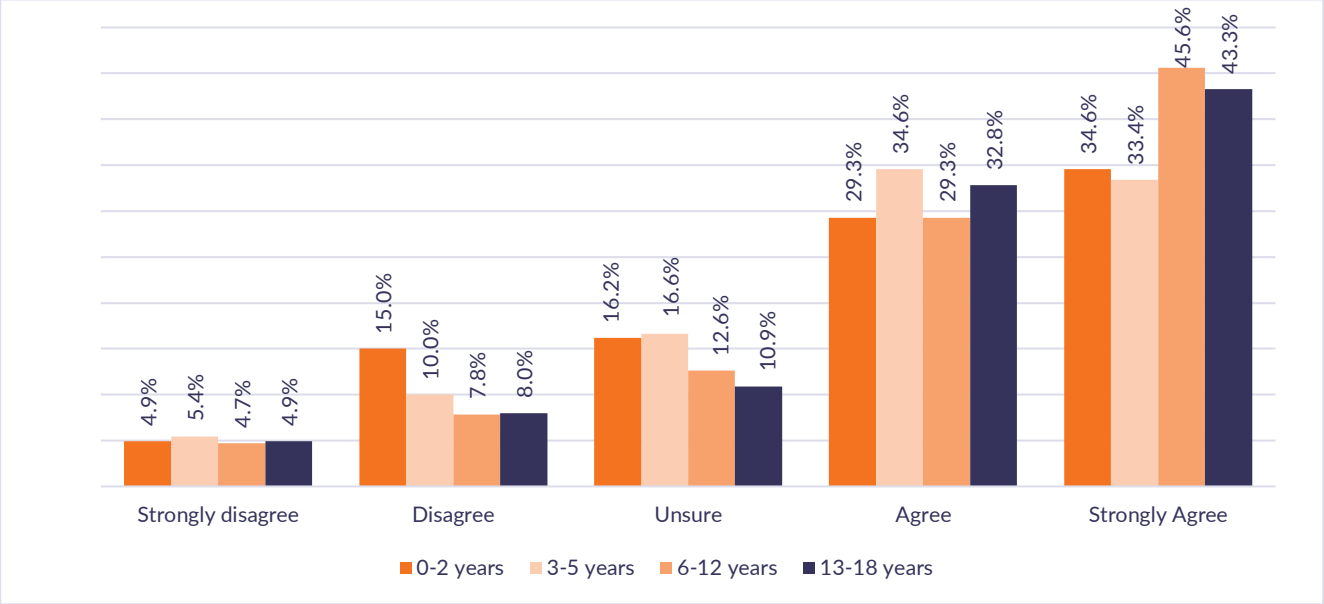

Figure 93. Percentage of parents who know where to go to get professional help with their child's behavioural problems, by child age groups (population weighted data)

There was a significant difference between the degree to which *parents of children with and without complex needs* felt they know where to go to get professional help with their child's behavioural problems, $F(1,2593) = 10.632$, $p=.001$ (small effect size $\eta^2 = .004$), with parents of children with complex needs reporting a higher level of agreement (Figure 94).

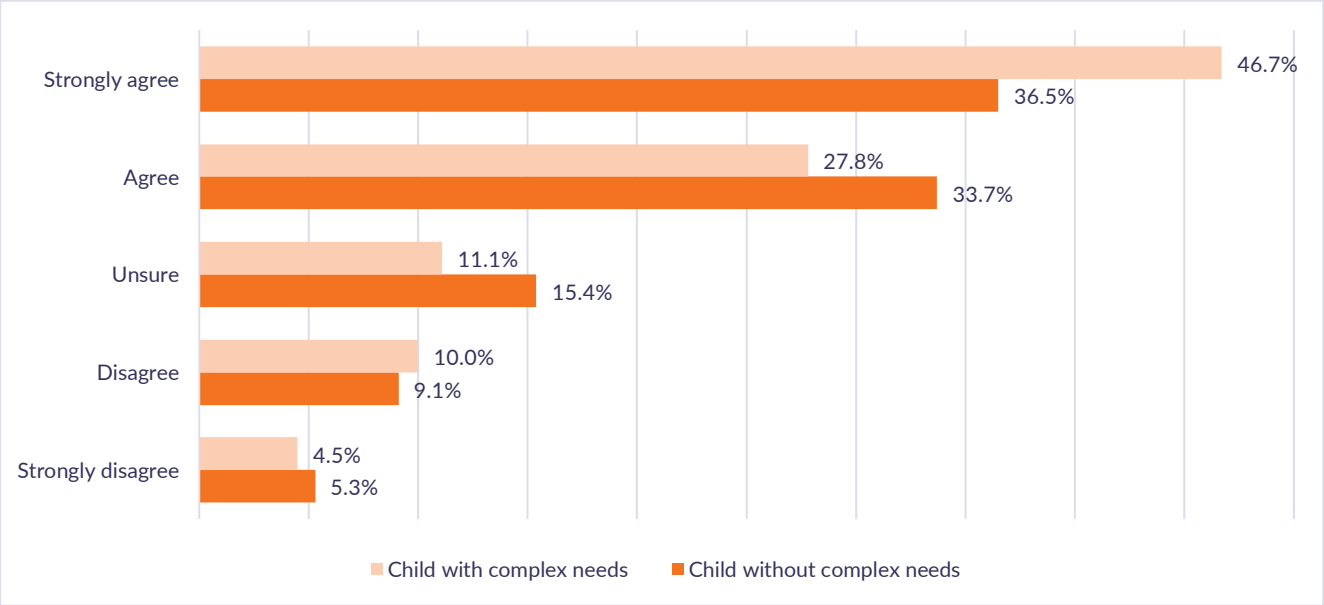

Figure 94. Percentage of parents who know where to go to get professional help with their child's behavioural problems, by children with or without complex needs (population weighted data)

There were no significant differences (at $p<.001$) between *metropolitan and regional areas or different socio-economic areas* in how much parents agreed they knew where to go to get professional help with their child's behavioural problems.

SOURCES OF INFORMATION PARENTS HAVE AND WOULD USE

Parenting information sources used

Parents were asked what sources they had used over the past 12 months when they needed information or advice about raising their children (Figure 95 and Table 15). The most highly endorsed sources of parenting information were online information (85% had used) and asking other parents or friends (84% had used).

Half (50%) of parents said they had accessed parenting information or advice from their children's educators in the past 12 months. Thus, despite COVID-19 lockdowns and home schooling many Victorian parents continued to see their children's educators as an important source of parenting support.

Half of all parents (50%) said they had accessed parenting information or advice over the past 12 months in person from a health professional such as a maternal and child health nurse, social worker, speech pathologist or psychologist. Close to half (44%) said they had accessed such help in-person from a GP in the past 12 months. In total, almost two thirds (62%) of the sample had accessed parenting help in-person either from a GP and/or other health professional over that time, while just over a third (36%) said they had accessed parenting information or advice remotely from either a GP or other professional.

Close to half (47%) of parents said they had used books, and a similar proportion (47%) said they had accessed parenting information or advice from newspaper articles, radio or television over the past 12 months.

One in ten (10%) parents reported they had received parenting information or advice through a First-Time Parent Group in the past 12 months. Not surprisingly most of these were parents of 0-2 year olds (31% of whom said they had accessed parenting information/advice this way in the previous 12 months); yet parents of older children also endorsed this item, indicating that over one in ten (12%) parents of 3 to 5 year olds continued to use their First-Time Parent Group for such information and advice, with this continuing for a small proportion of parents even into the teen years (2% of parents of 13-18 year olds said they had received parenting information or advice from their First-Time Parent Group) (Figure 103). This *child age group* effect was statistically significant, $\chi^2(3, N=2597^5) = 310.548$, $p<.001$, with a medium effect size $\varphi = .346$). While it is likely that the rate of attendance at such groups for parents of new babies was impacted by COVID-19 lockdowns over 2020 and 2021, particularly for metropolitan families, our data do suggest First-Time Parent Group continued to be an important source of parenting support for around a third of new parents, mainly *mothers* (note significant mother/father difference, $\chi^2(1, N=2596) = 20.601$, $p<.001$ with a small effect size $\varphi = -.089$).

Parenting education programs and support groups, telephone helplines and community leaders/Elders had lower rates of use for parents – 7% to 18% of parents endorsed these items as sources of parenting information or advice over the previous 12 months. For instance, just fewer than one in ten (8%) parents said they'd received parenting information or advice via a Supported Playgroup over the previous 12 months. Parents' use of parenting groups is discussed in greater detail in subsequent sections of this report.

[5] The data analysis tool used, Statistical Package for Social Sciences (SPSS), rounds-off calculations to the nearest whole number during non-parametric tests, when using a weighted sample. This can lead to different estimates of N across tests (https://www.ibm.com/mysupport/s/question/0D50z00006PFrz5CAD/differences-in-sample-size-when-calculating-weighted-correlations-pearson-kendalltau-in-spss?language=en_US)

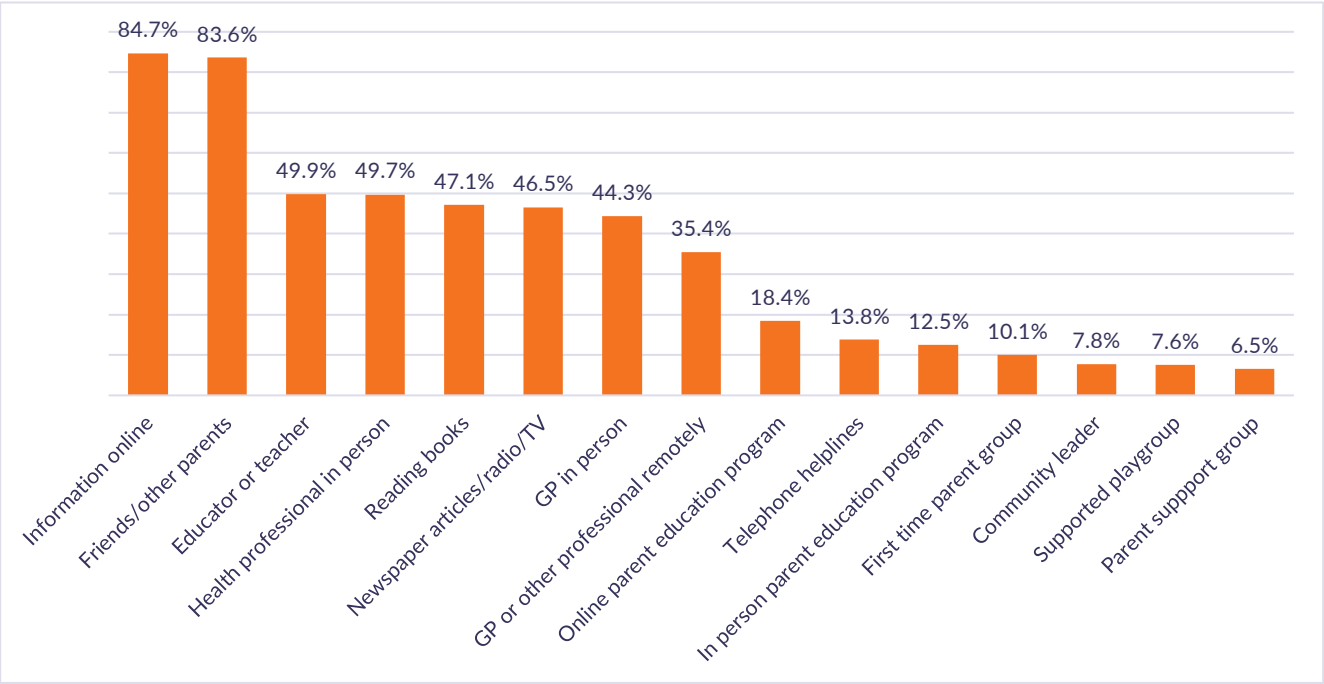

Figure 95. Sources of information accessed outside the family about parenting (population weighted data)

Table 15. Sources of parenting advice or information used in the past 12 months, *N* (%) (population weighted data)

Source	*N*(%)
Accessing information online	2198 (84.7%)
Friends or other parents*	2170 (83.6%)
Centre based childcare staff or teacher/principal	1295 (49.9%)
In person with another type of health professional such as a maternal and child health nurse, social worker, speech pathologist or psychologist	1291 (49.7%)
Reading books	1223 (47.1%)
Newspaper articles/radio/TV	1208 (46.5%)
In person with a GP	1151 (44.3%)
Remotely with a GP or other professional (e.g., on the phone or through a video call)	918 (35.4%)
Participated in a face-to-face parenting education group or seminar (e.g., Triple P, Tuning into Kids)	324 (12.5%)
Participated in an online parenting education program or seminar	476 (18.4%)
Telephone helpline	359 (13.8)
First time parent group	260 (10.0 %)
Community leader such as an Elder or religious leader	201 (7.8%)
Supported Playgroup	197 (7.6%)
Parent support group (e.g. MyTime)	168 (6.5%)
Something/someone else	418 (16.1%)

*Note: * In 2019, this response option included 'neighbours', but not in 2022.*

In addition to those noted in earlier paragraphs, there were significant differences across *child age* groups in the sources of parenting information or advice participants reported having accessed in the previous 12 months (Figure 96).

- A greater proportion of parents of younger children reported reading books for parenting information and advice, $\chi^2(3, N=2596) = 70.538$, $p<.001$ (small effect size $\varphi = .165$).
- A greater proportion of parents of younger children reported accessing information online, $\chi^2(3, N=2594) = 71.436$, $p<.001$ (small effect size $\varphi = .166$)
- A greater proportion of parents of younger children reported accessing telephone helplines for parenting information or advice, $\chi^2(3, N=2595) = 111.676$, $p<.001$ (small to medium effect size $\varphi = .207$)
- A greater proportion of parents of younger children reported accessing a GP in person for parenting information or advice, $\chi^2(3, N=2596) = 77.575$, $p<.001$ (small effect size $\varphi = .173$)
- A greater proportion of parents of younger children reported accessing another type of health professional in person for parenting information or advice, $\chi^2(3, N=2598) = 193.879$, $p<.001$ (medium effect size $\varphi = .273$)
- A greater proportion of parents of younger children reported accessing a GP or other type of health professional remotely for parenting advice and information, $\chi^2(3, N=2596) = 27.592$, $p<.001$ (small effect size $\varphi = .103$)
- A greater proportion of parents of children aged 3-12 years reported seeking parenting information or advice from their children's educators or teachers, $\chi^2(3, N=2596) = 88.096$, $p<.001$ (small effect size $\varphi = .184$)
- A greater proportion of parents of younger children reported using Supported Playgroups for parenting information and advice, $\chi^2(3, N=2597) = 102.385$, $p<.001$ (small effect size $\varphi = .199$)
- A greater proportion of parents of younger children reported accessing friends or other parents for parenting advice and information, $\chi^2(3, N=2595) = 47.960$, $p<.001$ (small effect size $\varphi = .136$).

Most of these differences between younger and older children result from differences between parents of children of pre-school age and parents of school age children. When looking at differences between parents of primary school age children and secondary school age children, accessing advice and information from reading books and accessing information and advice from educators are the only sources that continue to show statistically significant differences. That is, most of the reduction in use of different sources occurs between preschool and the end of the primary school years, but the decline in accessing advice and information from reading books and accessing information and advice from educators continues to decline through to secondary school.

There were no significant differences between child age groups in parents accessing parenting information or advice from newspaper articles, radio or television, or via face-to-face parenting education groups or seminars, online parenting education programs or seminars, or from parent support groups (e.g. MyTime), community leaders, or 'something/ someone else'.

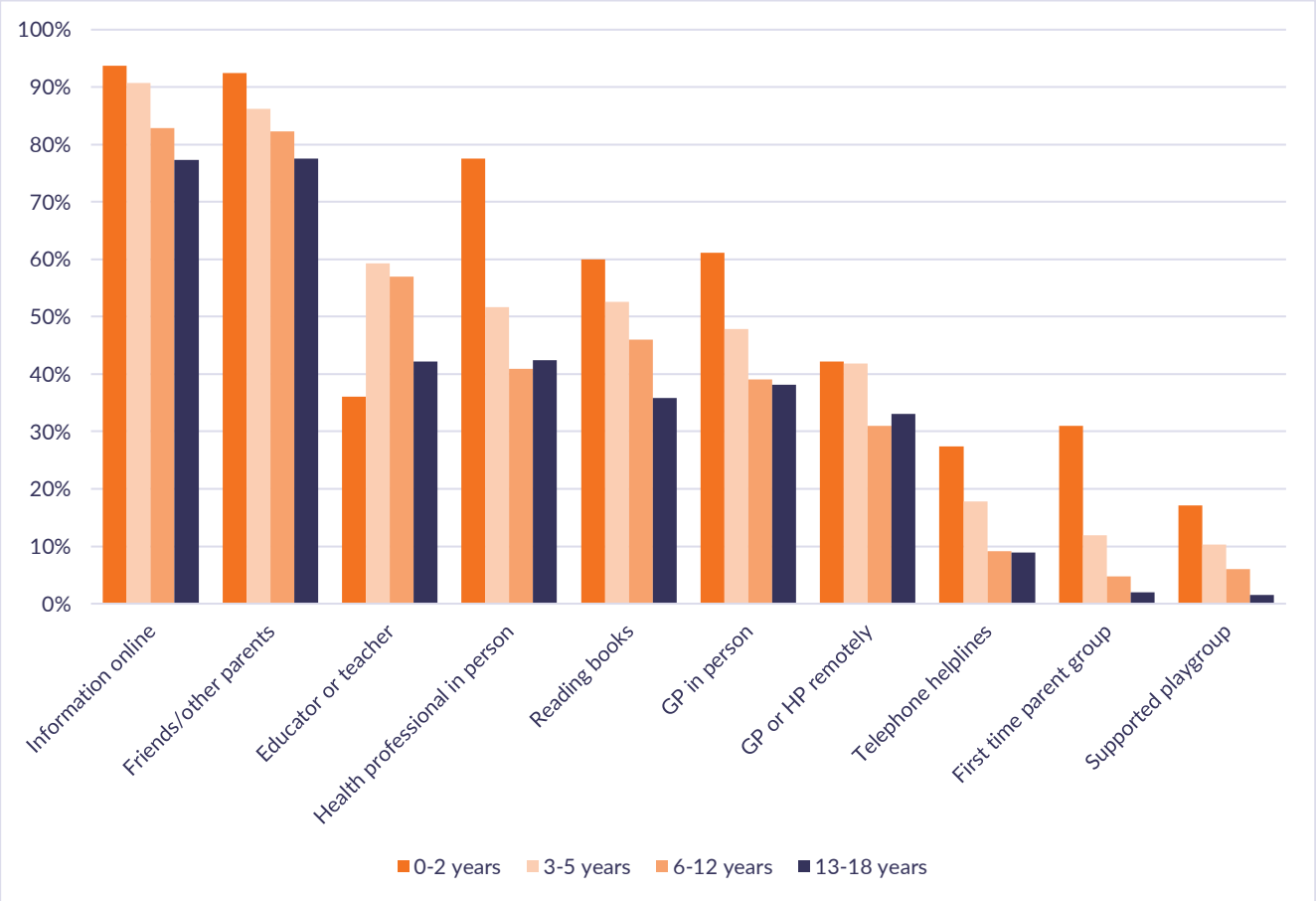

Figure 96. Sources of parenting information accessed in past 12 months, by child age group (population weighted data)

Note: only items with significant differences (p<.001) shown in figure.

As shown in Figure 97 a larger proportion of *mothers than fathers* reported accessing many of the sources of parenting information in the previous 12 months. In addition to those noted in earlier paragraphs, the following parent gender differences emerged:

- Online, $\chi^2(1, N=2596) = 57.128$, $p<.001$ (small effect size $\varphi = -.148$)
- online parenting education programs or seminars, $\chi^2(1, N=2596) = 41.951$, $p<.001$ (small effect size $\varphi = -.127$)
- In person with a GP, $\chi^2(1,N=2596) = 30.604$, $p<.001$ (small effect size $\varphi = -.109$)
- Remotely with a GP or other professional, $\chi^2(1, N=2596) = 38.555$, $p<.001$ (small effect size $\varphi = .122$)
- In person with another type of health professional, $\chi^2(1, N=2596) = 29.998$, $p<.001$(small effect size $\varphi = -.107$)
- Friends/other parents, $\chi^2(1, N=2596) = 30.066$, $p<.001$ (small effect size $\varphi = -.108$)
- Parent support groups (e.g., MyTime), $\chi^2(1, N=2596) = 10.100$, $p=.001$ (small effect size $\varphi = -.062$)

There were no significant differences between mothers and fathers accessing parenting information or advice from reading books, from newspaper articles, radio or television, from face-to-face parenting education groups or seminars, telephone help lines, community leaders, educators or teachers, supported playgroups, or 'something/ someone else'.

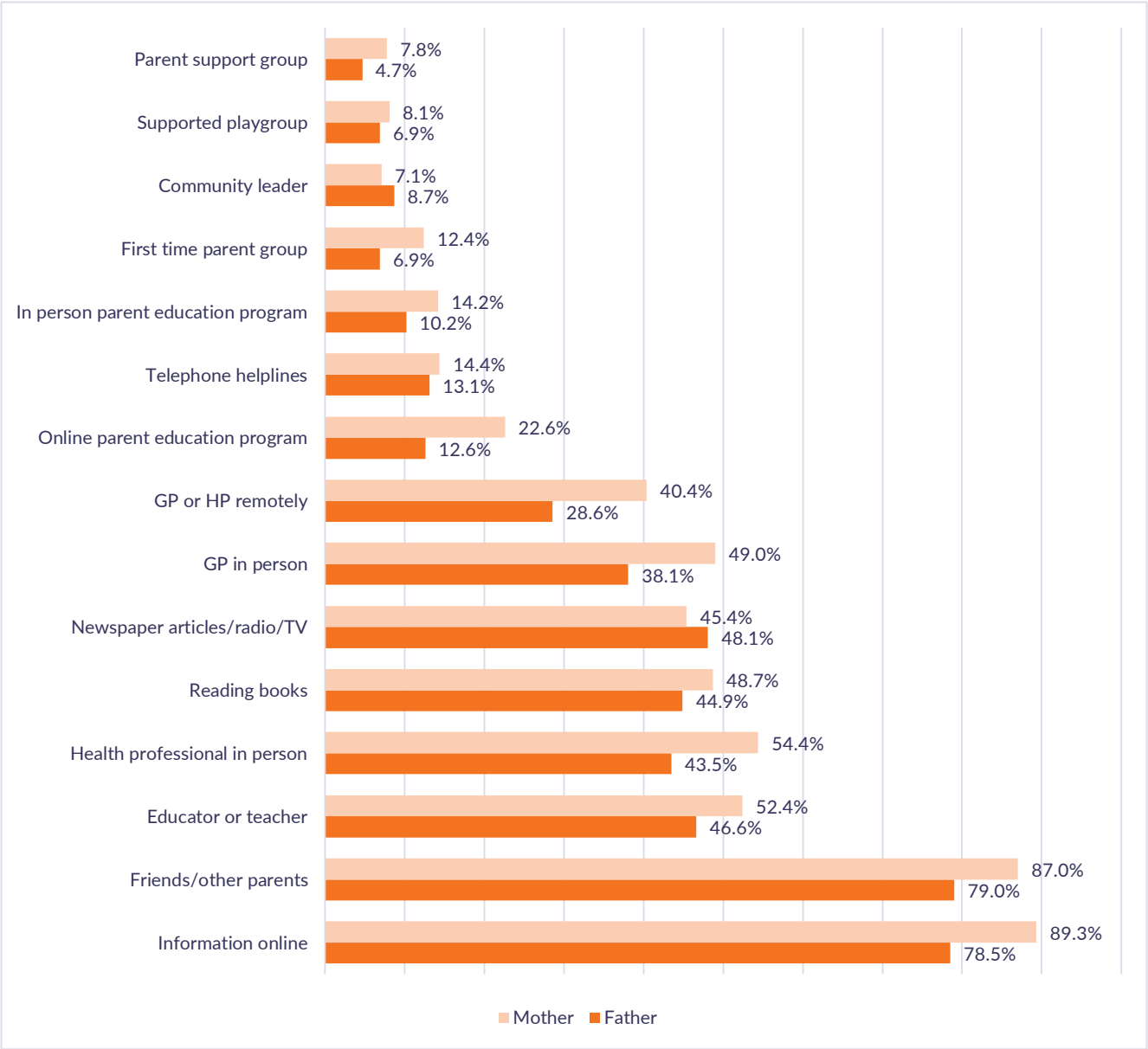

Figure 97. Sources of parenting information accessed in past 12 months, by mothers and fathers (population weighted data)

There were no statistically significant differences at $p<.001$ in the types of parenting information sources used by *metropolitan and by regional/remote parents*.

A greater proportion of *parents of children with complex needs* reported accessing parenting information from a range of sources, except for first time parent groups where a larger proportion of parents without complex needs reported accessing this parenting information source (Figure 98):

- In person with a GP, $\chi^2(1, N=2596) = 52.633$, $p<.001$ (small effect size $\varphi = .142$).
- In person with another health professional, $\chi^2(1, N=2595) = 106.067$, $p<.001$ (small effect size $\varphi = .202$)
- Remotely with a GP or other professional, $\chi^2(1, N=2596) = 108.848$, $p<.001$ (small effect size $\varphi = .205$)
- Child's educators or teachers, $\chi^2(1, N=2596) = 50.366$, $p<.001$ (small effect size $\varphi = .139$)
- First time parent groups, $\chi^2(1, N=2596) = 12.138$, $p<.001$ (small effect size $\varphi = .068$)

There were no significant differences between parents of children with or without complex needs accessing parenting information from reading books, from newspaper articles, radio or television, online, through face-to-face or online parenting education groups or seminars, from telephone help lines, community leaders, friends or other parents, supported playgroups, 'something/ someone else', or parent support groups (e.g., MyTime).

There were 57 people who did not access any sources of parenting information or advice. There were no significant differences in parents' gender, region and socio-economic status or parents of children with and without complex needs. There was a significant difference in *child age* with parents of older children significantly more likely to say they had not accessed any sources of parenting information, $\chi^2(3, N=2595) = 25.716$, $p<.001$, with a small effect size $\varphi = .10$). A small number of parents of children aged 0-2 years accessed no support (0.02%), compared to 1.4% of parents of children aged 3-5years, 2.0% of parents of 6-12 year olds and 4.5% of parents of 13-18 year old children.

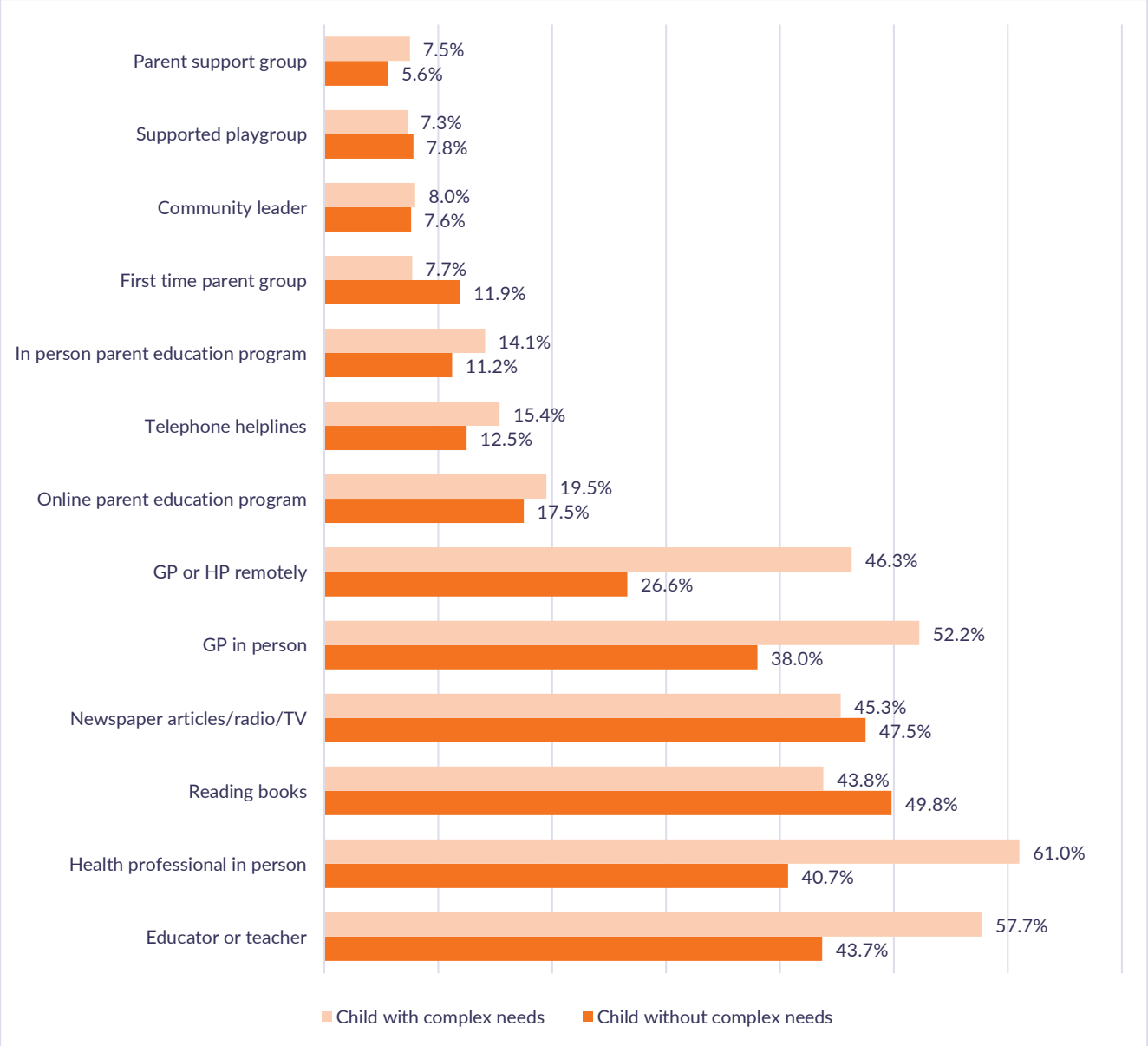

Figure 98. Sources of parenting information accessed in past 12 months, by child with or without complex needs (population weighted data)

A larger proportion of parents living in more disadvantaged areas reported having accessed parenting information or advice over the previous 12 months from another health professional in person, $\chi^2(4, N=2569) = 18.557$, $p=.001$ (small effect size $\varphi = .085$), a GP in person, $\chi^2(4, N=2571) = 23.198$, $p<.001$ (small effect size $\varphi = .095$) (was also the case in 2019), and from a community leader, $\chi^2(4, N=2570) = 22.539$, $p<.001$(small effect size $\varphi = .094$), compared to those in less disadvantaged areas (Figure 99 shows items where a significant difference across IRSD quintiles was evident). In contrast, a larger proportion of parents living in less disadvantaged areas reported having accessed parenting information or advice over the previous 12 months from friends and other parents compared to those from more disadvantaged areas, $\chi^2(4, N=2570) = 20.213$, $p<.001$ (small effect size $\varphi = .089$).

There were no further significant differences at $p<.001$ in reported access to parenting information across socio-economic areas.

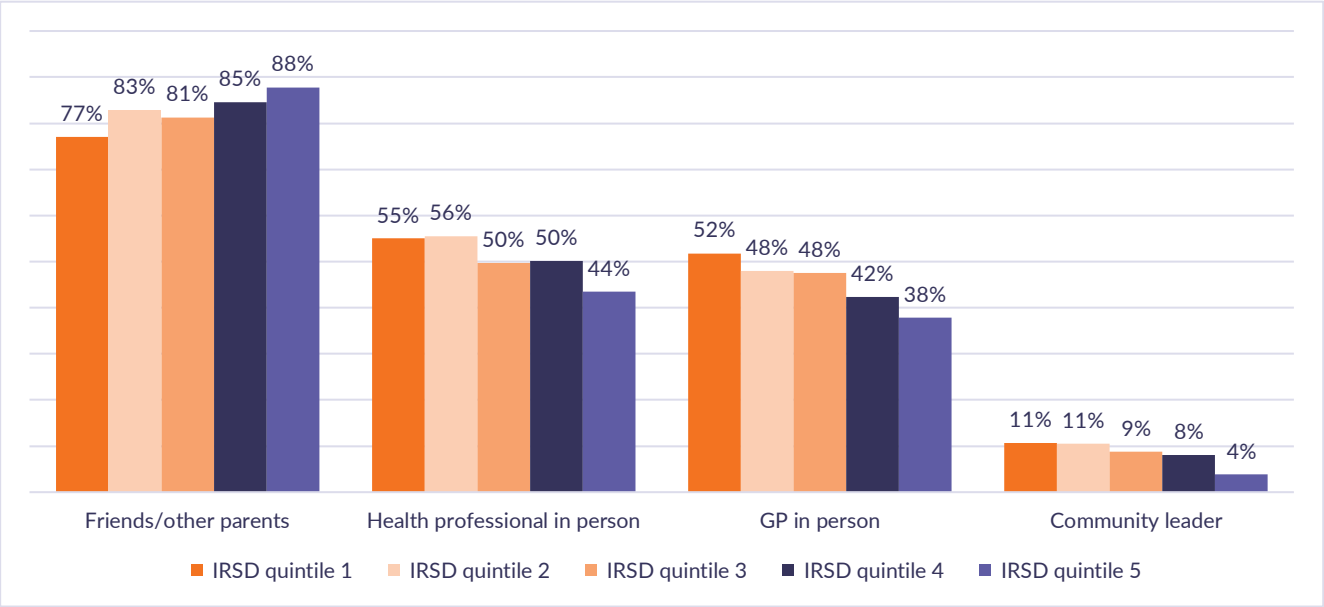

Figure 99. Sources of information accessed over previous 12 months, by IRSD quintiles (population weighted data)

Use of online information

Going beyond simply asking whether parents went online for parenting information and advice, for the first time in 2022 we surveyed parents in greater detail about online help-seeking, asking them questions about their use of different formats of online information provision. Parents who said they had accessed parenting information online in the past 12 months (n=2198) were asked to indicate (yes or no) whether they used each of the sources of online information that are listed in Table 16. The most accessed online information sources were websites (child health website, 65%; parenting information website, 64%), closely followed by social media (Facebook, Twitter or Instagram, 46%).

Table 16. Sources of online information used, *N* (%) (population weighted data)

Options provided	*N*(%)
Child health website	1432 (65.1%)
Parenting information website	1407 (64.0%)
Facebook, Twitter or Instagram	1012 (46.1%)
Podcast	748 (34.0%)
YouTube	678 (30.8%)
An app	676 (30.7%)
Webinar	521 (23.7%)
Blog	510 (23.2%)
Chat	200 (9.1%)

As shown in Figure 100, a larger proportion of *mothers* reported accessing many of the online sources of parenting information, expect for YouTube where a larger proportion of fathers reported accessing this online parenting information source.

- Child health websites, $\chi^2(1, N=2197) = 13.424$, $p<.001$ (small effect size $\varphi = .078$)
- Facebook, Twitter or Instagram, $\chi^2(1, N=2199) = 119.182$, $p<.001$ (small to medium effect size $\varphi = .233$)
- YouTube, $\chi^2(1, N=2199) = 42.164$, $p<.001$ (small effect size $\varphi = -.138$)
- Webinars, $\chi^2(1, N=2199) = 33.138$, $p<.001$ (small effect size $\varphi = .123$)
- Blogs $\chi^2(1, N=2197) = 14.405$, $p<.001$ (small effect size $\varphi = .081$)

There were no significant differences between mothers and fathers accessing online information from parenting information websites, podcasts, an app or chat.

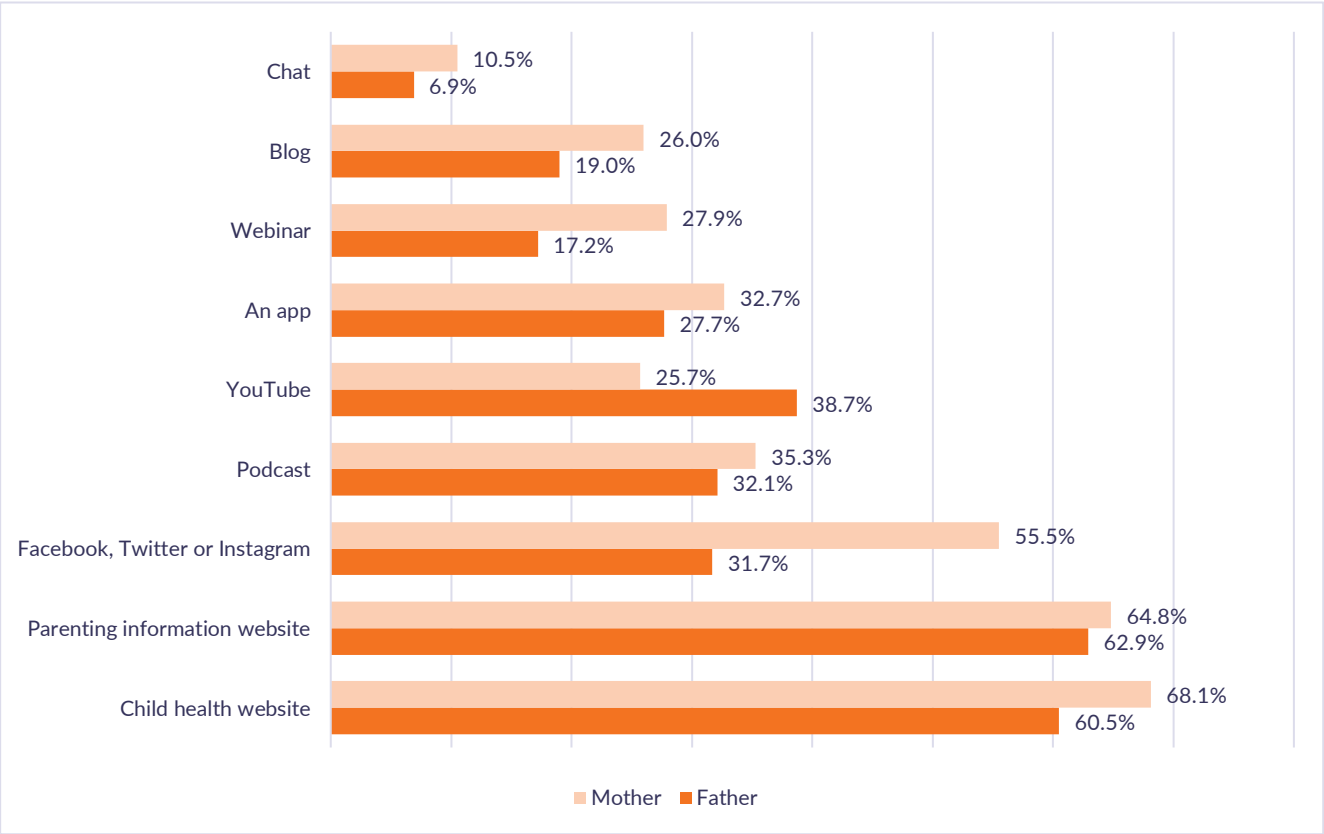

Figure 100. Online sources of parenting information accessed, by mothers and fathers (population weighted data)

There were significant differences across *child age* groups in the online sources of parenting information participants reported accessing (Figure 101):

- A greater proportion of parents of younger children accessed child health websites, $\chi^2(3, N=2199) = 109.924$, $p<.001$ (small to medium effect size $\varphi = .224$)
- A greater proportion of parents of younger children accessed parenting information websites, $\chi^2(3, N=2198) = 51.587$, $p<.001$ (small effect size $\varphi = .153$)
- A greater proportion of parents of younger children accessed Facebook, Twitter or Instagram, $\chi^2(3, N=2198) = 29.509$, $p<.001$ (small effect size $\varphi = .116$)
- A greater proportion of parents of younger children accessed YouTube, $\chi^2(3, N=2197) = 75.904$, $p<.001$ (small effect size $\varphi = .186$)
- A greater proportion of parents of younger children accessed an app, $\chi^2(3, N=2198) = 300.471$, $p<.001$ (medium effect size $\varphi = .370$)
- A greater proportion of parents of younger children accessed a blog, $\chi^2(3, N=2198) = 28.848$, $p<.001$ (small effect size $\varphi = .115$)

There were no significant differences between parents of different age groups accessing online information from webinars, podcasts or chats.

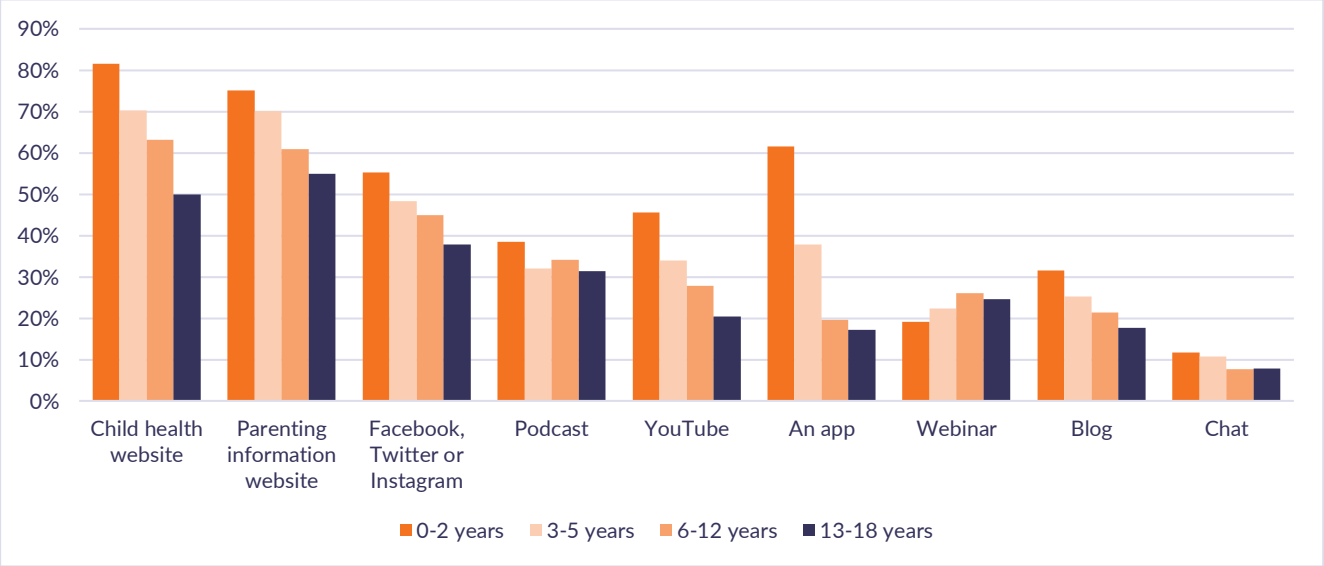

Figure 101. Sources of online parenting information accessed, by child age group (population weighted data)

There were only statistically significant differences in the types of online information sources used by *metropolitan and by regional/remote parents* for parenting information websites, $\chi^2(1, N=2199) = 11.455$, $p=.001$ (small effect size $\varphi = .072$), and for blogs, $\chi^2(1, N=2199) = 12.369$, $p<.001$ (small effect size $\varphi = .075$) (Figure 102). There were no significant child age group differences for use of child health websites, Facebook, Twitter or Instagram, podcasts, YouTube, an app, webinars, blogs or chats.

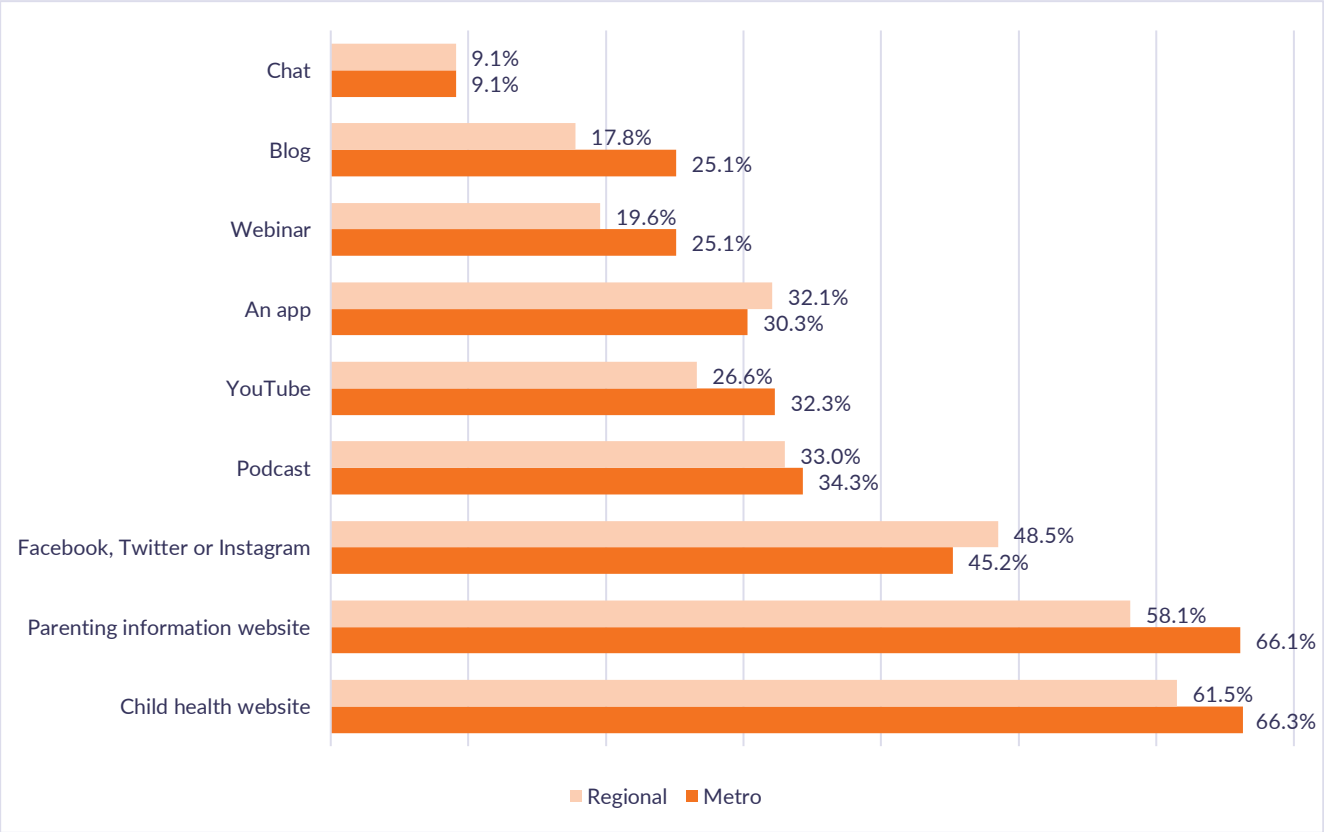

Figure 102. Sources of online parenting information accessed, by regional/metropolitan residence (population weighted data)

One statistically significant difference between *parents of children with or without complex needs* was observed for types of online information sources used, and this difference was for using an app, $\chi^2(1, N=2198) = 12.718$, $p<.001$ (small effect size $\varphi = .076$). A greater proportion of parents of *children without complex needs* reported accessing parenting information from an app (Figure 103).

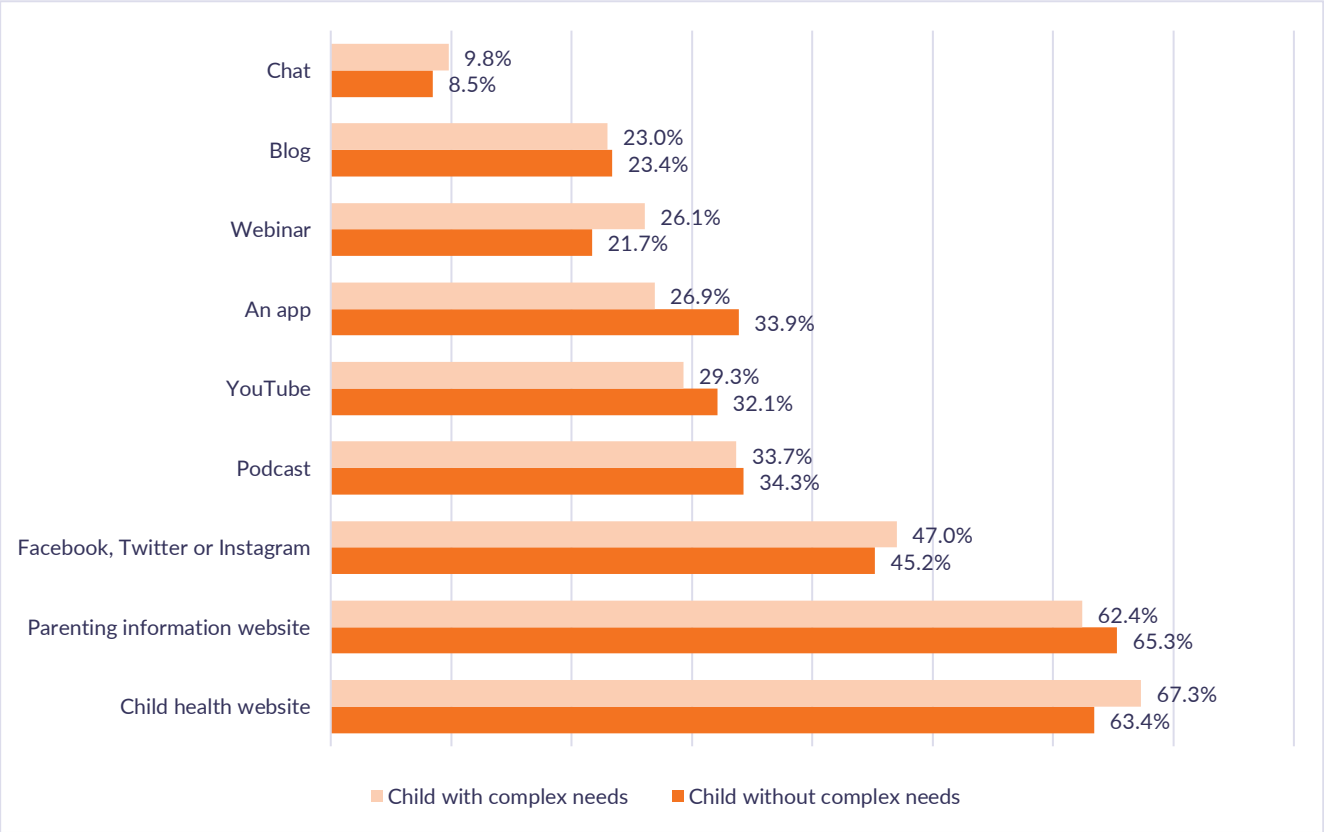

Figure 103. Sources of online parenting information accessed, by parents with/without complex needs (population weighted data)

A larger proportion of parents living in less disadvantaged areas reported having accessed parenting information from a podcast, $\chi^2(4, N=2175) = 26.206$, $p<.001$ (small effect size $\varphi = .110$), compared to those in more disadvantaged areas (Figure 104). There were no significant differences at $p<.001$ in reported access to other online parenting information across socio-economic areas.

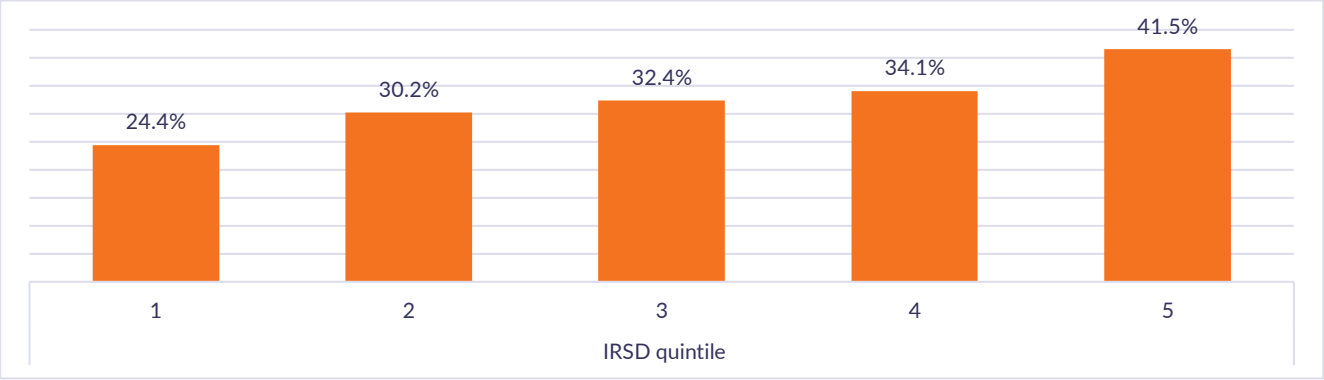

Figure 104. Use of podcasts for online parenting information, by IRSD quintile (population weighted data)

Parents who said they access information online (*n*=2198) were asked to identify factors influencing their choice of online information sources based on the list in Table 17. The key factors influencing parents' choice of online information source were ease of access (94%), ease of understanding (90%), and credibility of the professional (90%) and credibility of the organisation providing the information (90%).

Table 17. Factors which influence choice of online information source, *N* (%) (population weighted data)

Options provided	*N*(%)
Easy to access (e.g. times and means)	2076 (94.4%)
Provided by a properly qualified professional	1980 (90.1%)
Easy to understand	1978 (90.0%)
Provided by a credible organisation	1972 (89.7%)
From an Australian source	1466 (66.7%)
Provided by another parent	1276 (58.0%)
Anonymous	1266 (57.6%)
Provided by someone who you can relate to because they have a similar cultural, ethnic or religious background	1125 (51.2%)
It comes from someone in the area you live	687 (31.3%)

As shown in Figure 105, a larger proportion of *mothers than fathers* reported many factors influencing choice of online sources of parenting information, nonetheless, the only factor found to be statistically significant at $p<.001$ was that the information was provided by a credible organisation, $\chi^2(1, N=2197) = 13.528$, $p<.001$ (small effect size $\varphi = -.078$).

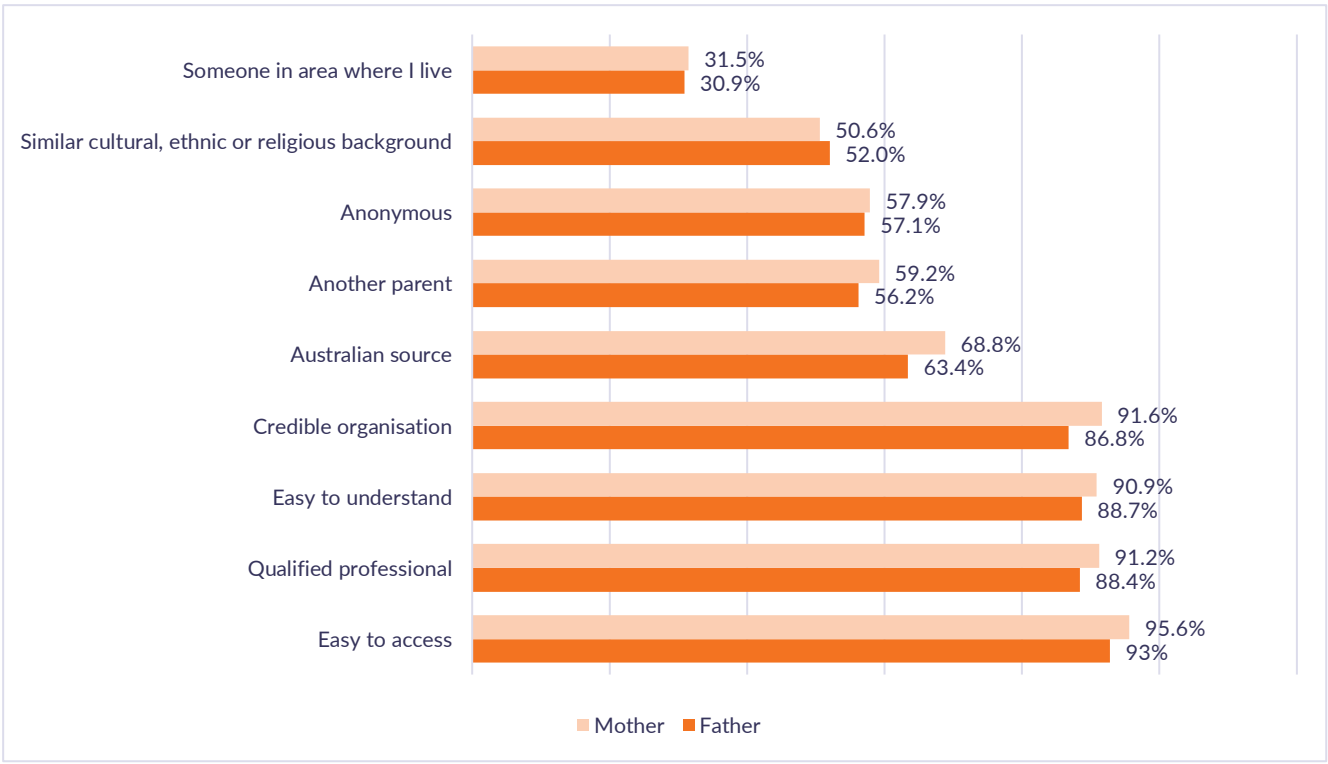

Figure 105. Factors which influence choice of online source, by mothers and fathers (population weighted data)

The only significant differences across *child age* groups in the factors which influence choice of online parenting information was whether it was anonymous, $\chi^2(3, N=2198) = 41.887$, $p<.001$ (small effect size $\varphi = .138$). A greater proportion of *parents of older children* reported anonymity as a factor influencing their choice of online parenting information (Figure 106).

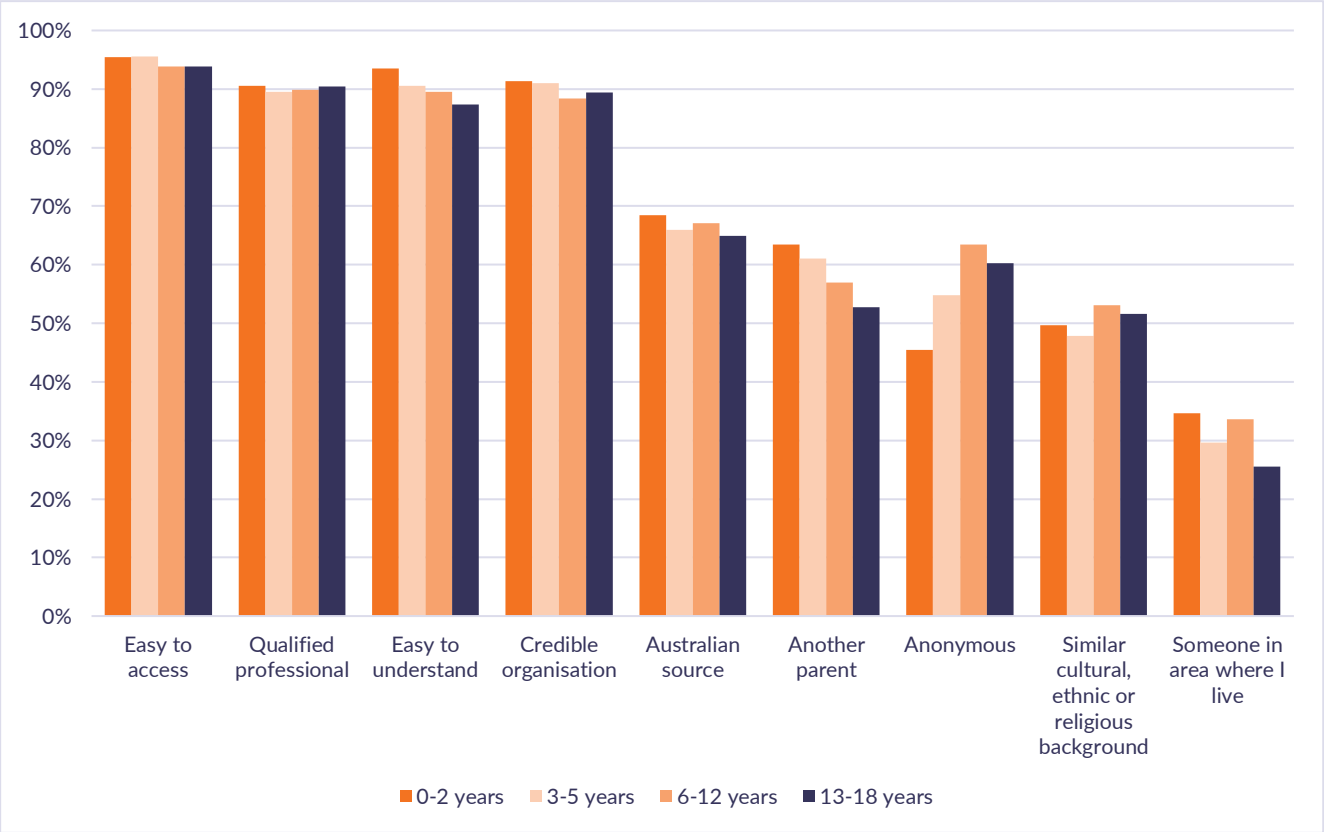

Figure 106. Factors which influence choice of online source, by child age group (population weighted data)

As shown in Figure 107, there were significant differences between different socio-economic groups in three factors influencing choice of online parenting information source. Specifically, parents living in more disadvantaged areas cared less about ease of access compared to those in less disadvantaged areas, $\chi^2(4, N=2176) = 17.864$, $p=.001$ (small effect size $\varphi = .091$); parents in more disadvantaged areas preferred sources of information that were Australian, $\chi^2(4, N=2176) = 18.901$, $p<.001$ (small effect size $\varphi = .093$), and that came from someone in the area where they live, $\chi^2(4, N=2177) = 26.221$, $p<.001$ (small effect size $\varphi = .110$).

There were no statistically significant differences at $p<.001$ in the factors which influenced choice of online parenting information source used by *metropolitan and by regional areas* or by *parents of children with or without complex needs*.

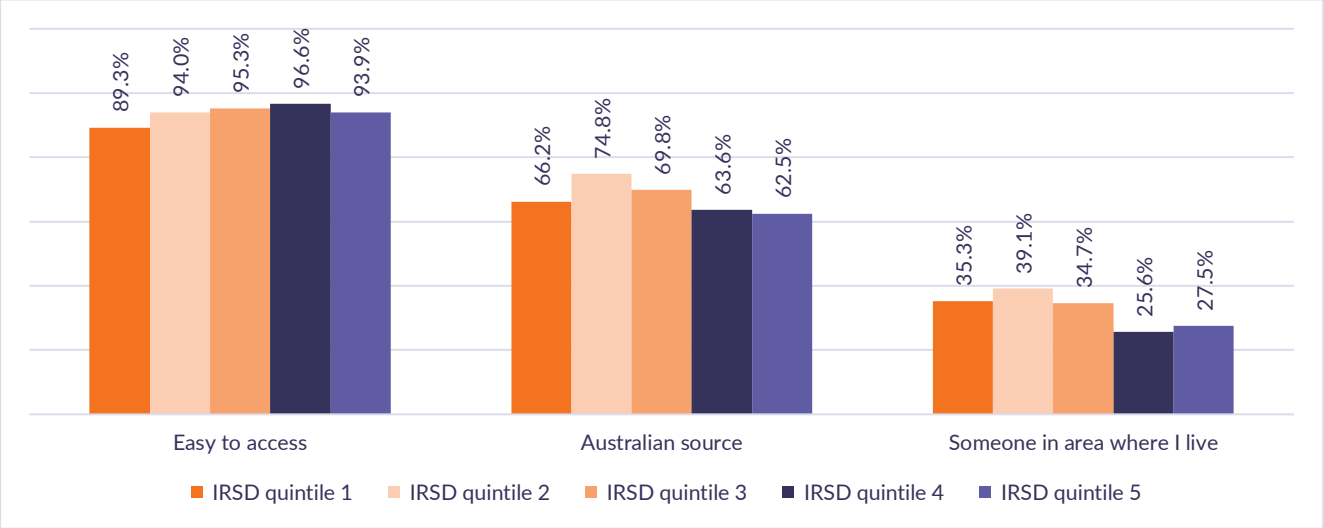

Figure 107. Factors which influence choice of online source, by IRSD quintile (population weighted data)

Note: only those factors with significant IRDS differences shown in chart.

Future participation in parenting programs

All 2596 survey respondents (in the weighted sample) were asked 'how likely is it that you will participate in a parenting program in the future?' While 21% were extremely or very likely to participate, 41% were only somewhat likely and 38% were not all likely to participate (Figure 108).

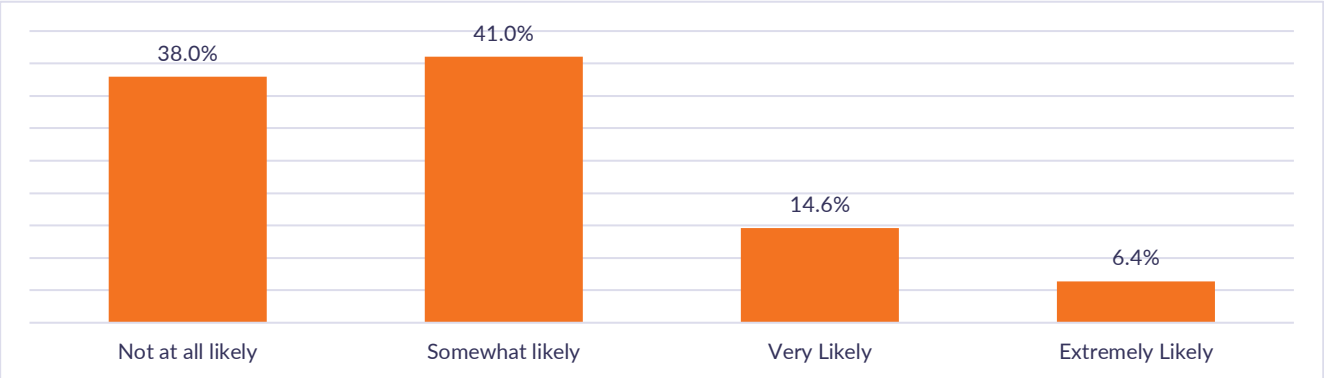

Figure 108. How likely parents will participate in a future parenting program (population weighted data)

Although the majority of parents indicated that they were likely to participate in a parenting program in the future (62%), there was a significant difference between the degree to which *mothers and fathers* felt this to be likely, $F(3,2597) = 44.089$, $p<.001$ (small effect size $\varphi = .130$), with mothers reporting a higher level of likelihood to participate (Figure 109).

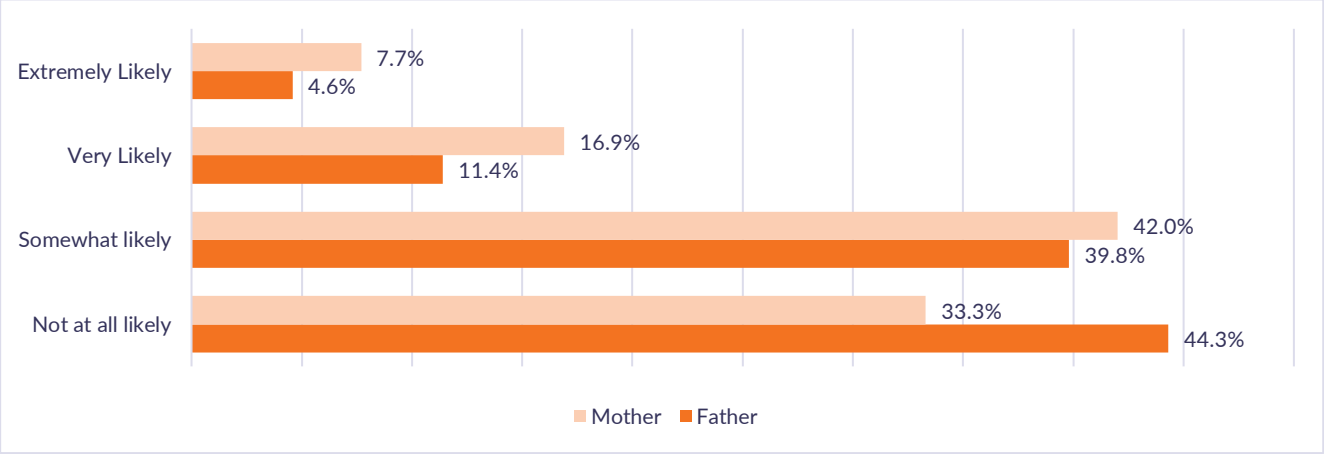

Figure 109. How likely parents will participate in a future parenting program, by mothers and fathers (population weighted data)

There was a significant difference in the degree to which parents felt likely to participate in a future parenting program according to *child's age group*, $F(9,2595) = 95.317$, $p<.001$ (small effect size $\varphi = .192$), with parents of younger children reporting a higher level of likelihood to participate (Figure 110).

There were no statistically significant differences at $p<.001$ to which parents felt likely to participate in a future parenting program according to *metropolitan and by regional areas*, *different socio-economic areas*, or for *parents of children with or without complex needs*.

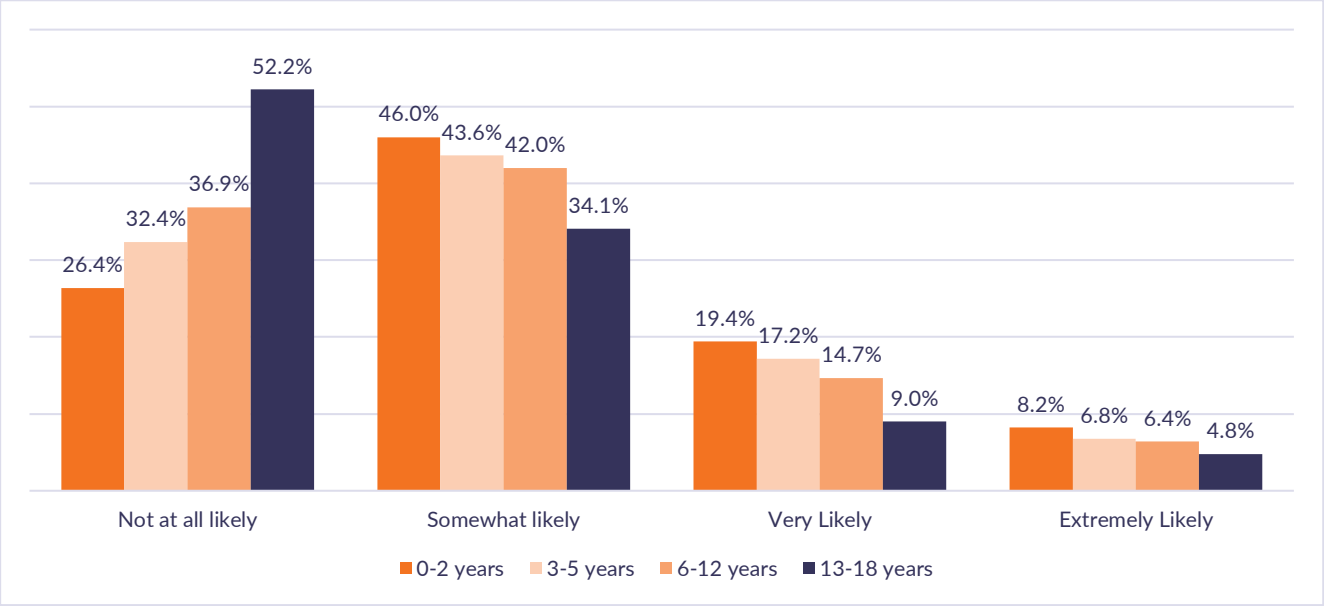

Figure 110. How likely parents will participate in a future parenting program, by child age group (population weighted data)

Influences on decision to participate in parenting programs

Parents were asked to identify the features of a parenting program that would influence their decision to participate based on the list in Table 18. The top five features influencing parents' decision to participate were when (93%) and where (90%) the program is held, if the program addresses relevant issues (90%) if the program had demonstrated effectiveness (89%) and if it is easy to access (88%). Features such as whether the program could be completed in the parents' own time (83%) and online (80%) were rated higher than being able to complete the program in person (61%) or in a group (49%).

There were some significant differences in what parenting program features would influence *mothers' and fathers'* decision to participate. The features found to proportionally influence more mothers were the program being held at a convenient time of day, convenient location, that the program addresses relevant issues, is easy to access, is offered in the mother's language, is conducted by trained practitioners, is free or low cost, has a clear curriculum, is available online, has ongoing or post-program support, is brief and quick to complete, with similar participants attending to themselves, and that is delivered via a seminar (Table 18).

Significant differences were also seen in what parenting program features would influence parents' decision to participate based on their *child's age*. Parents of children 0-2 years were proportionally more influenced by the program being held at a convenient time of day, that it addresses relevant issues, is professionally produced and presented, offers ongoing or post-program support, is delivered in person and that it is delivered or co-delivered by a parent (Table 18). Parents of children 6-12 years were proportionally more influenced by the program being accredited and delivered via a seminar.

Compared to parents from regional areas, parents from metropolitan areas were proportionally more influenced by the program being held at a convenient time of day and being conducted by trained practitioners. Parents from less disadvantaged areas (i.e. higher IRSD quintile) were proportionally more influenced by the program being conducted by trained practitioners, whereas parents from more disadvantaged areas (i.e. lower IRSD quintile) were proportionally more influenced by having professionally produced and presented program resources, the program being delivered or co-delivered by a parent and having program accreditation (Table 18).

Table 18. Parenting program features which would influence parent decision to participate, *N* (%) (population weighted data)

Program features	*N*(%)
Program is held at a convenient time of day[a,b,d]	2401 (92.5%)
Program is held in a convenient location[a]	2344 (90.3%)
Program addresses personally relevant issues[a,b]	2340 (90.1%)
Program has been demonstrated to be effective	2320 (89.4%)
The program is easy to access[a]	2290 (88.2%)
Resources are professionally produced and presented[b,f]	2257 (86.9%)
Program is offered in my language[a]	2249 (86.6%)
Trained practitioners conduct the program[a,d,e]	2241 (86.3%)
Program is free or very low cost[a]	2223 (85.6%)
Program can be tailored to the needs of the individual parent	2190 (84.4%)
The program has a clear curriculum[a]	2166 (83.4%)
I can complete the program in my own time	2151 (82.8%)
The program is available online[a]	2086 (80.4%)
Program offers access to ongoing or post-program support[a,b]	2081 (80.2%)
The program is brief, I can complete it quickly[a]	1979 (76.2%)
There are other participants just like me[a]	1929 (74.3%)
Participants are encouraged to set and achieve their own goals	1906 (73.4%)
The program is delivered in person/face-to-face[b]	1578 (60.8%)
Program is delivered or co-delivered by a parent[b,f]	1333 (51.4%)
I can do the program anonymously[c]	1462 (56.3%)
The program is in group format	1280 (49.3%)
The program is delivered via a seminar[a,c]	1227 (47.3%)
Program has accreditation (certificate to show you've completed)[f]	967 (37.2%)
Other (specify)	277 (10.7%)

Note: [a] significant difference for mothers; [b] significant difference for parents of children 0-2 years; [c] significant difference for parents of children 6-12 years; [d] significant difference for parents living in metropolitan areas; [e] parents from less disadvantaged areas; [f] parents from more disadvantaged areas

Participation in face-to-face parenting education groups or seminars

Parents who said they had participated in a face-to-face parenting education group or seminar (*n*=324, 12% of the total sample) were asked 'how much of the program did you attend?'. Three in five parents (60%) said they had completed all of the program, one fifth (19%) completed most, while one in ten completed some (11%) or a little (10%) of the program (Figure 111). When asked 'how helpful did you find the program', 19% of parents found it extremely helpful, 33% very helpful and 47% somewhat helpful, while 2% found it not at all helpful.

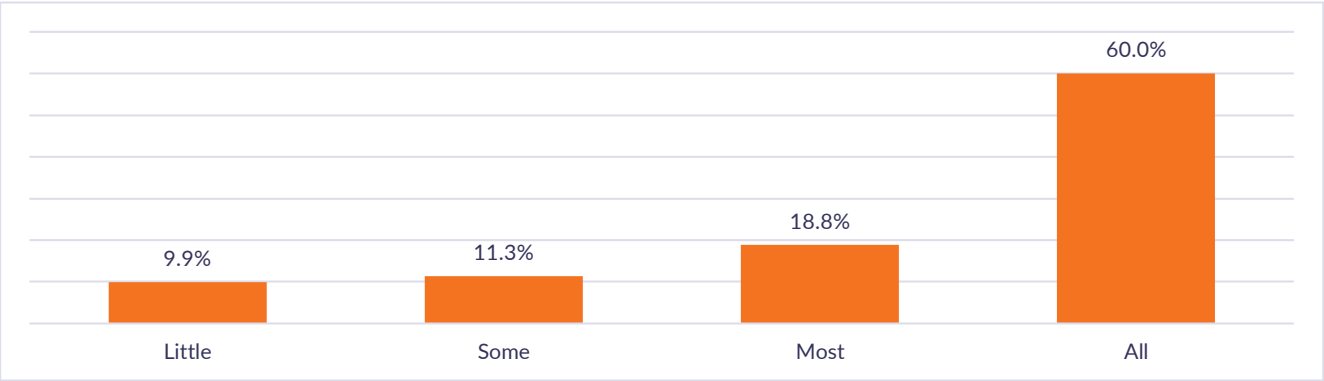

Figure 111. How much of a face-to-face parenting program attended by parents (population weighted data)

We asked the parents who said they had participated in a face-to-face parenting education group or seminar to name the program/s they had participated in, based on the list in Table 19. Almost all had participated in HIPPY, Incredible Years and Sing and Grow (99% said they participated in each), closely followed by Triple P (97%), Circle of Security (96%) and Tuning Into Kids (95%). Two thirds (65%) also said they had attended one that they couldn't remember the name of.

Table 19. Face-to-face parenting programs or seminars parents had used, *N* (%) (population weighted data)

Options provided	*N*(%)
HIPPY	322 (99.4%)
Incredible Years Program	322 (99.2%)
Sing and Grow	322 (99.2%)
Triple P - Positive Parenting Program	313 (96.5%)
Circle of Security	313 (96.4%)
Tuning into Kids	307 (94.6%)
Other	141 (43.6%)
I don't remember	209 (64.6%)

Parents who attended a face-to-face parenting program and who have a partner (*n*=268) were asked if their partner also participated in the program. Of these parents, 47% had partners who participated and 53% had partners who did not participate in the parenting program.

Parents who said they did not participate in a face-to-face parenting education groups or seminars (*n*=2272) were asked about their awareness of 'any parenting programs that are available to them to access'. Of the parents who were aware (40%), there was a significant difference for *parent gender*, $\chi^2(1, N=2271) = 33.447$, $p<.001$ (small effect size $\varphi = -.121$). Fathers were less likely to be aware of parenting programs available for them to access (34%) compared to mothers (46%).

There was a significant difference for *child age*, with more parents of younger children, $\chi^2(1, N=2273) = 21.425$, $p<.001$ (small effect size $\varphi = .097$), aware of parenting programs available for them to access. Only 34% of parents of adolescents said they were aware of parenting programs available for them to access, compared to 49% of parents of children aged 0-2years, 41% of parents of children aged 3-5 years, and 40% of parents of children aged 6-12 years.

There were no statistically significant differences at $p<.001$ in awareness of parenting programs by metropolitan and by regional areas, different socioeconomic areas, or by parents of children with or without complex needs or by socio-economic status.

Participation in online parenting education programs or seminars

Parents who said they had participated in an online parenting education program or seminar in the past 12 months (n=476) were asked to identify the programs they had engaged with. While some of the face-to-face programs in Table 19 were mentioned, 6% of parents could not remember the name of the specific programs or seminars they'd engaged with, and many parents could only identify the program by the organisation who delivered it or by the program content.

The 476 parents who said they had participated in an online parenting education program or seminar were asked 'Did you do the program by yourself or with the help of a professional?' The majority (68%) said they did it by themselves, while almost a third (32%) said they were helped by a professional. When asked 'how helpful did you find the program', 18% of parents found it extremely helpful, 36% very helpful and 45% somewhat helpful, while less than 2% found it not at all helpful.

While a range of online programs were used by parents, not everybody competed the programs. When asked 'did you complete or finish the program?', 69% completed all, 18% completed most, 8% completed some and 6% completed little (Figure 112). In comparing completion rates of online (Figure 112) to face-to-face (Figure 111) parenting programs, the proportion of parents that completed all or most of the program was higher for online (86%) than for face-to-face delivery (79%).

Parents who had attended an online parenting education program or seminar and who also had a partner (n=399) were asked if their partner also participated in the program or seminar. Of these parents, 41% had partners who participated. In comparing partner participation in parenting programs or seminars, proportionally less had partners who participated in online (41%) compared to face-to-face (47%) delivery of parenting education program groups or seminars.

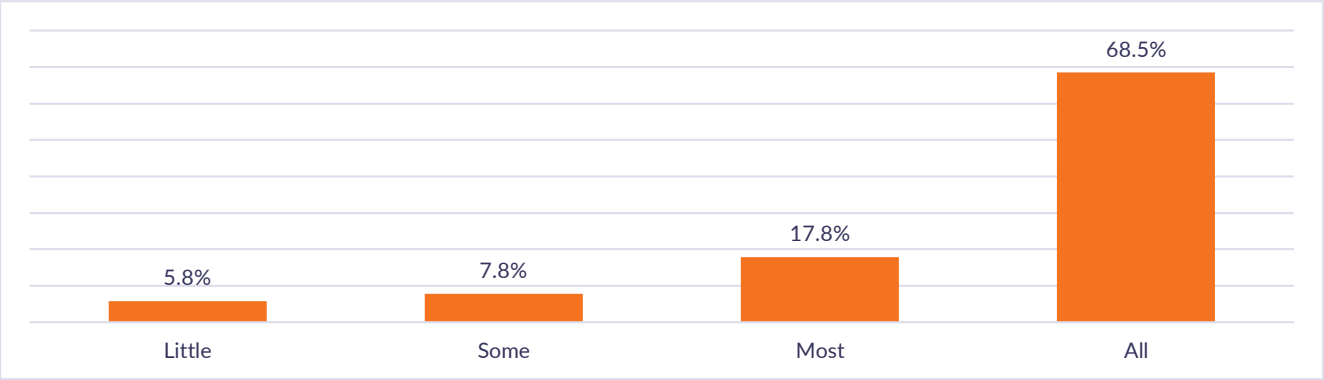

Figure 112. How much of an online parenting program was attended by parents (population weighted data)

Use of GP or other health professionals for parenting information or advice

Half of all parents (50%) said they had accessed parenting information or advice in person for a health professional such as a maternal and child health nurse, social worker, speech pathologist or psychologist of the past 12 months. Close to half (44%) said they had accessed such help in person from a GP. Over a third (36%) sad they had accessed parenting information or advice remotely from either a GP or other professional.

Parents who said they received parenting advice from a GP or other professional remotely (*n*=918) were asked what ways they had contact based on the list in Table 20. Telephone (81%) was the main form of contact, followed by videoconference (47%) and email (16%).

Table 20. Mode of contact with GP or other professional, *N* (%) (population weighted data)

Mode of contact	N (%)
Telephone	743 (80.9%)
Videoconference (e.g. Zoom)	435 (47.4%)
Emails	142 (15.5%)
Texts	63 (6.8%)
Webchat	25 (2.7%)
Facebook messenger or similar	13 (1.4%)
Other	51 (5.6%)

These parents who had received parenting advice from a GP or other professional remotely were asked 'compared to in person services, how you found these services in meeting your needs?' Compared to in person services, 40% felt remote services were just as good with 21% feeling they were a little or much better. However, 39% of parents felt remote services were a little or much worse than in person (Figure 113)

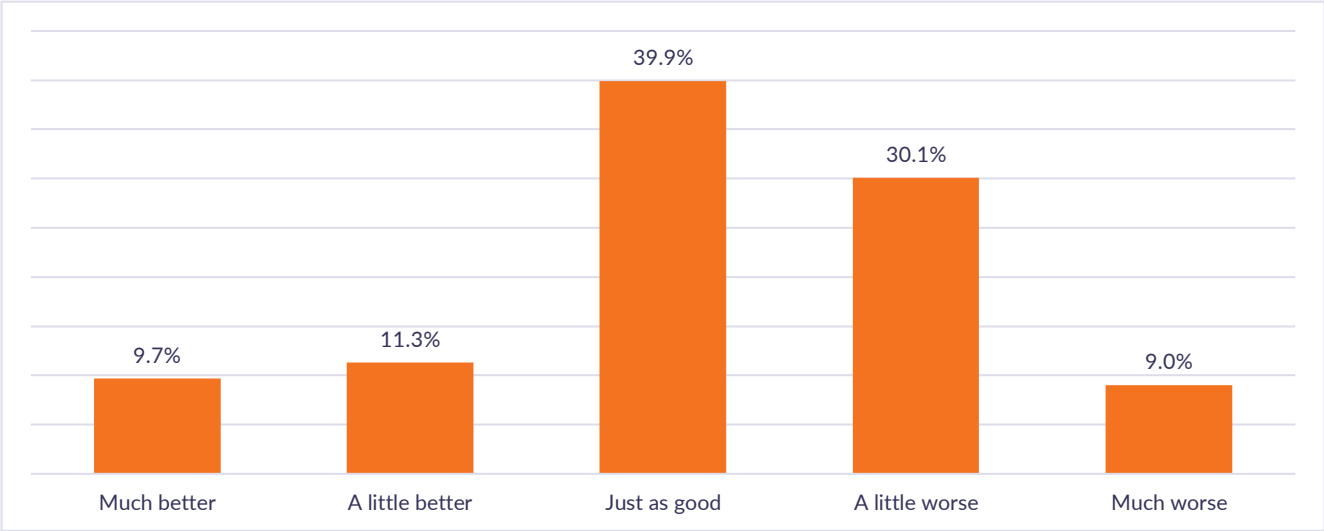

Figure 113. Parents comparison of remote to in person GP or other health professional services (population weighted data)

Parents who said they received parenting advice from a GP or other professional remotely and felt it was a little or much worse (*n*=359) were asked 'why didn't it meet your needs?' Based on parent responses, a list of reasons was created (Table 21). The primary reasons given could be grouped into categories reflecting: the professional was not able to assess the parent or child (49%); it was difficult to communicate (46%); and it was challenging to build a relationship (41%).

Table 21. Reasons why remote GP and other health professional services worse than in person, *N* (%) (population weighted data)

Why did it meet your needs?	*N*(%)
The professional wasn't able to assess me or my child properly	194 (48.5%)
Difficult to communicate	177 (46.0%)
Challenging to build relationship	177 (40.8%)
Challenges with internet connection (e.g. hard to connect, not enough data, poor connection)	36 (10.0%)
I was not confident using technology	12 (3.2%)
Did not have a private space	16 (4.6%)
Limited access to technology or appropriate devices	11 (3.1%)
Other	14 (7.3%)

Parents who said they received parenting advice from a GP or other professional remotely and felt it was a little or much better (*n*=193) were asked 'what did you like about it?' Based on parent responses, a list of reasons was created (Table 22). The primary reasons given could be grouped into categories reflecting remote delivery was convenient (72%) and it didn't require travel (44%).

Table 22. Reasons why remote GP and other health professional services rated better than in person, *N* (%) (population weighted data)

What did you like about it?	*N*(%)
Convenience	160 (72.1%)
Didn't need to travel	85 (43.8%)
Did not risk getting COVID	52 (26.8%)
Fitted around other family commitments	47 (24.0%)
Fitted around work commitments	44 (22.9%)
I felt safer to talk in my home environment	42 (21.3%)
Reduced cost	31 (16.2%)
Greater privacy or confidentiality	26 (13.4%)
Could choose from a greater range of options for support online	22 (11.3%)
Other	5 (4.0%)

WHAT ARE PARENTS' EXPERIENCES OF HELP RECEIVED?

Parents who indicated they had accessed help in person from a GP or another type of health professional were asked to respond to two items about their interactions with those professionals. These items asked parents to rate the extent to which they agreed with the following statements:

- I was satisfied with the help offered
- I felt judged, blamed or criticised in my interactions with this/these professional/s

Each item was rated on a scale from, 1 (strongly disagree) to 5 (strongly agree), with 3 being 'mixed feelings'. These items were included in 2016 and 2019, however, responses cannot be compared as the groupings for the professionals were different over the three surveys.

Satisfaction with help offered

A total of 1599 parents (62%) indicated they had sought help in person from a GP or another type of health professional. Almost three quarters (74%) of these parents agreed or strongly agreed that they were satisfied with the help offered (Figure 114). Close to one in ten (8%) disagreed and one in five (18%) had mixed feelings about their satisfaction with the help offered by the health professional.

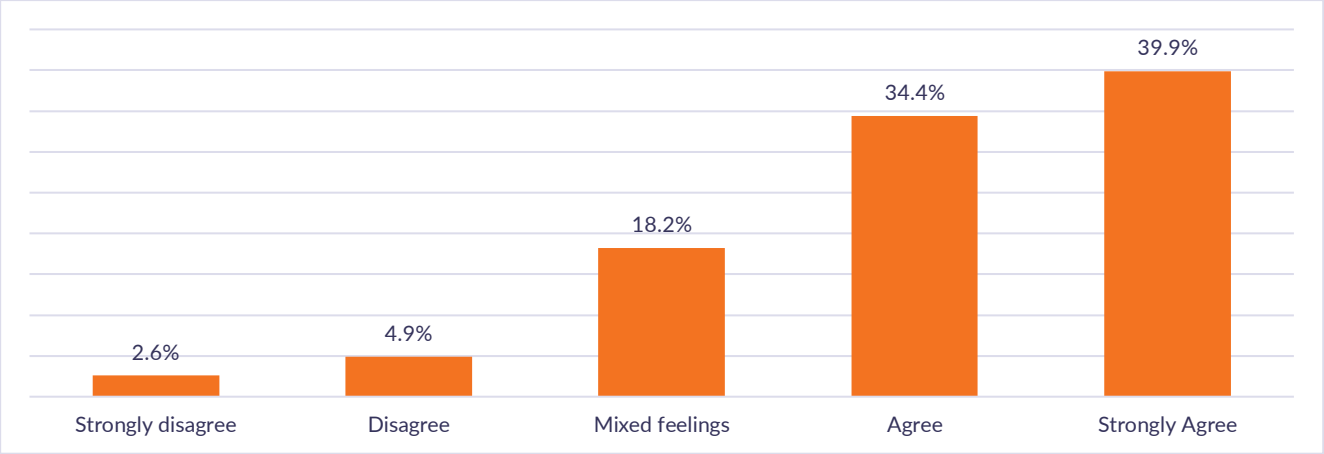

Figure 114. Satisfaction with in-person help from a GP or another type of health professional (population weighted data)

There were no significant differences in the degree to which parents agreed they were satisfied with the help they received for *mothers versus fathers, child age groups, metropolitan vs. regional areas, socio-economic area of residence or child complex needs.*

Feeling judged, blamed and criticised

Most parents (85%) who had accessed a GP or other type of health professional in person for parenting information or advice disagreed or strongly disagreed that they had felt judged, blamed or criticised when seeking help (Figure 115). Nevertheless, almost one in ten (7%) did feel judged, blamed or criticised and another one in ten (8%) had mixed feelings.

There were no statistically significant differences in parents' reports of feeling judged, blamed or criticised for *mothers versus fathers, child age groups, metropolitan vs. regional areas, socio-economic area of residence or child complex needs.*

Although it is not possible to directly compare these results with 2016 and 2019 data (as the questions in 2016 and 2019 pertained to different groups of professionals), it is worth noting that the 2022 results are slightly different to ratings in 2016 and 2019, when:

- 80% in 2016 and 77% in 2019 (compared to 74% in 2022) of parents agreed or strongly agreed they were satisfied with help offered
- 82% in 2016 and 79% in 2019 (compared to 85% in 2022) disagreed that they'd been judged, blamed or criticised.

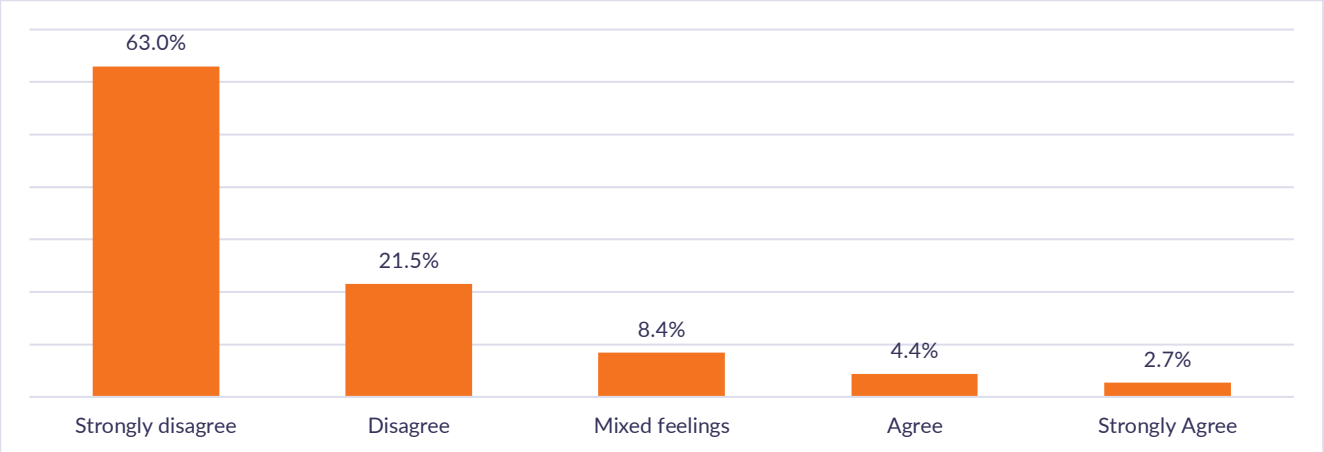

Figure 115. Parents reports of feeling judged, blamed or criticised when accessing help from a GP or another type of health professional (population weighted data)

WHAT IS PARENTS' AWARENESS AND USE OF THE RAISING CHILDREN NETWORK?

The Raising Children Network – raisingchildren.net.au - is a trusted, evidence-based website with resources for parents, carers and professionals on raising children from pregnancy through to the teenage years. It is funded by the Australian government and is a joint initiative of the Parenting Research Centre and the Murdoch Children's Research Institute.

The Raising Children Network (RCN) has been operating for 16 years. Parents were asked about their knowledge and use of this resource.

Of the 2596 respondents, 35% said they have used the RCN website, which is almost double the 18% reported in 2019 (was 14% in 2016). A further 14% have heard of RCN but never used it, which is similar to the 2019 (11%) and 2016 (14%) findings. Approximately half (52%) of parents had never heard of RCN.

There is a significant *parent gender* effect associated with awareness of RCN, $\chi^2(2, N=2596) = 444.978$, $p<.001$ (medium to large effect size $\varphi = .414$), with a greater proportion of mothers (50%) compared to fathers (14%) reported having used the RCN website (Table 23). These parent gender differences are consistent with those observed in previous surveys and show an increasing trend in the percentage of both mothers and fathers who have used RCN.

Table 23. Parent awareness of the Raising Children Network by mothers and fathers, *N* (%) (population weighted data)

	Mothers			Fathers		
	2016	2019	2022	2016	2019	2022
Yes, have used RCN website	392 (26.1%)	562 (36.8%)	745 (50.1%)	72 (7.3%)	103 (9.6%)	160 (14.4%)
Heard of but never used	253 (16.8%)	210 (13.7%)	233 (15.7%)	106 (10.7%)	86 (8.1%)	119 (10.7%)
No, never heard of	859 (57.1%)	756 (49.5%)	510 (34.3%)	815 (82.1%)	879 (82.3%)	829 (74.8%)

There is also a significant *child age* effect associated with awareness of RCN, $\chi^2(6, N=2597) = 181.706$, $p<.001$ (small to medium effect size $\varphi = .265$). Parents of younger children are more likely to say they had heard of and used the RCN website compared to parents of older children (Table 24). These trends are similar to those observed in previous surveys, with the proportions of parents who had used RCN in each child age group increasing from 2016 to 2022. Despite this apparent improvement in awareness raising about the value of RCN, between 38% (parents of 0-2 year olds) and 70% (parents of 13-18 year olds) have never heard of RCN in 2022.

Table 24. Parent awareness of the Raising Children Network by child age groups, *N* (%) (population weighted data

	Child age			
	0-2years	3-5years	6-12years	13-18years
Yes, have used RCN website	230 (48.4%)	205 (47.9%)	363 (34.7%)	107 (16.5%)
Heard of but never used	66 (13.9%)	49 (11.4%)	150 (14.4%)	87 (13.4%)
No, never heard of	179 (37.7%)	174(40.7%)	532 (50.9%)	455 (70.1%)

There is also a significant *region* effect associated with use of RCN, $\chi^2(2, N=2595) = 19.572$, $p<.001$ (small effect size $\varphi = .087$). Parents located in metropolitan areas are more likely to say they had heard of and used the RCN website compared to parents in regional areas (Table 25). This difference was not observed in previous surveys.

Table 25. Parent awareness of the Raising Children Network by region, *N* (%) (population weighted data)

	Region	
	Metropolitan	Regional
Yes, have used RCN website	716 (37.2%)	188 (28.1%)
Heard of but never used	260 (13.5%)	92 (13.7%)
No, never heard of	949 (49.3%)	390 (58.2%)

There were no differences in awareness of RCN according to parents across different *socio-economic areas of disadvantage*, or for *parents of children with and without complex needs*

Parent engagement with children's learning and education

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

It includes parents':

- reports on the time spent engaged with their children's reading
- satisfaction with, and comfort in communicating with early childhood education and care (ECEC) or school staff
- views on homework given to the children
- parent aspirations for child's education

Detailed results for particular questions are presented for the whole population weighted sample, then by child age, mother/father status, socio-economic profile of residential area, regional/metropolitan location, and whether the child has complex needs, that is, a medical condition or learning difficulty.

ENGAGEMENT WITH LEARNING - READING

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

Among this age group, on average, someone read to the focus child four to five days per week (*M* =4.29 days; *SD*=2.711). For 39% of focus children, someone read to them every day (Figure 116). This is slightly less than the percentage in 2019, when 44% of children were read to seven days per week.

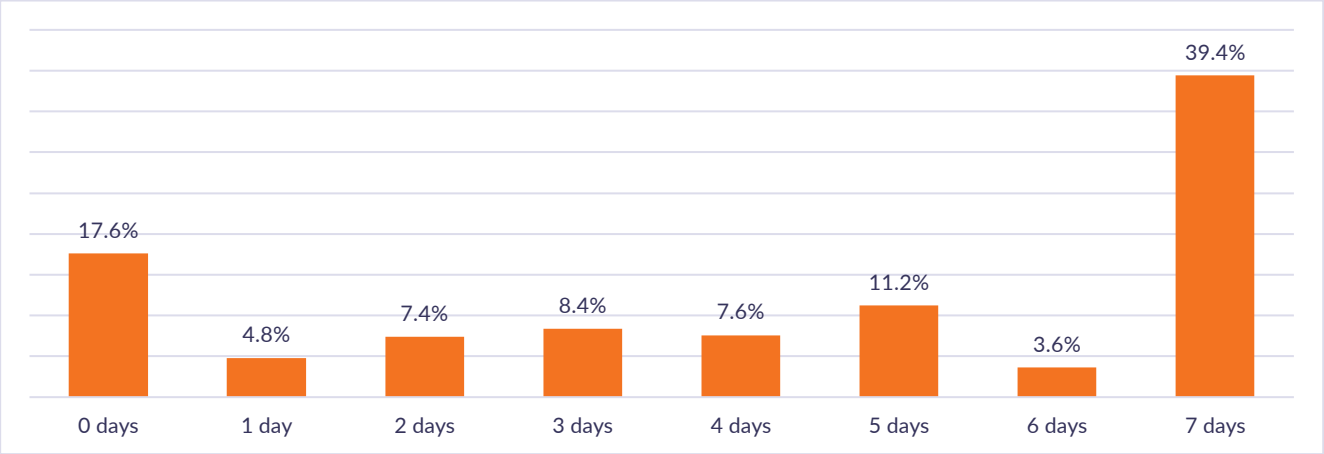

Figure 116. Number of days someone read to target child (population weighted data)

There were statistically significant differences in the number of days someone read to the focus child across *child age groups*. Children aged 0-2 and 3–5 years were read to most often (58% and 57% every day). However, 9% of children aged 0–2 years, 5% of children aged 3-5 years, and 35% of those aged 6–12 years were read to only one day or less per week, $F(2,1946) = 198.574$, $p<.001$. Bonferroni tests revealed younger children were read to significantly more than children in the age group 6-12 years, with a small effect size ($\eta^2 = .17$) (Figure 117). These results are comparable with the 2019 survey, which also identified significantly more children in the age groups 0-2 and 3-5 were read to regularly by family members.

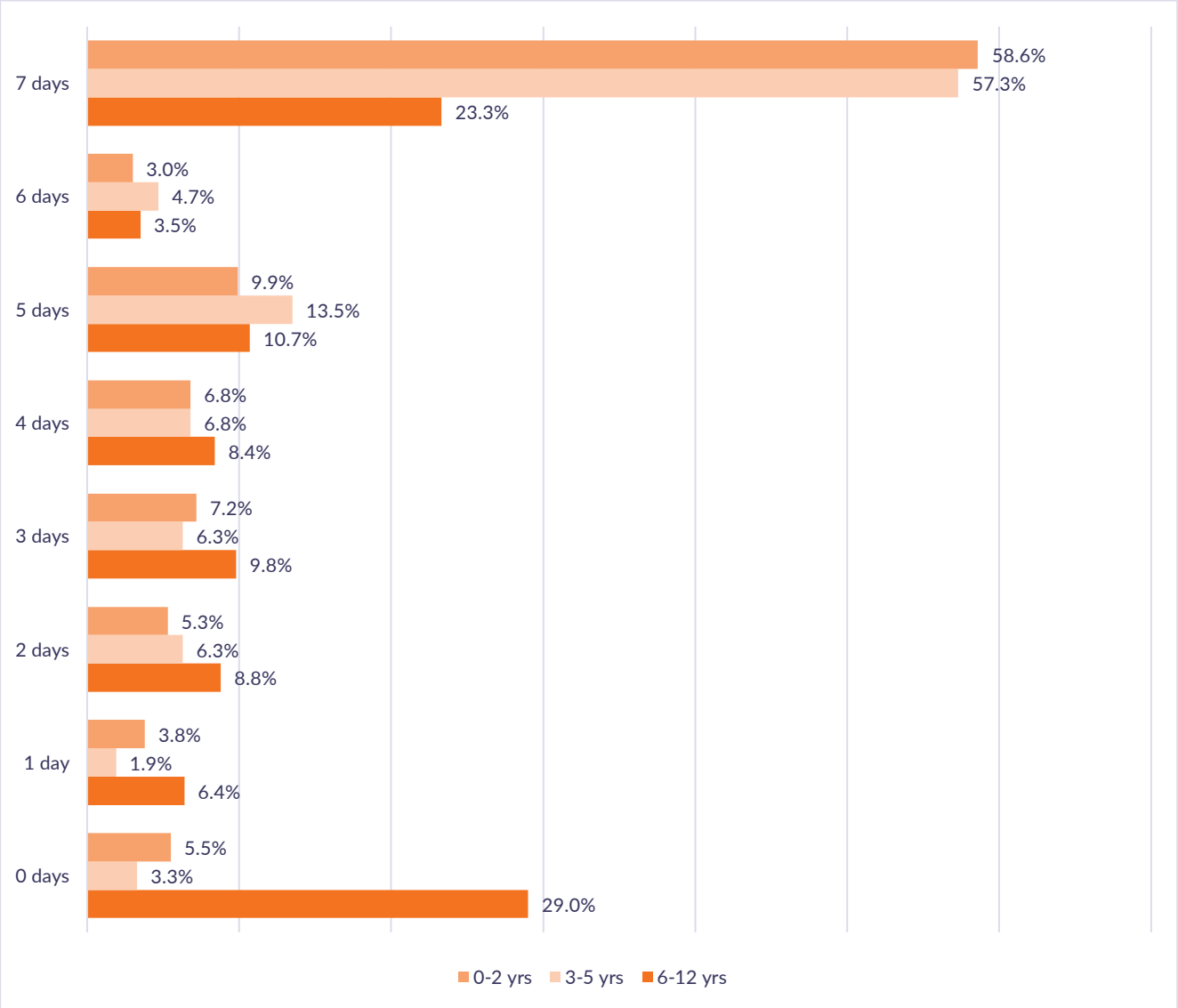

Figure 117. Number of days someone read to child by age group (population weighted data)

In contrast to the 2019 survey, there was a difference between parents of children with and without complex needs in the frequency of reading to children. Parents of children with complex needs reported that their children were read to less frequently than other parents, $F(1,1946) = 16.337$, $p<.001$, a small effect size ($\eta^2 = .008$).

There was no statistically significant difference in reporting between *mothers and fathers*. No statistically significant differences were found according to *metropolitan versus regional* areas and *socio-economic residential area*.

There was a (non-significant) trend for the child of a responding parent with higher education qualifications to be read to slightly more often, on average (Figure 118). Across all parent education groups these means seem to be slightly below 2019 results, indicating children are being read to less frequently in recent times compared to three years ago.

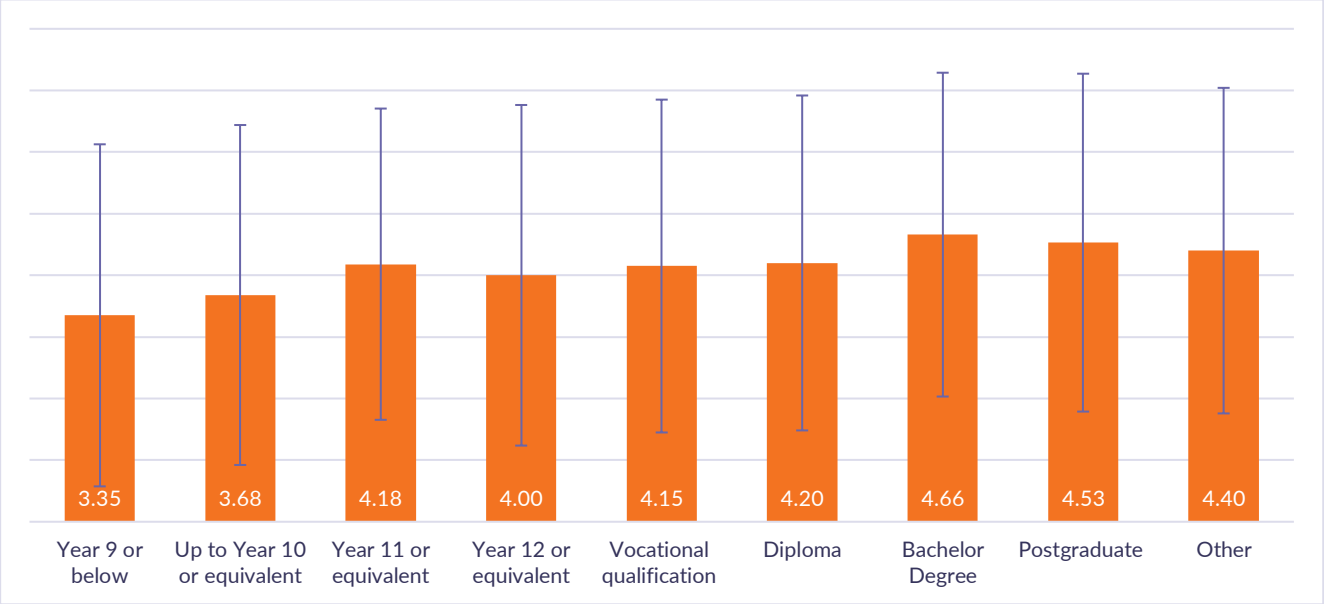

Figure 118. Mean number of days in the last week a family member spent time reading with child, by parents' education (error bars represent *SD*) (population weighted data)

EXPERIENCES WITH THE EDUCATION SECTOR

This section presents parents' views about their satisfaction with and comfort in communicating with educators. Parents were asked these questions if their children were attending early childhood education and care settings, primary school or secondary school.

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 early childhood services, kindergarten, primary and secondary school.

Parents were asked if their children were in day care, kindergarten, primary, secondary school or another form of education — as appropriate to their child's age (Figure 119). Multiple answers were allowed. Sixty two percent of children were attending primary or secondary school, while 24% of children were attending centre-based day care or kindergarten.

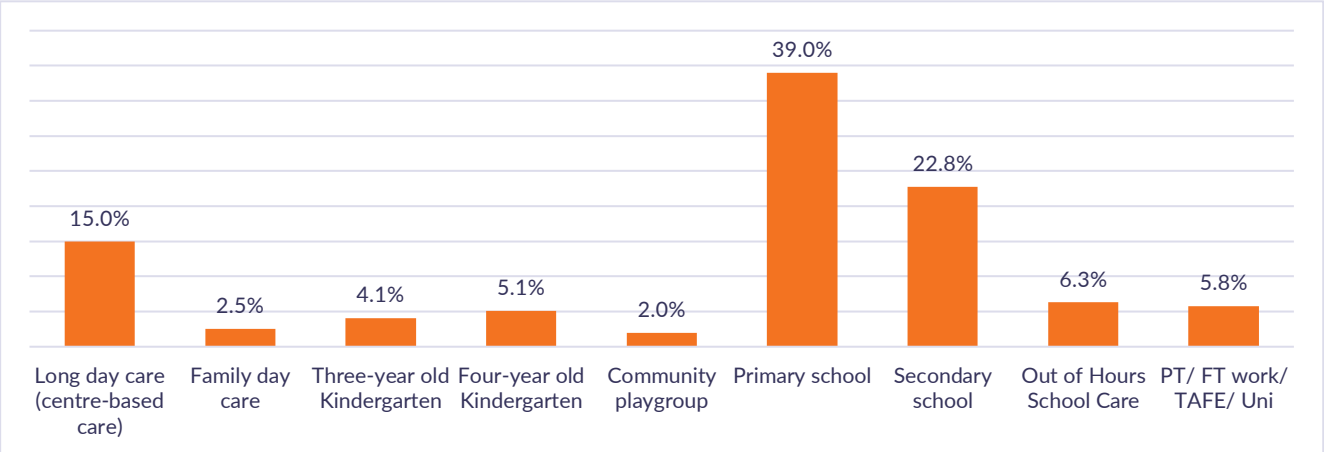

Figure 119. Education settings of target children (population weighted data)

Satisfaction with communication from school/early childhood educators

On a 5-point scale where 5 indicates strong agreement and 1 indicates strong disagreement, 71% of parents overall agreed or strongly agreed that they were satisfied with how educators and teachers communicated with them. Whilst still the majority of parents are satisfied with communication, this finding represents a downward trend (79% in 2019 and 81% in 2016) (See Figure 120).

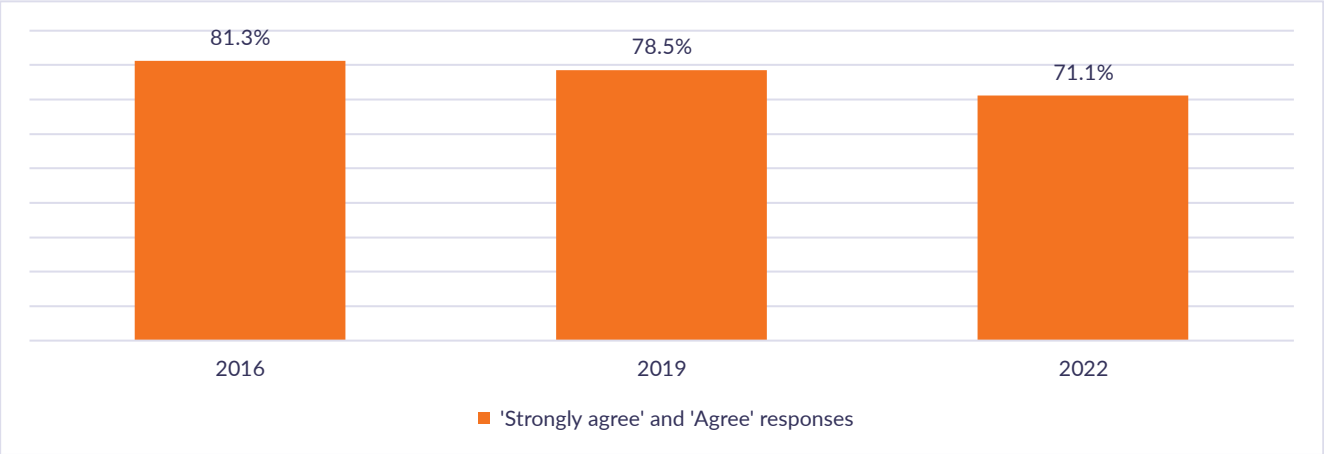

Figure 120. Parents satisfaction with communication with ECEC or school 2016, 2019 and 2022 (population weighted data)

Levels of satisfaction with communication varied across *child age groups*, with parents of secondary school aged children reporting less satisfaction than parents of younger children, $F(3,2156) = 6.753$, $p<.001$, with a small effect size ($\eta^2 = .009$). Bonferroni corrected post hoc analyses of mean differences showed significant ($p<.001$) differences between parents of 3-5 year olds and 13-18 year olds, with parents of older aged children less satisfied (Figure 121).

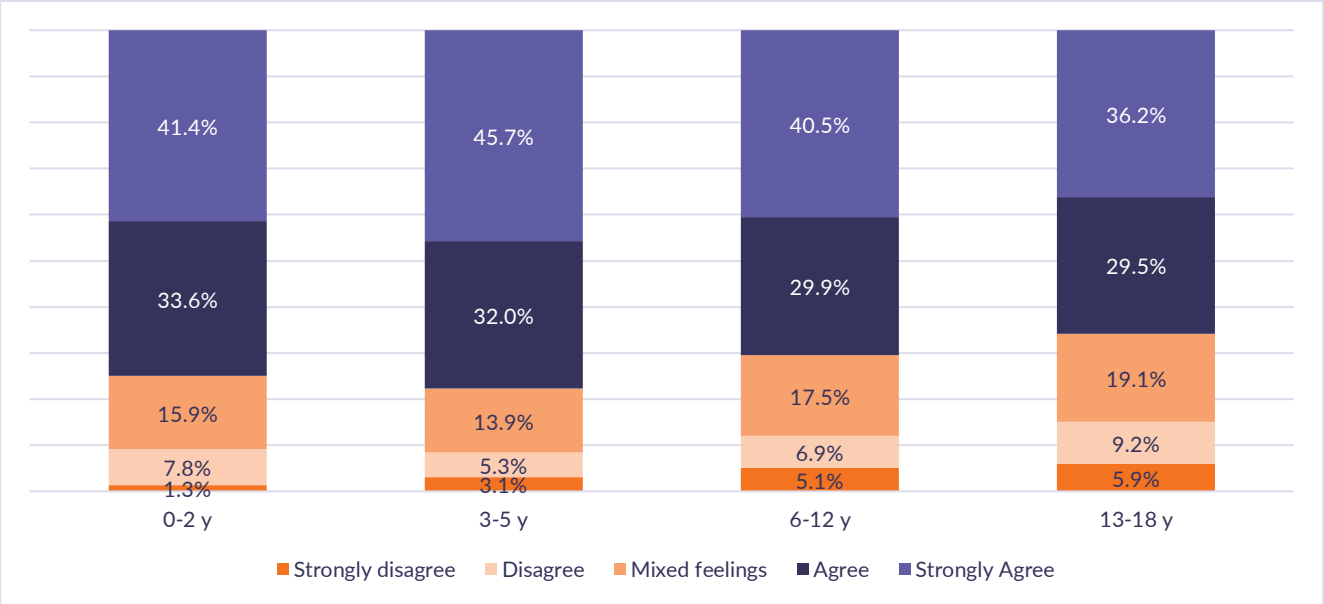

Figure 121. Parents satisfaction with communication from education setting (population weighted data)

Parents of children with complex needs were also less satisfied with communication with educators, with 75% of parents of children without a complex need strongly agreeing or agreeing they were satisfied with the way the school communicated with them, versus 66% of parents of children with a complex need. This difference was statistically significant $F(1,2156) = 17.682$, $p<.001$, with a small effect size ($\eta^2 = .008$). In 2019 this trend was not statistically significant.

As in previous years, there was no significant difference between *mothers and fathers*, *metropolitan and regional areas*, or different *socio-economic areas* in their satisfaction with communication with their child's early childhood service or school.

Parents' comfort in talking to educators and teachers

Parents were asked to rate on a 5-point scale where 5 indicates strong agreement and 1 indicates strong disagreement, how much they agreed with the statement 'I am comfortable talking to my child's childcare/ kinder/school staff, teachers about my child'. Eighty-nine percent of parents indicated they were comfortable talking to educators about their child, which is similar to 2016 (92%) and 2019 (92%).

There were no significant differences between *child age groups*, *mothers and fathers*, *children with complex needs*, *metropolitan and regional areas*, or different *socio-economic areas* in parents' comfort in talking to educators about their child.

Feeling welcome at the child's early education centre or school

Eighty-four percent of parents agreed or strongly agreed that they felt welcome at their child's educational setting. This was a drop compared to 2019 when 90% of parents felt welcomed (Figure 122).

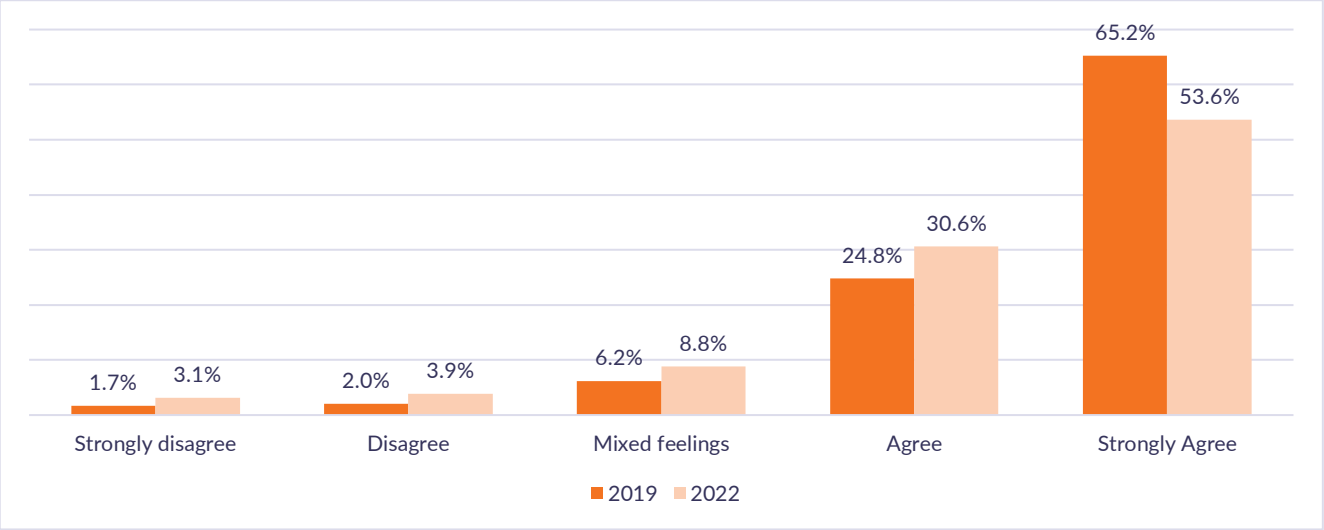

Figure 122. Parents' feelings of being welcome at their child's educational setting in 2019 and 2022 (population weighted data)

Parents of children with complex needs were less likely to feel welcome at their child's school $F(1,2156) = 11.115$, $p=.001$, a small effect size ($\eta^2 = .005$). Parents of older children were less likely to agree they felt welcome $F(3,2156) = 22.656$, $p<.001$, a small effect size ($\eta^2 = .03$). Consistent with 2019 findings, Bonferonni corrected post hoc analyses revealed significant differences between the responses of parents of 13-18 year olds and all other age groups. The trend indicated that parents of older children tended to feel less welcome at their child's educational setting than parents of younger children (Figure 123).

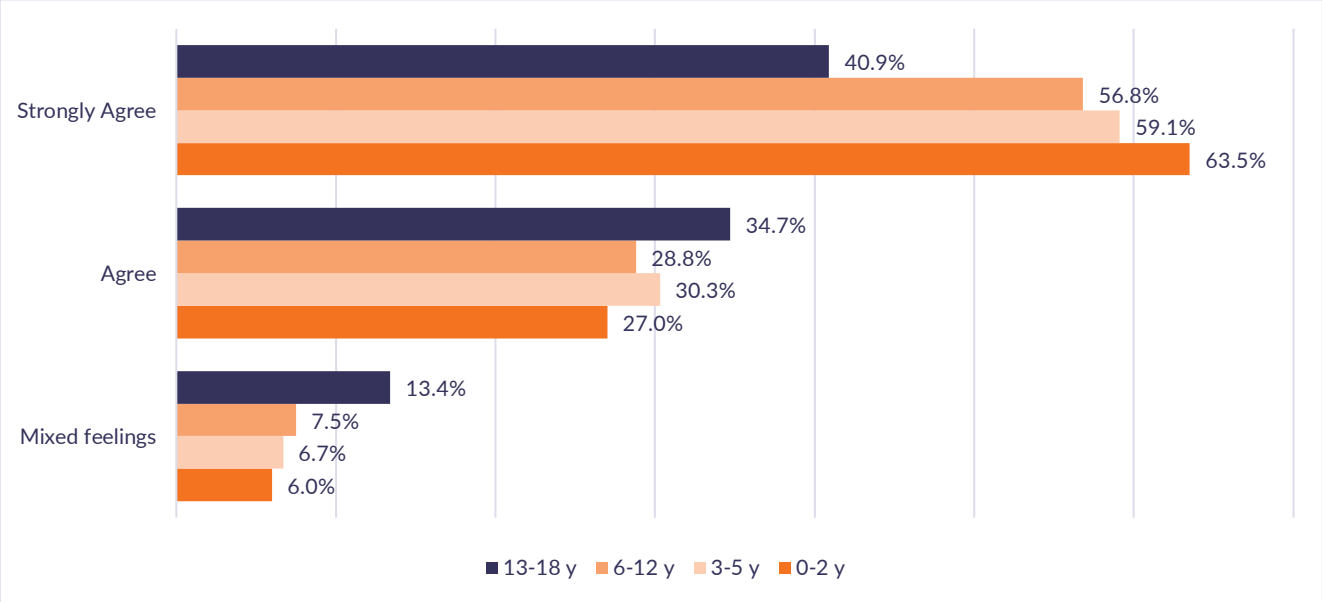

Figure 123. The extent to which parents felt welcome at their child's educational setting by child age group (population weighted data)

Consistent with 2019, *mother/father*, *metropolitan/regional* and *socio-economic areas* comparisons showed no significant differences.

HOMEWORK

Parents who had children attending school were asked four questions about homework. These questions were also asked in the 2019 survey.

Importance of homework

Sixty-seven percent of parents agreed or strongly agreed homework other than reading is important for their child's learning, a finding consistent with the 2019 survey (65%). Fathers were more likely to agree or strongly agree (74%) than mothers (62%), $F(1,1692)=34.983$, $p<.001$, a small effect ($\eta^2 = .02$) (Figure 124).

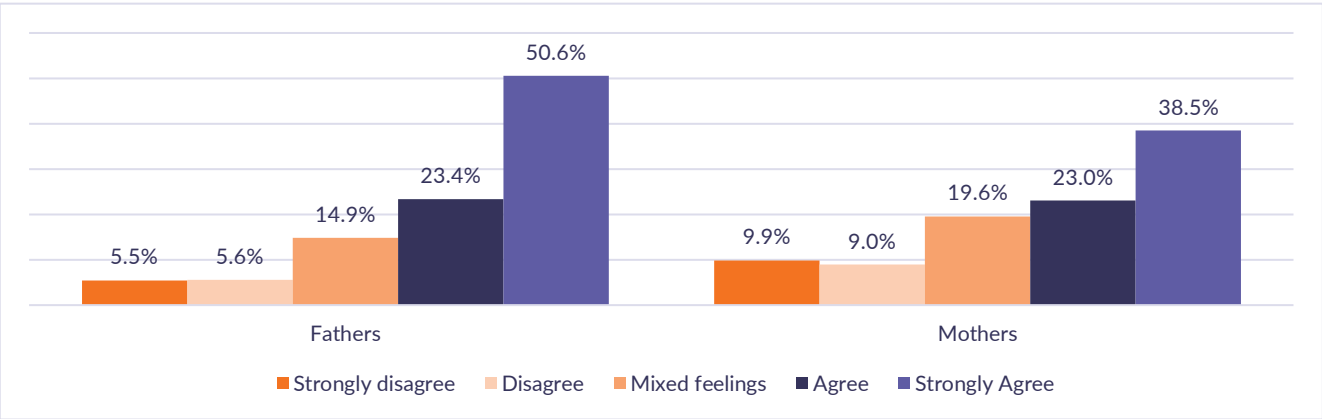

Figure 124. Parent's opinion about how important homework is by parent gender (population weighted data)

There were no significant differences for *child age groups*, *metropolitan/regional* areas, areas of *socio-economic disadvantage*, or whether the child had *complex needs*. This is consistent with the 2019 survey.

Amount of homework

Parents were asked their opinion on whether the homework given to their child, other than reading, was too much or too little. About half of parents believe the amount of homework is about right. Of those who disagreed, parents who feel there is not enough homework outnumber parents who believe children have too much homework.

Consistent with 2019, a mean difference between parents of children in different age groups was identified. Parents of older aged children (13-18 years) were more likely to say there was too much home work, $F(1,1692)=64.194$, $p<.001$, compared to parents of children in younger age groups (6-12 years). This effect was small ($\eta^2 = .037$) (Figure 125).

Consistent with the 2019 survey, there were no differences between *mothers and fathers*, *metropolitan and regional areas*, areas of *socio-economic disadvantage*, or between children who did or did not have *complex needs*.

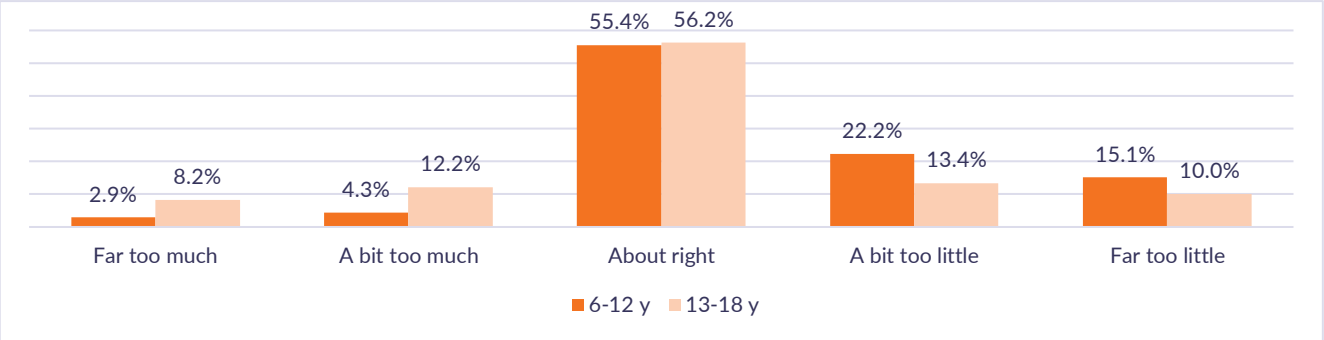

Figure 125. Parent's opinion about the amount of homework given to their child by child age group (population weighted data)

Parents' responsibilities regarding homework

Parents were asked how much they agreed with the statement 'It's my job to help my child with their homework'. Sixty-six percent of parents agreed or strongly agreed it was their job to help their child. This is slightly less than the 2019 survey, which found 71% of parents agreed or strongly agreed.

There were *child age* differences with parents of children aged 6 to 12 years more likely to agree or strongly agree (Figure 126) compared to parents of children aged 13 to 18 years. These differences were statistically significant, $F(2,1692)=49.528$, $p<.001$, with a small effect size ($\eta^2 = .028$). These findings are consistent with the 2019 survey findings.

There were no significant differences between *mothers and fathers*, areas of *socio-economic disadvantage* or *metropolitan and regional* areas and *parents of children with and without complex needs*.

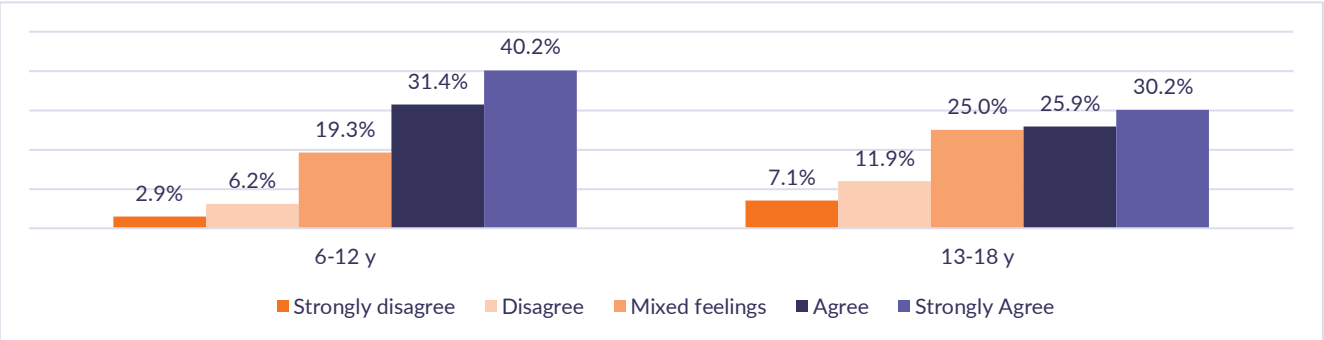

Figure 126. It's my job to help my child with their homework by child age (population weighted data)

Stress related to helping with homework

The final homework question asked parents whether helping with homework was stressful. Approximately half of parents (48%) disagreed or strongly disagreed helping with homework was stressful, 21% had mixed feelings and 31% agreed or strongly agreed helping their child with their homework was stressful.

Consistent with the 2019 survey results, *mothers* were more likely to agree or strongly agree that helping with homework was stressful (36.1%) compared to *fathers* (24.5%). Mean differences (mothers 2.9, *SD* 1.392; fathers 2.45, *SD* 1.309) were statistically significant, $F(1,1692) = 44.166$, $p<.001$, with a small effect size ($\eta^2 = .025$).

How stressful parents found homework was also related to *child age* with parents of older children reporting stronger agreement (Figure 127). The mean differences showed parents of children 13-18 years found supporting homework more stressful than parents of younger aged children, $F(1,1692) = 13.347$, $p<.001$, with a small effect size ($\eta^2 = .008$). This is also consistent with the 2019 survey results.

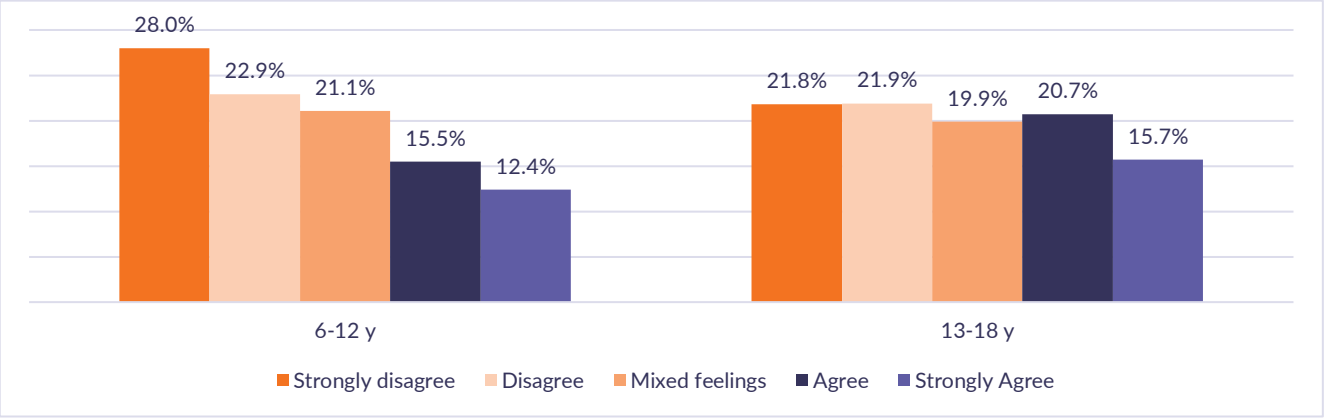

Figure 127. Parents' feelings of stress around helping with homework by child age (population weighted data)

Consistent with 2019 survey findings, parents of children with *complex needs* reported a stronger level of agreement with the statement that helping their child with homework was stressful (Figure 128). Twenty-six percent of parents whose child did not have *complex needs* agreed or strongly agreed, compared to 36% of parents whose child had *complex needs*. The mean difference, though small ($\eta^2 = .015$), was statistically significant, $F(1,1692) = 25.044$, $p<.001$.

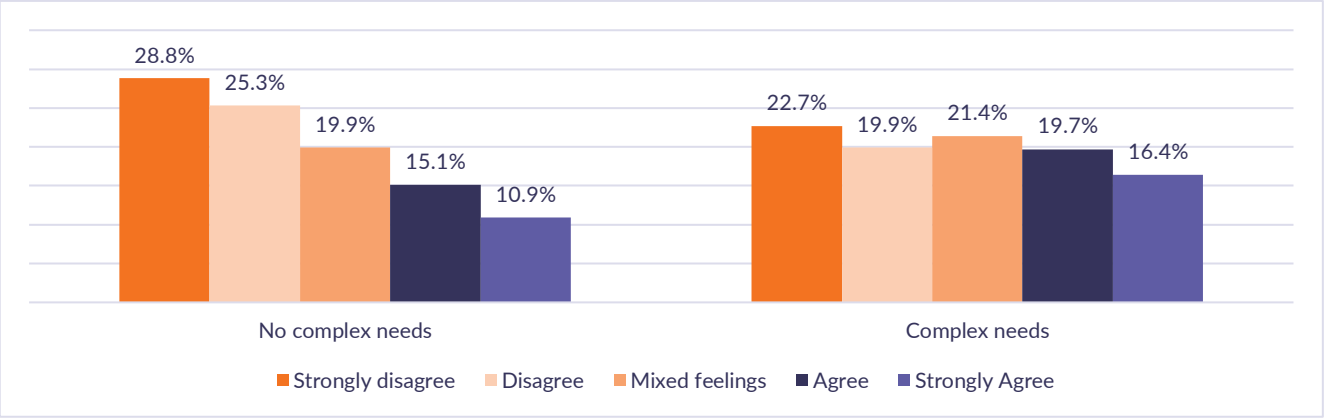

Figure 128. Degree to which helping with homework is stressful for parents of children with and without complex needs (population weighted data)

When it came to how stressful parents found helping their child with homework, there were no significant differences between parents in *metropolitan and regional* and different *socio-economic areas*.

PARENTS' CONFIDENCE IN HELPING CHILD DO WELL IN SCHOOL

Parents were asked, 'How confident are you that you can help your child do well in school?' Seventy-three percent of parents said they were 'very confident' or 'confident', while 28% of parents said they were only 'a little', 'not very' or 'not at all confident'.

There were significant differences between *mothers and fathers*, with mothers indicating they were less confident they could help their child do well in school, $F(1,2594) = 12.278$, $p<.001$, with a small effect size ($\eta^2 = .005$). Seventy-six percent of fathers reported they were confident or very confident they could help their child do well in school compared to 70% of mothers.

There were also significant differences between the parents of children in *different age groups*, and *with and without complex needs*. Parents were progressively less confident as their children grew older $F(1,2594) = 55.481$, $p<.001$, with a medium effect size ($\eta^2 = .06$) (Figure 129). Thirty percent of parents of children with complex needs reported they were very confident, compared to 40% of parents of children without complex needs. Compared to other parents, parents of *children with complex needs* reported less confidence in helping their child to do well in school $F(1,2594) = 63.386$, $p<.001$, with a small effect size ($\eta^2 = .024$).

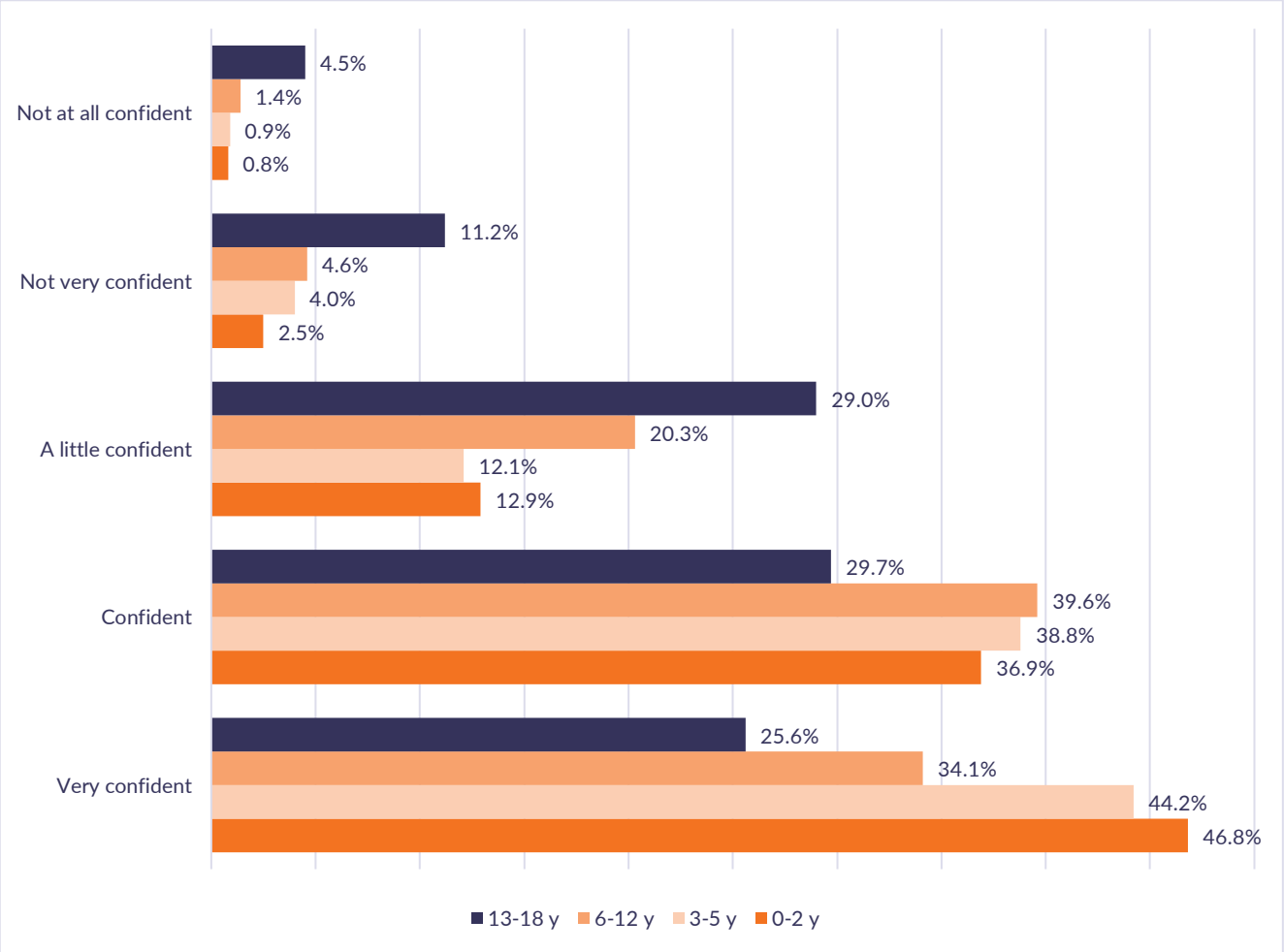

Figure 129. Parents' confidence in helping their child do well at school by child age (population weighted data)

There were no significant differences between parents in *metropolitan and regional* and different *socio-economic areas*.

PARENTS' ASPIRATIONS FOR THEIR CHILD'S EDUCATION

Parents were asked in 2016 and again in 2022 about their aspirations for their child's education. All parents were asked 'Ideally, how far would you like your child to go with their education'? For this item, there were 8 response options including 'other'. For analysis, some response options were combined resulting in 5 categories including 'other'. Parent responses to this question are shown in Figure 130. The majority of parents (48%) would like their child to complete a bachelor's degree or post-graduate qualification, while 17% would like their child to leave after year 12. Only 4% said they wanted their child to complete TAFE or enter a trade and 1% said they aspired for their child to complete year 10 or 11 at school. Approximately 30% described their aspirations for their child's education in individual terms ('other'), with many of these parents saying they were happy to leave the decision up to their child or they hoped their child would go as far as possible.

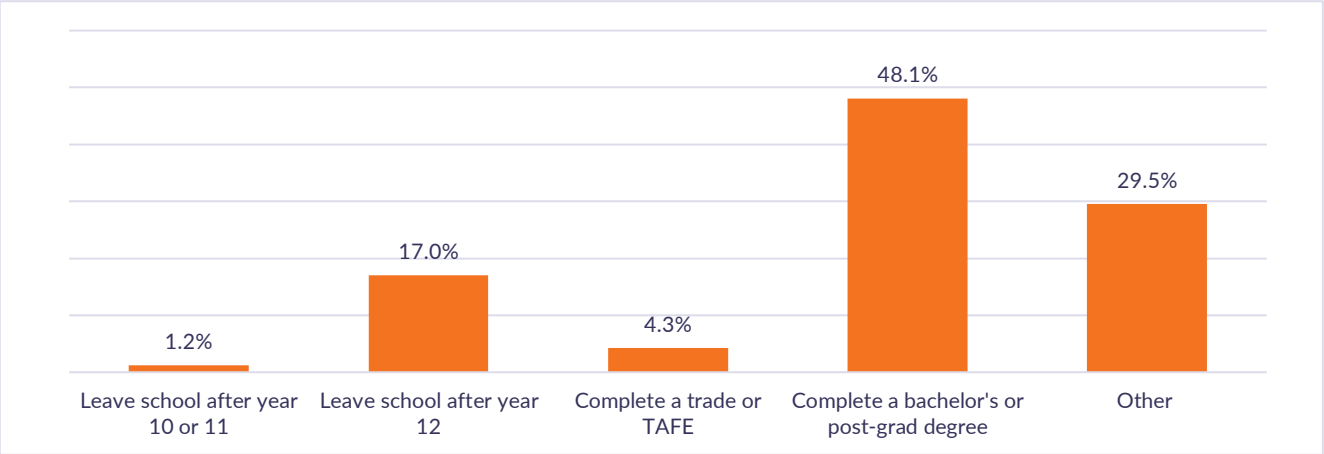

Figure 130. Parents' aspirations for their children's education (population weighted data)

Leave school after year 10 or 11

Parents of children with *complex needs* were more likely to say they aspired for their child to leave school after year 10 or 11, $\chi^2(1, N=2596) = 25.547$, $p<.001$ (small effect size $\varphi = -.099$). The number of parents who aspired for their child to leave school after year 10 or 11 was low for both groups, 2.3% for parents of children with complex needs and 0.2% for parents of children without complex needs.

There were no significant differences in *mothers and fathers*, parents of children in *different age groups*, parents in *metropolitan and regional areas* and different *socio-economic areas*, in parents' aspirations for their children to leave school after completing year 10 or 11.

Leave school after year 12

Mothers were more likely to say they aspired for their child to leave school after year 12 compared to fathers $\chi^2(1, N=2596) = 14.971$, $p<.001$ (small effect size $\varphi = -.076$). Twenty percent of mothers aspired for their child to leave school after year 12 compared to 14% of fathers.

Parents in *regional areas* were also more likely to say they aspired for their child to leave school after year 12 compared to parents in metropolitan areas $\chi^2(1, N=2596) = 31.694$, $p<.001$ (small effect size $\varphi = -.111$). Twenty-four percent of parents in regional areas aspired for their child to leave school after year 12 compared to 15% of parents in metro areas.

There were no significant differences in parents of children in *different age groups*, parents of children with *complex needs* and different *socio-economic areas* in parents' aspirations for their children to leave school after year 12.

Attend TAFE or enter a trade

Parents of older children were more likely to say they aspired for their child to complete a qualification at TAFE or a trade $\chi^2(3, N=2596) = 52.128$, $p<.001$ (small effect size $\varphi = -.142$). Nine percent of parents of children aged 13-18 years aspired for their child to complete a qualification at TAFE or a trade, compared to 4% of parents of children aged 6-12 years.

Parents of children with *complex needs* were more likely to say they aspired for their child to complete a qualification at TAFE or a trade $\chi^2(1, N=2597) = 26.095$, $p<.001$ (small effect size $\varphi = -.100$). Seven percent of parents of children with complex needs aspired for their child to complete a qualification at TAFE or a trade, compared to 3% of parents of children without complex needs.

There were no significant differences in *mothers and fathers*, parents in *metropolitan and regional areas* and different *socio-economic areas*, in parents' aspirations for their children to complete a qualification at TAFE or a trade.

Complete a bachelor's or postgraduate degree

Parents in *metropolitan areas* were more likely to say they aspired for their child to complete a bachelor's or postgraduate degree compared to regional areas $\chi^2(1, N=2596) = 48.612$, $p<.001$ (small effect size $\varphi = .137$). Fifty-two percent of parents in metropolitan areas aspired for their child to complete a bachelor's or post-graduate degree compared to 37% of parents in regional areas.

Parents of children with *complex needs* were less likely to say they aspired for their child to complete a bachelor or postgraduate degree compared to parents of children without complex needs $\chi^2(1, N=2596) = 21.239$, $p<.001$ (small effect size $\varphi = .09$). Forty-three percent of parents of children with complex needs aspired for their child to complete a bachelor's or post-graduate degree compared to 52% of parents of children without complex needs.

There were no significant differences in *mothers and fathers*, parents of children in *different age groups* and different *socio-economic areas*, in parents' aspirations for their children to complete a bachelor's or postgraduate degree.

Other responses

Fathers were more likely to give an individual response compared to *mothers* $\chi^2(1, N=2596) = 14.995$, $p<.001$ (small effect size $\varphi = .076$). Thirty-four percent of fathers provided an individual response compared to 27% of mothers.

Parents of younger children were also more likely to give an individual response compared to parents of older children $\chi^2(1, N=2596) = 26.494$, $p<.001$ (small effect size $\varphi = .101$). Thirty-six percent of parents of children aged 0-2 years provided an individual response compared to 25% of parents of children aged 13-18 years.

There were no significant differences in parents living in *metropolitan and regional areas*, parents of children in *with and without complex needs* and different *socio-economic areas*, in parents' likelihood to describe individual aspirations, such as 'as far as they want to go'.

Concluding statement

The Parenting Today in Victoria surveys of 2016 and 2019 provided a valuable snapshot of how Victorian parents were faring. With data collected from a new cohort of parents in 2022 we have a snapshot of contemporary parenting experiences at a time when families are adjusting to the changes of Covid-19.

There have now been three waves of data collection, adding more meaning to any trends observed in the data across time. However, it is important to note that differences observed between 2019 and 2022 may be, at least partly, explained by Covid-19 and the associated societal changes.

In this section we highlight the key findings from the 2022 survey, including notable differences between 2016, 2019, and 2022. These differences have not been subjected to statistical analysis, however, they do provide an indication of emerging trends and point to areas for further investigation and continued monitoring.

Consistent with 2016 and 2019, mothers and fathers in 2022 are generally faring well. Most are confident in their parenting and have a trusted person they can turn to for advice. Further, most parents report at least 'good' physical health.

Most parents in 2022 report having overall positive interactions with their children. Most parents report that they use positive consequences for good child behaviour, cuddle or otherwise use physical contact to settle or calm their child, reason with their child when they are misbehaving, encourage their child to express their feelings in words when they are upset, and use everyday activities to teach their child. The frequency of preschool children (3-5-year olds) being read to is similar to previous surveys, with 57% being read to every day, compared to 54% in 2016 and 60% in 2019.

Most parents (83%) in 2022 said they never smack their child which is an increase from previous years (72% in 2016, 73% in 2019). However, about one in six parents say they still smack their child at least a little.

The 2022 survey does indicate some areas worthy of attention. For example, nearly half of parents (46%) said their child's sleep was a problem for them, which is higher than in 2019 (44%) and 2016 (36%). Many parents continue to express challenges in their own parenting. Around two in five wish they didn't become impatient so quickly with their child, around one in five find parenting to be very or extremely frustrating, and almost half say they are dissatisfied or have mixed feelings about the amount of time they can give their child. Further, based on questions new to 2022, many parents are concerned about their child's worries, concerns, or anxieties (asked for children aged 3-18 years), their child playing computer games or using electronic devices (asked for children aged 3-18 years), and their child's use of social media (asked for children aged 6-18 years). Fathers were less concerned than mothers about some child behaviours, including whining, not doing as asked, tantrums, not attending school, and worries, fears or anxiety.

Nevertheless, most parents are confident that they know how to help their child do well at school, and more than half would like their child to complete a Bachelor's degree or post-graduate qualification. Consistent with previous surveys, parents saw homework as important, and most felt it was their job to assist children with homework. Almost a third of parents reported that helping with homework was stressful (compared to a quarter in 2019), suggesting an important area for continued support. Mothers, parents of older children and parents of children with complex needs were more likely to report that helping with homework was stressful, and less likely to be confident in helping their child do well in school.

Most parents report positive interactions with their children's educators, however, parent reports of satisfaction with communication and their perceptions of feeling welcome at school or childcare has dropped since 2019. This decrease in satisfaction and feeling welcome may be related to changes in school and teacher communication due to Covid-19, including a decrease in the incidental communications that occur at pick-up and drop-off times. Consistent with 2019, parents of older children report less satisfaction and feeling less welcome. In 2019, there was a non-significant trend for parents of children with complex needs to feel less satisfied with communication compared to parents of children without complex needs, but this was statistically significant in 2022.

In 2022 there was a meaningful decrease in educators being accessed for parenting information and advice: 68% in 2016, 72% in 2019 and 50% in 2022. While it is possible this could reflect a Covid-19 effect – parents had less access to their children's educators over the past 2 years – it also needs to be acknowledged that the wording for this item changed in 2022. In 2016 and 2019 the phrasing for this item was 'early childcare staff or teacher/principal', while in 2022 the phrasing was 'centre-based childcare staff or teacher/principal'. It is possible that parents made a distinction between 'centre-based' and other types of child care (e.g., in home family day care). Even if parents did make this distinction, the drop seems too large to be fully accounted for by this explanation.

Comparing results across the three waves of the survey, it appears that parents are reporting poorer mental health over time. While just over half of all parents (55%) scored in the low range of current psychological distress in 2022, 38% scored in the moderate range and 7% had clinically concerning levels of distress. In 2019, 63% scored in the low range, 31% scored in the moderate range and 6% had clinically concerning levels of distress. In 2016, 72% were in the low distress range, 24% were in the moderate range, and only 4% were in the clinical range. While it is possible that the increase in distress between 2019 and 2022 could be due to the impact of Covid-19 on parental mental health, the trend was also observed between 2016 and 2019 suggesting that the increase cannot be wholly explained by Covid-19.

Alongside concerning levels of distress among parents, our findings suggest that many parents are not allowing themselves much in the way of self-care or self-compassion. Only 40% of parents said they regularly did things to relax and re-energise compared to 55% in 2019. Just over half say they can forgive themselves when they make parenting mistakes, over a third feel they are too hard on themselves about their parenting, and about one in six say they struggle with feelings of guilt or shame about their parenting. Many also reported difficulties in their employment situation that prevented them from meeting their parenting responsibilities. Time pressure and tiredness were a common concern for many parents, especially for mothers, parents of pre-school children, and parents of children with complex needs.

New to 2022, we asked parents about whether they feel they get enough sleep. About one-third of parents disagreed or strongly disagreed with this statement. On average, parents estimated they achieved less than seven hours of sleep each night. Mothers, parents of very young children, and parents of children with complex needs were less likely to say they get enough sleep.

Consistent with previous waves of the survey, parents of children with complex needs are not faring as well as other parents. In 2022, parents of children with complex needs reported poorer physical and mental health, lower parenting confidence, and that parenting is more demanding and frustrating. They were more likely to worry, to be hard on themselves, and to struggle with feelings of guilt or shame about parenting, and less likely to forgive themselves when they make parenting mistakes. They were also less likely to say they regularly did things to relax and re-energise. They also had higher rates of homework-related stress, poorer communications with their children's educators, lower confidence in helping their child do well in school, and reported more child behaviour problems, including child sleep problems. These findings have implications for the National Disability Insurance Scheme (NDIS) as the main government investment in enhancing the lives of individuals with disability. Our findings highlight the need for greater accessibility of parenting supports which can be built into support plans for children with complex needs.

Not surprisingly, our findings suggest that parent experience varies according to child age. For example, parents of adolescents reported more homework-related stress, poorer communications with their children's teachers, more concerns about child anxiety, worry, and depression, and more concerns about social media use. Compared to parents of younger children, parents of 6-12 year olds reported more concerns about child anxiety, worry, and depression, were more likely to yell and argue with their child, and expressed a greater desire to be more consistent in their parenting. Compared to parents of teenage children, parents of 6-12 year olds were more concerned about their child being violent or aggressive towards themselves or their partner.

Our findings suggest that parents of children from more disadvantaged neighbourhoods are more concerned about their child being bullied and also bullying others. This is concerning and is supported by other research (e.g., Tippett & Wolke 2014). These findings highlight the importance of reducing disadvantage, but also the importance of universal programs to reduce bullying so that its effects on an already disadvantaged group are reduced.

While our survey findings raise concerns about particular parenting challenges and parental wellbeing, our findings also suggest the majority of parents in Victoria are feeling supported, and that they know where to go for help if they need it. While the wording of questions about sources of support changed in 2022 (items were framed in a 12-month period), making it challenging to compare to responses in 2016 and 2019, the findings continue to suggest that most parents are feeling supported.

Only a small number of parents reported that they did not access any sources of parenting information or advice, ranging from less than 1% in very young children to less than 5% for parents of adolescents. Eight in ten parents used the internet for parenting information, and most parents said they would know where to go for help with child behavioural or emotional concerns if they needed it. New to 2022, parents were asked if they were confident they would know if their child was developing a mental health problem and most parents were confident.

There has been an increase over time in parents' use of the Raising Children Network website. Of note, 50% of mothers reported having used the raisingchildren.net.au website compared to 14% of fathers. This was the largest difference observed in any of the sub-group comparisons. That mothers report higher use of raisingchildren.net.au is consistent with other findings, including that a larger proportion of mothers reported accessing support from many of the sources of parenting information compared to fathers. This suggests that more work could be done to engage fathers with parenting information and support.

It is interesting to note that there were no differences between mothers and fathers in accessing parenting information or advice from many source types, including face-to-face parenting education groups or seminars. From this finding, we could conclude that the current generation of fathers are accessing parent support groups and other sources of parenting information more frequently than previous generations. Nonetheless, before drawing these conclusions, it is important to consider whether this finding might reflect socially desirable responding. In previous surveys, the high rate of engagement reported by fathers was not consistent with other research which identifies low engagement of fathers in parent education programs and highlights the need for barriers to fathers' engagement to be addressed (e.g., Maxwell et al., 2012; Panter-Brick et al., 2014; Yogman, Garfield, & Committee on Psychosocial Aspects of Child and Family Health, 2016). It is also possible that parent reports of their attendance at parenting education groups are inflated due to parents (both men and women) reporting on attendance at an informal parents' social group rather than a more formal seminar focused on parenting education.

Consistent with 2019, three in every four parents were satisfied with the professional help they've received. However, a small proportion of parents feel judged, blamed or criticised when seeking help from a GP or other health professional, suggesting an area that could be addressed.

In 2022 a new focus of the survey was to gain deeper insights into help-seeking, with an emphasis on telepractice. Just over a third (36%) said they had accessed parenting information or advice remotely from a GP or other professional. Of these parents, one in five felt remote services were a little or much better, two in five felt they were just as good, and two in five felt remote services were a little or much worse than in-person services. The reasons given for why remote services were a little or much worse included: the professional was not able to assess the parent or child (49%); it was difficult to communicate (46%); and it was challenging to build a relationship (41%). These findings suggest that accessing parenting information and advice remotely works well in some circumstances for some people, and is sometimes preferred over face-to-face supports. These results also highlight the importance of access to face-to-face parenting information and advice under some circumstances, especially for initial sessions where

establishing rapport is important, and for child health or behavioural assessments. It will be interesting to monitor whether in-person service delivery returns to pre-COVID levels in the future, and if not, additional investment will likely be needed to ensure parents can access the supports they and their children need via remotely delivered alternatives.

Many parents (62%) said they were likely to participate in a parenting program in future. Parents were also asked to identify the features of a parenting program that would influence their decision to participate. Being able to complete the program in the parents' own time (83%) and online (80%) were rated higher than being able to complete the program in person (61%) or in a group (49%). This provides a strong rationale for continued funding and promotion of online parenting programs, as is currently the case for Triple P which is universally available and funded by the Australian government.

The findings from the three waves of the *Parenting Today in Victoria* survey data, collected in 2016, 2019 and 2022, provide valuable knowledge about how Victorian parents are faring and their support needs. The *Parenting Today in Victoria* survey is important for building knowledge about parenting experiences and support needs, and continues to guide support provision and policy for Victorian families.

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Appendix 1. Survey items

Parenting Today in Victoria Survey 2022

Item No	Item	Response options	Source
	Screening and quota questions		
1	Are you at least 16 years old?	Yes 1 No 2 Refused 97	NA
2	What is the postcode where you live?		NA
3	How many children do you have?	Number:	Devised by team
4	How many children aged under 18 years live with you for at least 4 days per week?	Number:	Devised by team
5	Of the children who live with you for at least 4 days per week, please select the child whose last birthday is closest to today's date. (Obtain first name) *Note: if the child is of multiple birth (e.g., twin), ask respondent to choose one of the children to focus on for the survey We would like to give this child a name for the rest of the interview, what name should I use?	[Child name]	Devised by team
6	How old is [child name]?	Number [Age in years, 0 if an infant]	NA
7	What gender is [child name]?	Female Male Other (please specify)	NA
8	Can I ask for [child name] month and year of birth?	mm/yyyy 99 refused	Devised by team
9	What is your relationship to [child name]?	Biological mother Biological father Non-biological mother Non-biological father Other (please specify)	Devised by team
Item No	**About you, your child, and your family**	**Response options**	**Source**
10	Do you have a partner that lives with you? If yes, go to Q11 If no, go to Q15.	Yes No	Devised by team
11	What is your partners relationship to [child name]?	Biological mother Biological father Non-biological mother Non-biological father Other (please specify)	Devised by team

12	How often do you and your partner agree on how to parent [child name]?	All of the time Most of the time Occasionally Rarely Never	Devised by team
13	How often do you feel that your partner understands and is supporting you as a parent?	All of the time Most of the time Occasionally Rarely Never	Adapted from LSAC
14	On a scale of 1 (Not at all fair) to 5 (Very fair), how fair does the current sharing of child care and other parenting tasks between you and this person feel?	Not at all Fair ... ... Very fair	Wynter, et al (2017)
15	Does [child name] have any physical chronic health or medical conditions that have lasted, or are likely to last, for 6 months or more?	No Epilepsy or seizure disorders Diabetes Asthma/breathing problems Allergies/anaphylaxis Eczema/skin conditions Ear, nose, or throat problems (e.g. infections) Gastro-intestinal problems Frequent headaches/migraines Other (specify)	Devised by team (based loosely on ICD-11 categories)
16	Does [child name] have any sensory impairments or learning difficulties that have lasted, or are likely to last, for 6 months or more?	No Sensory disability (vision, hearing) Learning difficulties (dyslexia, dyspraxia, speech/language difficulty, slow progress) Developmental delay Intellectual disability Other (specify)	Devised by team (based loosely on ICD-11 categories)
17	Does [child name] have any behavioural or emotional difficulties that have lasted, or are likely to last, for 6 months or more?	No Behavioural problems (e.g., ADHD, conduct disorder) Autism spectrum disorder (including what was known as Asperger's syndrome) Depression Anxiety Other (specify)	Devised by team (based loosely on ICD-11 categories)
18	What is your birthdate?	dd/mm/yyyy	Devised by team
19	Do you identify as being of Aboriginal and /or Torres Strait Islander descent?	No Yes Aboriginal Yes Torres Strait Islander Yes both Aboriginal and Torres Strait Islander	LSAC
20	What is the main language you speak at home? (If multiple, record the main one)	Select the main one: English Vietnamese Cantonese	LSAC

		Arabic (or Lebanese) Mandarin Turkish Korean Khmer Spanish Persian Assyrian (or Aramaic) Greek Italian Japanese Aust. Aboriginal Other specify	
21	What are your main work or study activities at present?	Select as many as apply: Full-time paid employment Part-time paid employment Casual paid employment Unemployed and seeking work Home duties Full-time student Part-time student Permanently retired On leave from work Volunteer or unpaid work Other	LSAC plus devised by team
22	What is the highest education level you have completed?	Select one: Year 9 or below Up to Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent Vocational qualification (e.g., apprenticeship, trade, certificate) through a TAFE or college Diploma Bachelor Degree Postgraduate degree (PhD, Masters, Post-grad diploma) Other	LSAC plus devised by team
23	Before income tax is taken out (so gross income), what is the total income in your household (including all adults who live in your home four days a week or more) This should include income from work, investments, and government benefits.	Select one: Less than $500pw ($25,999 or less per year) $500-999pw ($26,000-$51,999 yearly) $1000-$1,499pw ($52,000 - $77,948 yearly) $1,500 - $1,999pw ($78,000 - $103,948 yearly) $2,000 - $2,499pw ($104,000 - $129,948 yearly) $2,500 - $2,999pw ($130,000 - $155,948 yearly) $3,000 - $3,499pw ($156,000 - $181,948 yearly) Over $3,500pw (more than $182,000 yearly) Don't know Prefer not to answer	LSAC plus devised by team
24	[For this item, check as many as apply]	1. Long day care (center based care) 2. Family day care	Devised by team

	(COVID restrictions permitting) does your child attend (0-5 years): • Long day care (center based care) • Family daycare • Three-year old Kindergarten • Four-year old Kindergarten • No kinder or day care • Primary school • Community playgroup • Supported playgroup • Other (6-13 years of age) • Primary school • Secondary school • Out of Hours School Care • Other (14 to 18 years of age) • Secondary school • Part time work • Full time work • TAFE • University • Other	3. Three-year old Kindergarten 4. Four-year old Kindergarten 5. Primary school 6. Community playgroup 7. Supported playgroup 8. Secondary school 9. Out of Hours School Care 10. Part time work 11. Full time work 12. TAFE 13. University 14. Other (specify) 15. Refused	
Item No	**Experience of being a parent**	**Response options**	**Source**
25	On a scale of 1-5 where 1 is not at all and 5 is extremely, to what extent do the following statements describe your experience as a parent in the last 6 weeks? Parenting is frustrating	Not at all Slightly Moderately Very Extremely	Devised by team
26	Parenting is demanding	Not at all Slightly Moderately Very Extremely	Adapted from Sanders et al 1999
27	Parenting is rewarding	Not at all Slightly Moderately Very Extremely	Adapted from Sanders et al 1999
28	Using the scale of 1-5 where 1 is strongly disagree and 5 is strongly agree, How strongly do you agree with the following statements? I have confidence in myself as a parent	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Me as a Parent Scale (MaaPS) -Item 3

29	I have the skills necessary to be a good parent to my child	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Me as a Parent Scale (MaaPS) -Item 11
30	I know I am doing a good job as a parent	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Me as a Parent Scale (MaaPS) -Item 12
31	I can stay focused on the things I need to do as a parent even when I've had an upsetting experience	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Me as a Parent Scale (MaaPS) -Item 14
Item No	**Approach to parenting**	**Response options**	**Source**
32	For the next three items, I am going to read out a statement and I am asking you to say how much you agree or disagree with the item. Keep in mind [same child's name] when answering these questions. I wish I did not become impatient so quickly with my child	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Parent Performance -Item 1
33	I wish I were more consistent in my parenting behaviours	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Parent Performance -Item 3
34	I am satisfied with the amount of time I can give to my child	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Parent Performance -Item 10
35	Thinking again about [child's name], how much of a problem are the following common issues for you: Your child's sleep	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	LSAC (Adapted by team)
36	[ask only if child is 2+ years] [Child's name] not doing what you ask	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
37	[ask only if child is 2+ years] [Child's name] not following family rules	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team

38	[ask only if child is 2+ years] [Child's name] lying	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
39	[ask only if child is 2+ years] [Child's name] whining	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
40	[Child's name]'s Eating (such as fussiness about food, over-eating or under-eating)	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
41	[ask only if child is 2+ years] [Child's name] arguing or fighting with siblings	A large problem A moderate problem A small problem No problem at all Not sure/Don't know Not applicable (has no siblings)	Devised by team
42	[ask only if child is 2+ years] [Child's name]'s worries, fears or anxiety	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
43	[ask only if child is 6+ years] [Child's name] not attending school	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
44	[ask only if child is 6+ years] [Child's name] being violent or aggressive towards you or your partner	A large problem A moderate problem A small problem No problem at all Not sure Don't know	Devised by team
45	[ask only if child is 2+ years] [Child's name]'s tantrums	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
46	[ask only if child is 4+ years] [Child's name] being bullied	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team

47	[ask only if child is 4+ years] [Child's name] bullying others	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
48	[ask only if child is 2+ years] [Child's name] being depressed or withdrawn	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
49	[ask only if child is 6+ years] [Child's name]'s use of social media	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
50	[ask only if child is 2+ years] [Child's name] playing computer games or using electronic devices like iPads, Playstation etc	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
51	[ask only if child is 6+ years] [Child's name] not doing chores	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
52	[ask only if child is 4+ years] [Child's name] not paying attention (being distractable)	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
53	[ask only if child is 4+ years] [Child's name]'s persistence (not sticking with tasks)	A large problem A moderate problem A small problem No problem at all Not sure/Don't know	Devised by team
54	Are there other moderate of large problems or issues for this child that we haven't asked about? (please specify what that is	Specify…	Devised by team
55	[skip logic needed here: If responded a small, moderate, or large problem for item 35 (sleep)]: Why is [child's name] sleep a concern for you? [multiple responses possible – so is yes/no for each option]	1. Hard to get child to bed at bedtime 2. Child goes to bed too late 3. Takes a long time to fall asleep 4. Nightmare/night terrors 5. Hard to get child out of bed in morning 6. Wakes repeatedly through night	Devised by team

		7. Wants to sleep in my room 8. Using electronic devices 9. Bedwetting 10. Other (specify)	
56	[skip logic needed here: If responded a small, moderate, or large problem for item 49 (use of social media)]: What concerns you about [child's name] use of social media? [multiple responses possible – so is yes/no for each option]	1. Too much time on social media 2. Peer pressure and comparison 3. Cyber bullying (being a victim or perpetrator) 4. Exposure to inappropriate content 5. Other (specify)	Devised by team
57	For the next set of items, I am going to read out a statement and I am asking you to say how true the statement is for you. [When target child is younger (0 - 5 years)]: I help my child learn through play [When target child is older (6 years +)]: I use everyday activities to teach my child	Not at all A little Quite a lot Very much	Devised by team
58	When my child behaves well, I reward them with praise/a treat/attention	Not at all A little Quite a lot Very much	Parenting and Family Adjustment Scale -Item 2
59	Our family has well established daily routines and mostly stick to them	Not at all A little Quite a lot Very much	Devised by team
60	I hold, cuddle or otherwise use physical contact to settle or calm my child down	Not at all A little Quite a lot Very much	Adapted from Sanders CATI survey (Item 47)
61	I try to talk and reason with my child when they are misbehaving	Not at all A little Quite a lot Very much	Devised by team
62	[ask only if child is 2+ years] I encourage my child to express their feelings in words when they are upset	Not at all A little Quite a lot Very much	Devised by team
63	[For parents with children aged 0 - 12 years] I send my child to quiet time or timeout when they misbehave	Not at all A little Quite a lot Very much	Adapted from International Parenting Survey

			(Morawska, et al., 2019)
64	I threaten something (e.g., to turn off TV) when my child misbehaves but I don't follow through	Not at all A little Quite a lot Very much	Parenting and Family Adjustment Scale -Item 4
65	I deliberately ignore my child's minor misbehaviour	Not at all A little Quite a lot Very much	International Parenting Survey (Morawska, et al., 2019)
66	I let my child experience the natural consequences of their actions If an example is needed: 'Like if your child neglects to put his/her favourite T-shirt in the washing machine, he/she doesn't get to wear it to his friend's party.'	Not at all A little Quite a lot Very much	Devised by team
67	I take away a privilege or something my child likes if they misbehave	Not at all A little Quite a lot Very much	Devised by team
68	I smack my child when they misbehave	Not at all A little Quite a lot Very much	Parenting and Family Adjustment Scale -Item 9
69	I argue with or yell at my child about their behaviour or attitude	Not at all A little Quite a lot Very much	Parenting and Family Adjustment Scale -Item 10
70	I believe my child understands the consequences of breaking any rules we set in our household	Not at all A little Quite a lot Very much	Devised by team
Item No	**Parent engagement with learning**	**Response options**	**Source**
71	[For primary school aged and below: 0-12 years] In the last week, on how many days did you or another member of your family, spend some time reading to [child name]?	0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days	Australian Bureau of Statistics (ABS)
72	[Next 4 items are for parents of primary school aged children and above: 6-18 years] Let's talk about homework…Other than reading, would you say the homework given to your child is….	Far too much A bit too much About right A bit too little Far too little	Devised by team

73	Using the scale of 1-5 where 1 is strongly disagree and 5 is strongly agree, how strongly do you agree with the following statements? Homework other than reading is important for my child's learning	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Devised by team
74	It's my job to help my child with their homework	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Devised by team
75	Helping my child with their homework is stressful for me	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Devised by team
76	How confident are you that you can help your child do well in school? ('do well' can refer to school work, fit in with other kids etc.)	Very confident Confident A little confident Not very confident Not at all confident	Kids Matter (adapted by project team)
77	Ideally, how far would you LIKE [child name] to go with their education? (Initially, we want parents to generate their own responses. Only read out prompts if the parent needs help. Responses that don't fit with those listed – e.g., they should go as far as they want, I haven't thought about it, are coded as 'other' and written out in full)	Select one: 1. Leave after completing year 10 2. Leave after completing year 11 3. Leave after completing year 12 4. Complete a trade 5. Complete a certificate or diploma at TAFE/registered training provider 6. Complete a degree at university 7. Complete a higher degree/postgraduate studies at university 8. Other (specify)	Growing Up in Ireland / Devised by team
Item No	**Parent wellbeing and self-care**	**Response options**	**Source**
78	In general, would you rate your physical health as: excellent, very good, good, fair or poor.	Excellent Very Good Good Fair Poor	Devised by team
79	The following questions are about how you have been feeling during the past 30 days. During the past 30 days, about how often did you feel… nervous	All of the time Most of the time Some of the time A little of the time None of the time	K6
80	During the past 30 days, about how often did you feel… hopeless?	All of the time Most of the time Some of the time	K6

		A little of the time None of the time	
81	During the past 30 days, about how often did you feel… restless or fidgety?	All of the time Most of the time Some of the time A little of the time None of the time	K6
82	During the past 30 days, about how often did you feel… So depressed that nothing could cheer you up?	All of the time Most of the time Some of the time A little of the time None of the time	K6
83	During the past 30 days, about how often did you feel… That everything was an effort?	All of the time Most of the time Some of the time A little of the time None of the time	K6
84	During the past 30 days, about how often did you feel… worthless?	All of the time Most of the time Some of the time A little of the time None of the time	K6
85	Using the scale of 1-5 where 1 is strongly disagree and 5 is strongly agree, how strongly do you agree with the following statements? I have a healthy diet	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
86	I get enough sleep	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
87	On average, how many hours sleep do you get a night?	Enter number (hours)	Devised by team
88	I get regular exercise	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
89	I regularly do things for myself that help me relax and re-energise.	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
90	Tiredness gets in the way of being the parent I would like to be	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Parenting Research Centre Fatigue study
91	I worry a lot	Strongly disagree Disagree	Devised by team

		Mixed Feelings Agree Strongly agree	
92	I feel under constant time pressure	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
93	I feel like I use my mobile phone or other electronic device too much	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Adapted from McDaniel & Radesky (2017)
94	I am often hard on myself for not being the kind of parent I really want to be	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
95	I forgive myself when I make mistakes as a parent	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
96	I struggle with feelings of guilt or shame about my parenting	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
97	There are still things I can learn about parenting.	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
98	I'd like to ask you about your work: Thinking about paid work, I would like the opportunity to work more than I do now	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
99	[Items 99-103 asked of participants who respond yes to Full-time paid employment, Part-time paid employment, or Casual paid employment at item 21] I would like to work less than I do now	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
100	My work provides sufficient flexibility to enable me to fulfil parenting responsibilities	Strongly disagree Disagree Mixed Feelings Agree Strongly agree	Devised by team
101	My work prevents me spending sufficient quality time with my family	Very strongly disagree Strongly disagree Disagree	Work-Family Conflict Scale

		Mixed Feelings Agree Strongly agree Very strongly agree	
102	I am often distracted by thoughts about work while spending time with my family	Very strongly disagree Strongly disagree Disagree Mixed Feelings Agree Strongly agree Very strongly agree	Adapted from Haslam, et al. 2015
103	My work performance suffers because of my personal and family commitments	Very strongly disagree Strongly disagree Disagree Mixed Feelings Agree Strongly agree Very strongly agree	Work-Family Conflict Scale
Item No	**Parent support and help-seeking**	**Response options**	**Source**
104	[For the next 3 items], using the scale of 1-5 where 1 is strongly disagree and 5 is strongly agree, How strongly do you agree with the following statements? If I was having problems in my life, there is someone I trust that I could turn to for advice	Strongly disagree Disagree Unsure Agree Strongly Agree	Devised by team
105	My family are the people I turn to first when I am looking for help and support in raising [child name]	Strongly disagree Disagree Unsure Agree Strongly Agree	Devised by team
106	I am confident I would know if my child was developing a mental health problem	Strongly disagree Disagree Unsure Agree Strongly Agree	Devised by team
107	If I needed professional help with my child's behavioural problems (e.g., temper tantrums, breaking rules) I know where to go	Strongly disagree Disagree Unsure Agree Strongly Agree	Devised by team
108	If I needed professional help with my child's emotional problems (e.g., worries, fears, anxiety, depression), I know where to go	Strongly disagree Disagree Unsure Agree Strongly Agree	Devised by team

109	Consider the last 12 months for this question: Outside of your family, which of the following sources of parenting information or advice have you used? a. Reading books b. Newspaper articles/radio/TV c. Accessing information online d. Participated in a face-to-face parenting education group or seminar (e.g., Triple P, Tuning into Kids) e. Participated in an online parenting education program or seminar f. In person with a GP g. In person with another type of health professional such as a maternal and child health nurse, social worker, speech pathologist or psychologist h. Remotely with a GP or other professional (e.g., on the phone or through a video call) i. Telephone help line j. Community leader such as an Elder or religious leader k. Centre based childcare staff or teacher/principal l. First time parent group m. Friends or other parents n. Parent support group (e.g., MyTime) o. Supported Playgroup p. Something/someone else (please specify)	Yes No	Devised by team
110	If yes to 109c: Which of the following sources of online information have you used? (Indicate yes or no for each source) a. An App b. Webinar c. Podcast d. Child health website e. Parenting information website f. Blog g. Facebook, twitter or Instagram h. YouTube i. Chat	Yes No	Devised by team
111	If yes to 109c: Which of the following factors influence your choices about the information you access online? (please select yes or no for each factor)? a. Easy to understand b. Easy to access, e.g., time and means c. Anonymous	Yes No	Devised by team

	d. Provided by another parent e. Provided by a credible organisation f. Provided by a properly qualified professional g. Provided by someone who you can relate to because they have a similar cultural, ethnic or religious background h. From an Australian source i. It comes from someone in the area you live		
112	If no to 109d: Are you aware of any parenting programs that are available to you to access?	Yes No	Devised by team
113	If yes to 109d: You said you have participated in a face-to-face parenting education group or seminar… What is the name or names of the program or programs? [multiple responses acceptable]	Triple P-Positive Parenting Program Incredible Years Program (IY) Tuning into kids Sing and Grow HIPPY Circle of Security Other (please specify) I don't remember	Devised by team
114	If yes to 109d: How much of the program did you attend?	Little Some Most All	Devised by team
115	If yes to 109d & If respondent has a partner: Did your partner participate in the program?	Yes No	Devised by team
116	If yes to 109d: How helpful did you find the program?	Not at all helpful Somewhat helpful Very helpful Extremely helpful	Devised by team
117	If yes to 109e: You said you have participated in an online parenting education program or seminar… What is the name or names of the program or programs? (specify)	add reply in text or I don't remember	Devised by team
118	If yes to 109e: Did you do the program by yourself or with the help of a professional?	By self With help of professional	Devised by team
119	If yes to 109e:	A little Some	Devised by team

	Did you complete or finish the program?	Most All	
120	If yes to 109e & If respondent has a partner: Did your partner participate in the program?	Yes No	Devised by team
121	If yes to 109e: How helpful did you find the program?	Not at all helpful Somewhat helpful Very helpful Extremely helpful	Devised by team
122	If yes to 109f or 109g: [For the next 2 items], using the scale of 1-5 where 1 is strongly disagree and 5 is strongly agree, How strongly do you agree with the following statements? When you received in-person advice from a GP or health professional… I was satisfied with the help offered	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Devised by team
123	I felt judged, blamed or criticised in my interactions with this/these professionals	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Devised by team
124	If yes to 109h: When you received advice remotely from a GP or other professional, what ways did you have contact with them? (Select as many as apply)	1. Telephone 2. Videoconference (e.g., Zoom) 3. Texts 4. Emails 5. Webchat 6. Facebook messenger or similar 7. Other (please specify)	Devised by team
125	If yes to 109h: Compared to in-person services, please describe how you have found these services in meeting your needs?	Much better A little better Just as good A little worse Much worse	Devised by team
126	If responds “a little worse” or “much worse” to item 125, ask: Why didn’t it meet your needs? (Select as many as apply)	1. Challenging to build relationship 2. Difficult to communicate 3. I was not confident using technology 4. Did not have a private space 5. The professional wasn’t able to assess me or my child properly 6. Challenges with internet connection (e.g. hard to connect,	Devised by team

		not enough data, poor connection) 7. Limited access to technology or appropriate devices 8. Other (please specify)	
127	If responds “a little better” or “much better” to item 125, ask: What did you like about it? OR What made it better? (Select as many as apply)	1. Convenience 2. Didn’t need to travel 3. Reduced cost 4. Fitted around other family commitments 5. Fitted around work commitments 6. Did not risk getting COVID 7. I felt safer to talk in my home environment 8. Greater privacy or confidentiality 9. Could choose from a greater range of options for support online 10. Other (please specify)	Devised by team
128	Let’s talk more about parenting programs: How likely is it that you will participate in a parenting program in the future?	Not at all likely Somewhat likely Very Likely Extremely Likely	International Parenting Survey (Morawska, et al., 2019)
129	Which features of a parenting program would influence your decision to participate [indicate yes or no for each feature]. The program is easy to access I can do the program anonymously The program is available online The program is delivered in person/face-to-face The program is in group format The program is delivered via a seminar Program can be tailored to the needs of the individual parent There are other participants just like me Program offers access to ongoing or post-program support Trained practitioners conduct the program Program is delivered or co-delivered by a parent Program has been demonstrated to be effective Resources are professionally produced and presented The program has a clear curriculum Participants are encouraged to set and achieve their own goals Program addresses personally relevant issues Program is free or very low cost Program is held in a convenient location Program is held at a convenient time of day	Yes No	Adapted from International Parenting Survey (Morawska, et al., 2019)

	The program is brief, I can complete it quickly I can complete the program in my own time Program is offered in my language Program has accreditation (certificate to show you've completed) Other (specify)		
130	Have you heard of, or have you used the Raising Children Network website (raisingchildren.net.au)?	No, never heard of Heard of but never used Yes, have used RCN website	Devised by team
131	[For the next 3 items], Thinking about your child's childcare, kinder, school please indicate how much you agree with the following statements: I am satisfied with the way the [as relevant] childcare, Kinder, school communicates with me	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Kids Matter Survey/ Devised by team - Item 2
132	I feel welcome at my child's [as relevant] childcare centre, Kinder, School	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Devised by team
133	I am comfortable talking to my child's [as relevant] childcare staff, Teachers, about my child	Strongly disagree Disagree Mixed feelings Agree Strongly Agree	Kids Matter Survey/ Devised by team - Item 3

NA = Not applicable; LSAC = Longitudinal Study of Australian Children; ICD = International Classification of Diseases.

Appendix 2. Sample Size Calculations

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

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

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

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

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

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

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

Thus,

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

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

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

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

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

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

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

Where $Z_{\alpha/2}$ is the critical value of the normal distribution at $\alpha/2$ (e.g., for a confidence level of 95%, α is 0.05 and the critical value is 1.96), Z_{β} is the critical value of the normal distribution at β (e.g., for a power of 80%, β is 0.2 and the critical value is 0.84) and p_1 and p_2 are the expected sample proportions of the two groups. Expected sample proportions are what you expect the results to be. This can sometimes be determined from existing literature or a pilot study. If such information is not available, researchers are advised to use proportions close to 50%, which is conservative and will indicate larger sample sizes are needed. For research question 3, aimed at examining differences in parents' self-efficacy in their parenting for children under two compared to children ages between 13-18, we could estimate that parents of young children will feel more efficacious than parents of older children, therefore we use the estimates of .80 and .75 to claim that 80% of parents of younger children feel highly efficacious compared to 75% of parents of older children. In this scenario a sample size of 1091 for each group is recommended using the formula provided above. Allowing for a non-response rate of 10%, to calculate the final adjusted sample size for this example:

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

Therefore, based on the calculations above, it is determined that the sample size should include 2,600 respondents. This equates to approximately 0.2% of Victoria's parent population (estimated to be 2.2 million with children aged 0-18 years; ABS, 2019).

Appendix 3. Introductory script for CATI

Hello, my name is XXXXX calling from Ipsos.

We're doing a survey for the Parenting Research Centre on behalf of the Victorian Government. It's for parents or carers with a child aged between newborn and 18 years. I'll be asking what it's like to be a parent, how you care for your child, who supports you to do this and what you think would help you in your role as a parent. There are also questions about child care and your child's education, your wellbeing and how you rate your parenting skills. We're hoping to speak with over 2,000 parents for the survey.

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

[IF PERSON COMPLAINS OF TIME CONSTRAINTS, OFFER TO DO THE INTERVIEW OVER A COUPLE OF CALLS OR ASK FOR A TIME TO CALL BACK]

We won't collect any information that identifies you (such as name or address). So, the information you give about yourself and your family is anonymous. When we write up the survey results, we will only have grouped information, no responses or answers from individual parents. The results will be used by the Victorian Government to help them develop policies and make decisions about how to best support parents in Victoria.

Do you have any questions about this?

[Obtaining Consent]

Would you like to take part in this survey? [If yes, continue…]

Can you please summarise your understanding of this survey for me so I can confirm your understanding?

Will information collected from you be anonymous or will it be able to identify you?

Who will be able to see your answers?

Do you agree to allow your answers to be available to researchers, the government and maybe others, to study the experiences of Victorian parents?

Before we begin, I would like to give you the name and contact details of the researcher in charge of this survey. Would you like to write this information down? [interviewer then provides Dr Catherine Wade's name and contact number]

Are you happy to start the survey with me now? If not, arrange another time

[After the parent has consented and before starting the survey:]

If you start the survey, then change your mind, you can stop at any time. If you do decide to stop the survey before we finish your answers will be deleted and won't be used. However, if you finish the survey and change your mind later we can't remove the information you gave because it's anonymous and so I won't be able to look up your answers in order to remove them.

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

Appendix 4. End of Survey Script

[IF K6 SCORE IS IN THE 'HIGH' RANGE]

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

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

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

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

[IF K6 SCORE IS IN THE 'MODERATE' RANGE]

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

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

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

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

[If K6 SCORE IS IN THE 'LOW' RANGE]

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

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

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

[IN CONCLUSION, SAY TO ALL]

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

If you'd like further information about the project, you can contact the researcher in charge of this survey, Dr Catherine Wade at the Parenting Research Centre [provide contact details if requested].

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