3.4 Universal Parenting Groups

3.4.1 Introduction/Background

The Birth to School Entry - Universal Contact Schedule (2006) describes a new approach to child health and places an emphasis on innovative and flexible service delivery. This includes a recommendation that parenting groups are offered to all parents with a new baby and that they commence before the infant is six weeks old. Provision of other groups will vary within Area Health Services (AHS) but may include parenting groups for older infants, toddler groups or one off sessions on specific topics as requested.

Critical developmental periods have been identified and it is important that parents receive timely information about child development at different ages and support in ensuring secure parent/child interaction to facilitate secure attachment. It is the responsibility of the AHS to implement additional groups at appropriate times as needed.

The importance of the early years and the long lasting benefits that can be achieved by providing parents with information, education and support is well recognised. Within the early years there are a number of critical periods that timely information about child development at different ages will ensure optimal outcomes for both the child and parents. The Birth to School Entry - Universal Contact Schedule recommends a visit at these critical times, however there is an opportunity between these visits to provide essential information using a group education format. Community child health nurses (CCHN) are ideally placed to provide group education to parents, and when necessary can utilise other health professionals to assist.

Benefits of parenting groups:

- They are an excellent way to provide parents with information about maternal health and wellbeing, breastfeeding issues, comforting and settling strategies, age expected child development, nutrition, immunisation, attachment and other identified concerns.

- Providing parents with information and social supports to assist them at critical periods (e.g. peak crying times for babies occurs between the 6-8 week and 3-4 month visit, and is associated with an increase in abuse) can reduce the potential for harm and increase social capacity to support their role.

- They can provide a safe and inclusive group atmosphere in which participants feel valued, contribute, listen and reflect. This enables the group to gain confidence and insight in a way that is meaningful and relevant to their individual lifestyles.
• Parental group education during the child’s first year is considered to be a valuable complement to the routine child healthcare program.

• Improve parenting, the mental health of parents, and the emotional and social development of children.

• Group based parent training programs are effective in the short term in improving maternal depression, anxiety/stress, self esteem, and the mother’s relationship with her partner and in the long term in improving self esteem.

• Majority of new parent groups evolve into self-sustaining social networks and provide important social support for families experiencing the transition to parenthood.

• First time-parent groups provide parents with a way to develop parenting skills, social networks and more confidence in themselves.

• First time parent groups were identified as a useful primary prevention strategy which enhanced social support during the transition to parenthood.

• Structured parent education programmes can be effective in producing positive change in both parental perceptions and objective measures of children’s behaviour and that these changes are maintained over time.

Parental education during the child's early years is a valuable complement to the routine child health universal contact schedule. Continued efforts need to be made to provide groups in a format which allows inclusion of Aboriginal and Torres Strait Islander families, disadvantaged families, socially isolated families, families from culturally and linguistically diverse (CALD) backgrounds and carers of children in out of home care.

Purpose of Parenting Groups

Parenting groups aim to provide support and information to parents in a group setting at identified critical periods of development.

Objectives of Parenting Groups

• Parents/caregivers have gained knowledge of local community resources which are available to assist the parenting role.

• Parents/caregivers have an understanding of the critical developmental periods in the infant’s life course.

• Parents/caregivers are informed on the importance of establishing secure attachment in relation to long term infant and child mental health and wellbeing.
• Parents/caregivers have identified strategies to support social and emotional health.

• Parents/caregivers have established informal support networks with other participants within their communities.

Parenting groups should be based on the following family partnership principles:

• Enable families
• Build on strengths and address risks
• Developmentally appropriate
• Evidence-based
• Cultural and gender sensitive
• Engage fathers

Facilitator’s Preparation of Groups

Some points for consideration when planning groups:

• Set clear goals and strategies, with selection of appropriate models related to the target group.

• What size works best? 10-12 works well but consider the venue size.

• When is the best time to run a group? Consider a time for the working parent to attend and be inclusive of dads.

• Length of session? Most sessions run approximately 1-2 hours. The educational/information component may only last 20 minutes to 1 hour, depending on the information being delivered.

• Choosing the venue and booking.

• Advertising and promotion.

• Special considerations, resources and equipment.

• Multidisciplinary approach.
Strategies for Hard to Reach Clients

Some points to consider:

- Examine the demographics of the population to understand your communities' needs.
- Work in partnership with communities to address their priorities.
- Engage Aboriginal/Migrant Health Workers or Officers.
- Offer a homogenous group (i.e. young mothers)
- Flexible styles and delivery method.
- Identify the barriers to engagement and change in behaviour.
- Identify community resources available to support families.

Useful Resources

Birth to School Entry Policy Rationale Document (2006), Child and Adolescent Community Health Directorate, Department of Health, WA.


