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# Parent Support Project: evaluation report

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# Parent Support Project

## Evaluation Report

**September 2006**

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## **ABBREVIATIONS USED THROUGHOUT THIS REPORT**

- GP** General Practitioner
- NRDGP** Northern Rivers Division of General Practice
- PSP** Parent Support Project

## **BACKGROUND**

### **What is the Parent Support Project?**

The *Parent Support Project* (PSP) was a pilot project developed by the Northern Rivers Division of General Practice (NRDGP), with funding from the *Early Childhood – Invest to Grow* arm of the Australian Government's *Stronger Families and Communities Strategy*.

This 12-month project involved expanding the parenting support services delivered through the NRDGP's *Family Care Centre*, in Lismore. Planned activities included: compiling a directory of locally-available resources and services to support early child development; developing a PSP web page for inclusion on the NRDGP website; producing age-specific parenting newsletters; developing and running training sessions for GPs to help them with providing parenting support – through parenting classes or within routine consultations; and developing and running parenting classes for parents with infants. Interested parents in Lismore and Alstonville were invited to enrol into the PSP through a variety of channels.

### **Aim of the Parent Support Project**

The *Parent Support Project* aimed to normalise the parenting experience for families, by engaging general practitioners (GPs) to identify and support the needs of families with infants, aged up to 12 months. The vision was to make GP-provided parenting support, in the early years of a child's life, as routine and well-accepted as antenatal care is before birth – rather than something needed only when problems develop.

### **Development of the Parent Support Project**

#### ***Why was it developed?***

In 2002, a previous NRDGP postnatal project ended. A meeting of a majority of that project's Advisory Committee and stakeholders agreed that a parenting support project would be a natural extension of that work. It was agreed that the new project should focus on those parents not identified by other agencies as in need of support. The NRDGP provided the initial funding, before additional funds became available through the *Stronger Families and Communities Strategy*, in July 2004.

#### ***How was it developed?***

##### ***Parent Support Project Advisory Committee***

In 2003, a *Parent Support Project* Advisory Committee was formed. This committee included the two GPs leading the PSP, the NRDGP's Chief Executive Officer, the North Coast Area Health Service's Parent Education Coordinator, a parent and representatives from the Lismore Family Support Service, the North Coast Area Health Service's Child & Family Health team, the Families First program and Lismore YWCA. This Advisory Committee met once and communicated informally after that. A 0.2 FTE PSP Project Coordinator was employed, in February 2004, and a 0.5 FTE PSP Project Officer was recruited in February 2005. The Advisory Committee, with the support of the Project Coordinator and Project Officer, oversaw the needs assessment and evidence reviewing processes described below.



## **Needs assessment**

In September 2004, the NRDGP distributed surveys to all Northern Rivers GPs – asking them to distribute them to parents with infants attending their practices. In approximately one week, 37 parents completed the surveys, which asked about their needs and preferences regarding parenting information sessions and newsletters. All but one of the respondents were women, with most having a youngest child under 12 months old and only one or two children. The main results from this needs assessment were that:

- Approximately 75% expressed an interest in attending free parenting information sessions, up to three times a year.
- Given a list of potential topics for these free parenting information sessions, the most popular topics were: settling babies, common illnesses, sibling rivalry and handling tantrums.
- Given a choice of times for these free parenting information sessions, about 60% preferred daytime sessions and about 40% preferred evening sessions.
- About 50% of interested respondents thought they would use childcare provided at the venue.
- Almost all respondents reacted positively to the idea of an age-specific parenting newsletter.
- Only 33% thought that the region lacked adequate services for families.
- When needing parenting advice or information, similar numbers of respondents were seeking it from their GP, their Early Childhood Nurse and Child & Family Health Centres.

## **Literature review and service mapping**

The Project Coordinator undertook an audit of local services to identify potential gaps in the support available to local parents. She also searched and reviewed the existing literature to determine the best ways to try to address these potential gaps in parenting support services. These processes resulted in the development of the various components described below.

## **How was it implemented?**

### **Resources & supports for GPs**

The following components were developed to support GPs with responding to questions or concerns about parenting from their patients:

- **Parent Support Project website ([www.parenting.nrdgp.org.au](http://www.parenting.nrdgp.org.au))**  
One of the GPs leading the PSP and the Project Coordinator developed the Family Care Centre web page, which was accessible to the general public, via the NRDGP website. The web page carried postings of PSP news, parenting tip sheets and links to other parenting resources produced by other organisations.
- **Comprehensive directory of resources and services**  
A comprehensive list was compiled of parenting support resources and services available at local, state and national levels. This was available to any GP phoning the Project Officer on a telephone number advertised in various forms of correspondence with the GPs.
- **Age-specific parenting newsletters**  
The Project Coordinator developed five age-specific parenting newsletters – for parents of newborns and of infants aged up to 3, 6, 9 and 12 months. All 44 local GPs were invited to refer their patients with infants to the PSP, where they would be enrolled on a database to receive these five newsletters, accompanied by a cover letter addressed from their own GP. Ultimately, no GPs took up this invitation and, therefore, the newsletters were distributed by the NRDGP to all parents enrolling in the PSP.



- **Training to facilitate age-specific parenting classes**

The Project Coordinator developed a detailed curriculum for age-specific parenting classes (see Appendix A) – with PowerPoint presentations, supporting notes and handouts. The curriculum covered parenting support issues commonly-presented to GPs and Early Childhood Nurses. All 44 local GPs, and some Early Childhood Nurses, were invited to participate in this training – which qualified them to receive NRDGP funds to facilitate age-specific parenting classes for their own patients.

- **Age-specific and generic parenting classes**

As only the two GPs leading the PSP ultimately facilitated parenting classes, additional age-specific, and two generic, parenting classes (held of an evening) were coordinated and run by the NRDGP and the Project Coordinator. All 44 local GPs were invited to refer their patients with infants to these centrally-coordinated parenting classes.

- **Training in brief parenting support interventions**

As only one GP, excluding the two leading the PSP, attended the training to facilitate parenting classes, the Project Coordinator developed and planned to run another training workshop in brief parenting support interventions. All local GPs were invited to attend this training, which carried Continuing Medical Education credits. Despite several reschedulings for this training session, it did not go ahead.

### **Resources & supports for parents**

Parents engaging in the PSP were offered a range of services:

- **Parent Support Project website ([www.parenting.nrdgp.org.au](http://www.parenting.nrdgp.org.au))**

This web page, as described earlier, was advertised to parents, as well as GPs.

- **Age-specific parenting newsletters**

Each of these five newsletters covered self-care, child development, infant care and relationship issues relevant to the age-group covered (newborns and up to 3, 6, 9 or 12 months). All parents enrolled in the PSP received all five newsletters. The newsletters were also freely distributed through Child Health Centres and Early Childhood Nurses.

- **Age-specific and generic parenting classes**

Between April and December 2005, 32 two-hour parenting classes were scheduled – with four cycles (each including one of each of four age-specific classes) planned for both Lismore and Alstonville. They were run by a GP and an Early Childhood Nurse – in the evening, to encourage attendance by both parents and to accommodate the schedules of the GPs running them. Childcare and light refreshments were provided. The plan was for a group of parents to attend the 3 months class and then progress as a cohort through the 6, 9 and 12 months classes. The classes were planned around adult learning principles – with some structured content (via PowerPoint presentations and handouts) to prompt group discussion and goal setting around relevant issues, which included sexuality, tiredness, understanding of each parent's changed roles, how the baby was perceived (lovely or awful), postnatal and child development issues. Due to limited numbers of parents enrolling, only six classes were held (between June 2005 and April 2006) – two generic classes and one for each of the four targeted age-groups.

## **Aims of this Evaluation**

This evaluation explored how well the *Parent Support Project*:

- 1) Engaged GPs in the various GP-oriented components;
- 2) Engaged parents in the various parent-oriented activities;
- 3) Satisfied the needs and expectations of GPs and parents engaged; and
- 4) Enhanced the role of the GP in parenting support.





## **METHODS**

### **How the Parent Support Project Operated**

#### ***Engaging GPs***

The following strategies were implemented in attempts to engage the 44 local GPs in the PSP:

- **Articles about GPs providing parenting support & about the PSP**  
These were published in *GP Speak* (quarterly from February 2004), in *Australian Doctor* (April 2005) and in *GP Community Briefs* (February, April & August 2005).
- **Advertisements about the PSP &/or its various components**  
These were published in *GP Speak* (December 2004, February and April 2005) and in *GP Community Briefs* (every edition since August 2005).
- **Personal invitation letters from the NRDGP**  
These were sent out in March 2005. They included information about the PSP, invitations for the GP to give their patients, PSP flyers, examples of the age-specific parenting newsletters and an invitation for the GP to train as a parenting class facilitator.
- **Practice visits to promote the PSP**  
These were conducted by the Project Officer (March 2005) and by the two GPs leading the PSP (August 2005).
- **Distribution of PSP flyers, posters &/or patient referral slips**  
Professionally graphic-designed PSP promotional materials were sent to all GPs (March and April 2005). Three dated parenting class tickets for the October 2005 and January 2006 classes were sent to all GPs (September and December 2005). Three undated parenting class tickets were sent to all GPs (February and April 2006).
- **Telephone reminders**  
All GP practices were phoned regarding the number of parent referral slips completed (before each parenting class).

#### ***Engaging parents***

The following strategies were implemented in attempts to engage Lismore and Alstonville parents in the PSP:

- **PSP materials distributed to GPs**  
As detailed above, local GPs received various PSP materials for distribution to their patients (throughout the duration of the PSP).
- **Media releases and community announcements**  
PSP promotional articles and parenting class details featured in the local print media (March – May 2005) and on ABC North Coast radio station (August 2005).
- **PSP materials distributed elsewhere**  
PSP flyers and posters were also distributed to Lismore Base Hospital, Early Childhood Nurses, childcare centres, playgroups and mothers groups (April 2005). Unfortunately, concerted efforts to have the PSP materials incorporated into Lismore Base Hospital's routine postnatal discharge planning were unsuccessful.
- **Advertisements about the PSP &/or its various components**  
These were published in Early Childhood Centres' newsletters (quarterly from April 2005 to April 2006).



## How the Parent Support Project was Evaluated

### *Data collection tools and procedures*

In order to assess the PSP's success in relation to the four evaluation aims, we gathered data from the various groups of people involved in, or targeted by, the project. Given the specific questions to be answered, the following data collection tools were developed:

<b>Evaluation Tool</b>	<b>Information Collected</b>	<b>How?</b>	<b>When?</b>
<b>GP Baseline Survey</b> (see Appendix B)	<ul style="list-style-type: none"> <li>• Role in Early Childhood</li> <li>• Confidence in Early Childhood clinical work</li> <li>• Level of need for PSP components</li> <li>• Early childhood GP training needs</li> <li>• How to engage GPs</li> </ul>	Consenting GPs answered a phone survey	Before the PSP commenced
<b>GP Follow-up Survey</b> (see Appendix C)	<ul style="list-style-type: none"> <li>• Knowledge of PSP</li> <li>• Level of engagement in PSP</li> <li>• Level of need for PSP components</li> </ul>	Consenting GPs answered a phone survey	After the PSP finished
<b>GP Training Feedback Form</b> (see Appendix D)	<ul style="list-style-type: none"> <li>• Session attendance</li> <li>• Satisfaction with training</li> <li>• Reasons for attendance</li> </ul>	GPs attending the training session completed a paper survey	After the training session
<b>PSP Parent Database</b>	<ul style="list-style-type: none"> <li>• Name and address</li> <li>• Referral source and date</li> <li>• GP</li> </ul>	Project Officer collected	As parents enrolled in the PSP
<b>Parent Initial Survey</b> (see Appendix E)	<ul style="list-style-type: none"> <li>• Age and sex</li> <li>• Family structure</li> <li>• Age of children</li> <li>• Locality</li> <li>• Education and income levels</li> <li>• Access to car and health insurance</li> </ul>	Consenting parents completed a paper survey	After enrolling in the PSP
<b>Parent Follow-up Survey</b> (see Appendix F)	<ul style="list-style-type: none"> <li>• Level of engagement</li> <li>• Knowledge of &amp; satisfaction with PSP</li> <li>• Sources of parenting support</li> <li>• Enhanced role of GP</li> </ul>	Consenting parents answered a phone survey	After the PSP finished
<b>Parenting Class Feedback Form</b> (see Appendix G)	<ul style="list-style-type: none"> <li>• Attendance</li> <li>• How many and age of children</li> <li>• Referral source</li> <li>• Satisfaction with class</li> <li>• Reasons for attending</li> <li>• Most/ least useful aspects</li> </ul>	Parents attending the classes completed a paper survey	After the parenting class
<b>PSP Staff Feedback Interview</b> (see Appendix H)	<ul style="list-style-type: none"> <li>• How well the various PSP components worked</li> <li>• Suggestions for improvement</li> </ul>	GPs leading the PSP & PSP project staff answered a structured interview	After the PSP finished

### Analyses

Basic descriptive statistics were used to summarise survey responses for each of the data collection tools. Given the numbers involved, comparative statistics were not appropriate.

### Ethics

The ethical aspects and evaluation of this study were approved by the Southern Cross University Human Research Ethics Committee (approval number: ECN-06-43).



## **RESULTS**

### **Summary of the Data Collected**

The table below summarises the numbers of people completing each of the data collection tools.

<b>Evaluation Tool</b>	<b>Number Completed</b>	<b>Number Possible</b>	<b>Response Rate</b>
GP Baseline Survey	7	44	16%
GP Follow-up Survey	6	7	86%
GP Training Feedback Form	6	6	100%
PSP Staff Feedback Interview	4	4	100%
PSP Parent Database	74	74	100%
Parenting Class Feedback Form	51	63	81%
Parent Baseline Survey	28	74	38%
Parent Follow-up Survey	18	28	64%

### **Participants' Characteristics**

#### ***GP Baseline Survey***

Of the seven GPs completing this survey: two were the GPs leading the PSP, another two were also directly involved with the project and the other three were not directly involved; five were men and two were women; and two had recently undertaken further education in child development issues. No common themes emerged from the GPs' responses when asked about early childhood development training or support needs.

#### ***GP Follow-up Survey***

Of the six GPs completing this survey: two were the GPs leading the PSP, one was from the same practice, two were from Lismore and the other one was from a small village near Alstonville. Four were men and two were women.

#### ***GP Training Feedback Form***

Of the six people completing this form: two were the GPs leading the PSP, one was a GP from Goonellabah and the other three were Early Childhood Nurses. Three were men and three were women.

#### ***PSP Staff Feedback Interviews***

The two GPs leading the PSP, the Project Coordinator and Project Officer completed these interviews. Both GPs were male and practised in Alstonville, whereas both PSP staff were female and based in Lismore.

#### ***PSP Parent Database***

Of the 74 parents enrolled in the PSP:

- 39 (53%) were from Alstonville/ Wollongbar, 27 (36%) were from Lismore/ Goonellabah, 5 (7%) were from Ballina and 3 (4%) did not specify.

#### ***Parenting Class Feedback Form***

Of the 51 parents completing this form,

- 35 (69%) had only one child, 9 (18%) had two children and 7 (14%) had three or more children.



## Parent Baseline Survey

As detailed in the tables below, of the 28 parents completing this survey: all were women with access to a car and most were aged 25–34 years, had post-secondary education, had partners, had only one child (usually aged under 6 months), lived in Alstonville/ Wollongbar, had an annual family income between \$20,000 and \$60,000, didn't have private health insurance.

Sex	
Female	100%
Male	0%

Age	
16-18 years	0%
19-24 years	7%
25-34 years	68%
35-40 years	25%
41+ years	0%

Highest level of education	
Year 10 or below	4%
Year 12 or below	11%
TAFE qualification	25%
University Degree	39%
Post-Graduate	21%

Family Structure	
One adult	11%
Two adults	89%

Number of children	
One	71%
Two	18%
Three +	11%

Age of baby	
<3 months	32%
<6 months	46%
<9 months	11%
<12 months	7%
>12 months	4%

Locality	
Ballina	14%
Alstonville/ Wollongbar	50%
Lismore/ Goonellabah	32%
Not stated	4%

Total annual family income	
Less than \$20,000	11%
\$20,000 to \$40,000	43%
\$40,000 to \$60,000	36%
more than \$60,000	11%

Private health insurance?	
Yes	46%
No	54%

Access to a car?	
Yes	100%
No	0%

## Parent Follow-up Survey

As detailed in the tables below, the demographic profile of the 18 parents completing this survey was similar to that of the 28 parents completing the baseline survey. While not significantly different, parents completing this follow-up survey tended to be more likely to have post-school education, to be two-parent families, to have babies aged under three months and to have annual family incomes over \$60,000.

Sex	
Female	100%
Male	0%

Age	
16-18 years	0%
19-24 years	6%
25-34 years	72%
35-40 years	22%
41+ years	0%

Highest level of education	
Year 10 or below	0%
Year 12 or below	6%
TAFE qualification	33%
University Degree	44%
Post-Graduate	17%

Family Structure	
One adult	6%
Two adults	94%

Number of children	
One	72%
Two	17%
Three +	11%

Age of baby	
<3 months	44%
<6 months	28%
<9 months	17%
<12 months	11%
>12 months	0%

Locality	
Ballina	11%
Alstonville/ Wollongbar	50%
Lismore/ Goonellabah	33%
Not stated	6%

Total annual family income	
Less than \$20,000	11%
\$20,000 to \$40,000	44%
\$40,000 to \$60,000	28%
more than \$60,000	17%

Private health insurance?	
Yes	50%
No	50%

Access to a car?	
Yes	100%
No	0%



## Engagement in the Various Components of the Parent Support Project

### *Overall*

#### *GPs*

From the six follow-up surveys, the four GPs not directly involved with the PSP could recall very little about the project, even with prompting. In general, they reported seeing very few parents of infants (less than 5% of their client base), having few parents seeking advice about non-medical aspects of parenting and being comfortable with the existing support services available for parents. GPs' perceived barriers to engaging with the PSP included not knowing enough about it, forgetting about it and feeling overburdened by other work pressures. Two of these GPs expressed admiration of the PSP, regretted not having referred patients to it and felt they may have done so if the project had run for longer.

From the PSP staff feedback interview, the two GPs leading the PSP expressed disappointment that GPs' enthusiastic responses during NRDGP meetings and personal visits did not result in actual referrals. One of these GPs suggested that providing feedback to participants' GPs after they attended a parenting class might have improved GP uptake. PSP project staff felt that GPs tend to see themselves more as sole practitioners and are often reluctant to engage in networks, such as the NRDGP, even if they are aware of them.

#### *Parents*

Overall, 74 parents enrolled in the PSP – representing 16% of the approximately 452 annual births to parents living in the Lismore Urban and Alstonville postcodes. Participation was higher amongst Alstonville/Wollongbar parents (around 36% of annual births) than Lismore/ Goonellabah parents (around 8% of annual births). Of the 74 parents enrolled: 28 (38%) were referred by Child & Family Health or Early Childhood Nurses, 27 (36%) by their GP, 7 (9%) by the Family Care Centre and 6 (8%) came after seeing the media exposure. From the 18 follow-up surveys, two parents (11%) couldn't remember signing up for the PSP and most reported having been referred by their GP or Early Childhood Nurse.

### *Parent Support Project website*

Overall, 5,924 distinct visits were counted to the *Parent Support Project* web page hosted on the NRDGP website. It is unknown how many individuals these visits represent – or how many of these individuals were local parents or GPs targeted by the PSP. However, in the follow-up surveys, only one parent (6%) and one GP, the web site designer, reported having visited it.

### *Comprehensive directory of parenting resources and services*

The Project Officer received no requests for the directory. In the follow-up surveys, no GPs reported having done so.

### *Training to facilitate parenting classes*

Three GPs (7%), including the two leading the PSP, attended the training session to become facilitators of parenting classes. The main reasons for attending were: to help with organising their role and to get information. However, only the two GPs leading the PSP actually facilitated any classes.



## *Parenting classes*

### *GPs*

From the six follow-up surveys, only the two GPs leading the PSP reported having referred patients to the parenting classes. However, nine different GPs (21%) were nominated by the 74 parents enrolling in the PSP as having referred them.

### *Parents*

Overall, 49 parents from 26 families attended the six parenting classes held, with seven families attending more than one class. From the 51 completed feedback forms:

- 25 (49%) came from parents attending a generic class, 16 (31%) from parents attending the 3 months class and the 10 (20%) from parents attending the other three age-specific classes.
- 26 parents (51%) heard about the classes from their GP, 9 (18%) from an Early Childhood Nurse, 5 (10%) through the media, 5 (10%) from their partners and 2 (4%) each through Lismore Base Hospital, Child & Family Health and the PSP Project Officer.
- The main reasons given for attending were: to learn about parenting and child development, for reassurance on current parenting practices, to share parenting experiences and coping strategies with other parents and because someone advised them to.

From the 18 follow-up surveys:

- 18 parents (100%) recalled being invited to attend parenting classes, although many required some prompting to do so.
- 14 parents (78%) reported having attended at least one parenting class.
- The main reasons for not attending were: not wanting to, forgetting on the night and not having a car.

## *Age-specific parenting newsletters*

### *GPs*

It was planned for these newsletters to be distributed as if originating from each parent's own GP. However, no GPs took up this component of the PSP. Therefore, the newsletters were distributed to parents by the NRDGP directly.

### *Parents*

All 74 families enrolling in the PSP received the set of five age-specific parenting newsletters. A further 200-700 copies of each newsletter were given to Early Childhood Nurses to distribute to parents.

From the 18 follow-up surveys:

- 17 parents (94%) recalled receiving at least one newsletter – with roughly equal proportions recalling having received one, two, three or four newsletters.
- 15 parents (83%) reported having read most or all of the newsletter(s) in depth.
- 11 (61%) reported having kept the newsletter(s).



## Satisfaction with the Parent Support Project

### *Overall*

#### *Parents*

From the 18 follow-up surveys, parents were generally very positive about the PSP, especially about the parenting classes and newsletters.

### *Parent Support Project website*

#### *Parents*

The one parent who had visited the site reported having found it very helpful but she also indicated that she would have liked it to include a catalogue of local parenting support services.

### *Training to facilitate parenting classes*

#### *GPs*

Of the three GPs completing the feedback forms (which included the two GPs leading the PSP), all rated the information, the format, the facilitation and the speakers as good, very good or excellent and all nominated the group discussion as the most useful part of the training. Suggestions for improving the training session included: having a clearer structure for the session, providing an agenda before the meeting and finalising more of the class structure and content before the session.

### *Parenting classes*

#### *GPs*

The two GPs leading the PSP, who facilitated parenting classes, provided feedback that:

- The small group setting and informal surroundings proved a particularly supportive environment.
- It was essential for both parents to attend.
- The group discussion component of the classes appeared particularly beneficial for providing reassurance of parents', and their children's, normality.
- The curriculum and materials developed to facilitate classes were well received, portable, flexible and easy to deliver.
- They believed that this model (small groups, informal setting, both parents, group discussion and well planned curriculum) was a successful component of the project, which could transfer well to other projects where similar needs were identified.

#### *Parents*

From the 51 completed feedback forms:

- The classes generally received very positive feedback.
- 45 (89%) rated the information as very good or excellent.
- 42 (82%) rated the format as very good or excellent – although a few negative comments were made about some specific methods of presentation.
- 48 (94%) rated the facilitators as very good or excellent.
- The most useful parts of the class were: the specific parenting advice regarding common medical problems; discussing relationship issues such as communication, parenting roles and sexuality; and the opportunity to interact with other parents.



- Suggestions for improving the classes included: having age-specific groups, tackling more specific or more pertinent infant care issues, having more group discussion time, having more structure and continuing to run the groups.

From the 18 follow-up surveys, spontaneous comments at the close of the survey were generally positive – particularly about the parenting classes. However, one single parent felt the class was too skewed towards couples.

The two GPs leading the PSP, who facilitated parenting classes, reported receiving feedback from parents that the classes had helped them to be more confident in their parenting, to have a greater understanding of “what’s normal” and to have an opportunity to explore relationship issues.

### *Age-specific parenting newsletters*

#### *Parents*

From the 18 follow-up surveys:

- 15 parents (83%) reported having found the newsletters fairly to very helpful.
- Parents having read the newsletters particularly liked that they were age appropriate.
- The most helpful elements of the newsletters were the child development and infant care sections.
- 9 parents (50%) reported having referred back to the newsletters since initially reading them.
- 1 parent (6%) reported having passed the newsletters on to a friend.
- 3 parents (17%) suggested adding a list of local resources and programs to the newsletters – to increase their appeal.

#### *PSP staff*

Project staff felt that the parenting newsletters were the most useful and most successful part of the project.

#### *Other stakeholders*

Child Health Centre staff regularly provided spontaneous positive feedback when requesting additional copies of the parenting newsletters.

## **Enhancing the Role of GPs in Parenting Support**

### *GPs*

From the seven initial surveys:

- 5 GPs (72%) considered they had a central role in supporting parents of newborns.
- 3 GPs (43%) felt that parents were now relying more on other health providers than in the past.
- 7 GPs (100%) felt confident in the role of supporting parents.
- There were very mixed responses regarding the proportion of their patients with infants seeking GP advice about non-medical aspects of parenting – the two GPs leading the PSP estimated that up to 80% of their patients with infants sought such advice, while the other GPs estimated this proportion at only 10%, or less.





## Parents

From the 18 follow-up surveys:

- Parents reported seeking parenting support and information from a wide range of services, places and people – including: Community Health Centres, Early Childhood Nurses, the *Family Care Centre*, playgroups and mothers' groups, family and friends, libraries and books, the internet, the Toy Library, Family Day Care mothers, the Tresillian hotline and GPs.
- Only six parents (33%) thought the PSP had made them more likely to seek further parenting support from their GP – whereas 11 parents (61%) thought they had become more likely to seek it from other services.
- Two parents (11%) added the spontaneous comment that having an approachable GP open to discussion at the parenting classes made them more likely to approach their own GPs with parenting issues.
- One parent (6%) added the spontaneous comment that she didn't think GPs should be the source of parenting advice.

## **DISCUSSION**

The results described in this report suggest that the *Parent Support Project* was largely unsuccessful at engaging GPs and only modestly successful at engaging parents of infants – and then, only in some of the project's components. However, the parents and GPs who did engage in the PSP were, generally, very positive about the components they used – particularly the parenting classes and the newsletters. The GPs leading the PSP believed that the parenting class model (small groups, informal setting, both parents, group discussion and well-planned curriculum) was a successful component of the project which could transfer well to other projects where similar needs were identified.

The least engaging PSP components were the GP training sessions, the website and the directory of parenting support services – although better promotion of the latter directly to parents, rather than through their GPs, may have helped, as a number of parents indicated an unmet need for such a directory in their followup surveys. The major barriers to engaging with the PSP were lack of knowledge about it and a perceived lack of need for it.

GPs and parents based in Alstonville/ Wollongbar showed higher levels of engagement with the PSP – which is likely due to the two GPs leading the PSP being based in Alstonville and having developed it in response to a perceived need among their own patients. Parents engaging with the PSP were also from a relatively high sociodemographic status – suggesting it may be less relevant for parents from lower sociodemographic backgrounds.

This evaluation also suffered from poor response rates, from both GPs and parents, on a number of the data collection tools – raising serious questions about how representative the results presented are of all the targeted GPs and parents. These concerns are compounded by our inability to access the vast majority of GPs and parents, who didn't engage with the project at all. Therefore, the evaluation respondents likely represented those most engaged by the PSP and, therefore, the results described above are likely a relatively optimistic picture of the PSP's overall uptake and impact.



In addition, our estimation of the number of parents eligible for the PSP was based on the annual birth rate in the towns targeted – but the slow uptake of the parenting classes resulted in the recruitment phase lasting longer than the planned 12 months and including parents of infants born up to 9 months before the PSP started. Therefore, the real proportion of eligible parents engaged by the PSP could be as low as half the rates estimated in the results section. GP follow-up survey responses suggested that PSP referral numbers could have been increased by linking into existing antenatal and postnatal services – unfortunately, this strategy was attempted but could not be successfully negotiated with the North Coast Area Health Service.

Given the low rates of both GP and parent engagement in the PSP, the inevitable question is whether it helped anyone and, if so, who was helped. Clearly, the two GPs leading the PSP and their patients were among those most engaged by the PSP – which is not surprising as these GPs developed the PSP after noticing that many of their patients were new parents and struggling with their new roles. Therefore, the results reinforce the potential for positive impact when support programs are developed in direct response to patients' needs.

However, they also reinforce the importance of considering differences between practice profiles, populations and needs, before implementing such programs on a larger scale. The ultimate lack of GPs engaged (other than the two leading the PSP) may have been foreseen from their baseline survey responses – where most GPs reported few parents of infants among their patients, very low levels of need for non-medical parenting support and high levels of satisfaction with the existing services where they could refer parents. However, it was somewhat perplexing in light of the usually very enthusiastic responses when the two GPs leading the PSP presented the concept in various meetings with their peers.

The results also reinforce the importance of adequate and open exploration of potential recipients' needs and preferences, when planning parent support programs – as most of the parents consulted during the PSP's needs assessment and development phases reported being satisfied with the parent support services already available to them, often choosing to consult someone other than a GP for non-medical parenting advice. If they were to attend a parenting class, most parents expressed a preference for a daytime class. Therefore, it is again possible that the overall low levels of parental engagement could have been foreseen – and possibly improved, if classes had been held during the preferred daytime period.

## **CONCLUSION AND RECOMMENDATIONS**

The *Parent Support Project* was modestly successful at addressing a need for improved parenting support, identified by two GPs, among the relatively large number of new parents attending their Alstonville practice. However, it largely failed to engage other GPs, especially those based in Lismore and Goonellabah, in any of the PSP components – and particularly in referring their patients with infants to the program. Any future implementation would need to explore alternative ways of recruiting parents – linking in to existing antenatal and postnatal groups and programs would seem the most promising approaches.

While the overall level of parental engagement with the PSP was also low, it was highest among the patient group where the need was originally identified – typically two-parent families with one young infant and from higher socioeconomic backgrounds. Participating parents reported high levels of satisfaction with the PSP – particularly with the parenting classes and the parenting newsletters, which continue to be available through the *Family Care Centre* and Early Childhood Nurses. Any future implementation could make use of the various developed resources but would likely benefit from a more tailored, or targeted, delivery approach and from a thorough preliminary exploration of parents' parenting support needs and preferences, as well as their demographic characteristics.



## **APPENDIX A: CURRICULUM FOR PARENTING CLASSES**

The NRDGP parenting classes are built on a founding philosophy of enhancing parent-child relationships by developing parental confidence, communication skills, parenting strategies and knowledge of stage-appropriate development and behaviour.

### **Aims**

#### **Child Development:**

- For parents to begin to understand their child's stage of development and develop realistic expectations of behaviour at these ages. (sleep, how to play etc)
- For parents to explore the importance of understanding child development and its effect on their relationships with their children.

#### **Parenting Experience:**

- For parents to explore the concept that many commonly held beliefs about parenting are "myths".
- For parents to explore the concept of "self-care" and their own emotional well-being.
- For parents to explore the concept of relationship care.

#### **Community Building:**

- For parents to develop an awareness of local services available to families.
- For parents to develop networks of informal support with other families.
- For parents to explore the concept of diversity in parenting and accept that different families may practice different styles of parenting.

#### **Behaviour and Discipline:**

- For parents to develop an understanding of how behaviour reflects children's needs and feelings.
- For parents to develop an understanding of how babies communicate with the world.
- For parents to develop positive communication skills with their children.
- For parents to explore the concept of emotional wellbeing of children and develop strategies that will increase their children's emotional well being.

### **Session Structure**

- Display overall aims and session aims on PowerPoint for group to see on arrival.
- Introductions
- Warm Up
- Main Content – Development appropriate to age
- Questions / concerns
- Myths of parenting
- Self-care
- Take home exercises
- Wind Down



## **APPENDIX B: GP BASELINE SURVEY**

### **Northern Rivers Division of General Practice Parent Support Project**

#### **Telephone Survey of GPs**

Introduction to practice reception: Hello, my name is XX from Southern Cross University and I am calling to speak to Dr. XX about the young children in his/her practice. We are doing an evaluation of the NRDGP's Parent Support Project with GPs. Could I please speak with Dr XX?

Introduction to GPs: Hello, my name is XX from Southern Cross University. I have your telephone number from the NRDGP and I am doing the evaluation for their Parent Support Project. I am wondering if I could have 10 minutes of your time to talk to you about the project. Can I talk to you now or make a time to call back? Thank you.

1. How do you see a GP's role in providing support to parents with newborn babies?  
(Prompt: to give information, to give advice, etc.)
2. How confident do you feel in fulfilling these roles?
3. In your current practice as a GP, in what proportion of consultations with parents of infants would you take on such a role?
4. Since becoming a GP, have you done any extra training in early childhood development issues?
5. What issues would you like more training or support on?
6. Given how busy most GPs are, what do you think would be the best ways to get GPs, including yourself, interested and actively involved in the PSP?
7. Are there any other comments you'd like to make?

Give information about the Parent Support Project (PSP) and put in touch with the NRDGP to find out more about:

- Newsletters sent to parents from your GP practice
- Parenting classes with GPs in attendance
- Phone line for GPs for information on supporting parents: 6622 8705
- Website for GPs for information on supporting parents: [www.nrdgp.org.au](http://www.nrdgp.org.au)
- List of family services to refer parents to
- GP training in supporting parents with newborn babies



## APPENDIX C: GP FOLLOW-UP SURVEY

ID Code:

G		
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### **Northern Rivers Division of General Practice Parent Support Project Telephone Survey of GPs**

**Introduction to practice reception:** Hello, my name is Anna Huddy from Southern Cross University and I am calling to speak to Dr. XX about the evaluation of the Division's Parent Support Project. May I speak with him/her?

**Introduction to GPs:** Hello, my name is Anna Huddy from Southern Cross University. I spoke with you a year ago regarding the evaluation of the Division's Parent Support Project. I'm wondering if I could have 10 minutes of your time to talk to you about the project. Can I talk to you now or make a time to call back? Thank you.

1. Can you tell me how much you know about the Parent Support Project

#### **Referral:**

2. Do you recall if you or your practice referred any new parents to the Parent Support Project?  
(Prompt: The NRDGP ran parenting classes in the evenings, and sent out quarterly newsletters.)  
No? ... **Go to Q 4**  
Yes ..... **Go to Q 3**
3. Did you feel that the parent(s) you referred benefited from participating in the project, and if so, in what way(s) or why not? **Go to Q 5**
4. Can you tell me why not? **Go to Q 5**
5. Can you suggest any changes to the Parent Support Project that would have made it more likely for you or other GPs to refer?

#### **Other PSP Resources:**

6. Do you recall accessing the list of services and resources collected for GP use at the Family Care Centre (at St Vincent's Hospital), or visiting the PSP web site?  
No? ... **Go to Q 7**  
Yes ..... **Go to Q 8**
7. Any particular reason why not, or anything that would have made such a resource more useful to you?
8. What did you think of those aspects of the Parent Support Project?

#### **Level of need:**

9. What proportion of your patients would you say have babies aged up to one year?
10. What proportion of these parents seek advice from you about non-medical aspects of parenting?
11. And what are the most common topics they ask about?
12. Are there any other comments you'd like to make?

**Thank you for completing this survey.**



# APPENDIX D: GP TRAINING FEEDBACK FORM

## Northern Rivers Division of General Practice Parent Support Project

### GP Training Five Minute Feedback

This is an anonymous survey. Please do not put your name on the sheet.

On a scale of 1 to 5, where 1 equals poor and 5 equals excellent, how did you find the following aspects of today's training? Please circle the number closest to your experience.

The **information** provided was:

<b>poor</b>	<b>satisfactory</b>	<b>good</b>	<b>very good</b>	<b>excellent</b>
1	2	3	4	5

The **format** of the training was:

1	2	3	4	5
---	---	---	---	---

The **facilitator** was:

1	2	3	4	5
---	---	---	---	---

The **speakers** were:

1	2	3	4	5
---	---	---	---	---

What was your main reason for attending?  
.....

What was the most useful part of the training?  
.....

What was the least useful part of the training?  
.....

What could we do to make the training more helpful?  
.....

**Thank you and please put the form in the box provided.**

**If you would like to have further involvement in developing the PSP, please talk to the NRDGP staff after the training.**



# APPENDIX E: PARENT BASELINE SURVEY

ID Code:

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## Northern Rivers Division of General Practice Parent Support Project

### Parent Survey

Sex:

- Male
- Female

How old are you?

- 16-18 years old
- 19-24 years old
- 25-34 years old
- 35-40 years old
- 41+ years old

Which suburb, town or locality do you live in? .....

Who is in your family?

Number of adults? .....

Number of children? .....

Ages of children? .....

What is your highest level of education?

- Year 10 or below
- Year 12 or below
- TAFE qualification
- University Degree
- Post-Graduate qualification

What is, or was, your main occupation in the paid workforce? .....

What is your current total family income before tax?

- Less than \$20,000 per year (or \$385 per week)
- \$20,000 to \$40,000 per year (or \$386 to \$769 per week)
- \$40,000 to \$60,000 per year (or \$770 to \$1154 per week)
- more than \$60,000 per year (or \$1155 or more per week)

Does your family have private health insurance?

- Yes
- No

Do you have access to a car?

- Yes
- No



# APPENDIX F: PARENT FOLLOW-UP SURVEY

ID Code:

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## Northern Rivers Division of General Practice Parent Support Project Parent Telephone Survey

**Introduction:** Hello, could I please speak to xx. My name is xx from Southern Cross University and I have your phone number from the Parent Support Project mailing list which you may remember signing up for with the NRDGP. I have a 10-minute survey to find out your thoughts on the project. Would it be OK to do that with you now or can I call back? (Note date and time.....)Thanks.

### Enrolling in the Parent Support Project

1. Do you remember signing up to the Parent Support Project? (Prompt: at the Family Care Centre)
  - Yes
  - NoIf yes, do you remember where you saw or heard about the project?

### Newsletters

2. Do you remember receiving glossy PSP newsletters? (Prompt: They would have come when your baby was 3, 6, 9 and 12 months old).
  - Yes **Go to Qu. 3.**
  - No **Go to Qu. 12.**
3. Do you remember how many you received? \_\_\_\_\_
4. How much of the newsletters did you read?
  - All in depth **Go to Qu. 6.**
  - Skimmed them **Go to Qu. 6.**
  - Read some articles in some newsletters in depth, skimmed others **Go to Qu. 6.**
  - Not really, not much **Go to Qu. 5.**
5. If not all in depth, may I ask what stopped you reading more of them? ..... **Go to Qu. 6.**
6. How helpful did you find what you read?
  - Very helpful
  - Fairly helpful
  - A little bit helpful
  - Not at all helpful

Can you tell me why you found that? Or comment further on that .....

7. Which elements did you find most helpful? (Prompt: self-care, child development, infant care, relationship issues) .....
8. Did you keep them?
  - Yes **Go to Qu. 9.**
  - No **Go to Qu. 11.**
9. Have you looked back at them?
  - Yes
  - No
10. Did you share them with anyone else? If Yes, who? And How?
11. Do you have any suggestions to improve the newsletters? .....





### Child Development Classes

12. Do you remember receiving invitations to parenting and child development classes? (Prompt: you would have had a phone call from Tori from the Family Care Centre for evening classes in Lismore/Alstonville).
- Yes Go to Qu. 13.
  - No Go to Qu. 16.
13. Did you attend any classes?
- Yes Go to Qu. 14.
  - No, none Go to Qu. 15.
14. How many did you attend? .....
15. If not, may I ask what stopped you from attending? .....

### Website

16. Did you look at the Parent Support Project page on the Northern Rivers Division of General Practice web site?
- Yes
  - No Go to Qu. 14.
- If yes, do you mind telling me what for? .....
17. How helpful was the information you received?
- Very helpful
  - Moderately helpful
  - A little bit helpful
  - Not at all helpful
18. Would you recommend the website to other parents? .....
19. How could we improve the website to better meet parents' needs? .....

### Parenting Support

20. What other parenting support services are you using? .....
21. What sort of places or people do you go to if you need information of advice about parenting?
22. Did the Parent Support Project make you more or less likely to seek further help from other services or parenting classes?
- More
  - Less
  - No difference
23. Did the PSP make you more or less likely to seek further help from your GP?
- More
  - Less
  - No difference

**Have you got any questions or other comments about the project?**

**Thank you for your time.**

**Have Referral List on hand if necessary.**



# **APPENDIX G: PARENTING CLASS FEEDBACK FORM**

## **Northern Rivers Division of General Practice Parent Support Project**

### **Child Development Classes Five Minute Feedback**

This is an anonymous survey. Please do not put your name on the sheet.

Today I attended a class on child development for babies aged:

- 3 months
- 6 months
- 9 months
- 12 months

Do you have other children? .....If yes, how many? .....

Where did you hear about the classes?

- Early Childhood Nurse at Lismore Base Hospital
- Midwives at Lismore Base Hospital
- GP
- Advertisement
- Flyer (please explain where) .....
- Family service (please explain where) .....
- Other (please explain where) .....

On a scale of 1 to 5, where 1 equals poor and 5 equals excellent, how did you find the following aspects of today's class? Please circle the number closest to your experience.

The **information** provided was:

<b>poor</b>	<b>satisfactory</b>	<b>good</b>	<b>very good</b>	<b>excellent</b>
1	2	3	4	5

The **format** of the classes was:

1	2	3	4	5
---	---	---	---	---

The **facilitator** was:

1	2	3	4	5
---	---	---	---	---

What was your main reason for attending? .....

What was the most useful part of the class? .....

What was the least useful part of the class? .....

What could we do to make the classes more helpful? .....

**Thank you and please put the form in the box provided.**

**If the session has left you feeling upset, please come and talk to us after the class, or see your GP.**



## **APPENDIX H: PSP STAFF FEEDBACK INTERVIEW**

**Introduction:** Hello, my name is XX from the Centre for Children and Young People at Southern Cross University. I am the project officer working on the independent evaluation of the NRDGP's Parent Support Project. I am wondering if I could have 10 - 15 minutes of your time to talk to you about the project. Can I talk to you now or make a time to call back? Thank you.

1. What aspects of the PSP do you think worked well/ were received the best, and why?
2. And which aspects didn't work very well/ were not received well, and why?
3. If you were about to start the program again, what would you do differently?
4. And what would you do the same?
5. Are there any other comments you'd like to make?

**Thank you for completing this survey.**

