Promising Practice Profiles

Project title: Partnerships with Parents (PWP) Program

Project practice: Parenting support for socio-economically marginalised and at risk families

Project undertaken by: SDN Children's Services (formerly Sydney Day Nursery)

Start date: July 2006

Focal areas:
- Supporting families and parents

Program: Local Answers

Issue:
The way children are parented can have lasting and profound effects on their subsequent development (Power & Hertzman, 1999; Shonkoff & Phillips, 2000). But parenting is a difficult and challenging task, this is especially the case for families with vulnerabilities (Levy-Shiff, Dimitrovsky, Shulman, & Har-Even, 1998). While there is increasing recognition of the need to support families in their parenting role and a number of early intervention strategies have been promoted as appropriate methods for providing this support, many families, particularly those with additional challenges who might most benefit from the support offered by early intervention, do not access these programs because they find them stigmatising and/or the programs do not respond appropriately to families’ individual needs and circumstances (The Centre for Community Child Health, 2006).

The client group Partnerships with Parents (PWP) works with are among the most marginalised and disenfranchised of families. The Redfern and the surrounding City of Sydney local government area has:
- high levels of social disadvantage. Redfern has a quartile ranking of eight (out of a maximum of 20) according to the SEIFA Index of Disadvantage.
- an exceptionally high usage of public housing (22.9%, 1604 places);
- a high incidence of domestic violence—it is ranked third in the Sydney metropolitan region for the largest number of domestic assaults (Bureau of Crime Statistics and Research, 2005); and
- high incidence of alcohol and drug misuse.

The area is also culturally and linguistically diverse:
- There is a significant Aboriginal population. The Redfern/ Waterloo area is well known as a safe and welcoming community for Aboriginal people. The area has significant existing infrastructure such as health, housing and other support services. While traditionally owned by the Gadigal people, a diverse mix of different groups have settled in the area including Bundjalung, Wiradjuri, Gamilaroi, and Dainggatti people. The nature of households in the community is continually changing, with family members coming and going. Many children are cared for by grandparents who have experienced past government policies and who are mistrustful of new service providers. These community elders also act as educators and have a strong influence on younger members in the community.
- Recently arrived migrants/refugees in the Redfern / Waterloo area are drawn from Chinese, Vietnamese and Russian communities, and in the St. George area are largely Chinese and Arabic speaking.
Many of Partnership with Parents’ families fear judgment of their lifestyle, and fear that if they admit to how life really is for them, that agency staff will report their inadequacies, and that Child Protection agencies might take their children away. These families often have multiple challenges. They have often experienced generational history of poor relationships with mainstream services and many are on the verge of falling into, or are already in, the ‘Child Protection System’. A number have or have had children ‘in care’ and some of these families are motivated to work with PWP and its parenting groups to support their application to have their children returned to them.

PWP aims to reach out to these families “on the fringe” to connect with them; to provide information and guidance which is relevant and appropriate to the families’ individual needs and circumstances, and which builds on their strengths; and, through the development of trusting relationships, PWP ultimately aims to build parent’s self esteem and confidence, and to reconnect families with their community and with mainstream services.

SDN Children’s Services’ Partnerships with Parents (PWP) project is a highly responsive and flexible parenting support program that works with families with vulnerabilities, who have children under five years of age, and who live in the inner Sydney suburbs in and around Redfern.

The program targets families who are facing challenges in their parenting, often associated with one or more “risk factors”. Among the client groups are parents who:

- have a history of substance abuse or are on methadone;
- have cognitive deficits and/or literacy difficulties;
- are affected by poverty and/or insecure or inadequate housing;
- are socially isolated;
- have mental health concerns and/or physical disabilities;
- have experienced violent relationships;
- are Aboriginal;
- are culturally and linguistically diverse;
- are young; and
- many have had contact with child protection services and/or have some or all of their children in care.

In addition, some of the children of these families have a disability, developmental delay, atypical behaviours and/or exhibit challenging behaviour.

The program is auspiced by SDN Children’s Services Inc., a not-for-profit organisation with over a century’s experience of providing services for children, families and communities.

Often the PWP client families are mistrustful and avoid mainstream services for fear of judgement or rejection, and thus tend to “fall through the gaps” in mainstream service provision. PWP provides a diverse range of activities, which respond to emerging needs at the local level, such as, individual family support, supported baby playgroups, parenting groups, cooking courses and psychotherapy groups, as a means of providing family support.

Our objectives are:

- To support families “on the fringe” as they parent—through the development of trusting and respectful relationships.
- To meet families’ individual needs—by offering flexible, accessible and responsive emotional and practical support.
- To increase families’ knowledge of and linkage with mainstream services, such as supported playgroups, parent groups and childcare—by “building bridges” between families and services, and between services.
- To build families’ parenting skills and knowledge—by providing sound responsive advice in “teachable moments” rather than at a formal parenting course.
• To reduce families’ isolation and develop families’ social connectedness—by supporting the formation of informal support groups and a greater sense of community; and
• To uphold children’s rights—through education and advocacy.

**Practice description**

Some of the key ingredients/ways of working that are thought to contribute to the success of the program

The PWP program aims to meet the needs of its clients by providing a diverse range of activities including: flexible individual family support, supported baby playgroups, parenting groups, cooking courses and psychotherapy groups, as a means of providing family support.

What makes the PWP a “promising practice” is its capacity to deliver responsive, flexible, relationship-based early interventions and work closely with other agencies including Aboriginal agencies.

The PWP program is:

1. easy to access;
2. embedded in the local community and provides a constant point of reference;
3. relationships and strength-based, and works to develop trust;
4. highly flexible in responding to the individual needs of families;
5. has staff with early childhood training and strong awareness of children’s emotional needs and child development norms;
6. works collaboratively with other agencies and cross refers; and
7. committed to working collaboratively with Aboriginal agencies, and to add value to existing programs.

Each of these seven “ways of working” is discussed in detail below and practice examples are used to illustrate how each of these critical ingredients is operationalised.

1. **PWP is easy to access**

Many of the families with whom PWP works are not only socially isolated, they also often have a long history of wariness and poor relationships with mainstream services. This history can make it difficult for families to make initial contact with services, to develop relationships with services and/or to trust them. PWP has responded to these challenges by making access to the program as easy as possible.

Formal referrals are not required. Word-of-mouth as well as agency referrals are accepted. Word-of-mouth referrals often come from the current clients. As they talk to other vulnerable parents they pass on the information that the PWP is “ok”. That is, PWP staff is seen as knowledgeable professionals who are informal, non-judgemental, confidential, helpful, and who offer practical and emotional support. Group activities are also offered in well known local community spaces that are considered by families as accessible, approachable and safe. This kind of trust development takes time for wary client groups but it is beginning to grow.

Minimal paper work is required for families to access the programs. For families with poor literacy and/or distrust of “the system” this is a key factor. Parents merely sign in with children’s details for groups and a telephone number is obtained to follow-up if necessary. However, PWP workers do maintain professional family work case notes, and record their contact with parents. An example of this “ease of access” is demonstrated through the parenting groups.

**SDN’s Parenting Group**

SDN’s Parenting Group was established in response to local agencies’ (including Child Protection agencies) requests for parenting courses, for parents who were at risk of having their children removed, or who had had their children removed, and needed to show their increased parental skill building, prior to restoration of the children. A number of vulnerable parents who
had completed the first Easy Cooking on a Budget course wanted to continue to come to an ongoing group. These parents were then invited to meet with us fortnightly for two hours, in a public housing communal space with a kitchen.

To make this group as accessible as possible, the program tries to replicate the best of a “going to granny’s place” experience—where each parent and their children are welcomed, and fussed over. Their children are offered activities with interested and involved adults, parents are offered a “cuppa” and opportunity for individual confidential catch-up with one of the three staff, and support and referral around their current issues. Then the group cooks together. While a tasty snack is cooking, the group discusses one or two specific issues that have been raised by parents and the group problem-solves some solutions. Later the group develops a simple written hand-out related to this issue to be brought to the next session. Some craft activities are also fitted in. Sometimes the group have food to take home. Children and adults leave relaxed, listened to and cared about. Sometimes the group is able to offer transport.

A crucial aspect of the ease of access for families is that it is free. Previous attendees are sent a mobile phone text message (SMS) to remind them about the group the day beforehand. This is a strategy participants deem effective.

2. PWP is embedded in the local community and provides a constant point of reference

SDN’s PWP workers have a history of program delivery in the local area and have been highly visible in the community for many years. This helps to build community and local agency acceptance. The workers are seen “out and about” in the community, conducting one-to-one home visiting, facilitating community based groups, and participating in community events such as picnics in the park, and working with other local agencies. The constant visibility of the program is essential for enabling trust to grow and develop.

Further, the constancy of groups and reliability of staff means that parents who haven’t come for a while can reconnect with the group as life becomes steadier, or alternatively, when it becomes more risky and they want support again.

Moreover, PWP staff maintain contact with individual families for as long as the family desires. The program places no limits on the length of time of a families’ engagement. It has been found that, given time, even the most disenfranchised families “open-up” and talk about the issues facing them and how they are dealing with them; there is then an opportunity to suggest ways that the program might support families.

An example of how the program has responded to local needs is demonstrated through the cooking classes.

Easy Cooking on a Budget: a group over 5 to 6 weeks

In response to a locally identified need, SDN had wanted to offer cooking and other practical skill training for a number of the parents for a while. It was, however, the offer of support and finances from another agency, Redfern Waterloo Authority (RWA), which helped this program get started. A number of meetings with this agency were held to decide venue, roles and what recipes would be offered over four weeks initially. SDN PWP staff suggested that they could offer to “mind” the children in the same space as the cooking class—initially the other agency thought this would be a problem, and worried about safety. But, because of previous involvement with these families, it was known that the mothers who wanted to come to the cooking group would not separate from their babies or young children. SDN provided three staff to help assist with the cooking, mind the children in the same space, and offer one-to-one support to the mothers. Transport was also offered for some parents, to ensure their timely arrival. For the subsequent courses, SDN and RWA linked also with the Aboriginal Early
Childhood home-visiting program known as Binya Gurung (operating from the Royal Prince Alfred Hospital), and they brought Aboriginal mothers and mothers-to-be to the courses.

The first course ran for four consecutive weeks—10 mothers attended who had 24 children between them. The second course had 11 mothers, with 20 children between them. All participants had a number of risk factors: including several mothers with mild developmental delays; involvement with the state child protection department (DoCS) and children currently in care; legal matters before the court; being young parents or young and pregnant; on Methadone programs or with Drug and Alcohol issues, and having had previous violent relationships. Nine mothers were Aboriginal, 1 was Indian and 1 was Nepalese.

The current group (May 2008) has 9 mothers attending, responsible for 12 children, though only 5 children have attended. Five attendees are young Aboriginal mothers, 2 other mothers are on a Methadone program. One mother is in temporary housing, one mother gets access to her baby in care at the group, and relatives drop in to get to know the baby, who will soon be restored. Three dads have popped in and a sole dad attended the previous series of classes.

Five consecutive Easy Cooking on a Budget courses have been run. The courses are run weekly and last for 3 hours. During a typical morning at the cooking group, there will be parents cutting up ingredients, some packing up similar ingredients for each parent to try the recipe at home. A number of parents will take a worker aside to chat individually about a personal issue; someone will be playing with a toddler or nursing a baby; a parent is likely to be ducking out “for a smoke”. Over the 4 to 6 week course, parents are taken to the fruit and vegetable markets at Flemington. Families are also invited to join a “fruit and vegie co-operative” run by Connect Redfern, and families are taken to visit the Yaama Dhiyaan Hospitality Training College, Catering and Function Centre and Cafe in Darlington which runs an 8 week full time hospitality skills training course for unemployed Indigenous and non-Indigenous young people.

3. PWP is relationships and strengths-based and works to develop trust

It is understood that trust is developed and earned through relationships and built over time. The program is based on a fundamental respect for families’ existing capacities and strengths, and a belief that they “want the best for their children”.

To earn trust, the program endeavours to be non-judgmental, approachable and supportive, and accept parents for “who they are”. The group is encouraged to speak positively, identifying each parent’s strengths. A family’s right to privacy is maintained, and confidentiality ensured, only sharing information beyond the team with permission. However, the program is also upfront about mandated requirements regarding responsibilities for reporting any risk of harm to children.

PWP groups as a supportive social network

During the baby playgroups, one of the 3 SDN staff will chat to each new arrival, get a feel for the parents’ wellbeing, vulnerabilities and needs, and offer referral or follow-up of non-health related issues where necessary. The program ensures that it delivers on what is promised. A photo of parent(s) and baby is taken and a free copy of the photo is offered. This may be one of the few dated printed photos they have of themselves and their baby. The photo is also a visual reminder for staff of who’s who, to link with the jotted down note of their story, to show that their story is remembered the next time the group meets. Holding people’s story is a powerful way to show that the program and other
participants care for each other. Vulnerable clients are then invited to come back to the next group.

As clients engage with, accept and trust the workers, they try to engage them in other groups that are run by the program in order to build their social networks and social skills and help them feel a sense of belonging to the community. Parents are supported to build their own networks of support and the program has witnessed a number of Culturally and Linguistically Diverse (CALD) families and young parents sharing contact details with others they have met at the group. These young parents would not typically give their contact details to many people, due to trust and safety issues.

4. PWP is highly flexible in responding to the individual needs of families

As previously stated, the families with whom the program works have a range of challenges in their lives. Because of the integrated and holistic approach to supporting clients, it is recognised that a “one size fits all” program would be totally ineffective for this population. This is why Individual Family Support is provided to the clients.

Individual family support

Initially, SDN did not envisage that PWP would offer one-to-one family support, believing it would mainly run groups and link agencies around vulnerable parents. However, it was quickly realised that the program would not be able to reach many of the most vulnerable parents, unless individual needs were followed up as they emerged within groups. It also became apparent that most families the program was aiming to target were too shy, too wary or too mistrustful to come to a group, unless they knew the people running the group or had heard from a friend that the workers were helpful and trustworthy.

Practical support, responsive to parents’ needs is essential to winning trust and retaining contact with families, who may then decide to come to groups PWP offers. Families are engaged on a case-by-case basis building on their strengths to increase their capacity and social connectedness. For instance, when consulting with families, depending upon their circumstances and their need to feel “safe”, workers might meet in the program office, the family’s home, or in a local park or coffee shop. Workers are also very flexible in how families are supported. In addition to the “group activities” described above, support for families is individually tailored. After an initial follow-up phone call, advocacy or home visit with the information parents’ request, workers attempt to maintain contact, by occasional phone-calls, keeping families informed via “sms” messages or home visits. Some parents will contact workers when they face a new crisis (which could be related to legal, housing, childcare, health or other family issues), and some may decide to attend the groups that are run by the Program. A number still avoid groups, but these families know that the workers are there for them to brainstorm solutions to their problems.

For example:

JK was referred by another client in January 2007. She was a young parent, Fijian, with a 2½ week old baby and was homeless after experiencing domestic violence by her alcoholic mother. A PWP worker borrowed a baby car seat and transported the mother to the Department of Housing, helped her register for emergency housing, advocated for her with community housing and assured her that the program would support her for her tenancy to succeed. When the mother was offered a flat, the program provided transport to inspect the premises and sign the lease, lobbied Centrelink to release emergency payment for the furniture, and supported her to move into the flat, assemble the furniture and link her with neighbours. Support for this young parent has been
maintained and she has been referred to local support agencies. The mother in an SMS message wrote “Thanks 4 that Sally. Thanku 4 all yr help and support. I couldn’t have done it without u”. This mother, now with a 14 month old, and who had been out of contact for 6 months, reconnected recently, asking us for a support letter for her application for a transfer to a safer flat, as a neighbour with mental health difficulties was harassing her. She is doing an excellent job as a parent.

Despite the program's flexibility, there are limitations to staff's capacity to support families, and they are upfront with the clients in saying that they do not have a lot of time to follow up issues unrelated to children and parenting. Nonetheless, workers will suggest where else families may get support for these other issues.

To enable this flexible program delivery it is essential to have staff with capacities to see “alternative ways of working” and project managers who are willing to “take risks” with service delivery; to try innovative approaches and have the patience to give them time to succeed.

5. PWP staff have early childhood training and strong awareness of children’s emotional needs and developmental norms

It is believed that a key ingredient to the success of PWP is that it is staffed by early childhood educators who have a strong awareness of children’s developmental and emotional needs. While many of the activities provided could be considered family-centred, they are also child-centred in that they are developed with children’s wellbeing uppermost in mind. Workers bring to the groups a wide range of resources which will be flexible and safe to support baby play, active toddlers, a 4-year old and the unplanned for school aged children who might turn up on the day. Workers monitor children’s development, and work particularly to extend child’s language and social competence.

The program’s capacity to provide sound parenting advice, to deliver play sessions that are varied and valuable for children’s learning (see above), and to advocate for children, is enhanced by professional perspectives such as: understandings of child development; a view of children as competent individuals with rights; and knowledge of how to plan appropriate learning experiences for children, through purposeful play.

An example of where the worker’s early childhood skills are crucial is in the delivery of support to Aboriginal children where there has been generational trauma experienced in the psychotherapy groups.

Psychotherapy group

SDN Children’s Services has a history of working with experienced psychotherapist from Parent Infant Family of Australia (PIFA). PIFA had previously tried unsuccessfully to link with Aboriginal mothers in the Redfern area, especially those who had had health concerns or child protection difficulties with earlier infants. SDN was able to link PIFA with staff from the Aboriginal Children’s Services, and together, the three agencies partnered to run a weekly, 1½ hour, psychotherapy group for Aboriginal mothers who may have experienced trauma in their lives. Partnerships With Parents (PWP) offered to provide care and support to the children while the PIFA counsellor ran a small group for the mothers. Aboriginal Children’s Services initially provided some transport for families, as well as a shared meal, and follow-up of family needs.

Realising that many of these mothers’ children have also experienced trauma, SDN’s Partnership with Parents worked with the children to help them build trust and confidence. While offering a warm childcare experience for the children, PWP modelled attachment parenting (providing continuity of child carers, holding of babies, attention to emotional needs, language to describe feelings, and provision of warm reassurance). PWP created an environment where children could engage in purposeful play activities such as sensory experiences and opportunities with home
corner props to role-play and make sense of their lives. PWP built relationships with the parents, noticing their child’s interests and skills, and followed-up any parent questions about their child’s development or childcare. One parent, when asked why she came to the group, said “I just want to stop my violence to my children.”

6. PWP works collaboratively with other agencies and cross refers

One of the strengths of the PWP is its capacity to work collaboratively with other agencies. Most of the groups are conducted in partnership with the NSW state-funded “Poets Corner Project”, also run by SDN Children’s Services. Other organisations who have been partners for specific groups include the Redfern Early Childhood Health Clinic, the Aboriginal Children’s Service, the Redfern Waterloo Authority, Binya Gurung Aboriginal Antenatal and Early Childhood Service, and Connect Redfern.

To further support interagency collaboration, PWP coordinates an Interagency support network (for agencies trying to work with young parents) with a bi-monthly lunch and speaker. A newsletter “What’s On for Young Parents” is published regularly and is emailed to more than 50 agencies in inner Sydney, to inform them of support services and possible groups suited to young parents’ needs and interests.

A great deal of time is invested in developing and maintaining inter-agency relationships. These relationships contribute to the success of the program by enabling PWP to plan and implement joint programs/groups to better meet the needs of families and also to reduce duplication. The relationships also foster inter-agency cooperation, so that families are more easily referred between services and experience a smoother transition. It also enables PWP to connect families to other services and thus builds families’ social connectedness and social capital.

An example of one way of working collaboratively with others is demonstrated through the baby playgroups connected to the Redfern Early Childhood Health clinic.

A supported baby playgroup for mothers/families and their babies

Redfern Early Childhood Health clinic staff is notified of all new babies born in the area, and they try to visit each family who have a newborn. On home visits, they see a number of new parents whom they might consider “at-risk”, (e.g., suspected drug use, relationship issues, depression, isolation of mother, lack of parenting knowledge, possible mild depression) but they are usually unable to offer on-going home visits or non-health related follow-up of these families, and some families are not seen again by any agency. Some of these “at-risk” families come to the clinic once only with their newborn. In discussion with clinic staff, PWP decided to offer an informal supported baby playgroup.

The baby group is held on the Health clinic’s drop-in clinic morning, once a fortnight for two hours, in a room adjacent to the clinic’s waiting room. All parents attending the baby clinic are welcomed and invited to come in and settle their babies and themselves on the large baby mat, while waiting to see clinic staff. Although no parent presenting is turned away, the group is aimed at struggling younger mums—those with more resources and skills are referred on to the clinic’s self-run mothers group. Parents with more “risky” lifestyles are encouraged to continue to come to PWP’s baby group.

Workers alert clinic staff if they feel a parent is fragile emotionally, or if developmental concerns are noticed with their child, so that clinic staff can continue to monitor the child for delays. Staff are also informed if relevant information regarding their personal situation is revealed to the workers. For instance, following such information some toddlers have been referred for speech therapy, autism assessments, child care, etc. A number of parents maintained on Methadone come regularly with their babies. Some of these parents have been invited to join the cooking and
parenting groups to lessen their isolation or to build their life skills. Particular effort is made to link families with others who may share culture and language. Usually workers would see at least 12 parents and their children during each session, half of them new, half of them returnees with a number later becoming regulars.

7. PWP is committed to working collaboratively and sensitively with Aboriginal agencies, and to adding value to existing programs

PWP aims to work collaboratively with Aboriginal services to develop locally responsive programs. The PWP Coordinator liaises closely with local Aboriginal agencies to explore with them how to develop programs that “fill the gaps”. The coordinator reflected on what this looks like in practice:

At the commencement of the project, I made a point of meeting with staff from local Aboriginal agencies, introducing myself and other staff members and finding out who’s who. We discussed their programs, and explored ways we could possibly work together, to add value to their existing programs, with PWP’s Early Childhood knowledge.

We had several meetings with Aboriginal staff and Board members at the Aboriginal Children’s Service who were keen to collaborate around parenting programs for mothers who had children placed in care and/or who were interested in doing more work with Aboriginal families at risk, to prevent their children being taken into care.

We helped link Aboriginal and non-Aboriginal agencies together and developed a three-way partnership around the needs of Aboriginal mothers who had experienced multiple trauma, sometimes generational abuse (possibly involving sexual abuse as children, family violence, and resulting drug or alcohol abuse). We wanted to help these mothers feel proud and strong again as Aboriginal women, to deal with, and heal from, the multiple traumas they’d experienced, and to begin to break the cycle of neglect or abuse of their children. PWP agreed to offer a group to support children affected by parent’s trauma, to supplement PIFA’s psychotherapy group for mothers (see above).

PWP aims also to support Aboriginal self-determination and to increase the capacity of Aboriginal organisations, rather than compete with Aboriginal organisations for scarce funds. For example:

When one of the partner Aboriginal services recently lost its funding PWP worked with them in this time of crisis, to keep the joint program going, as they searched out alternative funding sources. PWP engaged with them on discussions around joint funding applications and were invited to an internal planning day, as they explored new directions.

The cultural sensitivity of the PWP program is built on the Coordinator’s long involvement with activism around Aboriginal issues, and her professional experience teaching in TAFE about culturally sensitive child care for Aboriginal families. Further, PWP staff meet regularly with staff from local Aboriginal services, and take advice and guidance from them about cultural issues and sensitivities. These ideas are incorporated into PWP’s day-to-day work with families. Some of this cultural sensitivity is shown, for instance, in the following: photos of Aboriginal people of all ages, sex and colour on the playroom wall; acknowledgement of important events and dates; using dolls that reflect culture; and having children’s books about growing up in Redfern.

“In our relationships with families, we wait for mothers to offer information about themselves, not probing, aside from asking about “Where’s your mob from?” We understand that families might bring in extra children needing care at times, and so plan for the occasional school aged child or visiting child. We offer children lots of natural materials and sensory experiences. We show our care of the children, but give information only when asked, about child development matters. Further, at the end of the playgroup session, parents and staff all come together to eat together and build
relationships. We welcome and include kin, and provide free photos of family members together.

PWP workers regularly ring and visit Aboriginal services to keep connected, learn what’s happening in the community, and to build relationships.

Research base

The work that PWP does is based on a number of theoretical understandings:

**The importance of the early years and parenting**

PWP is founded on compelling evidence that children’s early life experiences, especially within the parent/child relationship, can have profound effects on their subsequent development (McCain & Mustard, 1999; Power & Hertzman, 1999; Shonkoff & Phillips, 2000). In particular, it is known that a sufficiently stimulating environment, with dependable relationships and sensitive and responsive caregiving is important in children’s early years, for their later health and psychological wellbeing (Beckworth, 1990; Bornstein, 1995; Cowen, 1994; McCain & Mustard, 1999; Shonkoff & Phillips, 2000).

However, parenting is a difficult and challenging task and this is particularly the case for the families with whom PWP works, who often have multiple "vulnerabilities" that place their children “at risk” of later negative developmental and/or social outcomes (National Crime Prevention, 1999). Because these families often have little support, limited understanding about child development and/or unrealistic expectations about parenting, the health and wellbeing of their children can be compromised. For these families, early intervention through parenting programs is considered to be particularly valuable.

**Parenting programs**

The type and structure of parenting programs are many and varied, but they often aim to provide assistance in parenting and/or advice about the importance of appropriate caregiving practices that contribute to children’s development and wellbeing (Levy-Shiff, Dimitrovsky, Shulman, & Har-Even, 1998; Parrott & Glascoe, 2004).

Although parenting practices are resistant to change from early intervention programs (Shonkoff & Phillips, 2000), in a review of parenting programs, Parrott and Glascoe (2004) found they can have multiple benefits for children and families. Although Parrott and Glascoe (2004) found that no single type of parenting program was more effective than another, it seems that the most effective programs are those especially tailored to the needs of specific groups. It is for this reason that PWP modifies its practices to be highly responsive to the individual needs of families. The families who PWP sees are often print shy and have short attention spans. They would therefore find it difficult to sit for the two hours typically required at formalised parenting sessions aimed at a more middle class family environment where there are two parents working in unison.

**Family-centred, strengths-based, capacity-building approaches to early intervention service delivery.**

In their everyday practices with families, PWP staff take a family-centred, strengths-based, capacity-building approach to service delivery. This approach is based on evidence that such practices positively influence both child and family outcomes including: reducing isolation and stress; increasing sense of belonging and control; increasing social networking and capacity to negotiate sources of support; increasing parenting confidence and use of effective parenting practices; contributing to a sense of empowerment and higher levels of well being (Dunst, 2000, 2002; McCashen 2005; Moore & Larkin, 2005; Saleebey 1996, 1997; Scott & O’Neill, 1998).

**Play-based intervention**

As previously stated, many of the activities provided by PWP incorporate a play-based activity for children. The provision of these services is based on core values about the importance of play in children’s and families’ lives, as well as strongly held beliefs about children’s right to play (UN Convention on
the Rights of the Child, 1990). Over a century of research attests to the important contribution play has for children’s optimal development in all domains—cognitive, social, physical, emotional and language (Ginsberg, 2007). Play enriches all aspects of children’s lives and they learn best in social and physical environments that support playful interactions (Copeland, 1995).

Outcomes

PWP has had several major positive outcomes.

- For many families, their knowledge of appropriate parenting strategies has increased, enhancing both their confidence in their own ability and their efficacy.
- Many families have increased their access of mainstream services. In particular, their access to childcare will provide on-going normalised child development opportunities and family support. Some families have agreed to referral to Brighter Futures, an Early Intervention program funded by the NSW Department of Community Services (DoCS).
- For many families, the isolation that they experienced when they first attended PWP has been reduced, and their social connectedness and community involvement is greatly increased.
- PWP has had success in engaging and building relationships with vulnerable Aboriginal families through program collaboration with Aboriginal agencies. This engagement and relationship building is crucial to enabling the outcomes for families.

Evidence of outcomes

PWP is a Local Answers funded program with limited capacity to undertake on-going evaluation. However, practitioners’ professional notes, observations and anecdotes recorded throughout the delivery of activities; family feedback; and, logs of current issues collected on an on-going basis all provide evidence for the claims that PWP is achieving the outcomes described above.

Families’ parenting knowledge, confidence and efficacy is enhanced.

Attendance at PWP activities enhanced families’ knowledge of parenting related issues. For instance, families’ who attended the cooking course increased their awareness of, and capacity to provide, a balanced nutritional diet. Parents who attended the first groups have informed the workers that they are now using more variety in their meals; their children are eating more nutritious foods, particularly vegetables and fruit; they have become more confident about experimenting with new ingredients and recipes and they are able to budget their finances more effectively when buying food for their families. Others have also commented that the skills they have developed have helped them learn new ways of “being a mother”; that the cooking skills have enabled the family to prepare and share meals together; and, enabled children to learn how to cook.

Attendance at PWP activities has also contributed to families’ increased confidence:

A young couple on a maintained Methadone program attended the baby group regularly with their young son, who showed signs of mild developmental delay. After receiving support with informal information on parenting and early childhood development, they reported that they appreciated the group because it provided a “learning environment for [our son]”, it is a “supportive group”, that it has had a significant difference to their parenting and relationships because now “as parents, we are more confident”.

PWP has also contributed to families’ increasing confidence by providing opportunities for families to observe “others” parenting successfully:

SL who attends the ACS/PWP/PIFA therapy groups was asked “What does this group mean to you?” Her response was: “It’s a feeling of not being alone. I feel I have backup with DoCS. I like that the group is specialised for Aboriginal women (like me). I come and talk about how I’m feeling and I feel better afterwards. Though I’ve got a 6 year old and a 12 month old—I’ve got no memory of being a mother (because of my drug issues). I see others my age
doing good and it gives me hope”. The mother had two children in care, she was currently in rehabilitation and had been consistently coming to the group for two months. She was about to give birth to her third child.

Attendance at PWP activities has also contributed to increasing families’ parenting efficacy:

JE came to baby group with her baby in mid 2006, presenting as a wary young parent, not able to sit down, making poor eye contact and giving curt responses to questions. She appeared to have cognitive deficits, and emotional instability. Her tiny baby’s head would jerk around as she paced the room with him in her arms, telling a loud angry story of her treatment at the hands of the Department of Housing. She would often leave early if staff asked too many questions. As she began to turn up regularly, she shared that she had two older children in the care of a cousin, and that she and her partner were on Methadone. Her needs seemed to come before her awareness of her baby’s needs. 20 months after initial contact, this mum and her partner are doing a good job of raising their son. She talks to her son to tell him what is happening, she takes him to a child-focused activity such as a playgroup every weekday, she has attended PWP’s parenting group regularly and the cooking sessions, she contributes thoughtfully to parenting discussions, and demonstrates mature reflection on what is good for children. Her partner is working regularly and they go to the markets for fresh fruit and vegetables. She is linked with several agencies and she reaches out for assistance during crises. She is now a calmer more confident person who has asked to go on the DoCS-funded Brighter Futures program to further her parenting capacity.

Families’ access to mainstream services is increased.

The PWP has assisted families to access mainstream services such as childcare:

D, a mother with a mild developmental delay, came regularly to our baby group with her toddler. We successfully encouraged D to come to our cooking and parenting groups. This mother is now pregnant again. We successfully helped her to access childcare for her toddler and assisted the very clingy child to adjust to separation. D commented that the parenting groups helped her daughter “get used to other kids and adults” and “help [me] with some problems with parenting” and that the baby group was good because of the “talking with other parents and the babies talking and playing together, [getting] some sleeping ideas and eating ideas and ideas about day care centres.”

Families’ social connectedness is increased.

The PWP has contributed to increasing families’ social connectedness. For example, one parent attending the “baby group” was not only supported in her own parenting but was also supported to be an advocate and activist for her local community:

RK had a schizophrenic dad who had suicided and an alcoholic mum, and she herself has had a drug use history. She is currently on the Methadone program, and has her own health issues. There were a number of developmental concerns about her child. PWP staff provided her with emotional support at the baby playgroup, as well as providing her with knowledge on child development and referring her son to the Early Childhood Nurse for vision checks and physiotherapy referral, for his persistent head tilt. In addition, staff have been supportive as her son settled into childcare. RK has begun helping other mothers by inviting them to the baby playgroup and she brought another young parent who was homeless with a newborn to PWP for support. On her own, she initiated a petition in order to keep the Redfern Early Childhood
Clinic operating in its previous location in Redfern Park, and was involved in a creative writing course and the production of a book of poems. Recently, she began taking her son to swim lessons and she agreed to a referral in to Brighter Futures, a DoCS-funded Early Intervention Program for at-risk families. PWP will maintain contact with her for a period of transition.

The PWP’s partnership with other agencies has also been instrumental in contributing to increased opportunities for families’ to develop confidence and enhance their social inclusion:

MH & SM were part of the PWP/ACS/PIFA group in 2006. They contributed extra time at ACS to making a video with PIFA titled "Australian Dreaming—Being Pregnant". The video explored being Aboriginal, pregnant and a mum. MH developed confidence to make a speech at the video launch. She moved out of a refuge with her children, began working part-time before the birth of her 3rd child, and is now contributing to a new PIFA video on Aboriginal families with Drug and Alcohol issues. SM moved out of a house where there was frequent violence and is (on last reports), successfully housed out of Sydney and in employment.

Policy analysis

The Partnerships with Parents Program is illustrative of the elements that enable marginalised and extremely vulnerable families to effectively engage in parent support services. As outlined in this profile, the families that PWP works with are mistrustful of mainstream services, often traumatised by their own involvement in statutory child welfare, but also at significant risk of future harm. PWP’s approach appears to sensitively and professionally balance the need to provide responsive, non-intrusive and respectful service provision and at the same time openly acknowledge their mandated obligation to be mindful of their protective responsibility to children. This balancing of family focused and child centred practice is complex as is the requirements for cultural sensitivity.

PWP’s capacity to engage other local providers, including mainstream services, in the provision of services demonstrates a commitment to collaboration which enhances families’ opportunities to exercise their rights for support and their entitlements to service accessibility. PWP has also demonstrated the importance of working alongside local Aboriginal services and the broader Aboriginal community in program planning and delivery.

References


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