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| Regional parenting services |
| Operational guidelines |
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| To receive this document in another format, email FSERLE@dffh.vic.gov.au.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Families, Fairness and Housing, March 2025.In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.ISBN 978-1-76130-665-5 (pdf/online/MS word)Available at [Funded Agency Channel](https://fac.dffh.vic.gov.au/policies-and-procedures#panel-57288)https://fac.dffh.vic.gov.au/policies-and-procedures |
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# Acknowledgement of Country

We proudly acknowledge that we live and work on the lands of the Aboriginal people. We acknowledge that they are the Traditional Owners of these lands and pay respect to their stories and traditions. We respect, recognise, and celebrate the historical and continued connection that Aboriginal and Torres Strait Islander parents have to their lands, waters, culture, family, and communities.

We pay our respects to ancestors, Elders, knowledge holders and leaders – past and present.

We acknowledge the ongoing leadership role of the Aboriginal community in creating services and supports to ensure that all Aboriginal children are raised in safe, healthy, and culturally rich families and communities, and have every opportunity for a bright future.

We believe in Aboriginal and Torres Strait people’s right to self-determination; the rights of the child, and we are committed to upholding the best interest of the child.

# About these guidelines

These operational guidelines support the delivery of Regional Parenting Services (RPS).

They set out what the Department of Families, Fairness and Housing (the department) expects of service providers.

Service providers should read these guidelines alongside their Service Agreement.

# Terms used in this document

| Terms | Definitions |
| --- | --- |
| Aboriginal parents | Parents who are First Nations Aboriginal and Torres Strait Islander peoples. We acknowledge the term ‘Aboriginal’ does not capture the diversity and complexity of Victoria’s Aboriginal and Torres Strait Islander peoples and cultures. Our intent is always to use terms that are respectful, inclusive and accurate. |
| Evidence-based practice | Service delivery that integrates the best research evidence with practice expertise and client preferences and values.[[1]](#footnote-2) |
| RPS practitioner  | The practitioner employed to deliver parenting supports to families as specified in these guidelines. |
| Child (or young person) | A child is a person aged from birth to 18 years. |
| Department of Families, Fairness and Housing (the department) | The department develops and delivers policies, programs and services that support and enhance the wellbeing of all Victorians.For further information, refer to the [department’s website](https://www.vic.gov.au/department-families-fairness-and-housing) https://www.vic.gov.au/department-families-fairness-and-housing  |
| Family | Service users define who is part of their family. It is an inclusive definition. Family may include children, stepchildren, parents, intimate partners, domestic relationships, grandparents, siblings, cousins, kinship relations and others who may or may not be living together. This is a client-led definition of family. It uses the principles of family-centred care, diversity and cultural safety. |
| Parenting skills and confidence  | This refers to the ability and strengths of parents and carers to contribute to the safety, wellbeing and development of children. It also means having a positive approach to managing parenting challenges. |
| Parents | Parents include all adults responsible for the day-to-day care of a child. |

# 1. Evidence base and context

## 1.1 Evidence base for Regional Parenting Services

Evidence shows that the quality of parenting is the strongest determinant of how well a child will do in life.[[2]](#footnote-3) For healthy wellbeing and development, children need an environment that is safe, stable and nurturing.

Often, parents do not seek help until problems become entrenched. This is particularly the case for parents experiencing disadvantage, stress or isolation.

Children in these environments may not have the support they need. This can affect their wellbeing and development.

Parenting supports using evidence-based practices are beneficial for children. Research shows immediate and long-term improvements in children’s behaviour and overall wellbeing.[[3]](#footnote-4)

Evidence-based parenting interventions that involve both fathers and mothers lead to:

* more positive changes in children’s behaviour
* improvements in parenting practices.[[4]](#footnote-5)

Many Victorian parents do not know where to get help with parenting.[[5]](#footnote-6) This is particularly the case for families with children with social, emotional and behavioural issues.

Parents who did seek support reported that they often felt blamed or criticised.

In addition, Australians tend to see parenting as a set of innate skills that are influenced to some degree by early experience.

This discourages parents from getting professional support because:

* they feel like that seeking assistance reflects negatively on them, and
* they do not believe that support will be effective.

In fact, research shows that parenting comprises a set of skills that parents learn over their whole lives.[[6]](#footnote-7)

This is why community-based parenting supports are so important. These supports need to be easy to access and acceptable to parents.

## 1.2 Service delivery context

RPS deliver evidence-based parenting supports to:

* address emerging needs
* reduce risk factors
* increase protective factors for families
* provide early support to give the best chance of resolving the problem.

Parenting supports focus on building parents’ skills and confidence so that parents can:

* promote their child’s wellbeing and development
* respond positively to parenting challenges.

Key activities of RPS are:

* family based parenting supports
* group based parenting supports.

# 2. Service model overview

## 2.1 Outcomes

RPS aim to improve:

* the quality of parent-child interactions
* parents’ skills and confidence
* parents’ ability to respond positively to parenting challenges
* children’s participation in Maternal and Child Health (MCH), kindergarten and school
* children’s outcomes.

## 2.2 Target group

RPS is for families experiencing parenting challenges with children aged from birth to 18 years.

Providers deliver parenting supports in suburbs where families with emerging needs reside.

Evidence shows that locations with higher numbers of families experiencing social and economic disadvantage are associated with:

* poorer child outcomes
* increased demand for family services and child protection services.

## 2.3 Service location

Parenting supports should be delivered in suburbs with high numbers of families in the target group.

Refer to the Socio-economic Indexes for Areas (SEIFA) data (**Appendix 1**).

Providers should consider suitable settings to engage parents.

This can include providing topic-based parenting supports in:

* workplaces
* community and universal services where families commonly gather.

The department’s Agency Performance and Service System (APSS) team can help providers plan service locations.

## 2.4 Interventions

Service providers are expected to deliver family-based and group-based parenting supports, mainly in person. Parenting supports should be evidence-based. Approximately 10–20 per cent of service delivery should occur outside usual business hours.

### Family-based parenting supports

RPS practitioners deliver family-based parenting supports to individual families:

* where parents directly seek support from the RPS practitioner(s)
* as a follow-up to group-based parenting supports, or
* where parents are directly referred to RPS.

Practitioners also help parents to navigate and connect with other services and supports. For example, this might include speech pathology or mental health support.

### Group-based parenting supports

RPS practitioners deliver evidence-based parenting supports to a group of parents on a range of parenting topics. This can be delivered as single session or multi-session groups.

Practitioners should cover topics that are important to parents. Practitioners can consider the department-funded Parenting Today in Victoria survey that highlights common parenting challenges.[[7]](#footnote-8)

## 2.5 Role of the RPS practitioners

RPS practitioners:

* deliver evidence-based parenting supports to the target group to achieve service outcomes
* provide parenting supports that are accessible and acceptable to parents
* deliver 10–20 per cent of services outside usual business hours (9 am to 5 pm weekdays) and within the spread of hours. This encourages working parents and fathers to participate.
* build professional relationships with referral organisations
* engage families in parenting supports, including outreach
* collect, use and report service delivery data for monitoring and evaluation.

Practitioners must have with regular professional supervision from a qualified and experienced supervisor. This ensures accountability. It also provides practitioners with support and development.

### Qualifications

RPS practitioners are encouraged to have:

* degree-level qualifications (or equivalent) in an applied field such as social work or psychology
* experience in delivering evidence-based parenting supports.

If providers cannot recruit practitioners with these qualifications and staff are available with demonstrated relevant skills in similar roles, they could be considered for appointment.

# 3. Funding

Service providers receive funding to deliver RPS in 10 departmental areas. RPS funding is for the model of service delivery set out in these guidelines.

Eighty per cent (80 per cent) of the RPS funding is for the salary and salary-related costs of employing the practitioner. This can include:

* Long Service Leave
* WorkCover
* personal leave.

Twenty per cent (20 per cent) of the funding is for the administration and operation of the RPS. This can include:

* program management
* professional supervision of the coordinator
* capital inputs into the program such as office equipment, venue hire, and technology to support service delivery.

Service providers must meet performance targets. If they do not, the department and the service provider will work together to identify the causes and implement remedial action.

Providers must acquit funding at the end of each financial year. If practitioner positions are vacant, or the program was not delivered for all or part of the year, unexpended funding will be recouped and returned to the department. The Service Agreement between the department and the provider sets out these rules in more detail.

# 3. Performance and accountability framework

Service providers must:

* deliver RPS consistent with these guidelines
* meet performance targets
* provide quarterly reports to the department.

## 3.1 Performance measures

Service providers are expected to report on the following performance measures (see **3.2. Data collection and reporting**).

### Quantitative measures

The quantitative measures are:

* number of parents engaged in family-based parenting supports
* number of family-based parenting supports sessions delivered
* number of group-based parenting supports sessions delivered to parents
* number of parents attending group-based parenting supports sessions
* details of group-based parenting supports delivered to parents
* demographic information for parents engaged in family and group-based parenting supports.

These measures are set out in the RPS quarterly report on the department's Parenting Support Program database.

### Qualitative measures

Service providers should use the ‘Me as a parent questionnaire’ to measure qualitative measures.

The measures are:

* percentage of parents who had improved scores after engaging in family-based parenting supports (target is 60 per cent)
* percentage of parents who had improved scores after attending multi-session group-based parenting supports (target is 60 per cent).

Section **3.2 Data collection and reporting** has further information about the questionnaire.

## 3.2 Data collection and reporting

### Data collection

Service providers collect data about RPS. This supports service delivery monitoring.

Providers should use the Me as a Parent – Short Form (MaaP-SF) survey to gather qualitative data.

MaaP-SF is a validated parenting self-efficacy survey. It assesses the impact of RPS for parents who engage in family and group-based parenting supports.

MaaP-SF measures parents’ perception of their parenting self-efficacy. This is strongly associated with parenting competence.

Parenting self-efficacy is widely used in the evaluation of parenting interventions.

Higher levels of self-reported parenting self-efficacy are associated with:

* positive parent–child relationships
* better parental mental health
* better child developmental outcomes.

The MaaP-SF is simple to administer. The instructions for administering and scoring this questionnaire are in **Appendix 2: Me as a Parent questionnaire**.

Providers report de-identified data to the department as set out in **Reporting** below.

This information is also important for practitioners. It shows the impact of the services delivered. Practitioners should use it to reflect on and refine service delivery.

### Reporting

Providers must submit data to the department within 2 weeks of the end of each quarter:

* quarter 1 (1 July to 30 September)
* quarter 2 (1 October to 31 December)
* quarter 3 (1 January to 31 March)
* quarter 4 (1 April to 30 June).

Report quantitative data using the department’s Parenting Support Program (PSP) database. Use the department’s outcome report template to report de-identified qualitative data.

To request access to the PSP, email FSERLE@dffh.vic.gov.au

# Appendix 1: Socio-Economic Indexes for Areas data

## About the Socio-Economic Indexes for Areas (SEIFA)

SEIFA ranks areas according to their relative socioeconomic advantage and disadvantage.

This uses the Australian Bureau of Statistics’ Census data.

## Using SEIFA data to identify priority suburbs

Service providers should use the SEIFA decile rankings for suburbs in their community to identify priority suburbs.

To access the rankings:

1. Go to the [Australian Bureau of Statistics website](https://www.abs.gov.au/AUSSTATS/abs%40.nsf/DetailsPage/2033.0.55.0012016) https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012016
2. In the list of ‘Data Cubes’, select ‘State Suburb, Indexes, SEIFA 2016’.
3. This opens an Excel spreadsheet. Choose the sheet titled ‘Table 2’. This includes the data ‘State Suburb Index of Relative Socio-Economic Disadvantage’.
4. In the spreadsheet, find the group of columns labelled ‘Ranking Within State or Territory.’  The ‘Decile’ column contains rankings of disadvantage by suburb. Lower rankings indicate higher disadvantage.

| SEIFA decile (2016)  | Level of disadvantage  |
| --- | --- |
| 1 and 2  | Relatively greater disadvantage  |
| 3 and 4  |  |
| 5 and 6  |  |
| 7 and 8  |  |
| 9 and 10  | Relative lack of disadvantage  |

# Appendix 2: Me as a parent questionnaire

## When to use the questionnaire

Practitioners should ask all parents who engage in family based or group-based parenting supports to complete the MaaP-SFquestionnaire.

The questionnaire is available at: [Me as a Parent scale – Short Form](https://www.parentingrc.org.au/how-we-support-change/me-as-a-parent-scale-short-form/) https://www.parentingrc.org.au/how-we-support-change/me-as-a-parent-scale-short-form/

Practitioners should store completed questionnaires according to their organisation’s policy for confidential client records.

Store the questionnaires so you can compare the 2 scores (pre and post).

### Family-based parenting supports

Practitioners can ask parents to complete:

* the pre-questionnaire at commencement of engaging in family-based parenting supports
* the post-questionnaire at the end of engaging in family-based parenting supports.

Parents may continue to participate in RPS through group-based parenting supports.

### Group-based parenting supports

#### Multi-session groups

Practitioners should ask parents to complete:

* the pre-questionnaire **before the first group session** the parent attends
* the post-questionnaire **after the last group session** the parent attends.

#### Single-session groups

Practitioners should ask all parents to complete the pre-questionnaire before the group session.

Compare participants’ MaaP scores against the general population’s MaaP scores. This will help you understand the proportion of parents engaging in RPS who have lower levels of perceived self-efficacy.

## How to score the MaaP-SF

An increase in the post-intervention score indicates that the person’s perception of their parenting efficacy has improved. A decrease indicates their perception of their parenting efficacy has reduced.

This provides valuable information about the impact of the services delivered. Use this information to plan and refine service delivery.

To score the questionnaire, add up the scores for all 4 items to get a total score.

The total score can range from 4 to 20.

Enter de-identified data in the department’s annual outcome report template.

## Additional resources

Translated versions and a short webinar on completing the questionnaire with parents are available at the [Me as a Parent Scale website](https://www.parentingrc.org.au/tools/me-as-a-parent-scale) https://www.parentingrc.org.au/tools/me-as-a-parent-scale

## Me as a parent pre and post questionnaire

Thank you for completing this questionnaire. It helps us learn about whether our service helps you build your confidence and skills as a parent. We will ask you to complete the questionnaire at the start of the service and at the end of the service.

(Parent includes all adults who have primary responsibility for the care of the child/ren).

**Enrolled parent name:**

**Date:**

| Thinking about your parenting | Strongly disagree | Disagree | Mixed feelings | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- |
| I have confidence in myself as a parent. | 1 | 2 | 3 | 4 | 5 |
| I know I am doing a good job as a parent. | 1 | 2 | 3 | 4 | 5 |
| I have all the skills necessary to be a good parent to my child. | 1 | 2 | 3 | 4 | 5 |
| I can stay focused on the things I need to do as a parent even when I’ve had an upsetting experience. | 1 | 2 | 3 | 4 | 5 |

1. Sackett DL, Straus SE, Richardson WS, Rosenberg W and Haynes RB (2000) *Evidence-based medicine: how to practice and teach EBM*,2nd edition, Churchill Livingstone, New York. [↑](#footnote-ref-2)
2. Ulferts, H. (2020) [‘Why parenting matters for children in the 21st century: An evidence-based framework for understanding parenting and its impact on child development”](https://doi.org/10.1787/129a1a59-en), *OECD Education Working Papers*, No. 222, OECD Publishing, Paris https://doi.org/10.1787/129a1a59-en [↑](#footnote-ref-3)
3. Australian Institute of Family Studies (2024) [‘Father-specific engagement strategies in parenting interventions’](https://aifs.gov.au/resources/short-articles/father-specific-engagement-strategies-parenting-interventions) https://aifs.gov.au/resources/short-articles/father-specific-engagement-strategies-parenting-interventions [↑](#footnote-ref-4)
4. Australian Institute of Family Studies (2024) [‘Father-specific engagement strategies in parenting interventions’](https://aifs.gov.au/resources/short-articles/father-specific-engagement-strategies-parenting-interventions) https://aifs.gov.au/resources/short-articles/father-specific-engagement-strategies-parenting-interventions [↑](#footnote-ref-5)
5. Parenting Research Centre (2022) [Parenting Today in Victoria Survey](https://www.parentingrc.org.au/tools/parenting-today-in-victoria/), https://www.parentingrc.org.au/tools/parenting-today-in-victoria/ [↑](#footnote-ref-6)
6. Frameworks Institute (2018) [Talking about the science of parenting](https://www.frameworksinstitute.org/publication/talking-about-the-science-of-parenting/), https://www.frameworksinstitute.org/publication/talking-about-the-science-of-parenting/ [↑](#footnote-ref-7)
7. Parenting Research Centre (2022) [Parenting Today in Victoria Survey](https://www.parentingrc.org.au/tools/parenting-today-in-victoria/), https://www.parentingrc.org.au/tools/parenting-today-in-victoria/ [↑](#footnote-ref-8)