Situating NEWPIN in the context of parent education and support models

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The nature and extent of parent education and support programs targeting parents with children under five is reviewed. Several evaluated Australian and overseas programs are described, and their role and effectiveness in the prevention of child abuse and neglect are examined. The principles and values that underpin such programs are discussed, and their common components outlined. The New Parent Infant Network (NEWPIN) is then situated in the broader framework of effective parent education and support programs operating in Australia.

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The complex interaction of factors that lead families to seek support in raising their children has led to the development of a range of parent education and support services in Australia (Tomison, 2002). These services, at their broadest level, seek to enhance the health and well-being of children by facilitating the health and well-being of their families. The New Parent Information Network (NEWPIN) is a parent education and family support model that aims to prevent the cycle of destructive family relationships that undermine the capacities of families to effectively care for their children. However, this broad aim is shared by many family support models and it is important, given NEWPIN's relatively recent introduction in Australia, to situate models such as NEWPIN in the context of evaluated family support models. This paper provides a brief overview of the NEWPIN model, reviews a broad sample of international and Australian parent education and support services to draw out some common elements that characterise effective family support models, and locates NEWPIN in the context of these models.

NEWPIN

The NEWPIN model had its origins in the UK two decades ago. Two NEWPIN centres have been established in Australia by Uniting*Care* Burnside, both in highly disadvantaged areas of Western Sydney. NEWPIN is a primarily centre-based intensive intervention for children under five and their parents. While the intervention is directed at generally improving relationships within families, it is primarily directed at the child-mother dyad. Because the risk factors associated with diminished care are many, and operate at many different levels, the types of intervention within the NEWPIN program are similarly diverse. NEWPIN offers a therapeutic self-healing component to mothers through weekly group psychotherapy, child development instruction, play therapy and play instruction, parenting information, an extensive 24 hour peer support network, and direct vocational skill training. NEWPIN operates under a value system embodying these core values – support, equality, empathy, respect and self-esteem – which guide every aspect of the intervention and which govern the day-to-day behaviours of *everyone* associated with NEWPIN, not just mothers and their children, but also partners, extended family, staff, volunteers, visitors and workers from partner agencies.

However, before characterising NEWPIN further, a brief overview of parent education and support will be undertaken and a number of parent education and support models reviewed.

PARENT EDUCATION AND SUPPORT

Although 'parent education', 'parent training' and 'parent support' are distinct concepts, the boundaries between them are fuzzy, and most programs deliver a combination of all three elements (Standing Committee on Social Issues, 1998). 'Parent education' generally refers to the provision of *theoretical* knowledge to parents. 'Parent training' refers to the *practical* application of that knowledge by parents in a learning environment. 'Parent support' refers loosely to the *emotional* sustenance that parents derive from participation in such programs.

PARENT EDUCATION AND SUPPORT PROGRAMS

Parent education and support programs currently offered to families in NSW are diverse in their nature, their expected duration, their level of intervention and the intensity of that intervention. They may target their intervention in the short, medium or long term, via any combination of the following elements: home visiting, centre-based attendance, group-based work, individual work, direct work with parents, direct work with children, direct work with the whole family, professional delivery, volunteer delivery, peer support focus, self-paced, universal client group, targeted client group. Interventions may be *primary* (directed at preventing problems), *secondary* (directed toward groups considered 'at risk'), or *tertiary*, where major problems or abuse have already occurred, and the aim is to prevent further recurrence (Tomison, 1998).

SAMPLE OF PARENT EDUCATION AND SUPPORT PROGRAMS

A complete review of parenting education and support programs is beyond the scope of this paper and only a representative sample of international and Australian parent education and support programs will be considered. Programs selected for review were similar to NEWPIN, in that:

- they were successful (research data supported their effectiveness)[1];
- they worked with children up to the age of five years;
- they contained the three elements (education, training and support) most commonly found in early intervention parent education and training programs; and
- they either targeted vulnerable families[2] or operated in a disadvantaged community.

According to Bowes (2000), there are few well-evaluated models of parent education and support in Australia due to the recency of their inception and the lack of available research funding. However, two Australian parent education and support models, *Good Beginnings* and the Positive Parenting Program ('Triple P'), have been well evaluated. An Irish program, Community Mothers, will also be reviewed, as well as three American models: Healthy Start, the Elmira Prenatal/Early Infancy model, and Parents as Teachers. This latter model is operating in several countries, including Australia. The models in the sample will be broadly grouped according to their style of parenting education and support.

Home visiting models

There is an emerging popularity in Australia of home visiting as a form of parent education and support (Scott, 1993), but it appears that even in the specific field of home visiting, there is some difficulty in defining the nature of these programs (Vimpani, Frederico & Barclay, 1996). Vimpani et al. (1996) found great diversity in approaches toward home visiting and drew attention to the many components that the model could contain. Halpern (1984, cited in Vimpani et al., 1996) noted that home visiting programs could contain such elements as:

> ... parent education, parent psychosocial support, parent training, direct stimulation of the infant, infant and/or maternal health surveillance, assessment of formal service needs and/or linkage to formal services, and work with formal service providers to reduce obstacles to utilisation of services (p.16).

Given this diversity, Leventhal (1996) cautioned against comparisons of home visiting programs, as each program may target different groups, vary in frequency of visits, and level of visitor skill. The common theme in home visitor services as a form of parent education and support, however, is that the service is delivered by a visitor (a volunteer or professional) in the parent's own home. The question as to whether volunteer home visitors are as effective as, or more effective than, professionals in delivering program outcomes (and cost effectiveness) has been raised. Olds (1997) noted that using para-professionals was not as effective in terms of program outcomes as using qualified maternal and child health nurses. Vimpani (2000), however, argued that in the Australian context, we simply don't know whether the use of volunteers differentially affects short-term or long-term outcomes.

[1] Noting some room to debate the quality of the evaluation findings available to date.

[2] Vulnerable families are families living with the following issues: poverty, social isolation, lower levels of education, own abuse as a child, poor quality schools, negative peer relationships, and external stressors (Durlak, 1998; Little, 1995; Mondy & Tolley, 1994).

- ***Good Beginnings***

Good Beginnings is an example of a home visiting model that was developed in Australia following two years of extensive local and international research. *Good Beginnings* uses trained volunteers, who are supported by professional staff, to visit parents with newborn babies for one to two hours every one to two weeks. The *Good Beginnings* visitor (known as a community parent) develops a relationship with the parent and provides information about child development, health care, nutrition, and home and general safety, in a manner that is acceptable to the parent. The community parent also connects the new parent with other local people and resources. The program is based on the principle that if parents feel supported and gain self-confidence, their anxiety, isolation and stress levels will reduce and they will raise more content, happier, healthier children. *Good Beginnings* does not claim to reduce child abuse, but it does claim to mitigate some of the risk factors of child abuse, such as isolation and stress (*Good Beginnings*, 1998).

Parent education and support services in Australia ... at their broadest level, seek to enhance the health and well-being of children by facilitating the health and well-being of their families.

Good Beginnings selected four different types of communities around Australia to pilot its program: urban, rural, remote, and remote-urban. An independent evaluation of *Good Beginnings* (Cant, 2000) asked parents their feelings about their parenting skills, their ability to access services, their knowledge of child development, and whether they felt there was value in the community parent's visits. The evaluation also asked community parents about their role, and canvassed service providers about the impact of *Good Beginnings* on their services. The results of the evaluation revealed that both parents and referring agencies believed that *Good Beginnings* had a positive impact, and that most felt *Good Beginnings* had met their expectations as to what the service could provide for them (eg, support, guidance, companionship). The role of the community parent was valued highly by parents, who often described the community parent's role in terms of friendship. According to Cant (2000), 'there is certainly an egalitarian quality to volunteer home visiting that a professional worker would find nearly impossible to replicate' (p.101). Cant (2000) also found that *Good Beginnings* was perceived as being flexible and culturally sensitive in all of the four pilot sites, despite each *Good Beginnings* site developing differently in response to community need.

- ***Community Mothers***

The Irish Community Mothers Program (Johnson & Molloy, 1995) used a combination of professionals (public health nurses) and volunteers (local experienced mothers known as 'community mothers') to deliver parent education and support to first time parents in disadvantaged areas with high birth rates. The program focused on support and encouragement for parents and the provision of health care, nutrition and child development information. Community mothers, trained by the public health nurse, delivered this child development program for one hour per week in the mother's home, and the visited mothers also met as a group for support, information exchange and skill development. It was felt that support and instruction by the right kind of peer (in this case, experienced local mothers selected for their caring and sensitive qualities) would lead to better parenting skills, and increases in parents' self-esteem.

A large randomised control study of 262 first-time mothers in the Community Mothers program compared parents who had received the child development program from the Community Mothers with a control group who received the standard public nurse service. Data was collected at the first visit and then at the child's first birthday. The study showed that the parent group receiving the Community Mothers intervention had better outcomes on: immunization of the child, quality of child's diet, time of introduction of cow's milk, cognitive stimulation of the child, maternal self-esteem, maternal diet and maternal positive feelings. The results appeared to bear out the program's belief that utilising non-professionals with an empowerment approach assisted parents to improve their skills (Johnson & Molloy, 1995; Johnson et al., 2000).

- ***Elmira Prenatal/Early Infancy Project***

This model strongly argues that a trained public health childhood nurse rather than a lay person should undertake comprehensive home visiting. This model arose out of the Prenatal/Early Infancy Project in Elmira, a rural area identified as having the worst economic conditions in the United States, and the highest rate of reported and substantiated child maltreatment in New York State. Olds et al. (1986a; 1986b) randomly assigned a sample of 400 pregnant mothers and their families to four different interventions:

- no intervention other than the usual access to services;
- transport to and from medical appointments;
- the provision of extensive pre-natal home visiting by a professionally trained nurse *and* transport;

- the provision of extensive pre- *and* post-natal home visiting by a professionally trained nurse, *and* transport.

The results showed that families visited by a trained nurse (who provided parent education and linkages to social support) significantly reduced the number of subsequent child maltreatment reports compared to the other groups. There were also positive effects on the mother's pre-natal health behaviours (eg, improved diet, reduced smoking), and on the baby's health, compared to the groups who did not receive the trained nurse visits. The families were followed up four years later, but these positive effects appeared to have faded, and there were no differences between the four groups. One explanation for this was that the nurses who continued to have contact with their groups might have been more ready to report signs of child maltreatment. However, Olds et al. (1998) reported that 15 years following intervention, pre-natal and early childhood home visitation by a trained nurse had led to a reduction in subsequent pregnancies, the use of welfare, child maltreatment rates and criminal behaviour on the part of the low-income, single mothers who took part in the original study.

- ***Parents as Teachers***

The Parents as Teachers program operates on the principle that parents are the first teachers of their child, and hence are the most important influence on their children's development and learning (Amm & Juan, 1994). The Parents as Teachers philosophy is that all families have strength, all parents want to be good parents, and that all parents can benefit from support. As the child's first few years are seen as critical in optimising the child's full potential, the program concentrates on helping parents to enhance their child's environment and development from birth to three years. The view here is that parenting skills must be learned (particularly if parents are young and inexperienced) rather than picked up by trial and error. Parents as Teachers has a strong interest in helping parents create positive attitudes to learning, which is seen as crucial to the later success of the child in school. The program of structured support and child development information is delivered monthly by a consultant trained in the model who also facilitates monthly group meetings of parents to share experiences and discuss topics.

An evaluation of Parents as Teachers in America (Pfannenstiel & Seltzwer, 1985, cited in Parents as Teachers National Center, 2000) found that at age three the (75) children who participated in the program were significantly more advanced in language development, problem solving, coping skills, and positive relationships with adults, than a control group. Further evaluations of the program showed that the gains in the pilot study had a lasting effect, and that evaluations at other sites (some targeting disadvantaged families) showed the same positive gains in children who had participated.

Group-work models

- ***The Positive Parenting Program (Triple P)***

The Triple P program (operating in Australia and New Zealand) is a multi-layered group-based intervention targeting parents with children who are at risk of developing disruptive behaviour disorders. According to Triple P, parenting skills programs based on social learning principles are effective in improving outcomes for this group of children who are at greater risk of current and later life adversity, including child abuse (Sanders & Markie-Dadds, 1996). The philosophy of Triple P is that parents are regarded as capable of learning to solve problems by themselves, once they acquire relevant parenting skills and knowledge. The program uses the following theoretical bases:

- applied behaviour analysis, which informs useful behaviour change techniques;
- developmental models of social competence, that help parents to help their child develop good social skills instead of using aggression;
- attachment theory, to work on reversing insecure attachment or anxious attachment by developing warm, affectionate parent-child relationships;
- social learning theory, which enables parents to embrace new information on parenting skills (eg, by information sharing, behaviour rehearsal) and to internalise and regulate the learning themselves.

Some parent education and support programs work primarily with the parent, anticipating flow-on effects to the child, whereas some argue that only by working concurrently with parents and children can change be effected.

The frequency and intensity of the Triple P program depends on an assessment of the type of intervention required from the Triple P repertoire. This can range from a weekly group meeting (with homework) for a six-week period, to distance education by means of worksheets and videos. The Triple P program evaluations revealed positive mental health outcomes for the participating children. In addition, the Triple P program and other programs of its type had beneficial effects on the participating parents in such areas as maternal health and well-being, education and employment (Karoly, 1998, cited in Commonwealth Department of Health and Aged Care, 2000).

Composite models

- *Healthy Start*

Many parent education and support programs embrace a variety of approaches within their broad model. Healthy Start operates state-wide in Hawaii and New Zealand, and targets high-risk pregnant women and mothers of babies up to three months with the aims of preventing child abuse, enhancing child development, and improving parent-child interaction (Bowes, 2000). The program continues until the child is five. Healthy Start has both a group work and a home visiting focus and a case management and inter-agency co-ordination role. Some sites offer a more comprehensive range of services than others, such as respite care, male home visitors to work with fathers, and parent-child play sessions. The home visitor, a para-professional selected for their nurturing qualities and successful parenting, provides emotional support to the parent and models effective parenting skills. O'Connell (1992) summarises the Healthy Start home visitor's role with parents as someone who will 'do for, do with and cheer on' (p.23). Healthy Start believes that the best way of preventing child abuse and neglect is to intervene early, build up strong parent-child interaction and maintain support until the child is five (Vimpani, Frederico & Barclay, 1996). Evaluations of Healthy Start compared child abuse reports for families involved in the Healthy Start program to those of other high risk populations by the administration of home, feeding and teaching scales. The results (with some qualifications noted by Vimpani et al., 1996) showed that abuse rates were substantially lower in the Healthy Start group.

Common components of parent education and support programs

It is evident from the above that, even within programs offering similar types of intervention, there are many different approaches to parent education and support. Some programs work primarily with the parent, anticipating flow-on effects to the child, whereas some argue that only by working concurrently with parents and children can change be effected. Some use professionals rather than non-professionals to deliver programs; some are centre-based programs rather than home visiting; some use group work rather than having an individual focus; some are heavily-structured programs rather than programs that are flexible in response to particular changing needs. There are, however, some common themes:

- parents given support, encouragement and information grow in self-confidence;
- building on parents' existing competencies, rather than focusing on problems, is an effective approach to induce positive change;
- linking parents to support relieves isolation and improves social connectedness;
- attempting to reach the most disadvantaged addresses wider environmental and socio-economic issues that impact on parenting (eg, poverty, single parenthood);
- improving parent-child interaction facilitates change;
- intervening earlier is better.

NEWPIN mothers must make a commitment to attend the centre at least two days a week ... as the intensity of the intervention is considered to be a critical factor in producing positive and lasting change.

LOCATING NEWPIN IN PARENT EDUCATION AND SUPPORT MODELS

The NEWPIN model embraces many of the values and principles of the parent education and support programs discussed above. The major differences lie in the greater intensity and duration of the NEWPIN intervention, the emphasis it places on dealing with the inner processes of the parent, and the model's reliance on peer support and vocational education for parents. In addition NEWPIN has developed a set of four core values (respect, support, empathy and equality) that all participants – parents, children, staff and partner agencies – must incorporate into their behaviours in their involvement with NEWPIN.

Unlike *Good Beginnings*, Triple P, Parents As Teachers and the Elmira project, NEWPIN relies heavily on peers to provide the support and encouragement that allows parenting knowledge and confidence to grow. For example, the 'Our Skills as Parents' group component of NEWPIN's Personal Development Program is delivered on a weekly basis with eight NEWPIN mothers. This is coupled with peer support availability 24 hours a day provided by the 20 mothers who are also accessing NEWPIN at the time. A parent who is grappling with implementing new strategies taught in the NEWPIN 'Our Skills As Parents' course can choose a peer support mother to consult face to face at the centre, or by telephone if difficulties arise out of hours.

NEWPIN tackles the inner processes of the parent in a very systemic way. For example, the insights gained by the parent about how her own processes impact on the relationship with her child in the weekly Therapeutic Support Group component of NEWPIN's Personal Development Program

are incorporated into all other aspects of the program. This means that many opportunities exist for a parent to be praised and encouraged (by peers and staff) for the way such insight has changed her behaviour positively towards her child. Conversely, it also means that the parent can be challenged by peers or staff (or children!) when the parent lapses into old, negative behaviours towards her child or breaches the core values. Round-the-clock availability of peer mothers who listen, encourage (and challenge) within the core values framework assists parents to work through these challenges.

A study of 7 families found that after one year's involvement with NEWPIN, there was a significant reduction in parental stress, the overall potential for physical child abuse was reduced, and families became less rigid in their expectations and management of their child.

Parents as Teachers focuses specifically on teaching parents child development knowledge. NEWPIN delivers this through the 'Our Skills as Parents' course, and by delivering a 'Family Play Program' course. The 'Family Play Program' is an intensive course helping the mother and child play positively together to increase bonding and attachment. The mother learns age-appropriate play for the child, and how play can be a rich source of enjoyment and learning for both parent and child. Parents As Teachers focuses on achieving optimal child development outcomes throughout the duration of their program, whereas NEWPIN's aims are more focused on increasing the quality of the parent-child relationship.

NEWPIN emphasises the importance of delivering parent education and support intensively by using a centre setting (though home visits are part of the program). This appears to be a major difference to the other Australian models (apart from Triple P which delivers a short-term group work program in a community venue). NEWPIN uses the centre base itself as a secure and safe place (under the umbrella of its core values) for mothers and children to work on changing behaviours. NEWPIN mothers must make a commitment to attend the centre at least two days a week (and up to five if the mother chooses) as the intensity of the intervention is considered to be a critical factor in producing positive and lasting change.

Finally, NEWPIN has a major emphasis on vocational education for parents. The final component of NEWPIN's Personal Development Program trains mothers for work-force participation, and TAFE outreach to the NEWPIN centres has meant many women have had those skills formally acknowledged. In this way, NEWPIN aims to break the cycle of disadvantage by offering skills-based training for mothers to assist their entry into the workforce when both mother and child are ready. In addition, NEWPIN itself may be an avenue into the workforce for some mothers. For example, in the UK 70% of NEWPIN co-ordinators are former clients of the service.

Two research studies (Mondy, 2001; Uniting*Care* Burnside, 2002) and two small-scale evaluations of NEWPIN (Nixon, 2000; Phillips, 2002) have shown that NEWPIN has made a successful transition from its UK origins to the Australian context. Mondy (2001), in a qualitative study of 12 mothers and 8 children who had been attending NEWPIN for at least six months, found that mothers reported that:

- their self-esteem and confidence had improved;
- they had made positive changes in themselves and their children;
- attending NEWPIN gave them hope for the future;
- children's problem behaviours were significantly reduced; and,
- children had made positive developmental gains.

Children reported happy experiences of attending NEWPIN.

A joint Macquarie University, NSW Department of Education and Burnside study (Uniting*Care* Burnside, 2002) of 7 families found that after one year's involvement with NEWPIN, there was a significant reduction in parental stress, the overall potential for physical child abuse was reduced, and families became less rigid in their expectations and management of their child.

CONCLUSION

This paper has briefly reviewed a number of evaluated parent education and support programs to provide a context in which to situate the development of the NEWPIN program in Australia. NEWPIN embodies a number of elements common to successful parent education and support programs, but is distinct in the Australian context for its intensity, duration, emphasis on dealing with the inner processes of the parent and the model's reliance on peer support and vocational education for parents. ■

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