CAFCA practice sheet

Assessing and responding to parenting support needs in disadvantaged families

Lessons from parent education programs

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This Practice Sheet provides information on how to assess and respond to the needs of parents who are seeking support in their parenting role, by summarising the key elements of three parenting education programs. This Practice Sheet is designed for practitioners who work directly with parents who require or request parenting support, especially where those parents are experiencing disadvantage.

Why is parenting support important?

Formal parenting support can come from a range of different sources, including telephone advice lines, written resources, online forums and parent education programs (Centre for Community Child Health, 2007).[1] Effective parenting support can assist in the development of healthy, positive parent–child interactions—the cornerstone to positive child outcomes (Centre for Community Child Health, 2007; Scott, O'Connor, & Futh, 2006).

Although parents from all walks of life can benefit from effective parenting support, it can be especially beneficial to families experiencing certain types of disadvantage. This is because problems such as substance abuse, mental health issues and learning difficulties can make parents more vulnerable to a reduced capacity to provide basic care and a stable, nurturing environment for their children (NSW Department of Community Services, 2006). This can then have a detrimental impact upon child outcomes (Dawe, Harnett, Staiger, & Dadds, 2000).

One type of parenting support that has been demonstrated to improve the long-term developmental trajectories of children experiencing disadvantage are well-designed early intervention programs that *specifically* address aspects of parent–child interactions and relationships (Shonkoff & Phillips, 2000). These types of interventions are commonly referred to as parent education programs.

Effective parenting education programs address parenting problems in a number of ways. Identifying the ways in which parenting programs are effecive can assist practitioners who work with parents by providing them with a structure for assessing and responding to the parenting support needs of their clients.

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1   Parenting support can also come from informal sources, such as family, friends and neighbours (Moran, Ghate, & van der Merwe, 2004, p. 20). This Practice Sheet focuses on formal types of parenting support; that is, support provided by services.

PRACTICE CONSIDERATIONS

This Practice Sheet draws on the strategies and approaches used by three Australian parenting education programs: Triple P—Positive Parenting Program, Tuning Into Kids and Parents Under Pressure. The programs were chosen because they have each been shown, through randomised control trials involving parents from families experiencing disadvantage, to lead to positive outcomes for parents and children experiencing disadvantage. (See text boxes on pages 7–9 for further information about each program.)

These programs have been shown to have benefits for those who participate in them. But how do they work? What leads to those positive outcomes for parents and their families? What can practitioners draw from these programs to enhance their work with parents?

This Practice Sheet uses key elements from the aforementioned programs to provide a structure for assessing and responding to the parenting support needs of parents.[2] These elements are:

■ assessing a parent's needs;

■ exploring parents' understanding of child development;

■ identifying the most appropriate format for education and support; and

■ addressing logistical issues.

Consideration of these elements will help to ensure that parents with different needs and capacities receive the most appropriate support.

Assessing a parent's needs

Parents come to parent support services with varying needs. Some of these parents may not really understand what their needs are—they just know they have a problem. Some parents will be seeking a solution to a specific problem, others will be looking for broader strategies and understanding to help them in their role as parent and to foster a positive relationship with their child.

In talking with the parent, it is important to ascertain whether the parent's needs are straightforward; do they want concrete information and strategies on dealing with specific behaviours or problems (such as establishing and keeping a nightly routine for their child) or do they need help with a more complicated task (such as understanding and managing their child's emotions and behaviour)?

Being clear about the history and nature of the problem, assessing the current parent–child relationship, and identifying sources of support for the parent are keys to formulating an appropriate and effective plan of assistance. Observations of the parent and child together can help you guide the parent towards the most appropriate and effective form of assistance.

It is important also to consider the fact that there may be multiple sources of difficulty for a parent and their family, especially for those who are experiencing disadvantage.[3] Exploring the broader context of the client's circumstances can help you determine whether an intervention that focuses on specific parenting issues is sufficient for the parent at this time, or whether they would benefit most from a program that targets individual, couple and/or family issues or provides material assistance such as housing or financial assistance. Offering assistance in only one domain (e.g., parent–child relationship) may be ineffective if other sources of stress are not identified, prioritised and addressed.

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2   This Practice Sheet is not designed to identify the factors that make parenting education programs successful. The factors that make parenting programs successful were identified by Holzer et al. (2006) as: targeted recruitment, a structured program, a combination of interventions/strategies, and a strengths-based approach. However, the focus of Holzer et al. was on parenting programs and child maltreatment.

3   For tips on how to engage with disadvantaged families see the CAFCA Practice Sheet: *Are disadvantaged families "'hard to reach"'? Engaging disadvantaged families in child and family services* (McDonald, 2010).

Since there may be more than one factor contributing to the issue for which the client is seeking help, addressing these other factors may have positive "flow-on" effects in other areas of their life.

As part of assessing a parent's needs, it is important to assess their level of parenting confidence. Being a parent is a demanding task, and experiencing difficulties with children can erode an individual's confidence as a parent. Having an idea of how confident the client is in their parenting can help to identify the type of assistance that would be of most benefit.

For example, a reasonably confident parent may just require some simple strategies for dealing with specific issues or behaviours. Those whose confidence has been dented by recent challenging behaviours in their child may require a brief intervention, while others who have experienced a longer period of difficulties with their child may be in need of more intense assistance over an extended period.

In considering a parent's needs, it is also important to note that emotion-focused programs (i.e., programs that enable and encourage parents to reflect on and manage their own emotions) may not be appropriate for some parents. Developing an emotion-focused style of parenting can be confronting for some parents and may raise issues relating to their own childhood experiences (Parker, 2009). Furthermore, factors such as substance misuse, mental illness and other stressful life factors such as unemployment can make it difficult for parents to engage in more reflective types of parenting education programs. Emotion-focused parenting can be an effective resource for parents but it is particularly critical to gather sufficient information from the client to ensure that assistance of this kind is suitable for the parent.

Questions to consider

- What is the parent specifically concerned about? For example, is their concern focused on the child's behaviour, the parent–child relationship or both?

- Are the parent's concerns grounded in the present or are they future-oriented? That is, do they need help with a specific problem now, or are they (also) concerned about the quality of their relationship with their child into the future?

- Will the parent's needs be met by information alone (e.g., tip sheets, brochures) or would they also benefit from a parenting education program?

- What resources does the parent currently have to deal with the issues they are concerned about (e.g., family support)?

- Do the parent's concerns relate just to themselves, or are there also problems at the couple and family levels? If the parent's concerns extend beyond the child and their behaviour, engage the parent in assessing which of these broader issues is the most pressing and explore with them the kinds of assistance that seem appropriate.

- Take steps to reassure the parent that they are not alone in their experiences and that they are not a "bad" parent if their child displays challenging behaviours.

- What does the parent do well? What areas do they need support with?

- How does the parent feel about their parenting? What information and resources would be appropriate considering the parent's level of confidence in their parenting?

- Are there obstacles to the parent engaging in emotion-focused parenting programs?

- For parents who might find emotion-focused programs confronting, how might you integrate various levels of emotion-focused strategies and techniques into existing services so that parents are introduced to the concepts gradually and are able to learn and adopt them at their own pace?

Exploring parents' understanding of child development

Parents have varying levels of knowledge and understanding about children's emotional, cognitive, physical and social development. Misunderstanding a child's capacities at various ages can lead a parent to have expectations of the child's behaviour and achievements that the child can not fulfil, which may impact on parenting behaviour and the interactions between a parent and their child.

It may be useful to try to pinpoint how the parent feels their child is progressing in each of the developmental domains so that they can have their immediate concerns allayed or addressed, and you can then direct them towards the appropriate type and level of assistance.

Gauging how well the parent understands the child's world can help you identify which services will effectively address the situation. These might include coaching in understanding and regulating both the parent's and the child's emotions, strategies and skills in managing problematic child behaviours, or a combination of both.

Questions to consider

- What aspect of child development is the parent concerned about (e.g., social, emotional, physical, cognitive development)?
- Talk with the parent about the usual milestones for children at different ages to identify gaps in their knowledge about their child's progress. If appropriate provide information to parents about child development. The Raising Children website is a good resource for evidence informed resources for parents, <raisingchildren.net.au>.
- Note the language the parent uses to describe and talk with their child. What does this suggest about their understanding of their child's development?

Identifying the most appropriate format for education and support

People learn in different ways. While some parents may respond positively to learning material in a lecture-style session, others will respond more positively to an individually tailored, one-on-one learning environment. Similarly, some parents may be comfortable with group discussions with other parents, whereas others may not. To get the most out of parenting support, it is important that a parent feel reasonably comfortable with the type of support they access.

It is also important to consider people's level of education. It may be difficult for a client with low literacy skills, for instance, to get the most out of a parenting program that focuses upon extensive written material (e.g., a parent manual). People's previous experiences with learning (e.g., school experiences) can impact upon their preference for how education and support is delivered. Exploring previous experiences with learning can ensure that the parent will be able to participate in services that engage and maintain their interest and commitment.

Exploring with the parent the various ways in which parenting programs are offered may make it easier to determine the format with which they feel most comfortable.

> **Questions to consider**
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> - Is the information you're providing to parents accessible to parents with low levels of literacy? If not, are you able to provide information in another format (e.g., DVD, visual resources)? Can you access alternative resources from elsewhere, such as a local library?
>
> - If a parenting education program is appropriate, is the program appropriate to parents with low levels of literacy? Does it rely heavily on written materials?
>
> - If a parenting education program is appropriate, would the parent benefit from a group facilitation program or would one-on-one skills training/coaching be more appropriate?
>
> - If a parenting education program is appropriate, does the program resemble an environment that a parent might find intimidating or stressful? (e.g., a classroom or library)
>
> - For experiential learners, are you able to provide modelling and parent coaching to enable them to practice positive parent–child interactions?

Addressing logistical issues

Parents experiencing disadvantage may face particular challenges in accessing services on a regular basis or for extended periods. For example, if a parent does not have stable child care or support from other family members, they may not be able to attend every session of a 6-week (or longer) program. Those on low incomes may not have the financial resources to cover the cost of transport to the program. Some parents may be experiencing several complex and pressing issues (e.g., relationship breakdown, financial difficulties, securing suitable housing) that preclude them from being receptive to any sort of parenting assistance, let alone commit to attending a program of any duration.

Parenting education or support is unlikely to help a parent if instability in their day-to-day lives constrains their ability to physically engage in and persist with a program or service. It is important therefore to explore with the parent their capacity to realistically participate in the various kinds of parenting assistance you are able to offer, and to identify how their engagement can be optimised. Addressing logistical issues may make it easier to the parent to attend a parenting program or service.

> **Questions to consider**
>
> - What challenges does the parent face in attending a program or service? How might these difficulties be addressed? For example, can you provide or secure child care, help with negotiating public transport or help with travel costs?
>
> - Is there scope for a parenting program to be offered via a combination of delivery methods (such as face-to-face, phone contact and/or home visiting) in order to accommodate parents whose capacity to regularly attend a program is limited?

Conclusion

Parenting support can enhance the development of healthy, positive parent–child interactions and this may be especially beneficial when parents are facing challenges that may compromise their parenting capacity. However, unless a program meets a parent's needs and is appropriate to their circumstances, the potential benefits of a parenting program could be lost. Key elements of three effective Australian parent education programs provide an insight into the critical factors that need to be considered in order for practitioners to assess and respond to the parenting support needs of parents in disadvantaged families.

References

Baer, R. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practise, 10*, 125–160.

Brown, K. W., & Ryan, R. M. (2003). The benefits of being in the present: Mindfulness and its role in psychological wellbeing. *Journal of Personality and Social Psychology, 84*, 822–848.

Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. *The Future of Children, 7*(2), 55–71.

Centre for Community Child Health. (2007). *Parenting young children* (Policy Brief No. 9). Melbourne: Centre for Community Child Health.

Dawe, S. (2008). *Improving functioning in families with substance abuse*. Paper presented at the First Annual Alcohol, Tobacco and Other Drugs Council Conference. Hobart, 28–30 April 2008.

Dawe, S., & Harnett, P. (2007). Reducing potential for child abuse among methadone-maintained parents: Results from a randomized controlled trial. *Journal of Substance Abuse Treatment, 32*, 381–390.

Dawe, S., Harnett, P., & Frye, S. (2008). *Improving outcomes for children living in families with parental substance misuse: What do we know and what should we do* (Child Abuse Prevention Issues No. 29). National Child Protection Clearinghouse. Retrieved from <www.aifs.gov.au/nch/pubs/issues/issues29/issues29.html>.

Dawe, S., Harnett, P. H., Staiger, P., & Dadds, M. R. (2000). Parent training skills and methadone maintenance: Clinical opportunities and challenges. *Drug and Alcohol Dependence, 60*, 1–11.

Evans, G. W. (2004). The environment of child poverty. *American Psychologist, 59*(2), 77–92.

Frye, S., & Dawe, S. (2008). Interventions for women prisoners and their children in the post-release period. *Clinical Psychologist, 12*(3), 99–108.

Harnett, P. H., Dawe, S., & Rendalls, V. (2004). *The Parents Under Pressure Program*. Melbourne: National Child Protection Clearinghouse Newsletter Vol 12(1). Retrieved from <www.aifs.gov.au/nch/pubs/newsletters/nl2004/winterph.pdf>.

Havighurst, S. S., Harley, A. E., & Prior, M. R. (2004). Building preschool children's emotional competence: A parenting program. *Early Education and Development, 15*(4), 424–447.

Havighurst, S. S., Wilson, K. R., Harley, A. E., & Prior, M. R. (2009). Tuning in to kids: An emotion-focused parenting program – initial findings from a community trial. *Journal of Community Psychology, 37*(8), 1008–1023.

Hoath, F. E., & Sanders, M. R. (2002). A feasibility study of Enhanced Group Triple P-Positive Parenting Program for parents of children with attention deficit hyperactivity disorder. *Behavior Change, 19*(4), 191–206.

Holzer, P., Higgins, J., Bromfield, L., Richardson, N., & Higgins, D. (2006). *The effectiveness of parent education and home visiting child maltreatment prevention programs* (Child Abuse Prevention Issues No. 24). Melbourne: National Child Protection Clearinghouse.

Markie-Dadds, C., & Sanders, (2006). A controlled evaluation of an enhanced self-directed behavioural family intervention for parents of children with conduct problems in rural and remote areas. *Behaviour Change, 23*(1), 55–72.

Martin, A. J., & Sanders, M. R. (2003). Balancing work and family: A controlled evaluation of the Triple P-Positive Parenting Program as a work-site intervention. *Child and Adolescent Mental Health, 8*(4), 161–169.

McDonald, M. (2010). *Are they "hard to reach"? Engaging disadvantaged families in child and family services* (CAFCA Practice Sheet). Melbourne: Australian Institute for Family Studies.

Moran, P., Ghate, D., & van der Merwe, A. (2004). *What works in parenting support: A review of the international evidence* (Research Report RR574). London: Policy Research Bureau, Department for Education and Skills.

NSW Department of Community Services (2006). *Effective parenting capacity assessment: Key issues*. Research to Practice Notes. Ashfield, NSW: Centre for Parenting and Research. Retrieved from <www.community.nsw.gov.au/DOCSWR/_assets/main/documents/researchnotes_parenting_keyissues.pdf>.

Parker, R. (2009). Tuning in to Kids: Emotionally intelligent parenting. *Family Relationships Quarterly, 12*, 15–17.

Parents Under Pressure Program. (2010). *Program overview*. Retrieved from <www.pupprogram.net.au/program-overview.aspx>.

Roberts, C., Mazzucchelli, T., Studman, L., & Sanders, M. R. (2006). A randomised control trial of behavioural family intervention for young children with developmental and behavioural problems. *Journal of Clinical Child and Adolescent Psychology, 35*(2), 180–193.

Sanders, M. R., Pidgeon, A., Gravestock, F., Connors, M. D., Brown, S., & Young, R. M. (2004). Does parental attribution retraining and anger management enhance the effects of the Triple P-Positive Parenting Program with parents at-risk of child maltreatment? *Behavior Therapy, 35*(3), 513–535.

Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T. (2003). *Theoretical, scientific and clinical foundations of the Triple P-Positive Parenting Program: A population approach to the promotion of parenting competence* (Parenting Research and Practice Monograph No. 1). University of Queensland: Parenting and Family Support Centre.

Scott, S., O'Connor, T., & Futh, A. (2006). *What makes parenting programmes work in disadvantaged areas?* Joseph Rowntree Foundation. Retrieved from <www.incredibleyears.com/library/items/PALS-study_stephen-scott_06.pdf>.

Shonkoff, J. P., & Phillips, D. (Eds) (2000). *From neurons to neighbourhoods. The science of early childhood development*. (Chapter 10). Washington, D.C.: National Academy Press.

Vinson, T. (2009). *Social inclusion. Markedly socially disadvantaged localities in Australia: Their nature and possible remediation*. Canberra: The Department of Education, Employment and Workplace Relations.

Zubrick, S. R., Northey, K., Silburn, S. R., Lawrence, D., Williams, A. A., Blair, E., & Sanders, M. R. (2005). Prevention of child behavior problems through universal implementation of a group behavioural family intervention. *Prevention Science, 6*(4), 287–304.

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Parents Under Pressure

The Parents Under Pressure (PUP) program was designed specifically to provide assistance across multiple domains to high-risk families—particularly those in which there is parental substance misuse (Harnett, Dawe, & Rendalls, 2004). The effects of parental substance misuse can be exacerbated by the co-occurrence with factors associated with disadvantage—including low income, unemployment and unstable accommodation (Dawe, Harnett, & Frye, 2008).

PUP was designed as a one-on-one intensive intervention offered primarily in the family home. Therapists liaise closely with providers of other services (Dawe, 2008). Accredited PUP therapists use a manual that provides the theoretical overview behind the program and a Parent workbook that contains 12 modules. (There are costs associated with becoming an accredited PUP therapist.) While PUP is a structured program, the individual modules within the program can be delivered according the priorities decided in consultation with the family. The program is also adaptable to the specific needs of the parent involved. The program plan is established in the first session and subsequently reviewed and revised to accommodate what is happening in the parent's life from week to week. These issues might include the stress associated with psychological problems, housing and financial strain, and enhancing the family's social engagement (Dawe et al., 2008).

The aim of the program is to improve parents' capacity to nurture their children and reduce aversive parenting through targeting relevant parental behaviours and cognitions, and to expand parents' range of emotional and behavioural responses to their children.

The program addresses parenting skills as well as areas identified in the research literature for which parents in high-risk families require assistance. These include:

- affect (emotional) regulation;
- negativity;
- couple and parent–child relationships;
- day-to-day coping skills; and
- social support (Harnett et al., 2004).

Parental emotion regulation, emotional availability, and more effective child management and discipline are enhanced via the use of "mindfulness techniques" (see Baer, 2003, and Brown & Ryan, 2003, for information regarding mindfulness training). The program works across the individual, interpersonal and family levels, while also taking into account the social context and lifestyle of the family.

Evidence of effectiveness

As a program targeting high-risk families facing multiple problems the pool of families referred to or willing to participate in the program is small. While group programs such as Triple-P and Tuning Into Kids are able to compile sizeable databases in relatively short timeframes, as an intensive program based on a case management approach it can take a considerable time for the PUP team to achieve a sufficiently large sample for detailed analysis. As such, large-scale evaluation studies of the program have not yet been undertaken.

Nevertheless, studies undertaken have found:

- A randomised control trial demonstrated that PUP is effective in reducing parental stress, child abuse potential and rigid or harsh parenting beliefs. Compared to participants receiving standard care ($n = 19$) or a brief, 2-hour intervention ($n = 23$), PUP participants ($n = 22$) showed significant declines in these areas.[*] Participating children's behaviour problems decreased, while child pro-social behaviour improved (Dawe & Harnett, 2007).

- In a later single-group study of a small group of women prisoners ($n = 12$) (Frye & Dawe, 2008), participants experienced improved mental health and relationships with their children, and demonstrated reduced potential for child maltreatment. Child behaviour problems also declined.

[*] The intervention group in the trial comprised parents of young children (aged 2–8 years) who were in a methadone maintenance program.

For further information, go to <www.pupprogram.net.au>

Triple-P

Triple-P is a commerically available program that follows a set structure (according to the program manual). It is grounded in established social learning models of child management and information processing factors (such as attributions) that contribute to parenting self-efficacy and decision-making. It also draws on findings from research in child development, risk and protective factors for developmental psychopathology, child and family behaviour therapy, and the broader social and community environment in which the family is situated (Sanders, Markie-Dadds, & Turner, 2003).

At the core of the program are five principles of positive parenting:

- ensuring a safe and engaging environment;
- creating a positive learning environment;
- using assertive discipline;
- having realistic (and developmentally appropriate) expectations; and
- taking care of oneself as a parent.

Depending on the program level, various methods of engagement with parents are used to build parental competence—from easily digested tips, comprehensive information about specific behaviours and constructive strategies for their management, through to active skills training, self-reflection, and examination of the couple relationship.

Evidence of effectiveness

Evaluation studies of Triple-P attest to the benefits to parents and children across a number of domains and for various target groups.* Some demonstrated benefits evidenced by randomised control trial studies include:

- reductions in levels of dysfunctional parenting (Martin & Sanders, 2003; Sanders et al., 2004; Markie-Dadds & Sanders, 2006) and aversive parenting practices (Hoath & Sanders, 2002);
- reduced maternal stress (Roberts, Mazzucchelli, Studman, & Saunders, 2006) and parental distress (Sanders et al., 2004);
- positive effects on parental self-efficacy (Hoath & Sanders, 2002; Martin & Sanders, 2003; Sanders et al., 2004); and
- positive effects on maternal and paternal parenting styles (Roberts et al., 2006).

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*   Including pre-schoolers with developmental or behavioural problems; parents at risk of child maltreatment; and parents of children with attention deficit/hyperactivity disorder.

Go to <www19.triplep.net/?pid=59> for further information on the Triple-P programs, or to <www.triplep.net/cicms/assets/pdfs/pg1as100gr5so188.pdf> for the range of Triple-P training options.

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Tuning Into Kids

At the heart of the Tuning Into Kids program are skills that allow people to manage their responses to their own and others' emotions. Children's understanding of emotions, how to convey and regulate them appropriately, and how to interact with others at an emotional level are skills that have been found to be associated with positive outcomes for children. Emotional competence for *children* means being able to express feelings and cope with emotions appropriately and flexibly. How *parents* understand, express and regulate their own feelings, how they respond to their child's emotions, and how they talk about emotions with their children influences the way in which the child builds their understanding of and capacity to respond to emotions.

Within the program, attention is also paid to what parents can expect of children at different developmental stages, for example in terms of their worldview, their fears, or the language they are able to use or understand.

Tuning Into Kids is a commerically available program that follows a set structure (according to a program manual). Although the program relies upon a manual, individual facilitators are able to "tweak" the program to meet the needs of specific client groups (Parker, 2009). It has also been adapted for work with individual clients.

Evidence of effectiveness

Research into the Tuning Into Kids program has found:*

- In a single group study, parents self-report that they applied the emotion coaching techniques with their children, and that aspects of their children's behaviour improved (in particular in those children with higher levels of pre-program problem behaviour). Teachers also reported improvements in children's behaviour (Havighurst, Harley, & Prior, 2004).

- In a randomised control trial, participating parents felt better able to respond constructively and supportively to their child's emotions and were less likely to respond negatively (dismiss, avoid or punish their child's expression of emotion) (Havighurst, Wilson, Harley & Prior, 2009).

- Reductions in child behaviour problems were demonstrated in the same randomised control trial. (Havighurst et al., 2009).^ Compared to the control group, more than half of the children who demonstrated behaviour problems in the clinical range prior to the program moved to below clinical levels following the program (Havighurst et al., 2009).†

* Both of the evaluations included here took place in a service setting located in low- to middle-income socio-economic suburbs of Melbourne. In 2004, 26% reported an annual gross income less than $45,000 (Havighurst et al., 2004) and in 2009, 20% reported annual family income of less than $40,000 (Havighurst et al., 2009).

^ Reductions were reported by parents and were measured using a structured clinical assessment tool—the Eyberg Child Behaviour Inventory.

† This is notable given that the sample of participants in this trial was recruited in such a way that 32% of the children scored in the clinical range on Eyberg Child Behavior Inventory.

For further information go to <www.tuningintokids.org.au>

The information provided in the CAFCA Practice Sheet series is for practitioners and policy-makers who plan and/or deliver services to children and families in Australia, especially those working in disadvantaged communities.

The series draws upon and builds on the findings of an evaluation of a nationwide strategy (the former Stronger Families and Communities Strategy) that was designed to bring about improved outcomes for families and young children.