



GUIDELINE

Groups for parents and caregivers

Scope (Staff):	Community health
Scope (Area):	CACH, WACHS

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To ensure consistency in the delivery of groups for parents and caregivers.

Risk

Inconsistent service delivery and inefficient use of staff resources in the conduct of groups for parents and caregivers

Background

Research shows that parents who attended parent groups facilitated by community health staff, demonstrated increased levels of social support, parenting confidence and high levels of parenting satisfaction.¹⁻⁵ Offering parent groups in alternative formats, such as virtual groups or self-directed online packages, can promote engagement and increase access to services. However, when staff make decisions to offer alternative formats and/or triage families into such groups, they must consider families' access to, and comfort with appropriate technology, and strategies that may support their access.⁶ Community health staff have an important role in facilitating groups to parents in community settings across Western Australia.

All parents are offered the Universal group schedule of up to four evidence-based groups at specific ages and developmental stages to support optimal child health and development. In addition, a further three Universal Plus groups are available to those with specific needs. The identified groups are:

Universal

- Early Parenting Group

- Solid Start group
- Triple P – Level 2 Seminar Series (WACHS only)
- Kindy Talk

Universal Plus

- Let's Sleep
- Triple P – Level 3 Discussion Group and Level 4 Group (WACHS only)
- Circle of Security – Parenting (dependent on region and availability of trained staff)
- Groups to meet a targeted need in local areas

Key points

- Nurses will take a family-centred and strengths-based approach and uphold the principles outlined in CAHS Child and Family Centred Care and the WACHS Goals of Patient Care Guideline.
- Nurses should actively encourage and support at-risk clients and families to attend groups, as participation promotes connection, reduces isolation, and builds confidence. These groups provide a safe space for parents to learn, form supportive networks, and share experiences, acknowledging the vital role that peer support and community play in raising healthy, resilient children.
- CACH nurses facilitating parenting groups are required to attend group facilitation training, as per the CAHS-Community Health Practice Framework.
- Groups to meet specific targeted needs which are developed locally are to have clearly defined aims, target audience and plans. Prior endorsement by the local manager is required.
- Groups for parents may be presented in alternative formats, increasing accessibility for parents and caregivers. This may benefit parents with work or other commitments, those in rural and remote areas or during times where there is an organisational requirement (i.e. COVID).
- Clients may attend groups outside of their region/area if desired, available or more convenient.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision- making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, child and family-centred and evidence-based
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.

- Community health nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.
- Clients will be booked into the group according to local processes
- It is not always possible for Community Health staff to offer groups to suit client needs in a timely manner. In this instance, Community Health staff may provide parents with information on alternative ways to access the groups in their local community or online.
- Each group of parents is unique and will have different expectations and needs. It is important to recognise this and ensure each group is tailored to meet these needs and expectations. This can be achieved by asking the group members what they hope to gain from group attendance at the start of each session and ensure that this can be/is achieved. Group dynamics and individual needs can shift over time so nurses are encouraged to be responsive to participants and demonstrate flexibility within the group.
- Group facilitation respects and values all cultural, social and family backgrounds, fostering an inclusive environment, to ensure all group participants feel heard, understood and valued.

Mandated attendance:

- Some parents will be required to attend a group; particularly the Circle of Security-Parenting or Triple P groups, as mandated by the Family Court or Department for Child Protection and Family Support. When this is known in advance, the following strategies may assist in supporting the psychosocial issues these individuals may be experiencing whilst also ensuring the desired outcomes are met for all participants in the group.
 - Where possible, use your clinical judgement to triage/assess parents requesting these groups to determine suitability. Where resources permit, providing a one to one session may be a preferred option.
 - Consider the use of co- facilitators where available or identify an experienced clinician to lead the group. You must obtain line manager's approval.

Process

Steps	Additional Information
Planning <ul style="list-style-type: none"> • Communicate relevant groups to parents verbally at the appropriate child health contact and distribute the promotional materials available for each group. 	Universal groups will be planned and scheduled in advance, in collaboration with line manager and colleagues and schools (i.e. provision of kindy talks).

Steps	Additional Information
	<p>Some families may require additional support to attend groups: Refer to Early Parenting Groups: Facilitator Guide for further information including ways to enable and support attendance</p>
<p>Promotion</p> <ul style="list-style-type: none"> • Use the standardised promotional material for each parenting group. 	<ul style="list-style-type: none"> • Approved promotional materials can be found on Health Point (refer to ‘Useful resources’ for more information). • Display within community health sites, on community noticeboards or in school parent newsletter. It is recommended that staff consider most suitable signage placement, that will promote parent groups widely and enable easy client access. • Use local networks with internal health providers and local community groups to promote groups for parents. • CACH nurses use CDIS to record parent interest in group
<p>Venue</p> <p>Groups must be provided in venues that are suitable and take into account the following:</p> <ul style="list-style-type: none"> • Accessibility for people with disabilities • Sufficient space for multiple families and their equipment • Meets occupational health and safety requirements (no trip, child safety, hygiene or other hazards) • Accessible by public transport and sufficient parking 	<ul style="list-style-type: none"> • Community health staff must consider parent, child and staff safety at all times. • Room capacity should be assessed to ensure adequate space for all participants. • Venues located in or near community hubs, where multiple service providers operate, can assist to link families with other local support services. • For safety and injury prevention it is recommended that hot drinks and food are not provided or supported. It is recommended to

Steps	Additional Information
<ul style="list-style-type: none"> • Accessibility to IT systems/ technology when required (laptop, projectors, printers etc.) 	<p>discuss this with group participants, to encourage compliance.</p>
<p>Group delivery</p> <ul style="list-style-type: none"> • Groups will be delivered according to the group facilitator guide by appropriately trained community health staff. 	<ul style="list-style-type: none"> • Apply adult learning principles when conducting sessions. Adults bring life experiences and knowledge, are goal and relevancy oriented and self-directed learners. • Offer participants endorsed handouts.
<p>Recording and evaluation</p> <ul style="list-style-type: none"> • Use online Parenting Group Feedback forms – accessed from CACH or WACHS local intranet 	<ul style="list-style-type: none"> • All participants must be recorded according to local processes. • When participant details are entered onto an attendance form, this will be kept confidential during the group. • The CHN will enter participant details from these forms onto the relevant electronic data information systems at the conclusion of the group. • Attendance forms are an operational tool, not a client record, and therefore no clinical information should be recorded on these forms. They should not be retained and will be securely destroyed according to local processes as soon as possible after the relevant client records are updated. • Nurses will follow approved CACH and WACHS processes for the evaluation of groups. • Facilitator to consult with line manager for results of evaluation and feedback

Documentation

- Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH and WACHS processes.

References
<ol style="list-style-type: none"> 1. Council AHM. National framework for universal child and family health services. Canberra; 2011 2. Commerford J, Robinson E. Supported playgroups for parents and children: The evidence and their benefits (CFCA Paper No. 40). Melbourne: Child Family Community Australian information exchange, Australian Institute of Family Studies; 2016 3. Hickey G, McGilloway S, Furlong M, Leckey Y, Bywater T, Donnelly M. Understanding the implementation and effectiveness of a group-based early parenting intervention: a process evaluation protocol. BMC Health Serv Res. 2016;16:490. 4. Barrett, N., Hanna, L., & Fitzpatrick, O.V. Barriers to first time parent groups: A qualitative descriptive study. Nursing & Health Sciences, 2018; 20(4), 464-471. 5. Benzies KM, Kurilova J, van der Merwe M. Parental Attitudinal and Behavioral Change Associated With Prevention-Focused Parenting Education: An Interpretive Description. Health Educ Behav. 2023 Feb;50(1):144-152. 6. Cai Q, Buchanan G, Simenec T, Lee SK, Basha SAJ, Gewirtz AH. Enhancing engagement in parenting programs: A comparative study of in-person, online, and telehealth formats. Child Youth Serv Rev. 2024;162:

Related internal policies, procedures and guidelines
The following documents can be accessed in the CACH Clinical Nursing Policy Manual HealthPoint link or CACH Clinical Nursing Policy Internet link
<i>List and hyperlink the titles of related policy documents – use full titles in alphabetic order, one document per line</i>
Drop-in session
Child Health Service
School-aged health services- primary
School-aged health services- secondary
The following documents can be accessed in the WACHS Policy link
Goals of Patient Care
The following documents can be accessed in the CAHS Policy Manual

[Child and Family Centred Care](#)

Useful internal resources (including related forms) *(if required)*

[CH Running Virtual Parenting Groups](#) (iLearn CAHS-CH only)

[Circle of Security- Parenting](#)

[Early Parenting Group](#)



[Kindy Talk](#)

[Let's Sleep](#)

[Solid Start](#)

[Triple P](#)

This document can be made available in alternative formats on request.

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