**Parenting and Caring**

**Becoming Parents and Carers**

***Biological Parents***

* **Pregnancy-** Male’s sperm combines with the female egg. Nuclei combine- new life begins. Unfertilised ovum moves into uterus. If not fertilised the egg is discarded with menstruation. Egg attaches to wall of uterus if fertilised. Placenta forms, which provides nourishment for the baby. Umbilical cord carries nutrients and oxygen to the baby, takes away carbon dioxide and urea waste.
* **Planned-** Parents make sure that they are physically and psychologically fit, prepared for change.
* **Unplanned-** Difficult decisions to be made, hard to ask for help. Woman has option to have baby, terminate pregnancy or put up for adoption.
* **IVF-** In Vitro Fertilisation- Woman is given fertility drugs, remove the ova from female, then remove semen from male, fertilisation takes place in a dish then fertilised egg is placed back in the female.
* **GIFT-** Gamete Intra Fallopian Transfer- egg and sperm are transferred into the woman- conception occurs inside the body. Resentment may occur from partner if their eggs/sperm are not used.

***Social Parents***

* **Adoption-** Places the welfare of the child as paramount. Adoptive parents become legal parents of the child. Adoption Information act- prevents private adoption. Parental adoption is most common, where a step parent has custody if a child, which demonstrates commitment and parental obligations.
* **Fostering-** A temporary planned arrangement, where a safe, secure and comfortable family life is provided for a child who cannot live with their own parents. It is the hardest form of parenting as the children are often socially, psychologically and physically scarred.
* **Surrogacy-** An arrangement between a woman and a couple who would like to have a child. The woman agrees to conceive, carry and give birth to the child, then give it to the couple. May use male’s sperm, fertilised ova or donor sperm. Controversial form of parenting- Illegal in Queensland and Victoria.
* **Step Parenting-** Man/Woman forms a de facto relationship with a partner who has children from a previous relationship. New parents can be positive role models for children, though they may feel resentment, jealousy or possessiveness.

***Carer Relationships***

* **Voluntary-** 1 in 5 households provide care for family members or friends who are either disables, have a mental illness, have a chronic illness or are frail aged. Take on role due to family responsibility- emotional obligations. Paid carers cost too much. Most cant work, which causes financial hardship- need respite care, financial support and programs.
* **Paid-** Includes foster carers, nursing homes, hospitals, hostels, respite care, home nursing, teachers, child care workers, baby sitters. Rely on government benefits/allowance to support themselves
* **Government Assistance available to carers-** Carer payment (for providers of full time care, income/asset tested), Carer allowance (part time carers), Age pension (Aged 61.5 or 65 years and over, income/asset tested), Mobility Allowance (taxis etc), Rent Assistance, Job Education and Training (JET).
* **Support for carers**, Health Services (Community health centres, home nursing), Welfare Agencies (Salvation Army, St Vincent De Paul) and Community groups (home and community care, food services, home help, maintenance help, transport services)
* **Circumstances leading to requiring care**
* **Planned-** Foetal disability, gradual degenerative disorder/illness, individual becoming frail, pregnancy
* **Unplanned-** Accident, carer becoming unavailable, sudden illness.
* Other Carer Facts
* 70% of primary carers are female
* 78% of primary carers are between 18-64 years of age
* 40% of primary carers have been providing care for a decade or more
* 69% of carers receive government allowances, this is their principal source of income.

***Legal Implications***

* **Artificial Conception Act (1987)** Donor sperm is not considered father, if the woman has no partner then the child has no father. Law only concerns sperm/ova donation. Law allows infertile couples to have children. May be argued from a religious standpoint.
* **Adoption Information Act (1991) NSW-** Act allowed adopted person or birth parent to find identifying information. Adoption Information fund has been set up. Must be registered with it, helps in reuniting. Can place ‘contact veto’ if you don’t want to be found.
* **Surrogacy-** Against the law in Queensland and Victoria. Nothing preventing it in NSW. It is an offence to offer money for child. Cannot transfer registration of birth to adoptive mother.
* **Step Parenting-** Step parent has no legal or financial obligations unless they adopt the child.

**Managing parenting and caring responsibilities**

***Preparations for becoming a parent or carer***

**Physical**

* **Parent-** Prenatal considerations, knowledge and understanding, folic acid, immunisations, no alcohol/drugs
* **Carer-** Maintaining health and fitness, knowledge and skills of physical needs of others

**Economic**

* **Parent-** Many costs involved e.g. doctors, obstetrician, hospital, maternity clothes, baby items, baby sitters, larger house.
* **Carers-** Lack of support services. May have inflexible work practices. No superannuation or savings. High living costs. Rely on government benefits.

**Social**

* **Parent-** Change type/frequency of social activities, develop relationships with other parents, changes to sleep patterns, learn to communicate better.
* **Carer-** Individual may affect the carers ability to socialise with family/friends. Different levels of interaction with special needs. Need to give up 24 hours a day for some people.

**Emotional**

* **Parent-** Hormonal changes for mother. Anxiety about birth. Fathers/siblings may feel rejected. Stress about the development of the child.
* **Carers-** Caring can be emotionally satisfying. Provides an opportunity for personal growth and development. Frustration and distress may be experienced.

***Factors influencing resource management in the caring relationship***

* **Dependents affected by the caring relationship:**
* **Age-** Age gaps between siblings and between parents and kids has an influence (older parents more experience, younger parents more energy). Strategies include budgeting, respite care, financial assistance, and education in parenting skills.
* **Skills and Capabilities-** Dependants who have skills in household tasks are of benefit. Communication skills are important. Strategies include respite care, getting children into routine (division of labour), education and skills training.
* **Special Needs-** Disability can be mild to severe, which impacts on all family members. Strategies include education, early intervention, change in expectations of child.
* **Resources:**
* **Time-** Parent/Carer may have to stay at home all day. Feeling of achieving nothing. Dependant may take away all leisure time. Strategies include division of labour and respite care.
* **Finances-** Many government benefits are available to parents and carers (e.g. Family tax benefit, Carers Payment). Can reduce mortgage payments while parent is on maternity leave. Strategies include saving in advance, taking out a loan, applying for benefits, budgeting.
* **Housing-** More space is needed during the expanding stage of the life cycle. Location may need to change in proximity to school and transport. Home may need modifications (e.g. ramps, railings). Strategies include saving beforehand and investigating the property market.
* **Access to services-** May have to organise respite. Equipment for babies needs to be prepared. May need to relocate while seeking assistance. Strategies include education in benefits available, make services available in other languages

**Parenting and Caring Relationships**

***Roles in Parenting and Caring***

**Parents** (including foster, adoptive and non custodial)

* Parents share the parenting role, foster parents look after children temporarily and adoptive parents take on legal rights and responsibilities for a child.
* **Positive Impacts-** Married parents provide stability/role models, divorced parents have less conflict, foster parents provide safe and secure relief, adoptive parents and the child are both happy, both have what they need in life.
* **Negative Impacts-** Divorced child needs to move between households, foster child may feel like they don’t belong, older child adoption- may have trouble accepting issues discussing biological parents.

**Grandparents**

* Provide physical, economic and emotional support, child care alternative, have a special role in the life of the child.
* **Positive Impacts-** develop bonds with children, pass on culture, develop a wide range of significant others, and learn about human development and behaviour.
* **Negative Impacts-** Add stress and unwanted criticism. Less energy and mobility.

**Other Relatives** (including siblings)

* Help with feeding and playing with babies. Help with child care. Extended family offers respite care.
* **Positive Impacts-** Parents get energy renewal; assists in socialisation, wider range of significant others.
* **Negative Impacts-** Younger children may be jealous of the new baby, may give unwanted advice.

**Teachers**

* Role models. Aid in the development of children’s social skills. ‘In Loco Parentis’ (in place of parents).
* **Positive Impacts-** Promote educational values and provide a stable role model.
* **Negative Impacts-** Jealousy- parents may have differing educational values.

**Paid Carers**

* Child care workers take on daily responsibilities. Other carers including nurses, physiotherapists etc take are of the disabled and chronically ill.
* **Positive Impacts-** Allow play experience, components in physical, social and psychological development.
* **Negative Impacts-** Chid may become attached to carer, loss of parenting roles.

**Significant others** (including doctors, social workers, neighbours, friends)

* Doctors care for health, social workers help with behaioural problems, marriage issues and finding jobs, neighbours and friends offer support (emotional and baby sitting).
* **Positive Impact-** Ensure health and wellbeing, provide safety and security, escape for the child.
* **Negative Impact-** May step over the boundary, always there.

***Role expectations of parents and carers***

* **Traditional/Male-** work (breadwinner), disciplinarian, less interaction with children, in charge of finances, long working hours
* **Traditional/Female-** housewife, emotional support, ask for money, no social life or male friends, no opinion in decision making
* **Contemporary/Male-** Closer bond with child, paternity leave available, shared housekeeping responsibility, flexible working hours
* **Contemporary/Female-** Women are working, still emotional support for children, vital in decision making, declining involvement in school life.

***Factors influencing parenting and caring relationships***

* **Media-** Attention on neglect and abuse- public action and new laws. Can be used in a positive way to enhance parenting experiences. Ideal family is portrayed by the media, not realistic; trying to copy may cause tension. Material goods are advertised as needs- persuades to purchase good which aren’t necessary.
* **The nature of Relationships-** Bonds develop through love and care. Mother may suffer 3rd day blues or post natal depression. The age of the child- baby is dependant while adolescent is independent. Parents may spend long hours working, less time to bond.
* **Gender-** Many expectations placed on gender for example, boys are more rough and active while girls are gentle and passive. Women are usually the primary carer, men who choose to be carers have their masculinity questioned.
* **Age-** Majority of primary carers are middle aged women. Women are delaying having children- putting their careers first. Young carers receive little recognition, understanding and support from the community. Younger parents have more energy, older parents have more money and experience.
* **Socioeconomic status-** The more money available, the more choices the parent/carer has. These include housing, socialising, school, toys and experiences. A high pressure job affects relationship with dependant. The socioeconomically disadvantaged cant explore school systems, have their holidays at home, public transport, no computers, cant afford child care.
* **Style of Parenting-** Can be Authoritarian (one or both parents make decisions, instruct/direct children’s behaviour, punish children for not meeting expectations), Democratic (All family members participate in decision making, family may reward children if goals are reached, more trust and responsibility given), Permissive/Indulgent (supportive and tolerant parents with little control over their children, kids have no responsibility, often children with rich parents, divorced parents, long working parents, sick child) or Negligent (parents fail to take responsibility for children’s actions, fail to show love and concern, DoCS can take children away if its in their best interest, part of cycle) style or parenting.
* **Culture and Religion-** In living in a multicultural society, differences in expectations of behaviour may cause conflict. Making decisions may be influenced by religion for example, who they marry, gender roles, school they attend, rules and behaviours. Aboriginal children get responsibilities from a young age, Asian and European cultures care for their aged (don’t put in nursing home).
* **Education-** Level of education influences the type of relationship. Comes from formal (books and schooling) or informal (discussions with other parents) sources. More education means better access to resources. Parenting skills being taught in subjects like PD/H/PE, CAFS and EEC. Parents who value education, influences their goals for their children’s education.
* **Special Needs-** Many different special needs which require more attention, these include asthma, learning disorder, medications, assistance with showering and toileting. Disabilities include learning difficulties, physical impairments, speech and language problems. May create barriers to communication and autonomy. Challenges include planning, flexibility, empathy and sustained effort.
* **Previous Experiences/Own upbringing-** Upbringing influences the types of experiences parents want their own children to have. Past experiences may include goals, values, beliefs, standards, discipline, ability to form creative solutions, parenting style, relationship developed with child. Has a lasting influence on how you care for others.

**Multiple Role Expectations**

* Parenting is a constant struggle for the parent to meet their own needs and those of their children
* Society places pressures on parents. The complexity of these roles can lead to conflict.
* The role of parenting needs to be balanced with being a member in the workforce
* Parents and carers need to maintain interests outside the home.
* May need to lower standards in housekeeping or decrease working hours to meet the growing demands of the family.
* Health and mental wellbeing can be increased through participation in sport, decreases stress levels.
* Role reversal may occur, men taking paternity leave and women working.

***Rights and responsibilities in parenting and caring***

* **Rights:**
* Parents and carers need respect for their authority as well as autonomy. They have the right to set limits and initiate standards that should be met within the family. Have the right to control behaviour by using reasonable force for the child’s age.
* Children have the right to be nurtured in a peaceful environment, with love. They should be protected from the elements and feel physically, emotionally and psychologically safe. All children have the right to equality in an education, name and nationality. Legal rights should be respected, and they should have the opportunity to make decisions about their future.
* **Responsibilities:**
* Parents have the responsibility to care for and support dependants to the best of their ability. Responsibility ends when a child marries, is adopted out, with a court order or when the child reaches 18 years of age. Responsibility to ensure regular contact with both parents.
* The child has the responsibility to follow the rules set by their parents and follow standards set for them in the community.
* Carers and teachers have a duty of care. This means they must report unsafe property, provide adequate supervision, take reasonable steps to minimize risk injury, behave in a professional manner and act as a good role model. Prohibited from using physical (corporal) punishment.
* **Areas of conflict**
* Culture- if the child is born and raised in a different country to the parents there may be a culture clash). Different values result in conflict
* Gender- Parents may be more lenient with one gender than the other, may result in conflict between parents or siblings.

**Support for Parents and Carers**

* **Health Services-** Offer medical and health advice. Some hospitals specialize in the treatment of children. Includes physiotherapy, tresillian, early childhood centres, psychologists, community nurses.
* **Welfare Agencies-** Aid people and families in crisis. So many primary carers in Australia are under financial strain, may seek assistance. Examples include The Salvation Army (emergency assistance, personal counselling) and St Vincent De Paul (child care, family crisis centres, hostels, nursing homes, refuges, counselling)
* **Parenting groups-** Meet to support the needs of other parents. Some may give specialist help and information such as the nursing mothers association. Other examples include the Multiple births association, Australian breastfeeding association.
* **Community groups-** Assist individuals and families with specific needs. Examples include playgroups, churches, charities, meals on wheels.
* **Government agencies-** DoCS offers family assistance, youth and student support, child support (state level). Centrelink provides government payments.
* **Childcare services-** Some are parent run, some are independently run by a parent body, others are council owned and run. Services include long or short day care, occasional or vacation care, in home group care, before and after school care.
* **Carer support groups-** Offers advice and support for carers from those in similar situations. Large number of carer groups for example Carers NSW (support and information) and Foster Care Australia. Also informally, respite care.

**Government Services (DoCS)**

* **Target -** Families with the emphasis on helping children/young people. It also offers services to the wider community.
* **How the service is accessed-** Helpline, Community services centres, state disaster recovery centre, regional offices.
* **Cost-** free of charge, local phone call cost.
* **Source of funding-** government funding through continually injecting finances- ongoing commitment to helping young people, children and families.