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Evaluation of the African Migrant Parenting Program

A Summary of the Evaluation Findings

Spectrum Migrant Resource Centre, Melbourne

August 2009

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Executive summary

This report is based on the evaluation of the African Migrant Parenting Program (AMPP) undertaken by Dr. Andre Renzaho in August 2009 for Spectrum Migrant Resource Centre in Melbourne.

The report focuses on the uptake and effectiveness of the AMPP in the different African migrant populations that have recently settled in Melbourne. This is ostensibly owing to the fact that most culturally and linguistically diverse (CALD) communities practice an authoritarian parenting style and certain traditional practices that have adverse effects on children’s health and are against the law in Australia.

Central to the recommendations made in this report are the following findings:

- The majority of families who participated in the program tended to be new arrivals, from the Democratic Republic of Congo and of a low socio-economic status.
- Within the parenting domain, the AMPP impacted most domains with the exception of the domain relating to children’s independence. It is important to note that the scores in each domain were lower than expected averages, indicating the risk of child abuse and neglect among African migrants by Australian standards.
- Within the feeding domain, the score relating to the tendency to press children to eat more food declined significantly with mothers, suggesting mothers and fathers have different child feeding practices.
- Children are not allowed to be involved in decision-making related to the buying and cooking of food, or what they eat.
- Regarding parent-child relations, African-migrant parents characterised the recommendations for child-rearing in Australia as a soft-approach compared to what was practised in their country of origin.
- It is notable from the data that African parents place enormous importance on the value of education for their children.

The report concludes with recommendations regarding the AMPP and suggests strategies that could be integrated within the program to increase its effectiveness.
Acknowledgements

I would like to thank Ms Rosemary Kelada and Ms Sonia Vignjevic at the Spectrum Migrant Resource Centre (SMRC) for inviting Deakin University to assist with the evaluation of the African Migrant Parenting Program. I would equally like to thank Mr. Albert Muyanga, Ms. Olivia Williams, and Mr Clovis Mwamba at SMRC for their assistance and dedication, which was instrumental in the design and implementation of the evaluation. Without this assistance this evaluation would not have been possible.

I applaud SMRC’s resource allocation, commitment, dedication and enthusiasm displayed towards not only this evaluation, but also to the African migrants involved in the project and other available services. The friendly, inviting and supportive staff of SMRC made completing this evaluation a pleasure.

This report has been compiled by Dr Andre Renzaho. Dr. Andre Renzaho conceptualised the sampling method, developed the evaluation instrument and training manual, trained data collectors, and undertook data analyses and interpretation of the results. The report was edited by Ms Mutsa Mutowo, a Research Assistant at Deakin University’s Public Health Evaluation and Research Cluster.

For citation purposes

### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AMPP</td>
<td>African Migrant Parenting Program</td>
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<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
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<td>LGAs</td>
<td>Local Government Areas</td>
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<td>SMRC</td>
<td>Spectrum Migrant Resource Centre</td>
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<td>SFP</td>
<td>Strengthening Families Program</td>
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<td>AAPI-2</td>
<td>Adult-Adolescent Parenting Inventor</td>
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1. **Introduction**

“Back home the parent-child relationship is well established because parents have regular contact with kids. The only problem is that kids cannot address some of the issues to parents such as sexual topic they have to wait for the aunty, uncle or grandparents to talk about the issue ...

*Here in Australia kids are receiving allowances/pocket money and sometimes parents take them out for a treat. That is when they discuss specific issues. However, for most African migrants, even after participating in the parenting program, the family here in Australia is a very small unit whereby uncles, aunties and grandparents are not present to share the burden. Consequently kids turn to school friends and peers for support.*” - **A Participant’s statement.**

Over the last four decades there has been an increase in migration from developing to developed countries as a result of increased insecurity, war, poverty and human right abuses. In Australia, increased immigration has translated into dramatic demographic transformations and increasing cultural and linguistic diversity. About 30% of Australians are from a culturally and linguistically diverse (CALD) ancestry while the 2006 census data from the Australian Bureau of Statistics indicate that more than one in five Australians (22.2%) were born overseas, a pattern that has remained constant since 1996.

However, although the number of Australia’s recent arrivals from countries recently affected by war and political unrest is significantly represented by refugees and humanitarian entrants from Sudan (73% or around 14,000 recent arrivals), Zimbabwe (48% or 10,000 recent arrivals), Afghanistan (45% or 7000 recent arrivals), and Iraq (34% or 11,000 recent arrivals), this pattern is changing. Most recently, refugees from Congo, Burundi, Sierra Leone and Liberia represent a significant number.

Victoria remains one of the states accepting a large number of new comers to Australia. That is, about 36% of all Australian refugees and humanitarian entrants are relocated within Victoria. Those relocating to Victoria originate from 208 countries, follow more than 100 religious faiths, and speak 151 languages. To date, almost half of the Victorian population (44.5%) have at least one parent born overseas while 20% come from countries where English is not the main or official language. It is worth noting that the majority of refugees and humanitarian entrants relocating to Victoria live in the Northern and Western metropolitan regions of Melbourne (Table 1).
On arrival, most CALD communities experience a multitude of needs, and in most cases, cultural differences and different expectations characterize new settlers in Melbourne. They face varying experiences with parenting; establishing social networks; finding accommodation and employment; learning English; and looking after their general health. However, parenting-related issues especially intergenerational-related challenges, represent one of the most prevalent needs they struggle to negotiate. Parenting in a new culture brings with it many challenges simply because family values are interpreted differently in many cultures and parenting practices are used to achieve culture-sanctioned goals. The situation becomes even difficult when these culture-sanctioned goals and values are interpreted differently by parents and their offspring.

Most CALD communities’ new cultural environment promotes individualism and self-determination, known as authoritative parenting style. Current evidence suggests that authoritative parenting style (i.e. high in support and high in control), that characterize European-descendant white parents such as Australian-born, has some positive effects on the health and wellbeing of refugee and migrant children. It is suggested that children of parents who adopt the authoritative parenting style benefit from positive psychosocial adjustment and in particular, academic achievement.

However, the work by Steinberg found that authoritarian parenting style (strict, punitive, and low in support but high in control), a parenting style which is more prevalent among CALD communities and in their countries of origin, has some deleterious effect on the children’s health and well-being and is not associated overall with positive adjustment. Refugees and migrants from traditional cultures such as Asia, Middle East, and Africa tend to prioritise authoritarian and collectivist parenting styles that reinforce and promote adherence to norms and hierarchical role definitions.

The acculturative family distancing, the distancing that occurs between migrant parents and their children due to differing pace of acculturation, leads to breakdown of communication (both verbal and nonverbal), resulting in poor parent-child relations and deleterious health effects. For these cultures, authoritarian parenting style is the norm, the characteristics of which include corporal punishment, imposition of an absolute set of standards, the valuing of obedience and respect for authority, and the discouragement of independence and self-assertion. Paradoxically, most of these parenting standards are either against the law (corporal punishment) or mostly incongruent with the parenting style in their new Australian environment following migration, and their social and health consequences are immeasurable.
2. General Objective of the Evaluation

Consequently, the quest to trial and evaluate culturally appropriate parenting programs to reduce intergenerational conflicts and enhance family cohesion and wellbeing among CLAD communities has been one of the many priorities confronted by service providers. One of such service providers is the Spectrum Migrant Resource Centre (SMRC).

The purpose of this evaluation was to document factors influencing the acceptability and attrition (or dropout rate or non-completion rate) of the African Migrant Parenting Program (AMPP) content run by Spectrum Migrant Resource Centre in Melbourne. The strategies and materials used within the program will be examined to assess the programs short-term impact and determine the effectiveness of the sampling frame.

2.1 Specific Evaluation Objectives

The key vision of SMRC has been to ensure that that new migrants and refugees to Australia are able to reach their full potential. In order to achieve this purpose, settlement service packages are designed and specifically tailored to meet the on-arrival and longer term settlement and integration needs of specific migrants and refugees experiencing settlement and integration barriers and difficulties. SMRC re-settlement and integration assistance covers five major key settlement and integration needs including several unique and innovative parenting and intergenerational youth programs supporting new refugee and migrant families and children choosing to settle in Victoria. Overwhelmed by expressed needs related to parenting and parent-child conflicts, the SMRC decided to trial the African Migrant Parenting Program (AMPP) in 2008. Almost 15 months on an impact evaluation was commissioned to assess the program acceptability and effectiveness.

Specifically the evaluation objectives were:

- To assess the acceptability the project content, strategies and material
- To assess the effectiveness of sampling frame and to document factors influencing attrition (or dropout rate or non-completion rate)
- To assess the trial’s short-term impact
2.2 Evaluation Approach

The evaluation approach used a mixed method. Data collection involved two important processes. The first process involved document review to get a perspective on the extent of project implementation, coverage and attrition rates. The document review involved auditing and summarising internal project documents including attendance forms, activity log books, mid-term review report and meeting minutes.

The second process involved undertaking 3 focus group discussions to gather participants’ varying opinions about the project effectiveness. Qualitative data obtained through focus group discussions were complemented by a quick survey to capture the short-term project impact.

2.3 Evaluation Tool

The survey involved all the 39 families that attended all the three project components (received home visits, participated in the parenting skills-development training courses, and attended at least one community function). In order to capture the project short-term impact, the evaluation used the revised Adult-Adolescent Parenting Inventory (AAPI-2) questionnaire, administered at baseline and at follow-up.

The AAPI-2 is a validated and reliable inventory used to assess parenting attitudes and has been found to have adequate psychometric properties in various ethnic groups (African Americans: Cronbach α 0.74-0.87; White populations: Cronbach α 0.77-0.89; Hispanic: Cronbach α 0.76-0.90; multi-ethnic groups: Cronbach α 0.62-0.92) and settings (Cronbach α 0.71-0.90)21,22.

The AAPI AAPI-2 has 40-items assesses the parenting attitudes and child rearing practices of children by determining the degree to which respondents agree or disagree with parenting behaviours and attitudes known to contribute to future child abuse and neglect. Information from the AAPI-2 has been used to provide pre-test or post-test data to measure program effectiveness, assess the parenting and child rearing attitudes of parents. It uses The AAPI-2 uses a five-point Likert scale for each item ranging from Strongly Agree, Agree, Uncertain, Disagree, to Strongly Disagree. Responses to the AAPI-2 provide an index of risk in five specific parenting and child rearing behaviours23:

- **Construct A** — Inappropriate parental expectations: Expectations exceed developmental capabilities of children. Lacks understanding of normal child growth and development. Self-concept as a parent is weak and easily threatened. Tends to be demanding and controlling.
- **Construct B** — Inability to demonstrate empathy towards children's needs: Fears spoiling children. Children's normal developmental needs not understood or valued.
Children must act right and be good. Lacks nurturing skills. May be unable to handle parenting stress.

- **Construct C**—Strong belief in the use of corporal punishment: Hitting, spanking, and slapping children is appropriate and required. Lacks knowledge of alternatives to corporal punishment. Lacks ability to use alternatives to corporal punishment. Strong disciplinarian, rigid. Tend to be controlling and authoritarian.


- **Construct E**—Restricts power/independence: Tends to view children with power as threatening. Expects strict obedience to demands. Devalues negotiation and compromise as a means of solving problems. Tends to view independent thinking as disrespectful.

Using a five-point Likert scale (1-5 points), a numerical value is assigned to each item in the five subscales. The values are summed to obtain the subscale total raw score. Lower scores generally indicate a high risk for practicing known abusive parenting practices while higher scores indicate the expressed parenting attitudes that reflect a nurturing, non-abusive parenting philosophy.

However, given that food and feeding practices feature predominantly in the parent-child interactions among African migrants, selected sub-scales of the child feeding questionnaire were used to assess:-

1) **Parents' perceptions of their responsibility for child feeding** (e.g. “When your child is at home, how often are you responsible for feeding her?”);

2) **Monitoring**: assessing the extent to which parents oversee their child's eating (e.g. “How much do you keep track of the high fat foods that your child eats?”),

3) **Restriction**: assessing the extent to which parents restrict their child's access to foods (e.g. “I intentionally keep some foods out of my child's reach”), and

4) **Pressure to Eat**: assessing parents' tendency to pressure their children to eat more food, typically at mealtimes (e.g. “My child should always eat all the food on her plate”).

The scale has been validated and shown to be reliable in various ethnic groups. As for AAPI-2, all items were measured using a 5-point Likert-type scale. Data were obtained on 39 out of 44 families (88.6%) that completed the 8-session parenting module and received ongoing additional home visits over 15 months. The five families for which data were not obtained either declined to be interviewed or had other pressing family commitments to deal with at the time of the follow-up evaluation.
3. Conceptual Framework and Description of the African Migrant Parenting Program (AMPP)

3.1 Overview of the AMPP

Roughly, the AMPP was based on the Strengthening Families Program (SFP)\textsuperscript{15}. The SFP was developed and evaluated by Dr. Karol Kumpfer and colleagues, and involves 14 family training sessions targeting families with children aged 6-to-12 years old \textsuperscript{16}.

The family training sessions are geared towards increasing resilience and reducing risk factors while seeking to improve family relationships, parenting skills as well as young children’s social and life skills.

The SFP purposefully targets 3 specific content areas:

1) \textit{Academic achievement},

2) \textit{Antisocial/aggressive behaviour}, and

3) \textit{Social and emotional learning}, with parents and primary caregivers being the primary targets.

The overall goal is to promote protective factors and minimize risk factors at individual, family, peer and school levels.

Protective factors to be promoted consisted of:

- \textit{Individual level}: self-esteem; social and life skills, or resistance to negative peer influences;

- \textit{Family level}: parenting efficacy, family organization, effective communication, parent-child attachment, or parental mental health;

- \textit{Peer level}: pro-social friends or effective communication, and

- \textit{School level}: grades, school achievement, or school bonding.
Risk factors to be targeted included:

1) **Individual level**: depression, conduct disorders, aggression, violence, delinquency or shyness and loneliness;

2) **Family level**: family conflict, excessive punishment, child abuse and/or neglect, ineffective discipline, family disruption/dysfunction, family substance use, differential acculturation, and lack of support; and

3) **Peer level**: substance-using friends or negative peer influence; and school level: tardiness, times absent, or lack of school bonding\(^{15, 16}\).

Generally, the SFP targets two different intervention domains summarised below\(^{15-17}\).

<table>
<thead>
<tr>
<th><strong>Life and social skills training</strong></th>
<th><strong>Life and social skills training Parent Groups addressing</strong></th>
<th><strong>Family Communication Skills and Parent Parenting Skills Training</strong></th>
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<td>Children’s groups addressing</td>
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<tr>
<td>• peer-resistance skills</td>
<td>• Increase in Family Strengths</td>
<td>• Practising children’s games to increase parent-child play and parent-child interaction</td>
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<tr>
<td>• Problem solving</td>
<td>• Appreciation of positive family time together</td>
<td>• Family games to increase family meetings and fun family activities</td>
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<tr>
<td>• Conflict Resolution</td>
<td>• Unity</td>
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<tr>
<td>• Decision-making</td>
<td>• Developing new family rituals and chore charts</td>
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<tr>
<td>• Communication Skills</td>
<td>• Effective Discipline</td>
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<td></td>
<td>• Family Resources for positive change</td>
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3.2 Aims of the AMPP

The AMPP had two aims:

- To strengthen and support parents’ roles and enhance both effective parenting and relationship skills in order to help African migrant parents to raise their children confidently in the Australian context, targeting African refugee families from Liberia, Sierra Leone, Congo and Burundi. It was anticipated that African refugee communities who participated in the program would increase their resilience and develop effective skills and competencies in facing challenges of raising their children in a new Australian cultural, social and educational environment.

- To increase the number of parents within the target local African who are able to understand their children’s needs throughout various developmental stages in the new cultural, social and educational environments.

3.3 Parental Educational Sessions

Due to the language difficulties, rigid cultural norms (e.g. gender role definitions) among African migrants, poor educational attainment of participants, budgetary constraints of the AMPP, and pilot nature of the program,, the AMPP adopted a flexible approach and a simplified model of the SFP.

Thus, the AMPP included three important features:

1) Delivery of comprehensive and culturally competent parenting skills; development training courses by qualified African parenting educators and consultants;

2) Home visits by African migrant bilingual educators and,

3) Targeted community functions.

Unlike the SFP that includes 14 sessions targeting both parents and children, the AMPP included 8 discrete sessions and targeted only parents.

The aim of the parental educational sessions were to:

- enhance parenting skills (e.g. parental communication skills, recognition of feelings, knowledge about drug and alcohol, coping with anger and provision of constructive criticism, minimise aggression and behavioural problems, and increasing self-esteem), and

- to improve family relations (e.g. minimising family conflicts, improving family communication, increasing parent-child interaction, and increasing planning and organisational skills).
Each bilingual educator conducted a minimum of 3 community education workshops for parents and families within their respective communities with the aim of enhancing parents’ understanding of the Australian system, law, values and practices.

In addition, the project contracted external experts to co-facilitate some of the sessions; such experts included Greensborough Family Relationship Centre, Moreland Hall, Darebin Legal Centre, Women’s Multicultural Health Service, Immigrant Women’s Domestic Violence Service, Faith and Victory Church & Women’s Health in the North.

The training covered the following domains (see Figure 1 for attendance rate):

- **Session 1**: Understanding child development and needs: e.g. social and health needs, peer relations, parent-child relations;
- **Session 2**: Helping the child develop self-confidence: e.g. realistic and developmentally appropriate expectations, positive attention/praise;
- **Session 3**: Improving children's communication and language: e.g. listening, communication and confrontation;
- **Session 4**: Family relations e.g. How to communicate feelings or pathway to stop fighting with your children, family rules/limit setting;
- **Session 5**: Education pathways: e.g. Banking and financial literacy, managing pocket money for children, health matters
- **Session 6**: Legal issues e.g. corporal punishment and domestic violence, drugs & alcohol, understanding policy & procedures re: housing,
- **Session 7**: Managing family stress e.g. family mediation, neighbourhood mediation, community leadership
- **Session 8**: Parenting children and teenagers in a new culture e.g. personal power/negative control, managing anger, making choices
4. AMPP Short-Term Impact

The baseline characteristics of the program participants are presented in Appendix 4. Overall families who took part in the program were predominantly from the Democratic republic of Congo and from a very low socio-economic status. That is, they tended to be new arrivals (average length of stay of 4.1 years), younger (but slightly older for women vis-à-vis men), of low educational attainment, unemployed or undertaking domestic duties, and earning less than $20,000 per year, with an average number of children of 2.7 and a significant number of single parents.

The project short term impact data are summarised in Appendix 5. In the general parenting domain, the project had an impact in all domains for except allowing children’s independence. Improvement in various parenting domain scores indicate improvement in the area of parental expectations, parental empathy towards children needs, awareness and knowledge of alternatives to corporal punishment, and parent–child family roles. However, for men there was no change in the area of children’s power and independence suggesting that fathers continue to view children with power as threatening, tend to devalue negotiation and to promote compromise as a means of solving problems while treating independent thinking among children as disrespectful.

It is worth noting that, despite the noted improvement, the scores in each domain, with the exception of corporal punishment, are still far lower than expected averages, indicating risk for child abuse and neglect by Australian standards. The marked improvement in corporal punishment scores at baseline and follow-up may be explained by tight Australian legal framework related to child abuse.

4.1 Impact on Parent-child eating practices

In the feeding domain, some improvements were equally noted with the exception of tendencies to press children to eat more food by fathers and mothers’ authoritarian approach in relation to their responsibility for child feeding. Although in the authoritative/responsive or cooperative feeding style mothers share the responsibility in the feeding relationship with their children, in the case of African migrants, mothers are not prepared to relinquish their responsibility as the primary caregiver and the sole responsible person for feeding the child. It is interesting however to note that score for pressuring children to eat more food significantly declined for mothers suggesting that mothers and fathers attach different meanings child eating practices.

As Orrell-Valente and colleagues noted mothers use different strategies than fathers and such strategies is dependent on the child’s gender: fathers use pressure tactics with boys while mothers praise girls for eating. The authors identified nine parental strategies related to pressurising kids to eat more food (Box 1):
Box 1: Parental strategies related to pressurising kids to eat more food

1. **Neutral prompts**: Use of a matter-fact tone; simply telling child to eat. No explanation, no promises/threats (e.g., “Don’t forget to eat your meat.”).
2. **Pressure/Demand to eat**: Tone brusque, rude, bullying. Parent insists, demands, scolds, threatens, yells at the child to eat (e.g., “When I say eat, you eat!”).
3. **Reasoning**: Use of a rationale to get child to eat but choice is child’s (e.g., “Want to try the beans? I made them the way you like them.”).
4. **Food reward**: Use of food as a reward/bribe/bargain to get child to eat (e.g., If you eat three more bites of meat, you can have a chocolate.”).
5. **Praise**: Approval of child’s eating (e.g., You ate all your chicken, good job!”).
6. **Food restraint/portion control**: Restriction of how much of a food child eats (e.g., “No more potatoes.”).
7. **Threat to withhold food**: Threat to withhold a desired food if child does not eat (e.g., If you don’t finish your peas, no brownie!”).
8. **Threat to withhold play privileges**: Threat to withhold a desired non-food item or activity if child does not eat (e.g., You don’t eat, you don’t get to ride your bike.”).
9. **Offer of play rewards**: Use of non-food item or activity as a reward/bribe/bargain to get child to eat (e.g., If you eat your salad, you can go to Sally’s to play.”).

Findings from the survey are consistent with those from focus group discussions. For example, consistent with traditional values, children are not allowed to be involved in decision-making related to buying and cooking food or food they feel like eating. The only things parent thought children are capable for deciding for themselves’ was “playing with friends and planning on how they have to manage their own work”.

As one participant succinctly summed it up:

“Back home, parents buy food for the family according to their own preference whether it is in Burundi or Congo. It is very rare for parents to ask children what food they want. There are rules around the table. You don’t have to talk when you have food in your mouth. You should wait until the oldest get served first. You don’t have to leave the table before the oldest. The child eats the food they are given if they refuse they are punished, and when you have visitors it is humiliating if the child refuse to eat food they are given. They are forced to eat, and the child’s refusal to eat could only be an indication that the child is sick

... But here in Australia, all depends on the family’s income. We only buy food that we can afford. The eating time is totally different and it is hard sometimes to eat together or reinforce traditional values due to work demands or studies. Those rules are not respected. However, even after participating the parenting program, the traditional rules around child eating still exists in some families.”
5. **Process Evaluation**

5.1 **Effectiveness of recruiting participants in the program**

The first contact for recruiting participants in the AMPP was through community functions such as birthday parties, funeral, childbirth, community concerts, festival and church events. Among Africans, knowledge related to parenting is help by community elders and transmitted orally from generation to generation. Good parenting practices are often judged according to how children and young parents behave at community forums, festivals, funerals or church events (e.g. absolute respect for elders at such events).

Behaviours’ judged to be unacceptable at such events are discussed and holders of traditional knowledge related to parenting lay the norms and rules. Hence, for African migrants, the maintenance of traditional knowledge related to parenting is seen as an expression of culture and the transfer of such knowledge from elders to young people is constructed as a resource for community connectedness and cohesion.

However, the traditional knowledge and norms that govern parenting among African migrants may be incompatible with the legal protection and rights of children that the new culture imposes upon African migrant families. Hence, holders of the traditional knowledge related to parenting are confronted with many dilemmas such as granting children the freedom of expression—which they interpret as the *laisser faire* approach to parenting, or give in to younger generations’ disinclination to learn the “old ways”—which they interpret as an insult to their culture.

In this new environment, often characterised by complex legal frameworks, holders of traditional knowledge related to parenting and cultural norms can no longer use their cultural knowledge to help parents and children learn, grow, and socialise in a culturally prescribed way. Therefore, by recruiting participants and encouraging families to speak about parenting related issues and share their experiences with parenting in a new culture assisted in understanding how the program could overcome cultural barriers.

5.2 **Attrition Rate**

Families identified as having parenting-related issues were registered and listed for a home visit. If the home visit identified the family as “at risk”, they were then referred to the parenting education sessions. In total, 400 families were identified as experiencing various degrees of parenting-related issues.

These families were invited to receive weekly home visits for further assessments and all accepted to take parts. However 90 families dropped out giving an attrition rate of 22.5%. Of the 310 families that remained in the program over 15 months, 68 families were classified as
“at risk” and requiring parenting education. These families were invited to participate in a 8-session parenting education programs, all of which agreed to participate. However, 24 families did not complete the required module, giving an attrition rate of 35.3%.

5.3 Factors affecting the participation of African-migrants in the AMPP

Although the attrition rate was acceptable, it was important to document factors that influenced attrition. The project documents’ review indicate that these were multidimensional and included participants gaining employment (work commitment), school commitments (drop offs and pickups, homework, or school meetings), parents’ pursuing further studies to increase their employment prospect, lack of transport, and ill health of dependents.

Thus the required time commitment became too much for them to complete the module. Similarly, the major challenge identified by participants was that the target African communities face discrimination in the private rental market and are given short notices to vacate houses which impacts negatively on an individual’s self esteem, morale and relationships, thus creating stress, anxiety and fear of homelessness. In these circumstances, parents allocate the time they have to deal with these complex issues.

Furthermore, some communities in the target populations are very fragmented, lack of evidence of work experience and history in Australia, have low literacy skills and capacity, and disagreed with some parenting aspects of the new culture that they were living in, hence triggering a lack of interest in parenting training.

5.4 Acceptability of the AMPP content, strategies and materials

Overall the parenting sessions were well attended (completion rate=64.7%) given the low literacy level, culture-related barriers and more complex and competing issues participants have to deal with on a daily basis.

Factors that influenced the retention rate included the fact that the project sought to intentionally address cultural difference between the providers and participants by purposefully appointing bilingual parenting educators from the target communities, thus creating a sense of trust in and minimising participant’s fear of program staff.

The fact that, for an African, being a parent is a social status and a role which is to be assumed within their cycle of life without constraint, meant that those who remained in the program saw the light at the end of the tunnel. Nevertheless, it is worth noting that some members of the varying communities suggested that the staff that were engaged in the project were “too young” to be Parent Educators, again emphasizing the need to actively involve the traditional knowledge holders and to break hierarchical barriers.
6. Recommendations

To participants of AMPP:

- Increase time to transition into Australia by participating in more programs of a longer duration, or more frequently
- Information on SMRC as a provider and how they operate, or increased contact with migrant centres

To service providers:

- More consistent training to understand how refugee/African family systems operate (each country may differ slightly in cultural practices)
- Opportunities for collaborating/resource sharing with refugee/African community associations
- Family centred programs involving both parents and children
- Cultural reinforcement included in the program so families integrate new lessons within existing cultural frameworks
- Opportunities involving African migrant elders and parents in decision-making, especially regarding the welfare of their children
- Increase access to refugees'/African migrants traditional means of problem-solving, such as through elders and tribal systems. The problem-solving model of each community could be investigated and integrated in the intervention methodology.
7. Conclusions

In relation to the parent-child relations, parents stressed the collectivist nature and structure role definitions that characterised parenting prior to migration while at the same time lamenting what they perceive to be the soft approach to child-rearing in Australia.

Although breaking the rules or failing at something brought with it some severe punishments, such strong stance has softened since migrating to Australia and participating in the AMPP. Parents acknowledged that while there are some parents still beating their children, the consensus across the board was that the parenting program has taught parents how to deal with conflicts and empower children. They noted that after the training parents have realised that in case of parent-child conflict “there should be a room for dialogue to work out what went wrong and find a way forward”. The project has taught parents how to instil a sense of pride in their children and pride-related values most identified during the focus group discussions were:

- Tolerance should be build in the child rearing
- Teaching children how to relate to peers
- Encouraging kids to study and enjoy family life.
- Parents being a role model and show children good parenting-related values, except fathers or men in general being expected to cook in the Australian environment, which is still interpreted as alienating and unacceptable cultural
APPENDIX 1

Table 1: Demographic profile of LGAs in Northern and Western regions of Melbourne (DHS, 2008)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Banyule</td>
<td>120,196</td>
<td>521</td>
<td>22,700</td>
<td>103</td>
</tr>
<tr>
<td>Brimbank</td>
<td>174,746</td>
<td>571</td>
<td>72,876</td>
<td>2,402</td>
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<tr>
<td>Darebin</td>
<td>135,124</td>
<td>1,110</td>
<td>40,988</td>
<td>526</td>
</tr>
<tr>
<td>Hobsons Bay</td>
<td>85,482</td>
<td>312</td>
<td>23,684</td>
<td>566</td>
</tr>
<tr>
<td>Hume</td>
<td>157,834</td>
<td>896</td>
<td>43,203</td>
<td>1,654</td>
</tr>
<tr>
<td>Maribyrnong</td>
<td>67,882</td>
<td>260</td>
<td>24,502</td>
<td>1,012</td>
</tr>
<tr>
<td>Melbourne</td>
<td>80,443</td>
<td>208</td>
<td>30,101</td>
<td>116</td>
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<tr>
<td>Melton</td>
<td>86,176</td>
<td>508</td>
<td>19,225</td>
<td>63</td>
</tr>
<tr>
<td>Moonee Valley</td>
<td>112,722</td>
<td>320</td>
<td>28,481</td>
<td>333</td>
</tr>
<tr>
<td>Moreland</td>
<td>144,033</td>
<td>626</td>
<td>43,796</td>
<td>384</td>
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<tr>
<td>Nillumbik</td>
<td>62,447</td>
<td>154</td>
<td>8,501</td>
<td>3</td>
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<tr>
<td>Whittlesea</td>
<td>133,474</td>
<td>843</td>
<td>40,759</td>
<td>514</td>
</tr>
<tr>
<td>Wyndham</td>
<td>123,528</td>
<td>709</td>
<td>28,402</td>
<td>1,188</td>
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<tr>
<td>Yarra</td>
<td>74,891</td>
<td>249</td>
<td>19,174</td>
<td>455</td>
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<tr>
<td><strong>N&amp;WMR</strong></td>
<td><strong>1,561,798</strong></td>
<td><strong>7,287</strong></td>
<td><strong>446,392</strong></td>
<td><strong>9,319</strong></td>
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<tr>
<td><strong>Melbourne Metro</strong></td>
<td><strong>3,806,362</strong></td>
<td><strong>14,132</strong></td>
<td><strong>1,038,429</strong></td>
<td><strong>16,524</strong></td>
</tr>
<tr>
<td><strong>Victoria</strong></td>
<td><strong>5,204,826</strong></td>
<td><strong>30,141</strong></td>
<td><strong>1,173,202</strong></td>
<td><strong>18,467</strong></td>
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</table>
## APPENDIX 2

Table 2: Recruitment process and attrition rate

<table>
<thead>
<tr>
<th>Activities</th>
<th>Frequency of delivery</th>
<th>Invited to participate</th>
<th>Participated in sessions</th>
<th>Attrition</th>
<th>Completed module</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visits</td>
<td>Weekly over 15 months</td>
<td>400</td>
<td>400</td>
<td>90</td>
<td>310</td>
</tr>
<tr>
<td>Parenting education sessions</td>
<td>8 sessions delivered over 18 months</td>
<td>68</td>
<td>68</td>
<td>24</td>
<td>44</td>
</tr>
</tbody>
</table>
APPENDIX 3

Figure 1: Session Attendance by Country of Origin
### APPENDIX 4

Table 3: Baseline characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male N=18</th>
<th>Female N=21</th>
<th>All N=39</th>
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<tbody>
<tr>
<td><strong>Country of origin (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liberia/ Sierra Leone</td>
<td>22.2</td>
<td>23.8</td>
<td>23.1</td>
</tr>
<tr>
<td>Burundi</td>
<td>27.8</td>
<td>28.6</td>
<td>28.2</td>
</tr>
<tr>
<td>DR Congo</td>
<td>50.0</td>
<td>47.6</td>
<td>48.7</td>
</tr>
<tr>
<td><strong>Age in years (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 25 years</td>
<td>17.65</td>
<td>19.05</td>
<td>18.4</td>
</tr>
<tr>
<td>25-34 years</td>
<td>64.71</td>
<td>28.57</td>
<td>44.7</td>
</tr>
<tr>
<td>35 or more years</td>
<td>17.65</td>
<td>52.38</td>
<td>36.8</td>
</tr>
<tr>
<td><strong>Mean (SD)</strong></td>
<td>31.2 (9.0)</td>
<td>35.2 (12.1)</td>
<td>33.4 (10.9)</td>
</tr>
<tr>
<td><strong>Family characteristics (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear family (Married or de factor)</td>
<td>33.3</td>
<td>42.9</td>
<td>38.5</td>
</tr>
<tr>
<td>Single parents</td>
<td>66.7</td>
<td>57.1</td>
<td>61.5</td>
</tr>
<tr>
<td><strong>Educational attainment (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University degree</td>
<td>16.7</td>
<td>4.8</td>
<td>10.3</td>
</tr>
<tr>
<td>Completed high</td>
<td>61.1</td>
<td>23.8</td>
<td>41.0</td>
</tr>
<tr>
<td>Primary school or less</td>
<td>22.2</td>
<td>71.4</td>
<td>48.7</td>
</tr>
<tr>
<td><strong>Employment status (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed Full Time or part time</td>
<td>50.0</td>
<td>19.1</td>
<td>33.3</td>
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<tr>
<td>Unemployed or Domestic duties</td>
<td>50.0</td>
<td>81.0</td>
<td>66.7</td>
</tr>
<tr>
<td><strong>Combined household income (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$\geq$31,000</td>
<td>22.2</td>
<td>4.8</td>
<td>12.8</td>
</tr>
<tr>
<td>$20,000 - $30,000</td>
<td>27.8</td>
<td>19.1</td>
<td>23.1</td>
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<tr>
<td>Under $20,000</td>
<td>50.0</td>
<td>76.2</td>
<td>64.1</td>
</tr>
<tr>
<td>Number of children (%)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>1-2 children</td>
<td>55.6</td>
<td>42.9</td>
<td>48.7</td>
</tr>
<tr>
<td>3-4 children</td>
<td>33.3</td>
<td>28.6</td>
<td>30.8</td>
</tr>
<tr>
<td>5-7 children</td>
<td>11.1</td>
<td>28.6</td>
<td>20.5</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>2.3 (2.0)</td>
<td>3.1 (2.3)</td>
<td>2.7 (2.2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of stay in Australia in years (%)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 years</td>
<td>27.8</td>
<td>38.1</td>
<td>33.3</td>
</tr>
<tr>
<td>3-4 years</td>
<td>44.4</td>
<td>52.4</td>
<td>48.7</td>
</tr>
<tr>
<td>5 years or more</td>
<td>27.8</td>
<td>9.5</td>
<td>18.0</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>4.4 (2.2)</td>
<td>3.7 (2.7)</td>
<td>4.1 (2.5)</td>
</tr>
</tbody>
</table>
## APPENDIX 5

Table 4: The impact of the 18-month parenting program

<table>
<thead>
<tr>
<th>Parenting behaviours and practices</th>
<th>Baseline</th>
<th>Follow-up</th>
<th>Diff (95%CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators for general parenting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expectation: Inappropriate parental expectations</td>
<td>12.6 (2.1)</td>
<td>16.9 (3.8)</td>
<td>4.4 (2.2; 6.5)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Empathy: Inability to demonstrate empathy towards children's needs</td>
<td>28.8 (6.1)</td>
<td>30.5 (5.7)</td>
<td>1.7 (0.0; 3.5)</td>
<td>0.0329</td>
</tr>
<tr>
<td>Punishment: Strong belief in the use of corporal punishment</td>
<td>30.5 (5.0)</td>
<td>36.8 (4.2)</td>
<td>6.2 (3.8, 8.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Role: Reversing parent–child family roles</td>
<td>13.5 (3.2)</td>
<td>15.2 (4.4)</td>
<td>1.7 (0.4; 3.0)</td>
<td>0.006</td>
</tr>
<tr>
<td>Power: Restricts power/independence</td>
<td>16.6 (3.0)</td>
<td>17.7 (2.4)</td>
<td>1.1 (-0.4; 2.6)</td>
<td>0.070</td>
</tr>
<tr>
<td><strong>Indicators for feeding practices</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility: parents' perceptions of their responsibility for child feeding</td>
<td>13.2 (1.3)</td>
<td>12.6 (2.4)</td>
<td>-0.6 (-1.2, 0.1)</td>
<td>0.043</td>
</tr>
<tr>
<td>Restriction: extent to which parents restrict their child's access to foods</td>
<td>25.7 (5.2)</td>
<td>30.1 (4.7)</td>
<td>4.5 (1.8, 7.1)</td>
<td>0.001</td>
</tr>
<tr>
<td>Pressure to Eat: parents' tendency to pressure their children to eat more food</td>
<td>14.3 (2.4)</td>
<td>13.7 (2.4)</td>
<td>-0.6 (-1.8, 0.6)</td>
<td>0.150</td>
</tr>
</tbody>
</table>
### Parenting behaviours and practices

<table>
<thead>
<tr>
<th>Indicators for general parenting</th>
<th>Baseline</th>
<th>Follow-up</th>
<th>Diff (95%CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectation: Inappropriate parental expectations</td>
<td>11.9 (2.6)</td>
<td>19.9 (5.1)</td>
<td>8.0 (5.9, 10.2)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Empathy: Inability to demonstrate empathy towards children's needs</td>
<td>30.1 (6.6)</td>
<td>34.3 (4.9)</td>
<td>4.3 (2.6, 5.9)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Punishment: Strong belief in the use of corporal punishment</td>
<td>28.5 (5.1)</td>
<td>39.2 (4.5)</td>
<td>10.7 (8.5, 12.9)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Role: Reversing parent–child family roles</td>
<td>14.7 (3.8)</td>
<td>17.5 (3.5)</td>
<td>2.8 (2.1, 3.5)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Power: Restricts power/independence</td>
<td>17.2 (3.0)</td>
<td>18.0 (2.8)</td>
<td>0.8 (-0.2, 1.9)</td>
<td>0.062</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators for feeding practices</th>
<th>Baseline</th>
<th>Follow-up</th>
<th>Diff (95%CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility: parents' perceptions of their responsibility for child feeding</td>
<td>12.8 (2.3)</td>
<td>13.0 (1.6)</td>
<td>0.2 (-0.7, 1.1)</td>
<td>0.338</td>
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<tr>
<td>Restriction: extent to which parents restrict their child's access to foods</td>
<td>26.5 (7.2)</td>
<td>31.0 (3.1)</td>
<td>4.5 (2.1, 6.9)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Pressure to Eat: parents' tendency to pressure their children to eat more food</td>
<td>15.6 (1.7)</td>
<td>14.2 (1.7)</td>
<td>-1.4 (-2.4, -0.4)</td>
<td>0.005</td>
</tr>
<tr>
<td>Monitoring: extent to which parents oversee their child's eating</td>
<td>7.5 (4.4)</td>
<td>13.1 (2.2)</td>
<td>5.6 (3.3, 9.6)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>
8. Bibliography


