

# [Parenting and caring core notes essay sample](https://assignbuster.com/parenting-and-caring-core-notes-essay-sample/)

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Becoming parents and carers
Parent: individual who cares for an infant from birth until independence. Carer: individual who takes on role of looking after someone who is ill or dependent.

Being a parent or carer is one of them most demanding jobs there is. Children need to learn how to be strong, to develop the ability to make decisions, and be responsible and trustworthy. They should learn how to love and be loved, to care about people and show respect for families and others.

Biological parents: Are the people who produce and provide the genetic material for a child. Begins at the moment of conception. •Pregnancy: result of intercourse or artificial insemination. Lasts 38-40 weeks. Natural birth or by caesarean section can happen. -Planned: Willfully trying to have a baby

-Unplanned: unplanned pregnancy usually occurs when you have unprotected sexual intercourse example rape/abuse. •IVF and GIFT: when pregnancy doesn’t occur naturally. Involves eggs being removed, mixed with semen then re-implanted into the uterus. GIFT (gamete intra-fallopian transfer) involves the egg and sperm transferred into the woman so conception occurs inside the body.

Social parents: Individuals who care for a child without providing genetic material. These parents take on the responsibilities of being a parent and may face particular difficulties due to the nature of their relationship with the child. •Adoption: alternative for parents who cannot conceive a child. But there are few babies/children available and long waiting lists. It is a legal procedure where the child is no longer considered part of their biological family. Parents are required to show that they can meet the needs of the child. Potential parents motivation, reputation, personal and marital stability, state of health are all assessed. It requires a lot of energy and the willingness and ability to give the child a great deal of time, love and care.

•Fostering: temporary arrangement from a few days to a few years. Coordinated by Department of Community Services. One of the hardest forms of parenting. Child may be socially, psychologically or physically scarred from previous arrangements. Foster parents have day-to-day responsibilities for child but no legal right. •Step parenting: when a man or woman marries or forms a de facto relationship with a partner who has children from a previous relationship, they become a step parent. May become alternative role model, but may find it hard to be accepted. Have no legal responsibilities for the child but can fulfill all parenting requirements. •Surrogacy: woman agrees to conceive, carry out and give birth to a child then give the child to the couple. Different ways- use of doner eggs and sperm. Controversial form of parenting. Most cases the surrogant mother has legal rights over the child.

Carer relationships: each carer situation is unique. Cares can be professionals, parents, partners, brothers, sisters, friends, or children of any age. May assist an individual in daily tasks such as feeding, bathing, dressing, toileting, transportation, organisation of finances, emotional support, or administering medication. May or may not live with the person they care for. May or may not be paid. Usually a relative. Women are traditionally seen as primary caregiver, but this is slowly changing. Carers meet the needs of the individual, provide stability and access to family and social networks etc. can offer opportunity for personal growth and development of skills but also frustration and distress. •Voluntary carers: 1 in 5 households care for family member of friends with a disability, mental illness, chronic condition or aged. Saves the Australian community $16billion a year.

They usually take on the role due to family responsibility, to provide better care than an institution and/or emotional obligations. Many carers are among the poorest, most disadvantaged members of the community. Full time carers may not be able to work = financial hardship. Some financial support and respite available. •Paid carers: many types including: foster carers, direct carers, employed by a service or agency, nursing homes, hospitals, hotels, respite care, nursing homes, centres for peoples with disabilities, after school carers, child care workers, baby sitters, and nannies. Majority of workers rely on government pensions, benefit and allowance to support themselves whilst caring full time. This amount only allows for a basic lifestyle to be maintained.

Managing parenting and caring responsibilities
Preparations for becoming a parent or carer

•Physical – parental considerations for parent and child’s health ParentCarer
Give up smoking, alcohol, caffeine (male and female) as fertility and sperm production are adversely effected, and stdies show this causes miscarriage and stillbirth live a healthy lifestyle, exercise so as to prduce a healthy child and reduce stress, as stress interferes with sperm priduction and ovulation. EXERCISE ACCEPTBLE THRUOUT PREGANCY:

-walking
-swimming
Good sleep patterns
Diet so as to give the child essential nutrients and vitamins.
Often chronically tired due to caring for parents 24/7
Health at risk due to caring responsibilities such as back pain from lifting

•Social changes parents and carers may have to make
ParentCarer
Baby takes priority over socialising
Not to stay out too late to ensure adequate rest
Share roles so that one partner can have time out for sport, leisure or social activities (organized b4 birth) Educate friends and family on the changes having a child or someone to care for will have on their time, and will therefore be forced to spend less time with them Be prepared to experience isolation from colleague contacts. Contact a support group to offer the intellectual stimulation needed to satisfy psychological wellbeing, and satisfy emotional wellbeing Opt for social interaction to be more family based such as family picnics. In such cases planning is required on what equipment to take for the child, or organizing childcareInsufficient time for socialising and leisure Educate friends and family on the changes being a carer will have on their time, and will therefore be forced to spend less time with them Opt for social interaction to be more family based

Contact a support group to offer the intellectual stimulation needed to satisfy psychological wellbeing, and satisfy emotional wellbeing Important to maintain social contacts in order to not feel socially isolated May effect family relationships as carer is frustrated and distressed owing to carer demands

•Emotional preparations for the new relationships
ParentCarer
Added stress, esp. if there is tension between the partners, or financial issues. Mother experience hormonal changes causing moodswings. Nausea and fatigue may results in irritability and depression Mother a bag of emotions towards the end of pregnancy as she: -feels unnatracitve = low-s-e

-apprehensive about the baby’s health and her ability to cope with the child oDiscussions with the direct carers such as nurses, and partners reassures the mother of the coming of the child Mothers partner may feel neglected as mother and child receive all the attention Siblings feel neglected as the new baby receives attention of parents and family members. The parents need to explain to the child the new family situation so as to make them feel included. May feel apprehension often in regards to the child’s health and future Essential for the couple to set aside time to be alone with each other on a more personal basis Baby brings extended family closer, offering advice and insight on parenting to the new parentsEssential for the carer to set aside time to for family or partner each other on a more personal basis Caring for somebody emotionally can result in a sense of self-worth and allow for personal growth and development Skills learnt

E. g. Sign language when caring for a deaf person Time demand on carer causes frustration and distress

•Economic factors influencing resource management in the caring relationship ParentCarer
Child needs love and attention
A layette (clothing essential for a newborn) (new, borrowed, second-hand) Maternity clothes(new, borrowed, second-hand)
Equipment: (new, borrowed, second-hand, rented)
-Pram
-Highchair
-Car seat
-Cot
-Baby change surface
-Some toys

Food expenditure: high if bottle-fed, increase when solids intro. -Tip to save $: cook at home

Babysitters necessary as child grows in order to spend time with one another -Smartness!: Parents often join babysitting co-ops where parents pay each other to baby-sit with time and not money, OR relos, and friends Initially housing unaffected. However, as growing up may need larger space where they can play and move in a safe environment The family decides who will take parental or maternity leave by assessing their financial situation to ensure the most efficient work and care arrangements are chosenThe family decides who will take leave by assessing their financial situation to ensure the most efficient work and care arrangements are chosen Inadequate finiancial assistance

– STAT: in 2001 50%+ fulltime carers said their weekly income was less than $200 Insufficient support services, lack of flexible work hours, and the inability to access entitlements prevent carers from obtaining employment in the workforce. Many carers rely on government support and benefits. However, some do not apply as they do not know who to contact, or are put off by the application process. Dependants and carers often have higher living costs due to extra laundry, heating, healthcare… 

Factors influencing resource management in the caring relationship •Dependents affected by the caring relationship
-Age: determines the effect that caring for another will have. No matter the age, jealousy or resentment may occur. The age gap between the parents and child or dependent will affect relationship. Older parents/carers  less energy but more financially secure. Younger parents/carers  fewer financial resources and life skills. -Skills: and capabilities depend on age and level of development. Dependents who have developed skills to prepare meals and assist in household tasks will be of benefit to the family. -Special needs: temporary/permanent physical or mental disability during childhood. Most parents experience shock, disbelief and guilt. May need to seek additional support, specialist help, or counseling. •Resources

-Time: tasks accomplished through a day depend on values, goals resources division of labour should be discussed. Time is likely to be limited for a carer with dependents. -Energy: greater demands on carers. Children’s/adolescents have more energy. Carers may find themselves physically drained. Management necessary to prevent fatigue. Use of human and non-human resources help. -Finances: government offers payments to assist parents and carers. Family tax benefit-helps with cost of raising children. Carer payment for full time carer’s of someone with a disability, chronic illness, frail, aged. Parenting payment maternity allowance, payment etc. -Housing: basic need. Family changes means housing need will. Children need room for sleep and play. Choose housing considering location with regard to transport, parks, child care facilities, medical facilities, school, employment. Home may need modifications – ramps etc for easy access around home. Location determines cost. •Access to services:

Many community and government groups/services available. Many people unaware of these. Parent/carer may need to make arrangements for dependents whilst accessing services. Dependents cant just be left, they may need clothes, nappies, bottles, wheelchair access, car capsules.

Parenting and caring relationships
Roles in parenting and caring

•Individuals and groups who adopt roles:
Many individuals and groups who take on the responsibility for parenting and caring. Over time bonds develop with a carer who is not a member of the immediate family. •Types of parents:
-Non-custodial: when parents divorce, non-custodial parent usually provide maintenance. Best intrest of child to maintain relationship with both parents. Non-custodial parents often have responsibility for child on weekends, usually the father. -Foster carers: meet the needs of the child in their care. Legally they maintain daily responsibilities of child, long-term welfare of child remains with state government. -Adoptive: lifelong commitment. Emotionally draining process. Child requires special care and attention. -Grand parents: relied on for both physical and emotional support. They can offer economical childcare alternatives sometimes offer advice that may be unwelcome. Can develop strong bonds with babies. Can pass on cultural traditions, family history and values. Important children have contact with grandparents or older people so they have a wide range of significant others. -Relatives/siblings: older brothers/sisters take on parent and caring role. Important when parent/carer is at work or needs a brake with feeding or playing.

Other members of the extended family offer childcare, respite for carers, positive role models or meals. Aunts uncles, cousins allow relationships to develop between larger groups to assist in the socialization of the child. -Teahcers: build on the knowledge and skills established by the parents and act as role models, offer parents independence and children a new and exciting world. social development, learning, skill development and creativity encouraged. Teacher are legally considered to act in loco parentis (in the place for the parents) which means they are responsible for the welfare of the child whilst they’re at school. -Paid carers: child care workers offer organised activities, sleep, rest, meals, and toys that family may not provide. Family day-care registered at local council for caring for children on a regular basis. Nannies- expensive, can also do housework. Crèches- childcare centres often located in workplaces. Someone who looks after aged or frail family members- nurse, physiotherapist, paid companion. -Significant others: share in the parenting and caring role. Doctors-must find one you can trust and child is comfortable with. Social workers-trained to treat behavioural problems in children and family, may help with child management, marital adjustment, budgeting, chronic illness, housing, finding jobs and medical care. Neighbours/friends- support for a few hours or longer. •Roles and expectations of parents and carers

-Basic needs of food, clothing, housing, medical care.
-Establishing family goals and moral values.
-Provide income and financial security
-Create nurturing, loving and understanding home environment. -Encourage development of skills and disabilities of dependents. -Recognize individuality and developing responsibility in children -Demonstrate reasonable discipline measures on children/dependents. -Sharing duties, obligations, and family management

-Enjoying and sharing in children and dependents activities. -Providing positive role models.

Factors influencing parenting and caring relationships
•Age: must be considered in regard to resource management. As age of parent increases so does financial stability. Some older woman in fear of their fertility diminishing may become sole parents. Risks of complications during pregnancy increases with age. Majority of primary carers are middle ages woman. •Culture and religion: Australia is a multi-cultural society. Often differences in child rearing methods from culture to culture. Aboriginal, Polynesian and Jamaican culture have brothers and sisters sharing the same responsibilities for the child as the mother or father. Religious or spiritual groups provide a set of rules and behaviours, special times for worship, even dictate the dress and diet of the family. •Education: generally those with higher education tend to research parenting and caring techniques through books, videos and internet. Formal and informal sources. Parents/carers with more education generally are able to access services and have more resources available. Parenting/caring techniques taught at school. Parents/carers value of education influences their goals for child’s education. •Gender: can greatly influence relationship individual has with child or person being cared for.

Traditionally woman are seen as primary caregiver in families. Families with lower socioeconomic status means gender role differences and expectations are more strongly defined. Children’s concepts of gender roles develop from their own experiences and observations. In caring and education professions e. g. nursing and teaching there is a predominance of woman. Positive relationships with parent/carer in early childhood help to establish gender identity. •Previous experience/own up-bringing: influences how they parent. Parents have ideas about what parenthood involves and their own capabilities. These ideas are based on observations of other parents as well as culture, media and gender. May lead to unrealistic or impractical expectations. Parents who were abused will abuse- need counseling. •Socioeconomic status: Australia is a middle income society. Family income determines resources utilized for maintaing relationships. Higher income may mean preschool, music lessons or home help. Low income may mean less expensive ways of socialization which include community playgrounds, local swimming pool or children’s parties. Lower-income may rely on government payments and benefits. Occupations, geographical location also influence parenting and caring relationship- facilities available.

•Media: parenting/caring portrayed in TV, radio, newspapers, magazines, movies, music, video games, books or bill boards. Parent decision making styles seen in tv dramas. Media transmits images of how different groups in society should act and behave- leads people to believe this is acceptable or normal behaviour. Images are often not realistic, and can cause tension in a relationship. •Nature of relationship: influences the development of the bond that develops. Arrival of baby brings stress to couples relationship. Love is a basic need of every individual. Contact through skin, eyes, familiar sound or smell strengthen the baby’s feeling of comfort. Children who are unloved or have parents who show little interest in them may feel insecure and unhappy they may fail to thrive physically or have difficulty dealing with emotions. •Style of parenting: there are many parenting styles, but there is a general trend in way parents behave. Family culture, background, religion the media, friends and social expectations influence parental authority. -Authoritarian parenting: involves one or both parents making all the decisions and rules, and instructing and directing the behaviour of the children. Children are punished if they d not reach expectations.

Few rewards are offered and are rarely praised. Reluctant to discuss problems. -Democratic parenting: all family members have equal rights and participation in decision-making. children encouraged to make decisions and take responsibilities. Family set goals and rewards when they’re reached. Punishment/rewards negotiated. Parents can trust children, open conversations. -Permissive/indulgent parenting: little control over children. Few demands placed on child. Child has no responsibilities e. g. house work. Little opportunity to develop independence. Do not learn how to make decisions. Children may become self indulgent, self-centred, rebellious, disobedient. May think parents don’t care about them. -Negligent parenting: parents fail to take responsibility for their children’s actions and behaviour. Parents failed to provide adequate needs for child.

Fail to show love, concern, control child’s behaviour- disobedient/delinquent child as result. Child may be removed for short or long period of time. Abusive parents or addictions to drugs/alcohol. Unsupervised children-parents face huge fine. •Special needs: a child with special needs needs more attention- care from parents, brothers, sisters, other family members, friends, professionals. -Disabilities: “ a restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being”. Specific learning difficulties-in a specific are of learning and dyslexia. Learning difficulties-vary in severity and caused in many ways such as brain damage or syndromes( eg. downs or fragile X) Emotional/social difficulties- fear, depression, poor self esteem, lonliness Behavioural- ADD, ADHA, antisocial and personally destructive behaviour Speech/language-stuttering, delayed speech development

Sensory impairments-visual or hearing
Physical impairments- difficulties with movement, mobility, coordination Physical conditions- cystic fibrosis, arthritis, chronic illness. Many professional who offer specialized medical treatment doctors, social workers, child psychologists, nurses and home care or special education teachers. Parents and carers need practical and emotional support for years. Gifted and talented children need special attention to reach their potential. •Multiple role expectations as a result of commitments to: Society places many pressures on parents. Parents/carers have role expectations placed on them in a variety of areas including, family, work, sport, leisure’s, church and community groups. Complexity of roles can lead to conflict. -Family: parents role to meet basic need of child. Food, shelter, clothing. To help, household tasks can be out-sourced, done by other people.

Comes at a cost. Couples agree parents should share roles of parenting and child rearing equally, division of household duties. -Work: balance between family and workforce. Employers are required to accommodate needs of employees with families. Part-time work, job-sharing, working weekends/evenings, working from home all help. Child care arrangements-informal with family/friend, formal- day care, crèches, nanny etc. -Sport/leisure: having a dependent means less time available for leisure activities. As the child gets older, will participate in own leisure activities eg. netball, soccer. Parents must transport to and from venues, and sometimes watch games. -Other: participation in church groups, cultural organizations, community groups good for parsnts/carers physical and psychological health. In order to make time for this, task’s must be prioritised.

Rights and responsibilities in parenting and caring
•Rights: Parents, carers, children and dependents all have rights and responsibilities. These ensure that an individuals needs are met in a satisfactory manner. -Parents: have broad rights on their freedom to bring up children as they wish. As the child gets older, parents rights gradually reduce. Every parent and legal guardian has the right to: Make decisions regarding the daily care and control of their children Ensure their child receives education

Control their childs behaviour through reasonable application of discipline Make medical treatment available for children under the age of 14( after that child has right to seek independent medical treatment) Take legal proceeding on childs behalf

Consent to their childs adoption
Parents may be charged if they neglect or abuse a child, child can be taken NSW: children and young persons (care and protection) Act 1988. protects the needs and rights of the child. -Children: have special laws protecting them physically and mentally from the control of adults. International and national legal rights to protect children. Australia signed United Nations convention on the rights of a child Right to be protected from discrimination and have best interests considered. Right to life, survival and development to express their views to be heard. Mutual rights and responsibilities with parents and family Right to be protected from safe, trafficking and abduction Free from torture, cruel treatment/punishment

Protected from work that threatens their health, education or development- from drugs, sexual exploitation or abuse. -Other persons in care: have same human rights as other members of Australian society. Also right to have their specific needs met. Right to dignity, be part of a community, realise their development, choose their own lifestyle, participate in decisions that affect their lives, receive services, protected from neglect, abuse and exploitation. •Responsibilities:

-Parents and carers: parenting responsibility involves all duties, powers, authority which parents have in relation to children – family law reform act 1995. The basic responsibility of parents/carers is to care for an support their dependents to the best of their ability. The responsibility of children only ceases with a court order, adoption, when the child marries or turns 18. children have the right to know and be cared for by both parents may have the right to contact, on a regular basis, with both parents and any other person of significance to the care, welfare and development of the child parents share the duties and responsibilities concerning the care, welfare and development of the child. Parents should agree about the future parenting of the child. Duty of care- means they have moral obligation to meet needs of those entrusted to their care e. g. school teacher needs to report unsafe child. Setting limits -so children understand their boundaries, based on family values, standards and should be within the standards of acceptable behaviour in the community. Limits need to be revised and adapted as child gets older.

Discipline- refers to guiding, teaching and leading by example. Best to use a firm voice. It doesn’t mean withholding love, smacking shouting or imposing rigid rules. According to law, parents have the right to control their children behaviour through reasonable application of discipline – must be reasonable for Childs age, physical condition. Unreasonable force can lead to a charge of assault. Childcare workers prohibited from any type of corporal punishment  crimes act 1990. -Children: should show affection/courtesy to parents, share in home tasks, do best at school, be loyal and honest, discuss issues with the family, share in family decision making. •Sources of conflict: between parents and carers: can occur from early age-children being inquisitive may question parents decisions. Parents may need to discuss and explain reasoning behind particular actions. Should speak immoderate tone of voice, raised can increase conflict. Too many rules/limits may make child angry – shouting and smacking may not work.

Between carers and cared: individuals being cared for may find it difficult coping with the fact that they are dependent on someone else – may wish to carry out tasks by themselves that are too difficult which may cause conflict. Person being cared for may not like the way the carer does certain things.

Support for parents and carers
There are many organizations/support groups available for parents/carers. Many can be found in the telephone directory, libraries, internet, local councils, community health centres, early childhood nurses etc…

•Health services: offer advice and resources to manage medical and health issues Maternity/children’s hospitals: usually booked before birth, parents must feel at ease with the staff. Tresillian family care: aims ‘ to promote the health and well being of families with babies and young children’. Offers 24hr parent help line, home visits, day stay clinics, emergency care, childcare centre, postnatal depression clinic. Community nurses: check baby and offer reference materials after the birth. Karatine: an agency which provides support, guidance and information to families with difficulties. Also community nurses health professionals who offer support to carers. •Welfare agencies: provide resources to helpmeet the needs of parents, carers and families. Salvation army: helps peoples without discriminations and offers practical and spiritual help for families through emergency assistance, child sponsorship, counseling St. Vincent de Paul society: childcare centres and family crisis centres, hostels and nursing homes for the aged, women’s and family refuges, care for people with mental illness etc. Others: Anglicare, Mercy Family Life Centre, Centacare, Uniting Care Burnside.

•Parenting groups: specific groups of parents that offer advice, information and support for all parents. Parent-line: free telephone service where trained staff offer advice on child n adolescent behaviours and development and provide information about services for parents and carers. Multiple birth association: refers to parents of twins triplets etc for information, support and social contacts. There has been an increase of multiple births due to IVF. Aus. Breastfeeding association: support, encouragement and information to mothers who may want to breastfeed. Others: lone parents family support service, parents without partners, fathers for family, equity, relationships Aus, the foster care association of NSW.

•Community groups: association in local areas that offer services for parents and children to meet their parenting needs. Churches, charities and other spiritual groups can offer spiritual and financial support to families in need, experiencing illness or times of difficulty. Groups such as world vision offer education support or building resources to developing countries-they rely on donations. Meals on wheels- charity that depends on volunteers who prepare and deliver meals to elderly, disabled etc and are also a form of social contact. •Government agency: various levels of government offer payments, services and advice to the public. Department of community services provides information on family assistance, youth, student support, child support, people with a disability, support for carers and the aged. Centre link: offers range of info and government payments including parenting payments, family assistance, child support, family tax benefits etc. Department of industrial relations

•Childcare services: care whilst parent works or has other responsibilities Pre-schools: formal, centre based-offers educational program before primary school Day-care centre: government funded or private. Part time or full time basis. Allow parent to work, study, have a break Registered carers: ‘ family day care’

Others include vacation care, before and after school care, occasional care and nannies. •Carers support group: specialize in offering advice and support for carers. Carers NSW: support and information and referral group for carers offering education and training and promotion of carer issues. Range of counseling services: available through government, welfare and private agencies Families/carers providing info/guidance of issues: they allow people in similar circumstances to share experiences, feelings, concerns and info. May focus on a specific disability or illness. Respite: form a support for carers that enables them to have a break from their caring role. Can be offered informally by friends, family, Neighbours or formal respite services for a few hours, days or while a holiday occurs.