

Appendix 11. Programs rated as Emerging in the REA (data extracted from papers and program rating checklists)

Emerging programs were rated as follows on the evidence of effectiveness checklist:

Evidence of effectiveness criteria		Well Supported	Supported	Promising	Emerging	No Effect	Concerning Practice
1.	No evidence of risk or harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	If there have been multiple studies, the overall evidence supports the benefit of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3.	Clear <u>baseline</u> and <u>post</u> measurement of outcomes for both conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.	At least two RCTs have found the program to be significantly more effective than comparison group. Effect was maintained for at least one study at 1 year follow-up.	<input type="checkbox"/>					
5.	At least one RCT has found the program to be significantly more effective than comparison group. Effect was maintained at 6 month follow-up.		<input type="checkbox"/>				
6.	At least one study using some form of contemporary comparison group demonstrated some improvement outcomes for the intervention but not the comparison group			<input type="checkbox"/>			

7.	There is insufficient evidence demonstrating the program's effect on outcomes because: a) the designs are not sufficiently rigorous (criteria 1-6) OR b) the results of rigorous studies are not yet available				<input checked="" type="checkbox"/>		
8.	Two or more RCTs have found no effect compared to usual care OR the overall weight of the evidence does not support the benefit of the program					<input type="checkbox"/>	
9.	There is evidence of harm or risk to participants OR the overall weight of the evidence suggests a negative effect on participants						<input type="checkbox"/>

The African Migrant Parenting Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Renzaho & Vignjevic (2011)	To enhance both effective parenting and relationship skills, in order to help parents to raise their children confidently and understand their children's needs throughout various developmental stages in the new cultural, social and educational environments	Child development Parent-child relationships Child behaviour Family relationships	Non-controlled trial Pre-post measures	Groups of parents	Community	Number of sessions –8 Duration of sessions – 2 hours Frequency of sessions – not indicated	<u>Parents</u> (n =39) Description – African migrant and refugee parents living in Melbourne Sex – 21 mothers Age – 19-55 years	None	<u>Statistically significant</u> – More positive parenting practices were obtained at post assessment on the dimensions of parental expectations, parental empathy towards children needs, awareness and knowledge of alternatives to corporal punishment and parent-child family roles. Exposure to the intervention significantly predicted change in parental expectations of their children, as well as changes in attitudes towards the use of corporal punishment. <u>Descriptive</u> – No change was observed in parent scores post-test on the restriction of children's power and independence dimension.
				Individual parents	Home	Number of sessions – 3 Duration of sessions – 45 minutes Frequency of sessions – not indicated Total duration of program – not indicated			

The Australian Supported Learning Program- Me and My Community (ASLP)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
McConnell, Dalziel, Llewellyn, Laidlaw, Hindmarsh (2008)	Designed to strengthen the social relationships and improve the psychological wellbeing of mothers with learning difficulties	Family relationships	Non-controlled trial pre-post measures	Groups of parents	Sites in the community	Number of sessions – 8-10 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 8-10 weeks	<u>Parents</u> (n = 32) Description – mothers with learning difficulties Sex – F = 100% Age – mean = 34.1 years Range (SD) = 16.9-48 years (8.13)	None	<u>Statistically significant</u> – Large pre to post effects were found for parent depression, anxiety and stress. Smaller effects were observed for social support, mastery and constraints. <u>Descriptive</u> – 84% of mothers partially or fully achieved their priority goal. For any one goal, at least 16% reported they came somewhat close to achieving their goal.
				Individual parents	Home	Number of sessions – 12 Duration of sessions – not indicated Frequency of sessions – weekly Total duration of program 12 weeks			

Beatty, Cross & Shaw (2008)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Beatty, Cross & Shaw (2008)	To increase parent-child communication regarding alcohol, tobacco and other drug (ATOD) use	Parent-child relationship	Randomised controlled trial Contemporary usual care control group Pre-post measures	Individual parent	Home	Number of education sheets distributed – 5 Frequency of education sheet distribution – every 3 weeks Total duration of program – 15 weeks	<u>Parents</u> (n = 848) Demographics are for entire group Sex – F = 75% Age – range = 30-40 years (63% of respondents) <u>Children</u> Age – range = 10-11 years	<u>Parents</u> (n = 353) Sex – F = 75% Age – range = 30-40 years (63% of respondents) <u>Children</u> Age – range = 10-11 years	<u>Significant</u> Tobacco – significantly more favourable outcomes for four of the five tobacco-related parent-child communication variables (ever talked to child about smoking tobacco, recency, levels of engagement, specific essential topics covered). Alcohol – significantly more favourable outcomes for all five alcohol related parent-child communication variables (ever talked, recency, duration, level of engagement, number of topics)

The BEST Plus Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Bamberg, Findley & Toumbourou (2006)	To reduce adolescent problem behaviours	Child behaviour	Non-controlled trial Pre-post measures	Group of parents	Not indicated	Number of sessions – 4 Duration of sessions – not indicated Frequency of sessions – weekly	<u>Families</u> (n = 1) Description – parents of three children, with one child displaying problematic behaviour including abusing alcohol and using drugs, such as cannabis, amphetamines and ecstasy.	None	<u>Descriptive</u> – At the end of the intervention the parents described feeling more in control and confident with the way they were dealing with the problem behaviour. Positive changes at home were reported. The sibling felt a lot happier at home. The relationship between the mother and father had improved.
				Groups of families	Not indicated	Number of sessions – 4 Duration of sessions – not indicated Frequency of sessions – weekly Total duration of program – 8 weeks	<u>Parents</u> (n = 2) Sex = F = 1 Age = not indicated <u>Target child</u> (n = 1) Sex = F Age = 23 years		

Better Beginnings									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Barratt-Pugh and Allen (2011)	To provide positive language and literacy influences for young children through encouraging parents to read to their newborn baby	Child development Parent-child relationship	Non-controlled trial Pre-post-follow-up measures	Individual parents	Community health clinic	Number of sessions – 1 Duration of sessions – not indicated Frequency of sessions – once Total duration of program – not indicated	<u>Parents</u> (n = 300) Description – parents of babies aged 6-8 weeks old Sex – F = 100% Age – not indicated <u>Children</u> (n = not indicated) Description – newborn babies Sex – not indicated Age – not indicated	None	<u>Descriptive</u> – There was a pre to post increase in the percentage of mothers reporting that they read to their child. Two thirds of the mothers that read the gift book, liked the book and almost a third recommended the reading list. Two thirds found the tip sheet useful; however some found it difficult to read. Mothers reading techniques post program reflected those in the tip sheets. Parents reported a pre to post increase in the number of books in homes. Parents reported a pre to post increase in frequency of mothers and fathers reading to their children. Parents reported a pre-post increase in child's interest in books. Mothers reported a pre to post increase in confidence with reading to their child and there was an increase in those reporting the value of reading. Mothers reported a pre to post change in opinions about libraries and an increase in library membership and attendance. Less than a quarter reported attending the sessions at libraries but those that did found them useful.
				Groups of parents and children	Libraries	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – not indicated			

The Boomerangs Aboriginal Circle of Security Parenting Camp Program

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Lee, Griffiths, Glossop and Eapen (2010)	To teach parents attachment theory, to improve parents' skills in identifying parent/child interactions, to enhance parent sensitivity, to explore parents strengths and under developed capacities in the parent, to build on parent's strengths, to reflect on trauma	Parent-child relationship, child development	Non-controlled trial Pre-post-follow-up measures	Individual parent-child dyads	Mental health service	Number of sessions – 2 Duration of sessions – not indicated Frequency of session – not indicated Total duration of program – not indicated	<u>Parents</u> (n = 3) Sex – F = 3 Age – 26, 27 and 32 years <u>Children</u> (n=3) Sex – M = 3 Age – 2, 4 and 5 years	None	<u>Descriptive</u> – All three mothers reflected that they had become more aware of their own actions and their children's needs and that they had gained confidence in their parenting capacity.

The Boomerangs Aboriginal Circle of Security Parenting Camp Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				Groups of parents	Aboriginal Women's Centre and at a local camp site	Number of sessions - 20 sessions including two camps Duration of sessions – not indicated, camps were three days and two nights Frequency of sessions – not indicated, camps held six weeks apart			

Bringing Up Great Kids Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Cole (2012)	To increase parenting skills, examine how parents communicate with their children and generational influences on parenting	Parent-child relationship, child development	Non-controlled trial Pre-post measures	Groups of parents	Unclear	Number of sessions – 5 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 5 weeks	<u>Parents</u> (n = 7) Sex – F (n = 6) Age – not indicated <u>Children</u> (n = 15) Sex – F = 8 Age – M, mean = 7.5 years, range = 6 months to 14 years , F = 8.7 years, range = 6 months to 17 years	None	<u>Descriptive</u> – Post evaluation showed improved mindfulness parenting, self confidence, knowledge of support networks and understanding of child's behaviours.

Building Blocks									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Parmenter, Evans, Roberts, Williams, Carter, Silove, Clark, & Warren (2009)	Aimed around building capacity to meet the immediate needs of the child and the family and in better understanding autism.	Child development Family relationships Child behaviour	Randomised controlled trial Waitlist Pre-post measures Two models: 1) Home-based model (HB) 2) Centre-based model (CB)	Home based model (HB) Individual parent-child dyads	Home	Number of sessions – 20 Duration of sessions – 2 hours Frequency of sessions – fortnightly Total duration of program – 40 weeks	<u>Parents</u> (n = not indicated) Sex – not indicated Age – not indicated <u>Children</u> (n = not indicated) Description – children aged between 2.5-3.5 years at the start of the program, a diagnosis of Autistic Disorder, Asperger's Disorder or PDD-NOS according to DSM-IV (1994) made by a referring clinician	<u>Parents</u> (n = not indicated) Sex – not indicated Age – not indicated <u>Children</u> (n = not indicated) Description – children aged between 2.5-3.5 years at the start of the program, a diagnosis of Autistic Disorder, Asperger's Disorder or PDD-NOS according to DSM-IV (1994) made by a referring clinician	<u>Non-significant</u> – HB parental stress scores increased on average from a low baseline score, CB parental stress scores decreased from a high baseline score, differences were not significant when analysis adjusting for baseline score was used <u>Descriptive</u> – All three groups of children in the study made gains in some domains of behaviour, communication or social interaction as assessed by outcome measures. Children in CB programs improved more for behaviour, language development, communication and social interaction than HB. Parent knowledge improved more in the CB program. CB outcomes suggest greater empowerment and satisfaction with disability support, possibly related to increased capacity to access support more effectively.
				Centre based model (CB) Groups of parent-child dyads	Centres	Number of sessions – 40 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 40 weeks	Sex – not indicated Age – not indicated	Sex – not indicated Age – not indicated	

Child Therapy Plus Parent/Teacher Training									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Heyne, King, Tongue, Rollings, Young, Pritchard, & Ollendick (2002)	To improve school attendance, emotional distress and self-efficacy and overall child functioning	Child behaviour Child development	Randomised controlled trial Pre-post-follow-up (4.5 months) measures Three interventions: 1) Child therapy (CH) 2) Parent/Teacher Training (PTT) 3) Child Therapy + Parent/Teacher Training (CH+PTT)	CH Individual Child	CH Not indicated	CH Number of sessions – 8 Duration of sessions – 50 minutes Frequency of sessions – not indicated	CH <u>Parents</u> (n =21) <u>Children</u> (n =21 Demographics are for the whole sample Description – severe difficulty going to school and emotional problems Sex – M = 54.1% Age – mean = 11.5 years	Did not have a true control group	<u>Statistically significant</u> – Statistically and clinically significant pre-treatment-post-treatment change occurred for each group for all measures of child functioning. <u>Maintenance of effect</u> – improvements were maintained for all groups at follow-up.

Child Therapy Plus Parent/Teacher Training									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				PTT Individual parents and teachers	PTT Not indicated	PTT Number of sessions – 8 Duration of sessions – 50 minutes Frequency of sessions – not indicated	PTT <u>Parents</u> (n=20) <u>Children</u> (n=20) Demographics are for the whole sample Description – severe difficulty going to school and emotional problems Sex – M = 54.1% Age – mean = 11.5 years		
				CH+PTT Individual Child			CH+PTT <u>Parents</u> (n=20) <u>Children</u> (n =20) Demographics are for the whole sample Description – severe difficulty going to school and emotional problems Sex – M = 54.1% Age – mean = 11.5 years		

Child Therapy Plus Parent/Teacher Training									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				Individual parents and teachers	Not indicated	Number of sessions – 8 Duration of sessions – 50 minutes Frequency of sessions – not indicated Total duration of program – 4 weeks			

Community Bubs Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Flynn & Hewitt (2007)	The model of intensive outreach aimed to facilitate the strengthening of the individual, family and community resources, in order for the at-risk infant to thrive and develop safely in the care of his/her parents/caregivers	Family relationships Safety and physical wellbeing Child development	Non-controlled Pre-post-follow-up (6 months) measures	Individual families	Home	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – not indicated	<u>Families</u> (n = 17) Description – families living in high need public housing estates in the Bayside area of Melbourne and who had an infant aged 0-4 months, who had been identified by health or welfare professionals as having significant risk issues and for whom without intensive support, notification to child protection was possible. <u>Parents</u> Description – not indicated <u>Children</u> Description – not indicated	None	<u>Maintenance of effect</u> – Six months post exit: nine families participated in an interview: All identified infant were living at home and 8 infants were reported to be within the range of ‘normal’ development. All families had continued contact with a Maternal and Child Health Service and most had a regular medical doctor. Financial stability was maintained in all families, but accommodation and family stability was less certain. Five families had relocated within the preceding twelve months with two families having relocated in the preceding three months. During the period of the pilot project, in two families, the parents separated from each other. <u>Descriptive</u> – 87% of participant families developed and maintained appropriate community connections. 100% of the infants have remained living safely at home. 80% of families showed reduced risk factors, and have been assessed by the
				Group of families	Not indicated	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – not indicated			

Community Bubs Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				Community support	Community	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – 12 months			Parent Support Worker as being at lower risk. 87% of infants were assessed by the worker to have established a positive attachment with their parent/s. 87% of families showed evidence of stability in maintaining housing, finances and key relationships. 87% of participants stated that they have found participation in the program either 'very helpful' or 'helpful'. 80% of participants stated that they have either 'mostly' or 'totally' met their goals.

Elias, Hay, Homel & Freiberg (2006)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Elias, Hay, Homel and Freiberg (2006)	To increase children's language and emergent literacy development, and increase parental involvement in their preschoolers' education	Child-development	Non-controlled trial	Unclear	School	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – 6 months	<u>Parents</u> (n = 62) Description – parents in a low socio-demographic disadvantaged area Sex – not indicated Age – not indicated <u>Children</u> (n = 68) Description – children who linguistically performed at the two lowest Preschool Language Assessment Instrument (PLAI) levels Sex – M = 53% Age - Unclear	None	<u>Descriptive</u> – The amount of time spent in parent-child reading doubled. Prior to the intervention, 2385 minutes of reading was occurring each week, an average of 38 minutes parent-child reading each week. After the intervention, 5545 minutes of reading was occurring each week, an average of 89 parent-child reading each week. Year One teachers in the following year reported positively on the children's literacy readiness, compared to previous intakes.

The Essential Parenting Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Havighurst, Harley & Prior (2004)	The program teaches parents ways of emotion coaching their children, which included skills in labeling emotions, viewing emotions as a time for intimacy and teaching, empathizing and validating their children's emotions and problem solving around emotional events	Child behaviour Parent-child relationship	Non-controlled trial Pre-post-follow-up (3 months) measures	Group of parents	Preschool centres	Number of sessions – 6 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 6 weeks	<u>Parents</u> (n = 47) Description – parents with a 4-5 year-old child Sex – F = 92% Age – not indicated <u>Children</u> (n = 47) Sex – F = 51% Age – 4-5 years	None	<u>Statistically significant</u> – The results from analyses of the parenting of children's emotions scale showed that there were significant improvements on all aspects of parenting around children's emotions. There were significant changes on the more general aspects of parenting. Children showed less emotional negativity and had significant reductions in difficult behaviours, especially those who had behaviour problems prior to their parents' participation in the program. <u>Maintenance of effect</u> – While most change occurred over the time that parents participated in the group, gains continued to occur during the follow-up period especially for emotion-focused responses, problem-focused responses, and expressive encouragement. Gains in general parenting skills remained stable from post to follow-up time points. <u>Descriptive</u> – The most notable changes were parent reports of improvements in their parenting around children's emotions and in

The Essential Parenting Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									reductions in children's difficult behaviour and improved emotional functioning.

Families and Schools Together Galiwin'ku (FAST Galiwin'ku)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Guenther (2011)	To strengthen family functioning, prevent the target child from experiencing school failure, prevent substance abuse by the child and family, reduce stress that parents and children experience from daily situations	Family relationships, child behaviour, child development, safety and physical wellbeing, parent-child relationship	Non-controlled trial Post measures	Groups of families	School	Number of sessions – 8 Duration of sessions – not indicated Frequency of sessions – weekly Total duration of program – 8 weeks	<u>Parents</u> (n = unclear, 9 families) Description – Sex – not indicated Age – not indicated <u>Children</u> (n = unclear) Sex – not indicated Age – not indicated	None	<p><u>Non-significant</u> – A slight increase in mean school attendance (from 48% to 53%) however the change was not significantly different.</p> <p><u>Descriptive</u> – An average of 54.9 % of responses indicated positive change across all FAST domains (social relationships, parental involvement in education, family environment, parental self-efficacy, child behaviour), 44.6% of responses indicated no change. Only one response suggested a negative change (0.5%).</p> <p>A total of 61.1 % of all responses in the 'family environment' domain suggested a change for the better since the FAST program. Most of the comments from families suggested that children were more helpful doing jobs around the house.</p> <p>A total of 60% of all responses in the 'social relationships' domain indicated positive change since the FAST program. The strongest positive response was in relation to the question 'Do you get more support or help from the people in your life/family?'</p> <p>Just under half of all responses (48.9%) in the 'child behaviour'</p>

Families and Schools Together Galiwin'ku (FAST Galiwin'ku)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>domain indicated a positive change because of the FAST program. The positive changes noted were fairly general and were not tied to a particular issue.</p> <p>The least positive change (40.7 %) was reported in the 'parent involvement in education' domain.</p> <p>Teachers were generally unable to identify changes that had occurred in children. Of 13 children, teachers were able to attribute positive changes in three children directly to their participation in FAST.</p> <p>Comments about <i>behaviour</i> came from those who had direct involvement in the school. Their observations suggested that there was a clear difference for some children who had attended FAST.</p> <p>In particular they commented on children listening to their teachers and teasing other children less.</p>

Family Literacy Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Jay & Rohl (2005)	Aims to increase parental awareness of the literacy practices of their homes and communities and their awareness of young children's literacy development	Child development Family relationships	Non-controlled trial Pre-post measures	Groups of parents	Preschool classroom	Number of sessions – 6 Duration of sessions – 2.5 hours Frequency of sessions – not indicated Total duration of program – 10 weeks	<u>Parents</u> (n = 9) Description – families living in a low socio-economic area with children considered to be at risk of literacy difficulties and school failure Sex – F = 100% Age – not indicated	None	<u>Descriptive</u> – At the end of the program the parents reported that they had gained new knowledge, had become more aware of the literacy practices of their homes and how these might influence their children's literacy development, and had experienced some change of behaviour.

Food Cent\$									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Bassett, Lloyd, King (2003)	To increase knowledge about healthy dietary intake, food selection and preparation, and grocery expenditure	Safety and physical wellbeing Basic child care	Non-controlled trial	Not indicated	Not indicated	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – not indicated	<u>Parents</u> (n = 5) Description – mothers with a mental illness and registered with a rehabilitation service Sex – F = 100% Age – not indicated <u>Children</u> (n = not indicated) Age – <5 years	None	<u>Descriptive</u> – The participants spoke about regulating better what their children were eating and said that, instead of buying chips and lollies, they were buying more fruit and vegetables. It can be tentatively concluded that the Food Cent\$ programme had a positive effect on spending patterns, with a movement away from spending money on the 'eat least' group of foods. Participants considered that there had been an actual change in their shopping and cooking habits. They believed that they were buying and eating more foods from the 'eat most' group and less from the 'eat least' group. The greatest change occurred between the 'eat least' group and the 'eat moderately' group. All three of these participants showed a movement away from purchasing foods in the 'eat least' group to purchasing foods in the 'eat moderately' group.

Fun not Fuss with Food									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Fraser, Wallis and St John (2004)	To improve children's problem eating and mealtime behaviours	Child Behaviour Parent-child relationship	Non-controlled trial Two pre measures, post-follow-up measures	Groups of parents	Not indicated	Number of sessions – 1 Duration of sessions – 2.5 hours Frequency of sessions – once Total duration of program – 2.5 hours	<u>Parents</u> (n = 75) Description – parents of children with an eating or mealtime problem or at risk of developing a problem Sex – not indicated Age – not indicated <u>Children</u> (n = 75) Description – children with an eating or mealtime problem or at risk of developing a problem Sex – M = 54.7% Age – 5 years or younger = 84.7%	None	<u>Statistically significant</u> – Significant effect for time across the four measurement periods with an over decrease in mean total problem eating and subsections of maternal attitudes and feelings, child behaviour compliance and manual/oral motor development. Significant decrease overtime in the percentage of children with clinical eating and mealtime behaviour. <u>Non-significant</u> – No significant change in total problem eating across the one month prior to intervention.

Gibbs, Waters, Robinson, Young & Hutchinson (2012)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Gibbs, Waters, Robinson, Young and Hutchinson (2012)	To influence parent poison safety awareness and behaviours	Safety and physical wellbeing	Non-randomised comparative trial Post measures	Parent networker Groups of parents	Parent networker Maternal Child Health Centre	Parent networker Number of sessions – 1 Duration of sessions – 90 minutes Frequency of sessions – once Total duration of program – 90 minutes	Parent networker <u>Parents</u> (n = not indicated) Description – parents attending a playgroup at a maternal child health centre Sex – F = 100% Age – not indicated	No true control	<u>Descriptive</u> – Parents in the parent network group reported changing their safety practices after the discussion with the networker, as well as sharing the safety information with others. All parents in the network group recalled the information relayed about poisons, whereas none of the parents in the health nurse group recalled the poison story relayed in the intervention.

Gibbs, Waters, Robinson, Young & Hutchinson (2012)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				Maternal Child Health Nurse Individual parents	Maternal Child Health Nurse Maternal Child Health Centre	Maternal Child Health Nurse Number of sessions – 1 Duration of sessions – not indicated Frequency of sessions – once Total duration of program – not indicated	Maternal Child Health Nurse <u>Parents</u> (n = 5) Description – parents attending maternal child health visit Sex – not indicated Age – not indicated		

The Gordoncare Parenting Orders Program

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Brown (2008)	To provide support services to help families overcome contact problems	Family relationships, parent-child relationship	Non-controlled trial Post-measure	Individual parents (and individual other family members)		Number of sessions – 6 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 6 weeks	<u>Parents</u> (n = 83) Description – court orders were a requirement for eligibility to the program and families had a history of repeated returns to settle contact disputes. Sex – not indicated Age – not indicated	None	<u>Descriptive</u> – The average number of returns to court prior to the family entering the program was 10 (with one family having returned 25 times). After the program, only 3% of families reported a return to court.
				Groups of children		Number of sessions – 6 Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – not indicated	<u>Children</u> (n = 58) Sex – not indicated Age - not indicated		

Great Kids Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Staiger, Buckingham, Crosbie, Carr, Evans, Zyskind, Mitchell, Tucci (2006)	Program aims to support parents to review and change their patterns of communicating with their children which promotes more respectful interactions and encourages children's positive self identity. It aims to identify and address the sources of unhelpful and hurtful attitudes held by parents. It also works to establish new relationship context for children and their parents	Parent-child relationship Family relationships Child development	Non controlled trial Pre-post-follow-up (2 months) measures	Groups of parents	not indicated	Number of sessions – 6 Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – not indicated	<u>Parents</u> (n = 39) Sex – F = 36 Age – ranged from 23-53 years of age with the mean age of participants being 37.4 years	None	<p><u>Statistically significant</u> – Parent/s reported a significant reduction in Family Conflict after attending the program.</p> <p>Parents became significantly more confident in parenting, more aware of how their own upbringing and behaviour influences their parenting, and better able to listen, understand and connect with their children.</p> <p>Parents reported making significant changes as a result of attending the program.</p> <p>Analysis revealed that parents were significantly more hopeful (that things would improve) at the end of the program.</p> <p><u>Maintenance of effect</u> – Gains were maintained at 2-months follow-up.</p> <p><u>Non-significant</u> – Although not statistically significant. Parent/s reported an increase in Family Cohesion and Family Expressiveness after attending the Great Kids Programs.</p>

Great Kids Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
	through facilitating opportunities for positive exchanges.								

Homeless and Parenting Program Initiative (HAPPI)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Toucan Consulting SA Pty Ltd, (2003)	To increase the well-being of families and children who are homeless or at risk of homelessness	Basic child care, safety and physical wellbeing, parent-child relationship, child development, child behaviour, family relationships	Non-controlled trial Post measure	Unclear	Unclear	Number of sessions – unclear Duration of sessions – unclear Frequency of sessions – unclear Total duration of program – unclear	<u>Parents</u> (n = 130) Sex – F = 122 Age – 49% in their 20's, range = teenager - >50 years <u>Children</u> (n = unclear) Sex – not indicated Age – not indicated	None	<p><u>Descriptive</u> – Given the short term of its operation, it has been difficult to identify successful graduates of HAPPI from the statistics. However, workers from many agencies report significant gains and high levels of optimism for families as a result of HAPPI's intervention.</p> <p>Improving the knowledge and skills of parents regarding the wellbeing of their children was a goal for 89% of families. 82% of these families were identified by 39 their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Improving and enhancing relationships between parents and their children was a goal for 89% of families. 76% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Increasing the participation of parents and their children in case management processes was a goal for 47% of families. 91% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p>

Homeless and Parenting Program Initiative (HAPPI)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>Improved skills, knowledge and understanding of parenting strategies was a goal for 89% of families. 87% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Increased awareness by parents of child development issues, and long-term implications of poor child health was a goal for 78% of families. 93% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Improved relationships between parents and children was a goal for 89% of families. 87% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Increased support of the needs of children was a goal for 89% of families. 80% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Increased access to and use of specialist support services for both parents and children was a goal for 68% of families. 71% of these families</p>

Homeless and Parenting Program Initiative (HAPPI)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Increased support systems developed by parents was a goal for 68% of families. 70% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>A reduction in generational homelessness was a goal for 53% of families. 54% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Improvement in school participation, including school attendance was a goal for 63% of families. 67% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Basic life skill taught to children eg hygiene, health, nutrition, grooming, conflict resolution, problem solving was a goal for 47% of families. 67% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p>

Homeless and Parenting Program Initiative (HAPPI)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>Improved feedback from children regarding their feelings of safety in the home environment was a goal for 23% of families. 45% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Improvement in attachment levels of parents with their child/ren was a goal for 89% of families. 59% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Capacity of parents to set appropriate limits for their child/ren was a goal for 89% of families. 53% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Extent of physical care and supervision was a goal for 68% of families. 77% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Extent of emotional care of child/ren was a goal for 89% of families. 41% of these families were identified by their referring workers as gaining a</p>

Homeless and Parenting Program Initiative (HAPPI)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>moderate to high level of achievement in regard to this goal.</p> <p>Parent's capacity to meet their own support needs was a goal for 78% of families. 44% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p> <p>Parent's motivation to participate in service provision was a goal for 89% of families. 59% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.</p>

Hauck, Hall, Dhaliwell, Bennet & Wells (2011)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Hauck, Hall, Dhaliwell, Bennet and Wells (2011)	To increase maternal confidence and competence in settling and sleep techniques	Family relationships Child behaviour Basic child care	Non-randomised controlled trial Contemporary usual care control group Pre, post measures	Individual mother-infant dyads	Parenting centre	Number of sessions – 1 Duration of sessions – 6 hours Frequency of sessions – once Total duration of program – 6 hours	<u>Parents</u> (n = 93) Sex – F = 100% Age – mean = 32.88 years <u>Children</u> (n = 93) Description – infants experiencing sleeping and settling issues Sex – not indicated Age – mean = 20.11 months	<u>Parents</u> (n = 85) Sex – F = 100% Age – mean = 32.80 years <u>Children</u> (n = 85) Description – Sex – not indicated Age – mean = 21.45 months	<u>Statistically significant – Intervention Group:</u> Perceptions of maternal competence and confidence increased significantly. A significant decrease in postnatal depression and anxiety. Time to settle the baby at night decreased significantly. Significant decrease in infant night waking at 4 weeks, with 17 mothers reporting less night waking. Mother's bedtime strategies involved significantly less active physical comforting and less settling by movement. <i>Control Group:</i> The control group changed their bedtime behaviour strategies, with significantly less active settling and passive physical comforting strategies as well as more encouragement of autonomy strategies. Perceptions of maternal competence increased significantly but confidence remained unchanged. A significant decrease in postnatal depression and anxiety.

Hauck, Hall, Dhaliwell, Bennet & Wells (2011)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>There was a significant reduction in time to settle the baby and in night waking.</p> <p><i>Comparative Results:</i> Day stay mothers demonstrated significantly higher perceptions of confidence and competence than the control group.</p> <p>Infant sleeping and settling and maternal anxiety and depression did not differ from control group mothers.</p> <p><u>Non-significant</u> – There was no significant difference between groups for time to settle the infant at night or the number of night waking.</p> <p>No difference in the EPDS depression scores and Anxiety Subscale scores between groups.</p> <p>There was no difference between groups on encourage autonomy, passive physical comforting and social comforting.</p>

Hawes & Dadds (2005); Hawes & Dadds (2007)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Hawes & Dadds (2005) Hawes & Dadds (2007)	To improve child behaviour	Child behaviour	Non-controlled trial Pre-post-follow-up (6 months) measures	Parents	Psychology clinics of two universities	Number of sessions – 1 Duration of sessions – 1.5 hours Frequency of sessions – once off	<u>Parents</u> (n = 56) <u>Children</u> (n = 56) Description – young boys with conduct problems aged between 4-8 years Sex – M = 100% Age – mean = 6.29 years	None	<u>Maintenance of effect</u> – The rate of ODD diagnosis fell to 19% on completion of treatment, with subsequent relapse among the sample seeing 35% diagnosed at 6 month follow-up. <u>Descriptive</u> – Participants high in callous-unemotional (CU) traits demonstrated poorer outcomes at follow-up than those low in CU traits. Boys with high CU traits were less responsive to discipline with time-out than boys without CU traits and reacted to this discipline with less affect. CU scores dropped post treatment for a subset of the sample.
				Parents	Psychology clinics of two universities	Number of sessions – 9 Duration of sessions – 1 hour Frequency of sessions – weekly Total duration of program – 10 weeks			

Hey Dad!

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Beatty & Doran (2007)	To support Aboriginal fathers in their parenting role in order to establish better outcomes for the next generation of Aboriginal children	Family relationships Child development Parent-child relationship	Non controlled trial Post measures	Groups of parents	Not indicated	Number of sessions –not indicated Duration of sessions – not indicated Frequency of sessions – weekly program, series of workshops or a two day or weekend program Total duration of program – not indicated	<u>Parents</u> (n = 56) Demographics are for 31 men for whom enrolment forms were submitted Description – Indigenous fathers Sex – M = 100% Age – mean age = 30 years	None	<u>Descriptive</u> – Evaluation questions about whether the intervention had enhanced their parenting, communication, conflict resolution and relationship skills as well as their social connections were answered by the vast majority in the affirmative.

Horn of Africa Parent Support Group									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Centre for Community Child Health, The Royal Children's Hospital (2011)	To increase social support for families, parent's knowledge of disabilities, awareness of disability services and parental confidence to access disability services	Family relationships	Non-controlled trial Post measure	Groups of families	Community centre	Number of sessions – unclear Duration of sessions – 2 hours, also an annual camp Frequency of sessions – weekly Total duration of program – unclear	<u>Parents</u> (n = unclear) Sex – not indicated Age – not indicated <u>Children</u> (n = not indicated) Sex – not indicated Age – not indicated	None	<u>Descriptive</u> – The group has provided an opportunity for participants to increase their social connections, however the nine month period does not appear to have been long enough for participants to make contact with each other independently of the sessions. All participants have increased their knowledge and understanding of disability. Participants have increased their understanding of the capabilities and potential of children with disabilities. All parents have increased their awareness of disability services. All parents have increased confidence in accessing disability services.

It Takes Two to Talk

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Pennington, Thomson, James, Martin, & McNally (2009)	To improve interactions between children who have motor disorders and their parents	Parent-child relationship	Non-controlled trial Pre-mid-post-follow-up (4 months)	Groups of parents	Community setting	Number of sessions – 7-8 Duration of sessions – 150 minutes Frequency of sessions – not indicated	<u>Parents</u> (n = 11) Description – parents of children with cerebral palsy Sex – F = 100% Age – not indicated <u>Children</u> (n = 11) Description – children with wide-ranging motor impairments reflecting the population of children with cerebral palsy Sex – M = 8 Age – 1-3 years	None	<u>Maintenance of effect</u> – Changes were maintained 4 months later. <u>Descriptive</u> – After training, mothers initiated less and produced more responses and fewer requests. Children produced more initiations, as well as more requests and provisions of information, after training. Mothers' linguistic output did not change in amount or complexity. Mothers' views of parenting did not change.
				Individual parent-child dyads	Home	Number of sessions – 3 Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – 13 weeks			

Karitane Residential Family Care Unit									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Phillips, Sharpe and Nemeth (2010)	To reduce maternal psychological symptomatology and infant behaviour disturbances	Child behaviour, family relationships Basic child care	Non-controlled study Study 1 Pre-post-follow-up measures Study 2 Pre-post measures	Unclear	Residential family care unit	Number of sessions – 1 Duration of session – 5-day residential stay Total duration of program – 5 days	Study Group 1 <u>Parents</u> (n = 104) Description – 27% of group were classified as depressed at admission Sex – F = 100% Age – mean = 30.9 years <u>Children</u> (n = 104) Sex – M = 53.6% Age – mean = 5.86 months Study Group 2 <u>Parents</u> (n = 147) Description – 31.3% met the criteria for major or minor depression, 34.7% met criteria for at least one anxiety disorder and 49.7% met criteria for any disorder (depression or anxiety) Sex – F = 100%	None	Study 1 <u>Statistically significant</u> – The intervention was associated with significant decreases in the amount of time that infants were unsettled, decrease in the number of night waking, and increases in the total amount of sleep time. These changes were seen for infants of mothers who scored above and infants of mothers who scored below the Edinburgh Postnatal Depression Scale (EPDS) threshold for major depression. The intervention was associated with significant improvements in maternal depression, anxiety and parenting stress: improvements were evident for both women who scored above and women who scored below the EPDS threshold for major depression. These results were clinically significant. <u>Descriptive</u> – The proportions of participants who scored above the EPDS threshold for major depression fell from 26% at baseline, to 11% at 1 month, and 7% at 3 months. Study 2 <u>Statistically significant</u> – All infants, whether or not their mother was

Karitane Residential Family Care Unit									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
							Age – mean = 31.37 years <u>Children</u> (n = 104) Sex – M = 51.7% Age – mean = 5.44 months		diagnosed with a depressive or anxiety disorder, experienced significant increases in the amount of sleep time, decreases in the amount of unsettled time and decreases in the number of night waking over the course of the 5 day admission.

Kids in Focus									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Berry, Stoyles & Donovan (2010)	To improve parents' perceived parent-child relationship and decrease parental acrimony	Parent-child relationship, family relationships	Non-controlled trial Pre-post measures	Group of parents	Family relationship centre	Number of sessions – 1 Duration of session – 2.5 hours	<u>Parents</u> (n = 27) Sex – F (n = 17) Age – not indicated	None	<u>Statistically significant</u> – A moderate improvement in perceived parent-child relationship <u>Non-significant</u> – No change in parental acrimony

Let's Start: Exploring Together

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Robinson, Zubrick, Silburn, Tyler, Jones, D'Aprano, McGuinness, Cubillo, Bell & Stock (2009) Robinson, Tyler, Jones, Silburn & Zubrick (2011)	To reduce levels of child behaviour problems	Child behaviour Parent-child relationships Child education	Non-controlled trial Pre-post-follow-up measures	Groups of parent-child dyads	Darwin - family centre, childcare centre. Remote communities: school, preschool, women's centre, childcare centre	Number of sessions – 10 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 10 weekly	<u>Parents</u> (n = total not indicated) Description – parents of children in the program Sex – not indicated Age – not indicated <u>Children</u> (n = 225) Description – Aboriginal children from Tiwi Islands and the mainland, as well as children from all cultural backgrounds in Darwin, and targeted indigenous clusters	<u>None</u>	<u>Statistically significant</u> – Significant pre to post reductions in intervention group's problem and risk taking behaviours according to teacher and parent reports. <u>Maintenance of effect</u> – Significant improvements in problem and risk taking behaviours were maintained at 6-week follow-up.
				Groups of parents	As above	Number of sessions – 10 Duration of sessions – 50 minutes Frequency of sessions – weekly Total duration of program – 10 weeks	Sex – M = 65% Age – mean = 5 years, range = 4-6 years		

Let's Start: Exploring Together									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				Groups of children	As above	Number of sessions – 10 Duration of sessions – 50 minutes Frequency of sessions – weekly Total duration of program – 10 weeks			

Marshall & Swan (2010)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Marshall and Swan (2010)	To assist parents to help with their children's mathematics learning	Parent-child relationship Child development	Non-controlled trial Pre-post measures	Group of parents	University	Number of sessions – 6 Duration of sessions – 45 minutes Frequency of sessions – not indicated Total duration of program – not indicated	<u>Parents</u> (n = 15) Description – parents who were bringing their children to a maths clinic Sex – not indicated Age – not indicated <u>Children</u> (n = not indicated) Sex – not indicated Age – not indicated	None	<u>Statistically significant</u> – A significant change in parents' confidence about assisting their children in mathematics. <u>Descriptive</u> – Only three parents in Survey A expressed confidence in helping with place value concepts, whereas 11 (65%) felt more confident at the end of workshops. On the topic of fractions 50% of respondents in Survey A either lacked some confidence, or had none at all. By the second survey, no respondents ticked either of those boxes. The numbers for 'very confident' and 'fairly confident' went from six (37.5%) to thirteen (76.5%).

Masada Private Hospital's Mother Baby Unit (MPHMBU)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Fisher, Rowe & Feekery (2004)	Training in infant care and settling strategies. Infants are assisted to develop an age-appropriate feed, play and sleep routine	Basic child care Child behaviour	Non-randomised controlled trial	Individual parent-infant dyads	Hospital	Not indicated	<u>Parents</u> (n = 59) Description – mothers with infants aged <12 months who present with mild to moderate depression, generalised anxiety and severe maternal exhaustion Sex – F = 100%	None	<u>Statistically significant</u> – Infant temperament was significantly more difficult than population norms and most had dysregulated sleep. One month after treatment, total infant crying and fussing, frequency of night-time waking, and sleep and feeding dysregulation were significantly reduced. <u>Maintenance of effect</u> – Changes sustained at 6 months.
			Historical Pre-post-follow-up (1 and 6 months) measures	Groups of parent-infant dyads	Hospital	Not indicated	<u>Children</u> (n = 59) Description – infants with dysregulated behaviour with frequent waking overnight, short and infrequent daytime sleeps and prolonged crying Age – 4-12 months		

Mental Health Positive Parenting Program

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Phelan, Lee, Howe & Walter (2006)	To help parents with mental illness learn new parenting strategies	Child behaviour Child development Parent-child relationships Family relationships	Non-controlled trial Pre-post measures	Groups of parents	not indicated	Number of sessions – 6 Duration of sessions – 2.5-3 hours Frequency of sessions – weekly Total duration of program – 6 weeks	<u>Parents</u> (n = 19) Description – parents with a mental illness or mental health problem that impacts parenting Sex – F = 86% Age – mean = 32.3 years, range = 19-55 years <u>Children</u> (n = 31) Description – children in families of parents completing the intervention Sex – not indicated Age – mean = 4.75 years	None	Description – there was a pre to post decrease in behavioural intensity and problem, with fewer children in the clinical range at post compared to pre. There was a pre to post improvement in parenting style, with fewer parents in the clinical range for laxness, over-reactivity and verbosity at post compared to pre. The majority (about 85% and higher) or the 14 satisfaction survey respondents rated the program highly.
				Individual parents	Home	Number of sessions – 4 Duration of sessions – not indicated Frequency of sessions – weekly Total duration of program – 4 weeks			

Mental Health Positive Parenting Program

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Phelan, Howe, Cashman & Batchelor (2012)	To reduce child behavioural problems and dysfunctional parenting strategies	Child development, parent-child relationship	Non-controlled trial Pre-post measures	Groups of parents	Community Health Centre	Number of sessions – 6 Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – 10 weeks	<u>Parents</u> (n = 86) Description – self-reported a mental health problem Sex – F (n = 78) Age – mean = 32.6 years <u>Children</u> (n = 86) Sex – M (n = 53) Age – mean = 4.9 years, range = 2-10 years	None	<u>Statistically significant</u> – Parents reported significantly lower scores on the Eyberg Child Behaviour Inventory (ECBI) for both the problem subscale and the intensity subscale. Parents reported significantly lower scores on each of the Parenting Scale (PS) subscales: laxness, over-reactivity and verbosity. Significantly fewer parents scored their parenting styles and children's behaviour in the clinical range.
				Individual parents	Home	Number of sessions – 4 Duration of sessions – not indicated Frequency of sessions – weekly Total duration of program – 10 weeks			

Mildon (2008)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Mildon (2008)	To deliver an enhanced assessment-based behavioural parent training (BPT) intervention to parents with an intellectual disability to reduce child problem behaviours	Child behaviour, parent-child relationship	Non-controlled trial Pre-post – follow-up measures	Individual parent-child dyads	Home	Number of sessions – unclear Duration of sessions – 1 hour Frequency of sessions – weekly Total duration of program – unclear	<u>Parents</u> (n = 5) Description – parents with an intellectual disability Sex – F (n = 4) Age – 43, 36, 31, 41 and 23 years <u>Children</u> (n = 27) Sex – M = 100% Age – 4 years 1 month 4 years 6 months 5 years 3 months 4 years 8 months 2 years 2 months	None	<u>Significant</u> – Significant improvements in the children's behaviour for all families post intervention. <u>Follow-up</u> – Improvements in the children's behaviour was sustained in all cases during follow-up observations. All parents maintained either all or some of the intervention strategies during follow-up. <u>Descriptive</u> – The intervention was effective in improving the child's behaviour during one valued family routine. These positive effects were replicated across five parent-child dyads. Parent training resulted in improvements in parent-child interactions Before training the parents' use of positive behaviour such as contingent attention and specific praise was limited and their use of consistent, non-corporal discipline strategies was non-existent. After training, the parents began providing their children with positive or neutral attention for behaviour other than problem behaviour and began

Mildon (2008)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									<p>providing specific praise for compliance or starting an activity either independently or with a parent or sibling.</p> <p>The parents began to use positive discipline strategies in response to both low-intensity and high-intensity problem behaviour.</p>

Mildon, Wade & Matthews (2008)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Mildon, Wade & Matthews (2008)	To combine the delivery of evidence-based parent education technology for parents with an intellectual disability with two strategies aimed at promoting the contextual fit of the intervention with these families	Child behaviour	Non-controlled trial Pre-post-follow-up measures	Individual families	Home	Number of sessions – 12 Duration of sessions – 90 minutes Frequency of sessions – weekly Total duration of program – 6 months	<p><u>Parents</u> (n = 24 from 19 families)</p> <p>Description – parents with an intellectual disability</p> <p>Sex – F = 19</p> <p>Age – range of mothers = 20-49 years, range of fathers = 30-49 years</p> <p><u>Children</u> (n = 19)</p> <p>Description – a target child</p> <p>Sex – M = 14</p> <p>Age – range of target children = 6 months -6 years</p>	None	<p><u>Statistically significant</u> – Significant pre to post decrease in parenting daily hassles and child behaviour intensity and problem. Significant pre to post improvements on the quality of the home environment.</p> <p><u>Maintenance of effect</u> – Decrease in parenting daily hassles and child behaviour intensity and problem maintained at 3 month follow-up. Improvements on the quality of the home maintained at 3 months (for the infant/toddler subscale only).</p> <p><u>Non-significant</u> – A non-significant pre to post increase in parental competence.</p> <p><u>Descriptive</u> – There was a pre to post reduction in the number of children with clinical levels of behaviour problem and intensity. Overall, there was a high level of satisfaction with the program.</p>

Ngaripirliga'ajirri

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Robinson and Tyler (20060)	To address youth social problems, child behavioural concerns and encourage assertive non aggressive parenting	Child behaviour Child development Parent-child relationships Family relationships	Non-randomised controlled trial Waitlist controls (with very little data collected) Pre-post measures	Groups of children	For one of the communities, program was delivered in a school. Location not indicated for other communities	Number of sessions – 8 Duration of sessions – 1 hour Frequency of sessions – weekly Total duration of program – 8 weeks	<u>Parents</u> (n = 54) Description – parents of children referred to the program Sex – F = 47 Age – not indicated <u>Children</u> (n = 54) Description – Aboriginal children from three Tiwi communities on Bathurst and Melville Islands; referred to program by teachers or parents due to behavioural problems Sex – not indicated Age – range = 6-12 years	<u>Parents</u> (n = not indicated) <u>Children</u> (n = 14) Description – waitlisted children from three Tiwi communities on Bathurst and Melville Islands; referred to program by teachers or parents due to behavioural problems Sex – not indicated Age – in grades 4-6 = 100%	<u>Statistically significant</u> – Significant pre to post declines in teacher ratings of intervention child behaviour intensity and problem <u>Maintenance of effect</u> – Teacher reports of significant declines in intervention children's behaviour intensity and problem maintained at 6 months. <u>Non-significant</u> – Non-significant decline in parents' reporting on intervention children's behaviour intensity and problem. Non-significant pre to post improve for waitlist children but not intervention children on teacher reports of behaviour intensity. <u>Descriptive</u> – Teacher and parent reports showed decreases in problem behaviours at school and at home, which maintained at 6 months for 40% of children. Up to 80% of parents reported improved communication with the intervention child.
				Groups of parents	As above	Number of sessions – 8 Duration of sessions – 1 hour Frequency of sessions – weekly Total duration of program – 8 weeks			

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Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				Groups of parent-child dyads	As above	Number of sessions – 8 Duration of sessions – 40 minutes Frequency of sessions – weekly Total duration of program – 8 weeks			

Once Upon a Circus									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Social Compass (2011)	To promote play as a fundamental family activity and use circus, storytelling, and literacy to develop key childhood development skills such as confidence, communication and perseverance in order to build strong, resilient communities	Parent-child relationship, family relationship	Non-controlled trial Post measure	Unclear	Community centres, primary schools	Number of sessions – three playgroups = 10, one playgroup = 20 Duration of sessions – 1.5 hours Frequency of sessions – weekly Total duration of program – three playgroups = 10 weeks, one playgroup = 20 weeks	<u>Parents</u> (n = unclear) Sex – unclear Age – unclear <u>Children</u> (n = unclear) Sex – unclear Age – unclear	None	<p><u>Descriptive</u> – Over 75% of participants who were questioned in relation to social connection pointed out that they had become more socially connected to other parents both in the program and (to a lesser extent) in their community.</p> <p>The overwhelming response from parents with regard to the difference the program has made to their children is that it has increased their levels of self-confidence and interns generally commented that they had observed over the life of the program that children become more outgoing.</p> <p>Children and adults became more confident speaking to others in the group social circus skills, literacy and numeracy, social development and educational development had all increased – generally across the four groups.</p> <p>There are numerous reports from all those involved in the program that suggest stronger bonds are being developed between parents and children. There was some anecdotal evidence suggesting some increased access to resources through the relationships and friendship built up over the life of the program.</p>

P5-Participatory Program Promoting Pleasurable Parenting

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Hastings and Ludlow (2006)	To improve parenting self-efficacy and confidence in relation to child behaviour management	Child behaviour Parent-children relationship	Non-controlled trial Pre-post measures	Groups of parents	Community child health centre	Number of sessions – 8 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 8 weeks	<p><u>Parents</u> (n = 65) Description – any parents Sex – F = 92% Age – mean = 37.24 years, range = 25-65 years</p> <p><u>Children</u> (n = not indicated) Description – not indicated Sex – M = 60% Age – mean = 6.41 years, range = 1-13 years</p>	None	<p><u>Statistically significant</u> – Significant pre to post reduction in behaviour intensity and problem scores. Significant reduction in intensity and problem of oppositional, in attentive and conduct related behaviours. Analysis of clinical and nonclinical groups (behaviour) found significant reduction in behaviour intensity and problem only for the clinical group. Further analysis showed significant effect for children in the 90thile for behaviour and no effect for those below it.</p> <p><u>Descriptive</u> – Parents reported that the program helped the way their family interacts. 21% indicated that they implemented the strategies in the program and 18% reported that the program increased their confidence. Responses regarding the program were positive, with 94% stating they would recommend it and only 2% reporting they would not recommend.</p>

Parenting Eating and Activity for Child Health (PEACH) with Parent Skills Training

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Magarey, Perry, Baur, Steinbeck, Sawyer, Hills, Wilson, Lee & Daniels (2011)	To target parents as the agents of change for implementing family lifestyle changes to reduce adiposity in children	Safety and physical wellbeing	Randomised controlled trial Contemporary alternate treatment Pre, post, follow-up (12, 18, 14 months) measures	Groups of parents	Hospital	Number of sessions – 12 Duration of sessions – 90-120 minutes Frequency of sessions – not indicated	<u>Parents</u> (n =85) Sex – not indicated Age – not indicated <u>Children</u> (n = 85) Description – prepubertal moderately obese children	<u>Parents</u> (n = 84) Sex - not indicated Age – not indicated <u>Children</u> (n = 84) Description – prepubertal moderately obese children	<p><u>Statistically significant</u> – There were significant reductions in BMI z score and waist z score for both groups.</p> <p><u>Maintenance of effect</u> – There was a 10% reduction in z scores from baseline to 6 months that was maintained to 24 months (for both groups) with no additional intervention.</p> <p><u>Non-significant</u> – Overall, there was no significant group effect .</p> <p><u>Descriptive</u> – This study demonstrates that a relative weight loss of ~10% is achievable and can be maintained for up to 2 years in moderately obese perpubertal children and provides support for a parent-only approach.</p> <p>There is some suggestion that the addition of parenting skills training may improve short-term treatment outcomes, but this group effect was not maintained.</p>
				Individual Parents	Home-Telephone	Number of sessions – 4 Duration of sessions – not indicated Frequency of sessions – tapered frequency (weekly, bimonthly, then monthly) Total duration of program – 6 months	Sex – m = 38 Age – 5-9 years	Sex – M = 37 Age – 5-9 years	

Plutzer & Spencer (2008, 2011)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Plutzer & Spencer (2008) Plutzer & Keirse (2011)	To reduce severe early childhood caries	Safety and physical wellbeing	Randomised controlled trial – see below Participants knew about group allocation prior to consent and pre measure, with 0.8% opting out of intervention into control Intervention group all received written information in two rounds and then were randomised to receive structured telephone consultation and more	Written information only Individual parents	Written information only Handed to participant or mailed	Written information only Number of sessions – 3 Duration of sessions – not applicable Frequency of sessions – prenatally, 6 months postnatally, 12 months postnatally Total duration of program – varied depending on time joined program	Written information only <u>Parents</u> (n = 109) Description – women in 5 th to 7 th month of pregnancy Sex – F = 100% Age – not indicated <u>Children</u> (n = 109) Description – newborns Sex – not indicated Age – not indicated	<u>Parents</u> (n = 209) Description – women in 5 th to 7 th month of pregnancy Sex - F = 100% Age – not indicated <u>Children</u> (n = 209) Description – newborns Sex – not indicated Age – not indicated	<u>Statistically significant</u> – At 12-month dental examination, the control group had a significantly higher incidence of severe early childhood dental caries than the intervention group (written information and written information plus phone consult). <u>Non-significant</u> – At 12-month dental examination, there was no significant difference in the incidence of cavities between the intervention group (written information and written information plus phone consult) and the control group. There was no significant difference in the incidence of severe early childhood caries between the group receiving telephone consultation and the group receiving written information alone. <u>Descriptive</u> – Most parents rated the written information as good or very good. The reduction in frequency of severe early childhood caries attributed to the intervention was twofold greater in two-parent than one-parent families (twofold lower relative risk of caries in two-parent

Plutzer & Spencer (2008, 2011)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
		written information or more written information alone Pre-post measures (although pre was after randomisation, but before intervention). Does not appear to have assessed same variables at pre and post.		Written information plus telephone consultation Individual parents	Written information plus telephone consultation Home	Written information plus telephone consultation Number of sessions – 1 Duration of sessions – not indicated Frequency of sessions – once Total duration of program – not indicated	Written information plus telephone consultation <u>Parents</u> (n = 123) Description – women in 5 th to 7 th month of pregnancy Sex – F = 100% Age – not indicated <u>Children</u> (n = not indicated) Description – newborns Sex – not indicated Age – not indicated		families). Intervention produced a greater reduction in absolute risk of caries in one-parent than two-parent families because of high incidence of caries in children from one-parent families.
				Individual parents	Handed to participant or mailed	Number of sessions – 3 Duration of sessions – not applicable Frequency of sessions – prenatally, 6 months postnatally, 12 months			

Plutzer & Spencer (2008, 2011)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
						postnatally Total duration of program – varied depending on time joined program			

Relatewell									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Family Relationship Institute Inc. (2011)	To support parents to use strategies to reduce negative parent-child interactions, to promote strong, functional and well supported families and promote healthy milestone development in children	Parent-child relationship, child behaviour, family relationships	Non-controlled trial Pre-post-follow-up measures	Groups of parents	Not indicated	Number of sessions – 2 Duration of sessions – 7 hours Frequency of sessions – daily Total duration of program – 2 days	<u>Parents</u> (n =50) Description – couples having difficulties managing their child(rens) behaviour Sex – F = 50% Age – not indicated <u>Children</u> (n = not indicated) Sex – not indicated Age – not indicated	None	<u>Significant</u> – Parents reported significant change in child(rens) behaviour. <u>Maintenance of effect</u> – 45/50 indicated enhanced parenting competencies. Changes in parenting behaviour continued to improve over the 12-month follow-up period. There was no significant difference between post-evaluation/follow-up variables, indicating that gains in attendance were maintained to the 12-month mark. <u>Descriptive</u> – Parents expressed that they gained invaluable strategies in dealing with difficult child behaviour other than yelling/hitting. Parents expressed that they felt more empowered by the group and were able to view their child(rens) behaviours more normatively and with less frustration – 80% of participants left with a sense of understanding that it is normal for child(ren) to try to get what they want. Parents reported more positive parenting behaviour and an enhancement in parenting competencies.

Relatewell									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
									Parents perceived their children to be less difficult, more accommodating and more settled.

Sing & Grow									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Nicholson, Berthelsen, Abad, Williams & Bradley (2008)	To promote positive parent-child relationships and children's behavioural, communicative and social development	Parent-child relationship Child behaviour Child development	Non-controlled trial Pre-mid-post measures	Group of parent-child dyads	On the premises of the referring agency	Number of sessions – 8-10 Duration of sessions – not indicated Frequency of sessions – weekly Total duration of program – 10 weeks	<p><u>Parents</u> (n = 358)</p> <p>General disadvantage group</p> <p><u>Parents</u> (n = 167)</p> <p>Description – families facing general social and economic disadvantage</p> <p>Sex – F = 96.4%</p> <p>Age – mean = 32.7 years</p> <p><u>Children</u> (n = 167)</p> <p>Sex – F = 46.4%</p> <p>Age – mean age = 23.5 months</p> <p>Young parent group (n = 96)</p> <p><u>Parents</u> (n = 96)</p> <p>Description – young parents (defined by government services as those aged 25 years or younger)</p> <p>Sex – F = 97.9%</p> <p>Age – mean =</p>	None	<p><u>Statistically significant</u> – Significant improvements were found for therapist-observed parent and child behaviours, and parent-reported irritable parenting, educational activities in the home, parent mental health and child communication and social play skills.</p> <p><u>Descriptive</u> – Improvements were similar across the three client groups.</p>

Sing & Grow									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
							23.9 years <u>Children</u> (n = 96) Sex – F = 51.0% Age – mean = 15.6 months Child with a disability (n = 95) <u>Parents</u> (n = 95) Description – parents of a child with a disability Sex – F = 96.8% Age – mean = 34.9 years <u>Children</u> (n = 95) Sex – F = 45.3% Age – mean = 34.1 months		

Sawyer & Glazner (2004)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Sawyer and Glazner (2004)	To provide assessment and education to parents of children diagnosed with cystic fibrosis (CF)	Child development Family relationships	Non-controlled trial Post measure	Groups of families	Hospital (residential unit separate from the clinical areas)	Number of sessions – one Duration of sessions – 5-day residential program Total duration of program – 5 days	<u>Parents</u> (n = 30) Description – both parents of the child attended the program Sex – F = 50% Age – not indicated <u>Children</u> (n = 15) Description – infants with cystic fibrosis Sex – not indicated Age – mean = 17 months, range = 6-30 months	None	<u>Descriptive</u> – At the end of the 5 days, parents reported that they felt capable of managing the day-to-day requirements of CF and knew how to elicit additional support if required. Parents did not rate long-term issues (confidence to manage the child's CF at home and concern about future coping) as confidently. One hundred percent of families endorsed the timing of the assessment and education program immediately after the diagnosis.

Skilled Parenting Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Costin and Chambers (2007)	To deliver parent management training (PMT) as a treatment for primary school-age children with Oppositional Defiant Disorder (ODD) and comorbid disorders (Attention Deficit Hyperactivity Disorder and affective disorders) in a public-health-oriented community-based setting	Child behaviour	Non-controlled trial Pre-post measures	Not indicated	Community mental health clinic	Number of sessions – 8 Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – not indicated	<u>Parents</u> (n = 94) Sex – F = 81% Age – not indicated <u>Children</u> (n = 94) Sex – F (n = 76) Age – mean = 9 years, range = 5-13 years	None	<u>Statistically significant</u> – Statistically and clinically significant reductions of child behavioural symptoms across all measures utilised. Significant results for the comorbidity groups (ODD/ADHD and ODD/ADHD/ Affective) for 5 of the 7 child behaviour symptoms measures. <u>Descriptive</u> – A clear reduction in group means for child behaviour symptoms over time, with a significant main effect for Time. Treatment was as effective, and in some cases more effective, for the comorbid groups than the ODD alone group. Boys with comorbid ADHD were as successful as those without a comorbid condition in reducing rated behaviour problems following PMT. There were general improvements across time for all three groups (ODD, ODD/ADHD and ODD/ADHD/ Affective).

Skilled Parenting Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Costin, Lichte, Hill-Smith, Vance, & Luk (2004)	Two programs: 1) Skilled Parenting Program: aims to change parent controlled contingencies so that the child's pro-social behaviour are rewarded and aversive behaviours	Child behaviour Parent-child relationship	Non-controlled trial Pre-post measures Two programs 1) Skilled Parenting Program 2) Perceptive Parenting Program	Skilled Parenting Program Group of parents	Skilled Parenting Program Not indicated	Skilled Parenting Program Number of sessions – 8 Duration of sessions – 2 hours Frequency of sessions – weekly Total duration of program – 8 weeks	Skilled Parenting Program <u>Parents</u> (n = 22) <u>Children</u> (n = 22) Description – child was of primary school age and met the diagnostic criteria of ODD as defined by DSM-IV Sex – M = 91%	None	<u>Statistically significant</u> – For both programs significant improvement was shown between the pre and post measures for parenting stress and child behaviour scores. Significant decreases were found for conduct problems following the skilled parenting group. <u>Non-significant</u> – No significant decrease in conduct problems for the Perceptive Parenting group.

Skilled Parenting Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
	<p>are systematically ignored or punished</p> <p>2) Perceptive Parenting Program: uses a cognitive approach that targets parental perceptions, or cognitive schema, and their emotional responding to child misbehaviour</p>			<p>Perceptive Parenting Program</p> <p>Group of parents</p>	<p>Perceptive Parenting Program</p> <p>Not indicated</p>	<p>Perceptive Parenting Program</p> <p>Number of sessions – 8</p> <p>Duration of sessions – 2 hours</p> <p>Frequency of sessions – weekly</p> <p>Total duration of program – 8 weeks</p>	<p>Perceptive Parenting Program</p> <p><u>Parents</u> (n = 18)</p> <p><u>Children</u> (n = 18)</p> <p>Description – child was of primary school age and met the diagnostic criteria of ODD as defined by DSM-IV</p> <p>Sex – M = 94%</p>		

Starting Points									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Hill, Hill and Moore (2008)	To increase parenting confidence	Not indicated	Non controlled trial Pre-post-follow-up measures	Groups of parents	Not indicated	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – not indicated	<u>Parents</u> (n = 74) Description – parents of children aged 0-4 Sex – F = 75.2% Age – median range = 30 – 34 years <u>Children</u> (n = not indicated) Description – not indicated Sex – not indicated Age – not indicated	None	<u>Statistically significant</u> – Significant pre to post reports of parenting confidence across cognitive behavioural/cognitive and emotive domains. <u>Maintenance of effect</u> – Most significant improvements were maintained.

Symon, Marley, Martin & Norman (2005)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Symon, Marley, Martin & Norman (2005)	To improve sleep performance in newborn infants	Child behaviour Basic child care	Randomised controlled trial Contemporary usual care Post-follow-up (3 months) measures	Individual parents	Hospital	Number of sessions – 1 Duration of sessions – 45 minutes Frequency of sessions – once off Total duration of program – 45 minutes	<u>Parents</u> (n = 137) Description – inclusion criteria included delivery at 36-42 weeks gestation Sex – not indicated Age – not indicated <u>Children</u> (n = 137) Sex – F = 53% Age -2-3 weeks old	<u>Parents</u> (n = 131) Description – inclusion criteria included delivery at 36-42 weeks gestation Sex – not indicated Age – not indicated <u>Children</u> (n = 131) Sex – F = 50% Age – 2-3 weeks old	<u>Statistically significant</u> – Total sleep time was 15 hours or more per 24 hours on 62% of recorded days in the intervention group, compared with 36% in the control group. <u>Maintenance of effect</u> – Sleep improvement was maintained at 3-month follow-up. <u>Non-significant</u> – There were no significant difference in crying time between the groups. <u>Descriptive</u> – At 6 weeks of age, intervention infants slept a mean 1.3 hours per day more than control infants, comprising 0.64 hours more night sleep and 0.58 hours more daytime sleep.

The Time 2B Healthy Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Jones, Wells, Okely, Lockyer, & Walton (2011)	To make behavioural changes and promote healthy weight for overweight or at risk of overweight, preschool-aged children	Safety and physical wellbeing Child behaviour	Non-controlled trial Pre-post measures	Individual parents	Home	Number of sessions – 5 Duration of sessions – each session is completed over a two week period Frequency of sessions – fortnightly Total duration of program – not indicated	<u>Parents</u> (n =47) Sex – F = 98% Age – not indicated <u>Children</u> (n = 47) Description – aged between 2 and 5 years and overweight or at risk of being overweight (i.e., one of both parents are overweight) Sex – not indicated Age – 76% three- and four-year-olds	None	<u>Descriptive</u> – All aspects of parental knowledge and parental and child behaviour tested changes were in the hypothesized direction (i.e., a greater number of parents agreed or strongly agreed with the statements at follow-up compared with baseline).

Together Parenting Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Burke, Soltys, & Trinder (2008)	To teach parents to reinforce prosocial behaviour instead of reinforcing aggressive or coercive	Child behaviour Parent-child relationship	Non-controlled trial Pre-post and 3-month follow-up measures	Group of parents	School or community agency	Number of sessions – 10 Duration of sessions – 2 hours Frequency of sessions – weekly	<u>Parents</u> (n = 44) Sex – mostly F Age – 27-62 years <u>Children</u> Sex – M = 60% Age – 5-11 years	None	<u>Statistically significant</u> – Significant pre-program to post-program changes in children's internalising and externalising behaviour problems with a moderate effect size. Significant decreases in both internalising and externalising behaviours.

Together Parenting Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
	behaviour and how to reduce problem behaviour			Individual parents	Telephone	Number of sessions – up to 2 Duration of sessions – not indicated Frequency of sessions – before and after program			<p>The program significantly decreased dysfunctional parenting styles across time.</p> <p>Significant increase in parental satisfaction from pre to post test.</p> <p><u>Maintenance of effect</u> – A very low number of parents returned their three month follow-up questionnaires, which meant that it was not possible to determine the longer-term effectiveness of the program beyond the end of the 10-week intervention.</p> <p><u>Descriptive</u> – For the externalising scale, all children who initially scored in the borderline range at pre-test, and 64% of the children who scored in the clinical range at pre-test had improved following the program. No children scored worse on the externalising scale following the program.</p>

Together Parenting Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
				Group parents and partners, support people, or children's teachers	Schools or community agency	Number of sessions – up to 2 Duration of sessions – not indicated Frequency of sessions – before and after program Total duration of program – 10 weeks			For the internalising scale, 75% of children who were ranked borderline at pre-test had improved following the program. Two children who scored in the normal range on the internalising scale at pre-test had worsened by post-test.

Tooth Smart Programme									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Cashmore, Noller, Johnson, Ritchie, & Blinkhorn (2011)	To stabilize existing carious lesions and prevent new caries in children	Safety and physical wellbeing	Non-controlled trial Post measures	Individual families	Hospital dental clinic	Number of sessions – 4 Duration of sessions – 20 minutes to 1 hour Frequency of sessions – tri-monthly Total duration of program – 12 months	<u>Parents</u> (n = 14) Sex – F = 10 Age – not indicated <u>Children</u> Age – under 5	None	<u>Descriptive</u> – Most parents felt that the intervention had been successful in increasing the frequency and quality of their child's tooth brushing. Some parents reported that increased brushing reduced their child's dental pain, which, in turn improved the child's quality of life. Conversely most had found it hard to control their child's snacking on sugary foods and drinks.

Tresillian Family Care Centre Program									
Study	Program aims	Outcomes	Mode	Setting	Dose	Design	Participants		Main findings
							Intervention	Comparison	
Don, McMahon and Rossiter (2002)	To reduce unsettled behaviour in young infants through an individualised multidisciplinary residential program	Child behaviour Basic child care	Individual parent-child dyad	Family care centre – residential stay unit	Total duration of program – 5 days and 4 nights	Non-controlled trial Pre-mid-follow-up measures	<u>Parents</u> (n = 109) Sex – F = 100% Age – not indicated <u>Children</u> (n = 109) Description – infants aged < 20 weeks Sex – not indicated Age - < 20 weeks	None	<u>Statistically significant</u> – By day 4 of the admission, the mean duration of unsettled (fussing, crying) behaviour had decreased significantly and mean sleeping time and awake and content times both increased significantly. <u>Maintenance of effect</u> – The decrease in unsettled behaviour was maintained 1 month after discharge. Changes were maintained regardless of age of infant or severity of the unsettled behaviour. <u>Descriptive</u> – Changes were particularly marked for very unsettled infants. Mothers perceived their infant to be less difficult than prior to admission.

Tweedle Child and Family Health Service residential Program									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Rowe and Fisher (2010)	To make parenting enjoyable, to increase confidence and develop safe, effective child rearing practices	Basic child care Family relationships Child behaviour Parent-child relationships	Non-controlled trial Pre-post-follow-up measures	Groups of parents	Hospital	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – not indicated	<u>Parents</u> (n = 79) Description – mothers admitted to Tweedle program for postnatal assistance Sex – F = 100% Age – mean = 32.2 years <u>Children</u> (n = not indicated) Description – children admitted to Tweedle	<u>None</u>	<u>Statistically significant</u> – Significant pre to post improvements on all measures of maternal psychological function (anxiety, irritability, depression, clarity of thinking, fatigue, functional efficiency). Significant pre to post reduction in infant crying and fussing. <u>Maintenance of effect</u> – Improvements in maternal psychological function maintained at 6 months. <u>Non-significant</u> – Decrease in infant crying and fussing between post and follow-up was not significant. <u>Descriptive</u> – Proportions of mothers with clinical levels of depression decreased overtime. Those with clinical depression at 6 months were more likely to have had high admission scores. Infants were sleeping longer during day and waking less frequently at night after the program. Maternal confidence increased from pre to post, and then again at 6 months.
				Individual parents	Hospital	Number of sessions – not indicated Duration of sessions – not indicated Frequency of sessions – not indicated Total duration of program – not indicated	Sex – not indicated Age – mean = 33 weeks		

Queen Elizabeth Centre's Residential Program

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Treyvaud, Rogers, Matthews and Allen (2009)	To improve mother's behaviour during parent-child interaction and improve self-reported well-being (depression, anxiety and stress)	Parent-child relationship family relationships child behaviour	Non –controlled trial Pre-post-follow-up measures	Individual parent-child dyads and groups of parent-child dyads	Early parenting centre	Number of sessions – 1 Duration of session – 5 day residential stay Total duration of program – 5 days	<u>Parents</u> (n = 44) Sex – F = 100% Age – mean = 31.3 years <u>Children</u> (n = 44) Description – majority of children had sleeping difficulties Sex – not indicated Age – not indicated	None	<u>Statistically significant</u> – There was significant improvement in depression, anxiety, stress and parental confidence (parental satisfaction and efficacy). Significant improvements in mother reported difficult child behaviour (82% of which related to sleeping or settling difficulties). <u>Maintenance of effect</u> – Improvements for anxiety and stress were maintained at one month. <u>Descriptive</u> – Improvements were observed in mothers' overall parenting behaviour during videotaped interactions after attending the program. Decline in the average frequency of maternal identified difficult child behaviour from the "1-10 times per day" to "1-3 times per month" category. Decline in the average seriousness of the difficult child behaviour from the "severe" to "mild" category. Few changes in observed child interaction behaviour over the program week.

Weiskop, Richdale & Matthews (2005)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Weiskop, Richdale and Matthews (2005)	To reduce sleep problems in children with fragile X syndrome (FXS)	Child behaviour Basic child care	Non-controlled trial Pre-post-follow-up measures	Individual parents	Home, university clinic (two sessions)	Number of sessions – 5 Duration of sessions – not indicated Frequency of sessions – sessions 2-4 weekly, session 5 occurred 5 weeks after session 4 Total duration of program – 7 weeks	Study Group 1 <u>Parents</u> (n = 12) Demographic information (except parent sex) is for both study groups Sex – F (n = 6) Age – F mean = 35, M mean = 38 <u>Children</u> (n = 6) Description – five children with autism and one with Asperger syndrome with sleep difficulties Sex – M (n = 10) Age – mean = 5 years 1 month, range = 1 year 1 month to 9 years 1 month Study Group 2 <u>Parents</u> (n = 10) Demographic information (except for parent sex) is for both study groups	None	<u>Descriptive</u> – Of the six common sleep variables, four changed: pre-sleep disturbances, falling asleep alone, night waking and co-sleeping. In study 1 improvements were maintained at the three and 12 month follow-ups. In study 2, most improvements were maintained at the three month follow-up. Most parents perceived an improvement in their child's sleep. Little or no improvement occurred for early morning waking or night rocking and there was insufficient evidence to support a change in sleep latency or duration.

Weiskop, Richdale & Matthews (2005)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
							Sex – F (n = 7) Age – F mean = 35, M mean = 38 <u>Children</u> (n = 7) Description – children with fragile X syndrome Sex – M (n = 10) Age – mean = 5 years 1 month, range = 1 year 1 month to 9 years 1 month		

What Were We Thinking! (WWWT)

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Fisher, Wynter, & Rowe (2010)	To promote confident parental caretaking, optimise functioning in the intimate partner relationship, improve infant manageability and reduce common postnatal mental disorders in women	Child behaviour Family relationships Basic child care	Non-randomised controlled trial Historical usual care Pre-post follow-up (6 months) measures	Groups of families	Maternal and child health centres	Number of sessions – 13 Duration of sessions – not indicated Frequency of sessions – weekly Total duration of program – 13 weeks	<u>Parents</u> (n =189) Description – couples with healthy firstborn infants Sex – F = 100% Age – mean age = 31.62 years <u>Children</u> (n =189) Sex – F = 48.9% Age – approximately 4 weeks old	<u>Parents</u> (n = 210) Description – couples with healthy firstborn infants Sex – F = 100% Age – mean age= 30.2 years <u>Children</u> (n =210) Sex – F = 52.7% Age – approximately 4 weeks old	<u>Statistically significant</u> – In the group without a psychiatric history, the absolute risk reduction associated with the intervention was 14% and the relative risk reduction was 48%. For participants with no psychiatric history, being in the intervention group was associated with a significantly reduced odds of a diagnosis of a mental disorder <u>Descriptive</u> – At the end of the intervention program 94% of women reported increased understanding of infant sleep needs, 83% an increased understanding of infant temperament, 93% an increased understanding of infant sleep and settling strategies, 72% could now talk more effectively about parenting with their partners and 66% already reported increased confidence in infant care.