

## Appendix 12. Data extracted from programs rated as Not Effective in the REA (data extracted from papers and program rating checklists)

Not effective 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 type="checkbox"/>	<input checked="" 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 <b>two</b> RCTs have found the program to be significantly more effective than comparison group. Effect was maintained for at least <b>one</b> study at <b>1 year</b> follow-up.	<input type="checkbox"/>					
5.	At least <b>one</b> RCT has found the program to be significantly more effective than comparison group. Effect was maintained at <b>6 month</b> 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"/>			

Evidence of effectiveness criteria		Well supported	Supported	Promising	Emerging	No Effect	Concerning Practice
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 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 checked="" 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"/>

Bartu, Ludlow & Doherty (2006)									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Bartu, Ludlow & Doherty (2006)	To increase breastfeeding and immunisations rates and reduce drug use in illicit drug-using mothers	Safety and physical well-being  Child development	Randomised controlled trial  Contemporary alternate treatment control group  Pre-mid-post measures	Individual parents	Home	Number of sessions – 8  Duration of sessions – 1-2 hours  Frequency of sessions – visits at week 1, 2 and 4, then monthly  Total duration of program – 6 months	<u>Parents</u> (n = 76)  Sex – F = 100%  Age – median = 27 years	<u>Parents</u> (n = 76)  Sex – F = 100%  Age – median = 25 years	<u>Non-significant</u> – No significant differences were detected in immunisations at two months, four months or six months post-partum.  <u>Descriptive</u> – The median duration of any breastfeeding was ten weeks for the control group and eight weeks for the intervention group.  Drug use increased in both groups at 6 months.

Toddlers without Tears									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Hiscock, Bayer, Price, Ukoumunn e, Rogers and Wake (2008)  Bayer, Hiscock, Ukoumunn e, Scalzo and Wake (2010)	To prevent child behaviour problems, improve parenting and maternal mental health	Child behaviour  Family relationships  Parent-child relationship,  Child development	Randomised controlled trial with cluster randomisation  Contemporary usual care control  Pre-post-follow-up measures	Individual parents	Maternal and child health centre	Number of sessions – 1  Duration of sessions – not indicated  Frequency of sessions – once at 8-month maternal and child health visit  Total duration of program – 7 months	<u>Parents</u> (n = 328 )  Sex – F = 100%  Age – mean = 33.0 years  <u>Children</u> (n = 329)  Sex – M = 50.2%	<u>Parents</u> (n = 401)  Sex – female = 100%  Age – mean = 33.3 years  <u>Children</u> (n = 404)  Sex – M = 52.2%	<u>Non-significant</u> – No significant impact on externalising behavioural problems in 2-year-olds or on maternal mental health.  <u>Maintenance</u> – Intervention mothers continued to report lower levels of unreasonable developmental expectations.  Behavioural scores in the intervention and control group were similar.  The mean scores for harsh/abusive and nurturing parenting, and maternal mental health (stress, anxiety and depression), were similar between the two groups.  <u>Descriptive</u> – At 18 months, mean harsh discipline and unreasonable developmental expectations scores were similar in both groups.  By 24 months, intervention mothers reported less harsh discipline and unreasonable expectations than control mothers.  Mean scores for nurturing parenting were similar in the two groups at both 18 and 24 months.  The mean maternal depression, anxiety and stress subscale scores were not markedly different between
				Groups of parents	Maternal and child health centre	Number of sessions – 2  Duration of sessions – 2 hours  Frequency of sessions – at 12 and 15 months  Total duration of program –			

Toddlers without Tears									
Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
						7 months			<p>the two groups at either 18 or 24 months.</p> <p>The mean (raw) externalising and internalising scores were similar in the two groups at both 18 and 24 months.</p>

**Wake, Tobin, Girolametto, Ukoumunne, Gold, Levickis, Sheehan, Goldfeld, & Reilly (2011)**

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Wake, Tobin, Girolametto, Ukoumunne, Gold, Levickis, Sheehan, Goldfeld, & Reilly (2011)	To improve children's language development outcomes at 2 and 3 years and reduce behavioral problems	Child development Child behaviour	Cluster randomised controlled trial Contemporary usual care Pre-post-follow-up (24 and 36 months) measures	Groups of parents and parent-child dyads	Local community centre	Number of sessions – 6 Duration of sessions – 1.5 hours with parents and last 30 minutes with parent-child dyads Frequency of sessions – weekly Total duration of program – 6 weeks	<u>Parents</u> (n = 158) Sex – F = 100% Age – not indicated <u>Children</u> (n = 158) Description – toddlers with slow early development of expressive vocabulary Sex – F = 48% Age – mean = 18.1 months	<u>Parents</u> (n = 143) Sex – F = 100% Age – not indicated <u>Children</u> (n = 143) Description – toddlers with slow early development of expressive vocabulary Sex – F = 52% Age – mean = 18.1 months	<u>Descriptive</u> – The authors found little evidence of a difference between the intervention and control groups. More specially, there was little evidence that the intervention improved vocabulary, language or behavioural outcomes when delivered as a preventive programme to toddlers identified by population based screening as being at risk of language delay by virtue of having few or no spoken words at 18 months.

**Wakefield, Banham, McCaul, Martin, Ruffin, Badcock & Roberts (2002)**

Study	Program aims	Outcomes	Design	Mode	Setting	Dose	Participants		Main findings
							Intervention	Comparison	
Wakefield, Banham, McCaul, Martin, Ruffin, Badcock & Roberts (2002)	To encourage parents to impose bans on smoking in the home	Safety and physical wellbeing  Child development	Quasi-randomised controlled trial (allocated to group by week attending clinic)  Contemporary usual care control group  Pre-post measures	Individual parents	Telephone	Number of sessions – 2  Duration of sessions – not indicated  Frequency of sessions – monthly  Total duration of program – 1 month	<p><u>Parents</u> (n = 128) Description – parents (of children as described below) attending outpatient clinics Sex – F and M Age – mother mean = 31.3 years, father mean = 34.4 years <u>Children</u> (n = not indicated) Description – children with asthma aged 1 – 11 years who resided with at least one parent who was a smoker Sex – male = 58.6% Age – mean = 5.5 years</p>	<p><u>Parents</u> (n = 136) Description – parents (of children as described below) attending outpatient clinics Sex – F and M Age – mother mean = 35.3 years, father mean = 35.2 years <u>Children</u> (n = not indicated) Description – children with asthma aged 1-11 years who resided with at least one parent who was a smoker Sex – M = 66.2% Age – mean = 5.2 years</p>	<p><u>Non-significant</u> – There was a non-significant relative increase in bans on smoking in houses and cars and on more restrictive provisions in the intervention group compared to the usual care group.</p> <p>Declines in parental cigarette consumption were observed for both groups and there were no significant differences.</p> <p>Children’s urinary cotinine levels decreased in the controls and increased in the intervention but these differences were not significant.</p> <p>No intervention parents and 3 usual-care parents quit smoking over the course of the study but these were not significant differences.</p>