



Evidence review: An analysis of the evidence for parenting interventions in Australia

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Parenting Research Centre

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and Indigenous Affairs



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Disclaimer

This analysis of parenting interventions was commissioned by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). It was conducted over a six-week period in May and June 2012. Evidence predating 2002 was not considered in the review of Australian programs. Readers are advised to consider new evidence arising post the publication of this review when selecting and implementing parenting interventions.

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Analysis of parenting programs

1 EXECUTIVE SUMMARY

Overview

This analysis of parenting programs was conducted by the Parenting Research Centre for the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the funders of Family Support Programs (FSP) in Australia. The report provides an analysis of the evidence for parenting interventions, with a focus on: target populations; target child, parent and family outcomes; and ratings of effectiveness. Factors to consider when implementing programs in the Australian context are also presented.

Methods

Step A: Program information and effectiveness ratings were collated from international web-based clearinghouses and evidence for additional programs was sought from systematic reviews of parenting programs.

Step B: A Rapid Evidence Assessment (REA) of Australian evaluations of parenting programs was conducted. Published and unpublished literature dated 2002–2012 was included, with programs rated for effectiveness.

Findings

The analysis found 34 international and 25 Australian programs with strong evidence, with only two programs with strong evidence at both the international level and within Australia (i.e., Triple P and Parent-Child Interaction Therapy). A large proportion of the programs with good evidence targeted child behaviour specifically in children with identified behavioural problems. Other outcomes, in particular basic child care, were targeted infrequently in the programs with strong evidence. There is little evidence for programs targeting specific groups of parents, such as those with intellectual disabilities or mental illnesses and teen parents.

Conclusions and limitations

Further rigorous program evaluations are needed to determine the effectiveness of many of the reviewed programs. Although systematic in its approach, this analysis was time-limited and some programs may have been missed from review. Readers are advised to seek updated evidence before selecting and implementing programs.

2 INTRODUCTION

2.1 Background

Parenting programs are interventions that aim to influence child outcomes by enhancing parenting knowledge, behaviour or cognition. The person referred to as 'parent' may be any adult, biologically related to the child or not, who fulfils the caregiving role.

This analysis was commissioned by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the funders of Family Support Programs (FSP) in Australia. The report provides information to help FSP providers select and implement evidence-based and promising parenting programs.

Providers of FSPs are funded to deliver integrated early intervention services to families, particularly those who are vulnerable and at risk of poor outcomes due to complex needs or limited resources.

The aim of this report is to build knowledge about parenting programs that are effective and show promise of achieving change in FSP target families by researching the evidence-base about existing parenting programs. By this approach the report extends upon previous reviews of the evidence base by examining the international scientific literature as well as the published and unpublished literature, specifically focusing on Australian evaluations of parenting programs. Furthermore, the report discusses critical aspects of the implementation of evidence-based programs in the Australian context. As such, we anticipate this report will be a valuable tool to inform the effective delivery of parenting programs across Australia, and will provide direction for FaHCSIA to move the FSP forward.

The report addresses the following questions:

- What are the proposed outcomes from parenting programs that may be relevant for FSP families?
- What programs exist to meet those outcomes for these families?
- What is the evidence for the effectiveness of those programs?
- What aspects of the implementation of evidence-based parenting programs are important to consider for the Australian context?

To achieve the above aims, the report is structured as follows:

Definitions

Definitions for relevant terms and constructs within the report are clarified.

An outcomes framework

The report articulates a comprehensive list of key child, parent and family outcomes relevant to FSP-funded services and other similar funded services. The outcomes framework guides the identification and categorisation of parenting programs to be included in subsequent analyses. The framework is used to clarify the desired effects of parenting programs, and to identify which available programs may influence relevant outcomes for those receiving FSP-funded services.

Review evidence for parenting programs

Given the outcomes specified that could be relevant for FSP-funded services, the report provides a comprehensive review of the evidence base for parenting programs that are aimed at addressing these key child, parent and family outcomes. We have used two complementary approaches to assess the level of evidence for each parenting program and presented this in the context of achieving these key outcomes:

- **Step A:** We collated information about the effectiveness of each program from established and authoritative international clearinghouses on evidence-based and promising programs and practices, and from previous systematic reviews and meta-analyses of parenting programs.
- **Step B:** The report presents the results of a Rapid Evidence Assessment (REA) of programs delivered and evaluated in Australia. A major focus of the report is on evidence-based programs that are delivered in the Australian context, with the intention of capturing evidence about programs used by FSP-funded agencies. Given the criteria for inclusion of papers used by the large international clearinghouses (e.g. published in peer-reviewed journals), we anticipated they would miss Australian-developed or adapted parenting programs which may meet our criteria for Promising programs. Furthermore, many of the parenting programs identified in Step A have not been used in Australia, nor are they available for use in Australia. Therefore, Step B involves an Australian-focused REA which provides comprehensive detail about the evidence supporting both established parenting programs and local innovations that have been evaluated in Australia. This REA extends upon the international evaluation by including both published and unpublished literature. This approach to reviewing the evidence for parenting programs recognises the value of best practices that emerge from sources other than the empirical literature. In this way, we were able to identify many of the local adaptations of established programs and innovative programs developed to meet an emerging local need. We believed this approach would more successfully capture evidence about programs used by FSP-funded agencies than a traditional systematic review of the published peer-reviewed literature.

Implementation considerations

The report also discusses relevant considerations underlying the implementation of the best practice parenting programs identified in earlier steps. Recognising that some of the programs previously identified may be more implementable than others within particular service settings, here we provide a summary of what it takes to implement a program effectively.

By providing FaHCSIA with detail about both the evidence base for parenting programs and, importantly, with detail about critical considerations for the implementation of evidence-based programs, the report is a valuable tool to assist in decision-making about the usefulness of individual parenting programs for achieving particular child and family outcomes within FSP-funded services.

2.2 Definitions for the purpose of this analysis

Parenting programs

To conduct this analysis, it was necessary to develop a clear definition of what would and what would not be included in our search for programs in the clearinghouse analysis and in the REA. For this purpose, we define parenting programs as parent or parenting interventions, programs or services in which parents, caregivers or guardians receive direct/targeted education, training or support. The overall objective of the program is to improve child outcomes either by increasing the parent's knowledge, skills or capacity as a caregiver, or by improving parent-child interactions, parent outcomes such as parent wellbeing, or family outcomes such as family relationships.

The following *will not* be considered parenting programs:

- programs that provide direct education or training to children
- programs that provide community-wide education where a parent may or may not receive education (i.e. parent is not the target, the community is)
- programs that provide indirect education to parents via their children (e.g. a notice sent home with the child about the importance of reading)
- tip sheets or information pamphlets handed out to parents in isolation of other forms of intervention.

Parent

For the purpose of this report, we define a parent as an adult person performing in the role of a primary caregiver to a child. Such a person may be different from the person who is the child's biological parent. This definition therefore may include grandparents, step-parents, foster parents or other carers.

Evidence-based programs

The terms evidence-based and evidence-informed are often used interchangeably in the literature and in the service delivery sector (Kessler, Gira, & Poertner, 2005).

A widely accepted definition of evidence-based programs is the competent and high fidelity implementation of programs and practices that have been demonstrated to be safe and effective (Chaffin & Fredrick, 2004).

Evidence-informed programs have been described as the use of current best evidence combined with the knowledge and experience of practitioners and the views and experiences of service users in the current operating environment (Chaffin & Friedrich, 2004; Petch, 2009).

Acknowledging the differences in these definitions, yet considering that the scope of the current review is to evaluate both published and unpublished evidence for programs, as well as studies that employ a broad range of research methodologies, in this report we will use the term evidence-based programs to refer to both evidence-based and evidence-informed programs.

Outcome

An outcome can be thought of as a measurable change or benefit for someone. For example, a child and family outcome might be an increase in the parent's knowledge of early child development or an improvement in a child's physical health. Outcomes are different from

outputs, which focus on *what was done* to try to achieve change in outcomes. An advantage of using outcomes rather than outputs as an indicator of change is that they can help everyone to focus on what is actually intended to change as a result of a program.

2.3 Outcomes framework for analysis of parenting programs

This section of the report outlines a framework for considering important child, parent and family outcomes relevant to parenting programs for families targeted by FSP. By documenting this outcomes framework we can identify what programs exist to meet outcomes in certain areas. The outcomes framework will be used to clarify the desired effects of parenting programs, and to identify what programs are available that aim to influence particular outcomes for children, parents and families.

An outcomes framework

Many frameworks exist to explain desirable aspects of child, parent and family wellbeing. We have developed a framework that identifies categories of outcomes which we believe could encompass the aims of FSP. We chose these child, parent and family outcomes based on evidence from the literature that shows what is most important to children and adolescents.

Beginning with the documented outcomes of the FSP (see [Appendix 1](#)), we examined other relevant outcome frameworks in order to develop a suitable outcomes framework for the analysis of parenting programs. These frameworks included the National Early Years Learning Framework (Australian Government Department of Education, Employment and Workplace Relations; DEEWR, 2009), the Victorian Government Best Interests Framework for vulnerable children and youth (Victorian Government Department of Human Services, 2007), the Victorian Government Department of Education and Early Childhood Development Child and Adolescent Outcomes Framework (DEECD, 2009), the Child Social and Emotional Well-Being Framework developed by the United States Administration for Children, Youth and Families (U.S. Department of Health and Human Services, 2012) and the OECD Child Well-Being Framework (OECD, 2009).

The outcomes framework developed for this report classifies relevant outcomes into six broad categories which we believe encompass the aims of the FSP (see Box 1). These categories of outcomes are consistent with a systems approach to thinking about the multifaceted and interacting family, community and societal influences on children, as articulated by Bronfenbrenner (1989). The six categories of child and caregiver outcomes are: child development, child behaviour, safety and physical wellbeing, basic child care, parent-child relationship and family relationships. Programs may aim to influence parent outcomes (e.g. increase parent skills and behaviours, increase parent knowledge or confidence, or change parent attitudes) or they may aim to influence child outcomes (e.g. behaviour, skills, knowledge, learning or cognitive development, attitudes, confidence, safety). Some programs will address outcomes across a number of categories. For example, a program that teaches parents skills in playing with their child in order to improve the likelihood that children listen to their parents when given an instruction would be categorised as having outcomes in both child behaviour and parent-child relationship.

Box 1. Proposed outcomes framework for the analysis of parenting programs

Child development: normative standards for growth and development; antenatal and infant development (e.g. antenatal and parental smoking and mother's alcohol/drug use, foetal and early childhood exposure to trauma or abuse, birth weight, breastfeeding, immunisation); covers infancy, early childhood through to adolescence; overall health; temperament; language and cognitive development (e.g. early childhood brain development, pre-academic skills, approaches to learning, successful in reading, writing, literacy and numeracy, problem-solving and decision-making skills, completion of secondary education, academic achievement, school engagement, attachment and retention, truancy, absenteeism); child adaptive behaviour (e.g. self-care skills, motor skills); parent promotion of child health and development; parent knowledge of child development.

Child behaviour: includes both internalising and externalising behaviour difficulties; problem behaviour; consistent parenting; child behaviour management; positive child behaviour and pro-social behaviour; social and emotional development (e.g. mental health, identity, social competence, self-control, self-esteem, self-efficacy, emotional management and expression, trauma symptoms, coping, emotional intelligence); law-abiding behaviour and underage convictions (particularly for adolescents); risk avoidance and risky behaviour (e.g. youth pregnancy, youth suicide, youth smoking, substance use).

Safety and physical wellbeing: includes optimal physical health and healthy lifestyle (e.g. adequate nutrition, free from preventable disease, sun protection, healthy teeth and gums, healthy weight, free from asthma, adequate exercise and physical activity, healthy adult/parent lifestyle); safety (e.g. safe from injury and harm, free from abuse and neglect); stability, material wellbeing and economic security (e.g. ability to pay for essentials, adequate family housing, family income and family social capital); effects of long-term exposure to persistent poverty.

Basic child care: for example, bathing, putting baby to bed, clothing, food and nutrition, child self-care, avoidance of neglect.

Parent-child relationship: includes parent-child interactions (e.g. positive interactions between parents and children, emotional warmth and responsiveness, absence of hostility); consistency and reliability (e.g. children able to rely on supportive adults, providing guidance, providing adequate boundaries); attachment; stimulating learning and development.

Family relationships: includes the parental relationship and relationships between other family members (e.g. child free from exposure to conflict or family violence, positive family functioning, stability in relationships, connection to primary caregiver, connection to family); social relationships and social support (e.g. connection to school and friends, connection to community, connection to culture); family's community participation; community resources; good parental mental health.

3 METHOD AND RESULTS

Considering the outcomes specified in the framework proposed in Section 2, this section of the report provides a comprehensive review of the evidence base for parenting programs aimed at addressing these child, parent and family outcomes. We assess the level of evidence for existing parenting programs using two complementary approaches:

Step A: An analysis of the effectiveness of programs based on information collated from established and authoritative international clearinghouses on evidence-based and promising programs and practices, and from previous systematic reviews and meta-analyses of parenting programs.

Step B: A Rapid Evidence Assessment (REA) of programs delivered and evaluated in Australia.

3.1 Review of evidence for parenting programs

3.1.1 Step A: Effectiveness of recognised parenting programs

We assessed the effectiveness of individual parenting programs in the first instance by collating evidence from established and authoritative international clearinghouses, then by checking previous systematic reviews and meta-analyses of parenting programs for new evidence.

Web-based clearinghouses were included as an information source if they met the following criteria:

- a) Provided ratings of child, parent or family programs
- b) Specified child, parent or family outcomes and the target population
- c) Used experts in the field to rate programs
- d) Used rating scales or systems which have clear criteria for inclusion.

Clearinghouses that met these criteria, and were therefore accessed to identify relevant parenting programs, are listed in Box 2.

Box 2. Clearinghouses accessed for the analysis of parenting programs

- National Resource Centre for Community-Based Child Abuse Prevention (CBCAP)
<http://friendsnrc.org/cbcap-priority-areas/evidence-base-practice-in-cbcap/evidence-based-program-directory>
- The California Evidence-Based Clearinghouse (CEBC)
<http://www.cebc4cw.org/>
- The US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA)
<http://nrepp.samhsa.gov/>
- Promising Practices Network on Children, Families and Communities (Promising Practices Network)
<http://www.promisingpractices.net/programs.asp>

- The Coalition for Evidence-Based Policy's Social Programs that Work (Social Programs that Work)
<http://www.evidencebasedprograms.org/>
- Blueprints for Violence Prevention (Blueprints)
<http://www.colorado.edu/cspv/blueprints/index.html>
- Strengthening America's Families: Effective Family Programs for Prevention of Delinquency (Strengthening America's Families)
<http://www.strengtheningfamilies.org/>
- The Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (OJJDP)
<http://www.ojjdp.gov/mpg/>

From these clearinghouses, we identified programs that met our definition of parenting programs (see 'Definitions' section in the Introduction), and extracted the following information about each program: program name, description, outcomes, target population, setting and dose. We also noted whether the program was used in Australia. We conducted a systematic search for evidence associated with recognised parenting programs, beginning with the CBCAP, which provided a comprehensive list of programs targeting child abuse prevention, many of which were parenting programs. We added further program details from the other clearinghouses to CBCAP-listed programs. We searched the CEBC for additional parenting programs not identified by CBCAP and extracted program details accordingly. We gleaned further detail of CEBC-listed programs from the remaining clearinghouses. Finally we searched SAMHSA and the remaining clearinghouses until we had identified all eligible, recognised programs and collated their details.

In addition to providing information about each program as well as evidence for the effectiveness of that program, the clearinghouses assigned ratings of program effectiveness. See [Appendix 2](#) for a summary of the rating schemes used by each clearinghouse. We recorded the clearinghouse ratings for individual programs in our description of each program. While the ratings derived from the clearinghouses, viewed in conjunction with a description of the rating schemes, provide useful information about each parenting program, they have their limitations: the rating schemes vary across clearinghouses, sometimes returning different ratings for the same program across clearinghouses; the recency of the rating varies; the evidence used to produce the rating varies; and the focus of each clearinghouse varies.

To address these limitations we ranked the clearinghouses to determine the most suitable clearinghouse rating for each program. CEBC and CBCAP provide clearly described, multi-level, rigorous rating schemes, with their top-ranking programs providing evidence from randomised controlled trials (RCTs) that have been replicated and that demonstrate maintained effects. As the purposes of CEBC are more applicable to the current analysis (in that it reviews a broad range of child welfare-related programs), it was ranked first and CBCAP second (because it rates programs specifically targeted at child abuse prevention). To determine the ranking of the other clearinghouses, we considered whether they had clear, usable categories for the purpose of this analysis and whether their top ranking required rigorous evidence (RCTs, maintenance and replication). We subsequently ranked the order of the clearinghouses as: CEBC, CBCAP, Social Programs that Work, Blueprints, Strengthening America's Families, OJJDP, SAMHSA, PPN. We therefore adopted the rating of the highest ranked clearinghouse that rated the program.

CEBC provided clear information about the evidence used when ranking programs but also provided ratings for programs *without* having access to all available evidence. For programs relevant to the current analysis, one program was rated by CEBC even though CEBC did not have access to all available evidence. In this case the Manager of Knowledge Synthesis at the Parenting Research Centre (second author of this report) checked the rating schemes and evidence available for this program (available on two clearinghouses) and found that the definitions of the ratings provided by the two clearinghouses were similar. The rating provided by CEBC was chosen in this instance as this program was ranked higher by CEBC than by the other clearinghouses.

Furthermore, we found discordant ratings for 13 programs across clearinghouses (for example, a program was rated 'Well Supported' in one clearinghouse and 'Promising' in another). In these circumstances, the Manager of Knowledge Synthesis compared the recency of ratings available for this program across all clearinghouses and determined which rating was the most suitable to use. For all but one program, the higher ranked clearinghouses carried the most recent ratings and so we used the highest ranked available rating in the current analysis. The one exception was a program that received a rating of 'Cannot be rated' from Strengthening America's Families but *was* rated by SAMHSA. We used the SAMHSA rating, as Strengthening America's Families does not have a rating category for programs of lower rigour, whereas SAMHSA has the potential to rate these programs.

A summary of the evidence for the effectiveness of each program identified in the clearinghouse analysis is provided in [Appendix 3](#). We believe the information provided in Appendix 3 (and further discussed in section 3.2 below) will be useful to local agencies and to FaHCSIA to guide decisions about evidence-based program selection for particular target groups, settings or desired child, parent and family outcomes. Programs in Appendix 3 are listed in order of their rating from most effective to least effective. An exception to this ordering system applies to programs rated by SAMHSA that used numerical ratings for multiple outcomes and was thus inconsistent with the style of other clearinghouse rating systems. [Appendix 4](#) provides a detailed description of each parenting program. These summary descriptions can be used to locate information about the program itself (intended outcomes, who the program is intended to be useful for, where and how it should be delivered), about the ratings of the effectiveness of the program, and about whether it has been used in Australia.

After extracting data from each of the identified clearinghouses to ensure we had identified all relevant programs and found the most recent evidence (all of which may not have been considered by each clearinghouse), we reviewed evidence provided in published systematic reviews and meta-analyses. To identify relevant reviews and meta-analyses we conducted extensive searches of systematic review electronic databases including those listed in Box 3.

Box 3. Systematic review electronic databases

- The Cochrane Library
<http://www.thecochranelibrary.com/view/0/index.html>
- The Campbell Library
<http://www.campbellcollaboration.org/library.php>
- The Guide to Community Preventive Services
<http://www.thecommunityguide.org/index.htm>

- The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre)
<http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=62>
- The Joanna Briggs Institute
<http://www.joannabriggs.edu.au/Search.aspx>
- Centre for Reviews and Dissemination
<http://www.crd.york.ac.uk/crdweb/SearchPage.asp>
- The Community Guide to Preventive Services
<http://www.thecommunityguide.org/index.html>

3.1.2 Step B: Rapid Evidence Assessment of Australian evaluations of parenting programs

Rapid Evidence Assessment (REA) is a type of systematic literature review which employs accepted methods to accelerate or streamline traditional systematic review processes, facilitating the synthesis of evidence in an area within a short time period (Ganann, Ciliska & Thomas, 2010). REAs are increasingly being employed as valid alternatives to traditional systematic reviews when there are time limitations. REAs use systematic review methods to search and evaluate the literature, but the comprehensiveness of the search may be restricted.

The aim of the REA conducted for this analysis was to determine which parenting programs reporting parent, child or family outcomes have been evaluated in Australia and to identify the evidence for those programs.

Evaluations of parenting programs reporting outcomes were identified via a systematic search of the following:

- a) electronic databases (MEDLINE, PsycInfo, ERIC, CINAHL, The Cochrane Library)
- b) electronic databases of the grey literature (see Box 4)
- c) selected Australian journals that are unlikely to be included in electronic databases (see Box 5)
- d) Australian child and family organisation websites and Australian Government and state and territory government websites were accessed for additional published and unpublished program evaluations (see Box 6)
- e) two documents provided by FaHCSIA were checked for any additional programs: 'A Summary of Key Findings of Papers & Reports on Parenting Practices & Programmes' and 'A Summary of Key Findings of Papers & Reports on Parenting Practices & Programmes – AIFS Papers'
- f) FSP-funded agencies were contacted for additional published and unpublished program evaluations (only for agencies who had noted in a FaHCSIA survey of early 2012 that evaluation results were available upon request).

Box 4. Electronic databases of the grey literature

- OpenGrey
<http://www.opengrey.eu/>
- New York Academy of Medicine Grey Literature Report
<http://www.nyam.org/library/online-resources/grey-literature-report/>
- National Library of Medicine, Medline Plus
<http://www.nlm.nih.gov/medlineplus/>
- National Health Service (NHS) Evidence
<https://www.evidence.nhs.uk/>
- Online Computer Library Center
<http://www.oclc.org/default.htm>
- Trove – National Library of Australia
<http://trove.nla.gov.au/>

Box 5. Journals that were hand-searched

- Developing Practice: The Child, Youth and Family Work Journal
http://www.acwa.asn.au/developing_practice11.html
- InPsych
<http://www.psychology.org.au/publications/inpsych/>
- Family Matters
<http://www.aifs.gov.au/institute/pubs/fammats.html>
- Australian E-journal for the Advancement of Mental Health
<http://auseinet.com/journal/>
- Advances in Mental Health
<http://amh.e-contentmanagement.com/>

Box 6. Organisation and government websites that were hand-searched

- Australian Institute of Family Studies (AIFS)
<http://www.aifs.gov.au/>
- Child Family Community Australia (CFCA) Information Exchange
<http://www.aifs.gov.au/cfca/index.php>
- Promising Practice Profiles
<http://www.aifs.gov.au/cafca/topics/index.html>

- Closing the Gap
<http://www.aihw.gov.au/closingthegap/>
- Australian Domestic and Family Violence Clearinghouse
<http://www.adfvc.unsw.edu.au/>
- Australian Government websites and state, territory and local government websites
<http://australia.gov.au/>

Using our predetermined definitions of outcomes and parenting programs, papers reporting evaluations were selected for inclusion by a member of a three-person team trained by the Manager of Knowledge Synthesis at the Parenting Research Centre. Papers were not included if no outcomes were reported; for example, if papers only reported participant acceptability or satisfaction ratings, or program output or process data they were not included.

Methods used to accelerate the REA process included analysing only papers written in the previous ten years, limiting the search to Australian evaluations, including only English language papers and not searching reference lists for further papers.

A four-person team was trained by the Manager of Knowledge Synthesis to extract data from the eligible papers. These data included program name, program aim, intended program outcomes, study design, mode, setting, dose, study participants and main findings. If there was more than one paper arising from the same study, the team collated data from the multiple papers into a single summary of that study.

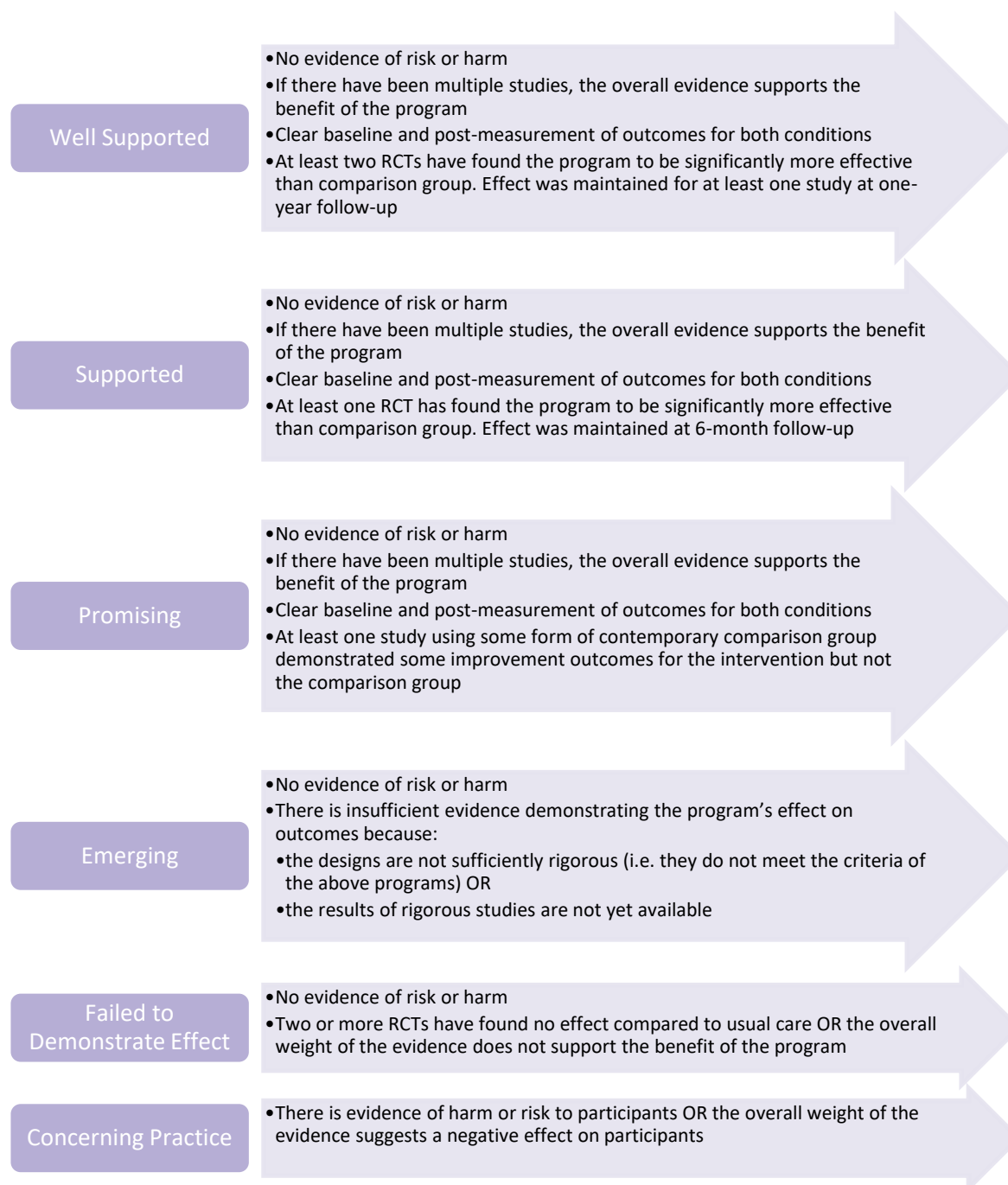
The effectiveness of each program was rated based on evidence from all papers found in the REA for that program. The rating scheme employed for this REA is presented in Figure 1.

Due to time limitations associated with the REA, the rating scheme was not as stringent as in the clearinghouse analysis, although the REA rating scheme was based on the schemes employed by the CEBC and CBCAP. For instance, conducting a more detailed analysis of individual study rigour was not feasible within the scope of the current analysis. Nevertheless, the ratings serve as a guide to where each program falls on an effectiveness continuum, from programs providing more evidence of effectiveness (Well Supported) through to programs with limited available Australian evidence (Emerging Practice), through to no effects (Failed to Demonstrate Effect) or harmful effects (Concerning Practice). See [Appendix 5](#) for the template used to extract detail from each paper and [Appendix 6](#) for the template used to rate each program.

A summary of the evidence of the effectiveness of each program (or, where necessary, each paper) identified in the REA is provided in [Appendix 7](#). This summary can be used to locate information about the evaluated parenting program (intended outcomes, who the program is intended to be useful for, where and how it was delivered), and about our rating of the effectiveness of the program. While it was not always possible to identify whether FSP-funded services were using any of the programs identified in the REA, programs that were delivered with FSP funding are highlighted in orange in Appendix 7. It is anticipated that the information presented in Appendix 7 (and further discussed in section 3.2 below) will be useful to local agencies and to FaHCSIA to guide decisions about evidence-based program selection for particular target groups, settings or desired child, parent and family outcomes. Appendices 8–12

present the detailed data extraction performed with each paper identified for inclusion in the REA. There is one appendix for each rating level.

Figure 1. Rating scheme for REA of Australian evaluations of parenting programs



3.2 Summary of findings

3.2.1 Findings from the clearinghouse analysis

Program ratings

The clearinghouse analysis identified 151 parenting programs that target child, parent and family outcomes. Thirty-four of those parenting programs are Well Supported or Supported by international evidence.

Target outcomes

Programs typically targeted more than one child, parent and family outcome, with Well Supported and Supported programs identified in the clearinghouse analysis most frequently targeting child behaviour ($n = 26$). Most other outcomes were targeted by a similar number of Well Supported and Supported programs, with 24 addressing child development, 23 addressing family relationships, 22 addressing safety and physical wellbeing and 15 focusing on the parent-child relationship. There were 4 programs targeting basic child care.

Target populations

For programs rated as Well Supported or Supported in the clearinghouse analysis, the most frequently targeted population was children with internalising and externalising behavioural problems ($n = 14$). Seven programs targeted parents and children with substance abuse problems. Two programs focused on children who had committed or who were at risk of committing sexual abuse. Two programs catered for families involved in the justice system, two targeted children who have experienced trauma, and two targeted children at risk of out-of-home care. Other programs targeted the following populations: foster parents, children at risk of poor birth outcomes, parents with limited education, children with special needs, new parents, those at risk of child abuse and neglect, and low-income families. In terms of child age, two programs targeted pregnant parents, one targeted premature infants, one targeted children aged 0–5 years, three targeted preschoolers, two targeted children across the preschool and primary-school ages, and seven targeted primary school-aged children. One program catered for children 0–12 years and one from birth to 18 years. Seven programs were specifically for adolescents and two programs targeted preschool ages through to adolescence.

Gaps in clearinghouse evidence

The clearinghouse analysis identified few Well Supported or Supported programs targeting basic child care. With regards to family, child and parent concerns, there were few programs with sufficient evidence that targeted areas other than child behaviour. There were few programs for infancy, no programs for parents with disabilities or mental health issues and no programs for teenage parents.

Systematic reviews and meta-analyses

We examined 21 reviews and meta-analyses (see Box 7), initially searching for any recent evidence about the programs identified in clearinghouse analysis and then searching for additional evidence-based parenting programs that had not been identified in the clearinghouse analysis. Table 1 provides an overview of the systematic reviews and meta-analyses, including detail about additional evidence and programs.

In summary, for target populations and outcomes that were well-covered by programs identified to be Well Supported or Supported in the clearinghouse analysis (i.e. programs addressing child and adolescent social, emotional and behavioural wellbeing, conduct disorder, antisocial behaviour and delinquency, and childhood injury and home safety), there was no additional recent evidence about programs in the clearinghouse analysis, nor were there additional programs to include. The exceptions were five promising studies addressing home safety and childhood injury (King, 2001; McDonald, 2005; Nansel, 2002; Posner, 2004; Rhoads, 1999) as described in the review by Kendrick and colleagues (2007b), that provided some evidence of the effectiveness of interventions targeting specific home safety and injury prevention issues (e.g. minimising exposure to dust lead), but each study needed replication and longer-term follow-up.

For target populations and outcomes that were not well-covered by programs identified to be Well Supported or Supported in the clearinghouse analysis (e.g. basic child care) there were a number of studies that provided limited evidence of effectiveness of parenting programs not cited in the clearinghouse analysis which may be worth exploring further. The Community Mothers Program (Johnson, 1993) was cited by two systematic reviews/meta-analyses (Black, 2004 and Kendrick et al., 2007a) and showed some promise as a home visiting program focusing on healthcare, nutritional improvement and overall child development. In the absence of replication and long-term follow-up, the Community Mothers Program may be worth exploring as a promising parenting program.

Other studies showing promise but also in need of replication and long-term follow-up included the following:

- Bryanton and Beck (2010) described three studies (St James-Roberts, 2001; Stremler, 2006; and Symon, 2005) that provided some evidence for the effectiveness of parenting programs addressing infant sleep problems.
- Priest and colleagues (2008) described six studies (Greenberg, 1994; Emmons, 2001; Abdullah, 2005; Hovell, 2000, 2002; and Kreiger, 2005) providing evidence of the effectiveness of interventions targeting children's exposure to tobacco smoke.
- Waters and colleagues (2011) described one study (Harvey-Berino 2003) that demonstrated some evidence of the effectiveness of a parenting program (the Active Parenting Curriculum) targeting child obesity.
- Welsh and colleagues (2011) described one study (Dolinar, 2000) that provided limited evidence of the effectiveness of a home-based asthma education program.

Therefore, while the clearinghouse analysis presented in Appendices 3 and 4 provided a good indication of evidence-based parenting programs targeting issues of frequent concern to families and support services, our review of available systematic reviews and meta-analyses revealed parenting interventions that show some promise of effectiveness in areas of child health that have few Well Supported or Supported programs.

Box 7. Systematic reviews and meta-analyses reviewed for the clearinghouse analysis

Barlow, J., & Parsons, J. (2003). Group-based parent-training programmes for improving emotional and behavioural adjustment in 0-3 year old children. *Cochrane Database of Systematic Reviews*, 2003 (2). DOI: 10.1002/14651858.CD003680.children. Retrieved May 16, 2012, from the Cochrane Library Database.

Barlow, J., Smaigalic, N., Bennett, C., Husband, N., Jones, H., & Coren, E. (2011). Individual and group based parenting for improving psychosocial outcomes for teenage parents and their

- children. *Cochrane Database of Systematic Reviews*, 2011 (3). DOI: 10.1002/14651858.CD002964.pub2. Retrieved May 16, 2012, from the Cochrane Library Database.
- Barlow, J., Coren, E., & Stewart-Brown, S. (2005). Parent-training programmes for improving maternal psychosocial health. *Campbell Systematic Reviews*, 2005 (3). DOI: 10.4073/csr.2005.3. Retrieved May 16, 2012 from the Campbell Collaboration Database.
- Bayer, J., Hiscock, H., Scalzo, K., Mathers, M., McDonald, M., Morris, A., Birdseye, J., & Wake, M. (2009). Systematic review of preventive interventions for children's mental health: What would work in Australian contexts? *Australian and New Zealand Journal of Psychiatry*, 43, 695-710.
- Black, M., & Kemp, L. (2004). *Volunteer home visiting: A systematic review of evaluations*. Sydney: Centre for Health Equity Training Research and Evaluation, University of NSW. Retrieved May 2012, from [http://notes.med.unsw.edu.au/cphcweb.nsf/resources/CHETRErpts1to5/\\$file/Black_M_\(2004\)_VHomeVisit_Lit_Review.pdf](http://notes.med.unsw.edu.au/cphcweb.nsf/resources/CHETRErpts1to5/$file/Black_M_(2004)_VHomeVisit_Lit_Review.pdf).
- Bryanton, J., & Beck, C. (2010). Postnatal parental education for optimizing infant general health and parent-infant relationships. *Cochrane Database of Systematic Reviews*, 2010 (1). DOI: 10.1002/14651858.pub3. Retrieved May 16, from the Cochrane Library Database.
- Coren, E., Hutchfield, J., Thomae, M., & Gustafsson, C. (2010). Parent training support for intellectually disabled parents. *Cochrane Database of Systematic Reviews*, 2010 (6). DOI: 10.1002/14651858.CD007987.pub2. Retrieved May 16, 2012, from the Cochrane Library Database.
- Furlong, M., McGilloway, S., Bywater, T., Hutchings, J., Smith, S., & Donnelly, M. (2012). Behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years. *Cochrane Database of Systematic Reviews*, 2012 (2). DOI: 10.1002/14651858.CD008225.pub2. Retrieved May 16, 2012, from the Cochrane Library Database.
- Gagnon, A., & Sandell, J. (2007). Individual or group antenatal education for childbirth or parenthood, or both. *Cochrane Database of Systematic Reviews*, 2007 (3). DOI: 10.1002/14651858.CD002869.pub2. Retrieved May 16, 2012, from the Cochrane Library Database.
- Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology*, 36, 567-589.
- Kendrick, D., Barlow, J., Hampshire, A., Polnay, L., & Stewart-Brown, S. (2007a). Parenting interventions for the prevention of unintentional injuries in childhood. *Cochrane Database of Systematic Reviews*, 2007a (4). DOI:10.1002/14651858.CD006020.pub2. Retrieved May 16, 2012, from the Cochrane Library Database.
- Kendrick, D., Coupland, C., Mason-Jones, A., Mulvaney, C., Simpson, J., Smith, S., et al. Home safety education and provision of safety equipment for injury prevention. *Cochrane Database of Systematic Reviews*, 2007b (1). DOI: 10.1002/14651858.CD005014.pub2.

Retrieved May 16, 2012, from the Cochrane Library Database.

Littell, J., Popa, M., & Forsythe, B. (2005). Multisystemic Therapy for social, emotional, and behavioral problems in youth aged 10-17. *Campbell Systematic Reviews*, 2005 (1). DOI: 10.4073/csr.2005.1. Retrieved May 16, 2012, from the Campbell Collaboration Database.

Lui, S., Terplan, M., & Smith, E. (2008). Psychosocial interventions for women enrolled in alcohol treatment during pregnancy. *Cochrane Database of Systematic Reviews*, 2008 (3). DOI: 10.1002/14651858.CD006753.pub2. Retrieved May 16, 2012, from the Cochrane Library Database.

Miller, S., Maguire, L., & Macdonald, G. (2011). Home-based child development interventions for preschool children from socially disadvantaged families. *Cochrane Database of Systematic Reviews*, 2011 (12). DOI:10.1002/14651858.CD008131.pub2. Retrieved May 16, 2012, from the Cochrane Library Database.

Piquero, A., Farrington, D., Welsh, B., Tremblay, R., & Jennings, W. (2009). Effects of early family/parent training programs on antisocial behavior and delinquency. *Campbell Systematic Reviews*, 2008 (11). DOI: 10.4073/csr.2008.11. Retrieved May 16, 2012, from the Campbell Collaboration Database.

Priest, N., Roseby, R., Waters, E., Polnay, A., Campbell, R., Spencer, N., et al. (2008). Family and carer smoking control programmes for reducing children's exposure to environmental tobacco smoke. *Cochrane Database of Systematic Reviews*, 2008 (4). DOI: 10.1002/14651858.CD001746.pub2. Retrieved May 16, 2012, from the Cochrane Library Database.

Thomas, R., & Zimmer-Gembeck, M. (2007). Behavioral Outcomes of Parent-Child Interaction Therapy and Triple P-Positive Parenting Program: A review and meta-analysis. *Journal of Abnorm Child Psychol*, 35, 475-495.

Waters, E., de Silva-Sanigorski, A., Hall, B., Brown, T., Campbell, K., Gao, Y., et al. (2011). Interventions for preventing obesity in children. *Cochrane Database of Systematic Reviews*, 2011 (12). DOI: 10.1002/14651858.CD001871.pub3. Retrieved May 16, 2012, from the Cochrane Library Database.

Welsh, E. M. H., & Li, P. (2011). Home-based educational interventions for children with asthma. *Cochrane Database of Systematic Reviews*, 2011 (10). DOI: 10.1002/14651858.CD008469.pub2. Retrieved May 16, 2012, from the Cochrane Library Database.

Woolfenden, S., Williams, K. J., & Peat, J. (2001). Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17. *Cochrane Database of Systematic Reviews*, 2001 (2). DOI: 10.1002/14651858.CD003015. Retrieved May 16, 2012, from the Cochrane Library Database.

Table 1. Summary of review of systematic reviews and meta-analyses following the clearinghouse analysis

Paper	Population and/or outcomes targeted	Conclusions
Barlow et al. (2003)	Emotional & behavioural adjustment in children under three years	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Barlow et al. (2011)	Teen parents	No clear conclusions about specific interventions or intervention components that are effective, therefore no recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Barlow et al. (2005)	Maternal mental health	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Bayer et al. (2009)	Behavioural & emotional problems in children	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Black (2004)	Home visiting programs	No recent evidence about programs in the clearinghouse analysis and no additional programs identified, although the Community Mothers program (Johnson, 1993) may be worth exploring (no replication and follow-up not published in peer-reviewed journal).
Bryanton & Beck (2010)	Infant health, crying, sleep, injury prevention & parent-child relationships	No recent evidence about programs in the clearinghouse analysis and no additional programs identified, although three studies (St James-Roberts, 2001; Stremler, 2006; and Symon, 2005) provide limited evidence of the effectiveness of interventions to address infant sleep problems, with the need for replication and longer-term follow-up.
Coren et al. (2010)	Parents with intellectual disability	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Furlong et al. (2012)	Behavioural and cognitive behavioural groups for conduct problems in 3–12 year olds	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Gagnon & Sandall (2011)	Antenatal education for childbirth or parenthood	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.

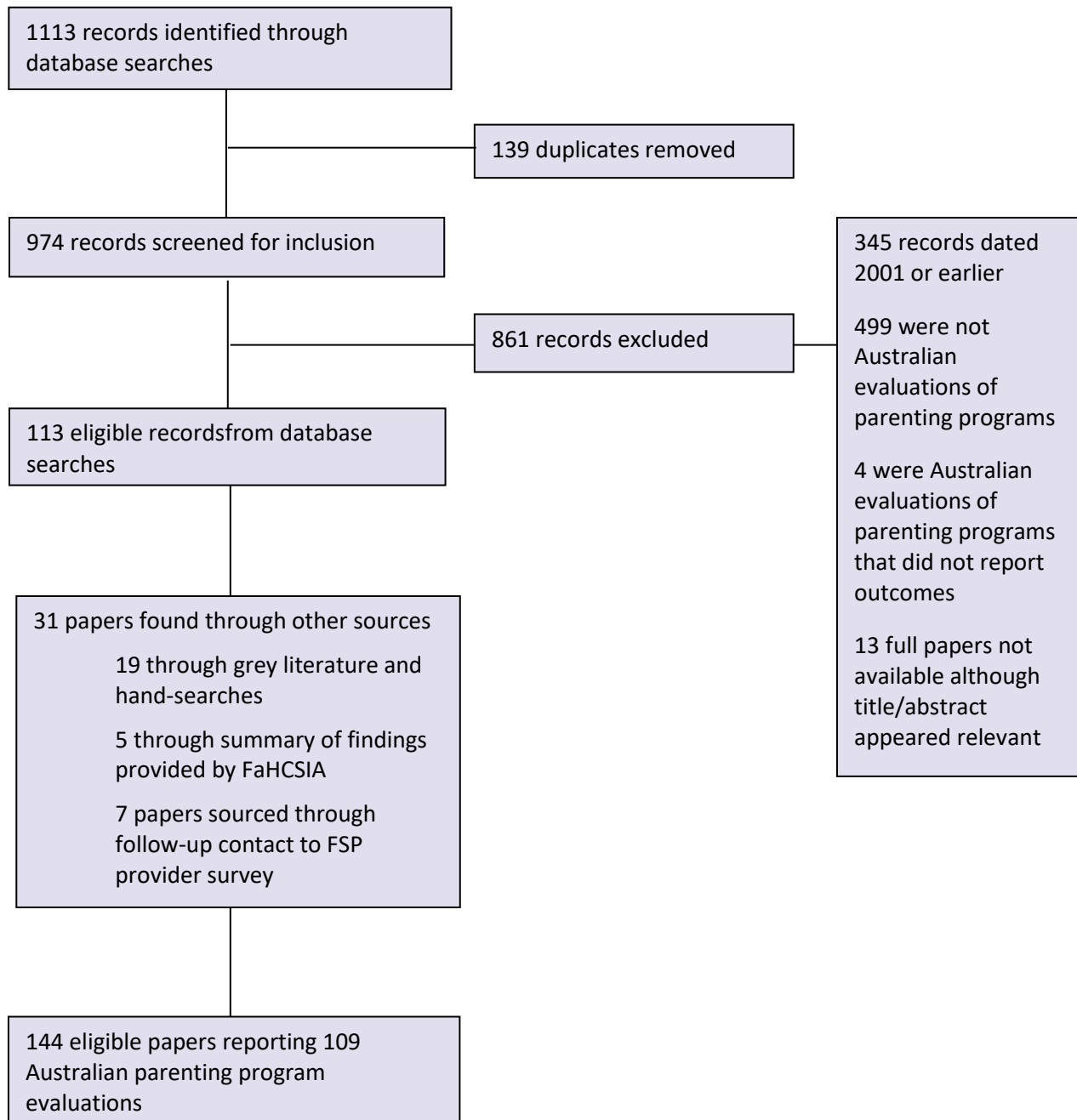
Paper	Population and/or outcomes targeted	Conclusions
Kaminski et al. (2008)	Child behaviour & adjustment	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Kendrick et al. (2007a)	Childhood injury	No recent evidence about programs in the clearinghouse analysis and no additional programs identified, although the Community Mothers program (Johnson, 1993) may be worth exploring (no replication and follow-up not published in peer-reviewed journal).
Kendrick et al. (2007b)	Home safety & injury prevention	No recent evidence about programs in the clearinghouse analysis and no additional programs identified, although a number of studies (King, 2001; McDonald, 2005; Nansel, 2002; Posner, 2004; and Rhoads, 1999) provided limited evidence of the effectiveness of interventions targeting specific home safety and injury prevention issues (e.g. minimising exposure to dust lead), but there is a need for replication and longer-term follow-up.
Littell et al. (2005)	Multisystemic therapy for social, emotional & behavioural problems in youth	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Lui et al. (2008)	Psychosocial interventions for alcohol-abusing pregnant women	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Miller et al. (2011)	Socially disadvantaged children	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Piquero et al. (2008)	Antisocial behaviour & delinquency	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.
Priest et al. (2008)	Exposure to tobacco smoke	No recent evidence about programs in the clearinghouse analysis and no additional programs identified, although a number of studies (i.e., Greenberg, 1994; Emmons, 2001; Abdullah, 2005; Hovell, 2000, 2002; and Kreiger, 2005) provided limited evidence of the effectiveness of interventions targeting children's exposure to tobacco smoke, but there is a need for replication and longer-term follow-up.
Thomas & Zimmer-Gemback (2007)	Behaviour in children 3 to 12 years old	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.

Paper	Population and/or outcomes targeted	Conclusions
Waters et al. (2011)	Obesity prevention in children	No recent evidence about programs in the clearinghouse analysis and no additional programs identified, although one study (Harvey-Berino, 2003) provided limited evidence of the effectiveness of a parent education program (the Active Parenting Curriculum) targeting child obesity, but there is a need for replication and longer-term follow-up.
Welsh et al. (2011)	Childhood asthma	No recent evidence about programs in the clearinghouse analysis and no additional programs identified, although one study (Dolinar, 2000) provided limited evidence of the effectiveness of a home-based asthma education program but there is a need for replication and longer-term follow-up.
Woolfenden (2001)	Adolescents with conduct disorder/delinquency	No recent evidence about programs in the clearinghouse analysis and no additional programs identified.

3.2.2 Findings from the Rapid Evidence Assessment of Australian evaluations

A flow chart of papers identified for inclusion in the REA is presented in Figure 2. Drawing on all searched sources of evaluations of Australian parenting programs, we located 144 unique and eligible papers concerning 109 programs.

Figure 2. A flow chart of papers identified for the REA of Australian parenting program evaluations



Program ratings

Of the 109 programs identified in the REA, only two were rated Well Supported: Triple P and Stepping Stones Triple P (see [Appendix 8](#)). Triple P is aimed at parents of children with behavioural problems aged 2–12 years, and Stepping Stones is a variation of Triple P for parents of children aged 2–12 years with a disability and behavioural problems. These programs demonstrated an effect on outcomes in more than one RCT with maintenance of effect of at least 12 months. There is good evidence for various delivery modes for both programs, including individual and group, standard and enhanced.

Twenty-three REA programs were rated as Supported (see [Appendix 9](#)). Six of these were variations of Triple P, including Indigenous and Teen Triple P. A further two Supported programs were trials of a brief parent group discussion based on Triple P. Unlike some programs that are Triple P adaptations, these brief interventions were designed by Triple P developer Matthew Sanders, and may represent initial testing of new Triple P variations. Two further Triple P variations were rated as Promising. The appearance of many Triple P programs in the REA is not surprising given that it is a widely-implemented Australian-developed program. Other programs classified as Supported in the REA were developed in both Australia (e.g. NOURISH, PRAISE, Parents Under Pressure) and internationally (e.g. Parent-Child Interaction Therapy).

In all there were 27 Promising programs in the REA (see [Appendix 10](#)). These programs used less rigorous designs than the Well Supported and Supported programs, although their findings did demonstrate some benefit of the program over the outcomes for a comparison or control condition. These Promising programs were a combination of those developed in Australia (e.g. ABCD, Signposts) and international programs (e.g. 1-2-3 Magic, HIPPO).

The majority of REA programs ($n = 53$) were rated as Emerging (see [Appendix 11](#)). These programs were found to have caused no harm and may have shown some benefit, however, study designs were not rigorous enough to demonstrate effectiveness. For example, these studies employed no comparison group or presented only post-intervention data.

Only four programs in the REA Failed to Demonstrate Effect (see [Appendix 12](#)). No REA programs were rated as a Concerning Practice. That is, none were found to cause harm.

Target outcomes

Similar to the findings regarding programs identified in the clearinghouse analysis, the majority of REA programs focused on outcomes related to child behaviour. Of the Well Supported and Supported programs ($n = 25$), 18 targeted child behaviour, 16 addressed the parent-child relationship, eight focused on family relationships, seven targeted safety and physical wellbeing, five targeted child development and only one focused on basic child care.

Of the Promising and Emerging programs ($n = 80$), 45 targeted child behaviour, 40 focused on parent-child relationships, 32 targeted child development, 29 targeted family relationships, 16 focused on safety and wellbeing and 14 targeted basic child care.

Target populations

Populations targeted by programs identified for the REA were varied. The most frequently targeted population among the 25 Well Supported and Supported programs was children with behavioural problems ($n = 6$). Two further programs focused on the behavioural concerns of children with disabilities. One program targeted gifted children, one targeted withdrawn

children, one targeted children with asthma, one targeted children who are regular fat dairy consumers but are healthy and three targeted overweight/obese children. One program targeted pregnant parents, one targeted parents with anxiety, one targeted parents on methadone maintenance or in the justice system, one targeted working parents and one targeted first-time parents. One program targeted Indigenous families and one targeted families from low socioeconomic areas. In terms of child age, there were four programs targeting preschoolers and two targeting ages 2–12 and adolescents. There was one program for each of these ages: infants; those aged up to 10; and ages 1–16.

Of the 80 Promising and Emerging REA programs, 13 programs targeted children with behavioural problems and 11 targeted children with disabilities or developmental delays. There were four programs targeting infants that were unsettled, three programs targeted overweight or obese children, one targeted children with extensive dental caries, one targeted children with substance abuse concerns and one targeted children with eczema. Four programs targeted parents with disabilities or learning difficulties, four targeted new parents, two targeted vulnerable parents or children, two targeted parents with anxiety or depression, two targeted pregnant parents, one targeted parents with relationship problems, one targeted separated or divorced parents, one targeted disadvantaged mothers, one adolescent mothers, and one targeted mothers with mental illness. There were two programs targeted at low socioeconomic families, one targeted families at risk of possible child protection involvement, one targeted families with court orders and one targeted homeless families. There were a number of programs that targeted particular cultural groups, such as Indigenous families ($n = 7$), African families ($n = 2$), one targeting Japanese families and one targeting migrant/refugee families. Child age groups targeted among the Promising and Emerging programs included premature infants in one program, infants ($n = 6$), children under 5 years ($n = 5$), preschoolers ($n = 9$), primary schoolers ($n = 9$), adolescents ($n = 2$), and children up to the age of 12 ($n = 4$). The remaining 44 Promising and Emerging programs did not specify a target child age group.

Gaps in the Australian evidence

There were few programs supported by good Australian evidence that targeted basic child care, safety and physical wellbeing, child development and family relationships. Most of the programs with good evidence targeted preschool children, with few effective programs targeting infants, primary-school aged children and adolescents. Children with behavioural concerns were targeted by several programs, whereas children with other specific issues had limited effective programs available to them. Programs for parents from diverse backgrounds, including Indigenous parents, parents with learning difficulties, mental health concerns or substance abuse problems as well as teen parents were not well catered for among the Well Supported or Supported Australian programs identified in the REA.

3.2.3 Combining clearinghouse and Rapid Evidence Assessment findings

Few programs found in the Australian REA were rated by the clearinghouses. Triple P (Well Supported in REA and clearinghouse analysis), Parent-Child Interaction Therapy (Well Supported in clearinghouse analysis and Supported in REA), 1-2-3 Magic (Supported in clearinghouse analysis and Promising in REA) and Parenting Wisely (Promising in both) were the only programs found in the clearinghouse analysis that also had Australian evidence. There were also the Triple P variations, which we rated separately in the REA, but were included in the overall Triple P ratings by the clearinghouses. Families and Schools Together (FAST) was rated as Well Supported in the clearinghouse analysis but the evidence for the Galiwin'ku version of FAST in Australia is only rated Emerging. The observation that most of the REA programs were not rated in the

clearinghouse analysis suggests that many REA programs were evaluations of local innovations. The evidence for these Australian innovations varies from Emerging to Supported. Based on the rigorous review of effectiveness undertaken by the clearinghouses combined with evidence from the available Australian evaluations, the most effective parenting programs identified by the current report are Triple P and Parent-Child Interaction Therapy. Both programs cater for children with behavioural problems, with Parent-Child Interaction Therapy focusing on preschoolers and Triple P targeting ages 2–12 years. While there is international evidence for programs targeting all outcomes (albeit a limited number of Supported or Well Supported programs targeting basic child care), the Australian evidence for programs targeting outcomes other than child behaviour is limited.

3.3 Critical considerations regarding the implementation of evidence-based parenting programs

Evidence-based programs and practices are defined as the competent and high fidelity implementation of programs and practices that have been demonstrated to be safe and effective (Chaffin & Fredrick, 2004). So far this report has identified parenting programs that have been demonstrated to be safe and effective. This section now addresses issues related to the quality implementation of these programs by describing critical considerations regarding the implementation of evidence-based parenting programs.

While the identification of evidence-based programs and local innovations can be helpful when practitioners, agencies, and policy makers are searching for programs in which to invest, the emphasis on identifying and cataloguing effective programs has not been matched by a corresponding effort to systematically assess the extent to which programs are implemented and to evaluate the impact of this on program outcomes (Aarons, Sommerfield & Walrath-Greene, 2009). This is despite strong evidence that the quality of the implementation of a program has an impact on desired outcomes.

Implementing evidence-based programs is complex and challenging, and many previous efforts to implement evidence-based programs in the family support sector have not reached their full potential due to a variety of issues inherent in both the family support service setting and the implementation process itself (Aarons, Hurlburt & Horwitz, 2011; Mildon & Shlonsky, 2011). Without addressing these organisational and individual challenges as part of a planned, purposeful and integrated implementation strategy, interventions, even effective ones, may not produce the desired effects for parents and children. Therefore, attention to **how** a program is implemented is as important to child, parent and family outcomes as **what** is implemented. To ensure that government spending is directed at services and programs known to be associated with positive results, and to ensure that limited dollars are invested in programs that are more likely to make a difference to families, we must attend to both the evidence that a program works, and the way that program should be implemented to achieve good results.

Rating schemes classifying the levels of evidence for programs (such as those described in [Appendix 2](#)) are sometimes extended beyond evidence of the effectiveness of the program to include a description of considerations related to the implementation of that program. Programs which demonstrate strong ratings across these implementation considerations are sometimes referred to as 'Model' programs. Model programs are Well Supported, evidence-based programs which are available for dissemination with full and effective support for implementation from the program developers or implementation specialist consultants. Usually such programs are based on a clearly defined theory of change and incorporate methods to encourage treatment fidelity

such as the provision of delivery manuals, standardised training and other technical assistance (e.g. coaching or supervision requirements, data collection procedures to measure change, treatment adherence checklists).

In addition to the materials and technical assistance available to support program implementation, other important considerations address the match between the program and the service context. A comprehensive implementation strategy will include specific actions carried out within a planned, long-term implementation and maintenance process. A range of frameworks exist for considering implementation support in the family support sector. Below we provide a summary of the core considerations highlighted by existing implementation frameworks to guide the effective implementation of parenting programs. Key considerations include the following:

- availability of staff with competencies matched to the skills required to implement the program
- capacity to deliver competency-based training which will lead staff to develop the skills and behaviours necessary for a particular task by delineating important components of the task
- providing work-based, opportunistic and reflective consultation and coaching to staff
- using implementation fidelity measures and program outcome measures to inform decision-making
- using supportive and facilitative administrative systems to better integrate the practice or program into the organisation (Mildon & Shlonsky, 2011).

Box 8 (see following page) summarises these and other important aspects of implementation identified within implementation science literature that should be considered when selecting an evidence-based program to deliver to families and when planning for the implementation of that program.

Box 8. Implementation considerations for parenting programs

Appropriateness of program aims and outcomes

- Is the program based on a clearly defined theory of change?
- Are there clear program aims?
- Are there clear intended outcomes of the program that match our desired outcomes?

Targeted participants

- Is the target population of the program identified and does it match our intended target population?
- What are the participant (child, parent or family) eligibility requirements (ages of caregivers or children, type of person, presenting problem, gender)?

Delivery setting

- What are the program delivery options (e.g. group, individual, self-administered, home-based, centre-based)?
- Is there flexibility in delivery modes that suit our service context?

Costs

- What are the costs to purchase the program?
- What are the costs to train staff in the program?
- What are the ongoing costs associated with purchasing manuals and technical assistance (e.g. coaching and supervision of staff)?
- What are the costs to implement the program with families (in terms of staff time, resources to deliver, travel cost to agency, travel cost to families, costs to families in terms of time off work and childcare)?
- Are cost-effectiveness studies available?

Accessibility

- Are the materials, trainers and experts available to provide technical assistance (i.e. training, coaching and supervision) to staff who will deliver the program?
- Is the program developer accessible for support during implementation of the program?
- Does the program come with adequate supporting documentation? For instance, are the content and methods of the intervention well documented (e.g. in provider training courses and user manuals); are the content and methods standardised to control quality of service delivery?
- Are the program content and materials suited for the professionals and parents we work with, in terms of comprehension of content (e.g. reading level of materials, amount of text to read or write, use of complex terminology)?
- Does the program suit our service's access policies (e.g. 'no wrong door' principles; 'soft' entry or access points; community-based access; access in remote communities)?

Technical assistance required

- What are staff training needs (frequency, duration, location, cost)?
- What amount of ongoing technical assistance is required (including top-up training, coaching or supervision)?

Fidelity

- What are the requirements around the fidelity or quality assurance of delivery of the program components to families? That is, how well do practitioners need to demonstrate use of the program either during training or while they are working with families (e.g. are there tests, checklists or observations that they need to perform during training; are there

certain things they need to do to prove/show to the trainers that they are using the program correctly, such as video-taped sessions, diaries, checklists about their skills or use of the program with families)?

- Are there certain program components that MUST be delivered to families? That is, if they don't do X, they are not actually using the program as intended.
- What are the program dosage or quantity requirements for effective results (i.e. how often and for how long do families need to receive the intervention)? Can our service meet those requirements?

Data and measurement of effectiveness

- How is progress towards goals, milestones and outcomes tracked?
- What are the requirements for data collection (i.e. what measures are recommended, how often are they to be administered, who can administer them)?
- How accessible and relevant are the developer-recommended evaluation tools (ease of access, cost, ease of administration and scoring, relevance to Australian context)?

Staff selection

- What are the necessary staff qualifications or skill requirements (i.e. who can deliver the intervention)? Does our service have such staff or can our service acquire such staff?

Languages

- What languages is the program available in and does that match our client population?
- Is the program relevant and accessible to particular cultural and language groups (e.g. Indigenous families)?

Services face a range of challenges when selecting and implementing evidence-based programs. One significant challenge is that an evidence-based program may not exist for a service provider's identified needs, selected target population, and service and cultural context. Alternatively, or sometimes additionally, the monetary cost of an evidence-based program may be too high, which is a difficulty community-based services often face. While the cost of *not* implementing an evidence-based program should also be considered in such circumstances, it is nonetheless the case that cost is often a barrier to the quality implementation of evidence-based programs.

Another significant challenge facing services is deciding the extent to which a program should be adapted or not to fit the context and, if done, how it should be adapted with quality and to good effect, retaining the essential elements of the program that contribute to its effectiveness. In general, when working with evidence-based programs it is best to work towards strong adherence to the program as is, to ensure program fidelity and to avoid possible dilution of the benefits of the program. Nevertheless, adaptation and local innovation are sometimes necessary in order to meet emerging needs and suit specific populations. In such cases it is important to evaluate adapted or innovative programs to ensure that intended child and family outcomes are being met, and that harm is not being caused. Ideally, where an evaluation reveals that an adapted or innovative program demonstrates promise (that is, has been reasonably well evaluated and was shown to have some positive outcomes), ongoing evaluation should be performed to establish higher levels of evidence.

4 SUMMARY AND LIMITATIONS

4.1 Summary

This report has drawn together information to provide FaHCSIA with recommendations for better practice to achieve key parenting outcomes for FSP-targeted families.

In the context of the outcomes identified within the outcomes framework proposed as relevant to FSP service providers (see Section 2.3), we examined the evidence for existing parenting programs and provided a rating of the level of evidence for individual programs. This information can be easily interpreted by FaHCSIA to guide decisions about the effectiveness of parenting programs for achieving particular child and family outcomes.

Further, the report provides a framework for considering critical components related to the implementation of parenting programs.

Taken together, the central considerations in this report — the current international and Australian evidence regarding best practice in parenting programs, as well as implementation concerns such as the cost, timing and ongoing support needs required to effectively deliver programs — provide a useful tool to guide the selection and implementation of evidence-based parenting programs for FSP-funded services.

The analyses described in this report have helped to identify the best available program options for FSP providers to use when working toward particular child, parent and family outcomes.

The clearinghouse analysis identified 34 Well Supported and Supported programs ([Appendix 3](#)), and the REA identified 25 Well Supported and Supported programs ([Appendix 7](#)). While the clearinghouse analysis pointed to a range of programs that have good evidence of effectiveness (including Multisystemic Therapy, Incredible Years, Nurse Family Partnership, Triple P and Parent-Child Interaction Therapy), the REA showed strong evidence of effectiveness for a more modest number of programs (i.e. Triple P and Stepping Stones Triple P).

At the Supported level of evidence, the REA identified a range of programs with reasonable evidence of effectiveness, including those targeting gifted children, withdrawn children, children with specific health problems (i.e. asthma, overweight and obesity), pregnant parents, parents with anxiety, methadone users or parents in the justice system, working parents, new parents, Indigenous parents and families in poverty.

The REA of Australian evaluations showed evidence for many programs at Promising and Emerging levels. These Promising and Emerging programs warrant further investigation as potential future evidence-based programs. This is particularly the case for programs targeting existing gaps including the following specific populations: parents experiencing difficulties managing infant sleep, overweight and obese children, children with specific health problems (i.e. dental caries, substance use, eczema), parents with learning difficulties, parents with mental health problems, couples experiencing relationship problems, homeless families, and different cultural groups including Indigenous, African and migrant/refugee families.

The clearinghouse analysis provided evidence for Well Supported and Supported programs for a range of specific populations, including programs for pregnant women, foster parents, parents with limited education, families in poverty, new parents, children at risk of committing sexual abuse, children with substance abuse problems, children in the criminal justice system, children exposed to trauma and children at risk of out-of-home care.

Both the clearinghouse and the REA analyses identified programs at the Supported level that covered the range of child age from infancy to adolescence, where age of target children was specified.

Across both the clearinghouse analysis and the REA, Well Supported and Supported programs were targeted mainly at outcomes related to child behaviour. The REA also identified a number of Well Supported and Supported programs targeted at outcomes related to the parent-child relationship. The clearinghouse analysis also identified Well Supported and Supported programs addressing outcomes related to child safety and physical wellbeing, child development and family relationships. Few programs targeted basic child care outcomes across both the clearinghouse analysis and the REA.

Clear gaps remain in the availability of Well Supported and Supported programs for parents with intellectual disabilities, parents with mental health problems, and teen parents. Promising programs may fill some of these gaps, although more rigorous evaluation of these programs is warranted. There is a need for more research to extend Australian evidence for Promising and Emerging programs. Importantly, the field needs to invest in high quality evaluation that meets international standards of rigour.

While of critical importance, identifying evidence-based programs is only the beginning of the process. **How** a program is implemented is as important to outcomes as **what** is implemented. Despite this, implementation issues often receive limited attention both when selecting a program to implement, and when actually implementing that program within a service. This report provided an overview of key considerations regarding implementation, and provided a framework to guide the selection of an appropriate, effective program that is likely to be implementable within the existing service context. Key implementation considerations include those related to the program itself (e.g. training, coaching and documentation) and those related to the service (staff, context, population served). The cost to agencies of not attending to implementation can be high.

4.2 Limitations of the report

There were a number of limitations imposed on the content of this report, due mainly to the time restrictions to complete the analyses. These limitations are detailed below.

4.2.1 Child and family-focused initiatives

The current report did not include an analysis of broad child- and family-focused initiatives that provide a suite of interventions, and which may include parenting programs within that suite. Given that such initiatives are broader than simply 'parenting programs', they fall outside the scope of the current analysis. For example, such initiatives often provide community-level intervention or child-focused day care or school-based programs in addition to parenting components. Evaluations of such initiatives typically do not separate out analyses of different components of the intervention, therefore where it was not possible to delineate the specific effects of the parenting program component of an initiative, these evaluations could not be included in the analysis. Some international examples are Sure Start (United Kingdom) and Early Head Start (United States of America). Australian examples include Communities That Care, Healthy Start, Pathways to Prevention, Communities for Children, Best Start (Victoria), Brighter Futures (New South Wales) and Families as First Teachers (Northern Territory).

Similarly, the analysis did not include papers describing evaluations of primarily child-centred or school-based programs. Some such programs do include a parenting component, such as

teachers talking to parents about how to extend the school-based program at home. However, the parenting component may not be consistently described as being a necessary component of the program. Examples of such programs from the United States of America include the Abecedarian Project, Milwaukee Project (sometimes called the Family Rehabilitation Program) and Perry Preschool Program, which are specialised early intervention day care programs for children in disadvantage. Local Australian examples include NEWPIN (New Parent and Infant Network) and YALP (Yachad Accelerated Learning Project).

4.2.2 Clearinghouse analysis

The breadth of data extracted from clearinghouses about parenting programs was limited to important information that could be gathered quickly and consistently. Therefore some detail about individual programs was not collected; for instance, language options and staff qualifications required to deliver the program.

4.2.3 Rapid Evidence Assessment

While systematic reviews are essential to a true understanding of the evidence associated with effective programs, they can be costly in terms of the time and personnel required (at least a year to identify, extract and analyse all relevant studies; Hemingway & Brereton, 2009). Increasingly being recognised as a valid form of systematic review, REAs are emerging as superior alternatives to traditional literature reviews when there are time and staffing limitations. REAs are literature reviews that use methods to accelerate or streamline traditional systematic review processes, facilitating the synthesis of evidence in an area within a short time period (Ganann, Ciliska & Thomas, 2010).

The methods used to accelerate the current REA included analysing only papers written in the previous ten years, limiting the search to Australian evaluations, including only English language papers and not searching reference lists for further papers. Masters or doctoral dissertations that were not located online via electronic database searches were not included. As a consequence of the search restrictions imposed on the REA, the report may have missed some articles; for example, 345 papers dated prior to 2002 were not screened for inclusion. There may have been papers among these that provided more detail about the parenting programs and possibly further evidence for the programs under review or evidence for additional programs. Papers written earlier than 2002 may have provided more detailed description about a program that was included in the REA, including detail related to mode, setting or even results. Furthermore, there may have been occasions where a paper reporting only follow-up data was written between 2002 and 2012, but an earlier paper may have provided RCT-level evidence of effectiveness.

The breadth of data extracted from individual papers within the REA had to be limited to important information that could be gathered quickly and consistently. Therefore some detail about the studies was not collected, including any adaptations or modifications made to a recognised parenting program, a detailed description of the content of the parenting program (program aims and outcomes were extracted), whether the parenting program described had a manual or treatment guidelines, and information regarding how the content of the program was delivered (e.g. modelling, didactic learning, discussion, rehearsal).

Some detail about the rigour of the evaluation was not considered in the evaluation of the evidence supporting Australian evaluations included in the REA. For example, sample size was not included as a consideration, therefore studies that included intervention or comparison groups with as few as three participants were included. Furthermore, the quality and

appropriateness of statistical analyses employed within individual studies were not evaluated. We reported the main findings as they were described by the study authors, but did not validate that their analyses were appropriate or executed accurately.

4.2.4 Static analysis of parenting programs

This analysis was completed in June 2012 and readers are advised that new evidence will emerge after publication of this report. We recommend that any new evidence is taken into consideration when selecting and implementing parenting interventions.

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6 APPENDICES

Each appendix is provided in a separate document.

- Appendix 1. Family Support Program (FaHCSIA) outcomes
- Appendix 2. Clearinghouse rating systems
- Appendix 3. Summary of evidence for parenting programs from clearinghouse analysis
- Appendix 4. Program descriptions for parenting programs identified in clearinghouse analysis
- Appendix 5. REA data extraction template
- Appendix 6. REA Program rating checklist template
- Appendix 7. Summary of evidence of the effectiveness of each program identified in the REA
- Appendix 8. Programs rated as Well Supported in the REA (data extracted from papers and program rating checklists)
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- Appendix 10. Programs rated as Promising in the REA (data extracted from papers and program rating checklists)
- Appendix 11. Programs rated as Emerging in the REA (data extracted from papers and program rating checklists)
- Appendix 12. Programs rated as Not Effective in the REA (data extracted from papers and program rating checklists)



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