families ACT

Parenting Programs in the ACT

May 2015

Acknowledgements

Families ACT recognises the Ngunnawal people as the traditional owners and continuing custodians of the lands of the ACT and values their contribution to the life of our community. We pay our respects to their elders past and present.

We would like to thank the community and government agency staff who participated in the survey and focus groups for their contribution to this research.

Parenting Programs in the ACT
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EXECUTIVE SUMMARY

This research into parenting programs delivered in the ACT reflects Families ACT's keen interest in early intervention and prevention. Programs which support positive parenting represent a key strategy in improving developmental outcomes for children particularly in the early years.

The report documents current knowledge about evidence-based parenting programs that may be beneficial and appropriate for specific groups of parents living in the ACT as well as highlighting critical considerations for service providers in selecting and implementing evidence-based programs. It details findings of research conducted to better understand the range and type of parenting programs delivered in the ACT and the target groups which service providers aim to reach. The research findings also articulate what is working well and what could be improved in future service delivery. It is intended that these findings will be used to inform future policy and practice directions and serve as a guide for service providers in making evidence-based decisions.

MIX OF UNIVERSAL AND TARGETED PROGRAMS

The research points to a spread of universal (whole population) and targeted (at risk populations) programs being implemented by agencies. The value of delivering a mix of both universal and targeted programs is that it enables a more nuanced response in meeting families' needs. By providing a mix of parenting support programs, service providers can be more responsive to families' needs and circumstances, particularly in relation to vulnerable families dealing with multiple and complex issues. However service providers expressed concern that funding requirements to provide targeted parenting programs is resulting in a reduction of preventative options for parents.

Situating targeted programs within normal, non-stigmatising, universal settings such as Child and Family Centres and schools is likely to reduce the level of stigma experienced by parents. At the same time, there is some research evidence that economically disadvantaged families may benefit more from individual parenting programs (Lundahl et al, 2006; Reyno & McGrath, 2006). Programs using a one-to-one approach are advantageous in terms of greater flexibility of pace, content and attention to families' particular circumstances and priority concerns.

REFERRALS

A significant amount of recruitment to parenting programs occurs through family self-referral. Without more targeted recruitment practices, parenting programs run the risk of sourcing participants who may not require these programs and not actually servicing those more vulnerable parents.

GAPS

The research highlights that gaps in service provision have diminished during the last few years in the ACT. Parents of children aged 0 to 5 years are particularly well served. However, parenting support deficits exist in Woden Valley and Weston Creek. Service providers also suggested that greater investment needs to be made in providing support to parents from culturally and linguistically diverse backgrounds; Aboriginal families; parents of young people aged 12 to 18 years; and young parents aged 14 to 25 years.

MIGRANT AND REFUGEE GROUPS

There is considerable variation and diversity in parenting practices within different migrant and refugee cultural groups (Sawrikar, 2009). Navigating parenting roles and responsibilities in a new culture can be challenging. Lewig and colleagues' (2010) study on refugee families highlights the need to provide information and education as part of early intervention programs, as parents begin their adjustment in a new country, rather than waiting until they are overwhelmed by the realities of parenting in a new culture.

Programs such as ABCD: Parenting Young Adolescents Program which incorporate strategies that promote parents' ability to identify and choose strategies for their own family, in accordance with their values, are worth considering in view of the promising evidence that this type of approach may be of benefit to families from diverse backgrounds. Future development of parenting programs for parents from culturally and linguistically diverse communities needs to be located in those agencies that have significant cultural competence.

Reaching disengaged parents

Service providers raised concerns about the suitability of parenting group programs for some groups of parents, particularly those who are disengaged from the service system. The value of using soft entry points (such as playgroups, informal parent support groups), to counter parents' negative expectations and concerns about how they will be judged, cannot be underestimated as a bridging mechanism to parenting programs. It is also worth exploring the feasibility of conducting a pilot of Empowering Parents Empowering Communities, a peer led model with pairs of trained parent facilitators delivering a manualised program to groups of parents. This has been a successful response to delivering parenting support to those families that services find hard to engage.

Evidence of effectiveness

The rapid literature review identified only five programs that are supported by the evidence for those groups currently not well served in the ACT, however a further sixteen rated as promising in relation to their effectiveness.

The research demonstrates agencies' growing commitment to delivering parenting programs that have some empirical base to their effectiveness. Factors influencing their choice of programs included funding criteria requiring the use of evidence-based programs, offering parenting support options that have the potential to affect change in parents' lives, and selecting programs that went some way to matching the goals, values and culture of intended target groups. However, constrained training budgets meant that program selection was frequently dictated by what training was available in Canberra. This severely restricts what service providers can offer and reduces the likelihood of matching programs to the needs of the intended audience.

Program Fidelity

Faithful implementation of an evidence-based program is an important component of effectiveness. Success in implementing evidence-based programs depends on fidelity issues such as practitioners' adherence to program protocols, the quality of practitioner training, monitoring the quality of delivery, ongoing supervision and organisational support. Some service providers have adapted model programs to better meet the cultural and social needs of participating parents.

Based on current research knowledge, Bowes and Grace (2014) assert that some adaptation of program materials and processes is likely to be necessary to ensure engagement by Aboriginal participants and these adaptations need to be made in consultation with the local community. To avoid program drift, the key is to identify and retain the core program elements. This principle applies equally to other groups of parents. Although the body of current knowledge is weak in relation to instituting cultural adaptations of evidence-based parent training programs for parents from diverse backgrounds. More research is needed to provide practitioners clear guidance about when and how to assess the need for cultural adaptations of parenting programs.

It is concerning that a few agencies are implementing programs consisting of various components from several different parenting programs. They are unlikely to be including all the core components of the various

models being applied. In the absence of evaluating outcomes experienced by participants, they are at risk of being ineffective, or worse, actually causing harm to people.

Funding

A significant challenge for agencies in selecting and implementing evidence-based programs is covering the monetary costs involved. Of concern is the funding instability facing a significant proportion of agencies providing these programs, particularly in the context of increasing demand for parenting programs. Short-term contractual funding cycles generally act against effective program delivery and staff morale and retention. At the same time, the financial resources needed to build evidence-based practice skills are lamentably lacking in many community based organisations. Program funding is unfortunately not aligned with the financial realities of delivering evidence-based programs.

The additional costs associated with implementing evidence-based programs need to be factored into contractual arrangements with community based service providers. The higher costs associated with implementing these programs include those relating to training, ongoing supervision, productivity losses as new program staff acquire the necessary skills to implement these programs, and resources to conduct implementation and outcomes evaluations (Raghavan et al, 2008).

Collaboration

Service providers made several recommendations to enhance partnership activities that have been developed by some agencies, with the aim of maximizing the use of scarce resources and sharing agency expertise. Child Youth Family Services Program Network Coordinators could establish a parenting program database with details of agencies providing parenting programs, the type of programs provided and workers' training credentials. This would facilitate the sharing of expertise and resources, with the aim of increasing the number of programs implemented in different regions of the ACT. Those agencies that have developed extensive expertise in a particular approach could be funded to provide programs across the ACT. Finally, arrangements to provide inter-agency professional supervision involving supervisors who have experience of implementing parenting programs would increase the quality of programs available to parents living in the ACT.

Considerations

- Situate targeted programs within normal, non-stigmatising, universal settings such as Child and Family Centres and schools to reduce the level of stigma experienced by parents
- Use soft entry points (such as playgroups, informal parent support groups) as a bridging mechanism to parenting programs
- Enhance the availability of and access to suitable programs for parents from culturally and linguistically diverse backgrounds, Aboriginal families, parents of young people aged 12 to 18 years and young parents aged 14 to 25 years
- Provide support to adapt programs to better meet the cultural and social needs of participating parents
- Ensure that budget constraints do not limit program selection to those where training is available in Canberra
- Factor additional costs associated with implementing evidence-based programs into contractual arrangements with community based service providers
- Mandate Child Youth Family Services Program Network Coordinators to establish a parenting program database with details of agencies providing parenting programs, the type of programs provided and workers' training credentials.

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1. INTRODUCTION

This report documents current knowledge about evidence-based parenting programs that may be beneficial and appropriate for specific groups of parents living in the ACT, as well as highlighting critical considerations for service providers in selecting and implementing evidence-based programs. It details findings of research conducted to better understand the range and type of parenting programs delivered in the ACT and the target groups service providers aim to reach. The research findings also articulate what is working well and what could be improved in future service delivery. It is intended that these findings will be used to inform future policy and practice directions and serve as a guide for service providers in making evidence-based decisions.

An increasing body of research evidence indicates that the social, emotional, cognitive and physical development of children is influenced by the quality of their early experiences in life (Shonkoff & Phillips, 2000). Ineffective parenting practices and adverse family circumstances and home environment are significantly related to children's development. The Longitudinal Study of Australian Children found that parenting practices have a prominent role in that 'poorer' parenting quality is associated with more negative child development outcomes. Parenting characteristics such as parental warmth, punitive parenting practices, consistency and parental self-efficacy were the strongest predictors of negative outcomes for infants. Children aged 4 to 5 years who had experienced hostile parenting were more likely to have poorer development outcomes (Zubrick et al, 2008).

Poor physical or emotional health can be manifested in emotional difficulties or behavioural problems. Disruptive behaviour, including aggression and non-compliance during early and middle childhood impact considerably on the quality of life of both children and their families and are associated with antisocial behaviour during adolescence. These challenging behaviours are linked to adult mental health problems, crime, relationship and parenthood difficulties, and substance dependence (Fergusson et al, 2005).

In Australia there has been considerable interest in parenting programs over the last two decades. Parenting support has been viewed as one mechanism to prevent child abuse and also a means to enhance parents' understanding of child development and capabilities in raising children (Tomison, 1998). Numerous parenting courses are available, and have been developed with the aim of improving fundamental parenting practices and reducing the potential for problem behaviours in children.

The concept of parenting programs is broad as it encompasses a wide range of philosophies, programs, theoretical frameworks, purposes and materials. As an umbrella term, parenting programs refers to parent education and training, parent support and family skills training (Tully, 2009). The definition used in this report is provided by Wade and colleagues (2012,8):

> *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.*

Parenting programs are structured, short to medium-term interventions that are provided in a variety of settings with a group or individual parents. In some programs the child attends as well allowing parents to practice new skills or therapists to encourage parent-child interactions (Dretzke et al, 2009).

The theoretical underpinnings of parenting programs can be varied. Some parenting programs will combine a number of theoretical frameworks. The most common types of parenting programs include (Bunting 2004, Tully, 2009):

- *Behavioural parenting programs,* based on social learning principles, which aim to teach parents to use a range of basic behavioural techniques such as positive reinforcement, negotiation and finding alternatives to punishment.
- *Cognitive behavioural parenting programs,* which combine basic behavioural type strategies with cognitive strategies aimed at helping parents restructure their thinking about themselves and their children.
- *Relationship-based parenting programs,* based on attachment theory, psychodynamic theory or family systems theory. Those based on attachment theory aim to increase the availability and responsiveness of parents so that children's sense of security is increased.
- *Rational emotive therapy parenting programs,* which aim to reduce emotional stress through the disputation of irrational beliefs and the reinforcement of rational beliefs.
- *Multi-modal parenting programs,* which combine other program components in addition to behavioural and/or cognitive strategies.

2. Project Methodology

Research Objectives

The main objectives of this research were to:

- identify the range and type of parenting programs currently being delivered in the ACT by government and community service organisations
- identify a range of effective and promising parenting programs.

Methods

A mixed methods methodology was used to develop an understanding of the range and type of parenting programs currently being implemented in the ACT, the groups of parents currently using these programs and their reasons for doing so, as well as issues for future development in program delivery. The project used an online mapping survey and focus groups with managers and practitioners working in child and family services in the ACT as the methods for data collection.

Mapping survey

The scope of the mapping survey was to explore the range and type of parenting programs available to parents. Survey items were developed to collect information on the following topics: target groups; theoretical frameworks of programs; program models; program fidelity and adaptation; intended outcomes; and program resources including funding.

The online survey was piloted to ensure the questions elicited useful quantitative data and that service providers did not find it too burdensome to complete.

The mapping survey was promoted through Families ACT networks for a period of 7 weeks during August and September 2014. Child and family services were also contacted directly and asked to distribute information about the project to their staff.

A sample of 25 provided a good cross section of agencies providing parenting programs. The majority of participants (75%) worked in a non-government setting while 25% reported that they worked for a government agency. Fifty per cent of participants were parenting program practitioners and the same proportion had a managerial or supervisory role in relation to the parenting programs delivered by their organisation.

Focus groups with key service providers

Recruiting service providers

All community service organisations and government agencies with responsibility for providing parenting programs were invited to participate in the focus groups. A total of 15 practitioners and managers from 12 agencies agreed to contribute to the research.

Focus groups

Two focus groups were conducted in July 2014. Proceedings were audio taped with participants' permission and transcribed, and notes were also taken by the facilitator. The following areas were explored in each group:

- the use of their services by parents
- factors influencing choice of program models
- perceived benefits for parents
- what is working well
- perceptions about which groups of parents are not having their needs met
- improving the quality of program delivery.

Data analysis

Focus group data were coded using NVivo (a qualitative research software package). In the coding process, key theoretical concepts in the literature review were partially drawn on. The data were then re-analysed for additional categories and concepts using constant comparative techniques.

Limitations of the research

The original project design included a desktop review of service data collected by The Child, Youth and Family Gateway. It was intended that this analysis would provide some understanding of the nature of parenting issues experienced by people using this service, particularly those people who are dealing with complex issues in their lives. Unfortunately the Gateway service was unable to provide this data. This secondary data source would have contributed to a more in-depth understanding of the factors relating to the demand for parenting assistance and support.

Report structure

This report details:

- the findings of research conducted with service providers in the ACT
- the rapid literature review of evidence-based parenting programs with a focus on:
    - parents from culturally and linguistically diverse backgrounds
    - Aboriginal and Torres Strait Islander families
    - parents of young people aged 12 to 18 years
    - young parents aged 14 to 25 years.
- a range of factors that need to be considered in selecting and implementing evidence-based parenting programs to maximise their potential
- the implications of the project's findings for future program development.

3. PARENTING PROGRAMS IN THE ACT

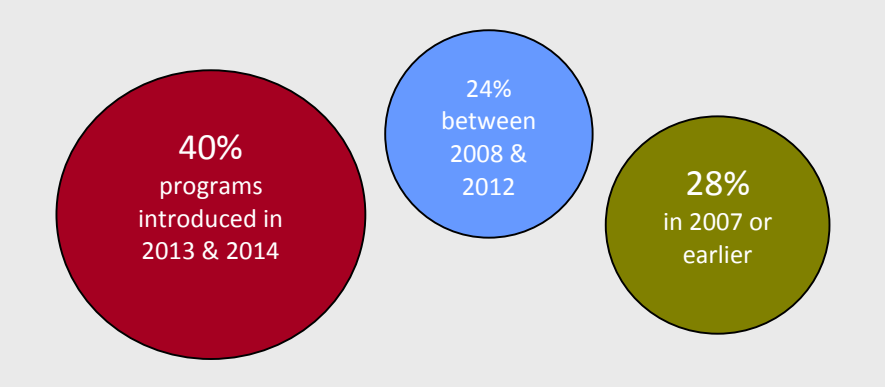
There has been growing interest in the delivery of parenting programs by ACT service providers during the last decade. Data from the mapping survey and focus groups indicates there is a relatively broad range of programs currently available to parents living in the region. The most frequently reported programs by research participants are Circle of Security and Triple P. The latter program is delivered either on a group basis or through individual sessions with parents.

Parenting programs are available in a variety of settings including Child and Family Centres, community service organisations, primary health care facilities and parents' homes. During the period 2013 to 2014, the following programs were implemented in the ACT.

Parenting Program		
Circle of Security	Triple P	Tuning in to Teens
Relaxing into Parenting & Baby Makes Three	Tuning in to Kids	Understanding Teens
Thrive Bonding & Attachment Group	Parent Effectiveness Training	Assisting Responsible Care for Kids (ARCK)
QE2 residential program	Bringing Up Great Kids	
Newpin	Parenting Matters	
Parents as Teachers	Cool Little Kids	
Rock, Rhythm & Roll	School Link	
Learn, Giggle & Grow	Non Violent Resistance	
Hippy	Horizons	
Children's Behaviour & Emotional Well-being Clinic	Parenting Skills for Dads	

Survey participants were asked to indicate when their programs were first introduced. There has been a progressive increase in the availability of parenting programs during the last decade with a noticeable spike of activity during the last two years. The majority of programs (40%) started during this period (Figure 1).

Figure 1: When programs started



Parenting program resources

Program funding

The majority of programs (50%) received funding grants for the ACT government. Thirty-three (33%) were funded by the Commonwealth government. A further 12% received joint Territory and Commonwealth funding while the same proportion solely relied on fees paid by program participants. One agency received funding for its parenting program from philanthropic organisations.

One third of parenting programs are fully reliant on Federal government funding

The majority of mapping survey respondents (42%) did not think current funding models were sustainable compared to 25% who thought they were sustainable and a third (33%) who were unsure about this issue. Similarly, 42% of survey respondents stated that their funding was unstable from one year to the next. In terms of government grants covering the full cost of service delivery, a third of respondents reported that this did not occur. In spite of this gloomy outlook, a significant majority (80%) planned to run their parenting programs at some point in the future.

Program staffing levels

Data from the mapping survey indicates that agencies providing parenting programs predominantly employ practitioners on a part-time basis. Just over half of survey respondents (52%) indicated that between 1 and 2 part-time practitioners were employed to facilitate programs. A further 32% highlighted that between 3 and 4 practitioners worked part-time and 12% had more than 5 part-time practitioners.

Around a quarter of respondents (28%) stated they had between 1 and 4 practitioners working on the parenting program on a full-time basis.

Target groups

Survey participants were asked about which groups of parents they specifically targeted with their parenting programs. The most frequently reported groups of parents that service providers aim to reach are parents of children under the age of 5 years including babies (72%), parents of school age children (52%) and Aboriginal and Torres Strait Islander parents (36%) (Table 1).

Those groups that service providers indicated are less likely to be involved in a parenting program are: parents with a disability (0%); parents of children living with a disability (4%); parents who have drug and alcohol problems (8%) and teenage parents (8%).

Table 1: Target groups

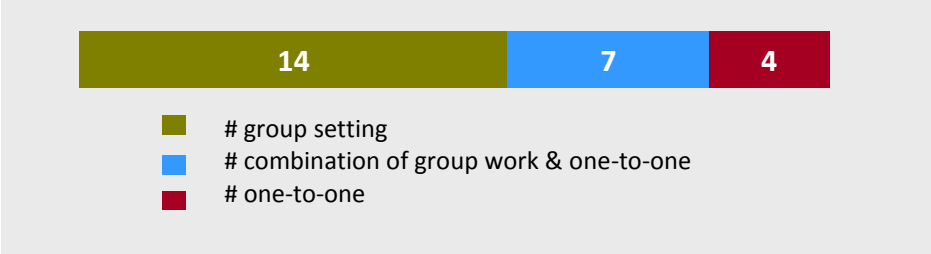
Parent Group	Percentage	Number
Parents of newborn children	24	6
Parents of children under the age of 5	48	12
Parents of school age children	52	13
Parents/carers of children living with a disability	4	1
Parent who are separated or divorced	32	8
Single Parents	28	7
Teenage parents	8	2
Foster and/or kinship carers for children	20	5
Parents with teenage children	24	6
Parents with a disability	0	0
Parents with mental health issues	24	6
Parents who are misusing substances	8	2
Aboriginal and Torres Strait Islander parents	36	9
Parents from culturally & linguistically diverse backgrounds	32	8
Open to all parents	20	5
Other	8	2

* The percentage column exceeds 100 as participants gave more than one response.

Format and duration of parenting programs

The most common format used by agencies to deliver parenting programs is a group setting (56%). Around a quarter of programs (28%) are delivered using a combination of group work and one-to-one sessions. Just 16% of respondents reported using only a one-to-one approach to support parents.

Figure 2: Program format



The time commitment required from parents receiving parenting support varied from a single session to more than 20 sessions. Around two thirds of programs (60%) ran for between 6 and 10 weeks. Twenty per cent (20%) of programs were delivered over a period of more than 20 sessions, 12% consisted of 5 sessions and 8% between 11 and 20 sessions. A further 8% of programs were delivered in a single session.

The majority of programs (68%) operated on a weekly basis. A small proportion (12%) were delivered several days a week. The duration of sessions for three quarters of programs (76%) was between 1 and 2 hours.

How do people access parenting programs?

Parents used various pathways to access parenting support. The most common pathway reported by survey participants (92%) was that of internal referrals from within their organisations. Eighty eight per cent indicated that parents were referred from external agencies (both community service organisations and government services) and 80% reported that people approached agencies independently for parenting support. The least common referral mechanism reported by survey participants was the Gateway Central Intake Service (48%).

Over two thirds of program providers (72%) said they promoted their parenting programs through various avenues such as schools and local community events.

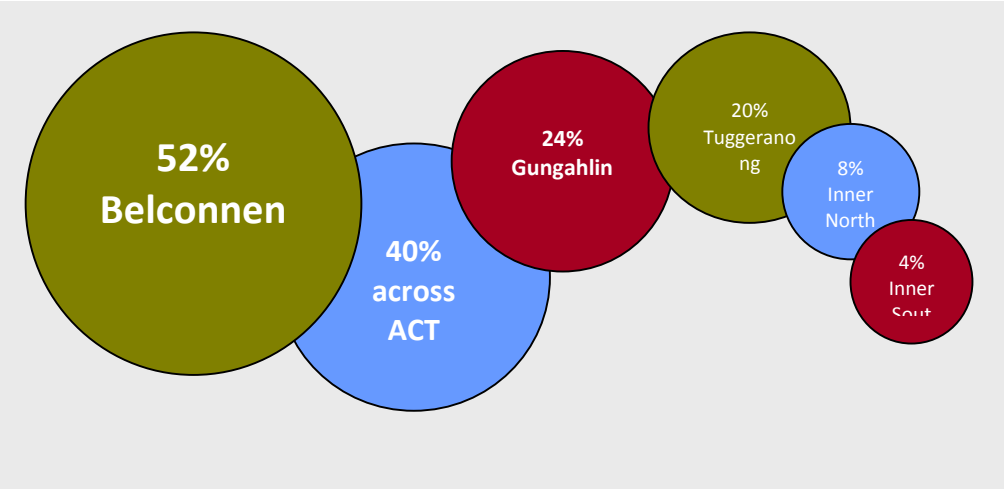
Less than 50% of survey participants stated that parents were referred from Gateway Central Intake service

Where do parents participating in programs live?

Survey respondents were asked to identify the areas of the ACT where parents who attended programs predominantly lived. Over half of program providers (52%) nominated the Belconnen region while Gungahlin and Tuggeranong were identified by 24% and 20% of survey participants respectively. Forty per cent (40%) stated people could access programs regardless of where they live. The majority of these Territory-wide programs were designed for specific target groups and include HIPPY, Non Violent Resistance, Parenting Skills for Dads and Horizons.

Parents living in the areas of Woden Valley and Weston Creek did not have the same degree of access to parenting programs as those parents living in other parts of the ACT.

Figure 3: Where parents attending programs live



UNIVERSAL AND TARGETED PARENTING PROGRAMS

Mapping survey participants were asked to classify the programs they delivered as universal, selective and/or indicated. Over half of parenting programs (60%) were described by survey participants as universal and available to all parents in the population served (Figure 4). Of these universal parenting programs, 53% were also categorized as selective and indicated; that is, they were delivered to parents of children who were at high risk of developing problems, due to a presence of risk factors such as parental mental health issues, as well as to those parents of children who were already showing problems, for example, children with behavioural problems or parents who had abused or neglected a child.

Overall, survey participants reported that they delivered slightly more selective parenting programs (52%) than indicated ones (48%).

Figure 4: Program level

The majority of focus group participants highlighted the importance of providing universal parenting support to all parents regardless of socio-economic status and the presence or absence of individual or circumstantial risk factors. The provision of universal programs was viewed as a significant preventative measure against the development of negative outcomes for children, in that the parenting issues that parents present with may escalate and, in the absence of parenting support, lead to adverse impacts on children's well-being. Some participants also suggested that parenting challenges had no boundaries in terms of families' circumstances.

Participants observed:

> *Just because they're looking on the outside like they're an intact family, all the right marks - socio-economic, education, everything else - doesn't mean there aren't significant issues in that family* (FG2).

> *We've certainly worked with parents who have PhD's and by a lot of standards are considered to be quite successful people. However, having children and being a parent is very much a levelling field for a lot of families. Because you may have an education and may feel comfortable accessing services, the fact you have children can mean you still have the same issues in areas as the more vulnerable families as well* (FG1).

A few participants observed that the notion of vulnerability can also apply to more affluent, professional individuals:

> *I think these parents are just as vulnerable because they can't talk about having problems. They go to their workplace, I remember someone saying 'we can come to this parenting group and we can talk about our struggles, we can't do that at work'* (FG1).

Universal parenting programs are likely to be effective in identifying and reaching at-risk groups of families. One useful model is the single session Children's Behaviour and Emotional Wellbeing Clinics delivered by Child and Family Centres. A participant explained:

> *The idea of that is having a session with practitioners and parents for an hour, focusing on what is happening for them, providing some strategies and then providing follow-up phone calls. Sometimes that can turn into longer-term work with families or it may be all that the family is requiring* (FG2).

Providing parents with choices

The value of delivering a mix of both universal and targeted parenting programs is that it enables service providers to be more responsive to families' needs and circumstances. Several participants highlighted how parental choice in the type of parenting support being offered was critical to engaging people, particularly those with multiple complexities in their lives, in their programs both in the short and medium term. One participant stated:

> *Programs like Learn, Giggle and Grow are targeted more at parents who are feeling unable to attend other mainstream groups or not wanting to. Because they may be in a place where there's certain things that they are not wanting address in their lives... So it's about forming that connection first with the parent or family so they feel okay to take a part in this. And I guess we find with providing a variety of parenting programs there's more opportunity for families to see which they feel they fit with and then there's possibilities for them to go across programs* (FG2).

The structure and duration of parenting programs such as Circle of Security and the group version of Triple P was seen as inappropriate for some groups of parents. In these instances, again, it was thought that by offering alternative options, benefits for families were more likely to be realized.

> *The evidence based programs, Triple P, because they are such a long commitment, I'm finding that a lot of our vulnerable families that we work one on one. It is better to do a one on one with the family rather then put them through a group situation* (FG1).

> *They may not be ready to start something like Circle of Security and they may not be able to commit to a program of so many weeks, every week* (FG2).

> *We have those families that are involved with child protection and they are mandated to attend them. They don't want to be there, they don't actually get anything in particular from the group and they avoid it. And then it's on the list of things they haven't done. It's very double edged* FG1).

Achieving a balanced mix of universal and targeted programs available to parents is an increasingly elusive goal for some agencies. Funding imperatives, at both federal and ACT government levels, to provide targeted parenting programs, particularly those of an indicated nature, to vulnerable families is resulting in the demise of preventative approaches to parenting support. As this participant explained:

> *We're more and more being asked to band aid the things with post-separation, the ugly situations. So more and more focused on that and less focus on prevention. So families that ordinarily should be doing okay, that shouldn't be coming in contact with our services, are bleeding because our focus has shifted* (FG2).

Another participant commented:

> *Now it's no help until you fall off the cliff. It's getting worse and worse* (FG2).

In the context of delivering programs within a resource constrained service environment, a few participants suggested that agencies could charge those more affluent parents for particular parent training programs. A participant explained:

> *We're talking about public servants, people who are earning because we ask those questions at the point of referral. They're good at accessing these free resources but they could afford to pay. Most of our vulnerable families were not in those groups. I remember looking at a referral and between the couple they were earning $300,000* (FG2).

Theoretical orientations of programs

An open-ended survey question was used to elicit information about the theoretical orientations and guiding principles on which parenting programs were based. The written comments have been coded and help to give an overview on participants' understanding of the theories and principles underpinning the programs that their agencies implement. The most frequent responses given include attachment and developmental theories, as well as strength-based principles (Table 2). Very few participants referred to social learning, ecological or humanistic theories and client-centred principles.

Table 2: Theoretical orientation reported by survey participants

Category	Frequency*
Attachment	11
Developmental	4
Strengths-based	3
Family systems	2
Cognitive behaviour therapy	2
Emotion coaching	2
Social learning	1
Ecological	1
Humanistic	1
Client-centred	1
No description given	4

*The frequency of theoretical perspectives exceeds the number of participants as some participants gave more than one response.

In addition, survey participants were asked to identify which theoretical framework they used in their programs to assist parents from a list of the most common frameworks utilized by different types of parenting programs. Over half of survey participants (60%) described their programs as multi-modal (i.e. multiple theoretical frameworks) and approximately a third (32%) identified their programs as relationship-based. From some of the responses, it is clear that several participants struggled with this question and may not be aware of their program's theoretical framework.

Rationale for using program models

Survey participants were asked to indicate the main reasons for deciding on the particular parenting program being implemented in their agencies. Around two-thirds (64%) identified their funding body's requirement to provide evidence-based parenting programs. A lack of relevant parenting programs was also mentioned relatively frequently (40%). Findings from external reviews, research or evaluations and availability of external funding were each nominated by 28% of survey participants. Just 20% of participants reported that

the need for the program was identified from parents involved in other support programs. Data from internal reviews, research or evaluation was the impetus to establish programs for a few participants (8%).

Funding bodies of 64% of programs required the use of evidence-based programs

Several service providers participating in the focus groups, when asked to identify the factors that influenced their selection of parenting programs, felt it was important that parents were offered evidence-based programs. The effectiveness of an approach influenced their decision-making about which program to adopt. Their focus was clearly on the changes that can occur for parents and children by participating in empirically supported interventions. One participant commented:

> *We chose Circle of Security because it is strongly evidence-based, rooted in attachment theory...all behaviours are a search for connection and we know that in the long-term that if you don't have that secure attachment or healthy enough attachment, that will go onto impact your relationships later in life* (FG1).

Another consideration for some focus group participants in selecting programs was trying to ensure the program matched the goals, values and culture of the intended audience. Consideration of the content, structure and format for delivery was considered important as well as parents' level of readiness for change. Service providers explained:

> *I also found when I was doing the Triple P, it worked brilliantly for the white picket fence family. But we don't always have the white picket fence family. They are not the ones who are going to sit down nicely and comprehend it all to start with. Some of them have major literacy issues* FG2).

> *When we got the Circle of Security happening ..... what we found was that it was potentially a too bit overwhelming and complicated for some of them who had real vulnerabilities* (FG1).

> *You can see the need for Circle of Security but they are not ready yet* (FG1).

Another participant highlighted that selection of programs was made on the basis of ensuring that parents would not feel threatened as:

> *Some of the parents were anxious about what would happen if they turned up at a parent course. I'm not doing the right thing. Someone is going to come and take away my kids* (FG2).

The stipulation by funding bodies that grant recipients deliver only evidence-based programs can constrain the range of programs offered to parents. In the context of limited training opportunities available in Canberra on the implementation of evidence-based programs, a few focus group participants observed that service providers had an extremely limited menu of parenting program options from which to choose. This means that when selecting a program, the likelihood of a program being a good fit with the needs of the intended audience is reduced.

Some service providers thought that among practitioners, the tide was turning away from programs such as Triple P, which are based on behavioural strategies, in favour of those informed by relational or attachment-based perspectives. This was due to professional and personal philosophies concerning the value of programs informed by a behavioural theoretical framework. It was also observed that while programs such

as Triple P can produce a 'quick fix' in terms of changing children's behaviour, these changes are not maintained in the long-term.

> *The carrots you get from a behaviouralist approach like Triple P is an instant result. I think if you want long-term change you can't do any behavioural change stuff without dealing with some of the emotional connections and relationship stuff that goes on with that bond* (FG2).

Among some groups of parents, it was noted that Triple P is a frequently requested program, possibly due to the program developers gaining wide exposure through mainstream advertising. This in turn influences agencies' decision-making concerning the range of programs they provide to parents.

Program selection is also influenced by the extent to which a program may be adapted within parameters set by program developers. Having opportunities to be more flexible in delivering program content so as to meet parents' needs has led to several service providers choosing alternative programs other than Triple P (group version) which has stringent fidelity requirements.

Program fidelity and adaptation

The vast majority of mapping survey respondents (71%) stated that their agencies' parenting programs are fully based on a single, previously designed program model. A number of service providers tended not to adopt complete packages, but chose to use parts of several different programs, or adapted existing programs to meet their service contexts or parents' needs. The use of programs that incorporate elements of several models was reported by 17% and a further 12% developed their program in-house. Of those using a manual-based program developed externally, nearly a third (29%) had made some modifications to the content and methods of delivery.

Adapting off the shelf programs

The types of changes made to manual-based programs, as described by survey participants, were largely related to making these programs more suitable for the groups of parents involved. In some instances, this entailed making relatively significant modifications.

> *We tailor a variety of resources and program modules to suit the family. For example, we may not necessarily use a whole Triple P manual for a family and will work through what they need in a flexible manner.*

Another reason for adapting Triple P related to professional judgements about the appropriateness of the program content as this survey respondent explained:

> *It's based on a previously designed model, however we do not endorse the concepts around time out and provide alternatives to assisting children experiencing big emotions. Exploring time in and being with instead.*

Similarly, several focus group participants highlighted the need to adapt evidence-based approaches to fit the culture and circumstances of parents. The different parenting practices of some parents from culturally and linguistically diverse backgrounds has necessitated program modification. One participant commented:

> *So they come in and they do these programs but there's questions around the language, their understanding of what we're talking about because there's totally different concepts. So not sticking with seeing everything with a western kind of lens* (FG1).

In response to a perceived absence of evidence-based approaches that could be used with parents of adolescents and teenagers, a few focus group participants discussed how they have either modified an

existing empirically supported program designed for parents with babies or young children or combined different components of several programs to create a new program.

> *We see it (Circle of Security) as applicable across all ages and very relevant for parents of adolescents. So we are taking the same concepts and ideas* (FG1).

> *When you're looking at teens which is where I'm at, I was able to bring in things from everywhere in the program that I've developed* (FG2).

Benefits for parents participating in programs

The most frequently reported intended outcomes by mapping survey respondents for program participants were family relationships (96%), followed by parent-child relationships (76%) (Table 3). Around two thirds identified child behaviour (68%), and safety and physical wellbeing (60%). Outcomes relating to child development were nominated by 56% of survey respondents.

Table 3: Intended outcomes for program participants

Outcome domain	Frequency*
Family relationships	24
Parent-child relationship	19
Child behaviour	17
Safety and physical wellbeing	15
Child development	14

*The frequency exceeds the number of participants as some participants gave more than one response.

A range of changes experienced by parents as a consequence of being involved in programs were highlighted by focus group participants. The key themes that emerged were: improved parent-child relationships; reduced sense of culpability and humiliation; increased social and formal supports; and increased understanding of children's behaviour and parenting skills.

Parent-child relationship

Many focus group participants stated that parents commonly reported enhanced relationships with their children. Depending on the particular parenting program model being used, the catalyst for this change is associated with a better understanding of their own emotional responses to parenting situations, increased understanding and confidence to respond to their children's emotional and behavioural needs, and/or re-framing perspectives on perceived problematic child behaviour. Participants made the following observations:

> *From the feedback that I've been reading is that they're excited to have a relationship with their child. They're excited when they pick their child up after school and they want to see where this journey is going as opposed to when they started where they just wanted to stay alive* (FG1).

> *They come away saying I'm actually enjoying my child. I'm enjoying being a parent. This is why I had children in the first place. I wanted to kill them a little while ago but we're happy, we can go to the park and have a laugh* (FG1).

For some parents, another benefit related to the quality of their relationships with each other.

> *When I work with parent couples, I always find there's huge outcomes in their own relationship, their own understanding of each other.* (FG2).

Sense of culpability and humiliation

Some focus group participants noted that parents valued the non-judgmental support from group facilitators and other parents taking part in the groups. It was suggested that a key enabler for change was hearing others speak about their experience. Breaking through the isolation, guilt, blame and shame was a powerful outcome for them.

> *From my perspective, from seeing the women, talking to them, I see that connection with others and realizing they are not alone. That's very important. Sometimes if you're sitting there with your child and you are struggling, it can feel like no-one else understands where you are coming from* (FG2).

> *What I'm always hearing is people saying 'it's just so nice to have support without people saying you're doing it wrong'. Building on parents' strengths, and affirming and supporting them. Often they don't hear that from schools or other places, so they get this idea that they are all bad* (FG1).

> *We get a lot of parents going away feeling affirmed in some of the stuff that they were doing. They've come to this place and not been told they're doing it all wrong. They've taken what we've said and apply it to their lives, and feel good about their parenting skills* (FG2).

Social and formal supports

Increased access to social support networks (for individuals involved in parenting groups) and formal sources of support were frequently mentioned by focus group participants. Parenting groups were viewed as a mechanism to build social capital as parents often keep in contact following a program's completion.

> *People going away from the group will keep in contact ...I know they see each other years after it. Building that community and on-going friendship* (FG1).

> *People are parenting the same as they are parenting. So you're not getting that criticism saying oh that's lazy parenting or that is a stupid idea. You've got a community who know what you are trying to do* (FG1).

Through parenting programs, focus group participants highlighted how some parents were actively linked to other services whereas for others, learning about what is available sufficed.

> *Canberra is a fantastic place to be a parent as long as you know what you can get. I don't think there could possibly be a community that is better resourced. If you don't know about them then you are not resourced* (FG2).

Children's behaviour

Acquiring a better understanding about children's behaviour, and learning skills and strategies to respond in such a way that meets children's needs was identified by several focus group participants, particularly those with experience of delivering the Circle of Security program. Related to this was increased parental confidence in being a 'good enough parent'. Service providers commented:

> *They get a better understanding of why children and young people behave the way they do. Along with that, a less punitive response to their children and young people because they can see it's not to make their life difficult. There's a reason behind it* (FG2).

> *It was a brilliant tool (Circle of Security). The girls walked away with a different attitude about what children were doing. Instead of them being an attention seeking brat they were just wanting to connect* (FG1).

What is currently working well

Five key themes emerged in focus group participants' responses to the question about what is working well:

- Providing parents with a choice of programs
- Responsive program delivery
- Partnership opportunities
- Linking parents to services
- Providing free programs.

Providing parents with a choice of programs

Many focus group participants emphasized the importance of not falling into the trap of 'one size fits all' and having available only one type of parenting program to offer parents. In having a range of programs available, either internally within their own agencies, or through referral to other organisations, service providers were in a stronger position of being able to meet parent's specific needs and achieve desired outcomes. Participants explained:

> *Choice for parents to be able to say this is a program I want. Talking with the parent and exploring exactly what they want to get. Directing them to a program that meets whatever is going on within their family* (FG1).

> *Trying to be able to meet that family, that parent, where they are at. So, for example, with some of the programs we have off the shelf programs, and then we have programs where we bring in the assessment tools within that program and say these are the goals we're wanting to meet and the parents are wanting to meet. Did we meet or them or not? So connectedness or parenting confidence or attachment* (FG2).

Responsive program delivery

Service providers delivering programs on a one-to-one basis suggested that this type of approach ensured a flexible and tailored response to parents' particular circumstances.

> *We can meet them at their workplace during their lunch break. We do home visits but they can also come into our office. Being able to do that individual adapting to what they need* (FG1).

One participant highlighted the importance of using a continual monitoring process to assess the relevance of programs in terms of changing community needs and professional thinking on parenting issues.

> *Being mindful, are we meeting the needs of our community? And so that takes us to reviewing the programs that we're providing and looking at: is this still meeting the need and is (it) promoting what we're wishing to promote to parents?* (FG2).

Partnership opportunities

A number of service providers deliver programs in partnership with other agencies. These partnerships occur between Child and Family Centres and community service organisations as well as between individual community service organisations. The value of partnerships was noted for several reasons including the sharing of agency expertise with the follow on benefit of being able to offer different groups of parents a wider choice of programs and maximizing the use of scant resources. A participant commented:

> *We partner where resources are scarce. We can't provide two facilitators to run a group but we can actually speak with BCS and we can have one from ours and one from them. Childcare as well, we can't provide childcare but BCS can get childcare* (FG1).

Linking parents to services

Parenting programs, particularly those of a universal nature, are sometimes used as a gateway for parents to access other types of services. It was observed that parents may be linked to either internal services or external ones provided by other agencies.

> *Parents finding other services that are helpful. People might come in one door and they might find three more doors they will walk through* (FG1).

Providing free programs

Several focus group participants felt strongly that parents, particularly those on low incomes, should not be prohibited from receiving parenting support due to program fees. Where demand is high for particular parenting programs and waiting lists exist, creative mechanisms were utilised to ensure parents on low incomes continued to have access to free services.

> *We've got a wait list as well where we are getting families who've got the capacity to pay so they are not locking up a wait list for those who can't pay for private services* (FG1).

Suggestions for improvement

Parenting support gaps

There was a sense among focus groups participants that the range of parenting programs had expanded during the last few years and that gaps in service provision were diminishing. This was particularly the case with programs for parents of children aged 8 to 12 years. However, it was suggested that more needed to be done in providing parenting support to the following groups of parents:

- parents from culturally and linguistically diverse backgrounds
- Aboriginal and Torres Strait Islander families
- parents of young people aged 12 to 18 years
- young parents aged 14 to 25 years.

Greater investment needs to be made in adapting existing evidence-based programs for these groups of parents. For parents from culturally and linguistically diverse backgrounds, adaptation should focus on language and concepts of parenting that cross cultural boundaries. Parenting programs based on attachment theory were cited as an example of applying a "western lens" that did not have immediate cultural relevance to some communities. It was noted that Circle of Security had been modified for Aboriginal and Torres Strait Islander families to reduce the emphasis on the primary caregiver and include extended family members.

It was observed that parenting programs were more effective for Aboriginal and Torres Strait Islander families when participants had a level of stability in their households and felt ready to attend. Feedback suggested that forcing parents to attend programs, especially through their involvement with Correctional Services, may be counterproductive. Although specific programs have been designed for this group, for example, Indigenous Triple P, practitioners reported that feedback from parents was not always positive and other mechanisms needed to be explored. Kinship and foster carers, as well as grandparents, could be involved in parenting programs. It was also suggested that services seek more involvement from fathers, either through specific sessions, or by encouraging participation of both parents in the program.

A number of focus group participants observed that, while there had been an injection of funding to support parents with children aged 0 to 12 years, this was not the case for those parents with older children. Increasing numbers of parents with teenagers who are self-harming or have other mental health issues, misusing drugs and alcohol, and disengaging from school are approaching services for support.

The lack of specific programs for young parents was also identified as an issue in terms of what is available, particularly programs with a focus on pre-natal and early post-natal periods. It was suggested that Relaxing into Parenting could be modified to make it more relevant for this group of parents. Funding arrangements are also needed to encourage partnerships between agencies that bring different areas of expertise together for effective parenting support for young parents.

Increasing demand for parenting support

The demand for parenting programs is high. Service providers are having difficulty providing parenting programs to all parents who are seeking this support, with the majority of focus group participants reporting they had waiting lists for their programs. To meet this demand for parenting support, service providers proposed increased government investment in both universal and targeted programs. At the same time, agency staff recommended that program funding insecurity be addressed with the introduction of 3 to 5 year funding cycles.

Enablers for quality implementation of evidence-based programs

A significant challenge for agencies in selecting and implementing evidence-based programs is covering the costs involved. Efforts to implement evidence-based programs can by stymied by a lack of funds to cover both the costs of initial training provided by program developers and regular, on-going technical assistance, coaching or refresher courses required by some programs. Programs such as Triple P and Parents as Teachers were viewed as very resource intensive by service providers. There are extremely limited training opportunities in Canberra; consequently inter-state travel is required. The high turnover of staff in the community sector also exacerbates the situation potentially leading to untrained staff implementing programs. To reduce the risks of poor quality implementation and non-achievement of intended outcomes, service providers suggested that agencies be provided with sufficient resources to cover training costs.

A second enabler of quality implementation relates to supervision of program staff. Programs such as Circle of Security have a strict supervision protocol requiring supervisors, for example, to be certified as a Circle of Security provider. However, this is not the case for all evidence-based parenting programs. Focus group participants felt they did not always receive quality supervision particularly when their supervisors had not been trained in or had not delivered the program in question.

Very few agencies conduct evaluations of parenting programs due a lack of funding. Service providers observed that they had insufficient resources to undertake robust program evaluations. Consequently they were not in a position to track progress towards intended outcomes for children and parents. Given the investment in implementing evidence-based programs that 'promise' particular benefits for program participants, periodic evaluations would be valuable to determine whether the same outcomes have been realized in agencies' service environments. This is particularly relevant in those instances where a program has been adapted to match the values, circumstances and cultures of intended participants.

Enhancing partnership activities

As discussed above, partnership activities have been developed by some service providers to maximize the use of scarce resources. Focus group participants made several recommendations to strengthen these endeavours. These were that:

- CYFSP Network Coordinators establish a parenting program database with details of agencies providing parenting programs, the type of program/s provided and workers' training credentials. This would facilitate the sharing of expertise and resources, with the aim of increasing the number of programs implemented in different regions of the ACT.

- Those agencies that have developed extensive expertise in a particular approach be funded to provide programs across the ACT.
- Arrangements be put in place to provide inter-agency professional supervision involving supervisors who have experience of implementing parenting programs. Joint supervision sessions would give workers opportunities to share experiences, and acquire practical knowledge and skills.

4. Rapid literature review

The scope of this rapid literature review is to report on (i) universal and targeted parenting programs that have shown to be effective for those groups of parents currently not well served in the ACT, and (ii) identify the main considerations for service providers in selecting and implementing evidence-base programs. Research participants asserted that gaps in service provision exist for the following groups of parents:

- parents from culturally and linguistically diverse backgrounds
- Aboriginal and Torres Strait Islander families
- parents of young people aged 12 to 18 years
- young parents aged 14 to 25 years.

Methods

The literature was searched to identify articles and reports relevant to this review. The search strategy was to identify peer reviewed and grey literature incorporating qualitative and quantitative evaluations. Literature was obtained through key electronic databases including: Academic Search Premier, APAFT, Australian Family & Society Abstracts, JSTOR, Health Source Nursing Academic, PsycINFO, and Google Scholar. Government websites, clearinghouses, and Cochrane and Campbell Collaborations Libraries were also used. These searches were supplemented with scans of the reference lists of included articles and grey literature.

Database searching was conducted using combinations of the following terms:

- 'parenting programs', 'parent training', 'parent education', 'parenting interventions', 'evaluation'
- 'migrants', 'refugees', 'Non English speaking background'
- 'Aboriginal', 'Indigenous', 'Australia'
- 'adolescents', 'young people', 'youth', 'teenagers', 'parenting young adolescents'
- 'teenage parents', 'young mothers', 'young parents'.

The following criteria were used for including programs in this rapid review:

- the program has been evaluated
- the program has preferably been implemented in Australia
- the evaluation demonstrates some level of effectiveness
- the program was evaluated during the period 2000 to 2014.

Papers were prioritized for review when they summarized a body of literature, and were most recent and relevant to the scope of the review.

Assessing the quality of the evaluation design

The NHMRC (2000:8) designated levels of evidence were used to assess the quality of studies' designs (Table 4). Different research designs are categorized into four levels of quality. For the purposes of this review, those programs that were assessed as Level I or II in the NHMRC rating scheme were rated as supported by the evidence. Where programs were assessed at Levels III and IV, they were rated as promising in relation to their effectiveness.

Table 4: NHMRC levels of evidence

Level	Study design
Level I	Evidence obtained from a systematic review of all relevant randomised controlled trials
Level II	Evidence obtained from at least one properly-designed randomised controlled trial
Level III-1	Evidence obtained from well-designed pseudo randomised controlled trials (alternate allocation or some other method)
Level III-2	Evidence obtained from comparative studies (including systematic reviews of such studies) with concurrent controls and allocation not randomised, cohort studies, case-control studies, or interrupted time series with a control group
Level III-3	Evidence obtained from comparative studies with historical control, two or more single arm studies, or interrupted time series without a parallel control group
Level VI	Evidence obtained from case series, either post-test or pre-test/post-test

Limitations of the literature review

A systematic process was used to identify parenting programs for this review, however the process was not a systematic review as an exhaustive search of the literature did not occur. A focussed search for effective programs was utilised in view of the resources available for this project. This means that some programs may have been missed.

The decision to use the NHMRC levels of evidence as the scheme to rate programs is contestable. Parenting programs based on behavioural approaches, such as Triple P, are easier and more likely to have been rigorously evaluated than relationship focused approaches. At the same time, those organisations that have the resources to invest in 'rigorous', large scale research projects increases the likelihood that these research findings are published in research journals, which results in the dissemination of these findings on a global basis. Other parenting programs may be producing significant benefits, but are not well known due to a lack of research funds. This may lead to a positive bias in the research literature towards those programs with healthy research resources.

At the same time, the current existing evidence base on parenting programs is dominated by research conducted in the United States. In terms of home-grown evidence, there are few 'rigorous' Australian evaluations that have been conducted at this stage. The limitations of assuming that a program which works well in one context, will necessarily produce similar benefits in a different contextual setting, need to be recognised. This highlights the importance of conducting evaluations that investigate contextual and implementation issues (Holzer et al, 2006; Wise et al, 2005).

4.1 Parents from Culturally & Linguistically Diverse Backgrounds

Delivering and evaluating culturally appropriate and sensitive parenting programs has not been a priority in Australia. Due to the limited number of culturally specific and culturally adapted parenting programs available, there is minimal research comparing the effectiveness of using mainstream, culturally generic programs with a particular cultural group as opposed to using programs developed or adapted specifically for that cultural group.

A total of four programs were identified in the review. *Tuning in to Kids*, developed in Australia, and *The Incredible Years Program* are supported by the evidence. The programs rated as promising were the *ABCD Parenting Young Adolescents Program* and the *African Migrant Parenting Program*.

Programs supported by the evidence

Tuning in to Kids

Tuning in to Kids is a group program for parents with children aged 4 to 5 years (pre-school to primary school) that focuses on emotions, and is designed to assist parents to establish better relationships with their children. The program's theoretical framework is based on Gottman's (1997) ideas on emotional competence and emotion coaching. It helps parents to be supportive of their child's emotional world, and for parents to understand the contribution of their own emotional world to their parenting. The program works directly with parents to teach skills in emotion coaching. These are expected to improve children's emotional, social, and behavioural functioning (Havighurst et al, 2009).

The overall aim is to assist parents in teaching their children some basic skills in understanding and regulating their emotions. It is usually delivered in 6 sessions, each lasting 2 hours. Knowledge about child development is threaded through each session to help parents understand their child and to encourage expectations that are age-appropriate.

Specific changes expected in program participants include:

- increased parent emotion coaching (i.e. viewing emotions as an opportunity for closeness and teaching children about their emotions)
- decreased parent emotion dismissing (i.e. where parents avoid, minimize, or criticize children's emotional expression)
- increased parent emotion awareness and regulation
- improved parent-child connection
- increased emotional competence in children (skills in understanding and regulating emotions)
- decreased emotional and behavioural difficulties in children.

A randomised trial (216 parents of 4 to 5 year old children) conducted by Havighurst and colleagues (2009) found there were significant increases in parents' competence in responding to their children's emotions. There was also a significant reduction in children's behaviour difficulties; for those children with clinical levels of behaviour difficulties, more than half were no longer at this level post-program. At 6 months follow-up, parents continued to show improvements on targeted aspects of parenting. Children's emotional knowledge improved and they had few behaviour problems (Havighurst et al, 2010).

Participants in this study were from culturally diverse, lower to middle class areas of metropolitan Melbourne. Approximately a quarter of parents spoke a language other than English and around one fifth had a very low income. This suggests that the program could be usefully replicated in culturally diverse communities experiencing some degree of disadvantage (CCYP, 2014).

The Incredible Years Program (IYP)

IYP is a series of three separate, multifaceted and developmentally based curricula for parents, teachers and children. It is designed to enhance emotional and social competence, and to prevent, reduce and treat behavioural and emotional problems in young children. The parent, teacher and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations.

The Incredible Years Program has been widely implemented across diverse cultural groups both in New Zealand and the USA. In New Zealand this program model has been culturally adapted for Maori families (Sturrock & Gray, 2013). In South Australia it has been delivered to migrant and refugee parents (Lewig et al, 2009).

The Incredible Years training for parents, with high-risk children and those displaying behaviour problems, aged 3 to 12 years, includes the following programs:

- a basic program that emphasises parenting skills known to promote strong relationships with children, help children to learn, provide effective praise and incentives to build children's social and academic competency, effective limit-setting and strategies to handle misbehaviour
- an advanced program that addresses parents' interpersonal skills such as: effective communication; anger management; problem-solving between adults; and providing and getting support
- the Supporting Your Child's Education program that addresses parenting approaches aimed at strengthening children's academic skills, such as: reading skills, setting up homework routines and building effective relationships with teachers.

The IYP program is an intensive program consisting of weekly 2-hour sessions, delivered over 14–18 weeks by two trained group leaders. It is based on social learning theory.

Program evidence

The program series have been subject to numerous randomised controlled evaluations. In one study (Baydar et al, 2003), the findings indicated that mothers who were most at risk for negative parenting because of mental health risk factors such as high levels of depressive symptoms, anger problems, substance abuse, or experience of childhood abuse, not only were engaged in and benefited from the program, but in some cases benefited more than mothers without these risk factors. For this group, there was a reduction in harsh and inconsistent parenting and an increase in positive parenting practices.

A recent evaluation was undertaken in New Zealand. This was a 2-year, multiple-informant study. It included mixed measurement methods, single case studies and a 6-month follow-up. The main study used a repeated measures design in which assessments of 166 research participants were made at baseline, mid program, post-program and 6 months following program completion (Sturrock & Gray, 2013).

The authors of this study reported significant improvement in children's behaviour following the participation in the IYP program. Parents reported that this improved behaviour was sustained 6 months after program completion. Following completion of the program and at the 6 months follow-up point, significant improvements on a range of parenting practices and with parent-child relationships had occurred. The benefits of the IYP training were broadly similar for Māori and non-Māori families. However, Sturrock and Gray (2013) suggest there is a need for further refinement in culturally adapting the program to maximise gains for Māori families, particularly in the maintenance of behaviour change.

An additional follow-up study involving 136 of the original 166 participants was conducted 30 months after program completion. The findings highlight that significant benefits in the areas of child behaviour, parenting practices and family relationships were maintained with the exception of poor supervision which did not significantly improve (Sturrock et al, 2014).

Promising Programs

ABCD Parenting Young Adolescents Program

This program was developed in recognition that traditional behavioural models of parenting interventions do not have an impact for all families participating in them (Burke et al, 2010). It is a group-based program that combines a behavioural family intervention approach with acceptance-based strategies. Its uniqueness relates to the way in which it encourages parents to select targets for change based on their core parenting values, as opposed to devising goals for change in problem children behaviours, typical of behavioural-based interventions (Burke et al, 2012).

The program aims to provide parents with strategies and skills to develop and maintain trusting and accepting relationships with their young adolescents (10 to 14 years old), which in turn encourages them to test their independence within safe and clear boundaries. The rationale is that parents who are accepting of their adolescent, particularly relating to choices, opinions and behaviours, will experience lower levels of stress which then assists them to maintain more positive parenting practices (Burke et al, 2012).

This prevention program targets families prior to the development of serious adolescent behavioural difficulties. The period of early adolescence is considered optimal as this is a time when the risk for developing serious, long-term problems is heightened as well as being a period where parents are still able to exert some influence on their children's behaviour (Burke et al, 2012).

It consists of 6, weekly, 2 hour sessions. The major themes covered in the program are: developing understanding and empathy for adolescents; building strong relationships; building responsibility and autonomy; and parental self-care (Burke et al, 2010).

An evaluation, using a randomized controlled trial design, involved 180 parents of adolescents. Pre and post measures were used to measure changes in parental wellbeing, parenting practices and adolescent behaviour and conflict. Parents in the intervention group reported significantly higher adolescent prosocial behaviours and significantly lower conduct problems. Intervention group parents also reported significant improvements in overall levels of stress, and in those areas specific to raising adolescents such as a decline in feeling incompetent and stress related to their adolescents' moodiness. This study did not yield any significant changes in improving parenting practices nor in the level or frequency of parent-adolescent conflict (Burke et al, 2012). It is unknown if the positive effects of the program were maintained 6 to 12 months after parents completed it.

The program has been adapted and translated to suit several community language groups including Arabic, Vietnamese, Turkish, Macedonian and Spanish. It has also been adapted for the Somali community and there are plans to modify it so that it is culturally relevant to the Sudanese community. It is delivered by facilitators who are members of these cultural groups using participants' first language.

The ABCD program for the Somali community was evaluated using a pre and post-test design. The sample consisted of 27 mothers and fathers. Sixty-one (61%) of parents completed the program. Overall, the evaluation found that the program is acceptable to Somali families. Very few outcomes were measured as participants experienced comprehension difficulties with translated questionnaires. The authors observe there was a reduction from pre to post in the number of disagreements that parents had with their

adolescent children. They suggest this improvement may reflect increased parental understanding of adolescent physical, social and cognitive development and better skills in establishing appropriate boundaries around their children's behaviour (Burke et al, 2007).

More research is required to better understand the benefits of the program for Somali parents and adolescents. Burke and colleagues (2007) suggest that future studies need to consider alternatives to validated scales that have been translated due to readability issues.

The African Migrant Parenting Program

This parenting program is designed to assist African migrant parents address some of the difficulties associated with parenting in the context of a dominant individualistic culture. Traditional parenting practices that may be at odds with a new cultural environment's values and expectations of parents coupled with differing acculturation rates of parents compared with those of their children, can raise significant challenges for some migrant and refugee parents.

Modelled on 'Parenting in a New Culture Guide' developed by Spectrum Migrant Resource Centre, the program aimed to strengthen effective parenting skills with a focus on understanding children's needs throughout different developmental stages in the cultural, social and educational context of Australia. Participants were refugees from the Democratic Republic of Congo, Burundi, Sierra Leone and Liberia (Renzaho & Vignjevic, 2011).

The group-based program consisted of 8 sessions of 2 hours duration combined with home visits. The sessions were delivered by trained African parenting educators and professionals with expertise in family counselling or family relationships. The program covered the following topics: child development and needs; helping children develop self-confidence; improving children's communication and language; family relations; education pathways; legal issues; managing family stress; and parenting children and teenagers in a new culture.

The evaluation was based on a pre and post-test design and involved 39 mothers and fathers. Significant improvements occurred in the areas of parental expectations, parental empathy towards children's needs, awareness and knowledge of alternatives to corporal punishment, and parent-child family roles. There was no significant impact on parental attitudes towards allowing children to behave independently.

The study only focused on parental attitudes and did not conduct follow-up post-testing of participants. The authors suggest that the promising results of this evaluation warrant further, more rigorous research on behaviour related outcome measures (Renzaho & Vignjevic, 2011).

4.2 Aboriginal & Torres Strait Islander Families

Support for Aboriginal parents and carers in their parenting role is contextually different than that for non-Aboriginal parents. Traditionally child rearing responsibilities are shared by extended family, kin and community members. It is not confined solely to the parents of children (Yeo, 2003). This cultural norm has strong currency, even in those situations where families and children experience isolation from their own Aboriginal communities (SNAICC, 2004).

Overall, there is a dearth of evidence on parenting programs, beyond issues associated with maternal and childhood health, developed specifically for Aboriginal families in Australia. Where programs have been investigated, there is a lack of rigorous evaluation. Methodological limitations include small sample sizes, a lack of control/comparison groups and high attrition rates, which significantly reduces the potential for making generalisations from these studies (Bowes & Grace, 2014; Mildon & Polimeni, 2012; Dept Family & Community Services, 2012). Although there may be objections related to the cultural ethics of using

randomised controlled trials in some communities, alternative quality research designs that are acceptable need to be utilised. As Bowes & Grace observe, the absence of quality evaluations is a reflection of the level of funding available for such research. This research funding deficit hinders decision making about future investment in the replication of programs.

The review identified nine promising parenting programs that had some empirical information concerning their effectiveness. Of these, four programs involved the use of home visiting as the primary method to deliver parenting support. The parenting programs discussed below seemed well received by participants, and those programs implemented specifically with Aboriginal families did so in close consultation with the local Aboriginal community.

Promising programs

The Boomerangs Aboriginal Circle of Security Parenting Camp Program

Based on an attachment framework, using the Circle of Security (Hoffman et al, 2006) and Marte Meo (Aarts, 2008 cited in Lee et al, 2010), this program is designed to support parents to use everyday interactions to enhance their child's development. The Boomerangs program aims to:

- teach parents attachment theory
- improve parents' skills in identifying parent/child interactions
- enhance parent sensitivity
- build up parents' strengths and potential capacities.

An exploratory evaluation involving three case studies, followed the progress of three mothers with preschool-aged children, who attended 20 sessions, including two camps (Lee et al, 2010). Benefits for participants were increased awareness of their interactions with their children and their children's needs, as well as increased confidence in their parenting capacities. No definite conclusions can be drawn about this program's effectiveness due to the very small sample size and the absence of a control group for comparison (Lee et al, 2010).

Let's Start

Let's Start is a targeted, early intervention program to help parents and young children (aged 4 to 7 years) living in urban and remote areas in the Northern Territory deal with children's emotional and behavioural challenges. It is a therapeutically oriented group parenting program that focuses on supporting children's social-emotional development during the transition to school. It aims to improve parenting knowledge and skills, parental confidence and mental health, as well as to enhance the quality of parent-child relationships (Robinson et al, 2012b).

The program runs for 10 weeks during the school term and involves weekly two hour sessions with child and parent.

An evaluation of the program, using a pre and post-test design, found it reduced parental distress, increased parental confidence and assertiveness, strengthened parent-child relationships, and improved children's behaviour and social skills (Robinson et al, 2009). Robinson and colleagues (2009) observe that there was a high rate of attrition among urban Aboriginal families.

Hey Dad! For Indigenous Dads, Uncles and Pops

This program aims to build individual and community skills and was designed to assist Aboriginal men engage with and understand their children. Based on a comprehensive manual, it is designed to be delivered by Aboriginal men, in their own communities, as a weekly program, series of workshops or a two-day or weekend program.

The program was trialled in 5 sites in regional NSW. The action research-based evaluation involved 56 participants plus other stakeholders. Positive feedback from participants indicates that the program had strengthened their communication, conflict resolution and parenting skills, particularly interacting with and understanding their children. The inclusion of uncles and pops was valued as an important recognition of their role in Aboriginal families and culture (Beatty & Doran, 2007).

Core of Life

A 'hands on', national prevention/early intervention program created by midwives that identifies birth as being central to cultures and families. It was designed to empower male and female adolescents, aged 12-17 years, who may be at risk of early pregnancy or parenting, by providing education on pregnancy, birth and parenting a newborn. The focus is on providing opportunities for young people to acquire knowledge and skills in parenting, child development, community resources and life skills.

An evaluation, conducted by Elton Consulting in 2005, used a pre and post-test design to measure changes in knowledge and attitudes. Young people reported that their understanding of the responsibilities of having a baby had improved; as did their knowledge of the effects of substances on mothers and unborn children, and how to navigate local services (C&FCA 2008).

Indigenous Triple P

A culturally tailored version of *Group Triple P - Positive Parenting Program* demonstrated some value for parents/carers and their children living in Brisbane. A randomised clinical trial compared the intervention with a waitlist control group at pre and post-intervention; a 6 month follow-up of the intervention group was also undertaken. Child health and Indigenous health workers delivered the 8 session program to parents/carers of children aged between 1 and 13 years. Of note is the extensive time taken to consult with the community in terms of the appropriateness of content, materials and delivery format in order to develop the tailored program.

Parents/carers who completed the program (n=20) reported a significant decrease in rates of problematic child behaviour and less reliance on unhelpful parenting practices compared to families in the control group (Turner et al, 2007). The follow up results indicate the maintenance effects of the program were mixed. Most of the gains in child behaviour were maintained, however some measures of parenting style did not indicate a longer-term change (Turner et al, 2007). This study is limited by a relatively small sample size. It also had high rates of attrition which raises concerns about its effectiveness and broader appeal for Aboriginal families. Robinson and colleagues (2012a) observe that these attrition rates were substantially higher than those for the general community study trials. More research is required to test its acceptability in other communities.

As with group based parenting programs, there is little information about the effectiveness of home visiting programs specifically designed for Australian Aboriginal families. One study, conducted by Quinlivan and colleagues (2003), used a randomised controlled trial in Western Australia to determine whether a post-natal home visiting service, delivered by nurses to teenage mothers, reduced the frequency of adverse neonatal outcomes and improved knowledge about aspects of infant care. The program consisted of five post-natal home visits conducted over a 4 month period, with the length of each visit varying from one to four hours.

Of the 131 teenage mothers recruited, 30% of mothers who received the intervention were Aboriginal as were 18% in the control group.

Findings from this study indicate that at the six month follow-up there were reductions in adverse neonatal outcomes such as non-voluntary foster care of infants, non-accidental injury and infant death. There were no significant increases in young women's knowledge and behaviour relating to breastfeeding or infant vaccination. No details were given of the specific outcomes for young Aboriginal women participating in the program or the attrition rates for this group.

The Family Home Visiting Program (FHVP)

Adapted from the Nurse Family Partnership model of home visiting used in the USA, FHVP was implemented in metropolitan and rural South Australia in partnership with Aboriginal families. FHVP aimed to:

- improve the mental, physical and social well-being of families and their children
- assist families to provide a safe and supportive environment for their children
- link families to community resources and networks (Sivak et al, 2008).

Unlike the original American model, FHVP utilised professional Aboriginal cultural consultants to work with professional nurse home visitors to deliver the program. A multidisciplinary team of Aboriginal health workers, social workers and psychologists also provided support to the nurse home visitors. The program consists of 34 visits focusing on child health and development as well as maternal-child attachment. Weekly visits for the first 6 weeks were followed by fortnightly ones for the next 6 months. During the final 12 months of the program, families receive monthly visits.

Sivak and colleagues' (2008) evaluation reported on preliminary findings of the initial roll out of the program. The qualitative, process evaluation, which focussed on families' perceptions of the program, consisted of interviews and focus groups with 60 parents and extended family members. Families perceived FHVP as convenient, responsive, positive and delivered in a respectful and empowering way. They particularly valued the cross-cultural partnership of the FHVP nurses and Aboriginal workers. The cultural consultants were seen as pivotal to the engagement of families in the program. Benefits highlighted by participants, albeit with varying degrees of impact, included practical assistance, information and referrals for health and other issues, and feeling more socially involved. Being supported in their parenting decisions and more confident in themselves and their parenting were also identified by participants (Sivak et al, 2008). To date, there is no program outcome data indicating improvements for children.

The Nurse-Family Partnership Program (Olds et al, 1986) is currently being implemented in Australia (as the Australian Nurse-Family Partnership Program) by Aboriginal Medical Services in a small number of trial sites.

HIPPY

HIPPY is a combined home and centre-based early childhood parenting program for families with developmentally vulnerable children due to disadvantage or social exclusion. It is a weekly program run over a two-year period. Parents are supported in their role as their child's first teacher with the aim of ensuring children start school on an equal footing with their more advantaged peers.

The HIPPY evaluation used a 2 year longitudinal quasi-experimental research design with a matched control group derived from the Longitudinal Study of Australian Children. The evaluation explored the effectiveness of the program over 14 sites, three of which included a high proportion of Aboriginal families. It also undertook 5 case studies of urban and regional/remote sites where Aboriginal families had participated in the program to assess the appropriateness and acceptability of HIPPY (Liddell et al, 2011).

Significant positive impacts of HIPPY include: parenting style was less hostile; greater involvement with child's in-home and out-of-home activities; increased involvement in child's learning and more contact with the school than those parents in the control group. The outcomes reported by Aboriginal families were increased confidence to teach their child, more patience and better skills to respond to difficult behaviour, improved relationships with child, increased confidence to deal with school staff, better awareness of their child's abilities and academic needs and school's requirements and expectations.

PARENTS AS TEACHERS (PAT)

A parent education program originally provided in the ACT on a universal basis, its focus has recently changed to primarily serving families of vulnerable young children throughout pregnancy until the age of three years (Watson and Chester, 2012). It is targeted to parents classified as disadvantaged in terms of having one or more of the following characteristics: has been reported to Child Protection authorities; is living in assisted (crisis) accommodation; has experienced teenage parenthood; has a history of substance or alcohol abuse; is unemployed; suffers from a mental illness; has experienced family violence; is socially or geographically isolated; or has a low level of formal educational attainment.

The program, based on human ecology, empowerment, self-efficacy, and developmental theories, is designed to enhance child development and school achievement through parent education. The overarching aims are to:

- increase parent knowledge of early child development and improve parenting practices
- provide early detection of developmental delays and health issues
- prevent child abuse and neglect
- increase children's school readiness and school success.

Families receive monthly home visits on average for 36 months (but more frequently where there are multiple vulnerabilities) by trained professionals. Each home visit, approximately 1 hour long, provides information about child development from the Born to Learn Curriculum provided through the Parents as Teachers Program. The home visitor tailors the program to the individual needs of each family and works to empower the parents through education and training in various aspects of child development. The individualised nature of the program allows participants to prioritise and deal with their most immediate concerns (Watson and Chester, 2012).

Watson and Chester's (2012) process evaluation utilised multiple methods including surveys, observations of home visits and an analysis of 76 exit interviews completed by parents between 2003 and 2011. Aboriginal families participated in the program, although the extent of this is not quantified in the evaluation report. Parents reported that their knowledge of child development had increased as had their confidence in their parenting. A reduced sense of isolation was also highlighted by some parents due to the regular contact they had with their home visitors. Parents also valued the support they received in accessing services such as childcare, public housing, medical and mental health services plus counselling services.

More extensive North American research on this model of home visiting has demonstrated a few favourable impacts in the outcome domains of positive parenting practices, child development and school readiness (Avellar, 2014). Wagner and colleagues (2002) conducted a randomized trial (665 participants) to investigate the program's effectiveness with low income families. This study yielded mixed results with few outcomes being impacted by participation in the Parents as Teachers program. For parents on moderate incomes, there were higher self-reported level of happiness when caring for children and greater acceptance of children's behaviour. Among parents on low incomes, there was a greater tendency to tell stories to their

children. There was also a moderate effect on pro-social behaviour among children from low income families.

The results of a randomised controlled trial (involving 459 participants) indicate that children of families participating in the program had greater mastery motivation (task competence) at 36 months. For children from families on low incomes, compared to those from families with a high socio-economic status, there were greater effects on mastery motivation and cognitive development (Drotar et al, 2008). There were no effects on a wide range of other developmental outcomes.

One study that used a quasi-experimental design (5,721 children) found educational differences in families who had participated in the Parents as Teachers program (Zigler et al, 2008). Compared to non-participants, parents read to their children more often and were more likely to enrol their child in preschool, both of which, in turn, increased children's school readiness. The authors of this study found that school readiness at kindergarten entry was the strongest predictor of 3rd grade achievement, overriding demographic characteristics such as income, race or gender. The findings showed that program participation directly affected 3rd grade achievement, suggesting that participants parenting practices had positively changed beyond those assessed in the study.

Promising practices

There is an expanding body of knowledge concerning culturally appropriate strategies and approaches to working with Aboriginal and Torres Strait Islander families. The Secretariat of National Aboriginal and Islander Child Care (SNAICC, 2004) recommend that parenting programs for Aboriginal families incorporate a series of implementation processes derived from the literature on this topic. A summary of these practices includes the following:

- Positive parental interactions and secure attachment to parents and other carers are protective factors and begin from birth, therefore early parenting help and support needs to be provided.
- Use of terms such as parenting education and parenting programs is unlikely to mirror the Indigenous context of family and community. Perceptions about parenting roles are broader than Anglo Celtic notions of raising children. Programs should consider the inclusion of other family and community members who have child rearing responsibilities.
- Parenting programs need to particularly target fathers and mothers who are incarcerated as well as young Aboriginal parents.
- Programs based solely on 'mainstream' parenting values and ideas are inappropriate. Acknowledgement and respect for Aboriginal culture and values needs to be embedded in the program content. Differences in child-rearing practices, for example, feeding, sleeping, playing and discipline should be incorporated in programs. Adapting 'mainstream' programs for Indigenous communities should involve wide community consultation, support and involvement.
- Programs should be informed by a strengths-based approach and aim to enhance families' existing skills and strengths.
- The relationships that families have with workers and services is instrumental to the success of programs. Delivery of programs by Aboriginal staff where possible or establishing partnerships whereby cultural consultants work together with non-Aboriginal service providers is necessary to facilitate these relationships.
- Programs that respond to the holistic needs of families are more likely to be successful. Linking families with other services, such as housing, education, health and employment, in a timely fashion when they are needed is critical.

Additional active ingredients of successful programs concern community leadership and endorsement as well as program adaptation to local contexts and needs (Bowes and Grace, 2014). These authors observe that program success is inextricably linked to the extent to which it is community-controlled and endorsed. Program implementation needs to be driven by genuine partnerships and ways of working with Aboriginal people that is meaningful to them, prior to and during the life of an initiative. Particularly when programs originate outside the local context of actual delivery (Mason-White, 2012). This requires a considerable investment in terms of time and resources to establish relationships, develop a shared understanding of community needs and priorities, and establishing and maintaining workable governance structures (Bowes and Grace, 2014).

A potential tension exists between using evidence-based approaches that requires program fidelity and being responsive to local needs and contexts. Bowes and Grace (2014) suggest adaptation is almost always required if the program is to be relevant and meaningful to Aboriginal families. These authors suggest the key is to identify and retain the core program elements, and modify program materials and methods of delivery to match local cultural contexts.

4.3 Parents of Young People Aged 14 to18 Years

The evidence base for parenting programs stems primarily from work with parents of pre-adolescent children. Systematic reviews of parenting research indicate that there is very little evidence that programs designed specifically for parents of teenagers can reduce delinquency and school failure and promote positive adolescent development (Eyberg et al, 2008).

Two programs rated as supported in this review were *Strengthening Families Program* and *Attachment-Based Family Therapy*. An additional supported program that is applicable for this group of parents is the *ABCD Parenting Young Adolescents Program* which is discussed in a previous section of this report. A further five programs were rated as promising: *Tuning in to Teens*; *Parenting Adolescents: A Creative Experience*; *Teen Triple P*; *Parents and Adolescents Communicating Together*; and *Cool Kids*.

Programs supported by the evidence

Strengthening Families Program

This universal program for families with young adolescents (10 to 14 years) aims to enhance family protective factors and reduce family risks related to adolescent substance use and other problem behaviours. It is based on the biosocial and social ecology models of adolescent substance abuse.

Parents develop skills known to be associated with the reduction of problem behaviours. They are taught to: clarify expectations based on child development; use appropriate disciplinary practices; manage strong emotions regarding their children; and use effective communication. Children are taught refusal skills for tackling peer pressure, and other personal and social interactional skills (for example, managing stress and strong emotions, problem solving) (Spoth et al, 1998).

The program comprises seven, weekly, two hour sessions. Each of the first six meetings consist of separate, concurrent sessions for parents and children, followed by a joint parent and child session where they practice the skills they have learned.

The program has a long history of evaluation which has incorporated long-term follow-up of benefits gained by participants. Spoth and colleagues (2000, 2001) conducted a longitudinal evaluation of this family-based intervention using a strong design with 667 families randomly assigned to Strengthening Families Program, Preparing for the Drug Free Years (a universal, prevention program) or a control group. Although there was a moderate attrition rate, there was also a consistent pattern of effectiveness across several variables.

The Strengthening Families program had a significant effect on parenting behaviours (such as enhancement of positive child involvement in family activities). This in turn had significant effects on both parent-child affective quality and general child management. These program effects were maintained at one year follow-up, and by the two year follow-up the likelihood of substance use initiation was significantly lower for students than those in the control group (Spoth et al, 1999). At the four year follow-up the proportion of new substance users in the intervention group was significantly lower than that in the control group. In addition, the frequency of alcohol and cigarette use was lower in the intervention group when compared to students in the control group (Spoth et al, 2001).

An additional analysis of the four year follow-up data revealed significant reductions in observed and self-reported aggressive and hostile behaviours of the intervention group compared to the control group (Spoth et al, 2000). The authors of this study also found that increased parenting competency and reduced student substance use were associated with positive effects on school engagement at the two year follow-up. This in turn was associated with positive effects in academic performance six years after participation in the program (Spoth et al, 2008). Importantly, the effectiveness of this intervention seemed to increase over time, reflecting the developmentally orientated intervention outcome model on which the intervention is based.

Attachment-Based Family Therapy (ABFT)

ABFT is a treatment for adolescents, aged 13-17 years, that is designed to treat clinically diagnosed major depressive disorders, eliminate suicidal ideation, and reduce dispositional anxiety. It is a psychotherapeutic model based on attachment theory. The program is based on the assumption that strong relationships within families can buffer against the risk of adolescent depression or suicide and help in the recovery process. When attachment security is ruptured, the risk for mental health disorders increases. However, as a life-span developmental model, attachment theory asserts that attachment ruptures can be fixed. Once repaired, young people can acquire the external and internal resources necessary for healthy development (Diamond et al, 2002).

ABFT aims to strengthen or repair parent-adolescent attachment bonds, promote adolescent autonomy and improve family communication. ABFT is typically delivered to both parents and young people, by trained therapists, in 60 to 90 minute sessions conducted weekly for 12 to 16 weeks. Treatment follows a semi-structured protocol consisting of five sequential therapy tasks, each of which has clearly outlined processes and goals.

The program has undergone several randomised controlled trials. One study involved 32 adolescents (13 to 17 years) with a major depressive disorder who were randomly assigned to 12 weeks of ABFT or a 6 week, minimal contact, waitlist control group. The sample comprised 78% female, 69% African American, and 69% were from low income, urban communities. The findings of this study indicate that young people participating in the program showed significant decreases in rates of depression diagnosis and severity of depression and anxiety symptoms at the end of the program compared to the control group participants. A significant reduction in adolescent perceived family conflict was also found. In addition, ABFT participants reported non-significant decreases in suicide ideation and an increase in attachment to their mothers (Diamond et al, 2002).

Another study with 66 adolescents, who identified as being moderately depressed and having suicidal thoughts, were randomly assigned to participate in ABFT or a group receiving enhanced usual care. Young people in the ABFT group had a significantly faster rate of improvement in suicidal ideation than those in the control group at the end of treatment. The amount of change in suicidal ideation was significantly greater

for adolescents participating in the program from pre-treatment to 12 weeks and from pre-treatment to 24 weeks compared to the control group. Also of significance is the higher proportion of adolescents in the ABFT group in clinical recovery at post-treatment and 3 months follow-up. Similarly, a higher proportion of the ABFT group reported no suicidal ideation at post-treatment and 3 months follow-up compared to those in the control group (Diamond et al, 2010).

Promising Programs

Tuning in to Teens (TINT)

A modified version of the Tuning in to Kids program for parents of adolescents, TINT is a universal prevention intervention that provides parents with a greater understanding of their adolescent's emotional experiences. Teaching parents how to better manage their own emotional reactions as well as how to respond to adolescents' emotions in an accepting and supportive manner is thought to be important for preventing and reducing parent and youth internalizing difficulties (depression and anxiety) (Kehoe et al, 2014). The program aims to foster closer parent-adolescent relationships and strengthen emotional competence in both parents and young people. TINT consists of 6 sessions of 2 hours duration.

The program teaches specific skills that can assist parents in being supportive, empathic and staying connected with their adolescent. It incorporates mindfulness skills (meditation, mindful awareness and acceptance, and non-reactivity) and self-care activities to help parents emotionally 'refuel'. Parents are also taught to respond to adolescents' emotional reactions in ways that acknowledge and validate what the young person is experiencing. This type of response is more likely to reduce the frequency, intensity and length of emotional arousal and help foster a sense of feeling accepted.

The program has been evaluated in a randomised controlled trial of the program with parents of pre-adolescents (Kehoe et al, 2014). The study involved 225 parents (mothers and fathers) and 224 young people while in sixth grade (aged 10 to 13 years) and 10 months later in their first year of high school (seventh grade). The young people were attending schools in metropolitan Melbourne.

Kehoe and colleagues (2014) state that intervention parents reported significant reductions in their own anxiety and/or depressive symptoms as well as reductions in their difficulties with emotion awareness at follow-up. There was also a significant reduction at follow-up in parents' emotion dismissing practices (as reported by parents and young people) compared to the control group of parent-young people dyads. A significant reduction also occurred in parent-reported youth anxiety for the intervention group compared with the control group (Kehoe et al, 2014).

The value of using this program with parents of secondary school aged children and with carers of adolescents in out-of-home care is currently being investigated.

Parenting Adolescents: A Creative Experience (PACE)

PACE is a universal, empowerment-based parent education program which aims to reduce adolescent risk factors associated with youth suicide. The main goals of the program are to enhance parenting skills and emotional competencies within families, and assist parents in learning strategies to raise the self-esteem, optimism and problem-solving skills of their children (Toumbourou & Gregg, 2002).

Parents attend 7 sessions, in school or community settings, that cover adolescent development, listening, assertiveness, conflict resolution, authoritative parenting, substance use, and adoption of attitudes of optimism and hope

The program was successful in reaching families from a range of culturally diverse communities and Aboriginal families.

A cluster, non-randomised controlled trial was conducted in 14 schools receiving the program which were matched to 14 comparison schools. The study participants were 305 parents of eighth grade students who received the program, while 272 parents with adolescents in the same grade comprised the control group.

In those schools exposed to the program, the study's authors report the program's impacts on a number of youth suicide risk factors. There was a significant reduction in multiple substance use, delinquency and parent-adolescent conflict for intervention students. In addition, there was a significant increase in maternal care in the intervention group.

Participation in the program, however, did not significantly lower substance use, reduce depression symptoms or rates of self-harm among intervention students (Toumbourou & Gregg, 2002).

Teen Triple P

Teen Triple P is one of several Triple P programs and was developed as a universal and targeted intervention for parents of older children aged between 12 and 15 years. It addresses those modifiable family risk and protective factors associated with severe adolescent health-risk, antisocial and delinquent behaviour. A strong emphasis is given to the importance of parents acknowledging and promoting the growing autonomy and independence of their older children. The program is founded on social learning theory and draws on cognitive and developmental theories.

The program aims to:

- promote the independence and health of families through enhancing parents' knowledge, skills and confidence
- promote the development of non-violent, protective and nurturing environments for teenagers
- promote teenagers' health, development and social competence
- divert teenagers away from risky developmental pathways and subsequently reduce the incidence of adolescent delinquency, substance abuse, conduct disorder and behavioural problems
- enhance long-term resourcefulness and self-sufficiency of parents in guiding their children through the teenage years (Ralph & Sanders, 2006).

The program can be delivered in various formats, for example, small group or individual programs, as well as a self-directed program. The group program consists of five 2 hours group sessions plus three telephone consultations.

There is a substantial evidence base supporting the efficacy of the Triple P system of intervention for families with children aged 0 to 12 years of age (de Graaf et al, 2008; Thomas & Zimmer-Gembeck, 2007). What is less well known is the effectiveness of Teen Triple P as a targeted intervention for parents of young people who have behavioural problems.

One evaluation assessed the efficacy of Group Teen Triple P as a universal intervention to reduce family risk factors associated with adolescent problem behaviours. Chu and colleagues (2014) conducted a randomised controlled trial involving 72 families (35 participated in the program and 37 made up the control group). Compared to the control group, participating parents reported significant improvements in parenting practices, parenting confidence, the quality of family relationships and fewer adolescent problem behaviours post-intervention. Self-reports from young people indicate a significant reduction in parent-adolescent conflict compared to those of adolescents in the control group. No significant effect was found for adolescent reported measures of problem behaviours (Chu et al, 2014).

At 6 months follow-up, the authors of this study highlight that most improvements were maintained over time, with the exception of parent reports on family conflict and parental confidence which showed no significant differences.

The limitations of this study include the underrepresentation of socio-economically disadvantaged families, a small sample size and the participation of families who were generally well-functioning. This limits the generalizability of the findings to more diverse populations.

A meta-analytic review of the Triple P program was conducted by Fletcher and colleagues (2011). This review examined 28 randomised controlled trials of Triple P that had included fathers as participants. The authors' analysis suggests that, overall, the program is effective at improving parenting practices as measured by the self-reports from parents. However, when gender is taken into account, Fletcher and colleagues found that Triple P had a significantly greater effect on improving mothers' parenting practices than those of fathers.

Parents and Adolescents Communicating Together (PACT)

A prevention/early intervention, conflict resolution group program for parents and their adolescents. The program utilises the Wise Ways to Win conflict resolution model that focuses on achieving a mutually acceptable outcome for each person involved in the dispute. PACT is designed to teach skills for resolving conflict peacefully (Soltys & Littlefield, 2008).

The program is run in secondary schools and consists of two classroom sessions with young people (13 to 17 years old), one evening session with parents only, followed by a combined parent-adolescent evening.

The program evaluation was based on a pre and post-test design with a non-randomised intervention group and a wait-list comparison group involving 86 mothers and 86 young people (in Year 9 and 10). The researchers observe there was a significant increase in mothers' and adolescents' abilities to resolve conflict, although changes in mother-adolescent conflict levels and improvements in communication skills were small (Soltys & Littlefield, 2008).

Cool Kids

A targeted program that teaches children and teenagers (7 to 17 years) and their parents how to better manage their child's anxiety disorder (including separation anxiety, social anxiety, generalized anxiety and obsessive compulsive disorder). It can be delivered either individually or in groups, and involves the participation of both parents and their children. Based on a cognitive behavioural theoretical framework, the program aims to teach clear and practical skills to both parents and the child/teenager. The program is fully supported by manuals, and has slightly different versions for children and teenagers. Variations of the program also exist for children with comorbid autism, adolescents with a mix of anxiety and depression, and for delivery in school settings (Centre for Emotional Health).

The goals of Cool Kids are to:

- reduce the symptoms and amount of life interference caused by anxiety
- reduce avoidance
- reduce family distress
- increase confidence
- improve peer relationships
- increase engagement in extra-curricular activities.

For adolescents, parents attend most sessions. They learn how to manage children differently, how to manage their own anxieties, and how to help their child use their new skills outside the therapy sessions.

The individual format consists of eight, hour-long, weekly sessions followed by two, hour-long, bi-weekly sessions. The group format is made up of eight, two-hour sessions and two, two-hour sessions. The recommend program duration is twelve weeks. Psychologists, mental health workers or school counsellors who have experience of working with children from a cognitive behavioural perspective are required to facilitate the program (Centre for Emotional Health).

A randomised controlled trial involved 112 children (aged 7 to 16 years) who were randomly assigned to either Cool Kids or a control condition (group support and attention). Overall, the results indicate that Cool Kids was significantly more efficacious compared with the control condition. Over two thirds (69%) of children who participated in Cool Kids did not meet the criteria for any anxiety diagnoses at 6 month follow-up, compared with 45% of children in the control condition. The limitations to this study relate to a significant lack of congruence between parent and child reports. Although mothers of children participating in Cool Kids reported significantly greater treatment gains than mothers of children in the control group, children reported similar improvements across both groups (Hudson et al, 2009).

4.4 Young Parents

The particular challenges facing young parents include an increased likelihood of experiencing socio-economic adversities and meeting their own developmental needs as well as the needs of their children. They also face substantial social stigma and disapproval. A body of research (Kirkman et al, 2001; Hanna, 2001; Seamark & Lings, 2004; Yardley, 2008) has demonstrated the extent to which younger mothers systematically endure stigma, in a variety of forms, from the community, the media and service providers, particularly health professionals. Low engagement and high attrition rates of young parents from parenting support programs is highlighted in the literature (Watson & Tully, 2008; Seed et al, 2009; Taylor et al, 2012). The stigma associated with 'early' motherhood, and related experiences of judgement and hostility, can prevent young women from seeking assistance either when pregnant or during the early years of motherhood (McDermott et al, 2004; Keys, 2008: Yardley, 2008).

Parenting programs that are explicitly designed for young parents share many similarities with those programs for older parents. There is likely, however, to be a greater focus on influencing young parents' uptake and continuation with the program, and matching delivery and content to their communication and knowledge needs, for example, understanding the developmental needs of children (Barlow et al, 2011).

Barlow and colleagues (2011) updated a systematic review of effective individual and group-based parenting programs for teenage parents and their children that was conducted in 2001. This review examined eight studies involving parents aged 20 years and under; studies that used home visiting as the mode of delivery were excluded from the review. The authors note its limitations in relation to the heterogeneous nature of the parenting interventions and reported outcomes.

Tentative conclusions are drawn with Barlow and colleagues suggesting that parenting programs may be effective in improving parent responsiveness and parent-child interactions. The authors note that future rigorous research is required that focuses on both short and long-term outcomes for children of young parents. This research also needs to assess the benefits of programs involving young fathers. As this review did not include any recent evidence about effective programs for younger parents, detailed information about these programs has not been included in this report.

Home visiting is regarded as an effective early intervention strategy to providing parenting education and support to younger parents. *Parents as Teachers* is one such program that is appropriate for this group of parents and is discussed in a previous section of this report. Another program identified in this review that is supported by the evidence is the *Family Nurse Partnership.*

PROGRAMS SUPPORTED BY THE EVIDENCE

FAMILY NURSE PARTNERSHIP

The Family Nurse Partnership (FNP), developed in USA, is a maternal and early years prevention program which provides ongoing, intensive support through home visits by health professionals. It is designed to support vulnerable parents such as teenagers, single parents and first time mothers on low incomes or with little education during pregnancy and until the child reaches 2 years old.

This program is designed to:

- improve pregnancy outcomes by promoting health-related behaviours
- improve child health and development and safety by developing parenting knowledge and skills
- improve parents' economic self-sufficiency.

Home visitors also work with parents to enable them to build a positive attachment and relationship with their babies; understand their babies' needs; make positive lifestyle choices; build parents' self-efficacy and help them build positive relationships (FNP, 2013).

The program is voluntary and involves registered nurses visiting parents in their homes on a weekly or fortnightly basis during the antenatal and post-natal period. Parents develop individualised service plans and are assisted by home visitors in setting realistic goals. Program guidelines provide a consistent content and structure which home visitors individualize to match the strengths and challenges of each family. The theoretical framework informing FNP is a mixture of self-efficacy, human ecology and attachment theories.

The program has been evaluated extensively during the last 37 years including three randomised controlled trials. These studies have shown a range of benefits. Parents at highest risk used significantly less restriction and punishment of their children, had fewer reports of child abuse and neglect and fewer medical emergency visits during the first 2 years of their children's lives (Olds et al, 1986).

Further short-term benefits of NFP were reported in 2 additional randomised controlled trials (Kitzman et al, 1997; Olds et al, 2002). There were significant improvements in antenatal health, fewer healthcare visits for child injuries and fewer subsequent pregnancies.

Positive effects occurred for children after the program; children aged between 25 and 60 months had significantly fewer behavioural problems than the control group and fewer hazards in the home, although no significant differences were found for child abuse and neglect (Olds et al, 1994). However, children in this study were followed-up at 15 years, where it was reported that there were significantly fewer substantiated reports of child abuse and neglect in the intervention group compared with the control group. Women visited by nurses had significantly fewer arrests and convictions (Olds et al, 1997; Eckenrode et al, 2000).

Sawyer and colleagues (2013) suggest that the success of this program in terms of mothers' engagement is founded on positive practitioner/mother relationships based on respect and trust, flexibility in timing of home visits together with the willingness and ability of home visitors to address participants' immediate concerns.

Promising Practices

There is increasing knowledge about what young parents view as the key elements of service provision that contribute to their engagement and continuing use of parenting programs and other support services (Butler et al, 2010; Taylor et al, 2012):

- involvement in a program needs to be voluntary
- staff attitudes need to be non-judgemental and respectful, demonstrating approachability, friendliness, the ability to apply a strengths-based approach and not be didactic
- trust and persistence are critical elements in relationships with service providers
- multiple programs and resources need to be available within a single service
- there needs to be a choice of programs delivered informally - home visiting is a valued mode of delivery
- the program needs to have resources for young parents to access (e.g. brokerage funding, transport, good quality child care and food)
- The program needs to provide or help facilitate educational opportunities as well as support to prepare for the workforce
- the program has genuine opportunities to provide feedback that is then used for program development.

Empowering Parents Empowering Communities (EPEC)

EPEC was developed in the UK as a response to the perennial issue of families who are most in need of services not accessing them, either dropping out prematurely or services failing to engage with them in the first instance. Part of this problem can be attributed to parents' negative experiences of services and expectations of parenting programs, including their cultural acceptability, together with concern about how they may be judged (Day et al, 2012). This program may have applicability for underserved groups of parents living in the ACT.

The program offers a different approach in that it is a peer led model with pairs of trained parent facilitators delivering a manualised program to groups of parents. The primary difference between EPEC and other parenting programs is that groups are facilitated by parents from local communities. It aims to:

- improve parent-child relationships and interactions
- reduce behavioural problems in children
- increase participants' confidence in their parenting abilities.

EPEC is based on attachment, social learning, structural, relational and cognitive behavioural theories and techniques (Day et al, 2012). The course consists of eight weekly, two hour sessions. Peer facilitators undergo an accredited training program that includes a period of supervised practice. Also, supervision is provided on a fortnightly basis to promote skill development and intervention fidelity, and provide personal support.

The effectiveness of EPEC was evaluated using a randomised controlled trial involving 116 families (with children aged 2 to 11 years). The findings of this study indicate a significant improvement in children's behaviour and positive parenting skills for parents in the intervention group compared to those in the control group. The authors comment that program effects are comparable to results from clinical trials based on conventional professionally delivered interventions, although there was no significant difference in levels of parental stress between the two groups. Day and colleagues (2012) also report high levels of program retention (92%) and acceptability by parents. They stress that future research needs to include independent

observations of parent-child interactions and follow-up data to assess the longer term effects of this approach.

EPEC was piloted in Tasmania with 119 parents, of which 79% completed the program. The evaluation was based on a mixed methods design and explored fewer beneficial impacts for parents and children than the UK evaluation. Winter (2013) states that parents reported increased levels of confidence in their parenting skills and improvement in communication skills. The high levels of acceptance of this peer led model for both parent facilitators and participating parents reported in the evaluation indicate this is a potentially useful approach to delivering parenting support to those families that services find hard to engage.

4.5 Selecting and Implementing Evidence-based Programs

The term 'evidence-based programs' is broadly defined to include similar phrases such as 'evidence-based practices', 'evidence-based interventions', 'evidence-based strategies' and 'evidence-based approaches'. Evidence-based programs and practices have been defined by Chaffin & Friedrich (2004:1098) as:

> *The competent and high-fidelity implementation of practices that have been demonstrated safe and effective, usually in randomized controlled trials.*

The promise of effectiveness lies at the heart of the appeal of using evidence-based programs. Rigorous evaluations indicate that they can make some kind of difference in the lives of people using these programs (O'Connor et al, 2007).

Risks can occur for participants when programs are implemented where there is no evidence or without knowledge of the evidence base, in that these programs may result in no change, or worse, negative consequences for participants (Bowes and Grace, 2014). One example of this is highlighted in the research on the Home-start program in the UK. This home visiting program for disadvantaged families delivered by volunteers, did not result in any positive changes and led to some negative consequences for participants (McAuley et al, 2004 cited in Lexmond et al, 2011).

In real world practice settings, implementing evidence-based programs can be challenging for reasons associated with individual practitioners, organisations and the broader family support system (Chaffin & Friedrich, 2004; Raghavan et al, 2008). If these challenges are not addressed in a systematic way, parenting interventions may fail to produce the desired results for parents and children. Suggested strategies for maintaining program effectiveness, based on the research literature about program implementation and adaptation are briefly discussed below.

Selecting an evidence-based program

To maximise the full potential of evidence-based programs, attention needs to be given to selecting parenting programs for particular settings and audiences, as well as the nuts and bolts of how a program is implemented, if it is to achieve the desired results. When selecting a program, priority needs to be given to considering whether the program is a good fit with the needs of the intended audience, the community setting and organisational goals and values. In other words, decision making should move beyond a reliance on current fads or what is being promoted at conferences and through social media (Small et al, 2007).

Program match

A summary of the key considerations for matching an evidence-based parenting program to purpose and the needs of intended participants, as identified in the implementation science literature, is presented in Figure 5 below (Wade et al, 2012; Small et al, 2007). Of particular note is ensuring the target population that participated in the evidence based parenting program matches the organisation's intended group of parents. Rigorous evaluations tend to involve a limited range of population groups. Another important factor

concerns whether the program is 'strong enough' to adequately deal with the extent and complexity of problems facing some groups of parents. The larger the number of risk factors or problems in participants' lives, the greater the duration and intensity of program activities required.

Figure 5: Program match

- Are there clear program aims?
- Are there clear intended outcomes?
- How well do the intended outcomes of the parenting program reflect what your organisation hopes to achieve?
- How well do the intended outcomes match the goals of your intended participants?
- Is the program based on a clearly articulated theory of change or program logic which provides details of clearly identified outcomes and describes the activities that are related to these outcomes?
- Is the target population of the program clearly identified and does it match your intended group of participants?
- How well does the program match the values and culture of the intended audience?
- Are the program content and materials suited for the practitioners and parents you 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)?
- Is the program of sufficient length and intensity to engender changes in the lives of participants?
- What are program delivery options (e.g. group, individual, home-based, centre-based)?
- Does the program suit your service's access policies (e.g. no wrong door principle, soft entry points)?
- Does the program complement other programs/interventions within the organisation and wider community?

Source: Small et al, 2007 & Wade et al, 2012.

Program quality

In deciding which parenting programs to invest in and implement, a second set of factors concerning program quality needs to be considered. The growing field of implementation science has highlighted the importance of the quality of implementation and extended our knowledge of how implementation works to support the effective use of evidence-based programs (Aarons et al, 2011; Fixsen et al, 2005; Greenhalgh et al, 2004; Raghavan et al, 2008). The definition of implementation used in this paper is:

> *A specified set of activities designed to put into practice an activity or program of known dimensions* (Fixsen et al, 2005:5).

There is increasing acknowledgement that programs shown to be effective in tightly controlled trials, do not always yield the same benefits for people in real world settings where the quality of the implementation of the program has been compromised. The quality of implementation is critical for achieving intended outcomes for families and children (Wade et al, 2012; Fixsen et al, 2005).

Program effectiveness

Claims about the evidence of program effectiveness by program developers need to be checked to determine if they have undergone rigorous evaluations (see Appendix 1 for a list of authoritative international clearinghouses relevant to parenting initiatives). Issues to investigate concerning program effectiveness are highlighted below.

Figure 6: Program effectiveness

- Has the program been shown to be effective? How independent were the evaluators from the program developers?
- Is the program listed in any well respected clearinghouses? How has the program been rated? For example, well supported by research evidence, promising research evidence, or evidence fails to demonstrate effect or causes harm?
- Is the level of evidence sufficient for your organisation and funding body?
- What are the views and experiences of other practitioners/managers who have used the program? In particular, which groups of parents were most responsive to the program?
- Does the evidence identify for whom the program has worked and those groups of parents who have not benefited from it?

Source: adapted from Small et al, 2007.

PROGRAM FIDELITY AND ADAPTATION

A critical element of the quality of program implementation relates to fidelity, adaptation and dosage (Durlak & DuPre, 2008). The term fidelity refers to:

> *The degree to which an intervention is delivered as intended; it is critical to successful translation of evidenced-based interventions into practice* (Breitenstein et al, 164:2010).

With growing numbers of agencies adopting evidence-based programs, delivered by a range of practitioners, program fidelity becomes increasingly important if intended outcomes are to be achieved. If they are implemented inconsistently or only partially, in other words if program drift occurs, families are unlikely to benefit from participating in them (Borelli et al, 2005; Mildon & Sholonsky, 2011).

Program adaptation is about the extent to which a model program is modified and dosage refers to how much of the original, manualised program is actually delivered. Changes to the original design of programs might be made to better meet the cultural and social needs of the local community, to match available agency budgets and time schedules, or to accommodate service providers' preferences in terms of program content and delivery styles (Kumpfer et al, 2002; Mowbray et al, 2003; O'Connor et al, 2007).

The potential for "adaptation-fidelity" tension is likely to be reduced when adaptations of the original intervention do not interfere with the core elements believed to be necessary to achieve intended outcomes (Aarons et al, 2012a; Bowes & Grace, 2014). Several authors highlight that typical examples of adaptation include re-ordering of program components, changing the emphasis of particular program messages, adding materials or activities from other programs, and language and cultural modifications to program content (Aarons et al, 2012b; Lau, 2006). Bowes and Grace (2014) assert that some adaptation of program materials and processes is likely to be necessary to ensure engagement by Aboriginal participants and that these adaptations need to made in consultation with the local community. Where service providers are likely to encounter problems in facilitating benefits for program participants is when program drift occurs.

The misapplication of the program model due to technical error, the exclusion of core and requisite components, or the introduction of counterproductive materials and activities from other programs, will incur program drift. Those organisations that have not fully integrated the program within their service environment, are not in consultation with program developers, and do not employ program staff with the necessary qualifications and expertise, are more likely to experience program drift (Miller et al, 2006). In some cases, harm to participants may occur if a program is not delivered as intended. One example is a

program that is designed to delivered by qualified mental health professionals; if delivered by an unqualified service provider to highly vulnerable participants, this may be harmful to those involved (Herschell, 2010).

Model evidence based programs sometimes incorporate mechanisms to encourage implementation fidelity. These include the provision of delivery manuals or protocols, program content checklists, standardised training, and specific requirements for supervision and program certification (Eames et al, 2008). Some program developers, for example, the Incredible Years parenting program, also provide fidelity checklists that use live or recorded observations of sessions to assess the quality of process skills used in delivering the program effectively. Wade and colleagues (2012) identify a range of fidelity issues to consider which are summarised below.

- What are the requirements around the fidelity of delivery of the program components to parents? For example, are there tests, checklists or observations that they need to perform during training; are there certain tasks they need to do to demonstrate to the program developers/trainers that they are using the program correctly?
- Are there certain program components that must be delivered to families? That is, if they do not 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 received the program)? Can our service meet these requirements?

Source: Wade et al, 2012.

As there are so few culturally-specific or culturally adapted parenting programs available, adaptations of generic parenting programs are likely to be necessary. In making these adaptations whilst simultaneously attempting to maintain program fidelity, several authors suggest that it is useful to consider the following questions (Kumpfer et al, 2002; Cabassa & Baumann, 2013).

- What is the extent of influence of specific cultural family risk and protective factors?
- What is the level of acculturation and lifestyle preferences?
- What is the extent of differential family member acculturation and is it causing conflict?
- What are the patterns of migration and re-settlement history?
- What are the levels of trauma, loss and possible post-traumatic stress disorder related to war experiences or relocation?
- Which elements of the evidence-based program need to be adapted to enhance their cultural fit and relevance?
- How does the culturally adapted program retain the active ingredients/core components of the original evidence-based program?
- How will we evaluate the culturally adapted program?

AVAILABILITY OF TECHNICAL ASSISTANCE AND SUPPORT

In order to implement a new program in the way that it was intended by program developers, agencies need to put in place capacity building mechanisms to support staff in the adoption of a new program. A reliance on one-off staff training events or information acquired through program fact sheets is inadequate to support the effective use of evidence-based programs. These types of uptake strategies do not deal with the complexities facing practitioners in their day to day work. Issues to reflect on concerning support for practitioners are as follows.

- What are the necessary staff qualifications or skill requirements? Does our service have such staff? Will we be able to recruit such staff?
- What are staff training needs (frequency, duration, location, cost)?
- What amount of ongoing technical assistance is required (including top-up training, coaching or supervision)?
- Are there trainers and experts available to provide technical assistance (including supervision) to staff who will deliver the program?
- Does the program have adequate supporting documentation? Are the content and methods of the intervention well documented? Are the content and methods standardised to control quality of service delivery?

Source: Wade et al, 2012.

5. CONCLUSION

Parents living in the ACT, particularly in Belconnen, have access to a variety of universal and targeted parenting programs, some of which are supported by the evidence and several others informed by a growing body of empirical knowledge in terms of their effectiveness for parents and children. There has been a progressive increase in the availability of parenting programs during the last decade with a noticeable spike of activity during the last two years. Parents are able to access support in a variety of settings including Child and Family Centres, community service organisations, primary health care facilities and their own homes.

The research points to a spread of universal (whole of population) and targeted (at risk populations) programs being implemented by agencies. The value of delivering a mix of both universal and targeted programs is that it enables a more nuanced response in meeting families' needs. However, service providers expressed concern that funding requirements to provide targeted parenting programs is resulting in a reduction of preventative options for parents. Consequently, achieving a balanced mix of universal and targeted programs is becoming an increasingly elusive goal for some agencies.

There are a number of advantages and disadvantages for both universal and targeted interventions (Tully, 2007). Universal programs are associated with less stigma, but also less flexibility and responsiveness to individual circumstances, weaker impacts in terms of benefits for parents and children, as well as being more expensive to implement. In contrast, targeted programs provide more personalised approaches, achieve greater gains, cost less, but are likely to be associated with limited reach and greater stigma (Tully, 2007). Situating targeted programs within normal, non-stigmatising, universal settings such as Child and Family Centres and schools is likely to reduce the level of stigma experienced by parents.

Service providers used several strategies to engage with parents that they find hard to reach and for whom, traditional parent training groups are inappropriate, unappealing and inaccessible (for reasons to do with program content, transport or childcare). By providing a mix of parenting support programs, service providers can be more responsive to families' needs and circumstances, particularly in relation to vulnerable families dealing with multiple and complex issues. At the same time, there is some research evidence that economically disadvantaged families may benefit more from individual parenting programs (Lundahl et al, 2006; Reyno & McGrath, 2006). Programs using a one-to-one approach are advantageous in terms of greater flexibility of pace, content and attention to families' particular circumstances and priority concerns. Further investigation is required about whether existing provision of individual parenting programs such as Parents as Teachers and HIPPY is meeting demand.

A significant amount of recruitment to parenting programs occurs through family self-referral. In the absence of a detailed analysis of the socio-demographic characteristics and risk profiles of agencies' data on participating parents, it is still worth highlighting the potential gamble involved. Without more targeted recruitment practices, parenting programs run the risk of sourcing participants who may not require these programs and not actually servicing those more vulnerable parents, particularly those at most risk for child abuse and maltreatment.

The research highlights that gaps in service provision have diminished during the last few years in the ACT. Parents of children aged 0 to 5 years are particularly well served. However, parenting support deficits exist in Woden Valley and Weston Creek. Service providers also suggested that greater investment needs to be made in providing support to parents from culturally and linguistically diverse backgrounds; Aboriginal families; parents of young people aged 12 to 18 years; and young parents aged 14 to 25 years.

To a certain extent, these gaps in service provision mirror those in the current knowledge base on effective parenting programs for these groups of parents. The rapid literature review identified only five programs that are supported by the evidence, and a further sixteen were rated as promising in relation to their effectiveness. The evidence-based elements of quality implementation with Aboriginal communities have been well documented, however there is an ongoing need for more investment in rigorous evaluations of parenting programs in Australia for a quality evidence base to be created. More emphasis also needs to be given to investigating the long-term effects for families participating in programs.

There is considerable variation and diversity in parenting practices within different migrant and refugee cultural groups (Sawrikar, 2009). Navigating parenting roles and responsibilities in a new culture can be challenging. Lewig and colleagues (2010) study on refugee families highlights the need to provide information and education as part of early intervention programs as parents begin their adjustment in a new country, rather than waiting until they are overwhelmed by the realities of parenting in a new culture.

Programs such as ABCD: Parenting Young Adolescents Program', which incorporate strategies that promote parents' ability to identify and choose strategies for their own family, in accordance with their values are worth considering in view of the promising evidence that this type of approach may be of benefit to families from diverse backgrounds. Investment in evaluation would be needed to investigate this question further. Future development of parenting programs for parents from culturally and linguistically diverse communities needs to be located in those agencies that have significant cultural competence.

Service providers raised concerns about the suitability of parenting group programs for some groups of parents, particularly those who are disengaged from the service system. The value of using soft entry points (such as playgroups, informal parent support groups), to counter parents' negative expectations and concerns about how they will be judged, cannot be underestimated as a bridging mechanism to parenting

programs. It is also worth exploring the feasibility of conducting a pilot of Empowering Parents Empowering Communities, a peer led model with pairs of trained parent facilitators delivering a manualised program to groups of parents. This has been a successful response to delivering parenting support to those families that services find hard to engage.

This research demonstrates agencies' growing commitment to delivering parenting programs that have some empirical base to their effectiveness. Factors influencing their choice of programs included funding criteria requiring the use of evidence-based programs, offering parenting support options that have the potential to affect change in parents' lives, and selecting programs that went some way to matching the goals, values and culture of intended target groups. However, constrained training budgets meant that program selection was frequently dictated by what training was available in Canberra. This severely restricts what service providers can offer and reduces the likelihood of matching programs to the needs of the intended audience.

Faithful implementation of an evidence-based program is an important component of effectiveness. Success in implementing evidence-based programs depends on fidelity issues such as practitioners' adherence to program protocols, the quality of practitioner training, monitoring the quality of delivery, ongoing supervision and organisational support. Some service providers have adapted model programs to better meet the cultural and social needs of participating parents.

Based on current research knowledge, Bowes and Grace (2014) assert that some adaptation of program materials and processes is likely to be necessary to ensure engagement by Aboriginal participants and these adaptations need to be made in consultation with the local community. To avoid program drift, the key is to identify and retain the core program elements. This principle applies equally to other groups of parents. Although the body of current knowledge is weak in relation to instituting cultural adaptations of evidence-based parent training programs for parents from diverse backgrounds. More research is needed to provide practitioners clear guidance about when and how to assess the need for cultural adaptations of parenting programs.

It is concerning that a few agencies are implementing programs consisting of various components from several different parenting programs. They are unlikely to be including all the core components of the various models being applied. In the absence of evaluating outcomes experienced by participants they are at risk of being ineffective or worse, actually causing harm to people.

A significant challenge for agencies in selecting and implementing evidence-based programs is covering the monetary costs involved. Of concern is the funding instability facing a significant proportion of agencies providing these programs, particularly in the context of increasing demand for parenting programs. Short-term contractual funding cycles generally act against effective program delivery and staff morale and retention. At the same time, the financial resources needed to build evidence-based practice skills are lamentably lacking in many community based organisations. Program funding is unfortunately not aligned with the financial realities of delivering evidence-based programs.

The additional costs associated with implementing evidence-based programs need to be factored into contractual arrangements with community based service providers. The higher costs associated with implementing these programs include those relating to training, ongoing supervision, productivity losses as new program staff acquire the necessary skills to implement these programs, and resources to conduct implementation and outcomes evaluations (Raghavan et al, 2008).

Service providers made several recommendations to enhance partnership activities that have been developed by some agencies with the aim of maximizing the use of scarce resources and sharing agency

expertise. Child Youth Family Services Program Network Coordinators could establish a parenting program database with details of agencies providing parenting programs, the type of programs provided and workers' training credentials. This would facilitate the sharing of expertise and resources, with the aim of increasing the number of programs implemented in different regions of the ACT. Those agencies that have developed extensive expertise in a particular approach could be funded to provide programs across the ACT. Finally, arrangements to provide inter-agency professional supervision, involving supervisors who have experience of implementing parenting programs, would increase the quality of programs available to parents living in the ACT.

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APPENDIX 1: INTERNATIONAL CLEARINGHOUSES

The California Evidence-Based Clearinghouse (CEBC)
http://www.cebc4cw.org/

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 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/