

Appendix

Summary of parent education programs

Table 1

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Bugental et al. (2002).	USA	The <i>Healthy Start Program</i> is a multi-strategy program which aims to prevent child maltreatment and includes a parent education cognitive retraining component. The parent education component of the program aims to reduce child maltreatment by attending to parents' causal attributions for child behaviour (i.e., parents' thoughts and explanations as to why their child behaves the way they do). This evaluation concerned the effectiveness of the parent education cognitive retraining component of the program.	Parents in all treatment groups were visited 20 times by a paraprofessional over the course of a year. Only those parents in the intervention group received the parent education cognitive retraining program.	The sample consisted of 96 "at risk" families identified on the basis of their response to the Family Stress Checklist. The experimental design incorporated three randomly assigned treatment groups. One group took part in the composite program (a derivative of the Healthy Start Program) as well as the cognitive intervention, another only took part in the composite program, and the third (control) group was only provided with referral information.	Outcome measures included the degree of harsh parenting and the degree of child health. Harsh parenting was measured using the Conflict Tactics Scale (CTS), while child health was assessed on the basis of the frequency of child injuries, illness, and feeding problems.	The investigation provided sound support for the distinctive benefits of the parent education cognitive retraining intervention. A strong relationship was found between the cognitive retraining intervention and child health, as well as a significant reduction in the likelihood of physical abuse compared with the composite and control group.	The researchers included only families deemed to be moderately "at risk" (rather than "high risk"); the sample was fairly small; and very few fathers responded, hence results were limited to the cognitions and experiences of mothers. In addition, the period under investigation was short term (1 year), thus it is unknown whether the outcomes obtained within this period would be sustained.

Table 2

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Combs, Reeth, VanDyke, Herrera, and Hasinger (1996).	USA	The <i>Nurturing Program</i> (offered by SAFEchild, a non-profit community service agency) aims to prevent child maltreatment by enhancing parenting competence.	The Nurturing Program consists of a 15-week educational intervention designed for parents with children from 4 to 12 years of age. Parents and their children attend weekly sessions for 4 months in order to develop greater competence in positive parenting and discipline strategies.	The sample comprised 26 former participants of the Nurturing Program. The sample was small as the majority of past participants could not be reached, and a small number declined to participate. The project included a control group drawn from the program's waiting list.	The researchers developed a survey instrument (administered over the phone) for the purpose of this investigation. The survey consisted of 4 difficult care giving vignettes (e.g., a child refusing to cooperate); a self-esteem measure; several open-ended questions requiring participants to identify the needs of a child and ways to negotiate with a child; and suggestions on how to manage stress and anger.	The evaluation revealed that participants of the Nurturing Program were moderately more able to identify positive discipline strategies in response to two of the difficult care giving vignettes; were more able to use varied positive discipline strategies; and were more able to list productive ways of managing anger than the control group. Past participants of the Nurturing Program also reported increased self-esteem following completion of the program.	The report presented findings that were favourable to the Nurturing Program. However, there were several methodological limitations. Firstly, the evaluation was based on a small sample. Secondly, several measures were retrospective, thus relied on participant recall (e.g., the self-esteem scale where self-esteem was compared retrospectively before the program and after). In addition, it was not clear how long after the completion of the program the research project took place. Finally, the project relied on hypothetical case studies (4 vignettes) to measure acquired learning. Whether improvements in these areas actually translate to more favourable modes of parenting and reduced rates of child maltreatment is unknown.

Table 3

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Hebert, Lavoie, and Parent (2002).	Canada	The study focused on one component of the <i>ESPACE program</i> : the parent workshop. The parent workshop is a preventative program, which aims to enhance parental knowledge of child maltreatment (for example, child vulnerability, risk factors, possible indicators, and available community resources) in order to reduce the occurrence of child maltreatment.	The <i>ESPACE</i> parent workshop consists of an afternoon education session.	Fifty-five parents took part in the parent workshop. Two hundred and seventeen parents who did not take part in the workshop acted as the control group. The evaluation took place after the program. The researchers did not obtain pre-program data from the parents for comparison.	The researchers administered a questionnaire to both treatment groups. The questionnaire contained true/false questions to ascertain the respondent's level of content knowledge; a hypothetical vignette in which a child disclosed an abusive situation (parents were then required to detail how they would respond via open-ended questions); and a self-efficacy scale which asked respondents to indicate the degree to which they felt able to perform the actions they had outlined.	The results provided support for the effectiveness of the <i>ESPACE</i> program. Parents who completed the <i>ESPACE</i> program exhibited greater content knowledge than parents who did not attend the program. In addition, parents who attended the program suggested more appropriate courses of action (e.g., following the disclosure of abuse) than parents who had not attended the <i>ESPACE</i> program.	The findings were supportive of the effectiveness of the program in improving parental knowledge. However, the program's explicit aim was to prevent child maltreatment, yet direct measures of child maltreatment were not incorporated into the study. The precise relationship between improving parental knowledge and the incidence of child maltreatment was not explored. In addition, the program covers sexual, verbal, and physical abuse, yet the evaluation (to its detriment) focused only on sexual abuse. Finally, firm conclusions could not be drawn because of the absence of pre-program parent data.

Table 4.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Britner and Reppucci (1997).	USA	The aim of the <i>Parent Education Program for Teen Mothers</i> was to prevent child maltreatment in “high-risk” contexts involving teenage mothers.	The Parent Education Program for Teen Mothers offers parent education, parent support groups, and referrals to other community and social services (e.g., employment assistance programs).	The study was comprised of a hospital control group (n=314); a home visit control group (n=96); and the experimental group of teenage mothers deemed to be at high risk (n=125). Participants were predominantly unmarried and African American. Mothers were allocated to each group on the basis of their responses to the Adult-Adolescent Parenting Inventory and interviews with the mother, nursing staff and family.	Program effectiveness was measured via the state database on abuse and neglect, which was searched for “founded” (substantiated) cases of maltreatment and also via random follow up telephone calls with 40 mothers in the home visit control group and 80 mothers who completed the program in their child’s first year of life. The evaluation was carried out 3 to 5 years after the birth of a child.	The state’s child maltreatment database revealed that 6.69% of the hospital control group and 7.29% of the home visit control group were involved in founded reports. In contrast, 1.6% of the mothers in the treatment group were involved in founded child maltreatment cases. Mothers from the treatment group were also more likely to have completed high school; to have undertaken further education; and to have delayed the births of subsequent children.	The evaluation offered support for the effectiveness of the program. The inclusion of service data concerning substantiated cases of child maltreatment provided strong evidence indicating that the program deterred mothers from engaging in abusive or neglectful behaviours toward their children. However, some of the differences reported between the control groups and the experimental group were not statistically significant. This could have been the result of a relatively small sample size. Finally, there may have been selection biases in the non-random assignment of mothers to the treatment and control groups.

Table 5.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Peterson, Tremblay, Ewigman, and Saldana (2003).	USA	The <i>Multilevel Primary Prevention Program</i> aims to prevent the occurrence of child maltreatment by enhancing parenting skills and knowledge regarding child development.	The Multilevel Primary Prevention Program offers 16 weeks of group and individual training, for example, in the use of appropriate discipline strategies, time management skills, and child development.	The sample comprised a treatment group of 61 mothers considered to be “at risk” of child maltreatment; and two control groups (one of which received a clinical interview and a journaling exercise, while the other did not receive any intervention). Data were collected before treatment, after treatment, and at a one-year follow up.	Adaptive parenting behaviours were assessed through clinical interviews and a daily parent journal. Mothers were also required to respond to vignettes concerning child problems and to complete a Parent Opinion Questionnaire. Affect was measured on the self-report Novaco Anger Scale and problem-solving skills were assessed on the Parent Problem-Solving Scale.	Post program, the treatment groups use of physical punishment and their unrealistic expectations for their child, had declined to a greater extent than both control groups. At follow-up, both groups, exhibited improvements, however, the treatment group exhibited more substantial effects (e.g., the treatment group exhibited a significant decrease in the use of harsh discipline and a significant decrease in child directed anger).	The results of the study indicated that participation in the program resulted in improvements on several outcomes such as a decrease in the use of physical discipline and improved parent self-efficacy. However, the study relied on self-report measures and did not include a measure of social desirability to assess whether this factor may have had any influence on the responses mothers gave to ‘sensitive’ questions. In addition, the measures used to assess the effectiveness of the program did not directly assess whether improvements of the nature found (e.g., greater knowledge of child development) actually translated to a decrease in child maltreatment.

Table 6.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Chaffin, Bonner, and Hill (2001).	USA	The study evaluated the outcomes of a number of service providers and preventative programs throughout Oklahoma in the United States of America. Programs evaluated included: <i>Healthy Families America</i> ; the <i>Parents as Teachers program</i> ; and the <i>Hawaii Healthy Start program</i> , all of which aim to prevent child maltreatment through parent education, enhancing maternal and child wellbeing, and family supports.	The aim of the study was to document client outcomes following participation in one of the prevention programs in operation in Oklahoma. The programs under evaluation had a variety of aims including: to reduce child maltreatment; to enhance competent parenting; and to improve parental knowledge of child development.	The sample (n=1,601) was drawn from 74 separate service programs. 86% of the sample was female. The study did not contain a control group; instead different levels of program intervention were compared pre- and post-intervention (e.g., basic needs and episodic interventions were compared with more intense levels of intervention). Attrition rates were high – only 38% (n=493) of participants who completed a pre-program questionnaire also completed a post-program questionnaire.	Participants completed a questionnaire pre- and post-program. The questionnaire contained demographic questions as well as the Child Abuse Potential Inventory (CAP). Participants also gave written consent for the researchers to track subsequent reports made about them to the state child protection system.	A slight decrease in CAP score was evident for the participants who completed the post-program measure. State child protection service data revealed that a total of 195 people (or 12.2%) had been the subject of at least one report of child maltreatment, the majority of which related to neglect. Interestingly, participants from basic needs and mentoring programs had fewer reports lodged with child protection services than participants from other services.	The authors stated that the results of the present study were “discouraging” in terms of the success of child maltreatment programs in preventing child abuse and neglect. Participants who had partaken in prevention programs did not exhibit lower rates of maltreatment than participants who dropped out of the same programs, or clients who received only episodic interventions. However, firm conclusions about causality (or lack thereof) cannot be drawn on the basis of this study alone, as it did not randomly assign clients to treatment conditions. Nor were the researchers able to control treatment interventions for their consistency and integrity.

Table 7.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
MacLeod and Nelson (2000).	Mixed	The authors conducted a meta-analysis of child abuse prevention program evaluations. In total 56 programs evaluations were reviewed, some of which were parent education programs. Specifically, the study sought to explore whether certain program attributes/qualities moderate effectiveness (e.g., whether a program is (a) proactive or reactive; (b) approaches maltreatment prevention from an ecological framework; (c) includes an informal social support component; (d) employs an empowerment/strengths based approach; and (e) the duration/intensity of the intervention).	The authors conducted an electronic search of relevant databases, and manually reviewed several journals that regularly feature prevention related research. In total, 56 program evaluations were reviewed. For the most part, programs under evaluation aimed to promote family wellness in order to prevent child maltreatment.	The authors calculated the effect sizes for each study in order to make comparisons between different models/programs.	As this was a meta-analysis, the researchers did not use any specific measures. However, the literature they analysed used a number of different measures to calculate the outcomes of individual programs, for example, the Child Abuse Potential Inventory, mental health inventories, measures of child health, and measures of parental knowledge.	Social support/mutual aid interventions had the highest effect size, followed by multi-component interventions (.56) and home visitation models (.41). Several moderator variables (e.g., a strengths based focus) were found to enhance participant outcomes. Effect sizes were mixed for other qualities, for example, the influence of program intensity (i.e., number of visits/program components) and the availability of concrete/basic needs support (e.g., food and clothing).	The findings of the meta-analysis indicated that most programs were effective at some level in promoting family wellness and preventing child maltreatment. Several variables were found to moderate program outcome, which has implications for the direction of future prevention strategies. The meta-analysis revealed that the most effective programs were proactive (preventative, e.g., parent education) rather than reactive (e.g., tertiary services). Finally, the paper contained a few limitations. Of the 56 studies reviewed, only 18 reported both post-intervention and follow-up results. Thus, the majority of evaluations did not investigate long-term effects.

Table 8.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Kelly (2000).	Mixed	The study is a meta-analysis of empirical evaluations of the effectiveness of family preservation services (FPS) and family reunification services (FRS), both of which contain parent education components. FPS aim to preserve parental custody of children in contexts where foster care placement is likely, while FRS seek to reunite parents and children where foster care placement has occurred.	The aim of the investigation was to present a systematic review and synthesis of the findings of previous evaluations into FPS and FRS programs. The study also sought to investigate whether FPS and FRS programs should be universally available and to identify the attributes of these interventions which are most effective (e.g., parent education, providing basic services, medical care and so on).	Empirical studies (published between the late 1970s-2000) were reviewed. The literature reviewed was limited to evaluations containing rigorous research designs (e.g., randomly assigned treatment groups or strong quasi-experimental methods).	The study was a meta-analysis, rather than primary research, thus specific measures were not used. However, the author analysed relevant primary research in terms of the most and least effective programs, and program characteristics shared by the most effective programs. The most commonly reported outcome measures in the studies reviewed were placement avoidance rates (for FPS programs) and family reunifications rates (for FRS programs).	The meta-analysis revealed that FPS and FRS programs are both effective and, at times, ineffective. Thus, the findings of an initial examination of primary research were mixed. However, on average FRS programs were more effective than FPS programs. Overall, the most effective programs coupled a managed care approach with administrative case management procedures, administered concrete (or basic needs) services (e.g., food stamps, clothing etc.) in addition to other interventions, and were of longer duration.	The conclusions drawn on the basis of the analysis have implications for the direction of similar prevention programs. That is, Kelly's research suggests that lengthier programs and those that make provisions for clients' basic needs (e.g., food/clothing) are most effective in preserving and reuniting the family unit in contexts where there has been, or there is an increased risk of, child maltreatment. It would have added to the study had Kelly described the specific programs reviewed in the present analysis and their precise location and population (in order to determine how generalisable the findings are to other contexts).

Table 9.

Source	Site	Program Aim	Description	Design	Measures	Findings	NCPC comment
Barth (1991).	USA	The <i>Child Parent Enrichment Project (CPEP)</i> aimed to reduce the risk factors associated with child maltreatment and the incidence of child maltreatment.	While partaking in the Child Parent Enrichment Program, clients received pre- and postpartum services from parenting consultants for 2 hours per week for 6 months.	The evaluation involved two randomised control studies. There were 24 participants in the treatment group of the first study, and 26 participants in the comparison group. The second study was smaller with 10 participants partaking in the program and 7 in the comparison group. Data were collected pre- and post-program (at 1, 2 and 5 years follow up).	The study used the following measures to evaluate the effectiveness of the CPEP program: the Child Abuse Potential Inventory, the Depression Scale, the State-Trait Anxiety Inventory, the Pearlin Mastery Scale, the Social Support Scale, use of prenatal care, birth outcome, and infant temperament.	The evaluation revealed that post-intervention CPEP participants had better outcomes for prenatal care, birth, child temperament, child welfare, and mothers' wellbeing. There were no significant differences in level of support or reports to Child Protection Services between the treatment and control groups. At 1-year follow up there were no differences in self-report measures between CPEP and comparison mothers. The frequency of notifications to Child Protection Services was similar for both groups.	In summary, the evaluation provided only limited evidence of an immediate positive effect following participation in the CPEP program on the risk factors for child maltreatment. However, there was no evidence of the program's effectiveness in reducing the incidence of maltreatment. Nor did the evaluation provide evidence for the sustained effectiveness of the CPEP program on either the risk factors or incidence of child maltreatment at follow-up.

Table 10.

Source	Site	Program Aim	Description	Design	Measures	Findings	NCPC comment
Brooks et al. (1988).	Canada	The <i>Systematic Training for Effective Parenting (STEP)</i> Program aims to improve parental attitudes and parent perceptions of children's behaviour, thus decreasing the risk for child maltreatment.	The STEP program is a nine-week parent-training program, which emphasises the strengths and resources of families. The program encourages parents to recognize the self-defeating circular patterns of many family problems. The STEP program was offered to self-selecting families who received a leaflet in a general mail out to all families in an elementary school (n=1000).	The evaluation involved pre-test, post-test and follow-up data collection for an experimental (n=44) and control (n=15) group.	The measures used in the evaluation were: the Parent Attitude Scale and the Child and Adolescent Adjustment profile (which measures parents' perceptions of their children's behaviour).	Improvements were found in parental attitudes and parents' perceptions of children's behaviour in both the experimental and control group. Greater positive effects were found within the experimental group for the parent attitude measure only. The authors argued that this highlighted the need for comparison group studies.	The findings from this study indicated that the STEP program had only limited effectiveness in improving parental attitudes and perceptions of child behaviour. However, the failure to select a sample and comparison group in which these factors were a problem may have limited the potential positive impacts assessed through the evaluation (i.e., ceiling effects).

Table 11.

Source	Site	Program Aim	Description	Design	Measures	Findings	NPC comment
Wesch and Lutzker (1991).	USA	The aim of <i>Project 12 Ways</i> is to reduce the incidence of child abuse and neglect by parents who have previously abused or neglected their children.	<i>Project 12 Ways</i> is a behavioural management program including parent-child interaction training, health maintenance and nutrition assistance, home safety training, counselling, job finding counselling, and referral for treatment of substance abuse.	The evaluation was comprised of 2 studies. In the first study, 51 parents participated in <i>Project 12 Ways</i> and were compared with 46 parents in a comparison group. In the second study, 232 parents participated in <i>Project 12-Ways</i> , a sub-set of which received only routine agency services.	The evaluation relied on direct data regarding child maltreatment rates. The first study measured effectiveness on the basis of reports of child abuse and neglect. The second study measured program effectiveness on the basis of subsequent child abuse and neglect substantiations, rate and severity of recidivism, and out of home care placement.	Participants in the first study who had partaken in <i>Project 12 Ways</i> reported a 10% reduction in the number of children notified to child protection at 1-year follow-up. In the second study, both treatment and standard service groups experienced decreases in child abuse and neglect notifications.	<i>Project 12 Ways</i> appeared to be somewhat effective in reducing recidivism rates of child maltreatment. However, the evaluation did not specifically assess the effectiveness of individual program components. Thus, given the multiple pathways within the program, it was not clear which elements of the program were most effective.

Table 12.

Source	Site	Program Aim	Description	Design	Measures	Findings	NCPC comment
Sanders, Markie-Dadds, and Turner (2003).	Australia	The <i>Triple P Positive Parenting Program</i> aims to prevent severe behavioural, emotional, and developmental problems in children by enhancing the knowledge, skills and confidence of parents.	<i>Triple P</i> is a multi-level intervention for parents of children and adolescents from birth to 16 years. The program is tiered on a continuum of increasing strength. Level 6 specifically targets families in which there is a high risk of child maltreatment. The program targets different developmental stages and is multi-level as families experience different levels of dysfunction and behavioural disturbance.	The evaluation was a randomised control study involving 305 parents of pre-schoolers at high risk of conduct problems. The participants were randomly assigned to different levels of the program: the Standard Triple P; Enhanced Triple P; Self-directed Triple P; or a waiting list control group.	The evaluation measured program outcomes according to five key areas: observed child behaviour; parent reported child behaviour; dysfunctional parenting; parental competence; and consumer satisfaction.	Post-intervention the Standard and Enhanced <i>Triple P</i> parents had significantly lower levels of observed and parent-reported disruptive child behaviour and dysfunctional parenting, and greater parental competence and consumer satisfaction than the self-directed or wait list control group. At 1-year follow up all three variants of the <i>Triple P</i> program had achieved similar levels of change in child disruptive behaviour, however therapist-assisted groups' self-reported satisfaction in parenting roles were greater than those in the self directed intervention.	All three variants of the <i>Triple P</i> program reduced child disruptive behaviour by improving parenting skills. This has the assumed follow-on effect of reducing the child's vulnerability to maltreatment and decreasing parental potential for maltreatment. However, it is important to note that the evaluation did not contain a direct measure of child maltreatment (e.g., child protection service data, child health records).

Table 13.

Source	Site	Program Aim	Description	Design	Measures	Findings	NCPC comment
Toumbourou and Gregg (2002).	Australia	To reduce the risk factors for youth suicide in students aged 14 years through the provision of an empowerment-based parent education program.	The program involves professionally-led groups in which parents are empowered to assist one another to improve their communication skills and relationships with adolescents.	The pre- and post-test quasi-experimental evaluation involved a treatment group of 305 students and a control group of 272 students. All students were drawn from 14 schools. Not all parents directly participated in the parent education model. However a social contagion model was adopted in which it was posited that the whole school would benefit from the positive effects of the program (e.g., positive effects on truancy or substance use on one pupil was expected to extend to that pupil's friends).	The effectiveness of the program was assessed according to measures of adolescent and family wellbeing. Adolescent wellbeing was measured according to: delinquent behaviour; substance use; self-harm behaviour; suicidal behaviour; and depressive symptoms. Family wellbeing was measured according to: adolescent conflict with parents; parental care; and parental control.	Students in the intervention schools demonstrated increased maternal care, reduction in conflict with parents, reduced substance use and less delinquency than students in non-intervention schools. The findings support the social contagion model posited.	This program was not implemented specifically to address the risk factors for child maltreatment, however enhanced parenting skills, particularly the dimensions of family conflict and parenting control may reduce parents' maltreating potential. Similarly the reductions in substance use and delinquency decrease child vulnerability to maltreatment.

Table 14.

Source	Site	Program Aim	Description	Design	Measures	Findings	NCPC comment
Wolfe and Hirsch (2003).	USA	The <i>Listening to Children (LTC)</i> parent education program aims to provide parents with the skills and support necessary to enhance their parental effectiveness.	The LTC parent education program is an intersection between parent education, parent training and parent therapy. The program uses a group format of parent education but encourages participants to engage in support and intensive personal exploration associated with parent therapy.	The evaluation was comprised of two randomised control studies with 25 middle-income mothers in Study 1, and 18 black mothers enrolled in <i>Head Start</i> (community building strategy) in Study 2. Participants were randomly assigned to the treatment or control condition and completed pre-test, post-test and follow-up measures.	The measures used to assess the <i>LTC</i> program's effectiveness were: the Parental Attitude Survey; the Parenting Stress Index; the Parental Attitude Research Instrument; and the Parenting Practices Questionnaire.	The results of the evaluation revealed that the <i>LTC</i> program reduced parental stress, improved parental attitudes and encouraged authoritative parenting practices. However some effects diminished over time.	These evaluations had low sample sizes and the participants in Study 2 were also enrolled in the <i>Head Start</i> program. This may have potentially confounded the effects of the <i>LTC</i> program. Although the evaluation supported the use of the program, further research should be conducted to confirm the program's effectiveness, particularly the enduring/long-term effects of the program.

Table 15.

Source	Site	Program Aim	Description	Design	Measures	Findings	NCPC comment
Youatt and Luster (1989)	USA	To increase parenting knowledge.	Pre-parenthood education classes for high school students.	Quasi-experimental pre-test/post-test with participants (n=130) and comparison students (n=26).	1. Knowledge of child development. 2. Beliefs about appropriate parenting practice. 3. Extent to which parents influence their children's development.	Students who completed the program were more knowledgeable about child development, were less likely to believe responsive and affectionate care would spoil a child, were more likely to emphasise the need to read and talk to children, were less authoritarian in their beliefs on discipline, and were more likely to believe parents greatly influence their child's development than were students in the comparison group.	Although a quasi-experimental evaluation, this paper suggests that a pre-parenting education program has a positive impact on participants. However, as participants were not followed-up longitudinally it is not clear whether participation in the program affected actual parenting behaviour in the future.

Table 16.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Hudson et al. (2003).	Australia	The aim of the Signposts for Building Better Behaviour Program is to teach families of children with an intellectual disability and challenging behaviour how to manage the child's behaviour. This is achieved by teaching active coping skills, stress management, and general problem solving skills.	The Signposts program consists of eight information sessions, a workbook, and a videotape. The program is designed so that it can be delivered in several ways, including: group programs, telephone support, and self-directed models. This study investigated whether the program would be effective in reducing challenging behaviour and lead to improvements in maternal adjustment. In addition, the project investigated whether having a therapist involved influenced program outcomes.	There were 115 mothers and their children involved in the study. The study began with randomised treatment groups, however, was ultimately only semi-randomised because some parents allocated to a group setting were not prepared/able to travel. In total there were 46 mothers and their children in the "group support" treatment group; 29 in the "self-directed" group; 13 in the "telephone" group; and, 27 in the control group.	Data were collected on the following measures at the pre- post-, and follow-up interval: the Parenting Sense of Competence Scale; the Depression Anxiety and Stress Scale; the Parenting Hassles Scale; the Developmental Behaviour Checklist; and the Consumer Satisfaction Checklist. (Note: Follow-up data were not collected for the control group as they had been on a waiting list and by that stage were receiving treatment of some description).	Only 57% of the original sample (N=115) completed post-program measures, and only 28% completed follow-up measures. Nonetheless, the results indicated that all treatment groups exhibited more favourable outcomes than the control group. There were no significant differences between treatment groups. All mothers who received some form of the Signposts Program reported positive outcomes.	Although the findings of the Signpost evaluation were promising there were two significant methodological limitations to the study. Firstly, the study did not possess 'true' randomised treatment and control groups. Although the evaluation commenced with randomised treatment groups, a number of participants requested that they move groups (i.e., from group treatment to self-directed etc.) to avoid having to travel. Secondly, the attrition rate was considerable. This meant that although the results were positive, data were available for so few participants (particularly at the follow up stage) that it is difficult to determine whether they are in fact representative of the effectiveness of the Signposts program.

Table 17.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Dawe, Harnett, Rendalls, and Staiger (2003).	Australia	The aim of the Parents Under Pressure (PUP) program is to improve child behaviour, decrease parental stress, and improve family functioning in methadone maintained families.	The PUP program targets families with children between 2 and 6 years of age. The PUP program is comprised of 10 units, which are typically delivered over the course of 8-12 sessions of approximately 1 ½ hours. The program is primarily cognitive-behavioural in approach and the specific units addressed include: challenging the notion of an ideal parent; how to cope under pressure; and life skills. The PUP program can be delivered in a clinical setting and in participants' own homes.	The evaluation involved 9 families (7 of which were headed by single mothers). To be eligible to participate one or both parents had to be on the methadone program and have a child between 2 and 6 years of age. Parents participated in an initial assessment, then completed the PUP program, and took part in a follow up assessment 3 months later. Parents in this evaluation chose a mixture of clinic-based and home-based education sessions.	The evaluation incorporated semi-structured interviews, during which clinicians obtained basic demographic information including the parents' history of drug use and abuse experienced as a child. Self-report questionnaires, which contained the Parenting Stress Index, the Child Abuse Potential Inventory, the Significant Other Scale, the Opiate Treatment Index, the Alcohol Disorders Identification Test, and the Connors' Rating Scales-Revised, were also included in the evaluation.	Nine families completed the program. The mean length of time spent in the program was 14 weeks. Eight of the families were contactable at the 3-month post-program interval. The majority of families exhibited significant improvements on measures concerning parental functioning, child functioning, parent-child relationship, parental substance use and risk-taking behaviour.	The evaluation provided support for the effectiveness of the PUP program. The finding that parental functioning and child functioning were significantly improved is promising, particularly considering the concurrent reduction in parental substance use and risk taking behaviours. However, the findings would have been strengthened by the inclusion of a control group; a larger sample size; a longitudinal design; and cross-validation of the self-report data with behavioural observations, thus enabling clarification as to whether the gains observed in the present evaluation actually translate to improvements in outcomes for children (i.e., reductions in child maltreatment).

Table 18.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Weinman, Schreiber, and Robinson (1992).	USA	The DePelchin Children's Centre Parent Education Program aims to prevent child abuse with high-risk adolescent mothers.	The DePelchin Children's Centre Program is a short-term group based program, which focuses on concrete skill acquisition and internal resource building. The structure of the program is such that participants meet 7 hours a day, 3 days per week, for 8 weeks (in total 24 sessions). The groups are generally comprised of 8-10 mothers and their children. The program consists of 4 components: child development; health and safety; survival skills; and personal growth and self-esteem.	For the purpose of this study, 9 parenting groups comprising 73 clients took part in the program. Parents were eligible for inclusion in the study if they were at risk of repeated pregnancies; were aged between 17-21 years; possessed weak support systems; and limited financial means. Data were collected at the pre-treatment, post-treatment, and follow-up period (2 months after completion of the program).	The program was evaluated using a survey instrument. The measures contained within were: the Bavolek Adult-Adolescent Parenting Inventory; the Offer Self-Image Questionnaire; the Nowicki-Strickland Locus of Control; and the Stein Future Events Test.	For the purpose of data analysis, participants were classified as "completers" (the treatment group) and "non-completers" (effectively the control group). Significant improvements in parenting knowledge and self-image were found at post-treatment for completers. Most of these differences were maintained at follow-up, with the exception of some of the self-image sub-scales. No differences were found on the locus of control or future events dimensions for either group.	The evaluation provided some evidence of the program's effectiveness in assisting teenage mothers to acquire concrete parenting skills and knowledge. However, the evaluation possessed several limitations. Firstly, the follow-up period was relatively short (2 months after the program). As such, it was unclear whether the gains exhibited would have been maintained. Secondly, in the absence of truly randomised treatment and control groups, it is unclear how much of the change exhibited by participants can be attributed to the program. Finally, the measurement tools used in the evaluation did not directly assess child abuse risk, rather they were measures theoretically related to child abuse potential.

Table 19.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Kayrooz and Blunt (2000).	Australia	The Parenting between Cultures Program addresses key parenting issues with members of culturally and linguistically diverse groups, one of which relates to parental options regarding child discipline and child abuse laws. The intention of the program is to fill knowledge gaps where they are present, prevent adverse child/family outcomes, and to prevent child abuse.	The program targets families with children between 5 and 12 years old. The program is comprised of six 2 ½ hour sessions which address: intergenerational conflict; bicultural parenting identity; ethnicity; the school system; discipline strategies; Australian child protection laws; and knowledge of support services. The program adopts a solution-focused and strengths-based approach, thus the three underlying principles guiding the program are: parental efficacy; parental choice; and parental flexibility.	The program was investigated via process and outcome evaluations. The outcome evaluation was comprised of a pre- and post-program survey of content knowledge regarding, for example, cultural differences in parenting practices and Australian child protection laws. Data were collected at the pre-, post- and follow-up interval (the precise time of follow-up was not specified).	The sample of 21 (6 Croatian families, 8 Chinese families, and 7 Samoan families) completed a survey instrument comprised of measures designed for the purpose of this study. The measures were constructed such that responses were given on a five point Likert scale. Questions related to the content knowledge the program was designed to enhance, for example “I understand the child abuse laws” and “I am aware of the ideas behind the way Australian schools are run”.	The results of the study suggest that the program is effective in enhancing parental knowledge in the domains targeted, for example, Australian child protection laws, the school system, and available family support services. The evaluators argued that the positive results of the program render the participants more able to parent confidently and capably between cultures.	The results of the study were promising, however, there were methodological limitations. Firstly, the attrition rate was high, resulting in a small sample size (exacerbating this was the fact that data were not collected for the Chinese families post-program). Secondly, the measures used in the present study appeared to have been purpose built, thus there was no reliability or validity data. Thirdly, the evaluation used only self-report data. It is unknown to what extent social desirability bias may have prejudiced the results. Finally, no direct measure of child abuse potential was used, despite the explicit aim of the program to prevent child abuse and neglect in migrant cultures.

Table 20.

Source	Site	Program aim	Description	Design	Measures	Findings	NCPC Comments
Wood and Davidson (2003).	Australia	The aim of the Parent Effectiveness Training program is to prevent the emergence of sustained family problems by enhancing parent-child relationships. This article describes the controlled evaluation of 25 PET courses conducted in six Australian states.	The PET program is comprised of a 24-hour course, which is generally delivered in eight three-hour sessions. The program's chief focus is operational skills training in relation to interpersonal communication (e.g., active listening, problem solving skills, and conflict resolution).	The evaluation examined the changes in participants' parenting skills following completion of the PET program. There were 232 participants in the treatment group and 81 parents acted as controls. Data were collected at the pre- and post-test interval. The program was evaluated according to qualitative changes pre- and post-intervention	Skills to enhance effective communication such as active listening, assertiveness, and conflict resolution were measured post-test on the basis of qualitative responses to vignettes concerning child behaviour and parent/child interaction.	Parents who completed the PET program exhibited positive changes in their responses to parent/child vignettes (e.g., What would you say if you were a parent in this situation?) and were more likely than parents from the control group to: acknowledge a child's feelings; acknowledge the facts of a child's statements; to feed back to the child their understanding of what was just said; to use "I" statements; and to ask for suggestions from the child.	The results of the evaluation suggest that the PET program is effective in enhancing parental communication skills, particularly in relation to active listening, assertiveness, and skills in conflict resolution. The program's effectiveness was demonstrated through the linguistic changes the parents made in response to vignettes involving everyday parent/child conflict or child behaviour problems. These findings would be enhanced by behavioural observation. That is, it was useful to see that parents could—in theory—respond more thoughtfully to a child following the PET training, however, greater evidence of program effectiveness would be found in "real life" observations of parent responses.