RESTACKING THE ODDS

Parenting programs: A study of barriers, facilitators, & strategies to improve participation

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Executive summary

APPROXIMATELY 1 IN 7 AUSTRALIAN CHILDREN EXPERIENCE A MENTAL HEALTH PROBLEM

Childhood mental health problems are distressing and associated with negative outcomes later in life (e.g., academic failure, substance use, unemployment, self-harm, criminality).

Parenting practices are important for healthy childhood development and can act as risk or protective factors for child mental health.

Evidence has demonstrated that parenting programs can improve both child and parent outcomes. Yet many families are missing out on opportunities to build effective parenting strategies.

Family experiences can help policy-makers and service providers understand participation barriers and facilitators. These experiences can lead to potential solutions or strategies to increase participation in parenting programs, especially for children and families at greater risk.

SOLUTIONS TO INCREASING ATTENDANCE

Accessibility. Programs should be offered at multiple and convenient times (including evenings and weekends), in familiar and easily accessible locations (e.g., schools) as well as online, and at minimal cost to families

- **Cultural inclusivity**, including cultural awareness, cultural safety, and programs in multiple languages, is required to support Indigenous and culturally and linguistically diverse families

Staff skill, staff training and capacity building together with investment in professional development, including in strengths-based and family-centred practices are critical to overcoming barriers to PP participation. It is also important to have training in specific evidence-based programs

Service partnerships and interagency collaboration should be leveraged to support families, build stronger community connections, increase trust in the community service sector and improve efficiency in use of public resources

Facilitators to ECE attendance

- Parents feeling supported by staff
- Knowing program costs upfront
- Having children looked after while attending
- Knowing programs work and are designed for parents like them

Barriers to ECE attendance

- Not having someone to mind children while attending
- Competing demands and inconvenient program scheduling
- Logistical barriers (distance, transport)
- Fear of judgement

The Social Ecological Model

Methodology to frame reported barriers & facilitators to PP participation; attendance & dose

A FRAMEWORK FOR UNDERSTANDING SOCIAL SYSTEMS WITHIN THE CONTEXT OF ECE

The Social Ecological Model (SEM) is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviours, and for identifying behavioural and organisational leverage points and intermediaries for health promotion within organisations.

FOUR NESTED LEVELS

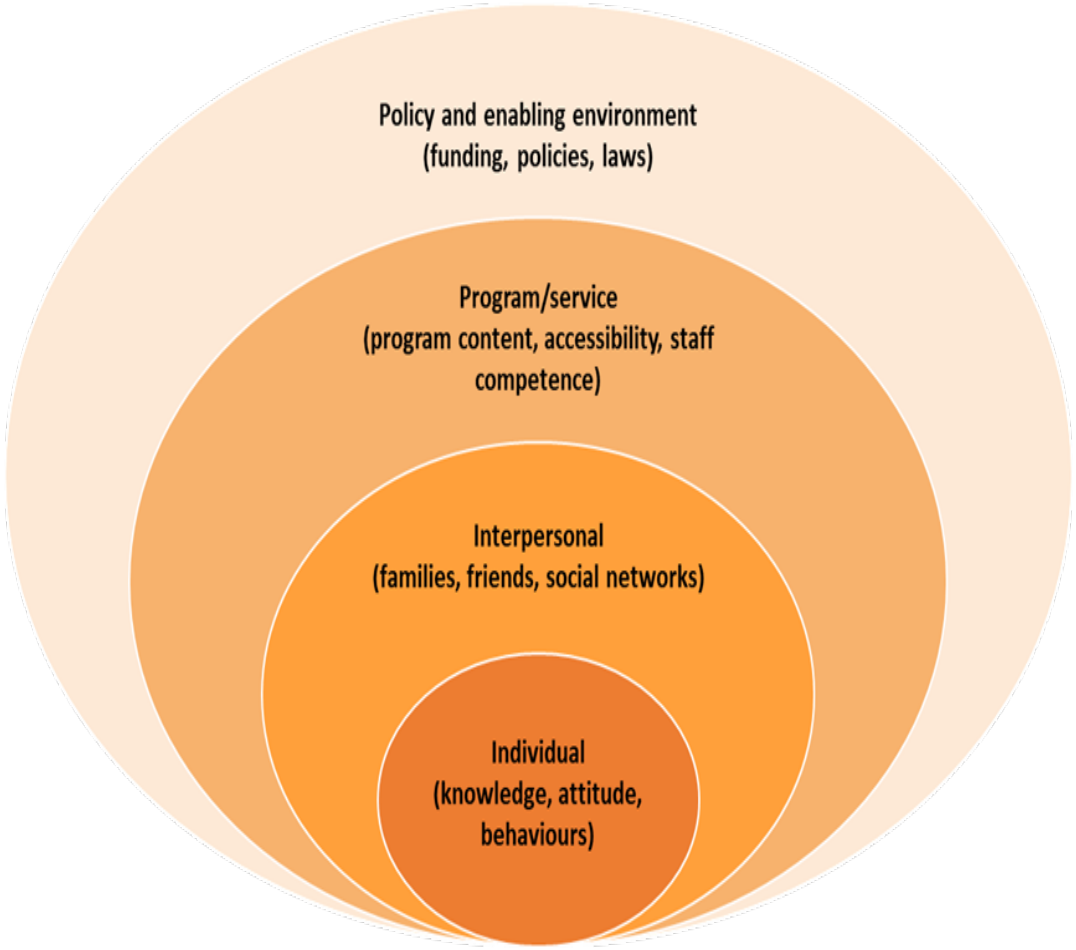


Figure adapted from the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention (CDC)).

Findings from qualitative interviews

Strategies to improve attendance at parenting programs

Four solution-focused interviews were conducted with eight service providers who had been involved in the delivery of parenting programs that demonstrated very high attendance rates following efforts to identify service gaps and appropriately tailor recruitment and retention strategies to targeted families. Several key practice, implementation, and sustainability components thought critical the high attendance rates demonstrated across the four programs emerged. The following strategies were rated as having 'Potential' to increase PP participation, particularly for families experiencing adversity.

PRACTICE ELEMENTS

What is delivered:

All practice elements were identified at the program/service level of the Social-Ecological Model

Facilitator skill
Content knowledge; family-centred, strengths-based, relationship-building, & trauma informed approaches

Service procedures
Partnerships & collaboration with families & community services; informal and formal feedback mechanisms

Cultural inclusivity
Employment of bi-cultural facilitators or interpreters; collaboration with culturally & linguistically diverse (CALD) community, and cultural awareness and cultural safety

Real time data monitoring

Facilitators use data monitoring to follow up with non-attenders to identify participation barriers and discuss solutions

IMPLEMENTATION ELEMENTS

How it is delivered:

Implementation elements were categorised at the program/service level and policy and enabling environment level of the Social-Ecological Model.

Facilitator training and capacity building
investment in a skilled workforce, training and employing bi-cultural workers

Community collaboration
Formal and informal partnerships

Culturally appropriate programs
Modified programs and community input

Accessibility
Centralised location, flexible session times, onsite childcare, and free/low cost programs

Program format and content
Online delivery and principles of adult learning

Funding
Government or organisation

Infrastructure
Shared infrastructure; fit for purpose data systems

SUSTAINABILITY ELEMENTS

What maintains ongoing delivery:

Sustainability components were identified at the program/service and policy and enabling environment levels of the Social-Ecological Model.

Retaining skilled and dedicated facilitators
Retention of skilled staff, opportunities for continued learning

Strengthening service operation
Community partnerships, strengthened data collection/monitoring systems

Ongoing support

Government and organisational commitment & funding

Strengthening early years' service sector
Partnerships / collaboration and coordinated care; service management and data collection

The voice of service providers

Strategies to improve attendance at parenting programs

Four strategies-focused interviews were conducted with eight service providers who had been involved in the delivery of parenting programs that demonstrated very high attendance rates following efforts to identify service gaps and appropriately tailor recruitment and retention strategies to targeted families. Several key practice, implementation, and sustainability components thought critical the high attendance rates demonstrated across the four programs emerged. The statements are from these interviews that illustrate the main themes described by the service providers.

PRACTICE ELEMENTS

> *"Facilitators were from the same background… [they] understood inside and out how the gender roles works in the culture."*
>
> Program Co-ordinator, Service for Arabic-speaking men, 2020

> *The team know the material inside out and backwards, and know how to adapt it… Because they know the content, and because they're so used to facilitating groups, they can engage participants on a much deeper level than facilitators who aren't used to running groups"*
>
> Senior manager, Major PP Provider, NSW, 2020

IMPLEMENTATION ELEMENTS

> *We set up a steering committee as well, who provided guidance in the design and implementation of both programs…the steering committee comprised local community members, who also happened to be community leaders and who also happened to work in social services."*
>
> Program Co-Ordinator, Service for Arabic-speaking men, 2020

> *Instead of teaching or directly telling them what to do, we coach families [to] work through the content and build the capacity by doing that."*
>
> Peer Facilitator, Support for parents of children with a disability, 2020

SUSTAINABILITY ELEMENTS

> *Families are able to pay for the program from the child's NDIS funding as a parent capacity-building item…. If we get some grants to run the program for free for families, then we will really address specific cohorts of the families "*
>
> Peer Facilitator, Support for parents of children with a disability, 2020

> *We have been collecting data on participation, goal attainment, goal achievement, and families psychological outcomes throughout the program. We evaluate it quarterly. Also, based on that evaluation, we do necessary changes, co-designing with the peer facilitators."*
>
> Peer Facilitator, Support for parents of children with a disability, 2020

Findings of a mixed methods study: Facilitators

Facilitators of participation in parenting programs; identified by parents & service providers

INDIVIDUAL LEVEL FACILITATORS

Positive parent attitudes and beliefs
About programs being beneficial or necessary

Parent self-attributes
Personal motivation or willingness to participate; seeing oneself as similar to others in program

INTERPERSONAL LEVEL FACILITATORS

Peer / social group norms
"Word of mouth" from friends, family, parent networks

Social environment
Parent sense of belonging within the wider early childhood services community

Rapport
With service professionals

PROGRAM / SERVICE LEVEL FACILITATORS

Staff skills
Parent-centred, strengths-based approaches; non-judgmental

Accessibility strategies
Low cost or free programs; local, safely accessible venues; onsite childcare

Program format
Regular intakes; flexible delivery times and places; homogenous groups based on ethnicity, language, and/or gender

Effective promotion
Wider advertising and promotion of benefits and relevance; interagency cross-promotion/referral, and collaboration

Cultural inclusivity
Employment of translators; cultural competence, sensitivity & awareness

Service procedures
Personalised recruitment; enrolment assistance; absentee follow-ups; provision of program resources like workbooks; provision of food; reassuring parents about privacy of information

POLICY & ENVIRONMENT LEVEL FACILITATORS

Legislation
Mandating participation for specifically targeted high risk groups

Broader social issues
Increased support to address housing affordability; increased access to English language classes for families with a non-English-speaking background

Mental health policy reform
Funding for increased access to more low and no cost psychologist sessions

Infrastructure
Sufficient services to meet demands; free public transport for vulnerable families

Funding
For services to implement participation strategies; to ensure continued availability of programs

For specific examples and a more detailed analysis of the findings contact RSTO Research Lead: carly.molloy@mcri.edu.au

Findings of a mixed methods study: Barriers

Barriers to participation in parenting programs; parents & service providers

INDIVIDUAL LEVEL BARRIERS

Parent health
Physical or mental health, especially anxiety, postnatal depression

Negative attitudes and beliefs
Programs not perceived as necessary or relevant; benefits of participation unclear

Parent concerns
Distrust of services; fear of judgment & stigma; social anxiety and worry about not fitting in; worry about privacy of information

Parent self-attributes
Lack of confidence or motivation

Indicators of disadvantage
Low-SES, NESB, low education, homelessness, trauma

Logistics
Lack of time or personal access to transportation

Lack of service awareness
Availability, benefits, relevance

INTERPERSONAL LEVEL BARRIERS

Family dynamics
Domestic violence; custody or visitation and estrangement issues; lack of family support

Family life circumstances
Caring for unwell relatives

Multiple complex issues
Concurrent problems with mental health, substance misuse, housing, etc.

Social environment
Isolation

PROGRAM & SERVICE LEVEL BARRIERS

Accessibility
Program fees; limited places and waitlists; location of services; lack of onsite childcare

Program format
Timing, duration, and frequency of sessions or program; unappealing or inappropriate mode of delivery; lack of choice between individual or group delivery

Inadequate promotion
Services not well advertised; benefits not promoted effectively

Program content
Inappropriate, irrelevant, or unhelpful

Staff skills
Lack of rapport with parents; lack of skills, training or qualifications; privacy

Venue suitability
Lacking adequate space or amenities; unappealing or unstimulating

Service procedures
Poor interagency collaboration; difficult enrolment or referral procedures

Cultural inclusivity
Lack of translators; content not culturally sensitive or appropriate

POLICY & ENVIRONMENT LEVEL BARRIERS

Concession ineligibility
For those on a visa, or with an income just above the Healthcare Card income threshold

Legal requirements
Such as limit on sessions billed to Medicare by clinical psychologists; reporting to child protection agencies

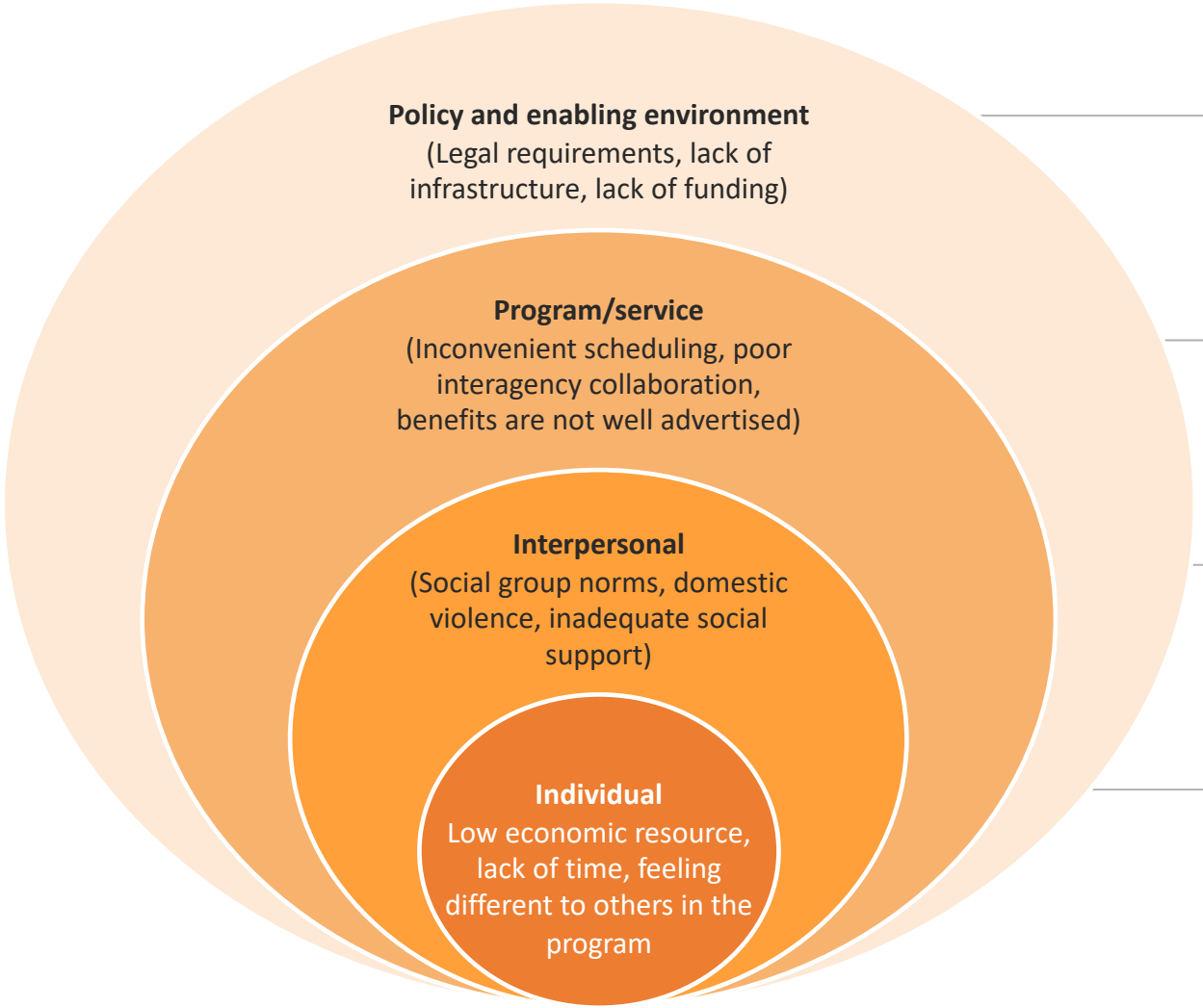
Policy limitations
Lack of funding; politically salient topics receiving more funding

Infrastructure
Lack of public transport; inadequate number of services

For specific examples and a more detailed analysis of the findings contact RSTO Research Lead: carly.molloy@mcri.edu.au

The family journey

POTENTIAL BARRIERS NEED TO BE ADDRESSED AT EACH STAGE OF THE FAMILY JOURNEY



Attract families	Recruit families	Retain families
Funding from NDIS	National promotion campaigns	Government funding/ policy commitment
Promotion & advertising	Schedule sessions to optimise parent preferences	Provide professional development to staff
Use community testimonials	Encourage word-of-mouth promotion	Create opportunities for social interaction
Incentives &/or low cost	Provide sessions at convenient times / formats for families	Creating safe & culturally appropriate spaces/ practice

Implications of study findings

Improving participation in parenting programs needs to be tackled at multiple levels to close the equity gap for Australian children

SERVICE-LEVEL ACTIONS

- Offer programs at familiar and accessible locations
- Provide online courses
- Schedule weekend and evening courses (in addition to school/work hours)
- Widely advertise services and what is involved
- Advertise low/no cost up front
- Use evidence-based programs and promote their benefits
- Offer programs specifically for underrepresented groups and target advertising
- Ensure staff are trained in strengths-based, partnership models of care
- Ensure staff cultural competence
- Collaborate with local families and organisations (promotion, referral, co-design)
- Collect and evaluate enrolment & attendance data
- Seek feedback from families
- Monitor the success of new engagement approaches

COMMUNITY-LEVEL ACTIONS

- Local council commitment to improving access to child mental health services (funding, policy)
- Local government promotion of parenting program services via existing platforms (e.g. Maternal & Child Health services, supported playgroups)
- Local council facilitation of collaborative partnerships between parenting services and other local early years organisations
- Local council facilitation of parenting program data collection and data sharing between organisations

SECTOR-LEVEL ACTIONS

- Commission media campaigns that promote the importance of parenting and the effectiveness of programs
- Invest time and resourcing to increase professional development opportunities
- Use existing professional development platforms such as training offered by the Centre for Community Child Health
- Sector level commitment to training staff in relationships-based and family-centred practice
- Peak bodies representing professionals (e.g. psychologists, social workers) could lobby government for increased support

GOVERNMENT-LEVEL ACTIONS

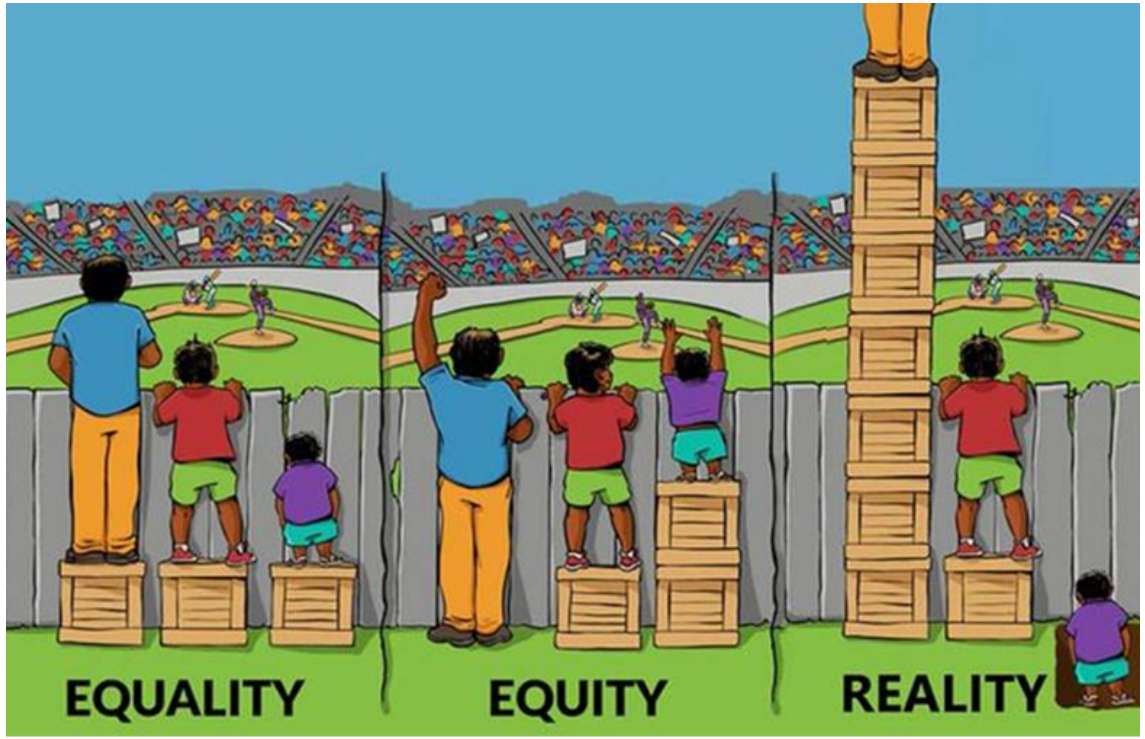
- Commitment to long-term funding for parenting services
- Development of parenting program-specific policy and funding-structures
- Investment in the development and testing of recruitment and retention packages, especially for disadvantaged/underrepresented groups
- Commitment to national-level data collection (e.g. enrolment, attendance, demographic profile)
- Regulation to ensure evidence-based programs are freely available to all parents
- Commitment to promoting benefits (e.g. media campaigns to endorse and normalise participation in programs)

RESTACKING THE ODDS

Australian families are missing out on parenting program opportunities to improve child mental health

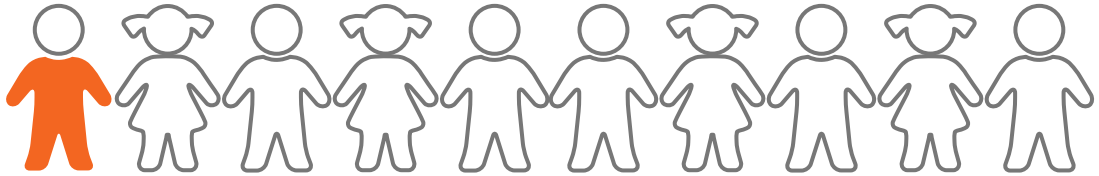
Parenting programs are underutilised in Australian communities

Disadvantaged families experience more barriers in accessing health & education services



- **Approximately 14% of children have a mental health problem**, yet less than 8% of families enroll in a parenting program
- **Children from families experiencing disadvantage have higher rates of mental health problems** but lower levels of participation in "parenting programs
- Mental health problems are reported in approximately **21% of low income families** & almost **30% in single, unemployed parents**.

Never enrolled in a parenting program



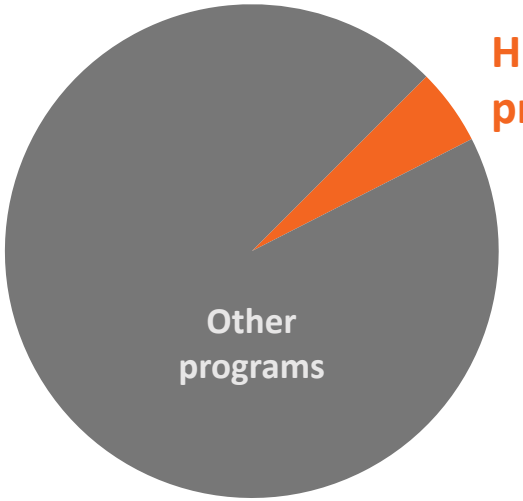
Enrolled in a parenting program

> *A society that is good to children is one with the smallest possible **inequalities** for children, with the vast majority of them having the same opportunities from birth for health, education, inclusion and participation.*

Stanley, Richardson & Prior, 2005

Access to high quality parenting programs

Data from Australian communities who participated in the Restacking the Odds research project



ONLY 23

<1%

Although evidence-based programs are available in many communities, **most of those offered were not delivered** as intended, had limited research data supporting their efficaciousness, or had an unknown evidence base

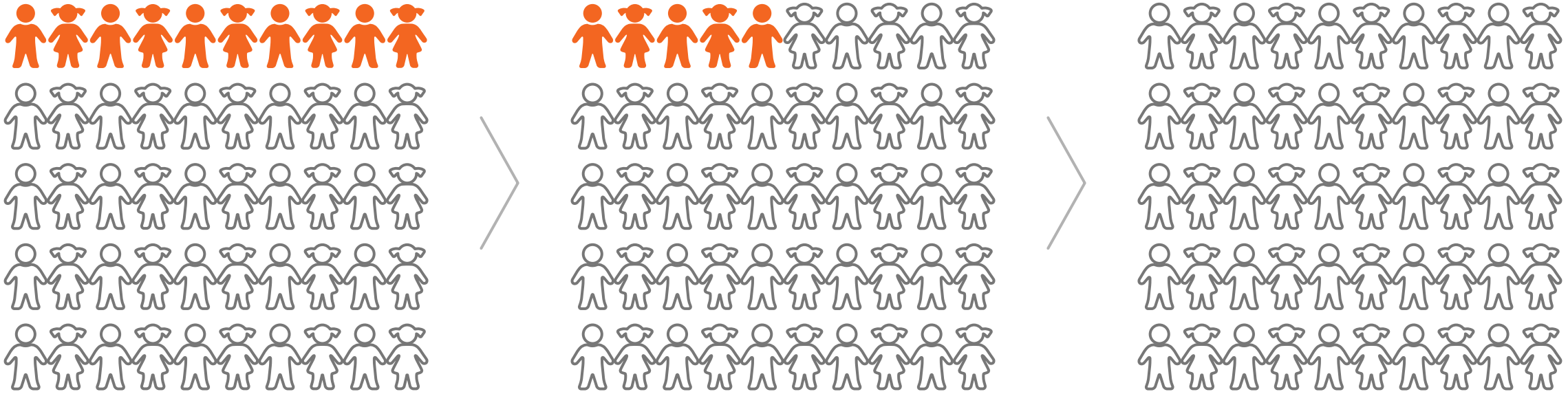
Of 1,129 parents were **enrolled in a high quality program** (i.e. one supported by the evidence and delivered in a manner consistent with implementation parameters tested in the supporting research)

Is the **proportion of families estimated to have a child at-risk of behavioural or social-emotional issues** who received a High Quality parenting program

- Assessments of Parenting Programs focused on programs designed for parents of children with behavioural and social-emotional issues, as these programs have been backed by substantial evidence as to their efficacy
- The assessments don't include programs such as Supported Playgroups, as there is a smaller research base supporting these and there delivery and content is highly variable
- Data includes parenting programs targeting young children (0-8 years). In practice, providers do not always record child age (so families don't miss out due to age-based eligibility requirements)

Participation in parenting programs

94% Families estimated to have **a child at-risk but not enrolled** in a parenting program*



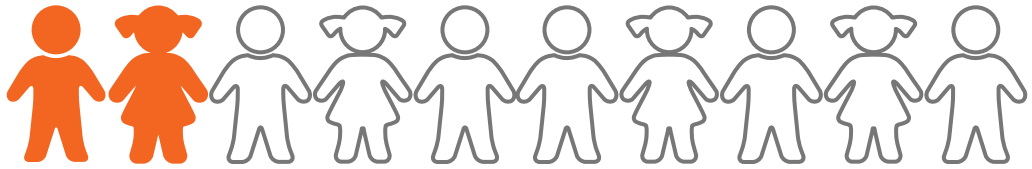
~80% ~90% ~100%

The number of at-risk families missing out varies across communities but was invariably high

*Calculated across the six RSTO communities: ~850 families enrolled in a parenting program, of >14,000 children estimated to be at risk (i.e. 14% of children age 0-8 years in each community)

Participation of vulnerable groups

Disadvantaged families experience more unmet health & education needs



- **Mental health problems are especially prevalent for children from disadvantaged backgrounds** (e.g., ~21% for low income families and almost 30% for children with an unemployed single parent)

- Where data is available it indicates **a substantive proportion of 'vulnerable' families enrolled in a parenting program do not receive the recommended dose**

- It is important to know if families with known risk factors are participating in parenting programs – **and to what extent**
- However, **information about participant background is not consistently recorded**

Several providers are trialling promising initiatives to increase participation

Findings from qualitative interviews with a range of service providers across communities

MULTIPLE CO-ORDINATED STRATEGIES (MAJOR PP PROVIDER, NSW)

Objective: Increase attendance rates across all programs, including PP

Location: Multiple sites, NSW

Funding: Commonwealth Department of Social Services (DSS)

Strategies: Consulted families and other family services to identify and address barriers, provided childminding, evening & weekend sessions, online delivery options, partnered with local early childhood education and care centres, schools & community organisations, delivered the program at local & central locations (e.g. schools), used language interpreters, charged a small fee for program manual (to increase perceived value).

Reported impact: Average session attendance rate of 80%

Limitations: No pre-post data reported to show increase with introduction of strategies. Wide variation across courses in average rate of enrollees attending at least 85% of sessions (17-63%).

> *What I know is that over time, the clients that I've waived the fee for the manual or the workbooks, they're the workbooks sitting in the bottom of my drawer because they've not come back. Whereas the clients who pay for something, I think value it more and are committed to it more."*
>
> Senior Manager, 2020

ADAPTED PP FOR SPECIFIC CALD PARENTS (TUNING INTO KIDS FOR AFGHAN-BACKGROUND MOTHERS)

Objective: Increase participation among parents from Afghan background

Location: Metropolitan Local Government Area, Victoria

Funding: State government Communities for Children funding, Local Council

Strategies: Employed bi-cultural workers, adapted program to deliver trauma-informed care (emotion coaching first), facilitator known to community through playgroup, delivered at local and familiar location (playgroup), sessions offered after school drop-off

Reported impact: Increase in demand for service; from no Afghan families enrolled in Tuning into Kids (TiK), to running the Afghan-adapted program five times and creation of a waitlist when demand exceeded supply. Reportedly, average course completion was 90%.

Limitations: Impact was self-reported by staff involved in the delivery of the program but not able to be verified through data reporting.

> *Its about funding. It's about having the resources to develop it and continue to develop it."*
>
> Senior Clinician, 2020

Several providers are trialling promising initiatives to increase participation

Findings from qualitative interviews with a range of service providers across communities

SERVICE DESIGNED SPECIFICALLY FOR CALD PARENTS (ARABIC-SPEAKING MEN)

Objective: Increase participation of Arabic-speaking fathers

Location: Metropolitan NSW

Funding: DSS & Settlement Services International

Strategies: Community consultation (steering committee), culturally-matched and Arabic-speaking facilitators, referral through existing services and word-of-mouth, seek feedback from families, co-design with community, interactive pedagogy, weekend sessions, no fees

Reported impact: Consistent enrolment with supply exceeding demand (waitlists), average completion rate of 97%

Limitations: Program cost is likely a nuanced strategy, with some data/reporting suggesting nominal fees are important to increase perceived value & commitment. Impact was self-reported by staff involved in the delivery of the program but not able to be verified through data reporting.

> *Facilitators come from the same background, understand people… challenge [them] in a very culturally-appropriate manner"*
>
> Program Co-ordinator, 2020

SUPPORTS FOR PARENTS OF CHILDREN WITH A DISABILITY

Objective: Increasing participation among parents of children with disability or developmental delay

Location: NSW, SA and international (NZ, Canada, Finland)

Funding: National Disability Insurance Scheme

Strategies: online delivery, shift from professional to peer delivery model, shift from individual to group format, program includes time/space for parents to build social connection with peers, establishment of alumni network, use of language interpreters, text message reminders about sessions, adult learning model (interactive, coaching style), evening and weekend sessions

Reported impact: Increased demand from 3 courses in 2016 (with therapist one-to-one model) to 15 courses in 2019 (with peer-facilitated group format). High attendance reported for both online and face-to-face models (>80%).

Limitations: Impact was self-reported by staff involved in the delivery of the program but not able to be verified through data reporting

> *Parents who identified as autistic or having a mild intellectual disability…said the group pace was too fast …and hard for them. We offered one-on-one with [these] families."*
>
> Peer Facilitator, 2020

Strategies that improve PP participation

Findings from a review of the literature; peer-review & evaluation reports

MEANINGFUL FINANCIAL INCENTIVES

Payment for each session or module attended

- Payments should honour parent time (opportunity costs)
- The amount should be meaningful (~$15-$20 per session) and delivered quickly (e.g., within 48 hrs)
- Successful incentive programs have paid parents a maximum of ~US$150-230 spread over multiple sessions
- Meaningful payments are particularly motivating for low income parents and do not appear to reduce intrinsic motivation.
- Parents report spending payments mostly on their children and essentials (e.g. groceries, bills)

ADVERTISEMENT & PROMOTION

Multicomponent promotional packages

- Promotional packages have increased program attendance when using a combination of strategies. These include: brochures, family testimonials, teacher endorsements, personalised consultation to set goals and overcome barriers, attendance strategies tip sheet, session reminder calls

Combined online and radio campaigning

- Higher rates of enrolment have been observed when targeted advertising campaigns combine radio and online promotion, compared with no media promotion

PROGRAM FORMAT

Utilising social media (versus in-person delivery)

- Program information can be more accessible when offered online. One study found more parents received information when the program was delivered via a Facebook secret user group than in-person
- Online content included access to PowerPoint presentations and video clips, and enabled posting of comments and interaction with the facilitator

CAUTION:

- Recent news reports linking social media platforms to data privacy breaches are of concern and may deter some parents

WHAT DOESN'T WORK

- Small financial incentives (e.g. ~US$3-10 per session)
- Poorly administered (e.g. delayed) and modest discounts to childcare fees (<$30 total)
- Fear-based advertising
- Parent vs. expert testimonial (no difference)
- Group versus individual format (no difference overall)

CAUTION: What works for who?

- Individual delivery may increase participation for specific groups (e.g. parents with: social anxiety, more complex problems)

In Australia, there are several federal & state-based policies designed to improve services for children and families

Commonwealth and Victorian State policies are only broadly applicable to PP and have no associated evaluations

COMMONWEALTH: INVESTING IN THE EARLY YEARS – A NATIONAL CHILDHOOD DEVELOPMENT STRATEGY

- Introduced 2009
- Aim: Ensure family confidence & capacity to support child development
- Generalist policy covering a range of child and family services
- Explicitly identifies parenting programs as part of broader service provision to improve parental capacity

COMMONWEALTH: NATIONAL FRAMEWORK FOR CHILD AND FAMILY HEALTH SERVICES – SECONDARY AND TERTIARY

- Introduced 2015
- Aim: all children, families and communities with additional needs/health risks/poor developmental outcomes receive support to ensure optimal health, development, & wellbeing
- Generalist policy covering a range of child & family services
- Policy articulates key principles for encouraging PP participation

STATE: SUPPORTING PARENTS, SUPPORTING CHILDREN – A VICTORIAN EARLY YEARS PARENTING STRATEGY

- Introduced 2010
- Aim: to promote an integrated state-wide early parenting service system for Victoria's most vulnerable children from birth to four years of age
- Key focus areas of policy align with principles identified in RSTO research for engaging parents (e.g. workforce capacity, interagency collaboration, cultural inclusivity)
- Supports two programs (Early Parenting Centres which provide intensive supports, & Parenting Assessment & Skills Development Service for families involved with child protection)

STATE: BRIGHTER FUTURES (NSW)

- Introduced 2003
- Aim: to support families experiencing severe vulnerabilities to access a range of services
- Explicitly recognises value of PP alongside other services (e.g. structured home visiting programs, early childhood education and brokerage funded support to purchase goods and services)

STATE: FAMILIES NSW

- A joint initiative of NSW Health, NSW Department of Family & Community Services (FACS), and NSW Department of Education & Communities
- Endorsed Triple P as the state-wide PP in 2007
- Aimed to reach all families with a child 3-8 years old (across a range of Triple P formats)
- FACS provides some funding for PP

LIMITATIONS

- Unclear how PP would be funded
- No evaluation of the strategy's effect on participation in PP

- Policy places responsibility of data collection and participation assessment with jurisdictions and local services
- No centralised collation of PP participation data
- No evaluation of the framework effect on PP participation

- Services supported by policy are restricted to families with young children (up to 4 years only)
- Data collection requirements are minimal (i.e. for EPC programs only, and not specific to PP participation)

- Participation is time-limited (18-24 months)
- Only one evaluation conducted (for ATSI participants)
- Only 50% of Brighter Futures ATSI participants uitilsed the PP component

- Program reach was low (~12,500 of 300,000)
- Several implementation barriers :
- Lack of alignment between provider core business and Triple P;
- Time commitment exceeded provider capacity for delivery, administration, advertising, and data collection;
- Lack of recurrent funding

Bibliography

Boyd RC, Price J, Mogul M, Yates T, Guevara JP. Pilot RCT of a social media parenting intervention for postpartum mothers with depression symptoms. Journal of Reproductive & Infant Psychology. 2018:1-12

Christensen, D., Fahey, M. T., Giallo, R., & Hancock, K. J. (2017). Longitudinal trajectories of mental health in Australian children aged 4-5 to 14-15 years. PLoS One, 12, e0187974. doi:10.1371/journal.pone.0187974

Duchesne, S., Vitaro, F., Larose, S., & Tremblay, R. E. (2008). Trajectories of anxiety during elementary-school years and the prediction of high school noncompletion. Journal of Youth and Adolescence, 37, 1134-1146. doi:10.1007/s10964-007-9224-0

Erskine, H. E., Norman, R. E., Ferrari, A. J., Chan, G. C. K., Copeland, W. E., Whiteford, H. A., & Scott, J. G. (2016). Long-term outcomes of attention-deficit/hyperactivity disorder and conduct disorder: A systematic review and meta-analysis. Journal of the American Academy of Child & Adolescent Psychiatry, 55, 841-850. doi:10.1016/j.jaac.2016.06.01

Gonzalez, C., Morawska, A., & Haslam, D. M. (2018). Enhancing initial parental engagement in interventions for parents of young children: A systematic review of experimental studies. Clinical Child & Family Psychology Review, 21, 415-432. doi:10.1007/s10567-018-0259-4

Gross, D., & Bettencourt, A. F. (2019). Financial Incentives for Promoting Participation in a School-Based Parenting Program in Low-Income Communities. Prev Sci, 20, 585-597. doi:10.1007/s11121-019-0977-y

Lawrence, D., Hafekost, J., Johnson, S. E., Saw, S., Buckingham, W., Sawyer, M., Ainley, J., Zubrick, S. (2016). Key findings from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Australian and New Zealand Journal of Psychiatry, 50, 876-886. doi:10.1177/0004867415617836

Molloy, C., O'Connor, M., Guo, S., Lin, C., Harrop, C., Perini, N., & Goldfeld, S. (2019). Potential of 'stacking' early childhood interventions to reduce inequities in learning outcomes. Journal of Epidemiology & Community Health, 73, 1078-1086.

Molloy, C., Macmillan, C., Laughlin, A., Lam, J., Beatson, R., Harrop, C., Perini, N., & Goldfeld, S. (2019). RSTO Technical Report: Participation in parenting programs - barriers and facilitators. Melbourne: Murdoch Children's Research Institute.

Molloy, C., Macmillan, C., McNeil, R., Fehlberg, Z., Beatson, R., Harrop, C., Perini, N. & Goldfeld, S. (2021). Parenting Programs: A study of the barriers, facilitators, & strategies to improve participation. Melbourne: Murdoch Children's Research Institute.

Stanley, R., Richardson, S., & Prior, M. Children of the lucky country? How Australian society has turned its back on children and why children matter. Pan Macmillan, Australia 2005.

Stewart-Brown, S. L., & Schrader-McMillan, A. (2011). Parenting for mental health: What does the evidence say we need to do? Report of Work package 2 of the DataPrev project. Health Promotion International, 26 Suppl 1, i10-28. doi:10.1093/heapro/dar056

Yap, M., Morgan, A. J., Cairns, K., Jorm, A. F., Hetrick, S., & Merry, S. (2016). Parents in prevention: A meta-analysis of randomized controlled trials of parenting interventions to prevent internalizing problems in children from birth to age 18. Clinical Psychology Review, 50, 138-158. doi:10.1016/j.cpr.2016.10.003

Further Information

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Project information about Restacking the Odds can also be accessed at the following webpage: https://www.rch.org.au/ccch/research-projects/Restacking_the_Odds/