I-CEPS

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PRESENTED BY

PAFRA
Parenting & Family
Research Alliance

Book of Abstracts

Contents

Note

This Book of Abstracts is organised in alphabetical order by the first name of each abstract's primary author. An asterisk (*) next to an author's name indicates they are a presenting author. Superscript numbers (^{1,2,3,4}) indicate the specific papers to which each author has contributed. In addition to searching by author name and presentation title, you can also search by page number, subtheme or keywords by using CTRL F.

Subthemes include:

- Parenting, child health and development
- Prevention and early intervention
- Novel trends in parenting support
- Parenting support for diverse family needs

- Workforce support and development
- Enhancing reach and implementation
- Demonstrating change and impact

Keywords include:

- Parental wellbeing
- Child wellbeing
- Parenting practices/style
- Early childhood
- Child mental health
- Parent mental health
- Child physical health
- Young people
- Population health approaches
- Workforce
- Policy
- Evidence-based interventions

- Program evaluation
- Measurement
- Process evaluation
- Implementation
- Dissemination and scaling-up
- Program adaptation
- Child and family adversity
- Parent-child relationship
- Intervention outcomes
- Cultural diversity
- Methodology

Keynotes

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KEYNOTE ADDRESS: Evidence based parenting support for all families: the challenge, progress and future directions directions.

Professor Matthew Sanders (The University of Queensland)

Over the past four decades there has been much greater recognition of the importance of parenting and parenting programs in policy and practice to promote better mental health outcomes in children and young people. However, this recognition does not occur everywhere and too few families access the kind of support they need in many countries. However, to reduce the global prevalence rates of social, emotional, and behavioural problems in children and adolescents, a population approach is required that employs an integrated multi-level, system of evidence-based parenting support. Several criteria need to be met for such a system to work in "shifting the needle" at a population level. Apart from having an empirically supported theory of change, clear goals and targets, multiple levels of intensity of intervention available (not a "one size fits all"), and the involvement of different disciplines, sectors, and service delivery systems, the interventions need to accommodate both flexibility and fidelity of delivery, have a well-trained and supported workforce to deliver programs. Programs need to be inclusive, gender-sensitive, culturally informed, and attuned to local ecological context including (culture, policies, funding, type of workforce and their availability). Taking a global perspective and using the Triple P-Positive Parenting Program as an example, Professor Sanders will reflect on progress, challenges encountered, learnings, solutions and future opportunities to advance the field of evidence-based parenting support.

KEYNOTE ADDRESS: Bringing Incredible Years programs to scale with fidelity

Professor Carolyn Webster-Stratton (Incredible Years)

The Incredible Years® (IY) Program series is a set of interlocking and comprehensive training programs for parents, teachers and children. This pre-recorded presentation briefly reviews the theoretical foundations, goals and research underlying these programs. Dr. Carolyn Webster-Stratton will describe how the programs have been scaled up slowly and carefully with fidelity by engaging in a collaborative building project with strong links between the developer, agency or school administrator, mentors, coaches, clinicians, and families. She will present eight foundational building blocks or fidelity tools. 25 minutes at the end of the presentation will be available for on-line questions with Carolyn.

KEYNOTE ADDRESS: The nature(s) of nurture: rethinking why, how and for whom early life shapes later life

Professor Jay Belsky (University of California)

This presentation makes the case that the role of evolution has been rather neglected when it comes to contemporary thinking about child development, especially with respect to "nurture", the effects of early-life experiences on development. So this talk emphasizes the need to keep in mind not just genetics, which are well studied, in terms of their developmental effects, but the fundamental evolutionary goal of all living things, the passing on of genes to future generations. This focus puts reproduction as central to what development is all about. In consequence, theoretical and, just as importantly, evidentiary cases are made for rethinking why, how, and for whom nurture early in life shapes later development. Specifically, two evolutionary hypotheses are advanced and research testing what might be regarded as long-shot and uncanny predictions

are presented. The first predicts that early-life adversity should accelerate pubertal development, as this would increase the chances of passing on genes before one dies or becomes developmentally compromised. The second predicts that children should vary in their susceptibility to their early-life experiences, for better and for worse. This implies that some children will be more susceptible than others to both the negative effects of adversity AND the beneficial effects of support and enrichment. The evidence presented challenges the risk-resilience framework that is focused on vulnerability and resilience in the face of adversity, while failing to consider whether children are similarly susceptible to supportive life conditions and negative ones. Ultimately, two concluding claims are made. First, we have long and misguidedly, even if for humanitarian reasons, presumed that nature intended children to grow up to be secure, autonomous, achievement striving and capable of establishing and sustaining close relationships. While this is a likely outcome under favorable developmental conditions, it is less so under unfavorable ones. The resulting effects of adversity on psychological and biological development do not simply reflect dysfunction, dysregulation or even disorder, as so long presumed, but strategic—and evolved—developmental responses to the anticipated future based on childhood conditions. But because the future is uncertain, regulating development in response to early-life conditions will not always pay off when it comes to passing on genes, so children will vary in their tendency to be shaped by early-life experiences. In essence, nature has hedged its bets with respect to how susceptible children are to the effects of nurture: High susceptibility should prove reproductively strategic when childhood and later-life conditions are in line with each other, whereas it should not when a mismatch occurs, such that early life is not an accurate prognosticator of later life. Under these conditions, not being so developmentally plastic holds the promise of being more reproductively successful, or at least once did. Even if the evolved developmental processes no longer affect the passing on of genes in the modern, contracepting world as they did in the past, the machinery guiding development still functions as it once did.

KEYNOTE ADDRESS: Parental stress and distress in war-affected populations: why addressing caregiver wellbeing is essential to supporting the wellbeing of conflict-affected children

Professor Kenneth Miller (University of British Columbia)

More than 1.5 billion children live in countries affected by armed conflict, and children comprise at least 40% of the world's refugee population. The combination of prolonged exposure to the violence and destruction of political violence, and to the everyday stressors caused or worsened by war and displacement, represent serious threats to children's mental health and psychosocial wellbeing. Among the most powerful stressors impacting the wellbeing of conflict-affected children is compromised parenting by caregivers who are both highly stressed and persistently distressed. Numerous studies have found that, under conditions of persistent stress and distress, caregivers in humanitarian settings (and other high adversity contexts) are more likely to engage in harsh parenting, and less likely to engage in warm and responsive parenting. This robust finding underscores the importance of strengthening parenting, at least partly by improving caregiver's own mental health, as a means of safeguarding and improving the mental health of their children. Several parenting interventions have been developed or adapted that aim to strengthen parenting in conflict-affected and refugee settings. However, they have typically been focused on remedying presumed deficits in parenting knowledge and skills, while overlooking the negative influence of caregiver stress and distress on parenting. This deficit-focused approach underestimates the impact of chronic adversity of caregivers' ability to make use of the knowledge and skills they already possess. It also risks lowering the receptiveness of caregivers to program participation, due to the unwelcome misperception of sub-optimal parenting as rooted solely or primarily in a lack of parenting knowledge and skills. War Child's Caregiver Support Intervention (CSI), also known as Be There, combines mindfulness-based caregiver support and positive parenting in a nine-session preventive group intervention. In this presentation, the rationale for and development of the CSI is presented. Results from pilot and fully powered randomized controlled trials of the CSI with Syrian refugees in Lebanon are presented which demonstrate the positive impact of the intervention

on caregiver mental health, parenting, and child psychosocial wellbeing. We also demonstrate that men can be fully engaged in parent-focused interventions by addressing traditional barriers to their participation. Conclusion: strengthening caregiver wellbeing and parenting represents a critical ecological or holistic approach to improving and protecting the psychosocial wellbeing of children and youth impacted by war and forced migration.

KEYNOTE ADDRESS: Digital support for parents: Reflections on its rationale, research support, challenges and future directions.

Professor David Kavanagh (Queensland University of Technology)

Use of digital technologies to deliver training and support to parents is an attractive option. Widespread availability and uptake of both devices and fast connections have substantially reduced key impediments to user access, and large-scale dissemination of self-coached interventions at low unit cost can readily be achieved. Not only is there strong evidence for the efficacy and effectiveness of these interventions, but they potentially offer an unprecedented opportunity to automatically cue behaviours, deliver feedback and offer personalised support when they are most needed—capabilities that are rapidly increasing with advances in devices and software. However, digital interventions are not universally accepted, and their ongoing financial viability is hard to ensure. Obtaining sufficient user engagement can be challenging, and new risks to data security frequently emerge. Integration of digital interventions with face-to-face services has also proven difficult. Ways to address these issues are discussed, and emerging opportunities using robots, avatars and AI are canvassed. Digital strategies are not seen as a universal solution to delivery of training and support, but as a viable alternative means of access and as an important adjunct to other methods.

Invited speakers

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INVITED ADDRESS: Screen use childhood and adolescence: the role of parenting and parent intervention

Professor Alina Morawska (Parenting and Family Support Centre, The University of Queensland)

Excessive screen use across childhood and adolescence is recognised as a public health concern and many countries have published recommendations around screen use. However, most parents and children do not adhere to these guidelines. Parents play a central role in children's screen use, they identify screen use as a key parenting concern and at the same time experience many barriers to healthy screen practices. This presentation will provide a framework for understanding parenting practices related to children's screen use and how to support parents. The nature of the problem will be described including a conceptual model linking aspects of parenting and the socioecological environment to children's screen use. Evidence relating to the parenting factors influencing screen use in children and adolescence will be explored. Measurement challenges in the context of screen use will also be described. Finally, evidence relating to parenting interventions to support healthy screen use will be discussed. The presentation will focus on recommendations to support parents in the development of their children's healthy digital practices.

INVITED ADDRESS: Perinatal strategies to support Aboriginal and Torres Strait Islander parents experiencing complex trauma

Dr Catherine Chamberlain (University of Melbourne)

This presentation provides a brief overview of the impact of intergenerational trauma on Aboriginal and Torres Strait Islander communities, and shares research findings from the Healing the Past by Nurturing the Future study regarding the types of support that Aboriginal and Torres Strait Islander parent experiencing complex trauma need.

INVITED ADDRESS: What is the economic case for parenting interventions?

Dr Annette Bauer (London School of Economics and Political Science)

Parenting interventions are an important policy tool for improving child and family well-being. These interventions, which range from home-visiting programs to structured parenting courses, aim to enhance parenting skills, reduce adverse childhood experiences, and promote positive developmental outcomes. Parenting interventions can potentially achieve important human and economic impact by mitigating long-term public expenditures, productivity and quality-of-life losses associated with poor child outcomes. This presentation explores the economic case for parenting interventions, highlighting their cost-benefit potential while critically examining the methodological challenges involved in their assessment. A variety of economic evaluation methods, including cost-effectiveness analysis (CEA), cost-benefit analysis (CBA), and return-on-investment (ROI) analysis, have been used to assess parenting interventions. Their findings will be presented in synthesised form, together with wider policy and practice considerations. Methodological challenges of establishing longer-term impact will also be discussed. Studies have found that high-quality programs can yield substantial economic returns, to the government and society. Those returns relate to reductions in adverse child outcomes such as child maltreatment and conduct problems, in return leading to decreased special education needs and healthcare expenditure as well as wider societal benefits. However, it is less clear who should be receiving these interventions, when and hope in ways that are affordable and good value for money. Furthermore, clarity is needed on how to include long-term impacts in economic evaluation, in ways that it can

inform decision-making. While evidence suggests that parenting interventions are a potentially cost-effective way to support child development and reduce future societal costs, funding and implementation challenges remain. Governments must balance short-term budget constraints with long-term economic gains, and integrating interventions into health and social welfare systems requires cross-sector collaboration. In conclusion, economic analyses of parenting interventions highlight their value as a strategic investment in child and family well-being. By considering both immediate and long-term economic impacts, policymakers can make informed decisions about allocating resources to programs that strengthen families and reduce future public expenditures. The presentation will provide an overview of existing economic evidence and offer recommendations for enhancing the sustainability and scalability of effective parenting interventions.
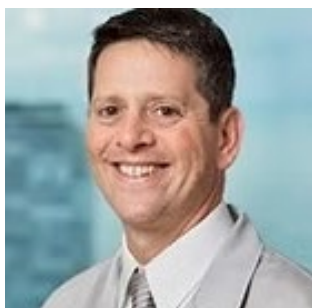
INVITED ADDRESS: Elevating fathers for improved public and preventive health

Dr Craig Garfield (Northwestern University)

This presentation will describe the current context of fatherhood in the United States including the role fathers play in the health of the family. Then an explanation of a novel paternal perinatal public health monitoring system, PRAMS for Dads, that was piloted in Georgia in 2017-18 and now will be fielded across eight states in 2025. Results, impact and implications of the findings will be discussed.

INVITED ADDRESS: Action Circles: one approach to efficiently promoting evidence-based parenting practices

Dr Tony Biglan (Values to Action)

This talk will briefly describe how Action Circles can be used to advance the adoption of evidence-based parenting programs at the community, state, and national levels.

INVITED ADDRESS: When parenting becomes overwhelming: insights into parental burnout

Dr Isabelle Roskam (University of Louvain)

Over the past 15 years, and particularly since 2015, research on parental burnout has expanded significantly. Numerous researchers from various countries have investigated its symptoms and assessment. The development of a standardized diagnostic tool—the Parental Burnout Assessment (PBA, Roskam et al., 2018)—has enabled the estimation of parental burnout prevalence among mothers and fathers across diverse cultures. In some regions, its high prevalence has made parental burnout a major concern in the field of mental health. This serious condition has alarming consequences, affecting not only the parent but also the entire family system, including partners and children. Thanks to advances in understanding the etiology of parental burnout—namely, why some parents experience burnout while others do not—effective treatments have been developed and empirically tested. As a result, clinicians now have access to evidence-based interventions and online professional training. This conference will provide a comprehensive overview of the current state of knowledge on parental burnout and explore future research directions. Keywords: exhaustion, emotional distancing, neglect, violence, culture.

INVITED ADDRESS: The new ecology of early childhood: challenges and opportunities for parenting support research, practice, and policy

Dr Philip Fisher (Stanford University)

This presentation presents a conceptual model to guide family-based interventions in contemporary contexts. Drawing on Bronfenbrenner's original theory, we describe "The New Ecology of Early Childhood," in which we highlight four domains that should be taking into consideration in designing, implementing, evaluating, and scaling programs. These include: (a) the persistence of poverty and inequality; (b) time spent and conditions of early care and education; (c) the changing climate; and (d) the rise of digital technology. We identify increasing uncertainty and unpredictability as core mechanisms underlying these conditions and discuss how the field needs to take these into consideration moving forward.

INVITED ADDRESS: Palestinian Happy Child Centre, a beautiful example of rights in practice: A unique Palestinian model for serving children with disabilities

Dr Jumana Odeh (Palestinian Happy Child Centre)

The Palestinian Happy Child Centre – PHCC was established in Jerusalem in 1994 as a grassroots community-based non-governmental organization (NGO), in order to meet the growing needs of Palestinian children with disabilities, living under military Occupation. The PHCC primarily focuses on addressing neurodevelopmental and intellectual delays and disabilities, including autism, Down syndrome, hearing impairments, language, and speech delays, learning disabilities, and various psychological issues exacerbated by the challenges of occupation and conflict. Driven by a team of devoted Palestinian professionals and volunteers, including physicians, educational psychologists, counselors, special educators, occupational therapists, speech therapists, social workers, art and music teachers, and community leaders, the PHCC offers a range of services such as early detection screening, training for parents and caregivers, professional development opportunities, and therapeutic interventions aimed at fostering the well-being and development of the children served. Based in Ramallah, the PHCC extends its outreach services to children across the West Bank, Gaza Strip, and Jerusalem, reaching approximately 53,700 children and their families since its establishment. The center collaborates closely with various ministries, national and international NGOs, UN agencies, and other stakeholders. PHCC has developed a unique model over the years, drawing from its extensive experience of working with Palestinian children and mothers. Central to its intervention strategy is the mother-child dyad. Mothers actively participate in all treatment sessions and receive training to continue therapeutic practices at home. They are empowered to apply newly acquired knowledge and techniques in daily interactions with their children, fostering ongoing progress and development. We approach our intervention role holistically, considering the multiple conditions that impact each child within their home, school and community settings. This includes recognizing cultural values, family dynamics, challenging geo-political realities such as checkpoints, closures imposed by the army and settlers, as well as the enduring effects of continuous war on children and their families. Given the prevalent poverty and unemployment in Palestine, many of the treatments are provided free of charge, and at times, PHCC even pays for transportation costs. PHCC strives to change the perceptions of immediate family members and the broader community settings (school staff, social services, potential employers), encouraging them to recognize and appreciate the strengths that children have rather than focusing solely on their disabilities or limitations. At the core of PHCC's mission is the belief that every child has the right to education.

INVITED ADDRESS: An attachment and trauma informed program (Connect) for parents of adolescents with serious mental health challenges: evidence, mechanisms of change and scaling up across diverse populations

Professor Marlene Moretti (Developer, Connect Program)

The World Health Organization (WHO, 2022) estimates that around 20% of adolescents suffer from at least one mental disorder (Schneider et al., 2022), with a peak age of onset at 14–15 years. Adolescence is commonly seen as a time when young people distance themselves from their parents and prioritize relationships with friends and partners, yet research shows that parent-child relationships still matter a great deal. Evidence shows that the quality of parent-adolescent relationships plays a central role in buffering psychological distress and supporting healthy social learning, and that attachment security is a significant transdiagnostic protective factor. While several evidence-based attachment focused programs are available to support parents and carers of young children, few have been developed for parents of adolescents. This presentation touches on the theoretical and empirical foundations of attachment and its link with trauma and identifies key therapeutic targets common to attachment-based treatments. We review the structure, focus and application of Connect, a brief, manualized intervention for parents and other carers adolescents with serious mental health struggles. Program evidence and implementation is also described. We end with a brief discussion of balancing deep structure program fidelity while weaving culture and context into parenting programs and their implementation.

INVITED ADDRESS: Parenting support: when less is more

Dr Patty Leijten (University of Amsterdam)

How can we effectively support parents to enhance children's mental health and well-being? Answering this question requires us to understand why parents parent the way they do and how parental behaviour shapes children's mental health and well-being. In my work as an Associate Professor at the Research Institute of Child Development and Education of the University of Amsterdam, I collaborate on these themes with colleagues from different disciplines (e.g., psychology, psychiatry, and social work) and by bring together basic and intervention research. In this plenary address, I will present what we know about when parenting support initiatives are effective and when well-intended support fails to reach its goal.

INVITED ADDRESS: Parenting support for refugee and migrant families: Is it needed, and does it make a difference?

Dr Fatumo Osman (University of Sweden)

In recent years, forced displacement has surged globally, leading to significant challenges for families, including pre-migration trauma and post-migration acculturative stress. These stressors negatively impact family dynamics and children's mental health. While parenting support programmes have been shown to improve family well-being, they are often inaccessible or lack cultural sensitivity. This presentation explores the impact of the Ladnaan programme, consisting of an evidence-based trauma-informed parenting program and societal information implemented in Sweden for forcibly displaced parents. The programme has demonstrated significant improvements in parent-child relationships, mental health, and overall family functioning. The programme's success highlights the importance of culturally tailored interventions in supporting displaced families.

INVITED ADDRESS: Changing the evidence equation: building infrastructure to help policymakers use parenting science

Professor Max Crowley (Prevention Research Center)

In an era of shrinking budgets, rising skepticism about science, and growing political volatility, the prospects for policy change can feel bleak — especially for prevention and parenting support. But policymakers' use of research is not fixed. It can be shifted with sustained engagement, strategic infrastructure, and a clear case for the public value of evidence-based interventions. This session will draw on U.S. efforts to build systems that connect family science to real policy decisions — even in difficult environments. With examples from child and family policy, practical insights into how researchers and practitioners can be more proactive and effective in supporting the use of evidence in government. Now more than ever, a stronger infrastructure for translating science into policy is not optional — it's essential.

INVITED ADDRESS: Considerations for achieving reach for evidence-based parenting interventions: ensuring relevance and maximizing impact

Professor Suzanne Kerns (University of Colorado-Anschutz)

Despite the development of numerous evidence-based parenting programs, many families still do not access these valuable resources. The reasons for this are varied, including a lack of availability, low awareness about the programs, uncertainty about how relevant they are to the family's specific needs, and the costs associated with participating (both in terms of time and money). System-level barriers, such as limited insurance coverage or the requirement of a diagnosis for coverage, as well as stigma and local challenges, also contribute to this gap. This presentation will explore two key factors in increasing the reach of evidence-based parenting interventions: program adaptations and service system support. Program adaptations can help make interventions more accessible and relevant. Changes like offering telehealth options, tailoring the program to address specific concerns or cultural contexts, or shortening the length of the intervention can all enhance reach. However, it's important to recognize that not all adaptations will work equally well. Some may have little or no effect on the program's effectiveness, while others could even reduce its impact or make it harmful. This is why it is critical to have a strategy for evaluating the impact of these adaptations. This presentation will briefly cover some practical and low-cost ways to assess whether the adaptations are achieving their intended goals. Another often-overlooked factor in the success of these interventions is service system support. This involves the people and systems that do not directly deliver the intervention but can still influence its awareness, enthusiasm, and referrals. For this purposes of this presentation, these individuals are referred to as "service brokers." Service brokers play a crucial role in extending the reach of evidence-based parenting programs and this presentation includes sharing an example of how service brokers have successfully connected children in child welfare with these interventions. Through these approaches, we can improve access to effective parenting programs and help more families benefit from the support they need.

Workshops

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WORKSHOP: Relationships home visiting: a strengths based strategy to use unedited video feedback

Monica Oxford (University of Washington)

Promoting First Relationships (PFR) is a 10-week, Evidence-Based home visiting program grounded in attachment theory, designed for families with children aged birth to five. Supported by five randomized trials in child welfare, perinatal mental health, and Native American communities, PFR improves parental sensitivity, social-emotional knowledge, and child outcomes while reducing foster care placements. This session will highlight PFR's core intervention strategies including its unique use of unedited video feedback. Parents and providers review and reflect on a 10–15-minute recording of the parent and child interacting from the prior week. We'll explore how this approach works and its impact on families.

WORKSHOP: Building alliances to advance evidence-based parenting support in the national and international context

Dr Chris Hatherly (Academy of the Social Sciences Australia) and Professor Sophie Havighurst (Tuning in to Kids)

This workshop will provide an overview of the development, achievements and key success factors of Australia's Parenting and Family Research Alliance, presenting it as a model for researchers in other countries to come together around common objectives to amplify research and policy impact. It also outlines a vision for an international network of parenting research alliances that would have the scale and reach to influence policy on the global stage, and to engage with large international funders with a view to establishing global parenting research programs. Presented by PAFRA Chair Professor Sophie Havighurst and Board member Dr Chris Hatherly, this workshop is intended for anyone who is interested in learning more about the mechanisms of collective research advocacy. The session includes a 40-minute recorded discussion followed by live Q&A with Professor Havighurst.

WORKSHOP: Establishing and scaling early childhood parenting and responsive caregiving in healthcare settings

Dr Shelina Bhamani (Aga Khan University)

This 60-minute workshop will offer a practical and evidence-informed overview of how to establish and scale Early Childhood Development (ECD) parenting and responsive caregiving interventions within healthcare settings. Participants will explore the significance of ECD in health systems, learn how to conduct a setting-specific needs analysis, and receive a step-by-step framework for introducing parenting education. The session will include real-world case studies, global evidence, and adaptable tools to guide implementation. By the end of the workshop, participants will leave with a clear understanding of how to design, integrate, and sustain responsive caregiving programs in their own contexts.

WORKSHOP: Building digital parenting interventions to expand access to parental support: a practical guide

Professor Amit Baumel (Haifa University)

Digital parent training interventions—whether standalone or used as an adjunct to care—have emerged as a cost-effective way to expand access to evidence-based parental support. However, real-world implementation often encounters user engagement challenges due to parent small pockets of available time and suboptimal intervention design. In this workshop, Prof. Amit Baumel will present practical strategies for leveraging current technological capabilities to build and deliver digital parenting interventions that are both effective and

engaging. The session will begin with a brief exploration of participants' needs, creating space for ongoing dialogue throughout the workshop. Topics will include:

- Identifying the right solution based on the parent's context and the provider's goals (particularly when the intervention complements existing care).
- Exploring delivery mediums such as conversational bots/AI, text messages, audio content, and e-learning formats.
- Understanding the importance of thoughtful intervention design and frameworks that support successful implementation.
- Getting started: creating a minimum viable and lovable product, and collaborating with stakeholders from day one.

WORKSHOP: Taking care of ourselves so we can take care of children and families

Dr Amy Mitchell, Dr Koa Whittingham, Dr Jacqui Barfoot and Dr Grace Kirby (The University of Queensland)

The mental health and resilience to burnout of the parenting practitioner workforce underwrites their ability to provide high quality and compassionate care to children and families. Burnout is a state of emotional exhaustion with reductions in work satisfaction, with risks to practitioners' mental health more broadly and to the quality of care that they provide. Burnout is related to both contextual factors and personal factors. Practitioners and researchers in a context that includes significant parental loss and grief are especially vulnerable to experiencing secondary trauma. Grief literacy is, therefore, an important aspect of self-care. Burnout is related to psychological flexibility including finding meaning in work, mindfulness, and compassion. Simple and practical self-care strategies drawn from acceptance and commitment therapy (ACT) and compassion focussed therapy (CFT) will be explored in this workshop.

Learning objectives:

- To understand the importance of resilience and burnout in the parenting practitioner and researcher workforce.
- To understand the links between practitioner self-care and the care practitioners are able to provide to children and families.
- To explore the relevance of grief literacy to self-care when working in a context of loss.
- To learn simple and practical self-care skills drawn from acceptance and commitment therapy (ACT) and compassion-focussed therapy (CFT).

WORKSHOP: 1-2-3: Adapting Evidenced-based Information to Specific Families

Patricia M. Crittenden(The Family Relations Institute) and Helen Johnson (Attachment Worls)

Evidence-based studies of parenting programs have reached prominence, but it is not yet clear that they have improved parenting outcomes. In this presentation, we critique the notion of evidenced-based programs for the application to specific families and offer a novel way to apply the ideas of evidence to specific families. Regarding the gold standard of comparative, pre-/post- training about parenting competence, we discuss several limitations: (a) measures of central tendency might not apply to specific families, (b) rates of treatment failure and treatment harm are not generally reported, (c) the family or provider characteristics associated with success, no effect, and harmful effects are not usually presented. Nevertheless, even in group settings, families respond individually like family case studies. What matters in any specific case is how the group effects apply to each specific family. In this talk, we offer one way of adapting evidence-based procedures (as opposed to programs) to specific parent-child dyads or families. We call our protocol "1-2-3: You and Me" or just 1-2-3 for short. "You and Me" is meant to highlight the interpersonal quality of the intervention that includes a child, 1-2 parent figures, and a professional. Crucial for listeners, our program can be adapted to each recipient, is freely available, i.e., is not sold, and considers disqualifying conditions. In our talk, we will discuss very briefly the limitations of most published studies, the procedures that are evidence-based, the

intervention process in 3 steps (with case examples), and guidelines for selecting families and professionals to implement "1-2-3: You and Me."

WORKSHOP: Action Circles training

Professor Matthew Sanders (The University of Queensland), Professor Suzanne Kerns (University of Colorado-Anschutz) and Dr Anthony Biglan (Values to Action)

Action Circles (ACs) offer a structured approach to fostering collaboration between researchers, policymakers, and practitioners, bridging the gap between evidence and practice. This workshop provides participants with foundational knowledge and hands-on training to establish and facilitate their own ACs. Through interactive discussions, case studies, and role-playing activities, participants will learn practical strategies and receive valuable feedback, enabling them to implement and sustain ACs in their respective fields. The session aims to enhance engagement, promote knowledge translation, and support the implementation of evidence-based parenting and family support initiatives.

Panels

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PANEL: Supporting parents online: insights on evidence-based support in a rapidly evolving digital landscape

Derek McCormack Raising Children Network)

The digital landscape has become an increasingly vital space for parental support, offering unprecedented reach and accessibility. This panel discussion will delve into the current state of online parenting resources, examining the need for stepped-care models that cater to diverse levels of parental need. We will critically compare online and offline modalities, exploring current innovations and future directions in digital support delivery. A key focus will be on the imperative of true co-design for future success. The panel will also explore risks and opportunities presented by AI and social media including online influencers the tension between trustworthiness and engagement. This session will offer insights for researchers, practitioners, policymakers, and support workers seeking to optimise digital resources for the benefit of parents and families.

PANEL: Novel strategies for engaging and supporting fathers/male caregivers in evidence-based parenting interventions

Professor Gregory Fabiano (Florida International University)

Engaging male caregivers in interventions to promote positive parenting is a key goal. The panel will discuss a variety of strategies to increase father participation, engagement, and realized benefits of parenting interventions. Panelists will also discuss continuing barriers and potential approaches to reduce or eliminate them. Future directions for the effective support of male caregivers, and their children, will also be discussed

PANEL: Learnings from large scale implementation of parenting support

Professor Ronald Prinz (University of South Carolina), Professor Chris Boyle (University of Adelaide) and Professor Abigail Gewirtz (Arizona State University)

Population-based parenting support depends heavily on the adoption of a cogent public health approach to reach many parents in efficient and helpful ways. However, the field has relatively less experience with population strategies compared with the usual ways parents and families are served. Consequently, there is a need to accelerate the knowledge base for how to optimize population-focused parenting support. This interactive panel brings together three researchers who have substantial experience conceiving, implementing, and evaluating population strategies, to share their insights about lessons learned to inform the next generation. Each has led a population-focused parenting initiative, either in Australia or the U.S.: the Thriving Kid and Parents Schools Project (Dr. Christopher Boyles), the U.S. Triple P System Population Trial (Dr. Ron Prinz), and the Every Family 2 Population Trial, (Dr. Matthew Sanders). The panel will respond to these questions:

(1) What is the biggest take-home point derived from your parenting support trial?
(2) What would you recommend to achieve an even greater reach?
(3) If you had it to do over, what would you do differently now with respect to programming, implementation, or structure?
(4) How might the field conduct measurement and evaluation more effectively?

The discussant (Dr. Abigail Gewirtz), who is an accomplished family researcher, will identify cross-project conclusions as well as questions that demand further inquiry. Ultimately, the goal of the panel is to pass on insights to researchers, policymakers, and communities wanting to implement or expand population-based efforts to optimize parenting support.

PANEL: Implementing the Family Check-Up around the world in unique health care settings: considerations for adaptation and scale-up

Beth Stormshak (Prevention Science Institute)

In this presentation, we will discuss the Family Check-Up intervention and implementation of the model across multiple settings and countries around the world, including Canada, Sweden, the United States, and the Netherlands. We will focus on a general overview of the model and then discuss specific adaptations that were made to facilitate uptake in these varied settings and cultural contexts. We will then review our research findings that link the model to long-term outcomes, including mental health reduction and improved parenting skills across settings.

Symposia

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SYMPOSIA IN BRIEF

Broadening the reach of emotion-focused parenting support

Dr Christina Ambrosi[1], A/Prof Liz Westrupp[2], Prof Sophie Havighurst[1]

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The parent-child self-regulation dynamic: Insights, impacts, and interventions

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Changing the conversation: Mobilising community support for parenting initiatives

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Ending corporal punishment globally: Understanding the multifaceted problems and solutions

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Supporting parents and teenagers: Evidence and innovation in universal and trauma-informed parenting programs

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How a school-based, low-intensity, evidence-based parenting program can enhance the well-being of children and families and the home-school partnership: Findings from a cluster randomised trial in Australian primary schools

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Restacking the Odds: Facilitating data-based decision-making to enable equitable delivery of early childhood parenting supports and programs

Dr Caitlin Macmillan[1], Dr Ruth Beatson[1], Dr Gemma Davy[1], Ms Olivia Hilton[1], Dr Carly Molloy[2], Ms Julia Mayes[1], Ms Danielle Bennett[3], Dr Karen Villanueva[4], Dr Wan Yi Lee[1], Dr Shauna Sherker[1], Mr Christopher Harrop[5], Mr Nicholas Perini[6], Prof Sharon Goldfeld[1]

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Developing indicators to support evidence-based parenting program implementation, and participation

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Measuring outcomes of relationship-focused parenting programs: An introduction to the Composite Caregiving Questionnaire

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Dr Mandy Kienhuis[1], Dr Fiona May[1], Dr Catherine Wade[1], Dr Naomi Hackworth[1], Mr Vincent Lagioia[1], Ms Rhiannon McKenzie[1], Prof Jan Nicholson[2], Dr Shannon Bennetts[2], Ms Jasmine Love[2], Dr Clair Bennett[2], A/Prof Elizabeth Westrupp[3], Mr Warren Cann[1], A/Prof Jan Matthews[1], Dr Fiona Mensah[4], Prof Donna Berthelsen[5]

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Exploring father involvement: Insights from Indonesia, China, and Australia

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Prof Lisseth Rojas-Flores[1], Dr Alonso Aravena[2], Ms Marion A. Mortel[3], Ms Cherry Marcelo[4], Mr Patrick Robertson[1], Ms Julia Wilson[1], Mr Timothy Choi[1], Ms Emma Kankelborg[1]

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Universal access to Triple P Online System (TPOS) of parenting support programs through the Australian Parenting Education and Support Program (PESP): Strategies and evaluation outcomes to date

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Evolution, application and evaluation of the Triple P Implementation Framework (TPIF)

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Supporting parenting and family wellbeing in culturally diverse communities across the globe

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Reaching seldom-heard families: Insights from three Swedish parental support projects

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Barriers and enablers to implementing the Tuning in to Kids® emotion coaching parenting program across diverse contexts in 4 continents

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What do parents want from parenting programs and what benefits do they bring?

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Caregiver-infant interactions in infants across neurodivergent groups: Using the latest evidence to Inform early accessible interventions

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Adaptation and implementation of the SafeCare parenting model with diverse populations and settings

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Parenting/psychological support for mothers with perinatal mental health problems and the mother-infant dyad: Novel insights

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SYMPOSIUM: Broadening the reach of emotion-focused parenting support

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The symposium explores how emotion-focused parenting interventions can address inequities in accessing parenting support and move beyond mother-centric approaches by targeting different populations (e.g., dad, coparents) and via novel delivery methods (e.g., Daily Growth app). The presentation explores enhancing program reach and implementation by specifically outlining the acceptability, appropriateness, and feasbility of emotion-focused parenting interventions.

Paper 1: Parents on the same page: A mixed-methods investigation of the acceptability and appropriateness of Tuning in to Kids Together

Background: Evidence-based parenting programs, such as Tuning in to Kids (TIK) can effectively improve parenting and child wellbeing; however, the impact of these programs may be limited due to parents, typically mothers, attending sessions alone. Actively involving both parents has the potential to maximize program outcomes, as it allows the coparenting relationship to be targeted alongside individuals' parenting practices. When caregivers both participate in in parenting programs, they have opportunities to become more aligned in their parenting and feel more supported by one another, leading to greater emotional availability for their children. As such Tuning in to Kids Together (TIK-Together), an adapted version of TIK, was developed to address parents' emotion socialisation practices and the coparenting relationship (i.e., how parents work together to raise children) with both caregivers in sessions. TIK-Together was piloted in a real-world context to assess program acceptability (i.e., affective attitudes, burden, program benefits) and appropriateness. Stakeholders, such as facilitators who deliver parenting programs, play a central role it in assessing program feasibility and implementation, given their professional experience in program delivery and knowledge about their communities.

Methods: A convergent mixed-methods design was used to the acceptability and appropriateness of TIK-Together from the perspective of program facilitators. Fifteen Australian facilitators (14 female, 1 male) participated in online surveys and audio-recorded phone interviews after delivering TIK-Together. Facilitators delivered eight programs to 57 parents across the Australian states of Victoria, New South Wales, and Western Australia. Quantitative categorical data were analysed using frequency of responses and percentages. Qualitative data from the facilitator interviews were analysed using reflexive thematic analysis, which was guided by a critical realist approach and an experiential orientation.

Findings: Facilitators reported that TIK-Together was interesting, enjoyable and rewarding. Facilitators explained that although delivery was straightforward, they required additional preparation time to manage program materials. Facilitators observed several program benefits, including coparents becoming more aligned and collaborative in their parenting approach. Facilitators identified specific program components that were very helpful for parents, including activities that were experiential, interactive, and reflective. Overall, facilitators deemed TIK-Together appropriate for their communities; however, it is not suitable for parents who are unsafe, uncomfortable, or unwilling to work alongside each other in sessions.

Implications: Given the increased focus on a coparent approach to parenting interventions, the findings provide important insights for researchers and practitioners. Facilitator responses helped identify a clearer target audience for TIK-Together and as such, the TIK-Together manual will now include additional recommendations for assessing the suitability of coparents before enrolment. Services aiming to deliver coparenting programs are encouraged to meet with parents separately prior to enrolment to ensure parents feel safe working together and reduce potential parent drop-out, as a decrease in group size may impeded group dynamics and led to program attrition. Importantly, facilitators reported the benefits of delivering a coparenting program in their community. The facilitators' positive experiences and perceived program benefits may help move Australian services one step closer to incorporating a coparenting program into their standard offerings. More broadly, the findings add to the existing literature that advocates for involving both parents in group-based parenting programs.

Disclosure: Conflict of interest: Tuning into Kids author, Havighurst, wishes to declare a conflict of interest in that she may benefit from positive reports of this program. Proceeds from dissemination of Tuning into Kids

Paper 2: Dads Tuning in to Kids: Acceptability and appropriateness in a real-world dissemination trial

Background: Fathers are underrepresented in parenting programs and experience inequitable access to parenting support. Dads Tuning in to Kids (Dads TIK) is an evidence-based parenting program that has been specifically designed in consideration of the needs of fathers. While Dads TIK has been shown as efficient in research settings (Havighurst, et al., 2019), it is important to establish how the program works and is accepted in the real-world by socio-culturally diverse fathers. Few studies have dedicated attention to the acceptability and appropriateness of programs for fathers, particularly those with an emotion-focus, such as Dads TIK.

Methods: This mixed method study examined the acceptability and appropriateness of Dads Tuning in to Kids (TIK), delivered as part of a real-world dissemination trial. Data were collected from facilitators and fathers using online surveys. Quantitative data were analysed descriptively, while qualitative analyses were conducted thematically, as consistent with a mixed method process. Thirty-three facilitators delivered 57 Dads TIK groups, with data available from 112 fathers from across Australia. A quarter of fathers in this study accessed Dads TIK in 'clinical' settings, including within the justice system, drug and alcohol rehabilitation, and behaviour change programs. A third of participants were born overseas, with 7% having main languages other than English, included 3% with Aboriginal Indigenous languages as the main language spoken at home.

Findings: Dads TIK was acceptable and appropriate for use with fathers from diverse socio-cultural backgrounds and contexts. Facilitators and fathers felt positively about the program, with results reflecting program concepts, materials and activities were suitable. Fathers described experiencing 'lightbulb moments,' and profound impacts on their parenting, emotional competencies, and personal relationships. Fathers reported the program was helpful, they felt more confident as parents, and they regularly used program strategies. Enrolling only men in the program provided fathers with a dedicated space where they could be vulnerable and share their experiences of fatherhood, form peer support networks, and redefine their perceptions of their role as parents.

Implications: As parenting programs continue to struggle to attract, retain, and engage fathers, it is imperative to understand perspectives on the acceptability and appropriateness of programs to help ensure fathers have equitable access to parenting support. This study builds on the current literature that has focused on increasing father engagement in parenting programs, to further explore how programs are received by fathers and perceived by the facilitators delivering them. This study is particularly informative as it not only includes perspectives of fathers with unique and challenging circumstances but provides novel insights to fathers' experiences with an emotion-focused program.

Paper 3: Pilot Randomised Controlled Trial of a Prototype Emotion Socialisation Parenting Program: An Ecological Momentary Intervention

Background: Despite evidence showing that parenting interventions are efficacious in reducing rates of child mental health problems, their reach and engagement has been low. Existing face-to-face and digital programs have also under-serviced specific groups, including fathers, single parents, and Aboriginal and Torres Strait Islander, migrant, and culturally and linguistically diverse families. ,;Daily Growth,; is a new digital parenting program that uses an ecological momentary intervention (EMI) design, offering 3-minute videos tailored to a specific parenting situation to improve parent and child emotion regulation skills. The current pilot aimed to assess the feasibility and acceptability of a small prototype of Daily Growth, offering two programs (Emotion Coaching; Active Play) via 10 of 90 planned videos.

Methods: This study used a pilot randomised controlled trial design. 184 Australian parents of children 2-4 years were recruited online and randomised to intervention (n=96) or active control (n=88). Participants completed a 25-minute survey at baseline and two-weeks' post. Over two weeks, participants received twice-daily 1-minute EMI surveys. If they reported any parent or child negative affect or emotion dysregulation, they were randomised in-the-moment to receive an Emotion Coaching or Active Play resource via a 3-minute video, or control parents were sent a link to a parenting website—the Raising Children Network. For both intervention and control parents, parenting support (videos or web links) was tailored to 1 of 5 selected parenting situations.

Findings: 70% of parents were retained to 2-week post survey. Across the two weeks of program delivery, caregivers completed 60% of the EMI pre-survey prompts, and two-thirds completed at least half of the daily surveys. On average, parenting support was offered 5.2 times per week based on the pre-EMI cutoff. Despite some technical errors and challenges, most parents reported Daily Growth was easy to use (77%), that they would recommend Daily Growth to other parents (83%), use the skills learned (73%), and were satisfied (62%). Compared to the control condition, the Daily Growth program was associated with a decrease in parent nonacceptance of emotional responses, impulse control difficulties, emotion dysregulation, and negative affect over the 2-week study period, consistent with other emotion-focused parenting intervention studies.

Implications: Findings suggest the Daily Growth prototype was feasible and well-received, supporting the implementation of the full program within a larger trial. We recorded a lower attrition rate than other parenting intervention studies, indicating a high level of interest and engagement. This may be attributed to the Daily Growth programs,; unique approach, including end-users in the program development process and offering tailored and flexible parenting support. Findings also suggested promising effects for parent outcomes. While this pilot study was not powered to evaluate program efficacy and only assessed ten prototype resources, the results highlight the program's potential benefits. Additional research using a larger sample is needed to confirm these results, and to determine the pathways in which Daily Growth affects parents,; emotion regulation. Finally, only half of the parents reported that the program met their needs and helped them manage difficult parenting situations. However, this pilot program only offered a prototype version of the Daily Growth intervention, providing a maximum of ten videos related to 5 different parenting situations, where the final Daily Growth app will include 90+ video resources, addressing a broader range of parenting situations.

Subtheme: Enhancing reach and implementation

Keywords: Evidence-based interventions, Implementation, Program evaluation

SYMPOSIUM: The parent-child self-regulation dynamic: Insights, impacts, and interventions

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Self-regulation is a core capability underpinning a healthy and fulfilling life. Good self-regulation is characterised by one's ability to navigate thought, feeling, and behaviour to persevere in goal attainment. Failure to exert self-regulation has been associated with detrimental behaviour that can lead to a poorer quality of life. While research thus far has mainly focused on child self-regulation development, the role of parent self-regulation in the development and support of child's self-regulation has been less explored. This symposium aims to present the dynamic between parent and child self-regulation from different angles, exploring what factors may contribute to parent self-regulation, the implications of parent self-regulation in a school setting, and alternative strategies to promote parent and child self-regulation. The first study, conducted through a systematic literature review, presents how parent and child self-regulation is associated. The second presentation discusses the effect of adversity experienced by a parent on aspects of parent's and adolescents' self-regulation. The third study is in the school context, which explores the interplay between parents,; self-regulation, home-school partnership, and child outcome. The last study will discuss the efficacy of the Triple P brief parenting seminar in enhancing parent and child self-regulation, particularly in Indonesia, a non-western country. The symposium will highlight the pivotal role of parents,; self-regulation, which impacts the quality of their parenting and, in turn, influences their child's development. Given the close relationship between parent and child self-regulation, it is important to target parent self-regulation in parenting interventions to improve outcomes for parents, children, and families.

Paper 1: Systematic review of the association between parent and child self-regulation

Background: Understanding the link between parent and child self-regulation is crucial for developing effective strategies to support children's self-regulation development. Self-regulation is a vital skill that contributes to well-adjusted living, associated with various positive life outcomes. This study aims to systematically review existing research to explore the relationship between parent and child self-regulation and identify the underlying mechanisms that drive this connection, offering insights for interventions that can foster better self-regulation in children.

Methods: A systematic literature review was conducted in May 2022 and updated in October 2023, utilizing PsycINFO, PubMed, SCOPUS, ProQuest, Web of Science, CINAHL, and ERIC databases. Quantitative studies were included examining the link between parent and child self-regulation in children aged 0 to 18. The Mixed Methods Appraisal Tool (MMAT) was used to assess study quality, bivariate correlation between parent-child self-regulatory was evaluated and study findings were synthesized using a narrative approach. A total of 33 studies, encompassing 20,473 participants, were included. The study protocol was registered in PROSPERO (CRD42021293421).

Findings: Overall, a consistent relationship was observed across all self-regulation domains—emotional, cognitive, and behavioural—and throughout developmental stages, from infancy to adolescence, with bivariate correlation coefficients ranging from $r = 0.16$ to $r = 0.57$. The narrative synthesis indicated that parent-child self-regulation is transmitted through genetic factors, the family emotional climate, parenting behaviours, and home structure. However, due to challenges in conceptualization and measurement across studies, statistical testing was not feasible, preventing inferential conclusions.

Implications: This review highlights the crucial role of parents in the development of children's self-regulation. A parent's self-regulation ability is closely linked to the quality of their parenting, which in turn affects the child's development. Deficiencies in a parent's self-regulation can impede the child's self-regulation growth, underlining the need for support to enhance parents' self-regulatory skills to benefit their children's positive development. Interventions that focus on improving parents' self-regulation—such as fostering a sense of agency and self-efficacy—along with self-management techniques like self-awareness, goal setting, and

emotion regulation, can help parents strengthen these skills, thereby positively influencing their children's outcomes.

Paper 2: Understanding the interplay among the home-school partnership, parental self- regulation, and child adjustment: A latent profiles analysis and cross-validation

Background: High-quality home-school partnerships brings considerable benefits to children and act as a protective factor for difficulties in children's social, emotional, and behavioural adjustment. Parental self-regulation and efficacy have been found to have positive associations with both their contributions to the home-school partnership and to children' wellbeing. However, most previous studies examining these relationships have applied an "average" approach that overlooked potential individual differences. Using latent profile analysis, this study aimed to investigate the individual differences in the interplay among the home-school partnership, parental self-regulation and parenting self-efficacy, and children's social, emotional, and behavioural problems.

Methods: Data were drawn from a large-scale cross-sectional study with 2,265 parents of primary-school-aged children in Australia. Three broad categories of indicators were included in the model, namely children's emotional, behavioural, and peer relationship problems, parental self-regulation and parenting self-efficacy, as well as the quality of the home-school partnership across five domains. The sample was randomly split into two similar sized subsamples (N = 1,147 and N = 1,125) to cross-validate the profile solution and the results of subsequent analyses. Decision on the final number of profiles to retain was made based on theoretical meaningfulness, interpretability, and values of statistical indices.

Findings: We identified four distinct parent profiles: proactive (42.4%), adequate (28.6%), help-seeking (16.9%), and disengaged (12.0%). Parents from the proactive profile reported low levels of child adjustment problems, high levels of parental self-regulation, and high quality home-school partnership. Parents from the adequate profile reported similarly low levels of child adjustment difficulties, while reported moderate levels of parental self-regulation and moderate strength of the home-school partnership. Parents from both the help-seeking and the disengaged profiles reported similarly high levels of child adjustment problems and low levels of parental self-regulation. However, they different considerably on the reported strength of the home-school partnership, with parents from the disengaged profile reported the lowest quality. Comparing to parents from the proactive and the adequate profiles, parents from these two profiles were more likely to be single parents, have lower educational levels, as well as report greater use of ineffective parenting strategies and more parent adjustment difficulties.

Implications: Overall, this study shed the light on the presence of considerable individual differences, for example, parents from the help-seeking and disengaged profiles reported similarly low levels of parental self-regulation while having substantial differences in reported strengths of the home-school partnership. Moreover, this study stressed the importance of taking a "person centred" statistical approach in conjunction with the conventional "average" approaches. These findings also highlight the need for schools to utilize practical strategies to promote parenting capacity, strengthen home-school partnerships, and address child adjustment difficulties.

Paper 3: Parents' ACEs, self-regulation, and adolescent self-efficacy

Background: Adverse childhood experiences (ACEs) can have long-lasting effects on self-regulation, contributing to an increased risk for poor outcomes across the lifespan and across generations. However, limited research has examined how parents' experiences of adversity during their childhood may affect their self-regulation as a parent, and the subsequent implications for their children's development. This study therefore investigates the relationship between parental ACEs, their self-regulation (self-efficacy, self-sufficiency, and personal agency), and a core component of their adolescent children's self-regulation, self-efficacy. Understanding these intergenerational pathways may inform interventions to better support families affected by adversity.

Methods: Data were drawn from the Longitudinal Study of Australian Children K Cohort, comprising adolescents (n = 2059, 51% male) and their primary caregiving parent (aged 30–73 years, n = 2059, 4.9% male). Parents retrospectively reported their childhood experiences of eight types of adversity including four types of household dysfunction (parental separation, domestic violence, parental substance use, parental mental illness), and four types of childhood maltreatment (neglect, and sexual, emotional, and physical abuse). Parents' self-regulation (self-efficacy, personal agency) was self-reported by parents when adolescents were aged 12-13 years, and adolescents' self-efficacy was self-reported by adolescents when they were aged 14-15 years. Parallel mediation analyses with bootstrapping was used to assess the relationships between parental ACEs, parental self-regulation, and adolescent self-efficacy.

Findings: Significant bootstrapping results indicate that a higher number of parental ACEs was associated with lower adolescent self-efficacy, both directly (LLCI = -.050, ULCI = -.008) and via lower parental self-efficacy (LLCI = -.011, ULCI = -.003). Lower adolescent self-efficacy was also independently associated with lower parental self-efficacy (p <.001), and higher parental personal agency (p = .017). These findings highlight nuanced pathways where certain dimensions of parental self-regulation may be a mechanism for or exacerbate the intergenerational effects of adversity.

Implications: The study underscores the importance of fostering self-regulation skills in parents, as these skills can positively influence their children's developmental outcomes. Future research should explore additional risk and protective factors shaping these intergenerational dynamics. Interventions incorporating self-regulation may enhance parents' capacity to support their children's self-efficacy, particularly in contexts of adversity. Tailored programs addressing self-efficacy and self-sufficiency could be instrumental in breaking cycles of intergenerational adversity.

Paper 4: The efficacy of Brief Seminar Triple P Series in promoting parent and child self-regulation in Indonesia: RCT study

Background: Self-regulation skill is considered malleable and essentially influenced by parental behaviour. However, few existing parenting programs directly target and evaluate self-regulation in both parents and children as a key outcome of their interventions. Furthermore, self-regulation has been understudied in non-WEIRD (Western, Educated, Industrialized, Rich, Democratic) contexts, including Indonesia. To address this

gap, we tested the efficacy of Triple P seminars, which are grounded in a self-regulatory framework, to evaluate the effectiveness of a parenting program in promoting self-regulation in both parents and children in Indonesia.

Methods: Two groups of randomized controlled trials (Triple P seminar vs control group) involving 184 Indonesian parents with typical developing children aged 3-12 years were conducted. Four-time assessment points (baseline, post-intervention, three-month and six-month follow-up) were prepared to assess: parent self-regulation, child self-regulation, parenting practices and child problematic behaviour. Repeated measures ANOVA was employed for the data analysis. The trial has been pre-registered with the Australian New Zealand Clinical Trial Registry (ACTRN12623001009606)

Findings: The present study has been in the 6-month follow-up assessment, expected to be finalised in December 2024 to have a fully complete data analysis by the time of the symposium presentation. However, our preliminary analysis has shown improvement in reported parent self-regulation up to a 3-month follow-up assessment (F=4.839, p=0.011). Meanwhile, reported child self-regulation significantly improved from baseline to 3-month follow-up (F=5.253, p=0.024) but not from baseline to post-intervention. Regarding parenting practices, no significant improvement was observed over time. Based on the program evaluation survey, the average overall satisfaction with the seminars was very high, measured on a scale of 1 to 7 (M=6.70, SD=0.49).

Implications: These preliminary results suggest that the Triple P Brief Seminar is potentially used to enhance parent and child self-regulation in Indonesia. As self-regulation is universally needed, it is recommended that a population-based approach parenting program that is evidence-based yet low-cost be available to support better family functioning. Future research may involve more Indonesian families with life-challenging circumstances, such as poverty, parental separation, and parent mental health issues, to test the extent to which low-cost parenting intervention may benefit self-regulation in diverse populations.

Subtheme: Parenting, child health and development

Keywords: Child and family adversity, Child mental health, Child wellbeing, Evidence-based interventions, Parent-child relationship, Parental wellbeing, Parent mental health

SYMPOSIUM: Changing the conversation: Mobilising community support for parenting initiatives

Dr Nat Kendall-Taylor (Frameworks Institute)[*1], Ms Annette Michaux (Frameworks Institute)[*3], Mr Rob Ryan (Parenting Research Centre) [*2], Mr Warren Cann (Parenting Research Centre)[2], Professor Matthew Sanders (The University of Queensland)[*]

Parenting and family support play a crucial role in promoting children's health and wellbeing while addressing many of the challenges children face. However, despite strong research evidence, winning support for and sustaining parenting support initiatives has been difficult. To achieve impact at scale, we need political support, which is often sensitive to public opinion. Advocates for parenting support need more than research evidence. They must communicate effectively with the community about why parenting matters and how parenting support can make a difference. This task can be challenging because of common assumptions and beliefs about parenting that make it hard for people to see the value of parenting support. This symposium will tackle these challenges using findings from research conducted by the Frameworks Institute with the Parenting Research Centre.

Paper 1: About framing

This paper will provide a brief introduction to, and overview of the Frameworks social-science methodology for shaping conversation on social policy issues.

Paper 2: Mapping the gaps between expert views and public ways of thinking: What we learned about how the pubic hears and interprets messages about parenting and parenting support

This paper will provide an overview of the key assumptions, themes and cultural models that Australians use to think about parenting, with a focus on what gets in the way of supporting action to support and improve parenting. Our work to shift the conversation around parenting support started by identifying the core ideas shared by experts in the science of parenting. We tested these ideas with the public to understand how people process and react to current messaging. This revealed several dominant beliefs and ideas that make it hard for people to see the value of improving supports for parents and parenting (e.g., the idea that parenting comes naturally).

Paper 3: Communication tools for changing mindsets and winning public support for parenting support

This paper will describe an effective master narrative, and several communication tools (e.g., helpful metaphors) you can use to cultivate a more open and productive way of thinking about parenting support. Based on these findings, we developed and tested new ways to frame our messages and evaluated how they changed public understanding. One key discovery was the importance of focusing first on what children need to develop well, rather than starting with what parents should do.

Subtheme: Enhancing reach and implementation

Keywords: Dissemination and scaling-up, Implementation, Policy

SYMPOSIUM: Ending corporal punishment globally: Understanding the multifaceted problems and solutions

Dr Carys Chainey (The University of Queensland)[*1,4], Prof Sarah Whittle (The University of Melbourne)[1], A/Prof Divna Haslam (University of Queensland)[*2,3], Ms Monica Madzoska (Curtin University)[*2], A/Prof Franziksa Meinck (University of Edinburgh)[2], Dr Carolina Gonzalez (University of Southern Queensland)[*3], Prof Alina Morawska (The University of Queensland)[3], Prof Daryl Higgins (Australian Catholic University)[3], Ms Sarah Little (The University of Queensland)[*4]

Despite global efforts and legislative changes aimed at abolishing corporal punishment, the practice remains prevalent in many societies. This symposium explores the multifaceted nature of corporal punishment, including the intergenerational nature of the practice, gaps between legislation and practice, and the potential for evidence-based parenting supports to mitigate its use.

Paper 1: The corporal punishment debate: What must we consider?

Background: Corporal punishment of children is prevalent across the globe, despite clear evidence that it is not only ineffective, but also actively harmful to children and families. The debate around this practice is complex, influenced by diverse factors such as law, human rights, religion, and science. Evidence and articulation are therefore needed to inform discussion and action around corporal punishment.

Methods: The extant literature on corporal punishment was reviewed, and new evidence was collated into a special issue of the Australian Journal of Social Issues. Findings were synthesised to provide an overview of the current state of corporal punishment globally, why corporal punishment remains an important concern, and the factors that must be considered in moving towards eliminating this practice.

Findings: Globally, the prevalence of corporal punishment is high, but potentially waning. Without prohibition of corporal punishment, children's rights to physical integrity and freedom from violence are being violated, and United Nations Convention obligations are not being met. While prohibition and law reform are important steps, laws governing parenting may be seen as inappropriate, and may be ineffective in isolation. Supporting changes to beliefs, norms, and perceptions are therefore complementary and necessary avenues for action.

Implications: Bringing together diverse perspectives and expertise is crucial to effect meaningful change in this complex area. Parents and other stakeholders must be supported to learn about the harms of corporal punishment, adopt alternative strategies, and advocate for the rights of children. Reforms and interventions should be based on respect and evidence, and evaluated to determine their effectiveness and acceptability, to achieve the best outcomes for children, families, and their communities.

Disclosure: This research was partially supported by the Australian Government through the Australian Research Council's Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025). The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by UniQuest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this paper have no share or ownership of TPI. Author Chainey is currently employed at The University of Queensland in the Parenting and Family Support Centre. Authors Chainey and Whittle are part of the Parenting and Family Research Alliance Advocacy Group, End Physical Punishment of Australian Children.

Paper 2: Intergenerational transmission of corporal punishment

Background: Corporal punishment is the most common form of violence against children globally. Childhood experiences of corporal punishment may lead children to view this form of violence as more acceptable as they mature thereby contributing to the cycle of violence. This study uses a national Australian sample to examine associations between childhood experiences of corporal punishment and adult use of corporal punishment as a parent and attitudes about corporal punishment, which serves as a proxy for intergenerational transmission of this form of violence.

Methods: A nationally representative cross-sectional dataset from the Australian Child Maltreatment Study was used. A sample of 3680 Australian parents aged between 16-65 years were recruited using random digit dial methodology. The sample was matched with Australian Census and health data. Data was collected using computer assisted telephone interviewing technology. The Juvenile Victimisation Questionnaire R2_ Australian Child Maltreatment Study adaptation was used to collect retrospective data from parents about their own childhood experiences of corporal punishment as well as their attitudes about the need for corporal punishment and their use of corporal punishment as parents.

Findings: A series of logistic regressions were conducted to calculate the odds of parental use of corporal punishment based on childhood experiences, child maltreatment, attitudes about corporal punishment and parental age. Compared to those with no experiences of corporal punishment parents who had experienced corporal punishment as children were 2.2 times more likely to have used it in raising their own children. Parents who believe corporal punishment is necessary were 5.4 times more likely to use it than parents who do not believe it is necessary. Parents who experienced maltreatment by parents as children were only slightly more likely to use corporal punishment as parents themselves. Older parent were 2.5 times more likely to report using corporal punishment when raising children than parents under 45 years of age.

Implications: Results indicate that childhood experiences of corporal punishment increased the odds of generational use of this form of violence against children. However, current attitudes about the need for corporal punishment are a stronger predictor of use. While not possible to assess in this study is likely that childhood experiences of corporal punishment shape both attitudes and adult behaviours around physical violence as a form of discipline. Findings around the age of parents indicate naturally occurring changing around the use of corporal punishment may be occurring over time. To reduce this form of violence, and enhance naturally occurring societal changes, public health campaigns focussing on both changing attitudes and reducing use of corporal punishment are warranted.

Disclosure: A/Prof Haslam is a part of the Parenting and Family Research Alliance Advocacy Group, End Physical Punishment of Australian Children

Paper 3: Legislation vs reality: Legal changes are needed but aren't enough

Background: It has been estimated that two in three children have experienced physical discipline from their parents in the last month. Research findings have shown that corporal punishment leads to adverse child development outcomes in childhood and later in life. The study explored differences among high-income countries with various levels of progress towards a total legal ban of corporal punishment in parents' beliefs and behaviours (i.e., acceptability of corporal punishment, perception of parenting as a private concern, relationship with their child, and parenting practices).

Methods: Participants were 6,760 parents of children 2 to 12 years old from Australia, Belgium, Canada, Germany, Hong Kong, Spain, Switzerland, and the United Kingdom. Parents completed the International Parenting Survey, an online cross-sectional survey gathering information about parents, their children and families. One-way ANOVAs and MANCOVAs (after controlling for parent age, gender, and educational level) were conducted to identify potential country differences.

Findings: A total legal ban did not translate consistently into positive parenting beliefs, behaviours, and practices. Even parents from Germany and Spain, where corporal punishment has been banned for decades, showed different parenting characteristics. Parents from Germany showed less acceptability and use of smacking as expected with a total ban. However, parents from Spain reported the highest use of coercive parenting, but the best relationship with their children. Furthermore, parents from those countries with a total ban on corporal punishment reported less use of positive parenting, e.g., praise and encouragement.

Implications: Findings showed that, even though changes in legislation are required to reduce corporal punishment towards children, it is not enough to change parents' beliefs and practices. It is essential to explore ways to promote a change in legislation in line with parents and the general population's beliefs and behaviours towards corporal punishment. Further research is needed in the legislation change and education provided to the public to advance towards a total ban of corporal punishment, in line with policy and cultural change to provide evidence-based parenting support and educational campaigns supporting this change seeking to protect children against all types of violence.

Paper 4: Parenting attitudes to actions: Exploring the intra-relationships of modifiable parental characteristics associated with coercive parenting practices

Background: Parenting attitudes that are in favour of using corporal punishment (CP) with children (e.g., smacking) has been linked to greater use of harsh and coercive parenting practices, however evidence on this relationship is inconsistent, and has limited exploration into potential modifying factors. Drawing from the extension of Belsky's (1984) process of parenting model from Taraban & Shaw (2018), which considers parental, child, and family/social environment characteristics as interconnected determinants of parenting, this study focuses on two modifiable parental characteristics – parental self-efficacy and distress – that may influence the association between pro-CP attitudes and coercive parenting practices.

Methods: The study uses parent-report data (N = 8,220) from the International Parenting Survey, collected in eight high-income countries (Australia, Belgium, Canada, Germany, Hong Kong, Spain, Switzerland and the United Kingdom). The effects of parental self-efficacy and distress on the relationship between pro-CP attitudes and coercive parenting were examined, controlling for parent, child and family/social environment characteristics, with a series of moderated multiple regression analyses.

Findings: Parents were more likely to use coercive parenting if they held stronger pro-CP attitudes, had higher distress, or had lower self-efficacy. Parental self-efficacy was found to attenuate the relationship between high pro-CP attitudes and use of coercive parenting, whereby greater self-efficacy in dealing with child's behaviour was associated with lower use of coercive parenting, even where strong pro-CP attitudes were present.

Implications: Findings indicate that parents' use of coercive parenting is related to their attitudes, distress, and self-efficacy. These three factors may be important avenues for reducing and preventing coercive parenting and corporal punishment. Self-efficacy may be a particularly effective target for intervention, as parents who feel better able to deal with their children's behaviour are less likely to use coercive parenting, even if they hold pro-CP attitudes. As parents may be supported to lower distress and increase self-efficacy through evidence-based parenting supports, such supports may be effective mechanisms for reducing coercive parenting and corporal punishment, particularly where parental attitudes are resistant to change. This study therefore highlights the need for research on the effectiveness of integrating population-wide, evidence-based parenting supports alongside legislative reform prohibiting corporal punishment. Such an integrated approach could foster meaningful and sustainable reductions in coercive parenting and corporal punishment, promoting better outcomes for children and families.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Parental wellbeing, Parenting practices / style, Policy

SYMPOSIUM: Supporting parents and teenagers: Evidence and innovation in universal and trauma-informed parenting programs

Dr Carys Chainey (The University of Queensland)[*1,3], Mr Austin Manchadi (School of Applied Psychology)[1], Dr Cassandra Tellegen (The University of Queensland)[*2], Ms Jhalak Arora (The University of Queensland)[2], Dr Sabine Baker (Children's Health Queensland Hospital and Health Service)[*3], Dr Arun Pillai-Sasidharan (Children's Health Queensland Hospital and Health Service)[3], Ms Samantha Jones (Children's Health Queensland Hospital and Health Service)[3], Prof Alina Morawska (The University of Queensland)[3], Prof Matthew Sanders (The University of Queensland)[3]

Evidence-based interventions are essential in supporting parents of teenagers, especially those facing the complexities of family adversity. This symposium discusses the importance of developing and rigorously evaluating parenting interventions that aim to enhance the wellbeing of parents and teenagers. As families navigate diverse challenges, both universal and targeted evidence-based parenting programs offer valuable support by promoting positive parenting strategies and mitigating the impact of adversity on family functioning. The first presentation explores how parents' and adolescents' past experiences of adversity shape parenting practices and affect adolescent mental health. This study highlights the need for support that strengthens family resilience through trauma-informed and adaptable approaches. Next, a meta-analysis of Teen Triple P demonstrates the program's efficacy as an intervention for parents of teenagers, showcasing its positive outcomes across a range of family backgrounds. This evidence supports the wider applicability of structured parenting programs as a robust foundation for diverse family needs. The final paper presents the protocol for a trial of Family Life Skills Triple P (FLSTP) with parents and carers of young people with severe and complex mental health concerns. FLSTP is a tailored intervention that extends Teen Triple P to specifically support families impacted by adversity and additional challenges. By addressing mental health, family functioning, and trauma-specific challenges, the FLSTP adaptation seeks to meet the needs of families at higher risk. Collectively, these studies reinforce the value of both universal and trauma-informed parenting support, showing that effective, evidence-based interventions can play a pivotal role in fostering resilience and wellbeing among parents, adolescents, and improve broader family functioning.

Paper 1: Youth mental health: The lasting impact of parenting received during adolescence and intergenerational adversity

Background: Poor mental health can hinder young people's transition to adulthood, with lasting impacts on wellbeing. Adolescence and emerging adulthood are high-risk periods for mental health issues. Adverse childhood experiences (ACEs) significantly increase the likelihood of poor outcomes, including mental health challenges, self-harm, and suicidality. ACEs may also have intergenerational effects, as parents' childhood adversity influences their parenting and their children's mental health. Adversity can persist across generations, perpetuating cycles of poor outcomes. Understanding and addressing these effects is critical for improving mental health, breaking intergenerational cycles, and supporting parenting quality for future generations.

Methods: This paper examines how parents' adverse childhood experiences (ACEs), parenting during adolescence, and young people's ACEs relate to their mental distress during emerging adulthood. Using data from the Longitudinal Study of Australian Children's K Cohort (N = 824; 55.7% female) and their primary caregiving parents (97.0% female), the study employs structural equation modelling to analyse these associations. Parents reported eight ACEs (e.g., domestic violence, neglect, and abuse), while four ACEs were tracked for young people between ages 4-6 through 16-17 years (e.g., parental separation, domestic violence). Parenting behaviours (warmth, monitoring, hostility) were assessed at ages 14–15, and mental distress was measured at ages 18–19 and 20–21.

Findings: Young people tended to report greater mental distress at age 18–19 if their parents had higher ACE scores, they had experienced more ACEs themselves, or they had a more hostile parent-adolescent relationship. Additionally, parental ACEs were directly linked to higher of levels adversity for young people. Lastly, young people with greater mental distress at age 18–19 were more likely to report higher distress at age 20–21.

Implications: Young people's mental well-being is shaped by intergenerational processes involving both adversity and parenting, with effects persisting from early to mid-emerging adulthood. Addressing and preventing ACEs while promoting effective parenting practices can play a vital role in supporting young

people's mental health. These efforts may enable young people to lead healthier, more fulfilling lives, despite the challenges they and their parents faced in childhood. These findings highlight the importance of further research to understand the pathways linking intergenerational adversity and mental health. Policymakers and practitioners can use this evidence to inform the design and implementation of interventions that break cycles of adversity and promote positive parenting, ensuring better outcomes for future generations.

Paper 2: Meta-analysis of Teen Triple P - Positive Parenting Program

Background: This systematic review and meta-analysis evaluated the effectiveness of the Teen Triple P (TTP) intervention, a subset of the multi-level Triple P-Positive Parenting Program in improving outcomes for adolescents and their parents across multiple domains.

Methods: Adhering to PRISMA Guidelines, PubMed, APA PsycINFO, Google Scholar, ProQuest, Medline, ERIC and the official Triple P evidence base website were searched for published and unpublished studies in English with adolescent ages from 11-17 years old. Fourteen studies (including 15 samples) evaluating a version of TTP across Levels 2-4 met criteria. A series of meta-analyses were performed across seven outcome measures: Parent Reported Adolescent Adjustment, Parenting Practices, Parenting Self-Efficacy, Parental adjustment, Parental relationship, Parent reported conflict and adolescent reported conflict.

Findings: Significant moderate effects were reported across all outcome variables with the exception of parental self-efficacy and adolescent-reported conflict. Additionally, significant moderate effect sizes were found for Level 4 TTP interventions across most outcome categories, particularly for parenting practices and adolescent adjustment. However, Level 2 and Level 3 interventions were less effective, often yielding non-significant or small effect sizes. Moderator analyses highlighted the role of intervention intensity in influencing the variability of outcomes. Publication bias assessments and funnel plot analyses indicated minimal bias, supporting the robustness of the findings. Limitations include the limited number of studies with small sample sizes at Levels 2 and 3.

Implications: Findings support the effectiveness of Teen Triple P as an intervention for families with adolescents. Recommendations for future research include conducting high-quality studies with larger sample sizes to further validate the effectiveness of TTP and more studies exploring long-term impacts.

Paper 3: Parenting Support for Carers of Young People With Severe and Complex Mental Health Problems: A Trial Protocol

Background: There is well-established reciprocity between the wellbeing of adolescents and parents. Parental factors, including mental health and parenting, influence adolescent mental health. Likewise, caring for an adolescent with mental health challenges can have implications on parents. There is a dearth of parenting interventions for parents of adolescents with mental ill-health. Family Life Skills Triple P is a parenting and

family life skills intervention focussed on improving parental self-regulation. Enhanced self-regulation may improve parents' capability to cope with trauma, adversity and stressors, including related to their young person's complex mental health, in turn leading to improved outcomes for parents and adolescents.

Methods: This study is a Randomized Controlled Trial comparing the efficacy of Group Teen Triple P including phone consultations (GTTP) with Group Teen Triple P followed by Family Life Skills Triple P sessions (FLSTP). Participants will be 70 parents/carers of 12–17-year-old adolescents with severe and complex mental health challenges recruited through Child and Youth Mental Health Services across the state of Queensland, Australia. Both programs will be delivered online via MS Teams by trained and accredited practitioners. Parent and adolescent reported outcomes will be measured at baseline, post-intervention and 6 months follow-up. Intervention effects will be assessed on parental wellbeing, self-regulation and self-efficacy, adolescent functioning as well as family functioning and parent-adolescent relationship. In addition, young person Routine Outcome Measures as captured in their medical record will be analyzed where available. Semi-structured interviews will investigate practitioner perspectives regarding intervention suitability and implementation.

Findings: This presentation will outline the trial protocol in detail and share early experiences related to recruitment and engagement of participants. Considerations regarding program implementation and intervention delivery by clinical staff of a subacute adolescent inpatient unit and day program will also be shared.

Implications: This trial will establish the feasibility of delivering parenting support focussed on self-regulation and broader life skills via online group sessions to parents and carers of adolescents with severe and complex mental health needs. This population is currently underserviced, particularly in rural and remote areas of Australia. Positive outcomes would further support the utility of family-inclusive wrap-around supports to better meet the needs of young people with complex mental health problems.

Disclosure: This project is a collaboration between Children's Health Queensland Hospital and Health Service and The University of Queensland. The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this presentation have no share or ownership of TPI. Prof Sanders and Professor Morawska receive royalties from TPI. TPI has no involvement in the study design, collection, analysis or interpretation of data. Dr Chainey is an employee at UQ, and her involvement in the project is supported by the Australian Government through the Australian Research Council's Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025). All other authors have no conflict of interest to declare.

Subtheme: Parenting support for diverse family needs

Keywords: Child and family adversity, Child mental health, Child wellbeing, Evidence-based interventions, Intervention outcomes, Parent-child relationship, Parental wellbeing, Parenting practices / style, Parent mental health, Program adaptation, Program evaluation, Young people

SYMPOSIUM: The successful formula to support a national perinatal and infant mental health navigation service

Dr Michelle Harrison (Parenting Research Centre; The University of Queensland)[*2], Ms Megan Leuenberger (Karitane)[*1], Ms Alison Cook (Karitane)[*3], A/Prof Jane Kohlhoff (The University of NSW)[*4]

Becoming a parent can at times feel like an emotional rollercoaster. Navigating an unfamiliar and fragmented health and family support system can add to this emotional load. The toll on parents experiencing perinatal mental health issues who may also be feeling the stigma of seeking help or confronting the lack of appropriate accessible services can be devastating. This symposium will provide an overview of the collaborative and innovative steps to the development, implementation and continuous practice improvement of the ForWhen perinatal and infant mental health navigation phone line. Learn from the researchers, managers and the practitioners who have used practice-based wisdom combined with evidence-based wisdom to inform the establishment and continual development of this national navigation clinical service. Brief description of papers Paper 1 will outline the ForWhen service model and service links to support perinatal and infant mental health. ForWhen has been implemented and supported across Australia by Karitane in collaboration with the Australian Association of Parenting and Child Health, Parenting Research Centre, and the University of NSW. It is a new, innovative model that has been accessed by over 6000 parents, family members and many professionals since February 2022. Paper 2 will provide an overview of parental help-seeking behaviours that have informed the development of ForWhen. The foundational steps of developing a theory of change and indicators to monitor implementation, engagement and client outcomes will be discussed, alongside the information system that provides practitioners and managers with real-time data to inform service delivery. Paper 3 will provide the voices and experiences of the ForWhen clinical practitioners. They will use case studies to describe the journey of families through the service and the value of using data to drive practice improvements. The role of the ForWhen clinical navigator and the competency will also be discussed. Paper 4 will encompass the evaluation activities and results used to understand the stories behind the outcome data that are used in the development of the ForWhen service to strengthen user and practitioner experiences and support better outcomes and return on investment.

Implications: This symposium outlines the framework for establishing, monitoring and building successful parent support services that strengthens workforce development and program implementation to enhance parental and child wellbeing and development.

Paper 1: The ForWhen service model and operations

Background: To introduce the ForWhen program, Australia's first perinatal and infant mental health navigation program. Background/Context. ForWhen is a new federally funded National Perinatal and Infant Mental Health (PIMH) Navigator program. Delivered by the consortium of the Australasian Association of Parenting & Child Health and led by Karitane, ForWhen supports parents experiencing moderate/severe PIMH concerns to navigate the complex and fragmented PIMH service landscape. PIMH concerns include but is not limited to pregnant women, men and women experiencing grief and loss, anxiety and depression. The program was launched in February 2022, and there are ForWhen navigators in each State and territory and a growing number of Aboriginal Staff across Australia. ForWhen is an ACHS accredit service and has met the requirements of the Australian Commission on Safety and Quality in Health Care's, National Safety & Quality Digital Mental Health (NSQDMH) Standards.

Methods: ForWhen uses well-articulated stepped care service model - triage criteria to bring national consistency, whilst maintaining place-based flexibility. Parents and families experiencing PIMH challenges, or health practitioners supporting their clients, can call the national ForWhen helpline number. Callers are then connected with a "place-based" ForWhen navigator, who has local knowledge and connections to PIMH services available in their area. The ForWhen navigators (clinicians) listen to the callers, talks through presenting issues, conduct screening assessments with parents to determine the level of support required, together they identify current challenges and determine needs then supportively navigate parents to information and connect them to local services and support them with the next step. Extensive service eco mapping and linkages have been established and mapped nationally to enable timely service linkage   The role of the clinical navigator in the PIMH space us unique and the evaluation and research has supported the clinical hybrid modelling of the stepped care approach.

Findings: This presentation will provide an overview of the ForWhen service model including details about the service model, navigators, outcomes framework, continuous practice improvement, and daily clinical operations. We will also report service statistics (e.g., numbers of calls, locations, clinical severity ranges) as well as preliminary clinical and implementation outcome data. Discussion/Conclusions. Discussion on achieving a successful service model nationally when working and collaborating and   forming connections with eight different host organisational to deliver a new national consistent service nationally

Disclosure: This project is funded by the Commonwealth Department of Health

Paper 2: The development of a national perinatal and infant mental health navigation practice framework

Background: This paper will cover the development and ongoing refinement of the ForWhen practice framework. ForWhen arose from the COVID pandemic, where social isolation and service restrictions resulted in an escalation in anxiety and depression for parents in the antenatal and perinatal periods and impacting the wellbeing of families. This trend was likewise reflected in the 2022 Parenting Today in Victoria data, which also saw parental use of helplines and remote health services, particularly in parents of young children with higher distress levels.

Methods: The national perinatal and infant mental health navigation phone service was constructed based on practitioner knowledge of early experiences of parenting and health systems, alongside the evidence for supporting better health outcomes for parents and their families. Through the development of the ForWhen theory of change, key indicators of service implementation, engagement, and impact were identified, and brief measures were woven into the client journey to monitor process and impact outcomes.

Findings: ForWhen uses an information system to visualise data that allows practitioners and managers access to meaningful real-time data to guide practice improvement decisions to enhance service delivery and outcomes for all users. Access to timely and ongoing data has led to engagement of practitioners in decision making processes alongside fostering enthusiasm in collecting, interpreting and sharing data. In bridging the gap between researchers, practitioners, and consumers, this presentation will outline the journey to creating this continuous practice improvement framework and provide examples of how the data has been used to strengthen the ForWhen service.

Disclosure: This project is funded by the Commonwealth Department of Health

Paper 3: ForWhen case studies

This paper will be presented by ForWhen clinical navigators who will describe the client journey through the ForWhen service, including the unique role of the navigator in locating appropriate support and services to meet the perinatal and infant mental health and other associated needs of parents and carers across Australia. The experiences of parents and carers will be shared, along with the impact of the service on these families. The presentation will give listeners an insight into the complexity and uniqueness of the perinatal period in relation to mental health, the effect on families, and the benefits of specialised help and support.

Disclosure: This project is funded by the Commonwealth Department of Health

Paper 4: A mixed-methods evaluation of the ForWhen national navigation service for perinatal and infant mental health

Background: ForWhen is a national care navigation service for parents/carers facing mental health challenges during pregnancy and up to 12 months after birth. The aim of this paper is to describe the ForWhen evaluation methodology, provide an overview of the key findings, and discuss the ways in which this has been used to inform and enhance service development and the quality of clinical care for families.

Methods: The ForWhen evaluation used a mix of quantitative and qualitative data including deidentified routinely collected service data, participant observations, semi-structured interviews, surveys and questionnaires, and a resource audit. Economic modelling used 3-month study observations to project potential long term outcomes and social return on investment.

Findings: Early qualitative interviews with navigators identified a range of core 'activities' involved in navigation in this setting, articulated key navigator skills and competencies, and identified early challenges

and enablers to successful program implementation. Retrospective analysis of service statistics showed that two years after launch, ForWhen had supported over 3800 families across all states and territories of Australia. Of parents/carers accessing the service, approximately 18% presented with mild, 78% with moderate to severe, and 4% with crisis-level mental health concerns. In a 'snap-shot study' conducted to explore client characteristics and outcomes, 212 clients were recruited to complete additional measures: 96% were female, 3% First Nations, 15% currently pregnant, and 66% first-time parents. Clients frequently cited social/geographic isolation (35%), historic or current domestic/family violence (23%), birth trauma (22%), infant sleep/settling challenges (25%), and feeding challenges (9%) among their presenting concerns; 19% had reported current thoughts of self-harm or suicide. Three months following discharge from the service, over three quarters of the sample had shifted from the moderate-severe psychological distress category at program entry into the 'well' or 'mild' category (K-10 score < 25; p < .05). At an overall group level, there were significant improvements in key clinical domains (K-10 total score), parenting self-efficacy (Me as a Parent Scale total score), and parent-to-infant bonding (Mother-to-Infant Bonding Scale total score; ps < .05). Qualitative feedback obtained from clients and stakeholders in the third year of ForWhen service delivery indicated high levels of satisfaction with the service. An indicative economic analysis suggested that if improvements are sustained, the social return on investment (SROI) will be at least 7 – meaning that for every $1 invested the return is $7 from reduction in health and social service use. When the benefit estimation is widened to include productivity and quality-adjusted life expectancy (QALY), then the SROI increases to 17 and 75 respectively.

Implications: These findings are vital in understanding the efficacy and impact of a novel national navigation service in the provision of perinatal and infant mental health care in Australia and raise important considerations to inform future scaling and service delivery. Clinical outcome data suggest that the program is of enormous benefit to parents and families. Longer term sustainability of outcomes and economic SROI is more uncertain, requiring substantial assumptions and a modelled counterfactual. Early indications from 3-month data suggest a signification SROI, but there an opportunity to undertake a more definitive outcome and economic evaluation going forward to accompany investment to scale-up and implement the program more widely.

Subtheme: Demonstrating change and impact

Keywords: Evidence-based interventions, Parent mental health, Process evaluation, Program evaluation

SYMPOSIUM: The role of parenting and family interventions in providing support and reducing risks for children and teenagers who are bullied by peers

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School bullying causes serious harm to children and adolescents, greatly increasing the risk of serious mental health problems (like depression) throughout the lifespan. Traditionally the role of addressing bullying has been left almost exclusively to schools. However, research shows that school anti-bullying programs do not reduce mental health problems of ongoing victims of bullying, and may even increase the risks. There is a need for interventions to reduce ongoing risk for children and adolescents who are bullied. The family system offers an alternative, or at least complementary, intervention point for children and adolescents who are bullied. Children's own social and emotional skills, their responses to peer behaviour, and the quality of their friendships, all impact their risk of being bullied. The parenting they receive impacts both children's risk of being bullied and risk of mental illness following bullying. Parenting also affects children's social skills, opportunities to develop friendships, and acceptance by peers. This symposium brings together recent studies evaluating the impact of family support and interventions for children and adolescents who have experienced bullying and problems with peer relationships.

Paper 1: How do supportive relationships protect adolescents against bullying victimisation and psychological distress?

Background: Supportive relationships have been hypothesised to protect against psychological distress in general, and to reduce the impacts of adversity on distress. Bullying victimisation by peers is a salient adverse experience for many adolescents. Being bullied increases the risk of psychological distress which in turn increases the risk of further bullying victimisation. There is minimal previous research on whether and how supportive relationships protect adolescents from the adverse emotional impacts of bullying.

Methods: This study investigated the direct and moderating effects of supportive relationships with parents, peers and teachers on later psychological distress and bullying victimisation of adolescents. This longitudinal study involved 1425 Australian adolescents aged 12-18 years (mostly male, 74.3%), using questionnaires on bullying victimisation, psychological distress, and supportive relationships at two time points, 6 months apart.

Findings: All types of supportive relationships reduced the risk of later psychological distress predicted from earlier psychological distress, suggesting a direct compensatory effect. Support from classmates and parents also protected adolescents against ongoing bullying victimisation and mitigated the impact of bullying victimisation on later psychological distress, consistent with a stress-buffering hypothesis. The pattern of results confirms the important role that supportive relationships play in protecting adolescents from psychological distress and bullying victimisation.

Implications: Persistent bullying victimisation and later psychological distress are less likely to occur for victimised adolescents supported by parents and classmates. Strategies and programs that improve parental support may enhance the effectiveness of school bullying preventative programs and improve outcomes for victims.

Paper 2: Improving outcomes for adolescents distressed by peer relationship problems by working with the family

Background: Being bullied by peers causes serious harm to adolescent mental health and wellbeing and contributes substantially to the burden of mental health problems across the lifespan. Building on the previous trial of Resilience Triple P in reducing bullying victimisation and depression of primary school children, we developed and piloted a family cognitive behavioural program for adolescents who had experienced both problems with peers and emotional distress. This paper reports the Pilot RCT of this intervention.

Methods: The primary outcomes for adolescents on bullying victimisation, depression and internalising problems for Teen Connect Triple P were those compared to the Blues Program, a standard cognitive behavioural program, that had been previously found to reduce depression. Families of 95 adolescents, with both peer problems and emotional problems, were randomly allocated to one of the two programs. Both programs were delivered by psychologists to small groups of six adolescents over six sessions through Zoom. For Teen Connect Triple P, there were also six sessions for parents, also delivered online in small groups. Parents and adolescents and parents completed online questionnaire assessments about adolescent bullying victimisation, depression and distress and adolescent relationships before program delivery (0 months) and then at 3 months and 12 months after randomisation. Findings: There were significant improvements over time across both conditions including large reductions in adolescent depression. There were greater reductions in bullying victimisation for adolescents whose families were allocated to the Teen Connect Triple P condition. Opportunities to refine the Teen Connect Triple P further were identified through feedback from families.

Implications: This study contributes to the growing body of evidence that programs designed to improve family and peer support for children and adolescents who are bullied can reduce bullying victimisation and associated depression.

Paper 3: Feasibility and Acceptability of a Family Intervention for Autistic Children Who Experience Bullying Victimisation

Background A growing body of literature suggests autistic children are approximately three times more at risk of experiencing bullying victimisation at school than their typically developing peers. Autistic children who experience bullying victimisation have been reported to have higher levels of mental health problems and poorer academic outcomes. Several modifiable factors increase the risk of autistic children experiencing bullying victimisation and so could serve as targets for interventions, including having poor peer relationships, misreading social cues, and displaying intense emotionality. No studies to date have explored the utility of combining child social-emotional skills training with parenting support for this particular group.

Methods: A clinical case series with 10 families across Australia was used to investigate the feasibility, acceptability, and clinical outcomes of Resilience Triple P for autistic children who experience bullying victimisation. A mixed methods approach was used in this trial. Implementation fidelity and families' program adherence were used to gauge the feasibility of delivering Resilience Triple P to families of autistic children through telehealth. Adverse events were recorded and satisfaction interviews with parents and children were thematically analysed to establish the acceptability of Resilience Triple P and how to improve its delivery for families of autistic children. Children's bullying victimisation, mental health problems, school refusal, and social skills, facilitative parenting, and parental/ caregiver self-regulation were also measured at pre-intervention (0 months), post-intervention (4 months) and follow-up (6 months) and intragroup effect sizes were used to quantify changes in these clinical outcomes between assessment timepoints.

Findings: Data collection and analysis will be completed in early 2025 and reported at the first time at ICEPS 2025. Preliminary results from this trial suggest that Resilience Triple P can be delivered as intended to families of autistic children through telehealth and is largely acceptable to this particular group. It appears that child social-emotional skills training and parenting support are wanted by families of autistic children who experience bullying victimisation and can lead to positive and meaningful clinical.

Implications: Several Australian educational bodies advised they did not support specifically targeting autistic children (who were bullied) for delivery of social skills training. This stance was not consistent with evidence summarised in a recent systematic review which found that using social-emotional skills training

programs was the best evidence-based practice to help autistic children handle bullying victimisation. Concerns about targeting at-risk autistic children instead appeared to be based on ideology, which refers to a system of beliefs and is distinct from science. It is hoped this trial sheds light on how social skills programs can be delivered in a neuroaffirming way.

Paper 4: Can a brief parenting seminar provide parents with skills to support their children's peer relationships and prevent bullying?

Background: As young people transitioned back to school following the COVID-19 pandemic, both families and schools experienced challenges, with heightened levels of mental health problems and peer relationship difficulties evident. Given the widespread nature of these challenges, an integrated public health model of intervention was required to address these problems. The Thriving Kids and Parents Schools Project (TKPSP) seminar series is a low-intensity, prevention-focused program that was implemented in 380 Australian schools.

Methods: The "Keeping your Child Safe from Bullying" was one of three seminars delivered online by experienced presenters as part of the TKPSP. Over 900 parents completed measures about their confidence in supporting their child's peer relationships and their social and emotional development, their behaviour and wellbeing at baseline, six weeks post baseline, and 12 weeks after baseline. Data were analysed using a latent growth curve modeling approach.

Findings: Significant intervention effects were identified for both parents' self-efficacy for promoting their child's social and emotional and behavioural development and for reductions in children's depression and anxiety, with small-to-medium effect sizes noted. Significant improvements were noted for specific parenting skills related to preventing bullying.

Implications: The findings from this project will extend the current knowledge of the effectiveness of brief, low intensity, universally offered, prevention-focused, evidence-based parenting support to promote children's peer relationships, prevent bullying and in so doing support school priorities e.g., anti-bullying policies.

Subtheme: Parenting, child health and development

Keywords: Child and family adversity, Child mental health, Child wellbeing, Intervention outcomes, Parent-child relationship, Program evaluation

SYMPOSIUM: Implementing brief, digital parenting support programs: Lessons learned and preliminary findings

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Four papers will be presented that focus on implementing accessible versions of parenting programs. Programs provided parenting support services across several developmental periods ranging from perinatal to school aged youth. Programs also supported parents from a diverse range of child populations, including transitions into parenthood during infancy, transdiagnostic early childhood clinical populations, autistic youth, and children who are deaf or hard of hearing. A unifying theme of these programs focuses on evaluating programs that were delivered briefly via digital means (e.g., telehealth, online videos).

Paper 1: The feasibility, acceptability, and effectiveness of a brief behavioral parenting group program delivered through telehealth.

Background: Behavioral parent training is commonly the first line of intervention for addressing early childhood behavioral health concerns while also effectively improving several parent outcomes (e.g., parenting practices, stress, and efficacy). Despite the effectiveness of behavioral parent training, it has significant engagement issues and adaptations to its format that increase accessibility and scalability are understudied. Time constraints, childcare, and transportation are common logistical concerns that typically act as barriers for reaching and engaging parents in evidence-based parenting programs. One potential strategy for improving the accessibility of parenting programs includes condensing sessions. Another potential strategy to address engagement barriers involves delivering parenting programs via telehealth. While both strategies have shown promise, limited research has examined parentings programs that combine both brief and telehealth delivery adaptations. We examined the feasibility, acceptability, and effectiveness of a brief behavioral parenting group program delivered through telehealth at a large children's hospital outpatient clinic.

Methods: The current pilot, prospective, open trial evaluated the preliminary acceptability, engagement, and effectiveness of a brief, 6-session behavioral parent training program delivered through teleconferencing to 34 families of 3- to 7-year-olds in an outpatient clinic at a large children's hospital. Feasibility was captured through attendance and parents' preferences for telehealth delivery. Acceptability was assessed through parent-reported satisfaction with the program. Parent outcomes were assessed before and after the program, including measures of parenting stress, parenting efficacy, and parenting practices. Child outcomes were also assessed before and after the program, including measures of child behavioral concerns and broader mental health concerns.

Findings: Most caregivers recruited from routine care consented (66.7%) with time constraints being the primary reason (94.1%) eligible caregivers declined. On average, families endorsed being highly satisfied with the program and attended an average of 4.35 (72.50%) sessions. Caregivers reported significant reductions in the frequency and impact of child behavioral concerns. Further, caregivers also reported significant improvements in their parenting stress, practices, and efficacy.

Implications: A behavioral parent training program adapted to be delivered briefly via teleconferencing was acceptable to caregivers and demonstrated preliminary effectiveness. It was feasible to recruit caregivers and collect data before and after the intervention. Further research and clinical implications will be discussed.

Paper 2: "I have never had the opportunity to have videos that were in our language": Enhanced acceptability and effectiveness of executive functioning support videos among Spanish-speaking, versus English-speaking parents

Background: Service systems for children with neurodivergent (ND) conditions, e.g. autism and/or ADHD, often fail to meet the treatment needs of Spanish-speaking Hispanic families. Such disparities are due to factors such as language barriers, limited awareness of available services, and logistics related to socioeconomic status. One promising practice to reduce barriers to treatment services is through easily accessible parent education materials which aim to increase parent knowledge and efficacy while also reducing parent strain. Utilizing this model, we created a set of brief, freely available, videos in both English and Spanish on executive functioning (EF) for parents of ND children. EF skills, i.e. cognitive flexibility, emotion regulation, goal setting/planning, etc., are often challenges for ND children. We examined the acceptability and effectiveness of these videos for monolingual Spanish-speaking, bilingual, and monolingual English-speaking families.

Methods: We co-developed 12 EF support videos with parents, professionals, and ND self-advocates. These videos were originally created in English, and later directly translated to Spanish, based on strategies from the EF intervention Unstuck and On Target (Unstuck), an evidence-based program for ND children. The videos were all 3-5 minutes in duration, with themes of explaining EF, describing how challenges with EF can present in ND children, and providing strategies that parents can use to support EF in their children. In total, 139 parents of ND children (English-speaking n = 87; Spanish-speaking n = 37; Bilingual n = 15) reviewed the videos and completed surveys both before and after watching them. Spanish-speaking families also completed follow-up focus groups after survey completion. Focus groups were transcribed verbatim and analyzed using rapid qualitative methods.

Findings: Parents across language groups demonstrated improvements in EF content knowledge, $F(1) = 152.82$, $p < .001$, with English-speaking parents having higher scores across timepoints, and self-reported strain over time, $F(1) = 13.04$, $p < .001$, with no significant group or group by time effect. There were significant differences between the language groups on informativeness, $H(2) = 31.40$, $p < .001$, efficacy $H(2) = 16.91$, $p < .001$, value $H(2) = 13.40$, $p = .001$, and likelihood to recommend the videos $H(2) = 11.26$, $p = .004$, with Spanish-speaking and bilingual parents reporting even greater ratings of acceptability than English-speaking parents. Regarding parent-reported frequency and disruptiveness of child EF difficulties respectively, all groups improved but Spanish-speaking caregivers reported the greatest improvements, with significant group by time interactions on both ratings ($F\{2\} = 5.99$, $p = .003$; $F\{2\} = 7.89$, $p < .001$). Rapid qualitative analysis of focus groups revealed a range of themes. Parents generally found the videos relevant and useful, and appreciated that the videos were short and available in Spanish to share with family members. Some suggestions were also made for areas to improve the relatability and cultural relevance of the videos.

Implications: While parents across language groups expressed satisfaction and demonstrated improvements following review of our EF support videos, Spanish-speaking parents rated Unstuck intervention and supplemental materials even more positively and reported greater child EF improvements than their English-speaking peers. Our biggest takeaway is that researchers and interventionists should make the effort to translate intervention materials to include these families in treatments and treatment research, as they may have great impact simply by making this effort. Even short, asynchronous training videos can serve as an important resource and lead to meaningful improvements.

Disclosure: This project was funded by the Patient Centered Outcomes Research Institute.

Paper 3: Partners Now Parents: Examining a brief, virtual prevention program for first-time parents

Background: Becoming a parent is a highly anticipated milestone for many couples, yet previous research suggests that most couples experience a sharp decline in romantic satisfaction and increase in interparental distress and conflict during the journey to parenthood (Doss et al., 2017; Mack et al., 2023; Shapiro et al., 2000; Whisman et al., 2022). However, there are few virtual, group-based couples prevention programs for first-time parents focused on strategies to support individual mental health, interparental romantic satisfaction, and the future co-parenting relationship.

Methods: The present study examined the feasibility and effectiveness of a newly developed prevention program for psychosocial stressors associated with the journey to parenthood, the Partners Now Parents program. Sixty-six racially and socioeconomically diverse expecting parents (33 couples) participated in this small, pilot examination. Seventeen couples received five teletherapy prevention program sessions over the course of the perinatal period, and 16 couples received psychoeducation via email as the active control group. Participating couples completed an empirically validated measure of romantic satisfaction during the antepartum assessment in the second or third trimester and during the postpartum assessment three to six months after birth. Additionally, couples reported in an anonymous survey how useful they found the prevention program sessions and whether they would recommend the program to other expecting parents.

Findings: An independent samples t-test comparing the difference scores (representing steepness of decline in romantic satisfaction from the antepartum assessment to the postpartum assessment) between the prevention program group and the active control group revealed a less steep decline in romantic relationship satisfaction for couples in the prevention program (M = 5.75 point decline, SD = 10.43) as compared to the active control group (M = 11.22 point decline, SD = 7.05), t(44) = -1.95, p = .029. The findings also suggest that the prevention program is feasible (94% retention rate for all couples across all five sessions), effective in supporting couples' romantic satisfaction, and favorably received by couples (90% of participants found the sessions very or extremely useful and all couples indicated they would recommend the program to other expecting parents).

Implications: Prevention programs for expecting parents offer entry into mental health services when couples may be most open to support and change as they prepare for parenthood. Fostering growth in the romantic relationship and future co-parenting relationship during the journey to parenthood may set new families on a positive trajectory from the start of family formation, potentially reducing risk for mental health concerns for the family system.

Disclosure: The current study was funded by an internal grant at the University of Virginia. Author is supported by a fellowship through Children's Hospital Colorado clinical psychology training program.

Paper 4: FCU-DHH: Adaptation of the Family Check-Up for parents of deaf and hard of hearing children

Background: Compared to parents of young children with typical hearing, parents of young deaf or hard of hearing (DHH) children followed in hearing health care are more likely to report disruptive behavior problems; impairment in parent, child, or family functioning associated with those behaviors; and not having received mental health or behavioral interventions for their child. Evidence-based behavioral parent training (BPT) interventions are effective in both preventing and treating disruptive behavior problems, but DHH children and their families rarely receive BPT, and there are no trials testing its effects with parents of DHH children followed in hearing health care. We sought to address these disparities by following the 8-step ADAPT-ITT framework to adapt an evidence-based BPT program—the Family Check-Up (FCU)—for parents of young DHH children.

Methods: Based on results of ADAPT-ITT steps 1-6—including qualitative interviews with parents of young DHH children, focus groups with service providers, and a theater test with our community advisory board—the FCU content, delivery, and interventionist training were adapted to meet the needs of this population. We are currently completing step 8 of ADAPT-ITT with a type 1 hybrid effectiveness-implementation study of the FCU-DHH, using a randomized controlled design (N=125 parent-child dyads randomized to FCU-DHH or treatment as usual) and mixed methods to assess acceptability, feasibility, costs, parent outcomes, child outcomes, and contextual factors associated with implementation of the intervention. Here, we focus on adaptions made and acceptability and feasibility outcomes of the FCU-DHH as delivered in this study.

Findings: Three planned adaptations and one unplanned adaptation were made to the original FCU: (1) Parents receive up to 6 sessions of the FCU-DHH from a trained "parent coach," supervised by a mental health professional; each parent coach is a parent of a DHH child and affiliated with the Hands & Voices national parent support organization. (2) Intervention materials were modified to reflect common scenarios described by parents of young DHH children. (3) Resources were compiled for parent coaches and parents addressing communication strategies, DHH child development, and advocacy. (4) Due to COVID-19 restrictions, all intervention components were delivered through online meetings on Zoom©. The assessment-focused, strengths-based, and tailored content and methods of the original FCU were preserved. Parent satisfaction

with the FCU-DHH intervention was generally high. Across annual rounds of FCU-DHH delivery, completion of the first two intervention sessions (the core assessment and feedback sessions) was high (~80%). Over half of parents completed at least one skills training session following the structured feedback session. While these results demonstrate the feasibility of FCU-DHH delivery to parents of DHH children, process data and qualitative data revealed several challenges with implementation that are potential targets for implementation strategies.

Implications: By ensuring that a BPT intervention adapted for parents of DHH children is acceptable and feasible, our implementation science approach increases the potential impact of the FCU-DHH for an understudied population. Following trial completion in May 2025, analyses of parent and child outcomes, parent coach and other invested individuals' perspectives, and cost will further elucidate the potential value of this adapted intervention for a vastly underserved and marginalized population.

Disclosure: The current study was funded by the National Institute on Deafness and Other Communication Disorders in the National Institute of Health.

Subtheme: Contemporary trends in parenting support

Keywords: Child mental health, Dissemination and scaling-up, Evidence-based interventions, Implementation, Intervention outcomes, Parental wellbeing

SYMPOSIUM: Parent-Child Interaction Therapy in Australia: Adaptations for special populations and settings, and treatment mediators

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Parent-Child Interaction Therapy (PCIT) is a well-established, evidence-based intervention for reducing child conduct problems and improving parenting practices. In Australia, innovative adaptations have been developed to enhance its effectiveness for diverse populations and its reach to underserved populations. This symposium discusses these efforts, focusing on tailoring PCIT to address treatment non-response, address distinct child and family needs, and improve accessibility. The overarching theme is enhancing the reach and implementation of parent support, with subthemes on adaptation and tailoring; novel contexts, settings, or strategies; and consumer and end user involvement. Presentations will highlight contributions to parenting support research, practice, and implications for policy. This session examines Australian advancements in PCIT research and practice, showcasing a systematic review, empirical studies, and a co-produced intervention. Four presentations will be followed by a discussion, emphasising strategies to scale up PCIT and its adaptations to improve outcomes for underserved and non-responsive families. This symposium underscores that PCIT is an efficacious and effective parenting intervention for Australian families. Australian researchers are world leaders in adapting PCIT meet the needs of diverse populations and settings. Findings support increased dissemination of PCIT and its adaptations for special populations. This symposium offers promising avenues for implementation and scaling that inform policy for advancing parenting support.

Paper 1: A systematic review of Parent-Child Interaction Therapy (PCIT) in Australia

Background: Parent-Child Interaction Therapy (PCIT) is an evidence-based Parent Training program using in vivo coaching to improve conduct problems in 2–7-year-olds. Parents are coached in real-time by a therapist observing from behind a one-way mirror to increase relationship-building and differential attention skills (first phase), and use of behaviour modification strategies (second phase). Meta-analyses of PCIT find medium-to-large effect sizes for reducing conduct problems and improving parent outcomes. However, PCIT is poorly disseminated and implemented in Australia, with few providers. This study aimed to conduct a systematic review of research on PCIT conducted in Australia or comprising Australian samples.

Methods: We conducted a systematic review of research relating to PCIT conducted in Australia or comprising Australian samples using databases including Web of Science, Scopus, PubMed, and APA PsycINFO, as well as searching reference lists of key studies. Key search terms included 'Parent-Child Interaction Therapy' and its derivates (e.g., 'PCIT'), as well as Australia, the names of all Australian States and Territories, and the names of Australian capital cities specified as study location or author affiliation, depending on the database. We excluded book chapters, meta-analyses, and systematic reviews.

Findings: We identified 32 studies meeting inclusion criteria. PCIT consistently produced statistically significant and clinically meaningful improvements in child and parent outcomes in both efficacy and effectiveness trials, including parent-rated and observed child conduct problems and observed parenting behaviours. Treatment gains were largely maintained when assessed at follow-up periods of varying lengths. These Australian studies tended towards developing and evaluating PCIT within and adaptations for special populations (e.g., maltreated children, families in rural settings, toddlers with and without autistic traits or developmental delay, children with callous-unemotional traits), or adapted using novel delivery methods (e.g., video teleconferencing, abbreviated, augmented with motivational interviewing). A paucity of studies examined implementation and dissemination of PCIT in Australia or involved research on PCIT training and supervision, with only a single study assessing clinician perceptions of time-out as a barrier to PCIT implementation. Finally, few studies examined predictors, moderators, or mediators of PCIT.

Implications: Findings support the efficacy and effectiveness of PCIT for improving child and parent outcomes in Australian samples. Australian researchers are world-leaders in adapting PCIT for special or vulnerable

populations, with accumulating evidence for the superiority of these adaptations over treatment-as-usual. To inform sustaining and scaling these interventions, research on facilitators and barriers to dissemination and implementation in Australian community settings is needed. Research on predictors, moderators, and mechanisms is needed to determine the families for whom, the conditions under which, and the mechanisms by which PCIT is effective. Critically, these findings should then inform clinical decision-making regarding when PCIT is indicated over less intensive, complex, and expensive evidence-based parenting programs that are more widely available in Australia.

Paper 2: Testing parental warmth as a treatment target of PCIT adapted for children with callous-unemotional traits

Background: Low parental warmth is a key risk factor for a severe subtype of conduct problems involving impaired development of prosocial emotions. The aggressive and persistent conduct problems of these children, who are described as having callous-unemotional (CU) traits, often fail to normalize with parent training intervention. This has instigated efforts to adapt treatments to explicitly coach warm parenting, but a lack of comprehensive, reliable warmth measurement tools for use with young children has prevented examination of whether treatment adaptations successfully increase parental warmth. Newly developed multimethod tools reliably assess parental warmth, but have yet to be examined within clinical samples.

Methods: Study 1 aimed to examine the psychometric properties of the self-report Parental Affection Warmth Scale (PAWS) in 51 parents of 2- to- 8-year-old community and clinic-referred children. Parents completed the PAWS and measures of CU traits, conduct problems, parenting, and child empathy during a baseline assessment. A subsample repeated the PAWS two weeks later. Study 2 aimed to examine which warmth subcomponents uniquely associated with CU traits, and whether Parent Child Interaction Therapy adapted for CU traits (PCIT-CU) produced greater improvement in warmth than standard PCIT. Using the observation-based Warmth-Affection Coding System (WACS-3) warmth was coded by masked assessors during dyadic interactions of 50 parents of 2- to- 8-year-old clinic-referred children with conduct problems during baseline and post-treatment assessments.

Findings: The PAWS was found to have robust psychometric properties in a clinical sample. Results indicated that parent-report PAWS warmth scores were internally consistent, stable across time, convergent with positive parenting scores, discriminant from negative parenting scores, and concurrent with child empathy and CU trait measures. PAWS warmth scores were uniquely negatively associated with CU traits, even when controlling for conduct problem severity. Findings for observed WACS-3.0 scores showed that non-verbal warmth components were most strongly related to CU traits, with parents of children with high-CU traits exhibiting lower observed warmth relative to low-CU children prior to commencing treatment. Observed warmth increased significantly more from pre- to post-treatment for the PCIT-CU treatment condition, compared to standard PCIT.

Implications: These findings support that low parental warmth, particularly non-verbal components, are uniquely related to CU traits. The PAWS and WACS-3.0 are promising tools for measuring multi-dimensional parental warmth in clinical settings. Our findings support targeting warmth in treatments for CU traits, and demonstrate for the first time that PCIT-CU produces superior improvement in warmth to standard treatment. Relatedly, by clarifying warmth targets, we can enhance PCIT-CU's efficacy by refining therapist coaching. Overall, our findings emphasize the importance of personalized, early evidence-based parenting intervention for children with CU traits, and policies promoting their increased use.

Paper 3: Parenting stress as a mediator of improved outcomes with Parent-Child Interaction Therapy for children with heterogeneous conduct problems

Background: Parenting stress is implicated in the use of dysfunctional parenting practices, parent-child attachment problems, and child conduct problems (CP). Research shows that parenting stress is significantly higher among children with CP than healthy controls, and greatest for children with co-occurring Callous-Unemotional (CU) traits, presenting with limited prosocial emotions. These children show early-onset, persistent, aggressive CP that fail to normalise with treatment, and further exacerbate parenting stress. Targeted treatments for children with CP+CU focus on reducing parenting stress, yet longitudinal treatment research has not yet investigated whether they reduce stress levels, and whether this mediates changes in CP and CU outcomes.

Methods: We collected longitudinal data from parents and their 2-7-year-old children clinic-referred for CP. At pre-treatment, parents completed questionnaires about their stress levels using the Parenting Stress Index – Short Form (PSI-SF), and about their child's level of CP and CU traits. Eligible families were then invited to participate in a parent management training program, either Parent-Child Interaction Therapy (PCIT) or PCIT adapted to target the needs of children with CU traits (PCIT-CU). After treatment ended, families returned to complete a post-treatment assessment, where they repeated measures of parenting stress, and child CP and CU traits. We examined differences between children with and without CU traits in parenting stress at pre-treatment and post-treatment, controlling for child age and treatment type. We further examined whether parenting stress improved following treatment using linear mixed modelling, and whether improvements in parenting stress mediated changes in child outcomes.

Findings: We found that at pre-treatment, mothers of children with CP+CU reported experiencing higher parenting stress related to dysfunctional parent-child interactions than mothers of children with CP-only. However, we found no group differences for fathers. Promisingly, parenting stress significantly improved for both mothers and fathers following treatment completion. For mothers, there was a greater magnitude of improvement in parenting stress for the CP+CU group than the CP-only group. Regarding treatment outcomes, CP groups no longer significantly differed in their parenting stress levels at post-treatment. Critically, decreases in total parenting stress levels from pre-treatment to post-treatment partially mediated decreases in children's CP and CU traits.

Implications: Our findings suggest that parenting stress may be a mechanism through which CP and CU traits develop and maintain, highlighting the importance of prevention and early intervention in order to promote children's social and behavioural wellbeing. However, parenting stress is not commonly a direct treatment target of gold-standard parent training treatments for child CP. Our findings support the use of targeted interventions aimed at improving outcomes for children with CP+CU, who begin and end treatments with more severe CP, by enhancing existing treatments to more adequately address parenting stress.

Paper 4: Co-production of Parent-Child Interaction Therapy (PCIT) delivered in the school setting with teacher involvement

Background: Despite decades of empirical support, the clinical utility of Parent Training (PT) in Australia is hamstrung by poor community availability, accessibility, and acceptability. School interventions offer a solution to access-to-care barriers. Within Australia, these interventions for students with conduct problems involve a multi-tiered system of positive behaviour interventions and supports, providing support at universal/Tier 1, selective/Tier 2, and indicated/Tier 3 levels. While state-funded initiatives in NSW, Victoria, and Queensland provide group PT (Tier 2), they do not provide more intense, individually-delivered PT for students with clinically significant conduct problems. This study aimed to co-produce a Tier 3 school adaptation of Parent-Child Interaction Therapy (PCIT).

Methods: We undertook the co-production process with a network of seven educational institutions in South-West Sydney, NSW, Australia. Co-production of a school-based adaptation of the evidence-based, individually-delivered PCIT program involved six distinct steps. First, we conducted an evidence review of school-based interventions for students with conduct problems in NSW. Second, we consulted with our network of school partners ('stakeholders') to co-develop the aims and design of the project. Third, we co-produced a research protocol. Fourth, we tested the research protocol by piloting the first iteration of School PCIT with student Cohort 1 (N = 27) recruited from each of the partner schools, assessing intervention feasibility and efficacy. Fifth, we elicited stakeholder feedback on this feasibility trial, incorporating it into a co-modified research protocol. Finally, we tested the co-modified research protocol by piloting the second iteration of School-based PCIT with student Cohort 2 (N = 42), assessing intervention acceptability and efficacy.

Findings: The results of the feasibility pilot trial conducted in Step Four indicated that the School PCIT adaptation co-produced in Steps One, Two, and Three was feasible, with adequate rates of recruitment, retention, and parent-rated satisfaction. Completing School PCIT produced meaningful improvement in parent-rated conduct problems, but results were less promising for teacher-rated outcomes. Stakeholder consultations conducted in Step Five revealed two key themes: Stakeholders wanted to be more involved in the project and wanted the project to incorporate teacher capacity building. Accordingly, we co-modified the

research protocol to expand stakeholders' administrative role, as well as incorporate both universal and targeted teacher training into School PCIT. The results of the pilot trial conducted in Step Six indicated that completing School PCIT with teacher involvement produced meaningful improvement in parent- and teacher-rated conduct problems. A high attrition rate (59%) revealed some important barriers to acceptability (e.g., intensity/time commitment of PCIT), although most caregivers (84%) who started the program but dropped out before finishing rated their child in the normal range of functioning during their final appointment.

Implications: Our findings suggested that School-based PCIT was feasible and may thus have scope for improving the availability and accessibility of intensive, individually-delivered PT programs. When teachers were involved in the program, it resulted in meaningful improvement in both parent- and teacher-rated conduct problems. Accordingly, we tentatively conclude that our study supports the potential of School PCIT as an indicated/Tier 3 PT program offered by Australian primary schools in a suite of existing tiered services for children with conduct problems. Critically, our project highlighted some important facilitators and barriers to the implementation, sustainability, and scalability of School PCIT, which are important directions for future research.

Subtheme: Enhancing reach and implementation

Keywords: Child mental health, Dissemination and scaling-up, Early childhood, Evidence-based interventions, Intervention outcomes, Measurement, Parent-child relationship, Parenting practices / style, Program adaptation

SYMPOSIUM: Parenting attitudes and beliefs towards children

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Paper 1: An environmental legacy: Parents' unsustainable behaviour and cognitive dissonance

Background: Current estimates suggest that over 80% of Australians believe climate change is important and needs to be addressed. Parents' emissions of greenhouse gasses increase after having children, and typically never return to pre-child levels during parenthood. Limited studies have examined parents' experience of cognitive dissonance, that is, the feeling of internal discomfort arising when beliefs do not align with behaviours, and consumption habits. The current study aimed to examine parents' experience of cognitive dissonance related to their pro-environmental behaviours.

Methods: The current study conducted a qualitative survey of 249 Australian parents via Prolific. Using several open-ended questions, we asked parents their views on the environment, how their views and pro-environmental behaviours have changed since having children, what situations have engendered cognitive dissonance, and how the hypocrisy of this may bother them.

Findings: Preliminary results suggest most parents sampled care about the environment. Many parents discussed the importance of preserving the environment for future generations and also how they may not be doing as much to reduce their impact as they would like to. Interestingly, parents stated things that generally aroused the most cognitive dissonance were visually confronting, such as food waste and nappies.

Implications: Campaigns and family-centric environmental policies that promote sustainable living—such as food waste reduction and incentives for reusable nappies—may facilitate parents' engagement. Longitudinal research should investigate the specific factors leading to behavioural changes among parents after having children. Educational programs, workshops, and community events can empower parents with the knowledge and tools needed to reduce their environmental impact, like meal planning to reduce food waste.

Disclosure: This project was funded by Deakin University.

Paper 2: Longitudinal associations between Chinese migration status and parent emotion socialisation beliefs and practices in Australian families

Background: How parents' beliefs about emotions shape children's emotion development and mental health has been predominantly studied in Western cultures (e.g., United States, Australia). Limited studies have examined these associations in Chinese families migrating to Western countries. The current study aimed to investigate associations between migration status, i.e., comparing Chinese migrant families to non-migrant families in Australia, and later parent emotion socialisation beliefs.

Methods: Data were from two online longitudinal studies of parents of children 4-12 years conducted in Australia, involving Chinese migrant parents (N=329) and Australian parents (N=468). Parents completed self-report surveys online. Multivariate regression models were tested via Stata.

Findings: Chinese migrant parents reported lower levels of the value of anger belief, and higher levels of the belief that children use emotions to manipulate others, children can control their emotions, and children should have autonomy over managing emotions. Chinese migrant parents' belief that children use emotions to manipulate others was associated with higher levels of children's conduct problems, while controlling for prior conduct problems.

Implications: Our findings reflect differences in cultural norms, where Chinese parents who strongly hold Chinese collectivist values are less likely to endorse children's emotion expression, compared to Western parents who place greater emphasis on individual expression. Migrating to a foreign country can be stressful due to these cultural differences. As such, Chinese migrant parents should be offered tailored, culturally sensitive parenting support after their migration to a new country.

Disclosure: This project was funded by Deakin University.

Paper 3: The Role of Contextual Factors in Shaping Parents' Beliefs about Children's Emotions

Background: Children's emotion competence is shaped by parents' emotion socialisation processes, including parents' beliefs about children's emotions. Parents' beliefs about children's emotions refer to any belief parents hold related to children's emotion competence, such as the value of emotions, and how they should be managed and expressed. Evidence suggests that contextual, parent, and child factors shape parents' emotion socialization. We aimed to investigate whether parent/child gender and child age moderated parents' beliefs about children's emotions.

Methods: Participants were drawn from a longitudinal cohort study of parenting and child emotion development. The sample consisted of N=1794 parents (33% fathers) of children aged 1-9 years. Parents completed online self-report surveys in 2019 and 2020. Using Stata, several univariate and multivariate regression models with interactions were tested.

Findings: Compared to mothers, fathers reported lower levels of emotion coaching beliefs, and higher levels of emotion dismissing beliefs. Parents of toddlers (i.e., aged 1-3 years) were less likely to endorse certain emotion dismissing beliefs, i.e., that children can control their emotions by themselves, and children should have autonomy over managing emotions, compared to parents of children aged 4-9 years.

Implications: Our findings suggest that certain parent beliefs about children's emotions are shaped by children's developmental age, and parents understand that toddlers have less ability to control their emotions independently. Our findings also provide evidence that fathers are at greater risk for maladaptive emotion socialisation. As such, fathers should be targeted for emotion-focused parenting support.

Subtheme: Parenting, child health and development

Keywords: Cultural diversity, Parent-child relationship, Parental wellbeing, Parenting practices / style

SYMPOSIUM: Mechanisms and predictors of parents' emotion socialisation

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Paper 1: Latent transition analysis of parent emotion socialisation profiles

Background: Few studies have used a holistic, person-centred approach to identify distinctive profiles across multiple elements of parent socialisation, and their stability over time. The current study aimed to test (1) whether the same set of emotion socialisation profiles emerged at two separate time-points 12 months apart; (2) rates of parents moving between profiles over this time; and (3) predictors of movement between profiles.

Methods: Data collected in 2019 (N=869) and 2020 (N=567) were drawn from a longitudinal cohort study of multinational families. The current study included parents of children aged 4-10 years. We tested whether three emotion socialization profiles (emotion coaching, emotion disengaged, and emotion dismissing) remained evident 12 months later. Stability of the profiles from 2019 to 2020 was tested via a latent transition analysis. Using binary logistic regression, we tested whether parent, child, and contextual factors were associated with profile stability.

Findings: The 2019 profiles were evident in the 2020 data. The profiles were largely stable over time, with the majority (87%) assigned to the same profile at both timepoints. Overall, parents with an emotion coaching profile were least likely to change profile. Parents who changed from emotion coaching to disengaged or to dismissing reported higher levels of stress. There was some evidence that parents who changed from emotion coaching to dismissing also reported lower levels of psychological distress, although this effect was small.

Implications: Our findings suggest that emotion socialization profiles remain relatively stable over time. Parents' experience of stress/psychological distress may be a factor associated with less stability in their emotion socialisation. Our findings underscore the importance of offering parents support and education via evidence-based parenting programs, given that within a community sample, emotion dismissing or disengaged parents were unlikely to shift to emotion coaching organically. In future, person-centred emotion socialization studies with longitudinal data should focus on more diverse samples of parents.

Paper 2: Emotion socialisation in Chinese migrant families and its associations with children's emotional and psychological functioning: A systematic review

Background: The role of parents in shaping child emotion regulation has been extensively studied in Western countries (e.g., United States, Australia). However, Western studies tend to have predominantly white/Caucasian samples. Much less is known about associations in Chinese migrant families within Western countries, given cultural differences and possible migration stress. This systematic review aimed to determine the association between acculturation, parent emotion socialisation and child emotional and psychological functioning in Chinese migrant families in English-speaking countries.

Methods: We conducted a systematic search of three databases (APA PsycINFO, MEDLINE Complete, and CINAHL) for peer-reviewed English-language articles published between 1996-2024. Eight studies met the inclusion criteria and were included in the systematic review, representing 1,774 participants.

Findings: Five of eight studies (with combined N=759) showed evidence for an association between more supportive parent emotion socialisation (i.e., emotion coaching parent beliefs and parenting behaviours), and positive child psychological outcomes. In contrast, two studies (combined N =331) found no evidence for associations, and just one study (N =117) found an association between more maternal non-supportive reactions and higher child socio-emotional outcomes. One study also found a positive association between higher acculturation to Western culture and more supportive parent emotion socialisation.

Implications: We found moderate evidence for associations between Chinese migrant parents' supportive emotion socialisation and positive child emotional and psychological functioning. However, all studies were conducted in the United States with considerable variety in measurement, limiting comparisons. Further research with diverse samples/countries and consistent measurement would advance the field.

Disclosure: This project was funded by Deakin University.

Paper 3: Parent Emotion-Related Practices and Child Internalising and Externalising Problems: Longitudinal Associations via Child Emotion Regulation

Background: Parent emotion socialisation plays an important role in shaping child emotion development. There is strong evidence that parent emotion-related practices are associated with child mental health outcomes, and emerging evidence suggests that children's emotion regulation is an underlying mechanism that links parents' emotion-related parenting practices to children's internalising problems. However, there has been a paucity of longitudinal research to test the nature and direction of these associations. The current study aimed to: 1) investigate whether child emotion regulation mediated longitudinal associations between emotion-related parenting practices (i.e., emotion coaching and emotion dismissing parenting) and children's internalising and externalising problems; and 2) test whether associations varied by child age.

Methods: The current study used parent-report data collected from a longitudinal cohort study, the Child and Parent Emotion Study (CAPES), over three annual time-points. Parents (N=718) of children aged 4-11 years completed online surveys (in 2020, 2021, 2022). We tested mediation using structural equation modelling, controlling for covariates (e.g., gender) and prior influence of children's negative affect/reactivity and mental health. Models were run overall, and then stratified by child age groups. The most rigorous way to test mediation is via autoregressive effects that account for prior levels of parenting and child mental health problems. Thus, we controlled for the influence of child age and gender, parent gender, COVID-19 stressors, parent income and education. Further, we accounted for autoregressive effects of child internalising and externalising problems at Time 2 (2021). We also included child temperament, i.e., negative affect and reactivity, at Time 1 (2020) in our adjusted autoregressive models.

Findings: Child emotion regulation mediated associations between emotion coaching and dismissing parenting and child internalising and externalising problems. For children aged 4-7 years, these associations remained for emotion coaching only; and for children aged 8-11 years, associations remained for emotion dismissing only. In models that controlled for prior levels of children's negative affect/reactivity and mental health outcomes, indirect effects attenuated to nonsignificant.

Implications: Our study extends existing research and theory by drawing on rigorous longitudinal models to test the nature and direction of associations between emotion-related parenting practices, child emotion regulation, and child internalising and externalising problems. Findings provide further evidence that parents who respond to children's negative emotions with emotion coaching practices facilitate children's adaptive emotion regulation strategies, which in turn reduces children's risk for internalising and externalising problems. On the other hand, parents' emotion dismissing practices are associated with children's emotion regulation difficulties, resulting in higher levels of internalising and externalising problems. These findings highlight the need to provide parents support in order to reduce children's long-term mental health issues. Our findings also suggest that parents struggle to respond to their children's emotions with validation and empathy as their children become older. Parenting support and education should be provided to parents of children transitioning to puberty.

Disclosure: This project was funded by Deakin University.

Paper 4: Momentary Assessment of Parent and Child Emotion Regulation to Inform the Design of a New Emotion-Focused Parenting App

Background: Parenting programs show strong evidence for improving parent and child mental health, however, their population reach in Australia has been extremely low (<10%). Generic online interventions have failed to significantly improve population reach, but online ecological momentary interventions tailored towards end-users have been shown to benefit reach in adult mental and public health contexts. The current study sought to inform the development of an emotion-focused parenting program designed to provide in-the-moment parenting support.

Methods: Australian parents of children aged 2-4 years (N=89, mean age 36) were enrolled in an ecological momentary assessment survey platform and asked to download the associated smartphone app, after which participants were prompted to complete a 1-minute survey five times per day over a 7-day period. The 1-minute survey asked participants about their and their child's in-the-moment emotion dysregulation and negative affect, as well as any recent difficult parenting situations.

Findings: Results provided evidence that a very brief survey (6 items of 19 tested) could measure in-the-moment parent and child negative affect and emotion dysregulation, based on sensitivity, relevance, alignment, frequency, and validity. In-the-moment parent and child negative affect and emotion dysregulation varied across situations and time of day. Findings showed an overall response rate of 81%, with participant engagement highest at 7:30am and 7:30pm. Parent/child dysregulation was heightened during evenings and parenting situations elicited differing levels of dysregulation in children and parents.

Implications: The current study extends the literature regarding the impact of ecological momentary association on population reach to a parenting context. The results suggest that employing short, targeted surveys are effective at engaging parents. Furthermore, the results provide insight into when and why parents are likely to seek support, and the situations that were most distressing for parents and children. Ultimately, this study provides novel data that will inform how best to develop a parenting program that provides parents and children with flexible, in-the-moment parenting support.

Subtheme: Parenting, child health and development

Keywords: Child mental health, Cultural diversity, Evidence-based interventions, Measurement, Parenting practices / style

SYMPOSIUM: Using care navigation to support access to child and family services: New opportunities and challenges

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Care navigation models offer a client-centred approach to supporting clients to connect with appropriate health and community-care services. The first care navigation program was initiated in 1990 at Harlem Hospital Center in New York to facilitate integrated cancer care. Since then, care navigation models have been applied with a range of other populations, health conditions, and settings - including children, parents, and families. While there is great variation between care navigation models, common to all is a ,;navigator,; (sometimes referred to as a community linker, or care manager) who connects clients to available services, and fosters health literacy and self-management through education, capacity building, and support. The aim of this symposium will be to demonstrate ways in which care navigation models can be applied in the child and family context to connect families with timely and effective parenting support, and enhance outcomes for children and families. Discussant, Professor Valsamma Eapen, will open the symposium with an introduction to the concept, philosophy and aims of care navigation models. Paper 1 will report on the ForWhen service, an Australia-wide perinatal and infant mental health navigation service centring around a national phone-line and place-based clinical navigators. Paper 2 will describe the 'Watch Me Grow - Electronic' program, a novel 'digital' navigation model designed to support early childhood developmental screening and surveillance in community and primary health care settings. Paper 3 will focus on the 'First 2000 Days Care Connect' program, an integrated hub model for migrant women and their infants that provides physical hubs where health and social services are co-located, with shared referral pathways and care navigation. Paper 4 will introduce 'EPIC-CP', a co-designed social prescribing program involving non-health trained community 'linkers' who support the unmet social needs of families of children with cerebral palsy. After the four papers, Professor Valsamma Eapen will discuss key findings and facilitate a group discussion with the presenters about clinical, research, and policy implications.

Paper 1: Navigating new and expectant parents to mental health care support: Consumer perspectives about the national ForWhen service

Background: In Australia, 1 in 5 mothers and 1 in 10 fathers/partners experience mental health challenges in the perinatal period (conception to one year postpartum). Perinatal and infant mental health (PIMH) concerns must be addressed in a timely manner because of the well-documented deleterious impacts not only on the individual but also on the developing child and family relationships. In recent decades there have been great advances in public awareness and de-stigmatisation of PIMH, and in the implementation of universal depression screening and specialised perinatal mental health support services. Despite this, many new parents at significant risk of mental health challenges do not access the specialist mental health treatments that they need, in many cases due to the complexities of finding support within healthcare systems that are difficult to navigate, fragmented and siloed. PIMH care navigation provides a promising solution to this problem. Navigation services are designed to connect individuals with the resources and services they need, streamline the referral process, problem-solve around barriers, and reduce the burden of navigating a fragmented healthcare system. In the perinatal period, navigators can help new and expectant parents with personalised guidance and support to access appropriate mental health care, facilitating timely and effective intervention. In Australia, ForWhen is a new, federally funded, national care navigation service for parents/carers facing mental health challenges during pregnancy and until 12 months after birth. As the only known nation-wide and PIMH specific navigation service, both in Australia and internationally, the ForWhen service has undergone an extensive implementation and outcomes evaluation since its launch in February 2022. The aim of the current paper is to report findings from the qualitative component of the wider evaluation, to describe ForWhen service provision and outcomes.

Methods: This research was conducted in two phases. In phase 1, interviews were conducted with a series of clients (n=4) and navigators (n=4), with information obtained used to develop a series of de-identified 'case studies' to illustrate typical client presentations, services/care provided by the ForWhen navigator, and clinical

outccomes. In phase 2, semi-structured interviews and focus groups were conducted with ForWhen clients (n=15) and health care professionals who had engaged with the service (n=35), to explore experiences and perspectives of the ForWhen service. Interviews were transcribed and analysed qualitatively using a framework analysis approach.

Findings: Findings revealed high levels of satisfaction with the ForWhen service, with many highlighting the empathetic and personalised support provided by ForWhen Navigators. Clients valued having consistency of care and their Navigator advocating on their behalf, which facilitated their access to services. Health care professionals appreciated Navigators' clinical expertise in perinatal and infant mental health, and their collaborative approach which helped support the work of other services. Participants also identified several challenges, including limited and unequal availability of perinatal and infant mental health services around Australia, and the need to secure adequate resourcing as service demand continues to grow.

Implications: This study highlights the potential of a client navigation service to provide personalised care and enhance service utilisation among parents in need of PIMH support. The challenges identified in this study highlight a pressing need for increased resources within the broader PIMH service landscape in Australia, to ensure timely and accessible care for all families. ForWhen has the potential to improve PIMH outcomes

Paper 2: Watch me Grow-Electronic: Supporting digital developmental screening and surveillance in GP clinics and community settings

Background: Early intervention is the most promising avenue for improving child developmental outcomes and preparing children to start to school. However, significant challenges remain in the early identification of developmental disabilities in the community. For example, children from priority population (low income, regional/rural residence, culturally and linguistically diverse (CALD), Aboriginal) are at higher risk of experiencing developmental difficulties compared to general population and face multiple barriers to early identification of their developmental needs. Furthermore, uptake of developmental screening during toddlerhood is inadequate, with approximately 80% of families not engaging with developmental screens with toddlers aged 12 to 48 months old. Our objective was to evaluate Watch Me Grow- Electronic (WMG-E) as a digital tool for supporting uptake of developmental screening and navigation of support pathways for families with children identified with developmental concerns in an intervention compared to control group.

Methods: This study describes the experience of engaging parents/caregivers and health professionals with an innovative web-based tool (WMG-E) for developmental checks in two studies. A randomised controlled trial conducted with: i) families with young children (aged 0.5-3yo) from multicultural South-Western Sydney and regional/rural Murrumbidgee Local Health Districts; and ii) families with young children (aged 1.4-3yo) attending a participating General Practice in multicultural South-Western Sydney. In both studies the intervention group included caregivers that completed their child's developmental screens using the WMG-E tool and received i) a service navigator that linked families with the appropriate care, offering 'warm hand over' and continuity of care or ii) linked results with the child's General Practitioner to support appropriate follow-up and referral pathways (if appropriate). Caregivers in the control groups received routine care/service as usual. This qualitative study systematically sampled stakeholders who had participated in the larger trials. Semi-structured interviews were conducted in-person/online, audio-recorded, transcribed, de-identified, and coded using NVivo. Data were analysed thematically.

Findings: Most participants, including parents, accepted and accessed the WMG-E weblink and answered questions without difficulty. However, many factors shaped participants' experiences, including limited health and technical literacy, privacy concerns, clinician-parent relationships, trust in monitoring, reimbursement, fear and stigma. Despite these barriers, most participants agreed that the developmental screening via WMG-E could help detect parental and developmental concerns (e.g., autism, ADHD, delaying growth, speech delay) and produce positive (health) benefits, including special treatment, speech therapy, benefits from NDIS, and early interventions. Participants recommended some suggestions to optimise parents' experiences including advertising WMG-E to make parents aware of it, having additional information on WMG-E available at maternity clinics, and training clinicians for broader provision of WMG-E in additional settings to help reach "all" families regardless of their cultural/linguistic/geographic locations.

Implications: Providing an online screening tool (WMG-E) with automated results appears to support engagement with developmental screens. Caregivers found it feasible and acceptable to use in the preschool period and reported satisfaction with referral/linkage to relevant services. Ongoing work is underway to identify key components for the successful scale up of WMG-E for use in community settings.

Paper 3: Evaluation of an integrated child and family health hub for migrant women and their children

Background: Newly arrived migrant women, children and their families are often at-risk of poor health outcomes, facing barriers to health service attendance including cultural, language, limited health literacy, discrimination and unmet psychosocial needs. ,;Integrated health-social care hubs,; are physical hubs where health and social services are co-located, with shared referral pathways and care navigation. There is a dearth of evidence on the impact of Hubs and how to successfully establish and sustaining Hubs, which support service integration at a client and system level applicability, while maintaining relevance to migrant communities. Our project aimed to evaluate the impact, and implementation of the First 2000 Days Care Connect (FDCC) integrated hub model for migrant women and their infants.

Methods: This study had three components. Component 1 was a non-randomised controlled trial to compare the FDCC model of care with usual care. Pregnant migrant women were allocated to Hubs (n=119) or routine care (n=120), with allocation based on residential proximity to the Hubs. Mothers and their infant were followed until the child was 12 months of age. Outcome measures include: the proportion of children attending child and family health (CFH) nurse services and completing their CFH checks to 12 months of age; improved surveillance of growth and development in children up to 12 months, post partum; improved breastfeeding rates; reduced emergency department presentations; and improved maternal well-being. Data was collected using linked medical record data and surveys. Component 2 was a mixed-method implementation evaluation to clarify how and why FDCC was implemented within the sites to inform future roll-out guided by the Consolidated Framework for Implementation Research. Semi-structured interviews were conducted with service providers from health and social services (32 participants) and migrant and refugee parents (14 parents) of children who had accessed Hubs.

Findings: Compared to routine care, the Hub group demonstrated a more-than-four-fold higher rate of attendance at CFH nursing visits (12-month visit: adjusted relative risk: 4.68, 95% confidence interval: 2.48-8.84) and a two-fold increase in completion of maternal postnatal depression and psychosocial surveillance at visits. There was no difference in completion of infant surveillance between Hubs and routine care at visits. Implementation findings were organised as step-by-step building blocks needed to establish migrant and refugee family health and social care hubs. These include the establishment phase steps of buy-in and partnership development to foster collaboration between health and social services, Hub coordination and navigation activities that enhance a Hub's relevance for migrant and refugee families, and extended integration mechanisms, such as engagement of same language general practitioners.

Implications: There was a significant improvement in attendance of CFH nursing visits for migrant women and their infants attending Hubs compared to routine CFH nursing services. Completion of maternal surveillance was higher in Hubs. There are key building blocks required to successfully establish Hubs for migrant families. Hubs are important service models to be considered when addressing disparities in access to CFH services in order to optimise child health and development in the first 2000 days of a child's life.

Paper 4: EPIC-CP: a pilot feasibility randomised controlled trial of social prescribing to address the unmet social needs of families of children with cerebral palsy

Background: Children with cerebral palsy (CP) experience health inequities which have their origins in the social determinants of health. At an individual level, people experience adverse social determinants of health as "unmet social needs" (USN), for example, unsafe housing, inaccessible transport. "Social prescribing" is the term used to describe an intervention where USN are identified followed by a standardised response including provision of targeted community resources, and referral to a Community Linker. This pilot trial

aimed to evaluate the feasibility and acceptability of EPIC-CP- a novel, co-designed social prescribing program- to support the USN of families of children with CP.

Methods: This pilot feasibility randomised controlled trial (RCT) was conducted at the NSW Paediatric Rehabilitation Services (Sydney Children's Hospitals Network, John Hunter Children's Hospital) between April 2023-ongoing. Standardized screening for USN was implemented within outpatient services of the study sites. Parents/caregivers of children (aged 0-18 years) with CP were invited to complete a modified WECARE tool to self-identify USN. Those reporting USN were invited to enrol in the EPIC-CP pilot RCT. Following informed consent, participants were randomised to receive a resource pack (enhanced usual care) or resource pack plus Community Linker (social prescribing intervention). The Community Linker is a non-medical personnel that provides practical, hands-on support (minimum: 3-month intervention period). Outcomes were collected at baseline, 3-months, and 6-months including USN (modified WECARE), bespoke feasibility and acceptability questionnaire, bespoke service use questionnaire, parent/carer psychological distress (Kessler-6), and parent/carer and child quality of life (PROMIS).

Findings: Between April 2023-October 2024, 90.4% of approached parents/caregivers completed the standardised tool for self-identification of USN (n=637/705). Of which, 58.9% reported wanting help with one or more USN (n=375/637). Of those reporting USNs, 77.6% were interested in hearing more about the research (n=291/375). Participant recruitment ceased in October 2024, with 104 parents/caregivers enrolled in the trial- 54 social prescribing intervention group and 50 enhanced usual care group. Those enrolled reported experiencing the following USN: government benefits and vouchers (79.8%); childcare/schooling (46.2%); bills (42.3%); transport (39.4%); food (30.8%); and housing (28.9). Preliminary data has found that 83% (n=45/54) of participants were satisfied with their allocated intervention (93% social prescribing; 74% enhanced usual care) and 96% (n=52/54) would recommend their allocated intervention to other parents of children with CP (96% social prescribing; 93% enhanced usual care). Mixed methods data collection is ongoing until April 2025.

Implications: This pilot RCT highlights the high prevalence and types of USN reported by families attending outpatient CP services, emphasising the complex needs of families. It also demonstrates the high feasibility and acceptability of implementing standardised screening for USN within the clinical setting. Preliminary data suggests high feasibility of both interventions. These interventions may be beneficial to children with other chronic and complex health conditions. A future large scale RCT is needed to evaluate the effectiveness of social prescribing including long-term outcomes and implications for families and health services alike.

Subtheme: Contemporary trends in parenting support

Keywords: Child wellbeing, Early childhood, Implementation, Intervention outcomes

SYMPOSIUM: Enhancing reach and implementation through Action Circles

Dr Carys Chainey (The University of Queensland)[*1], Ms Sarah Little (The University of Queensland)[*2], A/Prof Trevor Mazzucchelli (Curtin University)[*4], Dr Jenna McWilliam (The University of Queensland)[*3]

Many of our world's most intractable problems have been studied extensively, and evidence-based solutions have been developed to address these problems. However, translating this knowledge in practical action that actually benefits children and families can be very difficult. The scale of the challenges can seem overwhelming. Problems such as how we can promote healthy development, reduce family violence and child maltreatment, prevent youth offending, or create sustainable communities are so daunting it is hard to know where to begin. The Action Circles model is designed to narrow the focus on these problems and build on a foundation of gradual, incremental change. This symposium provides four specific case examples where the Action Circle methodology has been used to increase the research, policy and social impact of evidence-based parenting support. The first paper presented by Dr Carys Chainey introduces the establishment of the Parenting and Family Research Alliance (PAFRA), and how the Alliance has applied Action Circle methods in developing its strategic plan and associated activities to advance the field of evidence- based parenting support. The second paper presented by Ms Sarah Little describes the progress and learnings from an Action Circle advocating for an evidence-based approach to Youth Justice reform. The third paper presented by Dr Jenna McWilliam showcases how the Implementation Support team of Triple P International developed an action plan to more effectively support organisations and practitioners delivering evidence-based parenting services. The final presentation by Associate Professor Trevor Mazzucchelli discusses the use of Action Circles to address policy anomalies created for parenting programs as a result of the introduction of the National Disability Insurance Scheme. Learnings and implications for future use of Action Circles arising from these applications will be discussed.

Paper 1: Advancing parenting and family science through PAFRA's Action Circles

Background: The Parenting and Family Research Alliance (PAFRA) was established to collectively advocate for improved access to evidence-based parenting supports (EBPS) across Australia. Bringing together leading researchers in parenting and family science, PAFRA provides a platform for coordinated efforts to address critical challenges in the field. Recognising the need for targeted, collaborative action, PAFRA introduced Action Circles (ACs) to work on discrete priority areas. These ACs harness the collective expertise, networks, and resources of PAFRA's members to drive impact and advance the field of parenting and family science.

Methods: Action Circles allow PAFRA members to lead initiatives on specific challenges, drawing on the collective strength of the group. ACs have addressed a wide range of policy issues, including advocating for increased government funding of parenting programs through Medicare, addressing funding anomalies for parenting programs under the National Disability Insurance Scheme, and promoting legislative changes to end corporal punishment of children. ACs have also focused on family-centred approaches to youth justice, advocating for research funding for parenting science, and increasing governmental support for implementing EBPS. To provide guidance to the EBPS field, ACs have developed a plan for a scoping review of online parenting resources, scoped the feasibility of a comprehensive list of evidence-based parenting supports, and contributed to the creation of PAFRA's strategic plan.

Findings: Action Circles have proven effective in advancing PAFRA's advocacy and strategic objectives. They have contributed to debates on parenting program funding, corporal punishment, and youth justice reform, and have strengthened the EBPS field by providing evidence-based guidance on increasing reach and accessibility. ACs have also been instrumental in shaping PAFRA's strategic plan, which focuses on four pillars: Policy and Advocacy, Professional Education, Parent and Community Engagement, and Research Capability and Development. This collaborative structure fosters innovation, leadership, and cross-disciplinary learning, enabling PAFRA to achieve tangible outcomes in both policy and practice.

Implications: The introduction of Action Circles represents a significant innovation in how PAFRA advances parenting and family science. By targeting key priority areas, ACs maximise the collective expertise of PAFRA members and external collaborators, driving meaningful change. The model promotes collaboration, empowers members to lead, and amplifies PAFRA's capacity to advocate for evidence-based parenting supports. This approach not only addresses immediate challenges but also establishes a sustainable framework for continued progress in research, advocacy, and practice in the field.

Paper 2: The Australian Youth Justice Action Circle: Interdisciplinary advocacy for evidence-based youth justice

Background: Youth justice in Australia poses substantial challenges, with punitive approaches such as child detention proving ineffective in addressing the root causes of youth crime. These measures often exacerbate vulnerabilities and perpetuate lifelong cycles of disadvantage, raising concerns about human rights and Australia's international obligations. Recognising these issues, the Australian Youth Justice Action Circle was convened under the auspices of the Parenting and Family Research Alliance (PAFRA). This initiative unites experts across disciplines to advocate for evidence-based, family- and community-focused solutions that prioritise prevention and rehabilitation over punishment.

Methods: The Action Circle adopts a multidisciplinary approach, bringing together experts in crime prevention, public health, child development, and economics. Guided by evidence from trusted clearinghouses, it advocates for targeted strategies to address systemic and individual factors underlying youth crime. Recent activities include a submission to the Australian Senate inquiry on youth justice and incarceration, advocating for preventative measures. The Action Circle is also developing a comprehensive position paper to be published in an academic journal. This paper synthesises research and presents actionable recommendations for reform, which will be disseminated to policymakers, practitioners, and community stakeholders.

Findings: The Senate submission and the forthcoming position paper both highlight the limitations of punitive systems and the benefits of preventative approaches that engage families and communities. While the submission aimed to influence parliamentary debate, the position paper provides a broader, more detailed roadmap for systemic reform. By integrating insights from multiple disciplines, the paper presents cost-effective strategies that reduce reoffending, address the root causes of crime, and protect young people's rights.

Implications: The position paper and Senate submission represents critical tools for driving evidence-based reform in Australia's youth justice system. Their dissemination to key stakeholders, alongside publication in an academic journal, is expected to catalyse change at multiple levels. By championing prevention and family- and community-based strategies, the Action Circle is laying the foundation for a justice system that prioritises young people's well-being, aligns with international human rights obligations, and contributes to safer, more equitable communities.

Paper 3: Action Circle to Enhance Practitioner Support for Delivering Evidence-Based Parenting Programs

Background: Evidence-based parenting programs, such as Triple P, have a transformative impact on the lives of children and families (Sanders et al., 2014). Practitioners play a central role in reaching families, delivering the program with fidelity and supporting families to achieve positive outcomes. Research highlights critical factors influencing practitioners' effectiveness: the ability to begin delivering programs within a year of accreditation, building confidence and skills, and adhering to delivery fidelity (Berry et al., 2022). Despite these insights, practitioners still need to overcome significant barriers during implementation.

Methods: Over the last 10 years Triple P International has actively supported organisations and communities using the Triple P Implementation Framework (McWilliam et al., 2016). Using this Framework, accredited Implementation Consultants help implementers at an organizational and community level incorporate this practice and achieve their intended outcomes. To complement and extend this work, an action circle was established to explore the journey that practitioners take to implement Triple P, and to identify how to enhance the support practitioners receive, particularly to: - Map practitioners' journeys from their initial interest in Triple P to program delivery, - identify gaps between their experiences and evidence-based best practices, and - pinpoint actionable strategies to bridge these gaps and support outcome achievement.

Findings: This presentation will detail the action circle's approach, key findings regarding the challenges and opportunities practitioners face during all the implementation phases of Triple P, and actionable recommendations for strengthening practitioner readiness, enhancing their confidence, and improving program delivery fidelity.

Implications: By understanding practitioners' journeys and addressing critical implementation factors, we can significantly enhance their confidence, skills, and overall effectiveness in delivering evidence-based parenting programs. This, in turn, amplifies the programs' impact on families and communities, fostering positive outcomes for children's development and well-being. Beyond these immediate benefits, addressing these factors also strengthens the bridge between research and practice, ensuring that evidence-based interventions are effectively implemented in real-world settings. Furthermore, optimizing practitioner support maximizes the return on resources invested in the initial setup of parenting programs by ensuring their long-term sustainability and scalability. By prioritizing practitioner readiness and fidelity in program delivery, we can not only achieve more significant and enduring results but also build a foundation for the consistent and equitable delivery of parenting interventions across diverse settings. These implications highlight the importance of continued investment in practitioner support as a critical component of successful program implementation.

Disclosure: The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licenced by UniQuest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. McWilliams is an Honarary Research Fellow at UQ and employed by Triple P.

Paper 4: Leveraging Action Circles to Advocate for Families of Children with Disabilities

Background: The National Disability Insurance Scheme (NDIS) represents a significant shift in disability support in Australia, enabling personalised funding for services. However, evidence-based parenting programs, critical for supporting families of children with developmental disabilities, are often excluded due to policy ambiguities and systemic barriers. These programs, shown to enhance family wellbeing and child development, face challenges in recognition and implementation within the NDIS framework.

Methods: The Family Research Alliance (PAFRA) used the Action Circles framework to address these challenges. This structured collective action approach facilitated the identification of key policy gaps, collaboration across stakeholders, and the development of evidence-based recommendations. Advocacy efforts included submissions to the NDIS review and the Department of Social Services, publications in scientific journals, and articles in the print and online news, highlighting the importance of parenting programs as supports for families with disability.

Findings: The Action Circles successfully identified barriers to accessing parenting programs within the NDIS and proposed targeted policy reforms. Key outcomes included recommendations for clearer funding

guidelines, practitioner training to deliver evidence-based programs, and strategies to improve accessibility for families in underserved communities. These efforts have influenced ongoing discussions about NDIS policy improvements.

Implications: This case study illustrates the potential of Action Circles to address systemic policy gaps, demonstrating their utility in bridging research, practice, and policy. By advocating for the inclusion of parenting programs within NDIS supports, the initiative has highlighted pathways to enhance family wellbeing and optimise child development outcomes. The findings underscore the importance of collaborative frameworks for advancing social policy and implementation science.

Subtheme: Enhancing reach and implementation

Keywords: Child wellbeing, Dissemination and scaling-up, Parental wellbeing

SYMPOSIUM: How a school-based, low-intensity, evidence-based parenting program can enhance the well-being of children and families and the home-school partnership: Findings from a cluster randomised trial in Australian primary schools

Prof Christopher Boyle (The University of Adelaide)[*1,2,3,4], Dr Julie Hodges (The University of Queensland)[*1,2,3], Mr Tianyi Ma (The University of Queensland)[*1,2,3], Prof Matthew Sanders (The University of Queensland)[*1,2,3]

The COVID-19 pandemic resulted in increased levels of anxiety, depression, conduct problems, and challenges with school attendance in children and increased workload, stress, burnout in teachers. The school systems are under prepared to protect the mental health and wellbeing of students and teachers. One of the effective strategies would be working collaboratively with parents who also have strong impact on children's learning and wellbeing. Evidence-based parenting program delivered through schools provided an excellent opportunity to involve parents to work together. This symposium presents the original trial findings from one large-scale evaluations of a variant of the Triple P – Positive Parenting Program, the Seminar series targeting parents of 0-12-year-old children in Australian Schools. The evaluation applied a randomised stepped-wedge design involving 380 schools in Queensland, South Australia, and Victoria. Specifically, the first study, presented by Professor Boyle reports on the background and methodology of the cluster randomised trial. Also, quantitative findings on the parenting and child mental health outcomes will be reported. Small to medium intervention effects were found on a diverse range of child and family outcomes. The second study, presented by Dr Hodges will explore the spillover effects of delivering parenting programs in schools on the home-school partnership. Findings from mechanism of change analysis will also be reported. The third study, presented by Mr Ma shares the findings of a subsequent analysis exploring differential outcomes in families following the intervention. Through Latent Transition Analysis, family profiles were identified and post-intervention transitions across profiles were recorded. A discussion will be held by Professor Matthew Sanders.

Paper 1: Evaluating the effectiveness of a Triple P seminar series in Australian primary schools: Findings from a cluster randomised trial

Background: Following the COVID-19 pandemic, children experienced heightened levels of mental health challenges e.g., anxiety and school refusal. This posed challenges to not only families, but also to schools. Given the widespread nature of the challenges, an integrated public health model of intervention was required to address the problems and to safeguard the mental health and wellbeing of children. The Thriving Kids and Parents seminar series is a low-intensity, prevention-focused program that is based on the Triple P system of programs.

Methods: The evaluation employed an Incomplete Batched Stepped Wedge Cluster Randomised Trial Design, involving 380 Australian primary schools. The Thriving Kids and Parents seminar series included three seminars: "The Power of Positive Parenting", "Helping Your Child to Manage Anxiety", and "Keeping your Child Safe from Bullying". Over 900 parents completed measures about a wide range of child and family outcomes at baseline, six weeks post baseline, and 12 weeks after baseline. Data were analysed using a latent growth curve modelling approach.

Findings: Significant intervention effects were identified across a wide range of child and family outcomes such as child social, emotional, and behavioural adjustment, depression, anxiety, parental self-regulation, and parenting practices with small to medium effect sizes. Parents also reported high levels of satisfaction with the seminar series. Systematic replication of intervention effects was achieved in all outcomes. Moderator analysis suggested that the improvements can be attribute to seminar attendance.

Implications: This study is the first large-scale, multi-site randomised controlled trial of a newly developed Triple P seminar series tailored for the schools. The findings from this project will extend the current knowledge of the effectiveness of brief, low intensity, universally offered, prevention-focused, evidence-based parenting support seminars series that was tailored to address school priorities.

the Australian Research Council's Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025). The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioral Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. TPI had no involvement in the study design, or analysis or interpretation of data. Sanders is an author of the seminars to be trialled. Sanders currently receive royalties and consultation fee from TPI. Sanders, Ma, and Hodges are employees at UQ. Ma is also a student at UQ. The other authors declare have no competing interests.

Paper 2: Getting parents and schools on the same page: Examining the spillover effects of school-based implementation of evidence-based parenting program

Background: High-quality partnerships between families and schools can bring enormous benefits to the development, learning, and wellbeing of children. Although the central role of parental self-regulation has been identified in the literature for decades, most efforts on promoting the home-school partnership have been put in creating opportunities for parents and teachers to meet and collaborate, rather than building parents' capacity in collaboration. Evidence-based parenting programs could be effective in promoting parental self-regulation, which can in turn enhance the partnership between parents and schools. However, this has not been empirically examined.

Methods: Utilising the data from the above-mentioned cluster randomised trial of Triple P seminar series in Australian primary schools, we investigated the intervention effects on five key dimensions of the home-school partnership, namely home-based involvement, school-based involvement, parent-teacher communication, parent-school involvement, and working with the community. Parental self-regulation was tested as the mechanism of change through random-intercept cross-lagged panel models (RE-CLPMs). Structured interviews with school staff, were conducted to provide additional insight into the issue.

Findings: Post-intervention, we observed enhanced parent-teacher communication and school-based involvement with small to medium effects. Systematic replication was achieved in all intervention groups. The post-intervention rates of change in parents' self-regulatory capacity were associated with the rates of change in these two home-school partnership dimensions. School staff identified that providing parents and school staff with a shared set of strategies and common language was helpful in strengthening the partnership between a child's home and their school to best support their learning and wellbeing.

Implications: This study provided evidence that the delivery of evidence-based parenting programs in the school setting can produce benefits to not only its program targets, but also to the partnership between parents and schools. This study highlighted the importance of providing school staff and parents with shared strategies and shared goals to achieve the best outcomes in children.

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Paper 3: Understanding the Variability in Parents' Responses to School-based Delivery of an Evidence-based Parenting Program: Profiles and Intervention-related Transitions

Background: Evidence-based parenting programs represent the best opportunity to prevent and treat childhood mental health problems. However, significant heterogeneity is often observed in parents' responses to parenting interventions, and conventional statistical methods do not allow for the clear examination of differential responses to intervention. Using data from a school-based cluster randomised trial of a low-intensity parenting program, the Triple P seminar series, this study aimed to explore variabilities in parents' outcomes through latent transition analysis.

Methods: Data were collected from 912 parents of children (4-13 years old; 50.2% girls) attending 160 primary schools in Australia on three occasions. Our model included indicators of direct intervention targets, namely children's emotional, behavioural, and peer relationship problems and parental self-regulation, as well as indicators of the quality of the home-school partnership. We estimated a three-wave model, and a two-wave model to evaluate the impact of intervention attendance on profile transitions.

Findings: We identified four distinct parent profiles with consistent characteristics across the three assessment times, namely proactive, adequate, help-seeking, and disengaged groups. Moderate levels of post-intervention improvements in terms of transitioning to more desirable profiles were observed. The intervention was found to be associated with significant prevention effects for parents from the proactive and adequate profiles, while parents who identified as help-seeking prior to the intervention were more likely to transit to more desirable profiles.

Implications: Our study found notable variabilities in parents' responses to a school-based, preventive, evidence-based parenting program. Parents with the help-seeking profile at the baseline experienced the greatest benefits. This study stressed the importance of future research to study factors influence the effectiveness of different types of the interventions (e.g., intensity, delivery modality, theoretical framework).

Subtheme: Enhancing reach and implementation

Keywords: Child wellbeing, Evidence-based interventions, Intervention outcomes, Population health approaches, Program evaluation

SYMPOSIUM: Restacking the Odds: Facilitating data-based decision-making to enable equitable delivery of early childhood parenting supports and programs

Dr Caitlin Macmillan (Murdoch Children's Research Institute)[*1,2,3,4], Dr Ruth Beatson (Murdoch Children's Research Institute)[*1,2,3], Dr Gemma Davy (Murdoch Children's Research Institute)[*1,2,3], Ms Olivia Hilton (Murdoch Children's Research Institute)[1,2,3], Dr Carly Molloy (North Western Melbourne Primary Health Network)[1,2], Ms Julia Mayes (Murdoch Children's Research Institute)[3], Ms Danielle Bennett (PALO IT)[3], Dr Karen Villanueva (RMIT University)[2], Dr Wan Yi Lee (Murdoch Children's Research Institute)[2], Dr Shauna Sherker (Murdoch Children's Research Institute)[2], Mr Christopher Harrop (Bain and Company)[1,2], Mr Nicholas Perini (Coaxial Ventures)[1,2], Prof Sharon Goldfeld (Murdoch Children's Research Institute, Royal Children's Hospital, Melbourne University)[1,2,3]

Restacking the Odds (RSTO) has developed a suite of evidence-based lead indicator frameworks across five early years strategies to support monitoring and evaluation of quality, quantity and participation. However, service providers experience a number of barriers preventing on going use of lead indicators to support continuous improvement efforts. In this symposium the indicators, and parenting program providers' reported barriers and enablers to indicator use are discussed. Then, the design and implementation of a scalable, evidence-based, purpose built program to address barriers and leverage enablers, is discussed.

Paper 1: Using lead indicators to drive equitable early years service quality, quantity, and participation

Background: About one third of Australian children are disproportionately affected by inequities in early childhood service delivery, leading to differential outcomes across the lifespan. A range of early years services are available to families, five of which have accumulative benefit: antenatal care (ANC), nurse home visiting (NHV), parenting programs (PPs), early childhood education and care (ECEC), and early primary school. Children experiencing adversity are less likely than others to receive quality services, compromising best intentions to achieve equity. Currently, improvement efforts rely on outcome or lag indicators that do not allow timely responding and correction. Lead indicators offer a solution.

Methods: Restacking the Odds (RSTO) developed a suite of evidence-based lead indicator frameworks across five early years strategies to support monitoring and evaluation of quality, quantity and participation. Restricted systematic reviews were conducted to inform development of lead indicators linked to child outcomes. Additionally, national and international best-practice guidelines and existing state-based quality frameworks were reviewed, and experts consulted. Within participating communities (n=7), relevant early years services were contacted and invited to participate. For ECEC in very large communities (LGA), a stratified random sample were contacted and invited to participate. Across strategies, participation rates were very high, reaching 100% in multiple communities. After consent was obtained, data was extracted at the service-level. This was completed by services or by the RSTO team if service capacity hindered participation. Indicators were populated, translated, and presented via a seminar and report back to the services and communities (e.g., place-based initiatives, local governments).

Findings: Prior to RSTO, no participating services were using lead indicators. RSTO needed to identify data access and extraction pathways. Many indicators could be calculated using electronic data, others required resource-intensive manual extraction. Purpose-built extracts were developed and run for all ANC services bar one paper-based service for whom manual extraction was required. NHV services stored data in multiple, unlinked systems and required client-by-client extraction. There was no standardised data management system in PP, and ECEC participation (attendance hours) was paper-based with only enrolment data electronically recorded by services. Quantity data (workforce, infrastructure) was not recorded and required contact with the service's payroll and/or management to determine. Testing early years of primary school lead indicators commenced in one community but was paused due to covid. It remains ongoing. Indicator calculation revealed extensive service delivery gaps across quality, quantity and participation in the four strategies, in all communities.

Implications: Evidence-based lead indicators allow services to monitor performance and guide decision making. At a community-level they provide necessary insights needed by local governments and initiatives to measure and monitor service performance, inform decisions, allocate resources and demonstrate impact towards community goals. Without lead indicators services and communities are often left to rely on instinct or adhere to outdated and ineffective practices. Lead indicators allow for proactive data-informed intervention early in the process that can make a real difference in achieving equitable, positive outcomes for all children.

Paper 2: Data utilisation barriers and facilitators in parenting program service improvement

Background: Evidence-based parenting programs (PPs) demonstrate a range of benefits to children and their families (e.g., enhanced parenting, reduced child behavioural or social-emotional problems). However, equitable delivery of effective PPs is a public health challenge that could be better addressed if services were able to utilise local and timely lead indicator data (i.e., process indicators related to outcome data). Such data can indicate whether there are enough high-quality services reaching the families who need them most (i.e., lead indicators assessing program quantity, quality, and participation).

Methods: This study explored barriers to, and facilitators of, the collection, reporting, and use of lead indicator data in decision-making processes utilised by PP service providers. Semi-structured interviews were conducted with 18 Australian PP service providers between July and November 2022. The Capability, Opportunity, and Motivation model of Behaviour and Theoretical Domains Framework were used to guide analysis and explore what factors might need to change.

Findings: Data utilisation barriers spanned Capability, Opportunity, and Motivational factors. Service providers reported problems with a lack of knowledge about what data should be collected, and the skills needed to collect and analyse it. They also noted opportunities to engage in data utilisation were hampered by inadequate resourcing (e.g., lack of or poorly functioning data systems, insufficient dedicated time) and social influences (e.g., the data culture within their organisation, relationships with parents). Motivational barriers included reservations about the purpose of data collection and potential harms (particularly around privacy and confidentiality) and low confidence in data quality.

Implications: The results suggest a need for interventions that simultaneously target Capability, Opportunity, and Motivational factors that currently hinder optimal data use practices in PP services. Routine utilisation of lead indicator data for continuous improvement in service delivery could help to ensure that families are able to access high quality programs when and where they need them. This should in turn help to redress inequities in child development.

Paper 3: Enhancing Parenting Program Delivery Through the Use of Evidence-Based Lead Indicators and Continuous Improvement Training

Background: Across early childhood services, data-based decision making has gained attention as an essential approach to improve child outcomes and tackle developmental inequities. However, frontline workers often lack the necessary capability, opportunity, and motivation needed to use evidence-based lead indicators to drive service improvement. For parenting program services, few interventions exist to increase capability, opportunity, and motivation. Restacking the Odds (RSTO) seeks to address this gap by developing a targeted, evidence-informed, purpose-built training and support program. This is designed to develop the necessary skills, provide the tools, and foster the commitment required to implement data-driven improvement practices.

Methods: RSTO has partnered with a small number of early childhood services, including parenting programs, to implement and use evidence-based lead indicators focused on service quality, quantity, and participation. This initiative included the development of a data platform and support program designed to drive continuous improvement. To maximise implementation, RSTO recognises the need to review and refine this support program to enhance its effectiveness and scalability. RSTO will commence this process by conducting interviews and online surveys with frontline workers to assess their specific training needs. This will be guided by the Capability, Opportunity, and Motivation (COM-B) model of behaviour change to identify barriers and enablers to effectively implement data-driven continuous improvement. Using insights from these interviews, surveys, and existing research, RSTO will then collaborate with frontline workers through a

series of co-design workshops. These workshops will shape the structure, delivery, and content of the training program, creating a tailored approach.

Findings: Findings from the interviews, online surveys, and co-design workshops will identify valuable insights into the specific skills, tools, and dedication frontline workers need to implement data-driven continuous improvement into their practice. These learnings will be embedded into the program to monitor capability, opportunity, and motivation throughout. Further, this process will allow us to refine RSTOs current implementation support approach through developing a co-designed training program that enables services to use data to monitor and increase quality, access and availability, and uptake. Based on existing RSTO research, it is anticipated that the scaled implementation of the training program will lead to positive changes in frontline worker perceived capability, opportunity, and motivation to implement data driven continuous improvement practices.

Implications: Drawing on existing evidence and using a co-design approach to develop the RSTO training program ensures it is both effective and efficacious. The program aims to equip frontline workers with the skills, tools, and motivation for data-driven continuous improvement using lead indicators. As a result, the RSTO training program is expected to drive greater adoption of lead indicators to guide improvement, facilitating higher quality and more accessible provision of parent support services. Delivering services without adhering to best practice standards fails families; however, by improving their quality, accessibility, and uptake, we can greatly enhance outcomes for children and families.

Subtheme: Demonstrating change and impact

Keywords: Early childhood, Measurement, Population health approaches, Process evaluation, Program evaluation

SYMPOSIUM: Developing indicators to support evidence-based parenting program implementation, and participation

Dr Ruth Beatson (Murdoch Children's Research Institute)[*1,2,3,4], Dr Caitlin Macmillan (Murdoch Children's Research Institute)[*1,2,3], Dr Gemma Davy (Murdoch Children's Research Institute)[1,2,3], Ms Olivia Hilton (Murdoch Children's Research Institute)[1,2,3], Dr Kritika Poudel (Murdoch Children's Research Institute)[*1,2,3], Mr Christopher Harrop (Bain and Company)[1,2], Mr Nicholas Perini (Coaxial Ventures)[1,2], Ms Zoe Fehlberg (Murdoch Children's Research Institute)[2], Dr Carly Molloy (North Western Melbourne Primary Health Network)[2,3], Prof Sharon Goldfeld (Murdoch Children's Research Institute, Royal Children's Hospital, Melbourne University)[1,2,3]

Many parenting programs (PPs) aim to improve child social, emotional, and behavioural outcomes. There are many programs implemented across the country. However, not all PPs have been evaluated using the most rigorous research methods. Restacking the Odds aims to support service providers and other stakeholders identify which PPs are supported by the strongest evidence base. Nevertheless, service providers often have to make compromises about what is delivered and how. This can be for a range of reasons including addressing participation barriers (discussed), and resource availability. Adaptations may relate to program structure, format, setting, content, delivery techniques, and provider characteristics. To help service providers select, adapt, develop, and evaluate programs Restacking the Odds seeks to identify which components of effective PPs are associated with larger effects.

Paper 1: Which parenting programs are supported by the strongest evidence?

Background: Many parenting programs (PPs) aim to improve child social, emotional, and behavioural outcomes. A previous systematic review (covering 2006-2017) identified 88 PPs; 9 of which demonstrated positive effects on child outcomes in multiple high-quality randomised control trials (RCTs), and maintained effects for at least six months (e.g., Incredible Years, Triple P Level 4, Tuning into Kids). Recent trends show increased parent help-seeking for PPs, possibly due to increased child challenges, increased parent awareness, and increased accessibility as a result of adaptations (e.g., online delivery). Given recent trends, adaptations, and research developments, there is a need to update the previous review.

Methods: This update utilises a restricted evidence assessment design. The process is rigorous and similar to a full systematic review but makes some concessions to the breadth and depth of review to ensure completion within a short timeframe. Searches of the literature published from January 2017 to May 2024 have been conducted across five databases: Medline, PsychINFO, EMBASE, CINAHL, and Cochrane Library. The search structure took the following form with keywords and database headings for: (parenting) AND (intervention or program) AND (child behaviour) AND (Randomised Controlled Trial). We included RCTs of structured PPs for families with children aged 2 to 8 years old. We excluded studies of targeted interventions for children with developmental disorders or pre-term birth, grey literature, non-peer reviewed and non-English language articles.

Findings: To date, 1,343 papers have been screened and 124 RCTs meet inclusion criteria. We have identified 10 PPs that potentially meet the standard required for a 'Supported' rating, according to our evidence assessment: some new (e.g., New Forest Parenting) and some adaptations of existing programs (e.g., Triple P online). Data extraction and risk of bias assessments are underway to determine which of these satisfy criteria for a "Supported" rating (i.e., demonstrated benefit in at least two good-quality RCTs with maintenance effects lasting at least six months). Additionally, we will explore the extent to which the effectiveness of these programs has been established with culturally diverse populations.

Implications: For service providers, this review will provide up-to-date guidance on which programs are supported by the most robust evidence, and the delivery parameters needed to achieve positive outcomes. For researchers, it will identify gaps in the research and provide direction for future PP evaluation. For policymakers, findings can help target funding, and bridge implementation gaps and ensure services can deliver quality evidence-based PPs. Ultimately, this review will help to improve the existing child services system, ensuring families receive high-quality PPs that can improve child outcomes across the lifespan.

Paper 2: Barriers to participation in parenting programs: A mixed methods study

Background: Evidence-based parenting programs that aim to prevent, reduce, or treat childemotional or behavioral problems can significantly improve child and family psychosocialoutcomes, and ultimately benefit communities and society. Despite this, participation inparenting programs is sub-optimal. Many Australian families do not enrol in or attendparenting programs. This is particularly the case among those likely to benefit most (e.g.,disadvantaged families at higher risk of child mental health problems).

Methods: This study utilised a mixed-methods design to investigate participation barriersand facilitators in three Australian communities. Service providers and parents who had notattended a parenting program or were unable to complete all sessions within a program (andthus were likely experiencing barriers) completed online questionnaires (27 providers, 37parents,) and semi-structured interviews (23 providers, 25 parent,).

Findings: Results from both questionnaires and interviews showed that families often facemultiple barriers to participation. The barriers were generally well-recognised by providers.Program scheduling and the need for child-minding were commonly endorsed barriers andhighly reported in interviews. The main facilitators were positive expectations of programstaff and timely information about program costs, again highly endorsed in questionnairesand common themes from interviews. While parents and providers generally agreed on themain barriers and facilitators, notable divergences were observed for the perceivedimportance of communicating information about program evidence, staff qualifications, anddigital delivery (each endorsed more by parents than providers).

Implications: Overall, findings suggest a need for moreflexible program delivery, wider advertising of program availability and stronger promotionof program benefits. A substantive increase in participation is likely to require program-service level implementation of multiple strategies and broader policy level support.

Paper 3: Best practice for parenting programs: identification of core components

Background: Community services deliver a wide range of parenting programs to addresschild behavior problems. However, not all have been evaluated using the most rigorous research methods (e.g., good quality randomised controlled trials) and even when evidence-based programs are delivered, implementation is not always consistent. Service providers often have to make compromises about what is delivered and how. This can include decisions about program structure, format, setting, content, delivery techniques, and provider characteristics. To help service providers select, adapt, develop, and evaluate programs it is important to understand which components of effective programs are associated with larger effects.

Methods: We are conducting a systematic review of reviews to identify meta-analyses that have investigated whether various program components are associated with larger program effects on child and parent outcomes (e.g. child externalising symptoms, parenting practices). Searches were conducted across five bibliographic databases (PsycINFO, Medline, ERIC, CINAHL, PubMed) and several research registers (e.g., Cochrane Collaboration Library) in May 2024. Database searches included subject headings and keywords in the following form: (parenting) AND (interventions) AND (child behaviour) AND (componentry) AND (systematic review or meta-analysis). The review is restricted to peer-reviewed English language journal articles published from 2014. To meet inclusion criteria, systematic reviews and meta-analyses have to focus on independent-groups studies of parenting program effectiveness and analyse program componentry. We exclude publications that primarily focus on programs for parents of infants or adolescents, and programs for families with specific difficulties other than child behaviour problems.

Findings: To date, 42 publications have been included for review. Preliminary exploration of these shows several have investigated: program content (e.g. topics taught), specific training techniques (e.g. use of role-play, setting homework), structural components (e.g. number of sessions), format (e.g. individual sessions vs group-based delivery), and settings (e.g. where programs are delivered). Just one study has investigated provider characteristics (e.g.,training, supervision, experience). Following data extraction, our analysis will

determine whether the extant literature indicates consistent patterns in findings or whether findings across reviews are mixed.

Implications: For service providers, the findings should help to guide decisions about program selection and adaptation. The results will also inform the development of lead indicators to measure program quality. These will be useful for service providers, researchers, and governments interested in program evaluation and continuous improvement efforts to ensure that families receive programs that work. This is particularly important for services adapting program in an attempt to overcome parent participation barriers. Finally, the findings are also likely to identify important gaps in the literature and directions for new research.

Subtheme: Enhancing reach and implementation

Keywords: Child and family adversity, Early childhood, Evidence-based interventions, Measurement, Program evaluation

SYMPOSIUM: Measuring outcomes of relationship-focused parenting programs: An introduction to the Composite Caregiving Questionnaire

Dr Anne-Marie Maxwell (Tresillian & Macquarie University)*2, Dr Erinn Hawkins (Griffith University)*1, Ms Brittnee Byron (Griffith University)*1, A/Prof Jane Kohlhoff (University of New South Wales & Karitane)*3, Dr Alice Dwyer (Tresillian)*3

This symposium describes the development, preliminary validation, and clinical application of the Composite Caregiving Questionnaire - a novel 42-item self-report measure composed of subscales from several validated instruments. Designed for parents/caregivers of children aged 0 to 6 years, the CCQ measures five parenting constructs central to the development of attachment relationships: Parenting self-efficacy in empathy; Parenting self-efficacy in expressing affection and managing child emotion; Caregiving helplessness; Hostile perceptions of the child; and Parent mentalisation.

Paper 1: Development and validation of the Composite Caregiving Questionnaire

Background: Attachment-based interventions have gained popularity for harnessing the protective benefits of secure parent-child relationships. Despite their growing popularity, evaluating their outcomes remains challenging due to the impracticality of gold-standard measures like the Strange Situation Paradigm and Attachment Q-Sort in clinical contexts. Existing self-report tools often lack strong psychometric properties or alignment with attachment theory. To address these challenges, the Composite Caregiving Questionnaire (CCQ) was developed as a self-report measure tailored for attachment-based interventions. It assesses parenting self-efficacy in empathy and affection, reflective functioning, caregiver hostility, and helplessness. Initial evaluations highlight its potential reliability and validity as a scalable tool for clinical and research use.

Methods: Two studies were conducted to explore and confirm the factor structure of the CCQ. Participants were caregivers (predominantly mothers) of children aged 0-7 years from three sources: 1) archival CCQ data from two clinical studies; 2) CCQ data from Novopsych; and 3) a community sample of 100 parents of children aged 0-6 years. Participants (N=867) were randomly split into two groups for the EFA (N= 437) and CFA (N = 430).

Findings: Using exploratory factor analysis (EFA), study 1 identified two viable three-factor models. One model combined the two parenting self-efficacy subscales into one factor, identifying caregiver helplessness, and hostility as two more factors. Another model segmented reflective functioning into factors corresponding to the three subscales. Both models required modifications for adequate fit but demonstrated strong item loadings. Study 2 used confirmatory factor analysis with an independent sample to test these models. Although initial results indicated inadequate model fit, modifications improved alignment with observed data. Both analyses showed adequate factor loadings, supporting the CCQ's construct validity and internal consistency.

Implications: Both EFA and CFA supported the CCQ's reliability and construct validity, suggesting that the CCQ is a robust tool for evaluating attachment-based caregiving constructs. Factor structures revealed meaningful groupings of parenting self-efficacy, caregiver helplessness, hostility, and reflective functioning. The CCQ offers a feasible and scalable solution for evaluating attachment-based interventions, with potential applications in both clinical and research contexts. Its strong psychometric properties enhance its utility for measuring caregiving representations and related constructs. Policymakers and practitioners can leverage the CCQ to improve program evaluation and intervention outcomes.

Disclosure: The authors have no conflicts to report.

Paper 2: The Composite Caregiving Questionnaire (CCQ): Lessons from the first study

Background: Following its initial development, the Composite Caregiving Questionnaire (CCQ) was first used in a multi-site evaluation of the Circle of Security Parenting Program (COS-P). Study findings provided not only indications of the impact of COS-P, but also developed knowledge about the validity, reliability, and behaviour of the CCQ in a research context.

Methods: This non-randomised controlled effectiveness study was conducted in four community child and family health organisations in eastern Australia. A sample of 256 parents of children aged 0–6 years was recruited across the four organisations. Assessments including the CCQ were undertaken pre- and post-intervention for the treatment group (n = 201) and at comparable times for the waitlist control group (n = 55).

Findings: Analysis of data for mothers (89% of sample) revealed significant improvements in all five CCQ domains following COS-P. Compared to mothers in the control condition, intervention group mothers reported significantly: (a) improved parental mentalising and self-efficacy regarding empathy and affection toward the child; and (b) reduced caregiving helplessness and hostility toward the child at the end of COS-P treatment. This study also yielded valuable information about the CCQ. Analyses indicated good internal consistency for the CCQ subscales, and correlations supported validity of the measure. The CCQ was sensitive to change and able to discriminate between intervention and control groups.

Implications: The CCQ shows promising reliability and validity and is feasible to administer in busy clinical settings. Furthermore, case study data from this research indicate potential clinical applications for the CCQ.

Disclosure: This study was funded by Macquarie University Higher Degree Research Fund & an Australian Government Research Training Scholarship.

Paper 3: Applying the Composite Caregiving Questionnaire (CCQ) in routine early parenting clinical service evaluations

Background: The Composite Caregiving Questionnaire (CCQ) is a 42-item self-report measure composed of subscales from several validated instruments. Designed for parents/caregivers of children aged 0 to 6 years, the CCQ measures five parenting constructs central to the development of attachment relationships: Parenting self-efficacy in empathy; Parenting self-efficacy in expressing affection and managing child emotion; Caregiving helplessness; Hostile perceptions of the child; Parent mentalisation. While the validity and reliability of the CCQ scales have thus been well established, less is known about potential applications in clinical settings. The aim of this presentation, therefore, is to present data from three studies conducted at two Australian early parenting services: Karitane and Tresillian.

Methods: Studies 1 and 2 were conducted at Karitane. In study 1, the CCQ was completed by 144 parents before and after participation in the 8-week Circle of Security parenting (COS-P) program, delivered at one of Karitane's community-based early parenting centres. In study 2, 100 parents who attended Karitane's 4-night/5-day residential early parenting (55 who completed via telehealth as a 'virtual residential unit'; VRU; 45 who completed it in person) completed the CCQ on three occasions (admission, discharge, and 6-week follow-up). In both studies, changes in CCQ scores were analysed over time, and moderating factors were explored (study 1 - demographic factors; study 2 - treatment modality, VRU vs in person). Study 3 was an exploratory study conducted at Tresillian. Mothers attending a novel DBT-based group – Parent-Child Nurture and Regulation (PCNR) - completed the CCQ immediately before the commenced and after they completed this group.

Findings: Results of study 1 showed significant improvements from pre- to post-COS-P on all CCQ domains (ps <.05). When demographic group differences were examined (university educated vs not; Australian born versus not; male parent versus female), there were no significant differences between groups or interaction effects, suggesting positive outcomes for all parents irrespective of education level, ethnicity or gender. The only exception was compared to mothers, fathers showed a greater degree of improvement in self-efficacy about empathy and understanding (p < .05). Results of study 2 showed that parents who received the VRU reported improvements in parenting self-efficacy, empathy, mentalisation, hostility, helplessness, stress and infant sleep resistance (ps<0.05). At 6-weeks, they also reported improvements in emotion/understanding of their child (p < .05). Outcomes were not superior in the in-person group. In fact, at 6-weeks, VRU parents reported significantly lower parenting hostility and parenting stress, and better parenting confidence (ps < .05). Results of study 3 indicated significant improvements in self-efficacy in empathy and understanding, self-efficacy in emotion and affection, and caregiving helplessness after mothers completed the PCNR group.

Implications: Together, these case studies demonstrate the way in which the CCQ can be successfully integrated into routine data collection following early parenting clinical service delivery, and used to better understand treatment moderators and inform future service delivery.

Subtheme: Demonstrating change and impact

Keywords: Measurement, Parent-child relationship

Drawing on evidence to inform the development and scale up of an early parenting intervention for children and families experiencing disadvantage: The implementation and evaluation of smalltalk

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Research suggests that children raised in impoverished home learning environments are profoundly disadvantaged when they begin formal schooling. smalltalk is a community-based parenting program that includes evidence-based strategies that empower parents to enrich their child's home learning environment from birth to pre-school. Focusing on known protective and risk factors, smalltalk helps parents improve their child's thinking and communication skills, by increasing the frequency and quality of everyday interactions, boosting parental confidence, efficacy and self-care and supporting parents to connect with their community and local services. This symposium will provide an overview of the needs and support preferences of families in the early years, and report on the development, scale up and longitudinal evaluation of smalltalk. The symposium will highlight the role of evidence in informing the delivery of a light touch community-based parenting program to achieve improved outcomes for children and families experiencing disadvantage. Brief description of papers Paper 1 will report on findings from a representative survey of Victorian parents regarding help-seeking, uptake of parenting programs, and program features that influence parents' decision to participate in parenting programs for parents of below-school-age children. Paper 2 will provide a summary of longitudinal research on children's outcomes 5-, 7-, and 11-years post-intervention investigating whether smalltalk can positively impact language and academic achievement across the primary school years. Paper 3 will provide an overview of the scale up of smalltalk including how findings from research and parent consultations have been used to enhance family engagement and maximise outcomes to support the sustainable implementation of the program in Australia and internationally.

Implications: This symposium has implications for research, policy and practice by identifying opportunities to improve outcomes for children and families experiencing disadvantage through access to a relatively light touch community-based parenting program, as well as emphasising the role of research in informing the development and scale up of evidence-based programs.

Paper 1: Parents of children in the early childhood period, their exposure to parenting programs and preferences for support: Findings of the Parenting Today in Victoria 2022 Survey

Background: The early years are a critical time for children's development. Some children have less exposure than others to early learning environments, such as kindergarten and childcare, that promote their development. Evidence-based parenting support promotes positive child outcomes. Parenting support is important for all children, including those experiencing disadvantage, and is also associated with improvements in parent wellbeing. Early intervention parenting supports like smalltalk have potential for influencing outcomes for children and also for enhancing parent wellbeing.

Methods: Findings from the comprehensive and methodologically rigorous Parenting Today in Victoria surveys provide a snapshot of how Victorian parents are faring and their concerns about their children, and can be used to track change in parent experience, help-seeking and support needs over time. Over nine years and three waves of surveys we can track changes in parents' reports of their use of parenting supports and in their preferences for receipt of support.

Findings: This presentation will report on survey findings focused on help-seeking, uptake of parenting programs, and program features that influence parents' decision to participate in parenting programs for parents of below-school-age children. Our findings suggest that most parents are faring well, have access to support from family and friends, and are open to the idea of accessing professional support if they need it. However, many parents are reporting distress and challenges in parenting, and some are not aware of parenting programs for them to access. Our findings also provide insights into patterns of parent uptake of

parenting programs according to family characteristics (e.g., parent gender, child age, child needs, parent wellbeing) and parent preferences for features of parenting programs (e.g., online vs in-person).

Implications: Our findings (a) highlight the need to increase awareness of, and access to, evidence-based parenting support, (b) provide a baseline for tracking uptake of parenting programs over time, and (c) provide valuable insights for how policy makers and service providers can act now to increase parent participation in parenting programs.

Paper 2: Five-, seven-, and eleven-year follow-ups of an early childhood parenting intervention: Learning and achievement outcomes of smalltalk

Background and Objectives smalltalk playgroups support the parents of children aged 12-36 months to provide a stimulating home learning environment at a time when developing young brains are particularly sensitive to environmental enrichment. Initially evaluated through a cluster-randomised controlled trial in the state of Victoria, Australia, short-term gains were demonstrated in the frequency and quality of parent-child interactions. Long-term impact on children's development was unknown. We evaluated children's outcomes approximately 5, 7, and 11 years post-intervention to determine whether smalltalk can positively impact language and academic achievement across the primary school years.

Methods: Parents of children aged 12-36 months were allocated to one of three study conditions: (i) standard (usual care) parent-child supported playgroup; (ii) smalltalk playgroup; or (iii) smalltalk playgroup with additional home coaching (smalltalk plus). Eligible families (n=991) were invited to participate in the school-age follow-up. At 5 years post-intervention, direct language assessments were conducted by researchers blind to trial conditions using the Castles and Coltheart Reading Test-2 (CC2); Recalling Sentences from the Clinical Evaluation of Language Fundamentals; and the Non-Word Picture Vocabulary Test. Data linkage provided achievement data at 7 (Grade 3) and 11 years (Grade 7) post-intervention on the Australian National Assessment Program for Literacy and Numeracy (NAPLAN) across five domains: reading, writing, spelling, grammar and punctuation, and numeracy. Intention-to-treat analyses were conducted using linear regression models with multiple imputation and inverse probability weighting to address sample attrition from baseline.

Findings: 669 families participated (67.6% retention): 606 completed direct assessments, 540 had Grade 3 data linkage and 265 had Grade 7 data linkage. Compared to usual care, children of parents allocated to smalltalk plus were better at reading on the CC2 non-words task (β=7.83, 95% CI=0.38-15.27, p=0.04, effect size=0.24) and achieved better Grade 3 NAPLAN Spelling scores (β=20.12, 95% CI=3.10-37.15, p=0.02, effect size=0.24). Grade 7 NAPLAN findings will be reported. There were no intervention effects on the other measures.

Implications: This is one of few studies, both in Australia and globally, to evaluate the longer-term impacts of an early childhood parenting program on children's learning and development. Findings provide promising evidence that smalltalk, when supplemented with home coaching, provides long-term measurable improvements in children's reading and language skills, effects that persist across the primary school years. Dissemination of these types of approaches beyond initial implementation sites is critical for ensuring that more children get the opportunity to maximise their developmental potential.

Paper 3: Enriching the early home learning environment for children and families: Drawing on evidence from research and practice to support the scale up of smalltalk

Background: The home learning environment plays a key role in the development of children's cognitive, language, and social skills. smalltalk aims to increase parents' confidence to do the things we know can have a positive impact on child learning and development using everyday opportunities and activities, including the way parents talk, listen, and play with their children, engage them in interesting and stimulating activities and read together. smalltalk was designed to be embedded into supported playgroups to reach families

where they are, enhance the benefits of playgroup participation, and ensure effective implementation and sustainability for positive outcomes.

Methods: This paper will provide an overview of the scale up of smalltalk including a brief summary of how findings from research and consultations with parents regarding their preferences in terms of program delivery have been used to enhance family engagement and maximise outcomes associated with smalltalk to support the sustainable implementation of the program in Australia and internationally. Results: The paper will discuss how investments in high quality research have contributed to the scale up of an evidence-based and sustainable program that has been tailored to meet the needs of families. We will also provide an overview of how evidence-based support strategies delivered within a proven implementation framework support the embedding of smalltalk into daily practice.

Implications: Findings from this research have important implications for policy and practice and highlight opportunities to improve outcomes for children and families experiencing disadvantage through access to a relatively light touch community-based parenting program, as well as emphasising the role of research in informing the development and scale up of evidence-based programs.

Disclosure: This project was funded through the Victorian Department of Families, Fairness and Housing

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Dissemination and scaling-up, Evidence-based interventions, Implementation

SYMPOSIUM: Exploring father involvement: Insights from Indonesia, China, and Australia

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Fathers play a critical role in their children's development, yet their involvement remains understudied across different cultural and developmental contexts. The first study focuses on the determinants of father involvement in Indonesia, using Parke's multideterminant framework to explore the influence of factors such as paternal role beliefs, coparenting, gender ideology, religiosity, and social media. Findings indicate the potential for these determinants to shape father involvement, offering valuable insights for parenting program development in Indonesia. The second study examines the unique impact of father involvement on children's gender development in a Chinese context. Preliminary findings reveal that greater father involvement is associated with more gender-typical traits and behaviours in both boys and girls. This emphasizes the vital role fathers play in children's gender socialization and underscores the need for targeted interventions to enhance father involvement and its positive effects on gender development. The third study investigates longitudinal patterns of father involvement in Australia and its relationship with children's social-emotional outcomes. Using data from the Longitudinal Study of Australian Children (LSAC), findings reveal a decline in father involvement across early childhood but highlight predictors such as socioeconomic status, the father's age and child gender. Despite these predictors, no significant associations were found between levels of father involvement and children's internalizing, externalizing, or prosocial outcomes. The results emphasize the importance of supporting father involvement through policies and interventions in the early years. Together, these studies highlight the multifaceted determinants and impacts of father involvement across different cultural and developmental contexts, providing critical insights for policy, practice, and future research.

Paper 1: Paternal involvement in Indonesia: A model of determinants

Background: Given the importance of fathers' involvement, examining its determinants is essential. Most of this work has been done focuses on Western contexts, with limited exploration in Asian settings like Indonesia. A multideterminant framework is necessary to understand the complexity of fathers' involvement in Indonesia. This study examines the determinants of father involvement in an Indonesian context. This study, based on Parke's (2000) framework, aims to explore the effect of various determinants (paternal role belief, coparenting with wife and grandparents, peer network, gender ideology, religiosity, social media) on fathers' involvement in Indonesia.

Methods: This study used survey methodology to examine determinant of father involvement in Indonesia. A total of 455 fathers with at least one child aged between 0 – 12 years participated in this study. To expand accessibility for fathers across Indonesia's provinces, the survey was conducted online. A social media recruitment strategy was used to promote the survey, involving WhatsApp group, Facebook and Instagram. Participants had a mean age of 35.61 years (SD=6.12), 75.6% worked full time (N=341) and 55.8% had bachelor's degree (N=252). Data was analysed using structural equation modelling to examine the relationships between various determinants (paternal role belief, coparenting with wife and grandparents, peer network, gender ideology, religiosity, social media) and fathers' involvement.

Findings: Final results are forthcoming but will first examine the direct relationships between coparenting with spouses, coparenting with grandparents, peer network, gender ideology, religiosity, social media and father involvement. Secondly we examine if these relationships are mediated by paternal role beliefs.

Implications: Understanding the determinants that facilitate or hinder father involvement in Indonesia offers a deeper insight into the perspective and experience of fathers in parenting. By understanding the determinants, it is possible to challenge and modify the factors that hinder father involvement. The findings from this presentation can be considered in developing parenting programs for fathers.

contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. Prof Morawska receives royalties from TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Prof Morawska is an employee at UQ. Ari Pratiwi is a PhD student at UQ and her PhD is funded by Indonesia Endowment Fund for Education (known as LPDP). A/Prof Haslam holds an honorary appointment at UQ.

Paper 2: Father involvement and children's gender development

Background: Gender development profoundly shapes children's identities, attitudes, personal-social attributes, social relationships, styles, and reactions to certain behaviors, activities, and interests. Although a variety of biological, social, cultural, and environmental factors influence children's gender development, parents play a pivotal role in the gender socialization of children. The parenting of fathers and mothers can be markedly different, which can exert varying influences on children's gender development. Yet, few studies have explored the unique impact of father involvement on the gender development of children. Thus, this study will focus on the relationships between father involvement and children's gender roles and gendered attitudes and behaviors.

Methods: This survey was conducted in an elementary school in China. Both students in grades 3-5 and fathers of students in grades 1-6 were invited to participate in this study two times, 6 months apart (Time 1 and Time 2). 1088 fathers and 1106 children completed the assessment at Time 1. The survey at Time 2 will be completed in January 2025. Children reported their father involvement, gender roles, gender attitudes, and gender-related activities and play behaviors. Fathers reported their level of involvement and gender roles and gender-related activities and play behaviors of their child. The data will be analysed using SPSS and Mplus. Correlational analyses and structural equation modeling will be conducted to explore the relationships between father involvement and children's gender development.

Findings: Final results are forthcoming. Preliminary analyses of the data at Time 1 indicated the relationship between father involvement and children's gender development. Based on the reports of both fathers and children, higher levels of father involvement were related to more masculine and feminine traits and more participation in typical boy and girl activities and play of both boys and girls.

Implications: The findings from this presentation contribute to a deeper and more enriched understanding of the role of father involvement in children's gender development. When fathers were more involved in parenting, both boys and girls tended to be more masculine and feminine and were more likely to participate in typical boy and girl activities and play. In the gender socialization of children, the vital role of fathers should be recognized. These findings would offer valuable insights for practitioners to develop interventions to facilitate father involvement and foster children's gender development.

Paper 3: Fathers in Australia: A longitudinal study of fathers involvement and associations with children's social-emotional development.

Background: Fathers' roles have changed over the decades. Their responsibility has been shifted from breadwinner to caregiver. Fathers' involvement values in children's lives are being recognised; for example, skin-to-skin contact reduces the infant's sleep difficulties. Another unique aspect of paternal engagement is the association with children's development in fathers' rough-and-tumble play, such as children's independence and enhancing their empathy and motor skills. This research indicated the importance of the association between paternal involvement and their children's social-emotional outcomes. The current research investigates the longitudinal patterns of fathers' involvement and relationships with children's social-emotional development.

Methods: This study uses data from the Longitudinal Study of Australian Children Birth cohort (N = 5,107) across Wave 1 (children aged birth to 12 months) to Wave 5 (8-9 years old) to examine changes over time in fathers' reports of involvement, and associations with children's social-emotional outcomes. Study 1 used unconditional latent curve modelling to examine continuity and change in the level of father involvement across early years. Study 2 used conditional latent growth curve modelling to examine variation in the level of father involvement across early childhood, controlling for the father's sociodemographic characteristics. Study

3 built on Study 2 and investigated the impact of father involvement across the early years on children's social-emotional outcomes.

Findings: Study 1 indicated that Australian father involvement decreased across their child's first seven years. With father involvement and father's sociodemographic characteristics, Study 2 showed that high level of socioeconomic status, older fathers were highly involved in children's lives. Furthermore, fathers were more involved with boys than girls in the initial level of father involvement. However, there were no significant predictors in the rate of change in paternal involvement.   In study 3, there was no significant association between the initial level and the rate of change of fathers' involvement and children's internalising problems and externalising problems and prosocial skills at 8-9 years.

Implications: The findings reinforce the role of fathers,; involvement across the early years and the predictors of increasing father involvement in the early years. This could be a vital point for policymakers and practitioners to implement paternal policies and intervention programs for fathers to be involved in their children's early years to enhance social-emotional development. Regarding future research would be an in-depth study on paternal involvement factors that do not impact children's internalising and externalising behavioural problems and prosocial skills in middle childhood. This would provide insightful information for developing paternal interventions for Australian fathers to participate in their childcare to enhance their children's social-emotional development.

Disclosure: This is a part of PhD thesis.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Cultural diversity, Parent-child relationship, Parenting practices / style

SYMPOSIUM: "Celebrating Families:" Evaluating a faith-based parenting program in the Philippines

Prof Lisseth Rojas-Flores (Fuller Theological Seminary)[*2,3], Dr Alonso Aravena (Baylor University)[*2,4], Ms Marion A. Mortel (World Vision Development Foundation, Philippines)[*1], Ms Cherry Marcelo (World Vision US)[1], Mr Patrick Robertson (Fuller Theological Seminary)[1], Ms Julia Wilson (Fuller Theological Seminary)[1], Mr Timothy Choi (Fuller Theological Seminary)[2], Ms Emma Kankelborg (Fuller Theological Seminary)[3]

In the Philippines, few studies have examined parenting interventions, particularly those that leverage collaborations with faith and community leaders to reduce child maltreatment and enhance family relationships and child flourishing. The efficacy of positive parent programs, specifically those led by local and religious leaders, remains underexplored. This study examines the implementation and pre-post changes of a faith-based parent program delivered by trained faith leaders in rural areas in the Philippines. Celebrating Families (CF) parenting program is a group- and faith-based, manualized curriculum that integrates best practices for family-based parenting with Christian faith principles, designed for caregivers of older children (7-17 year-olds).

Methods: This single group study used a mixed-methods and a pre-post and 6-month-follow up design. Trained local data collectors verbally administered consent/assent forms, all questionnaires, and entered participants' responses to an open-source mobile data collection software. 239 parent-child dyads were recruited; predominantly mothers (99%). Children were between ages 7 and 17. 56% were adolescents (ages 12-17). Caregivers participated in the CF parenting workshops (3 to 5 group sessions) led by 35 trained, volunteer faith leaders. Data collection occurred at: (1) baseline (T1), (2) immediately following the workshop (T2), and (3) at 6 months after implementation (T3). After parent workshops, parents continued to meet once per month for six months, in peer support groups. Analyses of the outcomes use quantitative data taken at the three timepoints, emphasizing the differences between T1 and T3, to conduct hypothesis testing, confirmatory factor analysis (CFA), and regression analyses.

Findings: The first presentation focuses on rationale and context-fit, highlighting acceptability of the parent program, implementation fidelity and delivery. Quantitative findings show high levels of attendance and acceptability by caregivers. Qualitative findings from participants and facilitators corroborate these findings. The second presentation outlines changes in parenting practices and child flourishing outcomes. There were statistically significant reductions from T1 to T3 in use of harsh parenting practices ($|d|$ = .48 for mothers and .26 for children), as well as improvement in family relationships [$|d|$ = .48 for mothers and .64 for children]. Mothers also reported significant improvements in psychological distress [$|d|$ = .62] and reductions in coercive parenting [$|d|$ = .45]. The third presentation addresses scarcity of asset-based and culturally appropriate measures to assess children's positive outcomes in the Philippines. This paper reports on a validation the Youth Health and Well-Being Inventory administered to children through confirmatory factor analyses (CFA).

Implications: This study highlights the importance of partnerships between local faith communities and researchers to advance parenting research. Preliminary, longitudinal data and parent and child reports suggest that the faith-based parenting program reduces harsh parenting practices and improves parent-child and family relationships. Rigorous randomized controlled trials of CF are needed to extend these promising results. Lastly, support for validating a child measure meets the growing need for a strengths-focused assessment of Filipino children. Recommendations for practical applications on effectively integrating parenting programs within faith-based INGOs and initiatives will be provided.

Paper 1: Implementing positive parenting programs by empowering faith leaders in the Philippines

Background: Parenting interventions are crucial in promoting positive outcomes in children and adolescents and benefit families in under-resourced communities in low-and-middle-income countries (LMICs). Celebrating Families (CF)" is a faith-based, manualized parent program designed by World Vision, a Christian international development NGO. The parent program aims to reduce child maltreatment, enhance positive parenting, and promote child flourishing outcomes within the context of their holistic international development approach. This presentation emphasizes the need to partner with faith-based organizations (FBOs) and communities to promote social-behavioral change and describes the implementation fidelity and acceptability of the CF faith-based and positive parenting program in the Philippines.

Methods: Using a community-partnership and train-the-trainers (TOT) model, mixed-methods, and a nonrandomized sample, caregiver and child outcomes were assessed at pre- and post-parent program, and at 6-month follow-up. Questionaries were translated into Tagalog by bilingual NGO staff and researchers. 239 parent-child dyads were recruited. Consent/assent procedures were administered by trained data collectors from all participants. Volunteer faith leaders were recruited and trained to be deliver the manualized parenting curriculum, Celebrating Families (CF.) Caregivers participated in the CF parenting workshops (3 to 5 group sessions) led by trained, faith leaders. After parent workshops, parents continued to meet once per month for six months, in peer support groups. Feasibility was determined by caregiver attendance to parent program, and acceptability by facilitator and caregiver satisfaction with program and training ratings. Open-ended questions assessed facilitators' perceived barriers for program implementation and were thematically coded by independent coders using Dedoose, a web-based qualitative research tool.

Findings: The majority of the 35 trained faith leaders (parent group facilitators) were females (28; 80%) and rated their overall training experience highly (M = 4.52, SD = 0.59). Similarly, participating mothers reported high levels of satisfaction with the overall content of the CF parent program. Specifically, they expressed high satisfaction with the program's content, group discussions, and leadership of group facilitators. With regards to appropriateness, 99% of parents found the attention to their religious beliefs to be helpful to very helpful and stated that they would recommend the parenting program to a friend. 216 of caregivers demonstrated high attendance (over 98% of sessions). Facilitators reported that the top main barriers to implementation included logistical challenges, transportation, financial needs, and more training beyond parenting, such as basic counseling.

Implications: Results suggest that the CF parent program is highly feasible to implement using a train-the-trainers model. These findings underscore the capacity of faith-driven parent programs and partnerships between NGOs, local leadership and researchers to mobilize communities to promote the holistic wellbeing of children and reduction of harsh parenting. Findings also suggest CF is feasible to implement in rural contexts. Additionally, the CF parent was well-received by participating Filipino mothers, indicating its cross-cultural applicability in the Philippines and potential for broader implementation in other LMICs. Further rigorous randomized controlled trials of CF are needed to extend these promising results.

Disclosure: The implementation of the parent program was conducted and funded by World Vision US and World Vision International. We conducted the analysis of archival deidentified data provided by the World Vision teams; funding for analyses were provided by World Vision. None of the funding sources contributed to the writing of this presentation or decision to submit it for professional presentation.

Paper 2: Faith-based parenting to reduce harsh parenting in the Philippines: Initial Findings from Celebrating Families

Background: Parenting programs in the global south are increasingly recognized as strategies to reduce child maltreatment and promote non-violent and nurturing parent-child relationships. Yet, there is a growing international interest in parenting interventions that are culturally and religiously sensitive. The evidence for faith-based parent programs, especially in high- and low-and-middle-income countries (LMICs), is nonexistent to date. As the Philippines has the third-largest Catholic population in the world, parenting programs that leverage faith may bolster the efficacy of interventions targeting parent change and child flourishing. This study examines parent and child changes across three-time points for Celebrating Families, a faith-based, positive parenting program implemented by trained local faith leaders in the Philippines.

Methods: This single group study used a mixed-methods and a pre-post and 6-month-follow up design. Trained local data collectors verbally administered consent/assent forms, all questionnaires, and entered participants' responses to an open-source mobile data collection software. 239 parent-child dyads were recruited; predominantly mothers (99%). Children were between ages 7 and 17. 56% were adolescents (ages 12-17). Caregivers participated in the CF parenting workshops (3 to 5 group sessions) led by 35 trained, volunteer faith leaders. Data collection occurred at: (1) baseline (T1), (2) immediately following the workshop (T2), and (3) at 6 months after implementation (T3). After parent workshops, parents continued to meet once per month for six months, in peer support groups. Analyses of the outcomes use quantitative data taken at the three timepoints, emphasizing the differences between T1 and T3, to conduct hypothesis testing, confirmatory factor analysis (CFA), and regression analyses.

Findings: Parent and child change at T1 and 6-month post-parenting workshop (T3) indicate that the CF parent program significantly improved positive parenting attitudes and practices as well as child flourishing indicators. Specifically, there were statistically significant reductions from T1 to T3 in use of harsh parenting practices ($|d|$ = .48 for mothers and .26 for children), as well as improvement in family relationships [$|d|$ = .48 for mothers and .64 for children. Mothers also reported significant improvements in psychological distress [$|d|$ = .62] and reductions in coercive parenting [$|d|$ = .45].

Implications: Preliminary findings suggest this preventive, faith-based parent program effectively reduces harsh parenting practices (e.g., corporal punishment) while increasing overall child flourishing outcomes (6 months after the parent program). These findings highlight the need for broader implementation of faith-based parenting interventions to promote holistic child well-being across LMICs, specifically in the Philippines. Future studies should include rigorous randomized controlled trials and investigate potential sustained effects beyond six months post-intervention.

Paper 3: Child Indicators of Positive Development: Validation of the Youth Health and Behavior Survey in the Philippines

Background: Preventive parenting studies conducted in low-and-middle-income countries (LMICs) tend to focus on predictors of problem behavior in young children (ages 1-5). However, there is a growing global need to move towards preventive parenting interventions that harness individual and communal strengths to promote positive and healthy youth development. In South East Asia, and in the Philippines in particular there is a scarcity of valid measures focusing on hope, purpose in life, faith, spirituality, and overall positive relationships with family, peers, and community for youth. This study reports on the longitudinal measurement invariance of the Youth Health and Behavior Survey (YHBS).

Methods: The YHBS is a 30-item scale focused on flourishing dimensions of social, emotional, and spiritual well-being in children and adolescents, that was administered to 216 youth (ages 7 to 17) in rural areas of the Philippines. Confirmatory factor analysis (CFA) and Longitudinal Invariance Modeling (LMI) were used to determine the theoretical model fits of the youth data. The analyses sample included data from 216 child-parent dyads (missing data < 10%). We examined the stability and consistency of factor structures across two time points. Statistical analyses were conducted using Stata and R.

Findings: Initial CFA results at Time 1 (baseline) and Time 3 (6-months after parent intervention) displayed strong model fit, with CFI values exceeding 0.99 and RMSEA below 0.065, indicating good baseline model adequacy. To assess longitudinal invariance, increasingly restrictive models were tested, from configural invariance (allowing different thresholds and loadings across groups) to strict invariance (with thresholds, loadings, intercepts, and residual variances constrained to be equal across time points). Optimal values of baseline, metric, and scalar invariance fit indices suggest that the factor structure of the survey is stable across time, supporting the conclusion that the instrument measures the same constructs consistently over time. However, slight increases in RMSEA and SRMR, and minor changes in CFI values under the strict invariance model, indicate some measurement variance at the level of residuals, suggesting potential minor changes in item interpretation over time.

Implications: This study provides preliminary support for the validation of the YHBS measure that assesses flourishing indicators in children ages 7-17 in rural settings in the Philippines. Results validate the YHBS' structure, allowing for meaningful longitudinal comparisons. This stability provides confidence in using the YHBS survey for tracking developmental changes and evaluating youth-related constructs over time in cohort studies in Filipino contexts. As the need for more knowledge on strengths-based, positive outcomes among children in LMICs is widespread, this study shows promise for testing the mediating effect of flourishing constructs on targeted child behaviors and intended outcomes in parenting interventions.

Subtheme: Parenting support for diverse family needs

Keywords: Cultural diversity, Implementation, Intervention outcomes, Measurement, Parent-child relationship, Parenting practices / style, Parent mental health, Young people

SYMPOSIUM: Universal access to Triple P Online System (TPOS) of parenting support programs through the Australian Parenting Education and Support Program (PESP): Strategies and evaluation outcomes to date

Ms Eva Meester-Buma (Triple P International)[*1], A/Prof Alina Morawska (Parenting and Family Support Centre, School of Psychology, University of Queensland)[*2], Dr April Hoang (Parenting and Family Support Centre, School of Psychology, University of Queensland; Australian Research Council Centre of Excellence for Children and Families over the Life Course)[2], Dr Grace Kirby (Parenting and Family Support Centre, School of Psychology, University of Queensland)[2], Dr Michelle Tucker (Triple P International Pty Ltd)[*3]

The three presentations in this symposium will provide an overview of the strategies and evaluation outcomes to date specific to the Australian Government Department of Health and Aged Care's Parenting Education and Support Program (PESP), in which Triple P International Pty Ltd have been delivering universal access to evidence-based Triple P Online System (TPOS) of parenting support programs since June 2022.

Paper 1: The Australian Parenting Education and Support Program (PESP): Universal access to Triple P Online System (TPOS) of parenting support programs

Background: In April 2022, the Australian Government's Department of Health and Aged Care awarded Triple P International Pty Ltd (TPI) a competitive grant to deliver universal access to evidence-based Triple P Online System (TPOS) of parenting support programs, through the Parenting Education and Support Program (PESP). Launched on 24 June 2022 and continuing until 30 June 2025, programs are freely available to all parents and carers in Australia with children under the age of 12. This presentation will provide a brief overview of the core components, strategies and emerging themes of the PESP program. Methods: The PESP provides universal parenting resources, strategies and tools, and increases the availability of online evidence-based parenting support in Australia, with dissemination supported through a national multi-media campaign. This campaign is targeted to reach parents and carers across Australia, including vulnerable and at-risk families, and diverse population groups. The campaign aims to increase the mental health literacy of parents and carers, reduce stigma by addressing pervasive attitudes around asking for help and support for parenting challenges, and to increase awareness of the availability of support. Stakeholder engagement activities support the development of referral pathways through aligned organisations (e.g., mental health professionals, maternal and child health centres, educators and government-funded services). These stakeholder engagement activities also support and ensure programs have a broad cross-sectional reach across Australia, including into specific communities, diverse population groups, and non-traditional family structures; and/or specific vulnerable and at-risk groups.

Findings: Over 400,000 parents/carers have registered for program access in the first 23 months of the program. Demographic data collected for each of the Triple P online programs in the PESP shows that Triple P's online programs are reaching vulnerable and diverse families from across Australia, providing immediate access to evidence-based parenting support. The national awareness campaign has contributed to reduced stigma commonly associated with receiving support with parenting. National stakeholder engagement has developed key relationships across government and non-government organisations to support the dissemination of programs to parents and carers. TPI is continuing to support parents, further promoting and emphasising program availability and functionality, as well as working towards complementing the existing suite of programs.

Implications: This is the first initiative at this scale worldwide to provide universal access to evidence-based online parenting interventions. By equipping parents with evidence-based strategies, the PESP is providing support for all Australian families to develop the confidence and skills they need to identify problems early and support the mental health and wellbeing of their children.

Paper 2: The Australian Parenting Education and Support Program (PESP): Independent interim evaluation of parenting and child outcomes of the national Triple P Online System (TPOS) initiative

Background: The Australian Government Department of Health and Aged Care's Parenting Education and Support Program (PESP) supports universal access to evidence-based Triple P Online System (TPOS) of parenting support programs. A range of online programs are freely available to all parents and carers in Australia with children under the age of 12. Programs address specific concerns across key developmental milestones, including the perinatal period, early childhood and the transitions to primary school and high school. This presentation will explore parenting and child outcome data following independent evaluation of the dissemination of TPOS in Australia. Methods: The presentation will provide effectiveness data from a pre-registered open trial (ACTRN12623000366651) for three TPOS program variants: Triple P Online, Fearless Triple P Online, and Triple P Online for Baby. Parents registering for TPOS, who opt into a more intensive evaluation, complete questionnaires at enrolment (>12,000 questionnaires completed to date), post-intervention, and at six month follow up, to measure changes in parental efficacy, child behavioural and emotional adjustment, family functioning, child anxiety, baby behaviours and parental depression. Results from analysis of key demographic groups participating in TPOL will also be presented.

Findings: Data on parenting and child outcomes will be presented at post-intervention and 6-month follow-up. Preliminary data indicate significant outcomes for all post- and follow-up intervention outcomes for Triple P Online, Fear-Less Triple P Online and Triple P Online for Baby. Data from a sample of 1,954 families indicates participation in TPOS programs is associated with both short-term and long-term reductions in child/baby emotional and behavioural adjustment problems, enhanced parent self-efficacy, improved subjective evaluations of positive parenting knowledge among parents, and decreased reports of ineffective parenting. Positive outcomes were detected across all key demographic groups, including Aboriginal and Torres Strait Islander participants, those who speak a language other than English (LOTE), step/blended families, single-parent families, members of the LGBTQI+ community, and those with Health Care Cards.

Implications: Data collected to date suggests that the Triple P Online System is effective in assisting children and families over time and across different backgrounds, and indicate the benefits of a population level evidence-based parenting intervention. This presentation will discuss the implications of this research for real-world application. It offers a unique opportunity to explore the feasibility and practicality of a web-based public health approach in supporting a broader community of parents.

Disclosure: Delivery of the Triple P – Positive Parenting Program to parents and carers of children in Australia is supported by funding from the Australian Government Department of Health and Aged Care under the Parenting Education and Support Program.

Paper 3: The Australian Parenting Education and Support Program (PESP): Quantitative and Qualitative outcomes from the National Rollout of the Triple P Online System (TPOS)

Background: The Australian Government Parenting Education and Support Program (PESP) has made the Triple P Online System (TPOS) available to families across Australia, providing evidence-based online support to families of all backgrounds and levels of need. This evaluation considers the 311,010 program registrations from the launch of the initiative in June 2022, up to 30 June 2024. In-program measures are used to evaluate change in parents and carers over the course of their participation in each program. This presentation will consider these key outcomes to evaluate the effectiveness of the programs in the TPOS suite, using both quantitative and qualitative methods. Methods: Data was gathered within each program from the 311,010 parents and carers across TPOS. The four programs are Triple P Online, Fear-Less Triple P Online, Triple P Online for Baby, and Family Transitions Triple P Online. The quantitative measures were parental self-efficacy and, in the case of Triple P Online, parent ratings of child behaviour. Qualitative data was collected from parents towards the end of each program, where they may provide comments reflecting on their experiences and changes observed in themselves and their children. Demographic data, baseline parental self-efficacy and ratings of child behaviour were collected at registration, prior to starting the program. Parents are asked to rate their self-efficacy and child's behaviour again at the end of each program module, and at the completion of the program. Changes in parental self-efficacy and child behaviour were evaluated, and thematic analyses performed on the qualitative comments provided by parents and carers.

Findings: Data collected from within each program found that parents are reporting significant improvements in their self-efficacy from registration. In addition to this, in TPOL, parents are reporting significant improvements in the behaviour of their children compared to their initial ratings. Key demographic groups

were found to be benefiting as much, if not more, than the rest of the sample in terms of improvements in both parental self-efficacy and child behaviour. Thematic analyses revealed a number of common themes in each program. Parents report feeling calmer and more patient, are experiencing success with the tools and strategies they have learned, have improved their communication skills, and have observed positive changes in both themselves and their children.

Implications: TPOS programs are reaching a broad range of families across Australia, providing access to evidence-based support. The findings from this evaluation of in-program data shows that families are benefiting, not only in terms of improved parental confidence and child behaviour, but in terms of a range of positive outcomes, including improved communication, closer family bonds and reduced anxiety, stress and conflict. These real-world results are consistent with the findings of prior research and highlight the important role universal access to parenting support plays in in promoting the mental health and well-being of parents and children alike.

Disclosure: Delivery of the Triple P – Positive Parenting Program to parents and carers of children in Australia is supported by funding from the Australian Government Department of Health and Aged Care under the Parenting Education and Support Program.

Subtheme: Demonstrating change and impact

Keywords: Child mental health, Child physical health, Child wellbeing, Cultural diversity, Dissemination and scaling-up, Early childhood, Evidence-based interventions, Implementation, Measurement, Methodology, Parent-child relationship, Parental wellbeing, Parenting practices / style, Parent mental health, Population health approaches, Program evaluation, Young people

SYMPOSIUM: Evolution, application and evaluation of the Triple P Implementation Framework (TPIF)

Dr Jenna McWilliam (Triple P International)[*1], Ms Jacquie Brown (Triple P International)[1], Ms Courtney Towne (Triple P America)[*2], Ms Verónica Villablanca (Triple P Latin America)[*3]

The three presentations in this symposium will explore the evolution and application of implementation support through the Triple P Implementation Framework (TPIF), including development of the Quality and Fidelity Monitoring Process (QFMP) with application in several initiatives in the United States, and application of the TPIF 3.0 through practice and evaluation of the Triple P Implementation Resource (TPIR) in Chile.

Paper 1: 10 years of application of implementation support through the Triple P Implementation Framework – TPIF 3.0

Background: The Triple P Implementation Framework (TPIF), supported by Triple P implementation consultants (IC), has been in use since 2013 to support dissemination and implementation of the Triple P – Positive Parenting Program (Triple P) worldwide. The goal of TPIF is to increase the uptake and sustainability of Triple P over time and develop an understanding of effective use of implementation science at the implementing organisations. This presentation will explore the application of implementation science through the development of a tailored implementation support system for the implementation of a global parenting program, and describe the 10-year journey from the development of the TPIF to the recent adaptation of a continuum of implementation support from self-directed to high-intensity.

Methods: The TPIF was revised and refined in 2018 in response to the experience of the ICs and feedback from implementing organisations – TPIF 2.0. In 2022, Triple P International embarked upon a process of assessing the effectiveness of TPIF 2.0 and IC support. 10 years of experience and information from implementing organisations, implementation consultants and the purveyor organisation was gathered and analysed. This information was used to develop TPIF 3.0.

Findings: Information and data collected indicated the need for simplification of the process and tools, more flexibility in the support available, and supports that are adaptable to various implementation approaches. The third and most significant revision of the TPIF in 2023, TPIF 3.0, includes the Triple P Implementation Resource (TPIR) which puts agency of the implementation process in the hands of the implementers, with a continuum of support provided by Triple P implementation consultants. The process provides for tailoring to the needs of practitioners, organizations, settings and contexts.

Implications: Through illustrating the evolution of the TPIF, this presentation contributes to addressing the research-to-practice gap in understanding and demonstrating the role purveyor organizations can play in undertaking continuous and rigorous review and application of implementation science to develop frameworks, mechanisms and resources to best support the contemporary delivery of evidence-based programs, and the importance of continuous improvement in resources, tools and supports that enable organisations to apply implementation science.

Paper 2: Core components and quality and fidelity monitoring: Developing a quality and fidelity monitoring process (QFMP)

Background: Between 2013 and 2018, Triple P International (TPI) was frequently asked by initiative funders how fidelity of Triple P was monitored. These questions led to consideration at TPI through which a number of factors were identified: (i) as the purveyor, TPI does not have agency over the trained practitioner's performance (over 90,000 worldwide); (ii) as implementation supports, TPI had a responsibility to support organisations to develop effective quality and monitoring processes as part of their implementation process; and (iii) any process suggested must reflect the Triple P principals of self-regulation and minimal sufficiency. The TPI implementation team initiated a process to address these considerations and provide a tool that would support implementers to develop a tailored quality and fidelity monitoring process as part of their implementation process.

Methods: The first step in the process was to identify and articulate the core components for Triple P programs. There are over 25 programs, and it was determined that the core components should be common to all programs. An extensive process of analysis led to confirmation of seven core components that are non-

negotiable components for any Triple P programs. This process included discussion between the implementation team and the program developers. The process described by the National Implementation Research Network identifying core components and suggested indicators for fidelity of content, competency of delivery and effective supportive context was used.

Findings: A descriptive tool with suggested indicators, the Quality and Fidelity Monitoring Process, (QFMP) is an integral part of the implementation process supported by TPI implementation consultants. The tool includes definitions of the core components as well as suggested indicators in three domains (content, competency and context) and checklists that promote quality improvement both at an organisational level and individual level. In field examples of application and contextual adaptations of the QFMP in several US initiatives will be discussed.

Implications: Monitoring and evaluating the quality and fidelity of the implementation process is critical to inform and tailor implementation support to the initiatives and organizational context, helping to improve program outcomes.

Paper 3: Putting TPIF 3.0 into practice: Using the TPIR with intensive IC support in 41 municipalities in Chile

Background: Triple P Latin America in Chile has been providing implementation support for municipalities to implement the Triple P – Positive Parenting Program (Triple P) since 2019. In 2023, Subsecretaría de Prevención del Delito (SPD) integrated Triple P into the LAZOS project, funding the expansion into more than 50 municipalities. SPD values highly implementation support and recognises its significant contribution to the successful delivery and sustainment of Triple P, and its return on investment. This presentation will discuss the application of putting the Triple P Implementation Framework (TPIF) version 3.0 into practice, through use of the Triple P Implementation Resource (TPIR) in 42 municipalities in Chile.

Methods: Five Triple P implementation consultants (ICs) have been trained in the use of the TPIR, with ongoing support from the implementation manager. Implementation support is being provided to clusters of five municipalities, each cluster has a dedicated IC. Intensive support is being provided over twelve months through 14 facilitated sessions including an orientation session for all municipalities. These topic-specific sessions support the implementers to work through the TPIR. In addition, each individual organisation participates in individual consultations monthly to address any specific challenges they are encountering, allowing for tailoring and support that addresses the individual needs of each municipality. It also allows for the ICs to identify themes that may be common in the use of the TPIR or in the implementation process. After five months of implementation, a survey was conducted in August 2024 to evaluate the TPIR in terms of content, usability and effectiveness.

Findings: Overall, findings indicate all municipalities are actively engaged and are developing support networks between municipalities, which provides for implementation capacity building across the system. Additional results will explore the user experience in more detail, assess implementation outcomes, and provide some overall comments and reflections.

Implications: Findings from the TPIR user survey in Chile will inform adaptations to the TPIR. Following this, TPIF 3.0 will be implemented by all TPI ICs globally.

Disclosure: In 2023, Subsecretaría de Prevención del Delito (SPD) integrated Triple P into the LAZOS project, funding the expansion into more than 50 municipalities.

Subtheme: Enhancing reach and implementation

Keywords: Child wellbeing, Dissemination and scaling-up, Evidence-based interventions, Implementation, Parental wellbeing, Policy, Population health approaches, Program evaluation, Workforce

SYMPOSIUM: Supporting parenting and family wellbeing in culturally diverse communities across the globe

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This symposium will present research and practice learnings from research teams exploring parenting and family wellbeing support in three diverse community settings - in First Nations communities in Australia and Canada, and in urban informal settlements in Kenya.

Paper 1: Addressing parent and carer wellbeing in First Nations community settings

Background: Consistent with a holistic conceptualisation of wellbeing, First Nations parents' and caregivers' wellbeing is likely to be linked to their children's development and interconnections with their cultural contexts (e.g., family and kinship, community, country, spirituality, and access to culturally sensitive services). Despite this knowledge, there has been little attention paid to understanding and measurement of the wellbeing of First Nations parents, caregivers and families in circumstances that are unique to cultural parenting and caregiving practices. No specific wellbeing scales have been developed to measure unique indicators of the wellbeing of Aboriginal and Torres Strait Islander parents. Based on a model of First Nations Parent Wellbeing developed with the Cherbourg community in Australia, this study aims to develop and validate a brief, reliable self-report measure of parent and caregiver wellbeing for use with First Nations communities in research and clinical practice.

Methods: The action research mechanisms of 'plan, act, observe, reflect' will be discussed as incorporated into the research co-design process, implementation, analysis, dissemination of findings and sharing of the First Nations Parent Wellbeing Scale. The current study is part of a series of doctoral research studies. In the first qualitative study, First Nations parents' and caregivers' subjective and cultural perspectives of wellbeing within their caregiving roles were explored through focus group discussions and in-depth interviews (N=20). Thematic analysis was undertaken using the social-emotional well-being framework for Aboriginal and Torres Strait Islander peoples and emergent themes were identified through interpretative phenomenological analysis. Drawing on these themes, a preliminary wellbeing scale was developed and reviewed by a community Elder, an expert researcher and a parent for face validity (rating whether items were: clearly defined; relevant to First Nations parent wellbeing; culturally sensitive and appropriate; and marked for inclusion or exclusion). Through this process, a 20-item scale with a visual analogue response was finalised and piloted with a community sample (N=57). To be eligible for the validation study, the participants need to: 1) self-identify as an Aboriginal and/or Torres Strait Islander parent or caregiver; 2) have at least one pre-teen child (2–12 years) in their care; and 3) be willing to complete the assessment (T1) and retest (T2). A sample of over 250 parents and carers is being recruited nationally to allow for factor analysis of the new scale (sample size determination was based on the 10:1 approach of having 10 participants for every scale item) and allowing for 20% attrition.

Findings: The measure has been piloted with good acceptability reported. Preliminary outcomes of the validation study will be discussed in relation to scale factor structure, reliability (internal consistency), convergent and divergent validity with other scales conceptually related to psychological distress, and test-retest reliability.

Implications: A reliable way of measuring the components of First Nations parent wellbeing has potential utility in clinical as well as research settings. The scale can be used as an intake screener (and used to guide a more detailed intake interview as appropriate), as a change sensitive outcome measure, and as a self-reflection tool. This could support the design of more effective interventions and policies aimed at improving family and child outcomes. Once validated, the scale will be made publicly available and could serve as a model for similar research in other First Nations communities internationally.

Paper 2: Wholistically supporting wellbeing in families and communities from community-driven, innovative initiatives in First Nations communities in Canada

Background: Community-driven research is beyond community-based and it enables us to support communities and the families within communities in a responsive, timely manner. Given our long-standing reciprocal relationships with community partners and consistent communication, we work with communities to implement innovative, community-led initiatives and programs. We are committed to community-driven research which goes beyond being merely community-based. We place community voice at the centre of the process by prioritising initiatives that address concerns identified directly by community members. Families,; and communities' lives are not experienced in silos which is why we are honoured that they trust us to support them across these silos to live wholistically healthy, strong and resilient lives.

Methods: Community-Based Participatory Research and Decolonizing Research Methodologies are both utilised to inform the work done to support Indigenous communities and families. The Model of Engaging Communities Collaboratively (MECC) is the framework that is utilised with community partners to ensure the work we do is responsive to the needs and priorities of the partners and effective solution-building is done collaboratively with partners. Through these methodologies and this framework, the research we do varies between quantitative and qualitative, dependent on the needs of the sovereign research priorities. Interview-style questionnaires, sharing circles, interviews and focus groups are most often utilised.

Findings: Community engagement and empowerment through this type of relational research work supercedes that of previous research that has been done with these community partners. The engagement of community partners in research is imperative towards sovereign work that further decolonises the institution of academia and its continued colonial violence. This way of working to support communities and families who continue to be oppressed and harmed by solely western methodologies of research has increased the uptake of Indigenous community partners to take lead roles in research initiatives. Interestingly, when a community partner becomes more well versed in research and the potential of its outcomes, mixed methods approaches are more common to ensure "the numbers speak to the powers that be." Sovereign research is a non-separable portion of our efforts as we are making efforts to move toward an equitable society by supporting initiatives that return self-governance back to communities. These projects include initiatives such as research ethics sovereignty which supports communities to develop their own research ethics board and processes as well as other initiatives and programs such as technology support to access health care services for older adults in rural and remote communities, community and family fitness, food security, oral health education, trauma education and support, addictions awareness and anti-stigma education/support groups, drinking water quality and access, environmental injustices and others.

Implications: Essentially working in this collaborative and wholistic way with equity-deserving communities and families showcases the impact it can have on ensuring the engagement and uptake of our work with these communities. We work toward the ultimate goal of empowering equity-deserving communities to gradually take the lead in research, programming and build independence and greater resilience. For research, policy and practice, these methods and their positive results must be taken into consideration for the future of all equity-deserving populations. The more ownership or stewardship the communities take of the research, the more rich and true data will be gathered to sincerely make a difference.

Paper 3: Supporting parents to reduce corporal punishment through culturally-sensitive tailored delivery of an evidence-based parenting program and indigenous research methodology

Background: The Kenya National Plan of Action for Children (2015–2022) aims to promote and protect the rights of children in Kenya (National Council for Children's Services, 2015). It provides an operational

framework to guide stakeholders and outlines priorities and interventions for progressive realization of children's rights in Kenya. One of the four pillars of the national plan is child protection, which is defined as preventing and responding to violence, exploitation, neglect, and abuse against children. One of the strategies acknowledged is the need for development of parenting programs as one of the strategies in addressing violence. This points to the need for rigorous research to identify which programs are best suited for Kenya. Following a pilot evaluation of the Group Triple P – Positive Parenting Program in informal settlements in Kisumu, Kenya, this paper presents the findings from a randomised controlled trial of the program in similar settings. Adaptations were made to assessment and intervention processes to ensure fit to the cultural context. The aim was to evaluate the impact on parental disciplinary measures that may inadvertently harm children.

Methods: Randomised control trial methodology was used. Participants were 156 parents/caregivers from informal settlements in Kisumu, who completed an initial survey (T1) with a range of questions regarding their parenting styles, confidence, and children's behaviour. Participants were randomly assigned to the intervention (start now; n = 83) or waitlist control (start later; n = 73) groups. Participants in the intervention group attended two group sessions, three individual sessions and a final group discussion two weeks later. All participants completed subsequent surveys after the intervention/8 weeks after baseline (T2,) and at 6-month follow-up (T3).

Findings: Analyses indicated groups were similar on all factors except the intervention group reported greater financial distress. Positive intervention effects were found. Parents in the intervention condition reported improved parenting confidence following the program, and significant and sustained impact on increased use of various positive, non-physical disciplinary measures, and a reduction in some negative disciplinary practices, particularly related to different forms of physical discipline. Parents reported a high level of program satisfaction and attrition was low (8%).

Implications: The results of this study contribute to the growing body of evidence supporting positive parenting programs as effective strategies to mitigate violence against children in low-resource settings. With culturally sensitive delivery, this is a promising intervention to improve parenting skills and confidence and reduce corporal punishment. Parents showed a high demand for the intervention, and it was well accepted. Further tailoring of assessment methods is indicated.

Subtheme: Enhancing reach and implementation

SYMPOSIUM: Reaching seldom-heard families: Insights from three Swedish parental support projects

Ms Livia van Leuven (Karolinska institutet)[*1], Ms Vera Wachtmeister (Karolinska institutet)[*3], Ms Maja Västhagen (Karolinska institutet)[*2]

This symposium will discuss barriers and strategies to reaching seldom heard populations with parental support, with examples from research projects focusing on three groups: recently settled immigrant parents, parents reported for child abuse, and families with a parent in prison. The projects have attempted to address barriers by developing interventions aimed at reaching these families. Key factors for reaching and engaging families will be discussed, specific to each population, along with strategies that may be successful.

Paper 1: Bridging barriers to engaging families in child maltreatment prevention programs

Background: Behaviorally oriented parenting programs are effective in preventing child maltreatment (CM). However, families where CM is suspected or substantiated remain underrepresented in research of parenting programs, a gap emphasized by the World Health Organization. Barriers to engaging parents reported for CM include low motivation, stigma, cultural differences, risk factor burden, and distrust in social services. Further, these challenges hinder participation in evidence-based programs in routine services, limiting their reach and impact. Addressing such barriers can be a key to improving outcomes for vulnerable families and enhancing CM prevention efforts.

Methods: The parenting program Safer Kids was designed to address barriers to engaging parents reported for CM. Safer Kids is offered within the child welfare services, following a report of CM. Key strategies to engage parents include offering the program quickly after a report, framing it as a resource for common parenting challenges rather than specific to abuse. This approach aims to reduce sense of stigma and increase parental acceptance to participate. Safer Kids had high rates of completion and satisfaction in two controlled trials. Two qualitative studies, informing this presentation, were conducted to deepen understanding of how parents and therapists experience barriers and facilitators to participation in Safer Kids. Parents (n=15) and therapists (n=19), from a randomized controlled trial, were interviewed. This session will present their perspectives relevant to overcoming barriers to CM prevention. Furthermore, highlight strategies included in Safer Kids aiming to engaging parents reported for CM in programs.

Findings: Consistent with previous research, therapists reported challenges in engaging parents suspected of CM in programs, including negative feelings from being reported and skepticism towards child welfare involvement. Meanwhile, therapists observed that most parents accept and complete Safer Kids, attributing this to its universal framing and quick initiation. Additionally, initial skepticism often shifted as parents experienced benefits from behaviorally oriented homework assignments, which fostered motivation. While cultural differences could be a barrier, there were experiences that parents from diverse cultures often benefit from Safer Kids. Therapists emphasized the importance of building strong alliances with parents, achieved by listening, showing empathy, and understanding the unique challenges they face. These relational aspects appeared critical to ensuring engagement and program success, alongside the program's design and implementation.

Implications: Experiences from the Safer Kids program underscore the importance of how interventions are designed and delivered to effectively engage families underrepresented in research and practice. Beyond discussions, providing concrete, actionable guidance for challenges parents face is likely crucial for fostering engagement. Additionally, the therapist's ability to build strong rapport with parents was identified as a key factor. To enhance this aspect, training programs and manuals for providers could include techniques for establishing trust and alliance with the specific target group.

Paper 2: Meeting parents where they are at: The key to engage recently settled immigrant parents in parenting programs

Background: Despite the specific stressors that migration entails, not at least in the post-migration context, these families are underrepresented in research and interventions to support families in the new cultural context are scarce. The challenges in reaching out with interventions to this target group involves aspects as language and cultural barrier, overall accessibility and fear/mistrust. This parenting program is a brief newly developed program, delivered in mother tongue, focusing on strengthening resilience among migrants recently settled in Sweden.

Methods: To overview recently settled parents' barriers to take part in a parenting program and implemented strategies to overcome these barriers within this project the qualitative data from the pilot feasibility study and the randomized controlled trial will be presented. Both studies were evaluated using convergent mixed method designs. Bi-lingual group-leaders from the pilot study was interviewed (N= 11) as well as Somali, Arabic and Dari-speaking parents participating in the randomized controlled trial (N=18). Collected experiences from group leaders as well as parents, and perceived barriers and strategies to overcome these, along with lessons learned from the overall program implementation and helpful strategies will be presented.

Findings: The qualitative results from the feasibility study based on interviews with group leaders described the need of meeting parents where they're at and building trust, through cultural bridges, cultural adaptations and time for relation-building. The experiences from the parents participating in the RCT fear for institutions and social services was described as a clear hinder to take part in a parent program and to overall be a part of the society and to fully thrive in parenthood in the new cultural context. The parents also stressed the importance of accessibility for the parents, both in terms of location and time, as well as the language.

Implications: To be able to meet parents where they are at requires cultural bridges and time for building relationships to create/deserve trust, an aspect that cannot be overstated when it comes to reach newly settled parents. The importance of a preparatory phase to establish relationship and co-operation is emphasized to enable research and interventions with seldom heard populations in general. The concrete strategies and described components to try to build a safe space for parents could be seen as some guidance to overcome eventual distrust and to a larger extent reach families with parenting programs.

Paper 3: Children with Parents in Prison: An intervention to promote psychosocial health

Background: Children with parents in prison are often an invisible group in society, and there is no evidence-based support for these children. However, we know that these children are at high risk of ill health, criminality, and marginalization. Possible explanations for the lack of support in society for these families include stigma, lack of awareness, and distrust of authorities and healthcare services. A current project is developing a parent-and-child support intervention in collaboration with children, caregivers, and stakeholders to promote the psychosocial health of children with parents in prison. This presentation will focus on barriers and strategies to reaching these families.

Methods: Semi-structured interviews were conducted with children with incarcerated parents (n = 14), non-incarcerated caregivers (n = 16), and professional stakeholders (n = 25). Participants were recruited using a purposive sampling strategy across Sweden in 2024. Data analysis is ongoing, employing content analysis to identify key categories and insights related to the experiences of barriers and strategies for seeking and receiving support.

Findings: Preliminary results reveal that the stigma associated with the incarcerated parent's criminality extends to the family, impacting children, caregivers, and their interactions with professional stakeholders. This stigma creates barriers to seeking support, contributing to feelings of shame and isolation. Another preliminary finding is a distrust towards authorities, stemming from both fear of consequences and past negative experiences. It becomes evident that existing non-profit organizations could play a key role in providing support, making it easier to reach these families. Furthermore, many families report uncertainty about where or how to access support. Additionally, in their interactions with social services and schools, they

often feel compelled to educate staff on the practical and emotional challenges associated with having a parent in prison.

Implications: The findings highlight the need for targeted policies that address the unique challenges faced by families with incarcerated parents, such as stigma, distrust towards authorities, and lack of awareness. Research could focus on the development of evidence-based support systems and interventions, particularly through collaboration with non-profit organizations, to improve access to support for these families. Additionally, it may be beneficial for social services and schools to increase their understanding of the needs of children and caregivers affected by parental incarceration.

Disclosure: The project is funded by grant from the Swedish Research Council for Health, Working Life and Welfare. The authors have no conflicts of interests to disclose.

Subtheme: Parenting support for diverse family needs

Keywords: Child and family adversity, Cultural diversity, Dissemination and scaling-up, Evidence-based interventions

SYMPOSIUM: Barriers and enablers to implementing the Tuning in to Kids® emotion coaching parenting program across diverse contexts in 4 continents

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The Australian emotion-coaching parenting program Tuning in to Kids (TIK)® enhances emotion related parenting behaviors. Research using randomized control designs has shown that it improves child development and behavior outcomes and family climate. Previous evaluations have highlighted its cultural adaptability and effectiveness across diverse settings, including originally Australia, and now also Germany, Turkey, Iran and Hong Kong (Havighurst et al., 2022). The program is now delivered in many other locations, including Norway, Switzerland, the UK, and the US). However, less is known about implementation or field effectiveness, and implementation research is needed to identify potential enablers or barriers.   In four papers, we explore implementation, evaluation, and effectiveness across a range of contexts. In the first paper, Ambrosi et al. (Australia) report how facilitators deliver in community contexts and provide recommendations to support future trainees to implement confidently and appropriately. In the 2nd paper, Duah et al use a generic funder evaluation that focuses on knowledge gained and self-control to compare emotion coaching to behavior training parenting education programs in a conservative parenting context in the US, showing equal or better results across 7 items. In the third paper, Sarin et al (USA) report on the results of validating a brief field evaluation measure, which includes novel items such as learning the value of routine as a parenting tool. In the final paper, Burkhardt et al (global) report on barriers and enablers to implementation in 17 countries (5 continents).

Paper 1: Real-world results: Implementation of an emotion-focused parenting program by Tuning in to Kids trainers

Background: Tuning in to Kids (TIK) is an emotion-focused parenting approach that emphasises the importance of connection between parents and their children, which is facilitated through emotion coaching. The TIK approach has been used to create other population-specific group-based parenting programs for various delivery modalities. Extensive research supports the efficacy and effectiveness of TIK as a group-based parenting program in both community and clinical settings in Australia, Norway, Germany, Iran, Hong Kong, and the USA). As efficacy and effectiveness have been established in various contexts, research is now focused on how the programs are used by the more than 10,000 facilitators who have attended TIK training. There is limited understanding of how TIK is delivered in the field, and therefore the extent to which families are benefiting from the TIK ideas and methods. The evidence-base and training for TIK is predominantly based on a face-to-face group-delivery, however, or whether alternative methods are primarily being used. Research is showing that the ways in which parents are accessing support have changed since the COVID-19 pandemic, with the proliferation on online-based support. Given recent national recommendations it is also important to examine whether TIK can be accessible and responsive to diverse local needs. This study examines that ways in which services are currently using TIK, which will provide insights into the future of parenting support and inform implementation support.

Methods: A cross-sectional study was conducted to examine the implementation and dissemination of Tuning in to Kids parenting programs by community-based facilitators. Facilitators who completed accredited TIK training prior to 2024 were invited to complete an online survey that captured the acceptability, appropriateness, reach, implementation (e.g., method and format of delivery, adaptions), and maintenance of the parenting programs.

Findings: Three delivery methods were most frequently used by facilitators: in-person parenting groups; in-person one-to-one sessions, and; integrating Tuning in to Kids concepts into their work. Examples of content and skills that facilitators commonly integrated into their work included steps of emotion coaching, meta-emotion philosophy, bids for connection, and the Siegal's hand model of the brain showing fight-fright-flight responses. Facilitators reported that delivering Tuning in to Kids and Tuning in to Teens as in-person parenting groups met the needs of parents in their communities either to a considerable or great extent. A

small portion of trained facilitators stated that they did not use the program with parents in any way. Reasons for not using the program included: providing parenting support in other ways, not being confident in delivering content, inadequate funding, and competing priorities within facilitators' workplaces.

Implications: This study informs practical implementation supports for post-facilitator training. Recommendations for post-training supervision sessions and support materials will be discussed. The results also suggest ways to adapt training to align better with typical delivery modalities and support facilitators to implement TIK successfully in their own community contexts.

Disclosure: Tuning in to Kids author, Havighurst, wishes to declare a conflict of interest in that she may benefit from positive reports of this program. Proceeds from dissemination of Tuning into Kids provide funding for development and research with the program. Authors of Tuning in to Kids and the University of Melbourne receive royalties from proceeds of Tuning in to Kids manual sales.

Paper 2: Effectiveness of a social-emotional parenting education program in a conservative US parenting culture during the COVID-19 Pandemic

Background: Tuning in to Kids (TIK) is a parenting program that teaches emotion-coaching skills to enhance parenting practices. Previous evaluations have highlighted its cultural adaptability and effectiveness across diverse settings, including originally Australia, and now Germany, Turkey, Iran, and Hong Kong (Havighurst et al., 2022). TIK demonstrates consistent capacity to foster children's emotional competence by enhancing parents'/caregivers' emotion socialization practices, despite cultural variations. In the Southern U.S., parenting styles are typically more authoritarian, so we explore whether parents will report increased understanding of the importance of emotional development and motivation after completing the TIK parenting program.

Methods: The state funder requires a standardized post pre-post self-assessment of each series delivery. This 20-25 item questionnaire covers parenting knowledge, motivation, and, during COVID, two items on household impacts. We test a null hypothesis that no change will be shown on the self-assessed pre- and post-parenting measures. Further, though, if change is demonstrated, we predict that the direction and magnitude of effect will not be significantly different than other state-funded programs. To compare the effectiveness of Tuning in to Kids using the state evaluation instrument, a repeated measures analysis of variance (ANOVA) test was conducted, comparing the pre and post training knowledge of participants across items on the survey. Data includes paired evaluations from individual participants from three grant years of delivery, 2019-20, 2020-21, and 2021-22.

Findings: Preliminary analysis of a subset (N=43) shows that seven items showed significant improvement. Participants knowledge of ways to manage stress (Pre-intervention (M =2.30, SD=.81), Post-Intervention (M = 3.35, SD = .63, $F_{(1,36)}$ = 37.10, $p < .01$), knowledge of ways to manage anger (Pre-intervention (M = 2.30, SD =.85), Post-Intervention (M = 3.30, SD = .85, $F_{(1,36)}$ = 35.05, $p < .01$) and knowledge of children's development (Pre-intervention (M=2.57, SD=.90), Post-Intervention (M = 3.35, SD = .59, $F_{(1,36)}$ = 31.15, $p < .01$) showed the strongest effect of increased knowledge after training intervention. In addition to disproving the null hypothesis and demonstrating significant results, results show higher means on significant items than all aggregated programs of each year.

Implications: The findings demonstrate that, even in a more conservative parenting culture, an emotion coaching program increases parents understanding of basic parenting knowledge, as do other typical and behavioral training programs offered in the same region/state with a non-clinical child population, and under COVID-19 conditions of at-distance delivery. References Havighurst, S. S., Kehoe, C. E., Harley, A. E., Radovini, A., & Thomas, R. (2022). A randomized controlled trial of an emotion socialization parenting program and its impact on parenting, children's behavior and parent and child stress cortisol: Tuning in to Toddlers. Behaviour research and therapy, 149, 104016. https://doi.org/10.1016/j.brat.2021.104016

Disclosure: Program delivery which resulted in evaluations that were analyzed here was funded by the Children's Trust Fund of the State of Alabama, USA. The funder was not aware of individual identities, and there is no involvement in these evaluations

Paper 3: Validating the Peer Intelligent Parenting Emotions Scale (PIPES) to measure children's emotion socialization for university extension delivery

Background: We are interested in validating the Peer Intelligent Parenting Emotions Scale (PIPES) as a measure of emotion socialization in children for Extension delivery. Other measures of emotion socialization ignore elements such as linking routine to change, comparing parenting to their peers, and didactic vs. coaching knowledge. TIK was initially developed as an intervention program that introduces emotion coaching as a parenting practice to parents of 4-5 year old children with diagnosed behavioral issues. In 2019, TIK was launched in Alabama, quickly transitioning to online delivery during the COVID-19 pandemic.

Methods: Field evaluation data was collected for delivery of Tuning in to Kids (TIK) across three funder-years (2019-20; 2020-21; 2021-2022). Three evaluation instruments provided an opportunity for comparison of instruments: (a) a post-program Parent Emotion Socialization Questionnaire (PESQ); (b) a pre- and post-Extension system evaluation instrument (PIPES) that contains qualitative and quantitative questions, and; (c) a post pre-post evaluation required by the funder. PIPES was developed for Extension evaluation and contains six items captures aspects of emotion socialization not measured in other scales, such as linking routine to change, asking parents/caregivers to rate themselves in comparison to their peers, and parents' understanding of didactic vs. coaching knowledge. Items were scored from 1 (strongly disagree) to 4 (strongly agree). Participants also have the option to select, "not applicable." Two tests are used to explore potential parallels: First, for significant change in the pre- and post-interventions scores on PIPES, to demonstrate within-scale range. Second, we compare the single-time evaluation measure of the PESQ against published results of the original TIK deliveries to demonstrate parallels, if any, to results of emotion coaching in prior research. Third, we contrast results of tests one and two tests to demonstrate potential parallels between the pre- and post-PIPES and the PESQ after delivery of TiK as an intervention.

Findings: We predict with a null hypothesis that there will be no differences between the scores on the pre and post PIPES items. However, descriptive review demonstrates variation in participant responses. We predict a null hypothesis that there will be no difference between the scores on the post-intervention PESQ representing impacts in Alabama deliveries in contrast to original Australian deliveries. Finally, we predict that the direction of change will be parallel for the PESQ and the PIPES. If the two null hypotheses are not supported, it will suggest that TIK intervention was effective during the on-line COVID deliveries, as they were in the original format, but also that the PIPES brief evaluation form may be effective in measuring impact.

Implications: The PIPES evaluation engages three parenting dimensions that are not represented in the PESQ, namely parenting routine, parent-peer self-assessment, and didactic vs. emotion coaching skill. A significant result would demonstrate the efficacy of this simplified evaluation instrument pre- and post-PIPES evaluation may be effective at capturing change in the effectiveness of TiK in the US South. Given significant results, we propose continuing to validate PIPES as a brief field measure of parent emotion-socialization education.

Disclosure: Program delivery which resulted in evaluations that were analyzed here was funded by the Children's Trust Fund of the State of Alabama, USA. The funder was not aware of individual identities, and there is no involvement in these evaluations

Paper 4: A mixed-methods study on practical experiences in 17 countries

Background: Tuning in to Kids (TIK)® from Australia is the most evaluated emotion-focused parenting program. It has been used and evaluated across continents, countries, and cultures and has proved effective for primary and secondary prevention as well as for clinical target groups. Evaluations show that parents can regulate their emotions better, improve their parenting, and respond to children's emotions in a supportive, validating way, i.e. emotion coaching, get less stressed about children's anger or fear. Child behavior, emotional competencies, and family climate also improved after parents attended the six-session program.

Methods: Implementation research on parenting programs is needed to identify potential enablers or barriers. In order to evaluate potential universal and specific facilitators and barriers to the implementation of TIK we conducted a mixed-methods study. 19 oral semi-structured interviews in mid-2023 with people using TIK in 17 countries from Oceania, Asia, the Americas, and Europe. Besides the opening question "how did you use TIK in your country", people were also asked about the key barriers and facilitators they faced during their use of the program in a new country. The interviews were analyzed. Key findings were put in a global online survey to quantify findings (N=28) in early 2024.

Findings: As universal barriers (1) time of the participants (2) organizational issues like facilities and appropriate time windows for the parents (3) the participants' motivation and keeping them on track (4) cultural expectations and how you talk about personal things or emotions as well as gender issues and (5) the program is not yet well-known in the countries for parents to sign up right away. Universal enablers were (1) the participants' motivation and eagerness to learn about emotions and improve their parenting (2) synchronous group webinars instead of weekly group meetings in person (3) support for the group leader, e.g., supervision or delivering as a team (4) mental health awareness is rising in many countries (5) participants really liked TIK, its content and methods. Ambivalent enablers or barriers was, e.g., gender: in some countries, it seems beneficial to mix fathers and mothers in the group, but in other countries that would be difficult or even impossible.

Implications: Important barriers and facilitators were reported from all domains of the Consolidated Framework for Implementation Research 2.0 (CFIR) but mainly from the inner setting and participants domain, whereas especially the outer setting domain didn't seem to play a role at all in the case of the implementation of TIK. The overall commitment of TIK users globally is very high: most interviewees agreed immediately to talk about their experiences and were very eager to advance implementation knowledge for TIK. Implementing a new parenting program in a new country and / or culture could benefit from this knowledge of what already worked in similar cultures and thus would allow a more sustainable use of resources.

Subtheme: Enhancing reach and implementation

Keywords: Implementation, Measurement, Parenting practices / style, Program evaluation

SYMPOSIUM: What do parents want from parenting programs and what benefits do they bring?

Dr Mandy Kienhuis (Parenting Research Centre)[*1], Dr Catherine Wade (Parenting Research Centre)[*1], Dr Michelle Harrison (Parenting Research Centre)[*2,3], Dr Fiona May (Parenting Research Centre)[*2], Ms Jenny Boadle (Parenting Research Centre)[*2], Dr Hanif Jaberipour (Australian Childhood Foundation)[*3]

Parenting programs are an important part of the family support suite of offerings. With a solid evidence base across many programs, including those developed specifically in Australia and those designed for diverse target groups (e.g. parents of children with disability), governments and services providers have a wide variety of evidence-based programs to choose from. Accordingly, parents also have choice in what they access. But what are parents looking for when they are choosing a parenting program? This symposium will begin by addressing this question, by exploring what the Parenting Today in Victoria representative survey data tells us about parents' preferences for parenting support. Following this, we will present information about two large-scale parenting support offerings, which have been disseminated across Australia over multiple years. These papers will describe recent findings regarding the benefits of (a) the MyTime peer support program for parents of children with disability and (b) the Bringing Up Great Kids program, and discuss implications for family support providers and program funders.

Paper 1: Insights from the Parenting Today in Victoria surveys: Parent experiences, help seeking preferences, and participation in parenting programs

Background: In 2016, the Parenting Research Centre, with support from the Victorian Government, conducted the first Parenting Today in Victoria survey - the most comprehensive survey to date into the concerns, needs and behaviours of Victorian parents.

Methods: Survey data has been collected in 2016, 2019, and 2022 and will be collected again in 2025. In each wave, a representative, random sample of 2600 Victorian parents and carers (40% fathers) of children aged 0-18 years have completed the survey. In previous waves, surveys have been conducted using computer assisted telephone interviewing, and for the first time in 2025, we will use a combination of online survey methodology and telephone interviewing. Findings from the comprehensive and methodologically rigorous Parenting Today in Victoria surveys provide a snapshot of how Victorian parents are faring and can be used to track change in parent experience and support needs across waves, and to guide policy and practice.

Findings: This presentation will report on survey findings focused on help-seeking, uptake of parenting programs, and program features that influence parents' decision to participate in parenting programs. These findings are important as evidence-based parenting support promotes parent child-interactions and positive child outcomes and is also associated with improvements in parent wellbeing. Our findings suggest that most parents are faring well, have access to support from family and friends, and are open to the idea of accessing professional support if they need it. However, many parents are reporting distress and challenges in parenting, and some are not aware of parenting programs for them to access. Our findings also provide insights into patterns of parent uptake of parenting programs according to family characteristics (e.g., parent gender, child age, child needs, parent wellbeing) and parent preferences for features of parenting programs (e.g., online vs in-person).

Implications: Our findings (a) highlight the need to increase awareness of, and access to, evidence-based parenting support, (b) provide a baseline for tracking uptake of parenting programs over time, and (c) provide valuable insights for how policy makers and service providers can act now to increase parent participation in parenting programs.

Disclosure: The Parenting Today in Victoria study is funded by the Victorian Government

Paper 2: The development of a Continuous Practice Improvement system for the national MyTime facilitated peer support program for parents of children with additional needs: Using real-time practice information to monitor outcomes and guide improvement efforts

Background: MyTime is a national facilitated peer support program for parents and carers of children with additional needs. MyTime is informed by research which suggests peer support programs can provide

important social support which can enhance parent wellbeing, sense of efficacy and confidence and ultimately help children and young people to thrive. MyTime was established in 2007 and is funded by the Department of Social Services. The Parenting Research Centre (PRC) has been involved in the design, management and evaluation of the program since its inception. The program is currently delivered across Australia by eight delivery partners, with 190 groups operating across the country, including both in person and virtual MyTime groups. In 2024, MyTime delivered 3374 sessions across Australia, attended by 18,026 members. MyTime has engaged in evaluation of outcomes for participants since its inception, with previous approaches to evaluation exploring aspects of implementation fidelity, pre-post outcomes for parents and perceptions about the value of MyTime. In an effort to increase the collection and use of data with the goal of supporting practice, the PRC commenced development of a Continuous Practice Improvement (CPI) system in 2022. CPI is a data-driven approach to improving the quality and effectiveness of practice, which consists of two key elements: (1) Data transformed into meaningful practice intelligence; and (2) Team-based continuous improvement processes that ensure learnings from the data are translated into real changes in practice.

Methods: Biannual check-in surveys were introduced for members and facilitators in 2024 (May 2024, n=500; November 2024, n=700) to understand key changes for parents and carers (sense of community belonging and hope, support, self-care and confidence) and for facilitators (what happens in groups and what practices are supporting outcomes for families). Customised dashboards have been developed to provide access to real-time practice and outcome data to support facilitators to make decisions to improve program implementation and outcomes.

Findings: This paper will discuss the establishment of a CPI system for a nation-wide program, including key considerations regarding design and implementation. Outcomes regarding MyTime implementation and impact as measured through the CPI system will also be discussed.

Implications: This paper has important implications for research and practice by sharing an approach to monitoring and evaluating outcomes which can support ongoing improvement efforts for a large-scale program. Findings also add to the knowledge base regarding outcomes associated with facilitated peer support programs for parents and carers of children with additional needs.

Disclosure: MyTime is funded by the Australian Government

Paper 3: Evaluation of the Bringing Up Great Kids (BUGK) program: How does it stack up against other parenting programs?

Background: Bringing Up Great Kids (BUGK) is a parenting program that supports parents to reflect on their parenting practices to better understand their child's behaviour and improve parenting responsiveness and parent-child relationships to support child wellbeing. Developed by the Australian Childhood Foundation (ACF) in 2005, BUGK is a relational parenting program with theoretical foundations in attachment and mindful parenting practices. BUGK is delivered across Australia and internationally by both government and non-government agencies. Program resources and facilitator training are developed and delivered by ACF. BUGK incorporates ongoing evaluation efforts into its program, alongside independent evaluations (Deakin University, 2006; AIFS, 2014). To strengthen the evidence base of the program, ACF contracted the Parenting Research Centre (PRC) to develop and implement a robust evaluation framework to understand (1) program implementation, (2) parent transformative learning and empowerment, and (3) pre-post-follow up outcomes for parents and their children.

Methods: The evaluation of the BUGK program used a multi-site non-randomised comparison group quasi-experimental design. Parents/carers who attended BUGK delivered in Australia during late 2023-early 2024 (treatment group) were surveyed pre, post and 3-6 months follow up, with parents/carers who had not attended BUGK (comparison group) surveyed over three similar time points. Both groups were asked about their parenting self-efficacy, reflective capacity, parent-child relationships and child behaviour. BUGK parents/carers and the group facilitators were asked about the program delivery and attendance, alongside parent transformation learning and empowerment efforts.

Findings: This paper will discuss the evaluation journey, key findings and learnings for practitioners to consider when choosing a parent program to deliver or when attempting to evaluate a parenting program.

Implications: This presentation will be beneficial for practitioners with limited evaluation expertise and/or funds. It will step out the process to evaluation, including the development of a theory of change and the selection of tools and methods to measure program implementation and impact.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Dissemination and scaling-up, Early childhood, Evidence-based interventions, Implementation, Intervention outcomes, Program evaluation

Caregiver-infant interactions in infants across neurodivergent groups: Using the latest evidence to Inform early accessible interventions

Ms Chengcheng Ke (University of Manchester)[*1], Ms Malavi Srikar (National Institute of Mental Health and Neurosciences)[*2], Ms Gamze Kaplan (University of Manchester)[*3], Dr Ming Wai Wan (University of Manchester)[*4]

This symposium attempts to integrate our latest observational research findings of caregiver-infant interactions across (emergent) neurodevelopmental conditions and discuss how these findings inform the development of early accessible interventions. Three studies examined caregiver-infant interaction in infants at elevated likelihood of autism (Chengcheng Ke, Malavi Srikar), ADHD and with the genetic disorder, Neurofibromatosis 1 (Gamze Kaplan), utilising the Manchester Assessment of Cargiver-infant Interaction (MACI). We focus on how EL-autism interactions may be differentially impacted by emergent autism signs (Chengcheng Ke) and differ by cultural context (Malavi Srikar). A recent qualitative metasynthesis of studies on parents' experiences of participating in a video-feedback based intervention from a range of groups (Ming Wai Wan) emphasises the importance of considering parental perceptions and lived experience. Finally, drawing on the findings of all studies, we discuss whether and how accessible interventions can be developed, which are suited across conditions and cultural contexts, and are effective.

Paper 1: Which emerging autism signs at 12 months are associated with later parent-infant interaction qualities?

Background: An established literature suggests that parent-infant interaction (PII) qualities in infants at elevated likelihood of autism (EL-autism), diverge from neurotypical peers by the end of the first year, especially among those later diagnosed with autism. A common explanation, based on transactional theory, is that autism signs emerging in infancy disrupt parent responses, in turn affecting infants' social experiences. However, no studies have directly linked early autism features to later PII. Understanding these associations is crucial for early support. The aim was to investigate how early autism features at 12m in EL-autism infants relate to specific PII qualities at 18m.

Methods: This analysis comes from the Australian Infant Communication and Engagement Study, comprising 103 EL-autism infants. At 12m and 18m, a validated and widely used screening tool of early autism signs was administered by trained clinicians. Each measured early sign was categorised based on conceptual and statistical similarity into three domains: social attention, sensorimotor skills, and emotional regulation. At 18m, 6 min PII from free play was videotaped and independently blind coded using the Manchester Assessment of Caregiver-Child Interaction. Four PII scales were selected: parental sensitive responsiveness, infant attentiveness to parent, infant negative affect and dyadic mutuality, as they had been previously shown to differentiate 14m EL-autism infants who went on to be diagnosed with autism from those who were not. Linear regression models examined how 12-month autism features (social attention, sensorimotor and emotion regulation) were related to PII qualities at 18m, independent of concurrent (18m) autism features.

Findings: Overall scores on early autism features were correlated with almost all areas of PII. As predicted, autism features at 12m were associated with later (18m) PII qualities, independent of concurrent (18m) autism features. Specifically, stronger social attention features demonstrated lower attentiveness to their parent during PII and their interactions with their parent were less mutual. However, contrary to our prediction, levels of sensorimotor difficulties were positively associated with later infant attentiveness to parent, decreased infant negative affect, and enhanced dyadic mutuality. Emotional regulation scores (which had a low score range, but these items had been based on the administrator's overall judgement rather than specifically pressed for) had no significant association with PII scale.

Implications: Pending replication in a larger sample using a detailed measure of autism features and longer-term follow-up, the findings support the notion that PII changes in EL-autism infants are rooted in the differential impacts of emerging autism features on PII. While social attentional features were linked with later PII in expected ways, infant sensorimotor challenges may lead parents to adjust their interactions in a compensatory manner, resulting in increased infant attending to the parent. Enhanced screening for early autism-related features and accessible parental resources are needed, which consider how autism features may influence parental responses.

Paper 2: Caregiver-infant interactions in infants at elevated familial likelihood for Autism: Preliminary findings from India

Background: Caregiver-infant interactions (CII) are crucial for shaping infants' social and language development. Infant siblings of autistic children are at elevated familial likelihood for autism (EL-Autism) and often experience differences in CII compared to typically developing (TD) infants. This could further hamper socio-communicative development. Existing studies have involved Western samples (Australia, Europe and USA). However, CII is known to vary depending on a culture's socialisation goals and values. This preliminary study investigated CII in EL-autism infants compared to TD infants in India. In a low- and middle-income setting, with restricted resources and specialised healthcare, this study collated caregiver self-recorded play videos.

Methods: Caregiver-infant free-play videos (6-minutes) were collected from 33 EL-autism (Mean age:11.65±2.04) and 15 TD (Mean age: 12.75±2.12) infants aged 9-15 months. Videos were self-recorded by caregivers in their homes and shared with the research team using secure file transfer protocol. CII was rated by two trained coders using the Manchester Assessment of Caregiver-Child Interaction–Infant (MACI), a validated measure to evaluate global features of CII comprising of caregiver, infant and dyadic interaction rating scales. Good-excellent inter-rater reliability (>.80) was maintained for all scales. Independent (i.e., caregiver-rated) concurrent measures of infant development were recorded on the Vineland adaptive behaviour scale – 3rd.ed. (VABS-3) and MacArthur-Bates Communicative Development Inventories (MCDI), and early signs of autism on the Autism Parent Screen for Infants (APSI).

Findings: Age adjusted analysis using one-way ANCOVA revealed that EL-Autism infants received lower caregiver sensitive responsiveness (F=4.28; p=. 044) and psychological stimulation. (F=6.88; p=.012) compared to TD infants, demonstrating a partial replication of previous studies conducted in the UK. No significant group differences were observed in the MACI caregiver directiveness, infant or dyadic scales. Caregiver sensitive responsiveness (ρ=0.34, p=.021) and psychological stimulation i.e., incorporating social and cognitive stimulation (ρ=0.29, p=.049) were positively associated with infant play development (i.e., play and leisure sub-domain) on VABS-3, while infant liveliness (ρ = 0.41, p =

Paper 3: Parent-infant interaction within emerging neurodiversities: Neurofibromatosis 1 and elevated likelihood of ADHD

Background: Neurodevelopmental conditions can inadvertently affect early social development by altering parent-infant dynamics. While early parent-infant interactions (PII) in infants at elevated likelihood of autism are beginning to be explored—showing less socially engaged and communicative infants, less responsive and more directive parents, and lower reciprocity—little is known about whether other infant conditions exhibit similar or distinct patterns. This study focuses on Neurofibromatosis 1 (NF1) and elevated likelihood of ADHD (EL-ADHD). Both conditions share early developmental features, such as delays in communication and social cognition, but also show distinct characteristics. NF1 infants often display slower motor development, whereas EL-ADHD infants are more likely to exhibit heightened activity levels and emotional reactivity. Understanding how these similarities and differences shape PII may inform a transdiagnostic approach to

early social intervention. This preliminary study is one of the first to investigate PII in these two groups relative to typically developing infants (TD) at 10 and 14 months of age.

Methods: Participants included infants with NF1 (10m: n=22, 14m: n=26), EL-ADHD (10m n=19, 14m: n=20), and TD (10m: n=40, 14m: n=28), along with one of their parents. Parent-infant free play interactions were videotaped and blind rated using the Manchester Assessment of Caregiver-Infant Interaction (MACI). For inter-rater reliability, 37% of videos of PII were selected equally from both points and were independently coded. All Intraclass correlations were excellent except for dyadic engagement intensity, which was excluded from analysis. Longitudinal linear mixed models with maximum likelihood estimation were used to analyse each MACI scale, incorporating fixed effects for group, time, and their interaction (group × time) to assess overall group differences, developmental changes, and group-specific patterns over time. Additionally, cross-sectional ANCOVA analyses, controlling for infant age were conducted to pinpoint group effects at each time point.

Findings: Distinct patterns of PII are evident at 10 months, with lower parent sensitive responsiveness, parent nondirectiveness and dyadic mutuality in the NF1 relative to the TD groups, and livelier infants with less negative affect in the EL-ADHD group relative to both other groups. These findings are somewhat consistent with the early neurodivergent signs and behaviours observed in each respective condition in early childhood. However, the interactions of the EL-ADHD were less affected than the NF1 sample, despite both groups having evidence for early social delays or difficulties.

Implications: Our sample size needs to be extended further to draw definitive conclusions that might inform future interventions. However, early PII seem to shape social development in neurodevelopmental conditions that are not primarily defined by social communication difficulties. The findings suggest that some emerging neurodivergent behaviours may disrupt social engagement more than others, and that parental perceptions and responses play a key role in shaping these interactions over time. Early parent-mediated interventions, such as sensitivity-focused parenting programs, hold promise for optimising the social environment for infants with NF1, as their social experiences appear to be affected as early as 10 months of age.

Paper 4: The caregiver's journey through video-feedback parenting support: Meta-synthesis and considerations for contexts of infant neurodivergence

Background: Over the last decade, video-aided feedback (VF) - a well evidenced technique that enhances parent-infant relationships and communication - has been employed to improve outcomes in infants at elevated likelihood of autism (EL-autism). While trial data provide promising results in EL-autism infants, acceptability of VF-based interventions by parents has only recently been studied as part of understanding intervention engagement and efficacy. This presentation discusses: (1) our systematic review of studies on primary caregivers,; experiences in VF interventions across a range of groups; (2) Implications for supporting caregivers of infants with emerging neurodivergence, with consideration given to VF and non-VF approaches.

Methods: Nine academic databases were systematically searched for English language peer-reviewed papers and theses reporting on the qualitative experiences and views of primary caregivers with a child aged of 0-30 months (on average, and spanning up to five years) about their experiences of taking part in a parenting intervention with a substantial VF component (of the caregiver's own interactions with the child). From 2130 unique papers, 17 studies published 2005-2022 were eligible, involving 157 parents in five countries who had

participated in a VF-based parenting programme and then an interview or focus group. Families were recruited based on parent, infant or family characteristics; only one study involved parents with young children at EL-autism. Following data extraction, a qualitative thematic meta-synthesis was conducted in an inductive process, comprising familiarisation/coding and creating descriptive themes by organising codes iteratively, from which overarching analytic themes and subthemes were derived.

Findings: The journey of participating in VF parenting support has common and unique elements across groups. Caregiver experience is captured across six themes: (1) Getting past the fear and discomfort: Being 'good enough' and 'doing the right thing'; (2) The power of video: "I had never really noticed that before"; (3) Importance of the practitioner's skill and their role in creating a safe space; (4) Unmet expectations; (5) When the intervention is over: Positive change and generalisation; (6) Barriers and enhancements to engagement and involvement. Caregivers reported interpersonal and intrapersonal benefits. Use of video validated caregivers and helped them to see intentionality in their infant's behaviour. Video was, for some, an agent for change in how they approach caregiver-infant interactions. However, many caregivers had to overcome initial strong negative and uncomfortable feelings. Some parents could not see the value of the approach or did not perceive it to meet their needs.

Implications: Although many caregivers experience a range of benefits with VF, the approach also poses unique psychological barriers. To overcome these barriers, practitioners must align expectations with intervention goals and employ a collaborative, strengths-based approach. Some caregivers need more directive approaches, and caregivers with mental health difficulties or high self-criticism may require other supports before working on caregiver-infant interaction. Non-VF approaches from the EL-autism literature will be explored. Well-designed studies of caregiver experience are needed as they form a valuable complement to outcome-based evaluations and for informing future co-designed support initiatives.

Subtheme: Parenting support for diverse family needs

Keywords: Cultural diversity, Early childhood, Parent-child relationship, Parenting practices / style, Process evaluation, Program adaptation

SYMPOSIUM: Adaptation and implementation of the SafeCare parenting model with diverse populations and settings

Dr Daniel Whitaker (Georgia State University)[*1], Dr Yui Yamaoka (Institute of Science Tokyo)[*2], Dr Lisa Armistead (Georgia State University)[*3]

Evidence-parenting programs promote positive child development and prevent child maltreatment. However, implementation of those programs in diverse settings may require adaptation of the program itself or implementation settings. This symposium will present three projects that have implemented the SafeCare parenting program in diverse settings, and discuss adaptations and/or outcomes. The first paper will present results from an implementation study set in the U.S. in which the SafeCare was delivered to refugees using two different delivery methods. The second paper will present findings from a feasibility study of an implementation of SafeCare in Japan. The final paper will present data from formative work to develop an implementation infrastructure in Kenya, and initial results from a case study involving several families. Finally, the discussant will summarize findings and describe future directions pertaining to implementation in diverse settings.

Paper 1: Adaptation and implementation of the SafeCare parenting program with refugees in the U.S.

Background: Parenting programs are effective in promoting parenting skills and child functioning, and preventing maltreatment, but few have been adapted for global populations or for families that are forcibly displaced. Delivering evidence-based parenting programs to displaced families is a key strategy in promoting children's psychosocial health. Our usual implementation methods – service delivery by community based agencies – may not be sufficient to reach displaced populations because of issue surrounding culture, language and trust. Forcibly displaced families may be better served by members of their community who are trained to deliver those services. In this study, we implemented the SafeCare parenting program via two different implementation methods: community-based agencies (Agency) and community health workers (CHW).

Methods: Two hundred seven Afghan, Burmese, and Congolese families living in Clarkston GA were voluntary participants in this study. Participants were recruited either by the agencies that served them or by community health workers directly. All parents received the six-session parent-child interaction (PCI) module of SafeCare, and participated in surveys at baseline, post-PCI, and 3-month follow-up. Surveys assessed demographics, migration related variables and the primary outcomes, parenting skill (Parenting Young Children's Scale), parenting stress (Parenting Stress Index), and child psychosocial health (Devereaux Early Childhood Assessment). We also examined implementation metrics of total families recruited, service completion, service satisfaction, and skill acquisition. Single-time point analyses were conducted using chi-squares or t-tests, and longitudinal analyses were conducted via mixed models.

Findings: A total of 207 women were recruited to participate in the study. Women were mostly married, did not work, had 3 children on average, and had been in the U.S. for about 5 years after 3.7 relocations. Regarding enrollment and completion, CHW recruited more women (n = 136) than Agencies (n = 71), p < .01, and CHW-served participants were more likely to complete services than Agency participants (98.5% vs. 89.4%, p = .02), and reported higher satisfaction (Ms = 4.38 vs. 4.20), p < .02. Improvements in observed parenting skill favored women served at Agencies (Ms, baseline = 44.7%; post =97.4%) over CHW-served women (Ms, baseline = 65.4%, post = 95.0%), but this was driven by Agency women beginning with fewer skills as participants in both groups reached near full skill mastery. Parenting skills showed improvements over time (Ms, = 4.2, 4.9, 4.9), p < .01, with women served by CHWs showing larger gains, p = .01. Parenting stress decreased for both groups (Ms = 82.4, 78.7, 76.6), and the decrease was similar across groups. Child functioning also improved equally across groups (all p < .02) including attachment (Ms = 39.9, 42.6, 42.6), child self-regulation (Ms, 44.2, 46.7, 48.6) and behavioral concerns (Ms, 44.8, 41.1, 43.5).

Implications: This research demonstrated that the SafeCare program can be successfully adapted and implemented with families forcibly displaced and relocated. Services delivered by CHW may yield more desirable services as they may be more culturally competent and better able to reach families.

Paper 2: Implementation of an evidence-based home visiting program SafeCare in Japan

Background: In Japan, there are two types of home visiting projects organized by local municipalities for child maltreatment prevention. These are relationship-based, unstructured and non-manualized home visiting projects, therefore, implementing an evidence-based home visiting program is necessary to provide specific supports for families to prevent child abuse and neglect. SafeCare® is an evidence-based home visiting program that targets families at risk of child abuse and neglect. This study aimed to report the feasibility of SafeCare in Japanese communities, and to examine changes of parenting behaviors and home environment after home visits.

Methods: In 2022, the author and National SafeCare Training and Research Center (NSTRC) signed a contract for the translation and implementation of SafeCare in Japan. Parent-child/Parent-infant interaction (PCI/PII) modules did not require many amendments because the contents were essential and fundamental. Home safety module added some information of accidents at home which were common in the Japanese context, such as drowning at bathtub, co-sleeping habit and sudden infant death syndrome (SIDS). Health Care module has not been implemented at this time due to Japanese medical system since it may be desirable to recommend that the family members receive medical examinations rather than telling to wait and see the child at home in the case of families with risks of abuse and neglect. Therefore, the implementation of SafeCare has started with two modules (PCI/PII and home safety) in Japan.

Findings: From March 2023 to March 2024, 20 families were recruited in collaboration with the Fukuoka City child welfare department and maternal and child health department. Among them, 13 families completed the entire two modules (PCI/PII and home safety). Two-thirds of the caregivers had a high school education or less, nearly half had a history of mental illness, and three or more children in the household. The mean number of visits was 13.8 (SD= 2.3; range: 10-18). The modified Home Observation for Measurement of Environment Inventory short form (HOME-SF) was improved (pre: mean=8.1; post: mean= 10.1; $p< 0.001$), and the childrearing stress was decreased (pre: mean=5.7; post: mean= 4.1; $p= 0.026$) among completed families.

Implications: This study confirmed the feasibility of implementing as an evidence-based program for families at risk of child abuse and neglect in Japan. SafeCare can be helpful for families with needs of parent-child interaction and home safety.

Paper 3: Adapting SafeCare for Kenyans: Partnering to reduce child maltreatment

Background: Kenyan children are at high risk of experiencing child maltreatment, and parenting programs to mitigate that risk have not been empirically examined in Kenya. Based on its demonstrated effectiveness in high-income countries, including the U.S., we adapted SafeCare for the Kenyan context and are currently undertaking an effectiveness trial. Adaptation occurred through an iterative process, engaging U.S. and Kenya-based scholars and a diverse group of Kenyan interest-holders. Primary considerations in this adaptation were culturally specific parenting factors, resource and infrastructure limitations, and successful models of context specific health promotion.

Methods: Through the adaptation process, the resulting intervention, SafeCare Kenya, was reduced from 18 to 8 sessions and manualized for both virtual and in person implementation. Reductions in the number of sessions were primarily centered on the Safety and Health Modules of SafeCare, due to differences between homes and healthcare infrastructure in Kenya, relative to the U.S.. Case studies with six Kenyan mothers of children between 18 and 60 months-old demonstrated improved parent-child interactions, greater home safety and child health knowledge and high satisfaction with the program. A full-scale effectiveness trial is enrolling 312 mothers, with one-third in a care as usual control group, one-third getting SafeCare Kenya through providers in the mother's home, and one-third receiving sessions virtually. Based on existing infrastructure, lay providers, who serve as Community Health Promoters, were trained as intervention providers. Baseline, six, and 18-month follow-ups will determine intervention effectiveness. Cost diaries will be analyzed in service of an assessment of the cost effectiveness of virtual and in person provision of SafeCare Kenya.

Findings: In addition to preliminary results from a subset of participants at the six-month follow-up, this presentation will offer early lessons for implementing a parenting intervention in a low/middle income country. Challenges overcome have included culturally based provider discomfort with relying on an intervention manual, inconsistencies in expectations of intervention fidelity between US-based researchers and Kenyan collaborators, with the latter expecting higher adherence among providers, and navigating the complex relationships between NGOs, governmental, and research focused organizations, and U.S.-based scholars.

Implications: Dissemination of evidence-based parenting interventions in low- and middle-income countries (LMIC) offers a path toward decreased physical and psychological sequalae of child maltreatment. However, considerable effort from a variety of interest holders must guide this enterprise. Further, the inherent resource limitations of LMICs must be incorporated into each aspect of implementation and dissemination efforts.

Disclosure: This project was supported with a grant from the U.S. National Institues of Health, R01 HD112043

Subtheme: Enhancing reach and implementation

Keywords: Cultural diversity, Dissemination and scaling-up, Evidence-based interventions, Implementation, Program adaptation

SYMPOSIUM: Parenting/psychological support for mothers with perinatal mental health problems and the mother-infant dyad: Novel insights

Dr Anja Wittkowski (The University of Manchester)[*1], Ms Leah Millard (The University of Manchester)[*2], Dr Kim Alyousefi-vanDijk (Anna Freud Centre, London)[*3], Dr Anja Wittkowski (The University of Manchester)[*4]

As part of this symposium, we will explore the potential benefits of different types of psychological interventions supporting the mother and the mother-infant relationship. Dr Anja Wittkowski from the University of Manchester will set the scene about perinatal mental health provision in the UK. Drawing on her research and reviews of Compassion Focussed Therapy (CFT), Leah Millard, from the University of Manchester (UK), will present an overview of the potential benefits of Perinatal CFT, which is widely offered to mothers in the UK, alongside further research requirements. Kim Alyousefi-van Dijk, from the Anna Freud Centre in London, will then present preliminary findings from the Circle of Security Trial in the UK. This type of attachment-based intervention focuses on improving the interaction of the parent-infant dyad. Finally, Anja Wittkowski, from the University of Manchester, will offer insights into women's lived experiences of receiving psychological therapy in perinatal mental health secondary service settings in the UK and its potential benefits for their own mental health as well as the mother-infant relationship.

Paper 1: A brief overview of perinatal mental health services in the UK

Background: Motherhood is a time of significant psychological change which includes the development of the mother-infant relationship. The perinatal period (during pregnancy and up to two years following childbirth) can be a joyous as well as a challenging time for women. An estimated 10-20% of women can be affected by perinatal mental health difficulties (PMHDs). Poorly managed PMHDs can lead to serious consequences for the mother and infant. PMHDs heighten the risk of attachment difficulties between mother and infant, maternal suicidality, delayed cognitive, social and emotional development in the infant and behavioural difficulties across the infant's lifespan. Thus, timely and effective psychiatric and/or psychological intervention for women experiencing PMHDs is essential. Not intervening with PMHDs incurs approximately £8.1billion per annum of wider cost implications for UK society. Almost 75% of the costs associated with PMHDs relate to the impact that maternal mental health has on the infant's psychosocial and psychological development. Effective interventions in the perinatal period could improve the mother's mental health as well as the bond between mother and infant, thereby reducing the risk of emotional difficulties in the child. In 2016, 85% of localities in England provided no or ineffective community perinatal care for women with severe PMHDs, which corroborated the need to improve access to assessment and treatment of PMHDs as a public health priority. In response, specialist community perinatal mental health services have expanded across England and, since 2018, there has been a 46% increase (from 45% to 91%) of perinatal community mental health teams (PCMHTs) meeting the recommended threshold for psychology provision of one full time clinical psychologist employed per 10,000 births. In 2021, 82% of PCMHTs across the UK were providing psychological therapy.

Paper 2: Novel insights into the benefits of perinatal Compassion Focused Therapy

Background: Compassion Focused Therapy (CFT) is emerging as a promising approach for addressing mental health difficulties, and its adaptation for women during the perinatal period has been one such development (perinatal compassion focused therapy; P-CFT). Despite its integration in the United Kingdom's (UK) National Health Service (NHS), the specific evidence base for its efficacy in treating perinatal mental health (PMH) problems remains somewhat uncertain.

Methods: A mini review was conducted to identify published research studies that offered CFT/P-CFT to women in the perinatal period, and whether this intervention led to reductions in mental health symptomology and/or improvements in the mother-infant bond. A systematic search of two databases was undertaken with the following criteria: 1) offered an intervention using CFT/P-CFT, 2) participants were women in the perinatal period, and 3) studies used a pre- and post-intervention study design. A narrative synthesis was then conducted.

Findings: Five studies, dating from 2018 to 2023, met the inclusion criteria. A total of 1,258 participants were included across those studies. Significant improvements in compassion-based outcomes (i.e., self-

compassion, self-criticism/self-reassurance) were observed. However, these findings were primarily derived from non-clinical samples (n = 4).

Implications: There is currently limited research to establish whether CFT/P-CFT improves maternal wellbeing. At present, the evidence is primarily applicable to mothers in non-clinical populations. A mixed-methods feasibility trial on P-CFT is currently being conducted by the author across NHS specialist perinatal mental health services. Due to the potential adverse outcomes from PMH difficulties and a disrupted mother-infant relationship, it is important to examine whether CFT/P-CFT may optimise outcomes. Further research is warranted, but it is anticipated that the planned mixed-methods study of P-CFT will provide some foundational understanding of its potential benefits.

Paper 3: Parent-infant relational findings from the COSI trial: a multi-centre, randomised controlled trial exploring the effectiveness of the Circle of Security-Parenting Intervention in community perinatal mental health services in England

Background Perinatal mental health (PMH) difficulties affect up to 27% of birthing parents and are associated with long-term adverse outcomes for children if untreated. Despite this, evidence for psychological, group-based, parent-infant interventions remains limited. Circle of Security-Parenting (COS-P) has shown preliminary efficacy and acceptability, but prior studies were underpowered and primarily non-randomised. Moreover, there has been no research on COS-P with birthing parents with severe and complex PMH difficulties. The COSI trial evaluated the impact of COS-P on self-reported parent-infant bonding, observed parenting sensitivity, and child attachment security in this under-researched population in the context of specialist community PMH services.

Methods: The COSI trial is a multicentre, mixed-methods, single-blind randomised controlled trial (RCT) involving 371 participants assigned to either treatment as usual (TAU) or TAU + COS-P. Participants were recruited from ten geographically diverse NHS community PMH services in England. Inclusion criteria included clinical levels of PMH symptoms (Clinical Outcomes in Routine Evaluation–Outcome Measure score ≥ 1.1) and bonding difficulties (Postpartum Bonding Questionnaire, PBQ, total score ≥ 12). Assessments occurred at baseline, 3, 7, and 12 months post-baseline via self-report (e.g., PBQ), video-recorded interactions coded with the NICHD scales, and in-person Strange Situation Paradigm assessments. COS-P integrates psycho-educational, cognitive-behavioural, and psychodynamic approaches, delivered in 10 weekly 90-minute group sessions, primarily online, with 4–6 parents per group. TAU at each PMH service is defined by a national service specification and can include a variety of psychological therapies and parent-infant support.

Findings: This presentation will explore whether COS-P improves self-reported parent-infant bonding in both short- and long-term follow-ups. It will also examine the intervention's effects on observed parenting sensitivity over time. Lastly, the findings will evaluate the impact of adding COS-P to TAU on increasing the likelihood of secure child-parent attachment. Results will be available in March 2025 and will provide valuable insights into the utility of COS-P for addressing relational difficulties in birthing parents with severe and complex PMH challenges.

Implications: The COSI trial is the first fully powered RCT to examine the clinical effectiveness of COS-P for birthing parents with severe and complex PMH difficulties. Addressing parental psychopathology and parent-infant relationship difficulties during the perinatal period is critical for public health. However, evidence for effective interventions remains sparse. This trial responds to specific clinical guideline recommendations for evaluating group-based perinatal interventions targeting both parental mental health and parent-infant relational difficulties. It also advances knowledge on transdiagnostic approaches to intervention, providing essential evidence to inform policy and practice globally in the perinatal mental health field.

Paper 4: Women's psychological therapy experiences in perinatal mental health secondary care settings in Northwest England

Background: Although women often experience mental health comorbidities in the perinatal period, the evidence-base for psychological therapy across diagnostic boundaries remains limited. The UK provision of perinatal mental health services has been strengthened in recent years, with services offering different interventions for the mother and the mother-infant dyad. As there is a need to understand experiences of therapy, irrespective of diagnosis, to inform provision, the study aims were to explore women's experiences of psychological therapy for perinatal mental health difficulties and to identify the mechanisms that women attributed to the most significant therapeutic change for themselves and/or the mother-infant relationship.

Methods: As part of this qualitative study, women's experiences were explored through in-depth interviews, with interview data analysed using Reflexive Thematic Analysis.   Women were included if they were aged ≥18 years, proficient in English, and had received at least four psychological therapy sessions in a perinatal community mental health (PCMHT) service within the last 12 months. Four sessions were considered to be an acceptable dose of therapy by PCMHT-based psychologists, who had been consulted during the planning of this study. Participants were excluded if there was a significant risk of losing permanent custody of their infant, and/or if they were still acutely unwell (e.g., actively suicidal).   Recruitment took place across five PCMHTs in the Northwest of England between 12/2021 and 09/2022. Therapists in those PCMHTs informed women about the study prior to therapy ending. The study was also advertised by perinatal charities and support groups on social media platforms.

Findings: The 16 participants were aged between 26 and 43 years, with a mean average of 34 years (SD=4.8) and they were predominantly white. All had received one-to-one therapy.   One overarching theme entitled participant life stories were at the heart of therapy was identified alongside three other main themes: 1.) We're in this together – therapeutic bond and establishing a coherent sense of self, 2.) Surfing the urge to 'fix' feelings – Sitting with emotions improved regulation and 3.) Seeing myself in a new light – Shifting self-blame to self-compassion enhanced self-efficacy. Participants described the quality of the therapeutic relationship as the fundamental foundation to (re)connecting with their needs, values and boundaries, which improved their self-esteem and self-understanding. Changes in their mental health led to positive changes in their relationship with their infant and improved communication with partners.

Implications: Participants described and almost outlined the processes in perinatal psychological therapy which elicit change in women's mental health and the mother-infant relationship. When these are combined with established techniques, recommendations were revealed and are outlined in a proposed model. This model could offer stakeholders (e.g., women, healthcare professionals, service leads, etc.) a framework to inform psychological therapy provision (irrespective of PMHDs and therapy modality) and inform policies for the delivery of perinatal mental health care by broadening recommendations to focus on the mechanisms by which therapy elicited change for participants in this qualitative study.

Subtheme: Parenting support for diverse family needs

Papers

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PAPER: Risk and protective factors of depression among caregivers of children with disabilities in rural Rwanda

Dr Alain Ahishakiye (University of Rwanda), Dr Theresa S. Betancourt (Boston College)

Background: Caregivers of children with disabilities are at increased risk of experiencing poor mental health due to the compound effects of financial and family stressors. This study aims to identify the risks and protective factors of poor mental health, particularly depression, among caregivers of young children with disabilities.

Methods: We used baseline data from the Sugira Muryango cluster randomized trial, which targeted 1049 households eligible for cash for work and linked to government systems due to extreme poverty. A total of 1518 caregivers were enrolled in the trial at baseline, of whom 1066 were primary caregivers. A total of 309 caregivers were identified as having a child aged 12-36 months who screened positive for some form of developmental delay. Associations were explored between sociodemographic and household characteristics and depression outcomes for primary caregivers of children with disabilities. The HSCL-25 was used to assess caregiver depression, and seven items of the UNICEF 10-item screener from the MICS were used for disability screening. All statistical analyses were performed using STATA.

Findings: Among the sample of caregivers of children with disabilities, 65% met the clinical cut-off for likely depression. Economic hardship ($\beta = 0.16$, p<0.001), food insecurity ($\beta=0.01$, p<0.01), and caregiver illness ($\beta = 0.18$, p < 0.01) were significant risk factors for depression. In contrast, family unity ($\beta = -0.01$, p < 0.001) was an important protective factor for depression among these caregivers. Among married/cohabiting caregivers, intimate partner violence (IPV) was associated with higher mean depression scores ($\beta =0.31$, p<0.001). The inclusion of family unity in modeling attenuated the impact of IPV.

Implications: Programs targeting children with disabilities should also address the mental health needs of parents. Mental health difficulties are common for caregivers living in poverty, especially those raising a child with a disability or developmental delay. Additionally, parenting programs that reduce family violence and build family unity should be emphasized by policymakers interested in improving the mental health and well-being of families facing extreme poverty.

Subtheme: Parenting support for diverse family needs

Keywords: Child and family adversity, Early childhood, Parent-child relationship, Parent mental health

PAPER: Improving outcomes for children with disability or developmental delay using attachment-focused early childhood intervention

Dr Stacey Alexander (La Trobe Unviversity)*

Background: Early Childhood Intervention (ECI) aims to enhance the development, well-being, and participation of children with disabilities or developmental delays. The formation of at least one secure attachment relationship with a caregiver is positively associated with the development of communication and social skills, prosocial behaviour, socioemotional regulation, and physical and emotional wellbeing. Conversely, insecure and disorganized attachment is linked to elevated risks of emotional and behavioural disorders, as well as maltreatment—risks that are particularly heightened for children with disabilities or developmental delays. This study sought to explore how ECI professionals can enhance attachment security for children in these populations.

Methods: A Constructivist Grounded Theory approach was applied to this mixed-methods study, which included surveys, a systematic review, a meta-analysis, and in-depth interviews. A mixed-methods electronic survey (n=49) examined ECI professionals' knowledge, views, and practices regarding attachment security. A systematic review and meta-analysis investigated the attachment patterns of children with disabilities or developmental delays and assessed the efficacy of attachment interventions for these children. Additionally, in-depth interviews (n=21) were conducted with ECI professionals, parents of children with disabilities or developmental delays, professionals using attachment-focused approaches in other fields, and experts in various areas of child development, including First Nations parenting, autism, child welfare, and family violence. The interviews aimed to identify how ECI professionals could better support attachment security in their work with children and families.

Findings: The findings indicated that children with disabilities or developmental delays are significantly less likely to form secure attachments and are nearly twice as likely to develop disorganized attachment patterns. While most ECI professionals had built their knowledge of attachment through work experience and additional training, only 56% felt confident applying this knowledge in practice. Furthermore, attachment-related content was often absent from undergraduate training programs. The study identified emerging evidence that attachment-focused interventions can benefit children with disabilities or developmental delays. Practical, flexible strategies were also highlighted, contributing to the development of an evidence-informed attachment-focused ECI practice framework.

Implications: Positioning attachment security as a central focus in ECI has significant implications for policy and practice. The identified strategies can be applied by professionals across disciplines and experience levels when working with children experiencing developmental risks, delays, or disabilities. Expanding professional development opportunities to enhance knowledge and confidence in attachment-focused practices is crucial. Future research should aim to evaluate the efficacy of attachment-focused interventions within the ECI context to inform best practices further.

Subtheme: Workforce support and development

Keywords: Early childhood, Parent-child relationship, Workforce

PAPER: Parental qualities - mindfulness, attachment style, and child acceptance-rejection: Should they all be addressed for alleviating ADHD diagnosed children's problems?

Dr Galia Ankori (Tel Hai College)*, Dr Maly Solan (Child and Adolescence Mental Health Clinic of Maccabi Health Services, Israel), Prof Anat Brunstein Klomek (Reichman University), Dr Sarit Plishty (Child and Adolescence Mental Health Clinic of Maccabi Health Services, Israel), Dr Yaron Yagil (Tel Hai College), Prof Alan Apter (Schneider Medical Center, Israel)

Background: Research suggests that among other factors, the distress experienced by children diagnosed with ADHD may stem from dysfunctions within the family system, particularly maladaptive parenting practices. Based on this premise, we conduct parenting training groups. Our primary working hypotheses are that parental mindfulness, insecure parental attachment styles, and parental rejection of the child significantly influence the severity of child problems. This study aims to test these hypotheses and to justify the investment of time and effort in improving these three parental qualities.

Methods: A sample of 122 parents (55 fathers and 67 mothers) of 75 children diagnosed with ADHD completed a series of self-report questionnaires: the Experience of Close Relationships Scale (ECR), the Mindfulness Attention Awareness Scale (MAAS), the Parental Acceptance-Rejection Questionnaire (PARQ), and the parent-report version of the Achenbach Child Behavior Checklist (CBCL). Statistical analyses included descriptive statistics, Pearson's correlations, and Structural Equation Modeling (SEM). The study was approved by an Institutional Review Board (IRB).

Findings: The primary finding indicates that the SEM-derived latent factor "parental rejection/non-warmth" mediates the relationship between (i) parents' anxious attachment style and child problems and (ii) parental mindfulness and child problems.

Implications: Parental rejection demonstrates the strongest statistical association with child problems, suggesting it as a key focus area for parental training interventions. However, due to the influence of mindfulness and anxious attachment style on parental acceptance-rejection—and their subsequent indirect effects on child problems—these two mediating parental qualities should also be addressed within training programs.

Subtheme: Parenting, child health and development

Keywords: Child mental health, Parenting practices / style

PAPER: Early interventions for improving parent wellbeing and family outcomes: A scoping review

Ms Martha Burlingham (University of Gloucestershire)*, Dr Katerina Kantartzis (University of Gloucestershire)

Background: The early years of a child's life, from pregnancy to age 5, are crucial for lifelong wellbeing. A nurturing relationship with a primary caregiver is fundamental to giving a child the best start in life. Parent wellbeing can significantly impact children's wellbeing. Early intervention has been recognised as an effective approach to support both parent and child wellbeing during this critical period. Given the importance of this topic, there is a need to map and summarise existing knowledge on early interventions for families, with a particular focus on parent wellbeing during the early years of child development.

Methods: A scoping review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for scoping reviews and the Joanna Briggs Institute (JBI) guidance. This methodological approach was chosen to comprehensively map and summarise the existing literature on early interventions targeting parent wellbeing during the period from pregnancy to age 5 and identify gaps in research. The review process involved a systematic search of relevant databases, screening of identified studies based on predetermined inclusion and exclusion criteria, and data extraction from eligible studies. A total of 26 studies met the inclusion criteria and were included in the final analysis.

Findings: The scoping review found a diverse array of interventions aimed at improving parent wellbeing during the early years of child development. These interventions were implemented at various stages, ranging from pregnancy to when the child reached 5 years of age. Most of the studies included in the review reported positive outcomes, demonstrating the efficacy of these interventions in supporting parent wellbeing. The interventions varied in their approach, duration, and specific target outcomes, reflecting the complex and multifaceted nature of parent wellbeing. While most studies focused on mothers, there was a notable gap in research specifically addressing fathers' wellbeing. Additionally, the review identified a lack of qualitative studies exploring the lived experiences of parents participating in these interventions.

Implications: This scoping review underscores the importance of continuing to provide and invest in high-quality interventions aimed at improving parent wellbeing during the early years of child development. For practice, it highlights the need for diverse, targeted interventions that can address the varied needs of parents from pregnancy through to their child's early years. For policy, it suggests the need for increased funding and support for such interventions. For research, the review identified key areas for future study, including more qualitative research, increased focus on fathers' wellbeing, and longitudinal studies to assess the long-term impact of these early interventions on both parent and child outcomes.

Disclosure: This study was funded by Home-Start Gloucestershire as a part of a PhD.

Subtheme: Prevention and early intervention

Keywords: Early childhood, Evidence-based interventions, Parental wellbeing

PAPER: How embedding Triple P Online programmes in a streamlined neurodevelopmental pathway significantly reduced waiting times in Peterborough

A/Prof Matt Buttery (Triple P UK & Ireland)*, Dr Venkat Reddy (Cambridgeshire and Peterborough NHS Foundation Trus)*, Ms Nicola Protheroe (Triple P UK & Ireland)

Background: Cambridgeshire and Peterborough NHS Foundation Trust and Peterborough City Council developed a unique approach to supporting families on the Neurodevelopmental Pathway (NDP) which addressed needs rapidly and successfully, to ensure children presenting with suspected autism, ADHD and/or learning difficulties get support within a matter of weeks. This support included parents/carers being given access to Triple P Online. Before implementation waiting lists were c.2.5 years and local services were overwhelmed with referrals. Collectively the services needed to develop a multiagency model where child health, mental health and local authority services join up delivery and tackle the backlog together.

Methods: Dr Venkat Reddy, Consultant Neurodevelopmental Paediatrician and Lead Clinician at the Child Development Centre in Cambridgeshire and Peterborough NHS Foundation Trust, shared why embedding an evidence-based parenting programme into their NDP as a mandatory first step in the model was essential. As the architect of the streamlined pathway, he suggests that parenting support, along with changes to the wider pathway, ensure better use of limited staffing resources, significantly reduces costs of assessment and improves the child and family's journey through the diagnostic process. Cambridgeshire and Peterborough NHS Foundation Trust and Peterborough City Council started to offer a robust, universal pathway to support the demand. Funding was given to the local authority every year to facilitate the pathway through a joint commissioning arrangement, and the Foundation Trust changed their offer from a more scattered referral system to a single referral pathway.

Findings: The local authority reported that 417 parents accessed Triple P Online over a 9-month period, and that following access a quarter (25%) of these families didn't go on to want a paediatric assessment, stating their needs had been met. The benefit of the model were manifold: - Parents were offered support within a few weeks, giving them access to evidence-based strategies immediately - With 25% removing themselves from the waitlist, pressure on the system was alleviated - Wait times were reduced by 70%, from 2.5 years to 40 weeks. - Diagnostic yields also increased, indicating the right parents were progressing through the pathway - Initial cost benefit analysis suggests the model can generate a 2:1 return on diagnostic staff time alone, without considering additional benefits to children, parents and the wider system.

Implications: Waiting times for neurodevelopmental assessment pathways in the UK are especially concerning, with children suspected of ADHD, autism and/or learning difficulties enduring waits of up to seven years for NHS treatment. The NHS Long Term Plan expresses the ambition "to test and implement the most effective ways to reduce waiting times for specialist services", achieve "timely diagnostic assessments", and "support children with autism or other neurodevelopmental disorders including ADHD". NHS data indicates 6,095 new suspected autism referrals for 0-17's in England in June 2024 Using the above cost-benefit, offering Triple P Online pre-diagnosis could save over £1million in one month

Disclosure: Matt Buttery and Nicola Protheroe are employed by Triple P UK / Triple P International.

Subtheme: Enhancing reach and implementation

Keywords: Child mental health, Dissemination and scaling-up, Evidence-based interventions, Implementation, Intervention outcomes, Policy

PAPER: The longitudinal mediating influence of parental stress on children

Mr Chun Wing Ng (The. Education Univsersity of Hong Kong)*, Mr Qi Lu Huang (City University of Hong Kong), A/Prof Stephen Cheong Yu Chan (Saint Francis University)

Background: The existing literature suggests a bidirectional, transactional relationship between parents' stress and children's internalising issues. Parents' stress can adversely impact parenting styles and contribute to children's internalising problems, while children's internalising behaviours can also increase parenting stress over time. However, the internal mechanisms and mediators underlying this cross-lagged effect have not been fully explored. One potentially important factor is parents' distressed reaction to children's negative emotions, which may play a key role in the bidirectional association between parental stress and child internalising issues. Further research is needed to elucidate these transactional processes; the present study will focus on exploring the mediating effect of this relationship.

Methods: Data were obtained from the Child and Parent Emotion Study (CAPES), a longitudinal study involving parents with children aged 0-10 (Westrupp et al., 2020). Participants were recruited online through snowball sampling across Australia, New Zealand, the UK, Northern Ireland, the USA, and Canada. Data were collected in four waves, each 12 months apart, using self-reported surveys from parents. The measures includedthe following. Depression Anxiety Stress Scales – Stress subscale (DASS): 7 items rated on a four-point Likert scale. Coping with Children's Negative Emotions Scale (CCNES): A seven-point scale, with the distressed reaction sub-scale computed as a mean score serving as a mediator. Very Short Child Behaviour Questionnaire – Negative Affect (VS-CBQ): 12 items rated on a seven-point Likert scale. Only data from Wave 1 and Wave 2 were utilized for analysis.

Findings: The distressed reaction sub-scale of CCNES mediated the relationship between parental stress (DASS) and children's negative affect (VS-CBQ), controlling for autoregressive effects. The results indicate that parents' distressed emotions regarding their child's negative feelings at Time 1 significantly mediate the relationship between parental stress at Time 1 and children's internalised issues at Time 2. The indirect effect is notable, with a coefficient of 0.048 (p less than 0.001). Specifically, the path coefficients are as follows: parental stress to distressed reactions (0.307, p less than 0.001), distressed reactions to internalised issues (0.155, p less than 0.001), and parental stress directly to internalised issues (0.231, p less than 0.001). However, this mediating effect does not hold in the subsequent wave of data collection. The path from parents' distressed emotions to children's internalised issues becomes insignificant, while the other two paths remain significant. Importantly, autoregressive effects are substantial, with parental stress showing a coefficient of 0.565 (p less than 0.001) and children's internalised issues at 0.640 (p less than 0.001).

Implications: The findings underscore the importance of addressing parents' coping mechanisms in response to their children's negative emotions, particularly in managing distressed reactions. Effective coping strategies can mitigate the adverse effects of parental stress on children's mental health. The observed diminishing mediating effect over time, coupled with high autoregressive effects, suggests that both parental stress and children's internalised issues are stable and can become self-reinforcing, leading to persistent challenges for families. These insights highlight the critical need for timely and continuous support systems to disrupt entrenched behaviour patterns and emotional responses. By providing early interventions, we can help families break these cycles and promote healthier emotional development in children, ultimately preventing the escalation of internalising issues.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Parent-child relationship, Parental wellbeing, Parenting practices / style

PAPER: Building trust, leading change: A leadership model for effective service transformation

Ms Tanya Crawford (Tresillian Family Care Centres)*, Ms Ann De Belin (Tresillian Family Care Centres), Dr Alice Dwyer (Tresillian Family Care Centres)

Background: The Clinical Leadership Team (CLT) for Parent, Infant and Early Childhood Mental Health (PIEC-MH) at Tresillian, an early parenting service, was entrusted with implementing a service model to advance a strategic priority centred on mental health and to support the organisation's vision of ensuring that every child has the best possible start in life. Two of the three members of the CLT were new to the organisation in 2022 and although the service model had been endorsed in 2020, there were barriers to implementation. This paper examines the change management processes applied by the CLT and the outcome.

Methods: The CLT adopted Worley and Mohrman's Engage and Learn Model for an inclusive change management process, prioritising trust, transparency, and meaningful communication before requesting behaviour change. Meeting twice weekly, the CLT first developed trust and respect within their relationships, whilst setting priorities, and allocating tasks. They involved the PIEC-MH team in developing service model procedures through surveys, workshops, and monthly meetings. The CLT visited Tresillian worksites across NSW and the ACT to build relationships, facilitate communication, and support change among non-mental health staff. Quantitative data on adherence to referral criteria and growth in therapeutic care was collected monthly and shared with the PIEC-MH team and stakeholders. Anonymous organisation-wide staff engagement surveys were conducted biennially from 2020 to 2024 to monitor staff satisfaction, attitudes towards leadership, views about the organisation and engagement with their work.

Findings: Unsuitable referrals to the PIEC-MH team decreased significantly, leading to a 28% increase in ongoing therapeutic care for families. Staff engagement rose from 43% in 2020 to 71% in 2024, reflecting the success of the CLT's approach. Their emphasis on respectful relationships, open communication, continuous feedback, and thoughtful implementation fostered a positive team culture and high staff satisfaction. This collaborative process enabled the PIEC-MH team to engage effectively with changes, achieving improved service capacity and client access while maintaining strong team morale and commitment to the organisation's goals.

Implications: The CLT's collaborative, respectful, and trust-based relationships were fundamental in fostering a healthy team environment and driving effective changes within the service. Executives and policymakers should promote leadership models that prioritise trust, communication, and staff engagement in change management processes. This case highlights the need for further exploration of leadership dynamics in health services. In practice, this study emphasises the value of investing in leadership development, particularly in fostering strong, collaborative relationships that support effective service delivery and clinician wellbeing. The success of this approach suggests it may be a valuable model for other services undergoing change.

Subtheme: Workforce support and development

Keywords: Implementation, Process evaluation

PAPER: The coproduced EPID Tool: Early Parent Interaction with Deaf Children

Dr Martina Curtin (Homerton Hospital NHS Trust / City, University of London)*

Background: The coproduced EPID Tool: Early Parent Interaction with Deaf Children Background: Ninety percent of deaf children are born to hearing parents with very little experience of deafness. One of the largest predictors for how well a deaf child develops language is the quantity and quality of parental interactions. Most parents need support with adapting their communication and such support is often prioritised by professionals such as Speech and Language Therapists and Teachers of the Deaf (the first professionals to visit the home following diagnosis). There is an internationally accepted guideline of working with families of deaf babies, known as '1-3-6 model' where hearing screening occurs before the infant is 1 month old, a deafness diagnosis is complete by 3 months, and intervention is provided by 6 months. Professionals maximise on this early start by offering family-centred support, education and coaching. Despite the strong associations between parent-child interaction and deaf children's developmental outcomes, there is no assessment, framework or tool available to evaluate parents' skills. The lack of assessment means professionals are not always generating goals or providing tailored, deaf-specific, family-centred intervention.

Methods: From 2020-2024, a range of mixed-methods research, funded by the National Institute for Health Research (UK), has been conducted to address the aforementioned gap in research and practice. Published research includes: 1. A systematic review that has identified which parent behaviours are associated with deaf children's language scores. 2. A national survey (and follow-up focus groups) to understand how practitioners observe parent-child interaction with deaf children 3. A consensus study using results from (1) and (2) to gain consensus on the core content of the EPID tool. 4. Extensive coproduction between parents of deaf children and hearing and deaf practitioners to design a tool that works for both groups.

Findings: Each research phase has contributed to the content and process of a new, codesigned, evidence-based and practice-based tool that uses video and a strengths-based approach to identify parent behaviours within everyday interactions in the home. Rather than parents having their interaction skills 'clinically assessed' or judged, the EPID will assist parents and practitioners in identifying already existing, intuitive parenting skills known to support deaf children's development. The EPID's coproduction means that a parent's well-being, learning, and their connection with their deaf child is centred.

Implications: Parents want the EPID Tool to be a digital innovation, where they have more ownership of their videos and their learning. The EPID Tool project now prepares for another round of grant funding to coproduce a digital tool for practice, evaluate it psychometrically, and investigate the impact and implementation of this in health and education settings.

Subtheme: Parenting support for diverse family needs

Keywords: Child wellbeing, Early childhood, Evidence-based interventions, Parent-child relationship, Parental wellbeing

PAPER: Revising a practice framework to support working with young people

Ms Naomi Deneve (Parenting Research Centre)[*]

Background: The Parenting Research Centre (PRC) worked with Wesley Mission Family Preservation (WFP) to adapt their existing practice framework to support work with families with adolescents. The practice framework was originally developed to provide guidance to practitioners in building the parenting capacity of caregivers of children 0-8 years but WFP's service has broadened to include families of adolescents. The organisation identified a need for practice guidance on working with these families.

Methods: PRC undertook a two phased Discovery and Design approach to update the framework. In the Discovery phase, activities included: a document scan of key organisational practice and procedural documentation; an evidence scan on working with families with adolescents, particularly in family preservation; an online survey of WFP staff to understand their current practice and needs; and a series of consultations with practitioners and practice leaders to gain further insights into practice needs. In the Design phase, PRC worked collaboratively with WFP to use the results of the Discovery phase to guide the adaptation of the existing practice framework and to inform the development of new practice guidance on working with families with adolescents. A review team of WFP practitioners and practice leaders provided guidance, feedback and practice examples to ensure that the new practice guidance met the needs of WFP practitioners and the families they work with.

Findings: Although the caregiver is still viewed as the key agent of change in the family, the findings in the Discovery phase identified a need for practice guidance on engaging directly with adolescents to ensure their voices are heard and their perspectives included in decisions affecting them. Additionally, there was a need identified for guidance on working with caregivers to build their understanding of adolescent development including the critical role they play in supporting their young person, and to equip them with the skills needed to support their young person during this period. Finally, a need was identified for practitioner guidance on understanding adolescent development and how to apply this knowledge in their work with both caregivers and adolescents. PRC worked collaboratively with WFP to develop practice resources to meet these needs.

Implications: While evidence supports maintaining a focus on the caregiver as the key agent of change in families, there may be a need for additional practice guidance when working with families with adolescents. Practice guidance on applying a developmental lens when working with families with adolescents (e.g., building an understanding of the adolescent developmental phase, supporting caregivers to understand their child's development and how best to support them, and working directly with adolescents to include their perspectives) can aid practitioners in better supporting the families they are working with.

Subtheme: Workforce support and development

Keywords: Workforce

PAPER: Developing a practice framework to support young parents

Ms Naomi Deneve (Parenting Research Centre)[*]

Background: The Parenting Research Centre (PRC) worked with Uniting in Southwest Sydney to develop a practice framework to support keyworkers in their role of supporting young parents age 25 and under. The pilot program was set up in 2023 in partnership with Karitane to support young parents living in Southwest Sydney in their parenting.

Methods: The development of the practice framework was completed in a phased approach in consultation with staff from Uniting and some participants from the program. The first phase was about understanding the program aims, what the service ultimately wanted to achieve and developing a theory of change to visualise the different longer and shorter-term outcomes of the program. The second phase was about articulating a consistent practice approach for key workers. The practice framework was informed by evidence on supporting young parents, practice wisdom and insights from parents of the program.

Findings: Through the development of the practice framework the need to focus on development of young parents as well as the development of their child was highlighted. Adolescence and early adulthood is a key developmental period and with the right support young parents can thrive in their own development and support the healthy development of their children.

Implications: The practice framework focusses on using a coaching approach to build skills and confidence in young parents to be able to meet their own developmental needs as well as their child's needs. Developmental considerations that highlight the developmental stage of young parents were embedded throughout the evidence informed strategies in the framework to support keyworkers in how they work alongside young parents to achieve good outcomes for their children and themselves.

Subtheme: Workforce support and development

Keywords: Young people

PAPER: Exploring the influence of maternal mind-mindedness on infant temperament in shaping infant socio-emotional wellbeing

Dr Frances Doyle (Macquarie University)*, Ms Allira Bell (Western Sydney University), Dr Emma Walter (Western Sydney University), Ms Samudra Radhakrishnan (Western Sydney University)

Background: This study examined relationships between maternal mind-mindedness and infant temperament on infant socioemotional wellbeing. Mind-mindedness serves an important function as parents adeptly attune to their children's unique perspectives and internal experiences. Mind-mindedness has been shown to promote positive infant socioemotional outcomes. In contrast, temperament serves as an internal determinant of socioemotional outcomes. Distinct temperamental profiles have been associated with divergent socioemotional outcomes. Although several studies independently explore temperament and parenting, research on both temperament and mind-mindedness are largely absent. The first aim of this study was to examine the influence of maternal mind-mindedness on infant socioemotional development. The second aim of this study was to explore the potential moderating role of maternal mind-mindedness on the relationship between infant temperament and socioemotional wellbeing.

Methods: Participants comprised culturally- and socioeconomically diverse mother-infant dyads (n = 63; 52.38% girls) who were living in Australia. Infants were aged 4- (n = 32) and 8-months-old (n = 31). Mothers were aged between 19 and 43 years (M = 32.70, SD = 4.64, range = 19.53–43.46). Infant socioemotional wellbeing was measured via the mother-reported Ages and Stages Questionnaire: Social-Emotional (Squires et al., 2002). Infant temperament was measured using the mother-reported 37-item Infant Behaviour Questionnaire–Revised Very Short Form (Putnam et al., 2014). Maternal mind-mindedness was coded from recordings of dyadic interactions during a free-play task with toys lasting 4 minutes. Infants were seated in a bouncer or high chair facing their mothers. Speech was transcribed verbatim and subsequently classified whilst observing the videos according to the Mind-Mindedness Coding Manual (Meins & Fernhough, 2015).

Findings: While direct relationships between mind-mindedness and infant socioemotional wellbeing were not supported, an indirect interactional relationship between mind-mindedness and temperament upon infant socioemotional wellbeing was supported. Mind-mindedness moderated the relationship between negative affect and socioemotional development whereby infants with higher negative affect who received higher appropriate comments had better socioemotional wellbeing than their lower negative affect counterparts. This highlights that, for higher negative affect infants, appropriate comments are particularly influential in enhancing wellbeing. Effortful control predicted wellbeing, suggesting that specific temperament traits experience optimal socioemotional development independently of mind-minded parenting.

Implications: Contradicting hypotheses, neither appropriate nor non-attuned mind-related comments were associated with wellbeing. Additionally, neither mind-mindedness variable independently predicted wellbeing. Results contrast previous research endorsing mind-mindedness as influencing advantageous socio-emotional outcomes. Consistent with hypotheses, appropriate mind-related comments were found to interact with negative affect to predict infant socioemotional wellbeing. These findings broaden research knowledge and advance understanding of the differential susceptibility hypothesis for infant development. Overall, this study has shown how infant socioemotional wellbeing can be affected by the temperamental dispositions that infants bring into the world, as well as the parenting experiences that they encounter.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Early childhood, Parent-child relationship, Parenting practices / style

PAPER: The influence of infant temperamental negative affect and maternal depression on infant and maternal social positive engagement during the still-face procedure

Dr Frances Doyle (Macquarie University)*, Ms Mahida Choudhury (Western Sydney University), Dr Emma Walter (Western Sydney University), Mr Ziting Gao (Western Sydney University), Ms Emma Newton (Western Sydney University), Ms Samudra Radhakrishnan (Western Sydney University)

Background: Positive mother-infant interactions are important for infant development. Both mother and infant characteristics, such as maternal depression and infant temperamental negative affect are risk factors for adverse mother-infant bonding and infant outcomes. Although these predictors have been researched individually, limited studies have considered them in concert. This study aimed to examine the role of infant age (6-, 9- and 12-months), infant temperamental negative affect and maternal depression on maternal and infant social positive engagement.

Methods: Participants were 85 mother-infant dyads (44% girls) in Australia. Three age groups were included: 6-, 9-, and 12-month-olds. Mothers' ethnicity varied with 41.2% White European, 27.1% East Asian, 9.4% South-East Asian, 8.2% South Asian, 5.9% Hispanic/Latino, 2.4% Aboriginal Australian/Torres Strait Islander, 2.4% Middle Eastern, 2.4% African/African American, and 1.2% Polynesian/Melanesian. Mothers responded to questionnaires on maternal depression symptoms (Lovibond & Lovibond, 1995) and infant temperament (Putnam et al., 2014), prior to attending the laboratory for the Still-Face procedure (i.e., a task involving a social stressor; Tronick et al., 1978). The reunion episode of the Still-Face procedure was examined as it provides meaningful information on how mothers and infants repair their relationship after a violation of expectations. This task was subsequently coded using the revised Infant and Caregiver Engagement Phases coding system (Reck et al., 2009).

Findings: Results showed a significant moderating relationship between infant age, infant temperamental negative affect, and maternal depression on infant social positive engagement. For 12-month-old infants, higher infant temperamental negative affect was found to be compounded by greater maternal depression symptoms resulting in significantly lower infant social positive engagement following a social stressor. This relationship was not found for younger infants (i.e., 6- and 9-month-olds). For 12-month-old infants whose mothers did not have depression, infant SPE was lower for infants with lower negative affect than for infants with higher negative affect. For 12-month-old infants whose mothers had higher depression symptoms, infant social positive engagement was higher for infants with lower negative affect than infants with higher negative affect. No predictors were associated with maternal social positive engagement.

Implications: In contrast to previous studies, results found that infant age, temperamental negative affect, and maternal depression did not have an effect on maternal SPE. However, a significant relationship between infant age, infant temperamental negative affect and maternal depression was found with infant SPE. For 12-month-old infants, higher infant temperamental negative affect was found to be compounded by greater maternal depression symptoms resulting in significantly lower SPE following a social stressor. In particular, it was found that for 12-month-old infants with mothers with lower depression symptoms, infant SPE was significantly lower for those infants with lower temperamental negative affect than those infants with higher temperamental negative affect. This relationship between temperamental negative affect and maternal depression was not found for younger infants (at 4- and 8-months-old). Findings from this study contribute to the literature on maternal depression and its effects on infant wellbeing from early in life. These results highlight the importance of interventions that aim to reduce maternal depression post-birth, especially when there are challenging circumstances, such as managing infant negative temperament.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Early childhood, Parent-child relationship, Parenting practices / style, Parent mental health

PAPER: Using wearable eye tracking technology to measure emotional attention during parent-child interactions

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Background: Emotional facial expressions are salient stimuli that not only communicate others' emotion states, but also serve a range of social functions. In childhood, impaired attention to others' emotions may lead to missed opportunities for socialisation, interfering with social, emotional, and moral development and contributing to interpersonal conflict. Aberrant patterns of attention to the emotions of others are seen in a number of clinical childhood populations. However, current understanding of normative patterns of emotional attention is largely built on research using static eye tracking methods of adults viewing static face stimuli, due in part to challenges with children completing these paradigms.

Methods: Using a novel wearable eye tracking paradigm, typically developing children (n = 20, data collection ongoing), aged between 2 and 8 years (Mage = 5.78 years), wore head-mounted eye tracking glasses during a 30-minute play-based dyadic interaction task with their primary caregiver. during these interactions, parents were instructed via a bug-in-ear device to act out seven discrete emotions with their child: fear, anger, happiness, disgust, distress, sadness, and love. OpenPose, an open-source body and face detection tool, was used to measure children's attention to the head, eyes, and mouth of their caregiver during each emotional display using eye-tracking data. Parent-child dyads (n = 13, ongoing) participated in a variation of this observational task at a 2-week follow-up to assess the reliability of measures obtained using this novel eye tracking technology.

Findings: Data collection is ongoing, however preliminary analyses indicate that the way in which typically developing children attend to emotional faces diverges substantially from what has been observed among healthy adults in static eye tracking studies. Children generally attended more to the mouth than to the eyes of emotional faces, contradicting previous research suggesting the eyes are the most salient region of emotional faces. Children attended more to positive emotional expressions than negative or neutral expressions. In contrast to static eye tracking study findings, children attended very little to fearful faces, possibly due to joint attention to potential threats signalled by parent's gaze. Discrepancies between these findings and the extant literature may be due to age-related differences in emotional attention, sample size, or methodological differences, given the novelty of this technology and the use of in-person interactions as opposed to static face stimuli.

Implications: With further research, this novel wearable eye tracking technology may offer a more ecologically valid alternative to existing static eye tracking paradigms. It allows for children's emotional attention to be measured in naturalistic, parent-child interactions, reflecting the way in which emotional faces are encountered in children's daily lives. Establishing normative patterns of emotional attention in young, typically developing children may enable researchers and clinicians to identify when and how clinical populations deviate from typical development, facilitating earlier diagnosis and refining targeted treatment for childhood disorders such as autism spectrum disorder and conduct problems with callous-unemotional traits (e.g., emotional literacy interventions).

Subtheme: Parenting, child health and development

Keywords: Early childhood, Measurement, Methodology, Parent-child relationship

PAPER: Systematic review of the efficacy of parent-mediated interventions in reducing challenging behaviours shown by autistic adolescents

Mr Arush Goel (University of Auckland)*, Dr Hiran Thabrew (University of Auckland), Prof Trecia Wouldes (University of Auckland), Mr Zhaoyang Xie (University of Auckland)

Background: Autism is a neurodevelopmental condition characterised by communication and social deficits and repetitive behaviours. Autistic adolescents, due to their sensitive development stage, face heightened vulnerability to problem behaviours, such as aggression and noncompliance, which further exacerbate the challenges associated with the core symptoms of autism. Parenting interventions have demonstrated efficacy in addressing the social, emotional, and behavioural difficulties of autism while improving parental outcomes. However, existing reviews explore parenting interventions predominantly centred around younger children, high-income settings, core behavioural outcomes of autism, and randomised controlled trials (RCTs), with limited focus on the moderating impacts of intervention characteristics. It leaves significant gaps in evaluating the efficacy of novel parenting interventions focussing on autistic adolescents with problem behaviour and explaining the moderating effect of the nature of the interventions on their efficacy, providing an opportunity to explore their feasibility and potential acceptability in low and middle-income countries (LMICs). The current systematic review addresses these concerns.

Methods: The systematic review involves a narrative synthesis and meta-analyses of randomised controlled designs and open trials. The search strategy was developed using the PICO framework. Search results from database and backward searching were screened for eligibility based on RCTs and open trials involving parent involvement for interventions for problem behaviours in autistic adolescents. Data on the study, population and intervention characteristics, and outcomes were extracted. RCTs and open trials were assessed for bias. Moderator analysis to determine the impact of intervention characteristics on its efficacy was conducted on factors involving the nature of the intervention, such as the format, intensity, strategies used, and qualification of the intervention provider. Feasibility was evaluated based on the intervention's setting, costs, participant characteristics and participation rates. Social validity data was used to assess participant and cultural acceptability. The review was reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).

Findings: The review summarised RCTs and open trials evaluating the efficacy of parenting interventions in reducing problem behaviour among autistic adolescents. Moderator analysis assisted in understanding how the factors related to the nature of the intervention impact its efficacy. Since most parenting interventions do not address the needs of families in LMICs, an analysis of the logistics of the interventions outlined the feasibility of evaluating them in a low-income setting. Similarly, exploring the participant and cultural acceptability data provided critical insights into the applicability of the interventions in different cultural contexts.

Implications: This work emphasises the importance of widening the search scope to different study designs and populations and capturing social validity to draw conclusions across various settings. The review holds significant implications for developing parenting interventions to meet the needs of autistic adolescents and their families in diverse cultural and economic contexts. By examining their characteristics, feasibility, and participant and cultural acceptability, the findings guide the development and adaptation of interventions for LMICs. Furthermore, the outcomes of this review support the promotion of equitable access of parenting interventions while addressing challenges related to cost, logistics, and cultural relevance. Keywords: Parenting interventions, autism, adolescents, problem behaviour.

Disclosure: The research team declares that there are no relevant personal or financial interests to disclose.

Subtheme: Parenting support for diverse family needs

Keywords: Child mental health, Evidence-based interventions, Process evaluation

PAPER: Psycho-social interventions promoting wellbeing of caregivers of children with neurodevelopmental disorders within LMICs: Systematic review

Ms Divya Gosain (University of Manchester)*, Dr Kathy Leadbitter (University of Manchester), Dr Janine Owens (University of Manchester), Dr Gauri Divan (Sangath), Ms Abhipreet Kaur (University of Manchester), Mr Madhusudan Pokharel (University of Manchester)

Background: Many parents of children with Neurodevelopmental Disorders (NDDs) experience significant levels of stress, depression and anxiety. Parenting a child with NDD can be especially challenging within LMICs; often due to lack of knowledge about NDDs, inadequate healthcare, dearth of diagnostic and care services and social stigma. Prioritisation of parental wellbeing is imperative to positive child outcomes and harmonious familial relationships. Limited amount of research has been conducted in LMICs to explore psycho-social interventions that support parents' wellbeing. Thus, there is an urgent need to address this gap in research to strengthen the mental health of parents of children with NDDs.

Methods: This ongoing mixed-methods systematic review aims to study the acceptability, feasibility and effectiveness along with barriers and facilitators to implementing psycho-social interventions that support the emotional wellbeing of caregivers of children with NDDs within LMICs. The PICO framework was employed to define the research question and develop the search strategy. The study protocol was published on PROSPERO before commencement. A systematic search was conducted on 5 major databases - Medline, PsycINFO, CINAHL, Embase, and ProQuest, and grey literature sources. The search retrieved 6386 studies, with 37 meeting the final inclusion criteria. To establish inter-rater reliability, 10% of imported studies were screened by a second researcher and a third researcher resolved all conflicts. The quality of included studies will be appraised using the Mixed Methods Appraisal Tool (MMAT). Data will be analysed using the convergent segregated approach with narrative synthesis of quantitative evidence and meta-aggregation of qualitative data.

Findings: Initial review reveals that psycho-social interventions based on mindfulness, yoga, Cognitive Behaviour Therapy, Rational Emotive Behaviour Therapy and Acceptance and Commitment Therapy are acceptable and feasible to caregivers within LMICs. Most of the participants in the studies were mothers. Over 80% of studies included in the review employed a pre-and post-test design with small sample sizes, thus limiting the generalisability of results. Limited resources coupled with the relatively new focus on parental wellbeing as a research area within LMICs could explain the absence of long-term follow-ups and more robust research methodologies. In the majority of studies, the interventions were delivered by specialist clinicians. The interventions were delivered in tele-health, online and in-person mode. Cultural adaptation of interventions transported from high-resource settings was essential for feasibility and acceptability within LMICs. Barriers to accessing interventions include time constraints, lack of familial support, transportation costs and negative stereotypical societal attitudes.

Implications: This mixed-methods systematic review highlights critical gaps in research for supporting parental wellbeing within LMICs. There is a need for more well-powered trials and mixed-methods inquiries to explore parents' experiences of receiving psycho-social interventions. Recommendations for future improvement include integrating wellbeing support with existing services, strengthening familial support for mothers and promoting social awareness and acceptance of NDDs. Community-based approaches and policy focus may enhance impact. Within LMICs, task-sharing models like training lay-health workers to deliver interventions under specialist supervision have shown promising results and can help in addressing the unique emotional and social challenges faced by parents of children with NDDs. This model may help decrease the burden on the primary healthcare system while creating a space for stepped-up care for individuals with more pronounced mental health needs. Sustainable, scalable, culturally tailored and low-cost interventions should be prioritised to bridge gaps in mental healthcare for caregivers of children with NDDs

Subtheme: Parenting, child health and development

Keywords: Evidence-based interventions, Parent-child relationship, Parental wellbeing, Parent mental health

PAPER: Parenting outside the box: Stigma for same-sex parents

Ms Lale Hanoz (Virginia Tech University)[*]

Background: There is a growing number of children being raised by same-sex couples in United States, reflecting evolving family structures and increasing adoption rates. Despite societal progress, these families face stigma, healthcare disparities, and unequal treatment in society. Research often centers on white, heterosexual parents rather than same-sex parents. Male-male parents confront scrutiny for defying masculine norms, while female-female parents navigate heightened caregiving expectations. Understanding their lived experiences based on couples' differences can illuminate resilience and obstacles. This presentation will summarize the literature's existing findings and direct future research and policy on same-sex parents.

Methods: This literature review searched for original studies on same-sex parenting through PubMed, the Web of Science, Embase, the Cochrane Library and APA PsycNet. Two key theoretical frameworks often guide our understanding of same sex parented families: intersectionality and queer theory. The intersectional framework helps us see how different dimensions of social life—such as gender, sexuality, and family roles—shape unique experiences within family subsystems. Queer theory, on the other hand, challenges the cultural logic that frames relationships through a strict homosexual-versus-heterosexual binary. It resists the tendency to categorize families as "good" or "bad" based on traditional norms, pushing us to question why certain family structures are considered valid while others are marginalized. By rejecting these dichotomies, queer theory opens up space for a more inclusive understanding of what family can mean.

Findings: The literature review identifies three key themes: stigma in same-sex parenting, lesbian parents' daily stigma, and gay parents' daily stigma. While legal recognition of same-sex marriages has increased, societal norms still predominantly view "normal" families through a heteronormative lens. Patriarchal ideologies exacerbate challenges for same-sex parents, including limited social support, restrictive adoption policies, and barriers to parenthood. These struggles impact both parents and their children. Supportive communities foster LGBTQ-focused engagement, creating spaces for inclusion and affirmation. In healthcare, same-sex parents adopt protective strategies to counter biases and ensure affirming care. However, stigma is not uniformly experienced. Research shows gay male parents face heightened scrutiny due to societal discomfort with their caregiving roles, while lesbian parents encounter less overt prejudice but grapple with expectations tied to traditional caregiving. These contrasting experiences highlight the need for nuanced exploration of gendered stigma and the unique challenges faced by male-male and female-female parenting families.

Implications: This literature review highlights the need for targeted research and policy reforms to support same-sex parents. Future studies should explore how societal perceptions impact parenting behaviors, and child well-being, with funding prioritized for longitudinal research. Adopting an intersectional approach, including factors like race, socioeconomic status, and geography, will deepen understanding. Policy initiatives should focus on enforcing anti-discrimination laws to protect same-sex families in schools, healthcare, and workplaces. Educational changes should mandate the representation of diverse family structures in curricula and provide training for educators on same-sex family sensitivity. Addressing the unique stigma faced by male-male and female-female parents remains critical.

Subtheme: Parenting support for diverse family needs

Keywords: Parental wellbeing

PAPER: Development and validation of an instrument to measure parenting cognitions and practices in Andean Peru

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Background: Despite growing interest in supporting caregivers' provision of nurturing care globally, few measures of parenting have been validated for use outside of Minority World contexts. It is important to have easy-to-use parent-reported measures that are locally responsive and accessible to caregivers with low levels of formal education. The aim of this study was to develop, describe, and provide validity evidence for a feasible, comprehensive, culturally relevant instrument to measure local parenting cognitions and practices regarding responsive caregiving and early learning within a sample of caregivers of 2- to 5-year-olds in Cajamarca, Peru.

Methods: We used a multiple methods phased study design to develop the self-reported parenting instrument, Early Childhood Parenting Scale (ECPS), including qualitative interviews, focus groups, cognitive testing, and quantitative pilot testing. The final validation sample included 1,109 mothers of children (mean age = 29.47 months, 50.05% female) from Cajamarca, Peru. The parenting instrument included 38 items with 3-point ordinal response scales, covering parenting beliefs, attitudes, knowledge, and practices regarding responsive caregiving and early learning. We used confirmatory factor analysis to examine the factor structure of the instrument, and correlations and regressions to validate it against parenting and child development outcomes. We assessed concurrent validity with correlations between the instrument and parenting outcomes, including parental stimulation using Family Care Indicators (FCI; Kariger et al., 2013), harsh punishment using Multiple Indicator Cluster Survey (MICS 7; UNCF, 2024), and learning materials using International Development and Early Learning Assessment (IDELA; Save the Children, 2024), FCI (Kariger et al., 2013), and additional context-specific items. We assessed predictive validity by regressing early childhood development (ECD) on the instrument, using directly-assessed Global Scales for Early Development (GSED; McCray et al., 2023), parent-reported Caregiver Reported Early Development Instruments (CREDI; Waldman et al., 2021), and parent-reported Strengths and Difficulties Questionnaire (SDQ; Youthinmind, 2022).

Findings: Results indicate a two-factor structure reflecting parenting cognitions (alpha = .81) and practices (alpha = .79). All standardized factor loadings were greater than .60 and model fit was generally adequate (Robust RMSEA = .08, Robust CFI = .89, Scaled SRMR = .06.). Analyses of measurement invariance for gender, socioeconomic status, and urbanicity suggest the instrument meets metric invariance, but not scalar invariance. Both parenting cognitions and practices subscales correlated positively and statistically significantly ($p < .01$) with parental stimulation ($r_{cognitions} = .35$ and $r_{practices} = .56$) and learning materials ($r_{cognitions} = .40$ and $r_{practices} = .38$), and negatively with harsh punishment measures ($r_{cognitions} = -.11$ and $r_{practices} = -.10$). Both parenting practices and cognitions positively and statistically significantly ($p < .05$) predicted ECD (parent report, $\beta_{cognitions} = .23$ and $\beta_{practices} = .46$, and direct assessment $\beta_{cognitions} = 1.76$ and $\beta_{practices} = 1.18$), and negatively for parent-reported child externalizing problems ($\beta_{cognitions} = -.11$ and $\beta_{practices} = -.15$).

Implications: Overall, results suggest that this new instrument provides valid and reliable evidence regarding parents' cognitions and practices related to nurturing care in Andean Peru. We believe that this tool holds promise for supporting researchers, policymakers, and ECD programs (e.g., Cuna Más) to make deeper and more accurate depictions of parenting in the Majority World. This instrument can be used as a starting point for measuring parenting in other Majority World contexts with similar caregiver characteristics.

Subtheme: Demonstrating change and impact

Keywords: Early childhood, Measurement, Parenting practices / style

PAPER: Developing a parent-delivered mental health intervention for children and young people in South Africa

Ms Suzanne Human (Stellenbosch University)*

Background: Given the high prevalence of mental health problems among children in low-and-middle-income countries (LMICs), early intervention and/or prevention is needed. Research has shown that parents in high-income countries (HICs) can be assisted to deliver Cognitive Behaviour Therapy based mental health interventions to their children. Instead of applying interventions developed in HICs to LMICs, interventions need to fit local cultural contexts. It is also more likely for interventions to be successfully implemented if researchers partner with mental health organisations. Thus, a South African non-government organisation, Community Keepers, has been involved as a research partner since the conceptualization phase of this study.

Methods: This cross-sectional, qualitative, exploratory study aimed to find out what local and international experts and local parents (primary caregivers / legal guardians, henceforth referred to as parents) recommend in terms of developing a therapist-assisted parent-delivered mental health intervention for children in Grades 5-7 in South African communities. Except for one instance where two grandparents came for an interview together, all semi-structured interviews with experts (n = 11) and parents (n = 19) were conducted individually. Interviews took place in-person (n = 19), online (n = 7) or over the telephone (n = 3) and were conducted in English (n = 7) or Afrikaans (n = 22). Interviews were audio recorded, transcribed verbatim, and uploaded onto ATLAS.ti version 23 for analysis. The data were coded inductively as part of a process of reflexive thematic analysis.

Findings: The following four themes were identified from the data: 1) Is there value in developing a therapist-assisted parent-delivered mental health intervention for children in South Africa?; 2) How can barriers that might hinder parents from collaborating with mental health care professionals to enhance their children's mental health and well-being be addressed?; 3) What should a therapist-assisted parent-delivered mental health intervention for children in South Africa focus on?; and 4) What do parents need from mental health care service providers to deliver a mental health intervention to their children?

Implications: Based on these findings a series of five single session interventions is being developed. Each session will follow the same structure, will focus on the parent-child relationship and one additional aspect (parent-child relationship; strengths, self-esteem and identity; feelings; thoughts; or behaviours), and will be informed by evidence-based, CBT-based parenting strategies and activities for parents and children. It is important to consult with knowledgeable, experienced local and international experts (researchers and/or clinicians) and local parents when embarking on developing a parent-delivered, mental health intervention for children in South African contexts. In terms of future research and practice in collaboration with Community Keepers: For a diverse range of mental health professionals and paraprofessionals to deliver the sessions to parents with confidence while maintaining fidelity to the content, the content needs to be simple and as universally applicable as possible; and Community Keepers professionals and paraprofessionals will need to remain flexible in terms of how to meet with parents.

Subtheme: Parenting, child health and development

PAPER: Prevention of emotional and behavioral problems in young adulthood: Results 18 years after Group Triple P

Dr Ann-Katrin Job (University of Kassel)[*]

Background: Young adults have the highest prevalence rate of mental disorders compared to all other age groups. In addition to treating existing disorders, universal prevention is of crucial importance. Numerous studies confirm the effectiveness of the Triple P parent training in reducing children's social, emotional, and behavioral problems as well as in improving parenting skills, parenting self-efficacy, and relationship satisfaction. Due to the short follow-up periods in previous studies, however, it is unclear whether such effects also extend into young adulthood. The aim of the present study is to examine the 18-year effectiveness of the Triple P parent group training as a universal prevention program from the perspective of mothers, fathers, and young adults.

Methods: At Pre assessment, N = 280 families were recruited through daycare centers in the city of Braunschweig, Germany. Of these, n = 94 (34%) were randomly assigned to the control group (CG) and n = 186 (76%) to Group Triple P (TP). Of the intervention group families, n = 144 (77%) participated in at least one Triple P session (TP+), n = 42 (23%) declined to participate (TP-). Data from a multi-method diagnostic battery of N = 225 families are available to examine the 18-year effectiveness (retention rate: 80%).

Findings: In the intention to treat analysis (TP vs. CG), the intergroup effect sizes at FU18 showed a slight superiority of the TP group compared to the CG group regarding mothers' (M) as well as fathers' (F) reported extent of internalizing (dM = 0.20; dF = 0.20) and externalizing (dM = 0.43; dF = 0.29) behavioral problems in their young adult children as well as regarding paternal relationship satisfaction (dF = -0.14) at a low effect size level. No significant differences were found regarding parental psychological stress (dM = 0.00; dF = 0.01) and maternal relationship satisfaction (dM = -0.01). A closer examination of the intragroup effect sizes from Pre to FU18 showed that child behavior problems remained relatively stable over time in the TP group (dM = 0.02−0.08; dF = -0.01−0.03), while there was an increase in behavior problems in the CG children (dM = -0.31−-0.33; dV = -0.13−-0.16). Within the talk the results of the differential analysis of the TP+, TP- and CG are presented as well as the results on the perspective of the young adults themselves.

Implications: From both mothers' and fathers' perspectives, these initial results support the long-term effectiveness of the Group Triple P as a universal intervention for the prevention of child emotional and behavioral problems not only in kindergarten age but until young adulthood.

Subtheme: Prevention and early intervention

Keywords: Child mental health, Evidence-based interventions, Intervention outcomes, Parent mental health, Young people

PAPER: Time-out in practice: Practitioners' patterns of use and acceptability

Ms Samantha Jugovac (Australian National University)*, Dr Lucy Tully (University of Sydney), Prof David Hawes (University of Sydney)

Background: Time-out – short for time-out from positive reinforcement – is an empirically supported component of behavioural parenting interventions for child conduct problems; however, it has received increasing criticism from both parents and practitioners. Past findings suggest general acceptance of behavioural parenting programs, though little research has examined practitioners' attitudes towards time-out specifically. To this end, the current study had three aims: 1) investigate practitioners' use and acceptability of time-out; 2) examine factors associated with time-out use and acceptability, namely perceived effectiveness and knowledge of empirically-supported parameters of time-out implementation; and 3) explore practitioners' beliefs about effective alternatives to timeout for child conduct problems.

Methods: We recruited 110 practitioners in Australia who had experience working with children and families in a mental health setting (e.g., psychologists, social workers, counsellors). Practitioners participated in an online survey on their use and acceptability of time-out. The survey was constructed with a number of established measures that were adapted for this study, along with new questions to specifically address the aims. Practitioners were provided with questions or rating scales on time-out use (including reasons for non-use), acceptability, perceived effectiveness, and knowledge of appropriate implementation. They were also asked about any alternative techniques they believed were effective for managing child conduct problems in an open-ended question. Analyses included descriptive statistics for time-out use and acceptability patterns, regression analyses of associated factors, and frequency analysis of practitioners' coded responses on time-out alternatives.

Findings: Results indicated that 55.5% of practitioners had used time-out; however, only 38% of the relevant sample who reported working with child conduct problems were considered current time-out users. Further, 57% of practitioners perceived time-out as effective for managing child conduct problems. On average, practitioners neither agreed nor disagreed with acceptability items on time-out, though some practitioners endorsed criticisms of time-out. Perceived effectiveness and knowledge of evidence-based parameters of time-out were significantly associated with increased time-out acceptability, and knowledge of appropriate time-out implementation was also significantly associated with time-out use. Finally, practitioners believed emotion-coaching and relationship enhancement strategies were effective alternatives for managing child conduct problems.

Implications: These findings have important implications for improving practitioners' implementation of time-out with parents of children with conduct problems. In particular, knowledge of appropriate time-out implementation was linked to greater time-out use and acceptability; thus, there should be more attention on how practitioners can effectively acquire appropriate knowledge of time-out. While future research is needed to clarify whether our findings on the proportion of time-out users is representative of the general community of practitioners, it is the first to directly examine time-out use and acceptability in a diverse sample of practitioners who do not subscribe to the same manualised parenting intervention model.

Subtheme: Enhancing reach and implementation

Keywords: Child mental health, Evidence-based interventions, Implementation, Parent-child relationship

PAPER: Enhancing access to care: Exploring family perspectives on non-specialist health and care worker screening for neurodevelopmental disorders in Delhi

Ms Abhipreet Kaur (University of Manchester & Sangath)*, Dr Gauri Divan (Sangath), Dr Penny Bee (University of Manchester), Dr Shruti Garg (University of Manchester)

Background: Neurodevelopmental disorders (NDDs) in low-resource settings often go undiagnosed due to limited access to specialized care and diagnostic delays. The Neurodevelopment and AutisM in South ASia Treatment and Evidence (NAMASTE) programme introduces a task-sharing model, training non-specialist health and care workers (NHCWs) to screen children within communities and identify those with NDDs, providing a scalable pathway for early identification in underserved populations. This study explores experiences of caregivers of children screened by NHCWs, and those who do not participate in screenings. By examining both groups, this study provides a comprehensive understanding of the pathway's acceptability in addressing families' needs.

Methods: This study employs a mixed-method research design to investigate caregiver's perspectives regarding NAMASTE's novel detection-pathway for NDDs. In-depth interviews (IDIs) were conducted with primary caregivers who participated in the screening to explore various aspects related to the detection pathway. A questionnaire for the primary caregivers who do not participate in screening was used to understand the reasons/barriers leading to non-participation. Data from IDIs was analysed using sequential analysis with first thematically analysing the data to identify key themes related to the caregiver experience. Following which, framework analysis was applied to map codes related to acceptability onto the Theory of Acceptability. The quantitative data was analysed using descriptive statistics.

Findings: Preliminary findings suggest that caregivers who participated in the screening reported positive experiences. Many valued the clarity and support provided by NHCWs, describing them as approachable and instrumental in bringing much-needed support to their families. Participants recognized the importance of early identification, with some highlighting unexpected benefits such as increased understanding of their child's developmental needs and increased confidence in accessing support systems. Caregivers expressed appreciation for the structured yet simple screening process, which they felt was accessible and supportive. These findings provide insights into what makes this detection-pathway acceptable, including trust and rapport built by NHCWs within their communities. However, some caregivers noted initial uncertainties about the process and concerns about stigma surrounding developmental disorders. Among non-participants, barriers to engagement included limited awareness of early screening benefits, stigma, lack of familial support for addressing developmental concerns, and doubts about the utility of screening results in addressing their concerns.

Implications: This study underscores the importance of addressing barriers to early NDD screening in low-resource settings, particularly stigma and limited awareness of developmental disorders. Policies should prioritize community education campaigns to reduce stigma and improve understanding of the benefits of early detection. Integrating trusted NHCWs, such as Anganwadi workers, into screening initiatives can enhance outreach and build trust among families. Future research should explore specific strategies to overcome barriers, including cultural perceptions and misinformation, and evaluate strategies to enhance caregiver engagement and participation in early screening initiatives. These findings contribute to developing culturally sensitive and scalable screening models for low-resource settings.

Subtheme: Workforce support and development

Keywords: Child mental health, Early childhood, Implementation, Population health approaches, Workforce

PAPER: Who's included in research and how? A race equity-informed examination of evidence-based parenting program research

Dr Suzanne Kerns (University of Colorado - Anschutz)*, Dr Samuel Maddox (Clayton State University)*

Background: A frequent critique of evidence-based parenting program research is that it is not inclusive of diverse populations and/or applicable for implementation in diverse contexts. This critique is often raised as a substantial barrier when policies incentivize or require use of evidence-based interventions and can hamper efforts to achieve programmatic-level population reach. The present study was designed to explore the extent to which the research studies that contribute towards a program achieving "evidence-based status" attend to racial equity-related considerations. The goal of the study was to document the current state of research through this lens and provide a benchmark for growth and call to action for researchers. We used a policy mandate in the United States called the Family First Prevention Services Act as the policy context in which to conduct the review. This Act, in part, requires that states develop prevention plans that include programs that are deemed "well-supported", "supported", or "promising" by the Title IV-E Prevention Services Clearinghouse.

Methods: We developed a coding system based largely on the Culturally Responsive Evaluation (CRE) model, which we will thoroughly describe during the presentation. This system included 28 unique codes that covered practices related to study development, execution, analysis, and interpretation. We extracted a sample of 47 papers that were part of the evidence-base for parenting interventions and coded these studies for inclusion of various CRE aspects (coded 0=no, 1=yes). All articles were double coded and interrater reliability was assessed. This process resulted in the dropping of one code. A consensus process was used to achieve 100% agreement across codes. Because this was the first use of this method, we were intentionally liberal in the extent to which we gave articles credit for achieving various codes.

Findings: Overall, there was limited evidence of inclusion of best practices related to racial equity in the sample of studies. For example, there were only three codes (out of 28) that were observed in half or more of the studies. However, several examples of broader inclusion of strategies were also observed. More frequently observed were research questions directly related to racial equity, attention to representativeness of study samples, conducting psychometrics directly on the study sample, including race/ethnicity and socioeconomic status information, and considerations of diversity, equity and inclusion in the conclusions section. Rarely observed were using methods such as CBPR, mixed methods, attention to differential attrition, pilot testing measures, including social determinants, giving study participants an opportunity to self-describe their characteristics, disaggregating results, attending to intersectionality, including community members/those with lived expertise in the study process, and acknowledging structural bias. A positive trend was observed over time, particularly since the 2002 APA Guidelines for Multicultural Practice were released.

Implications: This review underscores how rigorous research can integrate racial equity at every stage—from planning and design to execution, interpretation, and dissemination. We argue that doing so enhances the external validity of studies while maintaining the high standards necessary to contribute to a robust evidence base.

Disclosure: There are no disclosures.

Subtheme: Enhancing reach and implementation

Keywords: Cultural diversity, Evidence-based interventions, Methodology

PAPER: Transforming early childhood development through parenting and economic empowerment

Ms Lukiya Kibone (ChildFund International - Uganda program)[*]

Background: The Early Childhood Care and Education Improvement Project (ECCE) in Busia district, Uganda, implemented from May 2021 to May 2024 by ChildFund Uganda in partnership with ChildFund Korea, aimed to address critical gaps in parenting and early childhood development. The project targeted children aged 0-8 years across six lower local governments, through empowering caregivers using responsive and protective parenting model (RPPM) while improving access to quality Centre based ECD services. Grounded in a 2022 needs assessment and baseline survey, the project addressed deficiencies in parenting knowledge and ECD infrastructure through a holistic, community-driven approach. It demonstrates the transformative potential of integrated approaches in addressing systemic challenges, particularly in underserved communities, and offers a replicable model for scaling similar interventions globally. Objectives: The project aimed to empower caregivers with the skills and resources needed for responsive and protective parenting and to enhance access to quality ECD services for children aged 0-8 years. By addressing gaps in early childhood education and parenting, it sought to create a supportive environment for optimal child development.

Methods: A mixed-method evaluation approach, aligned with OECD DAC criteria, was utilized to assess the project's impact. Data collection involved 351 respondents, including caregivers, ECD centre staff, primary school teachers, and government officials. The project interventions included capacity-building for caregivers to enhance positive parenting and early stimulation practices, infrastructure development and resource enhancement for ECD centres, community-based child protection programs to ensure safer environments, and economic strengthening initiatives aimed at improving household income. These strategies were integrated with the Nurturing care framework to ensure comprehensive quality and sustainability.

Findings: The project yielded transformative outcomes. Positive parenting practices, such as consistent discipline, active listening, and emotional support, increased from 54.6% at baseline to 94.8%. Caregiver involvement in early stimulation activities, including reading and interactive play, rose from 43% to 96.4%. Average household monthly income nearly tripled, rising from USD14.7 to USD38.3, enabling better support for children's education and well-being. The proportion of children aged 0-3 years receiving quality home-based ECD services improved from 15.0% to 86.8%, surpassing the project target of 75%. Transition rates from ECD centres to primary school surged from 23.4% to 98.6%, and test scores for children aged 3-5 years rose from 39.7% to 97.1%. Over 89% of government officials reported improved knowledge on nurturing care components, and the integration of ECD and child protection initiatives fostered a safer, more supportive environment for children.

Implications: This project highlights the critical importance of integrating RPPM with economic empowerment to enhance early childhood development outcomes. Policymakers are encouraged to scale up community-driven models like RPPM to address diverse challenges in early childhood care and education globally. Investment in infrastructure, targeted training programs, and strengthening partnerships between communities and governments are pivotal to ensuring sustainable improvements in ECD services. The success of the RPPM model offers a replicable and adaptable framework for advancing international efforts in early childhood development and education.

Disclosure: The project was funded by ChildFund Korea. The Author is supported by ChildFund Uganda Country program.

Subtheme: Prevention and early intervention

Keywords: Child wellbeing, Early childhood, Implementation, Parent-child relationship, Parenting practices / style

PAPER: Meta-analysis of parent-directed interventions targeting childhood externalizing behaviors in Asian families

Ms Kailee Kodama Muscente (New York University)[*], Dr Anil Chacko (New York University), Ms Jiayue Mao (New York University), Ms Caroline Sweeney (University of Southern California)

Background: Parent-directed interventions are shown to effectively treat childhood externalizing behaviors, yet Asians remain underrepresented in this research despite being the fastest-growing ethnic minority in the U.S. Mental health service use among non-White populations, including Asian Americans, has not significantly increased over the past 20 years. This gap may reflect misalignment between Western therapies and Asian Americans' needs, learning styles, or healing modes. This meta-analysis examines the effects of parent-directed interventions with Asian families, on youth externalizing and internalizing behaviors, parenting, and parent mental health. It also categorizes cultural adaptations used in each study to improve delivery and engagement.

Methods: Using PRISMA guidelines, the review identified 22 articles featuring parent-directed interventions for families with children aged 3 to 12. The articles were then coded for study data and cultural adaptations. The researchers calculated Cohen's d, applying Hedge's g correction to correct for small sample sizes (n < 10). Using Comprehensive Meta-Analysis software 4.0, the researchers determined the overall effect direction and size, and where applicable, calculated the composite mean scores for studies with multiple measures assessing the same outcome. Random effect models were used to calculate the overall effect, due to the variety of measures. Hedges g limits of 0.15, 0.40, and 0.75 were interpreted as small, medium, and large effect sizes, respectively. Finally, the researchers analyzed descriptive text to identify different themes of cultural adaptations described across study articles. Risk of bias was also assessed.

Findings: The researchers observed that parent-directed interventions had an overall large effect on improving child oppositional and conduct symptoms and a moderate effect on improving ADHD-related symptoms. Large effect sizes were also observed in improving negative parenting behaviors. Parent-directed interventions had moderate effects improving both parent mental health and child internalizing behaviors. However, the effect sizes for externalizing symptoms should be interpreted conservatively in light of wide confidence intervals and prediction intervals crossing zero, which demonstrate possible moderate to large negative mean effects. The researchers also identified several key themes from the cultural adaptations studied: (1) language and communication, including cultural sayings and metaphors, (2) the populations' preferred learning and treatment methods, (3) unique contextual and cultural factors, (4) program conceptualization of problem behaviors and theoretical frameworks, (5) intervention goals, and (6) ongoing refinement of studies, even after implementation.

Implications: In conclusion, parent-directed interventions show promise in treating childhood disruptive behaviors, as well as other symptoms, though effect sizes should be interpreted conservatively due to wide confidence intervals and high heterogeneity. Findings demonstrate that commercial BPT shows the most promise in treating childhood externalizing behaviors, especially in Chinese cultures. In other countries, homegrown programs show some promise, and future replication studies could help generalize these findings. The limited sample highlights the absence of research involving South and Southeast Asian groups, as well as the need for further testing to determine which populations may benefit or be adversely impacted.

PAPER: Co-designing the cultural adaptation of the Partners in Parenting Program to support parenting and adolescent mental health in Malaysia

Ms Darlene Koh (Monash University)*, Prof Elizabeth Jones (Monash University), Prof Marie Yap (Monash University)

Background: Access to culturally relevant parenting resources in Malaysia is scarce, particularly to support parents with adolescents, who are at a developmental stage with heightened risk for mental health problems such as anxiety and depression. Furthermore, widespread societal stigma towards mental health problems and seeking professional mental health support calls for initiatives to build parental mental health literacy and empower parents to support adolescent mental health in Malaysia. Recognising the resource constraints in developing parenting interventions locally, culturally adapting the evidence-based Partners in Parenting (PiP) program is timely and strategic in providing effective, sustainable, accessible, and culturally relevant parenting resources in Malaysia.

Methods: We conducted a series of co-design workshops with three stakeholder groups: 12 professional experts in parenting and adolescent mental health research and practice (six clinical psychologists, five counsellors, and one social worker), 14 Malaysian parents of adolescents between 12-17 years old (Mage = 46.2 years, 78.6% mothers), and 13 young adults between 18-25 years old (Mage = 21.8 years, 84.6% female). We conducted separate workshops to cater to the language preferences of parent and young-adult groups (English, Bahasa Malaysia, or Chinese). Participants attended two workshops in total, with each involving a demonstration of a PiP module. Workshop 1 focused on parenting domains relevant to establishing and maintaining a good parent-adolescent relationship, and Workshop 2 on establishing family rules and consequences. Both workshops integrated co-design activities (e.g., case vignettes) to stimulate a collaborative discussion about ways to increase the cultural acceptability of PiP for Malaysian parents, both in terms of content and technical design of the program.

Findings: Consolidation of stakeholder perspectives informed three main ways to approach cultural adaptations of PiP content for Malaysia (PiP-Malaysia): (1) Acknowledge the influence of religion and shared cultural values in parenting, (2) Increase parental awareness about intergenerational influences in shaping parenting beliefs and behaviours, and (3) Build parental skills in respectfully managing roles and boundaries with their extended family. Additionally, we formulated design implications to address potential parental challenges in engaging with and implementing PiP parenting strategies. Key considerations included enabling an 'all-in-one' integration of information, support, and connection within PiP (e.g., providing expert/peer coaching to supplement self-directed learning) and prioritising the comprehension and accessibility of content for diverse parental communities (e.g., utilizing diverse media formats of content delivery to accommodate lower literacy levels). Supporting parent-centred engagement with PiP content by tailoring to individual needs and preferences and including culturally-representative media were also key design strategies to increase the overall cultural acceptability of PiP-Malaysia.

Implications: By engaging with community stakeholders through co-design methods, the cultural and design considerations identified will likely align PiP-Malaysia more closely with the unique needs, cultural values, and norms of Malaysian parents. Furthermore, this collaborative approach can foster community trust that increases the likelihood of a smoother and more effective implementation of PiP-Malaysia in the future. As a self-directed, online parenting program, PiP-Malaysia could also address prominent parent-perceived barriers to accessing parenting resources in Malaysia (e.g., stigma of having and seeking support for mental health problems). Overall, PiP-Malaysia presents an opportunity to support many families, by strengthening parent-child relationships for the benefit of adolescent mental health.

Subtheme: Enhancing reach and implementation

Keywords: Child mental health, Cultural diversity, Evidence-based interventions, Parenting practices / style, Program adaptation, Young people

PAPER: Supporting parents of toddlers through educational resources: The 'My Toddler and Me' video series

A/Prof Jane Kohlhoff (University of New South Wales)*, Ms Lee Bratel (Karitane), Ms Erin Brandtman (Karitane), Ms Sue Morgan (Karitane)

Background: The 'My Toddler and Me' video series is an educational resource developed for parents of toddlers, and which aims to teach practical skills to promote child social-emotional wellbeing. Drawing on attachment theory, behavioural principles and developmental theory, the video series is based on the evidence-based intervention program, Parent-Child Interaction Therapy – Toddler (PCIT-T), and is designed for universal early intervention/prevention. The videos cover topics including: 1) positive parenting skills to promote play, development, and positive parent-child relationships, 2) strategies to support toddler emotional regulation, 3) supporting healthy and positive toddler exploration and development, and 4) emotion regulation and self-care for parents. The videos were developed/co-designed with culturally and linguistically diverse parents and health professionals to ensure relevance, cultural sensitivity, and acceptability. The final video series was developed in collaboration with a professional animation company and made available in English, Vietnamese, Arabic and Chinese (Mandarin) versions.

Methods: In 2024, we conducted two studies to explore impacts and acceptability of the video series. In study 1, focus groups were conducted with parents with toddlers aged 12-36 months (n=23) and health professionals with experience working with parents and young children (n=15). In each focus group, the My Toddler and Me video series was shown and then participants engaged in a discussion around knowledge gained from watching the videos, the cultural appropriateness of the videos, and suggestions for distribution and use with parents. Focus group discussions were audio-recorded and transcribed, and analysed thematically. In study 2, 155 parents of toddler aged children (12-48 months) were recruited to participate in a randomised controlled trial testing impacts of the My Toddler and Me video series on parenting knowledge, attitudes and behaviour. Participants randomly allocated to the intervention or control conditions. Participants in the intervention condition viewed the video series over a 4-week period (1 video per week); controls did not view the videos until after the study was completed. All participants completed a series of online questionnaires at baseline, and then again 5-and 12-weeks later. Within group differences over time, and differences between groups were analysed using a linear mixed model design.

Findings: Results of study 1 indicated that among both parents and health professionals there was a high level of satisfaction with the videos. Participants spoke of the videos' clarity, practicality and cultural inclusiveness, and were unanimous in their belief that the videos would be of benefit to parents of toddler aged children. They suggested that the videos could be made available via social media or used as part of clinical consultations with parents or parent-education groups. Results of study 2 showed that from baseline to follow-up, participants in the intervention group increased in parenting self-efficacy, empathy and affection towards their toddlers (ps < .05). There were no differences on these variables at baseline, but parents in the intervention group had higher scores than the control group at follow-up.

Implications: The My Toddler and Me video series is now freely accessible on YouTube and the Raising Children's Network website, available in English, Vietnamese, Arabic and Chinese language versions. The video series has the potential to be used as a universal resource for parents of toddler aged children (e.g., distributed through primary health care) and as a resource for practitioners to use with families.

Subtheme: Prevention and early intervention

Keywords: Child wellbeing, Cultural diversity, Early childhood, Parental wellbeing

PAPER: Scaling evidence-based early parenting programs: A scoping review

A/Prof Jane Kohlhoff (University of New South Wales)*, Dr Sara Cibralic (University of New South Wales)

Background: Evidence suggests that the best way to optimize child social-emotional and mental health outcomes is through the delivery of prevention and early intervention parenting programs in the first 2000 days of life (conception to 5 years). While many evidence-based programs are available, they need to be effectively disseminated or 'scaled' to have maximum impact. The overarching goal of this study was to review current evidence around the scale-up of early parenting programs. Specific aims were to identify: (1) scaled programs, (2) frameworks informing the scale-up efforts; (3) scaling outcomes; and (4) implementation strategies or approaches used to support scaling.

Methods: The review was undertaken in line with the PRISMA for Scoping Reviews (Tricco et al., 2018). Preliminary searches and piloting of selection criteria were initially undertaken to refine the scope of the review, optimize search terms, and finalize inclusion criteria. Two separate searches of four interdisciplinary databases (PsychInfo, EMBASE, SCOPUS and PubMed) were undertaken to identify articles published from January 2004 to September 2024. Articles first underwent title/abstract screening and then full-text reviews, with additional articles sourced through hand-searches of reference lists of included articles. Articles were included if they reported outcomes of an effort to scale an evidence-based early parenting program, defined as an intervention delivered to families of children aged 0-5 years that supports parents/caregivers to learn new skills, approaches, or perspectives around parenting practices, with the end-goal of optimizing early child social-emotional wellbeing and mental health. To be included the article needed to express an a priori goal of expanding, replicating, or increasing access or coverage of an intervention program in a region, and it needed to describe scaling across more than two sites (ExpandNet, 2010). Articles were excluded if they: reported solely on developmental assessment clinics or interventions aimed at supporting child development, health or neurodevelopmental disorders with no explicit reference to promoting socio-emotional wellbeing or mental health in children; were published before 2004.

Findings: The initial search yielded a total of 11,469 articles, which was reduced to 10,074 following removal of duplicates and 156 following title/abstract review, and 60 following full text review. The articles reported on 27 different prevention/early intervention programs (spanning universal, selective and targeted levels) including Triple P, Parent-Child Interaction Therapy, Child-Parent Psychotherapy, Attachment and Biobehavioral Catch-up, Family Check-up, and Reach Up (among others). Most scaling efforts were in the United States (n=41 articles) or the United Kingdom (n=5 articles) but there were also examples in a range of low and middle-income countries (n=6 articles). Programs were scaled across countries, states (or multiple states0, and regions/countries. Specific implementation training models included the Learning Collaborative model, the Cascading model, and Distance Education. Use of explicit scaling frameworks, controlled evaluations and measurements of scale-up were largely missing in the studies reviewed.

Implications: This review identified numerous examples of early parenting programs focused on optimization of child social-emotional and mental health outcomes that have been successfully scaled. Results emphasize the importance of effective training and dissemination models, working with the complexities of financial and policy contexts, and consideration/adaptation to local contexts. Overall, there was a lack of detail in articles about scaling frameworks/models and implementation methods utilized, and scaling outcomes, identifying important directions for future work.

Subtheme: Enhancing reach and implementation

Keywords: Dissemination and scaling-up, Early childhood, Evidence-based interventions

PAPER: Caring for caregivers: Targeting parental emotional adjustment and mental health through parenting programs

Dr Haley LaMonica*, Dr Victoria Loblay, Dr Qaisar Khan, Dr Gabrielle Hindmarsh, Dr Yun J C Song, Prof Ian B Hickie
(The University of Sydney)

Background: Poor parental emotional adjustment and mental health are associated with increased use of negative parenting practices which, in turn, can adversely impact childhood outcomes. Parenting programs are an effective way to educate parents about nurturing, responsive and stimulating childrearing practices, with outcomes showing improvements in parent-child interactions and early childhood development. Furthermore, programs that explicitly teach parents emotion regulation skills have been shown to both reduce depressive symptoms among caregivers and improve cognitive and language outcomes for children. Most parenting programs are delivered in-person, resulting in obvious barriers to access related to cost, scheduling, travel requirements, and stigma. However, emerging evidence suggests the potential for digital parenting programs to achieve similar levels of effectiveness to those delivered in-person.

Methods: The Thrive by Five International Program is a co-designed and culturally adapted digital childrearing program that aims to empower parents and other caregivers with evidence-based information to support healthy development in early childhood. Following implementation of the Program via the Thrive by Five app in Indonesia, Malaysia, Afghanistan, Kyrgyzstan and Uzbekistan, parents and caregivers were invited to complete a quantitative survey about the impact of the Program. The self-report survey included basic demographic questions as well as the Parenting and Family Adjustment Scales, a validated measure of changes in parenting practices in response to parenting interventions, and the System Usability Scale, a widely used measure of app usability and acceptability. Forward, stepwise linear regressions were constructed to investigate the relative contributions of demographics, parenting adjustment and family relationships, system usage and usability, and country of residence to parenting practices generally and in relation to parental consistency, coercive parenting, positive encouragement, and parent-child relationships specifically.

Findings: A total of 642 participants (mean age = 33.2 years, range = 19-68; 79% female; 89.9% partnered) completed the survey. On average, participants were tertiary educated and were providing care to between 2 and 3 children (X = 2.6; SD = 1.6). A significant linear regression equation ($F_{(9,632)}$ = 134.395, p = less than 0.001) with a R-squared of 0.657 showed that family relationships and parental adjustment explained 4.9% and 5.9% of the unique variance in parenting, respectively. Residence in Indonesia (3.2%) and Kyrgyzstan (1.0%), female sex (0.4%), system usability (0.7%) and app usage (0.3%) each accounted for a small portion of the unique variance in the model. Linear regression models (all with p-values less than 0.0001) also found parental adjustment to be a significant predictor of coercive parenting, positive encouragement, and parent-child relationships, explaining 0.2%, 4.9%, and 10.2% of the unique variance in each model, respectively.

Implications: Whilst all parents may benefit from content to support their own mental health and wellbeing, a 'one-size-fits-all' approach is not appropriate or effective. Digital technologies have the significant advantage of being able to offer personalised parenting information and activities based on static user information, with iterative refinement of personalisation informed by patterns of engagement and usage. However, it is vital that such programs are co-designed and developed in collaboration with key stakeholders to inform cultural appropriateness and contextual relevance of content, including supports for mental health and wellbeing. Only by optimally adapting parenting programs to both the needs and sociocultural context of parents and caregivers do such programs have the potential to maximise outcomes for children, families, and communities.

Subtheme: Contemporary trends in parenting support

Keywords: Early childhood, Parent-child relationship, Parental wellbeing, Parenting practices / style, Parent mental health

PAPER: Participatory approaches for parent support groups for children with developmental disabilities: Shared learning from the Ubuntu programmes

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Background: Globally, 53 million children under five are living with developmental disabilities. Most in low- and middle-income countries (LMICs) where access to specialist services are lacking and families play a critical role in meeting complex care needs. The Ubuntu Hub is a non-profit research and shared learning hub, inclusive of three participatory group programmes (Ubuntu, Baby Ubuntu, Juntos) that aim to promote participation and inclusion for children with developmental disabilities and their families, co-facilitated by expert parents. We aimed to critically reflect on the participatory approaches utilised by the programmes in LMIC contexts, to learn lessons for future implementation and research.

Methods: Prioritizing participatory caregiver support groups in community and healthcare service provision has the potential to create change at child, family and community levels. The Ubuntu Hub programmes aim to improve knowledge, confidence and skills in caring through demonstrations, practice and peer support. The programmes aims to improve knowledge, skills and confidence, reduce self-stigma, and facilitate family and community participation and inclusion. For this study we used qualitative methods; in-depth interviews, observation and focus group discussions were undertaken with facilitators and participants of caregiver groups in Brazil, Colombia, Rwanda and Uganda between 2018 and 2024. Focus groups and interviews explored the successes and challenges of implementing participatory caregiver support groups as well as the subjective impact of the programmes on families. Using a case study approach, we critique the feasibility and acceptability of the participatory group approach and the extent to which participation was achieved.

Findings:The Ubuntu programmes were feasible and acceptable to families, with caregivers reporting improved knowledge, confidence, skills and attitudes. The groups offered valuable social support to caregivers, who frequently described feelings of community exclusion. Expert parents and healthcare providers working together to co-facilitate the sessions provided opportunities for building equitable partnerships and created transformation in the community through empowering caregivers. Active participation was enabled though group activities such as icebreakers, group discussions and practising together. Caregivers reported improved caregiver-child attachment through shared learning with families reporting similar lived experiences of caring. The use of participatory approaches was at times challenging, particularly in settings with hierarchical community structures where power in decision making was unequal, and opinions more centralized to healthcare providers. Programme success was facilitated by early engagement of healthcare providers, and structured mentorship for facilitators which included opportunities to share ideas and experiences.

Implications: The Ubuntu Hub programmes offer an innovative and low cost way to provide information and social support to families of children with developmental disabilities in LMIC countries. Participatory approaches can create meaningful participation; promote empowerment and improve care and inclusion for children with developmental disabilities, as well as supporting community level transformation through challenging stigma. The involvement of expert parents in facilitating groups can create a shift in power structures and support task shifting from over stretched health systems.

Subtheme: Parenting support for diverse family needs

Keywords: Early childhood, Evidence-based interventions, Implementation

PAPER: AutInsight: a pilot randomised controlled trial (RCT) of a consumer-informed parent support program for parents of autistic children

Ms Jia Ying Sarah Lee (The University of Queensland)*, Dr Koa Whittingham (The University of Queensland), Dr Amy Mitchell (The University of Queensland)

Background: AutInsight is an innovative consumer-informed parent support program for parents of autistic children grounded in perspectives from qualitative research with autistic adults (Lee, 2023). The current study outlines the development and evaluation of AutInsight through a pilot randomised controlled trial (RCT).

Methods: A community-recruited sample of parents (N=41) of autistic children (10 years and younger) were randomly allocated to AutInsight (n=20) or care-as-usual (n=21) and completed online questionnaire assessments across three timepoints (baseline, post-program and 3-month follow-up). Assessment measures include parental sensitivity, parental acceptance and understanding, psychological flexibility, mindful parenting, parental mental health, overall family experience, quality of life, and child behaviours.

Findings: Intent-to-treat analyses indicated greater rates of improvement for parents allocated to the AutInsight program, with small- to medium-sized effects for parent-reported parental sensitivity (EA-SR mutual attunement d = 0.84, EA-SR child involvement d = 0.50), as well as overall autism family experience (AFEQtotal d = 0.38, AFEQfamily life d = 0.29). Greater rates of improvement were also found in parent-reported child conduct problems (SDQ d = 0.62) and prosocial behaviours (SDQ d = 0.48). The majority of parents also rated themselves as having increased insight and greater acceptance. Feedback from parents indicated that they were very likely to recommend the program to another parent and rated the program as very neurodiversity affirming.

Implications: Results suggest preliminary evidence of effectiveness, feasibility and acceptability of the AutInsight program. A larger, fully powered trial is warranted.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Intervention outcomes, Parent-child relationship, Parental wellbeing, Program evaluation

PAPER: Parental acceptance and understanding of autistic children (PAUACS): An instrument development study

Ms Jia Ying Sarah Lee (The University of Queensland)*, Dr Koa Whittingham (The University of Queensland), Dr Amy Mitchell (The University of Queensland)

Background: Parental acceptance and understanding are important to autistic children, however, there are not currently any instruments designed to assess parents' acceptance and understanding of their autistic child. We aimed to develop and evaluate the reliability and validity of a parent-report scale assessing parents' acceptance and understanding of their autistic child – the Parental Acceptance and Understanding of Autistic Children Scale (PAUACS).

Methods: Initial items were developed based on themes identified in a prior qualitative study investigating autistic adults' reflections of their own experiences of being parented as a child and refined based on iterative feedback from a reference group of autistic adults (including parents). The prototype was then pilot tested with a community sample of parents of autistic children.

Findings: A total of 158 parents (74 non-autistic, 42 autistic, 42 questioning; mean age 42.69 years) of autistic children (mean age 10.80 years) completed an online survey comprising the prototype version of the PAUACS as well as previously validated measures of parental sensitivity (EA-SR), neurodiversity affirming attitudes (NAS), autistic traits (BAPQ), and mental health (DASS-21), as well as overall child adjustment (SDQ) and family experience (AEFQ). A subsample of participants (n = 97; 61.4%) completed the PAUACS questionnaire, two weeks later, to assess for test-retest reliability. The final 30-item scale demonstrated excellent internal reliability (α=.89) and test-retest reliability (ICC= .92). Exploratory factor analysis (EFA) revealed a 4-factor structure: Understanding (α=.86), Innate (α=.74), Acceptance (α=.82), and Expectations (α=.73). Correlations between factor subscales on the PAUACS and scores on parental sensitivity and neurodiversity affirming attitudes provides preliminary evidence of convergent validity ($r >.20$) while non-associations with autistic traits and child behaviours provide preliminary evidence of divergent validity.

Implications: Overall, the PAUACS demonstrates good construct validity. The PAUACS appears to be a reliable and valid tool in assessing parents' acceptance and understanding of autistic children.

Subtheme: Demonstrating change and impact

PAPER: Optimising a digital parent-led exposure-focused intervention for childhood anxiety: the Courage Quest Plus program

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Background: Anxiety disorders are one of the most common types of mental illness in children. Exposure is the gold-standard treatment ingredient for childhood anxiety, as it teaches children how to face their fears. However, only 50% of children who complete current gold-standard treatments improve, and only 19% of children with elevated anxiety receive evidence-based care. As such, there is a need to improve current treatments and increase accessibility to appropriate supports. To address this gap, we are conducting a trial employing a factorial design to evaluate a digital exposure-based intervention named Courage Quest Plus and the benefits of five specific exposure features: rewards, relaxation, expectation questions, parent training, and positive mood. This study investigated the influence of these five features of therapy to optimise the delivery of exposure treatment.

Methods: We recruited 8–12-year-old children diagnosed with an anxiety disorder, and their parents. All participants received the same 10-week exposure-based intervention and were additionally randomly allocated to receive a combination of up to five of the additional features. We trialled the Courage Quest Plus intervention to see if it changed the severity of anxiety symptoms, anxiety disorder diagnoses, life interference, behavioural symptoms, quality of life, health service usage, parent behaviour, and parent-child relationship. We also measured intervention usage and acceptability. Measures were conducted at pre-treatment, post-treatment, and 6-month follow-up.

Findings: The outcomes of the trial (expected in 2025) will provide evidence regarding the efficacy of specific exposure optimisation techniques.

Implications: This study will determine optimal methods for parents and clinicians to use when delivering CBT and exposure techniques to children with anxiety, to potentially result in quicker and more durable outcomes.

Subtheme: Contemporary trends in parenting support

Keywords: Child mental health, Child wellbeing, Evidence-based interventions, Parenting practices / style, Program evaluation

PAPER: Parenting influencers as agents of empowerment: Exploring good enough mothering discourses among Croatian influencers on social media

Ms Klara Lovrečki (Faculty of Humanities and Social Sciences, University of Zagreb)*

Background: Parenting in contemporary society is shaped by high expectations, socio-economic inequalities, and deeply gendered norms. Mothers in particular are expected to conform to the ideals of intensive parenting: child-centred, emotionally exhausting, expert-guided, and relentlessly self-sacrificing. These pressures, reinforced by public discourse and professionalized parenting culture, often lead to guilt, overwhelm, and a sense of inadequacy. In response, social media has emerged as an informal arena of parental support, where influencers share personal experiences, challenge norms, and create emotionally resonant communities. This study explores how Croatian parenting influencers shape empowering discourses of "good enough" mothering, situating their role within broader novel trends in parenting support. Guided by Giroux's concept of public pedagogy, feminist critiques of intensive mothering, and Winnicott's concept of a "good enough" mothering, this study examines how Croatian parenting influencers construct and share discourses of motherhood.

Methods: Using a qualitative design grounded in Critical Discourse Analysis (CDA), the research analyses publicly accessible Instagram content—including posts, stories, videos, and supplementary media—shared by prominent influencers over several weeks in early 2025. Data were coded inductively through an iterative, in vivo process using the software QualCoder, with particular attention to how language and narrative structure reproduce or challenge dominant parenting norms.

Findings: The findings identify two dominant discourses: the persistent presence of intensive mothering ideals, and an emerging discourse of "good enough" mothering. This paper focuses specifically on the latter. The "good enough" mothering discourse among Croatian parenting influencers is characterized by two strategies: the deconstruction of intensive mothering ideals and the construction of more attainable, emotionally supportive alternative image of a good enough mother. Through their content, influencers critique societal expectations and norms, resist top-down models of parenting expertise, and make visible the structural barriers that create unequal realities for mothers. Simultaneously, they promote messages centred on solidarity, self-care, and shared caregiving responsibilities. Messages such as "We don't all have the same 24 hours" and "Self-care is not selfish" exemplify this shift toward more inclusive, realistic models of motherhood. These discourses resist guilt, normalize imperfection, and encourage authenticity, ultimately reshaping how parenting is publicly understood. Finally, this study underscores the pedagogical role of influencers in providing informal yet impactful parenting support. Through storytelling, behavioural modelling, and digital community-building, influencers create learning environments that operate as sites of public pedagogy. By challenging dominant parenting norms and offering emotional validation, they serve as accessible and relatable sources of support, particularly for mothers outside formal care and education systems.

Implications: These findings suggest several implications for practice: influencers can be recognized as informal educators and integrated more consciously into parenting support frameworks. Insights from their content can inform the design of parenting programs, shape public health messaging, and guide professional outreach strategies. Moreover, collaboration between experts and influencers may enhance both the accuracy and accessibility of parenting advice. Lastly, incorporating media literacy into parenting education is essential for equipping parents to critically engage with the digital parenting discourses they encounter.

Subtheme: Contemporary trends in parenting support

Keywords: Dissemination and scaling-up, Methodology, Parenting practices / style

PAPER: Understanding parents' perspectives of mandated services: A qualitative scoping review

Ms Linda-Jeanne Mack (University of Maryland)*, Ms Kimberly Williams (University of Maryland)*, Dr Lauren McCarthy (The Kempe Center for the Prevention and Treatment of Child Abuse and Neglect)*

Background: According to recent data, parents of 3,096,101 children were investigated by or involved in an alternative response by Child Protective Services (CPS; AFCARS, 2022). Involvement with CPS often requires parents' participation in mandated services. Despite the high number of families receiving mandated services, little is known about parental perceptions and experiences of such services. To this end, we conducted a systematic review to answer the following research questions: What qualitative research is available about parents receiving mandated services through CPS in the US? What are the perceptions and experiences of parents receiving mandated services due to CPS involvement?

Methods: Our systematic review began with the development of keywords and phrases to capture mandated service use for CPS involved parents. We worked with a librarian from the Health and Human Services Library to search three relevant databases including Family Studies, SocIndex, Scopus. We chose only peer reviewed articles with a cut-off date of 2014 to capture changes that may have resulted from the Preventing Sex Trafficking and Strengthening Families Act. All articles were uploaded into Covidence. Our research team of three screened articles based on predetermined inclusion and exclusion criteria informed by both scholarship and experiences as social workers with child welfare impacted families.   A total of 1216 were uploaded to Covidence. After removing duplicates, we screened 1060 studies and found 26 eligible for full text review. We excluded 16 due to not meeting our inclusion and exclusion criteria for a total of 10 studies included in the final review.

Findings: Across studies there were a total of 322 participants with mothers representing 59% of the total sample. Across all studies, participants ranged in age from 18 to 52, with the majority of participants between 20 and 30. Studies primarily consisted of white (27%), Black (21%), and Hispanic/Latinx (29%) participants. Of the 10 included studies, 8 studied a specific program/intervention. Programs used included mandated parenting classes, substance use treatment programs, maternity group homes, and evidence based programs. Some programs utilized trauma informed practices but not all.   Findings from included studies highlighted the importance of parents' ability to access support networks. Parents generally perceive services as more beneficial when they are heard, valued, and respected in the process. One study that focused on fathers also highlighted the lack of services for fathers and the need for more equity in service provision.

Implications: The implications of this study for policy are especially salient to the US given the passage of legislation which focuses on the provision of evidence-based programs to ensure children can be safely maintained in their homes whenever possible.   Additional qualitative research is needed regarding parent perceptions and experiences of mandated services. Researchers should consider ensuring a diversity in participants across not just age, race, and gender but also based on geographic region.   Parental perceptions need to be considered in the development of new programming and by current practitioners to ensure that services are best meeting needs identified by families themselves.

Disclosure: We have no competing public interests or funding to report.

Subtheme: Parenting, child health and development

Keywords: Child and family adversity, Evidence-based interventions, Parent mental health

PAPER: Links to Early Learning evaluation: Supporting caregivers to access early childhood education

Dr Michelle Macvean (Parenting Research Centre)*, Dr Amy Graham (Parenting Research Centre), Dr Elbina Avdagic (Parenting Research Centre), Dr Anne Dwyer (Uniting NSW.ACT), Ms Louise Smeaton (Uniting NSW.ACT), Ms Rebecca Cain (Think Impact), Ms Natasha Rees (Think Impact), Dr Tom McClean (Uniting NSW.ACT), Dr Catherine Wade (Parenting Research Centre)

Background: Early childhood education (ECE) provides the foundation for future education and is associated with improved developmental outcomes. While participating in ECE is recognised as a potential buffer against developmental vulnerability, children experiencing disadvantage may face inequitable opportunity to access ECE due to additional social, economic and systemic barriers. Uniting NSW.ACT's Links to Early Learning (L2EL) supports families to overcome barriers and secure suitable ECE placements for vulnerable children. The purpose of this evaluation was to determine the impact of L2EL on ECE enrolment and attendance, sense of school readiness, child socio-emotional outcomes, parenting efficacy, and cost-effectiveness of the program.

Methods: The evaluation of L2EL used a repeated measures quasi-experimental design, with a non-randomised comparison group drawn from a similar community sample to determine impact on outcomes. The cost effectiveness method was guided by the Australian Government Handbook of Cost-Benefit Analysis. Forty caregivers in the L2EL and 44 caregivers in the comparison group consented to participate. Participants completed surveys with the assistance of Uniting staff in February (Time 1) and August (Time 2) 2024. The surveys included items about family demographics, finances and benefits, employment and education, perceptions of ECE and school readiness, and two validated measures: Parent Empowerment and Efficacy Measure (PEEM) and The Devereux Early Childhood Assessment for Preschoolers (DECA-P2). Repeated measures ANOVAS were used to determine intervention effects, while reliable change index was used to measure clinically meaningful change at the family level. Six caregivers participated in interviews at Time 2, to gain further insight into program participation.

Findings: Over the 7-month evaluation period, a statistically significant improvement in ECE enrolment was observed for the intervention group but not the comparison group, and for caregiver knowledge of ECE and caregiver confidence in getting their child ready for school. A greater proportion of L2EL caregivers experienced clinically meaningful improvements in PEEM sense of efficacy, however no intervention effect was observed for either the PEEM or DECA-P2 across this relatively short evaluation period. Caregiver interviews suggest the L2EL program plays an important role in supporting families to address access barriers and help children enrol in and attend ECE. Cost effectiveness of L2EL is estimated at $40-44 per hour of additional enrolment in ECE.

Implications: Evaluation findings suggest the support provided by L2EL is having a positive impact on the program's primary objective of improving enrolment into ECE. While this finding requires confirmation with a larger sample size and follow up to determine long term effects on child outcomes, the evaluation highlights the benefit of investment in targeted supports for disadvantaged families experiencing barriers to ECE access. Such investment will help children participate in early learning opportunities that support their development and future engagement in education, and enable caregivers to participate in employment and education leading to financial gains for government and broader societal benefits.

Subtheme: Prevention and early intervention

Keywords: Early childhood, Intervention outcomes, Program evaluation

PAPER: Cutting through social media 'noise' and employing place-based, community-led co-design: New approaches to enhancing the impact of digital parenting support

Mr derek mccormack (Raising Children Network)*, Dr Naomi Hackworth (Raising Children Network)*, Ms Elly Robinson (Parenting Research Centre)*

Background: Parenting and family support play a crucial role in promoting children's health and wellbeing while addressing challenges children face.   As online information ecosystems evolve, there is a growing need to ensure parents, carers, and professionals have access to high-quality evidence-based information across various digital channels, including social media. Moreover, adapting parenting support messages to local contexts can increase their relevance and uptake, ensuring these messages effectively reach a diverse range of communities.   Raising Children Network (RCN) is Australia's universal, free, evidence-based digital parenting support initiative supporting 83,000+ parents and professionals every day. Funded by the Australian Government since 2006, the RCN website (raisingchildren.net.au) provides free and evidence-based articles, videos, apps and other resources to assist parents with everyday decisions about their children's health, wellbeing and development from pregnancy to the teenage years.   In 2024, RCN received 2 years funding to increase outreach and impact. This paper will report on new project work in 3 areas of focus.

Methods: We introduced new approaches to content development and dissemination, with a focus on two key strategies. First, we employed co-design methods to create an online micro-learning initiative. This approach reimagines evidence-based parenting content as 'engagement-first' social media materials intended to cut through the noisy digital environment. Second, we undertook two community engagement and co-design projects with local partners to enable community-led adaptation and increased reach of RCN resources. Together, these approaches aim to 'meet families where they are' by tailoring content delivery through various online and offline channels.

Findings: Drawing on key findings from the research and community co-design phases, this paper will summarise the processes and approaches used in co-design, increasing reach and early content adaptation and co-development. It will also discuss the enablers and barriers to producing highly engaging digital content and delivering context-sensitive, locally adapted parenting messages to specific communities and regions.

Implications: There is an ongoing need to evolve and innovate knowledge translation, science communication, and content development approaches to better support parents and carers. These demonstration projects offer valuable insights into how to deliver credible, engaging parenting support in contemporary, contextually relevant ways—both online and offline—and inform future efforts to enhance the impact of digital parenting resources.

Disclosure: Funded by the Australian Government Department of Social Services

Subtheme: Contemporary trends in parenting support

Keywords: Dissemination and scaling-up, Evidence-based interventions

PAPER: Evaluation of a complex trauma parenting intervention for non-offending parents of children who have experienced sexual abuse

Dr Cher McGillivray (Bond University)[*1]

Background: Extensive research has confirmed that non-offending parents (NOPs) of children who have experienced sexual abuse encounter challenges, as they often struggle to be taken seriously when seeking assistance within the legal system, as well as face a heightened risk to their own mental well-being. The profound and enduring impacts of childhood sexual abuse extend beyond the primary victim, affecting the entire family. Despite the pivotal role of positive parent-child relationships in fostering better outcomes for a child's recovery compared to other factors associated with child abuse (e.g., age of onset, duration, gender), significant barriers hinder access to treatment for these secondary victims of childhood sexual abuse. The present study conducted a proof-of-concept pilot online complex trauma-focused intervention delivered over six 90 minutes sessions to NOPs (N = 19), aimed at addressing the gap in complex trauma treatments to assist the victim's parents.

Methods: Pre-post comparisons of posttraumatic stress disorder and complex posttraumatic stress disorder were assessed by the International Trauma Questionnaire (ITQ).

Findings: The results demonstrated clinically significant symptomology change post-treatment with a large overall effect size ($\eta2$ = .49) and a medium effect size indicating a reduction in posttraumatic stress disorder (d =.79), complex trauma symptoms (d = .68), posttraumatic cognitions (d = .44), and a significant increase in posttraumatic growth (d = -.35), mindfulness (d = -.47), and self-compassion (d = -.54).

Implications: This pilot provided preliminary evidence of the efficacy of a complex trauma group intervention in regard to trauma symptom reduction.

Subtheme: Parenting support for diverse family needs

Keywords: Child and family adversity, Evidence-based interventions, Parental wellbeing

PAPER: Family-based intervention for Afghan refugee children and youth: An open trial

Ms Haitisha Mehta (Boston College School of Social Work)*, Mr Farhad Sharifi (Boston College School of Social Work), Dr Mary Bunn (University of Illinois Chicago), Dr Theresa Betancourt (Boston College School of Social Work)

Background: Four decades of conflict in Afghanistan have created a severe refugee crisis, with Afghan families facing substantial mental health challenges exacerbated by post-resettlement stressors. Culturally tailored family-centered interventions have the potential to address these challenges, yet evidence of their feasibility and acceptability for newly resettled Afghan families in the U.S. is limited. This study evaluated the feasibility, acceptability, and potential impact of the culturally adapted Family Strengthening Intervention for Refugees (FSI-R), delivered through a Community-Based Participatory Research (CBPR) approach.

Methods: A mixed-methods open trial design recruited 24 Afghan families (44 caregivers and 25 children/adolescents) in Maine through Maine Immigrants and Refugee Services (MEIRS), a local resettlement organization. Pre- and post-intervention quantitative assessments examined family functioning, parenting practices, and child mental health as primary outcomes and caregiver mental health as a secondary outcome. Qualitative exit interviews were conducted with 12 families (14 caregivers and 3 children/adolescents) to explore perceptions of feasibility, acceptability, and barriers to participation. Feasibility indicators included recruitment flow, retention, attrition rates, and participant engagement during the intervention.

Findings: The study achieved a recruitment rate of 24 families (44 caregivers and 25 children/adolescents), and thirteen families (20 caregivers and 13 children/adolescents) had pre- and post-intervention data. Eleven families (24 caregivers and 12 children/adolescents) withdrew from the data collection portion of the study or were lost to follow-up. Participants highlighted the cultural relevance of the FSI-R, its convenience as a home-based program, and the shared linguistic and cultural backgrounds of the interventionists as key facilitators of feasibility. Acceptability was underscored by the families appreciating the intervention content, including the parenting strategies, communication, and goal-setting modules. Barriers included session length, limited initial program information, and sensitivity to personal questions in assessments. While the small sample size limited statistical power, qualitative findings demonstrated strengthened caregiver-child relationships, improved communication, and increased father engagement. Quantitative trends suggested improvements in family functioning and reductions in caregiver anxiety and depression.

Implications: The results of this open trial provide preliminary evidence regarding the feasibility, acceptability, and potential impact of the FSI-R for newcomer Afghan families. It shows potential as a culturally adapted, family-based intervention to support Afghan children and adolescents and their families post-resettlement. Building on the findings, policy experts efforts can prioritize integrating such interventions into broader resettlement frameworks to address mental health vulnerabilities. Future research can focus on refining recruitment strategies, shortening data collection measures, and exploring scalability through larger, controlled trials. In consideration implications for practice, practitioners can consider leveraging culturally tailored approaches and flexible delivery models to maximize family engagement and ensure long-term impact.

Subtheme: Enhancing reach and implementation

PAPER: Bedayat: A comprehensive program to support divorced families with young children in Abu Dhabi

Ms Nancy Merheb (Abu Dhabi Early Childhood Authority)*

Background: The Bedayat Program, initiated by the Abu Dhabi Early Childhood Authority in 2022, is a pioneering initiative designed to mitigate the adverse effects of divorce on families with children aged 0-8. Divorce presents complex challenges, disrupting family dynamics and impacting children's emotional development. Parents, overwhelmed by their own pain, often lack the tools to shield their children from emotional turmoil. Bedayat (means Beginnings) offers structured support, equipping families with tools to navigate this transition while prioritizing children's mental and emotional health. Notably, the program was delivered under the region's first Early Childhood Development Social Impact Bond (SIB)—a unique adaptive learning model that emphasizes performance and impact, setting a benchmark for innovation in the Arab region. Expected Outcomes Under the SIB Model: The Bedayat Program targeted specific measurable outcomes to ensure payment to social investors: Increased understanding of the impact of divorce on children; Enhanced awareness and understanding of co-parenting strategies; Improved ability to effectively cope with parental stress; Reduction in children's emotional and behavioral problems.

Methods: Bedayat is an eight-week program, carefully designed in alignment with Abu Dhabi's sociocultural context. It targets families in the process of divorce, catering to both citizens and residents, and is delivered in Arabic and English. The program employs a holistic, multifaceted approach:
Parent-focused interventions: These include one-on-one counseling, support group sessions, workshops, weekly messages and a toolkit for self-care and family support.
Child-focused support: Services include play therapy, peer support groups, and parent-child bonding activities.
Partnership collaboration: The program represents a unique collaboration between the government and the private sector, with both sectors working together to address the implications of divorce on young children. This innovative partnership exemplifies a rare and effective cross-sector collaboration, highlighting the potential for unified efforts to tackle complex social challenges. The program underwent independent evaluation using a pre-post comparison design with follow-ups at two- and four-months post-intervention. A mixed-s approach was employed, integrating quantitative data with qualitative insights to comprehensively assess the intervention's impact.

Findings: The evaluation demonstrated significant and measurable outcomes, sustained at two- and four-months post-intervention. Parents: Improved emotional stability, reduced stress and anxiety, enhanced co-parenting skills, and better communication with children. Children: Reduced anxiety and behavioral challenges, increased prosocial behaviors, and improved emotional expression. Families: Strengthened parent-child bonds and resilience, with 85% of parents reporting a positive impact on their lives and parenting practices. One parent shared: "After I started attending this program, I realized it is as important as food and water." The Bedayat Program has proven to be a vital resource in supporting families through the complexities of divorce, fostering resilience and hope for both parents and children.

Implications: The success of Bedayat has led to the development of policy recommendations to mandate its inclusion as part of divorce proceedings in Abu Dhabi. Integrating Bedayat into judicial processes underscores its potential to systematically address the needs of divorcing families with young children. At the practice level, the program has been institutionalized within existing service frameworks in Abu Dhabi, showcasing how strategic partnerships and evidence-based interventions can drive sustainable societal impact. Bedayat serves as a replicable model for other regions, demonstrating how innovative approaches like the SIB model can enhance program effectiveness and scalability.

Subtheme: Parenting, child health and development

Keywords: Child and family adversity, Child mental health, Child wellbeing, Dissemination and scaling-up, Early childhood, Implementation, Measurement, Parent-child relationship, Parental wellbeing, Parenting practices / style, Parent mental health, Process evaluation

PAPER: A scoping review of innovations to strengthen frontline child welfare practice and wellbeing

Ms Katie Merkoureas (The Australian National University)*, A/Prof Dave Pasalich (The Australian National University), Prof Amy Conley Wright (University of Sydney)

Background: Having a skilled and resilient frontline child welfare workforce is crucial for supporting parents in ensuring child safety, wellbeing, and prevention of maltreatment. Unfortunately, child welfare agencies often struggle to support frontline staff, with these professionals experiencing high levels of burnout and vicarious trauma. These personal issues are exacerbated by agency factors including heavy caseloads, high staff turnover, and inadequate support. This affects not only worker retention and wellbeing; but, importantly, the quality of care that frontline professionals deliver to vulnerable children, parents, and families. To address these challenges, it is crucial to understand frontline practice and support needs. Over the years, researchers and child welfare agencies have collaborated to design, implement, and evaluate innovations such as interventions, training programs, tools, frameworks, and other guides to improve child welfare practices and outcomes. Much can be learned from these studies about what characterises an effective innovation, and how supporting implementation processes can affect worker and family outcomes. With this in mind, we aimed to synthesise existing research on innovations that have been studied and used to support and upskill frontline child welfare professionals.

Methods: We conducted a systematic scoping review using a protocol aligning with PRISMA-ScR. Numerous databases were searched for studies which discussed innovations implemented for frontline child welfare professionals in statutory settings. Additional articles were identified using The California Evidence-Based Clearinghouse for Child Welfare and by scanning reference lists of relevant articles. To be included, articles had to be peer-reviewed, written in the English language, and needed to discuss an innovation directly applied in a frontline statutory child welfare context. Studies with additional target populations were included provided they focused on frontline practices and included child welfare professionals in statutory settings. We used a multiphase selective screening approach involving at least two reviewers, with data extraction occurring in a similar manner.

Findings: A total of 5733 articles were identified through keyword search, with an additional 14 records identified manually. Of these records, 62 studies, published between 1994 and 2024, were retained for data extraction. Preliminary data analysis revealed the majority of studies came from the United States (75%), the United Kingdom (8%), and Canada (6%). Innovations targeted numerous frontline child welfare domains including clinical support and casework practices (n=21), risk assessment and decision making (n=14), supervision and professional development (n=14), workforce development and training (n=13), family engagement and assessment (n=10), organisational change and worker retention (n=10), trauma-informed assessment and screening (n=8), and mental health and wellbeing (n=4). Additional findings will be presented about the characteristics, outcomes, and supporting implementation processes of these innovations in frontline statutory child welfare.

Implications: This paper will address both research and practice gaps by capturing the full breadth of findings in relation to innovation characteristics and outcomes, as well as implementation processes that are used to support and upskill frontline statutory child welfare professionals. To our knowledge, this is the first review to explore innovations in the context of frontline statutory settings. Findings are intended to illuminate the current state of research in this field and highlight weaknesses and gaps to inform research, practice, and policy in staff training, workforce development, support needs of professionals, and the prevention of child maltreatment. :

Subtheme: Workforce support and development

Keywords: Child wellbeing, Workforce

PAPER: Family life skills training for custodial grandmothers: Stakeholders views regarding appropriateness, feasibility, and cultural sensitivity

Dr Ye Minzhi (University of Texas Rio Grande Valley)*, Prof Megan Dolbin-MacNab (Virginia Tech USA), Dr Carys Chainey (The University of Queensland), Prof Gregory Smith (Kent State University)

Background: FLSTP is a newly developed multicomponent parent education program that uniquely combines key elements of behavioral parent training with content aimed at developing family life skills such as self-regulation, stress management, family of origin trauma counseling, healthy lifestyle habits, and future planning. The aims of FLSTP are to 1) increase carers' use of positive parenting and effective discipline; 2) increase their self-regulation; 3) improve the child's well-being by reducing children's behavior problems and increasing prosocial behavior; and 4) reduce the adverse effects of trauma and other adverse life events on well-being and parental capacity. FLSTP is intended for vulnerable families who face multiple sources of adversity, and concurrently targets diverse sources of distress (i.e., relationship conflict, mental health problems, inadequate self-care, unresolved trauma issues, future uncertainty). One target population likely to benefit from FLSTP are families in which grandparents are providing full-time care to grandchildren in the absence of the grandchildren's birth parents. These families, known as custodial grand families, experience multiple adverse events leading to present-day challenges and stressors (e.g., financial strain, societal stigma/shame, compromised physical and mental health, and family estrangement) that indicate the need for FLSTP.

Methods: The purpose of the present study was to obtain input regarding FLSTP's acceptability, appropriateness, feasibility, and cultural sensitivity for custodial grandparents. We conducted a pilot study with a national sample of 27 custodial grandmothers (CGMs; 5 Hispanic/Latino; 7 Black; 15 White) and 15 professionals/advocates serving grandfamilies. Six focus groups, lasting 90 minutes, were run separately for CGMs and professionals/advocates. Participants were introduced to the goals and outcomes of FLSTP; shown examples of key materials and content for each session; and informed of how FLSTP would be group-delivered by videoconference. Data were obtained via the Theoretical Framework of Acceptability Questionnaire and a series of open-ended questions. Mean scores on all items were high, demonstrating that both CGMs and professionals judged FLSTP to be highly appropriate and acceptable for CGMs.

Findings: Data from the open-ended questions revealed positive views on how FLSTP could potentially improve CGM's lives, with many asking how soon it could be available to them. Emphasized were FLSTP's potential to enhance parenting, offer essential knowledge about raising GC, provide tools for understanding past trauma and enhancing self-care, and learn from CGM peers. CGMs also highlighted that FLSTP could promote a sense of confidence and empowerment, which they said would help them cope with stressors and improve their caregiving abilities. When asked if FLSTP suitably addresses issues regarding cultural sensitivity and potential racial/ethnic differences in parenting, there was unanimity across CGMs that key issues in parenting are similar regardless of race/ethnicity.

Implications: We conclude that custodial grandmothers and professionals who provide support services to this population concur on the appropriateness of FLSTP content, the feasibility of offering FLSTP groups using via synchronous video-conferencing, and regard it's content as being suitable across diverse racial and ethnic groups.

Subtheme: Parenting support for diverse family needs

Keywords: Parenting practices / style

PAPER: Public knowledge and attitudes about the nature of child emotional abuse and impact on mental health: A systematic review

A/Prof Amy Morgan (University of Melbourne)*, Ms Ellie Tsiamis (University of Melbourne), Mr Cameron Tan (National University of Singapore), Ms Qiang Chen (Peking University)

Background: Child emotional abuse is repeated parental behaviour that conveys to the child they are worthless, unloved, unwanted or only of value in meeting another's needs. It is widespread and equally harmful as child sexual or physical abuse; doubling the risk of depression, anxiety, self-harm and suicide attempts in adults. Yet there appears to be a lack of understanding of its impact and the urgency in preventing its occurrence. This review aimed to synthesize the findings from studies that have examined the knowledge and attitudes of the public towards child emotional abuse perpetrated by parents.

Methods: A systematic search of 3 online databases was conducted in October 2023 to identify surveys of public knowledge or attitudes related to child emotional abuse. Eligible studies were peer-reviewed papers published from 2000 that collected data on knowledge related to the emotional abuse of children aged 0-18: recognition of parenting behaviours as abusive; knowledge of its prevalence, impact on health and wellbeing, and options for help or intervention; social norms; and willingness to take action. Data were synthesised narratively.

Findings: 38 studies were included, with only 4 rated high-quality. Most commonly, studies investigated knowledge about what constitutes child emotional abuse or the acceptability of emotionally abusive behaviours. Few studies investigated willingness to take action or knowledge about prevalence and harm. Recognition of child emotional abuse varied depending on the type of behaviour, with high recognition rates for repeated hostility behaviours, such as repeatedly calling a child "stupid" or other names. Consistently across studies, there were significant minorities of respondents who did not recognise emotionally abusive behaviours as child abuse or believed that they were acceptable. Results generally showed that child emotional abuse was less recognised and perceived as less harmful than sexual or physical abuse.

Implications: Further high-quality research, using random sampling methods, is required to gain a deeper understanding of the community's knowledge and attitudes to inform targeted prevention efforts. Future research should use a consistent approach to measuring knowledge and attitudes and should consider adopting standardised vignettes. Despite this, review findings suggest that there is room for improvement in public knowledge, beliefs, and social norms related to child emotional abuse. There is a need for community education on child emotional abuse to increase recognition, appreciation of its harm, and intentions to prevent or respond to it. Educating the community about the problem and empowering them to act is essential to change social norms around harsh and insensitive parenting and reduce emotional abuse.

Disclosure: AM is supported by a Fellowship from Mental Health First Aid International

Subtheme: Prevention and early intervention

Keywords: Child and family adversity, Child mental health, Population health approaches

PAPER: Feasibility and acceptability of the implementation of the International Child Development Program and the planned outcome measures

Ms Olivia Miranda Örtlund (Dalarna University)*, A/Prof Fatumo Osman (Dalarna University), A/Prof Eva Randell (Uppsala University), Dr Maria Svedbo Engström (Dalarna University)

Background: Immigrant parents bring valuable skills to their host countries but often struggle to establish a parental identity due to language and cultural barriers. These challenges are more pronounced for those who have experienced forced migration, affecting their health and family dynamics. Research underscores the importance of empowering immigrant parents to enhance integration, strengthen parent-child relationships, and promote mental health. The International Child Development Program (ICDP) is a preventive parenting program that aims to improve parent-child interaction through reflective practices. It includes three dialogues (Emotional, Comprehension, and Regulatory) and eight interaction themes aligned with the Convention on the Rights of the Child. However, few studies have rigorously evaluated the ICDP and those who offer parenting programs often struggle to reach and engage parents. The Global Initiative to Support Parents emphasizes reaching parents in various settings to ensure accessible and effective support. Municipal activities tailored to support the language skills of immigrant parents like Swedish for Immigrants provide a stigma-free environment that facilitates early interventions to promote mental health and prevent future problems among parents and children. Objectives: To test the feasibility and acceptability of the implementation of the ICDP and the planned outcome measures in an arena with activities targeted at immigrant parents.

Methods: The ICDP was implemented at two schools in central Sweden providing Swedish for immigrants. In total, 60 immigrant parents, six teachers, one facilitator, and two school principals participated. The ICDP was delivered over eight sessions in five classes with interpreters available. A mixed methods design was employed, collecting qualitative and quantitative data. Interviews with teachers and focus group discussions with parents explored their experiences and perceptions of the ICDP. Observations assessed adherence to program guidelines. Quantitative assessments of mental health, parenting self-efficacy, family relationship satisfaction, attachment perceptions, social integration, and intervention satisfaction were collected using questionnaires. Qualitative data were analyzed using inductive content analysis. Quantitative data were analyzed using descriptive and regression analysis.

Findings: Preliminary results show that the ICDP and the outcome measures were well received by the participants. Parents experienced participating in ICDP increased their sense of security in parenting. They found that the program improved their relationship with their children, fostering better interaction and communication. Additionally, parents gained a better ability to pay attention to their children and handle conflicts more effectively. The teachers considered the ICDP training a solid foundation and found ICDP content relevant for implementation in language schools for immigrant parents. However, it requires them extensive planning and preparation. Furthermore, teachers experienced that ICDP fostered better collaboration between teacher and students, leading to a more cohesive class and improved communication on personal topics. It also enhanced the sense of community and addressed important issues like empowerment and equality through discussions and emotional processing. Parents found the questionnaires clear and easy to complete. The availability in multiple languages were valuable. Outcome measurements showed improvements in self-reported parenting skills and relationships with their children.

Implications: Rigorous evaluation is important for policymakers to be able to support the implementation of evidence-based parenting programs into practice. Future research should evaluate facilitators and barriers for implementation of the ICDP in practice arenas with activities targeting immigrant parents including the effect on parenting, mental health, and social integration.

Subtheme: Parenting support for diverse family needs

PAPER: RCT: The effects of Stepping Stones Triple P vs Stepping Stones plus Enhanced Triple P on parenting and family adjustment

Ms Ayu Paramecwari (The University of Queensland)*, Dr Cassandra Tellegen (The University of Queensland), Dr April Hoang (The University of Queensland), Prof Alina Morawska (The University of Queensland), Prof Vanessa Cobham (The University of Queensland), Dr Leanne Payne (The University of Queensland; Child Health Research Center, QLD; Queensland Health Jacaranda Place), Prof Christel Middeldorp (The University of Queensland; Child Health Research Center, Brisbane, QLD,)

Background: Parenting can be rewarding and important for children's development, but it can also come with a set of challenges. Parenting is even more challenging when children have additional needs and parents have their own mental health challenges, which leads to a double care demand that might affect parenting and family adjustment. In improving parenting and family adjustment outcomes, previous studies have shown the efficacy of parenting programs such as Triple P on parenting and family adjustment outcomes of children with disabilities. However, the same efficacy has not been tested when looking specifically at children with disability with parents who have mental health problems. This study aims to compare the effectiveness of two Triple P interventions on parenting and family outcomes in this population.

Methods: This two-armed randomised controlled trial enrolled 127 families who are part of a longitudinal study called Improving Outcomes in Mental Health Studies. Families are those who have children attending Queensland Child Development Services and have a parent with clinical/subclinical DSM 5 mental health symptoms. The first group received regular care intervention involving Stepping Stones Triple P, a 5 x 1 hour group workshops on parenting program for families caring for children with additional needs. The second group received regular care and an intervention targeting parental mental health. The additional intervention was from Enhanced Triple P—Coping Skills module, which includes 3 x 1 hour group workshops on strategies/skills targeting parents' mood regulation. Outcomes measures included parenting outcomes and family adjustment (PAFAS).

Findings: Our results show significant improvements in parenting consistency, reduced coercive parenting, and better parental adjustment over time, highlighting the value of targeted support for families where parents have mental health challenges and children with additional needs.

Implications: These findings suggest that both interventions, Stepping Stones Triple P and the enhanced version with coping skills, are effective for improving parenting practices in these families, at least for 3 of the 6 subscales of PAFAS. The lack of group differences suggests that targeting parenting alone, without specific coping skills for parental mental health, may still be beneficial.

Subtheme: Parenting support for diverse family needs

Keywords: Child and family adversity, Evidence-based interventions, Intervention outcomes, Parent mental health

PAPER: Meghalaya ECD Mission: Transforming parenting practices and community engagement in early childhood development

Ms Jessica Passah (Meghalaya Early Childhood Development Mission), Dr Sampath Kumar (Meghalaya Early Childhood Development Mission)[*]

Background: Meghalaya, a state in North Eastern India, is the sole state in India to have established a comprehensive Mission dedicated exclusively to Early Childhood Development (ECD).

Methods: The Meghalaya ECD Mission, launched in 2022, represents the first initiative of its kind in the Asia Pacific region. The Mission was formulated in response to the state's pressing needs, as evidenced by poor-performing indicators such as high infant mortality rates, malnutrition and stunting among children under 5 years, inadequate learning outcomes, and high dropout rates. Through the Mission, the state is implementing policy reforms by designing and developing human-centric programmes that promote evidence-based positive parenting practices, while demystifying healthcare and effective child-rearing techniques as seen in the drastic reduction in maternal and infant deaths by 50% and 34% respectively in 2023-24. The Mission's vision encompasses the holistic development of children by taking a whole government and whole society approach to achieve the objective of a whole child. It aims to enable young children (0-8 years) to develop a robust foundation to achieve their full potential during their early years, thereby contributing positively to themselves, society, and the state's development. This paper aims to demonstrate the efficacy of a large-scale, state-wide programme effectively aimed at modifying behavioural patterns and perceptions of parenting through interventions designed to assist the wider population in internalising the importance of early childhood development. Most state policies focus on implementing programs through hard components such as infrastructure development and nutrition centres; however, the Mission recognises the need for emphasis on soft components. This constitutes one of the Mission's key core components; however, it is not limited to parents or primary caregivers alone, the component extends to the community at the grassroots level as well in the form of Block and Community Sensitisation Programs.

Findings: The Mission is reinforcing inner-community ties by ensuring safe environments are created for children, not only at home by parents and caregivers but also within the community. This is achieved by leveraging community institutions and fostering local leadership through a state-wide grassroots parenting programme, and optimising religious platforms and faith-based institutions to promote and adopt ECD concepts through capacity building of their members. The state is utilising the strength of Faith-Based Institutions to enhance human resource development on ECD concepts at the community level. By integrating ECD principles into everyday religious activities, these institutions are cultivating a culture of awareness and growth surrounding child development.

Implications: Meghalaya has the highest number of single mothers in India and the breakdown and deterioration of the family unit has negatively impacted child rearing practices. This collaborative effort with the communities engenders a wave of positive change, enriching family dynamics and strengthening community bonds. Through this approach, Meghalaya not only supports the well-being of children but also promotes a sustainable and holistic vision for the future of its communities.

PAPER: Empowering parents and caregivers of children with intellectual and developmental disabilities through education and play

Dr Ashlyn Smith (Special Olympics International)*, Ms Rebecca Ralston (Special Olympics International)*, Dr Juan Bornman (Stellenbosch University)*, Ms Clara Wepener (Stellenbosch University), Mr Martin Kidd (Stellenbosch University)

Background: In 2022, Special Olympics developed and piloted an 8-week model that offered a coordinated approach to early childhood development. The Child and Family Health intervention for children with intellectual and developmental disabilities (IDD) and their families offers direct developmental support to the child through Young Athletes, education and support to the parents or caregivers through Family Health Forums, and access to health screenings and community support through Healthy Young Athletes. Special Olympics evaluated the model to understand the impact for both parents and children. This presentation will showcase the impact on self-efficacy for parents and caregivers of children with IDD who participated in the 8-week intervention across three countries: India, Pakistan, and South Africa. The overall aim of the intervention is to improve the health and well-being of family units that include children with IDD. The focus on parental stress and efficacy is particularly relevant for parents of children with IDD, given parenting stress is notably higher in these families. Parenting self-efficacy, which refers to a parent's confidence in their ability to positively influence their child and their child's environment, supports persistence and motivation, stress management, and ultimately improvement in child outcomes (Jones & Prinz, 2005). Research suggests that parenting self-efficacy plays a critical role in shaping how children respond to interventions (Stephenson et al., 2023), underscoring the importance of providing support for families of children with IDD.

Methods: A pre-post quasi-experimental design was used across three country cohorts (India n = 1269; South Africa n = 300; Pakistan = 482) to evaluate participant self-efficacy before and after participating in the intervention. Participants were parents and primary caregivers from the three project countries who were participating in Special Olympics' Child and Family Health program. A total of 2,051 responses were collected at pre and post intervention. The Parent Empowerment and Efficacy Measure (PEEM) was used to assess parental self-efficacy. The PEEM is a reliable tool that uses a 10-point scale to evaluate parental confidence and capacity to engage with support networks. Data collection involved ethical approvals, training workshops, and collaboration with local universities and Special Olympics staff.

Findings: The program evaluation found that participating in the intervention had a positive impact on parental self-efficacy across all countries. The PEEM demonstrated excellent reliability, with an overall reliability coefficient greater than 0.89.

Implications: The findings indicate that parental self-efficacy can be significantly enhanced through targeted interventions, even in low- and middle-income countries. The findings also highlight the importance of socio-contextual factors in shaping parental self-efficacy. This work underscores the critical role of parental self-efficacy in improving child outcomes, particularly in families with children with IDD and highlights the importance of providing parents with support to enhance their self-efficacy, leading to better child development outcomes. Importantly, the positive outcomes of this coordinated child and family health intervention suggest that this is a model that can be reliably implemented with families of children with IDD in lower resourced communities globally. Best practices for successful implementation will be shared including partnering with community health leaders and local governments and integrating the model into early childhood centers in local communities.

Subtheme: Parenting support for diverse family needs

Keywords: Early childhood, Parent-child relationship, Parental wellbeing, Program evaluation

PAPER: Increasing the impact of evidence-based parenting support by upscaling delivery to a school-based universal service

Dr Kate Renshaw (Play and Filial Therapy)*

Background: During their schooling years children spend the majority of their daytime with teachers. In Australia, this equates to approximately 16,000 hours spent at school. When children are in school, their teachers are in loco parentis, meaning they are effectively 'standing in for a parent'. By standing in for parents, teachers become significant secondary attachment relationships that support children's learning, development, and wellbeing. With 62.2% of Australian children experiencing maltreatment and 72% experiencing adversity, research adapting therapeutic parenting interventions for use by teachers is a novel way to universally provide Positive Childhood Experiences (PCES) to mitigate lifelong negative impacts of childhood adversity.

Methods: A mixed methods research study explored the efficacy of transferring knowledge and skills from play and filial therapy for teachers, via the Teacher's Optimal Relationship Approach (TORA). Play Therapy as an evidence-based child psychotherapy and Filial Therapy as an evidence-based therapeutic parenting support are well researched in school aged children. Four schools, representative of diverse geographical zoning, socio-economic categories, and educational sectors, took part in the research. Teachers (n=13) of children (n=159) in their first year of formal schooling attended TORA professional development with the researcher, a Play Therapist. Teachers then integrated TORA knowledge and skills into their teaching practice for one school term. The researcher supported the integration of TORA into teaching practice by conducting observation and feedback cycles with each teacher.

Findings: Teachers recorded pre and post child measurements using the Strengths and Difficulties Questionnaire (SDQ) and the Student Teacher Relationship Scale (STRS). SDQ results showed a significant decrease (P = .000) in: total difficulties, conduct problems, hyperactivity, peer problems, externalising scores, internalising scores, and an increase (P = .000) in prosocial scores. And the STRS results showed a significant increase (P = .000) in closeness of relationships and a decrease (P = .000) in conflict and dependency in relationships. Classroom observation data reported on the frequency of skill use and child responses to teacher skill use. Focus group data captured teacher reflections on the experience of learning and implementing TORA knowledge and skills, into their daily teaching practice.

Implications: Statistically significant results across this multi-site study confirmed the efficacy of the TORA and highlighted a novel way of increasing the impact of parenting support by including teachers as important secondary attachment figures. Teachers are not typically equipped with the knowledge and skills that parents may learn if they engage with evidence-based parenting therapeutic support. In Australia, equipping and supporting teachers in their loco parentis role aligns with the: blueprint for the National Children's Plan; submission by The Centre for Community Health (Murdoch Children's Research Institute) into state education system in Victoria; OECD (PISA) defined purpose of education for human flourishing; and American Psychological Association (APA) Summit recommendation for therapeutic interventions to be scaled up to population-wide approaches. Paediatric health and mental health disciplines, like Play Therapy, have a vital role to play in future research into the interface between parenting and teaching.

Subtheme: Enhancing reach and implementation

Keywords: Child wellbeing, Dissemination and scaling-up, Evidence-based interventions, Population health approaches, Program adaptation

PAPER: Investigation of a brief positive parenting seminar series delivered through telehealth

Ms Brianna Ricker (Texas Tech University)*, Dr John Cooley (Texas Tech University), Ms Victoria Dennis (Texas Tech University), Ms Brooke Streicher (Texas Tech University), Dr Tarrah Mitchell (Texas Tech University Health Sciences Center), Dr Caroline Cummings (Texas Tech University), Dr Jonathan Singer (Texas Tech University)

Background: Parents are ideal targets for prevention and intervention given their widespread impacts on children's development and functioning. The Triple P Seminar Series is a brief, evidence-based parenting program, but the effectiveness of its delivery via telehealth has yet to be tested. Thus, the primary goal of this randomized controlled trial was to investigate the feasibility, acceptability, and preliminary efficacy of the Triple P Seminar Series delivered as a universal intervention through telehealth. A secondary aim was to explore whether an active discussion component administered by a mental health provider improves outcomes.

Methods: Participants included 97 parents/caregivers of children ages 2-12 who were randomly assigned to one of three conditions: intervention-as-usual (i.e., 90-minute condition; n = 32), intervention without an active discussion component (i.e., 60-minute condition; n = 27), or waitlist control (n = 41). For the 90-minute condition, the seminars were conducted live and led by two master's-level mental health providers, who interactively presented seminar content for 60 minutes and then facilitated a 30-minute question-and-answer period. In the 60-minute condition, pre-recorded seminars by the two mental health providers were presented synchronously to parents/caregivers. Participants completed measures of positive and negative parenting behaviors, parental self-efficacy, parental hope, readiness for change, and parental knowledge at baseline and 2-months post-intervention. Intervention participants also completed measures of satisfaction and acceptability after each seminar.

Findings: No significant baseline differences were found between conditions across any demographic or outcome variables. Parents assigned to both intervention groups reported high levels of program satisfaction and acceptability, with no significant differences between conditions. Results from multilevel models indicated that, compared to the control group, participants in the 90-minute condition exhibited significant ($p < .05$) reductions in parental hostility ($d = -0.48$) as well as increases in positive reinforcement ($d = 0.66$) and overall positive parenting behaviors ($d = 0.51$), with moderate effect sizes. Additionally, parents in this condition reported reductions in overall negative parenting behaviors that approached significance ($p = .06$, $d = -0.43$). Although changes in these outcome variables did not reach statistical significance for the 60-minute condition relative to the control group ($ds = |0.12$ to $0.37|$), there were also no significant differences between 90- and 60-minute conditions across these outcomes ($ds = |0.16$ to $0.31|$).

Implications: Large-scale, universal interventions with parents may help address the well-documented gap between the number of youth who need mental health services and those who are able to access them. Findings from this project suggest that a brief, three-session positive parenting seminar series delivered through telehealth led to improvements in both positive and negative parenting behaviors, which has important implications for dissemination. Interestingly, the inclusion of an active discussion component did not enhance outcomes. Additional research is needed to determine whether improvements in parenting behaviors as a result of this intervention contribute to subsequent improvements in children's emotional and behavioral functioning.

Subtheme: Enhancing reach and implementation

PAPER: The D.A.D. Program: Bridging the gap in parenting programs for fathers through a pilot father-friendly intervention

Ms Amelia Rofe (The University of Newcastle)*, Dr Emily Freeman (The University of Newcastle)

Background: The parent–child relationship is foundational to child development, impacting language, communication, executive function, social relationships, academic success, and both mental and physical health. Effective parenting promotes positive emotional, behavioural, and psychological outcomes in children and serves as a critical resource when these areas are compromised. Parenting programs are essential in upskilling parents, enhancing family relationships, and supporting child wellbeing. However, fathers remain underrepresented in these programs, enrolling at rates five times lower than mothers, with dropout rates reaching up to 100%.

Methods: Addressing this gap, this study developed a brief, father-friendly parenting program tailored to increase fathers' engagement in parenting initiatives and ultimately promote family and child wellbeing. Informed by a scoping review of the literature on fathers' engagement barriers and facilitators and empirical studies exploring fathers' preferences for program characteristics, this research presents a novel three-session parenting program for fathers of children aged 5 to 9 years. The program integrates evidence-based approaches from parenting style theory, attachment theory, emotional competence, and behavioural management to equip fathers with the skills to address common parenting challenges effectively. Designed as a preventative and early-intervention resource, the program aims to enhance fathers' confidence and competence in parenting, reduce parental stress, and improve parent–child relationships.

Findings: Both quantitative and qualitative outcomes will measure program acceptability, engagement and retention rates, as well as impacts on parental stress, child emotional and behavioural issues, and fathers' parenting confidence and competence.

Implications: Findings will be discussed, contributing valuable insights into father-friendly program development and its role in fostering supportive family environments.

Subtheme: Enhancing reach and implementation

Keywords: Implementation, Program evaluation

PAPER: Pilot of a dyadic parenting intervention in a student-led allied health clinic

Dr Susan Rowe (Bond University)*, Dr Shawna Campbell (Bond University)

Background: Difficult or disruptive behaviours are common in early childhood and range from age-expected annoyances to less common and more impactful behaviours that disrupt wider social and emotional opportunities for children and their families. Research has reliably demonstrated the effectiveness of dyadic parent-child based interventions for reducing disruptive behaviours in preschool aged children. However, within post-graduate professional psychology training programs in Australia, there are often barriers to teaching intern psychologists dyadic treatment approaches. Barriers such as restricted infrastructure, lack of access to the required technology, and sufficient access to clinical educators suitably trained in dyadic treatments, have been identified. Objectives This paper reports on an ongoing pilot project initiated in 2024 at Bond University Health and Wellness Clinic, a student-led public allied health clinic. The pilot project developed and implemented an adapted dyadic parent-child treatment program co-facilitated by clinical supervisors and interns enrolled in Master of Clinical and Professional Psychology programs at Bond University. The objectives of the pilot project are: 1) evaluate whether co-facilitating dyadic parenting intervention increases interns' level of knowledge and confidence in providing evidence-based interventions for preschool age children, 2) measure the effectiveness of a parenting intervention adapted to be delivered within an academic trimester, and 3) evaluate the sustainability, feasibility and impact of instigating a novel service in a public facing, student-led clinic.

Methods: The pilot project is still underway and is being conducted through 2024 and 2025. The authors developed an adapted parenting support intervention drawing from existing evidence-based interventions adapted to fit within the constraints of a 14-week trimester academic calendar. The pilot program is trialling the delivery of 10 intervention sessions over 14 weeks, which includes 5 fortnightly intern-led 'parent knowledge' sessions and 5 fortnightly supervisor co-facilitated dyadic coaching sessions. Parenting support methods combined include, a) psychoeducation for parents on the social, emotional and behavioural development of preschool age children, b) encouraging parent self-reflection, and c) live face-to-face dyadic parent-child coaching sessions, and d) daily family homework. Core interventions utilised include family behaviour modification, parent-child relationship enhancement, and increasing opportunities for parent reflection. Prior to working with families interns complete background reading, 2 hours of in-person training and online video examples and ongoing weekly individual and group supervision. Measures being utilised to evaluate the pilot program include pre and post questionnaires measuring intern confidence and knowledge, parent stress, child social, emotional, and behavioural indicators, clinic staff experiences and feasibility metrics (e.g., supervisor time, resource allocation).

Implications: The pilot project will offer outputs on adapting and combining parenting support methods, enhancing reach and support through novel service delivery, as well as addressing workforce issues. Offering further training in evidence-based interventions for preschool aged children in professional training programs, has the potential to supply new professionals to the workforce that are both knowledgeable and confident in providing services for young families. Outcomes of the pilot will also offer practice information for strategies to address logistical challenges of providing effective dyadic interventions within the constraints of a student-led public allied health clinic.

Subtheme: Workforce support and development

Keywords: Early childhood, Evidence-based interventions, Parent-child relationship, Workforce

PAPER: Assessing the role of therapeutically persuasive design in engaging users and reducing the need for human support in a digital parent training program

Ms Chen R. Saar (University of Haifa)*, Prof Amit Baumel (University of Haifa)

Background: Digital parent training programs (DPTs), accessible to parents on their personal mobile devices, have been found effective at reducing children's behavior problems. Despite their advantages in increasing accessibility to evidence-based treatment at a reduced cost, a major challenge remains keeping parents engaged with the program through the therapeutic process. A well-known method to increase engagement is adding human support – but this reduces the ability to scale the intervention due to related costs and administrative overheads. Building on an innovative approach to enhance parental engagement by elevating program quality through therapeutic persuasiveness (TP) features, we assess whether these features can reduce the need for additional human support.

Methods: We compared data from two separate studies conducted on two similar TP-enhances DPTs, with and without human support. TP features included just-in-time triggering, ongoing monitoring and feedback, and adaptive content. The human support protocol consisted of text message sent via a chat feature embedded within the program, as well as phone calls on demand. A propensity score matching paradigm was used to match 38 pairs of parents from both studies. Data included program usage and human support metrics, along with self-reported questionnaires on child and parent outcomes.

Findings: On average, parents completed most of the program modules (self-directed version: 89%; supported version: 92%), with no significant differences between the two DPTs (p = .51). While there were also no significant differences between the two conditions in total usage time (p=.78), parents in the supported DPT logged in significantly more days (Cohen's d=-0.32) and had more unique logins (Cohen's ds=-0.34). This difference is attributed to additional logins for chatting with human support. While both DPTs were significantly effective in reducing children's behavior problems from pre- to post-intervention (p<.001 for both conditions), no significant differences were observed between the self-directed and supported versions for child and parent outcomes (Cohen's d ≤ 0.22).

Implications: As technology continues to advance, it will be valuable to fully leverage its potential in designing DPT programs that promotes parents' adherence to the therapeutic process. This promising approach may hold the key to designing innovative self-directed DPTs, potentially reducing the need for human support.

Disclosure: One of the studies described in the abstract was funded by The Israel National Institute for Health Policy Research.

Subtheme: Contemporary trends in parenting support

Keywords: Child mental health, Evidence-based interventions, Implementation

PAPER: Alternative methods for making meaning of parent voices in evaluation and research

Dr Gina-Maree Sartore (Parenting Research Centre)[*], Dr Catherine Wade (Parenting Research Centre), Dr Elbina Avdagic (Parenting Research Centre), Dr Michelle Harrison (Parenting Research Centre), Ms Zvezdana Petrovic (Parenting Research Centre)

Background: When planning and designing evaluations, it can be challenging to hear the authentic voices of parents and carers and of the teams who support them. Traditional data collection and analysis methods, whether quantitative or qualitative, may not be suitable for people who have lower literacy in English or who are wary of interacting with researchers. Additionally, the 'one-way' direction of information flow means that important context and information about meaning and values may be lost.

Methods: We will present an overview of two alternative data collection methods (Photovoice and Most Significant Change) which in their different ways overcome these issues, and discuss what we have learned from recent experiences using them in the field.   Photovoice (Wang and Burris, 1997) asks participants to take pictures (or generate images through other methods) in response to a research question or prompt. Participants then report on why they chose the image they did and why the image is meaningful in context. This can be done individually or as a group. The researcher then collates the images and responses and identifies themes.   The Most Significant Change technique (Davies and Dart, 2005) asks participants to create stories of change that they have experienced or observed (with guiding questions designed to prompt reflection on what was most significant, and why). Participants then collaborate to select which story or stories best illustrate program impact and which program values are implicit in selections.

Findings: The advantages of the Photovoice method are that it is participatory and reflects the strengths and creativity of participants. It allows participants to tell their stories and depending on the choice of image can be either very direct or, if preferred, allow for a more oblique approach. It can form the basis of an emotionally engaging report or presentation. We have found, also, that the method can be used remotely, training and supporting local practitioners to run Photovoice exercises with their clients without needing our direct involvement. Most Significant Change methods worked well to elicit composite case studies from a group of practitioners from different agencies. Once generated, these case studies proved a rich prompt for reflection on how agency practices relate to the core aims of the overall program that funded the agency-level activity.

Implications: The discussion and ranking phase of Most Significant Change proved to be an important extra step for contextualising and drawing together what would otherwise have been a disparate set of case studies.

Subtheme: Demonstrating change and impact

Keywords: Methodology, Parental wellbeing

PAPER: Children of parents with a mental illness at risk evaluation: Results from the COMPARE-family study

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Background: Children who grow up with a parent with a mental illness are at high risk of developing a mental disorder themselves. Parental mental disorders launch a wave of risk factors that, in turn, predict the emergence of psychological problems in the offspring. Effective treatment of the parental disorder has been associated with reduced child psychopathology (launch and grow assumption). Additionally, parents with mental disorders often exhibit poorer parenting skills, and enhancing these skills has been proven a significant mediator in improving child outcomes (parenting assumption). The COMPARE-family project investigates (1) the preventive effects of parental cognitive behavioral therapy (CBT) on children's psychopathology, and (2) whether an additional parenting program (Positive Parenting Program, PPP) leads to further incremental effects.

Methods: COMPARE-family was conducted as a prospective, multicenter, confirmatory, randomized controlled phase III-trial with two parallel arms (CBT+PPP vs CBT). A total of 345 families, including 460 children and 195 partners, participated in the study. Child symptoms were assessed pre- and post-intervention as well at 6months follow-up using structured clinical interviews and parent as well as teacher rated questionnaires. Primary outcome measure was the (Caregiver-) Teacher Report Form ((C-)TRF).

Findings: Participating patients were predominantly female (78.8%) with an average age of 39.0 (SD 7.2) years. The most frequent primary diagnoses were depression (37.9%), anxiety (27.0 %), and adjustment disorders (12.1%). Overall, 53.3% of the participants had one or more comorbid disorders. Participating children were on average 7.8 years old (SD 3.9). Boys and girls were almost equally distributed (52.3% girls). Descriptively, an improvement in children's psychopathology was observed over time. At post-intervention, there was a clear decrease in the children's psychopathology according to teacher ratings for both groups, with a slight superiority of CBT alone; at follow-up, however, there was a slight superiority of CBT+PPP. However, the change in the C-TRF value between pre-intervention and post-intervention as well as between pre-intervention and follow-up did not differ significantly between the two groups. A significant change in the (C-)TRF value over time was observed for CBT+PPP between pre-intervention and follow-up.

Implications: Parental psychotherapy is central to the reduction of children's psychopathology. Additional parenting training leads to positive incremental effects at follow-up. It could be that the psychopathology must first be reduced before the effects of the improved parenting skills become visible. Besides reducing parental psychopathology, it is important to enhance parenting skills to prevent the transgenerational transmission of mental disorders. Thus, parenting interventions need to be implemented in public health services.

PAPER: A literature review of what works in parenting programs to prevent or reduce child maltreatment

Ms Cat Strawa (Australian Institute of Family Studies)*

Background: Research evidence suggests that as an intervention type, parenting programs can support both the prevention and reduction of child maltreatment. A variety of different types of parenting programs have been reported to be effective, including parent training, education and home visitation programs. However, less is known about which elements of these programs contribute to their effectiveness. This presentation will outline the research evidence on the effectiveness of parenting programs for preventing or reducing child maltreatment and will discuss the specific practices, content and techniques used within these programs that can lead to greater effectiveness or that are commonly used in effective programs.

Methods: AIFS researchers conducted a literature review to answer the question: What does good practice look like in parenting programs? We searched for relevant systematic reviews and meta-analyses published from 2017 to 2023 across three databases, using terms relating to parents, program design, and study design. Research evidence on parenting programs for parents of children aged 0-12 years was included. Findings from studies were extracted and narratively synthesised. This presentation describes the findings of the part of the review that examined research on the most effective and common elements used in parenting programs to prevent or reduce child maltreatment. The review identified: (1) Two meta-analyses that combined data on program elements from multiple studies to understand which elements are associated with greater program effectiveness (2) Two common elements analyses that involved identifying and categorising the program elements that are frequently used in effective parenting programs.

Findings: Overall, the evidence on the elements of parenting programs that are common among effective programs, or that have the largest effect on the prevention or reduction of child maltreatment, is still emerging. Research findings indicate that there are some practices or program characteristics that can contribute to the effectiveness of parenting interventions to address child maltreatment, such as including content on that focuses on parenting skills, parent mental health, parent confidence, social emotional support and child wellbeing. However, these program elements may work differently in prevention and treatment programs and across different types of parenting interventions. Common practices among effective programs also varied across studies depending on how they were defined and categorised. Common elements identified in multiple studies included providing content to support parenting practices and skills and delivering programs using qualified practitioners.

Implications: Although research is still emerging, current evidence suggests that there may be individual program elements that can support greater effectiveness in parenting programs to prevent or reduce child maltreatment, and these elements may work differently across different types of parenting programs. Further research is needed on what works in parenting programs, including how different program elements work individually and when combined, and across different program types. Practitioners should design parenting program content specifically for the level of prevention or treatment required. Families with a history of maltreatment will likely benefit from different program content than other families who participate in broad prevention programs. Practitioners should continue to assess an individual family's needs to understand which type of program is most suitable for their circumstances. It may be also useful for policy makers to consider funding for programs to conduct long-term evaluations, particularly for prevention focused programs as the effects of these programs may take longer to emerge.

Subtheme: Prevention and early intervention

Keywords: Child and family adversity, Child wellbeing, Evidence-based interventions, Parenting practices / style

PAPER: Stepping Stones Triple P Online: Expanding accessible parenting support for families of children with developmental disabilities

Dr Lisa Studman (Triple P International)*, A/Prof Trevor Mazzucchelli (Curtin University)*

Background: Stepping Stones Triple P is a leading evidence-based parenting support system for families of children with developmental disabilities. Since its initial development and evaluation in the early 2000s, over 150,000 families worldwide have accessed the program through approximately 11,000 accredited providers. However, changes in disability service funding, evolving societal perspectives on disability, increasing diversity in developmental disabilities, and the need for updated, relevant materials prompted a comprehensive review. This paper introduces Stepping stones Triple P Online (SSTP-OL), a novel, web-based adaptation developed to enhance accessibility and engagement. SSTP-OL is now freely available in Australia, supported by funding from the Australian Government Department of Health and Aged Care.

Methods: The development of SSTP-OL involved a comprehensive review of contemporary disability-related theory and research; global consultations with key stakeholders, including parents, parenting practitioners, trainers and implementation consultants. Feedback guided the rescripting and re-imaging of all program content to ensure it is inclusive, respectful, and recognises the diversity within the disability community. A particular focus was placed on representing a wide range of disabilities and cultural backgrounds to promote accessibility, engagement, and relevance for families across diverse family contexts.

Findings: SSTP-OL consists of nine modules designed to enhance parenting skills, strengthen family relationships, build child competencies, and address behaviours of concern. Grounded in self-regulation theory and evidence-based parenting principles, the program includes video demonstrations, interactive activities, and content representing diverse disabilities and cultures. Parents can tailor individualised parenting or behaviour support plans to meet their child's specific needs. Key adaptations to the program include contemporary, inclusive language, a broader representation of neurodiversity, a greater emphasis on building children's capacity, and a strong focus on family wellbeing and self-care. Embedded outcome measures track parenting confidence and reductions in challenging behaviours. Ongoing research will track the program's impact on parenting practices, child behaviour, and parental wellbeing, with a particular focus on program effectiveness across diverse family contexts.

Implications: SSTP-OL provides a scalable and accessible solution for families of children with developmental disabilities. By overcoming logistical, financial, and psychological barriers to participation, this digital intervention can broaden access to evidence-based parenting support, particularly for under-served and geographically isolated families. It can impact service delivery gaps and support parents on waitlists. It's population-level reach has the potential to improve child behaviour, parenting confidence, and family wellbeing on a large scale. Future research will further inform program implementation, effectiveness, and engagement, ensuring it remains adaptable to diverse needs. Policymakers and practitioners are encouraged to integrate SSTP-OL into existing systems to promote equitable and cost-effective family support.

Subtheme: Parenting support for diverse family needs

Keywords: Evidence-based interventions, Parenting practices / style

PAPER: Building on exisiting parental practical to enhance the early home learning environment

Dr Joanne Tarasuik (Playgroup Victoria), Ms Claire Georgiou (Playgroup Victoria)*

Background: The Peep Learning Together Programme (PeepLTP) and Peep Antenatal Programme embody a 2-generational approach to early help for families, offering evidence-based parenting support that benefits both young children (birth-school entry) and their parents (antenatal onwards).

Methods: The program delivers effective parenting by enhancing parents' understanding of child development and building on their existing practices. Peep makes a difference in the lives of families by empowering families to foster rich home environments crucial for early childhood development. The Peep topics cover five developmental domains. PeepLTP engages families early, providing structured but flexible topics to strengthen parent-child interactions. The program's design is informed by extensive evidence showing that early intervention has the most profound impact on the most vulnerable children.

Findings: Research and evaluation from the UK, where Peep is widely implemented, demonstrate improvements in children's cognitive, social-emotional development and early literacy, as well as increased parental confidence and capacity. Furthermore, Peep has also been shown to narrow the attainment gap, with the greatest impact observed in the vulnerable cohort. One of the program's key innovations is the integration of a parent qualification pathway. This pathway not only reinforces parents' roles as their child's first educator but will also provide them with a recognized certificate, further enhancing parent outcomes. This builds parental capacity and 'learner identity,' which research shows makes further progression into volunteering, further learning, or work more likely. The success of this model in the UK, where parents benefit from both the early learning program and the qualification, shows its potential impact in Australia. A number of extensive research studies and case studies have demonstrated that PeepLTP makes a difference in the lives of participating families. Parents report increased knowledge of child development and a greater ability to support their child's learning at home.

Implications: As PeepLTP expands in Australia, the introduction of the parent qualification will further enhance its impact, complementing the delivery of early help to families and intervention with additional educational and professional opportunities for parents.

Subtheme: Parenting, child health and development

Keywords: Evidence-based interventions, Implementation, Parent-child relationship, Parenting practices / style

PAPER: Examining characteristics of father-child relationship in early and middle childhood among diverse settings: Scoping review

Ms Smita Todkar (Manipal Academy of Higher Education (MAHE), Manipal, Karnataka and Sangath India at Rewari, Haryana)[*], Ms Naina Midha (Sangath), Dr Gauri Divan (Sangath), Dr Prashanth Srinivas (Institute of Public Health (IPH)), Prof Vikram Patel (Harvard Medical School and Harvard TH Chan School of Public Health), Dr Supriya Bhavnani (Sangath, India)

Background: Paternal involvement in parenting plays a crucial role in child developmental. Emerging research highlights that positive social, emotional, and developmental outcomes in children are associated with high-quality engagement from fathers. However, studies on paternal involvement are limited, often focusing on early childhood year in high-resource settings and seldom challenging traditional gender norms that designate mothers as primary child caregivers. There is limited understanding of how paternal involvement evolves during middle and late childhood, and even less known about the barriers fathers face in diverse and low-income settings. These barriers may be contextual and require locally tailored solutions to enhance paternal involvement and thereby positively impact children's well-being. The objective of this scoping review is to examine the characteristics of the father-child relationship that influences child development and mental health and to determine barriers and facilitators of paternal involvement.

Methods: The scoping review is being conducted using the Arksey and O'Malley framework. Primary and secondary research questions are – Primary research question: How does existing literature of paternal involvement characterize father-child relationships? Secondary research questions: 1. What are the socio-demographic determinants of paternal involvement? 2. How does paternal involvement differ in high-resource settings compared to low-resource settings? 3. How does paternal involvement differ in early compared to middle childhood? 4. How does paternal involvement differ among neurodiverse children? A database search was performed on PubMed and PsycINFO, 2024 using a combination of relevant terms for each key phrase of father, involvement, child, child development, and mental health in the title, abstract, and keywords. Duplicate records were removed, and two reviewers screened the title and abstract by using Rayyan, a systematic review management software. Inter-rater reliability (IRR) was established at each stage by both reviewers rating 10% of the records. Full-text screening of included records will be done and data from all included studies will be charted, collated, summarized, and reported according to the framework guidelines.

Findings: A total of 9,597 records were identified through the database search, with 1,833 duplicates removed. Two independent reviewers title screened 7,764 articles, reaching substantial agreement (Cohen's Kappa = k= 0.769). 7150 studies were excluded, and of the 614 abstracts retained, there was perfect agreement (k= 0.869) during the abstract screening phase and 232 full-text articles will be reviewed (Figure 1). Full-text IRR was achieved with perfect agreement (k= 0.914). Characteristics of father-child relationship, along with their definitions and emergent themes, with be mapped and analysed.

Implications: This scoping review will provide insights into the characteristics of paternal involvement and identify the barriers and facilitators associated with it. The findings may inform the development of the interventions that address sociocultural and structural determinants to enhance paternal involvement and optimize child development and mental health. The review will also explore how paternal involvement varies across early and middle childhood, in high- and low-income settings, and between neurotypical and neurodiverse children.

Subtheme: Parenting, child health and development

PAPER: Implementation-effectiveness trial to scale an intervention for early child development and violence prevention in Rwanda

Dr Joyeuse Ukwishaka (University of Rwanda)*, Prof Theresa Betancourt (Boston College)

Background: Children from impoverished families face significant challenges that may prevent them from reaching their full potential. In Rwanda, 38% of the population lives in extreme poverty, and 33% of children experience stunting. The importance of early childhood development (ECD) programs in low- and middle-income countries (LMICs) has been well-documented for their potential to improve healthy outcomes for children and families. Sugira Muryango (SM), an evidence-based intervention to improve ECD and prevent family violence, was scaled-up through the PLAY Collaborative using community-based child protection volunteers. We present results testing the sustained effectiveness of Sugira Muryango at 12-month follow-up.

Methods: A Hybrid Type 2 Implementation-Effectiveness trial included an embedded effectiveness trial of SM. Sectors were stratified by geographic characteristics and service availability, statistically matched, and randomized into treatment or waitlist-control groups. Effectiveness outcomes were assessed at baseline, post-intervention, and 12-month follow-up and included early stimulation; home environment; child nutrition, health, and safety; family violence; and father engagement. We also assessed child development outcomes to assess whether improved parenting practices observed immediately following the intervention led to improvements in children's cognitive, social, and motor development at 12-month follow-up. To evaluate SM's effectiveness, we used multilevel regression models that accounted for the nested data structure and assessed treatment effects over time. We applied linear mixed models for continuous outcomes, mixed logistic models for binary outcomes, and negative binomial models for count data.

Findings: Our preliminary analyses revealed several improvements among SM families at 12-month follow-up. Marginally significant increases were noted in overall HOME Inventory scores (B = 0.80, p = 0.067; d = 0.38) and access to learning materials (B = 0.35, p = 0.052; d = 0.27). Caregivers maintained improvements in engaging children in daily activities (B = 0.41, p = 0.001; d = 0.41) and early stimulation activities (B = 0.59, p < 0.001; d = 0.51). Families improved sanitation practices including water treatment (OR = 4.08, p < 0.001), handwashing after toilet (OR = 4.37, p = 0.040), and safe water storage (OR = 2.76, p = 0.002). Caregivers were less likely to endorse the use of harsh punishment (OR = 0.47, p = 0.031). Children's problem-solving skills improved (B = 0.31, p = 0.050; d = 0.27).

Implications: Sugira Muryango maintained effectiveness across several outcomes at one-year follow-up, including caregiver provision of responsive, stimulating care; improvements in water, sanitation, and hygiene practices; and reductions in some forms of harsh discipline. Moreover, improvements in caregiver behavior immediately following the intervention led to significant improvements in children's problem-solving skills. We did observe some reduction in the magnitude of effects from immediate post-intervention, as well as some unexpected results, that may have been partially due to the COVID-19 pandemic. These findings demonstrate the potential of community-based, home-visiting parenting interventions to achieve lasting improvements in child development and caregiving practices.

Subtheme: Parenting support for diverse family needs

Keywords: Child and family adversity, Dissemination and scaling-up, Early childhood, Evidence-based interventions, Intervention outcomes

PAPER: Effects and implementation of a randomized controlled trial of Safer Kids - a parenting program delivered after a report of child maltreatment

Ms Livia van Leuven (Karolinska institutet)*, Dr Martin Forster (Karolinska institutet)

Background: Parenting programs grounded in social learning theory are evidence-based interventions for preventing child maltreatment (CM). However, randomized controlled trials (RCTs) focusing on parents with known or suspected CM, particularly those with follow-ups exceeding one year, are limited. Moreover, engaging families and implementing programs in complex settings remains challenging. Safer Kids, designed to address these gaps, has become a widely offered parenting program in Sweden following CM reports. A prior quasi-experimental study indicated promising outcomes, including sustained implementation and reduced re-reports compared to intervention as usual (IAU) at a 1.5-year follow-up.

Methods: This study evaluated the effectiveness and implementation of Safer Kids over 2.5 years, as Sweden's first RCT involving parents reported for CM. Families (N=112) with children aged 2–12 were randomized to Safer Kids or IAU within child welfare services, which often included other manualized parenting programs. Data on self-rated risk factors for CM, parent and child well-being, re-reports of abuse or neglect, and implementation outcomes were collected at 4, 7, 18, and 30 months. Analyses included multilevel and survival analyses. Safer Kids incorporates elements of behavioral parenting programs with enhancements to reduce stigma and increase engagement. Delivered shortly after CM reports, it is framed as a general parenting program addressing common challenges, with a format informed by social workers' experiences. /

Findings: Both groups improved on measures, with no significant differences at 4, 7, or 18 months. However, at the 30-month follow-up, the Safer Kids group showed a significant advantage in improving children's well-being ($p < 0.001$; $d = 0.57$), attributed to sustained effects, while the IAU group returned to baseline levels. No significant group differences were found in new reports over 30 months; over 40% of families were re-reported, including 18% (Safer Kids) vs. 25% (IAU) for abuse and similar rates (24%) for neglect or other violence. Moreover, Safer Kids had high completion (98%). Satisfaction rates among parents and social workers were higher than for IAU. Most (25 of 26) sites continuing Safer Kids after 30 months, reporting high satisfaction and minimal implementation challenges.

Implications: Safer Kids offers a viable alternative to other parenting programs offered within Swedish child welfare services with sustained effects and high engagement. The maintained implementation and stakeholder satisfaction suggest that it can be a feasible investment, which can be sustained within child welfare settings. However, the high rates of family re-reports, in both groups, underscore the need for post-program assessments to address ongoing challenges. Future research should explore mechanisms supporting long-term outcomes and strategies for addressing persistent family needs.

Subtheme: Prevention and early intervention

Keywords: Child and family adversity, Child mental health, Evidence-based interventions, Intervention outcomes, Program evaluation

PAPER: Training social workers to screen for parental mental illness following child maltreatment reports

Ms Livia van Leuven (Karolinska institutet)*

Background Parental mental health problems are critical risk factors for child maltreatment (CM) and for children to develop psychiatric problems. Consequently, families often require support that extends beyond social services following CM reports. However, inadequate collaboration with healthcare and insufficient mental health training for social workers can hinder effective intervention. Addressing these gaps could be essential for improving outcomes for vulnerable families.

Methods: This study develops and evaluates the feasibility of the Collaboration-Screening-Referral (CSR) – an approach to equip social workers with skills to screen for parental mental health problems and foster collaboration with healthcare providers. By addressing parental mental illness, the aim is to improve outcomes for families. The CSR approach was co-developed with Swedish social workers and managers, ensuring practical relevance and applicability. To assess its feasibility, 48 social workers in six Swedish municipalities participate in training and apply a screening tool in practice. Evaluation methods include pre- and post-training questionnaires, six-month follow-up surveys, qualitative interviews, and data analysis from screening questionnaires completed by parents.

Findings: Preliminary findings show positive experiences of the training, with social workers valuing increased knowledge in addressing mental health problems and suicidal thoughts. Additionally, improved awareness of available mental health resources. Early data from parents' screening questionnaires show that some parents reported suicidal thoughts. Healthcare collaboration initiated through CSR has also been positively received. Further results will be available in spring 2025 and presented.

Implications: The CSR approach demonstrates potential in bridging a gap within social services by equipping social workers with skills to address parental mental health. That some parents so far have screened positive for suicidal thoughts could highlight the need for screening procedures. Moreover, the positive experiences in establishing healthcare collaboration could be promising for strengthening inter-agency support for vulnerable families.

Subtheme: Parenting, child health and development

Keywords: Child and family adversity, Parental wellbeing, Parent mental health, Workforce

PAPER: Generative AI experiments tell us that parents seeking online parenting information could use expert support

Dr YaeBin Kim (University of Nevada, Reno)[*], Dr Silvia Vilches (Auburn University)[*], Dr Sidney Shapiro (University of Lethbridge)[*]

Background: Over half of parents have been raised with digital media as an intrinsic life tool. The upper age range of Gen Z (1997-2012) is now the mean age of parents (27.4 in the US) (b, c). Research shows that parents find value in an age-paced digital information source, launched in 2009, on child development (birth to five years of age) (a). Responses from the more than 17,000 subscribers report that this evidence-informed, online source was as or more useful than (a) instructional resources; (b) people; and (c) print materials(a). Here we ask whether generative artificial intelligence (AI) misinforms, and explore the future role of experts and parenting educators.

Methods: Responses to five typical parenting questions were trialed under 11 test conditions using a fixed "known" content universe from the age-paced publicly available parenting information website, which helped stabilize the tests. The questions, drawn from Google analytics, focused on: infant/child sleep, parental self-care, temper tantrums, behavioral guidance and showing love. Eleven AI conditions were tested, from traditional website searches to generative AI (ChatGPT 3.5 and ChatGPT 4.5). Each search was conducted afresh, so that prior search history did not influence returns. An experienced university-based parenting education specialist team rated responses on a five point scale, using characteristics adapted from a prior three-point framework (d), including Correctness and Clarity. Conciseness was replaced with Connection. In addition, Readability (Microsoft Word Fleischman-Kincaid score) and Replicability (citations + credibility of citations) were scored.

Findings: The mean for Correctness ranged from 3.5 - 4.8, while the mode for most test conditions was 5. However, a traditional keyword search of the parenting website content only yielded one correct answer, in response to the question "How do I take care of myself as a parent?" Of the generative AI test responses, how to deal with temper tantrums in the prenatal period were developmentally nonsensical. Clarity scored similarly well, but the response to managing temper tantrums was applied to the 1st year (birth to twelve months), making it nonsensical. The mode for Connection was 4, with mean scores ranging 3.5 – 4.4, lower than scores for Correctness and Clarity. Replicability tests demonstrated that facts were frequently correct and could be sourced, but citations were inaccurate or missing. Reading scores increased dramatically, ranging up to grade 14 reading level.

Implications: Generative AI did not create false information in these test conditions. However, reading scores increased dramatically; generative AI was not able to address developmental age; responses typically served normatively typical situations and citations were inaccurate although content could be sourced. These results suggest that parenting information provides should continue to provide scientifically guided content as a benchmark, while also providing assistance for parents in diverse cultural contexts, family circumstances, or with atypical child needs.   (a) Anon et al. (2019). Usefulness of a research-based parenting newsletter: A comparison of child-rearing information source. Conference Auburn University. (b) CDC (2024, April 4). Births: Final Data for 2022, National Vital Statistics Reports, 73(2), National Center for Health Statistics, USD Health and Human Services. (c) Kinser, K., Parlakian, R., Sanchez, G. R., Manzano, S., & Barreto, M. (2019). Millennial Connections: Findings from ZERO TO THREE's 2018 Parent Survey: Executive Summary. (d) McFaydenet al. (2024). ChatGPT: Artificial intelligence as a potential tool for parents seeking information about

Subtheme: Contemporary trends in parenting support

Keywords: Dissemination and scaling-up, Implementation, Program adaptation

PAPER: Is it possible to evaluate the impact of parenting websites? Findings from a scoping review of evaluations of digital initiatives

Ms Serena Gale (Murdoch Children's Research Institute)*, Dr Michelle Macvean (Parenting Research Centre)*

Background: Raising Children Network (RCN) is Australia's universal, evidence-based digital parenting support initiative, producing the RCN website raisingchildren.net.au which is accessed by 83,000+ parents and professionals every day. Funded by the Australian Government since 2006, raisingchildren.net.au provides free and evidence-based articles, videos, apps and other resources to assist parents with everyday decisions about their children's health, wellbeing and development from pregnancy to the teenage years. RCN has recently been provided with additional funding focused on expanding the reach of its evidence-based messages and overall offering, as well as gaining better insight into the impact of the website for families. Evaluation of the impact of digital interventions like RCN is important – we need to know that our investment in resource development and dissemination is making a difference, or at least doing no harm. Yet evaluation of the impact of digital initiatives can be quite challenging to do. Ahead of developing an evaluation framework for the measurement of RCN's impact on parents and carers, we wanted to understand how others have approached this challenge.

Methods: We conducted a scoping review to find out what methods have been used to evaluate digital initiatives that provide information about child health and wellbeing to parents. We conducted a systematic search of three databases and seven relevant organisation websites to identify evaluations of digital initiatives (websites, apps). The database search identified 13 studies while the website search provided an additional three evaluations. Thus, in total, our review drew on findings from 16 sources. In this presentation we provide an overview of the 16 evaluations to reveal common methods and important evidence gaps. We will describe the different types of audiences targeted by digital initiatives aimed at parents, the evaluation designs and methodologies employed to evaluate them, the success of different recruitment methods, and the types of outcomes measured.

Findings: Broadly the review identified pre-post surveys and post-exposure only surveys of website and app users was the most commonly used technique to evaluate the impact of the included digital initiatives. Web pop-ups and other forms of survey invitations and web usage analytics were typically relied upon. Evaluations most frequently assessed reach, usage, usability, and acceptability of content, as well as knowledge gained following exposure to digital content. Evaluations less frequently assessed enhanced confidence and skills following exposure to digital content. Conclusion: Significant gaps exist in our understanding of the effectiveness of digital parenting initiatives because of the lack of suitable evaluation designs to investigate whether information exposure led to changes in outcomes. Research design limitations (lack of comparison group or comparison to normative/benchmarked data) prevented firm statements about the impact of digital initiatives on important outcomes like parent knowledge, confidence, attitudinal or behaviour change.

Subtheme: Demonstrating change and impact

PAPER: RCT of ENACT: Effects on maternal mental health and the parent-child relationship in families of infants at increased likelihood of autism

Dr Kavindri Kulansinghe (The University of Queensland), Dr Koa Whittingham (The University of Queensland)*, Dr Amy Mitchell (The University of Queensland), Dr Andrea McGlade (The University of Queensland), Prof Roslyn Boyd (The University of Queensland)

Background: This reports preliminary analysis of an RCT testing impact of ENACT, a very early intervention grounded in acceptance and commitment therapy (ACT), on emotional availability in the parent-child relationship and mental health in mothers of infants at an increased likelihood of autism. Design: Randomised Controlled Trial (RCT).

Methods: Mothers who were pregnant or had recently given birth to a child with a first-degree relative with autism were recruited. Participants underwent concealed random allocation (1:1) into either the ENACT (N=16) group or care-as-usual (CAU,N=17). Participants completed assessments at baseline, at 3 months and 6 months of age. Outcomes included emotional availability in the parent-child relationship (self-report and observed), maternal mental health (DASS-21) and psychological inflexibility (AAQ-II). Statistical analysis was a series of analyses of covariance (ANCOVA) and analyses of variance (ANOVA).

Findings: Preliminary analyses identified a significant effect for parental non-hostility at six months of age in the intervention (mean=27.28, SD=1.47) compared to CAU (mean=25.82,SD=2.11, mean difference=1.46, F-value = 5.25, p=0.09, partial eta squared=0.15). There were no significant effects on other aspects of emotional availability. There were however, medium-to-large effect sizes for parent sensitivity (partial eta squared=0.07, p=0.139), parent non-intrusiveness (partial eta squared=0.06,p=0.170), child responsiveness (partial eta squared=0.11,p=0.057) at six months of age favouring the ENACT group. There were no significant effects on parental mental health or psychological inflexibility.

Implications: This preliminary analysis showed significant effects in improving parental non-hostility in the parent-child relationship. The direction of effects for other aspects of emotional availability are promising.

Disclosure: Koa Whittingham is a co-author of the ENACT intervention

Subtheme: Parenting support for diverse family needs

Keywords: Early childhood, Parent-child relationship

PAPER: Improving the foster care experience: An innovative approach to supporting carers and young people

Ms Kylie Williams (OzChild)*, Ms Marg Stott (OzChild)*

Background: The Australian foster care system is grappling with significant challenges, including a declining pool of potential carers, rising costs, and suboptimal outcomes in the use of alternate care arrangements for children and young people. As the current system is struggling to meet the increasing demand for quality care, OzChild conducted a trial within a foster care program using the Parent Daily Report (PDR) tool, a proven intervention from Treatment Foster Care Oregon (TFCO). The aim was to increase placement stability by targeting carer stress levels and reducing the frequency of challenging behaviours of children and young people in their care.

Methods: A 6-month quasi-randomized controlled trial was conducted to evaluate the effectiveness of the PDR tool in reducing carer stress, and the frequency of challenging behaviours exhibited by children and young people in their care. Thirteen carer homes were called three times per week to complete the tool where they rated if specific behaviour/s had occurred (out of a possible list of 39 behaviours exhibited by the child/young person), and if the behaviour caused the carer stress. Data was analysed and triaged to identify highest risk behaviours of concern that were causing carer stress, trends and patterns in child/young person behaviour were also analysed. A case consultation process that explored household goals, current strengths and needs of the family was conducted to support data driven decision making and the development of targeted interventions. Skill building for staff was offered via coaching to support the implementation of interventions.

Findings: Preliminary findings from the 6-month trial indicate promising results with all thirteen carers reporting a reduction in stress levels in response to child/young person behaviours. Additionally, a decrease in the frequency of challenging behaviours was observed. These findings suggest that the PDR phone call 3 times a week was in and of itself an 'intervention' with carers feeling heard and validated. The PDR tool also identified previously unreported high-risk behaviours, which enabled timely and tailored support for the carer and young person. The trial also highlighted the desire and need to capacity build staff skills specific to complex behavioural presentations (e.g., risk of self-harm/suicide ideation, positive reinforcement strategies) to deliver timely and targeted evidence-based interventions. Additionally, the use of a coaching approach in case consultations supported a parallel process with foster care staff utilising this mindset to facilitate positive change and improve outcomes for children, young people and carers.

Implications: The implementation of the PDR tool has significant implications for foster care policy, research, and practice. By providing timely and targeted support, the tool can contribute to improved carer well-being, enhanced placement stability, and ultimately, better outcomes for children and young people in care. The findings of this study could be used to inform the development of evidence-based policies and practices, and allocation of resources to optimise support for foster carers and improve the quality of care provided. Further research can investigate the long-term impact of the PDR tool on carer retention, child/young person outcomes, and system costs.

Subtheme: Parenting support for diverse family needs

PAPER: Healthy Minds, Healthy Futures: Digital innovation empowering parents in raising confident, resilient children 0–12

Dr Shae Wissell (Murdoch Children's Research Institute)*, Mr Derek McCormack (Parenting Research Center)

Background: In Australia, over half a million children experience significant mental health issues annually, with 8.2% of children aged 4 -11. Parents are vital in recognising and addressing these concerns, but low mental health literacy often hinders their efforts. The Raising Healthy Minds (RHM) app is a free national digital mental health tool for parents of children aged 0-12. It is a federal government initiative created by the Raising Children Network. The app supports parents in identifying early signs of emotional or behavioural difficulties, offering practical guidance to address issues proactively and promoting open discussions about mental health. In turn, it builds confident, resilient children. RHM is also a reliable tool practitioners can use with families, ensuring ongoing support for parents when they need it the most. Objectives The objective of the RHM app is to improve the mental health literacy of parents with children 0-12 by increasing their skills, knowledge and capacity by offering: • Personalised notifications encouraging consistent engagement, ensuring parents stay informed and supported before reaching a crisis point. • Tailored content in an approachable and digestible format for parents with diverse literacy levels, providing easily actionable tips to support their families. • A comprehensive 'Parenting toolbox' that connects parents to trusted referral partners, such as Beyond Blue, Lifeline, and Smiling Mind, offering practical, evidence-based online parenting programs, support services and tools.

Methods: RHM was co-designed in 2020 in partnership with parents, educators, and mental health professionals to address knowledge gaps and promote mental health literacy. To evaluate the RHM app, we collected data from the Google and Apple stores, user data collected in the app and a survey to determine the App's usability and acceptability and if parents perceive benefits to their knowledge and confidence relating to child mental health. The survey collected qualitative and quantitative data, sent to users' devices every six weeks via a push notification, and results were reviewed monthly.

Findings: RHM supports over 30,000 parents, carers and professionals who have downloaded the app. During 2024, we found that 90% of users found the app easy to understand, 73% reported feeling more confident in supporting their child, and 70% planned to implement changes in their approach following their use of the app. Users reported being "More patience and let them have the time to express themselves" and "Talk about feelings and reduce screen time". During 2024, there was an increase in app downloads with an average of 1000 users per month, of which 3% identified as Aboriginal or Torres Strait Islander.

Implications: The RHM app addresses critical gaps in the digital mental health landscape. No other apps address mental health literacy for parents of children across this age range, reach parents proactively through tailored age-based messages. RHM addressing key gaps in mental health literacy for parents and providing an innovative, accessible solution tailored to the needs of families with children aged 0–12. Encouraging practitioners to integrate the app into their recommendations and practices can significantly extend the reach and impact of their work while empowering parents to take an active role in supporting their children's mental health. The RHM app represents a pivotal step forward in building healthier, more resilient families by embedding proactive, informed support into everyday parenting practices.

Disclosure: This is a federal government initiative created by the Raising Children Network

Subtheme: Contemporary trends in parenting support

Keywords: Child mental health, Parental wellbeing, Parenting practices / style, Parent mental health, Population health approaches

PAPER: Improving the parent-infant relationship through manualised attachment-based interventions: A systematic review findings

Dr Anja Wittkowski (The University of Manchester)*, Dr Chloe Crompton (The University of Manchester), Dr Ming Wai Wan (The University of Manchester)

Background: As attachment-based interventions can improve caregiver-infant relationships and their subsequent psychological outcomes, the identification of relevant and effective interventions can facilitate their implementation into clinical practice. This systematic review aimed to a) provide an overview of manualised attachment-based interventions, without video-feedback as the main component, for caregivers and infants from conception to two years, and b) determine which of these interventions were effective in demonstrating improvements in caregiver-infant relational outcomes.

Methods: To identify eligible interventions and their empirical evidence base, two search stages were conducted for 1) relevant interventions and 2) studies of interventions identified in the first stage that focussed on caregiver-infant relational outcomes. All studies included in Stage 2 were quality assessed and findings analysed.

Findings: Twenty-six interventions were eligible for inclusion at Stage 1 but studies reporting on relational outcomes were identified for 16 interventions only. Forty studies reporting on those 16 interventions met inclusion criteria and were synthesised at Stage 2. Most studies were of good quality. Observer-rated measures were used in 90% of studies. There was evidence for these interventions in relation to improving caregiver-infant relational outcomes: 80% of studies reported a statistically significant positive change in a relational outcome for the intervention compared to pre-intervention or control group.

Implications: Findings suggest that currently available and accessible manualised attachment-based interventions vary greatly in the amount and quality of empirical evidence supporting caregiver-infant relational change. The most promising evidence was identified for Attachment and Biobehavioral Catch-Up (ABC), Minding the Baby (MTB) and Circle of Security (COS). This systematic review offers guidance to healthcare professionals, commissioners and policymakers within perinatal sectors in relation to the training, delivery and implementation of evidenced manualised attachment-based interventions.

Subtheme: Prevention and early intervention

Keywords: Child mental health, Evidence-based interventions, Intervention outcomes, Parent-child relationship

PAPER: Implementing an international multichannel parenting intervention: Lessons from Thrive by Five International

Ms Ana Nieto (Minderoo Foundation)*, Dr Adriaan Wolvaardt (Minderoo Foundation)*

Background: This paper shares lessons learned from the Thrive by Five International (TB5I) program funded by the Minderoo Foundation. The objectives of the program are to empower parents and caregivers with knowledge to support the healthy development of their child, and support universal access to parenting information. As a universal intervention, the intent of TB5I is to be appropriate to all parents and caregivers of children aged 0-5 years. TB5I started primarily as a digital health intervention (based on WHO's classifications). However, it has evolved into a multichannel approach including digital and non-digital methods to broaden access beyond the TB5I app.

Methods: The program provides parents and caregivers with evidence-based and culturally appropriate information on early childhood development with practical activities to include in daily routines. The content was developed through rigorous research and a co-design process with partners in different countries. The program has evolved to leverage a range of digital and non-digital dissemination channels aimed to meet parents and caregivers within their personal circumstances while also responding to country specific contexts. The program now builds on existing service delivery platforms to disseminate messages about the benefits of developmental neuroscience and parenting activities by strengthening the capacity of frontline workers and those who are considered trusted messengers. As the program has evolved, so has the evaluation framework. Indicators to measure impact have broadened to focus on reach (direct and indirect); engagement of caregivers, providers and system representatives; and integrating content into existing programs or service delivery platforms.

Findings: The expanded partner-led approach, with the content and methodology adaptive to the local environment, is supporting increased reach, engagement and integration of TB5I in five countries. In Namibia, for example, the TB5I content is being embedded into existing programs as responsibility for early childhood development moves from the Ministry of Gender Equality, Poverty Eradication and Social Welfare to the Ministry of Education, Arts and Culture. In supporting the transition, our partner Development Workshop Namibia, is integrating TB5I material in national documentation such as the National Curriculum. Key messaging is also shared with parents through childcare workers and media campaigns. In Ethiopia, our partner International Rescue Committee, is integrating TB5I content into existing childhood immunization infrastructure in the Tigray region. Leveraging an established global immunization program, TB5I content is being delivered by health workers during routine vaccinations extending reach and engagement. Interim findings from this work are due early in 2025.

Implications: Evaluation undertaken by The University of Sydney summarised key early lessons from TB5I, including the importance of developing meaningful collaboration; valuing local partners and existing programs; scoping technology for target audiences; ensuring materials are accessible; and that impact takes time. These lessons informed this current phase to reach more parents through partner-led work. These lessons also inform Minderoo's approach to supporting early childhood development in Australia. The values of being partner-led to understand communities' needs; building program sustainability from the outset; and improved impact measurement are fundamental lessons we share with policymakers, researchers and practitioners to improve outcomes for families.

Disclosure: No disclosure of interest statement

Subtheme: Enhancing reach and implementation

Keywords: Child wellbeing, Cultural diversity, Early childhood, Implementation, Parenting practices / style, Program adaptation

PAPER: Engaging caregivers: Sharing embedded key messages through immersive narratives and interactive pedagogies

Dr Jessica Ronaasen (The Do More Foundation)*, Ms Prudence Mathebula (The Do More Foundation)*, Ms Thea Wynne (The Do More Foundation)

Background: "EAT LOVE PLAY TALK" is an innovative, interactive, and non-didactic parent education program designed to create dialogue and enhance small changes towards the sustainable development goals of both education and nutrition for young children in South Africa. Central to the program's ethos are four thematic pillars: healthy eating, building nurturing relationships, fostering playful learning, and nurturing emergent literacy and language development. Capacitating ECD principals and practitioners through a train-the-trainer approach, ELPT engages caregivers in a series of seven interactive parent sessions, each crafted around key public health messages and uses contextually relevant stories and interactive methodologies to promote participatory outcomes and connection through group work. Insights are drawn from session observations, interviews, and reflective narratives of roleplays providing rich learnings to be shared with researchers, practitioners, and professionals working with caregivers.

Methods: This presentation offers a reflective analysis of the ELPT Program's multifaceted approach to embedding specific key messaging within stories and roleplays delivered to parents and caregivers.

Findings: Results found that the use of graphics not only empowered caregivers but also helped to promote literacy at ECD centers and at home. Drawing upon qualitative and quantitative data collected from participants including caregivers and program facilitators, this presentation also examines the transformative potential of ELPT in nurturing caregiver-child dyadic interactions conducive to literacy acquisition.

Implications: Results provide an opportunity to share learnings about integrating literacy into the programmatic design of parent programs and the use of everyday interactions by parents by instilling a culture where play and communication become intrinsic to the learning process. Through the program's comprehensive framework, caregivers are empowered to engage with their children in meaningful literacy experiences, nurturing a lifelong love for reading and learning.

Disclosure: This Project is funded by the Do More Foundation and its partners.

Subtheme: Parenting, child health and development

Keywords: Early childhood, Implementation, Methodology, Parent-child relationship

PAPER: Barriers and enablers to health service access among fathers: A review of empirical evidence

Dr Karen Wynter (Monash University)*, Ms Kayla Mansour (Deakin University), Dr Faye Forbes (Monash University), A/Prof Jacqui Macdonald (Deakin University)

Background: Fathers' engagement with health services and supports benefits the whole family, yet few health services report successful engagement of fathers. Our aim was to describe available evidence on barriers and opportunities relevant to health system access for fathers.

Methods: Eighteen databases were searched in scoping reviews seeking empirical evidence from 1) Australian studies and 2) international literature reviews. Articles were double-screened at both title/abstract and full-text stages.

Findings: Fifty-two Australian studies and 44 international reviews were included. Men reported being highly motivated to attend health services during the transition to parenthood. The most commonly reported barriers were at health service level, related to an exclusionary health service focus on mothers. These exist as both 'surface' factors (e.g. appointment times not available outside traditional work hours) and 'deep' factors, in which health service polices perpetuate traditional gender norms of mothers as 'caregivers' and fathers as 'supporters' or 'providers'. Such barriers were consistently reported among all fathers including but not limited to vulnerable sub-groups: those from Indigenous or culturally diverse backgrounds, at risk of poor mental health or violent behaviours, experiencing perinatal loss or other adverse events during pregnancy and birth, and caring for children with illness, neurodevelopmental or behavioural problems. Opportunities for engagement of fathers in health services include improving health professionals' awareness, confidence and training in working with fathers; tailoring support according to men's preferences; 'gateway' consultations in which health professionals screen or support fathers who are already attending at mothers' or infants' appointments; and, ideally, broad, top-down policies supporting fathers as infant caregivers in a family-based approach.

Implications: Fathers experience multiple barriers to accessing health services. Although enablers also exist at individual and cultural levels, health services hold the key to improved engagement of fathers. Evidence-based, innovative strategies, informed by fathers' needs and healthy masculinities, are needed to engage fathers in health services.

Subtheme: Parenting, child health and development

Keywords: Parental wellbeing, Parent mental health

PAPER: Interventions with fathers to prevent or reduce partner violence: What works?

Dr Karen Wynter (Monash University)*, Dr Lauren Francis (Deakin University), Dr Ashlee Borgvist (University of South Australia), Dr Barnaby Dixson (University of the Sunshine Coast), Dr Levita D'souza (Monash University), Dr Elisabeth Duursma (University of Western Sydney), Dr Chris May (University of Newcastle), Ms Louisa Sher (Deakin University), Dr Jennifer StGeorge (University of Newcastle)

Background: During pregnancy and the early parenting period, women are especially vulnerable to intimate partner violence (IPV), with devastating impacts for women, children and family. Yet the transition to parenthood may present an ideal opportunity to reduce or prevent men from perpetrating IPV. The aim of this systematic review was to determine the effectiveness of father-inclusive interventions to prevent or reduce IPV during pregnancy and early parenthood.

Methods: Six databases were searched, using a combination of the concepts "fathers", "pregnancy/early parenthood", "IPV" and "intervention". Articles were double screened by title and abstract, and then full-text. Methodological and reporting quality was assessed using the Quality Assessment with Diverse Studies tool.

Findings: Only fifteen papers were eligible for inclusion; these articles were mostly of poor-to-moderate quality. The most common forms of IPV addressed in these interventions were physical (10), psychological (8), sexual (4), and economic/financial (3). Of 12 articles reporting on data from both intervention and control groups, only six indicated statistically significant results; among these, only three reported robust analyses showing significantly greater reduction in IPV in intervention than in control groups. All three took place in lower- or middle-income countries, and included a couple-based component. Two were underpinned by theoretical frameworks, which considered transforming traditional perceived gender norms.

Implications: Interventions based on principles that include working with couples and that address transformation of gender norms show promise but the success of such underlying principles needs to be confirmed. Overall, more and better-quality evidence and reporting is needed for interventions targeting fathers to prevent or reduce IPV.

Subtheme: Parenting support for diverse family needs

Keywords: Evidence-based interventions, Intervention outcomes, Parental wellbeing

PAPER: Evidence-based treatment in practice: Parent-child interaction research through the lens of 20+ years of service

Prof Melanie Zimmer-Gembeck (Griffith University)*, Dr Shawna Campbell (Bond University), Ms Tanya Hawes (Griffith University), Dr Kellie Swan (Griffith University), A/Prof Rae Thomas (James Cook University)

Background: Parent-Child Interaction Therapy (PCIT) is an intensive parent support program designed for parents (or other caregivers) and their children who exhibit difficult-to-manage disruptive behaviors. After more than four decades of research supporting its efficacy for reducing children's externalizing (i.e., disruptive or problem) behaviors and improving parent-child relationships, PCIT has become one of the most popular and widely disseminated parenting support programs in the world. The evidence for the efficacy of PCIT can be found in many recent reviews of randomized clinical trials and other rigorous studies of PCIT.

Methods: In this presentation, we will describe the history of our research-to-service program at Griffith University, the Family Interaction Program (FIP), which has worked closely with child protection to provide PCIT to families with a history of reported or substantiated abuse or neglect of their children for more than 20 years.

Findings: Based on our research program that has contributed to the evidence-base supporting PCIT and these years of providing PCIT (as well as a briefer program called PC-CARE), we will summarise what we have learned about how to make PCIT an acceptable, feasible, and highly regarded part of an evidence-based program for families. We focus also on what we have learned about developing the expertise that service providers need to provide PCIT with fidelity and how providers' expertise helps to understand families' diverse needs (e.g., children with ADHA, trauma history, children/parents on the autism spectrum) and keep needs in mind while providing all aspects of PCIT. We will describe selected and recent research findings on PCIT, conducted by staff in FIP and in the field more widely, and how this information can be applied in specific client presentations across four themes. These themes include studies of 1) whether the standard manualized form of PCIT is efficacious across a selection of diverse family situations and child diagnoses, 2) the mechanisms of change that explain why some parents and some children might benefit more or less from PCIT, 3) whether treatment content modifications make PCIT more feasible to implement or acceptable to some families, at the same time as achieving the same or better outcomes, and 4) whether PCIT with structural modifications to the delivery, such as online or intensive delivery, yields similar outcomes as standard PCIT.

Implications: Finally, we will describe how these directions in research have influenced our research and practice, and end with a summary of how the growing attention on parent and child emotion regulation and parents' responses to (and coaching of) their children's emotions has become important to PCIT theory and our practice.

Subtheme: Parenting support for diverse family needs

Keywords: Evidence-based interventions, Intervention outcomes, Parent-child relationship, Parental wellbeing, Program adaptation

PAPER: Parenting with pleasure - despite cancer? Online-based parenting program for parents with cancer

Prof Tanja Zimmermann (Hannover Medical School)*, Ms Cennet Uslu (Hannover Medical School), Ms Annkatrin Runde (Hannover Medical School)

Background: Cancer is not only a challenge for the affected person, but for the entire family. Particularly in families with underage children, cancer in one of the parents can have an impact on the mental well-being (e.g. anxiety, depression, etc.) of the children. In addition to changes in the family's daily routine, the illness can also affect parenting behavior, which often becomes inconsistent. However, inconsistent parenting behavior poses a risk to the child's further socio-emotional development and can lead to a long-term deterioration in the parent-child relationship and negative effects on the child's psychological development. The aim of this study is to improve parenting behavior, reduce anxiety, depression and stress, and increase quality of life.

Methods: In a randomized controlled trial, parents were given access to the online parenting program Triple P. The parents in the experimental group received immediate access after the pre-measurement, while the parents in the control group were given access after 6 months. Online questionnaires were used at baseline, after 6 months, and after 12 months to assess parenting behavior and child well-being.

Findings: So far, N=115 parents (87.9% mothers) aged between 30 and 58 years have participated. Initial results show greater laxity in parenting behavior and more anxiety and depression in parents with cancer. The changes in parenting behavior after participating in the online parenting program will be presented at the conference. In addition, it will be shown whether the original version of the parenting training is sufficient for parents with cancer or whether an additional module on cancer is needed.

Implications: In addition to improving parenting behavior, there is hope that online parenting training can also have a positive influence on problem behavior and the well-being of children. In this way, an important topic – parenting in the event of cancer – can also be brought into focus in clinical care, which can reduce the psychological burden on the entire family.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Implementation, Parent-child relationship, Parental wellbeing, Parent mental health

PAPER: Parenting during war: Daily parenting behaviors and well-being of Jewish and Arab parents

Ms Galia Meoded Karabanov (Tel Aviv University)[*], A/Prof Dorit Aram (Tel Aviv University)

Background: During 2024, the world faced more than 50 active armed conflicts harming parents and children (OMEP, 2024). Our study focused on the war between Hamas and Israel. On October 7, 2023, a war broke out after an attack by Hamas on Israel, targeting military and civilian areas. Families were attacked in their homes, 38 children were killed, 42 were kidnapped, and many were orphaned in both Jewish and Arab societies. This attack disrupted the role of parents as protectors, immensely affecting all families in Israel. Recognizing the importance of the role of parents, we sought to examine the daily behavioral patterns of Israeli parents - Jewish and Arab - to young children during the first three weeks of the war when rocket attacks were very frequent, and the education system hardly operated. We examined parenting through the lens of the "Parenting Pentagon Model," which integrates five constructs of parental behaviors: caregivers' Partnership, parental Leadership, expressions of Love, encouragement of Independence, and adherence to rules. These constructs have been shown to promote child and parental well-being (e.g., Aram et al., 2022). We sought to learn how demographic indicators (e.g., number of children in the family), war-related indicators (e.g., proximity to the border), and beneficial parenting behaviors predict parents' general and parental well-being. Well-being is linked to life satisfaction and coping (Pirralha & Dobewall, 2016), with parental well-being serving as a determinant of child development (Mackler et al., 2015). War-induced stress poses a significant threat to children's emotional well-being (Sadeh et al., 2008). We wished to learn about parents' general and parental well-being, the stress degree of their children, and how parents' well-being relates to their children's stress.

Methods: Data were collected during the third week of the war. 315 Jewish and 175 Arab parents responded to anonymous questionnaires that examined the frequency of parents' daily behaviors according to the "Parenting Pentagon Model," general well-being, parental well-being, and children's stress. Most participants were mothers (81%), married (96%), with an academic education (77%), and from secular families (77% in Jewish society and 42% in Arab society). All sample families had two to three children, approximately 5 years old.

Findings: Findings in both societies indicated a higher frequency of loving behaviors and relatively low partnership between the couple. Parental well-being was higher than general well-being, and the children's stress level was medium-high. Significant correlations were found between the educational frameworks' activity and parents' general well-being. A series of regressions predicting parents' general well-being in each culture revealed that beneficial parental behaviors contribute to parental well-being beyond the background variables and the variables unique to the war. Parental well-being correlated negatively with a child's stress, so higher parental well-being is related to lower child stress.

Implications: The study indicates similarities in the parenting behaviors of Jewish and Arab parents in Israel, emphasizing the importance of beneficial parental behaviors across cultures. Parenting in line with the "Parenting Pentagon" constructs provides a solid foundation for parental resilience and equips parents with the skills to cope with challenges. Parents will benefit from guidance on beneficial daily behaviors.

Subtheme: Parenting support for diverse family needs

Keywords: Child and family adversity, Child wellbeing, Early childhood, Parental wellbeing

Rapid papers

RAPID PAPER: Perspective of global leaders for strengthening newborn parenting education program in healthcare system

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Background: Newborn responsive parenting refers to parents or caregiver's timely and appropriate responses to their newborn child's cues and behaviors. Research has shown that responsive parenting during the earliest years of a child has a profound impact on a child's holistic development and overall wellbeing. However, there is a considerable gap in promotion of responsive parenting in primary and secondary healthcare settings of Pakistan and Afghanistan. Additionally, healthcare providers can play a vital role in educating parents, but they lack knowledge and skills pertinent to responsive caregiving. However, healthcare and ECD leaders hold a critical role in promoting and integrating newborn parenting education programs in healthcare systems by prioritizing it as a strategic objective. Through advocacy, allocating equitable resources and collaboration between various stakeholders, leaders can ensure scalability and sustainability of such programs in healthcare systems. Objective: This study is part of a broader research initiative aimed at exploring the feasibility of a newborn parenting intervention in Pakistan and Afghanistan. One of the secondary objectives is to gather insights of global leaders regarding the system readiness for adaptation of newborn parenting education at primary and secondary healthcare settings in Pakistan and Afghanistan.

Methods: This is a qualitative component of broader study using implementation research design. 15 in-depth interviews were conducted via an online platform i.e. zoom with the healthcare and ECD leaders from various leaders from various institutions across the globe. Participants were selected using convenience and snowballing sampling technique. A semi-structure interview guide was used, and verbal/email consent was obtained from participants before conducting the interview. The data was analyzed manually using thematic analysis to extract key themes. Ethical approval for the study was obtained from the AKU Ethical Review Committee (ERC). Results: The results of the study stipulated three major categories i.e. significance of ECD parenting education in health and community settings, challenges faced by the systems to scale parenting education, and potential policy recommendations.

Implications: The findings of this study underscore the adaptation and integration of newborn parenting education programs in healthcare systems for nurturing the future of the country. Such programs can add to national health agenda as this program is substantial to improve the Sustainable Development Goal (SDG) of Pakistan by enhance quality of early childhood development. However, equitable resource allocation and access to education programs is required to support these initiatives, especially in remote and rural areas. Most importantly, professional development of healthcare providers including lady health workers, midwives and nurses should be prioritized by integrating ECD and responsive caregiving into their curriculum and competencies. They serve as cornerstone within healthcare systems who directly educate communities especially parents about ECD and responsive parenting techniques to create a nurturing environment for children where they not only survive but also thrive.

Subtheme: Workforce support and development

Keywords: Early childhood, Parent-child relationship, Workforce

RAPID PAPER: Evaluation of OneSky's Responsive Parent Training for at-risk families in Hong Kong

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Background: Early child development persists as a global challenge, with many children failing to reach their developmental potential, especially in high-risk communities. One solution to address this problem is to implement responsive parenting programs, as parents play an active role in shaping their child's development. By engaging in responsive and sensitive parent-child interactions, the adult can provide the child with healthy stimulation, which can foster security, attachment, and positive child outcomes. However, the theories upon which these programs are based (e.g., attachment theory) were originally developed in western cultures, and therefore there remains a lack of research of the effectiveness of these programs in non-westernized, educated, industrialized, rich, democratic (i.e., non-WEIRD) countries. More research is needed to understand the impact and feasibility that these programs have in different cultural contexts. One such responsive parenting program has been developed by OneSky, an international nonprofit organization (NGO) that partners with communities throughout Asia to provide quality responsive care and early education training to caregivers with young children. One of their programs includes a parent skills training focused on responsive caregiving for families in Hong Kong's poorest district, Sham Shui Po. Their 1-2 month training consists of weekly sessions that cover topics critical to early childhood development, including attachment and supporting sensitive parent-child interactions.

Methods: In this community participatory study, we collaborated with OneSky to evaluate the effectiveness of their adapted responsive parent training for at-risk families in Hong Kong. Most responsive care literature focuses on effects on child outcomes, which are the main targets of these programs. However, it is through parent mechanisms (i.e., parent knowledge, attitudes, and behaviors) that these changes are fostered and supported. Therefore, we aimed to examine changes in short-term parent outcomes before and after the training. We used a pre-post quasi-experimental design for parents with children 0-6 years old, with an intervention group (n=66) that received the parent training and a comparison group (n=71) that did not. Participants included 137 parent-child dyads. With online surveys, we tested changes in: 1) parent self-perception of stress using the Parent Stress Scale; 2) parent self-perception of competence using the Parenting Sense of Competence Scale; and 3) parent knowledge using a test developed by the researchers and trainers. In addition, free play observational data (15 minutes) was also filmed and analyzed for parent-child interactions using the Coding Interactive Behavior scheme. The data collection concluded in mid-December 2024, and results will be available by the time of the conference.

Implications: This study will provide valuable insight on the effectiveness of implementing a responsive parenting program in the cultural context of Hong Kong. Results will have important implications for early childhood development policy and practice as countries and NGOs attempt to determine best practices to implement and adapt, with the end goal of more effectively addressing early childhood development challenges in non-WEIRD populations. More specifically in the context of this study, these results will provide evidence that Hong Kong policymakers can use to better support at-risk families, and they will also provide valuable data that OneSky can use to support the sustainability and scalability of future early childhood development programs.

Subtheme: Prevention and early intervention

Keywords: Early childhood, Evidence-based interventions, Intervention outcomes, Parent-child relationship, Parenting practices / style, Program evaluation

RAPID PAPER: The early years of parenthood and Home-Start home visiting: An interpretative phenomenological analysis

Ms Martha Burlingham (University of Gloucestershire)*, Dr Katerina Kantartzis (University of Gloucestershire)

Background: The early years of a child's life are crucial for lifelong wellbeing, with parents playing a pivotal role in shaping experiences that build their children's brains. However, the transition to parenthood is complex and has been further complicated by recent global crises. Early intervention to support parents during this critical period is vital, such as home visiting. This study explored the lived experiences of parents during the early years of parenthood and the impact of Home-Start home visiting, a form of early intervention support. Understanding these experiences is essential for developing effective support systems for parents.

Methods: An Interpretative Phenomenological Analysis approach was used. Semi-structured interviews were conducted with five participants who had recently accessed Home-Start Gloucestershire home visiting services. The sample included three mothers and one couple (mother and father). Interviews were analysed to gain in-depth insight into how parents make sense of their experiences.

Findings: The analysis revealed four Group Experiential Themes, each with two subthemes, illustrating a transformative journey through early parenthood: Navigating parenthood (The contrasting realities of parenthood, The multifaceted layers of parenthood), The process and significance of help (The meaning of help, Taking a leap of faith), Having the family in mind (Foundational relationships are built, Compassionate understanding) and The butterfly effect (The ripple to the children, The ripple in the world). These themes highlight the complex and often conflicting experiences of parents. Parents had a transformative journey navigating contrasting realities and multifaceted layers of parenthood. Accepting help led to meaningful connections with Home-Start creating a butterfly effect for families.

Implications: This study highlights the complexity of early parenthood and the critical role of early intervention services. Implications include the importance of accessible, non-judgemental support for new parents and building trusting relationships. There is a need for tailored support for families, given the nuanced experiences of parents. Qualitative research is valuable to inform service design and delivery.

Subtheme: Parenting, child health and development

Keywords: Early childhood, Parental wellbeing, Program evaluation

RAPID PAPER: Experiences of parents and their transition to parenthood: A systematic review and thematic synthesis of qualitative literature

Ms Martha Burlingham (University of Gloucestershire)*, Dr Katerina Kantartzis (University of Gloucestershire)

Background: The transition to parenthood is a complex process, further complicated by recent global crises. These challenges affect families' time, resources, and access to services, potentially impacting parents' ability to provide nurturing care essential for children's development. Understanding the lived experiences of parents during this transition and the early years of parenting is crucial for developing effective support systems. This qualitative systematic review aimed to synthesise existing qualitative studies from the past decade, providing insights into the realities of modern parenthood and identifying areas where additional support may be needed.

Methods: A qualitative systematic review was conducted following established guidelines. The search strategy included peer-reviewed qualitative studies published between 2013 and 2023, focusing on the transition to parenthood and early years of parenting. Databases searched included EBSCO: MEDLINE, CINAHL with Full Text, APA PsycInfo, APA PsycArticles, and Psychology and Behavioral Sciences. After screening, 11 studies met the inclusion criteria and were analysed using Thematic Synthesis. This method allowed for the identification of recurring themes across studies, providing a comprehensive understanding of parents' experiences. The analysis process involved: coding of individual study findings; development of descriptive themes and generation of analytical themes.

Findings: Four main themes with associated subthemes were found: A changed life (Expectations vs reality, Changed relationships, Changed lifestyle); Complex emotions and experiences (Juxtaposition of emotions, Identity, A sense of loss); Finding a way through (Helpful and unhelpful ways of coping, Importance of the right support at the right time, The value of peer support) and The social narrative (Its consensus, Its impact, Challenging it). These themes highlight the multifaceted nature of the transition to parenthood, encompassing practical changes, emotional challenges, coping strategies, and societal influences. Parents often experienced a disconnect between expectations and reality, navigated complex emotional landscapes, and sought various forms of support to adapt to their new roles.

Implications: This review shows the need for enhanced support during the transition to parenthood. Recommendations include increased emotional support post-birth, improved antenatal preparation focusing on emotional and practical realities and enhanced professional education to recognise signs of emotional struggles. Future research should explore barriers to seeking and accessing support, experiences of same-sex couples during the transition to parenthood, parenting transitions in low- and middle-income countries and longitudinal qualitative studies with families. This future research can contribute to developing more effective, targeted interventions and support systems for parents, ultimately benefiting family wellbeing and child development

Subtheme: Parenting, child health and development

Keywords: Early childhood, Parental wellbeing, Parent mental health

RAPID PAPER: Community-based peer-led invitation to change support and skills groups for families impacted by addiction

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Background: Substance Use Disorders (SUD) affect 48.7 million Americans over the age of 12; few individuals receive treatment, and family members are often the de facto primary support structure for their children. Peer support programs offer guidance to parents responding to a loved one's chronic health conditions, however this framework has been underutilized for supporting those seeking guidance in the context of a child's SUD. This pilot project sought to implement a community-based peer-to-peer program that offered families support and guidance in the use of evidence-supported strategies to help themselves and their loved one affected by problematic substance use.

Methods: The Invitation to Change Approach (ITC) is a model for helping families affected by their loved one's problematic substance use that is grounded in the science of behavior, communication, and self-compassion. Family members are oriented towards the use of positive reinforcement, value-guided responding, and stepping away from aversive behavioral control strategies. Over 6-months, five time-limited (15-week) ITC peer-led support groups were implemented throughout New York State (USA). One-hundred-twelve individuals enrolled in the structured curriculum that provided opportunities to learn and practice behavioral, communication, and self-compassion skills to help them respond to their loved one's substance use in a more intentional and skillful manner. Participants were assessed before and after the 15-week program on their use of the ITC skills and emotional functioning. They were also asked about their experience of the ITC model, group materials, and the utility of participating in a peer-led support and skills focused group.

Findings: Among the 112 family members enrolling in the support group program, 31 participants completed both pre- and post- group surveys (loss to follow-up and survey non-response influenced the observed follow-up rate). Analyses focused on individuals demonstrating change between the two surveys, contrasting the proportion of participants changing in a favorable versus unfavorable direction. Approximately 77.4% of respondents reported an increase in their use of ITC skills (0% reported a decrease); 40% reported a decrease in the severity of the problems caused by their loved one's substance use (vs 10% reporting increases), and a majority of respondents reported improvements in emotional functioning (70.9% reported less depression vs 12.9% reported more). While self-care continued to be challenging for most participants (71% reported decreases in attending to important responsibilities vs 22.6% reporting increases) qualitative feedback highlighted an appreciation of the ITC skills and benefit of a peer-led group environment.

Implications: A community-based peer-to-peer support group utilizing a topic-driven protocol was acceptable and helpful to families affected by their loved one's substance use problems. This community-based peer support model may 1. offer a platform more likely to engage families outside formal treatment settings due to economic issues or the stigmatization surrounding substance use disorders and 2. extend the reach of evidence-based concepts and skills traditionally delivered in formal treatment settings, which serve the minority of families impacted. Future research is needed to test the efficacy of the ITC support model and identify parameters impacting its sustainability and scalability if warranted.

Subtheme: Parenting support for diverse family needs

Keywords: Dissemination and scaling-up, Parenting practices / style, Program evaluation

RAPID PAPER: Parental perspectives on unmet needs of children shaped by migration: Insights from a triple border region

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Background: The quality of a child's early experiences influences the establishment of the foundation for lifelong growth, learning, and thriving. To reach their full potential, children need health care, nutrition, protection, learning opportunities, supportive communities, and attentive caregivers. Those exposed to adverse experiences may develop dysregulated stress responses that disrupt brain architecture and other systems. Parents in vulnerable contexts, such as migration, often struggle to secure the time, resources, and services needed to nurture their children, leading to missed opportunities. Recognizing that young children in fragile settings are among the world's most vulnerable and at risk of inadequate care, this study aims to explore, from the parent's perspective, whether the needs of children under 6 years of age in immigrant families at an international border are being met and how these needs are addressed.

Methods: A qualitative study was conducted in Foz do Iguazu, a Brazilian municipality at the triple border with Argentina and Paraguay, where 5.7% of the population are immigrants. Convenience sampling recruited caregivers from records at the Municipal Early Childhood Education Center, health care centers, and social assistance institutions. Inclusion criteria required caregivers to be immigrants, over 18 years of age, responsible for children under six years old, and residing in Foz do Iguaçu for at least three months. Semi-structured face-to-face interviews were conducted in participants' homes between April and October 2023 by the first author, with data collection concluding upon reaching saturation. The interview guides included questions on early childhood development, caregiving practices and beliefs, and parental stress, with a focus on children's needs. An inductive thematic analysis was performed, with responses coded and organized into themes alongside a theoretical framework.

Findings: The study included 21 participants (18 mothers and 3 fathers) with an average age of 30 years. Participants migrated from Paraguay (n=7), Venezuela (n=7), Colombia (n=5), Bolivia (n=1), and Haiti (n=1), seeking better living conditions (n=10), education (n=7), work (n=3), and health treatment (n=1). Most caregivers were employed (n=13) and received cash transfers due to low income (n=12). Two themes emerged: (1) Challenges in the Migration Process and Adaptation in Brazil: Implications on Child Protection and Opportunities for Thriving; and (2) Obstacles and Stress Experienced by Immigrant Families Compromising Nurturing Care and Support for Early Childhood Development. The first theme explored the barriers encountered during migration and adaptation in Brazil, such as socioeconomic vulnerability, family separation, language barriers, discrimination, and lack of social support, all of which negatively impact child protection and development opportunities. The second theme focused on how these stressors hinder nurturing and supportive relationships, leading to needs being only partially met or unmet. Despite challenges, immigrant families experienced positive opportunities in Brazil through accessible health, education, and cash transfer, which helped meet some of their children's needs.

Implications: Ongoing adversities compromised child safety and protection, reduced opportunities for play and learning, and heightened parental stress, which diminished caregiver-child interactions and nurturing relationships. However, supportive communities that offer parenting assistance can alleviate this stress and better meet these needs.

Subtheme: Parenting, child health and development

Keywords: Child and family adversity, Child physical health, Early childhood, Parent-child relationship

RAPID PAPER: The role of parents' psychological needs in parents' autonomy support and psychological control during parent-child reminiscing

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Background: According to the Self-Determination Theory, a more autonomy-supportive and less psychologically controlling parenting style fosters adaptive socio-emotional development in children. However, less is known about what factors promote such parenting behaviors, especially in the context of parent-child reminiscing. In this study, we therefore examined the relations between satisfaction and frustration of parents' psychological needs of autonomy, competence, and relatedness, and parents' autonomy support and psychological control provision in the context of reminiscing.

Methods: Mothers (n = 72) and fathers (n = 60) (Mage = 35.69, SDage = 4.84) from Belgium participated with one of their children aged between 3 and 6 (Mage = 4.13, SDage = 0.76). The study started with a home-visit, which was followed by a 5-day diary part. During the home-visit, parents reported on the satisfaction and the frustration of their psychological needs. During the diary phase, parents reminisced each day about two memories (one positive and one negative) with their child. Afterwards, parents' speech was coded for their level of autonomy support and psychological control.

Findings: While parents' level of autonomy support was similar across positive and negative memories, their psychological control was higher when reminiscing about negative compared to positive memories. Regardless of memory valence, satisfaction of parents' psychological needs was related to higher levels of autonomy support when reminiscing with girls (but not with boys). However, frustration of these needs was not related to parents' provision of autonomy support or psychological control.

Implications: When parents' psychological needs are met, this promotes parents' ability to talk about children's emotional experiences in a constructive manner. Interventions aiming to promote a reminiscing style that is beneficial for children could emphasize meeting parents' psychological needs.

Subtheme: Parenting, child health and development

Keywords: Parent-child relationship, Parental wellbeing

RAPID PAPER: Understanding co-parenting in Indonesian families: A qualitative study

Ms Indah Damayanti (Central Queensland University)*, Dr Cassandra Dittman (Central Queensland University), Dr Gabrielle Rigney (Central Queensland University)

Background: Co-parenting is the collaboration of two or more adults in nurturing and raising children for whom they share responsibility (McHale & Lindahl, 2011). Research findings indicate that co-parenting influences children's social and emotional adjustment (Majdandzic et al., 2012; Umemura et al., 2015; van Eldik et al., 2020). While there has been a considerable amount of research on co-parenting in Western countries, studies in Indonesia, a developing country rich in cultural diversity, are limited. The cultural differences between families in Indonesia and those in Western countries, the relationship between co-parenting and children's adjustment, and the lack of foundational research on co-parenting within Indonesian families highlight the necessity for qualitative research on co-parenting in the Indonesian family context.

Methods: This research involved 12 families consisting of a father, a mother, and one child aged between 8 and 12 years. The study employed semi-structured interviews as the data collection technique, with the interview guide developed from the dimensions of the Co-parenting Relationship Scale (Feinberg et al., 2012). Data analysis utilised thematic analysis (Braun & Clark, 2022).

Findings: The study indicated that Indonesian parents' co-parenting encompasses child-rearing agreement, co-parenting support vs. undermining, conflict management, co-parenting closeness, roles and responsibilities, and extended family involvement. These findings were mostly consistent with the co-parenting framework proposed by Feinberg et al. (2012), with the addition of the dimensions of roles and responsibilities and extended family involvement being unique to Indonesian families.

Implications: The findings imply that cultural context significantly shapes the dimensions of co-parenting, suggesting that co-parenting frameworks developed in Western countries may require adaptation to accurately reflect the practices and dynamics within Indonesian families.

Disclosure: This project was funded by School of Graduate Research Central Queensland University.

Subtheme: Parenting support for diverse family needs

Keywords: Child wellbeing, Cultural diversity, Parent-child relationship, Parental wellbeing

RAPID PAPER: Considering cost-effectiveness in times of scarce resources: A tailored approach to implement an evidence-based parenting program as a less intensive option

Ms Ronja Dirscherl (Triple P Deutschland)*

Background: Intensive parenting support for families at need and the associated costs for municipalities have been increasing in Germany for years. The county of Osnabrück decided to offer a structured, evidence-based parenting program to a sub-group of families who would usually have received an intense service ("Sozialpädagogische Familienhilfe"), including several weekly home visits over 12-24 months.

Methods: Families who were referred to the county's general social services (ASD) were screened if their difficulties were mainly related to parenting competence and confidence. If so, they were offered to receive a Triple P training instead of the more intense care as usual. An independent organisation trained their workforce in Level 4 and Level 5 Triple P and delivered the program as required. Regular peer support sessions with a Triple P trainer were implemented to ensure fidelity and quality of the delivery. A steering committee reviewed the process and the outcomes quarterly.

Findings: The majority of families improved their situation during the parent training (parenting skills as well as child outcomes) and did not need any further support. There was a significant saving of time and cost investment compared to service as usual.

Implications: Triple P Level 4 and 5 is an effective intervention for families at need for family and parenting support. For a sub-group of families whose problems are mainly related to parenting difficulties, Triple P is more cost-effective compared to service as usual in German municipalities.

Subtheme: Prevention and early intervention

RAPID PAPER: Evidence-based parenting supports for parents and caregivers in regional Australia: A desktop review of websites for the Coffs Harbour community and a qualitative analysis of website messaging

Dr Frances Doyle (Macquarie University)*, Dr Alina Ewald (Western Sydney University), Ms Eman Sayed (Western Sydney University)

Background: Parents and caregivers play a critical role in children's development, and they often face challenges that require evidence-based parenting supports (EBPSs). However, there may be several barriers in accessing EBPSs, particularly for parents and caregivers in regional areas. This study focussed on EBPSs that may be available for the Coffs Harbour community, which is recognised as a high-needs population. As online platforms are a primary source of parenting information for most parents (Baker et al., 2016), our research design was developed to explore what parenting supports and services can be found via online searches for the Coffs Harbour population.

Methods: The research design seeks to explore how these supports are showcased, paying particular attention to their positioning, level of detail, and the underlying messages they may convey about seeking support. To examine this, we engaged in a desktop review to identify the parenting supports and services within the Coffs Harbour region in NSW, Australia. Descriptive statistics regarding the main characteristics of the supports and services, the type of support/service, the mode of delivery, associated funding, the target age of the children, the associated costs, and the frequency or duration of the program were collected and recorded. The narratives and contents of the 19 websites sourced from the desktop review were then qualitatively analysed using Thematic Analysis (as outlined by Braun and Clarke, 2006) to identify patterns of meaning.

Findings: The thematic analysis revealed three primary themes: "Restrictions on Access to Supports", "A Lack of Transparency", and "A Complicated Searching Experience". These themes highlighted several barriers to engagement, including restrictive eligibility criteria for supports and services, which were often presented in a manner that was not approachable or accessible, thereby failing to alleviate potential threats to parenting identity. The findings revealed that many services are framed around crisis scenarios, potentially stigmatising and deterring wider parental and caregiver engagement. Additionally, crucial details about costs, delivery modes, and specific program details were frequently withheld or difficult to access, which often complicated parents' and caregivers' search for suitable EBPSs.

Implications: Recommendations include normalising support-seeking behaviours, simplifying access, clarifying transparency about content (e.g., which EBPS is offered) and specifying pricing of EBPSs. Information available for parents and caregivers about EBPSs on websites targeting regional areas may wish to consider how to be more inclusive and less stigmatising; ultimately increasing reach and access of EBPSs for parents/caregivers and their families.

Subtheme: Enhancing reach and implementation

Keywords: Early childhood, Evidence-based interventions, Implementation

RAPID PAPER: ParentLine SA: A WhatsApp helpline that provides parents with holistic, light-touch support informed by, and integrated with, evidence-based programmes and services

Ms Karen Ross (Mikhulu Child Development Trust)*

Background: ParentlineSA is an innovative WhatsApp chatbot developed under the South African Parenting Programme Implementers Network (SAPPIN) to provide accessible, support to parents leveraging existing evidence-based progammes and services. In its first phase, it targets parents and caregivers of children aged 0–6, addressing common parenting challenges such as child behaviour, developmental milestones, and parental well-being. Research indicates a high demand for trustworthy, easily accessible parenting advice in South Africa, particularly in resource-limited settings. ParentlineSA offers a cost-effective, user-friendly platform that overcomes barriers like geographic constraints and distrust in apps, providing an essential tool to empower caregivers and promote positive parenting practices nationwide.

Methods: ParentlineSA was developed using a collaborative, research-informed approach. Initial focus groups, surveys, and data mining identified caregivers' most pressing concerns and content preferences. Key topics include child health, behaviour management, maternal mental health, and the first thousand days of development. The chatbot content, curated from the expertise of SAPPIN member NGOs, was designed for accessibility and cultural relevance. A soft launch tested the platform with 79 users across multiple provinces, collecting demographic data and feedback on usability and content quality. ParentlineSA incorporates a referral system linking users to local NGOs, CBOs, and government services for in-person support. User feedback informed iterative improvements, including plans to expand age-specific content, introduce AI for content refinement, and integrate chatbot content that will support facilitators and health workers who work with families.

Findings: In its first month, ParentlineSA demonstrated high user engagement and positive reception. Among 79 users, the majority were mothers (57%), with children aged 0–6. Popular content included guidelines on sleep routines, managing bad behaviour, and stress management for parents, receiving ratings between 2.25 and 3.0 on a 3-point scale. User feedback highlighted the chatbot's effectiveness in providing emotional support and actionable parenting advice. Comments reflected empowerment, practical learning, and reduced feelings of isolation. Challenges identified included the need for expanded content and multimedia enhancements. The referral system effectively connected users to trusted local services, further extending the chatbot's impact. These findings underscore the chatbot's ability to bridge gaps in parenting support, particularly in underserved areas.

Implications: ParentlineSA offers a scalable, technology-driven model for extending parenting support in low-resource settings. Policymakers can leverage its insights to enhance digital parenting interventions and integrate such tools into broader child welfare strategies. Future research should explore long-term impacts on parenting practices and child outcomes, as well as adaptations for older children. For practitioners, ParentlineSA provides a framework for integrating technology into community-based parenting programs. Expanding outreach through partnerships, localised campaigns, and training initiatives can amplify its reach and effectiveness, demonstrating the potential of digital tools to improve diverse outcomes for children and families globally.

Subtheme: Contemporary trends in parenting support

Keywords: Dissemination and scaling-up, Implementation, Parental wellbeing

RAPID PAPER: Preliminary outcomes of a telehealth-delivered solution focused brief therapy-single-session consultation for parents with high levels of stress related to their children's behavior

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Background: Parenting stress, defined as the experience of feeling overwhelmed by the demands of parenting, is associated with reduced parental efficacy, maladaptive parenting practices, and poorer parent-child relationships. Elevated parenting stress has been linked to increased child behavioral difficulties, fostering a reciprocal and reinforcing cycle that may negatively impact family functioning. Despite the integral need for timely intervention, parents with elevated stress face barriers to accessing evidence-based support. Traditional service models often prioritize the child as the "identified patient," leaving parents with reduced opportunities to address their stress, particularly when children do not meet clinical diagnostic thresholds. Telehealth-based, single-session interventions may offer a scalable and efficient solution to meet the needs of stressed parents. Solution-Focused Brief Therapy Single-Session Consultation (SFBT-SSC) is an evidence-based approach that emphasizes strengths, immediate problem-solving, and actionable steps, while requiring minimal resources and time commitment. Objective: This study examined the feasibility, acceptability, and preliminary efficacy of a telehealth-delivered SFBT-SSC intervention for parents experiencing high parenting stress. Specifically, this study aimed to evaluate (1) immediate changes in hypothesized mechanisms of change (i.e., agency, readiness for change, and hope), (2) changes in parenting stress, parental affect, empowerment, and child behavioral problems at a 2-week follow-up, and (3) parent perceptions of the intervention's acceptability and utility.
Methods: Seventeen parents of school-age children (mean age = 39; 93% female; 73% Caucasian) experiencing elevated parenting stress were recruited via social media platforms and completed a single, telehealth-delivered SFBT-SSC session. The session lasted approximately one hour and focused on collaboratively developing a strengths-based, solution-focused action plan to address parents' primary parenting stressors. Participants completed pre-intervention, post-intervention, and 2-week follow-up measures assessing parenting stress, agency, hope, readiness for change, affect, and child behavioral outcomes. Acceptability and utility were assessed immediately following the session using a validated feedback form.
Findings: Results indicate high feasibility and strong parent engagement, with 88% of participants completing all assessments. Parents rated the intervention as highly acceptable and useful, with mean satisfaction scores exceeding 4.5/5 (e.g., "The session helped me develop a plan to address my concerns" = 4.85/5). Significant improvements were observed in key mechanisms of change immediately following the session, including perceived agency ($z=2.35$, $p=0.032$, $d=1.53$) and readiness for change ($z=3.29$, $p=0.0023$, $d=3.22$). At the 2-week follow-up, parents reported significant reductions in parenting stress ($z=-2.72$, $p=0.0045$, $d=1.97$), negative affect ($z=-2.88$, $p=0.0012$, $d=2.22$), and child behavioral challenges ($z=-3.18$, $p=0.0033$, $d=2.88$). However, no significant changes were observed in hopelessness, positive affect, or family empowerment.
Implications: This preliminary study provides promising evidence for the feasibility, acceptability, and short-term efficacy of a telehealth-delivered SFBT-SSC for parents experiencing high parenting stress. Improvements in perceived agency, readiness for change, parenting stress, and child behavioral problems suggest that SFBT-SSC can help parents develop actionable solutions and reduce stress in a short timeframe. The large effect sizes observed across key outcomes highlight the intervention's potential as a low-cost, scalable option for supporting parents who may not otherwise qualify for traditional mental health services. Future studies using randomized controlled designs, larger and more diverse samples, and longer follow-up periods are needed to further evaluate the intervention's efficacy and generalizability. Telehealth-delivered SFBT-SSC holds promise as a flexible, accessible intervention that can address parental stress and improve family functioning in underserved populations.

RAPID PAPER: Stepping Stones Triple P: An RCT evaluating the added benefit of an enhanced parenting program in a neurodevelopmental clinical sample

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Background: Neurodevelopmental disorders such as Autism and ADHD pose significant challenges for families. It is widely accepted that parents of affected children face additional parenting challenges and stressors, and experience higher rates of mental illness compared to the general population. This randomised controlled trial evaluated whether an enhanced parenting program focusing on parental mental health problems, Enhanced Stepping Stones Triple P (ESSTP), provided additional benefits for parents and children compared to Stepping Stones Triple P (SSTP) in a clinical cohort of children with neurodevelopmental disorders whose parents are experiencing clinical or subclinical levels of mental health symptoms.

Methods: Families with a child referred to a developmental clinic, and their parents who were experiencing subclinical or clinical mental health symptoms, were recruited. One hundred and twenty-seven families (caregivers: female n = 119, male n =23; children: female n =37, male n = 90) were randomised into one of two groups: Stepping Stones Triple P (n = 63), Enhanced Stepping Stones Triple P (n = 64). Participants completed pre and post intervention surveys including demographic information, Adult Self Report (ASR) and the Child Behaviour Checklist (CBCL).

Findings: Twenty-four percent of families withdrew from the study, with 18 withdrawing prior to commencement. Participants attended an average of 65.7% of the sessions, which is less than similar studies. Significantly greater improvements were seen in the ESSTP ASR ADHD scores compared to the SSTP group, however this was not significant after correcting for multiple testing. No additional benefits of ESSTP were seen for the children's scores. In both groups, the CBCL oppositional defiance and ASR anxiety scores showed nominally significant improvements. None of these remained significant in either group after correcting for multiple testing.

Implications: In a clinical sample of children with neurodevelopmental disorders whose parents have concurrent subclinical or clinical mental health symptoms, the ESSTP parenting program provided additional nominally significant benefits in parental ADHD symptoms over the standard SSTP program. This population faces unique challenges and increased burdens, and further research needed in how to tailor programs that best suit the increased demands this population face and to improve program engagement.

Disclosure: Stepping Stones Triple P is owned by the University of Queensland. Professor Sanders is a coauthor of the Stepping Stones Triple P program and receives royalty payments from the publisher Triple P International in accordance with the University of Queensland Intellectual Property Policy.

Subtheme: Parenting support for diverse family needs

Keywords: Child mental health, Intervention outcomes, Parent mental health, Program evaluation

RAPID PAPER: Comparing young children with conduct problems subtyped into primary and secondary callous-unemotional traits

Ms Helen Gu (University of New South Wales)*, Ms Eva Kimonis (University of New South Wales)

Background: Early-onset conduct problems (CP) increase the risk of psychopathology, impacting public health and justice systems. One subtype of child CP, callous-unemotional (CU) traits (i.e., callous-lack of empathy, shallow/deficient affect), is linked with severe, persistent CP that are less likely to normalise with treatment. Within children with CP+CU, two distinct aetiological pathways are identified: primary (genetically-mediated emotional processing deficits and low anxiety) and secondary (high anxiety and adverse childhood interpersonal experiences) CU variants. However, scant research has tested the existence of these CU variants among young children, which is the focus of this study.

Methods: Data collected from young clinic-referred children with CP will be disaggregated into CP-only, primary CU (PCU), and secondary (SCU) variant groups to investigate between- and within-group differences on a number of measures. Data were drawn from families in research studies across five research trials conducted at one of two clinics providing early assessment and intervention for children with conduct problems. Across trials, parents completed measures reporting child behaviour (e.g., antisocial behaviour, internalising problems), attributions towards their child (e.g., warmth), and demographics, while children completed tasks measuring empathy and emotional processing.

Implications: Findings will identify differences in risk factors between children with PCU and SCU traits. These results will be used to guide efforts at adapting existing targeted treatment (Parent-Child Interaction Therapy for CU Traits; PCIT-CU) for children with CP+CU to better address the unique needs of children with SCU traits. This research is important for improving treatment outcomes for children with SCU traits who were found to deteriorate after completing PCIT-CU relative to children with PCU. The adapted treatment will mechanistically target the distinct SCU risk factors to enhance treatment effectiveness and improve parent-child outcomes.

Subtheme: Parenting, child health and development

Keywords: Child mental health, Dissemination and scaling-up, Early childhood, Evidence-based interventions, Measurement, Parent-child relationship, Parent mental health, Program adaptation

RAPID PAPER: Parent-Child Interaction Therapy for ADHD in Iranian families: Navigating cultural barriers in child-directed interaction

Mr Samad Hamidi (Clinical Psychologist, PCIT Center of Iran, Sanandaj, Iran)*, Prof Soleiman Mohammadzade (Child and Adolescent Psychiatrist, Neurosciences Research Center, Kurdistan University of Medical Sciences, Sanandaj, Iran), Ms Bita Zardar (Clinical Psychologist, PCIT Center of Iran, Sanandaj, Iran)

Background: Attention-Deficit/Hyperactivity Disorder (ADHD) poses significant challenges for children and families, especially when cultural norms influence parenting. Parent-Child Interaction Therapy (PCIT) aims to improve interactions and manage ADHD symptoms by enhancing parenting skills and reducing punitive measures. This study explores PCIT's effectiveness in Iranian families with ADHD, emphasizing cultural barriers that impact Child-Directed Interaction (CDI). However, Iranian parents often struggle with adhering to CDI, frequently attempting to dominate interactions themselves. This research examines how PCIT reduces parental control, promotes CDI adherence, and addresses the challenges of implementing CDI in the Iranian cultural context.

Methods: Our study involved 26 primary caregivers (7 fathers and 19 mothers) and their children aged 3 to 7 years, all diagnosed with ADHD (18 boys and 8 girls). Participants completed assessments using the Eyberg Child Behavior Inventory (ECBI) and the Dyadic Parent-Child Interaction Coding System (DPICS-III) were administered at the beginning of each treatment session and before initiating parent coaching. All 26 caregivers attended all therapy sessions, but only 13 completed follow-up assessments at 1 and 3 months. Additional data were obtained through the Demographic Information Checklist and semi-structured interviews, providing insights into family dynamics and perceived changes in parenting practices.

Findings: The results show significant improvements in child behavior and parenting practices after Parent-Child Interaction Therapy (PCIT), including reduced parental control (Don't skills) and increased adherence to Child-Directed Interaction (PRIDE skills). Statistical analyses revealed significant gains in Child-Directed Interaction (CDI) skills and reductions in Intensity and Problem scores on the Eyberg Child Behavior Inventory (ECBI) ($p < 0.001$). The results indicated that Iranian parents require more sessions to achieve the Goal Criteria in Child-Directed Interaction (CDI) compared to Western countries, with an average of 4 additional sessions needed. Qualitative findings highlight that high parental control and low adherence to child-directed interactions are significant barriers in Iranian culture, impacting the implementation of PCIT. Major reasons for resistance include fears of spoiling the child, doubts about the therapy's effectiveness, societal judgments, and concerns about the child's future, which drive parents to exert more control. Despite initial cultural resistance, PCIT proved effective in Iran, with benefits maintained over time.

Implications: This study underscores the transformative potential of Parent-Child Interaction Therapy (PCIT) in managing ADHD within culturally specific contexts. It demonstrates that while PCIT significantly improves parenting and reduces child behavior issues, overcoming cultural barriers such as high parental control and resistance to child-directed techniques is crucial. Policy-makers should consider cultural sensitivity in parenting programs to enhance their effectiveness. Researchers are encouraged to adapt PCIT for various cultural settings, particularly in communities with similar dynamics. Practitioners should focus on developing culturally tailored interventions to address common parental concerns, ensuring broader success and applicability of PCIT.

RAPID PAPER: Family Communities Project in rural Turkiye

Ms Lale Hanoz (Virginia Tech University)[*]

Background: The Rural Schools Transformation Network (KODA), a non-governmental organization in Turkiye, addresses the persistent educational inequity between rural and urban areas by empowering teachers and families. Rural villages offer benefits like close school-family ties and extended family living. However, it also imposes cultural constraints, like mothers bearing primary child-rearing responsibility and fathers being mainly as disciplinary. KODA started working on this project in 2018 with small-scale pilot applications focused solely on parenting trainings, which later evolved to the formation of family communities in rural villages. These communities aim to expand the trainings' impact by fostering families' joint solution-building.

Methods: Between 2018 and 2023, the project's pilot application reached 810 families through parenting trainings in rural Turkiye. Following the 2023 earthquake, KODA launched the project's largest version to that date and their trainings reached not only 379 earthquake affected families but also 90 teachers, employing qualitative techniques to measure its impact: trainer journals, observations, and focus groups. In 2024, KODA launched the project's latest version named "Family Communities Project" and included organizing family community meetings as well. 55 mothers across four rural villages joined its training sessions and held a total of 9 family community meetings across these villages. The project's measurement methods expanded to mixed methods, including a quantitative pre-test to assess parents' baseline knowledge and expectations before trainings and community meetings, as well as post-tests to evaluate their impact. Additionally, focus group discussions were conducted in each village following the final family community meetings to gather in-depth insights.

Findings: Findings are based on two components: family training and family community meetings. Pre- and post-tests from the family training revealed significant improvements across all sub-dimensions of family relationships and communication. Qualitative data supported these results, with mothers reporting increased patience toward their children, moving away from strict attitudes, and reducing behaviors like yelling or speaking loudly. Additionally, children showed notable progress in household responsibilities and routines, such as homework completion and sleep patterns. Baseline data from family community meetings highlighted parents' desire to sustain a sense of togetherness and continuous learning after completing the trainings. Post-meeting surveys indicated that parents found the meetings valuable for discussing shared challenges and addressing unanswered questions following the trainings. They also reported improvements in spending quality time with their children, organizing daily routines, and reinforcing responsibilities. Many parents expressed relief in realizing they were not alone and gained comfort from shared experiences with other families.

Implications: Parents' suggestions and regular meetings with project coordinators identified key learnings and future practice directions. Parents recommended scheduling meetings outside intensive farming periods and involving fathers alongside mothers to ensure a systemic balance in the parent subsystem. Strengthening relationships among parents before community meetings was also suggested to enhance engagement. Although KODA aims for these family communities to operate independently, parents expressed concerns about sustaining continuity and belonging without support. This indicates the need for further work on sustainability and fostering community cohesion.

Disclosure: This project is conducted by Rural Schools Transformation Network (KODA), a non-govermental organisation in Turkiye.

Subtheme: Enhancing reach and implementation

Keywords: Implementation, Parental wellbeing, Process evaluation

RAPID PAPER: Developing the Islamic Mindful Parenting Intervention (IMPPAC): A thematic analysis for supporting parents of atypical children

Dr Siti Inarah Hasim (International Islamic University Malaysia)*, Dr Jamilah Hanum Abdul Khaiyom (International Islamic University Malaysia), Dr Mardiana Mohamad (International Islamic University Malaysia)

Background: Parenting a child with developmental disabilities presents distinct challenges, often leading to heightened psychological distress and compromised well-being among caregivers. For Malaysian families with neuroatypical children, these challenges are intensified by financial strain, employment instability, and strained family dynamics, putting parents at elevated risk for mental health issues. Although evidence supports the benefits of mindful parenting and religiosity for fostering resilience, no culturally adapted intervention exists for Malaysian Muslim parents caring for atypical children. To address this gap, we aim to develop the Islamic Mindful Parenting Intervention for Parents with Atypical Children (IMPPAC) specifically for Malaysian families. IMPPAC is created through a three-phase approach.

Methods: A systematic literature review informed semi-structured interviews with 21 subject matter experts (SMEs), including parents, mental health professionals, and religious scholars.

Findings: Thematic analysis of these interviews identified five culturally relevant themes: Knowledge, Relationships, Parenting Challenges, Parenting Skills, and Mindful Coping Strategies. These themes informed the foundational framework for IMPPAC, which is structured to educate parents on Islamic-based parenting and coping skills. IMPPAC is designed to reduce parental distress and enhance well-being by providing tools tailored to the specific cultural and religious context of Muslim parents in Malaysia.

Implications: The intervention's framework has the potential to be adaptable for families of other faiths and in diverse cultural contexts across Asia. This study underscores the importance of culturally tailored, religion-based interventions to support families with neuroatypical children. Future research could explore IMPPAC's applicability to other religious and cultural contexts, contributing to broader family-centered mental health interventions across Asia.

Subtheme: Parenting support for diverse family needs

Keywords: Parent mental health

RAPID PAPER: Comparing virtual and in-person delivery modes of a preschool STEM school readiness program during the pandemic

Dr YaeBin Kim (University of Nevada Reno Extension)[*]

Background: When the COVID-19 pandemic started in March of 2020, many institutions and public spaces had to close. Extension programs across states and regions were forced to rapidly change their existing efforts and program delivery methods to continue responding to community needs (Narine & Meier, 2020). Extension professionals faced challenges such as revising resource allocations and shifts in programmatic focus. Extension programs working with young children and families were particularly challenged because of limited in-person interactions. Transitioning from in-person to virtual programming to meet the health and safety protocols of the pandemic was stressful for professional staff and their clientele. Extension professionals became tasked with this transition to virtual program delivery, trying to be adaptive and innovative, while maintaining effective educational contact with community participants. This paper describes the transition of a preschool STEM school readiness program from in-person to virtual programming during the early pandemic phase, examines in-person and virtual program data to understand the effectiveness of these two program delivery modes, and presents lessons learned from this abrupt transition. STEM Family Engagement program we implemented is designed for parents of young children to provide enriching foundational Science, Technology, Engineering, and Mathematics experiences for their children. STEM in the early years makes a difference in children's lives and previous research suggests that learning rich STEM content during the preschool years is critical to later success in school (Early Childhood STEM Working Group, 2017; McClure et al., 2017).

Methods: The study sample reported in this paper consisted of 642 parents/caregivers from in-person classes and 184 parents/caregivers from virtual classes who returned evaluation forms for data collection. The following measures were used to collect data from program participants: number of sessions attended, parent perceived impact of program, parent efficacy with STEM, STEM school readiness, total number of weekly take-home activities completed and parent demographics The current study sought to understand similarities and differences in implementing the STEM family engagement program in-person versus virtually and examine possible differences in program outcomes.

Findings: Results suggest that in-person and virtual classes were effective and efficient although some differences were found: 1) In-person parents were more likely to be Hispanic or Latino and have less than a college degree; 2) virtual parents attended more sessions and completed more take-home activities; and 3) in-person parents reported higher levels of parent efficacy with STEM and reported more improvement in their children's STEM school readiness.

Implications: Previous studies supported current results that both delivery methods are effective, but in-person classes could show higher improvement. However, virtual classes still have many benefits that include flexibility and program reach (Hanifah, et al., 2021; Kumari et al., 2021; Narine & Meier, 2020). Future study will be needed to fully determine the cost-benefit impacts of in-person, virtual, and hybrid program delivery models on STEM school readiness and other family engagement programs.

Subtheme: Parenting support for diverse family needs

Keywords: Early childhood, Implementation, Parenting practices / style, Program evaluation

RAPID PAPER: Me as a Parent Scale: The development, testing and implementation of a tool to measure parenting self-efficacy

Dr Fiona May (Parenting Research Centre)*, A/Prof Jan Matthews (Parenting Research Centre)*, Dr Victoria Hamilton (Parenting Research Centre)

Background: Organisations working with children and families are increasingly seeking to deliver programs that directly aim to develop and enhance parenting self-efficacy as a primary or intermediary objective of their services, due to the strong evidence-base demonstrating the importance of parenting self-efficacy as a predictor of improved child outcomes via positive parenting behaviours. In addition, funders across both government and philanthropic fields wish to see evidence of program outcomes to ensure return on investment in early intervention services and positive long-term outcomes for children and families. The measurement of parenting self-efficacy using validated tools provides a way to understand program impact for these purposes, as well as a means of providing valuable information to support practice including through the identification of support needs at entry to a service and as a measure of progress towards intended outcomes.

Methods: The Parenting Research Centre (PRC) developed the Me as a Parent Scale (MaaPs) in 2015 to address a gap in the empirical measurement of parenting self-regulation and to provide a resource to capture parents' self-perceived competence and efficacy for application across both research and clinical contexts. To build upon the usefulness of the MaaPs, the PRC developed a brief version of the tool in 2022 (the MaaPs-SF) to reduce participant burden and improve ease of administration and scoring for researchers and practitioners. More recently, the MaaPs and MaaPs-SF were culturally adapted and are now available in the five most commonly spoken non-English languages amongst Victorian parents: Chinese, Vietnamese, Arabic, Dari, and Burmese. A range of resources have been developed and a centralised online platform is currently being established to support use of the tools in practice.

Findings: Both the MaaPs and the MaaPs-SF have been shown to be reliable, valid measures of parenting self-efficacy, and Australian population norms are available for each version of the tool. This paper will report on the development of the MaaPs, including the results of studies investigating the psychometric properties of the tools, and discussion of the approach to cultural adaptation and translation. The paper will also report on the development of an online platform and practice resources to streamline administration and reporting, facilitate benchmarking and support practice improvement.

Implications: This paper has implications for research and practice by highlighting opportunities to strengthen the capacity of service providers to use validated tools for understanding the impact of their services and using evidence to inform improvement efforts across their practice.

Subtheme: Demonstrating change and impact

Keywords: Intervention outcomes, Measurement, Parental wellbeing, Workforce

RAPID PAPER: Parents' and adolescents' experiences of parents' jobs, the home environment, and school

Ms Kate McCredie (La Trobe University)*, Dr Stacey Hokke (La Trobe University), A/Prof Liana Leach (Australian National University), Prof Amanda Cooklin (La Trobe University)

Background: Recent studies indicate that parents' work-family conflict and poor job quality may present a risk to adolescent academic performance. Findings are mixed, however, and appear dependent on household, parent, and adolescent characteristics, likely including parents' and adolescents' own attitudes to school achievement and involvement. We aimed to expand on this work using a qualitative study design to explore parents' and adolescents' views and experiences of the links between parents' job characteristics, the family environment, and school outcomes.

Methods: We conducted semi-structured interviews with 12 adolescents (aged 16-18) currently in enrolled school or vocational training, as well as 10 working parents of such adolescents. This included a subset of three parent-adolescent pairs from the same household. Interviews with adolescents explored their school engagement and aspirations, their parents' involvement in their education, and their views and experiences of how their parents' work shapes the home environment. Interviews with parents explored involvement in their adolescents' schooling and their experiences of managing work and family demands. Guided by reflexive thematic analysis, interview data was analysed to generate codes and themes relating to influence of parents' jobs on adolescents' school achievement and experiences.

Findings: While many parents felt that work was a net positive for their adolescents' development, in particular providing the financial support to offer their children an enriching education, they also described challenges in managing work and family demands. This included difficulty in maintaining boundaries between work and family, especially for self-employed parents or those working mainly from home. It also included stressful and demanding work affecting parents' mood and behaviour at home, leading to less time spent with children or increased conflict at home. Many adolescents described their parents as irritable or grumpy after a bad day at work, though not all felt that this affected how parents behaved with them at home and most felt satisfied with the level of their parents' involvement in their education. For those who did sometimes experience conflict with parents due to negative work experiences, chatting or debriefing with friends at school was highlighted as an important way to 'leave home stuff at home' to focus on school.

Implications: These findings extend the evidence base for the ways in which parents' work experiences and job conditions shape family life and adolescent development, emphasising the need for workplaces and policy makers to strengthen workplace supports to help reduce the stress and strain on working parents. By giving a voice to adolescents' often overlooked experiences, we also show how adolescents can be sensitive to their parents' jobs, and experience increased conflict with or concern for parents in demanding or dissatisfying jobs.

Subtheme: Parenting, child health and development

Keywords: Parent-child relationship, Parenting practices / style, Workforce, Young people

RAPID PAPER: The staff well-being cost of the violence-prevention care economy: Perspectives from SAPPIN member organisations

Dr Nicola Dawson (Ububele Educational and Psychotherapy Trust), Ms Nqobile Mnisi (Ububele Educational and Psychotherapy Trust), Ms Wilmi Dippenaar (South African Parenting Programme Implementers Network)*, Dr Thandi van Heyningen (Institute of Security Studies)

Background: Parenting programs that focus on violence prevention place unique emotional demands on staff, who frequently experience burnout, secondary traumatic stress, and moral distress. Within the South African Parenting Programme Implementers Network (SAPPIN), understanding the well-being of practitioners is essential to sustaining effective service delivery. This study investigates the professional quality of life among employees working in violence-prevention care roles, examining the relationships between self-care, organisational practices, and staff well-being. Additionally, it seeks to identify the most protective and beneficial support mechanisms for staff working in challenging environments, ultimately guiding SAPPIN's approach to fostering a resilient workforce in the violence-prevention sector.

Methods: Using an explanatory sequential mixed-methods design, this study collected cross-sectional quantitative data from 209 employees across 17 organisations, followed by qualitative insights from 33 interviews and 28 photovoice submissions. Quantitative measures assessed perceived stress, crisis support, professional quality of life, self-care beliefs and behaviours, and adverse childhood experiences (ACEs). Demographic variables, such as education level, employment duration, and province, were analysed to understand their relationship with emotional strain. Qualitative data, including photovoice and individual interviews, provided context to the quantitative findings, highlighting perceived drivers and protective factors of emotional strain, as well as staff perspectives on supportive supervision. The integration of qualitative and quantitative insights provides a comprehensive understanding of both individual and organisational strategies that contribute to SAPPIN practitioner well-being.

Findings: Results indicated high levels of burnout and secondary traumatic stress among employees, comparable to international healthcare profiles and local non-profit staff profiles, yet also high compassion satisfaction and perceived support. Self-care practices, notably spirituality and exercise, are commonly adopted, while organisational support includes reflective supervision, counselling, and peer support. Significant differences in professional wellbeing were observed based on education level, employment position, and geographic location. Higher ACEs scores were associated with greater secondary traumatic stress and reduced self-care behaviours, suggesting a need for targeted support for employees with complex histories. Organisational supports, particularly peer support groups and in-service training, were linked to enhanced compassion satisfaction, perceived support, and reduced burnout. The qualitative analysis revealed that dysfunctional social response systems, funding instability and unmanageable workloads were noted as key contributors to professional strain, over and above the witnessing of stories of trauma and violence.

Implications: This study highlights the necessity of structured, context-sensitive support interventions for staff rolling out violence-prevention programs. Reflective supervision, peer support groups, and in-service training emerged as protective factors, but staff wellbeing rates point to the need for organisational level interventions, structural and systemic changes organisational and funding models which prioritize support for staff wellbeing. Implementing such an mitigate burnout and secondary trauma, promoting sustainable workforce engagement in violence-prevention roles and improving the quality of services offered. These findings advocate for further research into the role out of organizational-specific support models that align with the South African context, enhancing practitioner capacity and fostering impactful outcomes for children and families served by SAPPIN member organisations.

Subtheme: Workforce support and development

Keywords: Evidence-based interventions, Implementation, Workforce

RAPID PAPER: Implementation of Triple P in the Czech Republic: The pilot project

Ms Petra Nováková (Ministery of Health, Czech Republic)*

Background: The Triple P—Positive Parenting Program is an evidence-based parenting program aimed at enhancing parental skills and reducing child behavioral problems. In 2021, the Czech Ministry of Health launched a pilot project to implement Group Triple P Program for parents of young children. The project was co-financed by the Norwegian and European funds. This initiative sought to address gaps in parenting support services and mitigate rising mental health concerns among children and parents, exacerbated by the COVID-19 pandemic. The project marked a pivotal step in integrating evidence-based parenting programs into the national healthcare system, fostering family well-being and early intervention practices.

Methods: The Triple P Implementation Framework designed by Triple P International guided the implementation process. Participants included over 700 parents with children aged 0–12, recruited through paediatric clinics, social services, educational and community centers across five regions. Interventions were delivered by trained practitioners via in-person group sessions tailored to accommodate diverse family needs. Data collection involved pre- and post-intervention surveys measuring parental confidence, child behavior, and family functioning. The evaluation of the pilot project used a mixed-methods approach, incorporating quantitative and qualitative analyses to evaluate its feasibility, effectiveness, and acceptability. In-depth interviews with parents and practitioners provided qualitative insights into their experiences. Stakeholder consultations ensured alignment with local contexts and informed adaptations to program delivery while maintaining quality and fidelity.

Findings: Pilot results indicated significant improvements in parental confidence, reduction in parenting-related stress, and enhanced family dynamics among participants. Quantitative analysis showed a significant decrease in ineffective parenting strategies. Laxness dropped in 71% of participants who were in the clinical range before the program started, hostility in 88% and over-reactivity in 78%. There was a 37,5 % decrease in reported child behavioral challenges. Qualitative feedback highlighted high satisfaction rates, with participants appreciating the program's flexibility and relevance to their parenting challenges. Practitioners reported that the training provided them with effective tools to support families and strengthen parent-child relationships. Key barriers included initial parental skepticism about the program's value and logistical issues in accessing sessions, particularly in rural areas. These findings underline the program's potential while emphasizing the need for targeted strategies to improve accessibility.

Implications: This pilot project demonstrates the feasibility of implementing Triple P parenting program in the Czech Republic and its positive impact on family well-being. Policy implications include integrating parenting programs into routine healthcare services and allocating resources for long-term sustainability. Research should explore benefits of the program in diverse populations and evaluating its long-term outcomes. For practice, the findings underscore the importance of culturally sensitive adaptations, comprehensive facilitator training. For the future, increasing the scope of the program implementation and leveraging digital tools may be key to enhance reach and engagement. This project serves as a model for other countries aiming to embed evidence-based parenting programs into public health systems.

Subtheme: Enhancing reach and implementation

Keywords: Evidence-based interventions, Implementation, Population health approaches

RAPID PAPER: "Have open conversations!": Using co-design to develop a family-based healthy screen use intervention for adolescents

Ms Anjana Rajagopal (The University of Queensland)*, A/Prof Asaduzzaman Khan (The University of Queensland), A/Prof Elizabeth Edwards (The University of Queensland), A/Prof Alina Morawska (The University of Queensland)

Background: Excessive recreational screen use among adolescents has raised concerns about its negative effects on physical health, mental well-being, and family dynamics. Existing interventions often fall short of addressing the specific needs of adolescents and their families. This study aims to develop a family-based intervention to promote healthy screen use by actively involving stakeholders in the design process. The study focuses on understanding challenges, identifying strategies, and co-creating practical solutions tailored to Australian families.

Methods: Using a co-design approach adapted from participatory action research, perspectives were gathered separately from key stakeholders: Australian adolescent boys and girls (Grade 7-9), parents, and high school educators (teachers/counsellors). Face-to-face interactive workshops explored lived experiences, challenges, and practical solutions related to adolescent screen use. The workshops were structured around the five phases of Design Thinking – Empathise, Define, Ideate, Prototype, and Test. The first workshop gathered needs and best practices through brainstorming and storyboarding to inform intervention components. The second workshop tested the prototype and refined components based on feedback. Data from discussions and activities were transcribed and analysed using content and thematic analysis.

Findings: Collaborative workshops conducted with adolescents (n = 10), parents (n = 4), and educators (n = 2) revealed several challenges and strategies for managing screen use. In the first workshop, adolescents identified barriers such as distractions, over-reliance on screens, difficulties prioritising tasks, fear of missing out, peer influence, and communication challenges with parents, including generational gaps and parental controls. Parents highlighted trust issues, exposure to inappropriate content, family disconnection, and conflicts around screen-time boundaries. Content and thematic analysis revealed shared needs between adolescents and parents, focusing on mutual understanding and shared agreements. Educators acknowledged the challenges of managing screen use in schools and indicated potential interest in programs supporting students' digital well-being. During the second workshop, participants emphasised the importance of an empathy-driven approach and flexibility to tailor strategies to user needs for the intervention to be effective. Based on their feedback, key intervention components will include educational modules to empower parents and adolescents, and actionable strategies targeting individual, family, and community levels through goal setting, self-monitoring, and positive reinforcement. Modules for adolescents will address balancing digital engagement with hobbies, screen-free social connections, and healthy family conversations. Parenting support modules will focus on fostering connection, building capacity, and role-modeling healthy screen behaviors. Participants preferred a hybrid delivery approach, with in-school sessions for adolescents and online sessions for families, incorporating interactive activities, gamified tools, and short videos featuring quick tips for better user-engagement.

Implications: The findings informed the development of a family-based intervention prototype tailored to address Australian families' screen use challenges in real-world contexts. Involving adolescents, parents, and educators in the co-design process brought stakeholders together and the participatory approach may enhance the intervention's relevance, acceptability, and reach. Overall, the resulting prototype aims to provide families with tools and knowledge to foster mutual trust, healthy communication, and screen-free engagement, which requires field testing to assess its effectiveness and practicality.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Evidence-based interventions, Parenting practices / style, Young people

RAPID PAPER: Parent loneliness, guilt, and shame: Findings from the Parenting Today in Victoria study

Dr Gina-Maree Sartore (Parenting Research Centre)*, Dr Catherine Wade (Parenting Research Centre), Mr Derek McCormack (Parenting Research Centre/RCN), Mr Rob Ryan (Parenting Research Centre)

Background: An area of emerging research interest reflecting on psychological aspects of parenting is gaining increasing attention. While current discourse has acknowledged the importance of considering parents' experiences of loneliness and of guilt and shame associated with their parenting, more research is needed to understand the prevalence and impacts of these internal experiences. Loneliness is increasingly acknowledged as a growing problem that affects the health and wellbeing of adults (Hall et al., 2020). Furthermore, evidence suggests that parental loneliness has direct and intergenerational impacts on parent and child wellbeing (Nowland et al., 2021). Parenting guilt and shame have been linked to depression and anxiety in mothers and fathers (Caldwell et al., 2021; Luthar & Ciciolla, 2015). Some groups of parents are likely to be at higher risk of loneliness, guilt and shame, and each experience may have different causes and give rise to different coping strategies for parents compared to other groups. The associations between loneliness, access to supports, social networks and psychological factors such as parental guilt and shame are not well understood.

Methods: In this presentation we draw on data collected for the 2022 Parenting Today in Victoria survey to explore the extent to which parents report having access to the informal supports they need, and to understand the links to parent mental health and wellbeing. We also examine the prevalence and correlates of parental guilt and shame using this randomly selected group of 2602 Victorian parents of children aged 0–18 years.

Findings: 1 in 6 parents reported struggling with feelings of guilt or shame about their parenting, with mothers more likely to report this than fathers. Parents of children with complex needs were more likely to experience guilt and shame than parents of children without complex needs. Parents who reported struggling with feelings of guilt or shame were: more likely to report psychological distress, worrying and tiredness, and to feel under constant time pressure; more likely to be self-critical; less likely to engage in self-care activities; more likely to report low confidence; more likely to report parenting challenges, including that parenting is more frustrating and demanding and wishing that they were more consistent in their parenting. Parents' thoughts and perceptions about their relationships, their experiences of loneliness, and their psychosocial wellbeing are all intertwined. Any of these factors provide a potential "way in" to addressing the link between loneliness and poor family outcomes.

Implications: We will discuss these findings in the context of our increasing awareness of parental loneliness and the distinction between feelings of loneliness, perception of available support, and actual available support. Future parent surveys will develop these ideas and contribute to the development of parent interventions to address feelings of loneliness, guilt, and shame.

Subtheme: Parenting, child health and development

Keywords: Child wellbeing, Parental wellbeing, Population health approaches

RAPID PAPER: First waka off the pier? How well is Primary Care Triple P working in Aotearoa?

Dr Hiran Thabrew (The University of Auckland)*, Dr Melanie Woodfield (The University of Auckland), Dr Gemma Tricklebank (Oranga Tamariki), Mr Arush Goel (The University of Auckland)

Background: Triple P is among the most rigorously evaluated and widely disseminated example of an evidence-based multi-level parenting support initiative in the world (Gagné et al., 2023). While the Triple P Primary Care (TPPC) version of the programme it has been available in NZ for a number of years, its effectiveness with New Zealand families, especially those of Māori ethnicity, has never formally been evaluated.

Methods: Using real world Triple P primary care data from over 8000 participants, we examined (1) the real-world effectiveness for both Māori and non- Māori participants; (2) participant- and programme-related factors associated with improved effectiveness; and (3) the acceptability of the programme to Māori participants.

Findings: Preliminary results will be presented to demonstrate the effectiveness and acceptability of the Triple P Primary Care programme in an Aotearoa context.

Implications: Given our findings, Triple P Primary Care appears to be a valuable intervention that should continued to be available to the New Zealand public.

Subtheme: Enhancing reach and implementation

Keywords: Parenting practices / style, Process evaluation, Program adaptation

RAPID PAPER: Development and validation of a culturally sensitive responsive parenting assessment tool for Sri Lanka: The study protocol

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Background: Globally, over 200 million children aged under five years fail to reach their developmental potential due to factors such as poverty, malnutrition, inadequate early learning opportunities, and inequities in healthcare services. The concept of "nurturing care" was introduced to help children achieve their full developmental potential through five key components: good health, adequate nutrition, responsive caregiving, security and safety, and early learning opportunities. Evidence highlights responsive care, early learning and security and safety yield significant benefits for child development in practical settings as these areas were below the average in progress out of the five domains. Programs promoting responsive caregiving improve early learning opportunities and have been shown to foster developmental outcomes as well as safe and secure environments for children. Responsive parenting, a critical tool for nurturing care, enhances early learning, child survival, and safety, addressing fundamental goals for optimal development. Responsive parenting programs have proven effective in fostering optimal development in children. However, culturally sensitive and well-designed tools are needed to measure responsive parenting in different contexts, enabling targeted interventions to enhance parenting practices. This study aims to develop and validate a tool in the Sinhala language to assess responsive parenting in the Sri Lankan setting.

Methods: The proposed study will be conducted in two phases. In phase I, in-depth interviews will be conducted with experts on parenting and a purposive sample of 10-12 healthcare providers involved in infant and young childcare to explore their perceptions of responsive parenting within Sri Lanka's socio-cultural context. Insights from this phase, combined with relevant literature, will guide the development of a culturally specific tool in Sinhala to assess responsive parenting among Sri Lankan mothers. The judgmental validity of the new tool will be confirmed by the process of item generation and assessing cognitive validity in a sample of mothers of children under two years. Construct validity of the tool will be appraised by demonstrating appropriate positive or negative correlations with expected magnitude ($r > 0.3$) between the scores of the new tool and two other validated instruments assessing maternal parenting competencies and the level of Perceived Stress. The factorial validity of the tool will be assessed using exploratory factor analysis. The reliability of the new tool will be confirmed by demonstrating acceptable internal consistency (Cronbach's alpha ≥ 0.7). Test-retest reliability of the tool will be established by demonstrating the absence of significant differences between test and re-test scores in a sub-sample of participants.

Findings The findings will include a scrutinized item list derived from literature and themes emerging from the qualitative study, based on which a new self-administered tool will be developed and validated to assess responsive parenting among mothers of children under two years in Sri Lanka.

Implications: This culturally sensitive, self-administered tool can be integrated into Sri Lanka's well-established maternal and child health program, where over 97% of pregnant women are registered for routine care. The high literacy rate (>99%) among mothers would further enhance the feasibility of implementing responsive parenting assessments. By identifying gaps in parenting practices, this tool will facilitate targeted interventions, promote responsive parenting practices, and contribute to optimal child growth and development. Its cost-effectiveness and scalability would make it a valuable model for other resource-constrained settings.

Disclosure: This project doesn't have a founder yet ,but i personally believe this will a need in our society

Subtheme: Demonstrating change and impact

Keywords: Measurement, Parenting practices / style

RAPID PAPER: Effect of single-caregiver households in poverty on the response to parenting and family strengthening in Rwanda

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Background: The evidence indicates that community interventions focused on parenting and family strengthening in poor households enhance caregivers' parenting behaviors, which in turn improve child growth and development. Conversely, poor single caregivers often experience more pronounced parenting stressors that adversely affect children's growth and development than those in households with multiple caregivers. This study evaluated the responsiveness of both single and dual caregiver households to the Sugira Muryango intervention, specifically examining the effect of single caregiving on children's growth and development, dietary diversity, and care-seeking behavior.

Methods: We conducted a secondary analysis of longitudinal data collected during the Cluster-Randomized Trial phase of the Sugira Muryango intervention. We reviewed the baseline and follow-up data 18 months later. A linear mixed-effects model (LMM) was used to analyze data on children nested within households and clusters, integrating fixed effects for time points, caregiving type, and their interactions. Random intercepts for households and clusters addressed the data structure. Mixed-effects logistic regression was used for categorical outcomes.

Findings: From baseline to endline, the average age of the children increased from 21.5 to 37 months and their weight increased from 10.2 kg to 12.7–12.9 kg. There was no significant relationship between household type and weight gain (OR: 0.90; 95% CI: 0.50–1.61). Multilevel analysis showed no significant influence of caregiver type on weight gain (p=0.64) or other growth outcomes (WAZ, HAZ, and WHZ) (p=0.46, 0.28, and 0.95, respectively). Care-seeking behavior for diarrhea, fever, and cough did not differ significantly between household types (p=0.68 and 0.28, respectively). ASQ scores analysis also showed no significant influence of caregiver household type on child development across five domains: communication (p=0.53), gross motor (p=0.84), fine motor (p=0.59), problem-solving (p=0.26), and personal-social (p=0.15). Additionally, caregiver type did not influence the change in the number of food items consumed by children from baseline to endline (p=0.50).

Implications: Sugira Muryango intervention was equally effective in promoting child growth, development, food diversity, and care-seeking behavior in both single and dual caregiver households. The design addresses diverse caregiver needs, making it a model for community-based programs. Policymakers should support and expand similar initiatives by integrating Sugira Muryango principles into broader parenting and family support policies to effectively benefit all households.

Subtheme: Parenting support for diverse family needs

Keywords: Child and family adversity, Child physical health, Early childhood, Evidence-based interventions, Intervention outcomes

RAPID PAPER: Kids First Australia

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Background: Kids First were funded by the Victorian Department of Families, Fairness and Housing (DFFH) to develop and implement an Early Help model. The model provides evidence-based, inclusive early help to families, aiming to improve child outcomes and reduce the need for intensive family and statutory services. Key services include: - individualised short term parent coaching - support to navigate and connect to specialist services - evidence-based parent education - community activation e.g., connecting parents to informal supports Kids First engaged Murdoch Children's Research Institute (MCRI) to evaluate the implementation of the Early Help model and to understand the short-term impact.

Methods: In early 2021, Kids First, in partnership with Mitchell Shire Council, conducted a "deep dive" into the community's lived experiences through interviews with diverse range of community members. This research uncovered five key client personas and journeys, and highlighted six areas for change: community building, the power of playgroups and kindergartens, waitlist weariness, unique family, unique needs, one point of contact, and financial snowballing. These insights led to the development of the Kids First Early Help model, designed to address these challenges and leverage evidence-based programs to strengthen community capacity and provide more accessible, culturally supportive, and timely services. A similar process was undertaken in the City of Whittlesea with very similar findings. These regions were selected for the implementation of the Early Help model due to experiencing significant population growth. Between 2022 and 2024, MCRI conducted a formative evaluation of the Early Help model, focusing on its implementation, emerging impact and refining the program logic.

Findings: Evaluation findings showed that four key interventions are embedded in both locations, while two interventions required additional implementation support. The model's design was found to be robust, including features associated with positive, sustainable outcomes for families, like addressing core care conditions for children and families, working in partnership with families, seeking to collaborate with other services, and providing opportunities for social connection within the community.   In response to identified community needs, in Mitchell Shire, a support group for the East Asian community was developed that is now being self managed. In Whittlesea, Early Help facilitates "Harmony Storytime", combining bi-lingual story time for children and families, with health and wellbeing activities for parents and carers. Preliminary evidence indicates positive short-term outcomes, such as increased family awareness of available parenting supports, a willingness to engage with services, and increased awareness of parental needs.

Implications: Evaluation findings were used to influence practice and policy. In terms of practice, Kids First used the findings throughout the evaluation period to continually improve the implementation of the Early Help model. Kids First's also used their practice learnings to improve implementation. In addition to implications for practice, the evaluation identified other recommendations, which related to sustainment of the model, specification of the model and future monitoring, evaluation and learning. Findings from the implementation of the Early Help model were also shared with DFFH, as a means of informing broader policy in the area of parenting and family support.

Disclosure: Early Help is funded by the Victorian Department of Families , Fairness and Housing. Kids First Australia commissioned Murdock Children's Research Institute to evaluate the Kids First Australia's Early Help model.

Subtheme: Prevention and early intervention

Keywords: Child and family adversity, Program evaluation

RAPID PAPER: Parental stress among parents to children with and without developmental disabilities at time of global crisis

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Background: Parental stress during crises varies significantly between groups, with parents of children with developmental intellectual disabilities (DID) experiencing heightened challenges. These parents face unique stressors, including caregiving demands, stigma, and limited access to support systems, particularly within Arab society in Israel. The COVID-19 pandemic amplified these difficulties by disrupting daily routines and diminishing essential services, further straining families.

Methods: This study investigated differences in stress levels between parents of children with DID and parents of typically developing children. A mixed-method design was employed, involving 276 Arab parents from the suburbs of Haifa, Israel: 116 parents of children with DID aged 7–21 and 160 parents of typically developing children aged 7–12. Data were collected using the Parenting Stress Index-Short Form (PSI-SF), which assessed three domains of stress: parental distress, nonfunctional interactions, and child difficulties. A mixed ANOVA was conducted to analyze the data.

Findings: The results revealed significantly higher stress levels among parents of children with DID across all three domains. Stress was most pronounced in the areas of nonfunctional parent-child interactions and child difficulties. These findings reflect the unique caregiving challenges associated with DID, such as managing behavior, addressing developmental needs, and coping with social stigma. Gender differences were observed, with fathers reporting higher stress levels compared to mothers. The pandemic exacerbated stress by limiting access to therapies and imposing additional caregiving demands due to school closures and social distancing measures.

Implications: This study underscores the need for comprehensive, culturally sensitive interventions to support parents of children with DID, particularly during global crises. Policymakers should integrate parental support into emergency response frameworks, ensuring accessible mental health services and tailored caregiving resources. Programs such as virtual peer support groups, mobile applications for stress management, and professional counseling should be prioritized. Furthermore, this research emphasizes the importance of developing culturally tailored services for Arab parents, addressing societal stigma and gaps in available resources. Community-based support systems should be enhanced to provide both practical and emotional assistance, ensuring that families can effectively navigate caregiving challenges. From a global perspective, international frameworks such as the UN Convention on the Rights of Persons with Disabilities (CRPD) highlight the need for equitable family support systems. These findings align with global priorities and suggest that future emergency response strategies should prioritize the needs of parents of children with disabilities to improve family well-being. Conclusion The study contributes to a deeper understanding of the elevated stress levels experienced by parents of children with DID in the Arab community in Israel during the COVID-19 pandemic. It highlights the critical need for interventions that address both cultural and contextual factors, ensuring that families have the resources and support necessary to manage stress effectively. Future research should explore longitudinal impacts and develop innovative strategies to support parents in times of crisis

Subtheme: Parenting support for diverse family needs

Keywords: Parent-child relationship, Parental wellbeing, Parent mental health

RAPID PAPER: 'Overcoming Indebtedness': Parental migration, grandparents as the primary caregiver for children among the Bhil Indigenous Community— Formative Qualitative Study in rural central India

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Background: Extant studies suggest that children are being impacted by large-scale labour-out migration of their parents. In India, parental migration is common amongst the Indigenous populations, often leaving children behind. These children face significant challenges, including poor health outcomes, disruption in parent-child attachment, and limited nurturing care environments in their formative years. This study explores the socioeconomic adversities and cultural factors driving parental labour migration, changes in caregiving experiences, and its impact on early child development (ECD) within the Bhil Indigenous community of Jhabua district, in central India. This work aims to inform the design of a contextually tailored ECD intervention.

Methods: We used qualitative research approaches to investigate perceptions of early childhood caregiving and parenting, as well as the challenges and enablers, within the Bhil indigenous communities living in the hilly tracts of Vindhyas range, in western Madhya Pradesh. Data was collected in October and November 2024. We conducted two key-informant interviews (KIIs) with the Community Health Officer (CHO) and Child Development Program Officer (CDPO), along with focus group discussions (FGDs): four with grandparents, and one each with fathers, mothers, and community health workers. Using purposive sampling, a total of 53 respondents were recruited from four villages, and Informed consent was obtained from all participants. Data were analyzed following inductive thematic analysis using MAXQDA software. The key informant interviews (KIIs), lasting 45-60 minutes, were conducted at respective health facilities. The focus group discussions, each lasting 60-90 minutes, were held in community settings within the participants' households.

Findings: The Bhil traditionally engage in subsistence agriculture on marginal landholdings. However, declining land productivity, increasing farming-capital investment and unsustainable yields, coupled with the Bhil cultural practices such as the payment of 'bride price', have resulted in significant extractive informal debts. These economic exigencies have forced parents to migrate to neighboring states as a strategy to repay debts in most Bhil households. Grandparents and elder siblings' step in to play a pivotal role in caring for young children who are left behind. One parent shared, "When we return home after being away for work, my child often forgets us and struggles to recognize us as their parents, and it takes time to rebuild that sense of familiarity and connection". Remittance from migrating parents brings economic benefits but leaves children experiencing repeated separations and brief reunions. Grandparents, often burdened by farming and household tasks, struggle to provide consistent nurturing early learning environments. As a result, these children frequently face challenges with self-confidence and academic performance in school.

Implications: Sensitive and responsive caregiving skills with exposure to opportunities for early learning could support optimal child development in the Bhil community where parent be missing due to the necessity of economic migration. However, any intervention must be sensitive to and reflect the rich cultural heritage of the local Indigenous community, leveraging their strengths, traditional knowledge, and linguistic diversity. To achieve this, messages could be standardized and delivered through video-based content, co-designed and developed through participatory methods to ensure cultural relevance and community ownership.

Subtheme: Parenting support for diverse family needs

Keywords: Child and family adversity, Cultural diversity, Early childhood, Parent-child relationship, Population health approaches