I-CEPS

International Congress
on Evidence-based
Parenting Support

www.i-ceps.pafra.org
6–8 June, 2023

International Congress on Evidence-based
Parenting Support
2023

Book of Abstracts

Table of Contents

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Welcome from the Scientific Chairs

A/Professor Karen Turner
Parenting and Family Support Centre, School of Psychology, The University of Queensland, Australia

Professor Suzanne Kerns
The Kempe Center for the Prevention and Treatment of Child Abuse & Neglect, University of Colorado, USA

It is with great pleasure that we welcome you to the first International Congress on Evidence-Based Parenting Support this June, 2023. This Congress was envisioned and spearheaded by Professor Matthew Sanders and brought to fruition by a multinational group of dedicated individuals who all share a common belief that evidence-based parenting support is an integral part of creating a better world for children. We are in awe of the diversity of work that is happening globally and are honored to have such tremendous representation from across the world. The number, quality and diversity of abstracts we received for this inaugural Congress is testament to the importance of this area and the interest in developing global connections.

The Congress includes over 240 different presentations (keynote and invited speakers, panels, symposia, papers, workshops and posters), and 6 post-Congress masterclasses will also be on offer. To help you decide what to attend, presentations are sorted across seven different key themes: 1) A global perspective on evidence-based parenting support; 2) The impact of parenting on child and family wellbeing; 3) Improving outcomes of parenting programs for hard to reach and vulnerable families; 4) Flexible service delivery in diverse caregiving contexts; 5) Implications of implementation science for evidence-based parenting support; (6) Future directions of parenting support; and (7) Child maltreatment and adversity.

We have many ways to support your engagement throughout the Congress, including spaces for dialogue, opportunities to chat with presenters, and spaces to provide thoughts and inspiration. We have asked our speakers to pre-record their presentations to ensure we could adequately include those participants for whom the internet is not reliable and also to enable participation in your home time zones.

You will note opportunities to consider developing or participating in Action Circles as a post-Congress opportunity. These Action Circles will provide structure to collaborate with others who are addressing some of the most pressing challenges in providing evidence-based parenting support, including those challenges experienced by practitioners, policy makers and researchers.

We invite you to participate in the I-CEPS evaluation. This is our opportunity to learn more about your experience of the Congress so we can identify the ways in which it was successful in helping support information sharing and action, and ideas for improving the process in the future.

We conclude with heartfelt gratitude for the dedication of everyone who has made this Congress possible, including those who supported the abstract reviewing, scientific program development, on-line programming experiences, communication, and evaluation. Further, we could not be here without the generous contributions of our sponsors. We invite you to learn about each of them as you experience the Congress as they are all working to support families in different ways across the globe.

Have a wonderful time at I-CEPS 2023!

Welcome from the Convenor

Professor Matthew R. Sanders
Parenting and Family Support Centre, School of Psychology,
The University of Queensland, Australia

On behalf of the Board of Parenting and Family Research Alliance (PAFRA), the host organization for the Inaugural International Congress on Evidence-based Parenting Support (I-CEPS) and the International Steering Committee, I am delighted to welcome you as a participant to ICEPS 2023.

The Congress brings together researchers, program developers, policymakers, practitioners, and other stakeholders who are aware of the critical importance of parenting and family life to the mental health, resilience, and wellbeing of children and young people. The Scientific and Organising Committees have done a fabulous job in bringing together a first-rate three-day program involving a very broad range of topics and issues related to how we as a global community, promote evidence-based parenting support across all phases of development.

Of all the potentially modifiable risk and protective factors related to the mental health and wellbeing of children and the prevention of child maltreatment and mental health problems, none are more important than raising healthy children in a safe, caring, and supportive environment where all parents and carers have the knowledge, confidence and skills they need to become the kind of parent they aspire to be. When this international Congress was first mooted two years ago it was clear that in most countries, ensuring access to evidence-based parenting support was rarely a public policy priority.

Good parenting is the "clean water" of children's mental health, resilience, and wellbeing. We hope that I-CEPS becomes a catalyst for change and social impact to improve the lives and prospects of the future generation. We expect our speakers will inspire meaningful positive, collective action so that high-quality, culturally informed, evidence-based parenting support for all families around the world becomes a reality and a policy priority. For the past two years the Parenting and Family Research Alliance (PAFRA) and the many I-CEPS planning committees have worked tirelessly to bring together diverse perspectives on parenting so that collective action can evolve.

Finally, I hope that the Congress experience is a professionally productive and personally rewarding one. It has the lofty aspiration of enabling participants to take effective local action to elevate the importance of the parenting role in society so that evidence-based parenting support helps to address the contemporary lives of parents and their families.

Program at a Glance

2023 INTERNATIONAL CONGRESS ON EVIDENCE-BASED PARENTING SUPPORT
PROGRAM AT A GLANCE

TUESDAY JUNE 6th 2023 – Day 1

Session length

BLOCK 1 (95 mins)

| 35 mins | WELCOME AND CONFERENCE OPENING |
| 60 mins | **KEYNOTE ADDRESS 1** — Leveraging advances in science to re-envision the future of evidence-based family support — *Professor Jack Shonkoff* |

10 MIN BREAK

BLOCK 2 (95 mins)

| 30 mins | **INVITED ADDRESS 1** — Challenges and opportunities to support parents with young children: Global perspectives — *Ms Sheila Manji* |

| 60 mins | **A1** Impact of Parenting Symposium — 143 King | **B1** Vulnerable Families Symposium — 116 Price | **C1** Global Perspectives Symposium — 58 Khalid | **D1** Implementation Science Symposium — 226 Arbour | **E1** Diverse Service Contexts Symposium — 182 St George | **F1** Future Directions Symposium — 191 Kabwe | **G1** Child Maltreatment and Adversity Symposium — 196 Roach | **H1** Implementation Science Workshop — 93 Sherrill | **I1** Future Directions Panel — 524 Honisett |

20 MIN BREAK

BLOCK 3 (125 mins)

| 60 mins | **KEYNOTE ADDRESS 2** — Affirming diversity: Multicultural collaboration to deliver the Incredible Years (IY) Programmes to promote children's wellbeing — *Professor Carolyn Webster-Stratton* |

| 60 mins | **A2** Impact of Parenting Symposium — 66 Dittman | **B2** Vulnerable Families Symposium — 98 Cain | **C2** Global Perspectives Symposium — 201 Winkelman | **D2** Implementation Science Symposium — 19 Jimenez | **E2** Diverse Service Contexts Symposium — 195 Kirby | **F2** Future Directions Symposium — 44 Whittingham | **G2** Child Maltreatment and Adversity Symposium — 544 Gullicksrud | **H2** Vulnerable Families Workshop — 161 Gibbons | **I2** Implementation Science Symposium — 134 Miller |

10 MIN BREAK

BLOCK 4 (95 mins)

| 30 mins | **INVITED ADDRESS 2** — Parental discipline strategies in the age of child mental health, attachment, and trauma: A contemporary look at time-out — *Professor Mark Dadds* |

| 60 mins | **A3** Impact of Parenting Paper Session — 25 Lee, 232 Maranga, 15 Karabanov, 64 Hui | **B3** Vulnerable Families Symposium — 145 Howe | **C3** Global Perspectives Symposium — 31 La Monica | **D3** Implementation Science Symposium — 24 Aldridge | **E3** Diverse Service Contexts Symposium — 214 Gerwitz | **F3** Future Directions Symposium — 16 Baumel | **G3** Child Maltreatment and Adversity Paper Session — 212 Blackwell, 172 Ogutu, 211 Spacek | **H3** Impact of Parenting Workshop — 208 Speetjens | **I3** Vulnerable Families Symposium — 240 Pariz |

WEDNESDAY JUNE 7th 2023 – Day 2

Session length

10 mins	**CONFERENCE OPENING**	**BLOCK 1** (95 mins)
60 mins	**KEYNOTE ADDRESS 3** — *Professor Rinad Beidas* — Harnessing implementation science to transform health and healthcare delivery: Implications for Evidence-based family support	

45 mins

A4	B4	C4	D4	E4	F4	G4	H4	I4
Impact of Parenting Paper Session	Vulnerable Families Symposium	Global Perspectives Paper Session	Implementation Science Paper Session	Diverse Service Contexts Paper Session	Future Directions Paper Session	Child Maltreatment and Adversity Paper Session	Future Directions Workshop	Diverse Service Contexts Symposium
96 Bennett	200 Mazzucchelli	185 Rattazzi	183 Kan	85 Kerns	141 Burns	219 Arruabarrena	194 Ko	150 Cann
101 Nicholson		178 Hafferjee	122 Barker	110 Ebrahim	55 Baker	72 Fogarty		
220 Kalkusch		230 Salari	163 Rafia	234 Holtrop	222 Jahanpour	175 Mathijs		

10 MIN BREAK

60 mins	**KEYNOTE ADDRESS 4** — *Professor Hirokazu Yoshikawa* — Impacts of a remote early learning program implemented by Syrian caregivers in Lebanon on child development: implications for SDG 4.2 and humanitarian contexts

BLOCK 6 (60 mins)

20 MIN BREAK

BLOCK 7 (105 mins)

40 mins	**PANEL DISCUSSION** — The challenge of addressing children's mental and physical health via integrated parenting support strategies — *Panel discussion with Professor Michael Beets, A/Professor Dan Cooper, A/Professor Nada Goodrum and Professor Julie Lumeng, chaired by Professor Ron Prinz*

60 mins

A5	B5	C5	D5	E5	F5	G5	H5	I5
Impact of Parenting Paper Session	Vulnerable Families Paper Session	Global Perspectives Symposium	Implementation Science Symposium	Diverse Service Contexts Symposium	Future Directions Symposium	Child Maltreatment and Adversity Symposium	Vulnerable Families Workshop	Future Directions Panel
43 McCredie	239 Ponnapalli	91 Romano	75 Harrison	142 Arnone	117 McCormack	160 Baker	11 Woodfield	545 Bahmani
106 Biransesha	95 Bennetts							
100 Bateman	206 Sattar							
59 Sarkadi	54 Papageorgopoulou							

10 MIN BREAK

BLOCK 8 (125 mins)

60 mins	**KEYNOTE ADDRESS 5** — *Professor David Olds* — Nurse-Family Partnership: Promoting the health and development of women and children with prenatal and early childhood home-visiting by nurses

60 mins

A6	B6	C6	D6	E6	F6	G6	H6	I6
Impact of Parenting Paper Session	Vulnerable Families Symposium	Global Perspectives Symposium	Implementation Science Symposium	Diverse Service Contexts Symposium	Future Directions Symposium	Child Maltreatment and Adversity Symposium	Diverse Service Contexts Workshop	Global Perspectives Symposium
99 Mirhashem	139 Dolbin-Mcnab	34 Day	119 Eisenberg	56 Liu	10 Morawska	80 Haslam	238 Murray	147 Havighurst
233 Akurut								
8 Lavenda								
29 Stracke								

THURSDAY JUNE 8th 2023 – Day 3

Session length	A	B	C	D	E	F	G	H	I
BLOCK 1 (95 mins)									
10 mins	CONFERENCE OPENING								
45 mins	KEYNOTE ADDRESS 6 — Early child development and human capital: The need for integrated strategies for health and development — *Professor Zulfiqar Bhutta*								
45 mins	**A7** Impact of Parenting Paper Session — 90 Vincent, 86 Cowan, 224 Fairchild	**B7** Vulnerable Families Paper Session — 18 Casado, 21 Tango-Limketkai, 6 Strawa	**C7** Global Perspectives Paper Session — 148 Dumbaugh, 132 Leivo, 133 Miller	**D7** Implementation Science Paper Session — 118 Love, 144 O'Connor, 114 Carter	**E7** Diverse Service Contexts Paper Session — 181 Ponnapalli, 62 Wessell, 37 Pinchover	**F7** Future Directions Paper Session — 199 Vilches, 198 Wong, 48 Hickey	**G7** Child Maltreatment and Adversity Papers — 146 Morris, 113 Highlander, 157 Jung	**H7** Child Maltreatment and Adversity Workshop — 115 Riche	**I7** Future Directions Panel — 529 Hogan
10 MIN BREAK									
30 mins	INVITED ADDRESS 3 — Making emotion-focused and attachment parenting programs accessible in this brave new online world — *Professor Sophie Havighurst*								
BLOCK 10 (85 mins) 45 mins	**A8** Impact of Parenting Paper Session — 180 Bhopti, 108 Littman, 229 Wippick	**B8** Vulnerable Families Symposium — 77 Chainey	**C8** Global Perspectives Paper Session — 218 Vanheynigen, 210 Sabet, 65 Smythe	**D8** Implementation Science Symposium — 237 Brown	**E8** Diverse Service Contexts Paper Session — 186 Cobham, 109 Ebrahim, 171 Iranthika	**F8** Future Directions Symposium — 154 McWilliam	**G8** Child Maltreatment and Adversity Symposium — 68 Kohlhoff	**H8** Impact of Parenting Workshop — 129 Donovan	**I8** Future Directions Workshop — 46 Whittingham
20 MIN BREAK									
BLOCK 11 (95 mins) 60 mins	KEYNOTE ADDRESS 7 — Scaling-up Treatment Foster Care Oregon and KEEP: Balancing cultural adaptations and model fidelity — *Dr Patti Chamberlain*								
30 mins	INVITED ADDRESS 4 — Pre-emptive therapy for autism: A new and effective clinical pathway — *Professor Andrew Whitehouse*								
10 MIN BREAK									
BLOCK 12 (130 mins) 45 mins	**A9** Impact of Parenting Paper Session — 227 Bateta, 190 Campbell, 60 Williams	**B9** Vulnerable Families Symposium — 184 Leonard	**C9** Global Perspectives Symposium — 83 Westheimer	**D9** Implementation Science Paper Session — 159 Littman, 88 Stockton, 137 Guyon-Harris	**E9** Diverse Service Contexts Symposium — 156 Tully	**F9** Future Directions Paper Session — 176 Kim, 13 Hokke, 42 Mallawaarachi	**G9** Child Maltreatment and Adversity Paper Session — 2 Rudolph, 28 Bruhl, 205 Eslek	**H9** Impact of Parenting Workshop — 35 Travers	**I9** Implementation Science Brief Paper Session — 5, 187, 111, 193
60 mins	KEYNOTE ADDRESS 8 — Evidence-based parenting and family intervention for all families, and the promotion children's mental health and wellbeing across the lifespan: Progress, challenges and future directions — *Professor Matthew Sanders*								
20 mins	CONFERENCE CLOSE								

POSTERS (Open all day)

57	Allen	Supporting parents and children by providing Playsteps Parent Child Interaction Playgroup via telehealth
169	Antonia Vázquez	Global perspectives on supporting evidence-based parenting: Cultural adaptation and contextual adjustment of evidence-based programs
221	Arruabarrena	Prevention of child neglect: Results of the pilot implementation of the Safecare program in Spain
155	Barker	Supporting parents to engage with their child's learning
32	Brathwaite	Healing the past through birthing the future
30	Byrne	Evaluation of programmes under the positive parenting initiative in Spain
149	Carl	Empowering parents and educators to identify children and young people at risk of, or currently experiencing mental health problems
67	Chainey	Supporting the next generation of parenting and family science professionals
76	Chainey	Teens still need their parents! Exploring the continued importance of parenting for adolescent wellbeing
197	Cheong	The complexities of parenthood for families with children diagnosed with vision impairment
89	Crimon	Promoting early linguistic competency: A daycare intervention study
47	Dahake	Online parent mediated home based intervention for children with autism in during COVID-19 pandemic: Caregiver's experience
177	Dawson	The role of maternal CU traits, depression, and parenting practices in clinic-referred young children with conduct problems and high CU traits
33	Diprossimo	Child language development in a digital ecology: Developing guidelines for caregivers and educators
126	Donovan	Mind the Family: Mindfulness and imagery enhanced behavioural parent training
82	Doyle	Evaluation of Fear-less Triple P in Ireland
217	Eldeeb	What is engagement? A comprehensive framework to reconceptualize engagement in evidence-based parenting programs
53	Flanagan	Gender transformative parenting without violence
73	Fogarty	A mixed-methods feasibility study of the Home Parenting Education and Support Program for families at risk of child maltreatment and recurrence in Australia
69	Gonzalez	Global initiatives in parenting and family research: The case of a collaborative alliance between Australia and Chile
61	Haug	A new measurement feedback system (MFS) for parenting groups: How can the "MittEcho" app improve outcomes?
50	Herrera Collado	Families of people with autism spectrum disorder: Relationship between mindful attention and perception of family quality of life
112	Hulks	Feasibility of a new parent-toddler programme to support toddlers with a family history of autism/ADHD to develop strong attention, regulation and thinking skills (START)
36	Iglhaut	Evaluation of a web-based information portal on youth depression and youth mental health in parents
107	Jewell	Bringing Up Great Kids: An international language for promoting well-being and health through reflective parenting support
38	Jiménez	Effectiveness and implications of training mindfulness coping strategies on parenting
125	Josephine	Associations between paternal versus maternal parenting behaviors and child and adolescent internalizing problems: A systematic review and meta-analysis
213	Kamenski	Socio-cultural and linguistic adaptations to the World Health Organization's Caregiver Skills Training pre-pilot program in Bulgaria
235	Katsoty	The long shadow of prenatal symbolic parenting: Disentangling parent and child influences on child mental health outcomes
167	Kehoe	Engaging hard to reach parents and carers
173	Kibaya	Sharing experience on how polygamy affecting effective parenting in Nabuti Villages
135	Kunovski	Efficacy of the ParentChat parenting programme in reducing child maltreatment during the COVID-19 pandemic in North Macedonia: A mixed-method pilot evaluation
174	Kunovski	Supporting parenting in times of crisis: COVID-19 parenting in North Macedonia
179	Kunovski	Examining potential individual and family risk factors of childhood anxiety in North Macedonia
9	Lin	Emotion regulation mediates the relationship between parental factors and child/adolescent internalising symptoms: A meta-analysis
7	Ling	Foster families from 'foster carer' to 'foster family'
158	Littman	Risk of harm in research with vulnerable families: Lessons from family strengthening research in Rwanda and Sierra Leone

164	Lönnberg	A safe bridge: Parents' experiences of an antenatal visit being part of an extended home visiting program in disadvantaged areas
188	Ma	Strengthening the training and implementation of evidence-based parenting support programs: An example of the Triple P – Positive Parenting Program
203	Maleku Amatya	Parent training an effective medium to provide early intervention through trained parents for children with Autism in LMIC like Nepal
84	McBryde	Raising Voices: Can Group Triple P improve language outcomes for late-talking toddlers?
162	Nabukeera	Associations of parental sickness absence with academic performance among adolescents: A longitudinal study in Sweden
231	Noel	Influencing Parents: A netnographic analysis of parenting education and support content on Instagram.
52	Ogrean	Strengthening the healthy adult mode in parents: the REThink Parenting online program for the prevention of emotional disorders in children
20	Opie	My Early Relational Trust-Informed Learning (MERTIL) for Parents: A study protocol for a brief, universal, online, preventative parenting program to enhance relational health
14	Passaquindici	From inner to dyadic connection: effect of a mindfulness-based intervention on mother-infant behavioral and physiological dyadic synchrony
140	Peyton	Co-designing an online 'one-stop-shop' (FindWays) for parents to support their child with mental health concerns
223	Piccolo	Cultural adaptation and feasibility study of the implementation of an evidence-based parenting program in Brazil: the Video Interaction Project
23	Pinto	Improving outcomes of an individual format parenting program for vulnerable families: The use of flexible implementation in real-world settings
97	Powell	In loco Parentis. An exploration of the experiences and needs of kinship carers in formal and informal kinship care families: A life course paradigm
241	Powers	The development of a dissemination and implementation toolkit to address adverse childhood experiences with parents and caregivers
192	Richmond	Parents' perception of a voice assistant for their children's mental health: Usability study
104	Ryan	Parent burnout: Direct and indirect associations with child symptomology and parenting behaviours
39	Sajjad	Perceived parental support and psychological wellbeing of adolescents: Role of self-esteem
40	Sajjad	Perceived differential parenting and sibling relationships in adolescents: Moderating role of birth order
103	Sherker	Restacking the odds: Using data to drive equitable parenting support
152	Shonk	Enhancement of emotion-focused parenting skills to support the wellbeing and resilience of children following a natural disaster
228	Sigmarsdóttir	How to sustain fidelity long term when implementing evidence-based parenting programs: The case of GenerationPMTO
170	Siqueira	The challenge of evaluating early childhood programs: a proposal for a Brazilian program
216	Strehlke	First impression counts: Determinants of trust in an evidence-based parenting app
209	Stuart	Parental engagement in evidence-based parenting programs: A protocol for a scoping review of the concept and its characteristics
131	Tainsh	Learning from different cultures and contexts: Implementing Mellow programmes internationally
71	Toh	Exploration of the neighbourhood safety perceptions of low-income Singaporean families in public rental housing and purchased public housing
153	Toumbourou	Building relationships to collaboratively engage vulnerable places in effective parenting and family programs
120	White	A blended in-person and online approach to pre-service training for resource parents
236	Young	Reaching the hard to reach: Soft-edged integrated service delivery

MASTER CLASSES

Professor Sharon Dawe and A/Professor Paul Harnett	Dr Marion S. Forgatch and Laura A. Rains	Professor Sophie Havighurst
Parenting, emotional regulation and substance use: Investigating the process of change (Parents under Pressure)	*The art and science of GenerationPMTO: Engaging parents in the learning process*	*Tuning in to Kids: How does an emotion-focused parenting program work in different countries?*

Professor Scott Hengeller and Brenda Szumski	Professor Matthew R. Sanders	Professor Beth Stormshak
Updates on the latest research and developments related to Multisystemic Therapy (MST)	*Promoting parental self-regulation through the Triple P – Positive Parenting Program*	*The Family Check-Up Model of prevention in a new era of service delivery*

Keynote and Invited Speakers

KEYNOTE ADDRESS 1

Professor Jack Shonkoff

Center on the Developing Child at Harvard University, Harvard Medical School, Boston Children's Hospital, Massachusetts General Hospital, USA

Jack P. Shonkoff, MD, is the Julius B. Richmond FAMRI Professor of Child Health and Development at the Harvard Chan School of Public Health and Harvard Graduate School of Education; Professor of Pediatrics at Harvard Medical School and Boston Children's Hospital; and Founding Director of the university-wide Center on the Developing Child at Harvard. He chairs the National Scientific Council on the Developing Child, whose mission is to bring credible science to bear on public policy affecting young children, and the JPB Research Network on Toxic Stress, which is developing new measures of stress effects and resilience in young children. He has received multiple honors, including elected membership to the National Academy of Medicine (USA), the C. Anderson Aldrich Award in Child Development from the American Academy of Pediatrics; the Award for Distinguished Contributions to Public Policy for Children from the Society for Research in Child Development, and The Lego Prize. He has authored more than 180 publications.

Leveraging advances in science to re-envision the future of evidence-based family support

Professor Carolyn Webster-Stratton

University of Washington, USA

Carolyn Webster-Stratton, MS, MPH, PhD, Professor Emeritus at the University of Washington, is a licensed clinical psychologist and pediatric nurse practitioner, and the founder of the Incredible Years Series for Parents, Children, and Teachers. She has conducted numerous RCTs to evaluate the effectiveness of programs for promoting social and emotional competence, school readiness skills and preventing conduct problems in high-risk populations. She has also evaluated teacher, parent and child treatment programs for children diagnosed with oppositional defiant disorder, conduct disorder and ADHD. The Incredible Years programs have been delivered in more than 24 countries, in 10 languages. Dr. Webster-Stratton has published numerous scientific articles and chapters as well as books for parents, teachers, therapists and children. She has received the National Mental Health Lela Rowland Prevention Award; National Mental Health Research Scientist Award; Dale Richmond/Justin Coleman Lectureship Award from the American Academy of Pediatrics; Trailblazer Award from Association for Behavioral and Cognitive Therapies; Distinguished Career Award from APA Society of Clinical and Adolescent Psychology, and a Doctor Honoris Causa from the Université de Sherbrooke.

543

Affirming diversity: Multicultural collaboration to deliver the Incredible Years (IY) programmes to promote children's wellbeing

This presentation will provide an overview of IY program delivery, with an emphasis on the concept of affirming diversity. I will discuss what is encompassed in transporting IY programs to different cultural groups and countries, including assuring quality translations of parent handouts. With the aim of enhancing understanding of what constitutes an evidence-based program, I will review different IY parent programs as exemplars, and summarize research outcomes in terms of how they promote children's wellbeing. This presentation will also provide an overview of the important components of IY program implementation and how it is tailored with fidelity to different cultural groups. To do this, video vignette examples will be shared, demonstrating tailoring of program delivery to promote children's wellbeing.

KEYNOTE ADDRESS 3

Professor Rinad Beidas
Feinberg School of Medicine, Northwestern University, USA

Rinad S. Beidas, is Chair and Ralph Seal Paffenbarger Professor of Medical Social Sciences at the Feinberg School of Medicine at Northwestern University. Her research leverages insights from implementation science and behavioral economics to help clinicians, leaders, and organizations to use best practices to improve the quality and equity of care and enhance health outcomes. She works across areas including mental health, firearm safety promotion, cancer, HIV, and cardiovascular disease and collaborates closely with key stakeholders, including patients, clinicians, health system leaders, payers, and policymakers. She has over 250 peer-reviewed publications, has led two NIH centers on behavioral economics and implementation science, and is an associate editor for Implementation Science, the flagship journal for the field. She is the recipient of a number of awards, including the Association for Behavioral and Cognitive Therapies President's New Researcher Award; the American Psychological Foundation Diane J. Willis Early Career Award; the Perelman School of Medicine Marjorie Bowman New Investigator Research Award; and the Acenda Institute Research Pioneer Award.

537

Harnessing implementation science to transform health and healthcare delivery: Implications for evidence-based family support

Implementation science, or the study of methods to improve the adoption, implementation, and sustainment of evidence-based practices (EBPs), has grown exponentially in the past decade. Given the current global mental health crisis, attention to equitable implementation of EBPs has never been more important. Implementation researchers have developed a set of frameworks, measures, and outcomes to guide empirical inquiry and implementation research and practice. In this talk, I will share an overview of my research in pediatric mental health with an eye towards grounding the findings within the broader field and practice applications. First, I will describe what implementation science is and how it differs from other types of applied research. Second, I will describe how the field has evolved from understanding barriers and facilitators to implementation, to testing different strategies to support clinician behavior change. To illustrate these points, I will draw on the partnered work that I have conducted over the past decade. Third, I will offer implications for evidence-based family support. Implementation science offers tremendous promise to realize the promise of the discoveries made within pediatric mental health over the past few decades. However, these advances will not be made without paradigm shifts within the field including intentional and resourced commitment to evidence-based implementation efforts.

KEYNOTE ADDRESS 4

Professor Hirokazu Yoshikawa
Department of Applied Psychology, NYU Steinhardt, USA

Hirokazu Yoshikawa, PhD, is the Courtney Sale Ross Professor of Globalization and Education at NYU Steinhardt and Co-Director of the Global TIES for Children Center at NYU. He is a core faculty member of the Psychology of Social Intervention and Human Development and Social Intervention programs at Steinhardt. He is also a faculty affiliate of the Institute of Human Development and Social Change and Metropolitan Center for Equity and the Transformation of Schools at NYU. He is a community and developmental psychologist who studies the effects of public policies and programs related to immigration, early childhood, and poverty reduction on children's development. He conducts research in the United States and in low- and middle-income countries, including early childhood programming for Syrian refugee families in the Middle East and Rohingya refugee families in Bangladesh. In 2020 he served on the Biden / Sanders Unity Task Force on Education. He is an elected fellow of the National Academy of Education, the American Academy of Political and Social Sciences, and the American Academy of Arts and Sciences.

539

Impacts of a remote early learning program implemented by Syrian caregivers in Lebanon on child development: Implications for SDG 4.2 and humanitarian contexts

It has been widely assumed that remote early childhood education is not feasible or effective, in high or low and middle income country contexts. This presentation focuses on results of a randomized controlled trial evaluating an 11-week remote early learning program, in which preschool teachers engaged small groups of Syrian caregivers in remote, rural areas of Lebanon in how to implement preprimary learning activities at home. Learning materials were provided directly to homes. Impacts on child language, numeracy, and social-emotional outcomes were moderate to large in size. Findings from embedded qualitative studies on implementation experiences will also be presented. Implications for practice and policy, particularly in LMIC and humanitarian contexts, will be discussed.

KEYNOTE ADDRESS 5

Professor David Olds

Prevention Research Center for Family and Child Health, Department of Pediatrics, School of Medicine, University of Colorado Denver, USA

David Olds, PhD, is a Professor of Pediatrics at the University of Colorado where he co-directs the Prevention Research Center for Family and Child Health. He has developed and tested a program of home visiting by nurses known as Nurse Family Partnership (NFP) in three randomized clinical trials with different populations, living in different contexts, and with decades of longitudinal follow-up. NFP is designed to improve the outcomes of pregnancy, children's health and development, and women's health and life-course. NFP meets the "Top Tier" of evidence established by Evidence-Based Programs and is acclaimed for its prevention of child maltreatment. Today, NFP serves over 60,000 families per year in the US and 18,000 per year in seven other countries. Dr Olds has received numerous awards for his work, including the Charles A. Dana Award for Pioneering Achievements in Health and the Stockholm Prize in Criminology.

541

Nurse-Family Partnership: Promoting the health and development of women and children with prenatal and early childhood home visiting by nurses

This presentation will provide an overview of Nurse-Family Partnership (NFP), a program of prenatal and early childhood home visiting, and its community replication. It will discuss the theories and developmental epidemiology that form the foundation of NFP, including its goals and clinical methods. I will also summarize randomized clinical trials of NFP, including populations sampled, and findings in the outcome domains addressed by the program over decades following birth of the first child. Particular attention will be given to program effects on child maltreatment-related outcomes and the extent to which program benefits are more pronounced for mothers and children experiencing greater adversity. The presentation will also provide an overview of research conducted to innovate the program model as it is being replicated. Finally, I will describe our team's approach to international replication of NFP, including populations served and methods set in motion to ensure high-quality program replication for new populations living in diverse contexts.

Professor Zulfiqar Bhutta

The Aga Khan University Medical College, Pakistan, University of Toronto, Canada

Zulfiqar A. Bhutta, FRS, is the Founding Director of the Center of Excellence in Women and Child Health and Institute for Global Child Health and Development at the Aga Khan University South-Central Asia, East Africa and UK. He is currently the Co-Director at the Centre for Global Child Health, at the Hospital for Sick Children. He holds Professorships at the University of Toronto in the Department of Nutritional Sciences and the Division of Epidemiology, Dalla Lana School of Public Health; at the Department of Paediatrics, Aga Khan University in Karachi, Pakistan; and at the Schools of Public Health of Johns Hopkins University, Tufts University, Boston University, University of Alberta and the London School of Hygiene and Tropical Medicine. He is a designated Distinguished National Professor of the Government of Pakistan and was the Founding Chair of the National Research Ethics Committee of the Government of Pakistan from 2003 to 2014.

Early child development and human capital: The need for integrated strategies for health and development

KEYNOTE ADDRESS 7

Dr Patti Chamberlain
Oregon Social Learning Center, USA

Patricia Chamberlain, PhD, a senior research scientist at the Oregon Social Learning Centre, is the developer of effective preventive intervention models designed to prevent negative outcomes for some of the highest risk children and adolescents in society, including children in foster care, youth in state mental institutions, and youth in the juvenile justice system. These include the widely implemented Treatment Foster Care Oregon model, and the KEEP model for supporting and building skills in foster and kinship families. Her work has changed the landscape of services and social policy, has advanced theory and provided a model for how to evaluate the underlying "moving parts" of an intervention. Her current focus is on implementation research exploring what it takes to integrate and scale-up evidence-based practices into real-world agencies and systems. Dr. Chamberlain is a Senior Fellow at the Society for Prevention Research and has received the Prevention Science award for leadership and promoting positive public health impacts.

540

Scaling up Treatment Foster Care Oregon and KEEP: Balancing cultural adaptations and model fidelity

Fitting the key components of research-based programs to the characteristics and priorities of various public service systems, cultures, and locations is a key driver to the success of widespread adoption and scale up. To achieve the outcomes obtained in rigorous research trials, fidelity to the key components of the programs that were demonstrated to drive positive results must be faithfully maintained. There is an obvious inherent tension between adaptation and fidelity. In this presentation I will discuss and illustrate adaptation and fidelity monitoring processes that my colleagues and I have used to scale up Treatment Foster Care Oregon (TFCO) and KEEP in various cultures and contexts. TFCO is a family-based alternative to group, residential, and psychiatric hospital care for children and adolescents. KEEP is a parent and peer-group support approach for foster/resource and kinship families. Using discovery and partnering methods, we craft adapted implementation methods and practices to fit each setting and context where TFCO and KEEP are implemented. We monitor model fidelity using a strategy that is low-burden to participants but that ensures adherence to fidelity to key components that drove the evidence base of the models. Examples of partnerships will be shown with Native, LGBTQIA+, and Transracial families, in a variety of geographic locations.

Professor Matthew R. Sanders

Parenting and Family Support Centre, School of Psychology, The University of Queensland, Australia

Matthew Sanders, PhD, is a Professor of Clinical Psychology and Director of the Parenting and Family Support Centre at the University of Queensland. He is a Fellow of the Australian Psychological Society (APS), the Academy of Social Sciences in Australia, the New Zealand Psychological Society and the Australian Association for Cognitive Behaviour Therapy. As the founder of the Triple P – Positive Parenting Program, Professor Sanders is considered a world leader in the development, implementation, evaluation and dissemination of population-based approaches to parenting and family interventions. He has received awards including the APS President's Award for Distinguished Contribution to Psychology, an International Collaborative Prevention Science award from the US Society for Prevention Research, a Distinguished Career Award from the Australian Association for Cognitive Behaviour Therapy, Queenslander of the Year (2007), and an Officer of the Order of Australia (AO) for "distinguished service to education and research in clinical psychology, and to child, parent and family wellbeing".

522

Evidence-based parenting and family intervention for all families, and the promotion children's mental health and wellbeing across the lifespan: Progress, challenges and future directions

To reduce global prevalence rates of social, emotional, and behavioural problems in children and adolescents, an integrated multilevel system of evidence-based parenting support is required. Several criteria need to be met for such a system to work at scale in "shifting the needle" at a population level. These include having a theory of change, clear goals and targets, multiple levels of intensity of intervention available (not a "one size fits all" approach), involving and, where possible, harmonising different disciplines, sectors, and service delivery systems. Interventions need to accommodate both flexibility and fidelity of delivery, and have a well-trained and supported workforce to deliver them. Programs need to be inclusive, gender sensitive, culturally informed, and attuned to local context including (policies, funding, type of workforce and their availability). Taking a global perspective and using the Triple P – Positive Parenting Program as an example, I will reflect on progress across four decades in attempting to meet these criteria. Challenges we have encountered, learnings, solutions and future directions will be highlighted. Much greater collaboration and knowledge sharing between different evidence-based programs are needed to ensure collective efforts that influence research, policy and practice. I will identify new opportunities for parenting researchers and program developers in addressing family and parenting factors related to the UN's sustainable development goals, neglected areas of research from the perspective of parenting across the lifespan, and addressing problems arising from mental health, education and child welfare policies that fail to recognise the critical importance of parenting and the need to fund both research and practice to ensure programs evolve over time and address the contemporary needs of children and their families.

INVITED ADDRESS 1

Sheila Manji
Consultant, ECD Specialist

Sheila Manji is an early childhood development specialist consultant, working with field-based teams, partners, and government to ensure access to quality early years programmes and services and primary education in over 15 countries. She has authored scientific, policy, clinical and teaching resources, and has extensive experience teaching children and adults, facilitating workshops and parenting programmes, and training and mentoring stakeholders at multiple levels online and face to face. She has led a global initiative which catalysed a deeper understanding of the importance of the early years and encouraged collaboration across sectors, geographies, and stakeholders at all levels.

532

Challenges and opportunities to support parents with young children: Global perspectives

Parents are best placed to support their children's development. To play their role effectively, every parent needs some support and some parents need all the support they can get. But who are the parents, what support do they need, and how can we best support them? This presentation will reflect on these questions as well as the challenges and opportunities for supporting parents primarily in low- and middle-income countries. It emphasizes the need to think and work together across sectors to ensure a whole-of-society approach to supporting parents not just in their parenting capabilities but also their wider needs.

Professor Mark Dadds
University of Sydney, Australia, Growing Minds Australia

Mark Dadds, PhD, is Director of Growing Minds Australia, Australia's Clinical Trials Network in Child and Youth Mental Health, a Principal Research Fellow of the NHMRC, Professor of Psychology at the University of Sydney and Founding Co-Director of the Child Behaviour Research Clinic, which develops state-of-the-art treatments for children and adolescents with MH problems. His expertise and interests are in child, youth and family MH, parenting/family processes, prevention and early intervention. He has been National President of the AACBT, Director of Research for the Abused Child Trust of Queensland, Professor of Parenting Research at the Institute of Psychiatry, Kings College London. He has been the recipient of several awards including an Early Career Award from the Division of Scientific Affairs of the Australian Psychological Society, the Ian Matthew Campbell Award for Excellence in Clinical Psychology, Distinguished Career Award of the Australian Association of Cognitive and Behavioural Therapy, and the APS President's Award for Distinguished Contributions to Psychology. He has authored 4 books and over 280 papers on child and family psychology.

530

Parental discipline strategies in the age of child mental health, attachment, and trauma: A contemporary look at time-out

Parental discipline strategies are a critical aspect of child development associated with risk versus protection for the mental health problems. Time-out is one of the most common discipline procedures across the world, with strong evidence to support its efficacy and acceptability. It has also attracted considerable criticism from writers evoking considerations based on attachment theory and trauma informed thinking. The main concern is that time-out exposes the child to a break in attachment security and, for children with trauma histories, potentially causes harm. In this talk I will examine general principles guiding the worth and acceptability of this parental discipline strategy and look at how time-out can be used in a way that maximizes positive child outcomes, including with children who have experienced complex trauma. I will also present the results of four studies using a new measure of procedural implementation of time-out by parents of children aged 2-8 years looking at the effects of time-out use on mental health, attachment, emotion regulation and moral development in various samples of parents and young people. Overall, the current findings suggest that time-out can have positive impacts on child mental health and attachment, and efforts should be made to ensure the public is well informed about its appropriate use.

INVITED ADDRESS 3

Professor Sophie Havighurst
Department of Psychiatry, The University of Melbourne

Sophie Havighurst, PhD, is a child clinical psychologist, Professor at the University of Melbourne, and Leader of Tuning in to Kids (TIK). TIK is an emotion-focused, evidence-based parenting program that she developed with co-author Ann Harley. The program aims to improve parents' emotion socialisation practices, including how parents respond to emotions in themselves and their children, to support children's emotional development and prevent or reduce mental health difficulties. TIK has been adapted for parents and carers of children of different ages and for use in different contexts. Sophie supports and supervises research and dissemination of TIK around the world. She is also a Director of the Parent and Family Research Alliance, a group of Australian researchers working collectively to advocate for evidence-based parenting programs.

531

Making emotion-focused and attachment parenting programs accessible in this brave new online world

Access to a range of evidence-based parenting programs is essential to meet the diverse needs of parents and carers in different contexts and cultural settings. Programs that use an emotion-focused or attachment approach have begun to emerge in recent years. These programs help parents and carers to be more emotionally responsive to their children's emotional needs, involve reflection on family of origin and culture as part of this process, develop parents' skills with their own emotion regulation and help them learn ways of responding to their children's emotions that are associated with better emotional, social and behavioural outcomes in children. Because parenting programs delivered in groups only reach approximately 10% of those who may benefit from them, using online technology is an important opportunity to extend reach. In this presentation, I will talk about the Tuning in to Kids (TIK) programs that use an emotion-focused approach, and how online methods overcome barriers to parents accessing these programs. This includes shifting from face-to-face to online group delivery; using self-guided online program materials; and combining video or phone support with online materials to reach those families who might not otherwise access parenting programs. I will outline how these strategies are being used in a new state government initiative using a stepped-care model using personalised algorithms to determine program content and support intensity. This initiative combining four evidence-based parenting programs, use of online technology, and integration of cultural and clinical knowledge about how to overcome barriers to program access, provides an important illustration of how parenting programs can be flexibly delivered in this brave new online world.

Professor Andrew Whitehouse
The University of Western Australia, Telethon Kids Institute

Andrew Whitehouse, PhD, is the Angela Wright Bennett Professor of Autism Research and the Director of CliniKids at the Telethon Kids Institute. He is also Professor of Autism Research at The University of Western Australia, and Research Strategy Director of the Autism CRC. At the Telethon Kids Institute, Andrew leads a network of clinical centres (called CliniKids) for children with neurodevelopmental differences that embeds clinical trials within everyday community practice. Andrew has published over 300 peer-reviewed journal articles and currently presents an internationally syndicated video series called '60 Second Science", which has had over 2 million views. Andrew is an advisor to government on policies relating to children with Autism Spectrum Conditions. He chaired the committee that generated Australia's first national guideline for autism diagnosis, and co-chaired the committee that developed Australia's first national guideline for early therapies and supports for autistic children.

533

Pre-emptive therapy for autism: A new and effective clinical pathway

Autism is emergent in early development but is not typically diagnosed until at least 3 years of age. Diagnosis is often the catalyst in the clinical pathway to commence therapeutic support. However, interventions beginning during the first 2 years of life, when the first signs of atypical development are observed and the brain is rapidly developing, may lead to an even greater impact on developmental outcomes. This presentation describes the development and trialling of one such intervention program for babies showing early behavioural signs of autism, iBASIS. The strength of the clinical and health economic evidence supporting iBASIS has led to implementation programs being conducted in health and disability systems in multiple jurisdictions. The promise and challenges of these implementation programs will be discussed, as well as their implications for redefining how we support neurodivergent children.

PANEL DISCUSSION

Chair: **Professor Ron Prinz**
Panelists: **Professor Julie Lumeng, Professor Michael Beets, A/Professor Daniel Cooper, A/Professor Nada Goodrum**

University of South Carolina, University of Michigan USA

Ron Prinz, PhD, is a professor of psychology at the University of South Carolina. He established the UofSC Research Center for Child Well-Being (RCCWB) which conducts prevention research impacting the well-being of children ages 2 to 10, with the dual goal of: reducing risk for social, emotional, and behavioral problems, and decreasing unhealthy lifestyle behaviors. He is Co-Director of the UofSC's longest funded NIH T32 predoctoral research training program, which provides extensive training in epidemiology, exercise science, and psychology doctoral programs. His major research interests are in the areas of prevention science and the well-being of children, focusing extensively on understanding, preventing, and reducing behavioral-health related problems in children and families. His research has addressed parenting interventions, prevention of child maltreatment, assessment of child and parent behaviors, parental substance use, and violence prevention.

Michael Beets PhD is a Carolina Distinguished Professor in the Arnold School of Public Health (Exercise Science Department) at the University of South Carolina and the Associate Director of the USC Research Center for Child Well-Being. His research focuses on the prevention and treatment of childhood obesity, and on understanding related constructs in childhood such as physical activity, screen time, sleep, and self-regulation. He conducts longitudinal and prevention research relevant to the topic of dually addressing health and social-emotional domains. Dr Beets has directed several NIH-funded studies and has published extensively in his field.

Daniel Cooper PhD is Assistant Professor in the Department of Psychology at the University of South Carolina. His research focuses on innovation development to improve the mental health and resilience of minoritized children affected by adversity (e.g., racism, traumatic events), emphasizing family-based preventive intervention. He is working on the integration of strategies to jointly prevent child physical and mental health problems, factoring in the potential role of positive racial socialization. Dr Cooper received his PhD in Family Social Science from the University of Minnesota and completed a postdoctoral fellowship in the Prevention and Methodology Training Program at Penn State University.

Nada Goodrum PhD is Assistant Professor in the Department of Psychology at the University of South Carolina. Her research focuses on the impact of family stressors (e.g., trauma, HIV and other chronic illness, racism, financial strain) on child health and parent-child relationships. A key facet of her work concerns preventive intervention with families experiencing major stressors, to engender positive child health and mental health development. Dr Goodrum received her PhD in clinical psychology from Georgia State University and completed a predoctoral internship and postdoctoral fellowship at the Medical University of South Carolina.

Julie Lumeng MD is Associate Dean for Research in the University of Michigan School of Medicine, the Thomas P. Borders Family Research Professor of Child Behavior and Development in the Department of Pediatrics, and Executive Director of the Michigan Institute for Clinical and Health Research. Her research focuses on applying emerging science in child development and behavior to the prevention and treatment of childhood obesity, including parenting support contexts. She has directed numerous extramural research grants and has published extensively in pediatrics and health research journals.

The challenge of addressing children's mental and physical health via integrated parenting support strategies

Parenting support for children, especially in a prevention context, has focused substantially on either the domain of social-emotional and mental-health-related content, or the domain of healthy lifestyle behaviors including obesity prevention. Rarely, however, are both domains addressed concurrently and in an integrated fashion. This panel speaks to the need and challenges for such integration. Why is this dual focus for parenting support important for prevention? What are the challenges and issues inherent in a dual, integrated approach? The panelists, who are all conducting research and programming related to both domains, will share their thoughts about the prospects and potential strategy modifications for dual-focused parenting support.

Masterclasses

Parents under Pressure (PuP) Program

Professor Sharon Dawe and A/Professor Paul Harnett
Griffith University, Brisbane, Australia

Parenting, emotional regulation and substance use: Investigating the process of change

Improving family functioning and child outcome in families with a multitude of problems – such as parental substance misuse, mental health problems, and parental childhood maltreatment – is essential if we are going to change an intergenerational pattern of adversity. This masterclass will provide an overview of the Parents under Pressure (PuP) program which was developed specifically for families facing multiple adversities. The two central tenets are a focus on parental emotion regulation and the enhancement of safe and nurturing caregiving relationships within the family. PuP has been delivered by over 400 nongovernment and government agencies in Australia and the UK. We will discuss the proposed mechanisms of change with examples from case material and analysis from empirical studies. Determining who may respond best to PuP (moderator analyses) and causal mechanisms drawing from the PuP program logic (mediator analyses) is essential for further development of the program and informs future tailoring of this and other interventions.
@PuPprogram • www.pupprogram.net.au

GenerationPMTO

Dr Marion S. Forgatch and Laura A. Rains
Oregon Social Learning Centre, Implementation Sciences International Inc., Oregon, USA

The art and science of GenerationPMTO: Engaging parents in the learning process

Clinicians who use active teaching and strong clinical skills have greater success as they help parents adopt new strategies. This master class in GenerationPMTO will introduce experienced clinicians to new tricks that engage parents in a fun, effective change process and enhance approaches to common struggles with client resistance. Participants will learn the 3-D role play technique, which helps parents gain new perspectives. This active teaching approach is integrated with problem solving and emotion regulation strategies. In-session practice enables parents to transfer these time-tested skills to real-life situations at home. We invite you to join us as you apply your strengths and add to your evidence-based repertoire.
@GenPMTO • www.generationpmto.org

Tuning in to Kids

Professor Sophie Havighurst
Department of Psychiatry, The University of Melbourne

Tuning in to Kids: How does an emotion-focused parenting program work in different countries?

Tuning in to Kids is an emotion-focused parenting program that has been used with parents and carers of children from toddlers through to teens, in community and clinical settings. The program has also been adapted and used in many different countries where concepts of parenting and responding to emotions can be very different. In this masterclass, I will provide an initial introduction to Tuning in to Kids including some of the main components of the program. I will then outline some of the cultural issues that have emerged as the program has been adapted in different countries including interviews from those using the program around the world. This session will include opportunities for participants to explore their own questions about how to make a parenting program such as TIK fit to their culture or work setting.
@tuningintokids • www.tuningintokids.org.au

Multisystemic Therapy (MST)

Professor Scott Henggeler and Brenda Szumski
MST Services, Charleston, South Carolina, USA

Updates on the latest research and developments related to Multisystemic Therapy (MST)

This master class will provide a comprehensive update of the Multisystemic Therapy (MST) treatment model including a brief clinical overview, its current use in systems around the world, the latest MST-related research, and the status of MST adaptations for difficult-to-treat and high-risk populations involved in the juvenile justice, mental health and child welfare systems.
@MST_Services • www.mstservices.com

Triple P – Positive Parenting Program

Professor Matthew R. Sanders

Parenting and Family Support Centre, School of Psychology, The University of Queensland, Australia

Promoting parental self-regulation through the Triple P-Positive Parenting Program

This master class focuses on how the Triple P multilevel system of parenting support can be used to promote parental self-regulation to concurrently reduce social, emotional and behavioural problems in children and improve the parenting skills, mental health and wellbeing of parents and caregivers. A self-regulation framework as an active skills training procedure is demonstrated in work with parents. Specific case exemplars are used to highlight how the self-regulation approach can be used in parenting interventions to benefit children, parents, and communities. Strategies for dealing with vulnerable and high-risk parents are discussed including parents with mental health problems, relationship problems, and parents affected by substance abuse. Participants are invited to send clinical questions they would like Professor Sanders to address in the master class.
@DrMattSanders • www.triplep.net • pfsc.psychology.uq.edu.au

Family Check-Up

Professor Beth Stormshak

University of Oregon, Eugene, USA

The Family Check-Up model of prevention in a new era of service delivery

Online delivery of evidence-based mental health prevention and intervention has grown exponentially over the past 10 years. The COVID-19 pandemic escalated this growth by increasing both acceptability and usage of online service delivery for mental and physical health. This talk will provide a summary of research on the Family Check-Up that led to the development of the online model as a tool for promoting healthy family relationships and reducing mental health problems in youth and parents. Video examples and content from the online tool will be presented. Data from multiple randomized clinical trials will be presented and implications for large-scale implementation in schools and communities will be discussed.
@bstorm_beth • fcu.uoregon.edu

Abstracts

2

Are parents effectual child sexual abuse (CSA) prevention educators? Four studies and a new direction

Dr Julia Rudolph[1]

[1]University Of Greenwich, London, UK, [2]Griffith University, Gold Coast, Australia

Background and objectives: Child sexual abuse (CSA) prevention has relied heavily on child education - teaching children about CSA risks and appropriate self-protection skills. Parental involvement has been limited, with parents' roles restricted to that of educators. However, research suggests that many parents avoid giving their children accurate CSA messages, and questions remain about the effectiveness of this approach. The purpose of this body of work was to:
1. Add to available research on the rates and content of parent-led sexual abuse education (PLSAE)
2. Explore the reasons for parental reluctance to engage in PLSAE
3. Conduct preliminary research into the effectiveness of PLSAE

Methods: The results of four studies with parents and young adults are presented. Data was gathered using qualitative, quantitative and mixed-methods methodologies. Samples included parents with relatively high levels of education and income, at-risk parents referred to a parenting program, and university students. Data was collected in 2018 and 2022 via online and pen-and-paper surveys, and face-to-face interviews.

Results: This body of research supports previous literature demonstrating that most parents either did not educate their children about CSA or gave them incomplete message, avoiding discussion of sexual behaviours such as genital touch, or failing to mention that familiar adults may be perpetrators. For example, even parents who knew perpetrators are more likely to be familiar, tended to discuss strangers and abduction with their children. Findings also suggest that the variables most targeted by prevention campaigns to encourage parents to engage in PLSAE (i.e., increasing parental knowledge, risk appraisal and confidence) may be ineffectual, as these factors were not associated with increased rates of PLSAE. Retrospective reports from the university student sample also suggest PLSAE may be ineffective - as those participants who reported receiving PLSAE in their childhood were no less likely to experience CSA, and no more likely to disclose their abuse. In the first study of its kind, results suggest that protective parenting acted as a preventative factor, with those young adults who reported more parental involvement/care and monitoring/supervision also reporting less CSA.

Implications for policy, research and practice: The presented body of research suggests that most parents are ineffectual CSA educators, that it may be difficult to increase rates of PLSAE by educating parents, that PLSAE may be ineffectual in preventing CSA, and that protective parenting may be a better avenue for the prevention of CSA. In view of this, new ways of involving parents in prevention are needed. One possible new direction is the Two Pathways model which proposes that parents can be protective via: 1) the creation of safer environments; and 2) fostering child well-being.

5

The development, reliability, and validity of the Responsive Care Indicator Tool

<u>Elizabeth Hentschel</u>[1], Saima Siyal, Dr. Frances Aboud, Dr. Dana McCoy, Dr. Henning Tiemeier, Dr. Aisha Yousafzai
[1]*Harvard T.H. Chan School of Public Health, Boston, USA*

Background and objectives: The Nurturing Care Framework (NCF) provides a roadmap to strengthen public policies and promote good health, adequate nutrition, safety and security, opportunities for early learning, and responsive caregiving for all children under the age of 5. Despite global action to promote the NCF, no tools exist that measure responsive caregiving as a distinct concept that are suitable for low- and middle-income settings and are open access. The present study provides reliability and validity evidence for an indicator tool developed to quantify responsive care in a rural, low-income setting in Sindh, Pakistan.

Methods: Two hundred households were randomly selected and data was collected on responsive caregiving, early learning, socio-demographic characteristics, maternal depression, and child development outcomes. Exploratory factor analysis and structural equation models were used to test the reliability and validity of the responsive care tool in this setting.

Findings: The responsive care tool reliably loads onto two distinct factors, responsive caregiving and caregiver-initiated interactions, accounting for 96.01% of the underlying variation. Internal consistency reliability was high within each factor, with Cronbach's alphas of 0.93 and 0.83, respectively. Factor loadings of individual items were all above 0.7 within factors. Concurrent validity was found as the responsive care factor was strongly and positively correlated with measures of the home environment quantified by the Home Observation Measurement of the Environment-Infant Toddler version (HOME-IT). Predictive validity was found as the responsive care factor was strongly and positively associated with child development outcomes measured by the Bayley Scales of Infant and Toddler Development, Fourth Edition (BSID-4). The caregiver-initiated interactions domain was significantly and negatively associated with both the home environment and child development outcomes.

Implications for policy, research and practice: Overall, the results indicated that the responsive care indicator tool is a reliable and valid measure of responsive caregiving and can easily be administered in less than 5-minutes in a low-income and low-resource setting.

6

A review of parent-focussed interventions for parents of children with disability who engage in behaviours of concern

Cat Strawa[1]
[1]*Australian Institute of Family Studies, Melbourne, Australia*

Background and objectives: Children with intellectual disability (ID) or pervasive developmental disorders (PDD) can behave in challenging ways; these are often called engaging in 'behaviours of concern'. Parents report difficulties and high stress when responding to and supporting their children with ID or PDD who engage in behaviours of concern. For children with ID or PDD who engage in behaviours of concern, their behaviours are commonly a response to the world around them because their environment limits their ability to communicate and does not meet their needs. Behavioural intervention strategies are often used to support children with ID and PDD who engage in behaviours of concern. Parents and caregivers are essential in the success of behavioural intervention strategies and are often trained to deliver and implement behavioural interventions themselves. Practitioners working with these families need evidence about which interventions parents can use to respond to their child when they engage in behaviours of concern. This paper examines parent-focussed interventions designed to support parents and caregivers of children with ID and PDD to respond to behaviours of concern.

Methods: We conducted a rapid review to synthesise research evidence on the effectiveness of programs designed for parents of children with ID or PDD engaging in behaviours of concern to (1) decrease the frequency or severity of the behaviours of concern or (2) support parents to respond to behaviours of concern. This review will use a social model of disability to understand the research evidence. We consulted with nine researchers and disability service providers to inform the design of the review, including people with disability and parents of children with disability. We used search terms relating to intellectual disability and developmental disorders, children and young people, behaviours of concern, and interventions in the Australian Institute of Family Studies (AIFS) Catalogue+ database and Google Scholar from 2012 to 2022. Relevant peer reviewed literature from similar OECD countries were included. The data extracted from included studies was narratively synthesised.

Findings and implications for research and practice: This presentation will discuss the key findings from the review in relation to the impact of parent-focused interventions on (1) the frequency and severity of behaviours of concern displayed by their child with disability, and (2) parent responses to their child's behaviours of concern. Informed by a knowledge-to-action framework, the findings will be presented with a focus on how practitioners can use this evidence to inform their work with families with children with ID and PDD. Learnings for practitioners will include how they can support parents and caregivers to (1) respond to children and young people with disability who display behaviours of concern; and (2) reduce the frequency or severity of behaviours of concern. Researchers and practitioners will also learn the key research evidence gaps in this area.

7

Foster families from 'foster carer' to 'foster family'

Mr Marc Gregory
[1]Mercy Community, Nudgee, Australia

The 'Foster Families Initiative' is an innovative service reform responding to a significant gap in contemporary Foster and Kinship Care service provision. The initiative calls on a cultural shift in how we conceptualise foster care and the support we provide family-based placements.

The need: The adverse impacts of foster children's complex care needs on the well-being of foster carers' biological children and family functioning holistically is strongly associated with placement breakdown and is a dominant theme of system exit for foster carers across child protection jurisdictions globally. Despite this, service responses to meet the needs of foster carers' biological children, along with holistic family functioning, remain limited globally. In the Australian context there have been no systemic and limited localised practice responses to meet these identified needs. As a result, such unmet needs continue to present a high risk to placement stability and carer sustainability.

Foster Families Initiative: Evidenced informed the Foster Families initiative actions a shift from the traditional 'adult centric' view of foster care to a contemporary systemic, whole-of-family approach in how we understand foster care. This requires shifting the focus from foster carers as the 'providers of care' to seeing the 'foster family' as the provider of care. This means appreciating the vital role biological children play in meeting the care and protective needs of foster children and seeing the dynamics of the 'foster family' as the primary protective factor supporting placement stability.

Reforms – Phases of Foster Families Framework: The framework provides a suite of practices, resources, and tools specific to each phase of the fostering journey. Each phase purposefully builds on and integrates with the others to provide a holistic approach to learning, capacity building and meeting family needs. The framework offers a preventative approach to risk, purposefully targeting need areas proactively with practice support.

Target outcomes: The following are the key outcomes the initiative seeks to achieve and against which it may be measured:
- Enhanced family functioning, resilience and cohesion creating increased placement stability, sustainability, and quality;
- Reduction in the severity, frequency and prevalence of biological children experiencing negative impacts of fostering;
- Biological children have access to targeted supports to meet their needs; celebrate and develop their agency;
- Holistic increase in the family system therapeutic responsiveness to the foster child's needs;
- Enhance practitioner skills, knowledge and capacity to identify and purposefully respond to family system needs; and
- Enhanced service provision.

The Foster Families Initiative will enhance Mercy Community's ability to attract, support and sustain quality family-based placements in the foster care system.

8

Contemporary parenting and its association with parents' wellbeing in the face of COVID-19: The mediating role of guilt

Dr Osnat Lavenda[1]
[1]Ariel University, Ariel, Israel

Background and objectives: The outbreak of COVID-19, in the beginning of 2020, has brought about an abrupt, worldwide need to adjust constantly, rapidly, and more forcefully to changing circumstances. These intense changes in "normal" life circumstances have already been found to impact mental health. In particular, the effect of the pandemic was evident within the family, where the wellbeing of both parents and children has been impacted substantially. The presented study focuses on adjustment in the context of the family. Particularly, the focus of the study is on parental feelings of guilt as a mechanism underlying the association between parenting styles and difficulties to adjust to changing circumstances.

Methods: The sample was recruited through social networks and included 382 Israeli parents, mostly educated mothers (ages 23–57, average education 16.4 years) who reported being the primary caregiver in a committed relationship. All participants filled out online self-report questionnaires that addressed their parenting style, parental guilt feelings, and difficulties to adjust in the face of COVID-19. To examine the study's hypothesis, a mediation analysis was conducted using the PROCESS macro for SPSS.

Findings: The analysis indicated a significant direct association between hostile/coercive parenting and adjustment difficulties, and an indirect significant association between engaged/supportive parenting and adjustment difficulties through parental guilt feelings. These findings are discussed in light of the Conservation of Resources Theory and in light of parental contemporary social imperatives.

Implications: Social imperatives that shape contemporary parenting force parents to attempt to be the "perfect" parents by intensively meeting their children's needs. This study emphasizes the toll that such parenting takes on its agents—the parents—as it can provoke feelings of guilt that are associated with poor wellbeing. Clinicians and other practitioners working with parents and families should be aware of the associations between parenting, guilt, and the difficulty to adjust to changing circumstances. Most importantly, understanding that guilt feelings might be inherent to the contemporary parenting role can assist professionals in preventing the escalation of adjustment problems, especially for parents with an engaged/supportive parenting style.

9

Emotion regulation mediates the relationship between parental factors and child/adolescent internalising symptoms: A meta-analysis

Sylvia Lin[1], Prof Sarah Whittle[1], Dr Christiane Kehoe[1], Dr Elena Pozzi[1]
[1]University of Melbourne, Carlton, Australia

Background: Internalising symptoms, typically characterised by depression and anxiety, are leading causes of disease burden globally and the most prevalent mental health disorders during childhood and adolescence. Previous research has identified an association between parental factors and child/adolescent internalising symptoms. However, possible mediating mechanisms have not been systematically examined. This meta-analysis examined child/adolescent emotion regulation as a possible mechanism in the relationship between parental factors and child/adolescent internalising symptoms.

Methods: A systematic search of Medline, Embase, PsychInfo, and Web of Science was conducted on mediation studies reporting parental factors, child/adolescent emotion regulation, and child/adolescent internalising symptoms in children and adolescents between 5 to 18 years old. Pooled standardised regression coefficients of the indirect and total paths of 36 studies were calculated. We further grouped parental factors into eight themes and conducted meta-analyses on each theme.

Findings: Emotion regulation mediated the association between parental factors and child/adolescent internalising outcomes ($\beta=0.04$, 95% CI = 0.02 to 0.07). Regarding specific themes, significant indirect effects were found for parental aversiveness ($\beta=0.07$, 95% CI = 0.03 to 0.11), family conflict ($\beta=0.08$, 95% CI = 0.03 to 0.13), parent psychopathology ($\beta=0.08$, 95% CI = 0.02 to 0.14), supportive emotion socialisation ($\beta=-0.05$, 95% CI = -0.08 to -0.13), and unsupportive emotion socialisation ($\beta=0.07$, 95% CI = 0.02 to 0.12), while indirect effects were not significant for parent emotion regulation ($\beta=0.06$, 95% CI = -0.02 to 0.13), psychological control ($\beta=0.03$, 95% CI = -0.02 to 0.09), and autonomy granting ($\beta=0.02$, 95% CI = -0.05 to 0.08).

Implications: Findings could inform preventive interventions to target key modifiable parental factors to improve emotion regulation skills, and in turn, mental health outcomes in children and adolescents. Findings also provide support for the clinical significance of intervening emotion regulation as a transdiagnostic construct in treating internalising symptoms. However, included studies are largely cross-sectional and the quality of studies was mostly low. More longitudinal studies are needed to elucidate how different parental factors prospectively impact the development of emotion regulation and internalising symptoms in young people.

Screen use habits in early childhood: The parenting context and recommendations for parenting intervention development

A/Professor Alina Morawska[1], A/Prof Leigh Tooth[1], Mr Douglas Russell[2], Dr Amy Mitchell[1], Dr Brittany Huber[3]
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The impact of excessive screen use on children's health and development is a public health concern and many countries have published recommendations around screen use to guide the use of screen media in childhood. Despite these recommendations, international studies report that most parents and children do not adhere to screen use recommendations. Parents play a central role in young children's screen use, identify screen use as a key parenting concern and experience numerous barriers to healthy screen practices, yet interventions to assist parents remain limited. This symposium aims to provide a framework for understanding parenting practices related to children's screen use, to support the development and evaluation of evidence-based parenting interventions.

The first presentation will provide a context for understanding the nature of the problem with national data from 3,063 women (and their 5,822 children) in the Australian Longitudinal Study on Women's Health cohort to illustrate the extent of screen use in young children. This study demonstrates that children's screen use is vastly exceeding recommended screen time guidelines, the difficulties faced by families with multiple children, and that the rapid uptake of screen use in young children is putting them at risk of poorer developmental outcomes.

The second presentation will address key factors associated with screen use in young children and summarise the existing evidence base for interventions designed to support healthy screen use. It will provide a conceptual model linking aspects of parenting and the socioecological environment to young children's screen use, with a focus on parenting attitudes, self-efficacy and practices.

The third presentation will provide an example of how theory can be used to better understand parenting intentions around their children's screen use to support the development and success of interventions aimed at supporting parents. In this study of parents of 3-7-year-olds, parents' attitudes and perceived behavioural control positively influenced their intention to limit their child's screen time. Parental attitudes were identified as key factors in influencing parenting practices relevant to limiting children's screen media exposure.

Finally, the fourth paper will provide validation data for three newly developed parent-report measures which assess child behaviour, parental self-efficacy, and parental perceptions of the effects of screen use on children's wellbeing. Such measures are essential to not only better understand the screen use context in childhood, but also as outcome measures in intervention trials.

The symposium will focus on recommendations to support parents in the development of their children's wellbeing and healthy digital practices. Specifically, we recommend that information and guidance for parents on screen use should begin pre-pregnancy or in early infancy. Intervention development and testing should consider not only parenting practices, but also parental screen use attitudes and parental modelling, as well as the broader family screen use context. Interventions should accommodate families with multiple children and resources should provide practical tips and strategies for families with children of different ages. Finally, assessment of outcomes should focus not only on screen time, but on parenting attitudes and goals in relation to their own and their child's screen use.

11

Both warm and firm: Supporting parents to strike a balance

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The parenting styles proposed by Diana Baumrind, Eleanor Maccoby and John Martin (i.e., authoritarian, permissive, authoritative, and uninvolved) will be familiar to many. Their work suggested that effective parenting requires both limit setting and responsiveness to a child's needs. Yet striking a balance between warmth and firmness can be very difficult for parents in practice. Often parents feel torn between what feels like two different parenting ideals or models. Parents who set limits may be accused of valuing power and control over their relationship with their child. And parents who are predominantly led by their child can be accused of being permissive or indulgent. This is set within a climate of powerful social media messages about what parents should and shouldn't do.

This workshop will:
- Outline the perceived divide between attachment-based and behaviourally-based parenting advice. It will centre around a tangible example in 'time-out' – a contentious, yet (evidence suggests) safe and effective technique when used thoughtfully.
- Describe the multiple inter-related processes that influence parenting behaviour. How a parent responds to a child's behaviour in the moment is a product of complex factors, across a number of domains. Understanding this can help clinicians 'sell' strategies, or tailor advice.
- Support those working clinically with parents to navigate and integrate parent preferences with evidence-based approaches, without sacrificing fidelity to the treatment protocol.
- Provide practical tips on navigating tricky topics, responding to parent concerns, and enhancing parent engagement.

This lively and engaging workshop will be of interest to those who work with parents in supporting child or youth clients, those who work with adult clients who are parents, and perhaps those who are curious about striking a balance in their own parenting role.

13

"Everything's magnified, the good and bad": Parenting in the social media age

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Background and objectives: Parents commonly look to social media (SM) for information and support during the transition to parenthood. Social norms and peer support are well-established drivers of parents' mental health and parenting self-efficacy, yet how this operates – protectively or otherwise – via SM is unclear. This presentation will describe findings from a mixed methods study which aimed to investigate Australian mothers' and fathers' experiences of SM during pregnancy and early parenthood, and the role of SM on social and emotional wellbeing, parenting attitudes and decision-making.

Methods: We conducted a mixed-methods study across two phases, with data collected from 2019-2021. The project was underpinned by Social Norms theory, which posits that an individual's behaviour is influenced by their (often false) perceptions of the attitude and behaviour of others. Here we conceptualised SM as a significant peer and social environment in parents' lives. Semi-structured interviews (n=24) were conducted with expectant parents and parents of young children (child 0-2 years) to explore the role of SM during the transition to parenthood. Interviews were analysed using inductive thematic analysis. Interview findings informed a national online survey of expectant parents and parents of young children (n=617). Measures included SM engagement, perceptions of parenting and pregnancy norms on SM, and wellbeing. Multivariate linear regressions were performed to investigate associations, adjusting for key socio-demographic characteristics.

Findings: Six themes were generated from the interviews, which describe parents' and expectant parents' experiences of SM use for pregnancy and parenting and the benefits and challenges SM affords. Themes illustrate the varied ways parents engage with SM; how pregnancy and parenting are (mis)represented on SM; parents' experiences of social connection and support; the "nasty side" to SM; how SM influences parenting practices; and parents' underlying concerns regarding privacy and trustworthiness on SM. Survey analyses found no association between parents' and expectant parents' SM engagement and depressive symptoms or positive wellbeing, although higher SM activity was related to poorer general health. Comparing themselves to others and perceiving more unrealistic representations of parenting/pregnancy on SM were associated with more depressive symptoms and less positive wellbeing. Greater perceived judgement and criticism from others on SM was adversely associated with all three wellbeing indicators.

Implications for policy, research and practice: This novel research provides insight into how SM - a pervasive and rapidly changing social environment - is shaping contemporary parenting in both positive and negative ways. We find that normative influences, patterns and mis(perceptions) inherent to SM may have important wellbeing implications during the critical early parenting years. Together, findings can be used to inform and identify strategies that support parents and expectant parents to use SM in ways that enhance, rather than undermine, wellbeing and parenting decision-making. Such intervention opportunities could include correcting current misperceptions about pregnancy and parenting on SM, and educating users to tailor their SM feeds to foster a safe, supportive and empowering parenting community.

14

From inner to dyadic connection: Effect of a mindfulness-based intervention on mother-infant behavioral and physiological dyadic synchrony

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Background and objectives: Mindfulness-based interventions are reported to impact both on intrapersonal and interpersonal levels, based on the assumption that we connect better with others if we are aware of and connected with our own experience. Likewise, mindfulness-based interventions for mothers aimed to promote mother-infant relationship by improving maternal mindfulness abilities. The aim of this study was to test the effectiveness of a mindfulness-based intervention for mothers in enhancing the quality of behavioral and physiological dyadic synchrony. Parent–child dyadic synchrony occurs at a behavioral, physiological, and neural levels and refers to a mutually regulated and reciprocal interaction, a fundamental experience to promote infant development.

Methods: 30 mother-infant dyads (M age = 10 months) randomly divided into an experimental group and a waitlist-control group, were videotaped during 3 minutes face-to-face interaction. Infant and mother's physiological (RSA values) simultaneously functioning were collected each 20sec and the quality of behavioral dyadic synchrony was coded using Fogel's Relational Coding System. Mothers completed the Five Facet Mindfulness Questionnaire and the Interpersonal Mindfulness in Parenting Scale to assess maternal dispositional mindfulness and mindful parenting. The experimental group attended a 5 weeks mindfulness-based intervention, that consisted in listening twice a week to audios related to main mindfulness topics (i.e., mindful breathing, body scan, mindful walking, expanded awareness, loving kindness). After 5 weeks the quality of dyadic synchrony and maternal mindfulness were reassessed.

Findings: Preliminary results showed positive associations between maternal mindfulness and the quality of behavioral and physiological dyadic synchrony and the effectiveness of mindfulness-based interventions in improving these dyadic aspects.

Implications for policy, research and practice: Results suggest the effectiveness of interventions that promote maternal mindfulness, through an improved understanding and awareness of self and others, in improving the quality of behavioral and physiological mother-infant dyadic synchrony. These interventions could have cascade positive effects on children's development. Findings have implications for developmental research and for preventive clinical interventions.

Parental behaviors before, during the COVID-19 first lockdown, a year and two years later: Lessons and challenges

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Background and objectives: The COVID-19 pandemic introduced changes in the daily lives of families of young children (Bornstein, 2021). Data confirm the negative impact of the prolonged pandemic on the mental health of parents and children, including deteriorated family cohesion, increased family conflicts, disorganized daily routines, and children's vulnerability (Fosco et al., 2021). We aimed to explore the stability and change in parenting behaviors of young children's parents at four-time points: Before the pandemic outbreak, during the first lockdown (March-April 2020), during the "new normal", and two years later. We study parenting using the Parenting Pentagon Model (PPM; Aram et al., 2021). The model comprises five beneficial parenting behaviors: Partnership between spouses; parent Leadership; Love expressions; supporting the child's Independence; and adherence to Rules.

Methods: The study integrated quantitative and qualitative research methods. Quantitative questionnaires were used to assess parenting behaviors during the first three periods. Qualitative interviews were used to evaluate parents' reflections on their parenting towards their young children during the two years of the pandemic. Participants were 577 Israeli parents, mostly educated from middle SES mothers, aged M=36.65 years (SD=3.94) to children aged M=4.72 years (SD=1.46). Data were collected before the COVID-19 outbreak (n=192), during the first lockdown in March-May, 2020 (n=190), one year later in April-May 2021 (n=180(, and two years later (n=15). Parents who participated in the first three assessments completed a 34-item online questionnaire rating the frequency of daily parenting behaviors with their young children. Parents also completed a socio-demographic questionnaire. Parents in the fourth assessment were interviewed regarding their daily parenting behaviors and changes during/since the COVID-19 outbreak.

Findings: Results demonstrated changes in parental behaviors between the four periods. Post-hoc tests, controlling for parents' age and education, child's age, and family size, revealed that during the first COVID-19 lockdown, parents reported significantly less beneficial parenting behaviors in the five measures of the PPM. A year later, there was a significant increase in Partnership between spouses, support for Independence, and Adherence to rules behaviors. Yet, their reports regarding Love expressions and parental Leadership behaviors remain significantly lower than before the pandemic. Qualitative data collected two years after the pandemic breakout supported these findings and deepened our understanding. Mothers described the first lockdown as "a tough time for our family", a time when "The family went through very big crises, losses, marital crisis… at the beginning, I was still in a kind of motivation, which slowly changed to despair. I was alone with them [children] all the time and I felt like I had no air".

Implications for policy, research, and practice: The strength of this study lies in its broad view of parenting in times of prolonged crisis. The picture it presents can aid in supporting parents' coping skills during stressful times. Acknowledging parents as the central agents in their children's lives can empower them. It can encourage parents to be aware of behaviors that need strengthening in the family. Parental guidance is essential during crises to support parents and children's well-being.

Improving outcomes in unguided digital parent training programs using automated features

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Background and objectives: Unguided digital parent training programs (DPTs) aimed at child disruptive behaviors have been found to be efficacious; however, most parents who enroll to these programs, especially those from underserved communities, poorly engage with them. We developed a DPT aimed at overcoming these barriers by reducing the effort required to engage with positive parenting practices. The objective of the session is to uncover the impact of design on intervention success based on empirical findings and to facilitate a dialogue with participants about ways DPTs outcomes can be enhanced through a thoughtful design process (30% of the time will be devoted to this dialogue). Therapeutic persuasiveness (TP) is a design concept that led our work and relates to how the digital intervention features as a whole should be designed to encourage users to make positive changes in their life, while reducing the experienced effort required from them to engage in these activities. These features include just-in-time triggers; monitoring and ongoing feedback; and content adaptation. A randomized pilot study was recently conducted in our lab in which parents were randomized to receive this enhanced program or a standard DPT. This symposium will present works of three doctoral students that involve three underlying questions around this project: How product design impact DPTs usage and alliance? What is the difference in outcomes based on product design? Does parent "ability to invest in the intervention" moderate the impact of product design on outcomes?

Methods: Participants were parents with 3- to 7-year-old children with behavior problems, recruited and randomized into one of two intervention arms (unguided DPT with a standard design: DPT-STD; unguided DPT with a high quality of therapeutic persuasiveness, DPT-TP). Participants were tested pre and post a 10-week intervention period. Measures include: data on program usage, questionnaires assessing parent ability and motivation to invest in the intervention, parent and child behaviors, and therapeutic alliance to the digital program. We hypothesized that in comparison to parents allocated to DPT-STD, parents allocated to DPT-TP will be more engaged with the intervention, report better therapeutic alliance, and better outcomes. We also hypothesized that the difference in outcomes and engagement favoring DPT-TP will be larger among parents who report low ability to invest in the intervention.

Findings: While 25.0% of parents beginning DPT-STD completed the program, 64.5% of parents beginning DPT-TP completed it. Parents in the DPT-TP condition also had a significantly higher number of logins, unique days using the platform, and time of use ($0.71 \leq$ Cohen's $d \leq 2.86$, ps < .001). A difference in improvement post-intervention in child behavior problems was found favoring DPT-TP over DPT-STD (ECBI-intensity Cohen's $d = 0.45$, p <.05).

Implications for policy, research and practice: Engaging users in the real-world with beneficial practices should involve the thoughtful design of products that take user's competing events and demanding schedule into account, and aims at creating a salient therapeutic experience.

18

Psychological flexibility training: Acceptance and Commitment Therapy (ACT) in the context of intellectual disability and neurodevelopmental problems

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Background and objectives: Families of children with intellectual disabilities and other neurodevelopmental disorders face psychological challenges due to the chronicity of their children. These challenges are experienced with stress, health problems and can sometimes generate aversive interaction dynamics. A group ACT-based intervention programme was applied to increase psychological flexibility and functional responses to stressful experiences, as well as to observe changes in interaction styles.

Methods: A randomised clinical trial was conducted. Relatives of children with neurodevelopmental disorders were randomly assigned to the psychological acceptance programme condition (n=8) or to the control group (n=6). The intervention programme focused on the psychological flexibility: values, defusion, mindfulness, committed action and psychological acceptance through 3 weekly 3-hour sessions. Treatment effect was measured using the standardised questionnaires GHQ-12, PSS, 6-PAQ and WBSI. Changes in interactions were assessed through self-monitoring, including baseline. Measures were taken before and after the implementation of the intervention programme, and 3 months later. Subsequently, the control group was switched to the psychological flexibility programme condition.

Findings: Following the intervention programme, results suggest that psychological flexibility (6-PAQ) and the tendency to suppress unwanted private events (WBSI) improved significantly after the intervention and at follow-up. Perceived stress (PSS) improved significantly at follow-up. Additionally, punitive-hostile behaviours decreased, and supportive-accompanying behaviours increased in the interactions with the children, reducing family hostility. In the control condition, no statistically significant changes were observed in any of the variables studied or in family interactions.

Implications for policy, research and practice: The study supports the importance of psychological flexibility processes in families with children with neurodevelopmental problems, reducing stress and improving the family's quality of life. Furthermore, behavioural interaction repertoires could be changed by increasing the frequency of supportive-accompanying behaviours and decreasing the frequency of punitive-hostile behaviours. A shift towards psychological care for family members would lead to an improvement of the diagnosed child and allow them to reach higher levels of personal development and community integration.

19

Evidence-informed family support as a paradigm for policy and practice: Contributions from the European Family Support Network

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The European Family Support Network (EurofamNet) is a pan-European network of more than 160 academics, practitioners and policy makers from 35 countries, funded as a COST action, with the purpose of informing family support policies and practices at European and national level. EurofamNet actively engages with the global call for citizens services to meet highest quality standards, offering the best evidence in order to provide effective responses that can actually improve children, young people and families' lives. The aim of this symposium is to present EurofamNet progress in key areas that constitute current challenges for evidence-informed policy and practice at European level. Four presentations will be coordinated by a discussant.

The first presentation proposes a new comprehensive approach to think about family support policy, provision and practice based on the findings of a scoping study which incorporated a literature review, a policy review and 27 national reports. The presentation proposes an analytical framework that examines how family and parenting support provision for parents, children and families is significantly shaped by three domains and their interconnections: policy, legislative, institutional frameworks and reform agendas; organisation, coherency and types of national social provision sectors; and professionalism, professional orientations and practice, and frontline service delivery interactions.

The second presentation empirically examine the degree of adoption at national, service and professional levels of the evidence-based (EBP) approach in a sample of 18 countries, which were classified in three levels: Initial, included those countries that had adequate national legislation and international recommendations of children rights; Medium, including consensual use of EBP guidelines, official national recognition of professional EBP use and bilateral policy-research-professional collaborations; and Advanced, including regular evaluation of professional work in services, official EBP recognition of professional teams in services and trilateral policy-research-professional collaborations.

The third presentation summarizes the rationale, the contextual, and the methodological challenges to consolidate evaluation strategies in evidence-based family and parenting support interventions. From a narrative review of literature and trough a critical analysis of evidence, if first accounts on the advances in evidence-based practices and services, and therefore discusses the concept of evidence as empirical data and useful information issued in the mist of planned evaluation designs. Illustrative of the dialogical perspective, evidence is to be addressed upon a methodological pluralism roadmap. The presentation concludes outlining the range of evaluation designs, methodological possibilities and their implications for policy, research and practice.

The fourth presentation attempts to conceptualize the workforce skills for the practice of family and parenting support. From a content analysis of international organizations' websites about skills in family support, a systematic review of periodic literature and a review of professional handbooks, family support workforce skills are generally familiar, but not defined nor specified and differentiated from other skills used in the broad field of work with families, and the boundaries between family and parenting support are blurred. In order to reach a reliable consensus, the Delphi method was used and opens up new possibilities for more precise definitions and transferability of family support workforce skills.

My Early Relational Trust-Informed Learning (MERTIL) for Parents: A study protocol for a brief, universal, online, preventative parenting program to enhance relational health

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Background: Early relational health is a key determinant of childhood development, while relational trauma in the parent-infant dyad can instigate a cascading pattern of infant risk. Fortunately, early relational trauma is detectable and modifiable. In 2018, Australian Maternal and Child Health (MCH) nurses participated in MERTIL (My Early Relational Trauma-Informed Learning), a program to identify and prevent relational trauma. Program evaluations revealed nurses felt competent and confident to identify and respond to relational trauma; however, response capacity was inhibited by inadequate parent referral options. In response, MERTIL for Parents (My Early Relational Trust-Informed Learning) was developed, which is an online, evidence-based, self-paced parenting program that focuses on enhancing parental knowledge of relational trust and its significance for infant development. The website (www.mertil.com.au) and all content within, was co-designed and co-developed alongside consumers, child infant mental health clinicians, and MCH nurses alike, from program commencement to completion. This low-cost, accessible prevention resource targets emerging relational concerns to reduce later service system engagement. The potential for universal preventative online programs that target parental and relational wellbeing remains under-explored. This presentation introduces a new online parenting program, MERTIL for Parents. We also describe MCH nurses' and parents' perspectives on program feasibility and efficacy, with pilot field studies commencing in January 2023.

Methods: This study is a mixed-methods, parallel-armed, uncontrolled, repeated measures design. We aim to recruit 48 Australian MCH nurses from the states of Victoria and New South Wales in both metropolitan and regional locations. Nurses who work in both the Universal and Enhanced MCH services will be invited to participate. These nurses will in turn recruit 480 parents with a child aged 0-5 years. All parents will receive MERTIL for Parents, which entails a 40-minute video, tipsheets, worksheets, and professional support resources. Parent data will be obtained at three periods: pre-program, program exit, and program follow-up. Nurse data will be collected at two periods: parent recruitment completion and program follow-up. Data collection will occur through surveys and focus groups. Primary parent outcomes will be socioemotional assessments of program efficacy. Nurses and parents will each report on study program feasibility.

Findings: Preliminary findings are reported.

Implications: We anticipate that this resource will be a valuable addition to parents and various child and family services, for use in individual support and group work. This is a result of the socioemotional-specific content filling an important gap in the available online parenting program market. Further, the program's reach is expected to be wide due to the free and online delivery method, overcoming limitations of in person parenting programs, such as logistical and financial barriers.

21

The Impact Parent Support Network to improve the well-being of vulnerable families of children with disabilities during the pandemic

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Background and objectives: The global response to COVID-19 changed daily life for many people. In the Philippines, stay-at-home orders went into effect nationwide and schools remain closed for 30 months. Struggles faced by already vulnerable families of children with disabilities were amplified. Supporting the bond between parents or caregivers of these children is as important as ever. This paper aims to explore how parents of children with disabilities, across the Philippines, support each other as they learn to adapt and meet their children's needs as well as maintain their own mental health and relationships.

Methods: Qualitative methods were used to examine the experiences of members of 1 parent-run support group in the Philippines. Thirty parents were interviewed about the benefits and limitations of participation in the support group. Information was collected by observing support group meetings, activities, and reviewing group documents. Interview, observation, and document data was analyzed to identify emerging themes. All meetings and interviews took place remotely on Zoom.

Findings: Results of the study indicated that the effects of belonging to a parent-led parent support group were substantial. Through the group, parents gained increased skills, an increased sense of power and a sense of belonging. The support group built advocacy skills and self-efficacy skills among parents as they coped with the impacts of the Covid-19 Pandemic. Activities that the support group organized during the lockdown allowed families to regularly engage with each other and become present supporters of their children's development as they helped them thrive and learn during the pandemic. Participants were able to connect with each other and provide support and skills to deal with the day-to-day issues of raising a child with disabilities, contributing to the well-being of both parents and children.

Implications: The findings of this case study demonstrate the potential of parent support groups to contribute to the well-being of families of children with developmental disabilities. The recommendations and suggestions as shared by this support group in the Philippines can be leveraged by parents in other areas to form similar groups of support for vulnerable families of children with disabilities.

23

Improving outcomes of an individual format parenting program for vulnerable families: The use of flexible implementation in real-world settings

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Background: There is increasing recognition of the importance of incorporating evidence-based parenting programs (EBPP) into daily services in Child Protection Services (CPS), given its effectiveness in addressing child behavioral problems, improving parenting practices, and decreasing child maltreatment. However, EBPP remain insufficiently available for families engaged with CPS, and high-quality implementation of EBPP in these contexts is a significant and scarcely understood challenge. A demanding task for practitioners is ensuring flexible implementation, by introducing adaptations to improve the fit of an intervention, without compromising fidelity to the program's core functions. Nevertheless, little research addressed to what extent fidelity and adaptation co-occur, how they can be balanced by practitioners, and what is their impact on the intervention outcomes.

Main objective: To examine how practitioners balanced fidelity and adaptation when implementing the Standard Triple P, and what is the impact of this flexibility on the intervention outcomes.

Methods and findings: This study presents the findings of 30 implementations of the EBPP Standard Triple P (STP) delivered to parents of 6-to-12-years-old children at-risk for placement/re-entry in out-of-home care and implemented by trained and accredited professionals working in CPS, in Portugal. STP is an individual intervention based on cognitive-behavioral and self-regulatory frameworks, delivered in 10 weekly sessions. Participants include 30 parents that completed the STP intervention and the 10 practitioners that implemented it. Findings are based on quantitative and qualitative measures to evaluate practitioners' implementation fidelity and adaptation, their impact on intervention outcomes, and capture thematic details in understanding factors that facilitate and hinder fidelity and flexibility. The outcomes on fidelity were assessed using the STP Summary Checklists, which are content adherence checklists that describe the key content and activities to be covered and ask whether or not each component of the session's protocol was implemented. These checklists were completed by practitioners after each session of the STP. On the Summary Checklists, practitioners were also asked for open-ended narrative comments describing deviations from procedures and rationale (i.e., adaptations). In addition, a focus group was conducted with practitioners to understand their perceptions of how they balanced fidelity and adaptation during program implementation. To assess the intervention outcomes, parents completed the Strengths and Difficulties Questionnaire and the Parenting Scale, pre and post STP intervention.

Implications: Given the high prevalence of child maltreatment, its serious consequences, and the need to address parenting practices to prevent it, identifying the implementation of effective programs is essential. This study's findings shed light on how practitioners experience the implementation process in real-world settings with vulnerable families. The outcomes provide a useful overview of the implementation characteristics of EBPP, supporting and adding to our understanding of fidelity challenges and facilitators reported in the literature, and advancing the study of adaptation in real-world settings. In practice, this study can help practitioners think through the influence of flexible implementation on intervention outcomes to anticipate the intended and unintended impacts of adaptations. These findings will ultimately serve to strengthen evidence-based practice in CPS and best assist the families and children who need effective services the most.

Implementation practice and policy to support the statewide scale-up of evidence-based parenting supports: North Carolina Triple P, USA

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Background and objectives: The scale-up of evidence-based parenting supports across a large geographic area can be complex, requiring multiple implementation practice foci at multiple system levels. For over a decade, the state of North Carolina, USA has been scaling the Triple P – Positive Parenting Program system of interventions through public/private partnerships supported by funding and coordination from multiple state agencies, a regional endowment, and the statewide early childhood network. The objectives of this symposium are to present innovative implementation practice and policy case examples and to advance discussion about what it takes to scale evidence-based parenting supports in a large geographic area.

Brief description of each paper: Triple P scale-up in North Carolina is currently organized within 10 regions. Since 2016, the Implementation Capacity for Triple P (ICTP) project in North Carolina has been developing methods, materials, and opportunities to support regional and state partners to successfully, equitably, and sustainably scale Triple P.

The first presentation will share a regional implementation support case example to strengthen Triple P practitioner coaching systems and increase practitioner engagement and delivery of Triple P. Working with their ICTP implementation support team, regional partners demonstrated a substantial increase their coaching system capacity and achieved 4 out of 5 of their performance improvement goals.

The second presentation will present a regional implementation support case example to transfer an innovative parent support assessment, based on social network analysis, to regional Triple P partners for future replicability. The feasibility and effectiveness of using academic-community partnerships and Plan-Do-Study-Act improvement cycles within the context of regional implementation support will be reported.

The third presentation will share results and recommendations to state funders and leaders from a thematic review of regional five-year strategic plans for Triple P scale-up. Results from the thematic review revealed clear themes for system improvement that have been prioritized by regional Triple P coordinators and are being action planned through a series of collaborative meetings between state leaders and regional Triple P coordinators.

A discussant with extensive experience implementing evidence-based parenting supports will link themes across the presentations and offer broader field implications.

Implications for policy, research and practice: The successful, equitable, and sustainable scale-up of evidence-based parenting supports requires active partnerships to address multiple implementation factors at each level of a state system. Well-designed, systematic implementation support practices can be effective to increase regional capacity for program implementation and contribute to the achievement of regional partners' performance goals. Authentic and fully collaborative academic-community partnerships can be an effective way to transfer innovative methods to regional partners to advance community scale-up goals. State-regional partnerships, facilitated by intermediaries, can be essential to identifying and planning large-scale system improvements for scaling evidence-based parenting supports across large geographic areas.

"Their happiness, not neurotypical success": Autistic adults reflect on their experiences of being parented in childhood

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Background and objectives: Parenting has implications for psychosocial adjustment well into adulthood. While much is known about the parenting behaviours that influence adjustment in autistic children, little is known about how the effects of parenting persist in autistic adults. Further, autistic adults' perspectives on how they were parented have not been investigated to date. This study aimed to examine autistic adults' perspectives on their experiences of being parented in childhood and the advice they would like to offer to all parents of autistic children in the context of their own lived experience.

Methods: Ninety-six Australian autistic adults recruited via convenience sampling provided their responses to open-ended questions in a larger online survey assessing childhood experiences of parental care, overprotection, adult attachment, psychological flexibility, and adult adjustment.

Findings: A total of 10 themes were identified. Autistic adults emphasized the importance of parents embracing early diagnosis, and that the goal of parents should be their child's happiness rather than "neurotypical success". They also highlighted the importance of unconditional love and understanding of their autistic child, and of recognizing that autistic children have the same fundamental needs as other children. Autistic adults also discussed the importance of parents creating structure and predictability in the home to create feelings of comfort and safety. Parents were encouraged to find creative ways into their child; to meet them halfway. Finally, autistic adults reflected on the role of parents in advocacy as well as the importance of parental well-being. Parental neurodivergence was discussed as a possible bane or boon.

Implications for policy, research and practice: Autistic adults emphasized the importance of unconditional acceptance and understanding from their parents, with the goal being their child's happiness over and above everything else. Findings from this study will inform the future development of parenting support programs for families of autistic children.

Optimizing an internet-based program for foster caregivers to prevent (re-) victimization in youth in care: Phase 2 of the Multiphase Optimization Strategy

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Background and objectives: Most children in foster care have experienced family violence in their family of origin. This early victimization increases the risk for reexperiencing violence and bullying in later life, which emphasizes the need for evidence-based prevention programs targeting foster children as a high-risk population. We developed multiple intervention components (phase 1 of the multiphase optimization strategy, MOST) that aim to support caregivers in dealing with the needs of their child in care with the primary goal to prevent revictimization. The aim of this study is to identify and select the most effective intervention components for preventing child (re-)victimization.

Methods: Implementing phase 2 of the MOST framework, we are currently investigating effectiveness of the key components in a randomized balanced 2 x 2 x 2 x 2 factorial trial. We anticipate a sample of N = 317 foster caregivers with children aged 8 to 13 years old that are randomly assigned to one of 16 conditions. The primary outcome is the change in (re-)victimization rate from baseline to 3-months after completing the prevention program. Secondary outcomes include risk-taking behaviors and functional behaviors in relationships. Families in the condition with all component levels "on" receive every module as well as professional support by a coach and are expected to show the best improvement across outcomes.

Findings: The internet-based EMPOWERYOU program comprises 5 content modules, including topics such as relationship-related risks and safety as well as identity development. Half of families will additionally receive phone calls to assist in implementing what they have learned into their daily lives. Recruitment and data collection for the factorial trial started in March 2022 and is ongoing. The modules and technical implementation of the program as well as preliminary findings on program adherence and drop-out rates will be presented.

Implications for policy, research and practice: The EMPOWERYOU program has been specifically tailored to the needs of foster caregivers as well as to the factors that put children in care at a higher risk for revictimization. Identifying the most effective intervention components is key to develop a sustainable prevention program that is easily accessible and supports caregivers in empowering their child against (re-)victimization. Preliminary conclusions on promising program modules, obstacles when testing a newly developed internet-based program, and insights into the procedures of selecting the most effective intervention components for the optimized intervention package will be discussed.

Association of parental mental health, (parenting) stress and child mental health outcomes during the COVID-19 pandemic: A meta-analysis

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Background and objectives: The COVID-19 pandemic as a multidimensional and universal stressor has negative effects on the mental health of children, adolescents and adults worldwide. Specifically, families faced numerous restrictions and challenges. From the literature it is well known that parental mental health problems and child mental health outcomes are associated and that children of parents with a mental illness have a higher risk to develop a mental disorder themselves. The aim of this review is to summarize the current research on the associations of parental mental health symptoms (mental illness, general stress, parenting stress) and child mental health outcomes during the COVID-19-pandemic.

Methods: The review follows the PRISMA-guidelines and was registered at PROSPERO (#CRD42021273376). We conducted a systematic literature search in Web of Science (all databases) on May 25th, 2022. All original studies reporting on the association of parental mental health problems, parents' general stress or parenting stress and child mental health outcomes during the COVID-19 pandemic were included. Abstract screening, full-text analysis, data extraction and risk of bias rating were performed by two authors (MS and MH) separately. Disagreements were resolved by discussion until a consensus was reached. For meta-analytic calculations, the Pearson's product-moment-correlation r was used. Meta-analyses were computed with the free online meta-analysis tool Meta-Mar using the random effect model. Overall effects were interpreted according to Cohen (1992).

Findings: Overall, 431 records were identified, of which 83 articles with data from over 80.000 families were included for meta-analysis. Research question 1: The association of parental mental health problems prior to the COVID-19 pandemic and child mental health outcomes during the COVID-19 pandemic was investigated in 8 studies. 9 meta-analyses resulted in overall small effects. Research question 2: The association of parental mental health problems and child outcomes during the COVID-19 pandemic was investigated in 54 studies. 18 meta-analyses revealed overall small to medium effects. Research question 3: The association of parents' general stress and child outcomes during the COVID-19 pandemic was investigated in 39 studies. 6 meta-analyses resulted in overall small to medium effects. Research question 4: The association of parenting stress and child outcomes during the COVID-19 pandemic was investigated in 18 studies. 5 meta-analyses revealed overall medium to high effects.

Implications for policy, research and practice: Similar to pre-COVID-19-pandemic results, small to moderate associations between parental mental health symptoms and child mental health outcomes were found. The largest effects (medium to high) were observed for the association of parenting stress and child mental health outcomes. As described in the developmental model of the transgenerational transmission of psychopathology (Hosman, van Doesum & van Santvoort, 2009), a dysfunctional parent-child interaction is a key mechanism for the transmission of mental disorders. Thus, specific parenting interventions are needed to foster healthy parent-child interactions, to promote the mental health of families and to reduce the negative impacts of the COVID-19-pandemic.

Evaluation of programmes under the positive parenting initiative in Spain

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The prevention science has endorsed standards for evidence related to research on programme evaluation. However, some controversies persist regarding its application in the provision of family support under the European Positive Parenting initiative. The aim of this symposium is to map the expansion of preventive family support programmes in Spain and to contrast the quality of the evidence against the prevention standards, of 57 programmes implemented in Spain. The presentations will analyse the results of four main aspects in all programmes: description, implementation, evaluation and impact/sustainability. Presentations will be introduced, coordinated by a discussant.

The first presentation identifies and describes the characteristics of family support programmes in Spain and examines the extent to which they meet evidence-based standards for programme formulation. The findings provide a platform from which to design new initiatives in accordance with standards for prevention programmes, and inform stakeholders and politicians in drawing up evidence-based public policies.

The second presentation empirically examines the implementation process when applied in real-word conditions, monitoring context, process and participant response. Descriptive analyses show a good implementation level and Latent profile analysis identifies four patterns defined by programme setting: Social Services/NGO setting, Health setting, Multi-setting and Educational setting, differing in professional discipline, training, participant response and professional perception of implementation. Profile memberships were related to programme outcomes, scaling up, and sustainability. Findings illustrate conceptual and practical challenges that researchers and professional usually encounter during implementation, and the efforts required to deliver programmes effectively in real-word settings in Spain.

The third presentation states that a rigorous evaluation is considered one of the main requirements for evidence-based programmes. Despite their importance, many programmes do not include evaluation designs that meet the most widely agreed quality standards. The aim of this presentation is to examine the evaluation processes of the programmes. The results are discussed from a comprehensive and plural perspective of evaluation which, in addition to methodological rigor, considers the usefulness, feasibility, and ethical rigor of evaluation research.

The fourth presentation provides an analysis of the impact of the programmes on child and family wellbeing and other dimensions. Furthermore, variability in the systematization of programmes mainly in terms of descriptive and implementation characteristics of the programmes is examined as were related to the impact, dissemination of programme results, and sustainability of the support organisations using cluster analysis. This presentation synthesized the most important impact results and fosters knowledge of the Spanish promising family support programmes and provides guidelines for improvement.

This symposium will inform the scope and variety of support provided and the quality of programmes in Spain, providing guidelines for improvement and addressing challenges to reinforce quality assurance in child and family services.

31

The co-design and evaluation of digital health solutions to support early childhood development in diverse clinical and non-clinical settings

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Background and objectives: The first five years of a child's life represent a vital phase of development, with longer-term implications for health and wellbeing into adulthood. Globally, however, young children are failing to attain basic socioemotional and cognitive milestones. Nurturing childrearing practices can help mitigate the risks associated with social determinants of health. However, when concerns arise about a child's development, it is critical to be able to access clinical assessments and appropriate interventions early. Given the ubiquity of new technologies worldwide, digital delivery of health information and interventions holds great promise. The objective of this symposium is to describe the development, implementation and evaluation of digital health solutions that have been co-designed to promote equity of access to information and health services to promote healthy early childhood development for diverse groups in clinical and non-clinical settings.

Methods and outcomes: To develop appropriate, acceptable, and scalable digital health solutions, it is critical that target end users are included throughout the design process. Here, we highlight how co-design workshops were an effective way to understand the context, culture, attitudes, behaviours, expectations, and needs of those for whom the digital solutions were being developed and how the results, in turn, informed the development of features, functions and content. The co-design outcomes informed the refinement of existing content and the development of new content for digital health solutions to fill needs identified by key stakeholders in diverse settings. This includes parents and caregivers from disadvantaged groups (e.g. Aboriginal and Torres Strait Islander parents in Australia) as well as those raising children in areas with marked cultural diversity (e.g. Namibia), limited financial, healthcare, and educational resources (e.g. Indonesia), and conflict and instability (e.g. Afghanistan). To support the successful and sustainable implementation of such digital tools, we highlight how a mixed methods approach to evaluation, including surveys, semi-structured and conversational interviews, workshops, audio diaries, and digital usage data can be used to both demonstrate impact and identify areas requiring further improvement to drive an iterative research and development process to maximise impact. Evaluation results highlight the relationship between parental mental health and the use of nurturing childrearing practices and variations in engagement and impact in rural vs urban settings and between male and female caregivers. Despite the varied challenges identified above, technology provides a valuable opportunity to empower parents and caregivers with evidence-based and culturally appropriate information to help them support their child's development.

Implications: Increased recognition of the importance of the early years with regards to long-term health and wellbeing outcomes has resulted in increased investment in early childhood development globally. However, as highlighted in this symposium, it is only with sustained community engagement, multidisciplinary collaboration, innovative thinking, robust scientific evaluation, and the capacity for continuous adaptation that it will be possible to translate research evidence into practice at the family-, community- and system-level to achieve impact at scale for children in their early years.

Healing the past through birthing the future

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Aboriginal and/or Torres Strait Islander people (Aboriginal people) maintain the oldest continuing cultures worldwide, with cultural development and evolution occurring for at least the past 65,000 years. Colonisation by the British in 1788, as well as ongoing marginalisation, racism and inequity, has had devastating health and wellbeing impacts on Aboriginal people and continues today. While many Aboriginal communities are thriving, social and historical injustices continue to affect present-day and result in ongoing inter-generational trauma. Crisis-driven mainstream care that characterises much of Victoria's current health system are not designed with and for Aboriginal people, families and communities. These systems do not reflect Aboriginal ways of knowing, being and doing, are not culturally safe and continue to undermine the dividends of cultural traditions and practices.

The Victorian Koori Maternity Services (KMS) offer culturally safe care for Aboriginal families in 14 sites across the state. KMS privileges culture in preparing for baby, carrying baby, bringing baby into the world and raising baby. KMS recognises pregnancy, birth and early parenting as important transitions and opportunities to shift life trajectories. These cultural systems of family-centred continuity of care promote solid foundations for families to thrive, supports the Social Emotional Wellbeing (SEWB) of family as well as offering unique opportunities for parents to heal past traumas.

The perinatal period is a critical life transition for parents, especially for those who have experienced child trauma. Parents are filled with hope for a 'new beginning' and are strongly motivated to provide a better life for their child. However, they also face numerous challenges, including managing trauma symptoms that may be triggered during perinatal care and/or bodily experiences associated with pregnancy, birth and breastfeeding.

Culturally-embedded wrap-around support strategies are highly likely to have a direct and ongoing impact on the parent's future social, emotional and physical wellbeing. Becoming a parent can be the first time since childhood that some people have regular health service contacts, offering practical opportunities to provide and facilitate access to appropriate support for healing.

The KMS demonstrates stewardship in fostering cultural safety within the health and social care system, and provides 'trauma-informed care' to prevent re-traumatisation and compounding of complex trauma related distress. There are opportunities to improve outcomes for families across generations by moving beyond 'trauma-informed' maternity care to supporting the healing journey through pregnancy, birth and parenting.

There is unprecedented health and social care system reform underway in the state of Victoria and across Australia. This includes strengthening parenting programs and services, improving access to early intervention and child health services and supporting and expanding SEWB. A specific recommendation from the Mental Health Royal Commission includes the co-design of two Aboriginal healing centres to complement the SEWB services delivered through Aboriginal community-controlled organisations.

Embedding culture and healing is critical to improving outcomes for Aboriginal families. The co-design of the two Aboriginal healing centres provides strategic opportunity to demonstrate how healing centres can support healing journeys for families through birthing and parenting, from cradle to grave.

Child language development in a digital ecology: Developing guidelines for caregivers and educators

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Background and objectives: Children are part of a natural experiment, surrounded by portable digital tools that afford novel and quite intuitive interactions. The evidence on how digital technologies influence child language development is sparse and inconsistent, with a lack of clear guidelines for caregivers and educators. Given the critical importance of early language skills for social functioning and later academic achievement, we take a first step and synthesize the evidence around the links between the use of digital technology and child language development. Critically, our goal was to ensure that this emerging evidence is made accessible to relevant stakeholders.

Methods: Literature review and informal interviews revealed caregivers' conflicting beliefs around children's digital media use and language development. This confirmed the need to provide clear guidelines on this issue. After examining longitudinal and intervention studies, and broader health guidelines from the World Health Organization, we formulated three tips and embedded those in an accessible and engaging video. Feedback from key stakeholders was collected to ensure the clarity of our messages. A dissemination plan was designed to raise awareness on how to navigate the new digital ecology in a way that promotes children's language development and minimises potential harm.

Findings: We identified three critical areas for recommendations to caregivers and educators, resulting in one tip for each area. In our first tip, we recommend managing the amount of time children spend with screens and provide clear age-sensitive guidelines around screen time. In our second tip, we stress the importance of choosing appropriate content and favour apps that foster creativity, interaction, and learning. In our third tip, we showcase how to effectively co-view and engage in a conversation around digital content with children – a powerful evidence-based strategy to support language development.

Implications for policy, research and practice: Relevant stakeholders can easily access evidence-based tips to make informed decisions around when, what, and how digital content can promote children's language development. This contribution is an example of how to distil research evidence and communicate it effectively to the general public. This could serve as a basis for further development of more extensive recommendations and guidelines.

34

Parenting programmes at a global scale: Dissemination, modification and cultural adaptation

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Background: Parenting interventions are highly effective at reducing behavioral and other childhood problems. However, the majority of internationally-known programmes have been developed and evaluated in Anglosphere countries. The vast majority of the world's children are raised in countries where family, social and cultural traditions as well as service contexts vary markedly from those where established programmes have been developed, evaluated and implemented. This symposium presents a metanalysis of outcome trials of established parenting programmes implemented in non-Anglosphere countries and then draws on findings from the global dissemination of Empowering Parents Empowering Communities to examine the potential value of delivery modifications and cultural adaptability to increase programme-context fit.

Methods and findings: Maciel (Paper 1) describes findings from a systematic review and meta-analysis of 20 trials in which established manualized parenting programmes developed in Anglosphere countries were trialed in non-English speaking countries. Results indicate a small, but non-significant decrease, in outcome effects between Anglosphere trial and non-Anglosphere trials suggesting that intervention dissemination can be successful beyond originating country. Definitive conclusions are hampered by the lack of trials in low and medium income, and non-European countries and cultures. Nicoll (Paper 2) describes the large-scale implementation, acceptability and outcomes of Empowering Parents Empowering Communities (EPEC), a peer-led, evidence-based parenting programme. Nicoll will highlight programme methods used to successfully engage low income, Black and Minoritised communities across 40 socially disadvantaged areas in the UK, including the use of trained peer group leaders, targeted delivery, and systematic programme evaluation. Prichard (Paper 3) describes the adoption and implementation of EPEC in child and families centres across Australian states and territories. Prichard reports initial outcomes and implementation process findings, including adaptations to methods in response to the challenges of the geographical, demographic and services context. Wang & Zou (Paper 4) describe the surface and deep structure modifications resulting from use of the Ecological Validity Model (EVM) to systematically adapt the manualized content and methods of the EPEC-ASD programme to increase implementation fit with the family, social, cultural and service context in Ningbo, Zhejiang Province, China. They then summarise findings from the pilot implementation of the modified EPEC-ASD (China) programme, reporting high levels of parent acceptability and improvements in parent confidence, coping skills, wellbeing and child concerns as well as the next steps for implementation, research and dissemination in China.

Implications for policy, research and practice: Day (discussant) will critically examine the papers presented which suggest that parenting programmes developed in one context may transfer effectively to other social, cultural and service contexts where programme content focusses on universal parenting practices. Systematic modifications using existing frameworks may optimise dissemination of existing parenting interventions, context-fit, programme fidelity and delivery, parent acceptability and impact. In order to understand with greater confidence the impact of parenting programmes, researchers and programme developers need to prioritise trials that evaluate the performance of existing Anglosphere programmes in new global contexts, report the systematic modifications undertaken, as well as work with developers in LMICs and non-European countries to produce and evaluate programmes developed in these contexts.

Positive approaches to empower parental caregivers and foster innate potential

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The predicament of most parents seeking refuge and support to raise children with hearing loss and other disabilities implies a traditional approach to parent education is not effective and must change. To foster nurturing care and advocacy for children with disabilities, parent education and coaching must address caregiver's psychology well-being such as internal beliefs, character strengths and resilience.

This interactive workshop uses a positive psychology approach, proven through science, to empower parental caregivers and foster their innate potential. It is based on research and qualitative experience from over fifteen years serving low resource and disadvantaged communities.

Empowering caregivers has to address their mindset as well as their emotional preparedness. Those especially facing socio-economic and parenting challenges need practitioners and parent leaders who can facilitate a way forward. While the medical model remains an essential element of parental caregiver supports, psychological well-being remains vital. Parents need to be emotionally prepared for their journey to raise children with disabilities. This requires an inside out approach.

This workshop engages practitioners and parent leaders with tools used to inspire and promote positive parenting and nurturing care. The presenter will walk participants through domains of well-being and share her organization's model.   This will be followed by interactive experiences in several content areas: resilience assessment, character strengths awareness, leadership identification, social capitol. Participants will have time to contribute their ideas and feedback.

Key outcomes include:
- Participants will understand aspects of positive psychology coaching that successfully and effectively engage parental caregivers.
- Participants will acquire practical tools they can apply in their parenting programs and practices.
- Participants will learn about character strengths intervention and how to apply this approach in their practice.
- Participants will learn novel ways to facilitate parent leadership skills.

36

Evaluation of a web-based information portal on youth depression and youth mental health in parents

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Background and objectives: Depression is one of the most common mental disorders in childhood and adolescence. There is still a high level of stigma and limited knowledge associated with depression among the general population. Yet, research shows the important role of parental mental health literacy in detecting depressive symptoms and supporting their children to seek professional help. To address these issues, we developed an evidence-based website „ich bin alles" (https://www.ich-bin-alles.de) for children and adolescents as well as their parents to improve knowledge about mental health and depression. In two separate studies, we evaluated the efficacy and acceptability of the website among parents of healthy children as well as in parents of children with depression.

Methods: We conducted two identically designed pre-post-follow-up studies in parents of children with a history of depression (n=33) and parents of healthy children (n=34) to evaluate the web-based information portal. Participants' knowledge about depression were assessed at baseline/pre-, post-intervention and at a four week follow-up. Between pre- and post-assessment, participants were presented selected contents from the website. At post-intervention, parental evaluation of the layout and acceptability of the website were assessed. The primary outcome was their knowledge on depression as measured with a self-designed questionnaire. The secondary outcomes comprised evaluations of the acceptability and the layout of the website.

Findings: The findings of both studies show that parents' knowledge about depression increased significantly from pre- to post-intervention.   This knowledge gain was maintained to the follow-up measurement. Furthermore, acceptability rates in both studies were high and evaluations of the website´s layout were positive.

Implications for policy, research and practice: The findings from the two studies show that our web-based information portal is an effective and appealing means to impart knowledge among parents both of healthy children and of children with a history of depression. These results are an important basis for future research on imparting knowledge via web-based means and bear implications for policy decisions concerning mental health education and campaigns. Considering the role of parents' knowledge for supporting their children's mental health and help seeking behaviour, it seems essential to spread information on this topic via effective, appealing and broadly accessible means like our website.

"In my own language": Parental knowledge consuming in diverse groups in Israel

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Background and objectives: The Israeli society consists of many ethnic and cultural groups, which differ in various characteristics, which affect parental knowledge and knowledge consuming. It is important to understand the way parents from the Arab, ultra-Orthodox, and Ethiopian-Israeli groups consume knowledge, since often the knowledge disseminated to the general population is not culturally adapted. Understanding knowledge consuming in different cultural groups will inform cultural adaptation and contextual fit of parental programs and parental knowledge translation. The goal of the study is to learn about parental knowledge consuming in diverse groups in Israel.

Methods: We conducted a two stage mixed method study in order to learn about parental knowledge consuming from the perspective of both parents and early childhood professionals. Data included:
1. A survey with 245 early-childhood professionals working with the Arab, ultra-Orthodox, and Ethiopian-Israeli population. The survey was followed by 3 focus groups, to gain deeper understanding of the survey findings.
2. Thirty semi-structured in-depth interviews with mothers from the Arab, ultra-Orthodox, and Ethiopian-Israeli population.

Both groups were asked about parental knowledge and needs and the ways of parents in various group consume professional knowledge. Survey data was analyzing using descriptive statistics and focus groups and interviews were analyzed using qualitative-thematic analysis.

Findings: Similar findings raised from the data of both mothers and early-childhood professionals. Discipline and education were found as a major challenge for parents in all groups. The necessity of parental knowledge and support was emphasis all across the data. In addition, tribal wisdom was found to be the most significant knowledge source for all groups. The ultra-orthodox and Arab communities are more traditional and collectivist communities, as reflected in the parental knowledge consuming. Parents from the Ethiopian-Israeli community are more integrated in the majority group in Israel, and express more ambivalence towards traditional knowledge and support. It is important to notice that high proportion of families in these groups are from low socioeconomic status which also affect parental knowledge and accessibility to professional help.

Implications for policy, research and practice: The study's findings have practical implications for parenthood and for children's well-being. Parents are entitled to culturally and ethnically aware information, that is adapted and translated in a respectful way to the needs of their own group. Our study presents data on the view of parental knowledge consuming in terms of its societal diversity and its myriad sources. This understanding will inform knowledge translation in a beneficial and respectful way to diverse parents. Furthermore, in light of the insight that the primary source of parents' knowledge is the tribal wisdom, it seems that promoting parent training and dissemination through people within the community in crucial.

38

Effectiveness and implications of training mindfulness coping strategies on parenting

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Background: Parenting and caring for children involve the deployment of a series of strategies and skills that require training in adapting to the characteristics of the children. In circumstances of vulnerability, as in the case of children with mental health problems who are cared for in clinical settings, parents may find it even more difficult to cope with daily life situations, which can lead to stress and therefore resistance to a positive and child-friendly approach to parenting in order to meet the child's needs. There is evidence that mindfulness and meditation exercises provide tools to become aware of the patterns used in parenting and train skills through awareness that promote a positive parenting exercise. The mindfulness approach to positive parenting is known as mindful parenting. The main objective of this study was to test the effectiveness and implications of a mindfulness-based stress reduction programme (MBSR) incorporating positive parenting content (MBSR-P) with parents of children exhibiting mental disorders.

Methods: The participants were 23 parents (4 men and 17 women), with an average age of 48.13 years, caring for children exhibiting mental disorders involved in mental health services. The participants filled in a battery of questionnaires about parental stress, mindfulness and perceived parental role (pretest and postest), and they participated in a focus group to deepen in their experience during the intervention (postest).

Findings: Repeated measures analyses showed a statistically significant and clinically relevant improvement in parental stress, mindfulness and some areas of the perceived parental role. Content analysis of the focus groups revealed on a more personal level the acquisition of mindfulness-related skills such as acceptance, awareness and self-control. The deployment of these coping strategies had a direct impact on parenting, with improved communication and parent-child relationships.

Discussion: The results obtained in this study are aligned with those demonstrating that mindful parenting instruction improves parental practice, avoidance of various situations and immediate emotional reactivity. Practical implications are introduced in the poster.

Perceived parental support and psychological wellbeing of adolescents: Role of self-esteem

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Background and objectives: Parents have a substantial bearing on their children at every stage of their growth and development. self-esteem. It is generally believed that the existence of positive maternal and paternal support in the parent-adolescent relationship is a crucial component of healthy adolescent growth and functioning. So, the main objective of the present study was to find the relationship between perceived parental support (maternal & paternal) and psychological well-being in adolescents residing in Pakistan and investigating the mediating role of self-esteem in explaining the relationship.

Methods: A sample of 375 adolescents (Males = 181, Females =194) with an age range of 18 to 22 years were approached from different educational institutes. The sample was collected from different cities of Punjab using a purposive sampling technique. Perceived Paternal Support Scale (Kristjansson et al., 2010) was used to assess maternal and paternal support separately, Psychological Wellbeing Scale (Ryff et al., 2010) was used to assess psychological well-being, and Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to assess self-esteem in adolescents.

Findings: Results of Pearson Product Moment Correlation indicated that perceived maternal support is significantly positively related with self-esteem and psychological well-being; whereas perceived paternal support was only found associated with self-esteem. Findings of regression analysis indicates that maternal support and self-esteem are significant predictors of psychological well-being in adolescents. Furthermore, self-esteem appeared to partially mediate the path between perceived maternal support and psychological well-being; whereas it fully mediated the path between perceived paternal support and psychological well-being. The findings of t-test indicated no significant gender difference in terms of perceived maternal support, perceived paternal support, self-esteem and psychological well-being.

Implications for policy, research and practice: The findings of the current study have important repercussions for future research in the areas of social and familial functioning, as well as for counselling and awareness programs pertaining to mental health. These types of mental health awareness programs need to be introduced, and they should include education that leads to an improvement in adolescents' self-esteem. In addition, the findings of this study will contribute to a better understanding, both in the social, family psychology and other psychological realms, of the role that parental nurturing behaviors play in the mental health of adolescents.

Perceived differential parenting and sibling relationships in adolescents: Moderating role of birth order

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Background and objectives: Parents play an important role in their offspring's lives and significantly impact the bond children have with their siblings; however, parents may not always treat their offspring equitably. Parents may differ individually in the levels of the differential treatment within families in terms of affection and control, and this differential treatment impacts sibling relationships among adolescents. Thus, the main objective of the study was to investigate the relationship between parental differential treatment (paternal control & affection; maternal control & affection) and sibling relationship (warmth, conflict, & rivalry) in adolescents and the moderating role of birth order in explaining this relationship.

Methods: A correlational design with a purposive-convenient sampling technique was used to collect data from adolescents residing in Pakistan. A sample of 332 adolescents (Males= 163; Females=169) aged 18 to 22 years (M= 20.84, SD= 1.70) was taken from the main cities of Pakistan (Lahore, Islamabad, Gujranwala, &its surrounding areas). SIDE (Daniels & Plomin, 1985) was used to assess the perceived paternal and maternal differential treatment and the ASRQ-S (Stocker et al., 2001) was used to assess the perceived sibling relationships.

Findings: Results revealed a positive relationship between perceived maternal and paternal affection towards respondent and sibling warmth and a negative relationship between perceived maternal and paternal control towards respondent and sibling rivalry and conflict. Findings of t-test revealed that females receive greater control from their mothers as compared to males. Findings of SEM indicates that regardless of respondents' birth order, they would experience more positive and warm relationships with siblings if they perceive that they are receiving greater affection from their mothers.

Implications for policy, research, and practice: The findings of this study can contribute to awareness and training programs for parents. Family and counselling therapists will benefit from this research as it will help them to understand the similarities and variations across parents and adolescents in terms of sibling relationships and perceived parental differential treatment. In addition, the findings of this investigation will be added to the existing body of literature, assisting future researchers in their efforts to learn more about the nature of these relationships from various angles. This study also fills the gap in parental differential treatment, sibling relationships, and birth order literature.

"You're damned if you do, you're damned if you don't": A qualitative exploration of parent motives for provision of mobile screen devices in early childhood

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Background and objectives: An important aspect of modern parenting involves understanding ways to optimise healthy use of screens in early childhood. By exploring parental motives for providing smartphones and tablets to young children, parents can be better supported and empowered to manage their child's use. However, to date, no study has qualitatively assessed such parent motives, using a theoretically driven approach. The present study aimed to qualitatively examine the factors that underpin parent motives and decision-making of providing or not providing mobile screens to young children, using the Theory of Planned Behaviour (TPB) as a lens to view the data.

Methods: We conducted 45 in-depth, semi structured online interviews with primary caregivers of toddlers and pre-schoolers from diverse family backgrounds who participated in a large online survey in Australia. Themes were generated from the transcribed interviews using template thematic analysis. The coding was completed deductively using the TPB, and data-driven induction. The main components of the TPB: attitudes, subjective norms, and perceived behavioural control, were used as a-priori themes to approach the data.

Findings: Five main descriptive themes were generated based on consistent participant responses, guided by the TPB: (1) Convenience, connection, and non-traditional learning experience (e.g., 'digital future-proofing', 'a convenient babysitter'); (2) Negative behavioural consequences and potential activity displacement through mobile screens (e.g., 'no real connection', 'agitated and overstimulated'); (3) Influences of society and resources (e.g., 'parenting for other people's comfort', 'mixed messaged and urban myths'); (4) Managing and achieving a balance (e.g., 'internal and external locus of control'); (5) External challenges (e.g., 'terrible trade off', 'ideal meets reality'). Overall, the findings demonstrated that parents experienced attitude-behaviour incongruence and cognitive dissonance (e.g., "you're damned if you do, you don't", "a double-edged sword", "you're screwed either way"), primarily from over-bearing subjective norms suppressing their own attitudes and perceived behavioural control with respect to managing screen use. The qualitative insights also suggest that many parents' views and experiences are dependent on household composition variables and their socio-economic circumstances.

Implications for policy, research and practice: These insights offer important avenues for public health messaging and resources to better involve and support parents in decision-making relating to mobile screens in everyday lives of young children. The themes that reflect parental difficulties and cognitive dilemmas with respect to managing screen time decision-making can be used as a starting point for developing more family-friendly, realistic, feasible and positive support mechanisms. More visible and accessible programs with resources for quality digital content, dispelling myths about screen time and providing flexible solutions to screen-use related challenges are some ways to support and empower parents to raise digitally healthy children.

43

Associations between parents' job quality and adolescents' academic outcomes: Findings from the Longitudinal Study of Australian Children

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Background and objectives: Parents' jobs can have a profound impact on child learning development. Early research in this area was largely limited to focusing on the effects of mothers' employment status on child outcomes. Recent studies considering the quality of parents' employment find that poor job quality and work-family conflict are adversely associated with children's mental health and socio-emotional wellbeing. However, little research to date has examined the relationship between parent job quality and adolescent academic outcomes. This study aims to address these gaps using national cohort data to investigate the link between both mothers' and fathers' job quality and adolescents' academic performance at two key stages of schooling.

Methods: The study used cross-sectional data from two waves of the Longitudinal Study of Australian Children (LSAC), a nationally representative cohort study of Australian children and their families. Data are from wave 7 (collected in 2015) and wave 8 (collected in 2017) when adolescent children were in Year 7 and Year 9, respectively. Measures of parents' job security, autonomy, flexibility, and access to paid family leave were used as indicators of parents' job quality. NAPLAN reading and numeracy scores were used to measure adolescent academic outcomes. Analyses were stratified by parent gender at each wave (Year 7: n=1560 for mothers and n=1174 for fathers; Year 9: n=1407 for mothers and n=1027 for fathers). Multiple linear regressions were used to examine associations between parents' job quality and child academic outcomes. Analyses were further stratified to explore whether the presence of a job quality indicator was protective in lower income households.

Findings: Associations were observed between indicators of parents' job quality and adolescent outcomes independent of household income, socio-economic status, parent education level, and occupation type, but are patterned differently by parent gender and schooling stage. For fathers, access to flexible work was associated with higher reading and numeracy scores for adolescents in Year 7, with effect sizes equivalent to approximately one year and half a year of learning respectively. However, no associations were found in Year 9. For mothers, unexpectedly, job security was associated with lower reading scores and job autonomy was associated with lower numeracy scores in Year 7. Mothers' flexibility was associated with lower scores in both domains in Year 9. Additional analyses indicated the associations varied based on household income, however there was no clear patterning of these findings.

Implications for policy, research and practice: This study is one of the first in Australia to establish a relationship between the distal influence of parents' job features and adolescents' academic performance. Findings motivate further research to better understand both the risk and protective factors parents' job quality may present for children's academic development. Additional research could also investigate the possible longitudinal effects of these associations and the pathways by which they operate. Findings suggest that different job features may be more or less important at different times throughout adolescent development, highlighting the complex and dynamic needs of working families – factors that should be taken into consideration in future research.

65

44

MotherCare: A micro-trial approach to developing brief online support for mothers of infants grounded in compassion-focussed therapy and acceptance and commitment therapy

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Background and objectives: Childbirth and breastfeeding difficulties are common and contribute to maternal post-traumatic stress symptoms and shame, with flow-on effects for other aspects of maternal mental health, the mother-infant relationship, and breastfeeding continuation. This series of studies aimed to (a) examine predictors of (i) maternal psychological outcomes following birth, (ii) emotional availability, and (iii) breastfeeding continuation, and (b) evaluate acceptability and efficacy of two small packages of online-delivered resources grounded in compassion-focused therapy (CFT) and acceptance and commitment therapy (ACT) and developed specifically for mothers of infants in micro-randomised controlled trials (RCTs).

Methods: Mothers ≤24 months post-birth living in Australia and New Zealand were recruited into three separate trials. In Study 1, relationships between variables were examined to better understand the predictors of (i) maternal psychological outcomes (maternal shame, post-traumatic stress symptoms) following birth (N=405), (ii) emotional availability within the mother-infant relationship (N=396), and (iii) breastfeeding continuation (N=311). In studies 2 and 3, two separate packages of online resources were developed grounded in CFT and ACT. Each consisted of two short videos (<10 minutes) and a tip sheet. The CFT resources were tested via a micro-RCT (Study 2, intervention n=94, waitlist control n=154). The ACT-based resources were focussed on the values component of ACT and were tested in a second micro-RCT (Study 3, intervention n=52, waitlist-control n=87). Statistical analyses included ANCOVA and multiple linear regression.

Findings: Regression models from Study 1 showed that low birth autonomy and low psychological flexibility both predicted post-traumatic stress symptoms and shame. In addition, high fear during birth predicted post-traumatic stress symptoms (but not shame) and low self-compassion and low breastfeeding satisfaction predicted shame (but not post-traumatic stress symptoms). In regression models predicting emotional availability, psychological flexibility and better subjective breastfeeding experiences predicted mutual attunement and affect quality; self-compassion was an additional predictor of mutual attunement. Key predictors of breastfeeding continuation to 6 and 12 months were better subjective breastfeeding experiences and low post-traumatic stress symptoms. The micro-RCT of the package of CFT-based online resources (Study 2) showed that resource access was associated with lower post-traumatic stress and depressive symptoms, as well as higher endorsements of self-compassionate action, and engagement with compassion from others compared to the waitlist-control group. The micro-RCT of the ACT-based online resources focused on values (Study 3) showed that resource access was associated with lower depressive symptoms and improved valued action and breastfeeding satisfaction compared to the waitlist-control group.

Implications for policy, research and practice: The targets of CFT and ACT (compassion and psychological flexibility) are associated with maternal mental health and mother-infant emotional availability. Brief online interventions grounded in CFT and ACT have been shown to impact on: post-traumatic stress symptoms, depressive symptoms, self-compassionate action, engagement with compassion from others, valued action and breastfeeding satisfaction. Micro-RCTs enable testing of the specific effects of discrete intervention ingredients. Results support the theoretical paradigm, i.e., the CFT intervention shifted compassion and the values-based intervention shifted valued action.

46

An Acceptance and Commitment Therapy (ACT) approach to parenting intervention

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Background: Acceptance and Commitment Therapy (ACT) is a form of Cognitive Behavioural Therapy (CBT) with a growing evidence-base, including in the field of parenting intervention To date RCTs have focussed on families of children with neurodevelopmental disabilities including autism and cerebral palsy and families of children with chronic health conditions including asthma with demonstrated benefits to parental mental health, parenting style, child behaviour, and the parent-child relationship. ACT has been found to be effective as a stand-alone parenting intervention as well as an adjunct to behavioural parenting intervention.

Workshop content and process: The aim of ACT is to increase psychological flexibility: the ability to persist or to change in behaviour while in psychological contact with the present-moment and wider context and in the service of valued ends. Psychological flexibility includes awareness of values, psychological contact with the present moment, experiential acceptance, flexible perspective taking, cognitive defusion (psychological distance from thoughts) and committed action.
In this one-hour workshop, Dr Koa Whittingham will: (1) give a whirl-wind tour of the evidence on ACT-based parenting intervention to date, (2) discuss the relevance of psychological flexibility to parenting intervention including introducing her parental psychological flexibility model and (3) introduce simple and practical ways to add a "pinch" of ACT to your parenting intervention approach.

Key outcomes (learning objectives):
1. To understand the evidence for ACT-based parenting intervention to date.
2. To understand the concept of psychological flexibility and how it is relevant to parenting and parenting intervention.
3. To identify opportunities for enhancing parenting intervention with ACT-based skills.
4. To demonstrate simple and effective techniques for eliciting parenting values.
5. To demonstrate simple and effective techniques for supporting parental experiential acceptance.
6. To demonstrate simple and effective techniques for supporting parental cognitive defusion.

47

Online parent mediated home based intervention for children with autism in during COVID-19 pandemic, caregiver's experience.

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Background: During complete lockdown in view of COVID 19 pandemic children with Autism Spectrum Disorder (ASD) saw their therapies suspended. Change in routine is a significant challenge for children with ASD and it worsened during lockdown. Furthermore, it is expected that parents of children with ASD would report higher rates of stress and lower rates of adaptive capacity in regard to themselves and their children compared to parents of typically developing children during this time.

Objectives: To study the utility of the online parent mediated home based interventions in children with Autism Spectrum Disorder from caregiver perspective.

Methods: Ten parents of children with ASD were included in the study. Based on the results of need assessment survey home programme was delivered through series of google meetings over a period of one month. Basics of sensory integration and arranging play corner as per individual sensory needs of the child was addressed. Individualized Home Programme (IHP) was prepared based on the information from Sensory Processing Measure (SPM) and the Sensory Profile Questionnaire by Winnie Dunn (SP) depicting the sensory profile of the child. IHP was delivered through individual online sessions explaining its execution at home. Parents were given ongoing support through teleconsultation for the next six months. Feedback regarding the overall format of the programme, individual session and utility of the online autism support programme was obtained from the parents via Google form.

Findings: Home program was confidently implemented by 72 % parents. The approach used to strengthen the child's social and emotional behaviors in the program was appropriate by 71% patients. The overall teaching format was well perceived by 82% parents. Session on demonstration of setting up the play corner & individual discussion on home programme was liked the most by parents. Parents expressed need of more number of follow ups and goal directed program to boost parent's confidence in response to open ended questions. In response to the question on the need for additional parenting assistance, one parent replied "Yes. We want to go through the programme again. We want to revisit home programme for updated play area and home activities." While other one mentioned "No. I take care of my child with the help of your guidance." When asked about the main benefit of the online support program following responses were obtained: "At the time we were stressed, during covid, it helped us in helping our kids"; "Educating parents themselves" ; "Encouragement and use of minimal setup for child development"; "During pandemic situation, this online program helps us a lot...This program teaches us how we can handle independently child's tantrums, Hyperactiveness... Day by day we can understood our children's need and lot more..."

Implications for policy, research and practice: Online support programme empowering parents was found to be beneficial during COVID 19 lockdown. Parent-mediated therapy gives children with ASD consistent reinforcement and training throughout the day and reduces the challenging behaviors during lockdown situation. There is emerging need to facilitate these interventions to support families of children with autism.

48

Supporting families online: Exploring the experiences of service users and practitioners and the development of a best practice framework for digital social care

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Background: Digital technology has become an increasingly prominent feature of healthcare delivery, yet social care has remained less digitised than other systems. The use of digital services to support families, however, accelerated greatly during Covid19 yet there remains much that we need to learn regarding the implementation, appropriateness and acceptability of digital interventions for parents and children. We explore the service user and practitioner experiences of working together online during the pandemic and outline the development of a digital practice framework. This work was conducted in the Republic of Ireland as part of an internal evaluation of online work with families delivered by Barnardos Ireland in response to the Covid-19 pandemic. Barnardos Ireland are a children's charity and provide a range of evidence-based interventions for children and parents including one-to-one and group-based supports and services.

Methods: A mixed-methods study combining survey and qualitative research was conducted. In total, 139 parent/adult service users and 102 social care practitioners working in the Republic of Ireland who respectively received and delivered a range of digital social care supports, took part in online surveys. Nineteen focus groups with 106 staff members working directly with children and families were also conducted. The findings informed the development of a best practice framework that includes guidance documents, protocols, and assessment tools to support staff and service users working in an online space.

Findings: The service user survey results indicated that majority of participating service users enjoyed engaging in online services, whilst more than half of participating parents identified a blended approach of online and face-to-face meetings as their preferred option for receiving services. Results from the survey and focus groups with practitioners indicted they generally felt confident and comfortable engaging in digital service delivery. Benefits of digital practice included perceived positive impacts on participation rates, ease of access and removal of barriers to engagement. Challenges included lack of access to technology and/or WiFi, inadequate spaces to engage in digital intervention, concerns regarding privacy and safeguarding.

Implications: These findings shed light on both service user and practitioners' experiences of digital social care services during the Covid-19 pandemic. Both benefits and challenges within the delivery of digital social care supports, as well as conflicting findings were identified. The digital practice framework developed by Barnardos Ireland in response to these findings provides guidance and outlines activities to support high quality online service delivery and achieve outcomes in the following areas: session planning guidance; safeguarding and risk assessments; maintaining programme fidelity; delivering online supports; building therapeutic relationships online; and evaluation and reflection following service delivery.

50

Families of people with autism spectrum disorder: Relationship between mindful attention and perception of family quality of life

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Background and objectives: In families of individuals with autism spectrum disorder (ASD), the perception of family quality of life (FQoL) may be diminished by the extra difficulties they face. Given the relationship which exists between FQoL and other personal adjustment and family functioning variables, it is important to identify those factors which foster perceived wellbeing and are susceptible to intervention. Within this framework, the aims of this study were to explore the FQoL in these families in its different dimensions and to analyze its relationship with mindful attention, controlling for perceived social support and other potentially influential sociodemographic variables.

Methods: Interviews were held with 96 parents (59.40% women) of individuals diagnosed with ASD living in Andalusia, Spain. The majority of parents had a university degree and a stable job. Their children and teenagers with ASD were in total 68, aged between 2 and 17 years, with a mean age of 9.03 years (SD = 3.79). Participants belonged to the same family system as another participant in the 58.30% of the cases. The Mindful Attention and Awareness Scale (MAAS; Barajas & Garra, 2003) was used to assess the level of mindful attention, and the Spanish Family Quality of Life Scale (Giné et al., 2013) for families with children and teenagers under 18 years of age with ASD was used to assess FQoL. A consent document was signed before the interviews, in accordance with the Declaration of Helsinki. This study was approved by the regional ethics committee (1517-N17).

Findings: The results indicated that the participants in our study had medium-to-low values of family quality of life in comparison with families of children with intellectual disability in Spain (Giné et al. 2013). Consequently, it seems that the experiences of families with children and teenagers with ASD, may have an overall more negative perception of their FQoL. Between the dimensions of the FQoL, two subscales scored below of the mean value for overall FQoL: financial wellbeing and family accommodation. On the other hand, the dimensions with the highest scores were family interaction and emotional wellbeing. Significant correlations were found between FQoL and mindful attention. Multiple regression analyses revealed that high levels of mindful attention positively predicted FQoL after controlling the influence of social support. The results of our study seem to mean that being focused on the present is related to better FQoL, regardless of the level of social support received.

Implications: Families of children and adolescents with ASD need support to improve their FQoL. This study makes a valuable contribution to improve the programmes that foster the wellbeing of these families. The results obtained indicated that it can be benefitial for these families to include in the family interventions objectives related to increase the mindful attention of the adults. Reaching this state of mind is not something that happens naturally. It takes some practice (García et al., 2018). Therefore, including programmes that develop mindful attention in parents of people diagnosed with ASD may have an impact on the wellbeing of the whole family.

52

Strengthening the healthy adult mode in parents: the REThink Parenting online program for the prevention of emotional disorders in children

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Background: A wealth of evidence shows that the prevalence of emotional disorders in childhood is continuously increasing. Research on CBT-based parenting programs has shown that they are effective for a wide range of childhood-related mental health problems. Although these programs target different risk factors, most of them do not address one of the most important characteristics of parental factors, namely parents' cognitive vulnerabilities. Findings to date (David, 2014; Riskind, 2017; Lilley, 2020; Mark, 2022) suggest that parents' cognitive vulnerabilities could be a key mechanism, explaining why parents sometimes engage in more maladaptive parenting processes. In addition, there is theoretical and empirical evidence that points toward the risk of intergenerational transmission of cognitive vulnerabilities. The REThink Parenting program was designed to strengthen parents' cognitive protective factors, which support and facilitate the implementation of adaptive parenting practices that respond to children's emotional needs, such as connection, autonomy, healthy limits, and emotion regulation. The program teaches parents rational beliefs (based on Rational Emotive Behavioral Therapy, REBT; Ellis, 1994) and positive cognitive schemas (Schema Therapy, ST; Young, 2003, and positive psychology; Louis, 2018). The program consists of 5 modules. The main module targets parents' cognitive vulnerabilities, and uses ST techniques to strengthen positive cognitive schemas, by empowering the Healthy Adult mode (or the Good Parent mode) and loosening the dysfunctional parent modes (demanding, critical, and punitive parent modes). To increase accessibility, the REThink Parenting program is delivered online. Moreover, it is tailored to parents' needs – each participant receives personalized recommendations on which modules they would benefit from most, based on an initial evaluation of their needs.

Objectives: The general aim of the study is to examine the effectiveness of an online parenting program based on REBT, enhanced with a ST component, for the prevention of emotional disorders in children.

Methods: A randomized controlled trial will be conducted. We will recruit 130 parents of preschool children enrolled in kindergarten programs in Romania with elevated stress levels. Eligible participants will be randomly assigned to the intervention group which receives the complete REThink Parenting program, the second group which receives the program without the module based on Schema Therapy, or the waitlist group. Participants will cover one module per week (maximum 5 weeks). Data will be collected at three-time points: baseline, post-intervention (after each participant has covered the assigned modules), and follow-up at three months. Outcome measures will include children's mental health, parent distress, and parents' positive cognitive schemas.

Results: We expect the parenting program to be effective in reducing emotional symptoms in children, in reducing parents' distress, and we expect that the effect will be stronger for the program enhanced with a Schema Therapy component. We expect these effects to maintain at follow-up.

Gender transformative parenting without violence

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Background and objectives: The Parenting without Violence (PwV) Common Approach is designed as a universal prevention program for use in development and humanitarian contexts to end and reduce all forms of violence against children. It aims to improve positive parenting capacities of fathers, mothers and caregivers of girls and boys of all ages. This paper will: outline PwV process, including the importance of concurrent parent, child and community activities; provide an overview and scope – implementation > 30 countries: and highlight benefits of engaging children simultaneously.

Methods: The PwV intervention is accompanied by a suite of mixed methods monitoring and evaluation tools including:
- a survey for adults (including caregivers & other community members) measuring attitudinal and behaviour change around positive parenting and physical and humiliating punishment.
- a survey for children and adolescents measuring their wellbeing and resilience
- accompanying focus group and interview tools producing qualitative data on how adults and children feel about the intervention activities, their relationships with their families, and attitudes around gender, caregiving and relationships.

We have carried out a qualitative synthesis of outcome evaluations, monitoring data captured for donor reports and performance monitoring. In total, 29 relevant documents were identified from 12 countries which included outcome findings. Countries included Nigeria, Ethiopia, Somalia/Somaliland, Uganda, Zambia, Bolivia, Cambodia, Indonesia, Nepal, Papua New Guinea, China and Turkey. Future quantitative meta-analysis is planned to build on findings.

Findings: Evidence synthesis demonstrates effectiveness in reducing prevalence of violence in the home and also in improving relationships between caregivers and children and children's psychosocial wellbeing. In varied contexts eg Kalikot district of Nepal, South-Central and Puntland regions of Somalia, and the ARoB region of Papua New Guinea, caregivers reported reductions in their use of physical and humiliating punishment. Positive outcomes are emerging for children's increased resilience, improved self-esteem, improved problem-solving ability at home and school and social confidence. Findings particularly evident for participating girls include: "The nicest thing is my mom has also been taking classes on the same subject… we would always talk with my little sisters and have learned to support each other more… We used to think that because we were women, we had to keep quiet" Girl, Bolivia; "I feel happy at home" Girl, PNG; "My mother now speaks in a friendly manner with me, we often chit-chat" Girl, Indonesia.

Implications for policy, research and practice:
- Child Participation- relevance of engaging children and adolescents to improve effectiveness and improved participatory methods to understand how they & caregivers perceive changes
- Analysis of changes in gendered attitudes around caregiving and family life.
- Further exploration of learnings and relevance for prevention of other forms of gendered violence e.g. early marriage, risky migration; and more broadly gendered outcomes for boys and girls.

"My wife still can't believe the change at home…I feel proud to have come and to have participated all this time. What I learned the most was the importance of speaking to my children affectionately" (Male participant).

Examining parent-infant interaction trajectories in infants with and without an elevated likelihood for autism: A replication study

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Background: It has been suggested that developmental antecedents of autism may bidirectionally affect parent-infant social interactions, amplifying social skills difficulties (Dawson, 2008; Elsabbagh & Johnson, 2007). Previous research using a sample from the British Autism Study of Infant Siblings (BASIS) found differences in several areas of parent-infant interaction for 7 and 14 months with lower ratings for infants with versus without elevated likelihood (EL) for autism (defined by having an older diagnosed sibling), and prediction of 3-year autism outcome based on 14-month interaction (in mutuality, positive affect and attentiveness; Wan et al., 2013).

Objective: We sought to replicate previous work by Wan and colleagues in a more recent, larger sample to examine the consistency and predictive value of the parent-infant interaction aspects in relation to autism likelihood and later autism outcome (infants at EL with and with no autism outcome, EL-autism, EL-no autism; infants at typical likelihood, TL).

Methods: Using the Manchester Assessment of Caregiver-Infant Interaction (MACI) global rating scales, we evaluated 6-minute videotaped laboratory-based unstructured parent-infant free-play interaction in a larger independent prospective cohort from the BASIS at 7-11 (100 infants at EL, 24 infants at TL) and 13-18 months (104 EL and 26 TL infants). Coding was blind to participant information. Assessment of autism outcome was conducted at 36 months.

Findings: Linear mixed-effects models replicated previous findings showing significant differences in parent sensitive responsiveness, parent non-directiveness and dyadic mutuality (ps<0.004) between the autism likelihood groups (EL-no autism, EL-autism, TL) with scores on these variables being lower in the EL-autism group compared to the other two groups. Additionally, an age-by-group interaction effect showed that infant attentiveness to parent decreased from 8 to 14 months in the EL-autism group compared to the other two groups (p=0.02). 14-month infant attentiveness to parent and mutuality predicted autism outcome; this also replicated previous effects. We failed to replicate the group effects in infant liveliness, positive affect and dyad engagement intensity. Furthermore, we found earlier (8m) predictive effects of autism outcome in infant positive affect and parent nondirectiveness (ps<0.02) than reported by Wan et al.

Implications: This study strengthens the existing evidence base for emerging alterations in parent-infant interaction, starting from 8 months, especially among infants subsequently diagnosed with autism. These robust longitudinal analyses of the largest sample to date measuring parent-infant interaction to 3-year diagnosis reinforce the predictive value of parent-infant interaction qualities and suggest divergence in attentiveness to parent from 8 months, not seen in the previous 7-month sample. Further work should examine whether changes represent an affirmative parenting style, or could provide options for supportive interventions.

55

Feasibility randomised controlled trial of Being a Parent-Enjoying Family Life: A novel, peer-led group parenting interventions for parents with significant emotional and interpersonal difficulties.

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Background and objective: Group-format parenting interventions are effective at reducing challenging child behavior and conduct problems. However, there is significantly less evidence about the performance of these interventions for parents with significant emotional and interpersonal difficulties, including personality disorder diagnoses. This poster presents the initial findings of a two-arm parallel group feasibility Randomised Controlled Trial and nested process evaluation of Being a Parent (BaP)- Enjoying Family Life, a novel peer-led intervention.

Methods: 77 parents who experience significant emotional and interpersonal difficulties and who are concerned about their child's, aged 2-11 years, behavior were recruited through clinical and community recruitment pathways. Of those 77 parents, 66 were randomised to received either BaP-Enjoying Family Life or the well-established Empowering Parents Empowering Communities-Being a Parent (EPEC-Being a Parent) group-format interventions. The primary outcomes were the feasibility (recruitment, retention and fidelity) and acceptability of BaP-Enjoying Family Life intervention and trial methods. Secondary clinical outcomes include child behavioral difficulties, parenting, parent wellbeing, reflective function, satisfaction and self-efficacy. An observational assessment of parent and index child was also used to assess changes in the home environment. Outcome measures were collected pre-intervention, post-intervention and at 6-month follow up. A parallel process evaluation will use qualitative data from interviews to assess parents' experience of the intervention delivery and trial methods.

Findings: Initial findings show sufficient participant identification (>60% of consenting participants eligible, 66 parents randomised) and retention (time 2 retention is >65%) based on pre-determined feasibility criteria. Intervention acceptability, fidelity and evaluation of pre- post- clinical outcomes will also be presented.

Implications for policy research and practice: The results of this feasibility trial will indicate the acceptability of low-intensity, group-based interventions for parents with significant emotional and interpersonal difficulties and indicate whether targeted and universal interventions are acceptable and beneficial to this population. The feasibility trial uses and evaluates a more inclusive recruitment approach through clinical and community pathways. The results will enable more reliable identification of the routes through which parents with significant emotional and interpersonal difficulties seek support.

56

Cross-cultural perspectives on fathering and parenting programs

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Background and objectives: Across the world, father involvement is increasingly recognized as important to child development and broader family outcomes. Fathers' active and regular involvement with their children is associated with fewer behavioural problems and better educational and social-emotional competence in children. However, research in Western contexts suggests that fathers are generally less involved with their children and participate less in parenting programs when compared to mothers. Much less is known about father involvement across different cultural and country contexts. This symposium aims to provide cross-cultural perspectives on how fathers are involved with their children and the factors that facilitate or hinder father involvement with their children and parenting support.

Brief description of each paper:
   The first presentation will describe father involvement in Asian families. Father involvement is increasingly recognized as important to child development and broader family outcomes. A systematic review was conducted. Papers focused on father involvement were included, where participants were fathers with at least one child living and were living in two-parent families. Searches of 7 databases found 46 papers which were assessed for inclusion in the study. Results are forthcoming but will outline both how fathers are involved in parenting in Asia and the determinants of father involvement in Asian countries.
   The second presentation will focus on the subjective experiences of Chinese fathers and the influences on their involvement with children from their point of view. Thematic analysis was used to analyze semi-structured interviews with 34 Chinese fathers of preschoolers. The findings indicated that there is considerable variation in levels of father involvement and the multiple roles fathers play in their child's life. The intrapersonal, familial, and social factors that influenced father involvement in the Chinese context were identified, which supported that multi-layered contextual factors jointly influence how fathers are involved with their children.
   The third presentation will report on factors related to fathers' intention to participate in a future parenting program and their preferences for program characteristics. More than 600 fathers from several countries reported their intentions to participate and preferences as part of the International Parenting Survey. Their data was analysed using structural equation modelling to evaluate a model of intention to participate and cluster analysis to identify profiles of preferences. Results indicated that fathers' help-seeking behaviours and parenting practices were significantly related to their intention to participate. Fathers preferred media-based programs that address their perceived logistic barriers.

Implications for policy, research and practice: The findings from these presentations contribute to a deeper and more enriched understanding of father involvement in families and parenting support across cultures. These presentations will provide some suggestions for researchers and practitioners to tailor support to facilitate fathers' involvement with their children and their engagement in parenting programs based on their needs and preferences. The key findings presented in this symposium may also support the promotion, legislation, and implementation of family-friendly policies to increase father involvement and benefit fathers and their families across cultures.

Supporting parents and ghildren by providing Playsteps Parent Child Interaction Playgroup via telehealth

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Background: PlaySteps is an evidence based 8 week play program for parents, with 0–4-year-olds. It is designed to improve parent-child interaction, by assisting caregivers to develop a positive, nurturing relationship with their child. In 2020 Melbourne was placed into lockdown due to COVID with minimal notice. All services deemed nonessential were placed on hold. The families enrolled in PlaySteps program had limited family and social supports and many external community programs ceased or were reduced. Tweddle adapted the PlaySteps program and introduced a Telehealth Model for families to have parenting education and supported play.

Methods: Eight PlaySteps groups were provided to families from March 2020 until December 2021. Families had a pre group consultation with a facilitator to identify parenting concerns and to establish goals for the parent and child during the program. A pre and post PlaySteps questionnaire was completed. Quantitative data was collected and reported 6 monthly. Parents were asked to report their confidence in engaging their child in play and their knowledge of ways to support their child 's development in play. Parents were asked to provide their thought and comments about the program and the qualitative data was collected.

Findings: There was a marked increase in confidence and knowledge for every group. parents expressed their feelings of relief at having a time in the week where they were able to connect with other parents and have facilitated play whilst in COVID isolation. These comments were collected from the evaluation forms and reported.

Implications for policy, research and practice: Many parents cannot access groups due to family circumstances, distance and preference. Telehealth PlaySteps is research evidenced group which supports parent and children in their home whilst providing parenting education structured play and connection to other families. Further funding of groups and research into a Telehealth PlaySteps program outside of COVID isolation would be beneficial.

58

The use of evidence-based parenting support programs in diverse caregiving contexts in low resourced countries

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Background and objectives: Along with preventing and reducing social, emotional, behavioural and developmental problems in children, positive parenting practices can be effective in enhancing parents' and caregivers' knowledge, skills and confidence in caring for children, as well as their own sense of wellbeing and agency. Positive changes in parenting practices can also reduce parenting-related stress and risk of child maltreatment. However, the question remains, how well can evidence-based parenting support (EBPS) programs developed in Western countries be translated to the culturally and contextually diverse settings of low- and middle-income countries. Under the theme of global perspectives on evidence-based parenting support, this symposium will explore the delivery and impact of EBPS programs on the wellbeing of parents and caregivers, and developmental outcomes of children living in diverse settings in low-resource countries (Kenya and Pakistan).

Brief description of each paper: The first presentation (Maureen Ouma) will explore the role of Indigenous methodology such as storytelling in data collection in a low income, low literacy setting in the informal settlements in Kisumu, Kenya. The project presented is an RCT (intervention vs waitlist control) evaluating the impact of Group Triple P on family outcomes including parenting style and confidence, and parental perception of disruptive behaviour in children. Learnings about research implementation and effective tailoring of program delivery will be discussed along with preliminary findings. Implications for the reduction of family violence will also be explored.

The second presentation (Japeth Adina) will discuss an RCT (intervention vs care as usual) assessing the efficacy of Triple P for Baby in an urban Kenyan hospital setting, with a sample of pregnant women at risk of perinatal depression. The intervention was delivered prenatally via Zoom videoconferencing in four group sessions, and postnatally through four individually tailored telephone sessions. Outcomes included greater improvements in maternal depression, anxiety, responsiveness and confidence, and better infant scores in fine motor and receptive language development for the intervention group. Overall, retention was high and mothers found the program highly acceptable, suggesting it is an efficacious early intervention for women at risk of perinatal depression in low-resource settings.

The third paper (Amina Khalid) will present the perspectives of caregivers working in three Pakistani orphanages on the impact of Group Triple P in supporting their caregiving practices. Qualitative findings from semi structured interviews include themes relating to the positive impact of Group Triple P on the caregiving practices, self-efficacy and personal wellbeing of orphanage caregivers, as well as on caregiver-child relationships and developmental outcomes in children under their care. The program also fostered a supportive environment by building respectful relationships among caregivers and administrators, and led to advocacy for professional development for all orphanage staff including auxiliary workers.

The symposium will conclude with a summary (Karen Turner) and discussion of the outcomes and learnings for program development, research, and program delivery in culturally and contextually diverse settings with challenges related to limited resources and literacy.

Implications: These studies provide insights into how EBPS programs can be tailored to context-specific needs with a culturally sensitive facilitator, while maintaining program fidelity and positive outcomes.

"Kind, sets limits sometimes, cares for one": Children's short descriptions about what constitutes a 'good parent'

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Background and objectives: Effective parenting practices have been the focus of research on children and families for several decades. Parenting programs based on social learning theory reach tens of thousands of parents every year and emphasize both boosting the quality of the relationship and providing assertive discipline. However, little research has explored what children themselves perceive as good or helpful parenting styles and practices. Our aim was to analyze children's perceptions on what constitutes a "good parent".

Methods: Our research group had a stand at a science fair, presenting research to school classes (6th graders) during a weekday and families during a weekend day. The material constitutes responses to a single open-ended question: "What is a good parent?". Children 4-14 years old, who came to the stand were informed that we do research on families and are interested to hear what children think about different things. They were then presented with the question and handed a post-it note to write their responses on. The youngest children were assisted, although most children preferred to write their own notes, judging from the ample presence of spelling mistakes. The responses (N=280) were then entered verbatim into an Excel file and a manifest content analysis was performed, resulting in N=29 codes.

Findings: The most common characteristics of a 'good parent' were being kind (42%), caring (19%), and fun. According to the children, good parents listen (15%) and talk to their children, help them when they need it, respect them, like spending time with them, and provide for them. Children also had clear ideas about the value of limit setting (10%), often acknowledging the need for both being kind/caring and setting limits. A number of children explicitly said a good parent should not hit or hurt a child (3%) or should not be angry or shout (4%). Some children described a good parent as allowing the child to do whatever it wants (5%), especially regarding screen time. Finally, some children felt good parents should teach their children things, give them space, and be cool/good looking. In sum, children's responses to a single open-ended question pinpointed characteristics of a good parent known from the parenting literature and advocated for in parenting programs.

Implications for policy, research and practice: The majority of the codes identified in this analysis related to a warm and caring parent-child relationship, well in accordance with the general emphasis of parenting programs on spending ample quality time with the child to build the relationship. The fact that assertive discipline, along with quality time seems to be the optimal combination in effective parenting programs seems to resonate well with children. Finally, given that corporal punishment has been banned in Sweden since 1979 it is very interesting that 4% of children explicitly mentioned non-violent behavior as an important characteristic of a good parent. Parenting programs have been shown to reduce violence against children so even this aspect seems highly relevant from the children's perspective.

60

Working Out Dads

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Background and objectives: To engage fathers and address the need for interventions to promote fathers' health and wellbeing in the early years of parenting, Tweddle Child and Family Health Service developed Working Out Dads (WOD). WOD is an innovative group-based intervention that aims to (a) reduce fathers' mental health difficulties, (b) promote healthy lifestyle behaviours, and (c) strengthen family relationships. This pilot evaluation sought to assess the short-term outcomes of participation in WOD for fathers of young children (0-4 years), and explore their experiences of the program.

Methods: A single group pre- and post-intervention research design with a nested qualitative study was conducted. Survey methods were used to assess the short- to mid-term outcomes of participation in WOD at post-intervention and 3-months. Qualitative interviews were also conducted to explore fathers' experiences of and satisfaction with WOD.

Findings: A total of 63 fathers were eligible to participate in WOD. Of these 53 completed the baseline survey. Fathers reported significant decreases in overall psychological distress and specific symptoms of depression, anxiety and stress, which were maintained three months later. We found an increase in amount of physical exercise conducted per week, and an increase in perceived vitality and related decrease in fatigue symptoms. Importantly, fathers reported a significant increase in perceived social support. These changes in outcomes were supported by the qualitative findings. Fathers also shared what they valued about the program, as well as the facilitators and barriers to participation.

Implications for policy, research and practice: WOD addresses a significant gap in health and social care interventions targeting men, particularly at the key life stage of early fatherhood. These pilot findings were the critical first step and have informed the design of a rigorous evaluation trial. In 2020 The Murdoch Children's Research Institute received MRFF Million Minds Mission Funding to conduct a Randomised Controlled Trial to assess the effectiveness, cost-effectiveness, and future scalability of WOD. 280 fathers will be recruited and randomised to either a six-week WOD or Usual Care, a brief telephone-based consultation with a Maternal and Child Health Nurse at Tweddle.

61

A new measurement feedback system (MFS) for parenting groups: How can the "MittEcho" app improve outcomes?

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Background and objectives: Client or user feedback using Measurement Feedback Systems (MFS) show promising results in mental health interventions. There are a number of MFS developed for use in mental health contexts, yet few studies report using MFS in conjunction with parenting programs. MittEcho is a new MFS that has been developed for use in group-based parenting interventions and is delivered via an app developed in collaboration with the University of Oslo and is currently under evaluation in the PIRM study (https://uit.no/project/pirm). MittEcho is being evaluated as part of a factorial-designed study in combination with two different parenting interventions for families with a refugee background, the Incredible Years™ (IY) and International Child Development Programme (ICDP).

Methods: The MittEcho app includes an idiographic measure of three personal aims and nine questions measuring participants' experience in the parenting program which are answered on a weekly basis. Feedback results are displayed on a visual data dashboard to guide the group leaders in tailoring the intervention to parents' needs. The questions in the app exist in nine languages. The app is available for free for smartphones and fulfills the European data protection regulations.

Findings: We will address the limitations of established MFS systems and give a presentation of the MittEcho app. Initial experiences of using the app will be presented.

Implications for policy, research and practice: One way to optimize effects is to combine a psycho-social intervention with MFS. Such systems can give feedback about parents' progress to the group leader, enabling them to adapt the intervention to better serve the needs of the parents.

Supported Parenting Interventions for Families with Refugee Background (PIRM): Effectiveness of the Incredible Years and the International Child Development Program.

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Background and objectives: Raising children in a new cultural context with different expected parenting practice can be challenging. Families with refugee background have additional challenges to what most families face. These may be related to war exposure, acculturation, and mental health issues. In Norway, the government has initiated a policy of obligatory parenting training for refugee parents who settle in Norway. The Incredible Years (IY) and The International Child Development Program (ICDP) are widely implemented in social welfare and refugee services. The objective of Supported Parenting Interventions for Families with Refugee Background (PIRM) is to evaluate the use of these group-based interventions.

Methods: The study has a randomized factorial design where the aim is to evaluate the effectiveness of IY and ICDP in strengthening parental skills, reduce parental stress and prevent negative child behavior. Factor 1 is based on randomized selection to a) IY or b) ICDP. Factor 2 is based on randomized selection to a) with MFS or b) without MFS. MFS is a measurement feedback system were the participants answer weekly on how they experience the progress via a phone app, MittEcho, and the results are sent to group leaders in the MFS condition. In the PIRM study IY (The School Age Basic parenting program) is delivered over 15 weeks, and ICDP (The minority version) is delivered over 12 weeks according to the implementation guidelines in both programs. Survey data are collected pre-intervention, mid-way intervention, after the intervention, and 1 year follow-up after intervention completion.

Findings: The study is ongoing and the primary outcome measures note changes on child problem behavior with the Eyberg Child Behavior Inventory (ECBI), Parenting Practices Inventory (PPI), and Parent Stress Index-Short Form (PSI/SF).

Implications for policy, research and practice: IY and ICDP are found to be effective in the general population in Norway, but refugee populations have not been included in earlier studies. Thus, there is a knowledge gap in how parent training to refugee parents needs to be adapted and how it affects their parental care in a Norwegian context. Evaluation of these interventions and whether they meet the challenges refugee parents face, is necessary for further evidence-based practice.

64

Caregiving arrangements in Singapore: Impacts on child outcomes

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Background and objectives: With increasing levels of education and the rise of dual-income households, families face the challenge of deciding on the best caregiving arrangements for their infant. In Singapore, many families rely on grandparents, nannies, domestic helpers, and childcare centers to serve as primary caregivers. This longitudinal study therefore sought to examine the prevalence of the different types of caregiving arrangements, and the influence of such arrangements on mother-child attachment, and cognitive and social-emotional development.

Methods: Face-to-face interviews were conducted with 439 first-time Singaporean mothers when their infant was 4, 18, and 36 months old.

Findings: While approximately half the infants in our sample (56%) had mothers as their primary caregivers at 4 months, this number decreased at 18 months (20%) and 3 years (16%). At 18 months, primary caregivers were typically grandmothers (48%). At 3 years, most were cared for by grandmothers (30%) or childcare centers (37%). Only 11% of respondents reported no changes in primary caregiver for the duration of the study, while on average, children experienced 1.98 (SD = 1.31) changes in primary caregiver. Attachment security at 3 years, child's cognitive outcomes, and child's social-emotional outcomes were not predicted by the type of main caregiver, or the number of caregiving changes children experienced. Instead, attachment security at 3 years was predicted by attachment security at 18 months and child's temperament at 3 years. Maternal factors such as maternal education and employment predicted cognitive (problem-solving skills) and social-emotional outcomes respectively.

Implications: Overall, we found that within the Singaporean context, there is little evidence of a "best" caregiving type. These findings challenge traditional notions that mothers as main caregivers is the ideal care arrangement, and instead qualify that specific qualities in mothers are more important for child outcomes. The study findings also invite further research on caregiving practices on non-parental figures, and the impact of such practices on child outcomes.

Participatory approaches for parent support groups: What we have learned and what we can do

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Background and objectives: Children with developmental disabilities have complex care needs and families have a critical role in ensuring that these children survive and thrive. Participatory group programmes that target caregivers and parents offer important benefits that include improved understanding, confidence and self-esteem and a reduction in self-blame, which result in improved care for the child. These groups also offer important social support to caregivers who are often socially excluded in their own communities. Yet discussions on the challenges and opportunities in using participatory approaches within these peer groups in low- and middle-income countries (LMICs) is sparse.

Methods: We will critically reflect on the participatory approaches used in caregiver groups for children with cerebral palsy, congenital zika syndrome and developmental disability in LMIC contexts as implemented by the London School of Hygiene & Tropical Medicine (LSHTM) and partners. This study used qualitative methods; indepth-interviews, observation and focus group discussions were undertaken with participants of caregiver group programmes in Brazil, Colombia, Rwanda and Uganda between 2018 and 2022. These 'Ubuntu programmes' provide emotional and practical support, through participatory approaches within 12 modules (covering Know your Child, Positioning and Carrying, Eating and Drinking, Learning to Move, Communicating, Play, Everyday Activities). Parents and caregivers share their stories and experiences and each session has practical skills that are practiced together through demonstrations, practice and support. Using a case study approach, we critique the extent to which participation was achieved as a means to learn lessons for future implementation and research.

Findings: The 'Ubuntu programmes' are co-facilitated by expert parents and healthcare providers working together. Both facilitators are trained together on facilitation skills, participatory learning and program content, which provides opportunity to build equitable partnerships. This partnership between expert parents and healthcare providers transforms the community through changing the hierarchy of societal structure through empowering parents. Active participation is further enabled though group activities such as icebreakers, linked to module objectives, which set foundation for active participation. Parents report that they grow closer to their child as they learn how to care for their child with families going through similar experiences. The use of participatory approaches is challenging in settings with hierarchical community structures where power on decision making is unequal and opinions are more centralized to healthcare providers. Key to success was early involvement of healthcare providers in the planning process and providing regular opportunities for expert parents to share ideas and experiences.

Implications for policy, research and practice: Through participatory approaches, groups share experiences that build peer support, provide opportunities for all group members to engage in discussion and for the whole group to reflect together on practical solutions to address challenges faced in their community. In conclusion, meaningful participation of caregivers within groups is achievable in LMICs and can improve skills and confidence, as well as knowledge, and lead to more relevant programmes for caregivers and parents.

66

The role of parents in promoting physical activity and sports involvement in children

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Background and objectives: Parents play a central role in children's participation and enjoyment of physical activity and sport. Parents can positively contribute to children's physical activity and sports experience by providing logistical and emotional support, and by building motivation and self-perceived competence. In comparison, negative parental behaviour can lead to children feeling pressured and anxious, unmotivated, and unwilling to continue. This symposium will present two papers that enhance our understanding of parental behaviour in sport, followed by two papers that report on interventions to support parents to facilitate positive experiences in physical activity and sport for their children.

Individual papers: The first paper, presented by A/Professor Rynne, reports on the findings of a survey of 1,418 parents of junior rugby league players in Australia, with a particular focus on the reports of 117 Indigenous parents. This study found that Indigenous and non-Indigenous parents strongly socially identified with their children's sport and that a significant minority of parents engaged in inappropriate spectator behaviour at their children's games. Negative parental behaviour was predicted by parenting practices, parental wellbeing and parents' competitive attitudes and investment in rugby league.

The second paper, presented by A/Professor Elliott, provides an ethnographic exploration of the characteristics of positive parental involvement in sport within the sociocultural environment of sporting clubs. The study drew on extensive data derived from multiple sources, including covert field observations, field notes and 40 semi-structured interviews with parents and coaches, and across multiple sports (i.e., Australian football, Tennis, Swimming, Netball). Results of reflexive thematic analysis led to six constructed themes that reflected the prospects and challenges for sporting clubs to engage parents at the beginning of the sporting season.

The third paper, presented by Dr Schoeppe, presents findings from the Step It Up Family study, which used activity trackers and apps to motivate 40 families with children aged 6-10 years to increase their physical activity. The study found that promoting parental support and modeling of physical activity was associated with increased physical activity in children at post-intervention.

Finally, Dr Dittman will report on the development and evaluation of Play Well Triple P, a program designed to promote positive parental involvement in junior rugby league. A pilot trial with 128 parents found that participation in Play Well was associated with increased positive parental sports involvement and decreased negative parental sports involvement and ineffective parenting practices at home.

Implications: The papers presented here enhance our understanding of the role that parents play in physical activity and sports involvement in children. The papers can inform the development of initiatives in governments and sports organisations to ensure that parents are better supported to promote positive experiences and ongoing engagement in physical activity and sport. Such initiatives will ultimately help to maximise the number of children that gain from the many physical, social and psychological benefits that result from involvement in physical activity and sport.

67

Supporting the next generation of parenting and family science professionals

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Background and objectives: Early career researchers and practitioners working in parenting and family science are situated within a unique context, with challenges and opportunities specific to this field. For example, as these emerging professionals work across sectors, programs, and disciplines, there is no natural community for them to belong. Solutions are needed to support this group to craft careers that have sufficient reinforcers to instil a sense of purpose, and to motivate and enable meaningful action. These solutions should be informed by emerging professionals, to ensure the next generation of professionals are adequately supported in ways that matter to them.

Methods: Towards this aim, this symposium first presents the perspectives and experiences of emerging parenting and family science professionals across a range of sectors, and disciplines. In this section, qualitative interview data, video testimonials and quantitative survey data will be outlined with a focus on the lived experience and perspectives of emerging professionals. This data and video testimonials will provide insight into the kind of careers they are aiming towards, the challenges and opportunities they encounter along the way, and the reinforcers and supports that can help them to get to where they want to be. Secondly, a case study is presented outlining the work of the National Council on Family Relations Student and New Professional Leadership Council, a US initiative supporting emerging professionals. A representative from the Council will discuss the types of support that they offer emerging professionals. Finally, learnings are harmonised to guide potential directions for supportive action.

Findings: Due to operating within this often-siloed context, there may be difficulties in developing reinforcers including collaborative and supportive relationships with colleagues and mentors, and a collective identity and agency. Further, emerging professionals indicate that barriers may include that parenting and family research may be neglected by funding bodies (see Havighurst et al., 2022); there may not be national or international networks for emerging parenting and family science professionals. These challenges may block or obscure potential opportunities and career pathways. However, emerging professionals also identify that the field presents significant opportunities to make a difference in the lives of parents and families, and work in the forefront of science. It is evident from the work of the National Council on Family Relations Student and New Professional Leadership Council that emerging professionals can be effectively supported in meaningful ways.

Implications for policy, research and practice: There is a great need for action-based initiatives focused on supporting emerging parenting and family science professionals to develop rewarding and impactful careers within their unique context. Thus, emerging professionals can play a meaningful role in providing insights to their lived experience, perspectives, and goals; and by leading the way through action. National and international initiatives should therefore be developed by, and in collaboration with, emerging parenting and family science professionals, based on evidence of what works, and evaluated to enable continual improvement, in order to best support the next generation in advancing parenting and family science.

68

Models of support for new parents experiencing mental health challenges

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Background and objectives: In Australia, an estimated one in five mothers, and one in ten fathers/non-birth partners, experience perinatal mental health (PIMH) issues with flow-on effects to parenting quality, parent-infant relationships, and child development. Many parents do not access the PIMH or early parenting support due to system-level barriers including fragmentation, lack of appropriate services, stigma, and service navigation difficulties. This symposium, aided by a discussant, will explore parental needs and preferences for support, and suggest novel service navigation and integrated kids hub models as opportunities to enhance service access and reach.

Brief description of each paper: Paper 1 will detail a recent survey of 2596 Victorian parents about their help-seeking for parenting information and advice. While online information and parents/friends were found to be the primary sources, over half also accessed health professionals, many remotely. Many also used telephone helplines, particularly mothers/parents of younger children. We will discuss factors that differentiated help-seeking behaviours for parents of infants, including parent characteristics and living circumstances, and will explore how poor parent mental health relates to help-seeking choices. This paper will also examine influences on parent choice of supports, including questions of the accessibility and credibility of information with implications for the ways we promote programs and online supports for parents.

   Paper 2 will report results of a recently conducted systematic review of published literature regarding PIMH navigation models. The review identified 13 navigation programs that involved PIMH screening/assessment and service navigation but none that focused specifically on PIMH, and overall, the program descriptions lacked detail and there was a lack of outcome and implementation evaluation data.

   Paper 3 will describe the 'ForWhen' PIMH navigation program, funded by the Australian Federal government and implemented across Australia by Karitane in collaboration the Australian Association of Parenting and Child Health, Parenting Research Centre, and UNSW. ForWhen is the first of its kind in Australia and internationally. Between February and November 2022, over 1400 parents, family members and health professionals had accessed the ForWhen program via a national PIMH call line and placed-based PIMH navigators who provide triage/screening and navigation to local PIMH services.

   Paper 4 will describe the development and implementation of integrated kids hub models across Australia from e-hubs to place based hubs incorporating health, early childhood education and wrapping social care services to increase access and engagement with the right services at the right time. The diverse hub models are implemented with a focus on priority populations as a continuum of service delivery matched to the needs and preferences of families and communities in a tiered care model using Strengths-based tiered access resources and supports (STARS for kids).

Implications for policy, research and practice: This program of interconnected national research - from identifying parental needs, to evidence from the literature, to implementation of navigation support, and tiered care hub models - is expected to assist service providers and policy makers to plan responsive, integrated, sustainable and equitable (RISE) parent support services and give all Australian children the best start to life.

Global initiatives in parenting and family research: The case of a collaborative alliance between Australia and Chile

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Evidence-based support has been endorsed by the World Health Organisation as the right direction to reduce violence against children and improve the support available for parents in their role of raising healthy and happy children. Unfortunately, this support is far from being available for all parents worldwide. Thus, there is a need for collective efforts to facilitate collaborations across countries to inform public policy to enhance the reach of evidence-based parenting supports. The Parenting and Family Support Centre of the University of Queensland (UQ) in Australia established a partnership with five universities in Chile, i.e., Pontificia Universidad Católica de Chile, Universidad de Talca, Universidad Católica del Norte, Universidad San Sebastián, and Universidad de Concepción, to enhance collaborations between Australia and Chile through knowledge exchange and research capacity building in parenting and family research.

With the initial support of the UQ Global Strategy and Partnerships Seed Funding Scheme, these universities have formed a collaborative alliance, formalised under a Memorandum of Understanding to define shared objectives and a plan of activities to be implemented in the short and long term. Initially, senior academics and early career researchers (ERCs) from these universities have held monthly meetings, including English-Spanish simultaneous translation, to discuss their current research projects and opportunities for research collaborations, aims for the alliance, and shared research project ideas.

The symposium will provide an overview of the process of creating this alliance, including information about the organisation, internal surveys, and working groups. Then, some members of the Steering Committee will share their perception of the process and the facilitators and barriers to engaging with and setting up a collaborative alliance. Finally, this symposium will include a Q&A session to encourage the audience to engage in a broader discussion of creating collaborative alliances across tertiary institutions and countries.

Despite the cultural and language differences between Australia and Chile, this alliance showcases a clear example of how international collaboration has the potential to translate into a plan for a sustainable collaboration with the participation of several institutions at various stages of development in terms of parenting and family research. A conjoint project allows these institutions to build a common ground to set the basis for collaborative work, support advocacy, and promote initiatives to influence public policy.

Using outcome measures to inform practice in relationship-based therapies: An introduction to the Composite Caregiving Questionnaire

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Background and objectives: There is an increasing focus on parenting programs based on attachment theory within the broad field of parenting support. One of the challenges in evaluating outcomes for these relationship-focused programs is that many measures relevant to attachment relationships are labour- and time-intensive, making them impractical in many clinical and research contexts. This workshop will introduce attendees to an instrument developed to overcome some of these challenges: the Composite Caregiving Questionnaire.

Workshop content and process: The Composite Caregiving Questionnaire (CCQ) is a 42-item self-report measure composed of subscales from several validated instruments. Aimed at parents/caregivers of children aged 0 to 6 years, the CCQ measures five parenting constructs that are important in the development of attachment relationships in young children:
- Parenting self-efficacy in empathy
- Parenting self-efficacy in expressing affection and managing child emotion
- Caregiving helplessness
- Hostile perceptions of the child
- Parent mentalisation

The CCQ is intended to provide clinicians with information about caregivers' perceptions of their caregiving role and their thoughts and feelings about their child. It is not designed to categorise parent-child attachment relationships, but it provides important information about factors related to child attachment security that can inform the assessment process and help with treatment planning. The CCQ can also be used to monitor outcomes of relationship-based treatments that are focused on shifting the cognitive aspects of caregiving associated with attachment security.

Workshop attendees will hear from four clinician-researchers who have been involved in the development of the CCQ and its implementation in clinical and research contexts. The workshop will provide: 1) a brief overview of theoretical constructs measured and psychometric properties of the CCQ; 2) a more in-depth practical demonstration of the CCQ, using a case study to highlight its clinical utility; and 3) a review of its application across a variety of clinical and research settings. Workshop attendees will be shown a range of options to access the instrument for use in their work. A Q & A session will provide an opportunity to interact with the panel.

Key outcomes: This workshop aims to equip participants to utilise the CCQ in their clinical or research practice.

71

Exploration of the neighbourhood safety perceptions of low-income Singaporean families in public rental housing and purchased public housing

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Background and objectives: Community violence is often associated with poorer developmental outcomes, such as increased aggression. Past research has shown that low-income families tend to experience more community violence in their neighbourhoods. In most studies, exposure to community violence is measured quantitatively as a single composite score (e.g., frequency of exposure, exposure/no exposure). However, few studies used a qualitative approach to examine low-income families' subjective perceptions of community violence. The present study aims to explore the differences in neighbourhood safety perceptions of low-income families staying in public rental housing (i.e., social housing) versus purchased public housing (approximately 80% of Singapore residents live in public housing), and the impact of community violence on them.

Methods: In an earlier study, we found that witnessing or hearing about community violence was the most prevalent adverse childhood experience (44.8%) among 270 adolescents from low-income families. Semi-structured interviews were then conducted with 25 parent-adolescent pairs who had previously participated in this earlier study. Adolescents were between 12 and 17 years old (M = 13.7). Four adolescent transcripts were excluded from analysis as these transcripts lacked elaboration. We conducted thematic analysis on the qualitative data.

Findings: 12 out of 21 adolescents (57.1%) perceived their neighbourhoods as safe, five perceived that their neighbourhoods were unsafe, and four had mixed responses when describing their perception of neighbourhood safety. Majority of adolescents who perceived that their neighbourhoods as safe lived in purchased housing units, while all adolescents who felt that their neighbourhoods were unsafe lived in rental housing units. Adolescents from rental units mentioned that the high level of crime and police presence, and disorderly conduct (e.g., noise disturbance at night, substance use) in their neighbourhoods made them feel unsafe. They had various responses to the lack of safety, such as fear, ignoring, or feeling unaffected as "it's part of our [their] life". Concerned about the danger and negative influence present within the rental housing neighbourhoods, parents kept themselves and their children safe primarily by isolating themselves or staying at home. In contrast, adolescents living in purchased flats perceived that there was a low level of crime in the neighbourhood and tended to be more active in their responses towards the lack of safety (e.g., taking action to resolve conflict or prevent theft). Both parents and adolescents living in purchased units also mentioned that their sense of familiarity with neighbours made them feel safe.

Implications for policy, research and practice: This is the first study in Singapore to hear from low-income families directly about the differences in their perceptions of neighbourhood safety based on their type of housing. As every child has the right to feel safe in the environment they live in, rental housing neighbourhoods can be made safer for families residing there. We recommend for safe community spaces and community support groups to be formed in rental housing neighbourhoods so that the community can reach out to these parents and adolescents and provide safe connections and timely support for them.

72

A Preliminary review of the Parenting Assessment and Skill Development Service: A 10-day residential service for families at risk of child maltreatment

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Background and objectives: The Parenting Assessment and Skill Development Service (PASDS) is a 10-day residential program for families at risk of child maltreatment with current involvement with Child Protection Services. The service aims to build parenting capacity through skill development, and conduct a comprehensive parenting capacity assessment to inform case management and when required legal decisions. A preliminary review of PASDs was conducted to describe (a) the psychosocial functioning of parenting accessing PASDS, (b) key assessment outcomes of PASDS, and (c) explore parents' experiences of taking part.

Methods: A mixed methods study comprising a case study review and qualitative interviews with parents was conducted. Participants were 18 parents who participated in PASDS in Melbourne during 2020. Ethics approval was obtained from the Royal Children's Hospital Human Research Ethics Committee. Parents attended Tweddle's residential facility in Melbourne, Victoria to complete the 10-day PASDS. The service is comprised of three phases: (a) the initial observation phase (days 1-3), (b) the skill development phase (days 4-7) and (c) the post skill development phase (days 8-10). A final parenting capacity assessment is conducted by PASDS clinicians upon completion. Data relating to family demographics, referral information, mental health, clinician completing parenting capacity assessments were extracted from parent files. Parents also participated in semi-structured qualitative interviews to elicit their experiences of the program, including perceived benefits, and facilitators and barriers to taking part. Extracted data were analysed in SPSS using descriptive statistics. Qualitative interview data were analysed by two members of the research team using thematic analysis

Findings: Approximately half of the parents who completed self-report questionnaires reported elevated symptoms of depression and/or anxiety, and a third reported low parenting self-efficacy. Most parents also reported a history of child protection involvement in their childhood, and/or adverse childhood experiences including abuse and neglect. Following participation in PASDS, 33% of families were assessed as not being able to provide independent care for their child, with 24-hour supervision or out-of-home care being recommended. Of parents whose child was in out-of-home care at the commencement of the admission, three (43%) were deemed able to provide independent care to their child and family reunification was recommended. Interviews with parents and clinician-based parenting assessments suggested that the potential perceived benefits of PASDS included improving parents' knowledge and skills in recognising and responding to their child's cues, fostering cognitive development, and providing a safe home environment.

Implications for policy, research and practice: Families receiving PASDS have complex histories of intergenerational trauma and disadvantage, highlighting the importance of trauma-informed care and strengths-based approaches underpinning the service. An understanding of families' experience of care and perceived benefits of PASDS also offers key information about what outcomes for parents should be assessed in a more rigorous service evaluation. There is a need to understand what works in building parenting capacity and assessing risk of child abuse and neglect to ensure the best outcomes for children's health, wellbeing and development.

73

A mixed-methods feasibility study of the Home Parenting Education and Support Program for families at risk of child maltreatment and recurrence in Australia

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Background and objectives: Efforts to prevent child maltreatment in early childhood are critical to disrupting pathways to poor physical and mental health and interpersonal relationships across the life course. The Home Parenting Education and Support (HoPES) program is an intensive 8-week home-visiting parenting education and skill development intervention for families with young children (0-4 years) receiving child protection services or welfare services. The aims of this feasibility study were to: (a) explore parents' and clinicians' perceptions of the outcomes related to participation in HoPES, and (b) obtain preliminary data about potential intervention outcomes related to parent-child interactions, parent mental health, and parenting self-efficacy.

Methods: A mixed methods design incorporating: (a) a pre-post analysis of routinely collected assessment data (Aim 1), and (b) qualitative interviews with parents and clinicians (Aim 2) was conducted. Participants were 30 families who participated in HoPES in Victoria during 2019. HoPES is an intensive 8-week home-visiting intervention for families of children aged 0-4 years receiving child protection or welfare services for concerns about child maltreatment. It focuses on family preservation for those at risk, or reunification for those whose children are currently living in out-of-home care. Ethics approval for the study was obtained from the Royal Children's Hospital Human Research Ethics Committee. Pre-post data relating to family demographics, mental health and parenting were analysed using SPSS. Qualitative interview data were analysed using thematic analysis.

Results: All families taking part in HoPES were identified as having risk factors for maltreatment. The most common parent-related risk factors were parenting issues, parent mental health difficulties, parent-child relationship issues, social isolation, and family violence. Analysis of routinely collected data demonstrated a that there was a significant decrease in parents' stress symptoms as (measured by the DASS-21) and parenting self-efficacy following participation in HoPES. There was also an increase in overserved parent-child interactions related of encouragement and teaching (assessed by the PICCOLO) which was approaching significance. Parents reported perceived benefits of HoPES in relation to (a) increased parenting knowledge, skills and self-efficacy, (b) improved mental health, and (c) stronger parent-child relationships, with similar benefits reported by clincicians.

Implications for policy, research and practice: These findings highlight the importance of intensive parenting education, skills practice and practical assistance tailored to their physical, social and family environment. The findings of this study underscore the importance of strengths-based and trauma-informed approaches to ensure that parents feel supported to try new parenting skills, receive timely feedback to persevere with new skills and strategies. This study has generated evidence that will inform further development of HoPES, particularly related to the session frequency and length to maximise parent engagement and attendance.

Relational parenting programs and outcome methodologies

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Background and objectives: Parenting programs generally aim to improve child outcomes and the parent-child relationship by changing parenting practices. Programs can broadly be categorised into behavioural or relational approaches, although some programs combine both. Behavioural parenting programs are mostly grounded in social learning theory and focus on changing parenting attitudes and behaviours to improve child behaviour. Behavioural programs have been used to support parents for decades, and some programs have amassed strong evidence of effectiveness. In recent years, relational parenting programs based on attachment and emotion socialization theories have grown in popularity. These programs focus on building quality parent-child relationships and emotional responsiveness as a foundation for optimal child social and emotional development. However, despite the widespread availability of relational programs, the evidence base is small and deserves attention. This symposium will examine three relational parenting programs extensively used in Australia and provide a synopsis of the key elements of the programs and approaches used to measure outcomes.

Brief description of each paper: Paper 1 will describe the development and implementation of the Bring Up Great Kids program aimed at building parenting confidence and improving parent-child relationships. Founded on supporting parents to understand the origins of their parenting and the meaning of children's behaviour, measures of the collaborative, reflective, and empowering learning journey will be described alongside the benchmarking process to assess how BUGK performs against comparable programs for which there is best available evidence.

Paper 2 will focus on Circle of Security Parenting (COSP). This popular 8-week group program has as its centrepiece a simple graphic that introduces parents to the core dynamic at the heart of attachment theory: the child's need for both connection and exploration, and the caregiving behaviours that support these needs. Although widely disseminated internationally, evidence for COSP is still limited. This presentation discusses findings from a recent Australian evaluation, which utilised a new composite questionnaire that shows promise for evaluating other relational parenting programs.

Paper 3 will describe Tuning in to Kids (TIK), a parenting program that focuses on how parents respond to emotions as a way of improving parent - child connection, and child emotional and behavioural functioning. With over 20 years of research evidence and extensive dissemination of the program around the world, TIK offers an important alternative to long-established behavioural programs. This presentation will discuss the need for a variety of approaches to parenting that work for parents from different social and cultural backgrounds and are offered in range of contexts. TIK also seeks to increase emotionally supportive relationships that provide the foundations for a more empathic society.

Implications for policy, research and practice: This overview of research on relational parenting programs in Australia aims to assist service providers and policy makers in selecting between behaviour-focused and relational-focused parenting programs. It is also expected to assist researchers in designing and evaluating parenting programs and to provoke discussion on the best approaches to supporting parents and their families.

Teens still need their parents! Exploring the continued importance of parenting for adolescent wellbeing

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While the importance of adolescence on life outcomes is well known, the influence of parents on adolescent wellbeing has received much less attention than for younger children. Work is needed to understand how we can support parents to promote positive outcomes for adolescents, particularly in at-risk families affected by adversity. A dearth of purposively developed parent and adolescent measures has impeded the quality and quantity of evidence in this field. This symposium aims to progress the science, measurement capacity and understanding of the continued importance of parents in the lives of adolescents.

The first paper describes a program of work to develop and validate new measures of adolescent functioning and parenting of adolescents that: a) sample parenting, relationship, and functioning items applicable to the adolescent period and into emerging adulthood; b) assess both parent and adolescent perspectives; c) are brief and easy to administer; d) are freely available; e) have strong psychometric properties including reliability, validity and change sensitivity; and f) can be used in both research and clinical settings. The paper will conclude by outlining future work in the development of this new suite of measures.

The second paper examines the risk and protective factors for adolescent gambling via an online survey of 1,185 parents of adolescents. Results indicated that parental concern about adolescent gambling was low and that most parents disapproved of adolescent gambling. However, in spite it being illegal for adolescents <18 years, a notable proportion of parents (27%) reported that their adolescent had gambled at least once in the past 12 months, and 55% of parents had gambled in the past 12 months when their adolescent was present. Parental facilitation of gambling emerged as a major risk factor of adolescent gambling participation and gambling problems, while appropriate parental monitoring and positive parent-adolescent relationships were protective factors for adolescent gambling outcomes.

The final paper explores the links between adolescents' future orientation, experiences of adversity, parenting, and the parent-adolescent relationship. Using data from the Longitudinal Study of Australian Children, moderated logistic regression indicates adolescents are at increased risk for having poor future orientation if they had experienced higher levels of adversity and hostility, and lower levels of parental communication and monitoring. The effects of adversity are not moderated by parenting. It is therefore important that we support families to avoid adversity, use effective parenting, and develop strong relationships, if we are to help adolescents to develop a strong orientation towards their future.

The evident importance of parents in the lives of adolescents warrants further exploration in research, greater support in policy, and more attention in practice. Strong adolescent-specific measures may assist clinicians to better assess and support adolescents and their families and are vital for the growth of knowledge in this area. The growing evidence base recognising the importance of parents should be reflected in policies aiming to support adolescents and their communities. Vulnerable families must be supported to foster connected, non-hostile relationships and to implement effective parenting practices, as central protective factors in the lives of adolescents.

Supporting families affected by adversity: Recommendations drawn from the context, development and testing of a novel intervention, Family Life Skills Triple P

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Many families are affected by historic and contemporary adversity (e.g., maltreatment, social disadvantage, trauma, relationship conflict) that can have cumulative effects across the life span and across generations in domains including parenting, family functioning, and the mental, physical, social, and emotional wellbeing of parents and children. Despite their great need across multiple areas of vulnerability, however, families affected by adversity often encounter significant barriers to accessing support. This symposium gives recommendations for supporting these families, based on the context, development and trialling of a novel intervention that aims to address parenting and life skills concurrently, Family Life Skills Triple P.

The first paper explores the extant evidence on the impact of past and present adversity on parents, families, and children. It brings together the body of literature that has accumulated over the past 30 years, and the results of original empirical research, including studies utilising the National Health Survey, Longitudinal Study of Australian Children, and the Young Australia Survey. It will outlay the prevalence of adversity in Australia and globally, the impacts of adversity on parents and children, and the potential for parenting as a target for support for families affected by adversity.

The second paper details the development and initial testing of a novel parenting intervention aiming to support parents affected by adversity, Family Life Skills Triple P (FLSTP). Co-designed by researchers and practitioners, this new evidence-based program builds on the existing Triple P – Positive Parenting Program framework to address multiple domains of vulnerability in a trauma-informed manner. By building self-regulatory capacity, FLSTP aims to support parents to develop skills for life (e.g., communication, self-compassion, habit formation, dealing with the past, planning for the future) as well as positive parenting. Results of a feasibility trial undertaken within Sydney Local Health District indicate the program was highly effective in supporting parenting skills and confidence, parental wellbeing and mental health, and child wellbeing; and was considered appropriate and effective by parents and practitioners.

The final paper outlines recommendations for program developers, practitioners and policy makers aiming to support families affected by historic and contemporary adversity. Practitioner and parent perspectives are combined with the extant evidence and lessons learned from the FLSTP feasibility trial, to explore the challenges, opportunities, and key contextual considerations when working in this space. Future directions for the development of FLSTP and other supports for families affected by adversity are explored.

With the impact of adversity on parents, families and children known to be widespread and pervasive, it is imperative that opportunities for support be explored. Evidence-based parenting and life skills supports such as FLSTP may be effective avenues for assisting families to function well following – and during – adversity. Further research on the effectiveness of FLSTP and other trauma-informed supports is crucial, and should include input from key stakeholders such as practitioners and parents. By working together in this area of need, there is great potential to support families and children to flourish, no matter the adversity they may face.

80

The prevalence and correlates of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study

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Background: Individuals who experience childhood maltreatment have poorer outcomes during childhood and across life than those who do not. Despite this, until now no nationally representative data existed in Australia about the prevalence of child maltreatment in an Australian context nor it's associated outcomes. This symposium presents data from the Australian Child Maltreatment Study (ACMS). The Australian Child Maltreatment study is the first national prevalence study of child maltreatment and its correlates in Australia and one of only a few globally to assess all five types of child maltreatment. It surveyed 8503 Australians aged 16 years through to 65 years and older using computer-assisted telephone interviewing technology. The symposium has four aims:

1. To provide a brief overview of the methodology of the ACMS
2. To share the first Australian prevalence data prevalence estimates for all five types of child maltreatment and multitype maltreatment in young people aged 16-24 years of age.
3. To outline the associations between child maltreatment and mental health disorders
4. To outline the associations between child maltreatment and health risk behaviours.

Four papers are presented: The first paper provides a rationale for the ACMS and a review of the methodology. Details about the representative sample will be outlined. The second paper outlines the Australian population prevalence estimates obtained for the whole population (persons aged 16 years through to 65 years and older) and for the youth sample (persons ages 16-24 years). Data will be presented about the five domains of child maltreatment (i.e., physical abuse, emotional abuse, sexual abuse, neglect, and exposure to domestic violence) as well as multi-type abuse (experiencing more than one type of abuse during childhood). The third and fourth paper present associations between child maltreatment and outcomes across life. The third paper presents data on the associations between child maltreatment and mental health disorders specifically, major depressive disorder, generalised anxiety disorder, alcohol use disorder and post-traumatic stress disorder. Data indicate significant associations between experiencing child maltreatment and the development of mental health disorders. The final paper presents data on the associations between experiences of child maltreatment and a range of health risk behaviours including suicide attempts, non-suicidal self-injury, binge drinking, obesity, and cannabis dependence. Details of the primary results are currently under embargo but will be shared during the symposium.

Implications: The data presented in this symposium are of high significance both within Australia and globally. Within Australia the data is critical in informing appropriate maltreatment policy changes and prevention and treatment initiatives. The findings further underscore the need to prevent maltreatment not only to protect Australian children but also as a mechanism to reduce socio-economic burdens related to mental health and other health risk behaviours. Clinically the associations between maltreatment and subsequent outcomes highlight the importance of comprehensive assessments that include the presence of absence of maltreatment as potential risk factors. Finally, the study is only of only a few to empirically examine all five aspects of child maltreatment globally. The findings about associations therefore have important theoretical implications.

82

Evaluation of Fear-less Triple P in Ireland

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Background and objectives: Anxiety is one of the most prevalent disorders among children worldwide, with ~11% of children, and 13-17% of adolescents meeting the criteria for an anxiety diagnosis. In 2018-19, the Midlands Area Parenting Partnership in Ireland ran a series of Fear-less Triple P seminars and workshops to address childhood anxiety. The intervention is aimed at parents of children between the ages of 6 to 12 who experience mild to moderate anxiety and provides them with traditional cognitive behavioural therapy skills including psychoeducation, promoting emotional resilience, modelling and mental flexibility, avoidance and exposure, parental responses to children's anxiety and constructive problem solving.

Methods: The 2.5-hour workshops were held over three days and were attended by 114 parents. The 2-hour seminars were attended by 640 parents. Parents self-selected to participate through local advertising and dissemination through schools. Baseline and follow up data were collected between 3 and 12 months after the intervention. Measures include the Spence Child Anxiety Scale and Parenting an Anxious Child Scale. Within the seminar sample, 320 parents had children in the qualifying age range and 130 completed the follow-up assessment. Within the workshop sample, 62 were qualifying and 20 completed the follow-up. The socio-demographic characteristics of those who completed the follow-up were similar to those who did not. Differences in pre and post intervention scores were assessed via t-tests and chi-squares tests, with p-values, Cohen's D effect sizes, and percentage changes reported.

Findings: The results identified a high level of anxiety within this community sample at baseline. The proportion of children within the clinical cut-off (i.e. scoring ≥7) was 78% in the seminar sample and 74% in the workshop sample. Score were higher for older children, families with a medical card, and lower educated parents. For the seminar sample, there was a statistically significant reduction in overall Spence scores by 16.8 percentage points (p=0.024) between baseline and follow-up, with the largest effects found for the 9-11 month follow-up (26.2 percentage point change, p=0.034). For the workshop sample, there was a significant reduction in the overall score by 57.1 percentage points (p=0.010), with the largest effects also observed for the 9-11 month follow-up (56 percentage points, p=0.030). In both the seminar and workshop sample, there were significant reductions in Parenting an Anxious Child scores (ES=0.40; p<0.001 and ES=0.59, p<0.001) respectively).

Implications for policy, research and practice: This study identified high levels of childhood anxiety in Ireland. The findings show the potential for Fear-less Triple P to reduce anxiety within a community setting. The high attendance rates demonstrate the desire for parents to actively seek interventions to address this issue. The interventions led to significant and sizable reductions, with effects sustained up to 12 months post intervention. Larger effects were found for the more intensive workshops. One limitation is the low participation rates in the follow-up assessment. These results have access, effectiveness and efficiency implications for under-resourced services.

83

Same and different: How one evidenced-based model is adapted in 4 countries

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HIPPY (Home Instructions for Parents and Preschool Youngsters) is an evidenced-based, early literacy program for parents and their children that believes parents have an innate desire to do the best for their children. HIPPY is now operating in 15 countries and 7 languages, offering parents the support, training, and materials they need so that they can engage in educational activities with their children (hippy-internatiobal.org). This symposium will describe the core HIPPY model and then focus on cultural and contextual adaptations that have been made in Australia, Liberia, Canada and Chile. It will end with an open discussion to explore lessons learned and challenges faced in the process of adapting the program while maintaining program fidelity.

Initially, the adaptation process in Liberia consisted of replacing common household items in Western countries with local items found in Liberian homes. Later an adult literacy component was developed to help the parents with low literacy skills. Another challenge is that Liberians schools expect children in pre-primary to be able to copy from a chalkboard. While not an appropriate early childhood expectation, more writing activities were included.

The HIPPY program in Canada serves families in large urban centres, small cities, and rural locations. Literacy levels range from highly educated, as is the case with immigrants in Canada, to no literacy or little first language literacy, as is the case with refugees. In some cases, indigenous languages are spoken, valued and protected, as are customs and cultural practices. Participants often struggle with fulfilling fundamental human rights like adequate shelter, food security, etc. With the goal of ensuring each family's success, while respecting the core HIPPY program approach, HIPPY Canada has made adjustments that include adding Indigenous culture and knowledge to the curriculum; shortening the program for refugees and indigenous; adding community navigators for high-need families to link them to essential services; and adding services like food cards for food-insecure clients.

HIPPY has been delivered in 100 communities to include every state and territory in Australia. Given the diversity of communities and languages, HIPPY Australia has worked to ensure the language and the written activities are simple, using less text and relying more on pictures. Art and stories created by First Nations artists were added, as well as the inclusion of cultural celebrations, in-country meetings and engagement with First Nations elders.

In Chile, HIPPY storybooks have been revised and translated into Mapudungun, an ancient language used by native communities, with audio to support the translation. Unique pre-service and in-service training, based on needs of the home visitors were developed. Additionally, a key tool for cultural appropriateness remains the role of the peer home visitors. Being a parent from the same community and having applied the curriculum with their own children, means that they can share their own experience, language and culture. Hence, home visitors are matched with parents with similar backgrounds.

With over 30 years of program implementation experience, this session will share specific adaptations coupled with broader generalizations to be applicable to other parenting programs.

84

Raising Voices: Can Group Triple P improve language outcomes for late-talking toddlers?

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Background and objectives: Language skills in young children can be improved by training caregivers in parent-directed interventions. Language-specific interventions are designed specifically with the goal of increasing language ability and provide parents with content specific to communication, language, and early literacy. However, because late-talking children (exhibiting expressive language delay) are at greater risk of social withdrawal and problematic externalizing behaviours, broad-based interventions that also address these issues, like Group Triple P, may be equally or even more effective in promoting child language. This study examines the effectiveness of Group Triple P in increasing the language and functional communication outcomes of late-talking toddlers.

Methods: A three-armed randomized controlled trial compared Dialogic Reading (a language-specific program) and Group Triple P (a broad-based program) against a wait-listed control group. Seventy-nine parents and their late-talking toddlers (24-36 months of age at recruitment) participated. Parents in the intervention arms attended small-group weekly Zoom sessions, run by the lead researcher, of approximately two hours per session across eight weeks. Observational assessments with parent-child dyads, involving picture book reading and a sticker activity, were conducted and recorded via Zoom at baseline and post-test. Observational data were analysed for language and behavioural factors (including parent support strategies). Parent-report measures, including the Macarthur-Bates Communicative Development Inventories (assessing child expressive vocabulary and language) and the Eyberg Child Behaviour Inventory were also completed at baseline and post-test.

Findings: The findings of this recently-completed randomized controlled trial will be analysed using an intention-to-treat approach and presented, for the first time, at this conference. Outcomes include parent-reported and observational measures of child language, functional communication, behaviour, and parenting factors. Key results will demonstrate whether Group Triple P training, with its broad-based content, is effective in increasing language outcomes in late-talking toddlers.

Implications: Results may inform decision-making around intervention approaches for families and professionals involved with populations of late-talking children. Findings may allow parents to identify interventions that simultaneously and effectively address dual challenges in child language and behaviour, to better address the individual needs of children. Future research may explore the longer-term language outcomes for late-talking children when parents attend broad-based interventions like Group Triple P.

85

Responsive adaptation of Multisystemic Therapy to support telehealth delivery

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Background: Evidence-based parenting supports (EBPS) have the potential to move the needle on key indicators of child wellbeing, however high-quality implementation is critical. In times of rapid change, such as the COVID-19 pandemic, established methods for delivery of EBPS may be compromised and maintaining treatment fidelity may be challenging. This presentation describes an approach to enhancing the flexibility of a treatment to be responsive to a changing implementation climate. Multisystemic Therapy (MST) is a family-based intervention for adolescents who engage in antisocial behaviors and/or have substance use issues. It is typically delivered in person in the family home. We describe the development and pilot results of a telehealth-enhanced supplement to MST (MST-TE) to support service delivery when in-person sessions are not possible (due to public health mandates, weather, other circumstances).

Methods: Based on a prior survey of therapists and supervisors regarding program aspects that were challenging to implement via telehealth platforms during the COVID-19 pandemic, we collaborated with model developers to develop a telehealth-enhancement to MST. The associated training module includes a decision tree for determining if sessions should be held in person or via telehealth and guidance for effective treatment delivery. Therapists across 5 sites in Colorado, USA were trained to implement MST-TE in their practice. Pilot results focus on implementation outcomes and are based on a mixed-methods approach to describe therapist, supervisor, and agency administrator satisfaction, acceptability, and feasibility of the pilot model. Ethical approval was obtained from the University of Colorado-Anschutz. Participants include MST therapists (n=5) and their supervisor (n=4 supervisors; one supervises two of the MST therapists), and one administrator per agency (n=4). 100% of MST-TE therapists and supervisors are female, hold a Masters (or equivalent) degree, and have up to 5 years' experience. Participants completed 1) a baseline survey, 2) after MST-TE training, brief monthly surveys, and 3) a 6-month follow-up survey.

Findings: Currently, all therapists have been able to use MST-TE with at least one family. Baseline surveys indicate that therapists and supervisors had a positive perception of the model, though they anticipated concerns regarding technology and family comfort levels. Few participants anticipated issues with clinical fidelity. Monthly surveys administered to therapists and supervisors post-training indicate a high degree of satisfaction with MST-TE and low overall barriers. However, the most significant barrier remains use of technology by therapists and supervisors while conducting telehealth sessions and caregiver responsibility for technology for MST-TE treatment. The six-month surveys will be distributed in February 2023, results will be available for the presentation.

Implications: This study provides preliminary indicators for how one EBPS was able to adjust to dramatic implementation challenges and create a more sustainable model for future delivery. This study illustrates how responsive adaptation decisions can align with practice and maintain clinical fidelity. Long-term and large-scale implementation efforts require a degree of flexibility in service delivery to ensure match to local contexts and to address emerging implementation challenges. Future policy and funding opportunities should support adequate investments in development of flexible treatment delivery mechanisms.

A couples-based father involvement parenting intervention

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Background and objectives: Parenting programs are typically attended by mothers in the U.S. and abroad. Father involvement programs are almost always conducted in groups of men, led by male leaders. The Supporting Father Involvement (SFI) program is an intervention that addresses men's central roles as partners, parents, and providers in groups attended by both parents, and led by clinically trained male-female teams. The goal of this presentation is to provide an overview of the findings from systematic evaluations of the program.

Methods: The Supporting Father Involvement intervention involves 16 weekly meetings in groups of 5-8 couples/co-parenting teams. We focus on 5 broad family system risk and protective factors that affect the functioning of the individuals and relationships in the family: the physical and mental health of the individual parents, the quality of their relationship as partners and co-parents, each of their relationships with their child(ren), three generational patterns, and the balance of stressors and supports on each family. These 5 factors shape the curriculum and the evaluation protocols of the Supporting Father Involvement program, with assessments at intake and at one-year or 18-month follow-ups. To date there have been 9 systematic evaluation studies -- 6 of them RCTs, 3 with pre-post research designs. 5 of the studies targeted very low-income families from multiple ethnic groups (White, Black, Hispanic, Asian American, Native American). With government or Foundation funding, Supporting Father Involvement interventions have been conducted in the United States (California, Massachusetts, Oklahoma), Canada, England, and Malta.

Findings: Participants in all studies show positive direct or indirect effects of intervention participation - on parents' depression, communication and violence in the couple relationship, harsh parenting, and children's behavior problems. Five of the studies with low-income participants show increases in employment status and income.

Implications for policy, research, and practice: The findings of the Supporting Father Involvement approach demonstrate clear advantages of including both fathers and mothers in interventions designed to strengthen parents' individual functioning, family relationship quality, and economic circumstances. On a policy level, these results raise questions about the currently siloed approach to family strengthening in which government and service agencies address the needs of mothers, fathers, and children in separate departments and programs.

Harnessing collaborative research approaches to adapt early parenting service models for rural communities

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Background: Australian Government frameworks focusing on the needs of families with young children and rural and remote health have highlighted the need for the adaptation of innovative models of service delivery to address the unique contexts of different communities and their health needs. An international call to action to address the health outcomes gap for those living in disadvantaged regions, including those living in rural areas, have also been identified in documents released by the World Health Organization (WHO) emphasising the need to adapt interventions and develop contextualised service models for lower resourced settings.

Methods: This doctoral research explored the extent to which an Australian metropolitan service model for specialist child and family health services (CFH) can be implemented in rural and other diverse settings. The studies drew upon existing literature and implementation science frameworks, exploring the application and adaptation of these through participatory research methods for the context of specialist CFH service models. Consumers and other key stakeholders were engaged through Participatory Action Research (PAR) and a Modified Delphi Study to ensure the voices of parents and rural health professionals informed the co-design of adaptations to a service model, enabling contextualisation to meet the needs of local communities and address the power differential that can occur between researchers and participants. An integrative review informed the research design, which included a Participatory Action Research (PAR) study conducted in rural NSW, Modified eDelphi Study, and second PAR study in a different rural community setting.

Findings: Key themes were identified from transcripts as the PAR groups shared insights into the strengths, needs and priorities for their communities and the Delphi Expert Panel considered the broader application to other diverse community contexts. The results of the e-Delphi study identified 97 elements to be considered when adapting CFH service models for rural community contexts. The thematic analysis from the three stages of research identified that scope for adaptation must be built into CFH service models. Flexibility and time are required to effectively engage, consult with and co-produce innovative and culturally safe service adaptations, drawing on community strengths while addressing local needs. Funding must allow for sufficient time to consult and build a strong understanding of the community context upon which to inform service implementation and adaptations, and for flexibility to allow service delivery responsive to the community's needs.

Implications: The research results informed the development of the Framework for Collaborative Adaptation of Service Models for Child and Family Health in Diverse Settings (CASCADES). The Framework draws on implementation science frames through the lens of CFH service provision and service model adaptation. Findings identified the benefits of community participatory co-design extend beyond immediate service implementation to service sustainability, integration and community capacity building. Consistent with strengths-based approaches accepted as best practice in early parenting services, co-design enables community strengths to be harnessed to improve health outcomes while providing a wrap-around of support so children and their families can thrive.

Promoting early linguistic competency: A daycare intervention study

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Background and objectives: The amount and quality of the social-communicative input infants receive has been suggested as a key factor influencing early language development[1]. However, this input can vary extremely in quantity and quality[2], notably with SES background. Acting on this input could be a leverage for reducing linguistic inequalities whose consequences have implications throughout children's lives[3]. The present project aims at devising concrete ways to enrich toddlers' socio-linguistic environment to foster language development. Targeting 20-28 month-olds French children across a variety of socio-economic and linguistic backgrounds, we first devised tools to assess their linguistic competence outside of the lab, and then used an RCT language intervention to test the efficacy of an evidence-based socio-communicative good practices training in fostering their language development in a daycare context.

Methods: 280 20-28 month-old children from 37 daycares from the Paris region (France) were randomly assigned to the Intervention or Control group (while counterbalancing for neighbourhood SES and daycare size). As there are no quick screening tools for early language development in French, we developed a touchscreen-based quick and direct language test (based on [4]) as well as a Computerized Adaptive Test version of the French WS-MBCDI parental vocabulary questionnaire (based on [5]), more adapted to a large-scale study. We conducted an 18-week intervention study aimed at enriching children's socio-communicative environment. Daycare educators in the Intervention group received weekly online video training on research-based social-communicative interaction patterns such as high input quantity and diversity of input[6], with concrete examples of application to day-to-day life and encouragement to find their own ways of applying the principles. After a first daycare visit to test children and meet the daycare team, researchers provided weekly online and phone support, feedback and motivation.

Findings: We are still collecting data and expect to have preliminary results concerning our RCT program on 70% of our sample by the end of May. Comparing the linguistic outcomes of children in the Intervention group to the ones in the Control group will allow us to test whether explicit teaching about evidence-based practices can actually impact children's subsequent linguistic development.

Implications: This low resources intervention program proves to be easily scalable, and the use of the existing daycare infrastructures an interesting avenue for carrying out wide-scale interventions, allowing to quickly reach large populations of children. However, this will not be possible without better resources for early childhood care, to reduce educators' workload, which proved to be a limiting factor in this project, and allow for more training time and support to carry out projects. With this, daycares could in turn help promote such good-practices caretaking techniques among parents through their parental community. This project also highlights the blatant need to create more easily administrable early age screening tools such as our version of the MBCDI, without which the development of more evidence-based wide scale interventions to tackle language inequalities is impossible.

Good Kombra na Glady Family: Promoting nurturing care and non-violence through parenting in Sierra Leone

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Background and objectives: Good Kombra na Glady Family (nurturing caring/caregiver and a happy family) is a positive parenting education program based on global evidence and adapted for Sierra Leone's culture and context. The Ministry of Social Welfare and UNICEF Sierra Leone conducted research on children's experience of violence in the home and parents' and caregivers' views on parenting, resulting in a commitment to promote parenting as an important and evidence-based response. The objectives were to develop and pilot a culturally relevant parenting program that addressed the high levels of all forms of violence, including harmful practices. The piloting process tested feasibility and acceptability.

Methods: The parenting program was first designed on a review of the global evidence based on parenting. The Theory of Change reflected the global evidence base, national research findings and inputs from key actors in a Technical Working Group. The piloting assessment used a mixed-methods approach. Quantitative tools, applied during delivery of the pilot program, included pre- and post-program assessment questionnaires with parents and caregivers, session observation tools and supervisory reports. These were used to assess the curriculum, training, and delivery of Good Kombra na Glady Family. After completion of the pilot, Focus Group Discussions and Key Informant Interviews were conducted with supervisors, implementing staff, facilitators, participating caregivers, and community leaders, that gathered inputs on program delivery, acceptability and cultural acceptability. Initial recommendations were shared with national stakeholders with a focus on future sustainability and scale-up.

Findings: The program was felt to be relevant and acceptable in all piloting sites, across three of the four regions in Sierra Leone and in peri-urban and rural settings. All participants reported being happy with the program (87% strongly agreed). Supervisors noted that the program was inclusive and highly engaging. There were positive changes for all parenting objectives, most significantly in the following areas: non-violent discipline (41% positive score difference); importance of self-care (18% positive score difference); promoting gender-equitable practices at home (20% positive score difference); and the importance of positive communication with other family members, including spouses (15% positive score difference). There are promising indications of culturally acceptable approaches to exploring gender-based violence and promoting positive gender norms, including greater male caregiving. These findings are based on a small sample, but the overall findings demonstrate the potential of the programme.

Implications for policy, research and practice: The programme proves to be a popular and relevant intervention to promote positive parenting with a focus on violence prevention and male involvement. The positive reception by male caregivers to issues such as positive communication and non-violent discipline, and the willingness to discuss issues of child marriage and FGM within families/communities demonstrate its benefit. It would serve as an entry point for other interventions (WASH, Education, Social Protection, Innovation Health, Nutrition and peacekeeping during elections), complementing other social norms initiatives addressing gender and harmful practices. Future plans will explore potential for scaling up, including integration with other violence prevention initiatives.

Development, implementation, and outcomes of the Positive Discipline in Everyday Parenting Program

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The United Nations Convention on the Rights of the Child states that children have the right to be protected from all forms of violence yet globally, physical and emotional forms of punishment against children are pervasive. The research literature is consistent in showing that physical punishment, even more common types such as spanking, can compromise children's healthy development and sense of well-being. In response to the high prevalence of childhood punishment, the Positive Discipline in Everyday Parenting (PDEP) program was developed to guide parents away from physical and emotional punishment towards positive parenting. PDEP is unique among parenting programs because it explicitly promotes children's rights to protection from punishment, to dignity, and to participation in their learning. Also, PDEP was designed to be relevant across cultures, through its focus on universal developmental themes and through delivery adaptations for a range of contexts. This symposium will be centered on the PDEP program as a way to explore various topics related to its cross-cultural development, implementation, and outcomes.

The first presentation will provide an overview of the PDEP program, which was developed in 2006 and is being delivered world-wide. The program's developmental approach, underlying theoretical framework, goals, content, and delivery across various contexts and regions of the world will be described.

The second and third presentations will focus on preliminary findings from an on-going Canadian quasi-experimental evaluation of the PDEP program. As such, there will be an opportunity to compare parents who completed PDEP with those who did not on a range of parent-related outcomes. Changes in parents' self-reported parenting practices, parenting stress, and affect regulation (components that are addressed in PDEP) will be examined in the second presentation, while the third presentation will continue to explore changes in parenting practices following PDEP completion through examination of parental responses to vignettes around challenging child-parent interactions.

The fourth, and final, presentation will examine the transportability and impact of the PDEP program to diverse contexts. The processes involving the contextualization, adaptation, and implementation of PDEP to Mongolia, Australia, and Vietnam will be discussed. In addition, the program's relevance and effectiveness in these contexts will be considered.

Following this symposium, attendees will gain a solid understanding of the PDEP program's development, content, and delivery, as well as its implementation and outcomes across various countries.

93

Adaptive treatment strategies: Prospects for optimizing the effectiveness and efficiency of youth mental health and parenting interventions

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Background and objectives: We know that in the case of every disorder that affects children and adolescents, even our best research-supported interventions are not effective for all youth, and among those who respond, many children enjoy only a partial response. Adaptive treatment strategies can help by identifying tailoring variables and strategies for matching youth to interventions to accommodate heterogeneity that underlies the deficits and factors that maintain disorders and problems. These adaptive strategies can be used to not only to match youth to an initial intervention, but they can also be used to inform strategies for augmenting and sequencing interventions based on individual characteristics and the initial treatment response.

Methods: In the current presentation, Dr. Almirall will provide an overview of adaptive intervention strategies and methods related to the design, implementation, and analysis of sequential multiple assignment randomized trials (SMARTs) that can be used to develop and refine adaptive treatment strategies for youth. Dr. Sherrill will discuss the utility of adaptive treatment strategies for improving the overall effectiveness of treatment by matching interventions to individual youths' underlying deficits and needs, reducing trial-and-error in treatment decisions, advancing health equity, and deploying mental health resources more efficiently. The discussion will conclude with an overview of knowledge gaps and potential research directions to facilitate the development of more prescriptive approaches for deploying research-informed strategies to address the needs of children and adolescents.

Findings: Adaptive platform trials have the potential to improve the translation of research into practice, especially individually tailored options for parenting support and child mental health. Participants should emerge with a basic understanding of how these research procedures can be used as alternatives to tradition randomised controlled trials.

Implications for policy, research and practice: Large scale randomised controlled trials are considered the gold standard for testing new interventions; they are expensive however, and have limitations in the extent to which they can test variations in the interventions that suit different individuals. By expanding our armament of research designs, the rate and effectiveness by which research can be translated into practice has the potential to benefit all field of healthcare, and in this case, parenting and child mental health interventions.

Do neighbourhoods influence how parents and children interact? Direct observations of parent-child interactions within a large Australian study

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Background and objectives: Neighbourhood-level factors can exert unique influence on parenting and child development, independent of individual parent, child, and family factors. Families living in neighbourhoods where there are high levels of poverty and crime and inadequate access to public services may be vulnerable to chronic stress that undermines parenting capacity. Mutually responsive parent-child interactions are well-established predictors of children's socioemotional, behavioural, cognitive and language development in the early years, but how parent-child interactions vary as a function of neighbourhood is not well-understood. We therefore investigated the contribution of neighbourhood socioeconomic status (SES) to directly observed parent-child interactions.

Methods: We conducted free play home-based observations with Australian parents and their 7-8-year-old children. Parents and children were provided with three toy sets: Lego, Jenga, and animal snap cards. They were asked to play together "however they wanted" for "around ten minutes". Video-recorded observations were subsequently rated by trained researchers, according to an adapted version of the Coding of Attachment-Related Parenting framework. We rated the presence of 11 behaviours across two domains: (i) Parents' Sensitive Responding (e.g., shows warmth, promotes child's autonomy), and (ii) Parent-Child Positive Mutuality (e.g., turn-taking, fluid conversation). Neighbourhood SES was measured using the Australian Bureau of Statistics 'Index for Relative Socio-economic Advantage and Disadvantage', which categorises postcodes into five quintiles, from most disadvantaged to most advantaged. Adjusting for individual family characteristics, multilevel modelling was used to investigate the relationship between neighbourhood SES, the two overall domains, and the 11 specific behaviours.

Findings: The 596 participating families were living across 148 postcodes of varying SES, including both metropolitan and regional areas of Victoria, Australia. We found that greater neighbourhood disadvantage was associated with less sensitive responding (β=.10, p=.004). There was no evidence of an association between neighbourhood SES and parent-child positive mutuality (β=-.01, p=.90). Parents living in the most disadvantaged neighbourhoods were the least likely to consistently demonstrate warmth towards their child, and the least likely to make efforts to promote their child's autonomy.

Implications for policy, research and practice: Our findings suggest that parents' capacity to respond sensitively to their child might vary according to neighbourhood-level SES. Parents living in disadvantaged neighbourhoods may experience particular concerns related to a less safe environment, less access to services, or fewer green spaces, and these concerns can negatively impact parent mental health, causing spill-over effects for parent-child interactions. Therefore, tailored, evidence-based parenting supports according to local community need are warranted. Our findings also highlight the need for targeted government initiatives to reduce inequities experienced by those living in less advantaged areas.

How an early childhood parenting program produced benefits for children's school-aged effortful control

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Background and objectives: Effortful control is the cognitive ability of focusing or shifting attention and inhibiting behaviours. It is critical for children's classroom success, and is associated with an enriched home environment and quality caregiver-child interactions. smalltalk is an early parenting program for families designed to strengthen the home learning environment. Between 2010-2012, the Early Home Learning Study (EHLS) evaluated smalltalk, finding improvements in parent-child interactions and the home environment for parents of toddlers (12-36 months). To examine longer-term impacts and mechanisms of change, the EHLS at School Study assessed mediating effects of smalltalk outcomes on children's effortful control at school-age (7.5 years).

Methods: At child age 12-36 months, families were randomly assigned to one of three trial conditions: standard care playgroup; smalltalk group-only playgroup; or smalltalk plus (playgroup plus home coaching). Families were followed up approximately five years later, at child age 7.5 years. Participants were 669 families who had participated in the original study (baseline sample N = 1201). Using longitudinal data from EHLS and EHLS at School, structural equation models were conducted to evaluate mediating effects of four parenting domains (parent verbal responsivity, home learning activities, parent use of descriptive language, and 'maintaining and extending' child focus) assessed in toddlerhood, on child effortful control at 7.5 years. Multiple indicators of parent- and teacher-report of attention and inhibitory control were used to model the latent variable of effortful control.

Findings: After adjusting for known child-, family-, and household-level sociodemographic covariates, findings indicated that smalltalk plus had unique indirect effects on children's effortful control, through parents' capacity to 'maintain and extend' their children's focus in joint interactional activities. Other possible mediating pathways via parent verbal responsivity, home learning activities, and descriptive language use were not significant. In contrast to the smalltalk plus condition, mediation effects were not observed for the smalltalk-only condition.

Implications for policy, research and practice: Parenting behaviours that promote sustained interest and engagement in play and learning activities during toddlerhood are important intervention targets for enhancing effortful control in later childhood. In the current study, the mediating effect was only observed for the smalltalk plus condition, suggesting that brief, individualised home coaching is needed as a supplement to playgroup-based interventions to promote higher-level parenting skills that have persistent effects for children's development. From a research and policy perspective, our findings highlight the importance of conducting longer-term follow-ups to establish whether post-intervention gains are sustained and to determine the key mechanisms of change in early parenting interventions.

In loco parentis. An exploration of the experiences and needs of kinship carers in formal and informal kinship care families: A life course paradigm

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Background and objectives: Kinship care is an arrangement where children are raised on a full-time basis by relatives or close family friends, often following unexpected and adverse circumstances (Hunt, 2020). Kinship care or relative care as it is often known, is an increasingly popular placement choice by child welfare services (Brown and Sen, 2014) yet many disparities relating to the area exist (O'Brien, 2013). The Kinship Care Ireland Inaugural Report (2019) highlighted the need for increased awareness of the unique needs of kinship carers (McMahon, 2019). This research is addressing the gap in current information by exploring the context of this 'new'/unanticipated parenting trajectory for kinship carers as they view it, how parenting in that fluid world is experienced, responsive parenting practices, what parental needs are (kinship carers and service provider view) and how parenting in formal and informal kinship can be best supported.

Methods: An interpretivist research approach, specifically in the form a life course paradigm is being used to understand the complexities of kinship care arrangements. The life course paradigm identifies four paradigmatic ways that lives are influenced including the timing of events, history and context, linked lives, personal and social factors (Elder and Giele, 2009). The life course paradigm is a suitable approach for this study, as these factors can frame how parenting behaviours are impacted by events and circumstances that people find themselves in, at a given time. Narrative inquiry in the form of in-depth interviews with kinship caregivers and service providers will form the methodological basis for the study. Narrative inquiry seeks to understand human experience as it is told through story and based on the lived experience of participants (Garvis, 2015). Utilising the life-course paradigm and narrative inquiry events can be explored across time while giving meaning to experience (Stephens, 2011).

Findings: The findings are situated in the everyday realities lived by kinship carers. The research highlights how lives are influenced by the kinship experience. To date, twenty-one in-depth interviews with kinship carers have taken place to determine common patterns and experiences on the parenting trajectory. The interim findings from the research highlight issues pertaining to the visibility of kinship carers in society, the inequity of support provision and the need for trauma informed approaches to support stability in kinship placements and relationships. A unified understanding of what kinship care is and how needs can best be met with consistent parenting supports have been identified.

Implications for policy, research and practice: As this research is co produced, the national gatekeeper organisations, Tusla and Kinship Care Ireland are central to all decisions throughout. Using co-production here, ensures the voice of kinship carers and service providers are promoted in an equitable way so that the resulting co-produced model of progressive policy and best practice will be authentic and accurately reflect the needs of kinship carers. The framework being developed offers a unified approach to support kinship carers on their parenting trajectory with timely and effective supports to enhance parenting practices and stability in kinship relationships.

Leveraging technology to improve behavioral parent training engagement and outcomes for families with low income

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Background and objectives: Behavior disorders (BDs) are overrepresented in children from low-income households, who face more challenges engaging in Behavioral Parent Training (BPT), the standard-of-care treatment for early-onset BDs. Given increased access to smartphones among families with low income, technology-enhanced models have the potential to increase engagement in and, in turn, outcomes of BPT. This symposium will highlight research on one Hanf Model BPT program, Helping the Noncompliant Child (HNC), and a Technology-Enhanced version (TE-HNC), with aims to answer: 1) Can TE-HNC improve the engagement of low-income families in BPT relative to HNC? 2) Can TE-HNC improve treatment outcomes relative to HNC? and 3) For whom does TE-HNC improve outcomes the most?

Papers: Presentation one will present overarching methods across the papers and engagement outcomes of a randomized control trial comparing TE-HNC and HNC (N=101). All families received HNC, a clinic-and-mastery - based program designed to teach effective behavioral child management strategies to parents of children with clinically significant behavior problems. In addition, TE-HNC includes a HIPAA-compliant, interconnected therapist web-portal that allowed clinicians to tailor the content and parent use of the mobile app, as well as tailor feedback to families throughout treatment. The mobile app included a mid-week video call, homework checklist, skills videos series, daily surveys of skill practice, weekly videotaped home practice and text reminders for home practice and sessions. Presentation one findings suggest that TE-HNC families had greater mid-week call participation and homework compliance than HNC families. They also achieved skill mastery in fewer weeks (p<.05), and the use of specific mobile app components was differentially associated with this indicator of treatment efficiency (p<.01, R2=.426).

Presentation two will present parenting and child symptoms outcomes using latent curve modeling to examine whether TE-HNC improves treatment outcomes above standard HNC. Both HNC and TE-HNC yielded improvements in parenting skills and child externalizing behavior post-treatment (RCIs > 1.96); however, TE-HNC families had greater maintenance of skills (p<.01), and child externalizing symptom improvement (p < .01). Additional findings suggest TE-HNC may have been most effective for children with co-morbid symptoms (i.e., CU traits, internalizing).

Presentation three will further explore for whom TE-HNC improves outcomes the most by using latent profile analysis to identify distinct parent-centered profiles based on pre-treatment factors (E=.91). At post-treatment, HNC yielded greater improvement in parenting practices among parents with high conflict with their partner (p<.05), while TE-HNC resulted in greater improvement in parenting practices for parents with high mindfulness (p<.05).

Implications for policy, research and practice: The symposium will conclude with a discussion of how findings informs research and practice as digital tools are increasingly integrated into the clinical landscape and BPT is no exception. Specifically, our results suggest that leveraging technology can be a promising approach to improving engagement and treatment outcomes for families with low income. Yet, our work highlights that technology is not a panacea, and thus we should strive for treatment personalization in BPT, which is likely critical to improving engagement and outcomes for all families.

Prenatal deprivation's association with infant socioemotional development: Exploring the role of parenting beliefs about infant crying

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Background and objectives: Deprivation in the prenatal and early childhood environment (e.g., poverty, lack of adequate prenatal care) has negative impacts on a child's social and cognitive development. Parenting may buffer the impact of prenatal deprivation on child development. The present study's main objective was to prospectively examine whether prenatal deprivation predicts socioemotional development in infants, as well as explore how parenting beliefs about infant crying may moderate or mediate this relationship. This research aims to evaluate the impact of parenting on infant wellbeing in the context of a global challenge (e.g., COVID-19 pandemic).

Methods: This study included 1,893 mothers from a national U.S. longitudinal study on the effects of prenatal stress during the COVID-19 pandemic. Binary indicators of deprivation self-reported during pregnancy (e.g., financial status, partner support, maternal anxiety, and depression) were summed to create a prenatal deprivation score. Infants' risk for socioemotional problems were assessed using the Baby Pediatric Symptom Checklist (BPSC) at 7-17 months. Parenting beliefs were assessed using the Infant Crying Questionnaire (ICQ). Structural modeling in MPlus evaluated how prenatal deprivation impacted infant irritability, inflexibility, and difficulty with routines. Moderation and mediation analyses explored the role of parenting beliefs.

Findings: Prenatal deprivation was associated with a significant increase in parent-reported infant irritability, inflexibility, and difficulty with routines (r range: 0.1-0.2, p-values all < .001). Sensitive parenting beliefs about infant crying (e.g., crying means my baby is trying to tell me something) and insensitive parental beliefs about infant crying (e.g., picking up my baby will spoil them) did not mediate the associations between deprivation and socioemotional problems. There was some evidence of moderation, such that the positive association between prenatal deprivation and difficulty with routines was stronger when parents held more insensitive beliefs about infant crying (p = .040). In other words, endorsing beliefs that responding to infant crying would spoil a child or teach them to throw a fit exacerbated the effect of prenatal deprivation on infants' difficulty with routines.

Implications for policy, research and practice: Deficits in early socioemotional competencies are associated with worsening psychiatric illness, social impairment, and general distress in adulthood. Prenatal deprivation indicators represent feasible policy targets to improve maternal and infant development. For example, policymakers may target deprivation indicators such as maternal mental health, maternal income, and lacking partner support to improve well-being across multiple generations. Moreover, in the context of prenatal deprivation and early socioemotional development, our findings support that insensitive parenting beliefs may be a viable moderator worth targeting to reduce the negative consequences of prenatal deprivation on critical child outcomes.

100

Building parent (and service) capacity through coaching

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Background and objectives: The Victorian Government's Roadmap for Reform shifts the child and family services system to intervene earlier to improve family functioning, safety, wellbeing and healthy development of children. Kids First (KFA) Integrated Family Service direct practice has traditionally involved case management. The journey to develop a new approach to 'case management' through a continuous practice improvement system started in 2021, with a partnership between KFA and the Parenting Research Centre (PRC). KFA has tested a new Coaching approach to practice. The way of working with families is premised on the idea that building the capacity of adults who care for children is the most powerful way of promoting a child's development, wellbeing, and safety.

Methods: A co-design process including both staff members and consumers was used to develop the outcomes and new practice framework for the Integrated Family Service in the first instance, with a view to rolling it out across the whole of family services. The project will realign with the agency practice principles and values. When designing the coaching model the vision was twofold:
1. Design a practice framework to maximise our impact by building consumer and practitioner capacity and capability. Achieved through the design, development, testing, documenting and implementation of a practice framework to ultimately be known as the 'Family Services Coaching Practice Framework'.
2. Develop a fully operating and integrated continuous practice improvement system that uses data to build evidence, drive quality improvement in our practice and form the basis of an integrated learning system.

Findings: The project has moved through three phases.
- Exploration: clarifying the program's theory of change and logic model; development of an outcomes chain, capturing existing guiding principles and good practice; and identifying practice challenges.
- Design: identifying/evaluating existing and new coaching practices and testing them for relevance and fit with program principles, objectives and service ecology.
- Piloting/testing: initial implementation, providing an opportunity to test the conceptual framework of the practice model, protocols, data collection and responses with staff and consumers.

The diversity of skills and expertise ensure that current practice is captured, and input is received across Family Services at KFA.

Implications for policy, research and practice: The new practice framework will be grounded in contemporary understandings of how to support adult self-regulation and improve capacity building, to guide professional practice and improve outcomes for families and children. Implementation of the model will support the adoption of the new practice with fidelity, including training, post-training support and data-based feedback loops. Continuous quality improvement will be supported via a learning system that is based on data and engages all levels of the organisation in monitoring and case progression. Practice models, such as the one envisaged here, lend themselves to being embedded within Continuous Quality Improvement (CQI) structures. Indicators and measures will be used to regularly assess whether the framework is effective in meeting outcomes, or whether adjustments need to be made. A data informed learning system can be responsive to research and practice developments and allows for innovation.

Learning and achievement outcomes from an early childhood parenting intervention: School-age follow-up of a cluster randomised controlled trial

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Background and objectives: Parents play an important role in children's early learning, during a time when brain development is particularly sensitive to environmental influences. The Early Home Learning Study (EHLS) was a cluster randomised controlled trial of the smalltalk program (child age 12-36 months), conducted in the state of Victoria, Australia. The program aimed to support parents to provide a stimulating home learning environment, including enhancing the frequency and quality of parent-child interactions. We evaluated children's long-term outcomes at age 7-9 years, to determine whether smalltalk can positively impact language and academic achievement at school.

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. Three direct language assessments were conducted at age 7.5 years by researchers blind to the original trial conditions: 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 age 8-9 years on the Year 3 Australian National Assessment Program for Literacy and Numeracy (NAPLAN) assessing reading comprehension, writing, language conventions (spelling, grammar, 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). 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 NAPLAN Spelling scores (β=20.12, 95% CI=3.10-37.15, p=0.02, effect size=0.24). There were no intervention effects on the other measures.

Implications for policy, research and practice: This is one of few studies, both in Australia and globally, to evaluate the longer-term impacts of an early 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 early reading and academic achievement. Continued attention to family language environments is needed to build or sustain early parenting intervention effects.

Restacking the Odds: Using data to drive equitable parenting support

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By the time children start school there are already inequitable developmental differences that lead to poorer adult outcomes There is no single solution to the complex challenges faced by many children, families and communities. Restacking the Odds focuses on five evidence-based platforms and programs to boost children's health, development and wellbeing: antenatal care; sustained nurse home visiting; parenting programs; early childhood education and care; and the early years of school (through to Year 3). These strategies are notably longitudinal (across early childhood), ecological (targeting child and parent), evidence-based, already available in almost all Australian communities, and able to be targeted to those with the greatest needs.

Restacking 1.0: In phase one we aimed to demonstrate the potential of collecting community level evidence-based indicators of equitable service delivery. We undertook restricted systematic literature reviews for each of the five service strategies across drivers of quality, quantity and participation. We were specifically interested in lead indicators- ie those shown to link specific service level actions/processes with child outcomes. We then collected quantitative data against the indicators in seven communities across three Australian states and territories to test and determine which are pragmatic to collect, resonate with communities, and provide robust measures to stimulate service provider, community and government action. We found that despite relative data availability, indicators are not being used to ensure higher quality services are being delivered to children who need and benefit from it most.

Restacking 2.0: In this next phase we aim to develop the skills and knowledge of service providers and community-based early years initiatives to routinely collect, understand and use evidence-based lead indicators. This is undertaken in stages:
   Stage 1: Identify barriers and enablers to improve data collection, analysis, reporting and use within the five key strategies. Information was collected from community service providers and policy makers using online questionnaires, semi-structured interviews, focus groups and targeted desktop searches.
   Stage 2: Collaborate with communities and service providers to design and develop evidence-based prototype solutions that will enable the routine collection and use of indicator data, reducing the barriers and promoting the enablers discovered in Stage 1.
   Stage 3: Implement, test and refine prototype solutions at the service and community-levels and identify how to scale these more broadly.

We will share key insights learned from working with several Australian communities and will showcase:
- An overview of Restacking the Odds and the importance of utilising existing services for equity;
- Establishing the triple bottom line of services for equity: quantity, quality and participation in parenting support programs; and
- How to co-design and deliver the end-to-end porotype to drive service improvement: from data capability to visualisation and utility.
- How systems might better stack interventions and test the impact of quality and participation-dose across the early years needs robust indicators and data to drive equitable system change.

Parent burnout: Direct and indirect associations with child symptomology and parenting behaviours

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Background: Parental burnout is described as a condition that develops through excess stress, characterised by intense distress and exhaustion that chronically overwhelms parents' abilities to cope. It includes overwhelming exhaustion, emotional distancing from children, feelings of being fed up, and not recognising oneself as the parent they used to be. Overall, such views suggest that burnout occurs when stressors far outweigh parents' compensatory coping resources. In the present study, we address one possible and important stressor that could pose a risk for burnout - child psychopathology. The aim was to examine the association of children's internalising and externalising symptoms with parents' burnout, and whether the associations were direct or were also indirect via parents' behaviours when interacting with their children.

Methods: Data were drawn from two Australian studies - one with 114 caregivers of children aged 2 - 7 years attending a parenting program and the second with 705 caregivers of adolescents aged 16 -18 years. Parents completed surveys containing reliable and valid measures of burnout; positive and negative parenting behaviours; and children's internalising and externalising symptoms.

Findings: In both samples, parent burnout was significantly associated with children's externalising symptoms and parents' anxiety, however child internalising symptoms was only significantly associated in the adolescent sample. When regression analyses were used to test direct and indirect effects of children's symptoms with parent burnout, there were similar findings across the two samples. In parents of young children, child externalising was directly associated with more burnout, and there were significant indirect associations of both externalising and internalising with burnout via negative parenting practices. In parents of adolescents, externalising and internalising symptoms were each directly associated with more burnout and were indirectly linked via negative parenting. Some of the differences in results between the two samples could be due to sample size/power, as effect sizes were similar in both analyses. Also, there was one counterintuitive association in the younger, high-risk parent sample: externalising symptom level was associated with less burnout via negative parenting, suggesting either a statistical suppression effect or that parents with children higher in externalising who engage in more negative parenting practices are also lower in burnout; this finding could suggest that some parents of young externalising children stay engaged (report less burnout), but this engagement could appear as negative parenting behaviours.

Implications: These findings are the first to identify child psychopathology, along with negative parenting, as a risk factor for parent burnout. These findings highlight the need for more research, particularly, a longitudinal study to consider whether there are bidirectional associations between child psychopathology, parenting practices, and parent burnout over time. Moreover, future research could identify stressors inside and outside the home that explain the development of burnout. Such research could identify if interventions that improve parents' behaviours directly reduce burnout or whether intervention should also focus on reducing other stressors, such as interparental conflict, job stress, or financial insecurity.

106

Operationalization of Nurturing Care Framework (NCF) in humanitarian context

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The family is fundamental in child's growth and development. However, family institution is currently facing numerous challenges in fulfilling its functions. Challenges include poverty, food-insecurity and parental stress resulting in child-abuse and neglect. More fathers are taking a passive role in providing child-care, thus an increase in single parenthood especially in refugee settlements with over 50% female-headed households. Save the Children through, the Nurturing Care-Framework (NCF) project, is working with caregivers of children 0-3 years to empower them to provide nurturing-care and support children.

Objective: To improve provision of nurturing care and support children to achieve holistic development in violence-free environments by parents/caregivers.

Methods: Groups of 20-parents were established across three districts of Yumbe, Terego and Madi-Okollo in Uganda. These groups were female only, male only or mixed–male and female caregivers. The mixed sessions enabled couples with divergent views on spousal relationship, gender and social norms to resolve them. Knowledge was passed on during parenting sessions through 5-modules of the Boost For the-Youngest (BFY) approved toolkit which is sub-divided into 18-sessions. These sessions are conducted through discussions over a period of 3-months by trained Frontline-workers. To maintain these groups, routine group mentorship is offered to share experiences, knowledge, practice and influence change of nurturing-care attitude to deliver quality knowledge and skills to their children and other caregivers. Videos with nurturing-care messages were developed and used during community activities to disseminate information and influence positive-care practices at health-facilities, during community dialogues and at safe spaces like Mother-baby-Areas.

Results: The project established 1605 groups with collective reach of 32,090 (8,129 Males, 23,961 Females) caregivers in the first 2 years of implementation. 82% of 32,090 caregivers continued with mentorship sessions on how to offer positive-parenting care and bridge gaps of cultural barriers and practices in child upbringing. The project has improved lives of children with disability (CWD) through increasing awareness by dispelling cultural myths surrounding CWD among parents and the community. A total of 455 (196 Males, 259 Females) CWD have been supported through referral to specialized medical services and caregivers given psychosocial support. The project has also realized 21.8% increase in male enrollment and participation in the program from 5,219M in year 1 to 8,127 in year 2 which has resulted in decrease of Gender-based Violence cases. Involvement of fathers in childcare is promoted as it plays a critical role in transforming future generations in violence prevention and promoting parenting practices.

Implications: The project contributes to implementation of National Integrated Early Childhood Development Policy 2016 under Ministry of Gender, Labor and social development targeting children under 6, involving Ministry of Education and Ministry of Health. This project gives parents the right support to build their skills and confidence and has proven to make a positive difference for both children and families as witnessed by different caregivers in the project catchment areas of Rhino camp, Imvepi and Bidibidi refugee settlements. SC collaborates with Government of Uganda at national and sub-national levels to ensure sustainability of parenting support through working with government existing structures.

Bringing Up Great Kids: An international language for promoting well-being and health through reflective parenting support.

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Background: The Australian Childhood Foundation developed an evaluated group work program with a focus on the parent/child relationship in 2005 called Great Kids. This work has evolved into what is now called the Bringing Up Great Kids program in 2010. This program also started off as a group work model but has now developed into a framework of resources and materials that support all professionals working with families in one-to-one counselling work with adults and children as well as group work. Bringing Up Great Kids is a reflective, mindful, respectful, nurturing, kind program supporting parents/carers and their children's relationship. A national evaluation of Bringing Up Great Kids (BUGK) was undertaken in 2011/2012 by the Australian Institute of Family Studies (AIFS). BUGK draws from the evidence base about the importance of attachment narratives (Siegel, 2013) and the increasing recognition of the role of mindful practices in positive mental health and wellbeing outcomes. Parents chosen for the evaluation came from diverse circumstances including incarceration, family violence, disability, mental health, first nations and refugees.

Methods: The evaluation used a mixed-methods methodology involving a quantitative parent questionnaire designed to identify changes in parenting beliefs and practices across time, qualitative parent questions and qualitative facilitator reflections. Parents completed a questionnaire containing both the quantitative and qualitative items at three-time points—pre-program, post-program and six months after the completion of the program. Program facilitators' reflections were completed at the end of each session, at the end of the program and six months later. The evaluation found BUGK enhanced the reflective capabilities of many parents. As well as parents' increased understanding of how the way they were parented may have influenced their parenting. Parents also gained an enhanced understanding of how children's brain development may affect their child's emotions and behaviour as shown in both the post-program and the six-month follow-up.

Findings: The program was generally relevant to parents facing multiple and complex life stressors. Many parents reported more positive interactions with their children, less conflict and greater calmness in their homes. The facilitators' reflections further supported the parental reports of change. Facilitators noted high attendance in the groups and that many of the parents had formed ongoing supportive relationships with other parents through their participation. Overall, BUGK appeared to offer parents facing complex issues a helpful approach to increasing their reflective capabilities, understanding their parenting, and enhancing positive communication with their children.

Implications: BUGK has demonstrated its flexibility to be relevant and empowering to all adults and caregivers in children's lives. BUGK, as a framework, has developed several variations of the original version in response to community needs such as BUGK in the First 1000 days, BUGK Parenting Adolescents and BUGK Parenting after Family Violence. BUGK has spread into the international space with facilitators translating and facilitating BUGK in countries such as Iran. BUGK remains relevant to both professionals and families as the focus is on supporting parents/carers to develop/create a nurturing, respectful and mindful relationship with their children that will last a lifetime.

108

Long-term and household spillover effects of a parenting and ECD intervention on children and families living in extreme poverty in Rwanda

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Background and objectives: Sugira Muryango is a lay-worker-delivered home-visiting intervention for families living in severe poverty with children aged 6-36 months in Rwanda. A cluster randomized trial (CRT) found that Sugira Muryango families showed significant improvement in father engagement and responsive and playful interactions, and decreased harsh discipline and intimate partner violence compared with control families immediately after the intervention. A 12-month post-intervention assessment found sustainment of most of these results and further showed that children in treatment families improved more on child development milestones compared to control children. Study children are now 4-7 years old and were recently revisited for a longitudinal follow-up.

Methods: This presentation will discuss long-term effects of the Sugira Muryango family strengthening intervention. In this follow-up study, we re-enrolled 967 families (92%) from the original CRT. We also sampled 250 younger and 250 older siblings to participate in a spillover study. Key outcomes discussed in this presentation include responsive and stimulating parent–child interactions (IDELA), father engagement (Promundo items), harsh discipline (MICS items), intimate partner violence among parents (DHS items), child cognition (KABC-II, WPPSI), language (WPPSI), and socio-emotional development (Child Behavior Checklist). For repeated measures, intervention effects are determined based on the slope of the response variable in the Sugira Muryango group compared to the control group using linear mixed effect models with a continuous outcome variable as the response variable. New outcomes are examined using statistical methods for test linking techniques. In addition, we will discuss findings from qualitative, semi-structured interviews with caregivers and older siblings.

Findings: Data analysis is ongoing, but we will explore the hypotheses that families who participated in Sugira Muryango will have positive improvements in parent-child interactions, father engagement, child cognition, language, and socio-emotional development. We also hypothesize that Sugira Muryango families will show greater decreases in the use of violent discipline and intimate partner violence compared with control households. Additionally, we will explore the hypothesis that the intervention, aimed at children ages 6-36 months, had spillover effects on older and younger siblings within the households. Spillover effects for older siblings also include cognition, language, and socio-emotional development (using age-appropriate measures), as well as mental health. Spillover effects for younger siblings will include the same aspects of development (using age-appropriate measures) as well as child feeding and temperament. Using mixed methods, the qualitative interviews will provide detail on the beliefs and behaviors of family remembers as they relate to the primary outcomes.

Implications for policy, research and practice: Intervening in early childhood has been demonstrated to be highly cost-effective for improving child development and life outcomes. Still, early childhood development interventions that can be delivered to often hard-to-reach vulnerable families in low-resource settings are limited and not always well-evaluated. Results presented here will contribute to the global evidence for long-term effects of early childhood development interventions in low and middle-income countries, and sub-Saharan Africa in particular - where no other study has, to the best of our knowledge, examined long-term effects of early parenting interventions.

Impact of training fathers in an early literacy intervention on child cognitive development and risk factors for violence

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Background: Violent behaviour in adolescence and adulthood can develop when children's normal expression of aggression fails to follow the normal trajectory of emotion regulation. If this aggression becomes persistent and pervasive, it is a strong risk factor for later aggressive behaviour. This negative developmental pathway is predicted by three early parenting difficulties: unresponsive/insensitive parenting, leading to children's insecure attachment; harsh/inconsistent parenting, leading to child behaviour problems; and poor cognitive stimulation, leading to child cognitive problems. An early positive parenting intervention called 'dialogic book-sharing' (DBS) has been shown in rigorous research to significantly improve the three problematic aspects of parenting with corresponding reductions in early childhood risks for later violent behaviour. DBS programmes have almost exclusively been attended by mothers. The current study adapted the DBS programme for delivery to fathers with the aim of increasing child secure attachment, prosocial-behaviour, and cognitive skills and thereby reducing risk factors for the development of violence.

Methods: Mikhulu Trust partnered with Sonke Gender Justice and the University of Cape Town to adapt its DBS intervention for delivery to fathers and conduct a pilot study of delivering this intervention to fathers, with the aim of reducing both harsh parenting and early child risk factors for the development of aggressive behaviour and later violence (including violence against women). This was done by first running focus group discussions with fathers to adapt the existing DBS programme – making it more attractive for fathers. Once we had resolved on the adapted programme, it was delivered in the context of a pilot RCT with a wait-list control. A sample of 70 fathers of 12- to 24-month-old children from Gugulethu in the Western Cape were recruited. After a baseline assessment (of both mothers and fathers), fathers were randomly assigned to either the index group (n=35) or the waitlist control group (n=35). Two to four weeks after the 6-week intervention to the index group was completed, all participants were re-assessed. The waitlist control group then received the intervention.

Findings: The study measured a number of outcomes for fathers and children. The data are still being analysed and the outcomes of the study will be available in early 2023. Outcomes that were measured include:
- Fathering outcomes: How often fathers share books with their children each week (assessed using the Father Involvement Scale, completed by both mothers and fathers); Father observed sensitivity and reciprocity; Use of positive parenting (praise) and harsh parenting (hitting and yelling) in the past month; Gender equitable attitudes.
- Child outcomes: Language assessed indirectly by father and mother report using the Child Development Index; Attention assessed with the Early Childhood Vigilance Task.

Implications on policy, research and practice: This research project gives us an opportunity to identify a new mechanism to tackle gender-based violence, and more generally, violence prevention in South Africa. By focusing on the preventative measures in childhood, that are risk factors for violence in adulthood, we are developing a new approach that will be integral to the collective systemic approach to reducing violence against women.

110

Delivering parent support services to mothers of young children through community health workers

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Background and objectives: Mikhulu Trust develops support services for parents of young children. A randomised controlled trial on our flagship programme, "Dialogic book-sharing", conducted in a low-income community in South Africa, showed positive benefits for 14-16-month-old children and their mothers. The programme benefitted children's cognitive and socio-emotional development and mothers' level of sensitivity and reciprocity with their young children. This paper presents a case study on the successes and challenges of implementing an adapted version of the book-sharing programme at scale with a provincial Department of Health (DOH) in South Africa.

Methods: During book-sharing, a parent supportively shares a wordless picturebook with their child (under age-6). Parents attend an 8-week training programme in groups of 10, for 1.5 hours where they are trained to follow the child's interests, ask age-appropriate questions and praise the child's contributions. This programme is highly effective but has not yet been delivered at scale. Working with the Western Cape DOH, the book-sharing programme was adapted to be delivered by community health workers (CHWs) during their home visits with mothers of young children (aged 1 – 2). In the implementation pilot, CHWs attended the 2-day book-sharing "facilitator training". By the end of the training, the CHWs are able to deliver four 20-minute sessions during one-on-one home visits with mothers. In addition to the training, during their implementation with mothers, CHWs receive further support through group mentorship sessions.

Findings: In 2022, Mikhulu Trust trained more than 700 CHWs across 3 districts in the Western Cape province, to deliver the programme to mothers of young children. Around half of the CHWs received implementation mentorship visits, which started in November 2022. CHWs' response to the training was very positive. They felt that this programme would help them to support parents and children to "thrive", while most of their other work with families focused mainly on themes of "survive". Other aspects that worked very well for this pilot was that all DOH district officials were supportive of taking up the programme. This was particularly important when some challenges arose, such as the logistics of distributing wordless books to community health workers based in ~20 towns across the 3 districts.

Implications for policy, research and practice: Since the publication of the 2015 National Integrated Early Childhood Development Policy, where the Department of Health is mandated to lead parent support activities on early stimulation, this is one of the first avenues adopted by the Department of Health to deliver services that support children's early development. The successful implementation of this programme will demonstrate the meaningful role that community health workers, and the Department of Health, can play in supporting children's early development. It will also provide a model that other provinces and districts can adopt to implement the programme in their contexts. As a result, mothers across the country will be able to receive structured support, within a formal system, on their role in their young children's lives.
Lastly, Mikhulu Trust will initiate an evaluation of the programme in 2023.

111

Developing a parental self-efficacy measure that is inclusive of neurodiversity

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Background and objectives: Parental self-efficacy is a concept reflecting a parent's belief in their ability to successfully parent their child. A new measure of parental self-efficacy was formulated in response to Parent Advisory Group feedback from neurodivergent families highlighting that previous measures of parenting were frequently framed by neurotypical parenting expectations and/or medical deficit models. This project sought to engage with parents who experience neurodiversity themselves or in their child in order to better understand their parenting experiences, and to develop a new measure of parental self-efficacy for use in future early years interventions.

Methods: Two focus groups were carried out with parent panels (with parents who have experienced neurodiversity in themselves or their child) and a further focus group was conducted with a team of Early Years professionals with experience of working with neurodivergent families. Discussion centred around how parenting was experienced by neurodivergent families and how this was influenced over time. Thematic analysis of the focus group data enabled four principle parenting constructs to be identified, from which the scale items were compiled (that aimed to reflect these constructs). The item pool for the measure was refined and modified in response to expert review panel feedback and is now ready to be piloted with a larger participant group from January 2023. We will report on the methods used during the parent-engagement process and within the scale development and validation processes.

Findings: We present summary findings of the thematic analysis from the focus group data and describe the stages and outcomes of the scale development and refinement process. We will also present our analysis of the psychometric properties of the measure in terms of variance captured, floor and ceiling effects, and internal consistency. The next phase of piloting of the measure will take place from January 2023.

Implications for policy, research and practice: Previous research has indicated that increased parental self-efficacy positively impacts parent and child development outcomes and there is a growing need for parent-mediated interventions to take account of how parental self-efficacy may influence outcomes by measuring it. However, measures need to be inclusive of the parent groups that they are used with, and they need to be sensitive enough to be able to demonstrate any shift in parental self-efficacy that might occur over time as a result of parenting intervention/support. The potential viability of this new measure will be discussed and its wider application in other early years interventions will be explored. The challenge of striving to reflect 'real life' parenting experiences when using a fixed measure will also be considered.

Feasibility of a new parent-toddler programme to Support Toddlers with a family history of autism/ADHD to develop strong Attention, Regulation and Thinking skills (START)

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Background and objectives: The START programme was co-developed with a Community Advisory Group and aims to support children with a family history of autism or ADHD to develop strong Executive Function (EF) skills through 12x weekly, play-and-peer-support sessions for parents and toddlers. Two groups of parent-toddler dyads with a family history of autism/ADHD (confirmed or suspected) were piloted and will be completed in December 2022. We will present a case study of the pilot's feasibility, highlighting lessons learned that may be applied to other early-years and/or EF interventions.

Methods: Feasibility of the START programme will be evaluated using a mixed methods approach. Quantitative data will be obtained through collation of participant recruitment and attrition rates, use of weekly fidelity and adherence questionnaires (which are completed by practitioners and researchers after group sessions), and parents' weekly self-report ratings (regarding their application of the session aims/activities between groups). The fixed evaluation measures will be supplemented with qualitative data including reflective notes following debrief discussions with practitioners, End Point interview transcripts with practitioners, as well as additional written feedback from parents.

Findings: Summaries and analysis of the fixed measures (pilot recruitment, attrition, and fidelity questionnaire data) will be presented, along with the key themes derived from thematic analysis of the qualitative data (reflective notes, interview transcripts and parent feedback) which will be analysed at the end of the Pilot phase (Jan 2023)

Implications for policy, research and practice: The START programme aims to promote accommodations and adaptations to meet parents' and children's individual needs. This presents a challenge when evaluating its feasibility using just fixed measures alone. The mixed methods used in this case study aim to help bridge the gap between our pre-specified research plans and real life flexible practice and enables the researcher to interpret the feasibility measures with a more authentic perspective. Following discussion of the research findings and analysis, considerations for other early-years and/or EF interventions will be discussed, along with the wider implications for how policy and practice can be more reliably informed.

113

Behavioral parent training outcomes in families with low-income: The role of financial strain

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Background and objectives: The role of environmental and parental factors in the development, maintenance, and treatment of early-onset behavior disorders (BDs) is well established. BDs are among the most common mental health concerns in children and pose great societal risk if maintained throughout development therefore, improving outcomes for hard to reach and vulnerable families is critical. Behavioral Parent Training (BPT) is the gold-standard treatment, yet many families experience poor outcomes or diminished maintenance over time. Thus, elucidating nuanced contributors to variability in the impact of parenting on child and family well-being in the context of BPT may elucidate treatment process and improve outcomes.

Methods: Fifty-four treatment seeking parents of young children (3-8 years) with low-income and clinically elevated behavior problems were recruited from the community and received an evidence based BPT program: Helping the Noncompliant Child. HNC is designed to modify parenting behaviors, improve the parent-child relationship, and increase child compliance through clear and consistent limits. Parental self-report measures of family financial strain (i.e., Economic Hardship Questionnaire; EHQ) and child behavior problems (Eyberg Child Behavior Inventory Intensity and Problem scales; ECBI) were measured prior to initiating HNC. Child behavior problems and observational measures of treatment outcomes (i.e., parental skill use, child compliance) were measured pre-, post-, 3-months following, and 6-months following treatment. Growth curve models were implemented to test whether family financial strain predicted the trajectory of parent and child change and maintenance of change across treatment. When necessary, alternative analyses were implemented.

Findings: Results demonstrated adequate to excellent model fit for both the ECBI intensity and problem scales. Throughout HNC, all families experienced similar rates of change in the intensity of child behavior problems though, those with lower levels of financial strain experienced greater maintenance of change 6-months following HNC. Results of the problem scale demonstrated that financial strain significantly impacted families rate of change and maintenance of change across treatment. Although financial strain was not significantly related to the rate or maintenance of change in child compliance throughout HNC, the model demonstrated adequate fit. Regression analyses indicated that financial strain did not significantly predict parents use of positive (i.e., attends and rewards) skills (β = -.04, p = .86), though it did predict their use of questions and instructions (β = .31, p < .003) and explained variance at 6-month follow-up (R^2 = .53, $F_{(2, 51)}$ = 28.99, p < .001).

Implications for policy, research and practice: Findings suggest financial strain may be an important component in predicting diminished treatment outcomes among families experiencing economic disadvantage. While clinicians cannot change a family's experience of financial strain, attention to its potential impact on treatment can aid in identifying appropriate supports to promote positive treatment outcomes. This may include offering flexible approaches to treatment implementation, targeting parental factors, and providing opportunities to support maintenance of outcomes. Future studies should continue investigating socioecological contexts of the presentation and treatment of early-onset BDs toward identifying and refining best practices to support the well-being of a diversity of parents, children, and families.

114

Supporting parents in caring for their high-risk children during hospitalisation and at home

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Background and objectives: Hospital to Home (H2H) was developed by Kiwoko Hospital and Adara Development Uganda to help sick and small babies survive and thrive. These babies experience a higher burden of morbidity and mortality than their healthy peers. The H2H programme was designed to improve health outcomes through parent education, interventions to improve growth and development—including Kangaroo Mother Care (KMC) and cue-based feeding—and by reducing barriers to follow-up care. H2H provides education and care during hospitalisation and at home after discharge. The programme is delivered by nursing staff during the infant's hospital stay, and by trained Community Health Workers (CHWs) at home.

Methods: The hospital component of the H2H programme is delivered by nursing staff who are specially trained in the care of sick and small newborns. The nurses receive additional training in educating family members in the care of newborns during hospitalisation and at home, covering topics such as lactation and breastfeeding, danger signs, and newborn development. Once discharged, the families are referred to local CHWs who provide regular follow-up support to babies and their families for up to 12 months. We evaluated the acceptability of the caregiver education component of the H2H programme using qualitative, in-depth interviews with staff, CHWs, and caregivers. The interviews elicited caregivers' reflections on their stay in the hospital, the education they received, and their visits from the CHWs. Two rounds of interviews—in 2019 and 2020—allowed us to assess parents' perspectives of their neonatal unit stay before and after implementation of the programme.

Findings: The comprehensive education that caregivers receive during their hospital stay increased their understanding of the importance of early health care interventions and enabled them to build positive, health-informed relationships with their children.
Parent education was found to be a continuous process rather than a singular activity. We saw increased caregiver confidence in asking questions about their children, likely due to increased interactions with hospital staff and ongoing relationships with local CHWs. Caregiver education was also found to be more systematic after the introduction of the H2H programme. The home component increased the number of families receiving follow-up care. It helped eliminate barriers such as lack of services and high transportation costs by providing flexible delivery through the CHWs. Visiting the families in the community allows the CHWs to engage with and educate more family members; it is an inclusive approach to providing care.

Implications/Conclusion: Discharge and follow-up programmes are critically important to ensure sick and small babies survive and thrive. Both components of the H2H programme focus on family-centred care and equip the parents with the skills and knowledge to look after their babies. The hospital component is the foundation for caregivers to learn how to care for their high-risk newborns. Providing continued support and education to the parents in a flexible environment grants parents the confidence, skills, and knowledge to look after their babies. The H2H programme helps to ensure sick and small babies receive the best continuity of care at the most critical time of their development.

Abusive head trauma prevention: Improving parental knowledge of normal infant crying

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Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) is a devastating form of child abuse that leaves severe consequences for the victim and their families. The Period of PURPLE Crying program is an effective, evidence-based SBS/AHT prevention program that supports parents in their understanding of a normal developmental period in their infant's life that is characterized by an increase in crying. Participants will discover the correlation of infant abuse to this crying period. They will identify prevention practices aimed at educating parents early in the infant's life. And will learn how to implement prevention into current parent education programs in their communities.

This workshop teaches participants about the Period of PURPLE Crying by discussing the three lines of evidence backing the program, sharing the program model and how it can be implemented in many settings, and why it is critical for parents to receive SBS/AHT prevention education. The Period of PURPLE Crying is based on three lines of evidence: first, that shaking a baby is dangerous; second, that early increased infant crying is a normal part of child development; and third, this normal crying is the most common trigger for infant abuse. The Period of PURPLE Crying aims to reduce the incidence of SBS/AHT by supporting parents in their understanding of normal infant crying. The program model uses a 3-dose exposure approach to create a cultural shift in the way society views this infant crying. The first two doses focus on parents with infants before and during the crying period, while the third dose targets all other members of society. Because of the different doses, this program is capable of being used in many different situations. Examples of the program's implementation will be provided to teach participants how it can be incorporated into their current parent education. The prevention information provided by this program when paired with PURPLE educational materials for parents has shown this program to reduce the incidence of SBS/AHT by 35%. To engage participants in this content the workshop will be comprised of presentation, polls, and a facilitated Q&A session.

Participants will understand the correlation of infant abuse to a normal period in infant development classified by an early increase in crying and will be able to share this knowledge with their colleagues. Participants will also have the tools necessary to begin conversations about how they can implement this effective SBS/AHT prevention education into current parent/caregiver education programs in their communities.

116

The road to equity needs to be paved with more than good intentions: Using research to advance the equity agenda

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The first 1000 days of life represent the most rapid period of brain development, when the foundation for lifelong health and development is established. Adverse social conditions such as unstable housing and financial hardship can disrupt this foundational period. A challenge for Australia's health system is that efforts to address social determinants traditionally sit outside the sector. This results in substantial system inefficiencies and increased health burdens and costs. The complexity of health inequity can only be meaningfully addressed by integrated, multisectoral, and multidisciplinary approaches. This symposium describes three such approaches, which prioritise parents experiencing social adversity, across the pipeline of rigorous research development. Paper 1: "Housing Support in Pregnancy: A Systematic Review of Social Welfare Outcomes for Families". Scoping the evidence to understand the landscape for designing and evaluating a housing intervention for addressing child protection outcomes. This study (2022) found promising indications that housing interventions can generate benefits to homeless clients who are pregnant or women with young children (e.g. housing, substance use, child behaviour). However, rigorous evidence is lacking, and none focuses on child protection outcomes. Paper 2: "Feasibility of Linking Universal Well-Child Nursing and Financial Counselling: Findings From Australia's Healthier Wealthier Families (HWF) Pilot Randomised Controlled Trial." Pilot research (2019-22) to adapt a successful Scottish model to the Australian context and address financial hardship via healthcare. While screening for financial hardship was feasible, individual randomisation was infeasible. Where the model was successfully embedded, clients achieved substantial financial gain and described benefits including reduced stress, practical help, increased knowledge, and empowerment. Matching between populations and child and family health practice is necessary to incorporate the model. Paper 3: "Embedding Nurse Home Visiting (NHV) in Universal Healthcare: 6-Year Follow-Up": NHV is designed to redress child and maternal health inequities. Only two previous trials have investigated benefits of NHV beyond preschool; neither was designed for populations with universal healthcare. "right@home" (2013-ongoing) is Australia's longest and largest randomised trial of NHV. Four years after completing the program, when children started school (age 6 years), benefits were evident and consistent across home (parent-reported) and school (teacher-reported) contexts. Provision of NHV within a universal healthcare system can offer important, long-term protective benefits for families experiencing adversity. Policies targeting unstable housing, financial hardship and child development during the first 1000 days are often implemented by governments without evaluation. Where research has been conducted, is typically from the United States, which has a substantially different service context to high income countries with universal healthcare such as Australia. The paucity of evidence reflects the challenging nature of conducting randomised trials in these settings. However, developing rigorous, context-specific evidence that promotes child and family health equity is possible with quality improvement approaches and adequate investment and commitment from funding partners and stakeholders. Given the importance of the first 1000 days for children's life chances, evaluations of existing social interventions, and novel trials of large-scale policy implementation, should be prioritised.

117

Improving engagement with online, evidence-based parenting support: emerging research and innovations

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Background: Children thrive when parents and other carers are supported and, in recent years, we have witnessed new developments in online parenting support. Fuelled in part by the COVID pandemic, Australian researchers and support services have been exploring, developing and providing new forms online support solutions including evidence-based programs, tailored information and tools, web based and mobile apps, an increased focus on telepractice and more flexible modes of primary and secondary support. However, often evidence-based programs developed in research settings face challenges in terms of implementing at scale and maintaining and updating program content or online platform over time. Also, research indicates poor engagement and retention as significant challenges for both face-to-face and online parenting programs. As a result, the potential of online programs has not yet been fully realised. Recent research by the Parenting Research Centre has found that, across a range of demographics and backgrounds, parents supported online programs more than face to face supports, with highly-valued parenting program features including convenience and flexibility in mode of delivery.

Objectives: The objective of this symposium is to generate discussion and share insights on innovations related to the theme 'Parenting support in a digital age'. The symposium will include 3 papers and discussion from collaborating partners Raising Children Network, Action Lab at Monash University and the Turner Institute for Brain & Mental Health. Drawing on the emerging research on engagement approaches and best practice in the developing digital supports for parents, the symposium will explore future directions and innovations for improving engagement in online programs and supports.

Presentations: The symposium will consist of three 15-minute talks followed by a 15-minute ideation session where our panel of presenters will invite input and questions from I-CEPS participants. The 3 presentations and the following discussion will focus on the below topics.
1. Flexible modes of delivering evidence-based content to parents online, including self-paced and interactive learning, apps, podcasts and newer information delivery systems. This will include online supports catering for a range of needs based on level of a parent's concern, preferred mode of delivery and learning style.
2. Creating more relatable supports by incorporating parent voice, co-designing solutions with parents and emerging practice in developing a peer workforce approach to parenting support. This will include emerging insights from the development of an online and interactive coaching platform enabling professionals and trained peers to provide one-to-one support to parents incorporating reflective practice.
3. Human Computer Interaction and tailored, responsive content – allowing parents to apply choice and preference combined with recommendations based on best evidence.

Implications: Discussion will focus on implications for further research and practice in supporting improved parent and carer engagement with online parenting support.

118

Does engagement and satisfaction with an early childhood parenting intervention predict participation at five-year follow-up?

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Longitudinal follow-up studies are key to understanding whether early parenting supports translate to measurable benefits for children's wellbeing, health and development. However, retaining participants for long-term follow-up is challenging. Attrition tends to disproportionately occur among families vulnerable to poorer child outcomes (e.g., socioeconomically disadvantaged families), hampering efforts to develop an evidence base for the longer-term impacts of early interventions. This study aimed to assess whether engagement and satisfaction with an early parenting intervention, and engagement with the research relating to the intervention predicted participation at follow-up approximately five years later.

The Early Home Learning Study was a cluster randomised controlled trial of smalltalk, a brief parenting intervention for parents of toddlers (12-36 months). Participants were allocated to either a standard playgroup, playgroup with smalltalk content, or a playgroup with smalltalk content plus home coaching. Participants were asked to complete pre, post and 32-week follow-up assessments. Five years later, the EHLS at School study aimed to follow up eligible families to assess the school aged (7.5 years) outcomes of smalltalk. Engagement with the intervention was measured by attendance and involvement in playgroup sessions as rated by group facilitators. Parents rated their satisfaction with the intervention. Engagement in the research was measured by the proportion of assessments completed. Sociodemographic characteristics were collected pre-intervention. Logistic regression was conducted to assess whether engagement and satisfaction predicted participation at the 5-year follow-up. We also assessed differences by attrition type (i.e. active or passive withdrawal, uncontactable).

Findings revealed that stronger engagement with both the intervention and research activities were associated with higher odds of participation at the 5-year follow-up. Parent satisfaction with the intervention did not predict long-term participation. There were differences by type of attrition. Parents who participated in the 5-year follow-up and parents who actively withdrew did not show significant differences in engagement or sociodemographic characteristics. Those who were uncontactable at 5-year follow-up were the least engaged and most socially disadvantaged group.

Our findings suggest that parents who are more engaged in the intervention and research are more likely to participate at longitudinal follow-up. Researchers conducting evaluations of early parenting interventions should consider investing time and resources to support ongoing engagement in both the intervention and associated research activities, to promote long-term participant retention. These efforts should be consistent, flexible and multimodal. Although time- and resource-intensive, these efforts are critical for ensuring the success of long-term evaluations, enhancing the external validity of study findings, and building a strong evidence base for the impacts of parenting support on child outcomes.

119

The Guiding Good Choices Program: Exploring innovations to support parents and promote youth wellbeing

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Preventive interventions that support caregivers by strengthening parenting skills and family bonding have been shown to promote adolescent wellbeing and reduce behavioral health concerns. However, given limited uptake of many such interventions in community-based implementation, innovations that increase reach and public health impact are needed. Guiding Good Choices (GGC) is an evidence-based universal prevention program for parents of children ages 9-14, focused on reducing risk factors for substance use and other health risks, and promoting protective factors. It teaches parents skills such as setting clear guidelines and managing conflict during the teen years. It was originally developed to be delivered in-person via five 2-hour sessions, in school and community settings, and is available in English and Spanish.

The four presentations in this symposium represent innovations aimed at increasing the reach of GGC via different modes (adaptations for virtual delivery), in diverse contexts (pediatric primary care, schools) and different countries and cultures (Chile, three U.S. states with ethnically diverse populations). The presentations also illustrate the importance of attending to implementation science issues, such as participant engagement and implementation fidelity in the delivery of GGC, as these factors can increase the chances of positive intervention outcomes. The first three presentations are part of the Guiding Good Choices for Health study (GGC4H), a pragmatic, cluster-randomized trial involving 11 pediatric primary care clinics in 3 healthcare systems in three U.S. states. The study uses the RE-AIM framework to guide evaluation of implementation and effectiveness outcomes. It explores promising approaches for increasing the dissemination of effective family-focused interventions by embedding GGC in pediatric primary care and offering it virtually.

The first presentation shares results from individual and group interviews with parents early during the COVID-19 pandemic, exploring parents' opinions and interest in virtual implementation of GGC, as the team prepared to adapt the in-person program for virtual delivery via primary care. This feedback was valuable to inform the adaptation while considering participant engagement challenges early on. The second presentation describes the theory-driven approach to adapting GGC for virtual delivery and evaluates acceptability and satisfaction using mixed-methods data from participants and interventionists who delivered the intervention. Evidence of implementation fidelity also underpins virtual GGC impact, a topic taken up in the third presentation, an examination of dose, adherence, participant responsiveness, and quality of the virtual delivery, utilizing data from interventionists and independent observers. The fourth and final presentation extends the reach of GGC beyond the U.S., to Latin America, where evidence-based parenting programs have been lacking and where prevention needs are high. The presentation describes results of a pilot implementation of Guiando Buenas Decisiones, the Spanish version of GGC, in low-income communities in Chile. The study tracked implementation fidelity and parent satisfaction using mixed methods, exploring intervention acceptability and potential adaptations in the new cultural setting.

The symposium will conclude with the discussant commenting on the implications for extending the reach and adequate implementation of effective family-focused preventive interventions that can improve adolescent behavioral health, and how this can help advance youth wellbeing globally.

A blended in-person and online approach to pre-service training for resource parents

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Background and objectives: In the US, prospective resource (foster, adoptive, and kinship) parents typically had to complete 30 hours of in-person training to be licensed. FosterParentCollege.com (FPC) and Institute for Human Services (IHS) developed an innovative training approach, FPC-IHS Blended In-Person and Online Pre-Service Training for Resource Parents. It and a spin-off version are used by states/agencies throughout the US. A study compared the efficacy of the blended approach with a similar 30-hour classroom-only approach. Hypotheses included significantly greater pre- to post-test gains in parenting knowledge and awareness, greater satisfaction, and higher 3-month maintenance of gains for the blended approach.

Methods: The study, conducted in the state of Oregon and published in Child Welfare, utilized a pre/post/follow-up design with random assignment. Treatment group participants received the FPC-IHS Blended training, attending four 3-hour classroom meetings and viewing 10 FPC online courses. Comparison group participants received the standard Oregon Foundations training in eight 3-hour classroom sessions covering substantially overlapping content. The pre-post study sample included 111 prospective resource parents; of these, 84 completed a 3-month follow-up assessment. All study measures were completed online by both groups. Pre-test measures included background information, parent knowledge, and parent awareness questionnaires; post-test measures included the knowledge and awareness questionnaires, and questionnaires on user satisfaction (both groups) and usability of the online training (treatment group). Follow-up measures included the knowledge and awareness questionnaires. Hypotheses were tested using RM ANOVA. The percent of participants who dropped out of the training before the post-test was tracked for each group.

Findings: At pre-test, there was no significant difference in knowledge between the two study groups. Both gained significantly in knowledge from pre- to post-test, with no significant difference between them at post-test. The mean increase in knowledge was significantly greater for the treatment (Blended) group than for the comparison (Foundations) group. The treatment group had greater parenting awareness than the comparison group at pre-test, but there was no significant difference between groups at post-test. Both gained significantly in awareness from pre- to post-test. User satisfaction was high in both groups, with no significant difference between them. Treatment group participants indicated high satisfaction with the usability of the online training. The training drop-out rate was significantly lower for the treatment group than for the comparison group. Finally, results showed that the post-test gains in both knowledge and awareness in both groups persisted (with very little drop-off) at the 3-month follow-up assessment.

Implications: The proven effectiveness of the FPC-IHS blended approach to pre-service training has important practice implications globally. Because it was shown to be more effective than classroom-only training at imparting knowledge, agencies can reduce their training costs while being confident trainees are gaining core information. The study's evidence regarding trainee retention suggests the approach could increase the pool of badly needed resource parents. In response to the COVID-19 pandemic, this flexible approach can be culturally modified and used around the world to safely and efficiently deliver the in-person sessions of pre-service training via virtual meeting platforms like Zoom.

122

Dissecting the delivery of parenting interventions for child conduct problems: A Delphi study of core therapist competencies

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Background and objectives: The most effective interventions for conduct problems in early-to-middle childhood are social learning-based parenting interventions. Extensive research has tested the effectiveness of these interventions, and their contents (e.g., treatment components) have been a growing focus of meta-analyses and micro-trials. Little research, however, has investigated the clinical processes that are essential to their successful delivery. The aim of this study was to develop a core competency-based model for the delivery of parenting interventions for conduct problems, using a Delphi method. Of particular interest was the consensus of practitioners with expertise in the treatment of complex cases of child conduct problems.

Methods: Participants were an international panel of 49 practitioners experienced in these interventions (average 18 years' experience), 98% of whom currently worked with complex cases of conduct problems. Participants were sampled from the United States of America, Australia, Canada, New Zealand, England, Wales, Germany, Finland and the Netherlands. Data were collected using online survey and videoconference interviews, across three rounds, in order to achieve consensus. Participants rated and reported on a range of competencies derived from literature reviews and formal models of competencies from other fields of child and youth mental health. Conceptual content analysis was applied to key competency domains, and data re-presented to participants until consensus (agreement by at least 70% of participants) was reached.

Findings: Data supported a model of core competencies consisting of three broad domains: generic therapeutic competencies; parenting intervention competencies, and specific parenting skills/techniques. These were further broken down into 15 subdomains of competencies to address shared processes. Examples from each include: building a therapeutic relationship; understanding relevant theory and research; and relationship enhancement; respectively. In the first survey, 88% of experts suggested at least one modification to the initial model. After revisions via conceptual content analysis, expert consensus was reached in the second survey, with 100% agreement between experts attained on 12 competencies, a minimum of 81% agreement on any one competency, and an 88% participant completion rate (43 of 49 original participants). Common themes raised as important by experts included: acknowledging culture and race and exploring implications thereof; using strengths-based practices; considering trauma experienced by the family and using trauma-informed practices as appropriate; and overcoming assumptions concerning traditional nuclear families.

Implications for policy, research and practice: These findings have the potential to inform policy, practice and research concerning the evidence-based treatment of child conduct problems. They stand to inform clinical practice guidelines for the delivery of interventions to parents of children with conduct problems, particularly those cases with complex needs. They also have the potential to inform education, training, and professional development for practitioners in a range of postgraduate and community health settings, by identifying key priorities for such education. This includes applications related to the development of tools for clinical supervision and reflective practice in services for children with conduct problems and their families.

Triple P - Positive Parenting Program: Sustainable implementation in Western Australia 1995-2023

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Background and objectives: Western Australia has pioneered the implementation of Triple P since 1995 when the first study into Group Triple P was undertaken in our state. The Department of Health then offered parents Group Triple P and in 2001 the Department of Education commenced delivery, through schools. As the types and delivery modalities of Triple P expanded, our scope and vision for parent support has evolved. With recognition of parental influence on all aspects of child development and family well-being, parent engagement and support is considered an essential service for parents in our education sector. The Department of Education has endorsed Triple P as the parenting program of choice, with its extensive evidence-base and positive outcomes at a population health level. The WA government has named Triple P in several current initiatives. Our vision is for all parents to access Triple P Seminars as their child enters kindergarten - a population health approach - universal access with a 'light touch' focus.

Methods: Delivery in WA currently includes Seminars, Discussion Groups, Primary Care and Groups for parents of children aged 0-12 years, teens and Stepping Stones for children with developmental disabilities; with the focus on Seminars for parents of early childhood children. Fear-Less Seminars, for parents of children with anxiety, are also in demand. Growth has been in consultation with TPI Implementation Consultants. A Letter of Agreement between the Departments of Education, Health and Communities guides the planning and delivery of Triple P across WA, in Levels 1 through 4, with the emphasis on Level 2 Selected Seminars. Our delivery is now complemented by Triple P Online, which is offered free of charge to all Australian families funded by the Australian government.

Findings: The WA model has features key to its longevity and success: a joint management group of government stakeholders oversees the state-wide implementation, regional key contacts support planning and delivery, middle management are trained and practising practitioners, staff trained commit to delivery and parent support is embedded into various early childhood initiatives. The WA Stay Positive campaign which includes a WA dedicated website for the promotion of programs and parent registration, and a communication to school principals that parent access to seminars is expected, has accelerated engagement, with increases in number of programs offered and parent attendance. Current data to be supplied.

Implications for policy and practice: Our WA Department of Education provides a model for sustainable evidence-based parenting support across our enormous and diverse state. Triple P enhances the confidence and skill of our providers, our parents and our communities. Tenacity, over more than a quarter of a century, has been required to embed this support. Our journey continues.

Associations between paternal versus maternal parenting behaviors and child and adolescent internalizing problems: A systematic review and meta-analysis

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Background: There is a large evidence base supporting the important role of parenting behavior in influencing youth mental health; however, this literature often utilises maternal samples, and fails to capture the potentially unique and interactive role of mothers and fathers. This systematic review and meta-analysis aimed to investigate the role of maternal and paternal parenting behaviors in relation to child and adolescent internalizing problems.

Methods: Following PRISMA (2020) guidelines, 84 studies were identified. Of these, 44 studies and upward of 65 parent-behavior and child-outcome combinations were examined in the meta-analyses.

Findings: Findings indicated a unique role of maternal overprotection in the prediction of child anxiety symptoms. For other parenting behaviors, there were largely similar associations found for maternal and paternal parenting behaviors with child and adolescent anxiety, depressive symptoms and broader internalizing problems. There was preliminary support for the interaction of maternal and paternal parenting being important in predicting youth symptoms.

Implications: Although findings did not strongly substantiate differences in the effects of maternal and paternal parenting practices, with only one significant difference identified, further research would benefit from stronger representation of fathers within parenting literature, to enable a more rigorous and comprehensive understanding of each parent's role, and their individual and interactive influences on internalizing outcomes of their children.

Mind the Family: Mindfulness and imagery enhanced behavioural parent training

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Background: A broad sociodemographic of parents struggle with their children's difficult behaviours and need effective and engaging interventions. Behavioural parent training (BPT) is regarded as the "gold standard" intervention, however fifty percent of families do not engage or drop out of existing BPT programs. We developed an 8-session mindfulness and imagery enhanced BPT group program to improve engagement, acquisition, integration and implementation of well-proven behavioural techniques (Confident Carers Cooperative Kids, CCCK). Here we present findings from mothers (n = 250) and fathers (n = 122) who had attended CCCK.

Methods: Permission was gained to use archival data from parents (n=338) who had attended CCCK groups between 2009-2019 in a naturalistic university clinic setting in regional Australia. Ethical approval was also gained from parents attending CCCK at a community non-government organisation supporting families at-risk of entering the child-protection system (n=14). Repeated measures ANOVAs examined pre- to post-intervention changes in parent-reported child behaviour, parent wellbeing, parenting approach, and mindful parenting. We were interested in differences between parents attending CCCK at the University versus Community settings[1], and outcomes for mothers versus fathers[2]. Regression analyses explored predictors of outcome and mechanisms of change[3].

Findings: Parents reported significant pre- to post-intervention improvements across all measures, with large effect sizes (p<.001, $\eta 2$ = 0.11 - 0.55). Improvements in parent wellbeing, approach, mindfulness, and child behaviour were similarly large for families across child age, sex, problem-onset, medication status, parent age, sex, education level, employment status, one-parent status, concession status, and ethnicity. Attendance was high across all factors, and particularly for older parents. Families with more severe problems at baseline showed largest gains, including those from the Community setting. Fathers demonstrated similar improvements and attended the same number of sessions as mothers. Improved child behaviour was predicted by change in mindful parenting but not parenting approach. Parents who became more accepting and compassionate towards themselves showed larger improvements.

Implications: Blending imagery and mindfulness with behavioural skills (MiBPT) appears helpful in promoting engagement and outcomes, including for fathers and families presenting with more severe problems. Parental self-compassion needs to be encouraged in parenting programs. Further research on MiBPT is needed to confirm these promising results, leading to broader dissemination.

Engaging and supporting families through "Third Wave" mindfulness and imagery enhanced behavioural parent training

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Background: Third Wave therapeutic approaches blend mindfulness with traditional cognitive-behavioural methods, and have gained empirical recognition and widespread popularity, including within the area of parenting. Practitioners working with parents who are struggling with their children's behaviours need to find engaging ways to strengthen parents' emotional regulation and attributional processes (mindfulness) while introducing strategies that reinforce more desirable behaviours (behavioural). This workshop introduces an 8-session mindfulness and imagery enhanced behavioural parenting program (Confident Carers Cooperative Kids Program, CCCK) developed over the past 15 years in Australia to improve engagement, acquisition, integration and implementation of well-proven behavioural techniques.

Content and process: The workshop introduces participants to key images, metaphors and mindfulness exercises from the CCCK program. Powerpoint presentation of CCCK materials will be interspersed with reflective exercises that help consolidate learnings. Participants will have electronic access to CCCK materials to support their work with families.

Key outcomes: At the completion of the workshop participants will be able to:
- Describe practical ideas for engaging parents who are struggling with their children's difficult behaviours.
- Demonstrate using a metaphor that broadens parents' conceptualisation of child behaviour problems and provides clear pathways towards change.
- Demonstrate using a defusion exercise that helps parents to notice the impact of their attributions and internal world.
- Demonstrate using a mindfulness activity that helps parents to reconnect with what is most important in their family.
- Describe how these Third Wave mindfulness and imagery exercises can be integrated with behavioural strategies to engage parents and improve the effectiveness of parenting interventions.

131

Learning from different cultures and contexts: Implementing Mellow programmes internationally

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Background and objectives: Mellow Parenting has a growing evidence base demonstrating medium positive effect sizes for parent's mental health and wellbeing, parenting confidence, child outcomes and perceived parent-child closeness. Mellow Parenting programmes are now being implemented in a number of international contexts.

Methods: We will report on how we have worked alongside partners and implemented Mellow programmes across a variety of different contexts in Turkey, North Macedonia, Moldova, Tajikistan. We have sought to model good relationships with our partners and practitioners. Working with them to explore the cultural context to help inform programme content and problem solve implementation challenges. In addition, we have upskilled the workforce through training, reflective consultation, evaluation support and site visits.

Findings: Our partners report and our growing evidence shows that our programmes are effective and culturally adaptable. In particular, we note that our programmes provide access to a relationship based early intervention that improves parental mental health and wellbeing, strengthens family bonds, complements other types of family support work, supports deinstitutionalisation and builds the capacity of the early years' workforce.

Implications for policy, research and practice: Family relationships are at the heart of every culture. This has implications for a shift in practice from a teaching model of parenting to a therapeutic and explorative approach. Programmes that provide a structure and a safe containing space where the cultural context shapes discussions can be rooted in parents lived experience. This allows parents to re-conceptualize their own journey and an opportunity to reshape interpersonal interactions, build stronger family and community relationships.

The influence of You Are Enough online peer support groups on family well-being

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Background and objectives: One in five children in Europe falls victim to some form of sexual violence. Parents/guardians, who have experienced sexual violence against their child, are often burdened by challenging emotions, duration of criminal proceedings and lack of awareness on how to help the child to recover. Protect Children has piloted You Are Enough online peer support groups since January 2021 to support parents/guardians whose children have become victims of sexual violence. Protect Children performed an evaluation of surveys completed by participants in order to define the influence of the You Are Enough peer support group model on family well-being.

Methods: The You Are Enough peer support groups are held online. The groups are formed based on the proximity of the offender (close one/outsider) or type of the offence (online/contact). Participants get a chance to discuss their thoughts, feelings and experiences with those in a similar situation, in discussions facilitated by expert clinicians. Protect Children created surveys that participants were offered to fill out during and after the peer support group in order to trace and evaluate general effects of the group on family's, parents', and children's well-being, as well as the impact of particular methods used by clinicians. The surveys were anonymous and consisted of questions aimed at collecting both quantitative and qualitative data.

Findings: Protect Children's research-based evaluation of the surveys received from peer support group participants revealed that 75% of parents/guardians feel that joining the You Are Enough groups had a positive effect on their child's well-being. Participation increased participants' knowledge and skills on noticing and addressing their child's trauma symptoms or seeking additional support, if needed. Parents and guardians shared that they learnt how to deal with conflicting emotions and respond to their child's challenging needs. All participants signified that their own mental well-being improved. Finally, all participants responded feeling significantly more optimistic about the future at the end of the group compared to the beginning. The improvement of a parent's/guardian's well-being appeared to correlate with their child's healing from the traumatic experience, likely due to the child restoring the sense of safety as the whole family gradually heals.

Implications for policy, research and practice: Support received from parents is the most significant factor for the child's recovery. As the whole family is affected by the traumatic experience, the peer support group model has proven to be effective in promoting parent's coping, indirectly facilitating the child's recovery. The peer support groups are arranged online which does not require substantial resources allowing people, especially those in more vulnerable positions, to access the service with their privacy respected even from hard-to-reach locations. Further spread of You Are Enough peer support group model and its adaptation to cultural dimensions would allow effective help for affected families globally, preventing long-term negative effects of traumatic experiences of sexual violence in childhood.

133

Success at scale: Outcomesof community-based neurodevelopment intervention CASITA for children 6-20 months with risk of delay in Lima, Peru

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Backround and objectives: A major challenge in addressing neurodevelopmental delay among children globally is maintaining positive results when a successful small project transitions to scale. We present published results of a randomized controlled trial (RCT) of a group-based early stimulation parent coaching and social support plus nutrition intervention (CASITA) as it scaled to >3000 children in the resource-limited Carabayllo region of Lima, Peru.

Methods: We conducted 2 nested sub-studies, Study A focused primarily on children's development outcomes and Study B focused on maternal depression and psychosocial outcomes. Consecutively-enrolled children ages 6-20 months at risk for delay and their primary caregivers ("dyads") were randomized to receive 12 sessions of immediate(intervention) or delayed (control) CASITA during year 2 of scale-up. Both intervention (n=173) and control groups (n=174) were evaluated at baseline and post-intervention with the Extended Ages and Stages Questionnaire (EASQ) and the Home Observation Measurement of the Environment (HOME). Post-intervention age-adjusted EASQ z-scores and HOME scores were compared between study arms using t-tests or Wald tests. For Study B, an additional endpoint of maternal well-being using the Patient Health Questionnaire-9 (PHQ-9) was also assessed at baseline and follow-up and compared between participants randomized to intervention or control arms, and was assessed using Wilcoxon rank-sum tests.

Findings: No statistically significant differences existed in socio-demographics or endpoints between control and intervention groups at baseline. In Study A, post-intervention, children assigned to the intervention group had significantly higher age-adjusted mean [SD] EASQ z-scores overall ((-1.14 [1.15] intervention) vs. (-1.52 [1.03] control), $p<0.01$)),and in all domains. Likewise, families' global HOME scores significantly improved in intervention group compared to control group (mean change in score 1.17 vs. -0.05, $p<0.01$), and in 2 of 3 domains assessed (acceptance and involvement).

In Study B, 138 women had both baseline and follow-up PHQ-9 scores available, 69 in each study arm. No significant differences existed between mean group scores at baseline, although 9 participants in the intervention arm had scores indicative of depression (>4 points) vs. 3 participants in the control arm (p value 0.27). At follow-up, 3 participants reported depression in the intervention arm vs. 2 in the control arm (p =0.65). However none of the 9 study participants in the intervention arm with depression at baseline reported symptoms of depression at follow up.

Implications for policy, reseach and practice: CASITA was effective when scaled and could be a model for the large-scale child development programs desperately needed to address development risks faced by millions of children worldwide.

134

Breaking barriers from north to south: Family and community empowerment for early childhood development in two diverse community and cultural settings

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The objective of this symposium is to present the trajectory of and relationship between two programs implementing parenting support initiatives from very different sites (SPARK Center in Boston, USA and CASITA, in Lima Peru). SPARK and CASITA assist parents living in adverse circumstances to support their children at risk for developmental delay by enhancing evidence-based caregiving factors shown to improve health and stimulate cognitive/social/emotional development. With collaboration from Harvard Medical School (HMS), our partnership aimed to improve long-term potential for children facing similar challenges in two different cultural contexts. We will describe these interventions and their relationship across cultures, discuss implementation challenges and lessons learned.

This will be a joint presentation, reflecting on each site individually and the collaboration as a whole. Presenters will describe and illustrate the history, cultural contexts, and service-delivery approach of each program at the beginning of the collaboration in 2013 and how they have developed, including population characteristics, organizational contexts, human capacity profiles, and community-based efforts. With reference to the recommendations of the Nurturing Care Framework (WHO, UNICEF, World Bank) we will describe 1) how our relationship and intervention strategies with children and caregivers have evolved over the past 10 years; 2) joint implementation research projects; and 3) recent progress and challenges in getting to scale.

SPARK: The Supporting Parents and Resilient Kids (SPARK) Center, established in 1989, offers comprehensive, integrated, state-of-the-art services for children and families whose lives are affected by medical, emotional and/or behavioral challenges. SPARK's care focuses on caregiver and child wellbeing, including accessible two-generation behavioral health services to reduce stigma and increase social connections, and past delivery of medically-specialized early education and care program in the community for low-income infants, toddlers, and preschoolers with overlapping health challenges and developmental delays.

CASITA: Collaborators from HMS and MGH-Brigham Hospital (Boston) brought SPARK leadership, with their decades-long experience working with families of at-risk children, into the early establishment of the CASITA program in an impoverished area of Lima. While inspired and influenced by SPARK, CASITA developed, tested and incorporated new components relevant to their unique location and population, using community-based participatory methods. CASITA's focus is community-based parent support for nurturing care, implemented by frontline workers, and with additional focus on caregiver support. A randomized controlled trial conducted during scale-up demonstrated that CASITA participants had significantly higher development and nurturing environment scores than controls (Cohen's d effect sizes 0.36 and 0.31 respectively).

The rich collaboration between SPARK, CASITA and Harvard has yielded significant intervention effects, joint capacity-building, and successful grant funding. Joint discoveries about practice, improved staff/technical capacity, advanced research methodology, and greater prestige and visibility for each program, with attendant funding opportunities have all followed. Cross-cultural differences in settings and family populations prompted examination of assumptions and interpretations related to child development practice at both sites, and we'll share how our long-lasting partnership translates into innovations in client care; new methods for teaching and training clinicians and community workers; and enhanced effectiveness when advocating for policy change.

135

Efficacy of the ParentChat parenting programme in reducing child maltreatment during the COVID-19 pandemic in North Macedonia: A mixed-method pilot evaluation

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Background and objectives: The COVID-19 pandemic contributed to a global increase in child maltreatment, with a considerable public health and economic impact that was especially shown in low- and middle-income countries. ParentChat is a technology-assisted parenting intervention based on the group-based Parenting for Lifelong Health parenting programme. It provides evidence-based parenting information using textual, audio and visual messages, delivered via text messaging platforms such as Viber. The current study aims to offer preliminary evidence of the efficacy of the ParentChat programme for caregivers of children aged 2 to 17 in reducing child maltreatment in North Macedonia.

Methods: The delivery and impact of ParentChat was assessed using a mixed-methods pilot evaluation. A citizen science approach was used to engage with caregivers through digital technology, in order to support participatory parent-led group learning, information gathering, and capacity-building to support positive parenting and reduce child maltreatment. The ParentChat programme was delivered over an 8-week period (8 online interactive group chat sessions, delivered twice per week). The programme included text/audio messages, illustrated comics, videos, and activity assignments for parents to do with their children. ParentChat facilitators moderated discussions around the parenting theme, supported parents on an individual basis, and encouraged them to apply the parenting skills at home. Parents were prompted to give feedback regarding successes and challenges applying these parenting skills via audio or text messages during the week. Data collection was conducted at baseline, at weekly intervals during implementation, and immediately after intervention.

Findings: A total of 45 caregivers (44 women, 1 man) participated in the study. The results showed a significant reduction in child maltreatment total scores (p<0.001), physical abuse (p<0.05), and emotional abuse (p<0.001). Parents also reported an increase in parent engagement with children's play and a satisfaction from the newly acquired skills. The findings of the study indicate that ParentChat offers a feasible method in reducing child maltreatment through a technology-assisted parenting programme during the COVID-19 pandemic. ParentChat also appears to be an acceptable parenting programme for caregivers of both children and adolescents in North Macedonia.

Implications for policy, research and practice: The current study offers initial evidence of an efficacious child maltreatment prevention programme, using a low-cost technology-assisted method of delivery. The study offers support for the further development and delivery of technology-assisted prevention programmes in improving parent-child interactions, as well as parent and child wellbeing. The findings could inform the further scale up of technology-assisted parenting programmes. Additional research is needed to examine the effectiveness of such parenting programmes in improving positive parenting practices, mental health, and to explore potential moderating and mediating factors of programme effectiveness in low-resource settings.

Using implementation science to examine iIntegration of the Family Check-Up Parenting Intervention into pediatric primary care

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Background and objectives: Families with young children interact with pediatric primary care at frequent, periodic well child visits (WCVs) across the first years of life, situating pediatric primary care at the front lines of promotion of optimal growth and development beginning at birth. The periodic nature of WCVs for young children offers ample opportunities for identification and monitoring of potential challenges with parenting and child behavior and referral to intervention. Primary care is also an ideal location to reach a diverse range of families, including those from groups with historically limited access to intervention. The Family Check-Up (FCU) is an evidence-based parenting intervention designed to improve and prevent child behavior problems and promote positive social and academic outcomes through supporting positive parenting practices and the development of healthy parent-child relationships. To date, FCU has been largely tested through clinical trials (including in pediatrics) and implemented in community settings (e.g., community centers, WIC). Our work is the first to examine implementation of FCU in a pediatric primary care setting with the aim of sustaining the intervention through establishing it as a billable service.

Methods: This presentation will be based on findings from a project examining barriers and facilitators for adopting and implementing the FCU within pediatric primary care across several constituent groups (i.e., individuals with stake or interest in the implementation of the FCU within pediatric primary care such as physicians, families with young children, and payers). We will identify the main constituent groups and gather information (survey- and interview-based) on barriers and facilitators to the integration of FCU into pediatric primary care. In the second phase of the project, we will create outreach materials for each constituent group to convey the information and evidence of interest to each group to support intervention adoption, implementation, and sustainability within pediatric primary care.

Findings: The proposed presentation will outline our study design using implementation science frameworks to examine the adoptability and implementability of the FCU within a pediatric primary care clinic. In this presentation, we will detail our process around identifying and engaging the main constituent groups and provide results of initial survey data on barriers and facilitators to the integration of FCU into pediatric primary care. We will also discuss preliminary examination of follow-up qualitative interviews to provide greater context to survey data and our for designing outreach materials.

Implications for policy, research, and practice: Implications for practice include supporting ongoing efforts to provide greater access to the FCU within pediatrics. Regarding research, findings will provide pilot data to support a larger-scale study to examine the adoption, implementation, and sustainment of the FCU over time, including in other primary care settings. Finally, findings will guide conversations with larger systems (e.g., Medicaid) and policy makers around reimbursement strategies and the ongoing sustainability of FCU in the context of primary care. Thus, this project represents the first step in a programmatic line of research dedicated to increasing equitable access to the FCU and facilitating the health and wellbeing of young children and their families.

Parenting support for custodial grandfamilies

A/Professor Megan Dolbin-MacNab[1], Dr Gregory Smith[2], Professor Carol Musil[3], Dr James Kirby[4]
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Custodial grandfamilies, or families in which grandparents are raising their grandchildren, form when children's parents are unable to care for them due to traumatic and challenging circumstances such as parental abuse and neglect, incarceration, and substance use disorder. Compared to other children, custodial grandchildren have been found to experience higher rates of socioemotional difficulties, including both internalizing and externalizing disorders, which can create significant parenting challenges. Despite their previous parenting experience, custodial grandparents must navigate additional challenges such as having limited resources, experiencing reduced energy or health problems, negotiating changed family roles and relationships, and parenting in a changing social environment. It is therefore not surprising that parenting stress is commonly reported among custodial grandparents, nor that parenting stress has been associated with indicators of both grandparent and grandchild well-being. For these reasons, parenting support emerges as an important domain for intervention with grandfamilies. Over the last decade, there has been considerable attention given to the development and testing of interventions designed to support the psychosocial well-being of grandparent caregivers, their grandchildren, and grandfamilies as a family unit. The objective of this symposium is to review the research related to parenting and parenting supports among grandfamilies for the purposes of identifying best practices for addressing the needs of this population.

In his paper, Smith will introduce research findings on grandparent parenting experiences and practices, as well as factors associated with parenting intervention needs. Next, Dolbin-MacNab will review the literature on parenting interventions for custodial grandfamilies, emphasizing what interventions have been utilized, what adaptations have been made to those interventions for grandfamilies, and what is known about the implementation and effectiveness of the interventions. Third, Kirby will discuss the journey of applying Triple P to grandfamilies and the modifications that have been made so that the intervention is better tailored to the needs of grandfamilies, sharing practice lessons learned. Finally, in response to the challenges associated with providing services to a geographically dispersed and vulnerable population, Musil will address promising strategies and challenges associated with providing online supportive interventions to custodial grandfamilies. Collectively, the presenters will discuss implications for policy, practice, and research, highlighting the need to tailor parenting supports to the unique needs of custodial grandparents and their grandchildren, especially for those grandfamilies who are the most vulnerable.

Presenters will also consider ways to enhance the research on parenting among custodial grandparents, by outlining promising avenues for research as well as methodological recommendations. They will also address the need to create state and federal policies that provide grandparents with the supports they require to successfully care for their grandchildren.

Co-designing an online 'one-stop-shop' (FindWays) for parents to support their child with mental health concerns

Dr Daniel Peyton[1,2], Dr Greg Wadley[3], Dr Naomi Hackworth[4,5,6], Professor Harriet Hiscock[1,2,7]

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Background and objectives: Mental health issues are common among children and can affect the child, and their parents, in both the short and long term. While there are effective treatments available, it can be difficult for parents to navigate the mental health system to find timely and effective help for their child. A new digital health intervention (DHI) may be able to address these difficulties. To inform the design of such a DHI, we sought to: i) understand the needs and preferences of parents, ii) co-design a new website to help parents find ways of finding support for their child's problem, and iii) assess the usability of the new website.

Methods: We recruited 22 parents of children aged 2-12 years old with a behavioural or emotional concern, such as disruptive behaviour, anxiety, depression or attention-deficit/hyperactivity disorder. Parents took part in one or more of: a participatory design process involving semi-structured interviews (n=16); co-design workshops (n=5); and usability testing (n=6). This process produced a new website (FindWays) to help parents find ways of managing mental health problems in children aged 2-12 years.

Findings: The participatory design process showed parents feel exhausted dealing with their child's mental health problem on top of their daily work and family requirements, leaving little energy to spend time searching for information or services. They wanted to know what they could try at home to help their child, which services could help, and the contact information of these services. They also wanted advice to be easy to action and specific to their child's mental health problem. These findings led to the development of a new tailored website for parents. This online 'one-stop-shop' provides 47 videos, 22 strategies parents can try at home, information on evidence-based services and programs that can help, contact information for local services, and links to four evidence-based online and group programs. Usability and acceptability testing showed parents found the website easy to navigate and the information was clear and direct. Parents either agreed (n=3) or strongly agreed (n=3) that the website would be useful for families waiting to get help from a paediatrician for their child's behavioural or emotional concerns.

Implications for policy, research, and practice: FindWays is a website designed to help parents manage their child's mental health problem. The website allows parents to find information and services that are tailored to their specific needs, using a stepped care model to guide users through the website. Preliminary findings indicate that parents find the website easy to use and useful. We are currently conducting a pilot study to test the feasibility of the website. If the pilot is successful, we will seek funding to conduct a larger trial to determine the effectiveness of the website. If effective FindWays offers potential as a scalable, cost-effective tool that could be embedded across various services (e.g. health, education) to facilitate support for children with mental health concerns.

Leticia's Journey: An evaluation of an audio-novella to strengthen habits of resilience in caregivers of young children

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Background and objectives: Across a ten-year period, we have collaborated to implement a mindfulness-based, trauma-informed, community-led parent education program in San Jose, CA. Our community-led parent education program, called Safe, Secure and Loved: Resilient Families, provides parents with the knowledge and tools to enhance parental strengths related to stress management, goal setting and problem solving and the sensitive nurturing of young children. In this paper we share findings from a new Safe, Secure and Loved (SSL) parent support approach We have created a seven-episode audio-novela that elucidates the mission and vision of SSL using novel technology. This presentation shares what 45 families of young children remember and learn from listening to the audio-novela.

Methods: The 7 episodes of Leticia's Journey: Safe, Secure and Loved follow the Fernando family who is dealing with the many stressors that face families in communities with limited economic resources. In the telenovela, Leticia has two small children, food and housing insecurity, economic challenges and toxic stress from community violence and injustice. Leticia, enrolls in the SSL parent education program after a family crisis, and we follow her as she practices habits of resilience learned in each workshop. We witness Leticia as she launches herself on a hero's journey as she faces crises, strikes out to solve new challenges using habits of resilience, and eventually decides to become trained as a facilitator in the SSL parent education to further support her community. Half of participants received all materials in English; half received all materials in Spanish.

Findings: We recruited 45 caregivers of young children to participate in an evaluation of Leticia's Journey. Half of caregivers received all materials in English; the other half in Spanish. Participants completed family wellness questionnaires and family strengths assessments and viewed seven 25-minute episodes across a 2-week period. Participants completed comprehension questions between each episode and after the last episode they completed short answer and reflective questions on their learning and reaction to the audio-novela. Comprehension of episode details was high (> 80%) and participants demonstrated they learned about adversity and the need for practicing healthy stress management and sensitive caregiving to support family resilience.

Implications for policy, research and practice: This audio-novela personifies the real struggles of parenting in a marginalized community and provides a relatable family to learn ways to promote child and family health and wellbeing in the midst of adversity. The audio-novela depicts the journey of Leticia who faces these problems in community, and discovers in herself new ways to enhance her inner strengths. Leticia demonstrates what she has learned with family and friends and uses her voice to share what she has learned about resilience to uplift her own family and the larger community. This audio-novela project fits into larger goals to prevent child abuse and neglect and support resilience in children and families in under-resourced communities and demonstrates the potential for novel prevention approaches to support understanding of shared challenges and the need to support parental strengths of resilience.

142

Extending what works in implementation support for an effective parenting EBP to early education and care settings

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Background and objectives: The COVID-19 pandemic has emphasized the importance of the Early Learning and Care sector, for economic stability for working parents, as well as the emotional wellbeing and social learning of young children.   However, it is increasingly challenging to attract and retain educators, and to support them to function with a high level of competence and confidence. Professional development is recognized as a core element of quality, however lack of flexible funding in the sector is a significant barrier to providing this. The PECE online program supports educators and is successful across language, geographical, pedagogical, and cultural boundaries.

Methods: PECE is a professional online learning program for educators, with Coach training for supervisors /consultants to reinforce the application. This symposium will explore the implementation across five countries.
    Canada: mixed methods study of 100 educators, and 12 coaches.
A follow-up pilot project with consultant coaching support, leading to an integrated service model with PECE consultants supporting children with special needs, available to educators in 500 centres in a municipality.
    USA: State-funded initiative focusing on the quality index, adding compensation for participation
    UK: A funded feasibility study underway; early learnings and data results to date will be shared.
    Germany: A small English PECE pilot led to a cultural and pedagogical review with focus groups - now supporting a translation into German.
    China: A multi-site, early learning organization in China implemented the program with 16 educators, finding the strategies were valued in all settings- from traditional Chinese (confusionism) to HighScope and Montessori.

Findings: Upon completion of the program, educators across all implementations/ countries/ cultures reported increased confidence and competence in managing classroom behavior they found challenging. Educators reported reduced stress, increased value in working as a team with classroom partners, and overall increased workplace satisfaction. Quantitative measures demonstrated increased pro-social behaviour in children and reduction in challenging behaviour. The PECE program was acceptable in various countries, including Australia, Canada, USA, UK, Netherlands, Germany, and China. The online program is available in English, Mandarin, Dutch, German- (in process). The program was found complimentary to various pedagogical frameworks. Demonstrated benefits and fit of the program across different cultural, language, and pedagogical settings have led to expanded use including the adoption of PECE as a core service offering in a Canadian municipality, a state-wide funded rollout of PECE in USA, Nuffield Foundation funded trial in the UK, and Erasmus funding for a rollout in Germany.

Implications: The COVID pandemic emphasized the essential role of early educators in society. Despite closures and limited staffing, educators remain a direct resource for families who look to them for help responding to children's behavior, and meeting children's social and emotional needs. The pandemic also highlighted the limited professional development opportunities and support available to educators in this critical role. Developed from the Triple P Positive Parenting Program; the PECE model provides concrete strategies that can be easily adopted, implemented and adapted across diverse early learning professionals and settings, increasing educators' confidence and satisfaction while improving outcomes for children.

143

Emotion socialisation processes and child emotion development

<u>Gabriella King[1,2]</u>, Dr Jacqui Macdonald[1,2,3,4], Professor Sophie Havighurst[5], Dr Christiane Kehoe[5], Professor Julie Dunsmore[7], Dr Christopher Greenwood[2,3,4], <u>Wendy Frogley[1]</u>, Xia Xin[1], Eliza Bate[1], George Youssef[1,4], Mr Tomer Berkowitz[1], <u>A/Professor Elizabeth Westrupp[1,2,6]</u>

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Background and objectives: Emotion regulation skills are foundational, and underpin lifelong wellbeing and mental health by determining our ability to form and maintain relationships, manage conflict, and navigate the challenges of daily life. The manner in which parents socialise their children's emotion competence has long-term implications for child development. Emotion coaching parenting, i.e., sensitive, supportive parenting, is linked to prosocial behaviours, wellbeing, social competence, and academic achievement. On the other hand, emotion dismissing parenting, which is unsupportive and invalidates children's emotions, is linked to higher levels of internalising and externalising problems, and peer problems. The four presentations in this symposium explore processes underlying parents' emotion socialisation and their role in shaping child emotion regulation right from pregnancy to middle childhood. We test: (1) associations between parent emotion regulation in pregnancy and subsequent infant emotion regulation; (2) a latent profile analysis of parents' emotion socialisation (beliefs, behaviours, emotion regulation); (3) associations between profiles of parents' emotion socialisation and concurrent/long-term child emotional outcomes; and (4) associations between parents' profiles of emotion socialisation and parental reflective functioning with long-term child emotional outcomes .

Methods: Data were from the Child and Parent Emotion Study, an age-stratified longitudinal cohort study (N=2,336). Participants were parents of a child aged 0-9 years, or prospective (pregnant) parents, living in English-speaking countries. We present findings from four analyses using CAPES data: (1) a multiple linear regression that tested associations between parents' emotion dysregulation and emotion socialisation during pregnancy and the transition to parenthood; (2) a latent profile analysis of parents' emotion socialisation; (3) a multinomial logistic regression of associations between the profiles and child emotional outcomes; and (4) a multiple linear regression that assessed whether associations between the profiles and child outcomes remained when controlling for parental reflective functioning.

Findings: (1) Parent emotion dysregulation during pregnancy was associated with higher distress reactive parenting and negative emotion expression in the family post-birth. (2) Three distinct profiles of parents' emotion socialisation were found: 'emotion coaching'; 'emotion dismissing'; and 'disengaged'. (3) Emotion dismissing and disengaged parenting (versus emotion coaching) were associated with child emotional problems concurrently and longitudinally. (4) Finally, when tested together, we found that both the parenting profiles and parental reflective functioning were independently associated with child outcomes.

Conclusion and Implications: Our findings suggest that parents who find it difficult to manage their emotions would benefit from additional support and early intervention during the transition to parenthood and early childhood years. Identifying adults who experience heightened emotion dysregulation at pregnancy and offering them additional support during their first year of parenting could help prevent a negative home environment, and subsequent negative child outcomes. Further, our findings identified a middle group of parents reporting 'disengaged' parenting, showing low emotion and dismissing parenting. Clinicians and parenting interventions may be able to tailor their services for parents with a disengaged pattern of emotion socialisation, thus potentially improve treatment efficacy and retention rates of parents, and subsequent child development outcomes. Finally, findings suggest that parental reflective functioning and emotion socialisation are distinct parent constructs.

Early parenting centres Outcomes Framework development

Dr Amanda O'Connor[1]

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Background and objectives: Victorian Early Parenting Centres (EPCs) strive to support happy, healthy, safe and thriving children by promoting the parent-child relationship and equipping parents with strategies to achieve their parenting goals. The Victorian Government is providing significant new investment to expand and reform the EPC network in Victoria. To support this expanding EPC network the Queen Elizabeth Centre and Monash University's Health and Social Care Unit (HSCU) developed an EPC Outcomes Framework. This framework is the foundation for EPC research and evaluation; building the evidence base for innovation, improvement and learning capability to support care planning and review and ongoing quality improvement.

Methods: Extensive co-design consultations were conducted in the development of the Outcomes Framework. A series of consultation workshops were held with 107 key stakeholders and staff from EPC providers, Department of Health, Aboriginal community representatives, Maternal and Child Health staff and course providers, and consumers. The Monash University research team presented regular ongoing progress reports and requested feedback during the information collection and development phases to an established governance structure for the EPC expansion project led by the Victorian Government Department of Health. The research team collated, synthesised, and identified common elements from the information collected using Braun and Clarke's (2006) five stages of inductive thematic analysis. In order to provide an accurate account of the key stakeholders' perspectives, the research team crosschecked the identified themes ensuring a consensus was reached. The data were organised across the components and contributed to the development of the Outcomes Framework.

Findings: Due to the complex needs of families, the services required to support them and the system in which they live a socio-ecological approach was applied in the development of the EPC Outcomes Framework. This is a comprehensive framework which includes multiple outcome domains across multiple ecological levels.
The five outcome domains include: (1) Health and Wellbeing, (2) Connection, (3) Growth, (4) Learning and (5) Safe and Secure. Outcome domains are considered across all ecological levels: child, caregiver/parent and family, workforce, EPC, community, and government. Each outcome domain contains outcomes areas with a set of key result indicators that have been designed to examine and report change within the outcome area. Key result indicators operationalise expected change in the outcome area for the multiple levels identified in the framework and were developed using SMART principles to ensure the indicators have the capacity to map progress in the outcome areas.

Implications: The EPC Outcomes Framework was officially released by Department of Health in 2022 and is currently being implemented with existing EPC services. Implementation science practitioners from Monash University's HSCU are using the detailed implementation plan, included in the framework, to guide the implementation process with evaluation of the implementation currently underway. The Outcomes Framework will enable future research and evaluation across the EPC network in Victoria providing critical information about families, the workforce, EPCs and communities. This level of information has never been previously reported and will significantly influence policy and practice in the future.

Improving access to services and programs for who are racially/ethnically diverse

Dr Elizabeth Howe[1], Dr Ruby Natale, Dr Casey Mullins, Dr Dainelys Garcia, Dr Juliana Acosta, A/Professor Elana Mansoor, A/Professor Jason Jent
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Social determinants of health (SDOH) can predict outcomes for children, and children who live in environments with adverse conditions have poorer outcomes. Therefore, programs need to engage families living in these environments to promote better outcomes by eliminating barriers and supporting access to services to offset the adverse effects of SDOH. This symposium will focus on four projects to understand and improve access to services for children and racially/ethnically diverse families living in lower-income neighborhoods. Participants will be able to describe models and variables that can lead to greater parent engagement and enhanced parent-child relationships.

The first study provides a big-picture look across the United States (USA) at the importance of parent-child relationships on academic engagement for children and youth experiencing adversity, using a secondary analysis of a national survey. There is evidence that academic engagement influences children's learning. Findings from the research indicate emotion regulation mediates trauma symptoms' effect on engagement, and parent-child relationship quality moderates the effect of regulation on the association between trauma and engagement. This first study looks at the national picture and sets the stage for work occurring in Miami-Dade County (MDC) in Florida, USA. MDC has one of the USA's highest rates of chronic poverty and is one of the most ethnically and linguistically diverse counties who may be negatively affected by SDOH. The following three studies all focus on young children from birth to five. There is considerable evidence that early childhood programs can support long-term positive outcomes for children, including academics. Evidence on the effectiveness of early childhood programs includes how these programs can facilitate high-quality positive parent-child relationships. The second study describes a Parent-Child Interaction Therapy plus Natural Helper (PCIT-NH) model incorporating lay community health workers from MDC into treatment. An in-person and virtual model led to positive outcomes for parents and children. The third study focuses on childcare centers within diverse MDC neighborhoods. Training was provided to childcare staff to deliver a child social competence curriculum to parents in these neighborhoods. Findings from parent interviews help to identify policies to improve parent engagement. The fourth study demonstrates how collaboration with local community-based agencies in MDC can support parents of infants and toddlers in their knowledge of their child's development. Delivering English and Spanish training and offering in-person and virtual options at times convenient for families led to improved retention in the program.

Research is vital to understand parents' role in child outcomes. In this symposium the first study highlights the importance of parent-child relationships on children's emotional regulation, leading to improved academic engagement. One way to support parent-child relationships and improve child learning is by intervening with families when children are very young. Early childhood program services' relevance to long-term child outcomes, such as academic engagement, is well-known. The three MDC studies exemplify work within racially/ethnically diverse communities where a negative impact of SDOH is likely to contribute to poorer child outcomes. Research within these vital programs supports their uptake in evidence-based practices. Implications for future actions will be discussed.

The Family Preservation and Reunification Response: Providing evidence-informed parenting support to vulnerable families in Victoria, Australia.

Dr Heather Morris[1]
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Background and objectives: The Family Preservation and Reunification Response (FPRR) was borne out of a statewide reform of the child welfare sector in Victoria, Australia. There is a focus on early intervention to prevent children entering out-of-home-care (OOHC) through a short, intensive program with a key worker and evidence-informed programs and/or practices. The most vulnerable families with complex needs and risks are connected with the program by the Child Protection department. A Child Protection Navigator is an intermediary within the system, enabling collaborative partnerships. The aim of this presentation is to provide preliminary data on the efficacy of the program as delivered by one Community Service Organisation.

Methods: This program began in July 2020 as a pilot that was tendered by the Victorian state government. At the time, it was not known that Victoria would experience the harshest lockdowns in the world due to the Covid-19 pandemic. It was in this context that the largest reform initiatives began, which had an emphasis on both implementation and outcomes. A university was engaged to evaluate the program. Validated measures such as the North Carolina Family Assessment Scale-General-Reunification (NCFAS-GR; three timepoints) and the Parent Empowerment and Efficacy Measure (PEEM; two time points) are used by practitioners to determine change in family functioning and parental efficacy. Other outcomes including adverse childhood experiences (ACE) survey and child development measures are collected. Implementation factors such as time to first visit, hours used, connection and closure information and other important data is being gathered. Implementation teams facilitate the program's sustainability and enable a forum where barriers and enablers are discussed.

Findings: Seventy-seven percent of parents who completed the ACE survey had experienced four or more ACEs during their childhood. This represents a highly traumatic upbringing that is likely to have contributed to their current parenting practices. Significant improvements in the NCFAS and PEEM data were seen across timepoints indicating that the program is able to generate positive outcomes for families. While there are 10 domains of the NCFAS-GR, one example of the parental capabilities domain showed significant difference across all three timepoints: $F = 12.02$, $p < .001*$, $\eta 2 = .223$. The mean total empowerment score for the PEEM, significantly changed from 143.55 on entry to 155.63 at closure: $t(81) = -7.69$, $p = .002*$. This total mean score is greater than that of a normative Australian sample. The implementation team has been an invaluable resource, saving time and money.

Implications for policy, research and practice: The FPRR is an interesting practice model because of the emphasis on implementation, short term duration and intensive support. It is a significant shift in policy for the Victorian government as it seeks to reform its welfare sector. From a research perspective, we have been pragmatic at times as we work within the confines of privacy and research policies that are effective in protecting the information of families. At practice level, this research demonstrates that early, intensive intervention with skilled practitioners who are passionate about families, fundamentally changes lives.

Cross-cultural applications of an emotion socialisation parenting program: Tuning in to Kids

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Tuning in to Kids (TIK) is an evidence-based parenting program that uses emotion socialisation theory with evidence established in Australia. The adaptation and fit of this program to different countries is of interest. Does the program work in different cultures and how do differences in how parents respond to emotions impact adaptation and fit? Cultures vary in their tendency to dismiss emotions, and emotion coaching, where parents support children to work through emotions, may be a new concept. In this symposium, four presentations are provided that examine the application of TIK in different countries.

In Norway, TIK has been used with parents, teachers and childcare workers. While an emotional perspective has gained support in Norwegian parents over the last decade, there are some tendencies that may differ from international findings. Norway's family friendly policies, which include a year of parental leave shared between parents, universal access to childcare and greater father involvement, may influence the family's emotional environment. Several pilot studies and a larger RCT of TIK with parents, suggest Norwegian parents typically use avoidance and distraction when emotions occur. Thus, a goal is to reduce parents' emotion dismissiveness.

In Switzerland, TIK was used in an RCT with a non-clinical sample of 125 families. Findings in other TIK research were also found in the Swiss sample, with improvements in parenting practices, child well-being and behaviour. While parents' commitment and satisfaction to the program was highly rated, the concepts of exploring meta-emotion philosophy and learning emotion coaching were both easy to understand but difficult to apply. Despite this, many parents reported positive changes in their families. Cultural adaptations regarding the length of the program include needing more time for practice.

In Iran, as a collectivistic country, using TIK developed in an individualistic country, was challenging. The quality and quantity of emotional expression in Iranian culture is different. Mothers who are not acquainted with emotion coaching concepts and dismiss children's emotions resisted changing their attitudes and behaviour. In such a setting, the mother's parenting changes were also resisted by fathers and the extended family, especially in boundary settings. Therefore, adding elements to enrich and adapt the TIK program for Iranian mothers is needed, including addressing collectivistic values which interfere with parenting, increasing boundary setting, and using emotion words that are not common in Persian.

In Hong Kong, TIK was used in to two different groups of Chinese parents: 104 parents of pre-schoolers aged 3-6 years and 35 parents of children with Attention-Deficit / Hyperactivity Disorder aged 6-10 years. TIK was translated into Chinese, with examples modified to fit the different cultural context. In the second study, more time was allowed for parents to practice using role-play and to discuss video examples. Immediate and delayed intervention effects on parental emotion coaching practices were found in the two studies including reductions in children's emotion lability/negativity and behavioural problems. The findings match with prior studies of TIK and support its effectiveness in the wider Hong Kong Chinese context and with families with clinical difficulties.

148

'Children awaken by playing': A qualitative exploration of caregivers' perceptions of young children's learning and early childhood development in rural Burkina Faso

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Background: Responsive caregiving practises from birth positively impact developmental outcomes, educational achievement and economic opportunities throughout the lifecourse. Concurrently, interventions which suggest new approaches to child rearing should respect different parental ethnotheories between socio-cultural contexts. Well-designed formative research can capture norms, perceptions and practices relevant to early childhood development (ECD) in different settings, and be used to develop more effective and ethical programming. This formative qualitative research in rural Burkina Faso explored the norms, practices and aspirations of caregivers of children aged zero to three years, informing a mass media intervention offering caregivers evidence-based ECD information and strategies to engage young children.

Methods: Our research team conducted in-depth interviews with mothers and fathers (n=32) and focus group discussions (FGDs) with mothers, fathers and grandmothers (n=81) of children aged zero to three years. A first round of FGDs explored socio-cultural norms, perceptions and practices around early child learning and the nature of existing caregiver-child engagement. Then, participants listened to informational recordings on the impact of early interactions such as talk, play, praise and affection on child development. Participants were invited to practise an ECD behaviour with their child at home and return for a second FGD in one week's time, during which they shared their experiences, challenges and others' reactions to the behaviours. Audio recordings of interviews and FGDs were translated and transcribed from local languages into French, and were analysed by senior researchers using a combined deductive-inductive approach to content analysis.

Findings: Evidence-based ECD strategies encouraging responsive interactions between caregivers and young children generally align well with conceptualizations of development and learning in rural Burkina Faso. Caregivers consistently described the development of child consciousness as a process of "awakening." Caregivers believed in the positive influences of interactions with young children on the timing, speed and level of awakening and intelligence. However, the perception that children possess "God-given" abilities which could inherently drive children's timing and speed of learning was also prevalent. Some local beliefs discouraged ECD practices with preverbal babies because babies were not seen as capable of learning. Learning capabilities were perceived to increase with age, though perceptions of when children begin to awaken, learn and benefit from ECD behaviours varied. Overall, caregivers felt that ECD practices in early childhood would have a lasting, positive impact on their children's awakening, cognitive and social development, and ability to succeed in the short- and long-term.

Implications: Our study findings guided the adaptation of an ECD curriculum for a rural, sub-Saharan African context while expanding the limited research on ECD-related norms, perceptions and practices in the region. Reflexive formative research can capture contextual nuance and has a valuable place in relevant conversations on the importance of developing culturally-relevant ECD interventions for non-Western contexts. ECD intervention development and implementation can build improved ECD practices from, rather than in spite of, existing community perceptions, practices and strengths. Evidence-based, culturally-relevant ECD programming can contribute to more equitable ECD outcomes and, subsequently, social, economic, and health outcomes globally.

149

Empowering parents and educators to identify children and young people at risk of, or currently experiencing mental health problems

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Background and objectives: Around 1 in 7 children and young people experience mental health (MH) problems, with these problems often having an early age of onset. Yet only 30% of Australian children struggling with a MH problem access the care they need. Despite the plethora of world-leading MH programs available, too many children and their carers still do not access these evidence-based services and supports due to the barriers that exist. Many children are not being identified, or are being identified too late, to receive adequate early intervention. For parents, a major challenge of identifying MH problems is differentiating developmentally appropriate behaviour from emerging social, emotional and/or behavioural problems. Moreover, many lack awareness and access to appropriate services and supports.

Brief description of each paper: This symposium brings together four notable research projects that respond to these needs by focusing on designing appropriate instruments to measure MH problems and evaluating MH checks designed to empower parents, educators and children, facilitate early identification of MH problems, increase awareness of and access to evidence-based care, and in turn increase help-seeking behaviour for those that need it. The first paper will describe the co-design and pilot evaluation of feasibility of the Growing Minds Australia Check In (GMCI), a universal mental health check for parents/carers of children aged birth to 17 years that includes questions about child MH and development, automatically generated feedback based on responses and recommendations for evidence-based online programs matched to individual need. The second paper will describe the co-design and planned cluster-RCT of the GMCI-Educator Expertise, an extension of the GMCI MH check, designed to include both parents and educators in identifying pre-school children who are struggling with or are at risk of developing emergent MH problems. The third paper will present findings from two school-based randomised controlled trials evaluating an Online Mental Health Check-in tool co-designed and developed by the Black Dog Institute for use with primary school students in Grades K-to-6. The fourth paper will describe the development and the psychometric properties of the BEACON, a brief, free and easily accessible self-report and parent-report measure that can be used by middle and high schools to identify young people at risk of mental disorders in order to improve early detection and empower parents to support those struggling.

Implications for policy, research and practice: These projects have the unique potential to create complimentary check ins (both school-based and universal) and resources of evidence-based programs that strengthen early intervention approaches by facilitating early identification of MH problems, in order to increase help-seeking, and in turn have the potential to reduce the prevalence of MH problems for all children. Ultimately having critical implications for parents to support their children's MH, as well as educators who with preschool, primary and high school children.

150

Practice frameworks as vehicle for disseminating evidence-based parenting support

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The value and importance of evidence-based practice in parenting support has been affirmed by governments across multiple jurisdictions, yet the vision of services delivering programs and practices supported by evidence is yet to be fully realised, particularly in the child welfare sector. We argue that a contributing factor to a disappointing lack of progress in making evidence-based practice a reality on the ground has been an emphasis on disseminating manualised programs. Programs clearly have a place in the service landscape, but finding, adopting, implementing, and sustaining programs can be challenging, particularly in services that work with diverse client groups with heterogenous needs.

The Parenting Research Centre has had the opportunity to work with community organisations who deliver support services to families facing adversity to better underpin their practices with evidence. The starting point for this work is conceptualising the object of dissemination as an evidence-based process, rather than a product, and committing to data-driven decision making. This means being explicit about what is being done and what outcomes are being achieved, and has involved a stepwise process of co-developing/refining programs' theory of change, developing practice frameworks that specify practice at strategic and tactical levels—testing both against the available evidence—using best practice implementation approaches, and building and installing data driven Continuous Practice Improvement systems.

Following an overview of the approach and a description of the methodology, we will be joined by two Australian family service providers who have used this approach to transform their family services from a predominantly case-management paradigm to a parent-coaching approach designed to build adult capacity in providing nurturing environments for children. They will share where they are on the journey, what has been achieved, and what has been learned in terms of successes, challenges and limitations. This approach, combined with evidence sensitive continuous improvement, has the potential to effectively combine research evidence with other diverse sources of knowledge to build and sustain context sensitive practice solutions in complex service delivery environments.

Symposium format:
1. An overview of the context and the need for a wider range of mechanisms for achieving evidence-based practice in community service settings (Cann):
2. an overview of a methodology for developing evidence informed, contextually sensitive approaches supported by data-driven continuous improvement approaches (Senior Specialist, PRC TBC); and
3. two to three case examples from Australian providers of family services (TBC); and
4. 4) discussant (Professor Daryl Higgins, Director, Institute of Child Protection Studies, Australian Catholic University).

Enhancement of emotion-focused parenting skills to support the wellbeing and resilience of children following a natural disaster

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Following a natural disaster, children's behaviour and mood may change significantly and unexpectedly. Parents/carers may require assistance to be able to respond to these changes appropriately, which may be partly due to their own response to the disaster. Royal Far West developed and delivered an online, trauma-informed version of the emotion-focused parenting program, Tuning In To Kids (TIK), to families living in communities impacted by natural disasters. This Program incorporated trauma-informed psychoeducation strategies and principles to develop emotion coaching knowledge and skills to support the connection between parent/carer and child, in turn supporting the wellbeing and resilience of the child.

Parents/carers from New South Wales communities in Australia that were impacted by 2019/2020 bushfires were referred to TIK through multiple sources. Many of these parents/carers were subsequently impacted by COVID-19 and floods. Referred parents/carers underwent an intake process to determine their readiness for the Program, begin to build trust between facilitators and parents/carers, create an emotionally safe environment, and manage expectations. Following the intake process parents/carers attended an online version of the trauma-informed TIK program that was delivered weekly for up to eight weeks. A maximum of eight parents participated in each group. During 2021 and 2022, seven TIK groups were facilitated by allied health clinicians. At the completion of the TIK Program all parents were asked to complete an online survey reflecting on their experiences of the Program.

Twenty-five of the twenty-five parents/carers who participated in the TIK program in 2021 and 2022 all completed the online survey. Six parents/carers had children aged between 5-7 years and 13 had children between the ages of 8-11 years; three parents/carers stated their child identified as First Nations. Most parents/carers found the pre-group individual appointment very or extremely helpful, and all parents were satisfied or very satisfied with the TIK program. Three parents/carers indicated they found the online format of the program very uncomfortable, and six parents/carers stated they found it difficult to carry out the methods of emotional coaching. However, most parents/carers indicated they felt heard by the facilitators, learnt new and helpful ways to understand and respond to their children, were more confident in connecting emotionally with their children, and had a greater understanding of their own emotional needs. All parents/carers indicated there were positive changes in their children since participating in the program.

The trauma-informed focus of this Program enabled parents/carers to develop their understanding of the impact of the bushfire and other natural disasters on their children. This understanding enhanced the anticipated outcomes of the TIK program in providing parents/carers with the skills and strategies to emotionally connect with their children and support their wellbeing and resilience. The inclusion of trauma-informed strategies as part of emotion-focused parenting programs, such as TIK, can play a key role in the enhancement of parenting skills that support the wellbeing and resilience of children following a natural disaster.

Building relationships to collaboratively engage vulnerable places in effective parenting and family programs

Dr HeeRa Ko[1], A/Professor Cari McIlduff[2], Professor John Toumbourou[3]
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Background and objectives: Place-based disadvantage refers to the modern profile of inequality whereby inter-generational health and social problems cluster in national, state and neighbourhood localities. Large investments have been made to redress place-based disadvantage, such as Lyndon Johnson's 1960's Great Society programs in the USA. This symposium will show case recently successful initiatives that have adapted and implemented evidence-based parent and family programs (EBPs) to address place-based disadvantage. The focus of this symposium is to identify frameworks and key relationship engagement principles that formed the starting point for two successful initiatives.

Brief description of workshop content and process: Firstly, the symposium will be introduced by Dr HeeRa Ko who is an early career researcher, parent service end-user and core group member of the PAFRA Parent & Community Engagement pillar. This pillar seeks to articulate good practices to ensure EBPs are designed and delivered with advice and support from diverse consumer/ end-user experience. HeeRa will summarise the history of the pillar and introduce and facilitate the symposium. Secondly the symposium will hear from Dr Cari McIlduff who with colleagues from the Triple P – Positive Parenting Program has worked collaboratively with Australian and Canadian Indigenous communities to develop a Model of Engaging Communities Collaboratively (MECC). This Model was developed with the integration of literature reviews in cultural adaptation approaches, engagement, and implementation approaches; and international Indigenous feedback to inform the processes of implementing EBPs with Indigenous populations. Thirdly, the symposium will hear from Professor John Toumbourou who has worked with international colleagues to implement the Communities That Care model in educationally disadvantaged districts (municipalities) of Timor Leste (East Timor). Through this model EBPs in pre-school parenting were effectively implemented, with the effect of improving primary school enrolments within a district randomised trial.

Key outcomes: This symposium will focus on distilling the initial engagement steps that were used to develop the relationships that enabled the successful implementation models. The question to be answered is whether and how these relationship and engagement steps might be further enhanced in future investments and guidelines to address place-based disadvantage more effectively? The symposium will include the perspectives of consumers and end-users who are collaborating in the implementation journeys that will be showcased in this symposium. These journeys have not ended, as this symposium will invite interested partners to continue into Action Circles that will keep meeting after the Congress.

Implementation of self-directed digital parenting programs: Experiences from diverse countries

Dr Jenna McWilliam[1], A/Professor Matt Buttery[2], Ronja Dirscherl[3], Eva Meester[1], Jackie Riach[4]
[1]Triple P International, INDOOROOPILLY, Australia, [2]Triple P UK, London, England, [3]Triple P Deutschland, Munster, Deutschland, [4]Triple P New Zealand, Auckland, New Zealand

Background and objectives: Parents are increasingly turning to digital sources of information for support across the parenting journey. Online evidence-based interventions offer an alternative to traditional face-to-face programs, are more readily accessible, and are an effective way to implement population-wide approaches. This symposium will discuss the role of digital parenting interventions in community-wide parenting support strategies, drawing on international examples of universal and targeted evidence-based, self-directed online parenting initiatives. Presenters will explore implementation strategies used in different delivery contexts and highlight key learnings and implications, including the potential to respond to the significant challenges of increased demand in an environment of decreasing resources.

Brief description of case studies: Large scale impact on community outcomes not only requires effective programs that are appropriate for the need of a target population, but also effective implementation strategies and processes that are appropriate for and responsive to the local context. Case studies of implementation of evidence-based online parenting support initiatives from Australia, Germany, the United Kingdom and New Zealand will be presented. These initiatives range from targeted deployment within specific care pathways, to universal implementation as a population approach.
Each case study will provide information on the delivery context and implementation strategies used. Key themes will be highlighted from each case study that will be discussed as a panel. Drawing on experiences from each initiative and with the background of research findings, the panel will discuss key learnings grouped around the following themes:

- Reach and scale up – e.g. universal vs. targeted/selected approach, communications strategies for broad uptake such as mass media, and tailored communications to specific community groups through targeted media and stakeholder engagement.
- Increasing access and uptake e.g. selection and support of parents, reaching specific groups within the community, cultural considerations
- Implementation planning considerations e.g. defining clear goals, leadership, coordination, referral pathways, fit with existing services, evaluation, maintenance
- Outcomes e.g. reach, retention, family outcomes)

Implications for policy, research and practice: The panel discussion will consider key opportunities and challenges along with implications for policy, research and practice, including:

- Rise in demand from a digitally native cohort of parents
- Challenges (perceived or real) about differences in efficacy between digital and face-to-face delivery, and how we continue to improve the implementation of digital programs
- Need for planning and adaptation of implementation strategies to achieve desired outcomes.
- Opportunity for digital process to help respond to fiscal and operational pressures facing providers e.g. funding reductions, reduced staffing capacity, increased service demand for both mental health support and child welfare – especially post COVID-19.

Supporting parents to engage with their child's learning

Barbara Barker[1]
[1]ARACY, Australia

Background: This presentation discusses how schools can support parents to engage with their child's learning. Parenting is the single most potent influence on the learning and development of young children and a continuing significant influence thereafter. Supporting parents to engage with their child's learning is a key role for schools, because lower parental self-efficacy may impact on a parent's desire to engage in their child's learning. Parents need to know how important their support for learning is, and that as the experts in their child they are an extremely valuable resource to be harnessed. The role of schools and educators in family engagement is one of supporting families, understanding and leveraging how they interact with their child's learning, and supporting them to do that in equal partnership with the school.

Methods: Family engagement in learning can be visualised as a triad, with students, families and schools at each point. Each party needs a strong relationship with the other two parties, working together to support the child or young person's learning. Following a 4-year project funded by the Australian Government ARACY published "Parent and Family Engagement: An implementation guide for school communities" (2020), a resource aiming to provide school communities with practical guidance on implementing successful family engagement practices. It considers the thinking needed by schools to create a culture for effective family engagement to be sustained.

Findings: Family engagement rests on effective partnerships between families and schools. But what ARACY has learned is that there are obstacles that often make it challenging for families and educators to join together to support the learning and development of children and young people. Parental self-efficacy – confidence in their ability to make a difference to their child's learning – can play a role in whether parents will engage. Parents need to know what to do, and believe they can do it effectively. Educators know parents are the first and continuing teachers of their child, but a parent may not feel they have the capacity or ability to fulfil that role. Parental self-efficacy is influenced by many things, including childhood experiences, external messages, experiences of parenting, and degree of cognitive or behavioural preparation for the parental role.

Implications: Unless schools have a process in place to build staff capacity for engaging and promoting family efficacy (families' confidence in their capacity for supporting their child's learning), the process cannot be sustained over time. All stakeholders in the engagement equation need to build the knowledge and skills to cultivate and sustain family-school partnerships. Engaging families is an ongoing process – not an event! Schools need to embed appropriate structures and provide the resources/supports required by staff to sustain engagement practices. ARACY will discuss family engagement resources designed for the Australian Education Research Organisation. These aim to support school leaders and classroom teachers to reflect on current approaches and plan how to implement best practice within their own context, both in primary and secondary settings.

Reaching diverse parents through innovations in online parenting interventions

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Online parenting interventions are effective in improving parenting and child outcomes, and recent meta-analytic reviews indicate that online interventions may be as effective as face-to-face formats, even for self-directed formats that do not include practitioner support. Online formats have the potential to improve the reach and impact of parenting interventions, and potentially reduce the population prevalence of child mental health problems. However, parents from diverse backgrounds have rarely been a focus of this work. This symposium presents research on recent innovations in online parenting interventions aimed at increasing the reach to diverse parents. Research will be presented on innovations that include reaching parents through pediatric primary care providers and triaging them into different levels of online support, an animated online parenting intervention developed specifically for fathers, and the redesign of a parenting intervention to engage parents from diverse backgrounds.

The first paper presents The Parenting Help Online project which evaluated the Triple P Online System (TPOS) in a group-randomized trial. TPOS triages parents into one of three levels of online Triple P supports: (a) low-intensity Brief Triple P, (b) mid-intensity Triple P Video Series, and (c) highest intensity Triple P Online. TPOS was disseminated through pediatric primary care clinics to parents of 3-8 year old children with behavior challenges; practitioners referred and supported parents in using the program. Compared to usual care clinics, parents in TPOS clinics reported greater improvements in their own positive encouragement and in their children's positive behaviors, and greater reductions in their children's problematic behaviors and symptoms for inattention, hyperactivity, ADHD, and oppositional defiant disorder. The second paper presents preliminary data from an RCT that examines the efficacy of Family Man, a brief animated online parenting intervention that has been developed by Movember, and specifically aims to increase the engagement of fathers of children 2-8 years. Results will be presented on the findings of the RCT, which compares Family Man to waitlist control group for improving parenting and child externalising behaviour. The third paper presents research on re-designing an online parenting program, Parenting Resilient Kids (PaRK), to communicate evidence-based content to parents from diverse backgrounds. The iterative process of adapting the evidence-based content was completed in two phases: (i) the 'sensemaking' phase which decomposed the original content and identified the non-negotiative content which was scaffolded with media effects to instill cognitive, attitudinal and behavioural changes in parents; and (ii) the 'co-construction' phase in which researchers worked together with domain experts, creatives (e.g., script writers and producers) and parent reviewers in iterative cycles to ensure that the underlying evidence-informed parenting strategies are not lost in the knowledge translation process. The outcome of this process was the development of a series of podcasts based on selected parenting topics covered in PaRK.

The implications of these research findings for policy, practice and research regarding developing and implementing online parenting interventions will be presented and discussed. A key focus will be placed on the innovative features of these programs that have been developed to better engage parents from diverse backgrounds.

157

Dyadic behavior and maternal mental disorders: A systematic review and meta-analysis

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Background and objectives: Parents affected by mental disorders are an at-risk group for dysfunctional parenting. Effective supportive programs for those parents are therefore highly relevant to prevent the transmission of mental disorders and dysfunctional parental relationship behaviors, including child maltreatment. To date, it is common to treat parents with mental disorders as a homogeneous, distressed group. Considering the variety of symptoms and their potentially different impact on areas of social functioning, it seems reasonable to assume that different mental disorders have distinctive impact on dyadic behavior domains. A better understanding of specific impairments or strengths associated with specific mental disorders might help to tailor parenting programs.

Methods: To our knowledge, a detailed investigation of the association (or lack of association) between different mental disorders and domains of dyadic behavior has not yet been explored. To address this research gap, we performed a systematic review investigating possible associations between maternal mental disorders and aspects of dyadic behavior with a focus on studies employing behavioral observations. In contrast to previous systematic reviews, we did not target one special mental disorder, but included any mental disorder, and coded the specific type for comparing groups of disorders on their dyadic behaviors. Studies with a healthy control group were also included. We assumed significant differences in terms of maternal dyadic behavior between mental disorder and control groups. We further assumed that specific mental disorders are associated with specific dyadic behaviors. Last, we anticipated that symptom severity might have a greater influence on dyadic behavior compared to the type of mental disorder.

Findings: Besides information about the most commonly used behavioral observation systems and the number of studies per mental disorder, we will present the first results on the associations between specific mental disorders and dyadic behavior domains. We screened 3670 studies, conducted full text review of 1224 studies and are currently in the process of extracting the data. Results will be available next year.

Implications for policy, research and practice. Additional knowledge about the (non-) significant size of associations between specific mental disorder types and prevalently assessed dyadic behavior domains, such as maternal sensitivity, can help to decide if parenting programs for mothers with mental disorders may benefit from more tailoring (in case of significant associations), or if general approaches (in case of non-significant associations), independent of an assessment of the respective strengths and difficulties in the mother-child relationship, may support mothers just as well.

Risk of harm in research with vulnerable families: Lessons from family strengthening research in Rwanda and Sierra Leone

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Background and objectives: Social science research, including ECD, has adopted protocols from the field of medical research for dealing with adverse events - cases where the research itself has caused potential harm. Yet social science research with vulnerable populations, including poor families with young children, does not have a unified protocol for dealing with risks of harm - cases where an existing risk is uncovered by the research. While some researchers are able to make referrals to services, this is challenging in under-resourced settings. Our research partnership has gained experience and developed protocols to manage risk of harm specifically when conducting research with vulnerable families.

Methods: During a recent data collection in Rwanda, we identified three cases which are emblematic of types of risks of harm. We conducted unstructured interviews with stakeholders who engage with risk of harm, including enumerators who identify risk, NGO partner staff who provide frontline support, and local officials to whom cases are referred. We are also conducting document analysis of all reports of risks of harm from this round of data collection. In Sierra Leone, we developed a risk of harm protocol based on protocols from other research sites and input from our local community partners and government officials. We established a robust referral map of local resources for study participants in need of services. The data collection and analysis is ongoing in Sierra Leone. We will utilize participatory observation of the risk of harm process to understand the strengths of the protocol and areas for improvement to inform future protocols.

Findings: Data collection and analysis for this study are ongoing. In Rwanda, document analysis will include quantitative analysis of key variables, such as frequency of types of risk of harm, average number of days to stabilize cases, frequency of risks of harm by location, and others. Document analysis will also include qualitative analysis of key themes in reports of risks of harm. The unstructured interviews will also be analyzed for key themes. In Sierra Leone, we will perform qualitative analysis of risk of harm protocols and associated documents, interviews, and observation notes.

Implications for policy, research and practice: Our risk of harm protocols that protect vulnerable participants are the product of over 10 years of research collaboration. Other researchers and practitioners working with vulnerable families in low-resource settings can be empowered by the experience of our teams in Rwanda and Sierra Leone to enact effective protocols that ensure that we fulfill our ethical obligations while collecting high-quality data to inform further innovation in the field of family strengthening.

Sugira Muryango PLAY Collaborative: Utilizing implementation strategies for scaling an evidence-based intervention with quality

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Background and objectives: Sugira Muryango targets families identified by the GoR as the most highly impoverished and most vulnerable with children aged from birth to 36 months old. Through a 12-module curriculum delivered via active in-home coaching, Sugira Muryango builds parent knowledge of early brain development, responsive parenting, nutrition, hygiene, and alternatives to harsh punishment to help families provide safe, healthy and prosperous environments for children. This presentation focuses on the implementation science and effectiveness trial results from the most recent iteration of the intervention which tested a new evidence-based implementation strategy as integrated into an existing government child protection workforce

Methods: The study investigates the implementation processes and impact of the SM intervention at the family, interventionist, and supervisor levels. We examined whether the SM intervention would lead to improvements in responsive parent-child relationships and reduced family violence, as seen in previous effectiveness trials. We will report on findings collected at baseline and post-intervention from a quasi-clustered randomized control Hybrid Type 2 Effectiveness-Implementation trial. Key outcomes for families included father engagement, positive parent-child interaction, reduced family violence, child cognitive development and caregiver mental health (depression, anxiety and emotional regulation). The effectiveness of the SM intervention was evaluated using multilevel regression models. Key outcomes for implementers and supervisors, measured by Dissemination and Implementation (D&I) surveys, included program knowledge, satisfaction, sustainability, and cohesion. D&I measures were collected only post-intervention; summary statistics are reported for these outcomes.

Findings: PLAY Collaborative members and caregivers on average scored the system and program over 3 out of 4 on adoption by stakeholders, acceptability by the community, appropriateness for families, and feasibility within villages. Caregivers rated SM at a mean of 3.79 out of 4 for program satisfaction and 98.7% of caregivers indicated satisfaction with their facilitator. On measures of program sustainability and fit for context, supervisors and interventionists scored between 5-7 (out of 7) on every measure. An embedded effectiveness trial indicates that, immediately after intervention, the SM program is helping caregivers build more nurturing, enriching, safer, and developmentally friendly home environments for their young children (HOME: coefficient = 1.12, $p < .01$; d= 0.58), supports fathers and other male caregivers in engaging with their children and families (Promundo items: IRR = 1.21, $p < .01$), and improves the mental health of caregivers (HSCL: coefficient= -.07, $p = .03$; d=0.1).

Implications for policy, research, and practice: With a strong evidence base built on years of research, the SM partner network utilized implementation science strategies to test a new model for scaling and sustaining the quality of delivery in Sugira Muryango in order to achieve long-term impact. The resulting PLAY Collaborative framework has proven to be a successful scaling strategy that maintains program effectiveness across several primary and secondary outcomes. As other programs look to scale up, Sugira Muryango can be a model of how to expand using a sustainable existing workforce and promote a comprehensive, community-centered implementation strategy to structurally support and sustain programs.

Developing, evaluating and implementing a specialist parenting intervention for parents experiencing significant mental health needs including emotion dysregulation and interpersonal difficulties

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Background and objectives: Approximately 1 in 4 children live with a parent experiencing mental health difficulties (Campbell et al., 2020). Although parenting interventions are well-established in improving parent wellbeing and child emotional and behavioral difficulties, there is less evidence for the effectiveness of these interventions in multi-stressed families where a parent experiences significant mental health needs, including emotion dysregulation and interpersonal difficulties. The objective of this symposium is to outline the development and evaluation of the Helping Families Programme (HFP) and detail the clinical implementation of the specialist parenting intervention for disempowered and minoritized families, including parent and child outcomes and service-user feedback.

Brief description of each paper: First, the impact of significant emotional and interpersonal difficulties on parenting will be established through presenting a mixed-methods systematic review of the impact of personality disorders on parenting of children aged 2-12 years (Baker et al., In prep). The review highlights targets for intervention include: (i) Negative affect & hostility (ii) emotion dysregulation & co-parenting (iii) co-morbid mental health needs e.g. depression, and (iv) the use of extended assessment to help service user's feel heard. Second, the development and feasibility evaluation of the HFP will be presented (Day et al., 2020a, b). The specialist one-to-one, home-based parenting intervention focuses on building parental reflective function, emotional regulation, interpersonal skills and effective boundary setting through developing trusting and respectful partnerships with parents. The programme applies Bronfenbrenner's (1977) ecological model and the Family Partnership approach (Day et al., 2013) and draws on a range of evidence-based strategies, derived from cognitive, behavioural, social-learning, relational, attachment and systems theories. The feasibility evaluation highlights the high acceptability of the intervention, with improvements indicated in child behaviour problems, parent satisfaction and reduced parental concerns. Third, the clinical implementation of HFP within a UK National and Specialist CAMHS service will be evaluated. The Helping Families Team (HFT) was created in response to the Think Family agenda and uses a whole-family approach to empower parents affected by mental health difficulties to build family resilience, reduce child and family risk and improve child developmental outcomes. The benefits and implications for using an intervention which focuses on partnership-working, accommodates the complexity and variation in families' needs and allows for problems to be addressed as they emerge will be discussed. Finally, we will present findings from a process evaluation (Wilson et al., 2018) and subsequent feedback about the implementation of Helping Families Team to highlight service user experiences and perspectives.

Implications for policy, research and practice: This symposium will highlight current understanding and key directions for future research on the impact of emotion dysregulation and interpersonal difficulties on parenting and child development, and how parental mental health is a Public Health issue. Furthermore, the symposium presents adaptations, experience and learning from the implementation of HFP and the opportunities that arise for positive family and service outcomes when services provide a whole family intervention which addresses the intergenerational impact of parental mental health on children and young people.

Building therapeutic relationships with parents with interpersonal difficulties and emotion dysregulation

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Background and objectives: Significant emotional and interpersonal difficulties, including personality disorder diagnoses, affect an estimated 4-12% of the general population (Volkert et al., 2018), and with a Norwegian census study identifying that 37% of outpatients with personality disorder diagnoses have a child in their care (Ruud et al., 2019). Parent significant emotional and interpersonal difficulties are a substantial risk factor for socioemotional and behavioural difficulties in children (Steele et al., 2019). The high prevalence rates and risk for child socioemotional and behavioural difficulties highlights a need for intervention. However, many practitioners feel unconfident and unskilled in working with parents with significant emotional and interpersonal difficulties (Diggin, 2011). This workshop aims to increase understanding of the impact of significant emotional and interpersonal difficulties on parenting and provide practical skills for practitioners to engage with and build collaborative partnerships with parents with significant emotional and interpersonal difficulties.

Description of content and processes: This interactive workshop will encourage reflection about participants own beliefs about working with parents with significant emotional and interpersonal difficulties. The workshop will provide an overview of up-to-date research on the impact of significant emotional and interpersonal difficulties on parenting and provide attendees with service-user perspective. The workshop will also present tips and skills for understanding and engaging parents with significant emotional and interpersonal difficulties in treatment, based on the Family Partnership Model (Davis & Day, 2010; Day & Harris, 2013) and the Helping Families Programme (Day et al., 2020a, b). Attendees will apply theory to their own experiences through reflective learning process.

Key outcomes: Attendees to the workshop will
- Improve their understanding of the impact of emotion dysregulation and interpersonal difficulties on parenting.
- Identify their skills and qualities which support the partnership-working and the "helping process".
- Learn skills to build collaborative partnerships with parents who experience significant emotional and interpersonal difficulties.

162

Associations of parental sickness absence with academic performance among adolescents: A longitudinal study in Sweden

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Background and objectives: Previous research shows that parental illness may be detrimental to adolescent health and development with increased risk of stress and psychosocial maladjustment, however, few studies report on the adolescents' academic outcomes. Academic achievement is a predictor of future health and morbidity and we hypothesized that ill parents may have reduced capacity to adequately support children's educational outputs in early adolescence. Using a comprehensive measure of sickness absence as a proxy of parental illness, the current study aimed to determine whether parental sickness absence was associated with impaired adolescents' academic performance.

Methods: Data from a prospective multilevel cohort study of 13-14 year-olds (N=2989, 51% female), conducted between 2013 and 2017 in Sweden, was analyzed. Academic performance was assessed with self-reported grades in 7th to 9th grade as well as merit scores awarded at the end of compulsory school. Parental sickness absence was categorized according to number of registered sickness-absence (SA) days; <15 SA days (reference), 15-90 SA days and >90 SA days in given school year to assess self-reported failure. To assess cumulative exposure to parental SA on merit scores, 5 categories of SA days over the three years of the study period were used for analysis. Mixed effects regression models were used with stratified analyses for child-gender, presence of sibling(s) and child-parent communication score. All tests were controlled for severe illness in child, adolescent-reported mental and behavioral problems (SDQ), parental education and country of birth and, living situation.

Findings: Parental sickness absence for >90 days/year was associated with 2.5-fold higher odds of failed class subjects in 7th grade (95%CI; 1.15 to 5.63), and with lower merit scores at the end of school. The largest mean difference in merit score associated with parental SA was -21.60 (-32.63, -10.56), among adolescents whose parents had >90 SA days in more than one year. The association with merit scores was disproportionately greater among boys compared to girls with 15-90 parental SA in more than 1 year associated with more than two-fold greater mean score difference among boys [-18.52 (CI: -34.79, -7.19)] compared to girls [-8.72 (CI: -23.43, -6.00)]. Lower merit scores associated with parental SA among adolescents with low child communication openness or those with no sibling suggests that family environment may have a role in buffering adverse education outcomes of parental illness. Regression models with interaction terms showed no significant effect.

Implications for policy, research and practice: Findings support the hypothesis that parental illness negatively affects adolescents' academic performance with lower merit scores among the most heavily exposed adolescents and further studies with mixed methods to explore these associations is warranted. Patterns of modification of the association between parental SA and merit scores by child's communication openness score and presence of sibling(s) were not clearly distinguished and future investigations of these factors would help create tailored academic support programs for adolescents whose parents have longstanding illness. Such support programs may subsequently improve the socioeconomic welfare and mental health of affected adolescents and curtail transgenerational social inequality.

163

Ensuring adequate social communication and emotional skills development in toddlers: Training for primary caregivers on in low resource settings

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Background and objectives: Research in early childhood indicates experiences in early years have profound impact on emotional development and learning in later years. Families from low socioeconomic backgrounds rarely have time and resources to create a stimulating environment. Further compounding factor is the lack of resources before school age and absence of inclusive facilities for children with developmental delays; if left unrecognized and untreated inadvertently becomes more challenging. To address it, Shuchona Foundation developed a training manual titled, Social Communication and Emotional Skills Development of Children (SCESD). Purpose of the training was to help caregivers recognize delays in areas of early development and develop core understanding to address challenges within day-to-day life effectively. It provides evidence-based interventions that are easily implementable by caregivers in natural settings (home, daycare centres) regardless of socioeconomic conditions.

Methods: Purpose of the study was to evaluate the progress of the participants' understanding and knowledge and assess social communication and overall adaptive skills in children under 5 years; upon provision of manual-based training. This training was imparted to 423 participants who were officials and caregivers of government day-care centres, garments sector (BGMEA, BKMEA), and adolescent leaders of Kishor-kirhori club. To assess participants' understanding and knowledge, a pre-test was administered prior to five-day training and a post-test after the training. Furthermore, a quasi-experimental design measured improvements within the five areas of development using Vineland Adaptive Behaviour Scales (VABS), Third Edition. 32 children were randomly selected from daycare centres based in Dhaka to measure the training's impact on children's development (measured before the training was conducted as baseline data, and a year after the training was imparted), considering no other interventions and training were provided at the centres.

Findings: The result depicts the comparison of data between pre-test and post-test of the questionnaire developed to assess participants' knowledge and understanding on child development. Mean for pre-test score was 7.91 while mean for post-test was 25.31. The increase in knowledge level was statistically significant (<0.001). Besides, pre-test and post-test of the five (Receptive Communication = RCD, Expressive Communication = ECD, Daily Living Skills = DLS, Interpersonal Relationship = IPR, Play & Leisure = P&L) subdomains of VABS using paired sample t-test. Results indicated significant improvement (<0.001) in RCD, DLS, IPR and P&L skills for children, while ECD skills remained within normal range.

Implications for policy, research and practice: Research shows, children in low-middle-income countries are reaching developmental milestones much later when compared to existing global standards. Using the existing system, this was the first study that measured this gap for Bangladeshi children. It indicated significant improvement in participants' knowledge in all domains of child development. A year after the training, children reached the expected global standard score in all those domains. This unique model has proved that children have the potential to reach their best, in a developing country setting. The results and effectiveness of the manual will help to integrate the revised training program into the national health and early childcare service system to reach a larger population.

A safe bridge: Parents' experiences of an antenatal visit being part of an extended home visiting program in disadvantaged areas

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Background and objectives: There are considerable health divides between areas in many Swedish cities. In more disadvantaged areas children grow up with poorer health outcomes than the country average. To meet the greater needs of children growing up in these areas and also to practice proportionate universalism, an extended home visiting program has been delivered. A novel part of this program has been an extra visit at the maternity care clinic before childbirth where parents meet the social worker and nurse that will carry out the home visits. The aim of this study was to explore parents' experiences of that antenatal visit.

Methods: Semi-structured interviews were carried out with nine mothers and three fathers around 3 months postpartum. Nine of the participants were foreign-born and for four of the interviews a translator was used. The interviews were recorded and transcribed verbatim and the data was analyzed with thematic analysis with an inductive approach.

Findings: The parents' overall experiences are comprised in the main theme: 'A feeling of security and care for the whole family'. This main theme is derived from the three following themes: 1) 'Staff – a trustworthy source of information'. Parents perceived the staff as experienced and knowledgeable and appreciated obtaining information about practical things and about the Swedish system; 2) 'Feeling emotionally supported'. Several parents expressed the need for emotional support and valued that by meeting the staff they knew they had someone to turn to; 3) 'Becoming familiar with the staff'. It was appreciated to know who will come to your home as this gave parents an increased sense of security.

Implications for policy, research and practice: The antenatal visit is a service the parents experienced directly benefited them, by giving them useful information and social support. The visit also seems to be indirectly beneficial as it contributes to building trust for the staff and the rest of the program.

167

Engaging hard to reach parents and carers

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Poor parental engagement can threaten or compromise the capacity of parenting programs to facilitate changes. Indeed, poor uptake rates, sporadic attendance, and premature dropout remain an ongoing struggle not only for researchers evaluating such programs but also for agencies delivering parenting services. Thus, the question of how to engage and retain parents and carers in intervention and which engagement strategies work best to enhance program uptake and prevent drop-out remains important. Research has tested different engagement enhancement strategies, however, very little remains known about predictors of program uptake and engagement in emotion-focused parenting programs, especially with vulnerable hard to reach populations. In this symposium, three presentations from Australia and one from the US examine these questions.

Study one examined predictors of program uptake in a randomized control trial examining the efficacy of three methods of delivery (group, 1-1 and online self-paced) of an emotion focused parenting program, Tuning in to Kids® (TIK), offered to parents who identified as having a child with challenging behaviours aged 4-10 years old (n = 568). Study two examined predictors of engagement (i.e., % modules watched; call length and call number) in a support call assisted online version of the TIK® parenting program, delivered to 78 parents. Study three examined advantages and challenges of using group versus one-to-one delivery of TIK in engaging foster carers (n = 40) in a real-world delivery of an emotion-focused parenting program delivered by 21 facilitators. Study four examined five online andragogy topics (technologies, location, curriculum adaptations, social connection, and diversity) by 14 facilitators who delivered TIK to over 200 individuals during the pandemic conducted in a Southern US state to see if online delivery of the programs would engage hard to reach low-income families.

The findings of study one and two showed that contact method, parent characteristics and child level of difficulties predicted program uptake and engagement in emotion-focused programs. Within the foster care setting, the delivery mode used in study two had a clear impact on program uptake and engagement for both facilitators delivering the program and carers participating in the program, with a clear preference for group delivery of the program compared to one-to-one delivery. Results from the US showed, online self-paced programs and online facilitator delivered programs were able to engage hard-to-reach low-income parents, and co-teaching emotional awareness and mindfulness practices benefited both facilitator and parents/caregivers during the stressful contexts of the emergency conditions during the pandemic.

The results add to our understanding of engagement enhancement strategies and methods of engagement into emotion-focussed parenting programs that used a variety of delivery methods. Carers benefited from connecting with other carers in groups, although one-to-one delivery allowed for more tailored program delivery which was advantageous for engagement with carers who were more resistant or had limited prior understanding of program concepts. Implications for agencies delivering parenting services will be discussed, with a particular focus on strategies for reaching, recruiting and engaging hard to reach and vulnerable families.

169

Global perspectives on supporting evidence-based parenting: Cultural adaptation and contextual adjustment of evidence-based programs

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Background and objectives: Over 240 million children live with disabilities worldwide, those with difficulties communicating and taking care of themselves are more likely to be out of school (UNICEF, 2021). In Latin America, persons with disabilities are exposed to a different set of situations and challenges. Perkins commits to generating change with the belief that all children can learn. For over 30 years, we have supported training for educators, professionals and families to expand their skills, guaranteeing quality education. Today, Latin America is working with families, to support the empowerment of parents protecting their children's rights and making decisions about their child's education.

Methods: In 2016, Perkins launched a global initiative to train teachers to provide the necessary educational services to children and youth with vision loss and additional disabilities, including those with deafblindness. In Argentina, Brazil and Mexico, the initiative provided training, as well as support and advice, to schools to promote the change to better education services for youth with disabilities. Families were included in this work, through projects in each school and also from a research study with objectives focused on understanding, through individual experiences, the current situation of the collaboration between professionals and families, in order to detect strengths and needs in each country. Each country currently has a regional family coordinator with the objective of strengthening participation, generating networking, and promoting concrete actions that give identity and empowerment to Latin American mothers and fathers.

Findings: Through this work, families have taught us to think about teamwork. Networking among families themselves and between families and professionals through empowerment motivated by knowledge and visualization and replication of the work done in classrooms, is projected in commitments with the educational community and in the proposal of real projects, or the idea that these projects generate specific changes. For this, training is necessary, along with the conviction and commitment from those who teach, because it guarantees the possibility of learning and achievement in children with disabilities. The participation of families in the decision-making process of their children's educational programs, based on the awareness of their own dreams and possibilities, has been central to advance in the visualization of a life project that focuses on the future. When families learn to dream, they begin to see possibilities, and the trained professionals help them to make those dreams come true.

Implications for policy, research and practice: Perkins improves the quality of education by empowering families. We work to strengthen family-school relationships, and the network of families, so that our initiatives impact the communities where they are developed. Families with children with disabilities must be listened to and connected with others to establish relationships that allow them to achieve their future life projects. Collaboration is a way to document the empowerment of these families who will have a profound transformation. In return, they continue to teach and create new strategies to change life stories, and will also become advocates of their children and leaders in their communities.

170

The challenge of evaluating early childhood programs: A proposal for a Brazilian program

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Context: Actions focused on early childhood have been identified as priority demands, especially in low- and middle-income countries. In Recent decades there have been an increasing number of home visitation programs aimed at promoting child development and parenting skills. To know and analyze what occurs in the moment of a home visit is an important element to assess home visit programs.

Objective: To test a home visit assessment model in a pilot program to promote parenting skills and child development.

Methods: Descriptive study with a quanti-qualitative approach that investigated the Young Mothers Caregivers Program in São Paulo/Brazil. Subjects of this study were 18 adolescent mothers in socioeconomic vulnerability, who received periodic home visits conducted by trained nurses to address an established curriculum based on premises: physical health; environmental health; life course; parenting; family and social network. The data were extracted by the protocols, where visiting nurses wrote down the information, such as: number of visits received, duration of visit, frequency of visits, content covered in the home visits. The data were organized in a spreadsheet and a descriptive analysis was carried out. To investigate the themes that emerged, a thematic content analysis was carried out. The analysis of the nurse-adolescent mother relationship, a video was watched and used the Child Development' Home Visit Checklist instrument.

Findings: The analysis of 846 home visits showed that the adolescents received an average of 15 visits at each stage of the intervention (pregnancy, 1 year and 2 years).The home visit duration was 69 minutes, longer than the predicted. The content covered was highly fidelity to the program curriculum, with health care (99%) and parenting (98%) being the most addressed. According to the reports of visiting nurses, the interventions during pregnancy were mostly directed to: adequate nutrition, adequate and safe housing, school routine, maternal feelings and family/conjugal relationship. After the baby was born, the nurse the issues more related were the importance of childcare and immunization, adequate and safe housing, the importance of a new routine, positive parenting skills and the knowledge of health and social assistance services. The relationship between nurse visitor, adolescent and baby was adequate, obtaining better scores in the nurse visitor-child sub-items.

Implications for policy, research and practice: The findings of this study demonstrated the need to investigate the process that occurs during home visit programs' implementation. We suggest special attention about tools for assessing home visits delivering interventions. The dimensions used in this study (dosage, content, relationship and participation) clarify important questions of how the program has been implemented. Monitoring them offers relevant subsidies for the management of the programs. Given the scenario of expansion of programs of this nature in Brazil, this study seeks to contribute with the purpose of a matrix to evaluate home visits in programs focused on child development and parenting skills.

171

A descriptive cross sectional study on accessing telehealth services by families of children with ASD during a crisis situation in Sri Lanka

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Background: It is estimated that the majority of children with autism spectrum disorder (ASD) and other neurodevelopmental disorders live in low and middle-income countries (LMIC), with a 1:93 prevalence of ASD from South Asia. Accessing quality services is a major challenge due to multiple factors that worsened due to the COVID pandemic and the economic crisis in Sri Lanka. Early intervention is vital for optimal outcomes. Evidence from high and LMIC settings report positive outcomes with video-based interventions to support families within natural environments. Learning from these a team of clinicians undertook a preliminary study to evaluate the outcomes of asynchronous telehealth services for children with ASD.

Objectives:
1. To describe the clinical, social and telehealth access patterns
2. To describe the association between telehealth access and functional outcomes of children.
3. To describe the caregiver perception about this service

Methods: A mixed-method study evaluated children diagnosed with ASD(DSM 5 in-person) receiving interventions by a single center team of clinicians through hybrid services (in-person and asynchronous telehealth) from March 2020 till September 2022. Families who sent a minimal of 3 videos via what's app chats, received feedback from the team and consented were recruited. Quantitative methodology collected data from telehealth chats and an e-based questionnaire. Parents' perceptions were collected as qualitative information. All consented what's app chats were perused to count the frequency of feedback and the duration of follow-up of each family. Families submitted a google form including their perceptions on the telehealth services. Quantitative data was analyzed using SPSS 22 version. Qualitative data was thematically analyzed. Ethical clearance was obtained from the Faculty of Medicine University of Kelaniya, Sri Lanka.

Findings: Only 99 families were eligible. 77.8 % had boys with ASD. The current age range was 23- 102 (mean 50.25 +/-16.2) months. The mean age at presentation for services was 30.79 months (SD 10.112). 73.7% of fathers and 78.8% of mothers had more than secondary level education. 72.4% of children received more than three hours of home-based caregiver-child interactions. 41.3% of families sent more than four videos per month on average for feedback. All videos received feedback from the developmental paediatrician or the speech and language therapist. 59% of families spent more than 3 hours engaging with their child. A positive association was observed (p< 0.05) between the number of hours of caregiver-child interactions and meaningful play engagement as perceived by the family following telehealth interventions.
Of the 99 families, 99% were satisfied with telehealth services. Thematic analysis revealed that the parents appreciated free asynchronous telehealth services and the ease of access of specialists. They also understood the value of observation in the natural environment. The families found taking the video and uploading as difficulties. None of the families found access to internet facilities as a barrier.

Conclusions: Preliminary evidence shows What's app chat-based asynchronous telehealth has a useful method to deliver services even during a crisis. Further studies should be undertaken to assess objective pre and post-outcome measures of children.

Gender transformative skilful parenting programmes to address child maltreatment and intimate partner violence in low resource settings in Africa

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Background and objectives: Skilful Parenting (SP) program is an evidence-based parenting intervention embedded in economic strengthening activities targeting parents/caregivers with children aged 0-18 from low resource settings. Curriculum comprises 10 modules delivered in groups of 18-24 in 14 weekly sessions of 2 hours by trained and certified local facilitators. The programme is designed to promote positive, respectful, gender equitable parenting practices and family relationships with the ultimate aim of preventing co-occurrence of child maltreatment and intimate partner violence and promoting children's positive development in family settings. The programme is implemented in multiple contexts with multiple beneficiaries in Kenya, Tanzania and Cote d Ivoire.

   Methods: Evaluations including RCTs, conducted in collaboration with the University of Utrecht (2014 - 2015), University of Oxford, University of Glasgow & NIMR (2014-2018), and Innovation Poverty Action (IPA 2018-2019) of the programme have been conducted in different settings. Utrecht University study: Mixed qualitative and quantitative methods to measure the cultural acceptability and effects of the Skilful Parenting programme on parents and caregivers in Kenya. University of Oxford, University of Glasgow and Tanzania National Medical Research Institute (NIMR): Skilful Parenting and Agribusiness Child Abuse Prevention Study (SPACAPS) - A parallel cluster randomized controlled trial examined the combined and separate effects of parenting and economic strengthening programmes on reducing child maltreatment in poor farming communities in Tanzania. IPA study: A before and after study to test the effects of the programme on early childhood development, child maltreatment and parenting practices among male caregivers and their spouses (cocoa farmers) in Cote d Ivoire.

   Findings: Evaluations indicate Skilful Parenting programme is culturally acceptable, reduces child maltreatment, improves family relationships, promotes child development, strengthens spousal relationships, and increases service uptake in low- and middle-income countries. Utrecht study in Kenya: Significant impact on cultural acceptability, and parenting competence (the belief of parents in their ability to effectively manage parenting tasks). Parents experienced a positive change in parenting practices, family functioning and in the relationships with their children and spouse. The programme also increases uptake of services. RCT in Tanzania: At post-treatment, parents and children receiving the combined interventions reported less maltreatment children. Parent training with or without economic strengthening among farmer groups with majority male caregivers sustainably reduces maltreatment. IPA study in Côte d'Ivoire: Positive outcomes on parental practices, early childhood development practices and reduction of child maltreatment (violent discipline). The program contributes to UNSDG goal 1, 8 and 10.

   Implication for policy research and practice: Locating parenting support in existing farmer groups can engage much higher proportions of fathers than stand-alone programmes. Further gender transformative parenting programmes have potential for addressing both child maltreatment and intimate partner violence in family settings. Structured; provide insights into the effects of parenting programmes to address family violence, advance discourse on how to integrate child maltreatment and intimate partner violence prevention via gender transformative parenting programmes and influence how the programme can be implemented and nationally scaled in successful ways across different contexts.

Sharing experience on how polygamy affecting effective parenting in Nabuti villages

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Nabuti villages are part of Mukono Municipality and the number of youths involved in taking drugs is on a higher rise. Youth involvement in drugs is putting the entire community at a very high risk and it was against this background that the concerned parents and local authorities tasked us to come up with a program aiming at rehabilitating and sensitising the young ones about the dangers of taking drugs. Although there other factors leading to using drugs, poor parenting due to polygamy among the households of the affected youths is key. Nationwide, 14.7% of Ugandan men, or one out of every seven, have more than one official wife In Uganda, Polygamy is legal, a man is allowed to marry multiple wives at a time but while Christians are forbidden from marrying more than one wife, Islam allows up to four. Due to this, most families tend to contain an abundance of children.

The Nabuti Community Association is encouraging monthly rotational home visits where parents get the opportunity to freely talk about the challenges they face while managing their homes. It was during one of these visits that one of the parents pointed out youth involvement in drug taking as a serious threat to the community. The concerned parents selected a committee to help in identifying the youths involved in the practice, rehabilitating them and sensitising the young ones on the dangers of taking drugs. A weekly timetable was developed for meeting and engaging the two groups of youth on different days. These weekly engagement meetings involve trust building between the committee members and the youths for laying a foundation where youths can freely express themselves as they share key information. Further, the sessions involve risk and positive communication, positive change, community trust-building and engagement, parent-child positive communication and trust.

All our current clients are youths coming from polygamous families where children feel not loved by their parents, especially the father, who is always moving from one family to another. The fathers always not able to equally provide for their polygamous families and so mothers have no enough time to provide parental guidance at they spend most of the time looking for money to sustain their respective families. Children from polygamous families have no time to stay with parents to engage in constructive sensitization, so they end up get in company of the peer groups where they get introduced to drugs.

Polygamy, currently legal in Uganda, may soon face restrictions by a bill tabled in Parliament. Some Ugandans who grew up in polygamous families say it harms children and women. Others say it's natural and encouraged by Muslim law. Various legal acts validate polygamy in Uganda. But because Uganda recognizes several types of marriage, customary, civil, Christian, Muslim and Hindu, polygamy laws apply to groups differently. In 2009, Uganda's previous Parliament introduced the Marriage and Divorce Bill, which permits polygamy only in customary and Islamic marriages. The bill passed its first reading but was tabled until the current Parliament.

Supporting parenting in times of crisis: COVID-19 parenting in North Macedonia

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Background and objectives: The COVID-19 pandemic situation had an increasing impact on child health and family well-being, especially in low- and middle-income countries (LMICs). Parenting for Lifelong Health (PLH) is a suite of free group-based parenting programmes that aim to promote positive child-parent relationships in low-resource settings. The Institute Alternativa is partnering with Parenting for Lifelong Health to deliver evidence-informed parenting tools in North Macedonia to support parents and caregivers during COVID-19. These resources were developed in collaboration with the WHO, UNICEF, UNODC, the Global Partnership to End Violence, Centers for Disease Control and Prevention, World Childhood Foundation, and World Without Orphans to deliver an international global response to support parents in keeping themselves and their children safe, happy, and healthy during this stressful period.

Methods: Through provision of psychosocial support to parents with the COVID-19 Parenting Toolkit on social media we have reached approximately 31,000 of people reached through these parenting resources. We had used a citizen science approach to engage with parents and caregivers through digital technology to support positive parenting and reduce child abuse and violence to improve health and well-being. The programme included illustrated comics, videos, and activity assignments for parents to do with their children and possibility to support parents on an individual basis, and encourage them to apply the parenting skills at home.

Findings: The retrospective survey was completed by a total of 57 caregivers, of whom 98.25% (n=56) were female and 1.75% (n=1) were males. Most parents (71.93%, n=41) received the parenting tips from social media platforms, followed by SMS ((22.81%, n=13), and parenting webinars (12.28%, n=7). There were 8.77% (n=5) of them respectively learned the tips from TV, by word of mouth, or from other sources of information. Two third (68.42%, n=39) received the tips from one of the sources mentioned; and around one third (29.84%, n=17) received from multiple sources. The tips of 1-on-1 Time, Routine, and Child Behaviour were learned by the highest numbers of parents (1-on-1: 84.21%, n=48; Routine: 68.42%, n=39; Behaviour: 61.40%, n=35). They were followed by Stress Management (52.63%, n=30), Family Harmony (47.37%, n=27), and COVID-19 Talk (47.37%, n=27). The tips learned by the least number of parents were Child Online Safety (31.58%, n=18) and financial budgeting (19.30%, n=11). Nearly all of the caregivers reported that they were more confident in building positive parent-child relationships (96.49%, n=55) and protecting children from sexual abuse (92.98%, n=53). More than 80% of them agreed that they used less physical discipline (84.21%, n=48) and spent more time playing with children (80.70%, n=46). There were 75.44% (n=43) reporting being more able to manage stress and 68.42% (n=39) being less verbally aggressive towards their children.

Implications for policy, research and practice: PLH-Covid Parenting proved to be effective and promising in reducing child maltreatment and child behavior problems, reducing parental stress and improving family wellbeing.

ACT-Parents Raising Safe Kids: A randomized controlled trial evaluating the efficacy of the ACT-PRSK parenting program in the cultural context of Belgium

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Background and objectives: Exposure to abuse and neglect in early childhood has long-term consequences on the emotional, behavioral, and cognitive well-being of the child. As parents have a crucial impact on their children's mental health, parenting training is considered to be a helpful tool to prevent child psychopathology and to foster optimal development. The present research project aims to test the effectiveness of the parenting program "ACT-Parents Raising Safe Children" in the cultural context of Belgium. The program was developed by the American Psychology Association and focuses on the prevention of violent parenting and the strengthening of the quality of parent-child relationships.

Methods: We will execute a randomized controlled trial with 202 parents (101 participating to the eight-week program and 101 placed on a waiting list until the completion of the trial). Parents will be invited to complete questionnaires about their parenting strategies (e.g., emotion regulation, positive discipline, harsh parenting) at pre- and post-intervention and at a 2-month follow-up. To measure the effectiveness and functioning of each session individually, parents will be asked to complete questionnaires before the start of the session regarding the content of the previous session, as well as e.g., parental self-efficacy and the parent-child relationship. After the session, they will complete questionnaires regarding the pressure perceived to be a perfect parent from the facilitator, the other parents, and their overall perception of the session. Lastly, after each session, the facilitator will be asked to complete questionnaires regarding their program content adherence and their perception of the session.

Findings: Overall, we expect that the ACT program will optimize parents' parenting strategies and thus reduce violent parenting. Furthermore, we aim to have a deeper understanding of the working mechanisms of parenting programs by investigating the sessions on an individual level. This may help us to comprehend which program elements are helpful for improving parenting strategies and what elements can be disregarded to eventually optimize parenting interventions.

Implications for policy, research and practice: Child maltreatment may have severe short-term and long-term implications for children and their families. By improving parenting qualities, the mental health of both the children and the parents can be improved. Therefore, parenting interventions aiming to optimize parenting strategies and to prevent violent parenting are a valuable and cost-effective tool for our society. Furthermore, when knowing specifically which mechanisms of a parenting are most effective for optimizing parenting skills, parenting programs could be made more efficient, accurate and less time-consuming, resulting in a more attractive module for parents and facilitators.

Reaching out to digital parents

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The digital parent is one who uses one or more of digital media applications/devices in his/her daily activities, particularly parenting. Today's parents are less likely to attend traditional parenting programs and prefer convenient or self-directed sources of information, increasingly online. According to a text messaging program developed by Stanford researchers, sending weekly texts to parents of preschoolers to offer tips and easy, specific actions related to early literacy skills, helped increase the frequency of parent engagement in home literacy activities (https://www.nber.org/papers/w20659). Providing digital parenting information can support busy families leading to more frequent and effective engagement between parents and their children.

In 2021, Digital Parenting Project was initiated and our team have created a digital library with research-based messages and resources (online articles/resources, books, videos, etc.) and categorized them into an array of up-to-date topics that any agencies can quickly share with parents via text messages, communication apps, and emails. Messages are also useful for social media and online newsletter. We created our own parenting messages of 39 parenting topics and 239 parenting messages (Currently 75 messages available in Spanish). Parenting topics include school readiness, work and life balance, mindfulness, food and nutrition, social and emotional learning, screen time, etc. We started recruiting families and currently, we have four parent groups that our university manages and we have five early care and education program sites that we collaborate to deliver messages. We collected surveys from 25 early care and education teachers who collaborated with our team and 38 parents who received parenting messages in 2022.

We found similar but a little different result from teachers and parents regarding how they have perceived our Digital Parenting Project. 85% of teachers and 75% of parents thought that the program was helpful and both groups thought that suggestions for parent-child activities were the most helpful and the second most helpful type of message was online resources/articles. Although 30% of parents thought that short parenting messages like Digital Parenting Project are good enough, teachers thought that some types of parenting classes are still necessary for their parents. Sixty one percent of parents reported that they have shared parenting messages with their spouse/partners, 35% with friends, and 22% with other family members. After they read parenting messages they received, 71% of parents tried to follow parenting messages/tips, 54% did activities with their child, 38% read online resources/articles, 25% watched videos we shared, and 25% read books we suggested.

Digital Parenting survey results gave several insights about benefits of this approach. We learned that digital parenting project helped us reach out to more diverse families, no staff needed to travel for attending in-person classes (therefore very cost-effective), this approach is better for millennial parents who want convenient or self-directed sources of information, and messages we have shared are all easy to understand and convenient for busy families. The strongest benefit of this project was that messages can be shared across states, or even across countries depending on which delivery methods people want to use.

The role of maternal CU traits, depression, and parenting practices in clinic-referred young children with conduct problems and high CU traits

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Background and objectives: Callous-unemotional traits (CU) are characterized by deficient empathy, insensitivity to others, shallow emotions, and uncaring behavior. Youth with high CU traits are at a high risk for a range of maladaptive outcomes across the life course (Frick et al., 2014). A growing number of studies has identified intergenerational associations between parental CU traits and child CU traits (e.g., Diaz et al., 2018). Evidence also suggests maternal depression and dysfunctional parenting may play a role in the development of conduct problems (CP) and high CU traits in young children. The current study seeks to examine whether maternal CU traits, maternal depression, and dysfunctional parenting are associated with child CU traits, empathy, and CP.

Methods: The sample included 49 clinic referred children (ages 3-7; 83.7% male) and their primary caregivers for treatment of elevated CP and CU traits. Participants completed baseline measures in a randomized controlled trial examining the effectiveness of a parent management training (PMT) and emotion coaching intervention. Measures included the Inventory of Callous-Unemotional Traits (Frick, 2004), Beck Depression Inventory-2nd Ed. (Beck et al., 1996), Parenting Scale, which measures dysfunctional parenting (Arnold et al., 1993), Griffith Empathy Measure (Dadds et al., 2008), and the Eyberg Child Behavior Inventory (Eyberg & Pincus, 1999), which assesses CP. Three hierarchical multiple regressions were conducted in order to investigate whether maternal CU traits (step 1), maternal depression (step 2), and dysfunctional parenting (step 3) contribute independently to child CU traits (model 1), empathy (model 2), and CP (model 3).

Findings: In model 1, there were no significant associations between maternal CU traits, depression, or dysfunctional parenting and child CU traits. In model 2, maternal CU traits were negatively associated with child empathy (R^2 = .11; β = -.33; p = .022). The association between maternal CU traits and empathy remained when maternal depression was added to the model in step 2 (R^2 = .12; β = -.38, p = .017), and when dysfunctional parenting was added in step 3 (R^2 = .12, β = -.38; p = .018). No significant associations were found between maternal depression or dysfunctional parenting and child empathy. In model 3, maternal depression was associated with child CP in step 2 (R^2 = .25; β = .51; p < .001), and this association remained when dysfunctional parenting behaviors were added to the model in step 3 (R^2 = .27; β = .46; p = 003). Maternal CU traits and dysfunctional parenting were not associated with child CP.

Implications for policy, research, and practice: The findings highlight the importance of considering the role of parental psychopathology in families who present for parent training interventions. Additional research is required to understand the relationship between maternal CU traits and low empathy in young children, including the mediational pathways of this association. Given the established link between caregiver psychopathology and negative parenting, further research is needed to determine how caregiver psychopathology may be addressed within the context of PMT (i.e., adapted or additional intervention targets).

Improving child well-being through a Family Strengthening Programme

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Background and objectives: Approximately 13 million children in South Africa are beneficiaries of the Child Support Grant (CSG), one of South Africa's largest cash transfer programmes. While the CSG has proven effective in alleviating poverty, on its own, cash grants are unable to meet the multidimensional needs of children. Increasingly research suggests a need for evidence-based cash and care programmes, that is, programmes that combine cash transfers with complementary development and social support. In this presentation we share findings from our Sihleng'imizi Family Programme, implemented with a sample of children and families living in low resourced communities in Gauteng, South Africa. The Sihleng'imizi Family Programme is a 14-week social development family strengthening intervention, designed to complement and scale up the positive benefits of the CSG. The objective is to build on existing strengths within families in order to enhance child well-being.

Methods: Approximately 56 caregivers and families participated in the family programme, facilitated by trained social workers. Data was gathered from caregivers pre and post the intervention, and through weekly evaluations. Social workers compiled weekly evaluation reports on participating families. Quantitative data was analysed using SPSS and qualitative data was analysed using thematic analysis.

Findings: Findings from the programme show improved physical and mental health outcomes in children facilitated through an increase in positive caregiving practices. Positive practices included greater involvement in children's lives, a reduction in caregivers negative coping mechanisms and a reduction in harsh discipline.

Implications: Children's well-being is integrally connected to the well-being of their caregivers and families, their access to resources, and the community environments within which they reside. Working with families and caregivers to improve the child's experiences in their families, communities and in their significant relationships will yield positive outcomes.

Examining potential individual and family risk factors of childhood anxiety in North Macedonia

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Background and objectives: Anxiety is considered a gateway problem in childhood, with research indicating negative and long-term psychosocial implications on child and family wellbeing. Evidence shows that clinically significant symptoms occur early in the developmental trajectory, emerging as early as the preschool period. However, childhood anxiety is often an overlooked problem by caregivers and health practitioners, and the identification of risk factors early in development is rarely addressed. Such data is especially scarce for children in low- and middle-income countries. The current study aimed to examine individual and family risk factors of childhood anxiety in North Macedonia.

Methods: The study analysed baseline data from an effectiveness trial of the Parenting for Lifelong Health parent skills training program for caregivers with children aged 2 to 9. The sample included 288 (274 women, 14 men) participants from North Macedonia. Included caregivers were at least 18 years, lived in the same household as the target child, and provided written informed consent. Baseline assessments were conducted in an interview format with caregivers, where data was collected on sociodemographic characteristics, childhood anxiety, parental anxiety and depression, intimate partner hostility, parenting stress, and dysfunctional parenting practices. The collected data was descriptively reported for preschool (ages 2-5) and school-aged children (ages 6-9), while risk factors were examined using generalised linear models.

Findings: The results indicated that child age (p<0.01) and intimate partner hostility (p<0.05) were direct predictors of anxiety in preschool-aged children. These associations were lost in school-aged children, where girls (p<0.01), caregivers with uncompleted university (p<0.05), and depression in caregivers (p<0.001) were shown as direct predictors of anxiety in school-aged children. The results show that gender differences and parental mental health may express their effects on childhood anxiety later in development. However, no statistically significant results were found for parenting stress and dysfunctional parenting practices as risk factors for childhood anxiety, as seen in studies from high-income countries.

Implications for policy, research and practice: The current study provides a first insight into the impact of parenting practices for childhood anxiety in North Macedonia. The study points to some age-related differences in the influence of individual and family risk factors, and it may inform the development of prevention programs. Further research is required to investigate the unexpected missing direct effects of parenting on childhood anxiety in school-aged children. Future examination of potential moderating and mediating factors could contribute to the understanding of the relationship between parenting and childhood anxiety in low-resource settings.

180

Now and Next, an innovative parent-led program for building capacity in families of children with disability grounded within a system informed positive psychology perspective

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Background: The intersection of positive psychology and disability emphasises strengths-based approaches to support the wellbeing of people. However, existing disability services are primarily deficit-oriented, expert-led and insensitive to family needs. Such resource-intensive approaches place formidable pressure on families, who must provide care/support for their children without adequate wellbeing management. The Now & Next (NN) suite of programs are based on positive psychology principles, family-centred, peer-led, proactive support approaches that build capacity, empowering parents of children with disabilities to address their family's needs, achieve goals, and build wellbeing. The programs run in 4 countries, uncovering parent empowerment principles at play across cultures.

Methods: NN programs are codesigned with families and based on adult learning principles, fostering experiential learning through a 'by families for families' approach. Participants master positive psychology practices such as uncovering and harnessing their own and their children's strengths, and unpacking long term goals into shorter, achievable ones. Participants use Pictability, a novel strength-based game-like tool that fosters transformational goal-setting. The programs also coach professionals to effectively use strengths-based tools in their practice. To evaluate the program, a quantitative study design was used, where participants (parents of children with disability who participated in the NN program), completed online standardised tools as well as pre-post surveys, reporting on impacts of the NN program on themselves and their children at pre and post program. Descriptive analysis and t-tests were used to look at patterns and changes over time, with multi-level regression used to evaluate program effectiveness.

Findings: Initial external evaluation (N=154) showed that there were significant increases in parent empowerment, knowledge, attitudes, participation, hope, agency, strategies, and wellbeing, with 97% families reporting achieving their goals during the program. Further evaluation with an international sample (4 countries) of 561 parents nested within 58 groups, testing a-priori 3-level multilevel models for each outcome supported the effectiveness of the program on parents' wellbeing, hope, and empowerment, with treatment effects varying based on individual and group characteristics. Ongoing monitoring (N=899) follows these global trends. Findings also demonstrated that the program effectively engaged fathers and families from culturally and linguistically diverse backgrounds. Families reported enjoyable and powerful experiences, a growing sense of competence to assist their children through their development and having formed deep connections with peer families expanding beyond the program. The peer group environment provided families with the support to implement their vision by taking their goals into action.

Implications: Future practice needs programs such as the NN program that demonstrate how parents can leverage systemic change, and be involved in service design and delivery. At the individual level, parents develop wellbeing literacy through peer contact, a sequenced structure of learning, focusing on short-term achievable goals. At the community level, families build support networks. Family leaders emerge to become co-facilitators. Future Policy needs to promote such programs to shape sustainable social change, disrupting current systemic bottlenecks potentially lowering dependency on the health system and disability care. Future research needs to evaluate this program using rigorous control studies, but current findings support the program's value.

Cultural adaptation and contextual fit of evidence-based programs: A whole of community approach to family and child wellbeing

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Background: The increasing over-representation of Aboriginal and Torres Strait Islander children in child protection services across Australia remains profoundly concerning. The shortage of culturally safe preventative and evidence-based parent support services in Indigenous communities perpetuates an inverse care representation: an under-representation of universal and targeted preventative interventions and an over-representation of statutory service systems. This research project was co-designed following extensive community consultations and a review of local protocols of a discrete Indigenous community in Queensland, Australia. This project discusses a whole-of-community approach to promoting family and child wellbeing, co-designing evidence-based parenting resources, and supporting local community organisations to implement Triple P.

Methods: This project adopted a whole-of-community approach to promote family and child wellbeing by 1) incorporating training and accreditation for local community members, increasing the capacity of local Indigenous community-controlled family wellbeing services; 2) developing and implementing universal family and child wellbeing resources, and 3) a partnership approach to implementation of targeted parent support programs in a discrete Indigenous community. As part of collaborative partnerships, six community-controlled agency staff members were trained and accredited to deliver the Group Indigenous Triple P – Positive Parenting Program. In addition, a series of public service announcements (PSAs) were drafted from qualitative data on Indigenous parent wellbeing constructs from another study in this research series. These PSA drafts were reviewed and endorsed by community-based advisory group members. Production of PSAs involved local people's voices, including Elders and parents, and creating an audio landscape involving sounds of the country and community.

Findings: Between Jan 2021 to Sep 2022, six Indigenous Triple – group programs were implemented and co-facilitated by community staff. Thirty-nine participants have completed the groups and individual sessions. In addition, all participants completed pre- and post-program outcome measures, and the collection of three-month follow-up assessments is ongoing. Preliminary outcomes analysis indicates significant improvements in parent-child relationships, parents' positive encouragement of their children's desirable behaviours, and a significant reduction in coercive parenting and parental stress.

Implications: Consistent with previous research on predicting factors of sustainment of evidence-based programs in disadvantaged communities, this study noted that the availability of mentoring and coaching by a program specialist was valuable. Having an Indigenous Implementation Consultant to support Indigenous practitioners and community-controlled agencies in identifying a contextual fit of the evidenced based parenting program, supporting practitioners through training and accreditations, and coaching in flexible delivery to ensure a fit with community circumstances was valuable in building confidence in their service delivery. This study offers crucial future policy, funding and practice considerations on the process and cultural factors associated with delivering evidence-based parenting programs in discrete Indigenous communities. The research team aims to assess the impact of universal and targeted evidence-based parenting support, tailored for the Cherbourg community, on parent wellbeing, parenting and child outcomes at a community level through a post-implementation community-wide survey in 2023.

Challenges in engaging fathers in parenting and family-based programs: Strategies and counterpoints

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Background and objectives: The objective of this symposium is to address the challenges of recruiting fathers to parenting and family-based programs. Programs targeting parenting skills are effective settings to prevent or ameliorate child behaviour problems. However, despite the robust evidence for fathers' positive effect on child development, many parenting programs unintentionally work against father inclusion and fail to engage, retain or measure men's participation. Successfully engaging fathers involves direct targeting and invitation, evidence-based and contextually relevant content, convenience, and tailoring to fathers' strengths and desires to be a good father. Working with these principles, there are now a handful of programs successfully involving fathers, including three that are presented in this symposium. The symposium will highlight recruitment and engagement data to show how tailoring for fathers influences the design and implementation of programs. However, challenges to recruitment remain, and we also include a counterpoint presentation to these programs' designs and outcomes.

Brief description of papers: The first paper (StGeorge) presents an evaluation of recruitment strategies and engagement of fathers in DadPlay, a telephone messaging service for fathers raising a young child with challenging behaviours. The evaluation was based on the CAPE model of engagement—Connection, Attendance, Participation and Enactment. DadPlay connected with over 5000 individuals, including >200 providers and >150 fathers. Ninety-six fathers participated in the program.

The second paper (May) reports on recruitment and engagement in Text2dads, an SMS program providing text-based information and support to smartphones of 184 Australian fathers raising children on the autism spectrum. Evidence from response rates, comments and surveys demonstrate that fathers actively participated in the project while also reporting that they applied information gained from Text2dads in their parenting behaviour.

The third paper (Freeman) provides the counterpoint to these programs and other recommendations in demonstrating stakeholders' preferences. The authors adapted a technique commonly used in consumer choice and health economics research to determine which attributes of parenting programs are of most importance to fathers. Fathers indicated a clear preference for a free program, delivered face-to-face with a group of fathers learning about their child's development and activities to do with their child, that ran for 2 months.

The final paper (Giallo) will focus on the engagement and participation of fathers in Family Foundations, a family-based intervention to strengthen co-parenting relationships and promote parent mental health in the critical early years of children's lives. Data from an implementation trial of FF with over 200 families in Melbourne Australia will be presented.

Implications: While service providers are increasingly aware of the need for father-inclusive services, they do not always have the tools for sustaining father involvement. The Discussant's synthesis of the presentations will suggest principles that recognise the diversity of men's informational needs. We will facilitate discussion with the audience and authors to examine assumptions underlying current programs, and implications from this research for future programming, in order to move forward with practical solutions.

183

Towards improved mental health care for children and youth in Australia: Results of a national survey of practitioners

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Background and objectives: Practitioners working in child youth mental health constitute 'end-users' of parenting interventions and are an important source of information about how to improve implementation and practice, as well highlighting issues in the current mental health system. We conducted a nation-wide survey of Australian child youth mental health practitioners with the aim of better understanding the proportion of practitioners working with parents, perceived barriers to working with parents, and other perceived barriers within the current system that may be limiting adequate provision of care to children, young people, and families.

Methods: A community sample of 150 practitioners across Australia completed an online survey about how often they worked with parents; perceived barriers to working with parents more frequently; perceived barriers for families accessing timely, evidence-based care; overall satisfaction with the current child youth mental health system; and perceived barriers to translating training to practice. Both quantitative and qualitative data were collected.

Findings: Overall, 87% of practitioners indicated they work with parents at least often or always. The most common reasons for not working with parents more often were time constraints and service restraints (e.g., service model does not allow for parent work). Most practitioners (91%) indicated they provide individual work to children or young people. A smaller number of practitioners reported providing treatment to parents (73%), although this was still a large proportion. The top three barriers for children, young people, and families for accessing help, as perceived by practitioners, were long waitlists, affordability, and the child, young person or parent refusing help or not turning up to the appointment. Practitioners are generally displeased with the current mental health system in meeting the mental health and support needs of children, young people, and families, and reported finding services difficult to navigate. Common barriers to implementing training into practice were time restraints and lack of ongoing support and supervision.

Implications for policy, research, and practice: This survey data highlights current practices and perspectives of Australian child youth mental health practitioners, many of whom report working regularly with parents. While further research is needed to explore the types of parenting interventions practitioners are delivering, the results indicate many service and system issues, such as time restraints and lack of support and supervision in organisations, are key barriers to practitioners implementing training into practice and ultimately, consumers not accessing appropriate care. Suggestions for policy and practice changes include reducing the load on current practitioners and increasing the workforce through targeted training and government funding of positions, particularly in community services, as well as making supervision a key component of implementation organisations.

Autism spectrum disorder: An exploration of evidence-based interventions for children and their families

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Background and objectives: As the prevalence rate of autism has increased, so to have the challenges of supporting children and their families who often present with complex health needs. Early interventions for children with autism can alter developmental trajectories and optimise long-term outcomes with three critical factors. Interventions must be: 1) scheduled early when neural and behavioural plasticity is high; 2) implemented intensively in the child's natural environment with parents; and 3) feasible in terms of cost, accessibility and time required for delivery. This symposium presents a comprehensive exploration of evidence-based interventions for children with autism and their families focusing on effective early intervention practices, the adaptation of parenting programs to include greater parental support and key issues and considerations for community implementation of effective practices.

Presentation 1: Examining the efficacy and feasibility of an integrated parent mediated intervention for children with autism. Access to evidence-based interventions that integrate child focused strategies and parent support remains a barrier preventing families from receiving effective treatment within Australia. This presentation will share data from a randomised controlled trial that focused on the development and preliminary examination of a novel, brief (12 session) and inexpensive parent-directed intervention Parentworks-Spectrum that addressed three interdependent domains of child and parent functioning simultaneously; 1) disruptive child behavioural difficulties; 2) Child social and communication skills; 3) and parent wellbeing for children aged 2 to 5 years and their parents.

Presentation 2: Pre-diagnostic therapy programs for babies at increased likelihood of autism spectrum disorder: Evidence and implementation. Autism is emergent in early development but is not typically diagnosed until at least 3 years of age. Diagnosis is often the catalyst in the clinical pathway to commence therapeutic support. However, interventions beginning during the first 2 years of life, when the first signs of atypical development are observed, and the brain is rapidly developing may lead to an even greater impact on developmental outcomes. This presentation will share data from a two-site, single rater–blinded randomized clinical trial of a pre-diagnostic intervention (iBASIS) vs usual care with infants aged 9 to 14 months showing early behavioural signs of autism.

Presentation 3: Serving the growing number of autistic youths in our communities is an ongoing challenge. One scalable approach is through community implementation of parent training programs, which are empirically supported, time-limited, and cost-effective. The RUBI parent training program is an 11-session manualized intervention for autistic youth ages 3 to 14 with co-occurring challenging behaviours. This presentation will share research demonstrating that within behavioural health practices in primary care settings, flexibility in training and intervention implementation options are useful as means to facilitate training of interdisciplinary behavioural health providers in the implementation of RUBI.

Implications: There is an urgent need to conduct research that expands upon the availability and accessibility of evidence-based, time-limited, and cost-effective interventions to address the unmet needs in the community. This symposium presents innovative implementation approaches that have the potential to increase access to and enhance the delivery of evidence-based support for children with autism and their parents.

Online TEM - Transforming Everyday Moments - Workshop: A caregiver mediated intervention experience implemented in Argentina during the COVID-19 pandemic

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Background and objectives: In many low and middle-income countries such as Argentina, parent-implemented interventions are sometimes the only available intervention for children with autism. One of such parent-implemented interventions existing in Argentina is called TEM - Transforming Everyday Moments - workshop, a free 2-day caregiver-oriented workshop intended for caregivers of children diagnosed with autism under the age of 6 and limited speaking abilities. This workshop offers tools to caregivers to promote play, engagement, shared enjoyment and communication skills. Since 2013 more than 200 TEM workshops have been done, reaching more than 2500 caregivers. In the midst of the COVID-19 pandemic in 2020, an online version of the TEM workshop was developed to give continued support to parents of recent diagnosed children.

Methods: During 2020, PANAACEA, an NGO dedicated to autism awareness, training, research, intervention and public incidence, developed an online version of the 2013 in-person TEM workshop. In November 2020, the first virtual TEM workshop was piloted with 20 caregivers using a Zoom license. Adjustments in dynamics and length of the TEM workshop were made after the pilot testing, and since then, PANAACEA has offered the 2-day online TEM workshop on a monthly basis to the present day.

Findings: More than 25 online workshops were done, reaching over 350 caregivers since November 2020. Caregivers were not only from different provinces in Argentina, but also from other countries, such as Uruguay, Chile, Peru, Mexico, Colombia, Paraguay, Bolivia, Ecuador. 346 caregivers completed a brief feedback survey at the end of the workshop. These were the overall results: 10% had a technical or connectivity problem during the workshop, 98% of the caregivers found the workshop extremely helpful (scored 8-10 in a 1 to 10 scale), 98% of the caregivers mentioned the workshop significantly changed their playing style (scored 8-10 in a 1 to 10 scale), 99.9% stated they would definitely recommend it to other caregivers.

Implications for policy, research and practice: In countries like Argentina there are many barriers for families to access services for their young children with autism. In this context, parent mediated interventions can sometimes be the only source of tools and strategies to empower caregivers and improve the socio-communicative and play abilities of children with autism. Free online parent-training workshops are a feasible alternative to expand access to services and have a positive impact in caregivers, empowering them and improving joint engagement with their children.

186

Evaluating a one-day parent-only intervention in the treatment of youth with anxiety disorders: Child and family-level outcomes

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Background and objectives: Anxiety disorders are the most common mental health problem experienced by children – with a worldwide prevalence rate of 6.5%. Untreated, they are associated with poor social, academic and health outcomes, family dysfunction, significant economic burden and the onset of other mental health problems. Parent-only cognitive-behavioral therapy (CBT) interventions represent a promising method of treatment for anxiety-disordered youth. Fear-Less Triple P (FLTP) is one such intervention that has been found comparable to child-focused CBT. Although traditionally administered in six sessions, a one-day workshop format of FLTP was developed with the intention of improving accessibility. The current study compared the effectiveness of the six-session and one-day workshop formats.

Method: Seventy-three youth (mean age, 8.4 years; 74% male) were randomized to traditional FLTP (6-week group) or the one-day workshop format. Anxiety diagnostic status, self- and parent-reported anxiety symptoms scores, self-reported use of emotion regulation strategies, clinician-rated improvement, treatment satisfaction, and measures of family functioning were included to assess treatment outcome. Data were collected prior to treatment, and one-week, six-months, and twelve-months following treatment.

Results: Both conditions resulted in: significant improvement in child anxiety symptom scores per parent report; significant improvement in sibling anxiety symptoms scores per parent report; increases in parents' confidence in their ability to manage their children's anxiety; and increased use of adaptive emotion regulation strategies per child report. There were no significant differences between treatment conditions in the number of children who no longer met criteria for any anxiety disorder at the post-treatment, 6-mth or 12-mth follow-up assessment; with 87.2% and 70.6% of children in the workshop and group conditions respectively being free of any anxiety diagnosis at the 12-mth follow-up assessment.

Implications for policy, research and practice: Results of this study add to the growing evidence that brief, low-intensity, parent-only interventions can effectively target child psychopathology. These brief interventions are ideal for families for whom the resources and time required to commit to a standard multi-week intervention are prohibitive. This study provides support for a brief, parent-only intervention (delivered either as a 6-week group program or a 1-day workshop) for the treatment of childhood anxiety disorders. Such interventions have the potential to increase accessibility of treatment for families of children with anxiety disorders.

The Parenting Beliefs and Behaviors on Emotional Regulation (PBBER) Questionnaire: Preliminary development and validation in a sample of Chinese parents and children

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Background and objective: Emotion regulation refers to the processes of monitoring, evaluating, and managing emotions. Current literature suggests that parental emotion regulation promotes positive parenting and children's social-emotional wellbeing. Existing measures of parental emotion regulation were primarily developed in white Euro-American populations. However, few culturally appropriate, psychometrically sound instruments are available to assess emotion regulation among parents in China. This study reports on the preliminary development and validation of a new, 20-item, multidimensional, self-report measure of Chinese parents' emotion regulation belief and behavior that is specifically targeted to parent-child conflict settings: The Parenting Beliefs and Behaviors on Emotional Regulation Questionnaire (PBBER).

Methods: The PBBER was piloted using multi-stage sampling. First, one urban and one rural district in Beijing were identified. Then, we selected four preschools, six elementary, three middle, and four high schools from these districts. Finally, two four-year-old classes were randomly selected from each preschool, two fifth-grade classes from each elementary school, two eighth-grade classes from each middle school, and two tenth-grade classes from each high school. The analysis sample included 793 parents (missing data ≤ 10%). Data analysis: the structural validity of the PBBER was evaluated by exploratory factor analyses (EFA) on half of the sample and confirmatory factor analyses (CFA) on the other half. EFA examined the factor structure and underlying dimensions. CFA confirmed the obtained model from EFA. Correlations with criterion scales examined the criterion validity of the dimensions. Item-item correlation and Cronbach's alpha examined reliability. Statistical analyses were conducted with SPSS 21.0 and Mplus 7.

Findings: Validity. We tested the construct validity of the PBBER by conducting EFA and CFA. EFA yielded a three-factor structure: parental modulation of their own and child's emotions in conflict settings, parental awareness/recognition of their own and child's emotions, and parental acceptance of child's negative emotions. CFA supported the three-factor model (χ^2/df = 1.895, CFI = .915, TLI = .902, RMSEA = .048, SRMR = .053; factor loadings from .320 to .679). Seven items (loadings < .30) were deleted in EFA and CFA, resulting in a 20-item PBBER. The test of criterion validity showed that dimensions of parental emotion regulation of PBBER were significantly associated with Parental Child-Based Worth (PCBW) and Meta-Emotional Parenting Philosophy (PMES), rs = -.609 - .727. Reliability. Item-item correlations among the 20 items ranged from -.052 to 0.499. Cronbach's α = .827 for the scale, and αs = .837, .755, and .623 for the three dimensions, respectively.

Implications for research and practice: This study provides preliminary support for the validation of this newly developed measure that assesses emotion regulation of Chinese parents of children aged 3-18 in conflict settings. The development of PBBER will address the scarcity of culturally appropriate measures to assess parents in the Chinese context. It will be beneficial to future research on parent-child relationships, interactions, and social-emotional development involving families in Mainland China. The development and validation of PBBER will contribute to a comprehensive understating of parental emotion regulation in Mainland China and promote culturally appropriate preventions and interventions for Chinese families.

188

Strengthening the training and implementation of evidence-based parenting support program: An example of the Triple P – Positive Parenting Program

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Background: To maximise the real-world benefit of evidence-based parenting programs, a large, multidisciplinary workforce is needed to deliver the program with fidelity over time. Challenges exist in providing efficient professional training program to develop the workforce and harnessing effective implementation strategies to support the implementation and sustainment of the program. Despite the importance, lesser is known for the training and implementation of parenting programs. In a series of four papers, this symposium uses the Triple P – Positive Parenting Program as an exemplar, to give recommendations for supporting the workforce development, program implementation, and program sustainment.

Brief description of papers: The effects of the Triple P professional training on practitioners' self-efficacy were examined in two studies. The first used a large sample (n = 37,235) to assess practitioners' overall self-efficacy and their consultation skills efficacy prior to training, immediately following training, and at follow-up. Then, the effects of videoconference-based training compared to in-person training was examined. Participants reported significant improvements in their self-efficacy over time. No significant differences were found between training modes.

   This second paper used a mixed-methods approach to exploring the facilitators and barriers of program use for educator trained in delivering Triple P. A total of 404 educators completed quantitative questionnaires and responded to three open-ended questions. The quantitative analysis revealed organisational support, perceived usefulness, and self-regulation as the most important positive predictors. The qualitative analysis supported these findings and revealed novel barriers including Covid-19/work from home, online delivery, parent factors and specific organisational factors.

   The third paper used mixed-methods approach to identify predictors of agency managers' support for Triple P delivery, and their perceptions of prominent implementation facilitators and barriers. 119 managers completed an online survey. Manager's self-regulation in supporting implementation was a positive predictor of support. Program effectiveness, purveyor organisation's support and agency internal support were the most frequently reported facilitators, while staffing issues, low engagement among parents and practitioners, and insufficient agency resources were the most common barriers.

   The fourth study investigated the profile and predictors of parenting practitioners' champion behaviours. Data were collected from 1606 practitioners. A 13-item Champion Behaviours Scale was administered alongside other measures of implementation predictors. Perceived program usefulness was the most important facilitator of both public and personal champion behaviours. Certain desirable features of the program tended to have a unique impact on personal champion behaviours. Higher positions within organizations were linked with more public champion behaviours.

Implications: For a program to benefit children and parents at scale, it needs to be well implemented in relevant organisations with well-trained practitioners delivering it over time. In response to changes brought by the COVID-19, the findings highlighted virtual delivery can be a promising, accessible mode of professional training, and the need to develop online resources and reliable online delivery methods to offer to parents. Also, to facilitate successful program implementation and harnessing the power of voluntary champions, program needs to be perceived as highly effective and have organisational support such as leadership support. Further research in the area is needed.

190

Benefits beyond disruptive behaviour: Reductions in problematic mealtime behaviour an additional positive outcome of Parent-Child Interaction Therapy

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Background and objectives: Problematic mealtime behaviour (such as picky eating and tantrums at mealtimes) is common in young children and is associated with parental stress and family conflict, with many parents seeking support from allied health professionals. Parenting practices and parents' responses to such behaviour have been shown to play a role in children's problematic mealtime behaviour. In this study, we examined whether a manualised parenting program developed to improve children's disruptive behaviour by coaching parenting skills that promote appropriate behaviour (Parent-Child Interaction Program; PCIT) may also have a side benefit of improving parents' skills at managing their children's problematic mealtime behaviour, as well as children's eating-related behaviours.

Methods: Standard (unmodified) PCIT was provided to 178 caregiver-child dyads presenting to a university clinic. All parents reported moderate to severe concerns about their young (aged 2 to 8 years) children's behaviours. Caregivers were primarily biological mothers (93%) with the majority born in Australia (71%). In PCIT, caregivers practice relationship enhancement skills, such as positive attention and using attention to increase desired behaviour, using in-vivo live coaching. In the later sessions of PCIT, parents also practice behavioural management skills such as giving effective instructions. Caregivers completed questionnaires prior to joining the waitlist (pre-waitlist; lasting 10-17 weeks), after the waitlist (i.e., pre-PCIT) and 14 weeks after starting PCIT (described as post-PCIT, 65% had completed PCIT). Questionnaires included measures of parent and child eating-related outcomes (parent: aversion, positive mealtime environment, demandingness and responsiveness; child: resistance to eating, food refusal, manipulation of food, food aggression) and general parenting practices and internalising and externalising child behaviour.

Findings: Paired samples t-tests were conducted to compare caregivers' scores from pre-waitlist to pre-PCIT; only 1 of 12 study measures improved (positive mealtime environment). A final sample of 110 caregivers completed the post-PCIT measures. Comparing pre-PCIT to post-PCIT measures, 6 of 8 food-related outcomes improved (caregiver food-related outcomes: less aversion to mealtime, less food-related demandingness and more responsiveness; child food-related outcomes: less resistance to eating, less food refusal, less manipulation of food, less food aggression). For general outcomes, significant improvements included decreased negative, and increased positive, parenting practices, as well as significant reductions in both child internalising and externalising behaviour. Analyses were repeated using a multiple imputation to maintain all 178 participants; the results were similar.

Implications for policy, research and practice: Our results show that an unmodified parent training program (PCIT) not designed to improve mealtime behaviour problems can be a worthwhile treatment for problematic mealtime behaviour. However, treatment may be enhanced by individualsing treatment to client need (such as providing psychoeducation about setting up the family eating environment in a positive way). Future research can consider weather an additional psychoeducation module around best practice for feeding young children enhances PCIT for families reporting mealtime behaviour concerns. The current study raises awareness of the potential positive impacts of PCIT beyond parenting practices and disruptive behaviour, and provides an evidence-based for PCIT as a treatment for problemtic mealtime behaviours.

191

Innovating parenting interventions in the digital age: Paths to scale

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Background and objectives: The goal of building scalable interventions to support caregiving and improve child development outcomes for millions of young children across the globe is daunting. Increasingly, clinicians and researchers are exploring the potential of technology, social media, and other internet-based approaches for creating, distributing, and influencing caregivers to improve child development outcomes of millions of young children across the globe. As technology advances digital innovations will continue to be featured in parenting programs. We have found that intentional integration of digital tools supports and furthers the overall goals of interventions, and it is vital for scaleup.

Brief description of each paper: Presenters will highlight digital innovations across different phases of development that leverage technology to 1) preserve human connections,and cultural authenticity 2) prioritize access and inclusion for underserved populations 3) build systems for quality service delivery and population level data. We will also discuss progress and challenges towards getting to scale and include audience participation to heighten collective learning.

ASPIRE program in Telangana India is an integrated ECD and nutrition intervention promoting nurturing care in the first 100 days. The programme has been embedded into the Integrated Child Development Services. The ASPIRE video intervention (Alana Palana) promotes age specific responsive parenting and attempts to implement the transition from traditional paper based counseling to a video-based, discussion and demonstration led model.

The Family Strengthening Intervention for Refugees (FSI-R) project in Lewiston, ME and Springfield, MA, USA provides evidence-based parenting programs to refugee families. FSI-R is delivered by peer lay-workers to promote mental health and family functioning. Collaboration with local communities is through the lens of Community-Based Participatory Research. FSI-R is in the process of developing digital tools to support scaling, training, and quality improvement of the FSI-R to Somali Bantu, Bhutanese and Afghan refugee families.

The Universal Baby Project in Kenya, Peru, South Africa and USA co-creates and distributes short, culturally contextualized videos that promote nurturing care. It has refined and replicated local collaboration into a process that empowers caregivers and communities. Controlled pilot study in Peru yielded changes in caregiver responsive behaviors, and impact on adult learning, self-awareness, and behavioral intentionality.

Jamii ni Afya in Zanzibar is a national community health volunteer program for women and children targeting improved health, nutrition and early childhood development. CHVs are supported by a mobile digital platform providing decision support, facilitating referrals, and strengthening systems for supervision, monitoring, and population health.

Implications for policy, research and practice: These implementation experiences highlight the subtle and tangible ways that technology and digital media can be used to preserve, and foster connection within and across cultures and enhance service delivery. Implications for practice, policy and research include the development of content that ensures fidelity of intervention delivery and lessons in taking innovative digital parenting interventions along the path to scale. Future implementation in the digital age and beyond can consider these key objectives for human centered digital collaborations.

192

Parents' perception of a voice assistant for their children's mental health: Usability study

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Background and objectives: Mental health disorders affect one in seven Australian children. Although effective evidence-based treatments exist, mental health systems are overburdened and there is a critical shortage of mental health professionals to provide services. As a result, the "treatment gap", the difference between the number of children who need care and those that receive it, is growing. Artificial intelligence-based voice assistants have the potential to narrow this gap by simulating interactions with a human mental health professional. This paper aimed to evaluate the novel application of voice technology to an evidence-based parenting intervention to support children's mental health.

Methods: We deployed an Amazon Alexa app to parents recruited from the community (N=55) and to parents with children receiving psychological treatment (N=4). Parents from the community used the app independently, whereas parents from the clinical group used the app in conjunction with attending a six-week parenting program. Parents interacted with the app on a smartphone or smart speaker.

Findings: Parents attending the parenting program spent, on average, three times longer using the app than parents from the community. Overall, parents reported that the app contained easy-to-understand information on parenting, and that they could see the potential of voice technology to learn and role-play parenting skills. Parents also faced several challenges, including difficulties with installation and interactions with the app and expressed privacy concerns related to voice technology. Further, parents reported that the voices used within the app sounded monotone and robotic.

Implications for policy, research and practice: We offer recommendations to foster a better voice assistant user experience for parents to support their children's mental health. The app is highly scalable and has the potential to addresses many of the barriers faced by parents who attempt to access traditional parenting interventions.

193

Toward a strength-based focus in parenting intervention: The development and validation of measures to assess child and parent positive outcomes

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Background and objectives: It is important that parenting programs should focus on promoting children's positive development and well-being in addition to addressing disruptive child behaviors. Measures to capture child and parent positive outcomes in the parenting intervention context however are few and far between. This symposium will present four independent yet related studies that demonstrate the development and validation of measures that assessed different parenting and child strengths (Self-Regulation, Connectedness, and Thriving). Recommendations for future studies and program development will also be discussed.

Brief description of each paper: The first study describes the properties of a new scale for measuring the self-regulation of parents. The Parenting Self-Regulation Scales consist of 12 items and are brief and simple to administer. Factor analysis showed that the scale load well on a single-factor structure displayed excellent internal consistency, and displayed convergent and concurrent validity. The adaptation of such scale to measure practitioners in delivering parenting programs also demonstrated strong measurement properties. The utility of the scale in both clinical work and research in the parenting field will be discussed.

   The second study involved the development and initial validation of three brief scales to measure key child and parent outcomes from early learning settings such as community playgroups. The scales include the Child Self-Regulation Scale, Child Connectedness Scale, and Parent Connectedness Scale. Exploratory factor analysis indicated a number of subscales tapping key constructs in each of the scales. Internal consistency for each total scale was good, with subscales showing varying internal consistency. Implications and suggestions for further psychometric evaluation are discussed.

   The third study described the process of developing and validating a scale to measure child self-regulation in children from 5 to 12 years of age in the cultural context of Indonesia. The measurement properties of the child self-regulation scale will be discussed. In this study, the validation of two other existing parent self-regulation measures in Indonesia will also be presented.

   The fourth study presents a critical review of measures to capture the concept of thriving in children and adolescents and the proposal of a conceptual framework that captures and measures the concept of thriving as an indicator of children and adolescents' optimal development. The importance of shifting the current focus of interventions from a deficit perspective to the positive development of children and adolescents will be intensively discussed.

Implications for policy, research, and practice: The ultimate aim of child-rearing should not be to produce problem-free citizens but to create a generation with the emotional and social skills to thrive in a rapidly changing world. Developing and validating measures that capture positive parent and child outcomes is therefore crucial not only in parenting intervention contexts, but also to child and family research in general. It will enable future studies to focus on children and family strengths and provide evidence to support policy development that fosters optimal children and families outcomes.

Valuing the voices of parents, carers and families: The role of consumer end-user advisory groups to improve evidence-based programs

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Evidence-based programs that support parents, carers and families are introducing end-user (consumers) advisory groups. However, parent, carer and family engagement as end-users is often varied, ranging from significant co-design input throughout the program to minor evaluations post-program intervention. This workshop highlights the processes around design, implementation, and evaluation of end-user advisory groups to improve evidence-based programs.

The first presentation will discuss the newly created Consumer End-user Advisory Group under the Parenting and Family Research Alliance (PAFRA), a multidisciplinary research collaboration of experts from leading universities and research centres working on research, communication, and advocacy for parenting, families, and evidence-based parenting support. The formation process of this advisory group will be described, including the key milestones and assets that this group developed over the last two years.

The second presentation will look at the Tuning in Online Programs (TOP). TOP is a new digital platform offering attachment and emotion-focused evidence-based parenting programs, along with different levels of support based on need, to Victorian parents/carers of children aged 0-11 years with challenging behaviours. Co-design is integral to the development and delivery of TOP. The TOP Parent/Carer Advisory Group (PAG) comprises parents and carers from diverse backgrounds, who will meet monthly and provide input to ensure the program materials are tailored to meet their needs. The co-design process will utilise a range of digital and traditional communication and feedback loops including zoom focus groups, email, phone and shared conversational online spaces such as padlet. Indigenous PAG members will be part of a yarning circle.

The workshop will then discuss the advances in end-user advisory groups and some of the remaining challenges. This discussion will encourage the audience to reflect on ways that parents, carers and families' voices are understood and used in evidence-based programs. The discussants will also reflect on the role of government agencies and public policy to promote universal access to parenting and family supports, taking into consideration the diversity of end-users' needs and creating sustainable opportunities for parents and families to inform public policy.

It is hoped that the case studies in this workshop will increase knowledge around engaging with end-user advisory groups in evidence-based parent, carer and family programs. Advisory groups provide an important opportunity for researchers to understand the everyday needs, concerns and priorities of programs.

195

Families and schools working together to enhance children's learning and wellbeing

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Background and objectives: The family environment is the primary influence on children's learning and development with parents being their children's first and most important teachers. When children commence schooling, teachers and schools also have a significant role to play and therefore, it is critical that parents and schools work together to optimise children's learning and wellbeing. Schools provide the ideal environment to not only support and facilitate learning opportunities for parents, but to also work in partnership with parents to maximise children's outcomes. This symposium aims to explore the relationship between parents and schools and discuss the role that schools can play in supporting parents.

Brief description of each paper: The first presentation will focus on the relationship between children's parents and their teachers and discuss research that has been conducted to enhance teachers' skills for working in partnership with parents. The newly developed Alliance of Parents and Teachers (APT) program that aims to address the professional development needs of teachers and provide them with strategies to build positive relationships with parents and also to manage challenging parent interactions, will be explored. A particular emphasis will be placed on the outcomes of this work and directions for future research including a proposed new intervention for parents.

The second presentation is a cross-sequential study investigating the longitudinal associations between parenting self-efficacy and parent-teacher communication/teacher-child relationship. A panel model was tested with data from a large, national representative Australian sample. After controlling for children's behaviour at school, cross-lagged regressions demonstrated that baseline parenting self-efficacy was directly and positively linked with the quality of parent-teacher communication and teacher-child relationship two years later. The current findings provide initial support for the hypothesis that parenting self-efficacy may have cascade effects on school-related factors. The findings provide initial evidence for the promotion of parenting self-efficacy through evidence-based parenting programs. These findings have significant implications for parenting researchers.

The third presentation will focus on the Commonwealth funded, Thriving Kids and Parents Project. This project provides free access to evidence-based parenting seminars for parents and teachers in Queensland, Victoria and South Australia, with the overarching aim of developing a shared language and a toolbox of strategies to positively influence children's learning and wellbeing. Seminars topics focus on promoting children's development and self-regulation, managing children's everyday anxiety, and helping children to build healthy peer relationships (and prevent bullying). The process of engaging parents and schools along with preliminary outcomes will be discussed.

Implications for policy, research and practice: Families and schools working collaboratively together and supporting each other is a key focus of education policy both in Australia and internationally and represents best practice for optimising children's learning and wellbeing. This symposium highlights the importance of the home-school partnership and provides practical examples of how this can be achieved. The inclusion of novel interventions to enhance both parent and teacher skills for working together and overcoming the often reported challenges is of particular significance to practice across the fields of both parenting and education.

196

Addressing the controversy surrounding time-out and adversity

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Parent training programs are the most empirically supported psychosocial treatment for externalising disorders in young children. Despite evidence of their effectiveness, one component of these programs, the discipline technique time-out, has come under increased scrutiny in recent years with concerns the technique is inappropriate and harmful, especially for children with a history of trauma. This symposium will present a comprehensive exploration into the current controversy surrounding the discipline technique time-out, its use with children with a history of trauma and the implications on time-out acceptability and implementation in parenting and practitioner communities.

Speaker 1 (Ms Alex Roach): The discipline strategy time-out has a strong evidence-base supporting its use in reducing child behaviour problems, however, there are growing concerns time-out may have detrimental impacts on other areas of child development (e.g., attachment security, emotion regulation). Children with a trauma history are said to be particularly vulnerable to potential harm caused by time-out due to pre-existing psychological deficits. This presentation will share data from a cross-sectional community survey of parents (N = 474) of children aged 6-8. The relationship between time-out, child wellbeing and adversity will be explored, including the impact of time-out on exacerbating, or ameliorating the mental health consequences of childhood trauma.

Speaker 2 (Dr Melanie Woodfield): Parent-Child Interaction Therapy (PCIT) is an empirically supported parent training programme which incorporates in vivo feedback for parents (i.e., coaching) from clinicians. However, despite demonstrated effectiveness, any treatment may not reach those it is intended to help if it contains components that are not overly usable or acceptable to those charged with implementing it. This presentation will use data drawn from a series of mixed methods implementation studies in Aotearoa / New Zealand. It will describe PCIT-trained clinician attitudes to time-out for children, the acceptability and usability of time-out to clinicians, and the influence of these factors on clinician implementation of PCIT.

Speaker 3 (Professor Robin Gurwitch): PCIT is one of the strongest evidence-based parenting programs for young children (2-7 years) with significant behavior challenges, common in children who have experienced adversities/trauma. Among other outcomes, research has consistently found improvement in children's trauma symptoms, behaviors, parenting stress, and overall parent-child relationships. Identified as one of the best treatments for children with a history of maltreatment, a new adaptation has been developed specifically for children with trauma histories and their caregivers. The presentation will provide an overview of PCIT, including the new trauma module, and discuss how PCIT helps children and their families reach their full potential.

The controversy surrounding the discipline strategy time-out has consequently led to growing apprehension and confusion among professionals and caregivers, compromising the effectiveness of empirically established interventions for child externalising problems and preventing high risk families with trauma histories from accessing evidence-based support. It is of critical importance that the scientific community address the concerns surrounding time-out through the generation of quality research and innovative implementation approaches to increase access to, and enhance the delivery of, evidence-based mental health support for children and their parents.

The complexities of parenthood for families with children diagnosed with vision impairment

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Vision is one of the five senses human uses to receive information from their surroundings. The sensory input received by our senses is processed by the brain to provide a comprehensive understanding of the world we live in. Over the course of human evolution, vision has become a primary sensory input. Many of the information in our environment are presented visually using visual features to attract our attention. Individuals with low vision or blindness experience their environment differently to compensate for the lack of visual input. Parents often need to modify their parenting and teaching method to accommodate for a different learning style with their child.

The multidisciplinary team at Guide Dogs Queensland provide services for individuals with low vision or blindness. The services are available to any individual diagnosed with a vision impairment across the age band. When working with children, the multidisciplinary team will often involve the immediate community surrounding the child, especially focusing on their primary caregiver. This would primarily begin with the parents and eventually extending to involve teachers when the child attends school. Most interventions tended to focus on the child to ensure that the child achieves expected developmental stages. These interventions may include Occupational Therapy, Orientation and Mobility, Psychology, Speech Therapy and other relevant areas depending on the need of the individual child.

The role of the Psychologist often focusses on adjustment issues which may lead to other mental health condition in later stages if not addressed. For individual diagnosed with a vision condition later in life, it is common to experience the process of grief and loss as they adjust to living with low vision or blindness. For children diagnosed with a vision condition either at birth or at an early stage of life, grief and loss symptoms are rarely observed. Children tended to adjust to the changes fairly quickly given the plasticity of their developing brain. However, it was observed that parents sometimes present with grief symptom in relation to their child diagnosed with vision impairment. Hence, the role of the Psychologist often encompasses intervention with the family.

Most services for children with vision impairment tended to focus on intervention for the child and the importance of parent wellbeing was often overlooked. Through the Psychological Services at Guide Dogs Queensland, it was observed that psychological intervention focusing on grief and adjustment for parents can increase parents' acceptance and readiness to support their child. In our experience working with families, parents' acceptance of their child increased their participation in interventions with their child. Parents were more likely to be involved in therapy and follow through with exercises between consultations, resulting in great success in intervention.

This paper will describe the grief and loss process from the perspective of parents with a child diagnosed with vision impairment and address the complexities of the trauma related to the diagnosis of their child.

Home-based language stimulation activities Mandarin parental guidebook for parents of children with communication disorders in Malaysia

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Parent-mediated intervention could effectively improve the socio-communication and language skills among children with communication disorders. With limited numbers of speech-language therapists (SLTs) in Malaysia and the increasing caseload, parental training programs could serve as an optional treatment module. A mandarin parental guidebook, comprised of a series of language stimulation activities, was developed. This study aimed to examine: (1) the feasibility and effectiveness of a parental guidebook as a tool to deliver a speech therapy home-based program; and (2) to explore the perception of parents of children with communication disorders on the feasibility of conducting home-based programs.

Semi-structured interviews were conducted with twelve Malaysian parents of child(ren) with communication disorders. The inclusion criteria were (a) parents of child(ren) with communication disorders, (b) received the parental guidebook, which was developed along with the study. The exclusion criteria were (a) parents who were unable to read and speak Mandarin language, (b) had no access to phone call or online conferencing platforms, and (c) not cognitive-able to participate in an interview. The parents who were keen to participate in the study could scan the QR code embedded in the guidebook and fill out their contact details. Participants were subjected to 45-minute to 1-hour interviews after consenting to participate in the study. Interviews were conducted in Mandarin via phone or online conferencing applications (i.e. Zoom, Google Meet). The interviews were audio or video-recorded for verbatim transcription. Thematic analysis was used.

Two main themes were identified: (1) 'Guidebook as a Tool to Deliver Home-based Program' and 'Perceptions of Home-based Program among parents of children with communication disorders'. From the recurring data, three subthemes emerged for each main theme. In the first main theme, the subthemes were: (1) "Make a Game for Learning": 12 Games Ready for Parents; (2) "Golden Period": A Guidebook to Teach Younger Children; (3) "Each Child's Progress is Different": Suggestions on Guidebook. These subthemes denoted the practicalities of the home-based program, the importance of early intervention, and recommendation provided by the parents to optimize the use of the parental guidebook developed. Besides, the subthemes under the second theme were: (1) "Parents are the First Tutors of Children": Parents' Perception of Responsibility on Doing Home Program; (2) "Kid is Not Compliant ...": Challenges faced by parents; (3) "Home Program as a Supplement": Benefit of Home Program. The parents have emphasized their roles as tutors and role models for their children. They explained the benefit of the home program despite there were some common challenges they faced when conducting the home-based program.

Like many parents in middle-income countries, Malaysian parents face difficulties in accessing speech therapy due to limited numbers of SLTs, geographical barriers, financial constraints, availability of facilities, etc. This is the first study in Malaysia to examine the feasibility of a parental guidebook as a tool to deliver speech therapy home-based program. Our findings could assist SLTs in developing an innovative service delivery intervention module that could potentially increase the cost-effectiveness of speech therapy service delivery.

199

Family cohesion and support functions revealed through online parenting information-seeking behaviour

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Background: Over 94% of parents/caregivers of children young children in the US own a smart phone, and over 96% use the internet (Kinser et al., 2019). One parenting information source is the free, publicly available, evidence-informed age-paced digital newsletter established in 2009 by the United States Cooperative Extension System for parents of newborns up to five years of age. A principle components analysis (Anon et al., 2019) indicates that subscribers find the information as or more useful than (a) instructional resources; (b) people; (c) print materials. We seek to develop insight into what parenting support needs are being met online.

Methods: In this mixed methods analysis, we contrast financial security descriptors with two approaches to qualitative analysis. While there were 75,268 unique website visitors in 2021, the study sample includes subscribers who responded to the annual invitation to complete a survey in 2021 (N = 362). Parents/caregivers who responded were on average 37 years old, predominantly female (83%) and White (85.9%). The first qualitative approach was an interpretive phenomenological analysis focusing on the meaning of the newsletters to survey respondents, while the second approach was a grounded theory analysis of the functions parents/caregivers express. In both approaches, coding frameworks were developed with prior year data was reapplied to the 2021 open-ended survey responses.

Findings: Descriptive data indicates that although the survey population is largely financially secure, only a minority report social supports as follows: someone they trust to provide parenting advice (24%); someone they trust to provide advice on stress, anxiety, and/or depression related issues (20%); someone they trust to provide financial advice (20%); someone to provide food/nutrition advice (19%); and someone to ask for advice on relationships and/or their love life (18%). The phenomenological analysis suggests that parents have a deep appreciation for and a sense of urgency in their information-seeking, implying performance anxiety and a lack of what they perceive as useful alternative sources. Finally, the separate grounded theory analysis indicates that the newsletters are shared and serve to bring parents and grandparents together so that they are "on the same page" and helps to coordinate parenting between parents/caregivers, reportedly strengthening their parenting relationship.

Implications: Although parenting education is typically delivered in person, many parents seek information online. Providers may want to consider aloneness and lack of effective social support as part of online information seeking among financially secure female parents who identify lack of social support. Subscribers also appear to use the newsletter to coordinate parenting between co-parents and intergenerational family members. These findings suggest further research into the potential for high-quality, credible information to address changes in social and parenting supports. There is an urgent need to explore public health implications of the way that family information and skills transmission is changing.

Stepping Stones Triple P: The development, evaluation, and future directions of a population-level approach to supporting carers of children with a developmental disability

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Background and objectives: Children with a developmental disability are two- to three-times more likely than other children to develop significant emotional and behavioural problems. These problems can threaten physical health and lead to exclusion and isolation from the community. These problems are also known to have a deleterious effect on family members' wellbeing. Stepping Stones Triple P (SSTP) is a system of parenting support for families of children with a developmental disability. The goal of SSTP is to promote the healthy development of all children with disability and the wellbeing of family members.

Brief description of papers:
   Paper 1 will provide an overview of SSTP and how it has evolved over time. SSTP is a family-centred system of intervention where parents of children aged 2- to 12-years set their own goals and play an active role in the assessment and intervention process. Parents are supported to understand their child's behaviour and learn skills to encourage their children's healthy development. SSTP incorporates five levels of intervention on a tiered continuum of increasing strength.
   Paper 2 will summarise the evidence that supports SSTP's application with different populations and in different modalities and settings, and in conjunction with acceptance and commitment therapy. Evaluations have been conducted with mixed disability groups as well as carers of specific disabilities, such as autism and cerebral palsy. SSTP is consistently associated with increased positive parenting behaviours, and reductions in child behavioural problems and parental stress.
   Paper 3 will describe the lessons from a large-scale population-level evaluation of the complete multilevel system in Australia. In this "real world" evaluation, people already working with children with a disability were provided training in SSTP. These practitioners then offered SSTP to families of children. Parents and carers were free to choose the type and level of program they wanted. This study found that similar positive outcomes could be achieved by community practitioners and organisations.
   Paper 4 will conclude with implications, present challenges, and future directions. Changes to disability service funding models, changing professional and public thinking about disability, diversity of presentation and need in developmental disability, and the importance of refreshing program materials to ensure their relevance and acceptability are some of the factors that need to be considered or addressed in order for parenting support to make a difference in families' lives.

Implications for policy, research and practice: The existing evidence suggest that Group SSTP satisfies the criteria as a well-established intervention and several of other SSTP interventions are probably efficacious. Organisations should be funded to deliver SSTP. Given fewer resources are required for delivery of lower intensity and online interventions, and evidence that their effects may be comparable to higher levels, further development and research into these interventions should be a priority. Resource efficient SSTP programs may be important for increasing access and reach of evidence-based parenting support for families with a child with a disability, thus enhancing child and family outcomes.

Cultural adaptation and contextual fit of parenting programs across three diverse contexts

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Background: All parents should have access to parenting support that is acceptable and meaningful to them within their context, culture and lifestyle. In this symposium we present research with immigrant families in Amsterdam, Netherlands, a case study of parents in City of Tshwane, South Africa and an initiative with Aboriginal community controlled organizations in Victoria, Australia. We highlight issues of cultural adaptation and contextual fit within the content and delivery mode of Triple P - Positive Parenting Program. We found similar, comparable adaptations were needed in the different contexts.

Brief description: In 2006, services in Amsterdam started training all professionals working with families. To check the suitability of the program for families from different backgrounds, qualitative research was conducted with parents and professionals that focused on reaching out to immigrant families. From 2013 to 2017 a pilot of Triple P groups for parents of teenagers was conducted in the City of Tshwane. 16 social workers were trained to deliver Triple P within their communities to 300 parents. Next to adapted standard questionnaires on child and parent behavior and satisfaction we checked the use of the strategies by parents. In Victoria, Australia, practitioners from 9 Aboriginal community controlled organizations have been supported to deliver Triple P with First Nations families. The service delivery model is focused on early intervention/prevention, evidence-based parenting education, and early learning and development.

Findings: These studies show that reaching out to parents means representing parents and their living conditions in materials, with examples that are sensitive to culture, lifestyle and literacy level. Norms, values, the broader family and history of a specific groups needs to be explicitly accepted and connected to positive parenting. For service delivery it is important to have a whole of community approach, with key figures approving Triple P and its content. Delivery needs to take place in locations where parents already are. Outreach should be collective and inclusive. Practitioners need to have a strong links, knowledge and experience with the community they want to serve. Having local practitioners who are trained to provide support helps to embed services within the community and increases sustainability. Practitioners need to have enough time to familiarize themselves with Triple P, deliver in their own language and draw from their own cultural experiences.

Implications for policy, research and practice: Feedback from parents and practitioners has been positive. Supporting practitioners to adapt program delivery to suit the local culture helps parent engage with the program content. In the South Africa and Amsterdam studies, parents indicated that their families were facing discrimination and racism. While recognizing that discrimination and racism are a societal problem, parents also need support in how to deal with these issues as a parent. The Triple P approach of building parents' capacity as first educators and encouraging self-determination might be a good starting point. Further research and practice is needed in this area.

203

Parent training an effective medium to provide early intervention through training parents for children with autism in LMIC like Nepal

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Background: Autism is still in its infancy in Nepal. The average age of diagnosis of ASD is 58 months. AutismCare Nepal Society (ACNS) is the only national level parent run active organization working for Awareness, Diagnostics, Therapeutics, Advocacy, Parents and Teachers Empowerment. In Nepal, parents have the sole responsibility of taking care of their children. ACNS have been running twelve weeks "Parent and child training" (PCTP) since 2009. It serves parents to become skilled and knowledgeable in home program, handling children in different situation, become primary therapist of their own child.

Objectives: Formation of Parents Network Group (PNG) out of trained parents from ACNS in different districts of Nepal; training of trainers (TOT) for PCTP to previously trained parents from districts to further run PCTP in their respective districts; continue to empower these Network groups to help their own children and to help other families within their respective places.

Methods: Five development zones of Nepal were selected in 2015-2022. Trained parents were recognized and encouraged to form PNG in respective districts. Awareness, advocacy programs were conducted with the local stake holders. Parents were sensitized, counseling parents, parent training / workshops for handling children with autism, vocational support training was given. Screening camps were also organized to identify more children with autism in respective districts.

Results: Eight PNG has been formed in the districts of Kathmandu, Kaski, Jhapa, Surkhet, Chitwan Rupendehi, Gulmi, Morang, and Nuwakot. Each PNG is running a day care facility with 8-15 children with autism; 5 of the PNG are running PCTP; all of the PNG groups are conducting awareness activities and advocacy with Local Government; 5 of them have been able to achieve Government support to conduct Activities; 3 of them have received Infrastructure support from the Government. Among them Kaski, Chitwan, Rupendehi, Gulmi, Kathmandu are autonomous bodies.

Conclusion : The level of autism awareness is minimal in Nepal. The country lacks professionals and services for children with autism. In LMIC like Nepal, trained parents have been found to be very effective as paraprofessionals to deliver early intervention to their own child, they continue to be the resource person for other parents. Trained parents have played pivotal role in decentralization of autism services across the country.

The need assessment and content of a parental support program developed for parents of children with disability in Turkey

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Background and objectives: It has been known that the likelihood of child maltreatment increases along with the growth in behavioral issues among children with disabilities. There is empirical evidence on that participating in parenting support programs can decrease the likelihood of child maltreatment in these situations. Studies conducted in Turkey have shown that there is no positive psychology-based intervention program aimed at reducing the potential for child abuse of parents of children with disability. The aim of this study is to develop an intervention program to reduce the abuse potential of parents of children with disability for the needs of parents in Turkey. In this study, based on model of change, Social Learning Theory, Ecological Systems Theory and Reformulated Learned Helplessness Theory as action theory, positive parenting, optimism, and social support as mechanism of change, and child abuse potential, depression, well-being (children's and parent's), and family quality of life as conceptual theory will be examined.

Methods: In order to contribute to the content of the program, group discussions were held with parents and experts. The experts group discussion was held with 3 experts. Two of the experts are special education teachers and one is a counselor. Experts age range was of from 39 to 49. The parent group discussion was held with 10 parents of children with disability (intellectual and developmental disabilities) between the ages of 25-48. The range of children's age is from 5 to 10. Before the group discussions, the participants were filled a demographic information form. In addition, they answered some questions about the implementation process of the intervention program, parent's needs and program content. Group discussions were conducted by two authors who are experts in child maltreatment. Group discussions were recorded with a voice recorder and transcribed. Group discussions will be examined with content analysis. There are two basic processes in content analysis: first, analytical description and coding, and second, inference (Bilgin, 2000). In other words, discourse and data that are similar to each other in content analysis are separated according to themes and arranged for the reader to understand better.

Findings: Looking at the preliminary analysis results, the experts stated that parents needed support in accepting the having a child with disability, participating in fun activities, coping with stress, conflict resolution, anger management, social support, and psychological resilience. The parents stated that they needed support in social support, accepting the having a child with disability, discrimination, discipline strategies for children, communication with child, participating in fun activities, being a happy mother, and anger management.

Implications: This program was developed based on the model of change in order to be evidence-based and a needs assessment was carried out to evaluate its feasibility. In Turkey, to our knowledge, there is no study to prevent the potential of child abuse in parents of children with disability, which was created based on the model of change. It is expected that it will guide future studies will be conducted in this field.

206

Supporting depressed fathers through a partner inclusive culturally adapted parenting programme: A journey towards transition to scale up

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Background and objectives: Depression is the leading cause of disability worldwide. Low and middle-income countries (LMICs) carry over 80% of this disease burden. Attempts have been made to address maternal depression, however paternal depression is a neglected and under-researched area. Considering the impact of fathers' health on wider family, there is a need for partner inclusive parenting programs to improve parental mental health and child developmental outcomes. Hence, proposed cluster Randomized Controlled Trial (RCT) aims to evaluate the clinical and cost-effectiveness of Learning through Play Plus (LTP Plus) intervention in reducing depression in fathers and mothers and in improving child outcomes.

Methods and findings: A cluster two-arm RCT across 18 towns (90 Union councils (UCs)) of Karachi, Pakistan. A sample of 2880 fathers and child dyed will be recruited. Fathers who will be diagnosed with a DSM-5 major depressive episode and with children < 3 years old will be invited to participate. UCs will be randomized to either LTP Plus-Dads or wait-list control arm. Primary outcome for fathers is change in depressive symptom severity as measured by the Hamilton Depression Rating Scale and, secondary measures include assessments of parenting, quality of life and child developmental outcomes. The fathers will receive 12 group sessions of LTP Plus-Dads intervention, weekly for 2 months then fortnightly for 2 months, for 60-90 minutes each. Assessments will be completed at baseline, months 4, and 6. Participants' partners (mothers) will also be offered an optional LTP Plus intervention, running parallel to the fathers group intervention. Findings of previously conducted feasibility and exploratory studies of LTP Plus Dads for depressed Pakistani fathers, showed that intervention is feasible and acceptable. Fathers receiving intervention showed a significant reduction in depressive symptoms, an increase in parenting knowledge and more positive attitudes towards child development. They also scored higher on perceived social support, self-esteem and functioning indicators. Moreover, fathers in the intervention arm reported improved health related quality of life. In the context of these findings, we are conducting a transition to scale up study assuming that this large RCT will confirm the clinical and cost-effectiveness of LTP Plus in reducing depression in parents and improving child outcomes.

Implications for policy, research and practice: Addressing depression in parents is hugely important due to its adverse effect for both parents and child. This low-cost parenting program will help in scaling up the innovation across health services in Pakistan and LMICs. This will also contribute towards United Nations Sustainable Development Goals, which aims to promote health and wellbeing; inclusive and equitable quality education and lifelong learning opportunities; and commitment towards global partnerships and cooperation. This large study will inform barriers and facilitators to implement the LTP plus parenting program and the possibilities to roll out the innovation at national level through engagement with policy makers.

Happy parents, happy children? Presenting a theoretical framework of parental wellbeing

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When it comes to the development of children, parents are critically important. They provide the child's basic needs to survive and to thrive in this world: food, shelter, love and support. A young child learns to manage emotions through the presence of the parent. A teenager venturing into the world will always take her parents voice and guidance with her. Parenthood is a challenging, rewarding, and often life-changing experience.

How do we equip parents for the important role of raising the next generation? One can teach parenting skills, surround parents with social, pedagogical basis and governments can enact family friendly policies. The ability of a parent to provide the safe haven, to be the stepping stone, to maintain a social network in the community, to share parenting tasks with important adults in a child's life, is strongly connected to the wellbeing of this parent. When a parent's wellbeing is balanced, the child has a stable foundation. Many effective parenting programs acknowledge this and address taking care of oneself as a parent as a pillar of the program. But wellbeing is more than self-care or taking time off from the parenting role.

What is parental wellbeing? In this workshop we will dive into the theoretical construct of parental wellbeing. Understanding the interconnected elements that - in a dynamic balance - define the wellbeing of parents. The Netherlands Youth institute constructed a 5 pillar model with 27 elements that form the basis of the wellbeing balance. A literature review and interviews with parents, grandparents, foster parents, youth care professionals, and scholars were the ground work for this theoretical construct. The pillars of parental wellbeing are: 1) Affect, 2) Friendship and relationships, 3) Satisfaction from parenting experiences, 4) Perspective, insight and reflection, and 5) Development and personal wellbeing.

In this workshop we will take the participants on a deep dive into the 27 elements of wellbeing of parents. First, we will go through theory and research. Then, in an interactive way, participants engage with the elements, connecting their experiences, knowledge and wisdom of wellbeing as together we learn and grow. Possible factors to discuss on this world stage are cultural adaptability of this definition, putting the framework to the test within different governmental family policies, and social constructs or parenting beliefs.

Key outcomes of the workshop will be a deeper understanding of the elements of parental wellbeing and the possibility to apply this knowledge to your own work, be it research, practical professionalism or policy making. Attention to parental wellbeing is essential to make families worldwide thrive and care for our next generation.

Parental engagement in evidence-based parenting programs: A protocol for a scoping review of the concept and its characteristics

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Background and objectives: Research has shown that the way parents engage in evidence-based parenting programs (EBPP) influences the intervention's outcomes. Engaging EBPP contributes to reductions of harsh parenting practices and child conduct problems, impacting the quality of parent–child relationships and fostering the child's psychological wellbeing. However, parental engagement specific characteristics, including participation, involvement and retention are not sufficiently detailed in the literature. As such, the current scoping review will contribute to a comprehensive conceptualization of parental engagement, identifying the characteristics used to define the engagement.

Methods: The scoping review will be conducted according to the JBI (formerly known as the Joanna Briggs Institute) methodology. Inclusion criteria regard empirical studies and grey literature reporting the use of EBPP delivered to parents of children aged 3–16 years describing parental engagement characteristics. Exclusion criteria regard studies primarily targeting foster/adoptive parents or children, and reviews. Multiple electronic database indexes will be searched for potentially eligible articles. Search terms will be identified during preliminary literature search. After the searches, the titles and abstracts of the retrieved records will be screened. If initial eligibility is determined, the article will pass to the next stage for full-text review, which will determine the studies to be included in the qualitative synthesis. This review will include empirical studies and grey literature published in English, Spanish and Portuguese. Two reviewers will independently screen the titles, abstracts, and full texts of studies according to the inclusion and exclusion criteria.

Findings: The study protocol describes a method to identify, clarify, and characterize research on EBPP parental engagement. The scoping reviews' findings will contribute to a better understanding of the concept of parental engagement in EBPP, identifying its characteristics. By doing so, it is expected that the outcomes also contribute to a better understanding of the factors that promote or difficult parental engagement in EBPP.

Implications for policy, research and practice: The scoping review's findings will identify the barriers to EBPP's parental engagement across different intervention's delivery settings and identify successful strategies in its promotion. Additionally, the results will inform future research, provide recommendations for professionals, and contribute to the development or revision of EBPP integrating parental engagement contents. Further research contributions include identifying knowledge gaps that can be addressed in future research. The findings are also expected to inform policymakers in developing policies that support parents' and families' engagement with EBPP, ultimately contributing to the success of EBPP, whose benefits for families well-being are well known.

Supporting adolescent mothers through participatory learning in action groups: A qualitative study

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Background: Adolescents have unique developmental, physiological and psychological needs. Some 12 million adolescents in low-and-middle income countries give birth annually, becoming mothers whilst still forming their own identities. Despite different needs, most adolescent mothers are supported by programing targeted to women of all ages. Participatory women's groups, recommended by WHO in low resource settings is one such program, and is offered across a number of states in India in rural settings, and are facilitated by village level government health workers, ASHAs. We aimed to explore how adolescents engaged with Participatory Women's groups in rural Jharkhand, India through their pregnancy and early motherhood.

Methods: In collaboration with Ekjut, a civil society organization who provides training and support for ASHAs facilitating PLA groups, we created question guides for semi-structured interviews and focus group discussions. We recruited adolescent girls and their families through the village ASHA, and also observed five PLA groups. We purposively sampled participants to capture a range of diverse social, economic and ethnic characteristics, as well as girls who were currently pregnant and those who were already mothers. Health care workers were sampled across the multiple levels of health provision in. Collection of data was done in Hindi and translated into English by a bilingual speaker. Thematic analysis was used drawing on a realist approach. Through rounds of coding a number of themes were identified from the data best responded to the research question whilst also capturing the broader implications of early marriage and pregnancy. Ethics approval was gained through Ekjut's local ethics committee and the University of Melbourne.

Findings: From July 2018 until December 2019, 29 interviews and 9 focus group discussions were completed, with 104 unique participants, of which 26 were pregnant adolescents or adolescent mothers. 5 PLA groups were recorded with approximately 175 participants in them. All pregnant girls interviewed were married. Pregnant adolescents and mothers were subject to many marital norms and expectations that were primarily restrictive and directly influenced their ability to engage with any intervention, including PLA groups. The influence of such restrictions, however, was strongly moderated by their marital families, leading to a diversity of experiences. Supportive families could negate restrictive norms and ensure the health and wellbeing of young mothers and their children. Fundamental decisions regarding care were made by the male guardian of the household.

Implications for policy, research and practice: We found a diversity of experiences of young motherhood in Jharkhand and different levels of engagement with PLA groups. Overall, girls who become mothers in the context of early marriage face multiple restraints, but these can be mitigated by a supportive family. Supporting adolescent mothers in rural Jharkhand thus mandates working with their entire marital family, and in particular engaging husbands and father-in-laws. How this is to be done requires exploration and creativity and a recognition of the unique needs of these young mothers.

211

Developing online parenting support programs for vulnerable families in Croatia

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Background and objectives: Parenting support program "Growing Up Together Online" was developed as a response to challenges in finding new ways of supporting vulnerable families that were brought about by pandemic and earthquakes in Croatia. It was developed through participative process of co-creation with parents of preschool children, users of social welfare and child protection services. Program objective is to create supportive environment for vulnerable parents in which they would exchange experiences and learn. Theory of change focused not only on parent-child interactions but also on parents as individuals, their strengths and resourcefulness, and their interpersonal relationships.

Methods: During 2020 and 2021, 62 at-risk families participated in the "Growing Up Together Online" program. The program consists of 10 weekly, 90 minutes-long sessions and was implemented as a part of routine practice of public social services. Two sessions were conducted face-to-face (the first and the last workshop) and eight workshops were conducted via Zoom videoconferencing calls. Parents also had access to secure webpage where they could check on reading materials and write about their experiences. Parental self-reported cognitions (self-esteem, self-efficacy, parenting experience and parenting morale) and parental behaviors (positive involvement and reinforcement frequency, frequency of angry outbursts and physical and emotional harshness) were measured at pretest and posttest. Parental satisfaction with the program was measured at the end of the final session.

Findings: We found significant improvements in parent-reported general self-esteem, parenting self-efficacy, parenting experience and morale and significant reductions in physical and verbal violence towards the child. Parents did not report increased attempts to understand children's perspectives nor higher frequency of positive interactions. Reliable improvement was most common in parenting self-efficacy and least common in positive involvement and reinforcement. After the program, almost all parents reported that they had benefited greatly from participating in the program. There were few who considered participation a burden, mainly in terms of managing technology.

Implications for policy, research, and practice: Implementing "Growing Up Together Online" was a new experience for practitioners (e.g., psychologists, social workers) in public social services since it is the first parenting support program in Croatia carried out almost entirely via videoconferencing calls. Outcome measures suggest potential of the program for improving parenting perceptions and practices and thus contributing to resilience of entire family. Program also showed its usefulness for at-risk parents who were unable to participate in in-person programs due to lack of transport in rural areas or lack of childcare during program hours. Successful implementation of "Growing Up Together Online" stimulated development of new online parenting support programs and web content for diverse caregiving contexts in Croatia (e.g., for adoptive families). These innovations in practices of Croatian public social services were enabled by their cooperation with the NGO Center for Parenting Support Growing Up Together and support from the Human Safety Net foundation.

212

Preventing child recruitment and supporting reintegration through parenting: Design, implementation, and evaluation of the Growing Strong Together Programme

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Background: The number of children living in conflict zones has increased almost three times since 1990, with one in five conflict-affected children living in an area with child recruitment by armed forces and armed groups in 2020. The increasing complexity of factors that puts adolescents at higher risk of recruitment makes traditional interventions focused on the release and reintegration of children associated with armed forces and armed groups insufficient. In response to this gap, the International Rescue Committee (IRC) undertook a research initiative to better understand how to support families in conflict-affected communities and developed the Growing Strong Together programme, an evidence-based, family-centred intervention to support caregivers and equip adolescents with the protection to not engage with armed forces and armed groups and to reintegrate successfully into their families and communities. This presentation will highlight key findings from each stage of the intervention development process: 1) formative research, 2) development and adaptation, 3) feasibility and acceptability, and 3) implementation quality.

Methods and findings: To gain greater understanding of protection risks and barriers and facilitators for reintegration, the IRC conducted in-depth interviews with adolescents and caregivers in Democratic Republic of Congo (DRC) and Central African Republic (CAR). Based on the formative research and a desk review, the intervention was then developed and adapted to incorporate learning from feasibility studies conducted in four distinct conflict settings: Democratic of Congo, Central African Republic, Nigeria, and Iraq. An ongoing, mixed-methods implementation study examining implementation quality and participant engagement is being conducted to assess implementation across contexts. The formative research revealed the unique perspectives of adolescents and demonstrated how conflict experiences and factors at the institutional, community, and interpersonal levels influence adolescents' engagement with armed groups and reintegration with their families. The findings from the formative research informed the intervention's family-based approach, and using this as a framework, the IRC developed and piloted a parenting intervention specifically aimed at supporting caregivers to prevent child recruitment and facilitate reintegration. During the feasibility study, the IRC found high acceptability of the intervention by staff and participants and identified areas for improvement and adaptation that strengthened the final intervention package. Preliminary findings from the implementation study show positive improvements in parent-child relationship quality and knowledge of child recruitment, and mixed findings relating to mental health and caregiver needs.

Implications for policy, research, practice: This project has engaged stakeholders throughout the research and intervention development which has enabled its uptake across different conflict settings since its launch. Its implementation in multiple contexts will enable a systematic understanding of the moderators of caregiver needs. While parenting programmes show positive results when transferred across contexts, this programme has demonstrated that an intervention tailored for a specific at-risk group in humanitarian contexts can result in targeted outcomes specific to the rights violations that children face. By better understanding the experiences of adolescents and their caregivers in humanitarian settings from a socio-ecological perspective, comprehensive programming models can be better designed to adequately prevent voluntary recruitment and enable young people to reach their full potential.

213

Socio-cultural and linguistic adaptations to the World Health Organization's Caregiver Skills Training pre-pilot program in Bulgaria

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Background and objectives: Families and caregivers of children with developmental delays, disorders and disabilities face considerable challenges, such as lack of reliable information and support, as well as stigma and distress on a daily basis, while trying to best support the development of their children. WHO's Caregiver Skills Training (CST) program aims to address these challenges and empower the caregivers by teaching them strategies and skills to use with their children during everyday activities and chores. Our objective is to present on the socio-cultural and linguistic adaptations to the program as it is currently being implemented in Bulgaria. These changes are essential to make the program more relevant and sustainable in the Bulgarian context.

Methods: Preparatory work on the introduction of CST in Bulgaria started in 2021, with discussions with local stakeholders, local and international NGOs (e.g. UNICEF), government organizations (e.g. State Agency of Child Protection) and representatives of the child development and medical fields. These meetings culminated in preparation of an adaptation document planning the implementation of the program, as well as identifying possible barriers and challenges to it. Teams of psychologists, social workers and speech and language pathologists in five locations in the country were appointed and trained in order to start the pre-pilot phase of the program. In order to identify and address possible concerns, barriers, and challenges related to the social-cultural acceptability of the program at local level, focus groups were (will be) conducted with researchers and medical professionals (one group with N=3); with program trainers on locations (one group with N= 11) and with caregivers (2 groups with N = 3 and with N = 8). Another round of such focus groups will take place when the pre- pilot phase is over, in order to discuss relevance and practical findings related to the program. In addition, after each session of the program, feedback was sought by each one of the participants (caregivers and trainers) and it will be reflected in the adaptation documents.

Findings: The pre- pilot adaptation phase in Bulgaria started in September, 2022 and is expected to finish in January, 2023. By the time of submission of this abstract, data collection and analyses are still ongoing. Findings from the adaptation meetings, focus groups and caregiver feedback forms will be presented at the congress.

Implications for policy, research and practice: The World Health Organization's Caregiver Skills Training addresses a local need and, with relevant adaptations, is expected to be feasible and acceptable for implementation in Bulgaria. The analysis of results from the program's pre-pilot will ensure a better contextual fit of the program in the country and, hence its improved effectiveness in terms of both practical implementation and in terms of providing support for caregivers of children with developmental delays.

214

Something for everyone: Engagement, process, and outcomes in multiple delivery formats of the GenerationPMTO intervention

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Background and objectives: Despite the fact that most parenting interventions are still offered as 'one size fits all', the field has made advances in matching programming to families' needs and preferences (see, e.g., Gewirtz et al., 2019). New technology has allowed for multiple virtual delivery formats of behavioral interventions. Moreover, the ongoing COVID-19 pandemic has demonstrated both the need for interventions to improve parenting and reduce family stress, and the urgency to provide these interventions in accessible ways. Symposium objectives are to provide delivery exemplars and process and outcome data of the GenerationPMTO program delivered in multiple formats across the US and Canada.

Brief description of each paper: GenerationPMTO is a well validated parenting program that has been adapted for multiple contexts and cultures. The three papers will demonstrate how the model's parenting tools and strategies are adapted for use in different delivery formats (i.e., in person, telephone, Zoom, online parent-directed) and populations (i.e., child welfare, child mental health, military), and present process and outcome data on widespread implementation of programs in three different locations in the US and Canada.

The first presentation reviews the implementation of GenPMTO in partnership with the longest operating community mental health agency in Canada. In this innovative telehealth implementation, the intervention is delivered to families in British Columbia over the phone only. Process data on provider training, fidelity adaptations in an intervention largely reliant on observations, and key outcomes are discussed.

The second presentation focuses on program implementation in a face-to-face and virtual multi-family group setting for child welfare involved families in New York City/NYC. Training was modified for a workforce and a family population that is highly mobile and at very high risk. Beginning in 2010, the implementation of GenerationPMTO in NYC was conducted in partnership with multiple community-based agencies across the boroughs. One of the five implementing agencies will discuss highlights and challenges, engagement, adaptations, weaving model principles in the agency, and core outcomes (e.g., reunification and placement stability).

The third presentation reviews data from a trauma-informed adaptation of GenerationPMTO known as ADAPT (Adaptive Parenting Tools). ADAPT incorporates emotion socialization tools into GenerationPMTO and is delivered to military families in the USA exposed to parental deployment to war. It is available in f2f, telehealth (Zoom) and online self-directed formats. Results of a recent randomized comparative effectiveness trial of these three formats, with a specific focus on engagement and impact of telehealth and online program formats, will be discussed.

Implications for policy, research, and practice: Healthcare inequities extend to parenting programs, particularly for minoritized populations; thus, understanding how families access and benefit from parenting programs is crucial. Additionally, with the advent of legislation around the world promoting telehealth interventions (e.g., US FY2023 Omnibus Appropriations Bill) data on the feasibility and effectiveness of different program formats are urgently needed. Finally, while telehealth interventions are growing rapidly, insufficient attention has been paid to how evidence-based parenting programs can adapt training and delivery tools for different formats.

216

First impression counts: Determinants of trust in an evidence-based parenting app

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Background and objectives: Key socio-emotional competences develop in the preschool age in social interactions. Previous research highlights the beneficial influence of positive parenting behaviors. One promising way to maximize reach and effectiveness of evidence-based support for parents is to deliver it online. However, digital spaces confront users with information overload and make trust-based decisions necessary. The present study investigates how parents' trust in an evidence-based parenting app is associated with intention to use the app. Furthermore, we assessed how trust in developmental science, perceived trustworthiness of psychologists, privacy, content quality and transparency and user experience predicted users' trust before and after first use.

Methods: We developed the web-based app KKGG (German acronym for 'Small children – big feelings') that parents of children between 3 and 7 years of age can use anonymously to learn about socio-emotional development and supportive parenting strategies. It includes four main segments: (a) psychoeducational texts, (b) video lectures, (c) an interactive counseling function, and (d) 'about us' information. In this study, N = 76 parents were using the app. App use was monitored with content-specific time stamps. Additionally, parents were asked about trust in the KKGG app in general, behavioral intention to use the app, parenting concerns, trust in developmental science and perceived trustworthiness of psychologists before using the app the first time (t1). After they got a first impression of the app (t2), they were again asked about trust in the app and behavioral intention, and about perceived transparency, privacy concerns and perceived usability of the app.

Findings: Overall, the results support our hypotheses that (1) users' trust is an important determinant for their intention to use the app and, furthermore, that (2) trust itself is influenced by different factors before and after first use. More specifically, parents' trust in the KKGG app correlated highly with their initial intention to use the app. Furthermore, linear regression analyses showed that perceived trustworthiness of psychologists in general predicted initial trust in the app (t1). Finally, when controlling for initial trust and applying residual change models, changes in trust after first use (t2) were influenced positively by content transparency and negatively by user experience, creating a shift towards a more 'content-informed' evaluation.

Implications for policy, research and practice: The present study emphasizes the crucial role of users' trust for implementing online programs for parents. The results show that perceived trustworthiness of the source – in this case psychologists – is important for finding and using evidence-based parenting programs, while high quality content ensures later trust and usage. Both need to be considered when creating evidence-based services for effectively supporting parents despite the flood of online information: High quality content is ensured by a sound research base and, ideally, ongoing exchange with practice partners. Additionally, established partners from policy and practice can enhance initial trustworthiness by promoting and disseminating evidence-based programs.

What is engagement? A comprehensive framework to reconceptualize engagement in evidence-based parenting programs

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Background and objectives: While parenting programs (e.g., Triple P) have demonstrated efficacy for promoting positive outcomes, parent engagement in these programs remains a challenge. Studies document low enrollment (20-30%), and among those enrolled, low (50%) completion rates. Ascertaining predictors or strategies for engagement is hampered by the lack of consensus regarding the definition and measurement of engagement (e.g., recruitment, enrollment, participation). Unable to draw comparisons across studies, our understanding is stifled, limiting our strategizing to promote engagement, equitable reach, effectiveness, and impact. This paper examines the varied definitions of engagement and advances a comprehensive framework to improve its conceptualization and measurement.

Methods: To ascertain the various definitions of engagement and how it's measured and theorized, we conducted a review of the literature. First, we traced back the legacies of diffusion and implementation frameworks, and how they contribute to our current conceptualization and measurement of engagement, and the gaps therein. Second, we identified potential opportunities to embed components of engagement in existing implementation models. Finally, we reviewed theories, definitions, and measures of engagement and synthesized the literature proposing an expanded conceptualization and framework.

Findings: Drawing upon prior theoretical and empirical research in the parent engagement literature, we propose a new framework. The Comprehensive Model of Parent Engagement (CMPE), informed by the Integrated Theory of Parent Development (McCurdy & Daro, 2001), A Conceptual Framework of Engagement (Staudt, 2007), and Connect, Attend, Participate, Enact (Piotrowska et al., 2017), captures engagement as a multi-stage process that accounts for multiple components of engagement. This process includes initial engagement (intent to enroll, enrollment), ongoing engagement (participation, completion), and quality of engagement (within intervention, post-intervention). Most importantly, the emphasis on quality of engagement advances the consideration of parents as participants who both receive and ultimately deliver an intervention. Furthermore, CMPE encompasses potential multi-level factors (individual, parenting context, provider, program, neighborhood, structural) that could contribute to parent engagement.

Implications for policy, research, and practice: The CMPE incorporates various stages and components of engagement, at multiple ecological levels, providing a holistic view of parent engagement. Researchers can utilize CMPE to understand engagement within each of its components and examine predictors of parent engagement at each level to determine effective levers for change. Practitioners can employ this framework for continuous improvement of their services, both across programs and within programs across different settings. Finally, policymakers that emphasize the use of evidence-based program (EBP) registries can expand their criteria for "evidence" in legislation requiring that EBP are both efficacious under research conditions and effective at achieving a real-world impact.

The South African Parenting Programme Implementers Network: Exploring the practical implications of the evidence-based agenda in South African parenting programme delivery

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Background and objectives: The South African Parenting Programme Implementers Network (SAPPIN) is a network of civil society organisations engaged in parenting programme delivery in South Africa. SAPPIN responds to the call for evidence-based parenting programmes to be rolled out as a strategy to prevent violence in South Africa. Drawing on results from focus group discussions with members who are implementing or working with parenting programmes, this presentation concerns the challenges of the evidence-based approach to programme roll-out and funding in South Africa. Alternative and additional standards for quality programme implementation are outlined, including use of evidence-informed and evidence-led interventions.

Methods: In March 2021, at a bi-annual SAPPIN members' dialogue, the relevance of the evidence-based agenda for South Africa was discussed. First, international definitions and standards for what constitutes or qualifies evidence-based interventions were presented. Following the presentation, a focus group discussion was facilitated amongst SAPPIN members. Consequently, meetings of the SAPPIN network centred around the development of a set of principles that South African parenting programme implementers should adhere to in order to ensure the implementation of quality, impactful, parenting programmes that do no harm. The principles were developed through a series of democratic working group discussions with SAPPIN members, facilitated by an external facilitator.

Findings: Firstly, adaptation for the local, South African context is necessary for effective implementation. This has to take into account the low-resource settings in which many parenting implementers operate, and high cost of implementing evidence-based interventions that have often been developed in well-resourced contexts. Secondly, the perspectives of academics are often elevated over the voices of experienced implementers, and the knowledge of experienced implementers and beneficiaries is being lost. This practice-based knowledge is crucial for effective, sustainable implementation. An overarching sentiment of concern regarding the implications of an evidence-based agenda for South Africa was conveyed, with SAPPIN members arguing that "evidence-based" interventions, as defined by SPR and Blueprints standards, do not fully ensure impact, quality and the prevention of harm, and further argue that the agenda may even cause harm and prevent quality, impactful programmes from reaching those who need them most. Despite concerns regarding an evidence-based approach to parenting programme roll out in South Africa, the SAPPIN members asserted their commitment to the implementation of quality, impactful parenting programmes that do no harm. This commitment necessitated the development of alternate means of quality and impact assurance.

Implications for policy, research and practice: South Africa is in urgent need of an extensive and far-reaching roll-out of parenting support programmes to assist in decreasing and preventing the high levels of violence in South Africa. In the search to balance urgent with effective action, SAPPIN members caution against an exclusively evidence-based approach to intervention funding and implementation. They point out the necessity for local adaptation, the decolonisation of child development research and parenting support interventions, the need to prioritise funding for urgent roll-out and the value of practice-based expertise in the implementation sector. Furthermore, SAPPIN proposes six principles and standards for quality implementation.

Pilot implementation of the Incredible Years program with maltreating and at-risk families in Spain

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Background and objectives: Incredible Years is a parent training program designed to promote young children´s emotional and social competence, to prevent, reduce, and treat aggression and emotional problems, and to improve parental practices and the parent-child relationship. It consists of three group-based curricula for parents, teachers, and children, that can be used independently or in combination. The Parenting program has demonstrated extensive evidence of efficacy as a treatment and indicated prevention program with different samples. This paper presents the results of the first study carried out in Spain to evaluate the effectiveness of the Parenting and Child treatment curricula with at-risk and maltreating families.

Methods: The study sample was made up of 111 families with 4- to 8-year-old children recruited from Child Welfare (CW) and Child Protection Services (CPS) of the region of Gipuzkoa (Spain). CW/CPS caseworkers recruited families where there was a substantiated report or significant risk for child maltreatment, children displayed significant behavior problems, and parents had significant difficulties managing their children´s behavior. After agreeing to participate, families were randomly assigned to the IY program—where they received 19 parent and child group sessions, plus four home visits—or to a control group that received standard services (e.g., psychoeducational services for parents and children, CW/CPS follow-up). Parenting practices, parenting stress, parents´ depressive symptomatology, child abuse potential, and parental perception of child behavior problems were measured at baseline, and six and twelve months later.

Findings: Compared to the control group, the IY intervention made a significant positive difference in parents´ observed and reported use of praise, and a significant reduction in inconsistent discipline, parenting stress, depressive symptomatology, and perception of child behavior problems. A full serial mediation effect was found between participation in IY, changes in parenting practices, subsequent parenting stress reduction, and both child abuse potential reduction and perception of child behavior problems. No moderating influence on IY effects was found. Parents also expressed high satisfaction with the IY program and a high degree of adherence.

Implications for policy, research and practice: Results provide evidence that transporting IY with fidelity to CW/CPS in Spain was feasible, that it was a well-accepted approach by practitioners and families, that it promoted positive outcomes similar to those found in other Western countries, and that its benefits were greater than those of current standard services. The implementation of the Incredible Years program in a real-world setting was a challenging experience. It required previous adaption and training processes, as well as ongoing support and monitorization of program fidelity. The results obtained clearly indicate that the group-based Incredible Years approach merits the attention of policymakers, agencies, and practitioners as a particularly relevant preventive and rehabilitative evidence-based approach in the field of child welfare and child protection.

Promoting children's educational outcomes at age 9: An early childhood family-based intervention program

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Educational success benefits a child's later social participation and well-being. Family-based interventions are often based on the bioecological model (Bronfenbrenner & Morris, 2006). Following the models' reasoning, enriching the stimulation for learning of a child's home environment (e.g. proximal processes) its development and learning – and in the long-term a child's educational success. Empirical research support that family-based interventions have a positive effect on various developmental child characteristics (e.g. early child cognitive, language, motor, socioemotional development) as well as for parenting skills (Jeong et al., 2021). Nevertheless, the long-term effectiveness of such programs into children's school age or even into adulthood is less thorough investigated. The aim of this study is to investigate in a hard-to-reach sample of psychosocially burdened families the effectiveness of a family-based intervention program on children's educational outcomes at age 9.

The RCT study ZEPPELIN examines with a longitudinal design the effectiveness of the «Parents as Teachers (PAT)» program with families with at least two present risk factors. The final sample were 248 families, who were randomly allocated to an intervention (IG, n = 132 families) and a control group (CG, n = 116 families). During the first three years of their child's life the intervention group was supported by a trained PAT–educator at home on a monthly base. Furthermore, they were offered regular group connections. In the control group the families had access to regular community services but were not supported by PAT. Nt7= 164 children participated in the 1st grade (t7) and nt9= 168 in the 3rd grade of primary school. From t7 psychometric tests were conducted in school class setting: Writing (SLRT), reading (WLLP-R), mathematic competences (MBK-1). In age 9 children's language competences in German and their mathematic competences were assessed using tests developed by the Institute for Educational Evaluation. Additionally, teachers were asked to report on children's problem behaviour (SDQ) at both time points.

Former cross-sectional results showed mainly positive effects on children's language skills, problem behavior and self-regulation until kindergarten age. A regression analysis with manifest and imputed data showed positive effects on behavior problems regarding hyperactivity in the first grade (b = –1.22, p < .05, d = –0.41). Despite slightly higher mean scores in educational outcomes for the IG, there were no significant group differences in children's mathematic and language competences (reading, writing). For this study results on children's educational outcomes at age 9 will be analyzed as soon as the data preparation is complete.

While children in the IG performed on a descriptive level slightly better in educational outcomes than children from the CG, the earlier effects on children's language skills did not result in significant group differences in the first grade of primary school. Including data on children's educational outcomes at age 9 might help us to gain a more comprehensive picture of the program's effectiveness in the early school age. Furthermore, this might enrich the discussion of how to develop sustainable promoting approaches for children from families with psychosocial stress.

221

Prevention of child neglect: Results of the pilot implementation of the SafeCare program in Spain

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Background and objectives: Child neglect is the most prevalent type of child maltreatment in Child Protection Services from developed countries, with research suggesting that its cumulative, and medium and long-term effects can be as or even more harmful than physical or sexual abuse. This paper presents the results of the first pilot implementation in Spain of SafeCare, a structured home-visiting preventive and early intervention program for the prevention and treatment of child neglect in families with children aged 0-5 years old. SafeCare has been implemented in different countries, showing significant positive effects on parenting skills, and decreasing recidivism in neglectful families in follow-up evaluations of up to six years. SafeCare typically provides 18 to 24 weeks training to parents, with weekly home visits carried out by trained and certified providers.

Methods: Between 2014 and 2017, 89 families were referred from Child Welfare (CW) and Child Protection Services (CPS) of the region of Gipuzkoa (Spain) to SafeCare due to substantiated or high-risk for child neglect. Of these, 46 finished the program. Families with sexual abuse or severe incidents of maltreatment towards other children, or parents with severe problems of substance abuse, mental health problems or cognitive limitations that prevent them from benefiting from a parenting skills intervention were excluded. Parenting skills, depressive symptomatology, child abuse potential, parental stress, and child behavior problems were measured at baseline and after intervention. Parental satisfaction with the program was also evaluated.

Findings: High levels of parental satisfaction, significant improvements in parenting skills (parent-child interaction patterns, health care, and home safety), and significant decreases in child abuse potential, parental stress, and perception of child behavioral problems were found after intervention. There was a high number of parents who did not initiate or dropped out the program, although the percentage (35.7%) was similar to those reported in previous studies.

Implications for policy, research and practice: Results provided evidence that transporting the SafeCare program with fidelity to CW/CPS in Spain was feasible, that it was a well-accepted approach by practitioners and families, and that it could be useful for improving child care in neglectful and high-risk families. Also, findings suggested that SafeCare improved the personal well-being of parents, reduced parenting stress, and improved parental perception of the child. Dropout rates were high. Additional experimental studies with larger samples are needed to confirm present findings.

222

Walking side by side: Towards a parent-friendly learning approach

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This presentation explores the potential of early education institutions and schools in acting as hubs of learning for parent communities. Building on the notion of parents as the spearhead of the family, the presentation investigates parent experiences and insights in dialogue with functional outreach models in order to inform the creation of 'parent-friendly' learning.

The family is the nation in miniature, yet low engagement and high attrition rates of parent education programs suggest we urgently need to better understand the parent demographic to know how best to support their learning and to do that we need creative methods with which to reach them. This presentation offers insights into parent experiences, presents opportunities for institution-led approaches and argues for the walking methodology to be applied to reach parents and thus wider communities.

Drawing on findings from a qualitative study incorporating in-depth interviews with arts-based creative methods of parents (n=20) across the two contexts of Denmark and Slovakia, offering insights into the parent perspective on their own learning, suggesting critical parenting value influences and mapping typologies. These findings are presented in dialogue with the creative walking methodology utilised with the participants, as a functional model actively working towards supporting parent and community education, awareness, and encouraging climate action. Ultimately, offering insights into the construction of parenting values and takes a deeper look at the nature of the influences of the school ecosystem on their parenting. Further, it presents the case for adopting creative methodologies and particularly the benefit of the walking interview method when engaging with the parent community - essentially the value in walking with parents in order to better understand their experiences.

The results, through parent experiences, suggest future directions of parenting support, and practically offer insights into the role and development of parents in two contexts of Denmark and Slovakia. Furthermore, they highlight opportunities for creative research methods being utilised to explore parent perspectives, and offer a reflective evidence-based examination of the walking methodology.

The implications of this research and presentation will contribute towards government institutions and organisations better understanding the needs of the parent community and thus in turn inform policy. By better understanding the needs and experiences of parents when approaching parenting knowledge acquisition, and by exploring these in dialogue with real examples of functional models, we can remove the barriers to access for diverse parent communities and re-envision parent community learning placing schools at the epicentre of learning.

223

Cultural adaptation and feasibility study of the implementation of an evidence-based parenting program in Brazil: The Video Interaction Project

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Background and objectives: In low- and middle-income countries (LMICs), over 20% of children under 4 years live in extreme poverty, and are at risk for long-term adverse education and health outcomes. Extensive research has informed design/implementation of interventions to enhance early childhood development (ECD) by promoting parent-child reading and play. One such program is the Video Interaction Project (VIP), which was implemented in the United States (US) in healthcare centers, with a COVID-19 remote adaptation. Aligned with the UN Sustainable Development Goals (SDG) 3 (promote well-being), 4 (quality education), and 10 (reduce inequalities), VIP is an evidence-based, real-time video-feedback program designed to prevent poverty-related disparities in ECD by providing books, toys, and guidance to parents regarding interactive reading/play starting at birth until the age of 5. The ongoing study aims to culturally adapt and evaluate feasibility of VIP for remote delivery in Brazil. Based on studies with low-income families in the US, we hypothesize that VIP will be a feasible ECD intervention for Brazilian families.

Methods: Translation/back-translation and cultural adaptation of training and parent guides were conducted based on literature and ecological models. Content, cultural relevance, and language-appropriateness were evaluated by bilingual ECD experts. The adaptation for remote delivery in Brazil followed the procedures for the COVID-19 adaptation in the US. Semi-structured interviews/surveys were conducted pre- and post-participation in three VIP sessions for 25 Brazilian families (13 middle-income recruited from social media and 12 from a childcare center serving low-income families) with children 0-5 years (3 infants, 10 toddlers, 12 preschoolers). Pre- and Post- participation interviews investigated cultural relevance, appropriateness, acceptability, and reading/play routines at home, and barriers/facilitators. VIP coaches evaluated materials/curricula appropriateness and provided suggestions for optimization and sustainability. Transcripts were coded using an iterative process until thematic saturation.

Results: Evaluation of translated/adapted materials by the ECD experts resulted in replacement of idiomatic expressions to increase language and cultural appropriateness while maintaining fidelity to VIP core components. The curricula and books/toys were adapted from age-specific sessions (0-5 years delivered at least every 3 months) to age ranges (infancy, toddlerhood, and preschool) to facilitate training and reduce costs related to purchasing multiple age-specific materials. Pre-VIP interviews/surveys informed parenting and child development characteristics, reading/play routines, and barriers/facilitators for participation in VIP. Preliminary findings from post-participation interviews with 10 middle-income families who completed all 3 sessions and VIP coaches suggest acceptability, cultural relevance, and appropriateness of materials. Perceived benefits include learning strategies for read/play with their child at home and receiving age-appropriate learning materials. Challenges perceived by both parents and coaches included technology problems and the child's behavior during the activities. Ongoing study in low-resource communities will determine whether findings with middle-income families are generalizable to vulnerable populations in Brazil.

Implications: Findings have implications for optimization and scalability of ECD preventive programs targeting vulnerable populations in Brazil and LMICs broadly. Implementation of an evidence-based program focusing on early parent-child reading/play may be a feasible and sustainable strategy to promote families' well-being, reduce learning poverty in LMICs and ultimately meet the SDGs.

Indigenous-heritage parenting practices related to sophisticated collaboration may benefit parents across cultures

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Background and objectives: Collaborative learning practices have been associated with children taking more initiative to help in more complex ways in Indigenous-Heritage families of the Americas. This family relationship style was in contrast to more rigid, compartmentalized practices focused on individual vs. group concerns and on parents' control, e.g., via verbal direction. Those practices were associated with conflict, exclusion, and children helping less from their own initiative in middle class, highly-schooled families in the U.S. and Mexico. In the current study, collaborative parenting practices were taught to discover whether they may be beneficial across cultural contexts when children are toddlers.

Methods: Mixed methods were used to test a parent training, Raising Helpful Toddlers (RHT). RHT is based upon parenting practices related to children taking initiative in helping, and is informed by practices of Indigenous-Heritage families of the Americas as described in previous research (Coppens et al., 2016, 2020; Coppens & Rogoff, 2021; Rogoff et al., 1993, 2017). Sixty parents of 12- to 48-month-olds living in the U.S. were recruited for a randomized, controlled trial with active control. Parents participated in a 90-minute training through an internet meeting platform with synchronous facilitation and discussion. Parents filled out questionnaires pre-, post-, and 1 and 2 weeks after training, participated in two interviews, and received $70. Quantitative measures included the Parenting Stress Index–Short Form (PSI-SF; Abidin, 1995), the Interpersonal Mindfulness in Parenting scale (Duncan, 2007; 2022), and the Center for Epidemiologic Studies Depression Scale, Revised (CESD-R; Eaton et al., 2004).

Findings: Preliminary results of the current RCT are consistent with prior results from a mixed methods feasibility study: parents who participated in RHT reported an array of benefits including experiencing less stress while doing chores and more collaborative interaction with children. Additionally, a repeated measures ANOVA indicated that on average, parents significantly increased in parenting self-efficacy (PSE) 2 weeks after RHT (Being a Mother Scale-13; Matthey, 2011); ($F(1,29)=15.542$, $p<.001$, $\eta2=.35$). Higher PSE has been related to positive parent/child interactions, lower parent depression, and lower parenting stress (Bugental et al., 1993; Coleman and Karraker, 1998; Crnic and Ross, 2017; Jones and Prinz, 2005; Wittkowski et al., 2017). Results indicate that parent socialization factors can change when parents reflect on their priorities for raising a cooperative and helpful child. Some parenting practices related to children's sophisticated, inclusive collaboration on household tasks were adopted by U.S. parents of toddlers.

Implications for policy, research and practice: This evidence suggests that families benefited by regarding chores as opportunities for collaboration when children are toddlers, which is potentially an optimal window for supporting prosocial development. This work indicates that parents can change their helping socialization practices when changes align with their goals, and when specific daily practices and related beliefs are targeted. This work further suggests that parenting practices described in Indigenous-heritage families can be beneficial beyond the cultural contexts in which they were described, and highlights that many Euro-centric assumptions and practices present in global parenting supports may have unintentional consequences, e.g., undermining the development of prosocial behavior.

226

Global perspectives on evidence-based parenting support

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Background and objectives: ECD and global mental health research has supported the creation and implementation of various evidence-based parenting support programs globally. Such interventions have been found to promote family strengthening alongside improved health, psychosocial, and developmental outcomes for both parent and child. However, there are many barriers in bringing these parenting support interventions to scale. Successful strategies and approaches to scale must be rooted in localized needs and barriers to be effective and sustainable. This symposium will compare and contrast the strategies in scale-up from three evidence-based parenting interventions and will highlight global best practice and approaches in bringing programs to scale.

Brief description of each paper: The Sugira Muryango partner network utilized implementation science strategies to test a new model for scaling and sustaining the quality of delivery in SM in order to achieve long-term impact. Through a 12-module curriculum delivered via active in-home coaching, Sugira Muryango builds parent knowledge of early brain development, responsive parenting, nutrition, hygiene, and alternatives to harsh punishment to help families provide safe and healthy environments for children. This paper describes how, by expanding a sustainable and existing workforce, the SM program empowers a core team of local Rwandan experts with the aim to support greater child and family wellbeing.

   HV CoIIN: Since 2013, the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) uses the Breakthrough Series Model (BTS) to accelerate improvements in home visiting practices and outcomes for high-risk families living in vulnerable communities in the U.S. HV CoIIN 1.0 supported 14 home visiting programs in eight states to improve maternal depression identification, referral, service access and symptom alleviation. This paper describes HV CoIIN 2.0's theory of change for scaling improvements to four additional states and 47 local implementing agencies and reports implementation, outcomes and participants' perspectives.

   Nadie es Perfecto, Chile: In 2010 Chile launched a large-scale initiative offering free parenting classes in primary care centres from the national health service. The Chilean adaptation from the original Canadian Nobody's Perfect Parenting Program (NPP), Nadie es Perfecto in Chile (NEP), is one of the largest trials of a parenting intervention worldwide looking to assess impacts on parenting and child outcomes. This paper describes the implementation process and long term effects on children's health outcomes. In addition, we contribute key evidence on transformation of public health policies focused on childhood aiming to inform the next generation of intersectoral policy.

Implications for policy, research, practice: Bringing programs to scale requires buy-in from stakeholders involved in policy, research, and practice. Identifying best practice strategies for scale-up includes mapping the practical ways to engage and integrate programs within existing systems of care. Key outcomes of successful scale include government buy-in at every level. Globally, programs often work in independent silos and do not focus on how strategies to scale inform practice and policy implications across diverse contexts. This symposium will provide practical applications on to integrate parenting programs within local government and agency initiatives to not just bring programs to scale, but to do so sustainably.

Rwanda First Steps parenting education program

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First Steps "Intera za Mbere" Holistic Parenting Education Program: Access to quality ECD services has a long-term impact on future learning achievement, income, health, and development outcomes (Heckman, 2012). First Steps"Intera za Mbere," a program implemented by Save the Children and Umuhuza aiming to increase knowledge and skills of parents to support children's cognitive, socio-emotional, and physical development. Implementation was in January 2019 in Gasabo, Kirehe, and Ruhango Districts, targeting parents of children aged 0-3. Parents learn activities and try them at home with their children to facilitate holistic Early Childhood Development. This is achieved through community parenting meetings, radio program, and home visits conducted by local community volunteers.

A Randomized Controlled Trial (RCT) was designed to evaluate two forms of the First Steps "Intera za Mbere" intervention, full and light-touch, against a control group. The baseline survey was conducted in September 2019, before the start of the intervention, and the endline which was initially planned in May 2020, was shifted to September-October 2021 as consequences of the COVID-19 pandemic. This evaluation took place in three districts and is clustered at the cell level in three districts: Gasabo, Ruhango, and Kirehe with full intervention, light touch, and control cells in all districts and sectors. In each village, 12 households out of 20 households with a child between the ages of 6 to 24 months were randomly selected for inclusion in the intervention. A caregiver questionnaire was used to assess caregiver knowledge, attitudes, and practices toward early childhood development, health and nutrition, responsive parenting, early learning, and positive discipline.

The study found that full and light-touch intervention increased caregivers' engagement with their children across almost all interactions. Both the full and light-touch interventions had a positive and significant impact on caregivers reading books, telling stories, singing songs or naming/counting/drawing things with their child. There was a positive significant increase in caregivers playing with their child, taking their child outside in the light-touch group compared to the control, but not in the full treatment group. However, the overall increase in those practices was smaller than for others, as they were already commonly reported at baseline. While both mothers and fathers noted improvements in their parenting practices and relationships with their children, the improvements were pronounced for fathers. First Steps helped fathers realize the important positive role they play in raising their children through spending time with them and helping around the home with tasks traditionally perceived to be for mothers.

The study findings demonstrate the full-touch intervention does not lead to larger improvements than the light-touch intervention. No stronger impact of the full touch intervention on parenting practices, suggesting that the additional visits of the volunteers to households did not lead to changes in behavior.As expected, the full-touch intervention increased the availability of books than the light-touch. The evaluation highlights emphases on several topics in the program. In particular, the intervention led to increased use of non-violent methods and decreased use of physical violence, but no reduced use of psychological aggressions.

228

How to sustain fidelity long term when Implementing evidence-based parenting programs: The case of GenerationPMTO

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Background and objectives: Interventions to treat children´s behavior problems center on improving parenting practices. GenerationPMTO is a widespread evidence-based parenting program (EBPP), originally developed by Gerald Patterson and his colleagues in Oregon, United States. Implementing such evidence-based programs in community service settings introduces the challenge of ensuring sustained fidelity to the original program. In this symposium, we will describe a method of evaluating fidelity based on direct observation of practitioners' competent adherence to GenerationPMTO following installation at international sites. Fidelity monitoring is especially crucial for full transfer implementation (i.e., when the program purveyor fully transfers the program to the community) as is done in GenerationPMTO.

Brief description of each paper: GenerationPMTO developers have invested considerable resources and research in the evaluation of the validity and reliability of fidelity and its sustainability following implementations. Several Implementation papers have been published and much experience has been gained throughout the years.
The first presentation focuses on how GenerationPMTO developers have structured their fidelity monitoring system and how fidelity has maintained over the years. Data was collected on inter-rater reliability (percent agreement and intraclass correlations/ICCs) for the purveyor's two fidelity teams as well as seven international fidelity teams. We used the Observational Measure: The Fidelity of Implementation Rating System (FIMP) that was scored from video recordings of intervention sessions. The fidelity coders are the participants, but all fidelity teams meet monthly to calibrate fidelity and data is collected on a regular basis.
    In the second presentation we present data showing observed fidelity in three European countries (Iceland, Denmark, and the Netherlands) across multiple generations of practitioners for over more than a decade. Therapist fidelity was measured at certification and the FIMP measure was used to score video recordings of intervention sessions.
    The third presentation has focus on some challenges that are faced with fidelity when the program is adapted to fit different groups and contexts. This important topic is being further developed.

Implications for policy, research, and practice: This observational method of assessing fidelity post implementation and at certification is an essential approach which enables EBPPs to travel safely from purveyors to communities while maintaining fidelity to the intervention. Findings from the European countries further support the approach and confirm the importance to monitoring fidelity in a systematic and structured way to reach long-term sustainability with high fidelity. We need to give more attention to challenges when it comes to adaptations and how we adapt fidelity in that regard.

229

Improving early reading skills for low income Black and Latine children through cognitively stimulating parent-child Interactions: Findings from an RCT

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Background and objectives: There is substantial evidence of disparities among low income and racial and ethnic minority children in school readiness and achievement, often called 'opportunity gaps' and attributable to structural inequalities. Positive parenting can be a strong buffer against said outcomes. Smart Beginnings (SB) is an evidence-based parenting intervention for children from birth to 3 years combining two interventions, a health care-based universal primary prevention program, Video Interaction Project (VIP) and a home-based targeted secondary prevention program, the Family Check-Up (FCU). Prior research has found that participation in SB increases parental support of cognitive stimulation from infancy through toddlerhood. The present research extends these impacts to later child academic achievement.

Methods: The present study analyzes data from a single-blind randomized controlled trial (RCT) of the SB model with 403 families in New York City (NYC) and Pittsburgh, PA. Positive parenting practices are measured via coding of parent-child interactions for parental support of cognitive stimulation at child age 24 months. Child academic achievement is measured through early reading via children's standardized scores on the Woodcock Johnson Battery of Achievement - Letter Word identification (WJ LW) assessed at child age 48 months. The WJ was administered in both English and Spanish for bilingual children (N=107) and the higher of the two scores was used for analysis. The primary analysis is to investigate if cognitive stimulation in parent-child interactions mediates the relationship between SB participation and child early reading.

Findings: Due in part to the 48 month assessment occurring over the course of the COVID-19 pandemic, only 243/403 enrolled families have child WJ-LW scores available for analysis. The primary predictor is assignment to treatment, the mediator is observed cognitive stimulation in parent-child interactions (24mo), and the primary outcome is early reading skills (48mo), with site (NYC/Pittsburgh) included as a covariate. Analyses were conducted using the sem function for Stata. Analysis is still ongoing, but preliminary analyses reveal direct effects of intervention status on increases in observed cognitive stimulation in parent-child interactions (β = .20, p<.01) and trending mediation between cognitive stimulation and later WJ-LW scores (indirect effect = 1.09, p = 0.06).

Implications for policy, research and practice: The purpose of the current analysis is to extend previous work and test the impact of the fully integrated SB model (VIP and FCU) on early child reading and understand the mechanisms through which parenting practices can improve school readiness outcomes. Findings from the current analyses provide further support for the efficacy of the integrated SB model and that positing parenting practices are an actionable and effective intervention point for improving children's educational outcomes.

230

Systematic review and meta-analysis of parenting programs to prevent child externalizing problems

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Background and objectives: Parenting programs aim to improve parental knowledge, understating, skills and confidence and thereby reduce children's behavioural and emotional problems. They are identified as the treatment of choice for children with externalizing problems. However, the evidence regarding their effectiveness as preventive interventions is less conclusive. This study aimed to assess the effectiveness of parenting programs in preventing externalising and internalising problems in children.

Methods: We performed a systematic review and meta-analysis of randomized controlled trials assessing the impact of parenting programs on children aged 2-18. The included studies had a low to medium risk of bias and were published between 2000 and 2019. Standardized mean differences or risk differences were calculated.

Findings: We included 35 studies evaluating 17 unique interventions. Analyses showed that immediately after the end of the programme, they generally have a small effect on disruptive behaviour for children in risk groups (selective level). For children with early signs of problems (indicated level), the effect is moderate. At the universal level, the effects are negligible. The evidence is insufficient to assess whether the effects persist after at least six months.The findings also suggest that training parent in using positive and negative reinforcement of the child's behaviours may be an effective component of end-of-programme measurement. It was not possible to assess whether this component has an impact after six months.

Implications for policy, research and practice: We have identified four main gaps in the field that needs to be addressed: 1) Only a small number of studies have examined long-term effects in terms of crime, suicide attempts and meeting diagnostic criteria on depression, anxiety and antisocial behaviour. The evidence is insufficient to assess long-term effects. 2) It is not possible to assess whether factors such as age, gender, cultural and socio-economic factors may influence the preventive effects, as there are too few studies. 3) Studies have not examined the risks of the programmes. 4) The cost-effectiveness of the programmes cannot be assessed, as there are too few studies.

231

Influencing parents: A netnographic analysis of parenting education and support content on Instagram

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Background: The nature of parenting in the 21st century has been increasingly defined by the sourcing of parenting knowledge, resources, and community online. For Millennial parents, social media provides parental support and education content (parenting content) and is preferred over traditional sources such as baby books, peers, and extended family. Still, little is known about the parenting content, values, or communities that Millennial parents navigate on social media. This netnographic observation of Instagram accounts popular amongst parents with young children analyzes user profile characteristics, posts, and engagement to define and explore the types of education and support content designed to influence Millennial parents. The high overlap between Instagram users and the population of parents with young children makes it an ideal site for exploring social media parenting content.

Methods: Multiple sampling procedures were conducted to isolate relevant and representative profiles, including Instagram API metrics, parenting blog and hashtag searches, and snowball sampling. In initial value, content, and theme coding of popular Instagram accounts (n=224), analysis focused on four dimensions: parenting topics, philosophies or values, the use of hashtags, the use of paywalls, and sharing personal content related to the experience of parenting ("sharenting"). Some groups and relevant characteristics and practices emerged. A subsample was selected from each type, and each account (total n=12) was followed for three months. Content, discourse, and pattern analysis were conducted on the account's Instagram biography, including any external links, and its earliest, pinned, and most recent posts.

Findings: Initial analysis of parenting topics, philosophies, and values is consistent with the literature regarding common parenting challenges related to raising young children. The most common parenting topics were 1) behavior management (e.g., dealing with tantrums, sharing), 2) health management (e.g., child nutrition, diapering), and 3) self-management (e.g., body dysmorphia, identity challenges). This was consistent across all accounts, though there were differences in the range of topics. Four types of parenting influencers were found and grouped based on the range of topics, use of hashtags and paywalls, and sharenting: Influencers with children, Instaparents, Mom-memers, and Parenting Experts. Key differences centered on the original framing of the account, the timing of its rise to popularity, the use of hashtags and paid adverts on parenting content, and frequency of sharenting. Netnography observations of each account are expected to refine initial typing and illuminate each group's salient characteristics and practices.

Implications: The developmental psychology of parenting, including decades of parenting education and support content, remains disconnected from the lived experience of parenting. The reduction of parents to factors in their children's development has stunted our understanding of these adults' developmental experiences in becoming the primary socializing agent in a child's life. The findings of this study are relevant to efforts to improve the quality of parenting education, support, and interventions and to provide meaningful access for a more diverse range of families. Future research should explore these accounts' influence on parents' behaviors, self-efficacy, and identity and whether social media might be better leveraged to educate and support parents of young children.

Cursed or blessed: The rough road for teenage mothers from Narok County, Kenya

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Background and objectives: According to the Kenya National Bureau of Statistics (2014), approximately 18 percent of teenage girls aged between 15 to 19 years in Kenya are mothers. According to the county health department report. In Narok County, over 13,000 girls aged between 10 and 18 years in Narok got pregnant in 2021. As a consequence, they are forced to fall out of and end up not receiving very minimal psychosocial support from their peers and society at large. This study adopted a mixed method research approach to collect data. The respondents of the study included teenage mothers aged 19 years and below, parents, teachers/ principals, County Education directors, local chiefs and religious leaders. The county and sub county directors of education and county director of health services were purposively sampled to take part in this study. The overarching objective of this study was to explore the challenges of teenage mothers in Narok County and the Support interventions put in place for them.

Methods: Qualitative data were collected through individual and group interviews while questionnaires were used to collect quantitative data. Individual interviews were conducted on parents, teachers /principles, religious leaders, local chiefs, county and sub county directors of education and county director of health services. Focus group discussions were conducted with 40 teenage mothers who were purposively selected through the help of headteachers of selected schools and local chiefs. Quantitative data were analyzed using SPSS while qualitative data were coded and analyzed according to themes.

Findings: The study showed that teenage mothers grapple with a myriad of challenges including dropping out of school, lack of psychosocial support, lack of access to medical care, extreme poverty, stigma and inability to cope with their new parenting responsibilities. Further, young mothers lack professional counselling and suffer from stigma and discrimination, anxiety low self-esteem and guilt, Moreover, they are very ill prepared for their new role of parenthood. Teachers also are not well equipped on how to deal with students who become mothers. Worse still, the young mothers have no source of income to cater for their needs and those of their babies or even pay for their school fees should they want to go back to school.

Implications: Findings of this paper are hoped to inform policy makers at national and County government levels in to come up with policies and intervention to leverage psychosocial and economic wellbeing and resilience among Kenyan teenage mothers and their children. The study findings mighty also be of help to other stakeholders including religious organizations, international and local NGOS and community-based organizations to formulate contextually responsive interventions to empower young mothers to be resilient. Thus becoming economically independent, able to be readmitted to school and reintegrate well to society. These findings also intend to contribute to research and practice in the fields of Population Studies and Child and Family Studies.

Marital conflict resolution and child wellbeing

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Background and objectives: The study on the role of Christian values and culture in conflict resolution among married Christians in Mukono, Uganda found out that marital conflicts affect not only the couple but the family at large, including having an effect on parenting. A key question was: How does conflict resolution among married couples affect parenting? Studies have associated marital conflict with parenting problems, poor child upbringing and increased family conflicts. Additionally, marital conflict is associated with parent-child conflict and conflict between siblings. Conflict resolution therefore has important implications for individual well-being, the marriage relationship as well as parent-child relationships.

Methods: Moustakas Phenomenology was used to obtain couple's lived experiences on how their marital conflict resolution influenced parenting. Ten (10) couples were purposively sampled for the study based on the following criteria: married for at least 8 years; married in Church and practicing their Christian faith by attending church.All the couples were selected from St. Philip and Andrew's Cathedral of Mukono Diocese. This Church was selected because it is the largest Anglican congregation in Mukono and provides a representative picture of the Anglican Christians in Mukono district.
Phenomenological data analysis was done to obtain common themes that would provide an essence of how conflict resolution influenced parenting among married Christian couples.

Findings: The study identified the following themes parenting from the perspective of conflict resolution:
- Concealment of marital conflict: Couples concealed hurt or unhappiness with an intention of keeping the children happy. Wives particularly endured marriage to raise their children. Couples desired to show children and thus made sure the children did not get to know about the conflict. They were mindful to discuss conflict away from the hearing of the children.
- Divergent ideas and decisions pertaining to children resulted in conflict: Couples disagreed on methods of child discipline. Couples had less conflict before the arrival of children.
- Increased responsibility of children impacted the marriage relationship: Children notice conflict between parents and are affected by it.
- Gender factors: The husband's role to provide guidance and correction to children was underscored. Wives were blamed for anything going wrong with children. Absence of male children often perpetuates conflict.
- The role of cultural factors: Obligation to support extended family perpetuated conflict.

Implications: The study has implications to increase cultural sensitivity for professionals when supporting parents at conflict. There is need for increased awareness among parents on the effect of marital conflicts on children, thus need to be conscious and deliberate efforts to resolve conflicts. Coupled with this is the need to address root causes of conflict and to enable parents to create more supportive environments for parenting.

Leveraging online programming to expand access to parenting interventions: An initial evaluation of acceptability and preliminary effectiveness

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Background and objectives: Parenting interventions hold promise for preventing and treating a variety of child behavioral problems. However, many families lack access to parenting intervention programs. This presentation will describe the development and initial outcomes of a brief, online parenting program. This new program draws on foundational content and teaching processes informed by the evidence-based GenerationPMTO parenting intervention. The objectives of this mixed-methods study were to: (a) assess caregiver ratings of the acceptability of the parenting program, and (b) evaluate the preliminary effectiveness of the program in the domains of parental efficacy, parenting practices, and child behavior problems.

Methods: This study used a mixed-methods, single-arm open trial (pre-post) design. Data for this study were collected from 87 U.S. caregivers who met eligibility criteria and were recruited during a 13-day recruitment window in February 2021. The sample was primarily mothers (92%); the racial/ethnic distribution was approximately equivalent to the population of the state in which the study took place. During registration, participants completed a pre-test assessment containing measures of parental efficacy, parenting practices, and child behavior problems. Participants were then exposed to the online parenting program called MI Parenting Resource, a video-based, self-directed online program consisting of 22 videos curated into five topic areas: (a) introduction, (b) giving clear directions, (c) identifying and regulating emotions, (d) teaching through encouragement, and (e) finale. The total duration of the videos is approximately two hours. Four weeks after completing the program, participants were sent a link to the post-test assessment.

Findings: Participants reported high levels of acceptability with the online parenting program, with an overall average across all topics of M = 4.28 (SD = .73) on a scale of 1 = not helpful to 5 = very helpful. High levels of acceptability were also reported across all parenting videos. No evidence of selection bias was found. The qualitative data elaborated on the acceptability of the program, with the parenting strategies identified as the most salient program component (n=67). Participants also identified the teaching process, video program format, and "everything" as other helpful elements.
In terms of effectiveness, participants reported statistically significant improvements from baseline to 4 weeks post-intervention in parental efficacy (|d| = .34), parenting practices (i.e., clear directions [|d| = .67], emotion regulation [|d| = .22], teaching through encouragement [|d| = .51], discipline [|d| = .52]), and child behavior problems (|d| = .60). Qualitative findings corroborated positive changes in child, caregiver, and family outcomes.

Implications: The findings of this initial study align with literature suggesting online parenting programs can promote positive outcomes for families. This is important because such programs may have the potential to reach underserved families who face barriers accessing more traditional, in-person services. Online programs may be particularly helpful when in-person meetings are contraindicated (e.g., pandemic conditions), for families living in remote locations, or when access to trained interventionists is limited. Our findings also suggest that using testimonials and examples from real caregivers and delivering the program content in a non-blaming and strengths-based manner may further promote positive outcomes.

235

The long shadow of prenatal symbolic parenting: Disentangling parent and child influences on child mental health outcomes

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Background: While much research has been dedicated to studying parental effects on child mental health, current approaches challenge the notion of parental causality, and suggest that parenting is (to a significant degree) an evoked reaction to child characteristics. To disentangle parent and child influences on child MH, we suggest examining expecting-parents' symbolic parenting: ideations of how individuals imagine themselves to feel and behave towards their future child. Such symbolic parenting could be viewed as the initial substrate, which has yet to become intertwined with child characteristics; thus, it captures effects individuals bring to parenting prior to any actual influence by the child. This could shed light on causality and mechanisms of parental influences on children, by identifying the unique influence stemming from parents to child MH.

Methods: We longitudinally followed families from the prenatal stage (N=400 families with postnatal data in at least one wave). Israeli pregnant women and, when possible, their partners, were recruited while awaiting a prenatal ultra-sound test at a number of clinics and were asked to fill out questionnaires. Families were followed at 9, 18, 36 and 60 months. Importantly, we have incorporated both maternal and paternal reports, a critical issue given the neglect of studying fathers in developmental research.
Symbolic parenting was assessed using adjusted prenatal versions of the Parent Acceptance-Rejection/Control Questionnaire-Short Form (Rohner & Khaleque, 2005), administered to mothers and fathers prenatally.
Child MH was assessed using the Strengths and Difficulties Questionnaire (Goodman, 1997), which assesses internalizing (emotional symptoms and peer relationship problem) and externalizing (hyperactivity/inattention and conduct problems).

Findings: The PARQ includes subscales of the following parental behaviors: warmth/affection, hostility/aggression, indifference/neglect, undifferentiated rejection, and control. Items are rated on a 4-point Likert-type scale (1=almost never true to 4=almost always true). A principal component analysis with oblimin rotation yielded two factors explaining 61% and 66% of the variance for mothers and fathers, respectively. The first factor contrasted hostility/aggression, indifference/neglect, and undifferentiated rejection, which loaded positively on it (loadings ranging from .65 to .81), with warmth, which loaded negatively (−.63, for mothers, −.73 for fathers). This factor was therefore referred to as parental negativity. The second factor reflected mainly the control variable, which loaded strongly on it (mothers, .87, fathers, .95). This factor was therefore referred to as parental control. Factors for both mothers and fathers had acceptable internal consistency (α=.64–.65). Maternal symbolic negativity predicted both internalizing scales at age 5 (peer problems, r(152)=.19, p<.05; emotional problems, r(152)=.18, p<.05). Paternal symbolic negativity, and symbolic control (maternal and paternal) did not predict child outcomes.

Implications: By examining symbolic parenting, we will address an important controversy in the field of child MH: to what extent parent-originated influences effect child outcomes. Incorporating paternal influences has importance for both research and practice, as studying fathers has been substantially neglected in developmental research. These findings could also have important implementations in designing informed interventions and policies, by studying parents as early as the prenatal stage, while accounting for the different components of parental behavior, and possible differences between mothers' and fathers' effects.

Reaching the hard to reach: Soft-edged integrated service delivery

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Effective parenting support is an important way of promoting well-being and health globally. Encouraging a nurturing family environment and the opportunity to connect socially are crucial social determinants of health, especially in the early years. Including these two aspects as part of service delivery are key in providing the best support for families with young children affected by socio-economic disadvantage who are sometimes labelled as" hard to reach". Given the complex, multi-faceted problems that such families often face, place-based approaches to health, education and community services have often been advocated as a basis for integrated service delivery. However, current thinking in this area is limited by a fixation on co-location as the spatial key, a focus on formal services, and a lack of understanding of how integrated services unfold.

This paper addresses this limitation in current thinking by using spatial theorisation to understand services in highly disadvantaged communities where integrated approaches to supporting families are needed. Accordingly, the focus is on the shared public spaces of Child and Family Learning Centres in Tasmania, Australia. One hundred and twenty hours of participant observation and forty semi-structured interviews with parents, staff and volunteers were conducted in three centres. Analysis was informed by ideas of space as dynamic and socially constructed to disrupt conventional thinking and offer a distinctive account of how connections made in these informal spaces can underpin the integrated service delivery available to families. Specifically, these informal shared spaces were conceptualised as spaces where multiple trajectories come together, and services engage with families in complex constellations of stories so far.

The conceptualisation of space as not a static slice of time but rather space and time as connected led to new understandings of the importance of long-term connections. Maintaining long-term connections has particular significance for "Hard to reach" families. There has been a focus on the importance of "outreach "to encourage these families to attend services. However, recent research has suggested that the issue of continued attendance is more problematic than the first visit. Analysis revealed that the three practices of hanging out, consuming and negotiating were enacted in these shared public spaces. These practices generated trajectories which led to opportunities for connection, underpinning integrated service delivery in these spaces.

Conceptualising the space in this way led to the idea of soft-edged integrated service delivery. By soft-edged, I mean delivering services through initial social connection and situated, live responses to parents' identified needs. Thus "delivery" sometimes becomes something co-produced with parents. Integrated service delivery is seen not as a property of service but as something which can unfold operationally. Thinking this way about supporting parents matters even more to "hard-to-reach" families who may have learned to distrust services. In conclusion, through its use of spatial theorisation and focus on connection, this paper sheds new light on the importance of informal shared spaces and the part they can play in delivering soft-edged integrated services which support parents. These spaces must be taken seriously in policy, practice and future research projects.

Implementation support: Describing the impact of implementation support for 1) new EBP implementers (Czech Republic); 2) quality and fidelity monitoring (US); and 3) achieving implementation outcomes (Chile)

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Background and objectives: Triple P International supports the implementation of Triple P Programs in many countries across the globe. Implementation support is provided through the use of the Triple P Implementation Framework (TPIF) facilitated by implementation consultants (IC) assigned to implementing organisations. The objectives of this symposium are to 1) demonstrate the impact of systematic implementation support based on implementation science in the Czech Republic; 2) explore the role of ICs in developing and supporting a tailored quality and fidelity monitoring process (US) through the implementation process; and 3) explore the potential of IC support in achieving the 8 implementation outcomes (Chile).

Methods: In 2019 the Czech Republic initiated a pilot project to implement Group Triple P in five organisations. The project included application of the TPIF and IC support working with the leadership team and a Local Coordinator over the last two years. Full implementation has now been achieved. TPI has developed a Quality and Fidelity Monitoring Process (QFMP) based on 7 core components of Triple P, reflecting the core principle of self-regulation, to support organisations to self-assess fidelity. U.S. ICs have worked with three organisations in the use of the QFMP and the self-assessment checklists. A Chilean Central Government initiative supports the implementation of Triple P in over 35 municipalities. After 2 years of implementation support ICs from Triple P Latin America surveyed three levels of participants (Central, Regional and Local) to explore the achievement of implementation outcomes. The presentations will describe the process undertaken in each and the results achieved.

Findings: Czech Republic Pilot: With two years of tailored implementation support, and despite challenging circumstances all Triple P trained practitioner have delivered the program to parent groups at least once, all participate in coaching sessions. A second set of organisations is being engaged to implement with the local coordinator facilitating the implementation. US QFMP: The QFMP has been used in 3 organisations: 1 providing parenting support by community partners; 2 An intermediary organization 3 An organization providing Triple P to families involved in the child welfare system. The QFMP checklists provided both agencies and practitioners with a tool that supports ongoing self-assessment of quality and fidelity, and development of skills and competency. Chile Implementation Outcomes Evaluation: The evaluation identified implementation outcomes that had been achieved and those that were a challenge, indicating influencing factors and strategies that promoted success or were barriers to success.

Implications for policy, research and practice: The findings from these three presentations suggest areas for development for implementation science and its application; particularly how implementation facilitation could increase implementation outcome achievement and ongoing monitoring of fidelity. With respect to policy the findings support consideration of funding for systematic implementation supports and processes as a means of improving return on investment in EBPs. The application of implementation science through the TPIF and ICs is significant, these three examples demonstrate the application of implementation science and inform areas that need further exploration to enhance implementation practice.

238

Together facing the challenge: An evidence-based model for foster parent training

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Together Facing the Challenge is widely used across the US. Primarily used in therapeutic (treatment based) foster care, it has expanded into traditional child-welfare based foster care and to primary parents. It supports the development of positive parenting techniques in a trauma-responsive and culturally sensitive framework. Because it is an evidence-based program (California Evidence Based Clearinghouse for Child Welfare) popular with both governmental and private agencies who desire that validation and are willing to work toward becoming a certified provider, implementing the model to fidelity standards. Designed for both agency staff and foster and primary parents and can be trained by staff within their existing agency structure.

In this workshop a brief overview of the following will occur:
1. Background of the development of the program.
2. Research conducted which led to evidence based status.
3. Delivery methods.
4. "Real-World" Implementation.
5. Fidelity to the model.

This presentation will be led by the developer of the program. It will include videos of actual training sessions, examples of parent coaching sessions, and interviews with current users of the program (both agency staff and foster parents). Workshop participants will have an opportunity to ask questions of the developer regarding research and evidence-based status, participate in some brief activities that are part of the instruction to foster parents (allowing for an in-depth view of the content of the curricula), experience an example of a coaching session, determine if topics are appropriate for the families with which the participant works, and learn about how the program can be adapted.

This workshop is designed primarily for leaders who are in a position to select the curricula used by their agency for training foster parents (or by governmental officials who are responsible for recommending curricula to agencies they oversee). Post-training coaching and consultation is an integral component of the model that allows participants to move from classroom learning to applying the principles of the program to real life agency practice. Clinicians who are interested in how foster parents can be coached after training are also invited to attend. And of course agency staff who specialize in training will benefit. As this program was developed at a major research university and was grant supported, faculty and researchers will be interested as well.

Key outcomes include:
1. An understanding of the development of research and evidence resulting in wide scale dissemination of the model.
2. An overview of a curricula that focuses on positive parenting while taking into account children's lived-experience of past trauma .
3. Knowledge of how to enhance a foster parent's skills while recognizing parenting practices that contributed to their success when caring for their own children.
4. Observation of how the training and coaching process work together such that techniques presented in an "abstract" training environment are brought to life during "real-time" coaching sessions.

239

Exploring Indigenous parent wellbeing: Implications for early intervention parenting programs in Indigenous communities

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Background: Little is known about subjective wellbeing indicators for Aboriginal and Torres Strait Islander parents and families. Despite increasing awareness of the models of Indigenous social and emotional wellbeing, applying such knowledge in clinical assessment and practice remains scarce as clinical practice continue to be driven by Western discourse.

Methods: This community engagement project adopted a qualitative research design through focus group discussions and interviews to explore the subjective experiences of Indigenous parents' wellbeing within an Indigenous community context. A participatory-action research methodology was utilised in collaboration with the community-based advisory group members to verify the Indigenous Parent Wellbeing (IPW) model and its domains and sub-themes. Participants' cultural perspectives of wellbeing were collected through open-ended semi-structured questions during focus groups and interviews (n=20). NVivo (qualitative analysis software) was used to code and identify key themes. Thematic analysis was undertaken using a-priori coding based on Dudgeon and colleagues' social and emotional wellbeing framework and an interpretative phenomenological analysis (IPA). The data was displayed to the advisory groups for collective data analysis. Subsequently, the Indigenous parent wellbeing themes were determined.

Findings: To our knowledge, there is no prior study that explored domains of parent wellbeing specific to the Australian Indigenous parent or caregiver population. In this study, the findings were conceptualised into an IPW model with three super-ordinate domains, which include 1) the child wellbeing domain, 2) the primary parent wellbeing domain, and 3) the context domain. Within each domain, several sub-themes emerged. Noteworthy, three overlapping and intersecting wellbeing themes were noted in all three domains; these include the importance of parents, children and ecological context's connections to a) culture; b) country; and c) spirituality.

Implications for policy, research and practice: The influences of parent wellbeing on parenting and child development are well established. A clearer understanding of Indigenous parent wellbeing and its constructs will assist in the development of policy, research and clinical practice to better support Indigenous caregivers and their children. The findings of this study will potentially be of influence across many sectors including health, child welfare and education settings. Further studies in this research series will explore the impact of evidence-based parenting support, tailored for the Cherbourg community, on parent wellbeing, parenting and child outcomes at an individual family and community level.

240

Joining forces to support families with parents with problem substance use: Current practices and promising advancements

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Background and objectives: Many evidence-based parenting programs exist supporting families with complex, psychological and behavioural presentations. Few of those are available to parents with substance use disorders (SUDs). Parents with SUDs have complex behavioural and psychological needs that must be addressed for successful parenting interventions. Around 13% of children below 12 years old (Australia) and 17 years old (USA) are in households with a parent with problem substance use. Parents' SUD is a key factor in substance initiation and problem use in young people. This symposium presents evidence to support a global-scale approach to improve parenting programs where parents have a SUD.

Brief description of each paper:
Five international experts will present on advancements in supporting families with parents who have problem substance use. Dr Juliane Pariz Teixeira (Co-Chair) will provide an introduction to the field and literature on parenting intervention with parents with SUDs. Professor Jason Connor (Co-Chair) will act as Discussant.
    1. Professor Beth Stormshak on The Family Check-Up Online (FCU): Learnings from a preventive web-based family intervention for use in the school and community mental health settings. Results showed less parental stress, anxiety, and depression; increased positive and proactive parenting family togetherness and co-parenting.
    2. Dr Amanda Lowell on the Mothering from the Inside Out (MIO): Parenting psychotherapy targeting parental reflective functioning and for mothers in substance use treatment. MIO has shown positive results on parenting substance use mental health when delivered by research and community-based clinicians.
    3. Professor John Toumbourou on The Resilient Families Program: School and family intervention for raising healthy adolescents that includes brief and longer parent education components. Results point to more effective support to parents of adolescents improving family practices, parents' and adolescents' mental health and adolescents' antisocial behaviour.
    4. Dr Evette Horton on The Art of Parenting in Recovery: Explores a new 16-week parent education curriculum for pregnant and parenting women with substance use disorders entering a residential treatment program with their children. Incorporates multiple evidence-based parenting interventions into a recovery focused discussions to help facilitate healing in both the caregivers and their children.
    5. Professor Sharon Dawe on the Parents under Pressure program: Two studies on mechanisms of change to understand how parental interventions with parents who use substance use disorder works. Results support that emotional regulation is a key mechanism of change in parents with substance abuse problems, also associated with more mindful parenting.

Implications for policy, research and practice: This symposium provides information for practitioners, policymakers and researchers supporting an action-driven advancement plan to support parents with problem substance use. International efforts require progress in four main aspects of parenting support: 1) The delivery of evidence-based practice in the real world by health professionals and the need for specialised training, 2) The viability of reaching large populations where staffing is limited via supplementation of online programs, 3) Integrating parenting intervention into secondary schools to reach more substance-user parents, 4) The need to focus on active mechanisms that drive change for more efficient and effective change in parents with SUDs.

241

The development of a dissemination and implementation toolkit to address adverse childhood experiences with parents and caregivers

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Adverse Childhood Experiences (ACEs), such as abuse, neglect, or household dysfunction, can have long-term negative effects for individuals and families (Merrick et al., 2019). Through a Centers for Disease Control and Prevention (CDC)-funded implementation science grant, the Linking Systems To Address ACEs iN Childhood Early On (STANCE) project works to disrupt the inter-generational transmission of ACEs by using evidence-based practices targeting parents and caregivers of young children. This project was developed in the San Luis Valley, a rural community in southern Colorado, through a long-standing community-academic partnership. The SLV Community Advisory Board identified ACEs as a public health concern in the community and connected researchers to community stakeholders. The goal of this poster presentation is to share the development of the STANCE Dissemination and Implementation (D&I) toolkit to translate key components of this intervention for communities working to reduce ACEs and support families.

STANCE consists of: 1) building capacity and infrastructure within early childhood education (ECE) settings to implement ECE-based assessments for early identification of ACEs and appropriate referral to community supports (e.g., behavioral health services); 2) implementation of an evidence-based program that promotes protective factors in children and parents; and 3) strengthening the community system of care to better meet the needs of children and families struggling with ACEs and their consequences. The STANCE D&I framework was developed collaboratively by researchers with expertise in areas of community health, community engagement, early childhood, and D&I science, using constructs and structure from other dissemination science frameworks, such as the Consolidated Framework for Implementation Research (CFIR) and the Knowledge to Action (K2A) Framework. The STANCE D&I framework includes Intervention factors, Structural and Participant factors, and System-level and Contextual factors, as well as short-, medium-, and long-term outcomes. Using this framework, researchers will share the development of a toolkit to translate STANCE programming to other communities. Qualitative data collected from ECE directors, teachers, and parents through semi-structured interviews guided both framework and toolkit development. Qualitative data was deductively coded to match the STANCE D&I framework constructs.

This poster will share part of the overall framework and a subset of findings related to 25 interviews. Results were used to identify implementer support needs that will be addressed in the toolkit. Initial interviews are mapped to the STANCE D&I framework constructs to explore intervention factors such as complexity or adaptability of implementing STANCE components, or structural factors such as organizational readiness and climate. Interviews explored systems-level and contextual factors to understand community characteristics and participants needs related to connection of community support services. The toolkit, as a self-paced course, will give organizations the ability to plan for program implementation and adaptation. The toolkit will showcase how STANCE works both within and outside of ECE settings.

This toolkit will inform evidence-based practices for communities addressing ACEs in early childhood. Attendees will learn how this toolkit can be adapted for other location, audiences, or community settings while maintaining fidelity to essential program components. Additionally, they will learn how to engage community to bring research into practice.

Child and Family Hubs: Important 'front doors' for equitable support for families

Dr Suzy Honisett[1], Emma Sydenham[2], June McLoughlin[3], Anne Hollands[4], Professor Sue Woolfenden
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Background: Integrated child and family hubs provide a 'one stop shop' for families in Australia to support child development and improve child and family health and wellbeing. They do so via two critical roles: improving equitable access to a range of health, education, and social services using a family centred approach; and providing opportunities to build parental capacity and for families to create social connections. There are approximately 460 hubs located in early childhood services, primary schools, primary health care, non-government organisations, Aboriginal Community Controlled Health Organisations and virtually.

Objectives: This symposium will discuss: 1) the important role of hubs in providing a welcome 'front door' for families to access a range of family centred services and supports that are based on relational practice; and 2) how hubs can support better service integration and coordination to identify issues early and intervene effectively to address the needs of children and families experiencing disadvantage.

Brief description: After an introduction to the current context for child and family hubs in Australia, Suzy Honisett will discuss foundational core components that are common across all hubs that are more likely to lead to effective engagement and equitable implementation. The National Child and Family Hubs Network will also be introduced, which aims to create collaborative learning and sustainable and effective practice of hubs across Australia. Sue Woolfenden will briefly present on primary care based hubs and how they bring a range of health and social services together to support families experiencing adversities. Emma Sydenham will discuss integrated child and family hubs within early childhood services, and the important elements to successfully support families. June McLoughlin will present the work of Our Place hubs in primary school settings and how they have engaged and supported families. Anne Hollands will discuss the importance of hubs in providing equitable and quality supports and services to those families who need it the most from a policy perspective.

Implications for policy, research, and practice: There is a growing body of evidence on the effect of integrated care on a range of both service (i.e., more equitable access) and child and family outcomes. The National Child and Family Hubs Network has been designed to leverage current interest in integrated hubs across Australia and create an opportunity for collaborative learning and sustainable and effective practice. Over the coming three years the Network aims to:
- build collective capacity by linking hubs across Australia to support a shared language, networking, and collective learning
- define child and family hubs and develop a common approach across Australia based on evidence informed core components
- develop an implementation and outcomes framework for hubs,
- develop and advocate for sustainable funding models to ensure optimal investment of Australia's public dollar.

Through this work the Network will enable the vision of all families being able to walk through a hub's welcoming front door and receive the right care and support for their child and family at the right time, leading to improved and equitable health and development outcomes.

Shifting systems by engaging and building capabilities with parents and caregivers: Lessons from the systems work of ARACY and the Thriving Qld Kids Partnership

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ARACY is a not-for-profit entity working at a national level in Australia, and at a state level in Queensland through the Thriving Queensland Kids Partnership, to:

- synthesise a diverse range of perspectives, disciplines, learnings and methods - including systems change, implementation science and developmental science;
- adapt and apply these in a 'real world' context of diverse and dispersed contexts;
- connect, catalyse and amplify the experience and voices of citizens, caregivers, consumers and communities, as well as systems leaders and change agents;
- learn about 'what works' in demonstration exercise for a systems intermediaries at national and state levels; and
- contribute to a growing global body of knowledge and practice.

This presentation will cover the genesis, trajectory and positioning of ARACY as a national level knowledge alliance over the past 20 years in Australia. It will share ARACY's evolving approach from research alliance to knowledge and people broker and systems influencer, drawing on the voice and lived experience of children, young people and their caregivers. Learnings from ARACY's caregiver engagement and knowledge translation initiatives will also be discussed, including parent and caregiver engagement in design and development: The Nest, Common Approach, school-parent engagement and E-pulse, Early Years Catalyst.

We will discuss the instigation of TQKP as a systems intermediary and catalyst, committed to systems change to reduce inequities and adversities and to disrupting disadvantage; and explore TQKP's emergence as a jurisdictional level cross-systems, inter-sectoral and inter-disciplinary approach, with a priority on public and caregiver engagement. Learnings will be shared from TQKP's early-stage collaborations spanning communities, governments, not-for-profits, tertiary institutions and philanthropies, including: Strategic Framing / Core Story initiative; Thriving Kids Brain Builders Initiative; Thriving Places, Thriving Kids; Integrated Child, Youth and Family Service Systems Initiative; along with ARACY & TQKP's current roles with the emerging Investment Dialogue for Australia's Children and the Qld Kids Funders Alliance.

Overall, our aim is to share ARACY and TQKP's learnings regarding caregiver engagement in systems change initiatives.

544

Three parenting Interventions to address child maltreatment: Child First, SafeCare, and Alternatives for Families – CBT

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This presentation will highlight three evidence-based parenting approaches that specifically address different aspects of child maltreatment.

Child First is an intervention for children from prenatal through five years of age that addresses emotional, behavioral, and developmental concerns. The program specializes in working with families facing substantial challenges such as poverty, homelessness, parental incarceration, and abuse and neglect.

SafeCare is for children up to five years of age who are at risk or experiencing neglect. The program targets home safety, child health, and the parent-child relationship.

Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT) is a program for older children (5-17) who have families that have engaged in verbal and/or physical aggression. It is a parenting intervention that supports families to get along better and have a safe home environment.

All three of these programs address unique needs for children and families who are at risk of or who have experienced various forms of child maltreatment. The presenters each support the implementation of the models in Colorado, USA.

This presentation will start with an overview of each program, what it is and who it is for, the associated evidence-base, and some brief information about how it is implemented. The presentations will be followed by a moderated discussion comparing the various model approaches and how they have overcome implementation barriers.

545

Climate change and parenting: From concerns to considerations

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Climate change is undeniably one of the most pressing issues facing the world today. It is a global phenomenon that has far-reaching impacts on the lives of our children and ourselves. The increased frequency and severity of extreme weather events such as global warming, floods, droughts, sudden weather changes, and the spread of diseases, have impacted various aspects of our lives, including socio-economic security, food and water security, and overall well-being. Children are most vulnerable to the effects of climate change, especially those living in already disadvantaged contexts. The developing child is more susceptible than an adult to the effects of environmental stressors. Urgent action is needed on mitigating climate change and adapting to its impacts on young children as well as ensuring there needs and rights are advocated for in climate change action. Parents have a unique responsibility not only to protect our children but also to mitigate all relevant risks that come their way or have the potential to impact their development. This means taking measures and following climate-responsive practices to ensure that the world is protected for our children. Additionally, we must prepare our children for a changing world by instilling the skills of resilience.

This panel discussion will bring together experts from the fields of human development who will shed light on how climate change impacts parenting and how parents can be supported to mitigate risks and prepare children for the future. The panel moderator will provide an overview of the current climate and the risks it poses, including its potential impact on our children. Panelist 1 will delve into how climate change affects children and their overall development, discussing the psychological, social, and physical impacts. Panelist 2 will focus on the insecurities that climate change brings to communities, particularly how parents and nurturing care is impacted. Panelist 3 will discuss interventions that can be done to mitigate risks, including small-scale sustainable interventions that parents can do in their homes and communities.

Through this discussion, we aim to raise awareness about the urgent need for action on climate change. By working together and sharing our expertise, we can build a more resilient and sustainable future for our children. It is essential that we understand the impact of climate change on parenting and what steps we can take to mitigate the risks. Ultimately, our children's future depends on the actions we take today.

Author Index

A

B

C

Cain, Grace	98	Chew, Kuo Min	71
Cain, Kate	33	Chota, Sumayya	116
Caldwell, Jane	116	Chowdhury, Serajus	163
Callejas, Enrique	30	Christiansen, Hanna	29
Campbell, Shawna	190	Christophe, Anne	89
Canário, Ana	19	Chu, Shin Ying	198
Canário, Catarina	23, 209	Churchill, Harriet	19
Cañas, Maria	219, 221	Ciochetta, Fabiano	223
Canfield, Caitlin	229	Clarkson, Anne	199
Cann, Warren	101, 150	Cliff, Lee-Ann	181
Capehart, Yvonne	83	Cobham, Vanessa	186
Carcamo, Rodrigo	69	Conner, Jason	240
Carl, Talia	149	Contreras, Carmen	133
Carneiro, Pedro	226	Contreras-Suárez, Diana	116
Carter, Georgia	114	Cooklin, Amanda	13, 43
Casillas, Katherine	544	Cooper, Daniel	536
Chai, Siaw Chui	198	Cordero Vega, Miguel	226
Chainey, Carys	67, 76, 77	Coventry, Kenny R.	33
Chamberlain, Patti	540	Cowan, Carolyn Pape	86
Chan, Qing Rong	64	Cowan, Philip	86
Chandrasekara, Dharshani	156	Crane, Tess	13
Charman, Tony	54	Crawford, Sharinne	13
Chaudhry, Imran B.	206	Crimon, Cécile	89
Chaudhry, Nasim	206	Cruz, Orlanda	19, 23, 209
Chavez, Georgina	141	Curtin, Michael	152
Cheong, Sau Kuan	197	Cvetkovikj, Mirjana	135

D

Dadds, Mark	183, 530	Dirscherl, Ronja	154
Dahake, Urmila	47	DiSalvo, Christina	24
Dakin, Penny	116, 528, 529	Dittman, Cassy	56, 66, 76, 84
David, Oana Alexandra	52	Divan, Gauri	191
Dawe, Sharon	240	Dokoska, Tina	135
Dawson, Alexis	177	Dolbin-MacNab, Megan	139
Dawson, Nicki	218	Domenech Rodríguez, Melanie	228
Day, Crispin	34, 55	Donovan, Mark	126, 129
De Eccher, Martina	33	Doyle, Frances	67
de Frutos, Javier	19	Doyle, Orla	82
De Paúl, Joaquín	219, 221	Dumbaugh, Mari	148
Devaney, Carmel	19	Duncan, Larissa	224
Diehl, Sandra	24	Dunsmore, Julie	143
Dippenaar, Wilmi	218	Durrant, Joan	91
Diprossimo, Laura	33		

E

Eapen, Valsamma	68, 116	Elliott, John M.	64
Eastwood, John	77	Elliott, Sam	66
Ebrahim, Kaathima	109, 110	Enyipu Akurut, Betty	233
Edvardsson, Kerstin	164	Erb, Adinah	161
Edwards, Elia	190	Eslek, Duygu	205
Einfeld, Stewart	200	Espinosa, M. Angeles	30
Eisenberg, Nicole	119	Evans, Libby	108, 158, 159, 226
Eldeeb, Nehal	217		

F

Fairchild, Lucretia	224	Forehand, Rex	98
Fasolo, Mirco	14	Forgatch, Marion	228
Fearon, Pasco	148	Forster, Michell	181
Ferrer-Wreder, Laura	162	Foy, NIkki	32
Finnerty, Patricia	226	Fracolli, Lislaine	170
Fisher, Tarita	239	Freeman, Emily	182
Fitzgerald, Dr Monica	544	Frogley, Wendy	143
Flanagan, Karen	53	Fu, Charlene S. L.	64, 71
Fogarty, Ali	72, 73		

G

Gadge, Pankhudi	47	Gold, Lisa	116
Gajdadzis-Knezhevikj, Slavica	174	Goldfeld, Sharon	103, 116
Galanti, Maria Rosaria	162	Gonzalez, Carolina	56, 69, 194
Galasso, Emanuela	226	González-Pasarín, Lucia	30
Gallitto, Elena	91	Goodrum, Nada	536
Galtieri, Liana	177	Goulter, Natalie	177
Garcia, Dainelys	145	Grace, Rebekah	116
García-Bacete, Francisco J.	30	Gray, Kylie	200
Gardner, Susan	77	Greenwood, Christopher	143
Garito, Maria Concetta	14	Gregory, Marc	7
Garofalini, Dana	85	Guastella, Adam	31
Garraffa, Maria	198	Gullicksrud, Marisa	544
Gelmini, Agnès	237	Guo, Mingchun	56
Gewirtz, Abigail	214, 228	Gurtovenko, Kyrill	177
Giallo, Rebecca	60, 72, 73, 182	Gurwitch, Robin	196
Gibbons, Joanna	160, 161	Guyon-Harris, Katherine	137
Gilbert, Kristin	29		

H

Hackworth, Naomi	95, 96, 101, 140	Hindmarsh, Gabrielle	31
Haffejee, Sadiyya	178	Hiscock, Harriet	140
Harrison, Michelle	68, 75	Hoang, April	188, 193
Harrop, Christopher	103	Hodges, Julie	195, 200
Haslam, Divna	56, 58, 80	Hoeffler, Anke	58
Haug, Ida Mari	61	Hoffman, Morgan	158
Havighurst, Sophie	75, 143, 147, 531	Hogan, Michael	529
Havugimana, Jean Marie Vianney	159	Hokke, Stacey	43
Hawes, David	122, 183	Hollands, Anne	524
Hawkins, Erinn	70	Hollinshead, Dana	85
Hawkins, Ingrid	186	Hollowell, Jennifer	148
Heerde, Jess	116	Holtrop, Kendal	234
Heinrichs, Nina	28, 157	Honisett, Suzy	524
Heinz, Kaena	223	Hooley, Merrilyn	42
Heinzl, Miriam	29	Horstead, Sian	77
Henry, Alexandra	111, 112	Horton, Evette	240
Hentschel, Elizabeth	5	Horwood, Sharon	42
Herrera Collado, Ester	50	Howe, Elizabeth	145
Hickey, Gráinne	48	Huber, Brittany	10
Hickie, Ian B	31	Hudson, Jennie	149
Hidalgo, Victoria	30, 50	Hulks, Victoria	111, 112
Hiett, Cathrin	104	Hultin, Hanna	162
Highlander, April	113	Husain, Ishrat	206
Hill, Zelee	148	Husain, Nusrat	206
Hilton, Olivia	103		

I

Iftikhar, Kinza	40	Iranthika, Hasini	171
Iglhaut, Lucia	36	Isaac, Harrison	193

J

Jaberipour, Hanif	75	Jiménez, Patricia	38
Jafri, Farhat	206	Johansson, Susanne	230
Jahanpour, Nura	222	Johnson, Mark	54
Jain, Shikha	47	Jones, Andi	72, 73
Janjić, Paula	33	Jones, Deborah J.	98, 113
Jankowiak, Mags	214	Jones, Emily	54
Jansen, Annick	180	Jordan, Michele	186
Jensen, Sarah	108, 158, 159	Jung, Anne	157
Jent, Jason	145	Jung, Euijin	191
Jewell, Pat	107	Juvino, Darlis	223
Jiménez, Lucía	19, 30, 38, 205, 209		

K

L

M

N

O

P

Q

R

S

W

X

Y

Z

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