



Family and Community Services Insights, Analysis and Research (FACSIAR)

Supported playgroups as early intervention: what can we learn from the evidence?

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This rapid evidence scan summarises the evidence base for supported playgroup models and shares key findings on best practice elements that can guide playgroup design, service planning and implementation.

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Key messages

- Playgroups are a widely accessed early childhood community program type in Australia. Supported playgroups have been described as a soft entry point to early intervention services for at-risk families and may be combined with other more intensive or therapeutic interventions.
- The evidence base for supported playgroup models is emerging. The few quantitative evaluations available provide some evidence that supported playgroups can improve child outcomes, including language, cognition, behaviour, socialisation, transition to school; and parent outcomes, including attachment, responsiveness, and social connection.
- Evaluated programs with the strongest evidence include Kids in Transition to School (KITS), smalltalk, Peep-Learning Together Program (Peep-LTP), Learn, Engage and Play (LEaP) and Parent-Child Mother Goose.
- Research has also examined elements that can strengthen supported playgroup design and practice. These include having skilled playgroup staff, family-centred facilitation, engagement and relationship building, enhancing families' social capital, outreach and co-location, referral and service linkage, promotion, dosage and governance. Delivery through existing, well-regarded service platforms, and using a stepped care approach has been a critical factor in some models.
- Additional key elements of successful supported playgroups delivered to Aboriginal families include Aboriginal facilitators, allowing sufficient time to build relationships with families, and improving service accessibility through either outreach services or providing transport for families.
- Further research is needed to build the evidence base for effective formats, particularly well-designed quantitative studies with control groups and studies that investigate the impact of specific components of more complex models with additional interventions.

Introduction

Playgroups are a widely accessed early childhood community program type in Australia. Supported playgroups have been described as a soft entry point to early intervention services for at-risk families and may be combined with other more intensive or therapeutic interventions (Commerford & Robinson 2017).

This rapid evidence scan summarises the evidence base for supported playgroup models and shares key findings on best practice elements that can guide playgroup design, service planning and implementation. Where available, evaluation evidence is included from research on models designed for and with Aboriginal families (preferred) or where participating families were Aboriginal. A checklist of questions to consider in designing and implementing a supported playgroup model locally is included along with links to further resources and support.

What are supported playgroups and why are they important?

Playgroups are a popular community-based early childhood service. According to 2018 Australian Early Development Census (AEDC) data, at least 36.4% of children in Australia and over a quarter (26.8%) of NSW children were estimated to have attended a playgroup before they started school (Sincovich, Harman-Smith & Brinkman 2019). Playgroups aim to provide opportunities for children to socialise and learn through play, develop their social, emotional and physical skills, and for carers to connect socially and develop their social networks (FaHCSIA 2011).



While self-managed playgroups are a universal service model aimed at all families, **supported playgroups** are a more targeted service model for families with particular needs or vulnerabilities, such as trauma, mental health issues, social isolation, financial disadvantage, disability and/or developmental concerns (Williams et al, 2018). Some supported playgroups may be delivered to Aboriginal families, families from culturally and linguistically diverse backgrounds (including refugee families), or families where the parents are young (e.g., under 25 years old) (Williams, Berthelsen & Kenny, 2019).

Supported playgroups aim to help children build the developmental foundations for successful transition to school, including self-regulation, social and communication skills, health and wellbeing (Williams, Berthelsen & Kenny, 2019). Supported playgroups also focus on increasing carers' knowledge of child development, parental responsiveness and engagement with their child through play and other home-based activities, and families' social connection and support (Commerford & Robinson 2017; Williams et al. 2018).

Supported playgroups are an especially important community-based early intervention service for Aboriginal families who experience socio-economic disadvantage (Biddle & Taylor 2012) and have a

well-documented substantial gap in educational outcomes (Department of the Prime Minister and Cabinet 2020; Ford 2013). The Longitudinal Study of Australian Children (LSAC) has shown that Aboriginal families attend playgroups generally at a later stage than non-Aboriginal families (Schulver 2011). By increasing parenting skills and knowledge about child development, acting as a stepping stone to early childhood education and care services and creating an early relationship with formal support to increase families' social capital, supported playgroups can contribute to better health, wellbeing and educational outcomes, and reduce the adverse effects of socio-economic disadvantage.

A distinguishing feature of supported playgroups is the role of professional facilitators who engage families, lead the playgroup program, deliver specific interventions and activities and link families with other supports (Williams Berthelsen & Kenny 2019; Commerford & Robinson 2017). Supported playgroups can also serve as a 'soft-entry' point for families to engage with other more targeted or specialised child and family services (Commerford & Robinson 2017).

Supported playgroups include tertiary service models such as therapeutic and intensive supported playgroups (ISPs), which offer a higher level of support to caregivers of children by providing targeted information and a range of services and therapies (Armstrong et al. 2019). ISPs are aligned to key government policy initiatives aimed at improving child outcomes in the early years, including expanding health and social services in early childhood education settings (with an added focus on rural and remote areas); increasing family involvement in community-based childhood education; and improving children's socio-emotional development through play (Boddy 2015).

How did we conduct this rapid evidence scan?

This rapid evidence scan summarises the evidence base for supported playgroups. We were interested in identifying:

- The best available research evidence on supported playgroups and their outcomes.
- Evidence from a variety of sources on effective or best practice elements or program components that could guide service design.

A rapid scan approach was used to enable findings and themes across the evidence base to be identified and synthesised in a manageable timeframe. We included Australian and international academic and grey literature on generalist and specialised playgroup models published between 2012 and February 2024. Bibliographies of a number of papers were also reviewed to source pertinent studies. The full search strategy is in Appendix 1.

In the absence of a structured process of study screening, quality assessment and evidence rating, we assessed strength of evidence based on study design using an evidence hierarchy.¹ Evidence from studies with designs from the top of the hierarchy (i.e., systematic reviews, randomised control trials (RCTs), quasi-experimental design (QED) studies) are more likely to show that outcomes achieved were a result of the supported playgroup program. Lower strength evidence from post-

¹ From highly rated systematic reviews, to randomised control trials (RCTs), quasi-experimental design (QED) studies, cohort studies and case-controlled studies, and ending with lowest strength designs such as post-test or pre and post-test studies, case studies, qualitative research and expert opinion.

test or pre and post-test studies, case studies and qualitative research were included to help understand the best available evidence for practices that might drive effective delivery.

What did we find?

This rapid evidence scan identified the following sources, ordered by levels of evidence:

- one systematic review (Williams et al. 2018)
- five RCT design studies (Armstrong et al. 2021b; Hackworth et al. 2017; Miller et al. 2020; Pears, Kim & Fisher 2012; Pears et al. 2013)
- four QED studies (Evangelou & Sylva 2003; Evangelou, Brooks & Smith 2007; Scharfe 2011; Terrett 2012)
- five pre-post quantitative studies without comparison group (Nicholson et al. 2008; Nicholson et al. 2010; Reid, Littleford & Hammond 2008; Robinson et al. 2009; Williams et al. 2012)
- three mixed method evaluations (Barratt-Pugh et al. 2018; Grealy 2012; Williams et al. 2019)
- seven qualitative studies (ARACY, 2020; Armstrong et al. 2021a; Barblett et al. 2020; Cumming & Wong 2008; Evangelou et al. 2013; Ling, Tibbetts & Scharfe et al. 2017; Markwell & Iboai 2007)
- one scoping review (Armstrong et al. 2019)
- four narrative literature reviews (Boddy 2015; Commerford & Robinson 2017; Gibson 2018; Lakhani & MacFarlane 2015).

Summaries of all reviews and evaluations, and complete program descriptions of supported playgroup models are contained in Tables 1 and 2 in Appendix 2. To examine the evidence more fully on beneficial practices, we supplemented the studies identified in this scan with existing practice resources.

This rapid scan located a large number of less rigorous research design studies, such as repeated measures (pre-post) without a control group, and qualitative evaluations using interviews and focus groups. Dadich and Spooner (2008, p. 101) have noted a number of challenges in evaluating a voluntary community activity such as playgroups. These included, for example, the burden of administering data collection and reporting on playgroup facilitators, which may dissuade some groups from forming, from continuing, or from registering as a playgroup. Another potential barrier is the high participant turnover in voluntary services, which makes it difficult to design studies with a sufficient timeframe to observe change. Lastly, RCT design studies are generally not feasible in community-based research, for both ethical and practical reasons.

While some studies have tried to address the barriers to collection and analysis of primary data by examining secondary datasets, these might not provide data supporting the specific aims of an evaluation and might not provide locally relevant information.

Supported playgroups can be effective for children, parents and caregivers

The strongest evidence located by this scan shows that supported playgroups with specific interventions can improve child outcomes, including language, cognition, behaviour, socialisation, transition to school; and parent outcomes, including attachment, responsiveness, and social connection (Williams et al. 2018).

A number of specific supported playgroup models were located that show some promising results. The strongest evidence from RCT and QED design studies supports the following models:

- **Kids in Transition to School (KITS)** - two RCTs demonstrated decrease in oppositional and aggressive behaviours in children entering school; increased early literacy and self-regulatory skills (Pears, Kim & Fisher 2012; Pears et al. 2013).
- **smalltalk** - a cluster RCT demonstrated that parents with toddlers reported improved parent verbal responsivity and home learning when attending a supported playgroup with smalltalk; and parents attending smalltalk plus (with a home coaching component) reported improved home learning activities, parent use of descriptive language and maintaining child's interest. (Hackworth et al. 2017).
- **Peep Learning Together Program (Peep-LTP)** - one RCT demonstrated a significant effect on parent self-acceptance, confidence in learning (Miller et al. 2020). Two QEDs showed improvements in child language, literacy, numeracy and self-esteem (Evangelou & Sylva 2003); and improved parent child interaction, quality of the home environment and child cognition (Evangelou, Brooks & Smith 2007).
- **Learn, Engage and Play (LEaP)** - one RCT demonstrated a significant impact on children's goal achievement; and parents' sense of social support (Armstrong et al. 2021b)
- **Parent-Child Mother Goose** - two QEDs demonstrated improvement in parenting efficacy, reduction in child's risk (Scharfe 2011); and improvement in child language and parent responsiveness (Terrett, White & Spreckley 2012). Low strength evidence from qualitative research showed benefits such as increased bonding, increase in parenting skills and social interaction (Ling, Tibbetts & Scharfe 2017).

Two supported playgroup models delivered to Aboriginal communities, including **Exploring Together Preschool Program (ETPP)** and **Kindilink**, were located that show promising evidence based on quasi-experimental design and qualitative studies (Barblett et al. 2020; Barratt-Pugh et al. 2018). It is likely that these models improve children's social, emotional, communication and cognitive skills and behaviours, increase school readiness, build parenting skills, capacity and satisfaction with parenting, and strengthen belonging and connection of families in their communities.



A number of best practice principles can make supported playgroups work

In this section we share key themes and evidence about practice elements and program components that can strengthen supported playgroup design and practice. We draw on the studies identified in this scan, supplemented by existing practice resources (Armstrong et al. 2019; Armstrong et al. 2021a; Berthelsen et al. 2012; Commerford & Hunter 2017; Commerford & Robinson 2017; Cumming & Wong 2008; Grealy et al. 2012; Jackson 2013; Lakhani & MacFarlane 2015; Williams, Berthelsen & Kenny 2019).

A recent qualitative study of supported or therapeutic playgroups by Armstrong and colleagues (2021a) drawing on interviews with parents shows that parents' engagement and enjoyment of therapeutic or supported playgroups centred around ten subthemes that group into three main themes:

- **Acceptance and belonging**, based on shared experience, facilitator relational skills, and playgroup structure and inclusiveness.
- **Opportunities for child development**, including child enjoyment, socialisation, learning and development.
- **Parent knowledge and skills**, gained through sharing tips and strategies, facilitator expertise and multidisciplinary support.

The most comprehensive recent practice resource on supported playgroups in Australia is a 2019 Supported Playgroup practice guide informed by the findings of the 2016 Queensland Supported Playgroup Evaluation and Practice Principles, as well as the Early Years Learning Framework (EYLF)

and sector stakeholder input (Williams, Berthelsen & Kenny 2019).

This guide outlines nine key best practice principles which should form a framework for the design and delivery of supported playgroups:

- inclusive family recruitment and engagement strategies
- responding to the needs of families in diverse communities and contexts
- developmentally appropriate practice with children
- planning, balanced with flexibility
- child-focused and family-sensitive approaches in practice
- intentional management of groups, sessions and resources
- proactive community and service network engagement
- effective support for facilitators
- commitment to continuous improvement through evaluation.

The following thematic elements of supported playgroup design and delivery have emerged in the literature located by the present rapid scan.

Skilled staff

Supported playgroups require staff with qualifications in early childhood education and care or community services, and strong engagement and relationship building skills due to the higher level of complexity of the families who attend supported playgroups (Williams, Berthelsen & Kenny, 2019). Research shows that families attending supported playgroups have lower literacy around child development, and experience difficulty in accessing, understanding and applying health information around children's nutritional and physical activity requirements (Myers et al.; Weber et al. in Commerford & Hunter 2017). A trained facilitator has an important role in modelling positive and appropriate parenting behaviours and skills, and empowering parents with the knowledge, skills and confidence to support their child's wellbeing, learning and development (Williams, Berthelsen & Kenny, 2019).

Depending on the community, there may be a need for different professionals, for instance, a family support and an early childhood development specialist to work with families experiencing transient living conditions, or workers qualified in community development working alongside Indigenous support workers in supported playgroups run for Indigenous families. Importantly, when attracting suitably qualified staff is difficult (for example, in rural and remote areas), building up staff playgroup facilitation skills is critical.

The importance of training, supervision, and support to a workforce characterised by part-time employment and relatively high turnover, such as developing connections and peer-support between providers, has been noted by a number of studies (Hackworth et al. 2013; Williams, Berthelsen & Kenny, 2019).

Family-centred facilitation skills

A study of supported playgroups delivered in Western Sydney identified a number of family-centred

facilitation skills that contribute to increased experiences of trust, emotional support, confidence in parenting, and decreased feelings of isolation and inequality for carers (Jackson 2013). These include high-level interpersonal skills such as skilful listening, demonstrating an unconditional acceptance and respect, showing genuine interest and care and creating a responsive and flexible space in the supported playgroup that meets parents needs for social and other forms of support.

Parents valued having qualified, experienced and knowledgeable facilitators who were non-judgmental, approachable, respectful, strength-based and genuinely respected and valued parents and their expertise (Armstrong et al. 2019). This includes avoiding negative labelling of families as 'complex', not associating the playgroup with concepts of 'charity' or 'welfare', as families may be sensitive to stigma associated with these words and applying a strength-based approach based on respect.

Family-centred practice includes a parent-facilitator partnership built on shared decision-making, information provision, modelling, recognition of parental expertise and active involvement of parents and children within playgroups (Armstrong et al. 2019). It includes strategies that empower families by encouraging them to contribute to the playgroup, involving carers in the planning and development of the playgroup and enabling them to get to a stage where the group can run independently of a facilitator beyond the supported playgroup completion. Additional practice factors enhancing family-centred practice include relationship-building practices with families; the need for cultural sensitivity; engagement in reflective practice; and practices validating parents as experts (Cumming & Wong 2008).

Engagement and relationship building

Factors associated with increased parent and child engagement and improved outcomes in supported playgroups were identified by Armstrong and colleagues (2019) in a systematic review of 36 studies that measured the impact of playgroups, either qualitatively or quantitatively. These include:

- affective involvement
- therapeutic hope and support
- development of relationships
- connections and supports
- sense of belonging
- client receptiveness
- information sharing
- cognitive involvement
- therapeutic structure and coherence
- client willingness and behavioural involvement
- ease of access to playgroups and other services
- self-efficacy
- parent and facilitator partnerships
- peer support
- co-construction of knowledge
- opportunity for mastery.

Engagement often needs to be ongoing and active (Commerford & Hunter 2017). This is attested to by Elise, a supported playgroup coordinator and facilitator in regional Victoria: 'The families aren't very motivated in terms of making social connections, so it's hard to keep them [attending]. I do home visits after a referral and it's pretty easy to get them interested, but hard to keep them coming' (Grealley et al. 2012).

Effective supported playgroups involve flexible strategies to engage and maintain the participation of families. Research included in the Playgroups Project highlighted the importance of families and co-ordinators at community playgroups having a warm and welcoming approach toward new members, to assist in developing their sense of belonging to the group (Commerford & Hunter 2017). Relationships can be developed with families through having a non-judgemental, respectful attitude, being encouraging, empowering, warm and empathetic. More disadvantaged and marginalised families and Indigenous families are more likely to attend a service if it is known and recommended in the community, and having a relationship with other services can help find and reach families and better meet their needs.

Enhancing families' social capital

Playgroups foster the development of peer support by enabling families to connect socially and emotionally with similar families, to learn new skills and gain information whilst supporting and sharing their own knowledge and expertise with other families (Armstrong et al. 2019). Family peer support emerged as one of the key elements of successful playgroups, distinguishing playgroups most strongly from other models of early intervention.

Peer support was identified to be a major engagement factor by parents, who value social connections and being amongst other parents with shared experience, enabling reciprocal learning and a sense of belonging (Armstrong et al. 2021a). Specifically in supported playgroups for parents of children with disabilities, parents of children with similar disabilities see each other as important and credible information sources; this reciprocal information sharing and support increase parent satisfaction, and buffer feelings of uncertainty related to having a child with a disability as well as higher levels of social isolation and exclusion (Armstrong et al. 2021a).

Outreach and co-location to improve engagement

Disadvantaged families may not attend the playgroup if the location where it is delivered is unfamiliar or intimidating, or difficult to access. To overcome this barrier, some services deliver playgroups in parks or local shopping centres to connect with families (Commerford & Hunter 2017). Boddy (2015) suggests that mobile supported playgroups can make services more accessible to Aboriginal communities in remote areas. Some models effective in improving child health outcomes offer the playgroup as an activity within a community nurse health centre (Byrne as cited in Lakhani & MacFarlane 2015).

Offering supported playgroups in schools has also been utilised as a way of fostering a smooth transition to school, particularly for hard to reach or vulnerable families (Perry et al. 2007; McLean as cited in Commerford & Robinson 2017). In a study of supported playgroups in schools (SPinS) by McLean and colleagues (2014, as cited in Commerford & Robinson 2017), caregivers reported that they valued the social connections with schools that are associated with belonging to the school community. Additionally, schools are neutral community venues which take away the potential stigma of attending a service location associated with 'welfare'.



Referral and service linkage

Knowledge of the local service system and referral pathways is another critical facilitator attribute identified by the Playgroup Project, as supported and intensive supported playgroups are considered unthreatening ‘soft entry’ points that meet families’ needs for social support while also linking them to more formal supports when needed (Commerford & Robinson, 2017). Associated practical activities include:

- providing information to parents
- organising visits from other community organisations
- arranging visits from health professionals, including maternal and child health nurses, occupational therapists, speech pathologists, dieticians and financial counsellors
- collaborating with other services or agencies to bring new participants into the playgroup
- providing ‘warm referrals’ (where the facilitator introduces the carer/family) to other services such as family violence or mental health support services.

To promote the playgroup and attract families, playgroups can create partnerships with early childhood services (such as child care centres and schools), health providers (such as Maternal and Child Health services), and local neighbourhood centres.

The comprehensive process and implementation evaluation study of the smalltalk supported playgroup model showed the importance of delivering the service through an existing, well-regarded universal community service (Maternal and Child Health), which enhances service

integration and engages vulnerable families in help-seeking and further support in an acceptable, non-stigmatising way (Hackworth et al. 2013). The integration between the Maternal and Child Health (MCH) platform for parents of children aged 6 to 12 months, and the supported playgroup (SPG) platform for parents of children aged 12 to 36 months and the availability of step-up and step-down levels of intervention intensity within each platform (smalltalk and smalltalk plus), overall provided a linked-up early childhood service that enabled continuity of care as families progressed.

Promoting supported playgroups

Research suggests that playgroup participation is much more common than parent support group use, and this finding has been attributed in part to the perception that playgroups offer child-related advantages rather than focusing solely on parents (Gibson 2018). It has been suggested that parents will resist services that are advertised to instruct parenting or use terminology around 'effective parenting' due to the perception that parenting ability should come naturally, does not require community support, and parents fear being blamed for poor child outcomes (Gibson 2018). Rather, parents and carers prefer services advertised for the benefit of their children and framed around child development.

The language used in promoting supported playgroups in a non-stigmatising and non-threatening way is therefore important. Normalising the activities associated with promoting the playgroup service in the community could include running a free fun day in the park, placing colour photographs of playgroup members and events in the local paper, and using local schools to meet and engage families (Commerford & Robinson, 2017).

Dosage

Research has demonstrated that families receive more benefits from supported playgroup if they are engaged and attending regularly (Berthelsen et al. 2012). More specifically, attending six or more sessions of supported playgroup was associated with over five times greater odds of achieving better outcomes for children and families (Armstrong et al. 2019). Families attending six or more sessions compared to those attending less than six sessions had significantly better understanding of child development, family engagement, child social interactions and satisfaction with their playgroup facilitators.

Governance

Guidance on supported playgroups emphasises the importance of organisational-level support, governance and resourcing that provides oversight and active involvement in the establishment of new groups, setting the framework for practice, formalising collaborative partnerships, securing venues and insurances, creating child safe environments, resolving issues and supervising and supporting staff (Williams, Berthelsen & Kenny 2019).

The smalltalk evaluation also emphasised the importance of alignment of playgroup principles to key government and service strategic priorities; service goals clearly linked to practices and outcomes; the intermediary role of the Victorian Parenting Research Centre as an agency between government and the services and managing the disjunctions that can occur between the planning and financial cycles of local governments and agencies (Hackworth et al. 2013). Codesign also

emerged as an important factor, with smalltalk utilising strong engagement of services and end-users in the development process, with particular attention to the service delivery characteristics of the MCH and SPG platforms.

Supported playgroups for Aboriginal families can have additional elements

A rapid review of evidence on supported playgroups for Aboriginal families identified nine studies and synthesised common features, as well as recommendations for playgroup models, expected outcomes, impact of attendance, differences in costing, and recommendations for evaluation methodology (Gibson 2018). The findings in this review parallel insights offered in this paper for supported playgroups more generally.

The common outcomes for Aboriginal families across the different playgroups examined related to an increase in social capital (social networks and community connections), an increase in parenting skills and knowledge and improvements in child development. Some qualitative studies suggest playgroups can support the successful transition to school for Aboriginal children (Perry et al. 2007).

In line with other studies (Armstrong et al. 2019; Berthelsen et al. 2012), families who attended a higher number of sessions made better gains. Using child development language instead of parent centred language in promoting playgroups helps to alleviate the potential stigma and distrust experienced by many Aboriginal families due to the history of judgment and criticisms faced by Aboriginal people surrounding parenting and culture and the intergenerational trauma of the stolen generations.

The study suggests that adding capacity building elements to supported playgroups will empower families to gain benefits beyond child related outcomes and can assist with the group becoming family-led beyond the completion of the supported format.

Employment of Aboriginal staff in playgroups was viewed as essential to the success of many playgroups included in this review. Aboriginal staff made participants feel comfortable and ensured the program was delivered in a culturally appropriate way. Many studies also involved an Aboriginal advisory committee and assistance of community elders.



The time it takes to build relationships with Aboriginal families has been noted in the study, for example, in the Orana Playgroup model (Johnston & Sullivan cited in Gibson 2018). This meant that loss of program funding had a particularly detrimental impact on the trusting relationships formed with Aboriginal service users, and increased difficulty in engaging individuals in future services.

Evidence from a set of qualitative case studies by Perry and colleagues (2007) shows that playgroups located on school grounds have a role in supporting the successful transition to school for Aboriginal children. Specifically, when playgroups are held on school premises, this allows families to become known at the school, for families to become more comfortable with the school environment and processes, and for relationship maintenance into the school years (Perry et al. 2007).

The importance of outreach activities by Aboriginal staff members to support family engagement in playgroups that support school transitions (e.g., activities to improve connections with schools; mobile playgroups for outreach to isolated families) have also been identified as critical by Gibson (2018). As finding transport can be a challenge for participants, some Aboriginal playgroups identified in the literature included a transport service for parents (Schulver & Grace cited in Gibson 2018).

In the case study of KindiLink in Western Australia, the role of the Aboriginal Indigenous education officer in each programme was noted as critical to the engagement of Aboriginal families and acknowledgement of cultural aspects important to children's growing cultural identities (Barblett et al. 2020). The relationships built between KindiLink staff and families, and between families, were important for children's and their families' growing sense of belonging to the school, which assisted participation at school.

An interesting case study of a supported playgroup run in a remote area is the Kowanyama Community Playgroup project, which utilised the Sing and Grow playgroup as part of a weekly child health clinic provided by the Royal Flying Doctor Service in the remote community of Kowanyama, on Cape York Peninsula (Markwell & Iboai 2007). A more detailed description of the group is provided in Appendix 2. Some of the specific challenges highlighted by this initiative included:

- Addressing cultural needs and expectations of the Kowanyama community, such as the unfamiliarity of the playgroup concept, local clan politics precluding groups from attending together; sorry business funeral attendances and mourning reducing attendance at playgroup sessions. This was addressed by recruiting trusted professionals with an existing relationship in the community and a deep understanding of cultural issues. The flexible governance of the playgroup ensured the format and goals were sensitively adapted to the community's needs.
- Practical logistics in running the fly in, fly out playgroup in a remote community. The solution to this problem was planning ahead around having sufficient stored resources at the beginning of the year in the dry season.

Questions to consider when designing and delivering a supported playgroup

A practice guide developed in Queensland provides high level principles of best practice in supported playgroups, a modular guide to designing and delivering the service, and a toolbox of playgroup resources such as templates, videos, self-reflection activities and links to other resources (Williams, Berthelsen & Kenny, 2019). Box 1 provides an overview of questions to consider when designing and delivering a supported playgroup, based on the guide

Box 1: Questions to consider when designing and delivering a supported playgroup

Designing playgroup activities

- Who is the target population of your supported playgroup, and what are the specific needs for children and families in this group you are seeking to address? What may be the strengths and the barriers?
- What are the aims of the proposed supported playgroup, and what facilitator skills or specialist knowledge would these require? What might be the staff skill gaps and training/support needs?

Recruiting families

- What existing local service network channels can be used to recruit families, e.g. maternal child health services, local library, community centre or other relevant family support services?
- How and where do you promote your playgroup for best reach?

Engagement and accessibility

- Where and how do you promote your playgroup in an inclusive, non-stigmatising way?
- How do you remain family-focused and child-focused, flexible and responsive to evolving needs and empower parents and carers in their roles with their children?
- How do you ensure access to your service? Consider strategies such as outreach, transportation.
- How do you ensure your service is culturally safe?

Building social capital

- How do you facilitate relationships and connections in the playgroup, for both children and their parents?
- Do you have a well-developed network of other early childhood services, to refer and provide information to families needing additional support?

Workforce capacity

- How will you ensure facilitators continue learning and connect with other professionals to share knowledge and skills?

Celebrating success

- How do you build a culture of building pride in achievement for families, and maintain a strength-based focus when support can be a difficult and a non-linear process?

Be child safe

- Do you have a sound understanding of child-safe practice, including policy and procedure of reporting and responding to risk of harm?

Evaluation for continuous improvement

- What systems for measuring and reporting child and parent outcomes and feedback need to be put in place to ensure families' needs are being met?

What did we conclude?

This rapid evidence scan summarises the available evidence for the effectiveness of supported playgroups in improving outcomes for children and their families. There are some promising findings that participation in supported playgroup models is associated with improvement in children's early learning, physical, emotional and social development and enhanced, child-parent attachment and transition to school. Benefits for parents/carers may include improved responsiveness to their children, increased parenting efficacy, increased social support and engagement with peers and their community, better engagement in home learning with their children and improved knowledge of support services. A number of specific supported playgroup models show some promising evidence, with more rigorous study designs needed to strengthen the evidence base.

The best practice principles of supportive playgroups identified in this literature include having skilled staff, family-centred facilitation, engagement and relationship building, enhancing families' social capital, outreach and co-location, referral and service linkage, promotion, dosage and governance. Additional key elements of successful supported playgroups delivered to Aboriginal families include Aboriginal facilitators, allowing sufficient time to build relationships with families, and improving service accessibility through either outreach services or providing transport for families.

Further high-quality and well-designed research is needed in order to draw stronger conclusions on the benefits of supported playgroups for children. Specifically, future studies on supported playgroups with additional interventions would benefit from isolating the service components in order to determine the contributory role of each element.

Where can I find out more?

- Supported Playgroups: A guide for facilitators (2019)
<https://earlychildhood.qld.gov.au/newsResources/Documents/supported-playgroups-practice-guide-facilitators.pdf>
- Playgroups: A guide to their planning, delivery and management
<https://aifs.gov.au/resources/practice-guides/playgroups-guide-their-planning-delivery-and-management>
- Principles for high quality playgroups: Examples from research and practice
<https://aifs.gov.au/resources/practice-guides/principles-high-quality-playgroups-examples-research-and-practice>
- Playgroups evaluation guide <https://aifs.gov.au/resources/practice-guides/playgroups-evaluation-guide>
- Playgroup statement https://playgroupaustralia.org.au/wp-content/uploads/2022/10/221018_Playgroup_Statement_final.pdf

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Appendix 1

Method and search strategy

FACSIAR completed a rapid evidence scan of Australian and international academic and grey literature on generalist and specialised playgroup models in March 2022, focusing on studies between 2012 and 2022 that examined the outcomes of supported playgroups for vulnerable or disadvantaged children, including playgroup evaluations. A second search was conducted in February 2024, focusing more specifically on studies of supported playgroups conducted between 2013 and 2024.

The articles contained in the results are sourced from peer-reviewed scholarly journals. Grey literature has been obtained from government agencies, recognised academic research centres and non-government organisations. Bibliographies of a number of papers were also reviewed to source pertinent studies, some published prior to 2012.

Resources Searched:

MEDLINE with Full Text / Psychology and Behavioral Sciences Collection / PsycINFO / PsycARTICLES / PsycBOOKS / PsycEXTRA / SocINDEX with Full Text / AgeLine / CINAHL with Full Text / Australia/New Zealand Reference Centre / Business Source Complete / Health Business Elite / Regional Business News / Mental Measurements Yearbook / EBSCO eBook Collection, IngentaConnect, EmeraldInsight, ERIC, Science Direct, Google Scholar, Libraries Australia

Sample Searches:

1. ("supported playgroups")
2. ("supported playgroups" AND (outcome* OR benefit* OR effect*))
3. ("supported playgroups" AND (vulnerable OR disadvantaged OR low-income))
4. ("supported playgroups" AND (outcome* OR benefit* OR effect*) AND (vulnerable OR disadvantaged OR low-income))
5. (("supported playgroups" OR "supported play groups") AND (evaluation OR assessment))
6. (facilitated play groups)
7. (facilitated "play groups" AND Australia)
8. (facilitated "play groups" AND (outcomes OR benefits OR effects) AND (disadvantag* OR vulnerab*))

In the absence of a structured process of study screening, quality assessment and evidence rating, we assessed strength of evidence based on study design using an evidence hierarchy. Evidence from studies with designs from the top of the hierarchy (i.e., systematic reviews, randomised control trials (RCTs), quasi-experimental design (QED) studies) are more likely to show that outcomes

achieved were a result of the supported playgroup program. Lower strength evidence from post-test or pre and post-test studies, case studies and qualitative research were included to help understand the best available evidence for practices that might drive effective delivery. Evidence-based program databases including the California Evidence-Based Clearinghouse for Child Welfare (CEBC), Victorian Families, Fairness and Housing Program [Menu of Evidence for Child and Family programs](#) and the Victorian Department of Education [School Readiness Funding Menu](#) were also searched to locate available evidence ratings for specific supported playgroup models.

Appendix 2

Table 1: Key findings from reviews and evaluations

Reviews			
First author	Description	Key findings	Research design
Williams (2018)	Systematic review of evidence on supported playgroups	<p>Strongest evidence from the experimental and QED studies demonstrated the impact of supported playgroups with specific interventions on child outcomes, including:</p> <ul style="list-style-type: none"> • improved child language • cognition • behaviour • attachment. <p>Less rigorous design studies also suggest supported playgroups with specific interventions have a positive role in children’s social development, time in outdoor play, increased language gains in children with English as a second language (when bilingual support was provided), and support for the transition to school.</p> <p>The experimental and QED studies also showed significant positive effect of supported playgroups with specific intervention on parenting outcomes, including facilitation of children’s learning, higher responsiveness, lower directiveness, higher language facilitation, enhancement of the quality of parent-child interactions, higher quality in care-giving environments and more positive parental perceptions of children.</p>	Systematic review, with narrative synthesis of findings, based on 34 studies, with strongest evidence from one RCT and six QED studies.

Reviews			
First author	Description	Key findings	Research design
Armstrong (2019)	Scoping review of evidence on effectiveness of supported playgroups for families with children at risk of or with identified developmental delay or disability, targeting a range of groups including economically disadvantaged and geographically isolated families, parents with mental health issues and/or alcohol and drug abuse, children with an established or suspected developmental delay or disability, refugee or immigrant families and Aboriginal and Torres Strait Islander families.	<p>Some higher strength evidence from quantitative studies showed statistically significant improvements in child verbal responsivity, communication and verbal skills and child playfulness; parent-reported child communication and social skills; and clinician-rated improvement in child responsiveness, interest, sociability and social participation.</p> <p>Some higher strength evidence of improved parent outcomes including parental health, home learning and activities, irritability, mental health, activities with the child, health service use, advice seeking, positivity about parenting and clinician-rated parent sensitivity, parent acceptance, parent engagement.</p>	<p>Scoping review with descriptive statistics of quantitative studies and meta-ethnography approach for synthesis of qualitative studies.</p> <p>36 studies, including one RCT, one QED.</p>
Boddy (2015)	A literature review of evidence on intensive supported playgroups (ISPs)	Low strength evidence that ISPs serve a role in educating parents about other supports and encouraging access to other social services; promotion of language and socialisation skills in refugee families; addressing health issues; helping parents discuss barriers to stable housing; strengthening community social networking; and connecting parents with similar experiences.	Thematic literature review. Literature included in this review was predominantly from the UK, with some from Australia and New Zealand and USA. The review did not report on the number or research design of included studies.
Commerford (2017)	Literature review	The review suggests that attendance at supported playgroups is associated with:	The evidence includes 12 evaluations, with

Reviews

First author	Description	Key findings	Research design
		<ul style="list-style-type: none"> • promoting children’s socialisation for CALD families • improving children’s readiness to transition to school • positive changes in children’s social skills and active engagement in play • increased confidence • improvement in speech • learning new behaviours. <p>Some evidence included in this review shows that disadvantaged families were least likely to attend, but most likely to benefit from attending playgroup; both boys and girls from disadvantaged families who attended playgroup scored 3–4% higher in learning competence, and girls from disadvantaged families who attended playgroup scored 5% higher on social and emotional functioning than those who did not attend playgroup.</p> <p>Commerford and Robinson (2017) cite findings that suggest that supported playgroups increase social connection for families. Specifically, supported playgroups specifically targeting CALD groups have been shown to provide a culturally safe environment in which newly arrived immigrant and refugee parents can overcome isolation and loneliness due to social and cultural barriers by developing social supports and friendships with other parents, and obtaining links to other services. Playgroups equip families generally with important information about their children’s social and physical development and increase their parenting competence and confidence.</p> <p>While a number of studies included in the present paper show that supported playgroup participation has the potential to increase parents’ knowledge of other available services, one study cited by Commerford and Robinson (2017) found that it did not actually lead to an increase in use of these services (DEECD, 2012 in Commerford & Robinson 2017). The authors suggested that the supported playgroup may have reduced families’ needs for services</p>	<p>over half of these using a mixed-methods approach, five using qualitative methods, and two projects using pre-post design using surveys.</p>

Reviews			
First author	Description	Key findings	Research design
		through regular access to support and advice from other parents and visiting professionals.	
Gibson (2018)	Rapid evidence review	A rapid review of evidence on supported playgroups for Aboriginal families identified nine studies and synthesised common features, as well as recommendations for playgroup models, expected outcomes, impact of attendance, differences in costing, and recommendations for evaluation methodology.	The review included nine papers on supported playgroups comprised of or exclusively designed for Aboriginal families (with a preference for the latter) and where evaluation results were made available.
Lakhani (2015)	Literature review on supported and intensive support playgroups	Low strength evidence that playgroup participation supports children’s social development and their ability to interact with their peers and adults, and helps parents develop more positive parenting strategies. CALD parents specifically reported that playgroup participation helped reduce their social isolation.	The review included nine qualitative studies and three studies using both qualitative and quantitative data.
Evaluations			
Grealy (2012)	Evaluation of the impact and outcomes of playgroups funded under the Supported Playgroups and Parent Groups Initiative (SPPI) commissioned by	Low strength evidence based on qualitative data that participation had a positive effect on parents and their social networks and support systems, and parents valued developing social connections with other parents, having a social outlet, learning from other parents about parenting and improving	A mixed methods evaluation using quantitative survey and qualitative

Reviews			
First author	Description	Key findings	Research design
	the Victorian Department of Education and Early Childhood Development (DEECD 2012).	<p>supports, an improved sense of belonging to both playgroup and the wider community, having a regular routine and having parenting challenges normalised.</p> <p>Quantitative data findings did not demonstrate anticipated positive effects of playgroup participation, such as social support, or increased use of other services.</p>	interview data from sixty-one parents recruited from the playgroups targeting disadvantaged families with complex needs, no comparison group.
Williams (2016)	Queensland Supported Playgroup Evaluation study	<p>Low strength evidence from qualitative data indicated improvements in parent-reported social and receptive communication skills for children participating in supported playgroups.</p> <p>Children who commenced the study with poorer self-regulation skills and higher emotional dysregulation demonstrated significant improvements on attentional and emotional regulation.</p> <p>Parents with low engagement in home learning activities and self-efficacy (at, or below 50th percentile) demonstrated significant increase in the level of self-reported engagement in activities with their children.</p> <p>Parents were highly satisfied with their supported playgroup experience and reported that supported playgroup was effective in allowing them to meet other parents.</p>	Systematic review using a repeated measures survey and a multi-site case study of practices in eight supported playgroups.

Table 2: Supported playgroup models, arranged by strength of evidence (highest to lowest)

Program name	Description	Evidence	Findings	Rating
<p>Kids in Transition to School (KITS)</p>	<p>The KITS Program was designed to be a focused, short-term intervention to increase school readiness prior to kindergarten entry and to promote better subsequent school functioning in children in foster care.</p> <p>The program features a 16-week group-based school readiness curriculum for children and groups of caregivers, occurring in two phases. The school readiness phase (approximately two thirds of the curriculum) occurs in the 2 months before kindergarten entry and includes child playgroups that meet twice weekly and caregiver groups that meet twice monthly. This phase is focused on preparing children for school. The transition or maintenance phase occurs in the first 2 months of kindergarten, during which the children meet once a week for playgroups and the</p>	<ul style="list-style-type: none"> • RCT conducted in the USA with a sample of 192 children in foster care and their caregivers (Pears et al. 2012). • RCT conducted in the USA with a sample of 192 children in foster care and their caregivers (Pears et al. 2013). 	<p>Positive outcomes:</p> <p>Delivered at the critical transition of kindergarten entry, the KITS Program appears to decrease the likelihood that the children will be oppositional and aggressive in their classrooms up to 8 months later, with small effect size Cohen’s d=0.33 (Pears et al. 2012).</p> <p>Evidence demonstrates that children in foster care who received the KITS program showed greater gains in both their early literacy, small effect size Cohen’s d= 0.26, and self-regulatory skills, very small effect size Cohen’s d = 0.18) across the 8 weeks of the school readiness phase of the intervention just prior to kindergarten entry compared with children who received foster care services as usual (Pears et al. 2013).</p> <p>No effect:</p> <p>The intervention did not show a significant impact on prosocial skills (Pears et al. 2013).</p> <p>NB: It is important to note that the playgroup intervention is a part of the overall service model, and therefore the rating is not directly applicable to playgroups as a standalone service.</p>	<p>Rated as having mixed research evidence (with no adverse effects) using DCJ Evidence Portal Technical Specifications in a recent DCJ commissioned evidence review on the basis of:</p> <ul style="list-style-type: none"> • At least one high-quality RCT/QED study reports statistically significant positive effects for at least one outcome. • An equal number or more RCT/QED studies of similar size and quality show no observed effects than show statistically significant positive effects. • No RCT/QED studies show statistically significant adverse effects.

Program name	Description	Evidence	Findings	Rating
smalltalk	<p>caregivers continue to meet twice monthly. This phase focuses on supporting a positive transition to school.</p> <p>Service enhancement for community-based supported playgroups, for parents experiencing vulnerable circumstances with children aged 12 months to 4 years.</p> <p>smalltalk is delivered as part of a 10-week playgroup program, with the following core elements of the content include:</p> <ul style="list-style-type: none"> • quality everyday interactions • stimulating environments • parental selfcare • parenting confidence • community and services connectedness. <p>There are two levels of service intensity: supported playgroup alone ('smalltalk') or supported playgroup supplemented by six home-</p>	<ul style="list-style-type: none"> • Two cluster RCTs with 2,228 participants across 20 sites. The study included an infant and toddler trial, comparing smalltalk as standalone intervention ('smalltalk'), smalltalk with a home coaching component ('smalltalk plus'), and standard (parenting group or playgroup without smalltalk content (Hackworth et al. 2013; 2017). • Parent-report and observational measures were collected at baseline, 12- and 32-weeks follow-up. 	<p>The following findings pertain to the toddler trial (families with children 12-36 months), where a playgroup component was utilised.</p> <p>Positive effect:</p> <p>At 12 weeks, compared to standard condition, 'smalltalk plus' showed greater parent-reported improvements in:</p> <ul style="list-style-type: none"> • home learning activities (ES = 0.16; 95% CI 0.04, 0.32) • use of descriptive language (ES = 0.77, 95% CI 0.35, 1.20) • maintaining child's interest (ES = 0.52 (95% CI 0.05, 0.98). <p>At 32 weeks, gains in parent use of descriptive language (ES = 0.46; 95% CI 0.03, 0.89) and maintaining child's interest (ES = 0.55; 95% CI 0.14, 0.96) were maintained.</p> <p>At 32 weeks, 'smalltalk' showed improvements in parent-reported verbal responsivity (ES = 0.16, 95% CI 0.01, 0.36)</p>	<p>The Victorian Department of Education School Readiness Funding Menu gives smalltalk a 'promising research evidence' rating.</p>

Program name	Description	Evidence	Findings	Rating
	<p>based, individual coaching sessions ('smalltalk plus').</p> <p>Link to more information on smalltalk is here.</p> <p>Supported playgroup providers across Australia can access training through Parenting Research Centre.</p>		<p>and home learning (ES = 0.17, 95% CI 0.01, 0.38), but 'small talk plus' did not.</p> <p>No effect:</p> <p>No statistically significant effect of 'smalltalk' on observed measures compared to standard at 12 or 32 weeks.</p> <p>Adverse effect:</p> <p>N/A</p>	
<p>Peep Learning Together Programme (Peep-LTP)</p>	<p>Peep-LTP is an adult learning program that aims to support parents to develop sensitive and responsive relationships with their babies and young children and improve the home learning environment. It is offered by Playgroups Victoria</p> <p>https://www.playgroup.org.au/wp-content/uploads/2023/12/PeepLTP-Australia-overview.pdf</p> <p>Peep-LTP is included in the Victorian Department of Education funding menu</p>	<ul style="list-style-type: none"> • RCT (Miller et al. 2020). • QED matched case control (Evangelou & Sylva 2003). • QED (Evangelou et al. 2007). • Qualitative mixed method evaluation (Evangelou et al. 2013). 	<p>Positive effect:</p> <p>Several evaluations of Peep-LTP have been undertaken with mixed results:</p> <ul style="list-style-type: none"> • RCT efficacy trial (Miller et al. 2020) found a positive statistically significant effect of the intervention on parent self-acceptance (Hedges' $g=0.17$, 95% CI 0.03, 0.31) and confidence in learning and knowledge (Hedges' $g=0.16$, 95% CI 0.02, 0.31). • Earlier QED evaluations showed positive program outcomes such as child language, literacy, numeracy and self-esteem (Evangelou & Sylva 2003); improved parent child interaction, quality of home 	<p>N/A</p>

Program name	Description	Evidence	Findings	Rating
	https://www.vic.gov.au/peep-learning-together-program-peepltp		<p>environment, child cognition (Evangelou et al. 2007).</p> <ul style="list-style-type: none"> A mixed method evaluation of Room to Play, a drop-in adaptation of Peep-LTP program, found successful program reach (Evangelou et al. 2013). <p>No effect:</p> <p>No effect of the intervention on core language skills; communication or social-emotional development (Miller et al. 2020).</p> <p>Adverse effect:</p> <p>N/A</p>	
Learn, Engage and Play (LEaP)	<p>A therapeutic group for children with developmental delays designed using the overarching Medical Research Council's (MRC) framework for the development and evaluation of complex interventions.</p>	<p>RCT (Armstrong et al. 2021).</p>	<ul style="list-style-type: none"> Children demonstrated statistically significant higher goal achievement (with moderate to large effect sizes ES = 0.5 - 0.7) related to performance and function. Families attending LEaP experienced better support than the comparison group at 12 weeks group (moderate effect size ES = - 0.44). 	<p>N/A</p>

Program name	Description	Evidence	Findings	Rating
Parent-Child Mother Goose (PCMG)	<p>Attachment focused supported playgroup building interactions between parents or carers and their young children using rhymes, songs and stories. The program is targeted at parents requiring extra support because of their personal or social circumstances, and families where children have special needs or are otherwise at risk.</p> <p>PCMG is included on the Victorian Department of Education funding menu https://www.vic.gov.au/parent-child-mother-goose-australia.</p>	<ul style="list-style-type: none"> • QED with intervention and waitlist comparison group (Scharfe 2011). • QED with 10 intervention groups and matched groups drawn from community playgroups (Terrett, White & Spreckley 2012). • A number of qualitative design studies, e.g., Ling and colleagues (2017) and others https://www.parentchildmothergooseaustralia.org.au/research.html. 	<p>Stronger evidence from QED studies demonstrated improvement in parenting efficacy and increase in children’s secure attachment compared to waitlist group (Scharfe 2011); improvements in child language skills and parent responsiveness to their child’s needs (Terrett, White & Spreckley 2012).</p> <p>Low strength evidence showing parent positive experiences in the program, and reported benefits such as improved bonding with children, learning new parenting skills and social interaction (Ling et al. 2017).</p>	<p>The Victorian Department of Education School Readiness Funding Menu rates PCMG as Level 3 - Promising research evidence.</p>
Sing and Grow	<p>Music therapy program for families with children aged up to three.</p> <p>The program has an early intervention focus and is conducted by a registered music therapist.</p> <p>Each program consists of ten 1-hour sessions conducted weekly for groups of 8 to 12</p>	<ul style="list-style-type: none"> • Pre-post quantitative study conducted in Australia with 201 mother-child dyads where the child had a disability (Williams et al. 2012). • Pre-post quantitative design no comparison group study with 358 parents in Australia (Nicholson et al. 2008). • Pre-post quantitative design no comparison group evaluation with final 	<p>Lower strength evidence from a number of pre-post evaluations of Sing and Grow demonstrated improvements in:</p> <ul style="list-style-type: none"> • parental self-efficacy (Higgins et al. 2020; Williams et al. 2019) • parental engagement (Higgins et al. 2020; Nicholson et al. 2010; Williams et al. 2012) 	<p>Sing and Grow is rated as having “foundational evidence” on the Victorian Department of Education School Readiness Funding menu</p>

Program name	Description	Evidence	Findings	Rating
	<p>parent-child dyads, providing families with the opportunity to participate in developmental skills and encourage parents to learn new and different ways to use music as a way of interacting and playing with their children.</p> <p>Sing and Grow has been used as a component of a child health intervention in the Kowanyama Playgroup Project in Cape York.</p>	<p>sample of 850 parents in Australia (Nicholson et al. 2010).</p> <ul style="list-style-type: none"> Two stage mixed method evaluation conducted in Australia (Williams et al. 2019). Quantitative stage used pre and post design (no control group) with 318 parent participants. Qualitative stage component used interview data from 10 participants. Qualitative in-house evaluation using survey, attendance records (Markwell & Iboai 2007). 	<ul style="list-style-type: none"> parent responsiveness (Higgins et al. 2020) parental irritability and mental health, (Nicholson et al. 2008; Williams et al. 2012) parents' knowledge about child development and parenting skills (Williams et al. 2019) children's social and communication skills (Nicholson et al. 2008; Higgins et al. 2020; Williams et al. 2012; Williams et al. 2019) children's self-regulation (Higgins et al. 2020; Williams et al. 2019) children's internalising problems (Higgins et al. 2020) child responsiveness to parent (Nicholson et al. 2010; Williams et al. 2012) child confidence (Williams et al. 2019) child motor skills (Williams et al. 2019) child school readiness (Williams et al. 2019) social connectedness, through stronger relationships between 	

Program name	Description	Evidence	Findings	Rating
Exploring Together Preschool Program (ETPP)	<p>Cognitive-behavioural therapy program designed to be used in the classroom or community settings with children aged 3 to 14 experiencing emotional and/or behavioural difficulties and their parents/carers.</p> <p>Both primary school and pre-school programs involve families participating in group work over 10 consecutive weeks, plus pre-group and post-group family interviews for assessment, evaluation and feedback.</p> <p>Group work consists of interactive parent/carer-child groups plus separate concurrent groups for children and parents/carers. Leaders meet with the partner or support person of the parent/carer attending the group twice during the 10-week program. Leaders also meet with the children's</p>	<ul style="list-style-type: none"> Mixed method evaluation, with pre-post quantitative design with no comparison group and accidental sampling and a qualitative component (Robinson et al. 2009). A pre-post quantitative design study (Reid et al. 2008). 	<p>siblings, caregivers and children (Williams et al. 2019).</p> <p>Lower strength evidence from mixed method evaluation of ETPP as part of the Let's Start project delivered to Aboriginal and Torres Strait Islander families in Darwin and Palmerston in the Northern Territory showed statistically significant reductions in child problem and risk behaviour both at home and at school, and in parental distress (Robinson et al. 2009). Indigenous girls and non-Indigenous boys showed the strongest reductions.</p> <p>Qualitative data showed that children enjoyed the experience of direct, responsive interaction with a parent without competition for attention from siblings and others in the interactive group sessions; modelling of interactions with adults in a classroom-like situation; and supervised play which facilitates self-control in peer relationships (Robinson et al. 2009).</p> <p>A pre-post quantitative study of ETPP (Reid et al. 2008) reported:</p> <ul style="list-style-type: none"> significant decreases in parent reported intensity of behaviour problems and number of behaviours 	N/A

Program name	Description	Evidence	Findings	Rating
	<p>teachers on two occasions during this period.</p> <p>The ETPP is a manualised program, and the program manual provides the template for maintaining program fidelity in training and delivery.</p>		<p>that were problematic to parents (maintained at follow-up)</p> <ul style="list-style-type: none"> • significant decrease in the teacher-rated intensity of problem behaviours • a significant improvement in children’s social skills (maintained at follow-up) • improvement in parent reported child social skills and problem behaviours (maintained at follow-up) • improved parenting skills and practices (maintained at follow-up) • increased parents’ satisfaction with their parenting role (maintained at follow-up). 	
Playconnect	<p>Auspiced by Playgroup NSW this facilitated play group is offered specifically for families with children aged 0-6 years with autism-like behaviours and their families.</p> <p>PlayConnect creates a peer-support environment for families and provides play experiences that are</p>	<p>Qualitative evaluation using facilitator and client survey data (ARACY, 2020).</p>	<p>Low strength evidence including overall satisfaction with the service, improved parent peer relationships and confidence in parenting and accessing other services. Parents valued having a safe and non-judgemental space to meet and share challenges with other families in similar circumstances, links with other support services and the opportunity for their child to play and interact with other children with similar challenges.</p>	N/A

Program name	Description	Evidence	Findings	Rating
	<p>responsive to the needs of children with autism.</p> <p>These groups welcome families who are unable to access other autism specific services if they are waiting on a diagnosis or do not fully meet the criteria for diagnosis.</p> <p>PlayConnect provides an opportunity to create support networks, share experiences and get assistance to navigate autism support services. Siblings of children with autism are also welcome to attend PlayConnect playgroups.</p> <p>PlayConnect is funded by the Australian Government.</p>			
KindiLink	<p>Western Australian supported playgroup initiative for Aboriginal and Torres Strait Islander families with 3-year-olds.</p> <p>Operating as a 3-year pilot (2016-2018), KindiLink was implemented in 37 selected</p>	<ul style="list-style-type: none"> Mixed methods evaluation (Barratt-Pugh et al. 2018) Qualitative case study (Barblett et al. 2020). 	<p>Lower strength evidence (Barratt-Pugh et al. 2018) showing that:</p> <ul style="list-style-type: none"> KindiLink has improved the social, emotional, language and cognitive capabilities of Aboriginal and Torres Strait Islander children upon entry into Kindergarten, with evidence of a significant increase in the adequate 	N/A

Program name	Description	Evidence	Findings	Rating
	<p>public schools across Western Australia in remote, regional (town and city) and metropolitan communities.</p> <p>KindiLink aims to:</p> <ul style="list-style-type: none"> • Boost children’s development, engagement and learning in the year before they start Kindergarten. • Forge strong and supportive links between home, school, families and the community. • Boost the capacity and confidence of parents/caregivers as their children’s first educators. • Contribute to regular long-term school attendance. • Cultivate Aboriginal and Torres Strait Islander families’ and children’s sense of belonging and engagement at their local primary school. 		<p>demonstration of these skills in 2018 Kindergarten commencement.</p> <ul style="list-style-type: none"> • On-entry assessment results for the Aboriginal children enrolled in the 2018 pre-primary program at the 37 KindiLink sites suggest attendance at KindiLink in 2016 may have contributed to greater school readiness in terms of reading, listening and speaking, and numeracy skills. However, the observed differences between the Aboriginal and Torres Strait Islander children who did and did not attend KindiLink in 2016 were not statistically significant. • KindiLink has had some effect on improving the enrolments and attendance of Aboriginal and Torres Strait Islander children at KindiLink and attendance among participating Aboriginal and Torres Strait Islander children at Kindergarten in 2017. • KindiLink has been effective in building the capacity and confidence of families as their first educator at school and at home. • KindiLink has had a positive impact on building productive relationships between the family, the school and 	

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			<p>the community, leading to increased engagement of families and children.</p> <p>Lower strength evidence that Kindilink successfully connected Aboriginal and Torres Strait Islander children and families to schools; built a sense of belonging and productive relationships between families, staff, school and the community in a culturally safe space (Barblett et al. 2020).</p>	
Playlinks	<p>Mobile supported playgroup provided by SDN Child Services in the Parramatta LGA for families with concerns about their child's development or who may already have a diagnosed disability.</p>	<p>Qualitative observational study (Cumming & Wong 2008).</p>	<p>The study did not look at family outcomes.</p>	N/A
Play Strong	<p>Auspiced by Playgroup NSW, this supported playgroup funded by the NSW Department of Education's Start Strong Pathways grant.</p> <p>The Play Strong program operates under three key objectives:</p> <ul style="list-style-type: none"> • Providing a high-quality early learning program 	<p>Internal Playgroups NSW surveys from 2022 and 2023 cited on Playgroups NSW website page for the program, https://www.playgroupnsw.org.au/about/programs/play-strong/.</p>	<p>Informal low strength evidence on parent-reported outcomes for Play Strong comes from internal Playgroups NSW surveys from 2022 and 2023 which show that families feel participation was associated with improvements in their relationship with their child; their child's social skills (listening, talking, sharing); their understanding of the importance of early childhood education and their confidence in engaging and creating</p>	N/A

Communities and Justice

Program name	Description	Evidence	Findings	Rating
Play & Learn Supported Inclusive Playgroups (PALS),	<p>with a curriculum that is informed by the Early Years Learning Framework.</p> <ul style="list-style-type: none"> • Providing capacity building and empowering parents and carers to continue early education in the home through our evidence-based Peep program. • Connecting and creating pathways to preschool or connecting families with other early education services. <p>The program seeks to provide an accessible service to vulnerable members of the community and those who may experience barriers to involvement with traditional early learning services.</p>	N/A	learning opportunities for their children in the home environment.	N/A

Communities and Justice

Program name	Description	Evidence	Findings	Rating
	<p>PALS provides exposure for mainstream families to an inclusive playgroup setting, to inform their understanding and practice of inclusivity. PALS increases the opportunity for children with disability to connect with others in their community, participate in community activity and to develop social and play skills.</p>			
Sutherland Supported playgroup.	<p>Auspiced by Playgroup NSW, this is a supported playgroup community in the Sutherland Shire, Sydney. The group is led by qualified early childhood educators, and the purpose of this group is to share information with families to support them in their caring role to children 0-5 years. Sutherland Supported Playgroups can help families identify any potential developmental concerns or delays and refer them to appropriate local support services.</p>	N/A		N/A
