# Community and Family Support (CAFS) Program - Parenting Programs

Parenting Programs is a service type delivered under Community and Family Support (CAFS) Program Activity 3-Wellbeing and Safety.

The CAFS program is working towards an evidence-informed approach to service delivery. This means that wherever possible CAFS funded service providers should use evidence to design, implement and improve programs and services. This evidence can be research evidence, lived experience, client voice, and professional expertise.

To assist service providers to deliver parenting programs, the CAFS program has identified a list of 37 evidence-informed parenting programs that demonstrate positive outcomes for families.

The list includes basic information about the target group, program duration and approach as well as links to further information on the program (for example, available at the <u>DCJ Evidence Portal</u>, <u>California Evidence-Based Clearinghouse for Child Welfare (CEBC) program registry and/or parenting program website</u>).

The CAFS program's evidence-informed approach also includes identifying and supporting emerging locally applied parenting programs. This acknowledges that not all parenting program on the list are appropriate, or meet the needs of all families accessing CAFS services.

Also, if you are an ACCO or a non-ACCO with Aboriginal staff delivering Indigenous Parenting Programs service type, then there is no requirement for you to use a parenting program from the list.

As with all CAFS services, parenting programs should be offered free of charge, with no additional cost being passed onto families.

#### Criteria for assessing the list of parenting programs as evidence informed

The following list of evidence-informed parenting programs consists of:

- 1. Programs that were identified from evidence reviews on the DCJ Evidence Portal (Preventing Child Maltreatment and Reducing Child Harm and Maltreatment evidence reviews) and a 2017 evidence review conducted by the Parenting Research Centre (PRC).
- 2. Additional programs identified by service providers, and rated as 'Promising', 'Supported' or 'Well Supported' on the California Evidence-Based Clearinghouse for Child Welfare (CEBC).

### And have been:

- 3. Implemented and/or evaluated in Australia<sup>1</sup>; and
- 4. Evaluated using a randomised controlled trial (RCT) or quasi-experimental design (QED)<sup>2</sup>.

## Purpose and use of the parenting programs list

The list of evidence-informed parenting programs has been developed to assist service providers in selecting suitable parenting programs. For providers in the Wellbeing and Safety program activity who are delivering parenting programs, it is recommended they will use the evidence and select from the list of evidence informed programs, unless:

- the parenting programs on the list are not appropriate, or do not meet the needs of families accessing your CAFS services, and your preference is to deliver a locally applied parenting program
- you are an ACCO or a non-ACCO with Aboriginal staff delivering Indigenous Parenting Programs service type.

#### Locally applied parenting programs

If on reviewing the list of evidence informed parenting programs, you consider that none of the programs are suitable in your local context, you have the option to propose an alternative locally applied program to your DCJ contract manager. You will need to complete a brief template outlining the program you are proposing, the rationale for why it is suited to your local context and any evidence you have to demonstrate its effectiveness.

ACCOs and non-ACCOs with Aboriginal staff working with Aboriginal communities are encouraged to design programs suitable for their local context. Service providers should refer to the <u>Aboriginal-led Early Support Programs Evidence Review</u> (2023) which has identified eight common themes among the highly-rated evidence about Aboriginal-led early support programs designed for Aboriginal children, young people, families and communities and have regard to local community and practitioner expertise. Please note ACCOs and non-ACCOs with Aboriginal staff delivering Indigenous Parenting Programs service type are exempt from completing the template.

For further information, please contact your DCJ contract manager or email <a href="mailto:TEI@dcj.nsw.gov.au">TEI@dcj.nsw.gov.au</a>.

<sup>&</sup>lt;sup>1</sup> With the exception of Coping Power – a US program but has been implemented internationally by individual organisations in Canada, Puerto Rico, the UK, Ireland, the Netherlands, Sweden, Italy, Greece, Peru and Pakistan.

<sup>&</sup>lt;sup>2</sup> Note that some programs have been included that may not have been individually evaluated or rated but are from a suite of programs that have (e.g. Indigenous Triple P, Dads Tuning into Kids).

Contents	
Community and Family Support Program - Parenting Programs	1
123 Magic & Emotion Coaching and Talk Less Listen More (the online version of 123 Magic)	3
Australian Nurse-Family Partnership	3
Attachment and Biobehavioral Catch-up (ABC)	4
Building Confidence	5
Cool Kids and Cool Little Kids	6
Coping Power	6
Family Connections	7
Family Support Program	7
Home Instruction for Parents of Preschool Youngsters (HIPPY)	7
Home Visiting Program	7
Incredible Years Parenting Training Program	8
Incredible Years Preschool BASIC Parenting Program Enhanced with Home Visits	8
Incredible Years Shortened Basic Version	8
Parent Aide Services and Case Management	9
Parent-Child Interaction Therapy (PCIT)	9
Parent Effectiveness Training (PET)	10
Parents as Teachers	10
Parents Under Pressure (PUP)	11
Parent Support Outreach (PSO)	11
Parent Training Program	12
Resourceful Adolescent Program – For Parents (RAP P) (note: linked to Resourceful Adolescent Program (RAP-A))	12
Right@Home	12
SafeCare	13
SafeCare Dad to Kids Program (Dad2K)	13
SafeCare+	14
Stepping Stones Triple P	
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	15
Triple P System (all five levels)	15
Triple P Positive Parenting Programs – Standard and Enhanced Group Behavioural Family Interventions	16
Triple P-Enhanced group behavioural family intervention (Australian program)	17
Triple P - Positive Parenting Program - Level 4 (Level 4 Triple P)	17
Teen Triple P	18
Self-Directed Triple P (Positive Parenting Program)	18
Indigenous Triple P	
Tuning in to Kids	
Dads Tuning into Kids	19
Tuning in to Teens (TINT)	20

Evidence-informed Parenting Program *Please note that all parenting programs on this list may not be suitable in every context, for an example for individuals experiencing domestic and family violence. Service providers should consider the individual circumstances of their clients and their local context before determining if a program is suitable for service delivery.	Target group	Duration of program	Program approach	Evidence Portal Program Summary link	CEBC link/Other information
123 Magic & Emotion Coaching and Talk Less Listen More (the online version of 123 Magic)  Australian Nurse-Family Partnership	For parents/caregivers of children ages 2-12  Families experiencing vulnerability, for example,	One to two sessions per week; 1.5 hours per session for 4-8 weeks.  No information was given on the number or duration	1-2-3 Magic is a group format discipline program for parents of children approximately 2-12 years of age. The program aims to help parents and carers manage difficult child behaviour with a focus on strategies and techniques that promote positive behaviour; encouragement in developing the child's ability to manage their emotional reactions; and relationship-building. The program can be used with average or special needs children. 1-2-3 Magic divides the parenting responsibilities into three straightforward tasks: controlling negative behaviour, encouraging good behaviour, and strengthening the child-parent relationship. The program seeks to encourage gentle, but firm, discipline without arguing, yelling, or spanking.  Culturally safe adaptation of the Nurse-Family Partnership program for	https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-	https://www.cebc4cw.org/pr ogram/1-2-3-magic- effective-discipline-for- children-2-12/ https://www.123magic.com/
	young mothers, single mothers, and families of low socioeconomic status	of home visits, nor over what period they occurred.	Aboriginal families. Implemented in central Australia where it was delivered by an Aboriginal community-controlled health organisation. It involves a program of nurse home visits for mothers. The nurses promote three aspects of maternal functioning: health-related behaviours during pregnancy and the early years of the child's life, the care parents provide to their children, and maternal life-course development (such as family planning, educational achievement, and participation in the workforce). The goals of the program are to improve pregnancy outcomes, to promote children's health and development, and to strengthen families' economic self-sufficiency.	evidence-reviews/reducing-child-harm-and-maltreatment-evidence-review/reducing-child-harm-and-maltreatment-evidence-informed-programs/australian-nurse-family-partnership.html	

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Attachment and Biobehavioral Catchup (ABC)	Caregivers of infants 6 months to 2 years old who have experienced early adversity	Intervention delivery is weekly one-hour sessions for 10 sessions.	ABC targets several key issues that have been identified as problematic among children who have experienced early maltreatment and/or disruptions in care. These young children often behave in ways that push caregivers away. The first intervention component helps caregivers to re-interpret children's behavioural signals so that they provide nurturance even when it is not elicited. Nurturance does not come naturally to many caregivers, but children who have experienced early adversity especially need nurturing care. Thus, the intervention helps caregivers provide nurturing care even if it does not come naturally. Second, many children who have experienced early adversity are dysregulated behaviourally and biologically. The second intervention component helps caregivers provide a responsive, predictable, warm environment that enhances young children's behavioural and regulatory capabilities. The intervention helps caregivers follow their children's lead with delight. The third intervention component helps caregivers decrease behaviours that could be overwhelming or frightening to a young child.	N/A	https://www.cebc4cw.org/program/attachment-and-biobehavioral-catch-up/ https://www.abcintervention.org/

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Building Confidence	Typically developing school-aged children diagnosed with childhood anxiety disorders (6-11 years old) and their families	Recommended Intensity: Weekly 1.5-hour session Recommended Duration: 16 weeks	Building Confidence is a cognitive-behavioural therapy (CBT) that is provided to school-aged children who demonstrate clinically significant symptoms of a range of anxiety disorders (e.g., separation anxiety disorder). The format consists of individual child therapy combined with parent-training and involvement. Both children and their parents are taught fundamental CBT principles and techniques as well as integrating ways to build confidence through graduated learning and practice of ageappropriate, self-independence skills. In-session exposures are extended into the home where parents assist children complete home-based exposures in the community by providing coaching in CBT strategies and naturalistic opportunities to practice and maintain treatment goals and effects. In line with these overarching treatment goals, the intervention program also works closely with the children's schools and teachers to promote the practice and generalization of treatment goals in the school (e.g., social anxiety).  This program is typically conducted in a(n): -Community Daily Living Settings -Outpatient Clinic -School	N/A	https://www.cebc4cw.org/pr ogram/building-confidence/

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Cool Kids and Cool Little Kids	Children and young people aged 7-17 with anxiety	Individual format: Eight hour-long weekly sessions followed by two hour-long biweekly sessions. Group format: Eight two-hour long sessions followed by two two-hour long sessions. Recommended duration: 12 weeks.	Cool Kids is a cognitive behaviour therapy program that teaches children and their parents how to manage anxiety disorders. There are slightly different versions for children and teenagers. Variations of the program also exist for children with comorbid autism, adolescents with comorbid depression, and for delivery in school settings. The program was developed at Macquarie University.  Focuses on teaching practical skills. The program has undergone continual scientific evaluation and development to include the latest understanding of anxiety and its treatment.  Topics covered within the Cool Kids Anxiety Program include:  • Learning about feelings and anxiety  • Learning to think more realistically  • Parenting an anxious child  • Fighting fear by facing fear (stepladders)  Learning other coping skills such as building social confidence or learning to solve problems.	N/A	https://www.cebc4cw.org/program/cool-kids-anxiety-program-tld/ https://www.ceh-shop.mq.edu.au/products/cool-kids-therapist-full-kit-2nd-edition
Coping Power	Children aged 5 – 11 years at risk of substance misuse	16 month program delivered during the 5th and 6th grade school years. Children attend 22 group sessions in 5th grade and 12 group sessions in 6th grade. Children also receive half hour individual sessions once every two months. Parents attend 11 group sessions during their children's 5th grade year and 5 sessions during the 6th grade year.	Preventive group intervention delivered in a workshop format. Two components (Parent Focus and Child Focus) designed to impact four variables that have been identified as predicting substance abuse (lack of social competence, poor self-regulation and self-control, poor bonding with school, and poor caregiver involvement with child).	N/A	https://www.cebc4cw.org/pr ogram/coping-power- program/detailed

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Family Connections	Children aged 5 – 11 years exposed to maltreatment, domestic violence, parental mental illness or parental substance misuse	Up to 40 sessions that last one-and-a-half hours each.	Community-based program that works with families in their homes to help them meet the basic needs of their children	N/A	https://www.cebc4cw.org/pr ogram/family-connections/
Family Support Program	Children aged between 3 and 5 years, where the child shows signs of social behavioural problems; has difficulties with socioemotional or cognitive development; or the parents lack parenting skills.	For the parents the program consists of 20 individualised sessions in the home every two weeks, each lasting 30 - 90 minutes; 15 individual or group sessions in preschool at least once per month; video-modelling; and written resources developed by the intervention team. For the children there are 52 sessions - two per week for half an hour each time.	Based on the Comprehensive Child Development Program and follows the principles of cognitive and behavioural parenting interventions based on social learning models. The intervention component has two different parts: for parents and for children. The program is flexible and can be adapted to meet the individual needs of each family. The program goals are to provide parenting education in child development, health care, nutrition, and parent-child interaction activities; and to improve the cognitive, social and personal development of children.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/family-support- program.html	
Home Instruction for Parents of Preschool Youngsters (HIPPY)	Parents with children aged up to 5 years, who have little resources or education or who are adolescent parents	A minimum of 30 weeks of interaction with the home visitor; curriculum available for up to three years of home visiting services	HIPPY is a home-based and parent-involved school readiness program that helps parents prepare their children ages three to five years old for success in school and beyond. The parent is provided with a set of carefully developed curriculum, books, and materials designed to strengthen their child's cognitive and early literacy skills, as well as their social, emotional, and physical development.	N/A	https://www.cebc4cw.org/pr ogram/home-instruction-for- parents-of-preschool- youngsters/ https://www.hippyus.org/
Home Visiting Program	Families of newly born infants who reported one or more risk factors identified in the program.	Home visits of 20-60 mins in length. Child health nurses undertook the home visits. Visits were weekly until infants are 6 weeks old, fortnightly until infants are 3 months old, then monthly until the age of 12 months. The minimum number of home-visits expected per family is 18 and can be exceeded where negotiated between families and nurses.	The Home Visiting program is a home-based prevention and early intervention program. It aims to mediate the risk for child abuse and neglect by enhancing family adjustment to the parenting role.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/home- visiting-program.html	

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Incredible Years Parenting Training Program	Parents with children aged 12 years and younger, and particularly for families already in contact with child welfare services.	12-20 weekly group sessions, 2-3 hours in length.	A group-based intervention designed to strengthen parenting skills and reduce child problem behaviours. The program teaches: - child-directed play skills - positive discipline strategies - effective parenting skills - strategies for coping with stress - ways to strengthen children's prosocial and social skills.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/incredible- years-parenting-training- program.html	
Incredible Years Preschool BASIC Parenting Program Enhanced with Home Visits	It is intended for children aged between 2 and 8 years with disruptive behavioural problems.	The Incredible Years Preschool BASIC Parenting Program Enhanced with Home Visits is an adaptation involving extra meetings and home visits, including 19–20 weekly parent group meetings, each 2 hours in duration, plus four additional home visits, monthly, with weekly phone calls. Face-to-face groups consist of 10-12 parents. The estimated duration of the program is 6 months. Dosage in this study included extra sessions and home visits added to the usual intervention for this population.	Home Visits is an adaptation of the universal Incredible Years program involving additional sessions and home visits (Karjalainen, et al. 2019).  The Incredible Years is premised on social learning theory and a relational framework. It aims to address child	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/the-incredible-years- preschool-basic-parenting- program-enhancedhtml#About0	
Incredible Years Shortened Basic Version	Children aged between 2 and 8 years with disruptive behavioural problems	Reduces the number of sessions from 12 in the full version, to the first six sessions. The six 2-hour sessions run weekly.	Shortened version of the original Incredible Years program. Premised on social learning theory and a relational framework. It aims to address child behavioural issues by modifying parenting practices. Specifically, parents are supported to improve their parenting skills through practice with their child, paralleled by role play; watching video-recorded program information; and collaborative and interactive group discussion.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/the-incredible-years- shortened-basic-version.html	

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Parent Aide Services and Case Management	Families with at least one child 12 years of age or younger deemed high risk of abuse or neglect.	At-home intervention, which averages 1 year in length.  A case manager conducts an initial needs assessment. The parent aide then visits up to 2 times per week, depending upon assessed risk, need, and parents' assigned level of service.  Frequency of visits can range from a more intensive engagement phase focusing on immediate concerns, to a phase emphasising work on parent-child discipline and family communication, and later to a phase focusing on maintenance of gains and termination of the parent aide.	Aims to reduce the risk of physical abuse and/or neglect. It targets parenting behaviour and environmental challenges linked with child maltreatment risk.  Families must have at least one child 12 years of age or younger living in the home and be deemed at high risk of abuse and/or neglect. This is determined by a referral from child protective services or an initial case assessment that examines imminent risk of harm to the child, parental capacity and resources to cope with stress in the parenting role.  The program has two components: parental aide and case management.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/parent-aide- services-and-case- management.html	
Parent-Child Interaction Therapy (PCIT)	PCIT was developed for children aged between 3 and 7 years displaying disruptive, oppositional and defiant behaviour, and their parents.	One-hour long weekly treatment sessions are delivered over a period of 12 weeks	An individualised, evidence-based treatment program for preschool children displaying disruptive, oppositional and defiant behaviour. Delivered in social service and clinical centres by Masters and Doctoral-level psychologists or social workers trained in PCIT. The intervention is founded in social learning, attachment and behavioural theory, and incorporating play therapy. The goal is for parents to strengthen the parent-child bond and increase the prosocial behaviour of the child. It also aims to decrease child externalising and internalising symptoms, caregiver stress, depression, abuse potential and negative communication, and to increase observed maternal sensitivity and positive communication.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/parent-child- interaction-therapy.html	https://www.cebc4cw.org/pr ogram/parent-child- interaction-therapy/

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Parent Effectiveness Training (PET)	Parents of children ages 0 to 18 with communication and behaviour problems.	8 x 3hour sessions	Parent Effectiveness Training (PET) is an educational program that aims to improve family life by changing parental child-rearing attitudes and practices, and changing children's behaviour. Based on a philosophy of respect for everyone's feelings and needs in family relationships. Meeting children's emotional needs is vital for raising happy, resilient, secure kids and the needs of parents are important too. The skills taught in PET give parents highly practical tools for building warm loving relationships with their children and gaining co-operation from their kids without using coercion and rewards.	N/A	https://www.cebc4cw.org/pr ogram/parent-effectiveness- training-p-e-t/
Parents as Teachers	Families with children from the prenatal period to kindergarten.	The program runs for up to three years if a child is enrolled at birth.	The Parents as Teachers program a comprehensive home-visiting, parent education model. It is delivered by parents trained as Teachers Affiliates to families with children from the prenatal period to kindergarten. The model has four dynamic components: personal visits, group connections, resource network and child screening.  The program has four primary goals:  1. Increase parent knowledge of early childhood development and improve parent practices. 2. Provide early detection of developmental delays and health issues. 3. Prevent child abuse and neglect. 4. Increase children's school readiness and success.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/parents-as- teachers.html#Who1	https://www.cebc4cw.org/program/parents-as-teachers/

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Parents Under Pressure (PUP)	Parents who are on methadone maintenance and have children aged between 2 and 8 years old.	12 modules, although using up to 10 has been shown to be effective. Sessions generally last 1-2 hours.	Intensive, home-based intervention designed to reduce potential for childabuse among methadone-maintained parents. It combines methods for improving parental mood and parenting skills.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/parents- under-pressure.html	https://www.cebc4cw.org/pr ogram/parents-under- pressure/
Parent Support Outreach (PSO)	The PSO program is designed for families with children aged 10 years and younger and have been deemed high-risk for child maltreatment. To be eligible, families must have two or more risk factors associated with child maltreatment and/or parenting struggles.	Based on need.	The Parent Support Outreach (PSO) program is for families at high risk of child maltreatment. It aims to provide families with needed supports to promote safety and wellbeing of children and families, and to prevent further escalation and referrals to higher-end / higher-cost programs.  The program provides a wide range of services:  -financial (e.g. helping pay for basic necessities, connecting to emergency food banks, welfare assistance, employment and job training services), -therapeutic (e.g. mental health, substance abuse) -help with parenting and childcare others (e.g., legal, child developmental services or recreational activities)Caregivers are given support to increase their parental capacity. This includes meeting their children's and family's needs, removing barriers impacting family functioning, and gaining access to community-based resources.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/parent- support-outreach- program.html#How5	https://www.cebc4cw.org/pr ogram/parent-support- outreach-program/

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Parent Training Program	Children about to transition to primary school	Program commences approximately 1 month before the start of primary school. Runs for 4 consecutive weeks, with one 2-hour session per week.	Aims to improve the parent–child relationship and decrease parental stress by reducing harsh parenting at the time of transition to primary school. Two trained social workers run the program with groups of 8 to 12 parents in each group. Parents are taught to use more active listening skills, engage less in harsh parenting practices, use more praise and encouragement and set reasonable expectations in the rearing of their children. The program builds on Lazarus and Folkman's framework of cognitive appraisal, stress and coping. It is also guided by the Health Action Process Approach (HAPA) which explains the psychological mechanisms involved in the gap between intention and actual change in health behaviour.	https://evidenceportal.dcj.nsw.gov .au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/parent-training- program.html	
Resourceful Adolescent Program – For Parents (RAP P) (note: linked to Resourceful Adolescent Program (RAP-A))	Parents of adolescents	3 sessions - RAP-P	The RAP Parent program (RAP-P) was developed to help parents promote the optimal family environment for healthy adolescent development. RAP-P was developed to complement the Resourceful Adolescent Program (RAP-A). RAP-A was developed to build resilience and promote positive mental health in teenagers. The program specifically aims to prevent teenage depression and related difficulties.	N/A	https://www.rap.qut.edu.au/programs/rap-p-for-parents  https://www.cebc4cw.org/program/resourceful-adolescent-program-adolescent-rap-a/)
Right@Home	Families of infants who have been identified as at risk, based on a broad range of psychosocial and socioeconomic risk factors, identified by an assessment.	The program comprises 25 nurse home visits, from pregnancy through to when the child is 2 years old. Visits become less frequent over time.	The Right@Home program aims to improve parent care and responsivity, and the home learning environment. The program is structured around the core MECSH framework and training (Kemp et al. 2011), bolstered by five evidence-based strategies for content (sleep, safety, nutrition, regulation, and bonding and/or relationship) and two evidence-based strategies for the delivery process (video feedback and motivational interviewing strategies).	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/right-home.html	

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SafeCare	SafeCare is a structured training program for parents of children aged 0 to 5 years, reported for child abuse and/or neglect.	SafeCare involves an 18 to 24-week program comprised of three modules: health training, safety training, and parenting skills. Although each module is typically offered in parents' homes over six sessions, this can vary to reflect a parent's preferred location and their progress. A parent's progress is assessed via direct observation in roleplay situations.	SafeCare is premised on an ecobehavioural model to address the causes of physical abuse and neglect. This model recognises the need for interventions of differing levels to address maltreatment, and the need to target skills and behaviours in ways that serve to sustain change. This can involve ongoing measurement of observable behaviours, skills modelling, practice and feedback, and training parents to criterion in observable skills.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/safecare.html	https://www.cebc4cw.org/pr ogram/safecare/
SafeCare Dad to Kids Program (Dad2K)	Fathers of children aged 0 to 5 years, reported for child abuse and/or neglect.	18 to 24-week program comprised of three modules: health training, safety training, and parenting skills. Each module is typically offered in parents' homes over six sessions, this can vary to reflect a parent's preferred location and their progress. In Safe Care Dad2K, interactive technology is used to deliver multimodal learning and modelling of SafeCare target skills through dynamic software-based activities, and there is an additional coparenting component guided by the "Talking with Mom" workbook		https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/safecare-dad-to-kids- program-dad2k.html	

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SafeCare+	Multi-problem at-risk families with young children aged 0-5 in rural communities	SafeCare+ is typically conducted in weekly home visits lasting from 60-90 minutes each. The program typically lasts 18-20 weeks for each family.	SafeCare+ is an adaption of SafeCare® for high-risk families in rural populations. SafeCare+ consists of the original SafeCare® program with the addition of motivational interviewing and training home visitors to identify and respond to imminent child maltreatment and risk factors of substance abuse, depression, and intimate partner violence.  The original program: SafeCare® is a behavioural parent training program delivered through home visiting. It targets parental risk factors for child physical abuse and neglect. SafeCare® was designed to be implemented with families at risk for maltreatment. The program is designed for parents of children ages 0–5 years and teaches a variety of skills focused on positive parenting, home safety, and child health.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/safecare- plus.html  https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/safecarehtml	
Stepping Stones Triple P	Parents of children aged 2–12 years with a disability and behavioural problems. Has been implemented with Aboriginal families in Australia.	Group Stepping Stones – 6 weekly 2.5 hour sessions Standard Stepping Stones – 10 weekly 1 hour sessions Primary Care Stepping Stones – 4 weekly 15-30 minute sessions Seminar Series Stepping Stones – 3 seminars, each 90 minutes	Designed for parents who have a child with a disability to promote children's competence and development, parent's management of misbehaviour and generalisation and maintenance of parenting skills. To treat specific problems of children with ASD, aiming to improve social behaviour and increase language, as well as to decrease inappropriate behaviours.	N/A	Positive parenting to help a child with a disability   Stepping Stones Triple P   Triple P

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Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Children, and their parents, who are experiencing significant emotional and behavioural problems related to trauma, including maltreatment or vulnerable family circumstances.	Recommended Intensity: Sessions are conducted once a week.  Recommended Duration: For each session: 30-45 minutes for child; 30-45 minutes for parent. The program model also includes conjoint child-parent sessions toward the end of treatment that last approximately 30-45 minutes. Treatment lasts 12-18 sessions.	TF-CBT is a conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioural difficulties related to traumatic life events. It is a hybrid treatment model that incorporates trauma-sensitive interventions with cognitive behavioural, family, and humanistic principles.  TF-CBT also effectively addresses many other trauma impacts, such as improving the participating parent's or caregiver's personal distress about the child's traumatic experience, effective parenting skills, and supportive interactions with the child.	N/A	https://tfcbt.org/
Triple P System (all five levels)	For parents and caregivers of children from birth to age 16	Recommended duration 9 months; Recommended Intensity: 21 one-hour sessions: 12 weekly, 6 biweekly, and 3 monthly	Overall Triple P program is a population-level system of parenting and family support. It includes five intervention levels of increasing intensity and narrowing population reach:  Level 1: Universal Triple P; Level 2: Selected Triple P; Level 3: Primary Care Triple P; Level 4: Standard and Group Triple P; Level 5: Enhanced Triple P.  The program is designed to enhance parental competence and prevent or alter dysfunctional parenting practices. It aims to reduce risk factors both for child maltreatment and for children's behavioural and emotional problems. All levels of Triple P have intervention manuals that have been carefully developed, systematic training regimens for providers/ practitioners, and coordinated resource materials for parents (videos, workbooks, and tip sheets).	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/triple-p.html	https://www.cebc4cw.org/pr ogram/triple-p-positive- parenting-program-system/

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Triple P Positive Parenting Programs – Standard and Enhanced Group Behavioural Family Interventions	Parenting intervention for children with behavioural problems, adapted for use with maltreatment populations and parents with mental illness.	Standard - average of 10 weekly sessions. Enhanced - average of 12 weekly sessions.	Triple P is a well-researched Australian-developed program that was originally designed for parents of children with behavioural problems and has since been adapted for other groups of parents. See below for description of Enhanced Group version.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/triple-p- enhanced.html	

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Triple P - Enhanced group behavioural family intervention (Australian program)	Parents experiencing significant difficulties in managing their own anger when interacting with their preschool-aged children; -at risk of child maltreatment who are concerned about their anger or that they might harm their own child.	Builds on the standard program by delivering an additional 4 group sessions that address risk factors for child abuse and neglect. Four 2hr group sessions of parent training; Four 2h group sessions targeting the additional risk factors; Four 15-30min individual telephone consultations.	Enhanced version of Triple P. It is a group program that incorporates attributional retraining and anger management. Aims to reduce risk factors for child maltreatment.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/triple-p- enhanced.html	
Triple P - Positive Parenting Program - Level 4 (Level 4 Triple P)	For parents and caregivers of children and adolescents from birth to 12 years old with moderate to severe behavioural and/or emotional difficulties or for parents that are motivated to gain a more in-depth understanding of positive parenting.	Program interventions typically take place over 2-3 months.	One of the five levels of the Triple P system. Level 4 Triple P helps parents learn strategies that promote social competence and self-regulation in children as well as decrease problem behaviour. Parents are encouraged to develop a parenting plan that makes use of a variety of Level 4 Triple P strategies and tools. Parents are then asked to practice their parenting plan with their children. During the course of the program, parents are encouraged to keep track of their children's behaviour, as well as their own behaviour, and to reflect on what is working with their parenting plan and what is not working so well. They then work with their practitioner to fine tune their plan.	N/A	https://www.cebc4cw.org/program/triple-p-positive-parenting-program-level-4-level-4-triple-p/

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Teen Triple P	Parents of teenagers up to 16 years old who have concerns about their teenagers level of behavioural problems or who wish to prevent behavioural problems from developing	8 sessions delivered over 8 weeks. This is broken down to: Four 2-hour group sessions with up to 12 parents; Three 15-30-minute individual telephone sessions; One final group session.	A version of the Triple P program specifically for parents of teenagers up to 16 years old.  Throughout the program, parents: - Learn about the influences of adolescent behaviour; - Set specific goals; - Use strategies to promote teenagers' skills development; - Manage inappropriate behaviour; - Teach emotional self-regulation; - Learn how to plan around risk-taking behaviour and risky situations; and - Promote their teenager's development and potential  The program places a strong emphasis on the importance of parents acknowledging and encouraging the growing independence of their teen. Recognition is given to the likelihood of teenagers engaging in risky behaviour and providing parents with ways to assist their teen to manage these challenges effectively.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/preventing- child-maltreatment/evidence- informed-programs/group-teen- triple-p.html	
Self-Directed Triple P (Positive Parenting Program)	Parents of children at risk of developing conduct problems	Ten-unit self-directed program over ten weeks	Self-Directed Triple P for mothers with children at-risk of developing conduct problems is a behavioural family intervention program derived from the Triple P program, which is widely used in Australian states and territories for children at risk of developing conduct problems. Self-Directed Triple P is based on social learning principles and its purpose is to promote positive caring relationships between parents and children. Self-Directed Triple P targets coercive family interactions known to contribute to the development and maintenance of children's disruptive behaviour problems.	https://evidenceportal.dcj.nsw.go v.au/evidence-portal-home/our- evidence-reviews/reducing-child- harm-and-maltreatment- evidence-review/reducing-child- harm-and-maltreatment evidence-informed- programs/self-directed-triple-p positive-parenting-programhtml	

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Indigenous Triple P	Indigenous parents and caregivers or parents and caregivers of Indigenous children, interested in promoting their child's development and potential, or have concerns about their child's mild to moderate level of behavioural problems, or simply wish to prevent behaviour problems from developing.	6 x 2 hour sessions.	Culturally sensitive adaptation of the mainstream Group Triple P program. It uses an active skills training process to help parents promote children's competence and development and manage their behaviour. Parents actively participate in a range of exercises to learn about the causes of child behaviour problems, setting specific goals, and using strategies to promote child development, manage misbehaviour, and plan for high-risk situations. Then there are two brief individual consultations to assist parents with independent problem solving while they are practising the skills at home.	N/A	https://www.triplep.net/files/6215/6352/6154/ENG_Group_Triple_P_Indigenous_Focus_A4.pdf
Tuning in to Kids	Parents and caregivers of children with disruptive behaviour between 18 months and 18 years of age	For a community group (lower need) 6 sessions are required to deliver the program. For higher need/clinical participants, 8 sessions are recommended. 1-2 booster sessions are also recommended for all groups at bimonthly intervals.	Parenting program that focuses on emotions and is designed to assist parents to establish better relationships with their children. The program teaches parents simple emotion coaching skills - that is how to recognise, understand, and manage their own and their children's emotions.	N/A	https://www.cebc4cw.org/program/tuning-in-to-kids-tik/
Dads Tuning into Kids	Fathers of children aged 3 to 10	6 week course with 1x2 hour session per week	The Dads Tuning into Kids program targets paternal emotion-socialisation practices. It aims to give fathers helpful ways of teaching their child the skills of emotional intelligence. This program teaches 'emotion coaching' which is to recognise, understand and respond to children's emotions in an accepting, supportive way. These are the same skills that are taught in Tuning in to Kids®, however the dad's program provides additional content particularly relevant to fathers. This approach nurtures a positive parent child relationship and helps parents support children to understand and manage their emotions.	N/A	https://tuningintokids.org.au/

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Tuning in to Teens (TINT)	Parents of children and adolescents aged 10-18 years of age	Delivery options range from a 6-session program in the community through to a 10-session program for clinical/high-need participants	Parenting program that focuses on emotions and is designed to assist parents to establish better relationships with their adolescents. TINT is based on the Tuning in to Kids parenting program. TINT teaches parents emotion coaching skills as well as ways of responding to their young person in a way that helps maintain a connected relationship. The program aims to prevent problems developing in adolescents, promote emotional competence (in parents and youth), and when present, reduce and treat problems with adolescent's emotional and behavioural functioning. Delivery options range from a 6-session program in the community through to a 10-session program for clinical/high-need participants.	N/A	https://www.cebc4cw.org/pr ogram/tuning-in-to-teens- tint/