

# hfcc 2020 LIST OF ABSTRACTS

WEDNESDAY FEBRUARY 5TH 2020 – DAY 1

Keynote Address 1

9.15-10.00am Ballroom A&B

***Evidence-based parenting support: Innovations, challenges and future directions***

**MATTHEW SANDERS\*** – The University of Queensland, Australia

This presentation explores the current status of Triple P as an evidence-based system of parenting support. After a brief overview of how Triple P evolved, the presentation will identify various changes and innovations to the program (including online and low intensity Triple P interventions, focus on self-regulation). Some of the ongoing challenges that must be met for a population approach to parenting support to be successful are discussed (better population measures). Possible future directions are discussed including a greater focus on identifying mechanisms of change, non-response to intervention and broadening the aims of Triple P to incorporate a focus on the physical environment, reducing intergenerational poverty and disadvantage, and parenting in a digital age.

A1 – Symposium

10.30am-12.00pm Ballroom A&B

***Parenting interventions for families of children with complex health needs***

**EVREN ETEL\*** – The University Of Queensland, Australia  
**ALINA MORAWSKA** – The University Of Queensland, Australia  
**AMY MITCHELL\*** – The University Of Queensland, Australia  
**KOA WHITTINGHAM\*** – The University Of Queensland, Australia  
**GRACE KIRBY\*** – The University Of Queensland, Australia  
**ANITA INWOOD** – The University Of Queensland, Australia  
**DAVID COMAN** – The University Of Queensland, Australia  
**EMILY CASEY** – Queensland Children's Hospital, Australia  
**JENNIFER FRASER** – Queensland Children's Hospital, Australia  
**ANIA FILUS** – University Of Southern California, USA  
**MATTHEW SANDERS** – The University Of Queensland, Australia  
**LYNNE MCKINLAY** – Queensland Children's Hospital, Australia  
**ROSYLYN BOYD** – The University Of Queensland, Australia

Parents of children with complex health needs, such as chronic health conditions or disabilities, face challenges that make caring for their child more difficult and impact on the health and wellbeing of the children as well as the family. Children with complex health needs are at increased risk of emotional and behavioural problems, and their parents have higher rates of depression, anxiety, stress, and impaired quality of life. The need for long-term engagement in preventative and therapeutic strategies for condition management can further impact on child and parent adjustment. This contributes to a complex cycle of increasing parenting problems, more serious child behavioural difficulties, and reduced ability of parents to meet their child's health and developmental needs. Although good evidence for therapeutic interventions exists, current approaches focus predominantly on the physical aspects of the child's condition. Psychosocial approaches to supporting families of children with complex health needs are rarely examined. This symposium aims to inform the development and tailoring of parenting interventions in the child chronic illness and disability context. The first presentation explores child behaviour and parenting challenges for families of children with phenylketonuria, establishing parenting support needs and identifying key modifiable targets for intervention. Specifically, relationships between child behaviour, parenting style, and condition management will be explored. The second presentation reports on a multiple baseline study testing the feasibility and efficacy of a brief intervention delivered to parents of children with phenylketonuria as an adjunct to usual care in a hospital setting, describing the process of intervention selection and adaptation, and strategies used to overcome barriers to engagement. The third presentation will report on the efficacy of a

brief parenting intervention for parents of children with eczema, exploring the use of objective measures of disease severity and medication adherence, and considering directions for future development to improve reach and accessibility. The final presentation identifies mechanisms of change following parenting intervention combined with acceptance and commitment therapy for families of children with cerebral palsy, examining parenting style, parental attitude to child emotion, and psychological flexibility as potential mediators of intervention effect on child and parent adjustment and parenting style.

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**A2 – Symposium****10.30am-12.00pm Ballroom C*****Cultural considerations for delivering parenting programs***

**MEGHNA SINGHAL\*** – The University of Queensland, Australia  
**MARIAJOSE SCHULTZ\*** – The University of Queensland, Australia  
**SAUMYA SINGH\*** – The University of Queensland, Australia  
**YANG LIU\*** – The University of Queensland, Australia

Cultural norms and values have been found to exert a significant impact on the delivery of parenting programs. Consideration of indigenous cultural values, while transporting parenting programs to different countries is encouraged as it might influence the uptake of parenting programs. The aim of this symposium is to discuss cultural factors and the possible implications on the delivery of parenting programs in countries and cultures different from where the programs were initially developed and tested. The first presentation will focus on the implementation of an evidence-based parenting program (Positive Parenting Program-Triple P) in mainland China. The presentation will discuss the role of mothers in engaging fathers in parenting programs and facilitating father involvement with their children in the context of a strong patriarchal tradition, and how to support co-parenting in the intervention. In the second presentation, the perception of the roles and responsibilities of parents in impoverished environments in India is discussed. There will be a focus on how these roles and responsibilities are shaped by gender, socioeconomic status, hierarchies within families and impoverishment in the physical environment. It will also briefly touch upon the perceived expectations from an external agency intervening in the domain of parenting. The next presentation charts the journey of the implementation of parenting programs to middle-class Indian parents. Leaving the confines of research and navigating its way to the real world, this presentation discusses the implementation of parenting programs in broad contexts, such as schools, workplace, and residential spaces. The final presentation will address the cultural acceptability of Group Triple P in Brazil. This study is one of the few examples of a randomised controlled trial of a parenting intervention in low and middle-income countries. The findings from these presentation is likely to contribute to a deeper and more enriched understanding of culture in the context of intervention planning, implementation and evaluation. This may aid researchers and practitioners in understanding the strengths, challenges, and barriers associated with introducing an intervention in a culture that is different from the culture of its origin. These considerations may help in increasing the cultural and contextual relevance of parenting programs in different cultures.

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**A3 – Symposium****10.30am-12.00pm Redlands*****Measuring Triple P implementation and scale-up: Novel methods and measures to inform decision-making***

**RENEÉ BOOTHROYD\*** – University of North Carolina at Chapel Hill, USA  
**REBECCA ROPPOLO\*** – University of North Carolina at Chapel Hill, USA  
**RON PRINZ** – University of South Carolina, USA  
**SANDRA DIEHL\*** – University of North Carolina at Chapel Hill, USA  
**ARIEL EVERETT\*** – University of North Carolina at Chapel Hill, USA  
**WILLIAM ALDRIGE** – University of North Carolina at Chapel Hill, USA  
**JENNA ARMSTRONG** – University of North Carolina at Chapel Hill, USA  
**JULIE AUSTEN** – University of North Carolina at Chapel Hill, USA  
**LESLIE DEROSSET** – University of North Carolina at Chapel Hill, USA  
**JESSICA REED** – University of North Carolina at Chapel Hill, USA  
**XIMENA FRANCO** – University of North Carolina at Chapel Hill, USA  
**JENNA MCWILLIAM\*** – Triple P International, Brisbane, Australia

What do we want to know? How are we going to know it? How can we use it to get better? Data about the process and outcomes of implementation are vital to understand progress and guide decision-making for effective Triple P implementation and scale-up. Since 2018, The Impact Center at Frank Porter Graham (FPG) Child Development Institute has been providing external implementation support to intermediary, community-level, and local service organisations supporting the scale-up of

Triple P n Positive Parenting Program across counties in North Carolina and South Carolina, USA. This work involves initial and regular measurement of implementation using several novel methods developed by the Impact Center to measure team, organisation, and social resources, abilities, and characteristics that influence Triple P success. The objectives for this symposium are to examine measurement opportunities and equip participants with implementation measurement tools to apply in their own Triple P implementation work. Presentations will introduce: 1) What does it take, and how are we doing? Measuring implementation capacities across multiple system levels that together support the effective use of Triple P, three related measures of capacity to support the use of Triple P across a multi-level system of support, including intermediary organisations, backbone organisations, and local service organisations; 2) Building organisational capacity to implement Triple P: Can external implementation support help?, quantitative and qualitative evaluation of external implementation support practices to build these capacities; 3) Applying self-regulatory principles to an organisational setting: A novel measure of teams' abilities to implement Triple P, introduction of a novel measure of local implementation teams' capacity to self-regulate implementation processes; and 4) Where do we go? Using social network analysis as a tool to drive Triple P communication strategies, methods for a social network analysis to guide targeted communication around implementation and programmatic best practices with stakeholders and networks involved in implementation and scaling of Triple P. The symposium will open with introductions and remarks from Ron Prinz, symposium chair. Following the presentations, Jenna McWilliam, Head of Organisational Development at Triple P International, will offer her observations and participate in a discussion of application of these measures among organisations implementing Triple P.

**A4 – Open Papers**

**10.30am-12.00pm Lockyer**

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***Triple P implementation, sustainability and system-level change in Western Australia: A 25-year account 1995-2020***

**HELEN BOSISTO\*** – Department of Education WA, Australia

Western Australia has pioneered the implementation of Triple P since 1995 when the first study into Group Triple P was undertaken in the state. The Department of Health then offered Group Triple P to parents of 3-5 year olds and in 2001 the Department of Education commenced delivery. As the types and delivery modalities of Triple P increased, our scope and vision for parent support has evolved. With increasing recognition of parental influence on all aspects of child development and family well-being, parent engagement and support is considered an essential service for parents in our health and education sectors. The Department of Education has endorsed Triple P as the parenting program of choice, with its extensive evidence-base and positive outcomes at a population health level. The WA government has named Triple P in several current initiatives. Delivery in WA currently includes Seminars, Discussion Groups, Primary Care and Groups for parents of children aged 0-12 years, teens and Stepping Stones for children with developmental disabilities; with the focus on Seminars for parents of 3-8 year olds. Growth has been in consultation with TPI Implementation Consultants. A Letter of Agreement between the departments of Education, Health and Communities guides the planning and delivery of Triple P across WA, in Levels 1 through 4, with the emphasis on Level 2 Selected Seminars. Our vision is for all parents to access Triple P Seminars as their child enters kindergarten h a population health approach - universal access with a light touch focus. The WA model has features key to its longevity and success: a joint management group of government stakeholders oversees the state-wide implementation; regional key contacts support planning and delivery; middle management are trained and practising practitioners; staff trained commit to delivery and parent support is embedded into various early childhood initiatives. The WA Stay Positive campaign which includes a WA dedicated website for the promotion of programs and parent registration, and a communication to school principals that parent access to seminars is expected, has accelerated engagement, with increases in number of programs offered and parent attendance.

***Increasing Triple P attendance in diverse and vulnerable communities across Western Australia utilising the Child and Parent Centres***

**AILSA EARLEY\*** – Department of Education WA, Australia

**LAUREN ANDREE\*** – Department of Education WA, Australia

**TONIA FAHEY\*** – Department of Education WA, Australia

In 2013 the State Government of Western Australian began to establish the Child and Parent Centre (CPC) initiative in communities with high levels of vulnerability. In 2017 the initiative became a permanent program for the currently established 21 CPCs. The CPCs offer various services to families of children up to age eight. Each CPC catchment area covers a diverse range of cultures. The 2016 Australian Bureau of Statistics data shows all CPCs have local populations identifying as Culturally and Linguistically Diverse (CaLD) with several of the local populations having a greater than 40% CaLD population within the

community. Strategies have been developed to increase parent and caregiver attendance. These include various delivery formats, cultural adaptations, translation and interpretation services, evening and weekend workshops and tailored examples to cater for discrete community needs. Collegiate opportunities have been used to mentor and coach newly accredited practitioners and inactive Triple P trained facilitators to increase the amount of Triple P workshops offered. Data on parent attendance and feedback has been collected since the start of the CPC program in 2013. Data is reviewed regularly for opportunities to improve workshops and increase efforts in communities where needed. In 2013, 140 parents attended a CPC hosted Triple P programme. In 2018 more than 1500 parents participated. The total number of parents who have participated in Triple P hosted by a CPC since they were established is over 4,300. By utilising various strategies to increase engagement, there has been a significant increase in attendance rates in Child and Parent Centre communities. Attendance in Triple P has increased by 984% since 2013.

### ***Building a positive parenting movement: Lessons from communities in California, USA***

**NICOLE YOUNG\*** – Optimal Solutions Consulting, USA

Imagine a community in which all individuals and institutions share responsibility for ensuring every family has the resources and support needed to raise happy, healthy, thriving children. This vision has guided First 5 Santa Cruz County's 10-year implementation of a comprehensive, countywide Triple P system that includes all levels (1-5) and variants (0-12, Teen and Stepping Stones). Normalising everyday parenting challenges and the universal need for parenting support has been critical to reducing the social stigma that prevents many families from seeking help from programs such as Triple P. To address this, First 5 Santa Cruz developed a Level 1 Universal Triple P campaign that reflects the needs and diversity of families in Santa Cruz County, California. Key Level 1 strategies and collateral include: pocket guides with Triple P parenting tips, a monthly e-newsletter based on Triple P strategies, social media, and print and web-based advertising. In 2013, Santa Cruz County's governing body (Board of Supervisors) proclaimed January as the first Positive Parenting Awareness Month at the request of First 5 Santa Cruz. The Board has renewed the proclamation every January since then. The annual proclamation focuses the community's attention on the importance of positive parenting and the availability and effectiveness of evidence-based programs such as Triple P. Every January, First 5 Santa Cruz utilises creative strategies and partnerships to enhance its Triple P outreach, advertising, social media, and community-based activities, in order to increase awareness of Triple P services and parenting strategies. Other California counties are joining the movement. In 2019, Sonoma, Napa, and Mendocino counties recognised January as Positive Parenting Awareness Month, and other agencies that offer Triple P highlighted the importance of positive parenting during the month of January. Nicole Young, Triple P Coordinator for First 5 Santa Cruz, will present an overview of First 5 Santa Cruz Level 1 Universal Triple P campaign, with a particular focus on obtaining policymakers' support and organising activities to celebrate Positive Parenting Awareness Month. Randy Ahn, Implementation Consultant for Triple P America, will provide additional examples of how communities in California and other states are joining the Positive Parenting Awareness Month movement.

**B1 – Symposium**

**1.00-2.00pm Ballroom A&B**

### ***The role of parenting in the development of gender role stereotypes***

**ALINA MORAWSKA\*** – The University of Queensland, Australia

**SABINE BAKER\*** – The University of Queensland, Australia

**SARAH JOHNSTON\*** – The University of Queensland, Australia

**STACY SIQI ZHENG\*** – The University of Queensland, Australia

**MICKAYLA FISHER\*** – The University of Queensland, Australia

Gender role stereotypes play an important role in all areas of human development. They affect our emotions, choices, and behaviours in multiple contexts, and set the stage for prejudice and discrimination. While adult gender roles may have changed over the last few decades, most children are exposed to a continuing barrage of stereotyped gender roles from birth: from parents, the media, and peers, and these stereotypes have not changed significantly over time. Many parents express an interest in raising their children in a way that de-emphasises gender, yet there are no existing evidence-based approaches focused on minimising the effects of gender role stereotypes in early childhood. This symposium aims to provide evidence to assist in the development of interventions to help parents in raising their children in ways that emphasise individual strengths rather than gender. The first presentation will discuss the findings of a systematic review which investigated the evidence for differential parenting behaviours based on child gender that affect child development. The second presentation will provide outcomes of a content analysis of an online parenting website which is an officially endorsed, government supported resource for parents covering a range of topics from birth to adolescence. The third and fourth presentations will describe the results of a

cross-sectional online survey to evaluate the influence of parental attitudes and gender stereotypes on children's play preferences and the relationships between children's play preferences and a range of predictor variables.

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**B2 – Symposium****1.00-2.00pm Ballroom C*****Triple P South Carolina and the community capacity coach: Embedding local support to scale Triple P*****ABYGAIL WILSON\*** – Children's Trust of South Carolina, USA**VIRGINIA BIKAS\*** – Children's Trust of South Carolina, USA**SARAH SLAZYK** – Children's Trust of South Carolina, USA**SUE WILLIAMS\*** – Children's Trust of South Carolina, USA

Given the pervasive nature of child abuse and neglect and its associated impact, Children's Trust of South Carolina (Children's Trust), a non-profit organisation focused strengthening families and communities to preventing child maltreatment from occurring, is implementing public health approaches to appropriately, effectively and efficiently address this issue. While implementation science has helped informed how to move population-level efforts to scale to prevent child abuse and neglect, challenges still persist in practice. To more effectively scale population-level efforts, Children's Trust, along with The Impact Center at Frank Porter Graham Child Development Institute, UNC-Chapel Hill and Triple P America, developed Triple P South Carolina, a model to expand and scale the Triple P system of interventions throughout the state of South Carolina by starting with two counties. This model proactively responds to the challenges of scaling innovative prevention programs and prioritises implementation best-practices, and the three organisations have developed an integrated system of support as a resource to the local communities. However, even with a robust support system, building public health innovation and the appropriate infrastructures in an implementation-science informed way can be challenging and seem slow when scaling within the contexts of multi-level systems. To address some of these challenges, Triple P South Carolina utilises a community capacity coach (coach) to help strengthen local capacities within the community and bridge gaps between the local and state-wide systems. Community capacity coaching is an innovative approach within implementation science to improve population health efforts and will help address current gaps between research and practice and promote community-centred implementation strategies. This symposium will discuss the Triple P South Carolina model, role of the coach, lessons learned on integrating the coach within both the local community and support system, and mechanisms for evaluating the effectiveness of the coach.

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**B3 – Open Papers****1.00-2.00pm Redlands*****Ready for life ready for success: Meeting clients where they are*****VIVIEN HAIDIG\*** – Relationships Australia NSW, Australia

Ready for Life Ready for Success (RFLRFS) has its roots in 2014, as a service offering information, resources and referral services via a gateway community hub funded by the NSW Department of Family a Community Services (FACS). Since 2016 it has disintegrated the community hub and adopted a more place-based approach under the Targeted Early Intervention (TEI) Program. The TEI reform agenda aims to:

1. Improve outcomes for clients
2. Create a service system continuum grounded in evidence-informed practice
3. Target resources to those with the greatest needs
4. Facilitates district decision-making on the design and delivery of local services
5. Increase flexibility so that clients are the centre of the system.

Our objective is to build the capacity of communities and families, through partnerships and program delivery, enabling children and young people to thrive. In alignment with population data the project specifically reaches out to families that are potentially vulnerable or have known vulnerabilities, specifically those from culturally and linguistically diverse (CALD) communities. RFLRFS started by researching the local communities' needs and establishing Data Profiles, which informed program offerings and approach. It then entered multiple formal as well as informal partnerships, providing a wide variety of programs to be tailored to each client's individual needs. A trial-and-error approach has been introduced on over 23 different program deliveries as well as evaluation methods, while being highly flexible to the needs of communities, families and partner organisations. As a result, RFLRFS has been able to reach over 12.700 individuals out of which the vast majority is from CALD communities. Through strong partnerships with 17 schools across Northern Sydney we ran over 104 programs in collaboration, reaching 7.660 people (out of 12.700) which include students, parents and teachers. Feedback received both through formal surveys as well as through

personal interactions with the facilitators have been hugely positive. Overall RFLRFS has been able to establish itself as a trusted program within the local community, by providing a more tailored, flexible, evidence-based and client-centred service, which is reflected in high levels of schools requesting programs, as well as recommendations within local communities, and positive feedbacks.

### ***An evaluation of an integrated self-regulation and stuttering treatment program for early developmental stuttering disorders***

**KERIANNE DRUKER\*** – Curtin University, Australia

**JANET BEILBY** – Curtin University, Australia

**TREVOR MAZZUCHELLI** – Curtin University, Australia

**NEVILLE HENNESSEY** – Curtin University, Australia

**Purpose:** Approximately half of children who stutter (CWS) present with self-regulation challenges, manifesting in elevated attention deficit hyperactivity disorder (ADHD) symptoms. These symptoms negatively predict stuttering treatment responsiveness, and may exacerbate the psychosocial consequences of stuttering for pre-schoolers and their families. Parents act as key agents of change in stuttering interventions. No previous study has attempted to address these concomitant self-regulation deficits as a component of stuttering treatment through an evidence-based parent training program. This study implemented stuttering treatment integrated with the Triple P Positive Parenting Program to a subgroup of CWS with concomitant self-regulation challenges; with the aim of improving long-term stuttering outcomes, responsiveness to stuttering treatment, and alleviate negative psychosocial consequences of both stuttering and behaviours associated with ADHD. **Method:** Participant dyads were 76 preschool CWS and their parent(s). Participants were quasi-randomised into three intervention groups. Both Groups 1 and 2 received stuttering treatment only (Group 1 comprised 40 CWS without elevated ADHD symptoms, and Group 2 comprised 16 CWS with elevated ADHD symptoms). Group 3 comprised 20 CWS with elevated ADHD symptoms, who received stuttering treatment integrated with the Triple P Program. Pre, post and follow-up measures were conducted across all 3 groups, examining stuttering severity, child behaviour, and parenting. **Results:** Significant reduction in stuttering was found across groups at post-treatment and follow-up, although the disorder had not been fully remediated in Group 2. At follow-up, stuttering severity outcomes in Group 3 were equal to those in Group 1, indicating that improved child self-regulation skills supported maintenance of fluency outcomes. Children in Group 3 required significantly less stuttering intervention time than those in Group 2, suggesting that the Triple P component facilitated improved responsiveness to stuttering treatment for CWS with self-regulation challenges. Statistically and clinically significant improvements were demonstrated in child and parenting behaviour in Group 3, at post-treatment and follow-up. **Conclusion:** This study provides support for an integrated stuttering and self-regulation program for CWS with elevated ADHD symptoms, to support long term successful fluency, enhanced stuttering treatment responsiveness, as well as to alleviate potential negative child and parent psychosocial outcomes.

### ***Parent perceptions of an integrated self-regulation and stuttering treatment program: A qualitative thematic analysis***

**KERIANNE DRUKER\*** – Curtin University, Australia

**JANET BEILBY** – Curtin University, Australia

**TREVOR MAZZUCHELLI** – Curtin University, Australia

**NEVILLE HENNESSEY** – Curtin University, Australia

**Purpose:** Approximately 50% children who stutter present with self-regulation challenges, manifesting in elevated inattentive and hyperactive/impulsive behaviours or attention deficit hyperactivity disorder symptoms. Children who stutter exhibiting these concomitant symptoms require a 25% increase in clinical intervention time to achieve successful outcomes in stuttering treatment, and are often less successful in treatment overall. Despite parents playing a critical role in administering early stuttering interventions, no previous study has attempted to address these self-regulation deficits through an evidence based parenting program, as a component of early stuttering treatment. This study sought feedback from parents on their experiences with this integrated stuttering treatment and evidence-based parent training program. **Method:** Participants were eight mothers of children who stutter with concomitant self-regulation deficits, who had completed the Triple P--Positive Parent Program adapted to the developmental stuttering population, and whose children had received at least 8 stuttering treatment sessions. Semi-structured interviews were conducted to capture parents' reflections on, and experiences with, the integrated program. **Results:** Thematic analysis identified several major themes that provided insight into the parents' experiences with the integrated program: the shift in child self-regulation over the course of the program, the profound emotional toll on parents as a result of their children's stuttering and elevated ADHD symptoms, growth in parent self-regulation, the link between stuttering and behaviour, the impact on family dynamics, and overall positive perceptions of the integrated program. All of the parents recommended the program for parents of children who stutter with elevated ADHD symptoms. **Conclusion:** This study provides

insights into how and why this integrated intervention approach was of benefit to children and their families. It also indicates that taking a holistic approach to stuttering intervention is positive and has social validity for this population.

***A qualitative study examining the implementation of evidence-based programs in a child focused area-based initiative in Australia***

**FIONA BURGEMEISTER\*** – La Trobe University, Australia  
**SHARINNE CRAWFORD** – La Trobe University, Australia  
**NAOMI HACKWORTH** – La Trobe University, Australia  
**STACEY HOKKE** – La Trobe University, Australia  
**JAN NICHOLSON** – La Trobe University, Australia

Background: Communities for Children is an Australian Government area-based initiative aimed at improving child, family and community outcomes in 52 geographically disadvantaged areas. A previous longitudinal evaluation of the initiative found little evidence of sustained impact on outcomes, and the evaluators tentatively concluded that the use of evidence-based interventions may be advantageous. In response, a policy was introduced requiring 50% of the funding for direct service delivery to be spent on high quality evidence-based programs. Objective: To explore the rarely examined views and experiences of personnel involved with overseeing and supporting the use of evidence-based programs in Communities for Children. Method: The research team conducted a qualitative descriptive study of government personnel supporting the Communities for Children program. Seventeen government personnel from across Australia participated in a face-to-face or telephone interview to explore their knowledge and understanding of evidence-based practice and the rationale for the policy change, attitudes towards the policy change, and perceptions of the factors that influenced the effective implementation of the program. Thematic data analysis identified six key themes, which were then compared to existing frameworks and theoretical models. Results: Participants had a varied understanding of evidence-based practice and attitudes towards the evidence-based program policy change. Multiple implementation concerns were expressed, and several contextual and workplace factors were identified that influenced effective implementation. Most participants stated that the implementation of the policy was worthwhile, although some lingering scepticism remained. Conclusion: The implementation of an evidence-based program policy change is a complex process influenced by levels of understanding of evidence-based practice, organisational readiness for change, and workplace and contextual factors that can impact program sustainability. Identifying and addressing any organisational readiness barriers early may be one way to improve effective implementation of evidence-based programs in the future.

***Does flexible work, work in Australia? A survey of employed mothers and fathers' work arrangements and health outcomes***

**STACEY HOKKE\*** – La Trobe University, Australia  
**SHANNON BENNETTS** – La Trobe University, Australia  
**NAOMI HACKWORTH** – La Trobe University, Australia  
**LIANA LEACH** – Australian National University, Australia  
**LYNDALL STRAZDINS** – Australian National University, Australia  
**CATTRAM NGUYEN** – Murdoch Children's Research Institute, Australia  
**SHARINNE CRAWFORD** – La Trobe University, Australia  
**JAN NICHOLSON** – La Trobe University, Australia  
**AMANDA COOKLIN** – La Trobe University, Australia

Background: Employed parents often experience incompatibility between their work and caring responsibilities. Workplace flexibility is touted as key to supporting parents to balance work and family and promote employee wellbeing, yet evidence of the extent to which Australian parents use flexible work arrangements and the benefits of their use are not well established. Objective: This study investigates Australian parents' use of formal and informal flexible work arrangements and associations with work-family conflict and health outcomes (psychological distress, occupational fatigue, burnout). Methods: A national online survey of employed Australian parents (one or more children aged 18 years) was conducted in 2016, with 2,950 mothers and 1,318 fathers recruited via Facebook. Three types of flexible work-family strategies were explored: formal employer-provided flexible work arrangements (e.g. flexitime, flexiplace); formal flexible leave arrangements (e.g. purchased leave); and informal arrangements, the temporary day-to-day work adjustments parents make to accommodate family needs (e.g. performing household-related tasks at work, leaving work early to attend to family). Parents provided demographic and employment characteristics and reported on standardised assessments of work-family conflict, psychological distress, occupational fatigue and burnout. Analyses were stratified by gender; adjusted multivariate linear regression models

investigated the association between arrangements and health outcomes. Results: Use of formal flexible work arrangements and flexible leave arrangements was slightly higher for mothers than fathers. Informal arrangements were common; overall use was similar by gender. Parents were more likely to use formal and informal arrangements if they were tertiary educated, in a professional occupation or did not work shifts. In fully adjusted models, greater use of flexible work arrangements was associated with lower burnout and less occupational fatigue for mothers and fathers. There was no association between flexible work arrangements and work-family conflict or psychological distress. Conversely, higher use of flexible leave arrangements and informal arrangements were each consistently and independently associated with poorer health outcomes for mothers and fathers. Conclusions: Findings contribute novel evidence on the status of workplace flexibility for Australian parents. Flexible work arrangements may have some health benefits, yet the widespread use of informal arrangements suggests flexible workplace provisions alone are not meeting parents' support needs.

### ***Unfinished business: young people's relationships with family after leaving out-of-home care***

**MADONNA BOMAN\*** – The University of Queensland, Australia

Young people leave out-of-home care (foster, kinship and residential care) in Queensland before their 18th birthday as they become adults and are no longer children in need of protection. The state withdraws from the role of mediator for family relationships, whether with carers or original (birth) family, leaving young people and their adult family members free to connect or not with each other. Difficulties arise for young people to stay connected with siblings still in out-of-home care or who they had previously lost touch with. The adjustment for young people to family life as an adult is not always smooth, but little is understood about the experience for young people with a care background. We know that young people in Australia are generally staying in the family home longer and coming and going from the family home well into their twenties. We know that housing affordability and precarity in employment and employment pathways are factors. Not a lot is known about the adult relationships of children with their parents, carers and other family members. In keeping with young people staying at home longer, Australian states and territories are under pressure to extend carer to 21 years so young people in care stay housed while they finish school, continue studying, find work or just explore their options. Through qualitative interviewing and ethnography with young people in south east Queensland, aged 18 to 23 years of age who had lived in out-of-home care as teenagers, this presentation describes young people's family relationships as they establish their adult lives. They reflect on their experiences of disruption in their lives through moving between family and other carers, moving homes, living in institutions, changing schools and maintaining relationships, friendships and culture, as they negotiate independent living, often without the material and social supports they might have expected had they experienced a more normative early family life. Focusing on their family relationships after leaving care I demonstrate the dynamic, complex and enduring nature of relationships with family at this point in the life course.

**C1 – Symposium**

**2.00-3.00pm Ballroom A&B**

### ***Evidence-based parenting support for former refugee families: The power is in the community - learnings from Aotearoa New Zealand***

**MARGARET WESTON\*** – Refugees as Survivors, New Zealand

**FAHIMA SAEID\*** – Refugees as Survivors, New Zealand

**CAROLINE OGILVIE\*** – Refugees as Survivors, New Zealand

What started with the trial delivery of a Triple P Discussion Group to an Afghan women's sewing group, has led to the development of an engaging and effective framework for making the program nationally available to resettled families of diverse cultural and linguistic backgrounds. This symposium will present three perspectives on what made this possible, and conference delegates engaged in or considering similar initiatives in other jurisdictions will be invited to comment on the model's relevance for their work. Margaret Weston (psychologist, Triple P trainer and former co-coordinator of the Refugees as Survivors New Zealand (RASNZ) Family Service) will describe the framework and the theoretical considerations that guided its development, with particular reference to the Treaty of Waitangi, the principles of community development, and the emerging science of the cultural adaptation of evidence-based interventions. She will present a summary of the available data, including quantitative outcomes and qualitative feedback from program participants. Fahima Saeid (counsellor advocate, co-coordinator of the RASNZ Family Service) has for many years worked with former refugee families. She has personal and professional experience of negotiating parenting in a new cultural, social and legislative environment. She is also aware of the additional stresses resulting from pre-migration trauma, from the differing rates of acculturation between parents and children, and from the isolation that many families experience as they move from a collectivist society to one that is more individualistic. She and

two colleagues from the Burmese Buddhist community will describe the process by which an extended period of consultation with former refugee families connected to Auckland's Ratanadipa Myanmar Buddhist Temple, as well as with community and religious leaders, helped to build trust and mutual respect. This led to the successful and highly popular delivery of the Triple P Discussion Group series. There will be a focus on the importance of collaborative planning, cultural tailoring, community empowerment and flexibility at every stage of delivery, together with thoughts on ways to develop positive outcomes when offering parenting support across other diverse cultures. Caroline Ogilvie is the Senior Project Manager for Fresh Minds (formerly ProCare Psychological Services). This organisation is one of four Lead Providers in a pilot funded by the Ministry of Health to deliver the Primary Care Triple P Parenting Programme within the Counties Manukau DHB region (South Auckland). She has established and mentored a network of 230+ community practitioners from 45+ agencies. Included in these is a small group of practitioners of diverse refugee backgrounds who make up the RASNZ parenting team. Caroline will talk about the importance of flexibility and cultural considerations as she carries out her role in managing the Ministry of Health's trial and implementing its requirements and intent.

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## C2 – Symposium

2.00-3.00pm Ballroom C

### *Parent engagement in parenting programs: Lessons and challenges*

**CAROLINA GONZALEZ\*** – The University of Queensland, Australia

**ALINA MORAWSKA** – The University of Queensland, Australia

**DIVNA HASLAM** – Queensland University of Technology, Australia

**JENEVA OHAN\*** – University of Western Australia, Australia

**KAREN TURNER** – The University of Queensland, Australia

**MATTHEW SANDERS** – The University of Queensland, Australia

**SHANNON BENNETTS\*** – La Trobe University, Australia

**ELIZABETH WESTRUPP** – La Trobe University, Australia

**NAOMI HACKWORTH** – La Trobe University, Australia

**DONNA BERTHELTSEN** – La Trobe University, Australia

**J. LOVE** – La Trobe University, Australia

**JAN NICHOLSON** – La Trobe University, Australia

The positive impact of parenting programs for children's and parent's wellbeing may be limited by the extent to which parents engage in those programs. While parent engagement is a recognised challenge in the effective implementation of parenting programs, evidence regarding barriers and facilitators of engagement is lacking. The aim of this symposium is to gather experiences and evidence about parental engagement to provide some guidelines about elements that: 1) enhance engagement, or 2) limit parents' engagement with parenting programs. The first presentation will address the role of parents' cognitions and behaviours during their initial engagement with parenting programs. This presentation will report results from an international survey and an experimental study conducted at a national level in Australia. Implications of these findings for engaging parents during the early stages of parenting programs will be discussed. The next presentation will describe findings from a study that compared the effectiveness of using social norms information (i.e. information about what other parents do and approve of) to enhance parents' initial and continued engagement in an online parenting program. The results have implications for low-cost, easy-to-implement strategies to improve engagement. The final presentation will describe findings from the school-age follow-up of a randomised controlled trial which evaluated an early childhood parenting intervention called 'smalltalk'. Rigorous evaluation of the longer-term effects of parenting programs is commonly hindered by participant attrition, which disproportionately affects participants with risk factors for social adversity. A range of strategies was used to re-engage families five years after initial recruitment, including Facebook tracing, which served to minimise both overall and selective attrition. The symposium will finish with a Q&A section during which attendees can raise questions and share experiences regarding parental engagement. This will also provide suggestions for future research and implications for the application of engagement strategies in the current practice and dissemination of parenting programs.

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## C3 – Symposium

2.00-3.00pm Redlands

### *Every Family: The Australian Triple P system population trial: A large scale community based parenting support initiative*

**KYLIE BURKE\*** – The University of Queensland, Australia

**DENISE CLAGUE\*** – The University of Queensland, Australia

**LENA KRAUSE\*** – The University of Queensland, Australia

This symposium will share findings from a large-scale population-level observational study of a parenting intervention funded by the Life Course Centre. Using the Triple P system and focusing on families with children between 3 and 8 years of age, the project is exploring the effects of parenting support provided within disadvantaged community settings. Three papers will be presented that aim to demonstrate the importance of population-based research in the parenting support field and that highlight key strategies and challenges to their successful implementation. The first paper will present an overview of the project, detailing the project methodology for a large-scale observational study including the methodological approach to determining eligibility and selection of the intervention and comparison sites. The paper will also provide an overview of the implementation approach within the 33 intervention sites and the evaluation plan which uses Government collected administrative and survey datasets to evaluate effectiveness at population level. The second paper will present further details of the implementation of the program in the selected communities. Specifically, this paper will discuss the approaches to community engagement undertaken and their importance and impact for engaging disadvantaged families. Successes and challenges will be highlighted with implications for community-based intervention approaches noted. The final paper will present findings of a cross-sectional online survey, 'Raising Children in Your Neighbourhood' designed to obtain information difficult to capture in administrative data. The data will be used to determine whether parenting support information and programs are reaching families in intervention communities, and gain information about parents' beliefs about the level of support and trust they have in their community. A total of 3,217 parents who were living in or near our targeted sites completed the survey. This paper will examine the relationships among a number of the constructs, including social cohesion, intergenerational closure, social stigma, efficacy to connect, social support, parenting practices and neighbourhood disadvantage. The findings have implications for practitioners in terms of the interplay of social factors in the neighbourhood context and parenting practices.

***Korean families of a child with a developmental disability: Child behaviour difficulties, parenting factors and programme preferences***

**YOUNGZIE LEE\*** – The University of Auckland, New Zealand

**LOUISE KEOWN** – The University of Auckland, New Zealand

**NIKE FRANKE** – The University of Auckland, New Zealand

Children with a developmental disability (DD) often show a range of emotional and behavioural problems, such as social difficulties, inattention, and aggressive behaviours. These problems can be stressful and challenging for parents to manage. Evidence-based parenting programmes, such as Stepping Stones Triple P, have been demonstrated to be effective for reducing parental stress and improving parenting practices. However, these programmes are not widely available in Korea. This study provides a first step to identifying Korean parents who may benefit from participation in a parenting intervention. This study surveyed 171 Korean families with a 2-10 year-old child with a DD. Parents were asked about their child's behaviour problems and parenting confidence using the Developmental Behaviour Checklist-24, Child Adjustment and Parent Efficacy Scale-Developmental Disability, parenting practices, parental adjustment, family relationships, and parental teamwork using the Parent and Family Adjustment Scale and questions about their parenting programme preferences. Parents' reports revealed that one third of children had behavioural and emotional problems in the clinical range and 11% were just below the clinical range. Parents of a child with high levels of problems were more likely to use dysfunctional parenting practices, particularly coercive parenting skills, and to have higher levels of parental stress, family relationship and parental teamwork problems, and lower levels of parental confidence. More than half of the parents had never participated in a parenting programme, due to reasons such as a lack of child care, time constraints, or lack of awareness. However, more than two third of parents reported that they were likely to participate in a parenting programme in the future, and showed strong preferences for individually tailored programmes, home visits and group programmes. Parents also reported having trained practitioners, an evidence-based programme and a convenient location as important factors in a decision to attend a programme. Findings suggest that Korean parents may benefit from participating in a targeted parenting programme aimed at improving parenting practices and reducing child behavioural problems. Participation will be more likely if the programme is easy to access, provides child care, and the delivery is tailored to fit individual needs.

***Triple P in hospital-promoting parental presence: Creating and maintaining parental attachment for children with chronic health conditions and disabilities***

**STEPHANIE BRADFORD\*** – Association of Child Life Professionals, Canada

**ASHLEY CURRIE\*** – Health Science Centre, Canada

Long-term and frequent hospitalisations of children during their formative years have been shown to increase family stress and anxiety leading to breakdown within the family unit. There is heightened pressure on these families to maintain a balance between their child in hospital, work, other children, and their familial relationships. Research indicates long-term hospitalisations and frequent admissions may have a profound negative impact on a child's projected development and parental attachments. Extensive medical needs have proven to be a challenge for families. Child life specialists are employed in pediatric hospital settings to focus on the psychosocial development of pediatric patients and their families to maximise growth and development. In this capacity, practitioners strive to equip parents with the tools necessary for managing family life demands while having a child with complex medical diagnoses. Encouraging parents to become confident in their role as the primary advocate and care-giver within the hospital setting is paramount. We aim to explore the research surrounding attachment theory done by John Bowlby and Mary Ainsworth to demonstrate how health-care practitioners can implement strategies to families in developing secure attachments while balancing home exigencies. There are many components to consider when advocating for parental inclusion to promote healthy attachments such as family systems theory, parenting style, coping strategies, and proper parental discipline methods. Sibling support must also be considered and addressed to properly encompass the family as a whole. This contributes to fostering appropriate child development even within the constraints of the hospital setting. By addressing the stressors and challenges faced by parents of chronically-ill children in hospital, we are more adept to promote positive parental competencies. In addition to explaining how positive parent practice and attachment have a significant role in the hospital, we plan to highlight specific case studies to demonstrate how we can help parents maximise their role and mitigate potential stressors that are associated within the hospital environment.

***Enhancing the self-regulatory capacities of vulnerable parents through the combination of parent training and trauma-informed life skills coaching***

**SABINE BAKER\*** – The University of Queensland, Australia

**MATTHEW SANDERS** – The University of Queensland, Australia

**KAREN TURNER** – The University of Queensland, Australia

Background: An individual's capacity to self-regulate their cognitions, emotions and actions is a crucial skill that impacts on almost every part of their lives. Children's capacity to self-regulate begins to develop in early childhood and is heavily influenced by the parenting they receive and by their parents' own capacity to self-regulate. Diminished parental self-regulation is understood to influence parenting practices, the parent-child relationship, couple conflict, parent and child wellbeing, and the parents' overall ability to cope with life challenges. Parental self-regulation capacity is more likely to be diminished when parents have experienced adverse childhood experiences in their own childhood and/or are currently suffering adversity and social disadvantage. Enhancing parental self-regulation through intervention may not only positively influence parents' capacity to raise well-adjusted and resilient children, but has the potential to improve parents' personal capability to cope with adversity, leading to improved long-term outcomes for parents and children. Objectives: This research aims to explore whether parents' self-regulation skills can be enhanced through a specifically designed parenting program, and whether increased self-regulation leads to improvements in the wellbeing and adjustment of parents and children, and in areas beyond parenting. Family Life Skills Triple P is a new variant of Triple P designed to promote the self-regulation capabilities, resourcefulness and resilience of parents. It integrates enhanced self-regulation-focused parenting and life skills training in a 10-session group program. Methods: Intervention efficacy is assessed in a randomised controlled trial with 60 parents of 3-9-year-old children from Sydney, who report high levels of Adverse Childhood Experiences and current social disadvantage. Intervention effects are examined on parent and family outcomes (parenting competence and confidence, self-regulation, emotional and couple adjustment, life skills) and child outcomes (social, emotional and behavioural wellbeing) at 4 time points (pre-, mid-, post-intervention, 3-month follow up). Results: This paper describes the newly developed intervention, shares experiences and challenges with the first delivery and presents client satisfaction and preliminary outcome data from the first cohort of trial participants.

**Keynote Address 2**

**3.30-4.30pm Ballroom A&B**

***Promoting ECD and preventing violence in young children and families in facing adversity in Rwanda: Moving from effectiveness research to implementation science***

**THERESA BETANCOURT \*** – Boston College School of Social Work, USA

Sugira Muryango is a preventative, evidence-based family home-visiting intervention linked to Rwanda's National Poverty Reduction Strategy to promote early childhood development and reduce violence. Sugira Muryango was found to be an acceptable and feasible intervention for families with young children living in extreme poverty, yielding significant benefits for caregiver behaviour, shared decision-making, family functioning and child outcomes. Innovations will be presented relating to the implementation of Sugira Muryango, highlighting its delivery in the home by trained lay workers, intentional engagement of male caregivers, and use of implementation science ingredients related to fidelity monitoring, supportive supervision, manualised training and data gathering.

#### *At the intersection of science, policy and practice: Creating infrastructure and capacity to scale effective family support interventions*

**BRIAN BUMBARGER\*** – Prevention Research Center, Colorado State University, USA

We now have a half-century of rigorous research to demonstrate the effectiveness of a number of youth development and family-strengthening interventions. Yet these tested and effective programs still reach only a tiny fraction of the children and families who could benefit, as expensive ineffective deep-end services drain huge public resources and exacerbate inequities for marginalised populations. What new infrastructure and capacities are required to scale up the most effective family support interventions, and what outcomes and return-on-investment could we expect?

### Invited Address 1

9.30-10.00am Ballroom A&B

#### *Same-sex families in a changing world*

**SIMON CROUCH\*** – The University of Melbourne, Australia

Same-sex parent families have been around for longer than many people realise. Increasingly, these families are being accepted into society and are often reflected in contemporary discourse and media. Despite this, same-sex parents and their children do encounter stigma and discrimination and this can impact on the health and wellbeing of children growing up in this context. Although the advent of marriage equality in Australia suggests increasing acceptance, same-sex parents still face challenges as they seek to form families and raise children. This talk will look back on the evolution of same-sex families in a changing world and consider what the future may bring.

### D1 – Symposium

10.30am-12.00pm Ballroom A&B

#### *New developments in parenting interventions for parents of adolescents*

**ALAN RALPH\*** – Triple P International, Australia

**CASSANDRA DITTMAN\*** – The University of Queensland, Australia

**CARINE KIELSTRA\*** – Triple P Netherlands and Families Foundation, Netherlands

**TREVOR MAZZUCHELLI\*** – Curtin University, Australia

**TAHLIA BROOK-GASH\*** – The University of Queensland, Australia

**KATE SOFRONOFF** – The University of Queensland, Australia

**KYLIE BURKE** – The University of Queensland, Australia

Evidence for the effectiveness and efficacy of parenting programs for parents of adolescents is not as well established as the evidence base for parents of younger children. Indeed, most clinical services for adolescents typically target the adolescents directly and often exclude the parents. However, the evidence for the success of these interventions is limited. The Teen Triple P program is a parenting program that is an upward extension of the widely used Triple P n Positive Parenting Program (Triple P) developed at the University of Queensland in Australia. Evolution of this system of interventions has moved away from a program with a narrow focus on reducing conduct and oppositional-defiant disorders to one with a much broader focus on the promotion of healthy, well-adjusted children and adolescents. The symposium describes interventions that address adolescent mental health issues by means of a parent-focused approach that differs from conventional approaches that target adolescents directly. In the first paper, Alan Ralph provides a brief overview of the core components of the Teen Triple P n Positive Parenting Program for parents of adolescents, including the various delivery modes of the system. The second presentation by Cassandra Dittman presents data on the outcome of a recent trial of the new Teen Triple P Online program and challenges associated with improving participation rates in online parenting programs. This presentation will also outline the development and validation of a series of new measures of parenting adolescents. The third presentation by Carine Kielstra describes a clinical trial of an innovative adaptation of the group program in the Netherlands for parents of adolescents with depression which produced significant reductions in symptoms with a parent-only intervention. The final two papers of this symposium are presented by Trevor Mazzucchelli and Alan Ralph and describe two recent trials of an adaptation of the group program for parents of adolescents with intellectual disabilities.

***Parenting in the context of additional roles and disadvantage: A discussion of the impact on parents and children***

**CARYS CHAINEY\*** – The University of Queensland, Australia  
**KYLIE BURKE** – The University of Queensland, Australia  
**MICHELE HAYNES** – Australian Catholic University, Australia  
**KAVINDRI KULASINGHE\*** – The University of Queensland, Australia  
**KOA WHITTINGHAM** – The University of Queensland, Australia  
**AMY MITCHELL** – The University of Queensland, Australia  
**ROSYLYN BOYD** – The University of Queensland, Australia  
**ANTONIA KISH\*** – The University of Queensland, Australia  
**DIVNA HASLAM** – Queensland University of Technology, Australia  
**PETER NEWCOMBE** – The University of Queensland, Australia  
**JULIE HODGES\*** – The University of Queensland, Australia  
**JAMIN DAY** – The University of Queensland, Australia  
**KATE SOFRONOFF** – The University of Queensland, Australia  
**MATTHEW SANDERS** – The University of Queensland, Australia  
**TREVOR MAZZUCHELLI** – Curtin University, Australia  
**BRUCE TONGE** – Monash University, Australia  
**KYLIE GRAY** – Monash University, Australia  
**STEWART EINFELD** – The University of Sydney, Australia

Parenting is embedded within a broader socioecological context, and parental adjustment and parenting behaviour can be influenced by a wide range of factors. Many parents are faced with additional challenges and stressors beyond those of everyday parenting that impact their own psychological adjustment, health, and wellbeing, and that of their children. For example, the demands of other roles (e.g. the role of carer of a child with a chronic illness or disability, the role of a paid employee outside of the home) and experiences of disadvantage (e.g. unemployment, limited formal education) have the potential to impact parenting behaviours, parent-child relationships and the wellbeing of parents and their children. This symposium will explore the impact of such demands on parents and children and discuss how we can support families facing these types of challenges. The first presentation will examine relationships between socioeconomic factors and other demands, including single parenthood and parental mental illness, and their impact on parenting behaviour and children's health and wellbeing outcomes across the life course. The second presentation explores the importance of maternal mental health and the parent-child relationship in the context of parenting young children with Autism Spectrum Disorder (ASD), and describes the results of a systematic review examining the efficacy of psychological interventions that aim to improve the parent-child relationship and maternal mental health in this context. The third presentation will present findings of interviews with working mothers caring for young children with long-term illness, and how these mothers' roles of worker and carer influences their parenting behaviour and wellbeing. The fourth, and final presentation will examine the relationship between coercive parenting and both modifiable and non-modifiable risk factors for children with a developmental disability. Data from a longitudinal, population-level study that provided free parenting programs for parents of children with disabilities will be examined. The symposium will conclude with a summary and discussion of the implications for supporting families who may be impacted by such additional demands and disadvantage.

***7 years in building Triple P across the state of North Carolina***

**SARAH VAN DRIEL\*** – Triple P America, USA  
**KRISTIN O'CONNOR\*** – North Carolina Division of Social Services, USA  
**WILLIAM ALDRIDGE\*** – University of North Carolina at Chapel Hill, USA  
**MARY HASKETT\*** – North Carolina State University, USA  
**MARSHALL TYSON** – North Carolina Division of Public Health, USA  
**PHILLIP REDMOND** – The Duke Endowment, USA  
**CAITLYN OWENS** – North Carolina State University, USA  
**ASHLEY LINDSAY** – Project Enlightenment, Wake County Public Schools, USA

At the heart of Triple P is the population health focus to strengthening families, where every family has access to effective parenting support at the right time, right place, and right amount. Making this happen (i.e. scaling Triple P) across large

geographies, however, is complex at best. This symposium will focus on key successes and lessons learned after 7 years of implementation in North Carolina (NC) in the United States. Speakers will address four primary themes. First, NC has had meaningful success in engaging in public/private partnerships. Key stakeholders realised early in the adoption of Triple P that no one state organisation could fully fund or support a state rollout. Engaging in partnerships with many different state leaders has been crucial to the success of Triple P to date. The how and who will be discussed. Second, NC had interest from the beginning in tracking what a population-level rollout of Triple P looked like on the ground in communities. For example, there was interest in knowing how many of what kind of practitioners were trained in specific interventions to saturate a community with Triple P, as well as how many parents engage and what impact Triple P had at the child, parent, and community levels. State-level data will be shared and implications discussed. Third, with continued evidence and emerging learning from implementation science, NC recognised the need to consider implementation science at multiple levels. The role for implementation science will be outlined. Fourth, and finally, Triple P requires dedicated and effective practitioners to deliver Triple P for population rollouts to have effective reach. Practitioners buy-in, quality delivery, engagement in peer support, and perceptions of organisational support are some key factors for practitioner success. NC practitioner-level data that tells us about the practitioners' perspectives over time will be shared. While each of these themes stands alone as important, it is the integration across themes that drive both the current success and the next steps. This integration and the work ahead will be discussed. The speakers will engage the audience in discussion, including questions and answers.

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**D4 – Open Papers****10.30am-12.00pm Lockyer*****Families – private and sacred: How to raise the curtain and implement family support from a public health perspective*****DARYL HIGGINS\*** – Australian Catholic University, Australia**MATTHEW SANDERS** – The University of Queensland, Australia**BOB LONNE** – University of New England, Australia**DOMINIC RICHARDSON** – UNICEF Office of Research, Italy

Increasingly, international evidence is pointing to the need for child abuse prevention to be grounded in a public health approach. This involves identifying risk factors (such as parental substance misuse, mental health problems, or family violence), and putting in place wide-reaching strategies to reduce the burden of disease by altering the risk profile of the entire population (not just sub-groups identified as at risk). Within this, families are critical site for intervention, and a key area of focus for implementing public health-oriented initiatives. Families can play a crucial role in protecting children by providing a safe and supportive environment. There is considerable evidence that providing evidence-based supports at a population level can achieve significant benefits in reducing the likelihood of child maltreatment, while also enhancing the wellbeing of the greatest number of children. However, the daily life of families and parenting activities are often framed as private and sacred, and there is reluctance to tell parents what they should do (or for parents to seek help to improve their parenting capacity), which is a critical challenge for implementing public health prevention strategies. The greatest investment should be in primary prevention services, as they reach the largest number of families. If successfully implemented, primary prevention services will shift the risk profiler positively for the entire population, which translates to fewer children and families in need of more intensive secondary or tertiary services. Policies that improve family access to services and supports that reduce stressors related to poverty, addiction and ill health will assist with prevention of child maltreatment. The broader availability of such whole-of-population strategies also helps with early identification of families at risk or in need of additional supports. However, if strategies are only targeted to the most vulnerable families, the vast majority of parents experiencing difficulties with parenting will be ignored and it will be very difficult to impact on the prevalence of child maltreatment. Success should be measured by the engagement of universal service delivery platforms (which most children and their families encounter) in the task of protecting all children.

***Issues in child maltreatment research: A case study of an Australian population survey*****DIVNA HASLAM\*** – Queensland University of Technology, Australia**BEN MATHEWS** – Queensland University of Technology, Australia**MICHAEL DUNN** – Queensland University of Technology, Australia**JAMES SCOTT** – The University of Queensland, Australia**HOLLY ERKSINE** – The University of Queensland, Australia**HANNAH THOMAS** – The University of Queensland, Australia**FRANZISKA MEINCH** – University of Oxford, UK**ROSANA PACELLA** – University of Chicester, UK**DARYL HIGGINS** – Australian Catholic University, Australia

This paper discusses the practical, legal, and ethical issues related to child maltreatment research. As a case example we present the methodological protocol for the Australian Child Maltreatment Study (ACMS) 2019-23, the first Australian study to comprehensively assess the prevalence of five types of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence), the health impacts of maltreatment, and the associated burden of disease. The study will use computer assisted telephone interviewing to survey 10 000 Australians aged 16 and over, stratified by age and gender. Participants will provide self-reported information about their childhood exposure to different forms of maltreatment, and we will collect data on physical and mental health conditions. Analyses will provide detailed prevalence rates, patterns of abuse, and the associated burden of disease. In developing the protocol we encountered a range of challenges common in maltreatment research. In this paper we present five main challenges and proposed solutions. First, we discuss methodological issues related to measurement of maltreatment and the most effective approaches for obtaining accurate information about this sensitive issue. Second, we discuss the ethical and practical issues in preventing and managing participant distress while discussing potentially traumatic incidents from childhood. Third, we address issues of participation by youth aged 16-17, with particular focus on capacity and consent. Fourth, we discuss the needs to balance participant involvement and confidentiality with ensuring adherence to appropriate ethical and legal requirements regarding reporting of significant child abuse. Finally, we discuss our approach to conducting potentially controversial research in a changing political climate and our strategies for enhancing research impact on policy and practice. We conclude by summarising the approach of the Australian Child Maltreatment Project and situating it in the international field.

***The children and parents in focus: Effectiveness analyses of a population-based cluster-randomised controlled trial to prevent behavioural and emotional problems in young children***

**RAZIYE SALARI\*** – Uppsala University, Sweden  
**ANTON DAHLBERG** – Uppsala University, Sweden  
**HELENA FABIAN** – Uppsala University, Sweden  
**RON PRINZ** – University of South Carolina, USA  
**INNA FELDMAN** – Uppsala University, Sweden  
**ANNA SARKADI** – Uppsala University, Sweden

Background: Parenting programmes are the treatment of choice for children with externalising problems. Offering these programmes universally to all parents regardless of their risk status have been less successful. Objective: The aim of the current study n Children and Parents in Focus n was to compare two levels of programme intensity with a control condition to test the effectiveness of a universally offered evidence-based parenting programme in the Swedish context. Method: The 13 preschool administrative areas in a municipality with 200 000 inhabitants were randomised into three arms: Universal arm with access to participation in Triple P level 2; Universal Plus arm with access to participation in Triple P level 2, level 3, and level 4 group; and Services as Usual arm. The intervention was led by the municipality with a selected number of preschool teachers serving all the preschools. Recruitment into the study was carried out by child health centres. They consecutively recruited parents of all 3- to 5-year-old children before their yearly health check-ups over a four-year period. Outcomes were measured annually. The primary outcome measure for children was the Strengths and Difficulties Questionnaire collected from fathers, mothers and preschool teachers. The primary outcome for parents was the General Health Questionnaire. Results: The average yearly response rate was below 50%. A total of 7 185 unique children were included in the study. Less than 10% of the children in the two intervention arms were exposed to any level of Triple P. We aggregated the data at preschool level and controlled for several co-variables including child gender and age, as well as parent education and birth country. The linear mixed model showed that the three arms of the study did not differ on any of the primary outcomes over the study years. Conclusion: The study underlines the difficulties in implementation and evaluation of public health interventions at the population-level, particularly difficulties related to the recruitment of participants into research and intervention when the trial is conducted in routine settings. The results suggest that low intervention exposure is not sufficient to improve child or parent outcomes at the population-level.

***Fear-Less Triple P: Impacts on anxiety-disordered children and their families***

**VANESSA COBHAM\*** – The University of Queensland, Australia  
**MATTHEW SANDERS** – The University of Queensland, Australia  
**THOMAS OLLENDICK** – Virginia Tech, USA

Anxiety is one of the most common psychological problems experienced by children and adolescents, with important impacts for not only the 'identified child' but also for siblings and parents. Child-focused CBT (generally 10-16 sessions) is regarded as the gold-standard intervention in this field. However, this approach is limited in its capacity to have a 'whole of family' impact. In

addition, given that only 18% of anxiety-disordered children receive any kind of intervention for their anxiety; it is suggested that alternative, more accessible approaches need to be made available to families of anxiety-disordered children. Fear-Less Triple P is a parent-focused intervention for parents of anxiety-disordered children aged 6-13 years. The trial to be presented compared two different delivery modalities of the intervention: a 6-week group program and a 1-day workshop. Participants were 78 children aged 6-13 years who met criteria for at least one diagnosable anxiety disorder and their parents. Families were randomly assigned to either the 6-week group or the workshop. Outcome measures (assessed at post-treatment as well as 6- and 12-month follow-up points included: diagnostic status of the identified child, anxiety symptoms (identified child, sibling closest in age, and parents), sibling relationship quality and family functioning. The impact of the two delivery modalities on identified children, as well as on their families more broadly will be discussed.

***Treating sleep disturbance in children with autism: Overall outcomes of behavioural treatment based on functional assessment***

**LAURIE MCLAY** — University of Canterbury, New Zealand  
**NEVILLE M BLAMPIED\*** — University of Canterbury, New Zealand  
**KARYN FRANCE** — University of Canterbury, New Zealand  
**JENNA VAN DEURS** — University of Canterbury, New Zealand  
**JOLENE HUNTER** — University of Canterbury, New Zealand

An estimated 70%+ of children diagnosed with Autism Spectrum Disorder (ASD) and their families experience sleep problems of clinical severity, including resisting bedtime and or requiring bedtime rituals, frequent curtain calls, difficulty in initially falling asleep, frequent night waking and early morning wakings, often also associated with other forms of challenging, family-disruptive behaviour. These problems have a range of enduring negative effects on the individuals themselves, their siblings, and their parents. The problems are frequently maintained by antecedent variables and reinforcement contingencies unique to the family and which often have a long history in the family context. Individual family-focussed Functional Behavioural Assessment (FBA) is a tool used identify the unique combinations of factors maintaining sleep disruption and design individualised treatments, but few studies evaluating their effectiveness exist. We report the overall outcomes of a series of single-case studies evaluating FBA-based, parent-implemented interventions for 41 (31 boys) children (median age 6 years) with relatively severe ASD (median Gilliam Autism Rating Scale [GARS] score = 101.5), some of whom were treated locally and some via media contact. Parent-recorded daily sleep diary data was used to calculate a Sleep Problem Severity (SPS) score at baseline, treatment, and short- and long-term follow-up. Secondary measures included the Children's Sleep Habits Questionnaire (CSHQ), GARS, and the Vineland Adaptive Behavior Scales. On the SPS, Cohen's *d* effect size = 1.65 at post-treatment, and remained >1.65 at short and long-term follow-up; post-treatment CSHQ *d* = 1.24; and at post-treatment 15/14 children no longer met the clinical cut-off on the SPS and only 3/41 showed no improvement in their sleep. Demographic, location, and psychological variables had small effects on initial sleep severity but none impaired the response to treatment. Parents rated the treatment overall as highly acceptable. Conclusion: FBA-based behavioural treatment for sleep difficulties in children with ASD is highly effective for most children and their families.

**E1/F1 Workshop**

**1.00-3.00pm Ballroom A&B**

***Creating infrastructure and capacity to scale effective family support interventions***

**BRIAN BUMBARGER\*** — Prevention Research Center, Colorado State University, USA

Expanding on the concepts introduced in the keynote, this conference workshop will dive deeper into the public systems and community capacities necessary for the wide-scale dissemination (across entire states or countries) of tested, effective family-strengthening and youth development programs. Contemporary examples from Australia and the U.S. will be presented, and participants will engage in planning for their own agencies and communities.

***Toward parenting interventions that support the development of healthy habits in young children*****SABINE BAKER\*** – The University of Queensland, Australia**SANTOSH TADAKMADLA** – Griffith University, Australia**AMY MITCHELL** – The University of Queensland, Australia**ALINA MORAWSKA** – The University of Queensland, Australia**KATHERINE MCLAVERTY** – The University of Queensland, Australia**JYOTHI TADAKMADLA** – Griffith University, Australia**NEWELL JOHNSON** – Griffith University, Australia

The prevalence of lifestyle-related disease worldwide is high and increasing. Many risk factors for lifestyle-related health problems arise in childhood, and establishing healthy habits in early childhood can improve long-term health trajectories. Parents play a key role in the development of their child's healthy habits, and children's engagement in daily health prevention activities is strongly influenced by parenting confidence and skill. Although child health guidelines aim to reduce the risk of short- and long-term health problems, a significant proportion of Australian children do not meet current recommendations. Currently, 1 in 4 Australian children are overweight, 45% of 6-year-olds have dental decay, and the majority of 4-year-olds have more than 2 hours screen time a day. Little is known about what factors predict greater parental engagement in preventative child health practices, and development of effective intervention approaches to help parents establish healthy habits in early childhood is now a priority. This symposium aims to inform the development of parenting interventions to improve parents' capacity to develop healthy habits with their young children. It will provide an overview of the degree to which Australian parents implement a range of preventive health practices with their children, examine the efficacy of existing parent-focused interventions that aim to improve engagement in preventive child health practices, and explore strategies to progress parents along the intention-to-change pathway in the child health context. The first presentation discusses results from an Australia-wide survey examining the extent to which young children and their parents engage in preventive child health practices, referencing national child health recommendations and examining patterns of parent-reported difficulty with implementation across different domains of preventive child health behaviours. The second presentation explores relationships between psychosocial factors and engagement in preventive oral health behaviours, and describes the results of a systematic review of parent-targeted interventions to improve children's oral health or oral health behaviours. The third presentation reports on a randomised controlled trial of an informational messaging approach targeting parental attitudes and perceived control as a potential means of engaging parents in interventions designed to support the development of healthy habits in early childhood.

***Our journey, our learnings with Australia's first peoples: Teaching both ways in Indigenous Triple P training*****MICHELL FORSTER\*** – Triple P International, Australia**MICHAEL HERD\*** – Triple P International, Australia**KAREN TURNER\*** – The University of Queensland, Australia

Triple P was first tailored for Indigenous families over 20 years ago. Since then, we have learned much from practitioners across Australia about how to best tailor training, and support them to implement Triple P in diverse communities. Indigenous Triple P has been shown to be culturally acceptable and effective in producing positive outcomes for parents (increased confidence, positive parenting, and wellbeing) and children (reductions in difficult behaviour, improved adjustment). However, many Indigenous practitioners leave training and return to remote work settings and complex communities, and face challenges in program delivery, such as confidence and familiarity with program content, limited access to clinical supervision, and the demands of managing community and workplace dynamics. Ongoing implementation support and networking have been an expressed need from the field to ensure program adoption and sustainability. In response to this feedback, Triple P trainers and program developers at the University of Queensland have explored a flexible, reflexive approach to training, drawing from Aboriginal and Torres Strait Islander ways of learning. These include a focus on observation and doing, through modelling and demonstration, sharing and storytelling, and practical experience. We have also learned about the nuanced training needs of urban, rural and remote Indigenous practitioners, and non-Indigenous practitioners working with Indigenous families. Some of these considerations include very diverse education backgrounds and work experience, histories of generational and personal trauma, and English not being their first (even second or third) language. The challenge has always been to support a tailored training process while promoting the fidelity of the program. Some key learnings have been: the importance of face-to-face pre-

and post-training implementation support; building relationships and trust by maintaining one training team throughout the entire training and accreditation process and beyond; delivering the training as a partnership between an Indigenous and non-Indigenous presenter; starting by working practitioners through the program to experience it as a parent; slowing the pace of training to meet the needs of each group; and using demonstration and sharing of experiences as core teaching tools. We are excited to bring stories of successful, creative program delivery across the country.

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**E4 – Symposium****1.00-2.00pm Lockyer*****The long and winding road to a multi-community roll out: Triple P in Chile*****FRANCISCA PUGA TRAVERSO\*** – Triple P Latin America, Chile**CESAR ARANDA** – Ministry of Interior and Public Security**JENNA MCWILLIAM\*** – Triple P International, Australia**JACQUIE BROWN\*** – Triple P International and Families Foundation, Australia

Over the last nine years, Triple P in Latin America has promoted the value of Triple P for parents in Chile. There was uptake in a few communities but in 2018, Subsecretaria del Prevencion del Delito (SPD) supported the adoption of Triple P initially in four municipalities during 2019, and is planning to scale it up to 46 more during 2020, and Chile Crece Contigo (ChCC), the National Policy for Child Development, supported the adoption of Triple P in 12 Municipalities during 2019, looking to add 24 more during 2020. The presentation will describe the importance of influencing policy and national leadership, the process of recruiting and training a team of Triple P Implementation Consultants and the application of implementation science to support effective implementation, training and service delivery of Triple P in communities inexperienced in using evidence-based practices and implementation processes. The panel will speak to the unique role each member has played in making Triple P available to parents in Chile, sharing the activities they are responsible for, the learnings as the journey continues, and the ambitions for the next 70 municipalities now interested in adopting Triple P. Francisca Puga Traverso, Executive Director, TripleP Latin America (TPLATAM), will share how the politicians and policy makers were engaged and decided to adopt Triple P, providing funding and direction to SPD and ChCC. A TPLATAM Implementation Consultant and Local Co-ordinator, ChCC, will discuss the engagement and implementation planning process that occurs, tailored to each municipality; the process for preparing the practitioners for training; and the monitoring processes put in place to support sustained and quality delivery. Dr Jenna McWilliam, Head of Org. Development TPI, will describe the support put in place by TPI (the purveyor organisation) to ensure effective implementation informed by implementation science. The panel will be moderated by Jacquie Brown, Executive Director, Families Foundation. Results of Triple P service delivery for the first SPD and ChCC initiatives will be shared. The symposium will engage the participants to consider how these experiences might inform their own work in expanding the adoption of Triple P in other countries

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**F2 – Symposium****2.00-3.00pm Ballroom C*****Companion animals and parenting: Shaping child empathy and positive development*****KYLIE BURKE\*** – The University of Queensland, Australia**SABINE BAKER\*** – The University of Queensland, Australia**JON HILL** – The University of Queensland, Australia**CALLUM WADE\*** – The University of Queensland, Australia**CHARLOTTE KEENAN\*** – The University of Queensland, Australia

The role of companion animals (CAs) in families has changed over time with animals increasingly considered part of the family. In Australia, over 62% of households have at least one companion animal with a survey of 2022 Australian pet and non-pet owners indicating that the most common companion animals are dogs (39%) followed by cats (29%). Additionally, 65% of people consider their CAs a member of the family. CAs play multiple roles within families and can be a vital part in the healthy social, emotional and cognitive development of children. This symposium will share findings from two cross-sectional surveys investigating the role of the family environment in promoting positive relationships between CAs and children and associations with positive child development. Specifically, the study will seek to extend on the current understanding of the role of parenting and parent attitudes on children's behaviour and attitudes towards CAs and their association to skills associated with optimal child and emerging adult adjustment (empathy for others, peer relations, self-control, wellbeing). The first paper will describe the role of CAs within families and discuss the social and psychological risks and benefits associated with pets and families. The second paper will explore whether there is a relationship between parenting and the quality of care received by CAs within the

family. Further, the paper will explore family factors associated with children's level of empathy for animals. In the third paper we will discuss the link between family environment, pets and children's wellbeing. That is, what role do cars have in a child's life? Does empathy for animals relate to social, emotional and behavioural wellbeing for children? The final paper will explore the links between childhood pet ownership and the attitudes of emerging adults to CAs. This paper will investigate the relationship between emerging adults attitudes to animals and factors associated with their own positive development including empathy, self-control and social relationships among young adults. The findings from these studies have implications for the development of programs relevant to parents, animal welfare groups and pet training programs.

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**F3 – Symposium****2.00-3.00pm Redlands*****Implementation of Triple P through three different lenses*****NERISSA LINKLATER** – Berry Street, Australia**KASSANDRA HOWELL** – Anglicare QLD, Australia**ADAM WARING** – Anglicare QLD, Australia**LIBBY MAGNUS\*** – Australian Association of Social Workers, Australia**MICHAEL HERD** – Triple P International, Australia

The impact of evidenced based programs, such as Triple P, is significantly dependent on how well they are implemented and sustained. Through a panel discussion we examine the use of the Triple P Implementation Framework to embed Triple P as part of the everyday practice of child support organisations. We will discuss this through three different lenses - organisations that are currently implementing Triple P (Berry Street Victoria and Anglicare Qld), a Triple P International Implementation Consultant and a Triple P International Trainer. Panel members will provide practical examples to describe their implementation processes and will discuss the impact of the implementation process on the successful and sustainable delivery of Triple P programs. They will also explore the challenges faced by implementing organisations in terms of translating the program back into their everyday service delivery, the benefits of using an implementation framework to help guide this process and how an organisation is better able to prepare and engage in training after receiving implementation support. Finally, we unpack the continued opportunities that implementation support offers when coupled together with the delivery of evidenced based programs.

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**F4 – Open Papers****2.00-3.00pm Lockyer*****Does stigma impact parents' engagement in online Triple P?*****JENEVA OHAN\*** – University of Western Australia

Background: In adult populations, stigma about mental health problems or interventions discourages help-seeking. There is some evidence that this also extends to parents who have a child with emotional or behavioural problems. Putting interventions online may be one way to eschew the impact of stigma on participants' willingness to seek help, as the anonymous nature of online delivery avoids the possibility of being identified and stigmatised by others. In fact, avoiding the impact of stigma on help-seeking is one of the main reasons for justifying e-mental health interventions, although this relationship has not been tested to our knowledge. Aims: In this study, we aimed to test the impact of stigma about parenting interventions on parents' likelihood of engaging in an online parenting intervention. Methods: Participants were 214 parents (213 mothers; mean age = 35.5 years) of a 2n10 year-old child (64% boys; mean age = 5.2 years) with behaviour problems. Parents rated their stigma about parenting interventions, and then received a brochure about a parenting intervention. Parents were then given the opportunity to sign up for and engage in online Triple P. Results: We will analyse the impact of parents' stigma on their expressions of interest in, and use of, online Triple P. Discussion: The results of this study have the potential to inform us about the potential impact of stigma on parents' engagement in services that are placed online, and have important implications for enhancing engagement in parenting interventions for pre- and primary-school aged children.

***Using simple direct-to-consumer marketing strategies to increase participation in parenting programs*****RAZIYE SALARI\*** – Uppsala University, Sweden

Background: Low participation in evidence-based parenting programs not only presents a major challenge for population trials where a minimum level of intervention exposure is necessary to detect population-level impact, but also severely threatens the incorporation of these programs into routine practice settings. This issue may be partially addressed by developing more

effective strategies to market these programs directly to service users (i.e. to parents). Objective: As part of a large population trial, we aimed to increase participation in Positive Parenting Program n Triple P n seminars by using a simple direct-to-consumer marketing strategy, i.e., redesigning the program flyer. Method and Results: We captured parents' attention by affirming that 'parenting is not always easy', highlighted the potential benefits of participation, clarified what participation entailed, and addressed some of the common barriers such as the stigma associated with participation in parenting programs. Because fathers and mothers had been shown to have different needs, we tailored the flyers to mothers and fathers separately. At first, the flyers were tested on 60 mothers and fathers who were randomly shown only one of the flyers and then completed a short questionnaire. Both mothers and fathers perceived the flyers to be relevant to them. As expected, mothers were more likely to express interest in the program when they saw the flyer which highlighted how the program helped in dealing with behavioural problems in children and featured a mother-child dyad, while fathers preferred the flyer which highlighted how the program helped in dealing with emotional problems, stated that the program offered very practical advice, and featured a father-child dyad. Next, following the same procedure that was used to deliver the original flyers over the first 18 months of the project, we used the new flyers to inform parents about upcoming Triple P seminars over the next 24 months. The average number of parents participating in each seminar had initially decreased from 7.3 to 3.8. After the introduction of the new flyers, the number increased consistently and reached an average of 9.1 parents during the last 6-month period. Conclusion: Program uptake can be increased using simple direct-to-consumer marketing strategies.

***Effects on child and parent outcomes of the Triple P online system: A three-level online system of parenting supports delivered through pediatric practices***

**CAROL METZLER\*** – Oregon Research Institute, USA

**JULIE RUSBY** – Oregon Research Institute, USA

**MATTHEW SANDERS** – The University of Queensland, Australia

**FREDERICK RIVARA** – Seattle Children's Hospital and University of Washington, USA

**DIMITRI CHRISTAKIS** – Seattle Children's Hospital and University of Washington, USA

Background: Online delivery of parenting supports, disseminated through pediatric primary care, holds promise for achieving broad reach in the population and overcoming barriers to engaging parents in evidence-based parenting programs. Much remains to be learned, however, about the effects of online approaches, who they engage, for whom they work best, how they might be designed and delivered to optimise efficacy, engagement, and reach, and the feasibility of dissemination through pediatric practices. Methods: The Parenting Help Online study tested the efficacy of the Triple P Online System (TPOS) delivered through pediatric primary care. Pediatric clinics ( $N = 31$ ) in Washington State, USA, were randomised to receive TPOS for parents of 3-8 year-old patients with behaviour problems and Primary Care Triple P training for their pediatricians, or access to a community referral website (control) ( $N$  families=351;  $N$  pediatricians=119). TPOS has three levels of intensity, with dosage adjusted according to severity of the child's behaviour problems. This study simultaneously evaluated TPOS effects on child/family outcomes and the pediatrician trainings effects on physicians' protocols for assisting parents of children with behaviour problems. Parents and pediatricians provided data at baseline, post-intervention, and 1-year follow-up. Results: Compared to controls, parents who received TPOS reported significant improvements in their children's oppositional behaviour problems, their discipline practices, and their positive encouragement. There was large variability in TPOS engagement; preliminary results suggest that parents at lower risk levels (economic security, education, child behaviour) and more time (not working) were more likely to engage in TPOS. Final results will be presented on TPOS effects on children's behaviour, diagnoses of behaviour problems, parenting practices, and parental adjustment. Results will also focus on child-, family-, and clinic-level predictors of program engagement and moderators of child and family outcomes. Conclusion: The Triple P Online System showed positive effects on child and family outcomes, providing evidence that technology-based delivery of parenting supports can reach and benefit a broad range of parents and that pediatric practices can be a viable channel for reaching parents. Maximising fit within the pediatric setting and promoting effective engagement of parents in technology-based parenting supports remain challenges to be solved.

**Masterclass**

**3.30-5.00pm Ballroom A&B**

***Optimising parental engagement and enhancing impact of a population approach to evidence-based parenting support***

**MATTHEW SANDERS\*** – The University of Queensland, Australia

To reduce the prevalence rates of major child problems requires an integrated systems-contextual perspective that blends place-based interventions focused on families embedded within a self-regulatory framework for children, parents and providers.

This masterclass focuses on how to improve engagement and retention of parents participating in parenting programs. One important aspect of increasing engagement and impact is to effectively utilise different contexts in the lives of children with parents, grandparents, kinship carers, teachers, coaches/instructors and significant others to engage parents. Life course opportunities for children are enhanced when parenting programs focus on building the social and relationship competencies of children. Changes in these skills in turn improve mental health and indices of accomplishment and overall wellbeing. Recent developments in Triple P system are used to illustrate how evidence-based parenting support can be used to address one of the major challenges of producing population level change is ensuring sufficient number of parents participate so population targets can be achieved. Preparing for parenthood through participation in parenting programs is not socially normative. We will explore the reasons and then cover in some depth various engagement strategies (from pre-contemplation right through to program completion and parents sustained use of new parenting skills in their everyday lives. Enablers and barriers at each phase will be illustrated and the pros and cons of different options will be discussed.

#### ***Children and families over the life course: Family dynamics and social change***

**JANEEN BAXTER\*** – The University of Queensland, Australia

This presentation will provide an overview of current work underway in the Life Course Centre on family dynamics, changing gender roles, diversity and disadvantage. The presentation will present some of our latest findings on topics relating to education and employment outcomes for young parents, time spent with children, fathering, work-family balance, changing gender role attitudes and sexual diversity. The presentation will also outline the main themes underlying the Life Course Centre and future directions for research and impact to improve outcomes for children and families in social disadvantage.

### Invited Address 2

#### ***The Positive Early Childhood Education Program***

**SHAWNA LEE\*** – Seneca College, Ontario, Canada

The foundation for mental health in middle childhood, adolescence, and beyond is established in early childhood. However, lack of training and skill in child guidance techniques and in supporting social-emotional competency development for young children continue to be the greatest needs identified by educators, administrators and family members. Dr. Lee discusses transitioning the use of strategies which support children's mental health in family environments, for use in educational settings. Insight on the significance in early learning contexts, and the rationale for integrating strategies from evidence based parenting intervention programs into early learning and care systems are provided.

### G1 – Symposium

#### ***Building partnerships between a child's home and their school: Practical strategies to enhance children's development***

**JULIE HODGES\*** – The University of Queensland, Australia

**LINDA-DIANE WILLIS** – The University of Queensland, Australia

**JENNY POVEY** – The University of Queensland, Australia

**GRACE KIRBY\*** – The University of Queensland, Australia

**MATTHEW SANDERS** – The University of Queensland, Australia

**ANAGHA AERY** – The University of New South Wales

**JAMIN DAY** – The University of Queensland, Australia

Parents are a child's first and continuing teacher and the family environment represents the major influence on children's development, however, a child's school also has a significant role to play. In order to optimise children's development, it is vital that parents and schools work together to promote children's learning and wellbeing. Schools provide the ideal environment to not only engage parents in children's learning and development, but also to facilitate learning opportunities for parents. The aim of this symposium is to explore the shared role that parents and schools play in children's development and discuss practical strategies to help build parent engagement. The first presentation explores findings from the Parent Engagement in Schools (PES) project. Both quantitative (teacher and parent surveys) and qualitative (interviews and focus groups with teachers, parents and students) methods were used to explore what and how strategies were employed to engage parents in schools. Examples of rich contemporary good practice, highlighting effective parent engagement strategies that contribute to enhanced student learning and wellbeing, are presented. The second presentation will focus on the relationship between a child's teacher and their school and discusses research that has been conducted to enhance teachers' skills for interacting with parents. The newly developed Alliance of Parents and Teachers (APT) workshop that aims to address a professional development need identified by teachers and provide them with strategies to build positive relationships with parents and manage negative impacts associated with parent interactions will be explored. The third presentation will explore whether delivering a parenting intervention, Stepping Stones Triple P, in a special education setting, positively influenced parent and child outcomes and whether the context of program delivery provided additional benefits for the partnership between home and school. This presentation will investigate the potential of school-based parenting interventions to simultaneously ameliorate the challenges experienced by

families of children with disabilities and to improve the home-school partnership in special education. The symposium will conclude with a discussion and implications for future research and practice.

**G2 – Symposium**

**10.30-12.00pm Ballroom C**

***Novel approaches to the provision of implementation support: From developing competent, confident implementation specialists to enhancing engagement with community partners***

**JESSICA REED\*** – University of North Carolina at Chapel Hill, USA  
**WILLIAM ALDRIDGE\*** – University of North Carolina at Chapel Hill, USA  
**JENNA BARNES\*** – University of North Carolina at Chapel Hill, USA  
**ABBY WILSON\*** – Children’s Trust South of Carolina, USA  
**JACQUIE BROWN\*** – Families Foundation, Australia  
**RENEÉ BOOTHROYD\*** – University of North Carolina at Chapel Hill, USA  
**JULIE AUSTEN** – University of North Carolina at Chapel Hill, USA  
**REBECCA ROPPOLO** – University of North Carolina at Chapel Hill, USA  
**ROBIN JENKINS** – University of North Carolina at Chapel Hill, USA  
**MELISSA STROMPOLIS** – Children’s Trust South of Carolina, USA  
**MONTANA CAIN** – Children’s Trust South of Carolina, USA

The application of implementation science and best practices in the scale-up of Triple P can be particularly useful in realising and sustaining intended outcomes. However, applying strategies based on implementation science is challenging in real world service system environments. External providers of implementation support, referred to in this symposium as ‘implementation specialists’ and ‘capacity coaches’, must be able to draw confidently from the rapidly expanding science on implementation and scale-up. In addition, they must be able to leverage effective behaviour change techniques to help community stakeholders apply implementation strategies with success and sustainability. Community stakeholders must be willing and able to engage with external support providers and lean into complex system changes while applying lessons and strategies that may differ from their typical practices. Finally, community stakeholders may benefit from more consistent implementation support and coaching than is typically offered by regionally or state-based support providers. This symposium will focus on novel approaches to external implementation support that attempt to address these challenges. Across four presentations, this symposium will offer: 1) updated core practice components for providers of external implementation support, 2) a model of professional development to support the confidence and competence of implementation specialists, 3) procedures and lessons learned from a process to assess the readiness of regional Triple P lead implementing agencies in North Carolina to participate in external implementation support, and 4) an innovative community capacity coaching model from South Carolina designed to accelerate the development of community capacity to scale-up Triple P and bridge gaps between the community and state-wide support system. The symposium will open with introductions and remarks from Jessica Reed, symposium chair. Following the presentations, Jacquie Brown, Executive Director at Families Foundation and an internationally experienced implementation consultant, will offer her observations and recommendations for future efforts in the provision of implementation support.

**G3 – Symposium**

**10.30-12.00pm Redlands**

***IMAGINE helping families THRIVE: Results of two intervention studies to help mothers in the very early years***

**ALINA MORAWSKA\*** – The University of Queensland, Australia  
**ANJA WITKOWSKI\*** – University of Manchester, England  
**RICHARD EMSLEY** – University of Manchester, England  
**PENNY BEE** – University of Manchester, England  
**ELIZABETH CAMACHO** – University of Manchester, England  
**RACHEL CALAM** – University of Manchester, England  
**KATHRYN ABEL** – University of Manchester, England  
**PAULA DUXBURY** – University of Manchester, England  
**PAULA GOMEZ** – University of Manchester, England  
**MARION HENDERSON\*** – The University of Glasgow, Scotland  
**ALICE MCLACHLAN** – The University of Glasgow, Scotland  
**SHONA SHINWELL** – The University of Glasgow, Scotland  
**CAT NIXON** – The University of Glasgow, Scotland

As part of this symposium, Dr Alina Morawska from the University of Queensland will provide a brief overview of the current evidence base for the Baby Triple P Positive Parenting Programme before Dr Anja Wittkowski from the University of Manchester will outline findings from a feasibility randomised controlled trial (RCT) which evaluated Baby Triple P in a UK Mother and Baby Unit setting in which mothers with severe mental health problems were randomly allocated to receive the intervention plus treatment as usual (TAU) or TAU only. Her presentation on the IMAGINE study will be followed by Dr Marion Henderson's talk who will present findings from an independent, statistically powered, registered, Phase III RCT called THRIVE in which almost 500 pregnant women were allocated to receive a parenting intervention (in this case Enhanced Baby Triple P or Mellow Bumps) plus care as usual (CAU) or CAU alone. Dr Marion Henderson is from the MRC/CSO Social and Public Health Sciences Unit, University of Glasgow. As part of THRIVE mother-baby-interactions were videorecorded and analysed using the CARE Index in order to establish overall dyadic synchrony and attachment behaviours. Dr Wittkowski will outline findings from this aspect of the THRIVE trial. Finally, Dr Morawska will lead on a discussion about the next steps in terms of the application of Baby Triple P and future research needed.

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**G4 – Open Papers****10.30-12.00pm Lockyer*****The effectiveness of Group Triple P for Chinese immigrant parents of primary school age children in New Zealand*****YUN WEI\*** – Auckland University, New Zealand**LOUISE KEOWN\*** – Auckland University, New Zealand**NIKE FRANKE\*** – Auckland University, New Zealand

China is one of the largest sources of immigrants to New Zealand. Chinese immigrant parents face various parenting challenges when they move to new country and parenting support may help by providing them with parenting strategies to manage these challenges. This study addressed a research gap by investigating the effectiveness of the Group Triple P - Positive Parenting Program for Chinese immigrant parents, using a randomised waitlist-control trial with 4-month follow-up. The sample consisted of 67 Chinese immigrant parents (*M* age = 38 years) of 5 to 9-year-old children living in Auckland, New Zealand. The majority of parents were from Mainland China, were well educated (86% had a university qualification) and 69% had lived in NZ for more than 5 years. Participants were selected based on parent reports of elevated levels of disruptive behaviour problems using the abbreviated version of the Eyberg Child Behaviour Inventory (ECBI). Self-report measures of child adjustment problems, parenting practices, and family relationships were collected at three-time points (pre-, post-, and four-month follow-up) using the Child Adjustment and Parent Efficacy Scale (CAPES) and the Parenting and Family Adjustment Scale (PAFAS). In addition, at each time point, parents completed the Parenting in Child's Academic Context Scale (PCACS), measuring the strategies parents used to deal with children's academic behaviour problems. Upon completion of pre-intervention assessments, families were randomly allocated to receive either Group Triple P (*n* = 34) or to a waitlist control condition (*n* = 33). A series of ANCOVAs were used to analyse the short-term effects for the intervention group compared to the waitlist group. Significant short-term intervention effects were found including reductions in child adjustment problems, dysfunctional parenting practices, and parental teamwork problems, and improvements in parenting strategies used to deal with child academic behaviour problems. Four-month follow-up data is currently being analysed and the results will be presented at the conference. These initial findings highlight the potential benefits of Group Triple P for reducing disruptive behaviour problems, improving parenting competence and strengthening parenting teamwork in Chinese immigrant parents.

***Understanding the perspective of caregivers working in Pakistani orphanages regarding their role as caregivers and the impacts on children's wellbeing*****AMINA KHALID\*** – The University of Queensland, Australia**ALINA MORAWSKA** – The University of Queensland, Australia**KAREN TURNER\*** – The University of Queensland, Australia

Children living in orphanages in low-income countries often face inadequate caregiving, including maltreatment, which has substantial effects on the development of these children. The limited available research on caregiving in orphanages indicates that caregivers seldom have specialised qualifications, and experience excessive workload and stress levels. As the establishment of higher quality caregiver-child relationships leads to encouraging outcomes in children's psychological wellbeing, close and dependable emotional connections between caregivers and orphan children can be an effective psychological buffer against current and future adversity. Moreover, training orphanage caregivers to provide warm, responsive and consistent caregiving can improve children's psychological, social and physical development. This qualitative study focuses on exploring the concerns of caregivers of children residing in orphanages in Lahore, Pakistan, a developing lower-middle

income country with 4.2 million orphaned children. The aim is to understand the main parenting-related challenges faced by caregivers, their support needs regarding these concerns, and their perceptions of the psychological wellbeing of orphan children in their care. The methodology involves semi-structured open-ended interviews with caregivers of 6-12 year-old children living in four of the seven private and public orphanages in Lahore. Preliminary qualitative findings from the caregiver interviews will be discussed in relation to key challenges and concerns for caregivers, and their needs and preferences for support. Results of this study will form the foundations for further research which will focus on tailoring evidence-based parenting support (Triple P) for caregivers in Pakistani orphanages.

***Helping families change communities: An exploration of family aspirations and barriers to achieving them in impoverished environments***

**SAUMYA SINGH\*** – The University of Queensland, Australia

**KAREN TURNER** – The University of Queensland, Australia

**PETA ASHWORTH** – The University of Queensland, Australia

Living in an impoverished environment, with the attendant issues of financial instability and poor living conditions, creates stressors that can be particularly detrimental to children's wellbeing by exposing them to an inadequate environment for physical, cognitive, social and emotional development. This study aimed to explore how living conditions such as the community contextual (e.g. availability of services, energy, clean water, sanitation), sociocultural (e.g. gender-based cultural norms) and family (e.g. relationships, parenting practices, household practices) impact the current and future wellbeing of children. The study was conducted in the northern states of Uttar Pradesh (a low income state) and Uttarakhand (a high income state) in India. Using qualitative research methodology, eight focus group discussions (FGDs) and 47 in-depth interviews (IDIs) were conducted with 19 parent-child dyads, eight adults and four children from diverse socioeconomic backgrounds. Discussions were conducted in Hindi and interviews were conducted in Hindi and English (depending on the participant). In addition to the FGDs focus on parents' conceptions of their parenting roles and the aspirations of parents and children for their future, IDIs explored families' attitudes relating to their ability to create positive change in their physical environment. Based on findings that fathers typically had stronger agentic capacities than mothers and children, and there was limited family involvement in modifiable risk factors in the physical environment, facilitating familial agency is emerging as an important area of intervention. Familial agency is conceptualised as collective agency that emerges out of complex interaction between the personal agencies of all family members and can be potentially guided to address risks in both the psychological and physical environment of the families. These findings, viewed in light of a recent UNICEF report promoting working with families to achieve UN's Sustainable Development Goals, indicate potential new domains for parenting intervention. This understanding of the experience of parenting in impoverished Indian communities will inform the development of a measure of familial agency, and a culturally-sensitive and contextually relevant parenting intervention to enhance the agentic capacities of parents and children.

***Exploring women's entrepreneurial capacity in Papua New Guinea: A qualitative study***

**NICOLE PENMAN\*** – The University of Queensland, Australia

**KAREN TURNER\*** – The University of Queensland, Australia

**VIGYA SHARMA** – The University of Queensland, Australia

**PAUL LANT** – The University of Queensland, Australia

**GENEVIEVE NELSON** – Kokoda Track Foundation, Australia

**SIMON DOBLE** – SolarBuddy, Australia

The underlying aim of women's entrepreneurial programs is to empower women in response to the inequalities they experience, through increasing their access to alternative and autonomous income. The Women's Solar Light Program funded by the Kokoda Track Foundation in Papua New Guinea aimed to empower women in remote villages by establishing microbusinesses selling solar lights at markets. It also aimed to increase access to solar lighting in remote communities, to minimise negative health impacts on women and children related to traditional fuel sources. This study employed qualitative methodology including focus group discussions (FGDs) and in-depth interviews (IDIs) to explore the benefits of the program, the challenges the women faced, training sufficiency and impact, support received and future recommendations and needs of the women. Questions were also asked in relation to household electrification and energy access, and the characteristics that make a good business woman or prevent a woman from running a successful business. A local KTF staff member was recruited to interpret discussions, translating from Tok-Pidgin to English for the lead researcher, and English to Tok-Pidgin for the participants' understanding, as well as assisting with cultural understanding and communication. A total of 39 people participated in the FGD and IDI protocols in three remote villages. Analysis of the transcripts revealed eight key themes relating to influences on women's capacity to engage as energy entrepreneurs. These enablers and barriers were related to: 1) business,

2) technology, 3) finance, 4) training and program design, 5) infrastructure, 6) gender issues, 7) psychological mechanisms, and 8) socio-cultural issues. These themes and their corresponding sub-themes will be discussed in detail along with implications for further training for women to support successful small enterprise opportunities and gain independent income. Ideas relating to the application of self-regulation principles drawn from Triple P research will also be discussed.

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**Keynote Address 5****1.00-2.00pm Ballroom A&B**

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***Aboriginal communities leading the way to help change trajectories for children and families living with early-life trauma and fetal alcohol spectrum disorder (FASD)***

**ELIZABETH ELLIOTT** – The University of Sydney, Australia

Aboriginal communities in remote Western Australia led the way in addressing the challenges faced by families living with FASD. Having successfully lobbied for alcohol restrictions, they addressed alcohol use in pregnancy and FASD (Marulu strategy). In the Lirilwan project, FASD prevalence was found to be amongst the highest worldwide and children had complex problems with learning, development and challenging behaviour. In response, the Positive Parenting Program (Jandu Yani U – For All Families) was adapted and trialled in the community with improved parental skills, knowledge, empowerment and wellbeing; and improved child behaviour. The Bigiswun-Kid (Lirilwan follow-up) will identify youth needs and the Marurra-U program will deliver and evaluate wrap-around support, including tele-healthcare.

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**H1 – Symposium****2.00-3.00pm Ballroom A&B**

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***The Triple P - Positive Parenting Program: Past, present and future***

**JENNA MCWILLIAM\*** – Triple P International and The University of Queensland, Australia

**ALAN RALPH\*** – Triple P International, Australia

**MATT SANDERS\*** – The University of Queensland, Australia

**JACQUIE BROWN\*** – Triple P International, Australia

The idea that became the Triple P System started as part of a PhD project in 1978. Fast forward 41 years and children, families, practitioners and communities in more than 28 countries have benefited from accessing Triple P. Over 125,000 training places have been delivered in over 8,250 training courses, program resources have been translated into 22 languages and over 900 academic papers have been published with more than 1400 authors from 400 institutions across 33 countries. But how did this all happen? How does an idea become a system of evidence-based parenting programs that are available globally? What happens behind the scenes to develop, test, publish and disseminate new programs? How are communities, organisations and practitioners supported to build their capacity to implement Triple P? What lessons have been learnt? And what's coming up next? This moderated panel will tell the story of some of the key factors that have led to where we've gotten to today and facilitate a discussion with the audience about what the future holds.

***Creating systems of support for statewide Triple P scale-up: Key themes, capacity data, and lessons learned from the Carolinas, United States***

**WILLIAM ALDRIDGE\*** – University of North Carolina at Chapel Hill, USA  
**RENÉE BOOTHROYD\*** – University of North Carolina at Chapel Hill, USA  
**JESSICA REED** – University of North Carolina at Chapel Hill, USA  
**JENNA ARMSTRONG** – University of North Carolina at Chapel Hill, USA  
**KIMBERLY MALONEY** – University of North Carolina at Chapel Hill, USA  
**JENNA BARNES** – University of North Carolina at Chapel Hill, USA  
**KIMBERLY INGRAM\*** – Prevent Child Abuse North Carolina, USA  
**KATHERINE SMITH** – Prevent Child Abuse North Carolina, USA  
**ABBY WILSON\*** – Children’s Trust of South Carolina, USA  
**SUE WILLIAMS** – Children’s Trust of South Carolina, USA  
**SARA VAN DRIEL\*** – Triple P America, USA  
**COURTNEY TOWNE\*** – Triple P America, USA  
**BRIAN BUMBARGER\*** – Griffith University, Australia

Scaling Triple P across large geographies is complex and involves partnerships and change processes at many levels. Supporting change may require more than funders, project coordination, and service organisations. Intermediary organisations, working together with program purveyors like Triple P America, may be key levers for supporting the changes necessary for success and sustainability at scale. Two U.S. states in North Carolina and South Carolina are working to scale Triple P state-wide. To aid Triple P communities in their efforts and help grantees meet funding expectations, state Triple P leaders in both states have funded the development of state-wide support systems. Within these systems, intermediary organisations have partnered to develop an array of support services for community Triple P stakeholders and align services within an integrated model of support. Each organisation brings unique resources and abilities for implementation support, workforce development, partnership engagement and communications, policy and finance support, and evaluation and improvement. The objective of this session will be to inform attendees about key themes, data, and lessons learned from these efforts and provide guidance on Triple P and other program scale-up efforts. The session will mix brief presentations (approximately 5 minutes each) with panel-style discussions among the four partnering support system organisations. Dr Will Aldridge, Director of the Implementation Capacity for Triple P projects at The Impact Center at FPG, will chair the symposium and moderate panel discussions. Brief presentations will describe: 1) the history of the partnerships within each state; 2) the intermediary framework being used to guide support system development; 3) how partners operationalised organisational roles, responsibilities, and activities within this framework; 4) how partners have blended their roles and activities within an integrated model of support; and 5) longitudinal data regarding the capacity of participating partners to support Triple P scale-up within each state. Moderated panel discussions between presentations three through five will use questions designed to elevate partners’ experiences and lessons learned. Dr Brian Bumbarger, founder of the EPISCenter, a successful state-based intermediary organisation, will serve as overall discussant and offer observations and recommendations based on the presentations and panel discussions.

**H3 – Open Papers**

**2.00-3.00pm Redlands**

***What elements of parenting are associated with better wellbeing for emerging adults who have experienced adversity?***

**CARYS CHAINEY\*** – The University of Queensland, Australia  
**KYLIE BURKE** – The University of Queensland, Australia

Background: Adverse childhood experiences place young people at risk for poor social, emotional and behavioural wellbeing. While it is well documented that parenting can help to protect adolescents’ wellbeing against the impact of adversity, little is known about its effect for emerging adults. Objectives: This paper explores the associations between adverse childhood experiences, the parenting received during adolescence (parenting practices and the parent-adolescent relationship), and wellbeing during emerging adulthood. Methods: A quantitative survey of emerging adults aged 18-25 from a university and the community was conducted in Australia and analysed using multiple regression. Results: Results reveal that social, emotional and behavioural wellbeing during emerging adulthood is differentially affected by a range of parenting practices and elements of the parent-adolescent relationship. Experiencing adversity is also associated with poorer wellbeing, however it appears that parenting may be a more important predictor of wellbeing than adversity. Conclusion: These findings indicate that the parenting experienced during adolescence may be an important predictor of social, emotional and behavioural wellbeing during emerging

adulthood; and may serve to protect young people against the harm that adversity can have on their wellbeing. Interventions aiming to support young people who have experienced adversity may benefit from assisting parents to use effective parenting practices and develop a positive parent-adolescent relationship.

#### ***Attributions for improvement in children bullied at school***

**KARYN HEALY\*** – The University of Queensland, Australia

**OLIVIA GRZAZEK** – The University of Queensland, Australia

**MATTHEW SANDERS** – The University of Queensland, Australia

Being bullied at school by peers places children at greatly increased risk of mental illnesses and ongoing disadvantage. Recent research has focused on the role of the family in protecting children against bullying and its mental health consequences. This mixed methods study describes attributions for improvement following reductions in victimisation for children who were bullied at school. It also tests hypotheses from attribution theory about the kinds of attributions associated with improvements. The sample was a subset of families who participated in an RCT of Resilience Triple P, a family cognitive behavioural program designed to reduce victimisation of children bullied at school. To be included in this study, both the parent and child had to report reductions in victimisation at the 9-months assessments. Qualitative analyses revealed that, apart from the trial program, parents and children attributed improvements most often to child actions, changes in the school environment, parenting and family factors, actions of friends and the child who bullied. Attributions for improvement were compared across trial conditions, respondents (parents versus children) and time. Both parents and children attributed improvements most often to the efforts of the target child. Families who received Resilience Triple P were more likely than control families to attribute improvements to their own efforts than to external factors such as school action or child maturation. The potential importance of internal attributions for the success of interventions will be discussed.

#### ***Mechanisms through which supportive relationships with parents and peers mitigate victimisation and depression in children bullied by peers***

**KARYN HEALY\*** – The University of Queensland, Australia

**MATTHEW SANDERS** – The University of Queensland, Australia

Children who are bullied by peers are at increased risk for ongoing victimisation and depression. Supportive relationships may protect children from these risks. Previous research has investigated mechanisms through which supportive peer relationships buffer children from ongoing victimisation and internalising problems. Previous research suggests that supportive parenting also protects children against depression and victimisation. However, little is known about the mechanisms behind this. This study investigated how facilitative parenting and supportive peer relationships mitigated victimisation, internalising and depressive symptoms over time in children who were bullied by peers. Facilitative parenting is parenting that is warm and supportive of children's peer relationships. Using the longitudinal data generated by the RCT of Resilience Triple P, mediational and moderation analyses were conducted to identify how positive relationships with parents and peers affected outcomes for children (after accounting for intervention effects). Higher levels of facilitative parenting and peer acceptance predicted lower later levels of both depression and victimisation over time. Higher levels of child friendedness predicted lower levels of child reports of internalising problems. Children's friendships, acceptance by same sex peers and facilitative parenting all played moderating roles in protecting against ongoing victimisation and internalising problems. Peer acceptance mediated the relationships between facilitative parenting and victimisation. Facilitative parenting mediated the relationship between peer acceptance and depression. It was concluded that supportive relationships with parents and peers play important and complementary roles in protecting children against ongoing victimisation and depression.

**H4 – Open Papers**

**2.00-3.00pm Lockyer**

#### ***Outcomes of a feasibility study of a culturally adapted delivery of Stepping Stones Triple P with Indigenous families with a child with a developmental disability (aged 2-12 years) and the implications for family support workers and researchers discussed***

**FIONA HOATH\*** – The University of Queensland, Australia

**KATE SOFRONOFF** – The University of Queensland, Australia

Parents/carers of 41 Indigenous children with developmental disabilities took part in a culturally adapted delivery of Stepping Stones Triple P. A positive response to the programme was defined as concurrent clinically reliable change on a child intensity

(ECBI or CAPES DD) and parenting measure (PAFAS), with 45.83% of the intervention group participants having a positive response to the programme compared to 23.53% in the wait-list condition who underwent concurrent clinically reliable change. High programme retention rates from pre to post intervention (95.1%) and client satisfaction ratings (94.4%) demonstrate the cultural acceptability of the programme. The impact of ACEs, acute and chronic stressful life events on programme attendance and strategy implementation will be illustrated through case studies. Implications for family support workers and researchers will be discussed.

***Model of engaging communities from consultation to results dissemination: Evaluation of the pilot with Indigenous Australians from a trauma-aware lens on implementation, research and parenting support***

**CARI MCILDUFF\*** – The University of Queensland and Marninwarntikura Women's Resource Centre, Australia

With advances in knowledge of the benefits of cultural adapted interventions, engagement and implementation strategies and Indigenous methodologies, the Model of Engaging Communities Collaboratively (MECC) has been developed and piloted. The MECC is a way in which to engage and collaborate with Indigenous communities when implementing community-chosen interventions and has been piloted in the Fitzroy Valley in far north Western Australia. It also ensures the respectful and necessary process of results dissemination of intervention implementation and/or research with the communities involved; often a weakness of work done with Indigenous communities and critiqued by many of these communities globally during the consultative development of the MECC. This presentation will discuss the evaluation of the pilot of the MECC from community consultation to results dissemination with a lens of trauma-aware implementation, research and parenting support that is especially relevant in contexts with a complex history such as that of Indigenous Australia.

***Jandu Yani U (for all families): Culturally modified Triple P creating change in remote Aboriginal communities in the Fitzroy Valley***

**CARI MCILDUFF\*** – The University of Queensland and Marninwarntikura Women's Resource Centre, Australia

**JADNAH DAVIES** – Marninwarntikura Women's Resource Centre, Australia

**SUE CHEREL** – Marninwarntikura Women's Resource Centre, Australia

**SUE THOMAS** – Marninwarntikura Women's Resource Centre, Australia

**KAREN TURNER** – The University of Queensland, Australia

**ELLAINA ANDERSSON** – University of Sydney, Australia

**ELIZABETH ELLIOTT** – University of Sydney, Australia

**STEWART EINFELD** – University of Sydney, Australia

**MATTHEW SANDERS** – The University of Queensland, Australia

**KATE SOFRONOFF** – The University of Queensland, Australia

**MARMINGEE HAND** – Fitzroy Valley District High School, Australia

**EMILY CARTER** – Marninwarntikura Women's Resource Centre, Australia

**JUNE OSCAR** – Marninwarntikura Women's Resource Centre, Australia

During the population-based (Lililwan) study of Fetal Alcohol Spectrum Disorder (FASD) prevalence in the remote communities of the Fitzroy Valley in Western Australia, it was found that 19% of Aboriginal children in the valley have FASD. Families and teachers also reported challenging behaviours as a major problem for all children. In response, Marninwarntikura Women's Resource Centre initiated a partnership with clinician-researchers to bring the Triple P - Positive Parenting Program (Triple P) to the valley. In April 2016, a workshop was held in Fitzroy Crossing with researchers, program developers and the local Advisory Group ensuring community understanding and consent for the program. The group selected Indigenous Triple P (Level 4) with the addition of Stepping Stones Triple P strategies for children with complex needs, and began the collaborative process of training and implementation modifications. The project was named Jandu Yani U, which in local Bunuba language means 'For all families'. In 2017 and 2018, two cohorts of local workers were trained with the imperative to build communities' capacity for parent support; 35 women and three men (24 Aboriginal) from 16 local organisations were trained by a Triple P trainer and Indigenous implementation consultant. Following weekly support of trainees, 36 were accredited as parent coaches who, on average, shared at least three Triple P strategies informally with 530 families throughout the valley. Thirty-eight families engaged with Level 4 Indigenous Triple P and all of these families completed the full program. Significant positive outcomes were found for parent coaches and families. All training and family outcome results will be presented.

***Learning from the Trial of Health Relationship Initiatives for the Very Early years (THRIVE): A three armed trial of parenting interventions for women with additional and social care needs during pregnancy***

**MARION HENDERSON** – University of Glasgow, Scotland

Marion will present study findings and learnings from the Trial of Health Relationship Initiatives for the Very Early years (THRIVE). THRIVE recruited pregnant women with additional social and care needs. Intervention started during the perinatal period, and one of the interventions was Enhanced Triple P for Baby. Outcomes will be discussed.

***Kinship care in a transitional culture: Evidence from Kenya***

**JAPHETH ADINA\*** – Moi University, Kenya

Kinship is the most common care arrangement in the African context. Despite being widely practised in Kenya, it is not explicitly referred to in the local existing legislative frameworks such as the Kenya Children's Act of 2001. This paper explores the interplay of indigenous and modern practices of placement, monitoring and exit from kinship families/kinship care. In this study, semi-structured interviews were conducted with 5 key informants, each from five major ethnic groups; Kalenjin, Agikuyu, Luo, Akamba, and Luhya communities in Kenya. Findings revealed the existence of formal procedures in the indigenous ways of placement, monitoring and exit in which matters were discussed and decisions made in family fora. Although relative(s) was assigned as the de facto parent, caregiving was viewed as a distributive responsibility and culturally bequeathed to all adults. The practice provided the child with the advantage to access multiple caregivers which cushioned him/her against the risk of losing parental care. Besides material and psychosocial support provided by relatives during periodic visits, they assessed the welfare of the child and the family. The value of child-care as a shared duty is rapidly eroding with an inevitable expansion of vulnerability loops to the whole family. In spite of existing formal procedures to acquire legal documents, engaging external authorities in caregiving decisions is still perceived as obtrusive. The study concludes that kinship families are in a dilemma of transitional culture. To achieve sustainable quality alternative care, positive indigenous practices should be integrated into policies and guidelines related to kinship care.

***Towards a comprehensive system of prevention of youth crime: The Lazos System of the Chilean Government***

**CESAR ARANDA\*** – Subsecretaria de Prevencion del Delito, Chile

Lazos is the specialised public offer on prevention and social reintegration of the Under Secretary of Crime Prevention for children and adolescents between 10 and 17 years old and their respective families. Lazos was born in 2012 like a program with the aim of making a radical change in terms of quality, intensity and strictness of the public offer in prevention and social reintegration, because of mediatic cases of child to committed serious crimes and the needs to make some better in the treatment and prevention to these children. After six years of history, and based on the positive results achieved, Lazos evolves to become the first Comprehensive System of Intervention for Social Prevention in children and adolescents existing in Chile, complementing its programmatic offer for the three levels of intervention (low, medium and high). The Lazos model is configured with four components, one of them for evaluation and three for intervention: a) Early Detection Team (EDT), Gateway to the Lazos System, detecting socio-criminal risk profiles by an British instrument called ASSET, which evaluates socio-criminal risk factors and allows to define levels of risk (low, medium or high). b) Intervention Component 1: Triple P Component for the low risk level and universal promotion. Triple P is a program for the positive upbringing of children, which allows develop and get better how to perform the role of a father, mother or caregivers. The program provides a series of strategies and ideas, where, with the mother, father or caregiver chooses the strategies needed and how they should use them. The purpose is that the program suits their needs. c) Intervention Component 2: Familias Unidas Component for the medium risk level. Familias Unidas is a family intervention program developed for preventing problematic behaviours in adolescents, such as the use of cigarettes, alcohol and drugs and risky sexual behaviours. d) Intervention Component 3: Multisystemic Therapy (MST) Component of intensive treatment (high risk) that comprehensively addresses the behavioural problems associated with transgressions, risk factors of criminal reoccurrence and social integration of children and adolescents with the highest socio-criminal risk profiles. The care is structured in a 24/7 modality.

***Insight into mother tongue development of multilingual children via parental query***

**RUTH DERUWE\*** – Antwerp, Belgium

The new reality is that society has become multicultural and multilingual. Today we see a strong increase in the number of children with a multilingual upbringing. Quantity and quality of language input, language skills, language acquisition, age of acquisition and personality can all influence children's language development. It is important to take these factors into account in the understanding of language abilities and the assessment of the language learning process. Language delays of multilingual children can arise from language impairment but also from insufficient exposure to the target language. Only if children have problems in every language they learn, despite sufficient and qualitative input, this can be attributed to a specific language impairment. Information about mother tongue acquisition and the environment the children grow up in are therefore crucial elements. Parents have an important role in the reporting of mother tongue development. Research shows that the

retrospective information they can provide is valuable and valid. Experience has shown that a positive attitude towards the mother tongue and showing interest in the home culture m even with a limited or absent common communication language m increases parental involvement and thus positively influences the chances of successful outcomes for children. Parents are partners in guiding and strengthening the range of possibilities for their children. Insight into early milestones in language development, current language proficiency, quantity and quality of language input, parents' and children's attitudes towards all learned languages and the family occurrence of language or learning disorders can be gained via a thorough and structured anamnesis with parents by utilising questionnaires. It is the first step in differential diagnostics and makes it possible to correctly interpret the attributes that children exhibit and to frame them within either a normal or disrupted developmental process. This consequently facilitates the provision of well-founded guidance and treatment advice.

### ***Examining the implementation of Triple P online in agency service delivery***

**CHRISTINE FARAGO\*** – Seneca College, Canada

**LARRISSA LEMAY** – Seneca College, Canada

Evidence-based programs are essential in providing parents with current, reliable and research-based information on parenting practices. Research has shown that positive parenting practices reduces the risk of child maltreatment and supports the healthy growth and development of children (Love et al., 2013). Our research sought to understand how agencies are implementing evidence-based online resources and what might be the barriers and successes to implementation of online evidence-based parenting programs. The purpose of our research was twofold: a) to deepen our understanding of how parent's access supports; and b) to determine agency factors that may prevent parents from accessing supports. This study used a mixed methods approach, gathering data through structured and semi-structured survey responses. This survey aimed to reach a larger population within an agency-wide context. The semi-structured questionnaire allowed for thematic analysis of open-ended responses and interpretation of response texts. In choosing this methodology, the aim was to collect data that is both quantitative and qualitative for the purpose of gaining complex and diverse responses. This enabled multiple perspectives from many participants from various experiences in the field of our research (Mukherji & Albon, 2015). Arguably, the most important finding from this study pertains to agencies desire to choose which intervention they perceive to be best suited to the parent needs. Similarly, to what other researchers have found, in our study it was evident that agencies hold power over what services they offer to families enabling them to be gatekeepers to services (Sanders a Kirby, 2012; Asgary-Eden a Lee, 2012). Online evidence-based parenting programs have a significant potential to impact the way people receive information about positive parenting practices. Due to the lack of evidence-based parenting information available online (Sanders, 2008), TPOL has an opportunity to fill this gap in the online parenting community if implementation considerations of agencies are able to be better understood. This study was completed as an undergraduate thesis at Seneca College and has been reviewed under the research ethics board at the college."

### **Parent caregiving and child chronic illness: Developing and validating a new measure of illness specific parent daily hassles**

**ANTONIA KISH\*** – The University of Queensland, Australia

**PETER NEWCOMBE** – The University of Queensland, Australia

**DIVNA HASLAM** – The University of Queensland, Australia

All parents face daily demands in their role as parents. However, illness-specific demands that come with daily treatment and care are unique to parents of children with an illness. However, no scales exist to assess illness-related demands. Given the important role parents play in helping their children manage illness, and the impact of this illness specific care on parent caregiving burden and stress psychometrically sound measures are needed. This study details the development and validation of a new measure, the Parenting Daily Hassles n Chronic Illness (PDH-CI) scale, which specifically aimed to quantify parent 'daily hassles' related to the care of a child's illness. Using a sample of parents caring for children with Type 1 diabetes, asthma and eczema ( $N = 80$ ,  $Mage=39.40$  years,  $SD=5.67$ ), the factor structure and psychometric properties (validity and reliability) of the new PDH-CI were investigated. Exploratory factor analysis was conducted and revealed two factors related to the frequency of demand: 'medical and social support' (7 items,  $a = .84$ ) and 'medical symptoms' (5 items,  $a = .90$ ); and one factor for hassles ('child's illness': 15 items,  $a = .93$ ). Preliminary support was also found for both the reliability and validity of the PDH-CI. Findings are discussed in relation to their implications for further research aimed at better understanding the experiences of parents of children with a chronic illness.

### ***Engaging 'hard to reach' communities - theory to practice***

**GRAEME MUNFORD\*** – New Zealand  
**PRUE SAVILL** – New Zealand  
**ARDELL UNSWORTH** – New Zealand

Much has been written about 'best practice' in engaging 'hard to reach' communities and effective delivery of Triple P programmes. In New Zealand various means have been used to incentivise not only family/ whanau to engage with interventions but also practitioners doing that delivery. This poster will present what has worked and evidence those factors, citing indigenous models of delivery that have enabled effective delivery.

***Review of Japanese Triple P research papers over fifteen years***

**IZUMI SAWADA\*** – Triple P Japan  
**NORIKO KATO\*** – Triple P Japan  
**TOSHIHIKO YANAGAWA** – Triple P Japan  
**ICHIRO FUJITA** – Triple P Japan  
**MACHIKO SHIRAYAMA** – Triple P Japan

Background: Non-profit organisation, Triple P Japan, was established in 2006 to disseminate Triple P in Japan. Since then, there have been many activities such as facilitator training, contact with other organisations, and support for implementing group programs in many regions in Japan. There is an increasing need for parenting support in Japan because of increase in child maltreatment. Triple P is implemented in health and welfare settings and research results are reported. The site of Triple P implementation is limited among many parenting programs adopted in Japan, and there is no population level intervention of Triple P. Objective: To obtain suggestions for the future dissemination activities, we reviewed and analysed papers reporting Triple P interventions. Method: We searched Japanese Medical Abstract and CINAHL from 2000 to 2019 with keywords of 'Triple P' or 'Positive Parenting Program' along with 'Japan' in CINAHL and CiNii Articles. Conference abstracts were deleted and only full papers were analysed. Results: A total of 47 papers were analysed. In the 'reviews' and 'activity reports' papers, strategies for family support discussed included support for parents raising children with developmental disabilities, parents with children in need of special care, parents with mental health problems, and parents at risk of maltreatment. Sixteen papers described evaluation research. Ten papers were regional health centers such as metropolitan areas, Hokkaido, Osaka, Wakayama, Shikoku, Saga and Tokai reported intervention studies. Other evaluation studies were dealing with the Japanese representative population. The subjects of seven papers were parents raising children with developmental disorders. Discussion: Papers of Japanese Triple P studies were searched and analysed. Since 2010, three to six articles have been published each year. Although Japan has never experienced an intensive roll-out as observed in several countries, outstanding characteristics of Japanese activities are that activities in some region are sustainable for over 10 years.

***Using epidemiological data to identify needs for child-rearing support among Chinese parents: A cross-sectional survey of parents of children aged 6 to 35 months in 15 Chinese cities***

**YUE ZHANG\*** – Chinese Centre for Disease Control and Prevention, Beijing, China  
**MATTHEW SANDERS** – The University of Queensland, Australia  
**WEIWEI FENG** – Chinese Centre for Disease Control and Prevention, Beijing, China  
**HE TANG** – Chinese Centre for Disease Control and Prevention, Beijing, China  
**HUIZHAN WANG** – Chinese Centre for Disease Control and Prevention, Beijing, China  
**XI JIN** – Chinese Centre for Disease Control and Prevention, Beijing, China  
**JIELING WU** – Guangdong province Maternal and Child Health Hospital, Guangdong, China  
**GUANGWEN HUANG** – Hunan province Maternal and Child Health Hospital, Hunan, China  
**JIN SUN** – Dalian Maternal and Child Health Hospital, Liaoning, China  
**YAN LUO** – Guiyang Maternal and Child Health Hospital, Guizhou, China  
**LANQIU LV** – Ningbo Women and Children's Hospital, Zhejiang, China  
**SHUANGQIN YAN** – Ma'anshan Maternal and Child Health Hospital, Anhui, China  
**DONGMEI ZHAO** – Qilu Children's Hospital of Shandong University, Shandong, China  
**LIJUAN MU** – Fangshan District Maternal and Child Health Hospital, Beijing, China  
**DONGMEI YAN** – Lianyungang Maternal and Child Health Hospital, Jiangsu, China  
**HONG WANG** – Hubei Province Maternal and Child Health Hospital, Hubei, China  
**XUETING GAO** – Northwest Women and Children's Hospital, Shanxi, China  
**JING YANG** – Qinghuangdao Maternal and Child Health Hospital, Hebei, China  
**HONG WANG** – Sichuan province Maternal and Child Health Hospital, Sichuan, China  
**NIANRONG WANG** – Chongqing Maternal and Child Health Hospital, Chongqing, China  
**SHAO JIE** – Zhejiang University School of Medicine, Zhejiang, China

**JINLIUXING YANG** – Chinese Centre for Disease Control and Prevention, Beijing, China  
**DIVNA HASLAM** – The University of Queensland, Australia

**Background:** The quality of the family environment—in particular, the kind of parenting children receive in their early years—plays a critical role in influencing children’s growth and development. To facilitate the development and delivery of appropriate parenting and family interventions for Chinese parents, this study explores the prevalence of the difficulties that may arise in the course of child rearing and the associated sociodemographic factors. **Methods:** A cross-sectional self-reporting survey was conducted with a sample of 2229 parents of children between 6 and 35 months of age. Using a stratified random-digit design, parents from 15 Chinese cities were surveyed to determine their child-rearing difficulties, need for support, and support-seeking behaviour. The sociodemographic factors that influenced major child-rearing difficulties were analysed using bivariate analysis and binary logistic analysis. **Results:** Many parents were found to be concerned about their infants’ behaviour and/or development. Some 87.53% of those surveyed reported that they were experiencing child-rearing difficulties, and 31.59% reported major difficulties. Feeding and sleep problems were most often reported. And demographic differences were observed. The major child-rearing difficulties most often involved boys (OR = 1.34, 95% CI 1.10–1.64), single-child households (OR = 1.38, 95% CI 1.08–1.77), and households with financial problems (OR = 1.39, 95% CI 1.05–1.84). However, in households where the fathers were reported as the main caregivers, the difficulties were less severe (OR = 0.78, 95% CI 0.62–0.98). The most popular avenues for seeking support were professional websites/online public platforms (69.24%) and the reading of self-help books (43.70%). **Conclusions:** This study showed that parenting problems are common for parents of children 6–35 months of age in Chinese cities, indicating a great need for evidence-based support to address these parents’ needs. There was substantial variation in the prevalence of child-rearing difficulties contingent on sociodemographic factors, suggesting that the providers of child health care and policy makers may benefit from taking a whole-population approach, through which families with greater needs could have access to higher levels of support. Culturally tailored support via self-help and/or online resources may be the most realistic option for the future.