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Effective parenting programs: What does the evidence say?

Cat Strawa

Policy and practice paper | February 2025

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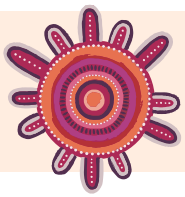

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Australian Institute of Family Studies
Level 4, 40 City Road, Southbank VIC 3006 Australia
Ph: (03) 9214 7888 Web: aifs.gov.au

Cover image: © GettyImages/SDI Productions

ISBN (online): 978-1-76016-341-9
ISBN (PDF): 978-1-76016-342-6

Edited by Katharine Day
Typeset by Rachel Evans

2407-Effective-parenting-programs

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Overview

This paper describes what parenting programs are and what evidence there is for their effectiveness, which populations they can support and when they are effective. There are a large number of different parenting programs provided by community and government services across Australia, and many more internationally. This resource provides a summary of the evidence on parenting programs as a broad category, or intervention type, and does not list specific program names.

Key messages

- Parenting programs can be effective in improving or achieving a range of child, parent and family outcomes for both general and specific populations.
- The evidence for what practices or components make parenting programs effective is still emerging and is currently ambiguous.
- There is no single type of parenting program or program component that can be said to be the most effective across all child or parent outcomes or populations.
- Parenting programs that focus on treating existing challenges report larger effects on outcomes than do prevention programs. This is likely because improvements in outcomes are easier to detect when the initial challenges are more severe.
- It is important to assess a family's individual needs to understand which type of parenting program is most suitable for their circumstances, and whether they require support to prevent or address challenges.

Introduction

Parenting programs are delivered to families to support positive child and family outcomes (e.g. positive child behaviours or parent–child relationships) by providing parenting education, training or support to one or more parents[1] (Gardner et al., 2019; Leijten et al., 2019). In Australia, parenting programs are delivered across community, health and education sectors in a variety of settings, and are often provided as part of government-funded child and family supports (e.g. Children and Parenting Support services funded by the Department of Social Services).

Given the widespread use of parenting programs as a form of family support, it is critical that decision makers and frontline practitioners understand the available evidence about the effectiveness of parenting programs. This can support decision making around funding and program design and planning the types of programs that services will deliver, when they will deliver them and to whom.

This resource summarises the evidence for the effectiveness of parenting programs, which populations they can support and when they can be effective. The information in this resource is based on the findings of an evidence review of the research on the effectiveness of parenting programs for parents of children aged 0–12 years. Details on the review process are provided at the end of this article.

This resource is intended for use by funding agencies, program managers and practitioners working in child and family support services.

1 'Parents' include any adult who is a primary caregiver of a child, who may or may not be a biological relation to the child.

What are parenting programs?

Parenting programs include a diverse range of interventions that aim to improve child outcomes by supporting parents and caregivers. This article defines parenting programs as:

> any program that provides direct or targeted education, training, coaching or support to primary caregivers of children between 0 and 12 years with the overall objective of improving child outcomes by improving parenting practices or parent–child and family relationships[2] (based on Parenting Research Centre [PRC], 2012).

Parenting programs vary according to their content, format, delivery method, population, timing and intended outcome. Parenting programs usually aim to support parents to care for their children in ways that promote positive child development, behaviour and/or wellbeing outcomes[3] (PRC, 2012) (see this section for a list of outcomes included in this resource).

Parenting programs may focus on building general parenting knowledge by providing education (e.g. teaching new parents to understand child development milestones or their infant's basic needs) or they may focus on building skills or techniques that address a specific need. They often do this by providing more intensive training or coaching (e.g. coaching parents to respond to and support their child's behaviours).

Programs are also delivered in different ways. They may be provided in clinic or classroom-like settings to groups of parents, or delivered in the family home or via telehealth to one family at a time. Some programs run over longer periods with a high number of contact hours between practitioners and parents (e.g. 12-month coaching programs), other programs are brief with minimal contact hours (e.g. self-paced online education programs). Parenting programs may be delivered by a variety of practitioners with different professional backgrounds, skills and approaches, or by other parents and peers with similar lived experiences. Some well-established programs may have strict requirements about who can deliver them, while others may be more informal and flexible.

Who are parenting programs designed to support?

Some parenting programs are designed for and delivered to the general population of parents (i.e. all families regardless of whether they have identified risks or special needs), and are often called universal programs (Leijten et al., 2019). These programs usually focus on prevention and aim to increase parents' general skills and knowledge to support overall child development, wellbeing or family functioning, rather than address a specific challenge or outcome.

Most parenting programs are designed to support a particular population group who have an increased risk of experiencing, or are currently experiencing, one or more challenges (these are sometimes called 'targeted programs') (Spencer et al., 2020). The evidence reviewed for this resource showed that these programs are commonly designed to support:

- families experiencing disadvantage
- families with children at risk of child maltreatment
- parents of children with behaviour difficulties
- parents of children with mental health challenges.

A small number of programs are also designed to support families with a child with disability. Some programs aim to support multiple population groups at once and/or families who belong to multiple groups or have

2 Some parenting programs may also aim to improve child outcomes by supporting parents to increase their own wellbeing outcomes. However, this resource focuses on child outcomes rather than parent wellbeing and mental health outcomes.

3 Outcome refers to the characteristic or variable that is measured to understand whether there is a change for children and families as a result of the program (i.e. what problem happens less or what improves for them) (Smart, 2020; World Health Organization [WHO], 2014).

multiple identified risks or needs (e.g. parents with a child with disability who also experiences mental health challenges, or families experiencing disadvantage with a child at risk of maltreatment).

There is currently much less research on parenting programs for specific populations such as Aboriginal and/or Torres Strait Islander families, fathers, parents with disability, and LGBTQIA+ families. As a result, it can be more difficult to draw conclusions about the effectiveness or suitability of parenting programs for these population groups.

When are parenting programs provided to families?

Parenting programs can be provided to families at different stages depending on whether they require support preventing or addressing challenges. Programs may focus on prevention, early intervention or treatment (Australian Institute of Family Studies [AIFS], 2014; Leijten et al., 2019; van der Put et al., 2018):

- **Prevention programs** (sometimes called primary or universal programs) are usually provided to the general population of parents and aim to support positive child and family outcomes. For example, new parents may access programs to build knowledge on infant development and parenting skills on how to manage their baby's needs.
- **Early intervention programs** (sometimes called selective or indicated prevention programs, and secondary or targeted programs) are usually provided to specific populations who display signs of being at risk of experiencing negative outcomes and aim to reduce the chances of those negative outcomes occurring. For example, parental substance misuse is a key risk factor for child maltreatment (Australian Institute of Health and Welfare [AIHW], 2022). These parents may be provided with early intervention parenting programs for child maltreatment alongside other supports for reducing substance misuse.
- **Treatment-focused programs** (sometimes called tertiary programs) are provided to specific populations who need support with one or more existing challenges and aim to reduce these challenges. For example, parents with a child who has a diagnosed anxiety disorder may be referred to parenting programs that aim to increase parents' knowledge and skills to support their child with anxiety.

What does the evidence say about the effectiveness of parenting programs?

Research shows that although not all parenting programs are effective, there is good evidence that, as an intervention *type*, parenting programs can be effective for a range of child, parent and family outcomes for both general and specific populations.

This resource includes evidence in relation to the following broad child and family outcomes:

- **Child development**: Specifically cognitive development[4] – for example, problem-solving and decision-making skills, child adaptive behaviour, child temperament, engagement with learning and school readiness.
- **Child behaviours**: Including positive and pro-social child behaviour, behaviour difficulties or problems, and social and emotional development that does not include mental health (e.g. emotional management, social competence, self-efficacy).
- **Child mental health**: Including aspects of social and emotional development that are primarily to do with mental health, such as anxiety, depression, resilience, trauma symptoms, feeling safe at home and connection to community and culture.
- **Parent–child and family relationships**: Including parent–child interactions, parent–child attachment, respectful relationships and family cohesion.

4 While other aspects of physical development are often included in definitions of child development, only cognitive and social-emotional development are included in this resource.

- **Parenting practices**: Including parenting skills (e.g. basic care, behaviour management practices, effective conflict management), parent self-efficacy and parenting style (e.g. authoritative parenting).

In our review of parenting programs, 90 different parenting programs were reported to be effective for one or more of these outcomes and were supported by research evidence.[5] Overall, these programs usually targeted more than one outcome but were most often found to be effective at supporting parent–child relationship and parenting practice outcomes.

This does not necessarily mean that parenting programs – as a type of intervention – are more effective at achieving these outcomes than they are at achieving other outcomes (such as child mental health). Rather, it suggests that although parenting programs are diverse in their overall aims, they often broadly focus on improving parenting practices and parent–child relationships as a way to support children and families experiencing different challenges and have often been found to be effective at doing so.

A large number of programs have also been found to be effective at supporting child behaviour outcomes. This again is likely because many programs focus on supporting parents of children with behaviour difficulties.

Programs are sometimes adapted in structure and content to meet the needs of specific populations and/or to be appropriate for local contexts. However, it can be difficult to balance adaptions to meet the needs of local populations and individual families with strict adherence to programs that are supported by research evidence (PRC, 2012).

There is some evidence to suggest that when programs undergo adaptions to be culturally sensitive (e.g. translating program materials) for culturally and linguistically diverse families, they can still be effective (van Mourik et al., 2017). Furthermore, in-depth adaptions to programs to include content around the specific cultural contexts, influences and norms of the target population have been associated with larger effects on parenting behaviours (van Mourik et al., 2017). However, most programs were based in the USA and more research is needed to understand how parenting programs can be effectively adapted for different populations in Australia and which adaptions are most effective.

What makes parenting programs effective?

Understanding what program characteristics or specific practices make parenting programs effective is potentially useful because the effectiveness of parenting programs may be increased by adding specific components associated with larger effects on outcomes or by leaving out components associated with smaller or no effects (Gubbels et al., 2019). However, the evidence for what makes parenting programs effective is mixed and there is no one type of parenting program or program component that has been identified as most effective across all outcomes or populations.

Research evidence on this topic is often limited to examining the effective components of one specific program type or for one population group, and findings vary across different groups (van der Put et al., 2018). For example, one meta-analysis of parent training programs for parents of children with behavioural difficulties reported that providing program content to parents using practice, rehearsal and feedback techniques (rather than one-way instruction) was associated with larger effects on both parent and child outcomes (Gubbels et al., 2019; Kaminski et al., 2008). However, another meta-analysis showed that delivering program content using practice, rehearsal and feedback techniques was associated with *less* improvement in parenting outcomes in parent training programs that aimed to reduce child maltreatment (Gubbels et al., 2019). Hence, care needs to be taken when seeking to generalise findings about program use from one population group to another.

Currently, because of the many ways that program types and characteristics are defined, categorised and researched, it is not possible to identify the elements that are common to all effective parenting programs, or that contribute to the effectiveness of parenting programs in general. This diversity in measurement, and the diversity of parenting programs themselves, makes comparisons and overall summaries difficult.

5 These findings are based on an analysis of parenting programs that have been reported as effective for at least one relevant parent or child outcome and are supported by research evidence that has been evaluated by AIFS or a selected international clearinghouse. Each organisation has their own detailed criteria for assessing the strength of the evidence in support of each parenting program. However, most organisations considered programs to be supported by research evidence if the evidence on program effectiveness included: (a) no evidence of risk or harm, (b) at least one RCT has found the program to have a statistically significant effect on outcomes compared to a control or comparison group using clear pre-post outcome measures, and (c) the effect was maintained at 6-month+ follow-up.

When are parenting programs most effective?

Some research evidence compared the effectiveness of parenting programs that focused on prevention, early intervention or treatment by reviewing existing studies and conducting a statistical analysis of their results (i.e. meta-analysis) (Leijten et al., 2019; van der Put et al., 2018). This evidence suggests that treatment-focused programs may have larger effects (compared to prevention programs) on child behaviour and parenting practice outcomes for some populations (Leijten et al., 2019; van der Put et al., 2018).

However, this is likely because improvements are easier to see when baseline levels are more severe. For example, in prevention-focused parenting programs to support children's behaviours, children usually have few or no existing behaviour difficulties and have less room for improvement compared to children with identified or severe behaviour difficulties in treatment-focused programs (Leijten et al., 2019).

These studies also highlight that some program and study characteristics may work differently in prevention and treatment-based programs and/or at different stages of an intervention (Leijten et al., 2019; van der Put et al., 2018). For example, one study of programs for parents of children with disruptive behaviour reported that providing specific program content (e.g. teaching parents to use praise as positive reinforcement) was associated with stronger effects on child behaviour outcomes in treatment programs but had weaker or no effects in prevention programs (Leijten et al., 2019). Another study of parenting interventions to address child maltreatment reported that providing program content that focused on increasing parent self-confidence was associated with larger effects in prevention programs, whereas program content that focused on improving parent skills, mental health and emotional supports were associated with larger effects in treatment-focused programs (van der Put et al., 2018).

This suggests that the skills parents need to deal with challenges are likely to be different to the skills they need to prevent challenges from occurring. Furthermore, parents may have different goals and motivations for participating in prevention programs compared to treatment-focused programs (Leijten et al., 2019). It is therefore important to assess an individual family's needs to understand which type of program is more suitable for their circumstances, and to design program content according to the level of prevention or treatment required (Leijten et al., 2019; van der Put et al., 2018).

Conclusion

Current evidence shows that parenting programs can be effective at improving a range of outcomes for children, parents and families. Programs can support families experiencing specific and/or severe challenges as well as general populations. However, parenting programs are diverse in their approach, design and characteristics and there is no one type of parenting program that is most effective for all populations.

The evidence is not clear on which program elements contribute most to the overall effectiveness of parenting programs. There is also limited evidence on the effectiveness of program adaptions to support local contexts and populations. Adaptions to programs should be carefully considered as they may not have been tested and may impact program effectiveness.

Programs that focus on treating existing challenges report larger effects on outcomes compared to prevention-focused programs but this is likely because improvements in outcomes are easier to see when challenges are more severe. Practitioners should consider the needs of individual families when deciding which parenting program/s are most suitable.

Further reading and resources

- This short article, from AIFS, summarises research evidence on ways to engage fathers in parenting programs.
- The Department of Social Services (DSS) fund Child and Parenting Support (CaPS) services under the Families and Children (FaC) Activity to provide support and early intervention and prevention activities to families. DSS also provides a list of national support services and helplines for parents.
- Australian Institute of Family Studies' (AIFS) Communities for Children Facilitating Partners evidence-based program profiles provides a list of evidence-informed programs, including some parenting programs, that have a sufficient evidence base to be considered approved for use under the 50% requirement for Communities for Children Facilitating Partners.
- Parenting Research Centre (PRC) conducts research and evidence synthesis on parenting and delivers a range of programs to support practitioners who work with families, including Partnering with Parents, which supports early childhood educators to increase their skills and confidence in working with parents.
- Raising Children Network, delivered by PRC and the Murdoch Children's Research Institute and Royal Children's Hospital Centre for Community Child Health, provides parents and carers with free, reliable, scientifically validated information.
- This short article, from AIFS, highlights the challenges and support needs of parents with intellectual disability and discusses what works to support these families.
- This report, from the Aboriginal Child, Family and Community Care State Secretariat (AbSec), summarises the common elements of Aboriginal-led parenting programs based on 6 case studies in NSW.

How this resource was developed

This resource summarises part of the findings of an evidence review on the effectiveness of parenting programs conducted by AIFS in 2023. The review was conducted to support the Department of Social Services' 2023 review of child, youth and parenting programs under the Families and Children (FaC) Activity. The review examined the nature of the evidence for parenting programs for parents of children aged 0–12 years, and synthesised research evidence on the effectiveness of parenting programs for supporting parent, child and family outcomes and the common or effective elements of parenting programs.

Researchers searched for systematic reviews, meta-analyses and grey literature using terms relating to parents and interventions in Medline, PsycInfo, Google Scholar and 3 sources of grey literature from 1 Jan 2017 to 16 September 2023. Data on parenting programs reported as effective for relevant outcomes were also extracted from a high-quality Australian evidence review by the Parenting Research Centre (PRC) (2012, updated in 2017), 3 international clearinghouses (California Evidence-Based Clearinghouse for Child Welfare; National Resource Center for Community-Based Child Abuse Prevention and Social Programs that Work) and one Australian evidence-based program profiles list (AIFS).

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