

PARENT TALK: Filling a support gap for parents through an online service

Evaluation report

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Introduction

This evaluation of Parent Talk was carried out by a team of researchers from the University of Birmingham between May 2023 and March 2024. Parent Talk (<https://parents.actionforchildren.org.uk/>) is Action for Children's online service for parents and carers of children 0-19 or up to 25 for children with additional needs and disabilities¹. The online service offers expert advice on common parenting issues through online articles or support via 1:1 live chat with a parenting coach. The main topics on which Parent Talk provides advice and support include: early parenting, development and additional needs, school life, home and family life, and feelings and behaviour.

Parent Talk launched in 2020. The service is underpinned by a Theory of Change (Appendix A) which specifies its key assumptions:

- 1) that Parent Talk increases parenting efficacy², by providing the information that parents/carers need, increasing the knowledge, skills and confidence of parents/carers, and by supporting parents/carers in resolving their concerns or problems.
- 2) that increased parenting efficacy contributes to improved family functioning and as a result, children are more likely to be safer, happier and able to thrive.
- 3) that Parent Talk may reach parents/carers who may not otherwise access help, and
- 4) that supporting parents/carers early through Parent Talk reduces the need for support from publicly funded services and agencies.

This evaluation has been designed to test these assumptions, whilst also supporting learning, service development and practice improvement in relation to Parent Talk and through this, influence support for and growth of the service. Two key evaluation objectives were developed to guide the evaluation and agreed by Action for Children and the team at University of Birmingham:

Objective 1: To provide learning to develop the existing theory of change, testing key assumptions for the key priority areas and improve the support provided to parents/carers to achieve better outcomes for children and young people in the key priority areas.

¹ In the remainder of the report, the term 'additional needs' or 'additional needs and disabilities' will be used to describe special educational needs and disabilities (SEND), to include both diagnosed and pre-diagnosed needs and to reflect the terminology most commonly used on Parent Talk.

² As will be described in further detail in Chapter 2, parent efficacy and parent self-efficacy are two terms which describe the self-confidence and beliefs of parents/carers in their own ability to take care of their children. The two terms are often used inter-changeably and it is not clear from the literature whether there is any significant difference between the two. In the remainder of the report, we therefore use the term 'parent self-efficacy' (PSE) to cover both.

Objective 2: To investigate whether supporting parents/carers early through Parent Talk improves outcomes for children and young people in key priority areas and whether parents report less need for support from other external and publicly funded services and agencies.

To address these evaluation objectives and provide an overall evaluation of Parent Talk, including whether the service achieves the impacts suggested by the theory of change, five main evaluation questions (EQs) were developed:

EQ1: Who use Parent Talk?

EQ2: What are parents/carers' experiences of using Parent Talk?

EQ3: Does Parent Talk improve parent/carer efficacy in key priority areas?

EQ4: What are the short to medium term outcomes of Parent Talk?

EQ5: Does Parent Talk reach parents/carers who may not otherwise access help?

Six key priority areas were agreed upon, based on their prominence in what parents seek help for from Parent Talk and due to Action for Children wanting to expand their knowledge base in these areas. The six key priority areas were: 1) Child mental health, 2) Additional needs and disabilities, 3) Child behaviour, 4) Early years (0-5) development, 5) School transition anxiety and 6) Parental exhaustion and wellbeing.

Chapter 1: Evaluation Design

1.1. Methods

The evaluation was conducted using a combination of methods, including: review of existing data and reporting from Action for Children on how parents/carers use Parent Talk, two rapid evidence reviews on parental self-efficacy and online parental support, two surveys distributed to parents/carers who had used the 1:1 live chat immediately after and four weeks after they had accessed the service, and qualitative interviews with parents/carers, who had agreed in the survey to be contacted for a further and more in-depth conversation about their experiences of using Parent Talk. An advisory group, consisting of five parents/carers who themselves had used Parent Talk was set up at the beginning of the evaluation. This group met online four times during the course of the evaluation to advise on the wording and design of key documents (e.g. the informed consent form for parents, the survey text, and the question guide for the qualitative interviews) and comment on preliminary evaluation recommendations. Parents were given a voucher as a compensation for their time participating in the advisory group meetings.

Rapid evidence reviews

Parent self-efficacy and child outcomes

A key concept shaping Parent Talk and its Theory of Change is *parent self-efficacy*. To establish the existing evidence base around parent self-efficacy and its impact on child outcomes in key priority areas and to provide learning for further development of the theory of change (Evaluation objective 1), a rapid evidence review was conducted, exploring the question: What are the relationships between parent self-efficacy and child outcomes in the key priority areas. The databases *Scopus* and *Web of Science* were searched using the following search string: "Parent* efficacy" OR "parent* self-efficacy" AND "Child outcome*" OR "child well*" OR "child safe*" OR "child happ*" OR "child resilien*" and with the additional criteria that journal articles and books had to be published in English between the dates of 2003-2023. Following removal of duplicates and review of abstracts and introductions to assess the relevance of the identified literature for answering our review question, 57 papers were included in the final review.

The 57 papers were read in full and thematically organised within their key priority areas. Two key priority areas, child mental health and child behaviour, were found to often overlap within the literature. To avoid duplication in the analysis, these were therefore merged into one priority area. No papers were found on the topic of school transition anxiety, and this priority area was therefore omitted from the review. The key priority area 'Parental exhaustion and burnout' was extended to cover parental mental health and wellbeing more broadly, as this has been found to be a strong factor in child outcomes, particularly in vulnerable families (Bloomfield and Kendall, 2012; Heerman et al., 2017; Jespersen et al., 2021).

Online support for parents

Parent Talk is a fully online service, and an important part of the evaluation was to understand whether online services can provide the support needed by parents/carers and those who may not otherwise access help (Evaluation objective 1 and 2). A second rapid evidence review was conducted to explore the questions of whether online parent support can increase parental self-efficacy in key priority areas and what the benefits and disadvantages of online parent support are, including for different groups of parents.

The databases *Scopus* and *Web of Science* were searched using the following search string: "online" OR "digital" OR "internet" OR "app" AND "parent* support" OR "parent* advice" OR "parent* guidance" OR "parent* assistance" OR "parent* help" AND "parent* efficacy" OR "parent* self-efficacy" OR "parent* confidence" OR "parent* capacity" OR "parent* capability" OR "parent* skills" OR "parent* outcomes", and with the additional criteria that journal articles and books had to be

published in English and between the dates of 2013-2023. Following removal of duplicates and a review of abstracts and introductions to assess the relevance of the identified literature for answering our review questions, 50 papers were included in the final review. The 50 papers were read in full and thematically organised, first around key priority areas and second by identified benefits and challenges of online parent support.

Preliminary findings from both rapid evidence reviews were used to inform the survey and the qualitative interviews conducted as part of the evaluation. The final review findings are presented in chapter 2 of this report and a full list of all papers included in the two rapid evidence reviews are presented in Appendix B, organised according to key priority areas. In the appendix, some papers feature in more than one key priority area due to them having multiple foci. They have been listed under all relevant key priority areas to allow anyone interested to gain an overview of all the literature in that given area. However, to avoid duplication in the review text, papers have only been described where most relevant. This means that not all papers listed in the appendix under each key priority area necessarily feature in each corresponding section in the text. We have also not included information about the country of the studies included in the review, but these can be found in the appendix.

[Existing Action for Children data](#)

As part of their regular monitoring and development of the service, Action for Children gathers information about the users of the service and have published two policy reports using data, insights and case studies from Parent Talk (Action for Children 2022; 2023). This data was anonymously shared with the evaluation team along with the reports to contribute to the analysis of who the parents/carers using Parent Talk are and what elements of Parent Talk they use the most (Evaluation Question 1).

[Survey](#)

Two short questionnaires were sent to parents/carers, who used the Parent Talk 1:1 chat between September and December 2023. The first survey was distributed just after parents/carers had accessed the service to understand their immediate experiences of using the service, whether the service had increased their sense of parental self-efficacy and whether they had found it accessible (EQ2 and 3). The second survey was distributed four weeks after the first survey to explore the short to medium term outcomes of parent/carers having used the service, whether they had accessed other forms of support and whether they had found that the support they received had any impact on their perceived self-efficacy in the key priority areas (EQ 3, 4 and 5). The two surveys were developed with input from Action for Children and the advisory group and piloted with the latter to make sure the language was accessible, appropriate and clear. The survey text can be found in Appendix C. In each survey round, respondents were given the option to enter into a prize draw as a thank you for taking part.

Interviews

Following the survey, 13 parents/carers participated in a qualitative interview to explore their experiences of Parent Talk in greater depth (EQ2, 3, 4 and 5). Parents were recruited from the pool of people who had indicated in the survey that they were happy to be contacted further for an interview. The interviews were conducted online via Microsoft Teams or over the phone and organised at a time convenient for the parent/carer in question. The interviews were between 15 and 60 minutes long. They followed a semi-structured question guide, which was informed by the evaluation questions and preliminary findings from the rapid evidence reviews, and refined in collaboration with the advisory group. All interviewees were offered a voucher to compensate for their time. The question guide can be found in Appendix D.

Final workshop to discuss recommendations

In the final stage of the evaluation, key findings from the literature review, survey and interviews were summarized and presented to the advisory group and Action for Children along with preliminary recommendations. These were discussed and refined at the meeting and have fed into the final recommendations presented at the end of this evaluation.

Ethics

The research team have followed all ethical requirements from the University of Birmingham in the preparation, conduct and reporting of the evaluation. Ethics approval was received from the University of Birmingham Ethics committee in July 2023 (ERN_1136-Aug2023).

Chapter 2: Findings from the rapid evidence reviews

2.1. Parent self-efficacy and child outcomes in key priority areas

A key motivation for Parent Talk is the assumption that the support for parents provided by the service will lead to increased skills, knowledge and confidence of parents/carers, and that this, in turn, will lead to improved outcomes for children and families. Parent efficacy or self-efficacy are concepts commonly used to understand parental confidence and beliefs in their own skills and knowledge to manage parenting situations. The two terms are often used interchangeably in the literature, and to our knowledge, no clear distinction is made between the two. In the remainder of the report, we therefore use the term parent self-efficacy (from now on: PSE), although our review may include articles which use the term parent efficacy.

Self-efficacy is a concept which has derived from social cognitive psychology (Bandura, 1982). It can be defined as the belief of a person in their ability to produce a desired outcome with their available

resources (Bandura, 1997; Blackburn and Owens, 2015). Considering this in relation to parents in particular, PSE has been described as the belief of parents in their own capabilities (Wainer et al 2021, p. 3), their confidence in their own abilities to manage parenting tasks, take care of their children (Song et al 2022) and foster positive child development (Glatz & Buchanan, 2023). As the basis for this review, we briefly define PSE as the *self-confidence and beliefs of parents or carers in their ability to take care of their children*.

This definition includes general PSE (i.e. parents' self-confidence and beliefs in their own overall ability to take care of their children) and more domain-specific PSE (i.e. parents' confidence and belief in their own parenting abilities in relation to a specific area or certain conditions of parenting (Vance and Brandon, p. 5). In the below review, we present and summarize the literature on PSE and child outcomes in specified priority areas: Child mental health and behaviour, Additional needs and disabilities, Early years and Parental mental health and wellbeing. As will be seen, most of the literature discussed PSE more generally, but we have also included consideration of more domain-specific PSE, where relevant. For more information about individual papers, their context and findings, please refer to Appendix B.

Child mental health and behaviour

39 studies discussed the impact of PSE on child mental health and behaviour. These studies generally found a positive connection between the two, although the direction of this connection was not always clear and other factors (e.g. parenting style) were often described as mediating between PSE and child outcomes.

In a systematic review of the role of PSE in parent and child well-being, Albanese et al. (2019) found that PSE was a predictor of parenting style and consistency, both of which in turn were predictors of child outcomes. The review also inferred that child characteristics, such as age and temperament, impacted on PSE and parenting styles, suggesting a reciprocal relation between PSE and child outcomes. Further evidencing the link between PSE and child behaviour, Junttila and Vauras (2014) found that parents with higher levels of PSE generally had children who were rated higher on prosocial behaviour and lower on antisocial behaviour. Particularly discussing the PSE of first-time parents, Sæther et al. (2023) also found that children may increase or decrease PSE through their behaviour (e.g. sleep patterns and whether they are perceived as an 'easy' child) and that this is critical for gaining confidence in parenting.

Given the timing of our review, a few studies specifically examined the link between PSE and child wellbeing in the context of Covid-19. These studies identified a link between higher PSE and lower parenting stress with lower child difficulties (Partington et al., 2022) and fewer behavioural problems

in children (Zambrana and Hart, 2022). The importance of wider family dynamics and the previously mentioned reciprocal relation between child characteristics and PSE was also illustrated in these studies, with Partington et al. (2022) noting that families who had a more temperamental and emotional child were more likely to be struggling and Diniz et al. (2021) finding that marital satisfaction was associated with children's social competence, anger-aggression and anxiety-withdrawal and that this was mediated through PSE.

A significant number of papers identified in the review, discussed or evaluated the effect of universal parenting programmes on PSE, positive parenting practices and behaviour and child mental health and behaviour (e.g. Chesnut et al., 2020; Cina et al., 2011; Guo et al., 2016; Gross et al., 2009; Khoury-Kassabri et al., 2014). Commenting on individual programmes, Enebrink et al. (2015) reported that participating parents showed 'meaningful improvements' in parenting strategies, self-competence and knowledge/experience and their children improved emotional health and wellbeing; Caldera et al. (2007) reported that participating mothers increased their PSE and that this, in turn reduced problem behaviours in their children; and Sokolovic et al. (2021) reported that participating parents applied more positive parenting practices while growing in self-confidence and detecting a reduction in problematic child behaviours. While these studies show that parenting programmes may have a positive effect on PSE and child mental health and behaviour, they were not always designed or able to directly establish a link or direction between the two, and it was not always clear from the findings whether PSE and child mental health and behaviour developed sequentially or simultaneously as a result of the programme.

In the majority of the reviewed studies, participants were predominantly mothers, but a few of them focused particularly on fathers or other family relations (Hoang et al., 2022; Angelöw et al., 2023), finding similar links between PSE and child mental health and behaviour. Wilson et al. (2014) reported an increase in fathers' feelings of PSE as a result of participating in an emotional coaching skills parenting program and decreased levels of difficult child behaviours, and Sierau et al. (2011) identified paternal PSE as one of the major factors linked to the socio-emotional development of children in disadvantaged families. Li and Liu's study (2019) found that coparenting relationship between parents and grandparents also influenced young children's social competence, and that maternal PSE mediated between the two.

Further illustrating the importance of exploring PSE in diverse populations, some of the identified studies considered parenting programmes for families in low-income families (Gross et al., 2009) or complex parenting circumstances, such as amongst families displaced by conflict (El-Khani et al., 2018), formerly homeless mothers (Gewirtz et al., 2015) and families in psycho-social risk (Nunes and Ayala-

Nunes 2017). These studies generally reported an increase in PSE and use of positive and effective parenting strategies and better child adjustment, as a result of the programmes. However, as illustrated by Czyz et al.'s (2018) study of support for parents of teens experiencing a suicidal crisis, higher PSE in itself may not always translate into confidence in handling particularly complex challenges. Whilst the parents in their specific programme reported high PSE for the suicide prevention activities, most still expressed low confidence about keeping their teen safe. As this shows, complex situations may require very domain-specific PSE. Another study exploring domain-specific PSE in relation to child mental health and behaviour was Curelaru et al.'s (2020) paper, which discussed what the authors call the 'learning self-efficacy' of mothers and found that this was linked positively with the learning self-efficacy of children and, in turn, associated with lower levels of child depressive symptoms.

Additional needs and disabilities

11 studies discussed the link between PSE and child outcomes in the context of additional needs and disabilities. These studies reported on the effect of programmes or interventions for parents of children with Autism Spectrum Disorder (ASD), ADHD, developmental disabilities or deafness.

In Matthews et al.'s (2018) study, an education and training program for parents of children with ASD was reported to significantly improve parent competence, knowledge of the topics covered in the programme and child responsivity. Ibañez et al.'s study (2018) also described how an intervention for parents of children with ASD helped improved PSE and in parallel got the children to increasingly engage in routines and improve their social communication, which in turn may have led to the parents becoming less stressed. Further illustrating this potential reciprocal relationship between PSE and child factors, and including also the effect of external factors, Karst and Hecke (2012) note that raising a child with ASD may be associated with decreased PSE, increased mental and physical problems for parents as well as increased strain on finances or time, higher divorce rates, and lower family well-being and that these factors may, in turn, adversely impact the child. Kurzrok et al., (2021) similarly found an important link between wider parent-family situation and PSE, describing how parents with a greater financial and social burden also often reported lower autism-domain specific PSE.

In a review of interventions for ADHD, Tarver et al., (2015) found that PSE was linked with positive parenting behaviours including levels of warmth, sensitivity and involvement, and inversely related to negative parenting behaviours such as maladaptive discipline. They argue that positive parenting benefits a range of child outcomes, including reduction in disruptive behaviour, and improvement in parent-child relationship and may thus act as a protective factor with regard to outcomes for children with ADHD.

Three studies specifically discussed PSE amongst parents of children with developmental disabilities. Rosencrans and McIntyre (2020) found that PSE in primary caregivers positively influenced coparenting quality, and reduced problem behaviours in the child. Day et al. (2021a) found that high PSE was significantly associated with lower levels of reported coercive parenting and better child outcomes. Hughes-Scholes and Gavidia-Payne (2019) also reported an increase in PSE as a result of an early childhood intervention program for children but were not able to evidence any significant link between PSE and child outcomes.

Finally, Szarkowski and Dirks's (2021) study reviewed the literature on fathers of young deaf or hard-of-hearing children and found that higher paternal PSE indicated higher father involvement and that this in turn had positive effect on child outcomes, such as higher academic and language outcomes.

Early years development

22 studies discussed PSE in relation to early years development. Studies in this field were highly variable and focused on a range of different outcomes, ranging from specific early childhood habits to more general childhood development and socio-emotional adjustment.

In the first category, two studies reported a link between PSE and children's outdoor play time (Xu et al 2014; Mendoza et al., 2011). Both however also pointed to the importance of perceived neighbourhood safety and support in promoting outdoor play for children, illustrating the importance of external factors. Connor and Stolz (2022) found that fathers' self-perceived child development knowledge was positively associated with engagement with infants – particularly physical play. Finally, in relation to diet, Tarro et al. (2022) found a positive association between family PSE, mothers' PSE, and child diet quality at age 2 and 5. However, they also found that PSE decreased as the child grew older, highlighting that PSE is not a stable trait, but dynamically influenced by individual, family and child factors, as well as wider contextual factors.

In relation to more general early years development and socio-emotional adjustment, McDonald et al (2018) found that lower PSE (along with other factors like maternal depression) at 2 years postpartum was associated with delayed social-emotional development of the child. Trecca et al. (2022) reported an indirect association between PSE and social-emotional adjustment in 3-5 year-old children, mediated by parenting style. Parenting style was also an area of focus in other studies, including Jespersen et al. (2021) who found a link between a parent education program, increased reported positive parenting, PSE and child outcomes; and Feinberg et al. (2010) who similarly found a significant program effect on PSE, parental stress, coparenting, harsh parenting, and children's emotional adjustment in all families. Particularly focusing on fathers, Rominov et al. (2016) established that low PSE and high mental distress for fathers during the postnatal period was associated with higher levels

of hostile parenting, and reduced consistency of parenting when children were aged 4-5 years. These effects were found to in turn be linked with poorer child outcomes at child age of 8-9 years.

Emphasising the previously mentioned importance of wider family relations on PSE and child outcomes, Zeiders et al. (2015) described that grandmother support predicted greater PSE in adolescent mothers and resulted in better social competence and academic functioning in their young children. Fong et al (2018) found that PSE was significantly lower in parents with fewer household residents, however, without detecting any direct findings in relation to child outcomes.

Discussing both general and domain-specific PSE, Gärtner et al. (2018) studied the role of parental co-regulation and self-efficacy beliefs on inhibitory control of toddlers³. They found that domain specific self-efficacy in the form of perceived ability to co-regulate children during challenging activities, had more influence on the inhibitory control of toddlers than more general PSE. This was in line with other studies referred to in Gärtner et al.'s (2018) paper, suggesting that domain-specific PSE may be more significantly related to child outcomes such as socio-emotional development, enthusiasm, and compliance than general PSE.

Parental mental health and wellbeing

Parental mental health and wellbeing, whilst not a direct child outcome, was included in the review due to its mediating role between PSE and child outcomes and because it is one of the areas targeted by Parent Talk. Several of the reviewed papers discussed outcomes of PSE for both children and parents.

For example, Albanese et al. (2019) identified a significant impact of PSE on parental wellbeing – particularly parental mental health, and several other papers also discussed this link, particularly in relation to parental stress. Jespersen et al. (2021) found that increased PSE and knowledge of child development led to parents feeling a greater sense of control and reduced parenting stress. Other studies similarly suggested strong links between increased PSE and decreased parent stress levels (Jackson and Moreland, 2018; Katsikitis et al., 2013; D'Entremont et al., 2022).

Similar to the studies discussing the link between PSE and child outcomes, the literature on PSE and parental mental health and wellbeing was not always able to establish the exact direction of any links between the two. For example, while Heerman et al. (2017) found that higher PSE was associated with lower incidence of parents' depressive symptoms, Goodman et al. (2022) reported a significant effect of both PSE-on-depression and depression-on-PSE, particularly in mothers, and during pregnancy.

³ Inhibitory control in toddlers generally describes their self-control, emotional regulation and ability to resist temptation and is considered to be associated with a range of positive outcomes later in life (Hendry et al, 2022)

Discussing other factors influencing PSE, Song et al. (2022) mentioned that the health status of the primary caregiver, extent of spousal parenting support, social support and maternal role satisfaction all had a positive effect on PSE and that parenting stress and work-parent role conflict had a negative effect. Chau and Giallo (2015) also found that parental fatigue can negatively influence parenting behaviours and lead to parents feeling less competent in their parenting capacities, resulting in reduced PSE. As these studies show, there is a complex relationship between PSE and parental mental health and wellbeing and this complexity may be further exacerbated by the effects of additional external factors, such as poor job or relationship quality (Giallo et al., 2013).

Considering the previously mentioned importance of domain-specific PSE alongside more generalised PSE, two studies looked at domain-specific PSE in relation to parent mental health and wellbeing. Knibb et al (2016) found that parental quality of life was significantly related to greater self-efficacy for management of their children's food allergy. Lewis et al. (2021) found that a group-delivered cancer parenting programme increased parenting competencies and parent-reported child outcomes and resulted in significant improvements in parents' anxiety, PSE, parents' skills, and parenting quality, although the severity of the illness, and the point where the parents were in their treatment will also likely have had an important effect on child outcomes. This further illustrates the importance of external factors or factors outside of the parents' own control on levels of PSE.

2.2. Key findings from Rapid Evidence Review 1

The articles reviewed generally identified a positive link between PSE and child outcomes in the key priority areas, although in many of the studies it was difficult to ascertain the exact cause-and-effect between PSE and child behaviour, due to a possible reciprocal relationship (Heerman et al., 2017; Trecca et al., 2022; Nunes and Ayala-Nunes, 2017) or because the programme simultaneously impacted PSE and child outcomes. Furthermore, in many of the reviewed articles, the impact of PSE on child outcomes seemed to be mediated by parental style or strategies, suggesting that PSE and child outcomes may both be directly and indirectly linked, at least for the key priority areas explored in this review. The section on parental mental health and wellbeing furthermore showed a possible link between PSE and reduced parental stress, which in turn can be expected to positively impact child outcomes.

The literature review also identified several other important findings in relation to PSE and of relevance to this evaluation. One is that PSE is not a static trait and may shift as children grow or as circumstances change (Glatz and Buchanan, 2023). This highlights the importance of continuous parental support, including beyond the early years. Another finding is that PSE may be linked to the wider family situation and external factors such as parent/carer employment situation, family relations and socio-economic

situation (Mendoza et al., 2011; Treccia et al., 2022; Sierau et al., 2011; Chou et al., 2018). This illustrates the importance of not seeing PSE in isolation and of providing support for the family as a whole and increasing parents' knowledge of how to seek advice from other relevant agencies. However, it is also important to recognize that although parents may report increased PSE, this does not automatically lead to an improvement in their situation, especially if the situation they sought help for in the first place was related to something external to their family (e.g. accessing additional needs support for their child).

Most of the reviewed studies had a majority of female participants, illustrating a clear knowledge gap around paternal PSE and the combined effect of father and mother PSE or the PSE of different generations of parents/carers. Whilst some studies did focus on particular ethnic groups (e.g., Gross et al., 2009; Heerman, 2017), in general, there seemed to also be a lack of representation of minority ethnic parents in the reviewed studies. In relation to educational level or income level, the review identified some interesting and seemingly inconsistent patterns. Junttila and Vauras (2014) for example found that older and more educated mothers had stronger PSE – but this link was not found for fathers. Another study, Nunes and Ayala-Nunes (2017) found that lower educated parents, as well as unemployed parents reported higher self-efficacy. These seemingly contradictory findings illustrate some of the complexities around PSE in diverse families and family dynamics and suggest that there is still an important gap in research on PSE and its impact on child outcomes in the context of gender, ethnicity, and socioeconomic backgrounds (Glatz et al 2023).

2.3. The impact of online parent support on PSE and child outcomes in key priority areas

Parent Talk is an online service for parents and an important element of this evaluation is to explore the potential of online services in improving PSE and, through this, achieving better outcomes for children. In the second rapid evidence review, we explored the evidence base for the effect of online parent support on PSE and the benefits and disadvantages of this type of support. It is important to recognize the wide variability in online parent support, and the consequent diversity of the studies included in the review. Discussing the potential of online parent support in general, Novianti et al.'s (2023) systematic review of internet-based parenting interventions concluded that these can lead to meaningful improvements in PSE and parental knowledge, reinforcing positive parenting practices and tighten family bonding. This was supported by other studies (e.g. Suárez-Perdomo et al. 2022; Awah et al. 2022), which found online parental support to have a positive effect on parenting and parent-child relationships. However, online parenting support is a broad and constantly moving area, and this has complicated our review somewhat, as it has made it more difficult to make an overall judgement of online support or assess whether 'success' in a particular type of online format for parent support

necessarily translates to other formats. In the below we present an overview of findings in relation to online parent support in the key priority areas and the identified benefits and disadvantages of online parent support as a whole. For more specific information about the individual studies and the type of online support they discussed, please refer to Appendix B.

Child mental health and behaviour

21 of the identified papers discussed the impact of online parenting programmes in the context of child mental health and behaviour. Spencer et al.'s (2019) meta-analysis of online parenting programmes found that these resulted in significant improvements in positive parenting and reduced child behavioural problems. Similarly, Thongseiratch et al.'s (2020) meta-analysis found beneficial effects of online parenting programmes in reducing the behavioural and emotional problems of children. Huang et al. (2019)'s scoping review of eHealth Applications and evidence in child mental health also reported positive impacts on parenting and child mental health. These reviews were supported by other studies which found that online parenting programmes can significantly improve PSE and parenting practices and, in turn, reduce child behaviour problems (Holtrop et al., 2023) disruptive behaviour problems (Baker and Sanders, 2017) and improve the social development of children (Wisen-Vincent and Bokoch, 2022) and their health-related quality of life (Sim et al., 2022).

Several studies found that online parenting interventions had similar effectiveness to non-internet-based interventions (Floreat et al. 2020; Engelbrektsson et al. 2023; Prinz et al. 2022; Agazzi et al. 2022; van Leuven et al 2023). Furthermore, and comparing different types of online parental support, Spencer et al.'s (2019) meta-analysis found that there were no significant differences in outcomes between online interventions with- and without- clinical support. However, in a different study, a telephone supported online programme was reported to have significant additional value, as opposed to a purely self-directed online parenting intervention (Day and Sanders, 2018). Hansen et al.'s (2019) review also argues for a multi-level approach giving parents facing more challenges access to additional therapist support. Khor et al. (2022) reported that a therapist-supported online parenting intervention improved parenting behaviours known to be supportive of adolescents experiencing anxiety and/or depression, parental self-efficacy, parent-adolescent attachment and family functioning, and suggested that online programmes can be useful for parents looking for professional help to support their children in these situations. Finally, a study looked at the use of a chatbot for parents and found that parents who engaged with the chatbot reported some reduction in perceived disruptive behaviours in their children (aged 2-11), as well as increase in PSE (Entenberg et al., 2023).

Additional needs and disabilities

5 studies specifically discussed the effect of online programmes on PSE and parenting practices in relation to children with additional needs and disabilities. Hinton et al., (2017) reported significant improvements in parenting practices and PSE following a telehealth intervention for parents of children with a disability, and a significant decrease in child behavioural and emotional problems at 3-month follow-up. Nuño et al. (2020) evaluated the efficacy of an online intervention targeting ADHD behaviours in children aged 6-8 and reported significant improvements in ADHD behaviours of children and parental stress. Franke et al (2020) also found that an online self-help program for parents of preschoolers with ADHD resulted in improved mother-rated child behaviours, teacher-rated child prosocial behaviour, as well as more positive parenting, parenting satisfaction and PSE, and lower stress and depression. Burek et al. (2021) similarly found significant improvements in parenting confidence, skill, and child behaviour over the course of an internet-based parenting intervention to reduce child behavioural difficulties associated with congenital and neonatal neurodevelopmental risk. And Tan-MacNeill et al.'s (2021) systematic review of online parent-implemented interventions for children with neurodevelopmental disorders present preliminary evidence to suggests that online parent implemented interventions are promising for children with these diagnoses.

Early years development

8 of the studies discussed online parenting support for parents of young children and their impact on different elements of the children's development. Solís-Cordero et al. (2018) reported that an online play-based parenting intervention significantly improved the communication domain for child development, but not their cognitive and socio-emotional development. Shorey et al. (2023) also reported better communication and language skills amongst children of parents using a Parenting App. Yafie et al. (2023) found that a Mobile Assisted Training for Parents had significant impact in increasing parenting knowledge, and positive influence on the cognitive development of children. Finally, Chesnut et al. (2022) found that an online parenting program focusing on positive parenting, stress management, and health promotion in children aged 0- to 3- years old improved PSE, although the authors did not measure any resulting child outcomes. The remaining studies similarly reported positive outcomes for children and parents as a result of the online parenting interventions (Burek et al., 2021; Baker and Sanders, 2017; Franke et al. 2020; Dittman et al. 2014).

Parental mental health and wellbeing

In one study, eHealth Interventions for parents of young children were found to be associated with improved mental health as well as reductions in anxiety and depression symptoms in parents (MacKinnon et al., 2022). However, the authors also note that these interventions did not significantly affect general stress or trauma symptoms, perhaps because these may be related to more structural

sources of stress (e.g. job insecurity), not generally targeted by parenting support. Based on their study, MacKinnon et al., (2022) recommend a 'stepped care model' with eHealth interventions the first line of treatment for parents experiencing moderate levels of stress or mental health problems and more intensive services being brought in when necessary. Many other studies on online parent support also discussed parental mental health and wellbeing - either as a specific focus or as part of a wider set of outcomes. These studies generally found positive effects of online parent support on parental mental health and wellbeing (e.g., Roos et al., 2021; Wisen-Vincent and Bokoch, 2022; Hinton et al., 2017). However, one study, which specifically looked at an online parenting program for economically disadvantaged families did not find any significant improvement in parental stress despite improved child outcomes (Solís-Cordero et al., 2023). This emphasises the point made earlier about the importance of acknowledging wider socioeconomic factors as influencing parental mental health and wellbeing and being realistic about the boundaries of online (as well as off-line) parent support.

2.4. Benefits and challenges of online parent support

Online mediums are an important and growing area of parental support for the majority of parents, particularly those who are younger parents of younger children or who have more concerns or questions (Fierloos et al., 2021; Baker et al., 2017). In a study of parental use of social media, Haslam et al (2017) found that the top reason for parents' accessing social media for parenting purposes was to get specific information and advice, rather than emotional support, leading them to conclude that it is important to ensure that resources provided online are credible, reliable and enable parents to feel equipped in handling challenging circumstances.

Benefits

Accessibility was the main benefit of online parental support reported in the literature (Burek et al., 2021; Pluye et al., 2020; Russell et al., 2016). As argued by McGoron et al. (2018), internet-based approaches to parent training are a feasible type of approach for most families, including those on a low-income. Online parenting programmes do not require travelling or babysitters, and may to some parents appear to provide a safer environment (van Leuven et al., 2023). Online support was furthermore reported to facilitate access for 'hard-to-reach families' (Novianti et al. 2023) and those otherwise not able to access in-person resources (Spencer et al., 2019).

Studies showed that parents also often prefer online parental support, due to the flexibility they offer and parents having to increasingly manage other time commitments in addition to their parenting activities (Zhang et al., 2019). However, some studies also found mixed preferences amongst parents. For example, Tomlinson et al.'s (2021) study of unmarried parents in court-ordered, online parenting programs, found that whilst the majority of parents preferred the online format due to its perceived

privacy and limited need for social interaction, a smaller group preferred in-person classes due to the social interaction.

Whilst informal sources of information (e.g., family and friends) may still be many parents' "first level of support", McCatharn et al.'s (2022) study found online searches were the highest mentioned second port/level of support, suggesting that many parents may use websites to confirm advice already received from family and friends. This was further confirmed by Novianti et al. (2023), who found that millennial mothers appeared to prefer digital media over other information sources. Similarly, Chang and Chen (2020) reported that parents found online resources an interesting tool for learning about parenting and in addition used social media and email exchanges to construct a sense of community belongingness and help them become effective parents.

Challenges

Retention in online parent programmes was mentioned as a key challenge to their success (Awah et al., 2022; Czimoniewicz-Klippel et al., 2019) and this necessarily presents an issue for programmes where higher attendance in the program sessions were linked to greater improvements (Dittman et al.'s 2014). This finding however is not overly relevant to services such as Parent Talk, which do not require consistent or continuous attendance.

Of more relevance to Parent Talk is the issue of digital literacy and skills, mentioned in several of the reviewed studies. Although the studies generally showed that parents are increasingly likely to use online support for parenting issues (Chang and Chen, 2020; Novianti et al., 2023; Zhang et al., 2019), the digital skills divide was mentioned in some of them as a key challenge for online parental support, with parental age and education shaping parents' technical abilities and user satisfaction (Suarez et al., 2016). As highlighted by Clarkson and Zierl (2018) online parental support in the form of texts is often reliant on effective communication skills and parents being confident readers (and writers) in English or any other primary language of the platform. In general, the identified studies suggested that parental preferences and experienced benefits of online programmes to some extent depended on their skills, expectations, and level of need as well as the particular context of the programme. As previously mentioned, this suggests that some groups of parents may benefit from additional support from a practitioner or support provided in a physical setting (Day et al., 2021b; van Leuvenet al., 2023) or therapist-assisted online interventions (Hansen et al., 2019; Burek et al., 2021; Khor et al., 2022).

Further extending this discussion of challenges experienced by different groups of parents, Broomfield et al. (2021) argue that the willingness of parents from lower-socioeconomic positions to engage with Internet- and mobile-based interventions depend on whether they a) considered that the programme would help their child, b) felt they could do it and c) could fit it into their lives. Different groups of

parents in their study furthermore highlighted different challenges, with parents in the lowest income bracket being concerned with affordability, and parents with lower education levels and single parents focusing on convenience (e.g., brief modules, accessibility on phones and tablets, etc.) due to their time constraints in daily life. The study also found links between education levels and digital literacy, with lower levels of education being associated with lower confidence in internet usage. Internet literacy was similarly found to be a major factor in Suárez-Perdomo et al.'s (2022) study, which found that their web-based parenting program attracted younger mothers with higher educational levels and with young children, high internet experience, and frequent educational use of the Internet. Based on this, the authors recommend helping mothers with lower educational levels with internet literacy, a point also made by Callejas et al. (2018) in relation to parents with lower educational backgrounds more generally.

Gender also seemed to determine some of the experiences and preferences of parents in relation to online parent support. Broomfield et al (2021) reported that fathers from lower socioeconomic backgrounds preferred programmes focusing on building knowledge rather than specific skills, shorter programmes and less focus on social or interactive features, whereas mothers expressed greater interest in broader programs with interactive or social features. Suárez-Perdomo et al. (2022) found an overall lower interest amongst fathers in engaging with family and child rearing issues even when the materials were presented online. However, Trahan et al (2021) also mention that hardly any mobile applications are designed specifically for fathers and argue for further research to identify how to specifically support low-income fathers in parenting.

2.5. Key findings from Rapid Evidence Review 2

The identified articles show that online parent support can positively impact PSE and child outcomes. A good range of evidence for online parental support in all four key priority areas was provided, with some studies showing no difference in outcomes between online and offline support. Similar to what was found in the first rapid evidence review, the link between PSE and child outcomes derived from online support may be reciprocal and often seemed to be mediated through parent behaviour practices (Nuño et al., 2020). The studies furthermore suggest that it may take time to observe any improvements in PSE or child outcomes due to parents having to implement the practices learned from the programs.

The studies show that parents use and often prefer online support, although there was some difference amongst parents, depending on their digital skills, expectations and level of need. This emphasises the importance of both on-line and off-line parental support, and of a staged approach,

tailored to parental need. Furthermore, gender appeared to be an important factor, with fathers having potentially different preferences and requirements of the content of online parent support.

As illustrated in the reviewed literature, online parent support covers a wide variety of support types, ranging from completely self-directed access to online resources or mobile apps, to participation in specific online programmes, some including access to a coach, therapist or AI chat. The extent to which personalised online support is more effective than purely self-directed online support seems to be dependent on the severity of issues experienced by families. The studies thus seem to support a multi-level approach which combines self-directed support with options for more personalised and additional therapist or professional help, similar to the one offered by Parent Talk.

Overall, the studies found online mediums to be advantageous – particularly for enhancing accessibility. The growing reliance of parents on online support also emphasises the importance of trustworthy web-based information, which is easy to read, listen to or watch in order to provide reliable support for underserved parents (Pluye et al., 2020), and parents in general (Suárez-Perdomo et al., 2022). The main challenges identified in the review were digital skills, with some parents having less technical skills than others and some studies consequently suggesting internet literacy training to help those who are less comfortable with internet-enabled devices (Suarez et al., 2016; McGoron et al., 2018).

Chapter 3: Analysis of Evaluation Questions

In addition to exploring, via the literature, the links between PSE and child outcomes and the particular impact, benefits and challenges of online parent support, this evaluation also drew on data from Action for Children, surveys and interviews to address the five specific evaluation questions set out on p. 5.

3.1. Who use Parent Talk?

Data from Action for Children's records show that in the year 2022-23, 539,842 parents and carers accessed Parent Talk. Of these, 6,869 parents/carers received 1:1 support via the live chat. Google analytics data showed that parents/carers accessing the service were predominantly female (64.6%) and most of them 25-44 years old (55.4%). However, as illustrated in Table 1 below, Parent Talk was also accessed by a significant group of male parents/carers and parents/carers in other age groups, illustrating the importance of considering the accessibility, relevance and information needs of diverse parent/carer groups.

For parents/carers accessing the articles, data from Action for Children showed that in the year 2022-23, the top category for support sought was additional needs and disabilities (Table 2). However, many parents also sought help for issues relating to mental health and wellbeing, parenting and relationships and behaviour.

Table 1: Age and gender of parents/carers accessing Parent Talk, 2022-23 (from Google Analytics, supplied by Action for Children)

Parent/carer characteristics	%
18-24	16.7%
25-34	29.3%
35-44	26.1%
45-54	14.9%
55-64	8.2%
65+	4.8%
Male	35.4%
Female	64.6%

Table 2: Categories of need for which support or information was sought in Parent Talk articles, 2022-23 (from Google Analytics, supplied by Action for Children)

Category of need/support/information	%
Additional needs and disabilities	32%
Mental health and wellbeing	18%
Parenting and relationships	14%
Behaviour	13%
Education	8%
Stages and development	5%
Nutrition and healthy eating	4%
Sleep	3%
Activities	3%

For parents accessing the 1:1 live chat between April 2022 and March 2023, a recent report by Action for Children (2023) indicated that the most frequently reported issues were behaviour and child mental health, followed by additional needs and disabilities, parenting and relationships and parental mental health.

The surveys conducted as part of this evaluation showed a relatively similar picture in terms of age, gender and issues sought help for. 36 parents/carers who had accessed the 1:1 live chat responded to the first survey. The background information collected as part of this survey showed that the majority of survey respondents were women (n=26) and between 30-49 years (n=29). Most of them had sought support for their child's mental health and wellbeing and their own mental health and wellbeing, showing that these two types of need are closely linked.

Table 3: Category of needs for which support was sought by survey participants

Question: Why were you looking for information/support from Parent Talk?*	No of answers
Your child's mental health/emotional wellbeing	21
Your own mental health/emotional wellbeing	21
Support with behaviour	8
Special educational needs and disabilities	8
Education and Schooling	7
Co-parenting, separation or divorce	6
Early Years development	4
Teenage development	3
Child development questions	2

*For this question, respondents were allowed to tick as many boxes as they felt applied to them, and their answers showed that it was often a combination of several issues that they had sought information/support for.

In relation to other parent characteristics, our survey data showed that survey respondents were predominantly white (n=29), heterosexual (n=25) and had English as their first language (n=31). Most of them had 1 or 2 children (n=26), representing all age groups. The proportion of respondents living with/without a permanent partner was 22/11, with 3 people not answering this question. For a full table of respondent characteristics, see Appendix E.

Our second survey was responded to by 33 people, but no demographic details were collected as part of this survey, and we can therefore not provide any break-down in terms of parent or child characteristics. As both surveys were only distributed to parents/carers who had accessed the 1:1 live chat, it is also not possible to give any firm indications as to whether their replies are representative of all parents using Parent Talk.

The qualitative interview participants included a mix of parents/carers. Seven described themselves as a mother of one or more children, four as a father of one or more children, and two as step-mums, who had no biological children of their own but lived with their partner's child/ren for some or all of

the time. In addition, the nature of the qualitative interviews enabled us to understand a bit more about the wider parent and family situation of the participants and illustrated quite diverse family dynamics and patterns. Five of the thirteen participants reported that they lived with their partner and children, whilst seven reported being separated and either seeing their child some of the time or -in the case of two participants – currently not having contact with their child/ren. Four participants reported being in new relationships with someone other than the biological parent of their child, who now played a role in caring for their child. In relation to employment, six of the participants worked full time, five part time and two were not currently in employment. Six participants reported that their child either had confirmed or suspected additional needs or disabilities.

The qualitative interviews also provided some more in-depth information about the circumstances surrounding parent/carers' decision to contact Parent Talk, which can be summarised into the following broad themes:

- Mental health challenges experienced by one of their children, including emotionally based school refusal and depression.
- Separating from the other parent and facing challenges when adjusting to co-parenting.
- Relationships between siblings with high levels of conflict.
- Taking on responsibility for a partner's children, including where they themselves did not have any children.
- Finding an educational provision for a child excluded from/not attending school, including for reasons connected with diagnosed or suspected additional needs and disabilities.

It was also often the case that their own mental health and wellbeing was a motivation for parents/carers to access support through Parent Talk, reinforcing the previously made point that parent/carers' mental health and wellbeing concerns were intimately connected with the issue or concerns they had about the child/children, for which contact with Parent Talk had been made. Parents/carers were also typically contacting Parent Talk because they perceived the issues and situation they were facing to be particularly complex and did not know what steps to take, or were concerned about doing the 'wrong' thing and making the situation worse. A further commonality was that participants contacted Parent Talk to seek validation or reassurance for their feelings about and approaches to aspects of parenting. Parent Talk was positioned as a sounding board, where the validity and appropriateness of views and approaches could be checked:

"Am I right to be upset by this? And just like where do we stand with this?"

“I sort of wanted somebody else to tell me what to do rather than me have to make the call all the time...I thought actually if someone else tells me what to do then it's on them, not me for a change.”

As these comments suggest, parenting can sometimes be experienced as lonely and isolating, a point also illustrated in Action for Children (2022). Involving and getting the views of others can thus lift some of the burden of decision-making, particularly in challenging or stressful times.

3.2. What are parents/carers' experiences of using Parent Talk?

As described in the second rapid evidence review, parents increasingly prefer online parenting support and indeed, when asked how they would have preferred to speak to a parenting coach, the majority of respondents ticked online options, such as the live chat or other online formats (e.g. email, WhatsApp etc). A few respondents preferred phone calls and two indicated that they would have liked face-to-face contact.

Table 4: Preferences of survey participants in relation to the format of support

Question: How would you have preferred to speak to a parenting coach?	No. of responses
Face-to-face	1
Live chat	11
Live chat, E-mail	1
Live chat, E-mail, WhatsApp	1
Live chat, E-mail, WhatsApp, SMS	2
Live chat, Phone call	5
Live chat, Phone call, E-mail, WhatsApp	1
Live chat, Phone call, WhatsApp, SMS	1
Live chat, WhatsApp	4
Phone call	3
Phone call, Video call	1
SMS	1
SMS, WhatsApp	1
Video call	1
Video call, Face-to-face	1
Blank	1
Total	36

The qualitative survey comments provided further insights into why parents might prefer an online format, such as the 1:1 live chat, including that the chat could be kept open whilst they were doing other things, that their children would not overhear them and that they felt more confident expressing themselves over the chat than via phone. This was reiterated in the qualitative interviews, where parents described some of the benefits of Parent Talk 1:1 live chat being an online service and enabling them to quickly and easily talk to someone about their concerns:

“At the time I didn’t feel I had anywhere to turn as a parent... I didn’t feel I could get any advice anywhere without ringing people and people not ringing back. So, I found it a really good option to be able to just go online and just chatting with someone really.”

Similar to the views expressed in the survey, the flexibility of the live chat was described as helpful in situations where the parent/carer was accessing advice whilst caring for a child, as it meant that they could engage in the chat in the background without the child overhearing anything or becoming aware that they were the subject of a conversation. When asked whether the hours of the chat worked for their routines, most survey respondents either agreed (n=16) or strongly agreed (n=15) with only one person disagreeing and four neither agreeing nor disagreeing. The interviewees also noted that the online format provided flexibility to parents, and meant that they could access support whilst juggling other commitments such as work and childcare:

“From my point of view, it was quite good because obviously I work full time, so I could kind of access it as I was working so and then they would respond in real time.”

“It was really relevant to what I needed, very accessible, very easy to navigate, very easy to put an enquiry in. I could do it at length, which was really nice, because some only let you put in so many words, so it just really agreed with what I needed to at the time.”

Some parents/carers specifically spoke about their preference for being able to communicate their issues or concerns through writing first and foremost, as it enabled them to be more descriptive, ensure they had not left out any important information, or because they preferred this to having to explain themselves on the phone which might feel uncomfortable. Communicating by writing in the chat box allowed them to “test the water” and check that this was a service they were happy to further engage with:

“I can’t just suddenly ring somebody up and be like, this is my problem...I think with Parent Talk it was good to get everything down in the actual chat box. Like these are all my issues. And then somebody’s read through it and gone, right, well, I can help with that, but I can’t help with that, but I can help with that.”

“You can maybe forget certain parts of the information, so I think if you’re writing it down you tend to be a bit more descriptive and you can get your feelings out a little bit more and maybe explain things a bit better in words, rather than sometimes you can get a little bit flustered when you’re talking to someone.”

Of the 36 parents/carers who had accessed the 1:1 live chat and answered the first survey, 22 parents/carers had also accessed the articles on Parent Talk, and in the survey they were asked about

both. The 22 parents/carers overwhelmingly agreed that the articles had provided them with the information they were looking for (86%), helped them develop their parenting skills in the area they needed help with (68%) and helped them gain confidence to manage the question/concern they needed help with (73%).

Table 5: Parent/carer reported experiences of the articles on Parent Talk

Question	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
The articles helped me develop my parenting skills in the area I needed help with		2	5	12	3
The articles helped me gain confidence to manage the question/concern I needed help with	1	1	4	12	4
The articles provided me with the information I was looking for		1	2	11	8

All 36 parents/carers were also asked about their experiences of using the 1:1 live chat. Again, they overwhelmingly agreed or strongly agreed that the chat gave them the information they were looking for (83%), the right advice to be able to manage the question/concern on their own (67%), helped them gain confidence to manage what they needed help with (81%) and they had felt listened to (83%) and understood (86%).

Table 6: Parent/carer reported experiences of the 1:1 live chat on Parent Talk

Question	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly agree
The chat gave me the information I was looking for	3	3		12	18
The chat gave me the right advice to be able to manage this question/concern on my own	3	3	6	9	15
The chat helped me gain confidence to manage what I needed help with	4	2	1	11	18
I felt listened to in the chat	3	2	1	8	22
I felt understood in the chat	3	2		9	22
I got a response quickly enough to help with my question/concern	3	1	2	11	19

In the interviews, we were able to explore the experiences of parents/carers in more depth. Whilst the sample of interview participants may not be representative of the wider group of parents/carers who access Parent Talk, the in-depth nature of these discussions provided some useful insights into aspects of the service perceived to be positive, and on how accessing Parent Talk can lead to positive outcomes for parents/carers and their family. All but one of the thirteen interview participants had found the articles generally helpful and informative, describing them as “very readable and easy to understand”

and “easy to read and digest”. One participant described the articles as a bit “piecemeal” and “repetitive” although this participant acknowledged that this style of information might work well for some parents. Another participant described accessing an article first and feeling that their own situation was somewhat different to the ones depicted in the written materials, which led them to access the 1:1 chat:

“I had a read and thought, you know what, the situation is slightly different and I want to talk about some of the specific difficulties I am having and get some advice from people who have more knowledge than me.”

Overall, the 1:1 live chat was particularly valued by interview participants, and across the interviews several reoccurring themes emerged as parents/carers explained what they had liked or appreciated about the experience of accessing the platform. First, the interviewees described the 1:1 live chat as responding well to their need for specific advice, tailored to and generated in response to them explaining their particular situation and needs:

“I feel like it allowed me the opportunity to be listened to instead of just a generic ‘OK, here’s an article to read that might be about your situation’...you know, an actual conversation about what your specific situation is.”

“Yes, it was positive. They gave me realistic good advice. They made me understand my situation and...unlike some other parties I’ve spoken to about my problem, they seemed to be more realistic and practical with the situation.”

Second, they had felt that Parent Talk coaches had listened carefully, cared about the situation, and were non-judgemental in their approach:

“It was completely nonjudgmental because it was someone that didn’t already know me historically...it was good to just be heard and understood.”

The sense of there being a conversation, and feeling listened to, was a common benefit of the 1:1 live chat raised by interviewees, and was sometimes positioned as a strength of Parent Talk in comparison to other services participants had accessed:

“I think when you ring generalised phone numbers and free phone numbers and things like that to talk to somebody, you are either in a queue or you are put through to the wrong person to start with and it is very impersonal. But the way I did it I did actually feel I was listened to straight away – I got through to someone straight away who could support me. I didn’t feel like I was being fobbed off.”

Participants valued the input of someone who was knowledgeable yet impartial, offering them appropriate advice, reassurance and validation.

“Actually having someone impartial as well, that was a real benefit because it is very easy for people to say the right things to you when they are close to you, but to have someone impartial say, well you know, look you are doing a really good job and it was just really nice.”

Thirdly, participants described appreciating the care they received after their initial contact with a Parent Talk coach, which often included a follow-up email or phone call to check in. Participants felt that this was not necessarily a practice that other organisations or services would offer:

“They contacted me the following day... Not many organizations would do that, so really, really you know, nice and kind of them, you know, and it's good to know that people[are] genuinely concerned about your wellbeing and mental health.”

In some cases, the use of a phone call rather than the chat was felt to be helpful and appropriate at particular points in the advice-seeking process:

“It is usually a single day and I would contact them and see if she can talk to me and then she would either chat to me or on occasion she has actually called me. But it depends on the occasion, as we all know sometimes it is easier to actually talk to someone on the phone.”

In line with findings from the literature review and the survey, this highlights the importance of having a tailored or staged service which can cater for varied and shifting needs, with some participants finding the articles sufficient to meet their needs, others benefitting from the more personalised 1:1 live chat, and others benefitting from this developing into a phone call.⁴ Some parents furthermore accessed Parent Talk over a period of days or weeks, and in such cases particularly valued the continuity of the experience. For example, one interviewee who described speaking to the same advisor across a period of a month appreciated not having to explain her situation and concerns afresh each time and found the communication very thorough and helpful. Another said:

⁴ Parent Talk has an outbound phone service rather than an inbound one. This means that Parent Talk coaches can call parents, either because a parent has requested it or because a coach thinks this might be more suitable.

“I would say that is probably the best thing about it, I didn’t expect to speak to the same person all the time, but generally I have been speaking to the same person.”

As this shows, parents/carers responding to the surveys and interviews generally found that Parent Talk offered the combination of the flexibility and availability of an online service, with a more personalised approach and a reputable name that engendered a belief that this was a credible source of advice. As described in the literature review and noted by one of the participants, the internet is full of information and parents/carers want to make sure they use a trusted source:

“I think ‘cause obviously being like a busy mum. There’s not always that time for me to go and find like information or whatever. And no, the internet’s obviously a great thing where there’s a lot of that, a lot of information out there, and if you know, like I can really trust this information.”

As the above shows, most parents/carers perceived Parent Talk as having the advantages of a personalised tailored approach from a trusted source whilst also having the benefits – particularly accessibility and flexibility – of an online provision. Survey respondents generally indicated that the response they had received had been quick enough to help them with their concerns and in the interviews, parents/carers expressed that although online advice services may appear more impersonal on the surface, with the right staff who are able to create a rapport, continuity of contact, and the ‘checking back in’ through follow-up calls, they can create the feel of a highly personalised and caring service in the same way a high quality face-to-face offer might feel.

Although the survey and the interviews thus showed that the majority of parents/carers were very satisfied with the service, a few survey participants also raised a number of issues worth highlighting for further consideration. Two of them mentioned that they had not been able to get through to the service, one had experienced some technical difficulties and two had not received the help they felt they needed. While most respondents commented very positively on their interaction with the coach, one respondent commented that they had felt misunderstood and were referred to another service with a long waiting time, increasing their sense of helplessness. These issues, although only raised by a minority of parents/carers, illustrate the importance of having capacity to deal with all parents seeking support, but also raise broader issues of referring parents to services, they may not always be able to access, due to long waiting lists or being ineligible.

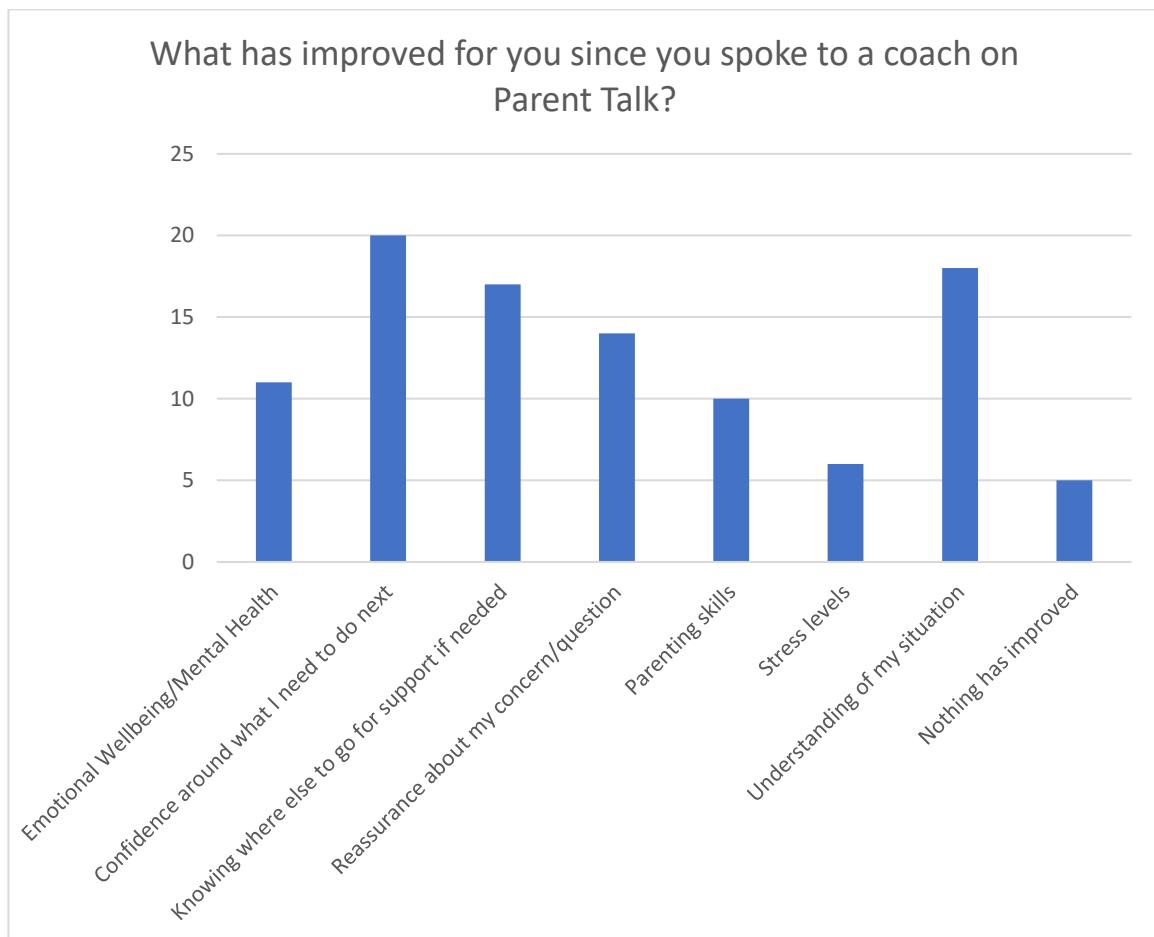
3.3. Does Parent Talk improve parent/carer efficacy in key priority areas?

Parent Talk is based on the premise that providing parents with free, accessible, confidential, reliable and non-judgemental support via a 1:1 chat with experienced parenting coaches will increase PSE in

key priority areas and in turn, improve child outcomes. Our rapid evidence reviews established significant evidence supporting the link between parental support and PSE, and the findings from the survey presented above (Table 5 and 6), showed that most respondents agreed that Parent Talk had provided them with relevant help and increased their confidence and ability to manage the situation they were dealing with.

Building on from the findings from the literature review, the first survey also asked parents who had accessed Parent Talk what (if anything) had improved for them since speaking to a coach on Parent Talk (with the option to select as many categories as they wished). Results show that a large proportion of the respondents reported improved confidence (n=20) and understanding of their own situation (n=18), both key elements of PSE. Illustrating the link between PSE and parental emotional wellbeing, mental health and levels of stress, identified in the first rapid evidence review, several parents/carers who responded to the survey also reported improved emotional wellbeing/mental health (n=11) and lowered stress levels (n=6).

Figure 1: Parent/carer reported improvements since contact with the Parent Talk coach



A relatively small group of respondents (n=5) reported that nothing had improved, with their qualitative comments explaining that the support had been too generalised to be able to help or that they had not been able to access the service they had been referred to.

To assess the impact of Parent Talk after 4 weeks, the second survey asked parents/carers whether there had been any changes in the area(s) they had sought information about or support for? Of the 33 parents/carers who responded to the second survey, over half (n=18) reported that 'the situation that I had a question/concern about has improved, as a result of using Parent Talk.' However, a sizeable group (n=9) also reported that there had been no change, with some explaining that they were for example still waiting for an EHCP plan or a meeting with school, that their child had not improved or that they had been 'unable to practice.'

Table 7: Parent/carer reported improvements 4 weeks after initial Parent Talk contact

Question: It has now been about 4 weeks since you first visited Parent Talk. Has there been any changes in the area(s) you sought information about or support for?	No. Responses
The situation that I had a question/concern about has gotten worse	2
The situation that I had a question/concern about has improved, as a result of using Parent Talk	18
The situation that I had a question/concern about has improved, for a reason that has nothing to do with Parent Talk	4
There has been no change	9

Findings from the qualitative interviews captured a unanimous and vastly positive effect of Parent Talk in relation to improving PSE, with all interviewees reporting noticeable outcomes in relation to their parenting capacity and positive shifts in relation to their psychological gains and mental health outcomes, improved knowledge and better skills and coping strategies. The interviewed parents/carers often talked about having been stressed, lonely and under pressure, feeling blocked out and helpless with nowhere to turn to for expert help and advice (beyond the generic internet-based information, which reportedly offered them little help in dealing with the challenges they faced). They discussed the outcomes of accessing Parent Talk as reversing elements of emotional stress and improving their overall confidence with parenting.

Depending on the severity of the challenges the parents/carers were dealing with and their varied levels of need, they also described a range of psychological outcomes. In some cases, interviewees felt that through Parent Talk they gained what a parent described as: 'reassurance that I didn't know I needed', while others talked about gaining confidence that they were 'doing the right thing' with one mother describing this as a 'pat on the back.' Other situations were described as more complex and in these cases, gaining confidence as a parent, was perceived to contribute positively to wider, ongoing

mental health struggles. For example, one interviewee referred to improved confidence through accessing Parent Talk, as part of a process of building back confidence after an abusive, manipulative relationship. Another interviewee talked about improved capacity to cope and improve daily life, whilst being stuck in the middle of a long wait for accessing statutory support for her child with additional needs.

The positive impact of Parent Talk on PSE was also linked to improved knowledge and better insight on the challenges parents/carers were facing. As previously mentioned, obtaining specific, non-generic advice was particularly valued by the interviewees, and advice on how to operationalise this information as well as tailored directions about follow-on resources appeared to enhance PSE. In some cases, improved knowledge and better understanding of the situation allowed parents/carers to be more aware of their children's position and responses, more realistic about their expectations for their children and better managing their relationship with them.

“Being a bit more aware that they might seem fine, but they might be taking that the wrong way or certain things. So just being slightly more aware of the repercussions of what you say in front of children even if they’re not really bad things but just little things that children pick up on and they might just, might just stick in their heads a little bit”.

In other cases, improved knowledge triggered self-reflection and supported self-awareness, and improvement. Interviewees talked about being able to better manage their responses and to shift their mindset. For example:

“A mindset of not being defensive, being patient, not sending emotional messages.”

“Yeah, I’ve noticed that, you know, I’ve noticed that I’m more positive.”

Overall, interviewees recognised the importance of developing their knowledge base about the specifics of their situations and indicated how this helped them develop their parenting skills. A focus on practical advice and skills was further underscored by the interviewees as bringing about positive outcomes for PSE. The interviewed parents/carers pointed out how they benefitted from obtaining practical tools along with specialised knowledge, which enhanced their ability to deal with their situations more confidently and more effectively, suggesting increased domain-specific PSE. They highlighted the usefulness and effectiveness of gaining practical tips and having a plan or a range of strategies at their disposal, to try out with their children.

“Little bit more like tools to use instead of getting like worked up or cross or whatever. yeah, just tell like how to manage.”

“Gave me some practical tips of other things I could try. And I felt like it gave me a plan in a way of right, this is what I can try next.”

Finally, and emphasising the point made in the literature review that PSE is not a fixed state, some parents/carers talked about the development of their confidence and skills as an ongoing learning journey:

“It's quite interesting just to sort of see how things go, and there's a lot of self-reflection as well going on about how we're doing and what we did different, what we could do differently or how we could approach things. And it's an interesting journey and like I said, the last few weeks [it has] actually been a rewarding one as well.”

“You know, I feel I got exactly what I needed from it. I mean you can learn parenting. I just found it helpful...Like it was really good advice. It worked. Like its proven to work long term, because it has happened.”

Whilst parents seldom describe their experiences in terms of self-efficacy, the interview findings show that their perceived outcomes of having accessed Parent Talk correspond very well with our working definition of PSE as ‘the self-confidence and beliefs of parents or carers in their ability to take care of their children.’ The last few quotes also illustrate well the point made in the literature review, that PSE is not fixed, but rather an ongoing process involving continuous development and requiring support at different phases. Parents/carers who experienced tangible outcomes as a result of accessing Parent Talk stated that they were reassured knowing that such a service exists and that they would return to it if they were to face issues in the future.

3.4. What are the short to medium term outcomes of Parent Talk?

As discussed in the literature review, outcomes of parental support may take time to materialise. To assess short to medium term outcomes of Parent Talk, this evaluation therefore included two surveys with the second one being distributed four weeks after parents/carers had initially sought support. Findings from this second survey suggested that most parents/carers had seen significant improvements for themselves as parents/carers, for their children and for their family as a whole four weeks after accessing Parent Talk. Table 8 below outline the specific areas where parents/carers had noticed improvements. Note that many survey respondents ticked several boxed and that the total number of responses therefore exceed the 33 participating in the survey.

These responses support findings presented earlier in this report that parents/carers generally experienced better understanding of their situation, better parenting skills, improved mental health

and wellbeing and family interactions, more knowledge about other sources of support and lower stress levels as a result of accessing Parent Talk. Given the strong links between stress and family functioning with PSE and child outcomes identified in the rapid evidence review, these are important findings.

Table 8: Parent/carer reported outcomes for themselves, their children and their family four weeks after accessing Parent Talk

Question: What do you think has improved for you as a parent/carer?	No. of responses
Access to educational support	7
Knowledge about access to other support	13
Parenting strategies and skills	13
More positive family interaction	10
Understanding of my situation	15
Confidence	4
Mental health and emotional wellbeing	12
My child's safety	6
My own safety	1
Stress levels	11
None of the above	5
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Question: What do you think has improved for your child	No. of responses
Access to educational support	6
Attendance at school	5
Their safety	8
Understanding of their situation	10
Knowledge about access to other support	5
Behaviour	8
Stress levels	6
More positive family interaction	12
Confidence	7
Mental health and emotional wellbeing	11
Social skills	2
None of the above	7
<hr/>	
What do you think has improved for your family as a whole?	No. of responses
Access to educational support	6
Confidence	5
Connecting more as a family	8
Mental health and emotional wellbeing	9
Knowledge about access to support	9
Parenting strategies and skills	13
More positive family interaction	15
Stress levels	11
None	1

In terms of child related outcomes, survey respondents similarly reported improvements in their understanding of their situation, family interactions and mental health and emotional wellbeing. In the interviews, some of the parents/carers similarly articulated positive impact for their children and discussed them as directly linked to the advice they received from Parent Talk. It is of course important to bear in mind that these outcomes were reported by parents/carers and have not been checked with

the children themselves, who may have had a different perception of the situation. In addition to describing some of these positive outcomes for children, the interviews also captured situations where there had been positive changes in the family dynamics although the actual outcomes for children were yet to substantiate.

Finally, and emphasising the importance of wider family dynamics, the survey showed some important reported outcomes for the family as a whole, particularly the impact of Parent Talk on more positive family interaction, parenting strategies and skills and stress levels. This was also picked up in the interviews, where in many cases the increased knowledge and confidence had resulted in shifting approaches and noticeable changes to family relations.

"We've noticed an impact and like I said, the last couple of weeks have been like noticeably different like in terms of like the time with them and how everyone is and how much happier people are and stuff. So, yeah, it's good progress."

"Life is so much better, since I spoke to Action for Children and Parent Talk than it was before. I can now get out of the house and do a successful trip. I have managed to do a trip to the farm. I have managed a trip to the cinema."

In most of the interviews, parents/carers were able to identify positive steps in an ongoing process, even though the end-aims were yet to be achieved. For example, several interviewees talked about improvement in the communication, understanding and overall relationships between the adults involved with the children.

"It has shown the children that we have a relationship, it has really helped solidify to the children that we, they think we are friends, that we are civil with each other."

Other interviewees discussed how accessing Parent Talk and sharing information with their partners/co-parents had positive outcomes for them too. They referred to better psychological outcomes for partners/co-parents, such as for example improved confidence to seek and access advice, as well as improved mental health and skills for dealing with their circumstances.

Finally, it is important to note that parents/carers talked about turning things around as a complex and non-linear process, which involved positive steps and setbacks too. Dealing with their situations appeared to be less of a direct turnaround and more of a day-to-day process, involving little shifts at a time.

“I am not as unsure as I was in the beginning. Because it felt every day we were never going to get back to where we were as a family. Every day that goes by you do get a little more confidence and start to live normally again.”

This emphasises the previously made point that PSE is dynamic and that parental support needs to adapt to the shifting circumstances of parents/carers and their potentially fluctuating feelings of confidence and beliefs in their own ability to take care of their children.

3.5. Does Parent Talk reach parents/carers who may not otherwise access help?

The question of whether Parent Talk reaches parents/carers who may not otherwise access help is a difficult question to answer based on the methods adopted in this evaluation, as both the surveys and interviews were conducted with people who had already accessed Parent Talk. Based on the literature review, which showed that parents often prefer online services and that they have significant benefits in terms of accessibility, and combined with survey findings which illustrated the high accessibility of Parent Talk, it is likely that Parent Talk enables access for those otherwise not getting support. However, based on the methods adopted in the evaluation alone, it is not possible to provide any firm answers about the reach of the service in otherwise underserved populations.

Related to the question of access, the evaluation also explored the assumption presented in the theory of change that accessing Parent Talk made parents/carers less likely to need other services. Whilst it was evident from the evaluation that Parent Talk fills an important gap for advice seeking parents/carers, it is more complex to assess whether it also reduced the extent to which parents/carers sought support from other services. In fact, as Table 9 shows, parents/carers were likely to access a variety of other services or sources of support both before, whilst and after accessing Parent Talk.

Table 9: Parent/carer use of other sources of support in addition to Parent Talk

I used the following sources of information and/or support...	Before using Parent Talk	At the same time as using Parent Talk	After using Parent Talk
Friends and family	20	18	17
School support	15	11	11
My GP/Health visitor	16	7	12
Local council/government	7	5	10
Other charities that help parents	8	6	9
Online groups	5	1	3
Parenting groups/networks	5	2	6
Social media advice from someone you follow	3	1	0
Other websites that help parents	6	5	9

The qualitative interviews also revealed a complex picture in relation to these two questions of reaching parents/carers who may not otherwise access help and reducing the need for other services.

9 out of the 13 interviewees reported having tried to access some support prior to accessing Parent Talk, including information and support from friends and family, health visitors, their children's school, GP, Citizens Advice Bureau, a mental health crisis team, and the police. However, many reported that these initial ports of call had not – for a variety of reasons, including unresponsiveness or lengthy wait times – met their needs, and that they had therefore continued to search for support and come across Parent Talk.

"It's really positive because I think it's a very lonely and worrying place to be when you as parents are on your own and it's so hard work to get hold of the doctors. The health visitor discharges them (children) at a certain age, then it's the school nurse and you can't get hold of them ever. And you constantly chase them trying to get help and to the point where you just think 'I give up'."

As previously described, accessibility was viewed as one of the key merits of Parent Talk, and parents/carers appreciated being able to balance accessing advice through the platform with their other responsibilities such as childcare and work:

"I thought Parent Talk was the easiest one to access, cause I've since gone to different places and not it's not been as easy or straightforward and they haven't responded so quickly. I thought Parent Talk was very good for responding very quickly,"

Other participants explained that the service(s) they encountered prior to Parent Talk were not fitted to their particular needs and circumstances. In some cases, this was because the service was not specifically tailored to parents/carers and their advice and wellbeing needs:

"[Describing Parent Talk] It was somebody that's obviously dealt with parents before. It was somebody that could sort of sympathise with what I was sort of feeling and what I needed help with... So it's not, it's not just focused on just the children, it's also about like the actual, you know how it feels to be a parent...especially like the GP service, it's not something that I can, I feel I get that same sort of feedback from. I mean they're like there for like the health of the children. But it's not. They don't just ask you like, are you feeling OK? ... and then you have the school, they only know like one part of it. It's not really like the holistic sort of view of everything else like."

In two cases, other services were felt to not be attuned to the specific needs of fathers, which was what led participants to search for other sources of advice and support:

"I think in general, people forget that there's a dad involved. And I think I think for so long, the mother has been the one who needs the support, which is absolutely fine. But

I think there needs to be a more of a balance between both parents in these situations [who] need equal support."

As well as accessing support prior to accessing Parent Talk, six participants spoke explicitly about accessing other services after their interaction with Parent Talk, typically as a result of being referred or directed to these other services by the live chat coach. This tended to be in cases where more specialised and/or localised support was needed, for instance in relation to the legal aspects of child custody for newly separated parents, or for SEND support which was felt to be an area of provision with high local variance:

"Parent Talk is quite general. I think they have directed me to speak to my local council or local agencies, because there seem to be some variance in how the [local SEND] system works."

Other participants did not feel the need to access other services after their interaction with Parent Talk as they found the support and advice comprehensive and felt it had sufficiently addressed their needs at that time:

"No, I thought I'd just use the links and things they'd given me back and that sort of helped me in sort of putting something in place for the children."

As these quotes suggest, the interviews showed a mixed picture in terms of whether Parent Talk reduced demand for other services. In some cases, Parent Talk played a pivotal awareness raising role for other services, connecting parents/carers with other parts of the system. Some interviewees were less clear about the order in which they accessed different sources of support, and some experienced overlapping support from different services alongside speaking to a parenting coach. This highlights the messiness and complexity of how issues are experienced and dealt with in families and further complicates the question of which form of support is responsible for any positive impacts.

Based on the 13 qualitative interviews undertaken for this evaluation it is not possible to say that Parent Talk reaches parents/carers who may not otherwise access help as all participants were already actively engaging in seeking support. However, the evidence from both surveys and interviews presented some avenues which could be pursued to increase the likelihood of Parent Talk reaching parents who do not otherwise access help and reduce future demand for other services.

First, the common view of survey participants and interviewees that Parent Talk was an accessible service speaks to the idea of its potential appeal to busy parents/carers who are searching for sources of support, which they can fit around their routines. Second, the view that Parent Talk offers something unique because it speaks to – and is directly targeted at – parents/carers, suggests that the platform

has a particular, valued offer that parents/carers have not found elsewhere. Third, the interviewees all said they would potentially access Parent Talk again in the future if they required information, advice or support. This finding was, as illustrated in Table 10, supported by the survey responses, where parents/carers were asked to rate, on a scale from 1-5 and based on their experiences how likely they were to use Parent Talk again in the future, if needed.

Table 10: Indications of whether survey respondents would use Parent Talk in the future

Question: Based on your experience, how likely are you to use Parent Talk in the future, if needed?	0=no response	1= Very unlikely	2= Somewhat unlikely	3= Neither likely nor unlikely	4= Likely	5= Very likely
No. of Responses	2		1	2	3	25

Given the high likelihood that parents/carers will access Parent Talk again if a need arises, there may be a reduced demand on other services, since participants are more knowledgeable about when Parent Talk is the most appropriate place to go for advice on a particular issue, and can bypass other forms of support that have not helped on previous occasions. The barrier to Parent Talk reducing demand for other services did not therefore seem to lie in its perceived helpfulness – or otherwise – for parents/carers. Rather it seems to have resulted from low awareness of the platform which meant that parents/carers attempted to access other – often less suitable or responsive – forms of support, before becoming aware that Parent Talk existed. For instance, nine participants found Parent Talk through using an internet search engine and, without undertaking this search, would not have been aware the service existed and/or about the specific nature of the support on offer:

“Yeah, I googled and that's how I found out about Action for Children and parent talk...Otherwise, truthfully I wouldn't have even known about it.”

“I do think in this sort of age we live in nowadays where everyone's working every hour. They need something a bit more convenient like the Parent Talk. If that was a bit more known...where people knew they could turn to for advice, just chat, just some reassurance [that] would be great if it was like readily available and everyone knew it was there if they needed it.”

An important prerequisite for reaching parents/carers who would otherwise not receive support and potentially reduce the demand for other services as a result, thus seems to be related to awareness raising of Parent Talk as an accessible, personalised and free service for parents/carers. This might in

turn increase the number of parents/carers contacting Parent Talk as a first port of call before trying other avenues, and reduce the burden on other services, at the same time as reaching new parents/carers. It would however also require that there was sufficient capacity within the service to deal with a potentially growing number of users.

Chapter 4: Conclusion and Recommendations

This evaluation identified a positive link between PSE and child outcomes in the literature for all key priority areas. The first of our rapid evidence reviews furthermore showed that the relation between PSE and child outcomes was dynamic and mediated by parental style and more general parental wellbeing, particularly stress, as well as the extent of family/social support available to parents. The literature, survey and interviews also show that PSE is not static, but develops and changes over time and in response to particular circumstances.

The second rapid evidence review showed that online parent services can positively impact PSE and child outcomes. Similar to the first rapid evidence review, findings on online support showed that the effect of PSE on child outcomes is often mediated through parent behaviour practices. Parents were found to increasingly prefer online sources of support, and the literature seems to support a multi-levelled, staged approach, tailored to parental need. The increasing reliance of parents on online mediums of support emphasises the importance of trust and reliability in online support. The literature also suggests that affordable online support may help reach populations who may not otherwise access support. These are important findings in relation to Parent Talk, which offers parents and carers free and reliable online support in the form of both general access to articles and more tailored and individualised support through the 1:1 chat. The main challenges described in the literature in relation to online parental support included retention and parental digital skills. As Parent Talk is a service which does not rely on parents/carers attending a set number of sessions, issues of retention are not of particular relevance. The digital literacy and skills of parents are more important issues to consider in relation to Parent Talk, especially if aiming to reach underserved demographics.

The surveys and interviews carried out as part of this evaluation gave a clear indication that Parent Talk increased PSE in most parents/carers using the service. Parents/carers valued a service tailored to them as parents and commented on the importance of having a trustworthy, impartial and non-judgemental source of advice. Although most parents/carers reported positive outcomes for themselves, their children and their family as a whole at 4 weeks post-contact, some also reported that nothing had changed. This however, was often due to the inaccessibility or irrelevance of other services they had sought to access following their contact with Parent Talk. It is clear that Parent Talk fills an important gap for parents and carers who struggle with different aspects of parenting, yet,

whether the service reaches parents/carers who would not otherwise have accessed help, would require further exploration, as all participating parents/carers had already accessed the service. As mentioned above, the literature review conducted as part of the evaluation suggests that affordable, online services may reach parents who otherwise struggle to access support due to practical or financial limitations. This finding provides some indication that Parent Talk, as a free online service has good potential for reaching underserved communities, but more work would need to be done to provide firm evidence on this point. The question of whether Parent Talk reduces the need of parents/carers for other services is similarly complex. The findings from the evaluation suggest that Parent Talk plays a pivotal awareness raising role for other services, connecting parents and carers with other parts of the system and directing them towards the right sort of support. This has the potential to reduce future inadvertent traffic to services which may not serve their particular need. Being able to access Parent Talk quickly may also reduce the likelihood of situations escalating and/or parents and children reaching points of crisis, which again may have the effect of reducing demand for publicly funded crisis services.

Based on these key findings, the evaluation as a whole, and discussion with the advisory group, the following key recommendations have been developed for improving the support provided to parents/carers, for refining and further developing the theory of change, and for further evaluation and research:

Recommendations for improving the support provided to parents/carers:

- Most parents/carers participating in this evaluation had found Parent Talk through Google searches. In order to support more parents/carers, it is recommended that Action for Children consider wider options for advertising the service online (i.e. through social media) and in physical settings attended by parents/carers (supermarkets, GP surgeries, children's centres or play groups, schools and libraries), although it is recognised that this might be difficult to do at a national level.
- Given that any awareness-raising activities or marketing campaigns are likely to increase the amount of people accessing Parent Talk, it is recommended that Action for Children makes sure that any expansion of the service is matched by sufficient coach capacity, in order not to compromise the elements of the service particularly valued by parents/carers, i.e. the quick response, the staged and tailored nature of the service, and the extent of after-care and continuity.

- The few parents/carers who expressed dissatisfaction with Parent Talk mostly based this on not receiving a timely response or having been given information perceived to be too general. It is recommended that Action for Children clearly signposts availability, especially over holidays and weekends, to manage parent/carer expectations and reassure them that they will be attended to.
- Parents/carers valued having a service tailored to them, which focused on outcomes for children but also on parent well-being. It is recommended that Action for Children makes sure this is communicated to future potential users, so that they know that the service both addresses their concerns as parents/carers about their children but also works to address their own wellbeing as parents and wider family dynamics.
- Most parents/carers participating in the evaluation were female parents/carers. However, there was also a substantial group, who identified as male, corresponding with other data from Action for Children, showing an approximately 1:3 male-female gender split in users of the service. Based on some of the findings from the literature review about the lack of attention to fathers in online services, it is recommended that Action for Children pays close attention to gender differences when considering the content and type of support provided through the platform.

Recommendations for developing and refining the theory of change

- The survey and interviews showed that the combination of articles and 1:1 live chat offered by Parent Talk were important and supplemented each other. It is recommended that this interaction is to a larger degree represented in the theory of change.
- The dynamic and reciprocal relation between PSE and child outcomes evidenced in our rapid evidence reviews seems to suggest that the linear progression presented in the theory of change could usefully be revised to include some of this complexity as well as more attention to ongoing and shifting situations.
- Whilst it was evident from the evaluation that Parent Talk filled an important gap for advice seeking parents and carers, it was more complex to assess whether it also reduced the extent to which parents/carers sought support from other services. Indeed, survey and interview participants both described accessing other services and being signposted to other services via Parent Talk. However, the evaluation did seem to support the assumption in the theory of change that parents/carers will increasingly know where to go for further/specialist support in the future. This means Parent Talk has the potential to reduce inappropriate traffic to other services, which might include publicly funded services. This suggests it may be helpful to refine

this aim of Parent Talk in the theory of change, to focus on parents/carers accessing the *right* publicly funded services, when needed, as a crucial step towards them accessing *less* services, including those which are publicly funded.

Recommendations for further evaluation and research

- Given the diversity of parents/carers accessing Parent Talk in terms of gender, age, family types and particular parent/carer role, it is recommended that Action for Children continue to evaluate the relevance of the content on the service for different groups of parents/carers and families, and engage with different users to understand their particular needs and preferences.
- Given that the 1:1 live chat predominantly focuses on parents/carers writing about their concerns to a coach, it also seems relevant to evaluate and further research experiences of parents/carers who do not have English as their first language.
- All participants in this evaluation were parents/carers who had already accessed and received support from Parent Talk and they were therefore not able to comment on any barriers experienced by underserved or marginalised groups of parents/carers. Online services were identified in the literature as having potential for reaching underserved groups, but in order to understand more fully the question of whether Parent Talk reaches parents/carers who would not otherwise have accessed help, it is recommended that Action for Children consider ways in which they may be able to get the experiences of parents and carers more widely.

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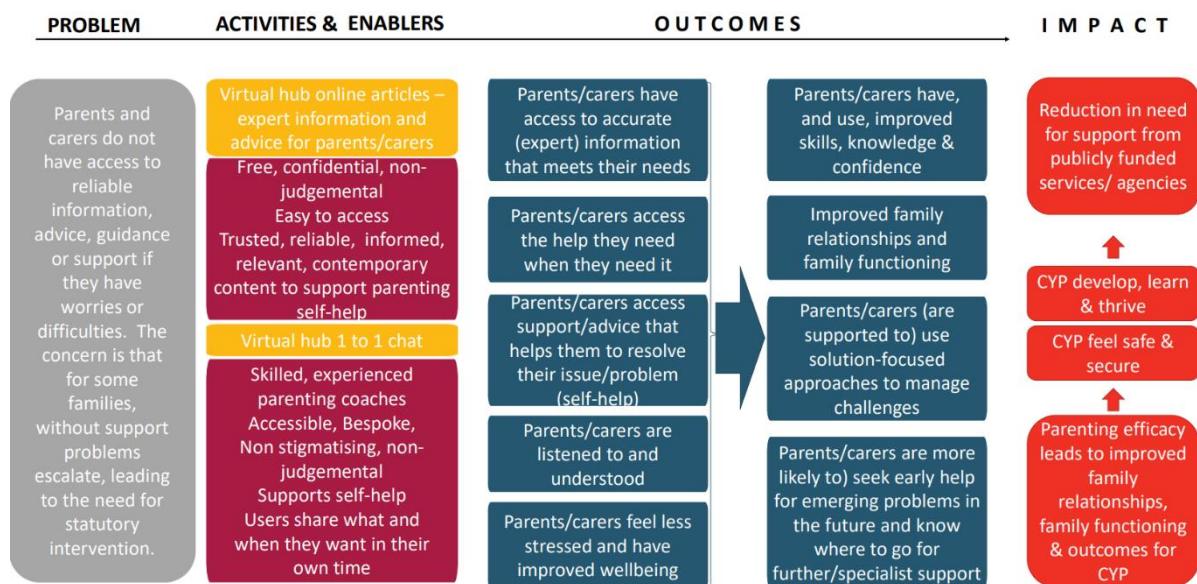
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Appendices

Appendix A: Theory of Change

Parent Talk outline theory of change (DRAFT)



Appendix B: Overview of the reviewed literature according to key priority areas

Part 1: Parental self-efficacy and child outcomes

Relevant to Key Priority Area: Child mental health and behaviour

*Note: In the below tables, 'country of study' notes the country of the affiliation of the corresponding author, which may not always be the same as the country in which the primary data for the study has been collected

Authors	Year	Title	Country of Study*	Study Participants	Study Design/Methods	Key Conclusions
Albanese et al.	2023	The role of parental self-efficacy in parent and child well-being: A systematic review of associated outcomes	USA	Review	Systematic Review	Found PSE to be an important factor for both the parent and the child.
Angelöw et al.	2023	Evaluating trauma-informed training for foster parents – A controlled pilot study of the resource parent curriculum in Sweden	Sweden	Foster Parents	Quasi-experimental	PSE was found to increase after the intervention, but diminished slightly at two-month follow up. Fewer behavioural problems were reported.
Bloomfield L.; Kendall S.	2012	Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme	UK	Parents with child aged 6 months - 10 years	Pre-post-test	Higher PSE was found to be linked with lower parental stress and vice versa.
Caldera et al.	2007	Impact of a statewide home visiting program on parenting and on child health and development	USA	Families enrolled in the Healthy Families Alaska (HFAK) programs	Pre-post intervention	Home visiting parenting program was found to significantly increase PSE and lead to better child behaviour outcomes.
Chesnut et al.	2020	Grow Online: feasibility and proof of concept study	USA	Parent or guardian of a child aged 5-10	Mixed Methods	The intervention was found to increase PSE, emotion coaching, encouragement of healthy child coping strategies and support of child physical activity. There was high initial engagement from the participants, but high attrition as well.

Cina et al.	2011	Enhancing positive development of children: Effects of a multilevel randomized controlled intervention on parenting and child problem behavior	Switzerland	Parents and teachers	Randomised Controlled Trial	Self-directed parenting program yielded better PSE, other parent outcomes, and better child behaviour. The increased PSE sustained at 4-month follow up.
Curelaru et al.	2020	Children's and mothers' achievement goal orientations and self-efficacy: Dyadic contributions to students' well-being	Romania	Mothers and their children	Questionnaire survey	Mothers' PSE was positively linked with children's learning self-efficacy. Maternal PSE declined as children got older.
Czyz et al.	2018	Parental Self-Efficacy to Support Teens During a Suicidal Crisis and Future Adolescent Emergency Department Visits and Suicide Attempts	USA	Adolescents (aged 13-17) from a psychiatric emergency department and their parents	Questionnaire survey	Parents reported high PSE, but low confidence about keeping their adolescent safe and preventing suicide attempts.
Day et al.	2021a	Coercive parenting: modifiable and nonmodifiable risk factors in parents of children with developmental disabilities	Australia	Parents and Caregivers enrolled in the 'Mental Health of Young People with Developmental Disabilities' programme	Cross-sectional survey	Higher PSE was found to be correlated with significantly less coercive parenting, and better child outcomes.
Diniz et al.	2021	Parenting and child well-being during the COVID-19 outbreak: The importance of marital adjustment and parental self-efficacy	Portugal	Parents with children during COVID-19 home-confinement	Questionnaire Survey	Higher PSE was positively associated with marital satisfaction, and child's social and behavioural outcomes.
El-Khani et al.	2018	Testing the feasibility of delivering and evaluating a child mental health recovery program enhanced with additional	UK	Syrian refugee families residing in Turkey with children aged 8 or older	Pre-post-test	The intervention resulted in significant increase in PSE for refugee families, and reduction in child behavioural problems was reported.

		parenting sessions for families displaced by the Syrian conflict: A pilot study				
Enebrink et al.	2015	ABC for Parents: Pilot Study of a Universal 4-Session Program Shows Increased Parenting Skills, Self-efficacy and Child Well-Being	Sweden	Parents of children aged 2-12 years	Questionnaire Survey	Group intervention was found to increase PSE and child wellbeing.
Feinberg et al.	2010	Effects of family foundations on parents and children: 3.5 years after baseline	USA	Couples expecting first child	Pre-post-intervention	Higher PSE was reported after intervention, and positive outcomes for parent and child sustained in the longer term.
Gewirtz et al.	2015	Two-year outcomes of the early risers prevention trial with formerly homeless families residing in supportive housing	USA	Children residing in 15 supportive housing sites (formerly homeless families/ parents)	Cluster randomised controlled trial	Intervention program for economically vulnerable families showed significantly improved PSE and reduced parent-reported children's depression syndromes post-intervention.
Gross et al.	2009	Efficacy of the Chicago parent program with low-income African American and Latino parents of young children	USA	Parents of 2-4-year-olds enrolled in day centres for low-income families	Pre-post-intervention	Intervention resulted in significantly increased PSE and less child behavioural problems.
Guo et al.	2016	A Randomized Controlled Trial of Group Triple P With Chinese Parents in Mainland China	China	Chinese parents	Randomised Controlled Trial	PSE and positive child outcomes were increased following group parent training
Heerman et al.	2017	Parenting Self-Efficacy, Parent Depression, and Healthy Childhood Behaviors in a Low-Income Minority Population: A Cross-Sectional Analysis	USA	Low Income Minority population	Cross sectional analysis from randomised control trial data	Parental depression was negatively associated with PSE. Positive childhood behaviours were associated with higher PSE in low-income minority population.

Hoang et al.	2022	Promoting Positive Relationship Between Parents and Grandparents: A Randomized Controlled Trial of Group Triple P Plus Compassion in Vietnam	Australia	Vietnamese parents whose parents or parent-in-laws (the grandparents of the children) provided care for their children	Two arm randomized controlled trial with intervention and control groups	PSE and child behaviour outcomes improved post-intervention. Co-parenting conflicts decreased as well.
Hughes-Scholes C.H.; Gavidia-Payne S.	2019	Early Childhood Intervention Program Quality: Examining Family-Centered Practice, Parental Self-Efficacy and Child and Family Outcomes	Australia	Parents of children with developmental disabilities	Pre-post-intervention	PSE and family outcomes improved post intervention for parents of children with developmental disorders. Overall child behaviour outcomes were not significantly improved.
Ibañez et al.	2018	Enhancing interactions during daily routines: A randomized controlled trial of a web-based tutorial for parents of young children with ASD	USA	Parents of children with ASD	Randomised Controlled Trial	Web-based intervention significantly improved the child outcomes for children with ASD. Immediate improvement in PSE was not observed, but significant improvement was found 1 month after the intervention.
Jespersen et al.	2021	Evaluation of a Parent Education Program Emphasizing Responsive Parenting and Mindfulness: An Inclusive Randomized Controlled Trial	USA	Primary caregivers of children aged 0-4	Inclusive Randomised Controlled Trial; Pre-post intervention	PSE was found to be strongly linked with parental stress. Higher PSE was associated with positive parenting and decreased stress, along with better child outcomes.
Junttila N.; Vauras M.	2014	Latent profiles of parental self-efficacy and children's multisource-evaluated social competence	Finland	Fourth-grade children (median age 10), their teachers, peers, and parents	Latent Profile Analysis	Higher PSE was associated with more prosocial and less antisocial child behaviours.
Khoury-Kassabri et al.	2014	Understanding the mediating role of corporal punishment in the association between maternal stress,	Israel	Mothers	Questionnaire survey	Lower PSE, lack of support from the spouse, and maternal stress were associated with the use of corporal punishment and

		efficacy, co-parenting and children's adjustment difficulties among Arab mothers				negative child outcomes.
Lewis et al.	2021	A pilot feasibility study of a group-delivered cancer parenting program: Enhancing Connections-Group	USA	Parents who were diagnosed with non-metastatic cancer and had children aged 5-17	Pre-post-test design	PSE was found to be increased after intervention, and child outcomes were also improved.
Li X.; Liu Y	2019	Parent-Grandparent Coparenting Relationship, Maternal Parenting Self-efficacy, and Young Children's Social Competence in Chinese Urban Families	China	Mothers	Longitudinal study; Questionnaire survey	PSE was positively associated with grandparent-parent coparenting relationship and child behaviours
Matthews et al.	2018	Parent and child outcomes of JumpStart™, an education and training program for parents of children with autism spectrum disorder	USA	Children with ASD diagnosis or at-risk for ASD classification, and their parents.	Comparative Study (Pre-post comparison)	Intervention was found to significantly improve PSE in parents of children with ASD. Better child responsivity was found in the follow-up.
McDonald et al.	2018	Risk factors for delayed social-emotional development and behavior problems at age two: Results from the All Our Babies/Families (AOB/F) cohort	Canada	Mothers	Questionnaire Survey	Higher PSE was found to be associated with better child early behavioural development. Intervention programs were found to be able to aid in teaching maternal optimism, which improves child outcomes.
Nunes C.; Ayala-Nunes L	2017	Parenting sense of competence in at psychosocial risk families and child well-being	Portugal	Families receiving family preservation interventions in Portugal; 58.5% of them were living below the national poverty line	Questionnaire survey; Individual interview	PSE was found to be linked with parental satisfaction and child well-being. Vulnerable parents with lower education, and unemployed parents reported higher PSE. This may be due to their perception that

						"despite their daily economic hardship, they manage to raise children."
Partington et al.	2022	Family Thriving During COVID-19 and the Benefits for Children's Well-Being	USA	Parents with at least one child between the ages of 2-18, living at home	Questionnaire Survey; Latent Profile Analysis	Families with higher PSE, lower parenting stress, higher partner support, and lower financial anxiety were found to be 'thriving'.
Rominov et al.	2016	Fathers' postnatal distress, parenting self-efficacy, later parenting behavior, and children's emotional-behavioral functioning: A longitudinal study	Australia	Fathers and teachers	Longitudinal study; questionnaire survey; face to face interview	Lower PSE and higher mental distress in fathers were found to be linked with hostile parenting and poorer child outcomes
Rosencrans M.; McIntyre L.L.	2020	Coparenting and child outcomes in families of children previously identified with developmental delay	USA	Parents/caregivers who have lived for two or more years with their child with Developmental Delay	Questionnaire Survey; Videotaped Activities	PSE was found to positively influence coparenting, and problem behaviours.
Sierau et al.	2011	Fathers in disadvantaged families: The importance of parental self-efficacy and partnership satisfaction for infants' development and mothers' interactive style	Germany	Socially and financially disadvantaged families	Face to face interview; Pre-post-intervention	PSE was significantly associated with better child outcomes in social-emotional development.
Sokolovic et al.	2022	Evaluation of the Support, not Perfection Parenting Program in Serbia	Serbia	Parents of children aged 0-6 years, or expecting a child	Non-randomised pre-post control group	PSE was found to increase post-intervention. Depressive symptoms were reduced and child behavioural outcomes were improved as well.
Sæther et al.	2023	First-time parents' experiences related to parental self-efficacy: A scoping review	Norway	Review	Scoping Review; Thematic analysis	Review of studies highlight the factors that are important for the PSE of first time parents. These factors include life skills and education of the parents, positive and

						negative experiences in parenting, and perceived support from family and society.
Tarver et al.	2015	Beyond symptom control for attention-deficit hyperactivity disorder (ADHD): What can parents do to improve outcomes?	UK	Review	Narrative Review	Parenting Interventions are found to be linked with several desirable outcomes, and PSE was linked with parental involvement in the interventions. Self-help type interventions can help parents who have time conflict to attend in person.
Trecca et al.	2022	Direct and indirect effects from parenting self-efficacy and parenting practices to social-emotional adjustment in 3- to 5-year-old children	Denmark	Parents of 3-5 year old children	Survey	PSE was positively associated with better child outcomes including emotional adjustment for preschoolers.
Wilson et al.	2014	Dads tuning in to kids: Piloting a new parenting program targeting fathers' emotion coaching skills	Australia	Fathers of preschool children; 62.8% of them having gross family income of \$100,000 or more	Pre-post-test questionnaire	Participation of fathers in parenting programs can help them increase their PSE as much as mothers. Reduction in difficult child behaviours was also found.
Zambrana K.A.; Hart K.C.	2022	Riesgo Y Resiliencia: Exploring the Role of Parenting Stress and Self-efficacy on Young Latino Children's Well-being and Home Learning Experiences during COVID-19	USA	Latino lower-income families in the US	Questionnaire Survey	PSE was found to be linked with parenting stress and various child outcomes.
Zeiders et al.	2015	Grandmothers' familism values, adolescent mothers' parenting efficacy, and children's well-being	USA	Mexican origin families	Longitudinal Path Analysis; In-home interviews	PSE in adolescent mothers was found to be linked with support and autonomy in grandmother-adolescent mother dynamic.

Relevant to Key Priority Area: Additional needs and disabilities

Authors	Year	Title	Country of Study	Study Participants	Study Design/ Methods	Key Conclusions
D'Entremont et al.	2022	Comparing the Impact of Differing Preschool Autism Interventions on Parents in Two Canadian Provinces	Canada	Parents of preschool children with Autism Spectrum Disorder (ASD)	Pre-post-intervention	Higher PSE for parents of children with ASD was linked with lower family distress
Day et al.	2021a	Coercive parenting: modifiable and nonmodifiable risk factors in parents of children with developmental disabilities	Australia	Parents and Caregivers enrolled in the 'Mental Health of Young People with Developmental Disabilities' programme	Cross-sectional survey	Higher PSE was found to be correlated with significantly less coercive parenting, and better child outcomes.
Hughes-Scholes C.H.; Gavidia-Payne S.	2019	Early Childhood Intervention Program Quality: Examining Family-Centered Practice, Parental Self-Efficacy and Child and Family Outcomes	Australia	Parents of children with developmental disabilities	Pre-post-intervention	PSE and family outcomes improved post intervention for parents of children with developmental disorders. Overall child behaviour outcomes were not significantly improved.
Ibañez et al.	2018	Enhancing interactions during daily routines: A randomized controlled trial of a web-based tutorial for parents of young children with ASD	USA	Parents of children with ASD	Randomised Controlled Trial	Web-based intervention significantly improved the child outcomes for children with ASD. Immediate improvement in PSE was not observed, but significant improvement was found 1 month after the intervention.
Karst J.S.; van Hecke A.V.	2012	Parent and Family Impact of Autism Spectrum Disorders: A Review and Proposed Model for Intervention Evaluation	USA	Review	Review Study	Raising a child with ASD was linked with decreased PSE, poorer parent health outcomes, and lower family well-being.
Kurzrok et al.	2021	Autism-specific parenting self-efficacy: An examination of	USA	Parents of children with Autism Spectrum Disorder (ASD) aged 2-17	Questionnaire Survey	Autism-specific PSE was found to be increased with higher involvement of parents of children

		the role of parent-reported intervention involvement, satisfaction with intervention-related training, and caregiver burden				with ASD in the intervention.
Matthews et al.	2018	Parent and child outcomes of JumpStart™, an education and training program for parents of children with autism spectrum disorder	USA	Children with ASD diagnosis or at-risk for ASD classification, and their parents.	Comparative Study (Pre-post comparison)	Intervention was found to significantly improve PSE in parents of children with ASD. Better child responsivity was found in the follow-up.
Rosencrans M.; McIntyre L.L.	2020	Coparenting and child outcomes in families of children previously identified with developmental delay	USA	Parents/caregivers who have lived for two or more years with their child with Developmental Delay	Questionnaire Survey; Videotaped Activities	PSE was found to positively influence coparenting, and problem behaviours.
Szarkowski A.; Dirks E.	2021	Fathers of Young Deaf or Hard-of-Hearing Children: A Systematic Review	Netherlands	Review	Review Study	Fathers' PSE was found to be linked with their involvement in parenting, and better family cohesion.
Tarver et al.	2015	Beyond symptom control for attention-deficit hyperactivity disorder (ADHD): What can parents do to improve outcomes?	UK	Review	Narrative Review	Parenting Interventions are found to be linked with several desirable outcomes, and PSE was linked with parental involvement in the interventions. Self-help type interventions can help parents who have time conflict to attend in person.
Wainer et al.	2021	Examining a stepped-care telehealth program for parents of young children with autism: a proof-of-concept trial	USA	Families of children with Autistic Spectrum Disorder (ASD)	Randomised Controlled Trial	Better PSE and child outcomes were observed after the intervention.

Relevant to Key Priority Area: Early years development

Authors	Year	Title	Country of Study	Study Participants	Study Design/Methods	Key Conclusions
Connor L.A.; Stoltz H.E.	2022	Child Development Knowledge and Father Engagement: The Mediating Role of Parenting Self-efficacy	USA	Low-income fathers	Questionnaire survey	Higher PSE in fathers was found to be linked with their engagement with infants.
Day et al.	2021a	Coercive parenting: modifiable and nonmodifiable risk factors in parents of children with developmental disabilities	Australia	Parents and Caregivers enrolled in the 'Mental Health of Young People with Developmental Disabilities' programme	Cross-sectional survey	Higher PSE was found to be correlated with significantly less coercive parenting, and better child outcomes.
Feinberg et al.	2010	Effects of family foundations on parents and children: 3.5 years after baseline	USA	Couples expecting first child	Pre-post-intervention	Higher PSE was reported after intervention, and positive outcomes for parent and child sustained in the longer term.
Fong et al.	2018	Association Between Health Literacy and Parental Self-Efficacy among Parents of Newborn Children	USA	Parents	Cross-sectional analysis	Lower PSE was found to be associated with lower health literacy
Gärtner et al.	2018	Inhibitory control in toddlerhood – the role of parental co-regulation and self-efficacy beliefs	Germany	Parents and children aged 24-35 months	Pre-post-test	PSE and parenting were found to be associated with behavioural development in toddlers.
McDonald et al.	2018	Risk factors for delayed social-emotional development and behavior problems at age two: Results from the All Our Babies/Families (AOB/F) cohort	Canada	Mothers	Questionnaire Survey	Higher PSE was found to be associated with better child early behavioural development. Intervention programs were found to be able to aid in teaching maternal optimism, which improves child outcomes.
Mendoza et al.	2011	The walking school bus and children's physical activity: A pilot	USA	Children and parents recruited from low-income	Cluster randomised controlled trial	Higher PSE was found to positively influence children's physical activity

		cluster randomized controlled trial		public elementary schools		
Heerman et al.	2017	Parenting Self-Efficacy, Parent Depression, and Healthy Childhood Behaviors in a Low-Income Minority Population: A Cross-Sectional Analysis	USA	Low Income Minority population	Cross sectional analysis from randomised control trial data	Parental depression was negatively associated with PSE. Positive childhood behaviours were associated with higher PSE in low-income minority population.
Hughes-Scholes C.H.; Gavidia-Payne S.	2019	Early Childhood Intervention Program Quality: Examining Family-Centered Practice, Parental Self-Efficacy and Child and Family Outcomes	Australia	Parents of children with developmental disabilities	Pre-post-intervention	PSE and family outcomes improved post intervention for parents of children with developmental disorders. Overall child behaviour outcomes were not significantly improved.
Ibañez et al.	2018	Enhancing interactions during daily routines: A randomized controlled trial of a web-based tutorial for parents of young children with ASD	USA	Parents of children with ASD	Randomised Controlled Trial	Web-based intervention significantly improved the child outcomes for children with ASD. Immediate improvement in PSE was not observed, but significant improvement was found 1 month after the intervention.
Jespersen et al.	2021	Evaluation of a Parent Education Program Emphasizing Responsive Parenting and Mindfulness: An Inclusive Randomized Controlled Trial	USA	Primary caregivers of children aged 0-4	Inclusive Randomised Controlled Trial; Pre-post intervention	PSE was found to be strongly linked with parental stress. Higher PSE was associated with positive parenting and decreased stress, along with better child outcomes.
Khoury-Kassabri et al.	2014	Understanding the mediating role of corporal punishment in the association between maternal stress, efficacy, co-parenting and children's adjustment difficulties among Arab mothers	Israel	Mothers	Questionnaire survey	Lower PSE, lack of support from the spouse, and maternal stress were associated with the use of corporal punishment and negative child outcomes.

Rominov et al.	2016	Fathers' postnatal distress, parenting self-efficacy, later parenting behavior, and children's emotional-behavioral functioning: A longitudinal study	Australia	Fathers and teachers	Longitudinal study; questionnaire survey; face to face interview	Lower PSE and higher mental distress in fathers were found to be linked with hostile parenting and poorer child outcomes.
Rosencrans M.; McIntyre L.L.	2020	Coparenting and child outcomes in families of children previously identified with developmental delay	USA	Parents/caregivers who have lived for two or more years with their child with Developmental Delay	Questionnaire Survey; Videotaped Activities	PSE was found to positively influence coparenting, and problem behaviours.
Sierau et al.	2011	Fathers in disadvantaged families: The importance of parental self-efficacy and partnership satisfaction for infants' development and mothers' interactive style	Germany	Socially and financially disadvantaged families	Face to face interview; Pre-post-intervention	PSE was significantly associated with better child outcomes in social-emotional development.
Song et al.	2022	Ecological factors influencing parenting self-efficacy among working mothers with a child under 36 month old in South Korea: a cross-sectional and correlational study	South Korea	Working mothers with child >3months to 3 years old	Cross-sectional, correlation study	Health of the mother, parenting support from spouse, social support, and maternal role satisfaction was found to positively influence PSE. Negatively influencing factors included parenting stress, and work-parent role conflict.
Tarro et al.	2022	Parental Self-Efficacy and Child Diet Quality between Ages 2 and 5: The STEPS Study	Finland	Parents with neonates	Cross-sectional and longitudinal study	PSE was found to be linked with better child diet quality. PSE at child age 1.5 years was found to be slightly higher than PSE at child age 5 years.
Treccia et al.	2022	Direct and indirect effects from parenting self-efficacy and parenting practices to social-emotional adjustment in 3-	Denmark	Parents of 3-5 year old children	Survey	PSE was positively associated with better child outcomes including emotional adjustment for preschoolers.

		to 5-year-old children				
Wainer et al.	2021	Examining a stepped-care telehealth program for parents of young children with autism: a proof-of-concept trial	USA	Families of children with Autistic Spectrum Disorder (ASD)	Randomised Controlled Trial	Better PSE and child outcomes were observed after the intervention.
Zambrana K.A.; Hart K.C.	2022	Riesgo Y Resiliencia: Exploring the Role of Parenting Stress and Self-efficacy on Young Latino Children's Well-being and Home Learning Experiences during COVID-19	USA	Latino lower-income families in the US	Questionnaire Survey	PSE was found to be linked with parenting stress and various child outcomes.
Zeiders et al.	2015	Grandmothers' familism values, adolescent mothers' parenting efficacy, and children's well-being	USA	Mexican origin families	Longitudinal Path Analysis; In-home interviews	PSE in adolescent mothers was found to be linked with support and autonomy in grandmother-adolescent mother dynamic.
Xu et al.	2014	Associations of maternal influences with outdoor play and screen time of two-year-olds: Findings from the Healthy Beginnings Trial	Australia	First time mothers and their children	Cross-sectional study	PSE along with the mother's perceived neighbourhood environment were found to be promising for increased outdoor playtime of the child.

Relevant to Key Priority Area: Parental mental health and wellbeing

Authors	Year	Title	Country of Study	Study Participants	Study Design/Methods	Key Conclusions
Albanese et al.	2023	The role of parental self-efficacy in parent and child well-being: A systematic review of associated outcomes	USA	Review	Systematic Review	Found PSE to be an important factor for both the parent and the child.
Bloomfield L.; Kendall S.	2012	Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme	UK	Parents with child aged 6 months - 10 years	Pre-post-test	Higher PSE was found to be linked with lower parental stress and vice versa.
Chau V.; Giallo R.	2015	The relationship between parental fatigue, parenting self-efficacy and behaviour: Implications for supporting parents in the early parenting period	Australia	Parents of children 0-4 years	Survey, Path analysis	PSE was found to be influenced negatively by parental fatigue.
Chesnut et al.	2020	Grow Online: feasibility and proof of concept study	USA	Parent or guardian of a child aged 5-10	Mixed Methods	The intervention was found to increase PSE, emotion coaching, encouragement of healthy child coping strategies and support of child physical activity. There was high initial engagement from the participants, but high attrition as well.
Chou et al.	2018	Social Support, Family Empowerment, Substance Use, and Perceived Parenting Competency during Pregnancy for Women with Substance Use Disorders	USA	Pregnant women with Substance Use Disorder	Quantitative cross-sectional design	Social support and family empowerment was found to be beneficial for the PSE of pregnant women with substance use disorder.
Cina et al.	2011	Enhancing positive development of children: Effects	Switzerland	Parents and teachers	Randomised Controlled Trial	Self-directed parenting program yielded better PSE, other parent outcomes, and better

		of a multilevel randomized controlled intervention on parenting and child problem behavior				child behaviour. The increased PSE sustained at 4-month follow up.
D'Entremont et al.	2022	Comparing the Impact of Differing Preschool Autism Interventions on Parents in Two Canadian Provinces	Canada	Parents of preschool children with Autism Spectrum Disorder (ASD)	Pre-post-intervention	Higher PSE for parents of children with ASD was linked with lower family distress
Diniz et al.	2021	Parenting and child well-being during the COVID-19 outbreak: The importance of marital adjustment and parental self-efficacy	Portugal	Parents with children during COVID-19 home-confinement	Questionnaire Survey	Higher PSE was positively associated with marital satisfaction, and child's social and behavioural outcomes.
El-Khani et al.	2018	Testing the feasibility of delivering and evaluating a child mental health recovery program enhanced with additional parenting sessions for families displaced by the Syrian conflict: A pilot study	UK	Syrian refugee families residing in Turkey with children aged 8 or older	Pre-post-test	The intervention resulted in significant increase in PSE for refugee families, and reduction in child behavioural problems was reported.
Feinberg et al.	2010	Effects of family foundations on parents and children: 3.5 years after baseline	USA	Couples expecting first child	Pre-post-intervention	Higher PSE was reported after intervention, and positive outcomes for parent and child sustained in the longer term.
Gewirtz et al.	2015	Two-year outcomes of the early risers prevention trial with formerly homeless families residing in supportive housing	USA	Children residing in 15 supportive housing sites (formerly homeless families/ parents)	Cluster randomised controlled trial	Intervention program for economically vulnerable families showed significantly improved PSE and reduced parent-reported children's depression syndromes post-intervention.
Giallo et al.	2013	Psychosocial risk factors associated with fathers'	Australia	Fathers with children aged 0-12 months	Questionnaire surveys, face-	Lower PSE in fathers was linked with increased psychological distress

		mental health in the postnatal period: Results from a population-based study			to-face interviews	
Goodman et al.	2022	Testing Models of Associations Between Depression and Parenting Self-efficacy in Mothers: A Meta-analytic Review	USA	Review	Meta-analytic review	Bi-directional link between maternal PSE and depression was found
Heerman et al.	2017	Parenting Self-Efficacy, Parent Depression, and Healthy Childhood Behaviors in a Low-Income Minority Population: A Cross-Sectional Analysis	USA	Low Income Minority population	Cross sectional analysis from randomised control trial data	Parental depression was negatively associated with PSE. Positive childhood behaviours were associated with higher PSE in low-income minority population.
Hughes-Scholes C.H.; Gavidia-Payne S.	2019	Early Childhood Intervention Program Quality: Examining Family-Centered Practice, Parental Self-Efficacy and Child and Family Outcomes	Australia	Parents of children with developmental disabilities	Pre-post-intervention	PSE and family outcomes improved post intervention for parents of children with developmental disorders. Overall child behaviour outcomes were not significantly improved.
Ibañez et al.	2018	Enhancing interactions during daily routines: A randomized controlled trial of a web-based tutorial for parents of young children with ASD	USA	Parents of children with ASD	Randomised Controlled Trial	Web-based intervention significantly improved the child outcomes for children with ASD. Immediate improvement in PSE was not observed, but significant improvement was found 1 month after the intervention.
Jackson C.B.; Moreland A.D.	2018	Parental Competency as a Mediator in the PACE Parenting Program's Short and Long-term Effects on Parenting Stress	USA	Parents	Pre-post-test	PSE was associated with decreasing parenting stress.
Jespersen et al.	2021	Evaluation of a Parent Education Program Emphasizing	USA	Primary caregivers of children aged 0-4	Inclusive Randomised Controlled	PSE was found to be strongly linked with parental stress. Higher PSE was associated with

		Responsive Parenting and Mindfulness: An Inclusive Randomized Controlled Trial			Trial; Pre-post intervention	positive parenting and decreased stress, along with better child outcomes.
Karst J.S.; van Hecke A.V.	2012	Parent and Family Impact of Autism Spectrum Disorders: A Review and Proposed Model for Intervention Evaluation	USA	Review	Review Study	Raising a child with ASD was linked with decreased PSE, poorer parent health outcomes, and lower family well-being.
Katsikitis et al.	2013	The family strengthening program: Influences on parental mood, parental sense of competence and family functioning	Australia	Families identified as having child safety concerns	Pre-post-test	PSE was found to improve following intervention, and better family functioning was reported.
Knibb et al.	2016	Parental self-efficacy in managing food allergy and mental health predicts food allergy-related quality of life	UK	Parents of children with food allergy	Questionnaire Survey	PSE was found to be significantly related to the quality of life for the family.
Kurzrok et al.	2021	Autism-specific parenting self-efficacy: An examination of the role of parent-reported intervention involvement, satisfaction with intervention-related training, and caregiver burden	USA	Parents of children with Autism Spectrum Disorder (ASD) aged 2-17	Questionnaire Survey	Autism-specific PSE was found to be increased with higher involvement of parents of children with ASD in the intervention.
Lewis et al.	2021	A pilot feasibility study of a group-delivered cancer parenting program: Enhancing Connections-Group	USA	Parents who were diagnosed with non-metastatic cancer and had children aged 5-17	Pre-post-test design	PSE was found to be increased after intervention, and child outcomes were also improved.
Li X.; Liu Y	2019	Parent-Grandparent Coparenting Relationship, Maternal	China	Mothers	Longitudinal study; Questionnaire survey	PSE was positively associated with grandparent-parent coparenting relationship and child behaviours

		Parenting Self-efficacy, and Young Children's Social Competence in Chinese Urban Families				
Matthews et al.	2018	Parent and child outcomes of JumpStart™, an education and training program for parents of children with autism spectrum disorder	USA	Children with ASD diagnosis or at-risk for ASD classification, and their parents.	Comparative Study (Pre-post comparison)	Intervention was found to significantly improve PSE in parents of children with ASD. Better child responsivity was found in the follow-up.
McDonald et al.	2018	Risk factors for delayed social-emotional development and behavior problems at age two: Results from the All Our Babies/Families (AOB/F) cohort	Canada	Mothers	Questionnaire Survey	Higher PSE was found to be associated with better child early behavioural development. Intervention programs were found to be able to aid in teaching maternal optimism, which improves child outcomes.
Nunes C.; Ayala-Nunes L	2017	Parenting sense of competence in at psychosocial risk families and child well-being	Portugal	Families receiving family preservation interventions in Portugal; 58.5% of them were living below the national poverty line	Questionnaire survey; Individual interview	PSE was found to be linked with parental satisfaction and child well-being. Vulnerable parents with lower education, and unemployed parents reported higher PSE. This may be due to their perception that "despite their daily economic hardship, they manage to raise children."
Partington et al.	2022	Family Thriving During COVID-19 and the Benefits for Children's Well-Being	USA	Parents with at least one child between the ages of 2-18, living at home	Questionnaire Survey; Latent Profile Analysis	Families with higher PSE, lower parenting stress, higher partner support, and lower financial anxiety were found to be 'thriving'.
Rominov et al.	2016	Fathers' postnatal distress, parenting self-efficacy, later parenting behavior, and children's emotional-behavioral	Australia	Fathers and teachers	Longitudinal study; questionnaire survey; face to face interview	Lower PSE and higher mental distress in fathers were found to be linked with hostile parenting and poorer child outcomes.

		functioning: A longitudinal study				
Sokolovic et al.	2022	Evaluation of the Support, not Perfection Parenting Program in Serbia	Serbia	Parents of children aged 0-6 years, or expecting a child	Non-randomised pre-post control group	PSE was found to increase post-intervention. Depressive symptoms were reduced and child behavioural outcomes were improved as well.
Song et al.	2022	Ecological factors influencing parenting self-efficacy among working mothers with a child under 36 month old in South Korea: a cross-sectional and correlational study	South Korea	Working mothers with child >3months to 3 years old	Cross-sectional, correlation study	Health of the mother, parenting support from spouse, social support, and maternal role satisfaction was found to positively influence PSE. Negatively influencing factors included parenting stress, and work-parent role conflict.
Sæther et al.	2023	First-time parents' experiences related to parental self-efficacy: A scoping review	Norway	Review	Scoping Review; Thematic analysis	Review of studies highlight the factors that are important for the PSE of first time parents. These factors include life skills and education of the parents, positive and negative experiences in parenting, and perceived support from family and society.
Wainer et al.	2021	Examining a stepped-care telehealth program for parents of young children with autism: a proof-of-concept trial	USA	Families of children with Autistic Spectrum Disorder (ASD)	Randomised Controlled Trial	Better PSE and child outcomes were observed after the intervention.
Wilson et al.	2014	Dads tuning in to kids: Piloting a new parenting program targeting fathers' emotion coaching skills	Australia	Fathers of preschool children; 62.8% of them having gross family income of \$100,000 or more	Pre-post-test questionnaire	Participation of fathers in parenting programs can help them increase their PSE as much as mothers. Reduction in difficult child behaviours was also found.
Zambrana K.A.; Hart K.C.	2022	Riesgo Y Resiliencia: Exploring the Role of Parenting Stress and Self-efficacy on Young Latino Children's Well-being and Home Learning	USA	Latino lower-income families in the US	Questionnaire Survey	PSE was found to be linked with parenting stress and various child outcomes.

		Experiences during COVID-19				
Zeiders et al.	2015	Grandmothers' familism values, adolescent mothers' parenting efficacy, and children's well-being	USA	Mexican origin families	Longitudinal Path Analysis; In-home interviews	PSE in adolescent mothers was found to be linked with support and autonomy in grandmother-adolescent mother dynamic.

Part 2.a: Online support for parents

General Papers: Online parental support and PSE

Authors	Year	Title	Country of Study	Study Participants	Study Design/Methods	Key Conclusions
Awah et al.	2022	'It provides practical tips, practical solutions!': acceptability, usability, and satisfaction of a digital parenting intervention across African countries	UK	Caregivers using the studied intervention (app) for 13 weeks, across contexts in Africa	Semi-structured interviews; Thematic analysis	Online app was found to have high levels of satisfaction and helped enforce positive parenting. Lack of access to technology was found to be a barrier.
Novianti et al.	2023	Internet-based parenting intervention: A systematic review	Indonesia	Review	Review Study	Review identified that studies have shown internet-based parenting interventions can improve PSE and key outcomes.
Suárez-Perdomo et al.	2022	Evaluation of "The Positive Parent", a Spanish web-based program to promote positive parenting in a Personal Learning Environment	Spain	Spanish speaking parents	Pre-post test; Latent Profile Analysis (LPA)	Online literacy was found to be a major factor in engaging parents with online training programs. Such programs attracted more younger mothers with higher education levels and younger children.

Relevant to Key Priority Area: Child mental health and behaviour

Authors	Year	Title	Country of Study	Study Participants	Study Design/ Methods	Key Conclusions
Agazzi et al.	2022	Pandemic parenting: A pilot study of in-person versus internet-DOCS K-5 for caregivers of school-age children with disruptive behaviors	USA	Caregivers of children exhibiting disruptive behaviour	Questionnaire Survey	Internet-delivered intervention was found to be as effective as the in-person version.
Baker S.; Sanders M.R.	2017	Predictors of Program Use and Child and Parent Outcomes of A Brief Online Parenting Intervention	Australia	Australian parents of children aged 2-9 displaying disruptive behaviour problems	Randomised Controlled Trial	Online intervention was found to improve outcomes at 9-month follow up. The online program could help a broad range of family demographics to access parent training.
Burek et al.	2021	Transdiagnostic feasibility trial of internet-based parenting intervention to reduce child behavioural difficulties associated with congenital and neonatal neurodevelopmental risk: introducing I-InTERACT-North	Canada	Families of children aged 3-8 years; where the child was being treated for neonatal stroke, HIE, CHD, or pre-term birth	Pre-post study	Participants highlighted the benefits of being able to remotely access online contents of the web-based intervention. Both parent and child outcomes were improved.
Day J.J.; Sanders M.R.	2018	Do Parents Benefit From Help When Completing a Self-Guided Parenting Program Online? A Randomized Controlled Trial Comparing Triple P Online With and Without Telephone Support	Australia	Parents with children aged 2-8 years old	Randomised Controlled Trial	Practitioner-led support was found to have the potential to boost the improvements gained from self-directed online intervention.
Dittman et al.	2014	Predicting success in an online parenting intervention: The role of child, parent, and family factors	New Zealand	Parents of children aged 3-8 years, displaying disruptive behaviour	Pre-post test	Online intervention was found to result in better parent and child outcomes. Higher attendance in the program was associated with higher positive outcomes
Engelbrektsson et al.	2023	Parent Training via Internet or in Group for Disruptive Behaviors: A Randomized Clinical Noninferiority Trial	Sweden	Parents with children aged 3-11 years seeing care due to disruptive	Noninferiority randomized clinical trial	Web-delivered parent training was found to be non-inferior to face-to-face training, and the positive outcomes

				child behaviour		sustained at 12-month follow up.
Entenberg et al.	2023	AI-based chatbot micro-intervention for parents: Meaningful engagement, learning, and efficacy	USA	Parents with children aged 2-11 years	Randomised Controlled Trial	AI chatbot was found to lead to positive outcomes
Florean et al.	2020	The Efficacy of Internet-Based Parenting Programs for Children and Adolescents with Behavior Problems: A Meta-Analysis of Randomized Clinical Trials	Romania	Review	Review Study	Online parenting programs in this review were found to be effective in improving parent and child outcomes.
Franke et al.	2020	An RCT of an Online Parenting Program for Parents of Preschool-Aged Children With ADHD Symptoms	New Zealand	Parents of preschoolers (aged 3-4 years) with ADHD	Randomised Controlled Trial	Online intervention was found to have significant improvements in child and parent outcomes that were sustained at 6-month follow up.
Hansen et al.	2019	A systematic review of technology-assisted parenting programs for mental health problems in youth aged 0–18 years: Applicability to underserved Australian communities	Australia	Review	Review Study	Online and tech-assisted parenting programs were found to have the potential to engage underserved parents.
Holtrop et al.	2023	The acceptability and preliminary effectiveness of a brief, online parenting program: Expanding access to Evidence-Based parenting intervention content	USA	Caregivers of children aged 4-17 years	Mixed Methods	Online program was found to have high acceptability, and resulted in significantly improved child and parent outcomes.
Huang et al.	2019	Use of Technology to Promote Child Behavioral Health in the Context of Pediatric Care: A Scoping Review and Applications to Low- and Middle-Income Countries	USA	Review	Review Study	Review found that web-based interventions can promote child mental health, and can be adapted for lower and middle income populations.
Khor et al.	2022	Short-term outcomes of the Therapist-assisted Online Parenting Strategies	Australia	Parents and their adolescents	Single-arm, double-baseline, open-label trial	Online intervention was found to have improved parent outcomes, but no significant

		intervention for parents of adolescents treated for anxiety and/or depression: A single-arm double-baseline trial				improvement in adolescent mental health was found.
Prinz et al.	2022	Online-delivered parenting intervention for young children with disruptive behavior problems: a noninferiority trial focused on child and parent outcomes	USA	Families of children aged 3-7 years with disruptive behaviour problems	Pre-post intervention	Online-delivered intervention was found to be non-inferior to traditional mode.
Shorey et al.	2023	Evaluating the Effects of the Supportive Parenting App on Infant Developmental Outcomes: Longitudinal Study	Singapore	Infants and their parents	Randomised Controlled Trial	Web-based intervention was found to result in improved child outcomes.
Sim et al.	2022	The Role of Parent Engagement in a Web-Based Preventive Parenting Intervention for Child Mental Health in Predicting Parenting, Parent and Child Outcomes	Australia	Parents and children aged 8-11	Questionnaire Survey	Higher engagement with online interventions was associated with better parent and child outcomes.
Solís-Cordero et al.	2023	Effects of an Online Play-Based Parenting Program on Child Development and the Quality of Caregiver-Child Interaction: A Randomized Controlled Trial	Brazil	Children and their caregivers from an economically disadvantaged district	Randomised Controlled Trial	Online intervention was found to result in better child outcomes, but no significant improvements in parent outcomes for economically distressed families.
Spencer et al.	2019	Do Online Parenting Programs Create Change?: A Meta-Analysis	USA	Review	Review Study	Online parenting programs in this review were found to exhibit significant improvements in parent and child outcomes.
Thongseiratch et al.	2020	Online parent programs for children's behavioral problems: a meta-analytic review	Netherlands	Review	Review Study	Online parenting programs in the review were found to have positive impacts on child and parent outcomes.
Wisen-Vincent G.; Bokoch R.	2022	Effectiveness of the PlayStrong Neuro-Filial Parenting Program: A Program	USA	Parents of children aged 4-10 years	Mixed Methods	Online programs were found to be meeting parenting needs and creating positive

		Evaluation of an Online Pilot During COVID-19				outcomes during COVID-19.
van Leuven et al.	2023	“Will it Work as Well on Zoom?” A Natural Experiment During the Covid-19 Pandemic of Delivering Parenting Groups Via Video Conferencing or in Person	Sweden	Parents and group leaders arranging ABC program groups	Mixed Methods	Online-delivered training was found to result in general improvements in outcomes. Some concerns like difficulties in relationship-building and understanding the contents were highlighted.

Relevant to Key Priority Area: Additional needs

Authors	Year	Title	Country of Study	Study Participants	Study Design/Methods	Key Conclusions
Burek et al.	2021	Transdiagnostic feasibility trial of internet-based parenting intervention to reduce child behavioural difficulties associated with congenital and neonatal neurodevelopmental risk: introducing I-InTERACT-North	Canada	Families of children aged 3-8 years; where the child was being treated for neonatal stroke, HIE, CHD, or pre-term birth	Pre-post study	Participants highlighted the benefits of being able to remotely access online contents of the web-based intervention. Both parent and child outcomes were improved.
Franke et al.	2020	An RCT of an Online Parenting Program for Parents of Preschool-Aged Children With ADHD Symptoms	New Zealand	Parents of preschoolers (aged 3-4 years) with ADHD	Randomised Controlled Trial	Online intervention was found to have significant improvements in child and parent outcomes that were sustained at 6-month follow up.
Hinton et al.	2017	A randomized controlled trial of a telehealth parenting intervention: A mixed-disability trial	Australia	Parents and carers of children aged 2-12 years diagnosed with a range of disabilities	Randomised Controlled Trial	Online intervention for children with disabilities showed significant improvements for both the child and the parent.
Nuño et al.	2020	The Online Nurtured Heart Approach to Parenting: A Randomized Study to Improve ADHD Behaviors in Children Ages 6-8	USA	Parents with children aged 6-8 years, suspected of ADHD	Randomised Controlled Trial	Online intervention was found to have improved ADHD outcomes
Tan-MacNeill et al.	2021	A systematic review of online parent-implemented interventions for children with neurodevelopmental disorders	Canada	Review	Review Study	Online parent interventions were found to help with the outcomes for children with neurodevelopmental disorders

Relevant to Key Priority Area: Early years development

Authors	Year	Title	Country of Study	Study Participants	Study Design/ Methods	Key Conclusions
Baker S.; Sanders M.R.	2017	Predictors of Program Use and Child and Parent Outcomes of A Brief Online Parenting Intervention	Australia	Australian parents of children aged 2-9 displaying disruptive behaviour problems	Randomised Controlled Trial	Online intervention was found to improve outcomes at 9-month follow up. The online program could help a broad range of family demographics to access parent training.
Burek et al.	2021	Transdiagnostic feasibility trial of internet-based parenting intervention to reduce child behavioural difficulties associated with congenital and neonatal neurodevelopmental risk: introducing I-InTERACT-North	Canada	Families of children aged 3-8 years; where the child was being treated for neonatal stroke, HIE, CHD, or pre-term birth	Pre-post study	Participants highlighted the benefits of being able to remotely access online contents of the web-based intervention. Both parent and child outcomes were improved.
Chesnut et al.	2022	Delivering Take Root to Military Families with a Child 0-to 3-Years-Old: Examining Feasibility and Proof-of-Concept	USA	Parents of children aged 0-3 years old, who are involved with Armed Services	Questionnaire Survey	Web-based program was found to have high levels of engagement, and resulted in significant improvements in PSE.
Dittman et al.	2014	Predicting success in an online parenting intervention: The role of child, parent, and family factors	New Zealand	Parents of children aged 3-8 years, displaying disruptive behaviour	Pre-post test	Online intervention was found to result in better parent and child outcomes. Higher attendance in the program was associated with higher positive outcomes
Franke et al.	2020	An RCT of an Online Parenting Program for Parents of Preschool-Aged Children With ADHD Symptoms	New Zealand	Parents of preschoolers (aged 3-4 years) with ADHD	Randomised Controlled Trial	Online intervention was found to have significant improvements in child and parent outcomes that were sustained at 6-month follow up.
Shorey et al.	2023	Evaluating the Effects of the Supportive Parenting App on Infant Developmental Outcomes: Longitudinal Study	Singapore	Infants and their parents	Randomised Controlled Trial	Web-based intervention was found to result in improved child outcomes.
Solís-Cordero et al.	2023	Effects of an Online Play-Based	Brazil	Children and their caregivers from	Randomised Controlled Trial	Online intervention was found to result in better

		Parenting Program on Child Development and the Quality of Caregiver-Child Interaction: A Randomized Controlled Trial		an economically disadvantaged district		child outcomes, but no significant improvements in parent outcomes for economically distressed families.
Yafie et al.	2023	The Effectiveness of Seamless Mobile Assisted Real Training for Parents (SMART-P) Usage to Improve Parenting Knowledge and Children's Cognitive Development	Indonesia	Parents	Mixed Methods	The online intervention was found to significantly improve parenting knowledge, and cognitive development of children.

Relevant to Key Priority Area: Parental mental health and wellbeing

Authors	Year	Title	Country of Study	Study Participants	Study Design/Methods	Key Conclusions
Agazzi et al.	2022	Pandemic parenting: A pilot study of in-person versus internet-DOCS K-5 for caregivers of school-age children with disruptive behaviors	USA	Caregivers of children exhibiting disruptive behaviour	Questionnaire Survey	Internet-delivered intervention was found to be as effective as the in-person version.
Awah et al.	2022	'It provides practical tips, practical solutions!': acceptability, usability, and satisfaction of a digital parenting intervention across African countries	UK	Caregivers using the studied intervention (app) for 13 weeks, across contexts in Africa	Semi-structured interviews; Thematic analysis	Online app was found to have high levels of satisfaction and helped enforce positive parenting. Lack of access to technology was found to be a barrier.
Baker S.; Sanders M.R.	2017	Predictors of Program Use and Child and Parent Outcomes of A Brief Online Parenting Intervention	Australia	Australian parents of children aged 2-9 displaying disruptive behaviour problems	Randomised Controlled Trial	Online intervention was found to improve outcomes at 9-month follow up. The online program could help a broad range of family demographics to access parent training.
Broomfield et al.	2021	Engaging parents of lower-socioeconomic positions in internet- and mobile-based interventions for youth mental health: A qualitative investigation	Australia	Parents of lower socioeconomic positions	Thematic analysis	Parents from lower socioeconomic positions were found to be willing to engage with internet and mobile based interventions.
Chesnut et al.	2022	Delivering Take Root to Military Families with a Child 0-to 3-Years-Old: Examining Feasibility and Proof-of-Concept	USA	Parents of children aged 0-3 years old, who are involved with Armed Services	Questionnaire Survey	Web-based program was found to have high levels of engagement, and resulted in significant improvements in PSE.
Day et al.	2021b	Predicting positive outcomes and successful completion in an online parenting program for parents of children with disruptive behavior: An integrated data analysis	Australia	Review	Review Study	Parents' initial parenting confidence, and internet usage were found to be related with the likelihood of them completing the internet-based interventions.
Day J.J.; Sanders M.R.	2018	Do Parents Benefit From Help When Completing a Self-Guided Parenting	Australia	Parents with children aged 2-8 years old	Randomised Controlled Trial	Practitioner-led support was found to have the potential to boost the improvements gained

		Program Online? A Randomized Controlled Trial Comparing Triple P Online With and Without Telephone Support				from self-directed online intervention.
Dittman et al.	2014	Predicting success in an online parenting intervention: The role of child, parent, and family factors	New Zealand	Parents of children aged 3-8 years, displaying disruptive behaviour	Pre-post test	Online intervention was found to result in better parent and child outcomes. Higher attendance in the program was associated with higher positive outcomes
Florean et al.	2020	The Efficacy of Internet-Based Parenting Programs for Children and Adolescents with Behavior Problems: A Meta-Analysis of Randomized Clinical Trials	Romania	Review	Review Study	Online parenting programs in this review were found to be effective in improving parent and child outcomes.
Franke et al.	2020	An RCT of an Online Parenting Program for Parents of Preschool-Aged Children With ADHD Symptoms	New Zealand	Parents of preschoolers (aged 3-4 years) with ADHD	Randomised Controlled Trial	Online intervention was found to have significant improvements in child and parent outcomes that were sustained at 6-month follow up.
Haslam et al.	2017	The Use of Social Media as a Mechanism of Social Support in Parents	Australia	Parents in Australia with at least 1 child between the age 2-12 years	Online Survey	Parents reported using social media for parenting purposes, which can serve as a type of social support
Hinton et al.	2017	A randomized controlled trial of a telehealth parenting intervention: A mixed-disability trial	Australia	Parents and carers of children aged 2-12 years diagnosed with a range of disabilities	Randomised Controlled Trial	Online intervention for children with disabilities showed significant improvements for both the child and the parent.
Khor et al.	2022	Short-term outcomes of the Therapist-assisted Online Parenting Strategies intervention for parents of adolescents treated for anxiety and/or depression: A single-arm double-baseline trial	Australia	Parents and their adolescents	Single-arm, double-baseline, open-label trial	Online intervention was found to have improved parent outcomes, but no significant improvement in adolescent mental health was found.
MacKinnon et al.	2022	Promoting Mental Health in Parents of Young Children Using	Canada	Review	Review Study	Web-based program was found to promote

		eHealth Interventions: A Systematic Review and Meta-analysis				mental health among parents.
Prinz et al.	2022	Online-delivered parenting intervention for young children with disruptive behavior problems: a noninferiority trial focused on child and parent outcomes	USA	Families of children aged 3-7 years with disruptive behaviour problems	Pre-post intervention	Online-delivered intervention was found to be non-inferior to traditional mode.
Roos et al.	2021	Supporting families to protect child health: Parenting quality and household needs during the COVID-19 pandemic	Canada	Primary caregivers with children aged 1.5-8 years	Mixed Methods	Parents highlighted the importance of online supports to manage their psychological distresses.
Sim et al.	2022	The Role of Parent Engagement in a Web-Based Preventive Parenting Intervention for Child Mental Health in Predicting Parenting, Parent and Child Outcomes	Australia	Parents and children aged 8-11	Questionnaire Survey	Higher engagement with online interventions was associated with better parent and child outcomes.
Solís-Cordero et al.	2023	Effects of an Online Play-Based Parenting Program on Child Development and the Quality of Caregiver-Child Interaction: A Randomized Controlled Trial	Brazil	Children and their caregivers from an economically disadvantaged district	Randomised Controlled Trial	Online intervention was found to result in better child outcomes, but no significant improvements in parent outcomes for economically distressed families.
Spencer et al.	2019	Do Online Parenting Programs Create Change?: A Meta-Analysis	USA	Review	Review Study	Online parenting programs in this review were found to exhibit significant improvements in parent and child outcomes.
Suarez et al.	2016	Parental activities seeking online parenting support: Is there a digital skill divide?	Spain	Spanish parents	Questionnaire Survey	Parents were found to be generally highly active online to search for parenting information.
Thongseiratch et al.	2020	Online parent programs for children's behavioral problems: a meta-analytic review	Netherlands	Review	Review Study	Online parenting programs in the review were found to have positive impacts on child and parent outcomes.

Wisen-Vincent G.; Bokoch R.	2022	Effectiveness of the PlayStrong Neuro-Filial Parenting Program: A Program Evaluation of an Online Pilot During COVID-19	USA	Parents of children aged 4-10 years	Mixed Methods	Online programs were found to be meeting parenting needs and creating positive outcomes during COVID-19.
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Part 2b: Parents use of Internet for parenting purposes:

Authors	Year	Title	Country of Study	Study Participants	Study Design/Methods	Key Conclusions
Baker et al.	2017	Who Uses Online Parenting Support? A Cross-Sectional Survey Exploring Australian Parents' Internet Use for Parenting	Australia	Australian parents of 2-12 year olds	Questionnaire Survey	Web-based parenting programs were found to be as effective for higher-risk parents, as they are for lower-risk parents.
Fierloos et al.	2022	Factors associated with media use for parenting information: A cross-sectional study among parents of children aged 0–8 years	Netherlands	Parents of children aged 0–8 years living in the Netherlands	Questionnaire Survey	Young parents, and parents of younger children who have more questions and concerns were found to use social media for parenting more than older parents, and parents of older children.
Haslam et al.	2017	The Use of Social Media as a Mechanism of Social Support in Parents	Australia	Parents in Australia with at least 1 child between the age 2-12 years	Online Survey	Parents reported using social media for parenting purposes, which can serve as a type of social support.

Benefits and Challenges of online support for parents:

Authors	Year	Title	Country of Study	Study Participants	Study Design/Methods	Key Conclusions
Agazzi et al.	2022	Pandemic parenting: A pilot study of in-person versus internet-DOCS K-5 for caregivers of school-age children with disruptive behaviors	USA	Caregivers of children exhibiting disruptive behaviour	Questionnaire Survey	Internet-delivered intervention was found to be as effective as the in-person version.
Awah et al.	2022	'It provides practical tips, practical solutions!': acceptability, usability, and satisfaction of a digital parenting intervention across African countries	UK	Caregivers using the studied intervention (app) for 13 weeks, across contexts in Africa	Semi-structured interviews; Thematic analysis	Online app was found to have high levels of satisfaction and helped enforce positive parenting. Lack of access to technology was found to be a barrier.
Baker et al.	2017	Who Uses Online Parenting Support? A Cross-Sectional Survey Exploring Australian Parents' Internet Use for Parenting	Australia	Australian parents of 2-12 year olds	Questionnaire Survey	Web-based parenting programs were found to be as effective for higher-risk parents, as they are for lower-risk parents.
Baker S.; Sanders M.R.	2017	Predictors of Program Use and Child and Parent Outcomes of A Brief Online Parenting Intervention	Australia	Australian parents of children aged 2-9 displaying disruptive behaviour problems	Randomised Controlled Trial	Online intervention was found to improve outcomes at 9-month follow up. The online program could help a broad range of family demographics to access parent training.
Broomfield et al.	2021	Engaging parents of lower-socioeconomic positions in internet- and mobile-based interventions for youth mental health: A qualitative investigation	Australia	Parents of lower socioeconomic positions	Thematic analysis	Parents from lower socioeconomic positions were found to be willing to engage with internet and mobile based interventions.
Burek et al.	2021	Transdiagnostic feasibility trial of internet-based parenting intervention to reduce child behavioural difficulties associated with congenital and	Canada	Families of children aged 3-8 years; where the child was being treated for neonatal stroke, HIE, CHD, or pre-term birth	Pre-post study	Participants highlighted the benefits of being able to remotely access online contents of the web-based intervention. Both parent and child outcomes were improved.

		neonatal neurodevelopmental risk: introducing I-InTERACT-North				
Callejas et al.	2018	'Gaining health and wellbeing from birth to three': a web-based positive parenting programme for primary care settings	Spain	Parents and Professionals (e.g., paediatricians, nurses, midwives, social workers, psychologists, and teachers)	Programme satisfaction survey	Parents reported high satisfaction with online parenting program. The program could reach a large number of people in a cost efficient way.
Chang I.-H.; Chen R.-S.	2020	The Impact of Perceived Usefulness on Satisfaction with Online Parenting Resources: The Mediating Effects of Liking and Online Interaction	Taiwan	Parents	Questionnaire Survey	Online parenting resources, and the sense of community through online interactions were found to help improve parenting.
Chesnut et al.	2022	Delivering Take Root to Military Families with a Child 0-to 3-Years-Old: Examining Feasibility and Proof-of-Concept	USA	Parents of children aged 0-3 years old, who are involved with Armed Services	Questionnaire Survey	Web-based program was found to have high levels of engagement, and resulted in significant improvements in PSE.
Clarkson A.; Zierl L.	2018	An online parenting program grows digital parenting skills and parent-school connection	USA	Parents who used the program "eParenting"	Questionnaire Survey	Online parenting program appeared to increase their digital media knowledge, and helped parenting teens.
Czimoniewicz-Klipper	2019	Patterns of participation in the Grow parenting program	USA	Parents	Questionnaire Survey	Online version of parenting intervention was found to be feasible.
Day J.J.; Sanders M.R.	2018	Do Parents Benefit From Help When Completing a Self-Guided Parenting Program Online? A Randomized Controlled Trial Comparing Triple P Online With and Without Telephone Support	Australia	Parents with children aged 2-8 years old	Randomised Controlled Trial	Practitioner-led support was found to have the potential to boost the improvements gained from self-directed online intervention.
Day et al.	2021b	Predicting positive outcomes and successful completion in an	Australia	Review	Review Study	Parents' initial parenting confidence, and internet usage were

		online parenting program for parents of children with disruptive behavior: An integrated data analysis				found to be related with the likelihood of them completing the internet-based interventions.
Dittman et al.	2014	Predicting success in an online parenting intervention: The role of child, parent, and family factors	New Zealand	Parents of children aged 3-8 years, displaying disruptive behaviour	Pre-post test	Online intervention was found to result in better parent and child outcomes. Higher attendance in the program was associated with higher positive outcomes
Engelbrektsson et al.	2023	Parent Training via Internet or in Group for Disruptive Behaviors: A Randomized Clinical Noninferiority Trial	Sweden	Parents with children aged 3-11 years seeing care due to disruptive child behaviour	Noninferiority randomized clinical trial	Web-delivered parent training was found to be non-inferior to face-to-face training, and the positive outcomes sustained at 12-month follow up.
Entenberg et al.	2023	AI-based chatbot micro-intervention for parents: Meaningful engagement, learning, and efficacy	USA	Parents with children aged 2-11 years	Randomised Controlled Trial	AI chatbot was found to lead to positive outcomes
Florean et al.	2020	The Efficacy of Internet-Based Parenting Programs for Children and Adolescents with Behavior Problems: A Meta-Analysis of Randomized Clinical Trials	Romania	Review	Review Study	Online parenting programs in this review were found to be effective in improving parent and child outcomes.
Fierloos et al.	2022	Factors associated with media use for parenting information: A cross-sectional study among parents of children aged 0-8 years	Netherlands	Parents of children aged 0-8 years living in the Netherlands	Questionnaire Survey	Young parents, and parents of younger children who have more questions and concerns were found to use social media for parenting more than older parents, and parents of older children.
Franke et al.	2020	An RCT of an Online Parenting Program for Parents of Preschool-Aged Children With ADHD Symptoms	New Zealand	Parents of preschoolers (aged 3-4 years) with ADHD	Randomised Controlled Trial	Online intervention was found to have significant improvements in child and parent outcomes that were

						sustained at 6-month follow up.
Hansen et al.	2019	A systematic review of technology-assisted parenting programs for mental health problems in youth aged 0–18 years: Applicability to underserved Australian communities	Australia	Review	Review Study	Online and tech-assisted parenting programs were found to have the potential to engage underserved parents.
Holtrop et al.	2023	The acceptability and preliminary effectiveness of a brief, online parenting program: Expanding access to Evidence-Based parenting intervention content	USA	Caregivers of children aged 4-17 years	Mixed Methods	Online program was found to have high acceptability, and resulted in significantly improved child and parent outcomes.
Huang et al.	2019	Use of Technology to Promote Child Behavioral Health in the Context of Pediatric Care: A Scoping Review and Applications to Low- and Middle-Income Countries	USA	Review	Review Study	Review found that web-based interventions can promote child mental health, and can be adapted for lower and middle income populations.
Khor et al.	2022	Short-term outcomes of the Therapist-assisted Online Parenting Strategies intervention for parents of adolescents treated for anxiety and/or depression: A single-arm double-baseline trial	Australia	Parents and their adolescents	Single-arm, double-baseline, open-label trial	Online intervention was found to have improved parent outcomes, but no significant improvement in adolescent mental health was found.
van Leuven et al.	2023	“Will it Work as Well on Zoom?” A Natural Experiment During the Covid-19 Pandemic of Delivering Parenting Groups Via Video Conferencing or in Person	Sweden	Parents and group leaders arranging ABC program groups	Mixed Methods	Online-delivered training was found to result in general improvements in outcomes. Some concerns like difficulties in relationship-building and understanding the contents were highlighted.
McCatharn et al.	2022	Circles of Support: Exploring the ‘Where’ and ‘Why’	USA	Primary Caregivers	Mixed Methods	Family and friends were found to be the initial source of

		of Parents' of Infants Information Seeking Behaviors				information and support, while websites and online media were found to be the secondary and tertiary source of support.
McGoron et al.	2019	A pragmatic internet intervention to promote positive parenting and school readiness in early childhood: Initial evidence of program use and satisfaction	USA	Parents of children aged 2-5 years	Questionnaire Survey	Parents reported high satisfaction with online contents of the parenting program. Initial engagement was found to be crucial for continued interaction with the online programs.
Novianti et al.	2023	Internet-based parenting intervention: A systematic review	Indonesia	Review	Review Study	Review identified that studies have shown internet-based parenting interventions can improve PSE and key outcomes.
Nuño et al.	2020	The Online Nurtured Heart Approach to Parenting: A Randomized Study to Improve ADHD Behaviors in Children Ages 6–8	USA	Parents with children aged 6-8 years, suspected of ADHD	Randomised Controlled Trial	Online intervention was found to have improved ADHD outcomes.
Pluye et al.	2020	Outcomes of equity-oriented, web-based parenting information in mothers of low socioeconomic status compared to other mothers: participatory mixed methods study	USA	Mothers of children aged 0-8 years	Questionnaire Survey	Equity-oriented online parenting information was found to offer equal benefits for all socioeconomic backgrounds.
Prinz et al.	2022	Online-delivered parenting intervention for young children with disruptive behavior problems: a noninferiority trial focused on child and parent outcomes	USA	Families of children aged 3-7 years with disruptive behaviour problems	Pre-post intervention	Online-delivered intervention was found to be non-inferior to traditional mode.
Roos et al.	2021	Supporting families to protect child health: Parenting quality and household needs	Canada	Primary caregivers with children aged 1.5-8 years	Mixed Methods	Parents highlighted the importance of online supports to manage their psychological distresses.

		during the COVID-19 pandemic				
Russell et al.	2016	Computer-mediated parenting education: Digital family service provision	Canada	Parents	Questionnaire Survey	Parents with different levels of parenting struggles were found to self-select themselves for online intervention.
Sim et al.	2022	The Role of Parent Engagement in a Web-Based Preventive Parenting Intervention for Child Mental Health in Predicting Parenting, Parent and Child Outcomes	Australia	Parents and children aged 8-11	Questionnaire Survey	Higher engagement with online interventions was associated with better parent and child outcomes.
Solís-Cordero et al.	2023	Effects of an Online Play-Based Parenting Program on Child Development and the Quality of Caregiver-Child Interaction: A Randomized Controlled Trial	Brazil	Children and their caregivers from an economically disadvantaged district	Randomised Controlled Trial	Online intervention was found to result in better child outcomes, but no significant improvements in parent outcomes for economically distressed families.
Spencer et al.	2019	Do Online Parenting Programs Create Change?: A Meta-Analysis	USA	Review	Review Study	Online parenting programs in this review were found to exhibit significant improvements in parent and child outcomes.
Suarez et al.	2016	Parental activities seeking online parenting support: Is there a digital skill divide?	Spain	Spanish parents	Questionnaire Survey	Parents were found to be generally highly active online to search for parenting information.
Suárez-Perdomo et al.	2022	Evaluation of “The Positive Parent”, a Spanish web-based program to promote positive parenting in a Personal Learning Environment	Spain	Spanish speaking parents	Pre-post test; Latent Profile Analysis (LPA)	Online literacy was found to be a major factor in engaging parents with online training programs. Such programs attracted more younger mothers with higher education levels and younger children.
Tan-MacNeill et al.	2021	A systematic review of online parent-implemented interventions for	Canada	Review	Review Study	Online parent interventions were found to help with the outcomes for

		children with neurodevelopmental disorders				children with neurodevelopmental disorders
Thongseiratch et al.	2020	Online parent programs for children's behavioral problems: a meta-analytic review	Netherlands	Review	Review Study	Online parenting programs in the review were found to have positive impacts on child and parent outcomes.
Trahan et al.	2021	Mobile Applications for Low-Income U.S. Fathers: A Systematic Review of Content, Comprehensiveness and User Ratings	USA	Review	Review Study	Review found that currently available mobile apps do not focus on low-income and racially diverse fathers.
Tomlinson et al.	2021	Challenges and opportunities for engaging unmarried parents in court-ordered, online parenting programs	USA	Parents involved in paternity/divorce cases	Randomised Controlled Trial	Access to technology was identified as one of the barriers to online interventions.
Wisen-Vincent G.; Bokoch R.	2022	Effectiveness of the PlayStrong Neuro-Filial Parenting Program: A Program Evaluation of an Online Pilot During COVID-19	USA	Parents of children aged 4-10 years	Mixed Methods	Online programs were found to be meeting parenting needs and creating positive outcomes during COVID-19.
Yafie et al.	2023	The Effectiveness of Seamless Mobile Assisted Real Training for Parents (SMART-P) Usage to Improve Parenting Knowledge and Children's Cognitive Development	Indonesia	Parents	Mixed Methods	The online intervention was found to significantly improve parenting knowledge, and cognitive development of children.
Zhang et al.	2019	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	China	Chinese parents with children between 6-35 months of age	Self-reporting Survey	Online platform was found to be the preferred mode of parenting support among Chinese parents.

Appendix C: Survey text

Survey 1 – sent immediately after a conversation is closed

Your feedback on Parent Talk (survey 1)

You have been sent this survey as you recently spoke to a coach on Parent Talk, Action for Children's help and advice website for parents and carers. We want to understand what you were looking for help with, and whether the site has been useful to you and your family. This will help us develop the free service for more parents across the UK to be able to use.

This survey is part of an evaluation by Action for Children and the University of Birmingham.

We estimate that it'll take about 10 minutes to fill out, and you will have the option to be entered in a prize draw for a £200 high street voucher.

If you don't have time to complete the full survey in one go, you can save your response and return to it later.

A note on data

- The data you provide will be stored by Action for Children according to our existing data protection policy: <https://parents.actionforchildren.org.uk/privacy-policy/>
- All data will be anonymised (meaning that all personal information, such as your email address, will be removed) before being shared with the University of Birmingham for the purpose of the evaluation.
- The researchers may also write an academic article with key findings. No names or clearly identifying characteristics will be used or shared.
- By replying to the survey, you consent to the University of Birmingham using the anonymised information you provide for these specified purposes.
- You are entitled to withdraw your response from the evaluation up to 2 weeks after you have completed it, by contacting Action for Children at parenttalk@actionforchildren.org.uk
- If you answer "yes" to question 2, you are providing consent to pass on your contact details to researchers at the University of Birmingham

I have read the above, and I'm happy to proceed to the survey. (tick box required)*

1. Would you like to be entered in a prize draw for a chance of winning a £200 high street voucher? If you select "yes" we will ask for your e-mail address.*

- Yes (if selected, require e-mail)
- No

2. Would you be willing for researchers to contact you for a follow-up interview in the next few weeks? If you select "yes" we will ask about the best way to get in touch with you. *

- Yes
- No

3. How would you prefer for us to get in touch?

- E-mail (if selected, require e-mail address)
- Phone (if selected, require phone number)

4. Where did you hear or find out about Parent Talk? *

- Google
- Bing/other search engine
- Social Media
- Other charity or government website
- From a local service/children's centre
- Word of mouth
- I don't remember
- Somewhere else, please specify

5. Why were you looking for information and/or support from Parent Talk?*

- Special Educational Needs & Disabilities (SEND)
- Support with behaviour
- Your child's mental health/emotional wellbeing
- Your own mental health/emotional wellbeing
- Co-parenting, separation or divorce
- Early Years (0-5) development
- Child development questions
- Teenage development
- Education and schooling (including school anxiety)
- Other reasons, please specify

6. Did you read any articles on the site? *

- Yes
- No

7. Please rate how you feel about the statements below: *

The article(s) provided me with the information I was looking for.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

The article(s) helped me develop my parenting skills in the area I needed help with.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

The article(s) helped me gain confidence to manage the question/concern I needed help with.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly disagree

8. Please rate how you feel about the following statements about the chat you had: *

The chat gave me the information I was looking for.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I felt understood in the chat.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I felt listened to in the chat.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

The chat helped me gain confidence to manage what I needed help with.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

The chat gave me the right advice to be able to manage this question/ concern on my own.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

The hours of chat service worked for my routine.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I got a response quickly enough to help with my question /concern.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

8. What has improved for you since you spoke to a coach on Parent Talk? Please select as many as apply.*

- Stress levels
- Emotional wellbeing/mental health
- Parenting skills
- Understanding of my situation
- Confidence around what I need to do next
- Knowing where else to go for support if needed
- Reassurance about my concern/question
- Nothing has improved
- Other, please specify

9. How would you have preferred to speak to a parenting coach? Select as many as apply.*

- Live chat
- Phone call
- Video call
- E-mail
- WhatsApp
- SMS
- Face-to-face
- Other, please specify

9b. Can you tell us more about why you chose these option(s)?*

10. Would you recommend Parent Talk to a friend?*

- Yes
- No

11. Is there anything else you'd like to tell us about the support you received or what could be improved?

Demographic Questions

This next set of questions is entirely optional. We're committed to helping parents across the UK, and we want to understand the range of parents we've been supporting through Parent Talk. If there are any questions you would rather not answer, please feel free to move onto the next question, or to the final part of the form.

1. How old are you?

- 19 or under
- 20-29
- 30-39
- 40-49
- 50-59
- 60 or older

2. How many children do you have parental/caring responsibilities for?

- 0
- 1
- 2
- 3
- 4
- 5+

3. What are the ages of your child/children? (select as many as apply)

- 0-2 years
- 3-5 years
- 6-11 years
- 12-18 years
- 19 or older

4. Do you permanently live with a partner? (This doesn't have to be a child's other biological parent)

- Yes
- No

5. Please indicate which of the following terms best describe your racial and/or ethnic identity. Check as many terms as apply.

- Arab
- Asian/Asian British
- Black/African/Caribbean/Black British
- Mixed/Bi-racial/Multi-racial
- White
- Other, please specify

6. Please indicate which of the following terms best describe your sexual orientation.

- Asexual/nonsexual
- Bisexual
- Gay
- Lesbian
- Heterosexual/straight

- Queer
- Other

7. What is your gender identity?

- Woman
- Man
- Transgender
- Non-binary/genderqueer/agender/gender fluid
- Don't know
- Other, please specify

8. Is English your first/primary language?

- Yes
- No

9. What, if any, need or disability do you have? Select all that apply.

- ADHD
- Autism spectrum disorder
- Learning disability
- Mental health disability
- Mobility disability
- Sensory disability
- Hearing – deaf or hard of hearing
- Sight- I am blind, partially sighted or colour blind
- Other, please specify

Survey 2 – sent 4 weeks after a case is closed

Your feedback on Parent Talk (survey 2)

You have been sent this survey, as you have previously completed the first evaluation survey of Parent Talk, Action for Children's help and advice website for parents and carers. We want to understand more about how Parent Talk helps parents and carers in the medium/longer term and what other sources of support parents might use. This will help us understand the impact of the service and how to further develop it to best support parents.

This survey is part of an evaluation by Action for Children and the University of Birmingham.

We estimate that it'll take about 10 minutes to fill out, and you will have the option to be entered in a prize draw for a £200 high street voucher.

If you don't have time to complete the full survey in one go, you can save your response and return to it later.

A note on data

- The data you provide will be stored by Action for Children according to our existing data protection policy: <https://parents.actionforchildren.org.uk/privacy-policy/>

- All data will be anonymised (meaning that all personal information, such as your email address, will be removed) before being shared with the University of Birmingham for the purpose of the evaluation.
- The researchers may also write an academic article with key findings. No names or clearly identifying characteristics will be used or shared.
- By replying to the survey, you consent to the University of Birmingham using the anonymised information you provide for these specified purposes.
- You are entitled to withdraw your response from the evaluation up to 2 weeks after you have completed it, by contacting Action for Children at parenttalk@actionforchildren.org.uk
- If you answer "yes" to question 2, you are providing consent to pass on your contact details to researchers at the University of Birmingham

I have read the above, and I'm happy to proceed to the survey. (tick box required)*

1. Would you like to be entered in a prize draw for a chance of winning a £200 high street voucher? If you select "yes" we will ask for your e-mail address. *

- Yes
- No

2. Would you be willing for researchers to contact you for a follow-up interview in the next few weeks? If you select "yes" we will ask about the best way to get in touch with you. *

- Yes
- No

3. How would you prefer for us to get in touch?

- E-mail (if selected, require e-mail address)
- Phone (if selected, require phone number)

4a. It has now been about 4 weeks since you first visited Parent Talk. Has there been any changes in the area(s) you sought information about or support for? *

- The situation that I had a question/concern about has gotten worse
- There has been no change
- The situation that I had a question/concern about has improved, as a result of using Parent Talk
- The situation that I had a question/concern about has improved, for a reason that has nothing to do with Parent Talk

4b. Can you tell us a little more about your answer?* (free text)

5. What do you think has improved for you as a parent/carer (if anything)? Select as many as apply. *

- Mental health and emotional wellbeing
- Access to educational support
- Understanding of my situation
- Confidence
- Knowledge about access to other support

- Parenting strategies and skills
- My child's safety
- My own safety
- Stress levels
- More positive family interactions
- None of the above
- Other, please specify

6. What do you think has improved for your child (if anything)? Select as many as apply. *

- Mental health and emotional wellbeing
- Access to educational support
- Attendance at school
- Understanding of their situation
- Confidence
- Knowledge about access to other support
- Their safety
- Behaviour
- Stress levels
- More positive family interactions
- Social Skills
- None of the above
- Other, please specify

7. What do you think has improved for your family as a whole (if anything)? Select as many as apply.*

- Mental health and emotional wellbeing
- Access to educational support
- Connecting more as a family
- Confidence
- Knowledge about access to other support
- Parenting strategies and skills
- Stress levels
- More positive family interactions
- None of the above
- Other, please specify

8. I used the following sources of information and/or support **before** using Parent Talk: *

- Friends & family
- My GP/health visitor
- School support
- Local council/government
- Parenting groups/networks
- Other charities that help parents and families
- Other websites that help parents & carers
- Social media advice from someone you follow – Instagram, TikTok
- Online groups/forums - Facebook, Reddit, Mumsnet
- Other, please specify

9. I used the following sources of information and/or support **at the same time** as using Parent Talk:

*

- Friends & family
- My GP/health visitor
- School support
- Local council/government
- Parenting groups/networks
- Other charities that help parents and families
- Other websites that help parents & carers
- Social media advice from someone you follow – Instagram, TikTok
- Online groups/forums - Facebook, Reddit, Mumsnet
- Other, please specify

10. I used the following sources of information and/or support **after** using Parent Talk: *

- Friends & family
- My GP/health visitor
- School support
- Local council/government
- Parenting groups/networks
- Other charities that help parents and families
- Other websites that help parents & carers
- Social media advice from someone you follow – Instagram, TikTok
- Online groups/forums - Facebook, Reddit, Mumsnet
- Other, please specify

11. Based on your experience, how likely are you to use Parent Talk in the future, if needed?

- 5- Very likely
- 4- Likely
- 3- Neither likely nor unlikely
- 2- Somewhat unlikely
- 1- Very unlikely

Parent Talk Evaluation

Draft interview guide

Introduction:

- Go over the information leaflet and make sure the participant has understood it and has a chance to ask any questions they may have
- Re-confirm consent to do the interview and to record it in Teams.
- Ask for name to be changed in tag/label.

Section 1: About you

1. Is it ok if I ask you a few questions about yourself and your family?

Background information:

- Relation to child
- Age of child
- Gender of child
- Any known SEN or Disability
- Number of children in the family
- Family situation (one/two-parent household)
- Employment situation

2. Can you tell me a little bit about why you sought information and/or support from Parent Talk in the first place?

3. Where did you hear about Parent talk from?

4. Did you access the articles, the chat or both?

5. What were your experiences of accessing the service?

- a. Was the material relevant/accessible?
- b. Did you feel listened to and understood?

6. What did you think about the information and/or advice you were given?

7. Did the material/chat on Parent Talk help you understand the issue(s) you were experiencing/manage any challenges better?

8. Did the information and/or support you received from Parent Talk have any effect on your skills, knowledge or confidence as a parent for dealing with the issue(s) you sought help for?
9. What do you think has been the outcomes, if any, of you accessing the service?
 - a. For yourself?
 - b. For your child/children?
 - c. For your family as a whole?
10. If you were to experience a situation in the future, which might require information or support, where do you think you will go for that?
11. Is there anything you would have changed in the way Parent Talk works/is laid out, etc.
12. Anything we haven't covered?

Thank you very much for your help.

Appendix E: Survey participants

Age	20-29	30-39	40-49	50-59	60 or older		Left blank
	3	11	18	2	1		1
Number of children	0	1	2	3	4	5+	Left blank
	1	11	15	3	3	1	2
Gender identity	Man	Woman	Non-binary/genderqueer / agender/gender fluid				Left blank
	6	26	1				3
Ethnicity	White	Asian/Asian British	Black/African/Caribbean/Black British	Mixed/Bi-racial/Multi-racial			Left blank
	29	1	2	1			3
Sexual orientation	Heterosexual	Bisexual	Lesbian	Queer	Other		Blank
	25	3	1	1	2		4
English first language?	yes	no					Left blank
	31	2					3
Lives permanently with a partner	yes	No					Left blank
	22	11					3
Ages of child/ren ⁱ	0-2	3-5	6-11	12-18	18+		Left blank
	8	12	18	15	1		3

ⁱ Note that for ages of children the total number is higher than 36, as some participants had more than one child and were allowed to tick as many options as applied to them.