Title registration for a review proposal: Individual and group-based parenting programmes for improving psychosocial outcomes for Indigenous parents and their children: A systematic review

To start a Campbell review, a title must be registered and approved by the appropriate Campbell review group. For information about the title registration and protocol and review steps, visit the Campbell website: http://www.campbellcollaboration.org/systematic_reviews/index.php

Submitted to the Coordinating Group of: Social Welfare

Plans to co-register: Yes – with Cochrane DPLPG

Instruction: Briefly address each item below. Provide enough precise information to allow us the ability to evaluate the scope of the review and its appropriateness for the Campbell Collaboration. Note the review proposal should not overlap with existing Campbell and Cochrane published reviews or registered reviews in progress.

**TITLE OF THE REVIEW**

Suggested format

Individual and group-based parenting programmes for improving psychosocial outcomes for Indigenous parents and their children.

**BACKGROUND**

**Briefly describe and define the problem**

Provide a brief description of the problem. Why is this review important? (You may provide citations of relevant papers. Use APA style for referencing.)

Indigenous\(^1\) children are overrepresented across social service systems in high-income countries with respect to their numbers in the larger populations in which

\(^1\) In this review, the term ‘Indigenous’ is inclusive of, but not limited to, Aboriginal, Torres Strait Islanders, Aleut, Native Samoans, Native Hawaiians, Alaskan Native, First Nations, Inuit, Maori, Metis, and Native American.
they live. Canadian First Nation (Sinha, et al., 2011), American Indian/Alaska Native (Children’s Bureau of the United States Department of Health and Human Services, 2010), Australian Aboriginal (Australian Institute of Health and Welfare, 2012), and New Zealand Maori (Cornwall, 2004) children are more often placed in out-of-home care as a result of child maltreatment than their non-Indigenous counterparts. Similarly, Indigenous children are more frequently involved in the juvenile justice system than non-Indigenous children (Australian Institute of Health and Welfare, 2011b; Brzozowski, Taylor-Butts, & Johnson, 2006; New Zealand Ministry of Justice, 2002; Snyder & Sickmund, 2006); there are more reported incidents of maltreatment of Indigenous than non-Indigenous children (Australian Institute of Health and Welfare, 2012; Children’s Bureau of the United States Department of Health and Human Services, 2010; Mardani, 2010; Public Health Agency of Canada, 2010); and Indigenous children appear to be at substantially higher risk of poor psychosocial outcomes, such as social, emotional, behavioral, learning and developmental problems, than non-Indigenous children (e.g., Australian Institute of Health and Welfare, 2011a).

In addition, a community-level risk factor involves the potential loss of language and culture due to the lingering effects of colonialism and the separation of Indigenous people from the land (Armstrong, 2010), and the maintenance of tradition has been linked to resiliency in some studies (Chandler & Lalonde, 1998; Ungar, et al., 2007). Targeting parents or primary care givers has been identified as being key to promoting the wellbeing of children, and in the prevention of future problems (Landry, Smith, Swank, Assel, & Vellet, 2001; Olds, Kitzman, et al., 2007; Ososky & Thompson, 2000). While notions of ‘parent’ and ‘family’ are conceptualized more broadly in Indigenous cultures compared to non-Indigenous cultures (Borg & Paul, 2004; Farmer & Fasoli, 2010; Kruske, Belton, Wardaguga, & Narjic, 2012) the importance of caregivers in promoting positive outcomes may be equally important. A number of systematic reviews have found parenting interventions to be effective in improving child (e.g., Barlow, et al., 2011; Barlow, Smailagic, Ferriter, Bennett, & Jones, 2010; Eccleston, Palermo, Fisher, & Law, 2012; Furlong, et al., 2012; Woolfenden, Williams, & Peat, 2009) parent outcomes (e.g., Barlow, et al., 2011; Barlow, Smailagic, Huband, Roloff, & Bennett, 2012; Eccleston, et al., 2012; Furlong, et al., 2012). However, none have specifically focused on Indigenous parents as either the primary population or as a subgroup.

**Why is this review important?**
Indigenous children are over-represented in terms of a range of poor outcomes including juvenile delinquency and child abuse. Interventions to support parents, families, and children are being delivered in Indigenous communities throughout the world, but there is currently no review level evidence that has explicitly examined the effectiveness of parenting programmes for Indigenous families.
An existing review that examined the effectiveness of parenting programmes for ethnic minority parents, and that included ‘culturally specific’ parenting programmes found less evidence of effectiveness for these adapted programmes (Shaw, Stewart-Brown, Barlow 2001). This finding suggests that cultural and structural issues may mitigate the potential benefit of parenting programmes that has been identified in non-Indigenous parents (e.g., Barlow, Johnston, Kendrick, Polnay, & Stewart-Brown, 2008; Barlow, et al., 2011; Barlow, et al., 2010; Coren, Hutchfield, Thomae, & Gustafsson, 2011; Kendrick, Barlow, Hampshire, Polnay, & Stewart-Brown, 2007; Olds, Sadler, & Kitzman, 2007; Woolfenden, et al., 2009) or in systematic reviews of specific parenting programmes (e.g., Bryant & Beck, 2010; Diggle & McConachie, 2009; Furlong, et al., 2012; Miller, Maguire, & Macdonald, 2011).

A systematic review would provide some indication as to which parenting programmes may be more effective with Indigenous populations and could therefore aid in the development of future policy for these families.

**Briefly describe and define the population**

The participants will be parents/caregivers of children aged up to and including 19 years (i.e. consistent with the World Health Organisation’s definition of ‘child’). Studies with children older than 19 years will be included only if the mean age of the sample is no greater than 19 years and 11 months. Interventions with participant groups identified as ‘families’ will be included only if at least one member of the participating family is a parent as described above. Studies reporting interventions with parents of children with and without identified psychosocial problems will be included, as will studies targeting parents or children with or without diagnosed disabilities or mental health problems.

The parents and/or children will have been identified in the studies as Indigenous members of the population under investigation. Only studies detailing interventions specifically delivered to Indigenous families will be included in this review. Although a universally accepted definition of Indigenous peoples is difficult to formulate, the UN workshop on data collection and disaggregation for Indigenous people (United Nations, 2004), states that for practical purposes, the following definition is commonly accepted:

> “Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them...They form at present non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in
accordance with their own cultural patterns, social institutions and legal system.” (Martinez Cobo, 1986/7)

For the purposes of this review, included studies must both indicate that the sample, or a substantial portion of the sample receiving the intervention, is identified as Indigenous, and that results for mixed studies are stratified by Indigenous and non-Indigenous participants (i.e. can be disaggregated).

**Briefly describe and define the intervention**

**Parenting programmes for Indigenous parents**

Standard parenting programmes comprise structured/manualized interventions that can be delivered on a one-to-one basis over a short period of time (typically less than 20 weeks), with the primary aim of improving children’s psychosocial functioning by improving parenting knowledge and skills, and parent-child relations.

Parenting programmes for Indigenous parents and families are delivered widely throughout Australia, Canada, the United States and America and New Zealand. These take various forms including broad-based community initiatives, structured parenting programmes, and home visiting programmes. The structured parenting programs are similar to those for non-Indigenous parents (i.e. described above) but focus explicitly on the needs of Indigenous parents, and are as such typically described as being ‘culturally sensitive’.

The focus of the current review is on parenting programmes that meet all of the following criteria:

Structured/manualised programmes underpinned by any theoretical approach that explicitly targets Indigenous parents or caregivers, and that are delivered in an individual or group format with the aim of improving parenting skills, attitude, knowledge or practices, parent-child interactions, parental psychosocial wellbeing, or family functioning.

We will exclude programmes that do not include a majority of indigenous parents/caregivers or that target children only. We will also exclude antenatal programmes that focus on the pregnancy care of Indigenous parents, or that are provided during the ante-natal period only.

We will only include studies that have utilised a control group. We will not include studies that only compare two parenting programmes (i.e. without a control group). Studies that involve two treatment arms alongside a control arm with be included.
Outcomes: What are the intended effects of the intervention?

To be eligible for inclusion in this review, studies must report at least one measure of parental or child psychosocial outcome, which has been assessed using a validated measure:

**Primary outcomes**

**Parent outcomes**
- Psychosocial health (e.g. depression, anxiety, stress, self-esteem)
- Parenting knowledge, practices and skills

**Child outcomes**
- Child emotional and behavioural adjustment (including internalising and externalising behaviour)
- Child abuse outcomes (e.g. registrations; out of home placements etc)

**Parent-child relationship**
- Parent-child interactions (including parent interactions with the child, child interactions with the parent, and mutual interactions)

**Secondary Outcomes**

Child developmental outcomes;

Family functioning

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**OBJECTIVES**

To examine the effectiveness of individual and group-based parenting programmes for improving the psychosocial outcomes of Indigenous parents and their children

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**METHODOLOGY**

**What types of studies designs are to be included and excluded?** Please describe eligible study designs, control/comparison groups, measures, and duration of follow-ups.

**Inclusion criteria:**

We will only include studies that have utilised contemporary control or comparison conditions, including randomised controlled trials, quasi-randomised controlled trials and non-randomised controlled trials. Trials using clustering will also be included.

Studies using any of the above validated outcome measures will be included.
We will only include studies in which the immediate post-intervention data is available. We will where available include long-term follow-up data (i.e. measured at 6-months; 1 and 2 years).

**Exclusion criteria:**

We will exclude studies using historical comparison data, and studies that do not measure outcomes at a similar point in time for intervention and control groups. Studies that have not assessed outcomes pre and post intervention for both intervention and control groups will also not be included. Studies that report only change data will be included.

**Your method of synthesis:**

Data will be independently extracted from studies by two reviewers. Disagreements will be resolved by a third reviewer. Studies will be assessed for risk of bias using the latest Cochrane Risk of Bias tables. Missing information needed to synthesize studies will be sought from study authors. Missing data and attrition will be assessed for each study and described using a narrative summary.

Means and standard deviations will be reported for continuous data, and standardised mean differences and 95% confidence intervals will be calculated for the purpose of meta-analysis.

Studies will be assessed for heterogeneity by comparing variability in population, intervention, comparison, outcomes and study designs. The I² test (Higgins & Thompson, 2002) will be used to assess statistical heterogeneity and, where heterogeneity exists, random effects models will be used for the purpose of meta-analysis.

Sensitivity analyses will be conducted to assess the potential impact of study factors (i.e. quasi methods of randomisation), on the effect size obtained. Where appropriate, subgroup analyses will be conducted to assess the impact of programmes factors (such as duration; individual versus group, combined parent-child versus parent only) on effect size. Moderator analysis will be utilised if justified in terms of the number of included studies and the level of homogeneity.

A narrative description of studies will be provided where meta-analysis is not possible.

**Sources of support**

**Internal funding:**
Internal funding from the Parenting Research Centre
DECLARATIONS OF INTEREST

Professor Aron Shlonsky, co-chair of the Campbell Social Welfare Group, is a co-author on this review. He will not act in his co-chair role in relation to this review.

The Parenting Research Centre (PRC) of Australia develops and evaluates parenting programmes in Australia and internationally. While it is not anticipated that any PRC studies will be included in this review, it is possible that this will occur. Should this come to pass, steps will be taken to ensure that screening, extraction, and analyses are unbiased and transparent (to be detailed in the forthcoming protocol).

REQUEST SUPPORT

Do you need support in any of these areas (methodology, statistics, systematic searches, field expertise, review manager etc?)

Language / translation support for search, screen, and data extraction if necessary

Librarian support if available

AUTHOR(S) REVIEW TEAM

Include the complete name and address of reviewer(s) (can be changed later). This is the review team -- list the full names, affiliation and contact details of author’s to be cited on the final publication.

Lead reviewer:
The lead author is the person who develops and co-ordinates the review team, discusses and assigns roles for individual members of the review team, liaises with the editorial base and takes responsibility for the on-going updates of the review

Name: Michelle Macvean
Title: Dr
Affiliation: Parenting Research Centre
Address: Level 5, 232 Victoria Parade
City, State, Province or County: East Melbourne, Victoria
Postal Code: 3002
Country: Australia
Phone: 613 99811503
Mobile: 0428318612
Email: mmacvean@parentingrc.org

Co-author(s):

Name: Aron Shlonsky
Title: Associate Professor
Affiliation: University of Toronto, Factor-Inwentash Faculty of Social Work
ROLES AND RESPONSIBILITIES

Please give brief description of content and methodological expertise within the review team. The recommended optimal review team composition includes at least one person on the review team who has content expertise, at least one person who has methodological expertise and at least one person who has statistical expertise. It is also recommended to have one person with information retrieval expertise. Who is responsible for the below areas? Please list their names:

• Content: Robyn Mildon, Aron Shlonsky, Jane Barlow
• Systematic review methods: Aron Shlonsky, Michelle Macvean, Jane Barlow
• Statistical analysis: Michelle Macvean, Aron Shlonsky, Jane Barlow
• Information retrieval: Aron Shlonsky, Michelle Macvean, Ben Devine
PRELIMINARY TIMEFRAME

Approximate date for submission of Draft Protocol (please note this should be no longer than six months after title approval. If the protocol is not submitted by then, the review area may be opened up for other reviewers):

One month after title registration approval.

References


