

# Has a health-promoting parenting program any effect? – Results from a randomized controlled trial

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## Conclusions

In the first randomized controlled trial of All Children in Focus, the program appears to promote parental self-efficacy and perceptions of children's health and development in a general population. Families may also benefit differently depending on their baseline characteristics. The evaluation indicated that families benefited from participating in the program. This contributes to an existing understanding of the advantages of offering universal parenting programs as a public health approach to strengthening families. However, further research is needed to investigate long-term effects and mediating variables, as well as the potential cost-effectiveness of the program.

## Introduction

Parenting programs have been highlighted as a way of supporting and empowering parents. As programs designed to promote children's health and well-being are rare, was a new health-promotion program, All Children in Focus, developed.

## Aim

The purpose of this trial was to evaluate the potential effectiveness of the program in promoting parental self-efficacy and perceptions of child health and development, as well as to investigate possible moderators of these outcomes.

## Methods

A randomized waitlist-controlled trial was conducted. The trial included 621 parents with children aged 3–12 years. Parents received the intervention directly or joined a waitlist control group. Parents completed questionnaires at baseline, 2 weeks after the intervention, and 6 months post-baseline.

To evaluate potential effects of the program, as well as any moderating variables, multilevel modeling with a repeated-measures design was applied.

## Results

Self-efficacy and perceptions of children's health and development increased 6 months post-baseline for parents in the intervention group. Having a poor positive mental health, a university-level education, more than one child in the family and older children made the families benefit more of the program.

**Table. Mixed linear model estimates for Parental Self-Efficacy (PSE) and perceptions of Child Health and Development (CHD)**

Variable	$\beta$	SE	t	95% CI	p-value	$\eta^2$
PSE						
Time* Group (C)	-15.24	2.82	-5.41	-20.78, -9.71	.000	.18
CHD						
Time* Group (C)	-2.21	1.01	-2.18	-4.20, -0.21	.030	.15

(C) = control group



We will continue with analyses of factors that could mediate the outcome of the parental program and with observations of parent-child interaction.

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