The Impact and Reach of Web-Based Parenting Guidelines to Prevent Childhood Depression
and Anxiety: Findings from Online User Surveys

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Abstract

An online study was conducted to evaluate a new set of web-based parenting guidelines for the prevention of childhood depression and anxiety

(<http://www.parentingstrategies.net/depression>). Visitors to the website were invited to respond to a demographic survey. Users who consented to a follow-up evaluation survey were emailed a survey web link a month later, asking their appraisals of the guidelines and actions taken as a result of accessing the guidelines. The findings suggest that the parenting guidelines were generally well-received by users and may be disseminated as a universal resource to parents and carers for the prevention of childhood depression and anxiety.

Keywords: internalizing, universal prevention, public health, evaluation, children

1. Introduction

Prevention and early intervention for childhood mental disorders is increasingly recognized as a public health priority (Lawrence et al., 2015; Waddell, McEwan, Peters, Hua & Garland, 2005; Whiteford et al., 2013). Mental health problems that begin in childhood interfere with children's healthy development, and place substantial burden on affected individuals and their families, including adverse social and economic impacts. A study in the Netherlands reported that the public cost of raising an anxious child is twenty times that of raising a non-anxious child (Bodden, Dirksen, & Bögels, 2008). To reduce these impacts, more work is needed to improve the quality and accessibility of prevention resources. Besides reducing the costs of clinical treatment, preventive interventions could also facilitate the identification of children at risk of developing clinical disorders (Fisak, Richard, & Mann, 2011), thereby allowing earlier intervention and minimizing the likelihood of these disorders becoming chronic. With emerging evidence that supports the cost-effectiveness of preventive interventions (Mihalopoulos & Vos, 2013; Mihalopoulos et al., 2015), a shift in focus to prevention in childhood may translate into greater savings and health gains over time.

The literature on childhood internalizing disorders suggests that an interplay of parental factors and child characteristics influences child outcomes (Garber, 2006; Pahl, Barrett & Gullo, 2012; Schleider & Weisz, 2016), and that existing programs which target a selection of parental factors show promising effects (Beardslee, Wright, Rothberg, Salt, & Versage, 1996; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2013; Yap et al., 2016). Parents are a viable target for prevention in childhood because they may possess the life experience to help them appreciate the value of prevention, and are likely to be motivated to take actions for the well-being of their children (Yap & Jorm, 2015). Programs offered to parents typically draw heavily from social learning and cognitive behavioral principles, and are aimed at reducing parental behaviors that are influential in the development and

maintenance of anxiety or depression (Barrett, Dadds, & Rapee, 1996; Beardslee et al., 1996; Dadds & Roth, 2008; Rapee, Schniering & Hudson, 2009). However, many evidence-based parenting programs are face-to-face programs that are either not accessible outside metropolitan areas, or are poorly subscribed by parents due to resource issues such as limited availability of trained providers, costs and logistical factors related to scheduling and transportation difficulties (Mytton, Ingram, Manns & Thomas, 2014; Spoth & Redmond, 2000). Moreover, population surveys of parents have reported low exposure to evidence-based parenting programs (Sanders et al., 1999). This suggests that traditional methods of delivering evidence-based information and programs through face-to-face workshops may not cater adequately to the needs of parents, who may want to be informed early about what they can do to promote well-being and prevent mental health problems in their children, but are limited by resource difficulties. The challenge of inadequate program reach may be redressed in part by adopting a public health approach to the development and dissemination of evidence-based prevention programs for parents (Sanders, Cann, & Markie-Dadds, 2003; Yap & Jorm, 2015). From a public health perspective, a universal preventive program that targets the whole range of modifiable parental factors could play an important role in altering children's developmental trajectories and reduce the likelihood of internalizing disorders from developing, regardless of their current risks. In contrast to selective or indicated prevention programs, universal prevention programs and strategies are open to any parent who wishes to participate, and hence may reach a larger proportion of the population while overcoming difficulties associated with identifying and screening participants in selective or indicated programs (Offord, 2000). Moreover, universal prevention programs hold potential to overcome the perceived stigma and labelling associated with seeking professional parenting help (Koerting et al., 2013), and hence may be perceived as more acceptable by parents.

The Internet is increasingly recognized as a potentially effective medium to disseminate mental health information and to deliver web- or computer-based programs (Hart, Jorm, Paxton, & Cvetkovski, 2012; Kazdin, 2015). Accessing services and psychological interventions through the use of technologies has been found to be acceptable for the treatment of depression and anxiety disorders, as well as parent training in child behavior management (Andrews, Cuijpers, Craske, McEvoy, & Titov, 2015; Breitenstein, Fogg, Ocampo, Acosta & Gross, 2016; Hedman, Ljótsson & Lindefors, 2012). With rapidly increasing internet penetration worldwide, parents and professionals alike are now exposed to a proliferation of information on parenting and child mental health. Several notable organizations such as Anxiety and Depression Association of America and Anxiety BC (Canada) have websites that provide quality information backed up by a scientific panel and research evidence. However, their content is mostly oriented towards affected individuals themselves, or provides information on mental health symptoms and resources for seeking professional help, rather than targeting parents or carers who want to take proactive steps to reduce the risk of their children developing mental health problems. On the other hand, there are also some websites and forums that offer parenting tips for promoting child mental health, but the effects of currently-available information have not been adequately evaluated. The literature on parents' online behavior further indicates that parents often search for information related to child development, specific medical conditions and parenting strategies (Bernhardt & Felter, 2004), but parents also express concern about the credibility of the information and its sources (Dworkin, Connell, & Doty, 2013).

Given the variability in the scientific quality of parenting information online, and the burgeoning evidence base indicating the influence of parental factors on child mental health, there was a great need for more effective translation of the research evidence and information found from public forums into practical parenting resources that parents can access. To this

end, Yap and colleagues conducted a systematic review (Yap & Jorm, 2015) and a Delphi consensus study (Yap, Fowler, Reavley, & Jorm, 2015) with a panel of international experts in parenting and child mental health. Parenting strategies that were evidence-based and endorsed by experts as important for preventing childhood depression and anxiety were distilled into a set of guidelines titled, 'How to Reduce Your Child's Risk of Depression and Clinical Anxiety: Strategies for Parents of Primary-School Aged Children' (Parenting Strategies Program, 2014). These guidelines were made available on <http://www.parentingstrategies.net/depression> in July 2014, and have attracted tens of thousands of visitors internationally. While such numbers may indicate strong interest in the parenting guidelines, they tell us little about the public's actual attitudes and perceptions about the guidelines and its parenting messages. In fact, very little research has been conducted on parents' attitudes towards guidelines and messages directed at parenting (Meltzer, Sanders, Rusby, & Crowley, 2012). The literature suggests that consumer awareness and perceptions are important factors which could present as a barrier or facilitator to uptake of services and programs (Koerting et al., 2013; Owen et al., 2002). Consequently, feedback from users about the acceptability and usefulness of the content can be helpful for generating more engaging parenting messages and informing future strategies for implementation and dissemination. Hence, this study aimed to evaluate the reach and impact of the new web-based parenting guidelines developed for preventing childhood depression and anxiety (Parenting Strategies Program, 2014) by examining users' appraisals of the guidelines and the actions taken as a result of accessing the guidelines.

In the current study, 'parent' or 'carer' includes any adult who fulfils a caregiving role, regardless of the biological or legal relationship to the child under their care. In particular, this study sought to identify: 1) the characteristics of people who were interested in downloading the guidelines (i.e. users); 2) how users found out about the guidelines; 3)

users' reasons for downloading the guidelines; 4) how the guidelines were used; and 5) users' appraisals of the usefulness of the guidelines. The study also examined: 6) the associations between users' perceptions of the extent to which the guidelines included information they were seeking, how much of the guidelines they had read, and their appraisals of the guidelines. To further understand the impact of the guidelines on users, the study also investigated: 7) the extent to which parents tried to change their parenting after reading the guidelines; 8) users' evaluations of the usefulness of developing other preventive interventions based on the Guidelines; and 9) users' suggestions for improving the guidelines.

2. Methods

2.1 Participants

The current study sample included individuals who downloaded the *Parenting Guidelines* from the *Parenting Strategies* website between July 16th, 2014 (when the guidelines were first made available online) and February 29th, 2016. During this recruitment period, 8,961 users were presented with the invitation to complete Survey 1. In total, 1,753 web users completed Survey 1. This sample included 1,561 (89%) parents/carers and 192 (11%) web users who were not parents/carers. From this initial sample who completed Survey 1, 1,175 (67%) web users consented to receive Survey 2. Survey 2 was eventually completed by 157 of these users (9% of those who completed Survey 1) within the study period.

There were no exclusion criteria for Survey 1. To participate in Survey 2, individuals were required to be over the age of 18 and fluent in English. These exclusion criteria were applied because the guidelines were developed for adults with a moderate level of competency in English, and for parents/carers of primary-school aged children.

2.2 Measures

Survey 1 was designed to gather information describing the characteristics of web users who downloaded the *Parenting Guidelines*. It contained six demographic questions (e.g. age, gender, and number of children in care). Two questions were asked about the guidelines ('How did you find out about these guidelines?' and 'What led you to download these guidelines?'). The final question asked participants to provide their e-mail address if they consented to being contacted for Survey 2.

Survey 2 was adapted from an existing questionnaire used to evaluate web-based Mental Health First Aid Guidelines (Hart et al., 2011), and had two versions (Parent/Carer and Non-Parent/Carer). It was designed to gather information about how useful the information in the *Parenting Guidelines* had been to web users, and what impact reading the guidelines was perceived to have on parents' behaviors over the month post-download. The first six questions in both versions of Survey 2 were multiple-choice questions about how much of the guidelines were read, their perceived usefulness and likelihood of future use. Respondents were also asked to rate the usefulness of using the guidelines as the basis for developing a personalized parenting feedback report, an interactive web-based parenting program, and a face-to-face parenting seminar or workshop. The final questions allowed for open-ended responses to suggest improvements and comment on the usefulness of the guidelines. The additional question in the Parent/Carer version asked the respondent to indicate the extent to which they had tried to change their parenting behavior in each of 14 domains addressed in the Guidelines (see Table 3 for the list).

2.3 Procedure

An invitation to participate in the research was displayed in a pop-up window containing electronic hyper-links to Survey 1 when the user attempted to download the *Parenting Guidelines* on the website: <http://www.parentingstrategies.net/depression>. Prospective participants were then presented with an explanatory statement that provides

further information on the purpose of the research, what it involved, the risks and benefits of participation, how data will be managed, and an option to complete a follow-up survey (Survey 2). Users who agreed to provide feedback on their thoughts of using the guidelines in Survey 2 were asked to leave their e-mail address upon completing Survey 1. A web link to Survey 2 was sent to each consenting participant's email address 28 days after the completion of Survey 1. This interval was designed to allow participants time to read and use the information in the guidelines.

2.4 Data analysis

Descriptive statistics were used to summarize users' demographic characteristics, engagement, and appraisals of the guidelines. To address issues related to the generalizability of results across participants who responded to one or both surveys, users who responded to both surveys were compared with the larger sample of respondents who responded to Survey 1 on demographic variables (e.g. age, gender, country of primary residence, and whether they were parents/carers). Categorical data were examined by Fisher's Exact Test and continuous data were analyzed by t-tests. A content analysis was conducted on user responses to open-ended questions regarding participants' appraisals of and suggestions for improving the guidelines. Responses to the open-ended questions were first analyzed for meaning and categorized into 'positive appraisals', 'negative appraisals' or 'suggestions for improving the guidelines'. These categories were then further divided into sub-categories based on the presence of certain concepts or words (e.g. content, encouragement, presentation, etc.). Finally, common themes that represent the sub-categories were identified. Each comment was re-analyzed against the themes. Some comments from respondents involved more than one theme, and are captured in each of the relevant themes identified.

3. Results

3.1 Characteristics of respondents

Demographic characteristics of respondents are shown in Table 1. The majority of participants who responded to one or both surveys resided in Australia and considered themselves to be fluent in English. A small minority of respondents were from Canada, New Zealand, United States of America, United Kingdom, and other countries. One hundred and fifty-seven (9%) out of the 1,753 web users who responded to Survey 1 also participated in Survey 2. Fisher's Exact Test showed that participants who completed both surveys were also not different to those who completed only Survey 1 in terms of their gender and whether they have children or not. However, those who completed both surveys ($M = 42.95$, $SD = 8.75$) were significantly older than those who completed only Survey 1 ($M = 40.67$, $SD = 7.36$), $t(178.36) = 2.28$, $p = .002$ (equal variances not assumed).

3.2 How users found out about the guidelines

Most participants reported finding out about the *Parenting Guidelines* via the organization *beyondblue* (23.1%), a search engine (18.1%), Facebook (17.8%) and 'other' (17.6%) means. 'Other' sources primarily included Facebook posts by friends or individual professionals, and distributions through networks such as Mental Health First Aid Australia, Mental Health Australia and Principals Australia Institute. Further sources where participants located the *Parenting Guidelines* included the child's school (9.6%), another parent (6.8%) and the Parenting Strategies website (7%).

3.3 Reasons for downloading the guidelines

The most common reason reported for downloading the *Parenting Guidelines* was concern about child/children in care (46.7%). The second most common reason was to find out more about how individuals could help prevent childhood depression and anxiety (41.1%). Other reasons included: having a job that involved contact with children and/or parents (27.9%); professionals/students interested in the topic of preventing childhood

depression and anxiety (23.7%); know parents who might find the guidelines useful (15.7%); curiosity (8.8%); and other reasons (1.9%) such as being concerned for children due to own history of mental health problems.

3.4 Engagement with the guidelines and perceived acceptability

Table 2 shows participant responses to questions assessing how they had used the guidelines and their appraisals of the guidelines during the month post-download.

More than 90% of participants read all or most of the guidelines, and less than 10% read only some or none of the guidelines. Over 83% saved or kept the guidelines document, and about an additional 18% forwarded or lent the guidelines to someone. In response to ‘How much did you learn?’, approximately 70% of the participants reported that they learnt ‘a great deal’ or a ‘fair bit’. More than 83% of participants indicated that the guidelines provided information that they were seeking (‘yes’ and ‘mostly’). Fewer than 5% of participants reported that the content of the guidelines did not satisfy the above criteria.

3.5 Usefulness of guidelines and impact on behavioral change

As seen in Table 2, almost 88% of participants found the guidelines to be ‘useful’ or ‘very useful’). Over 80% reported that they would be ‘very likely’ or ‘likely’ to use the *Parenting Guidelines* in the future. This result concurs with the high percentage of respondents that saved and shared the guidelines. Less than 1% of respondents reported that they would be ‘unlikely’ or ‘very unlikely’ to use the guidelines in the future. In addition, respondents who thought that the guidelines included what they wanted to know (‘yes’ or ‘mostly’) were more likely to find them useful ($p = .00$, two-tailed Fisher’s exact test) than respondents who thought the guidelines ‘partly’ or did not include what they wanted to know. Respondents who reported having read the guidelines (‘all’ or ‘most’ of it) were more likely to perceive the guidelines as ‘useful’ or ‘very useful’ ($p = .021$, two-tailed Fisher’s exact test) than those who read only ‘some of it’ or ‘none of it’.

When parent respondents were queried about the extent to which they have tried to improve in the various parenting areas covered in the guidelines as a result of reading them a month ago, 71-79% reported ‘a little’, ‘somewhat’ or ‘a lot’ on the aspects of *Supporting your child’s autonomy*, *Avoiding negative responses to your child’s behavior*, *Being a better role model for handling conflict*, *Helping your child to manage their emotions*, *Helping your child to set goals and solve problems* and *Helping your child to manage their anxiety* (see Table 3). Between 67% and 69% responded ‘a little’, ‘somewhat’ or ‘a lot’ on areas related to *Encouraging supportive relationships*, *Improving on family rules and consequences* and *Supporting your child when something is bothering them*. The areas of parenting behavior that had the largest proportions of parents responding with ‘Not at all’ or ‘Didn’t feel needed to change’ were *Becoming more involved in your child’s life* (59.8%) and *Encouraging professional help seeking when needed* (43.3%). This latter question also had the option of ‘Not Applicable’, which was selected by more than 16% of respondents. The domain, *Minimizing conflict with your partner* was deemed ‘Not Applicable’ by almost 20% of respondents.

3.5.1 Qualitative appraisals of the usefulness of guidelines

Sixty-nine participants in Survey 2 responded to the open-ended question that invited them to comment on why they found the guidelines useful or not useful. Content analysis revealed several common themes across the comments received, which are summarized in Table 4 as positive or negative appraisals.

Five positive themes and three negative themes emerged from users’ appraisals of the guidelines. The majority of the comments were positive feedback regarding the quality of the content, and how the guidelines reinforced users’ knowledge and provided assurance for their parenting efforts. Respondents also appreciated the way information was presented, the availability of particular content (e.g. early signs and clinical symptoms of anxiety and

depression and a list of resources), and the accessibility of the guidelines online. Others expressed that the guidelines helped them to reflect on their own parenting and described the guidelines as a yardstick and tool for them to monitor and evaluate how they are doing as parents. Two respondents also said that they sought help for themselves or their children after reading the guidelines. However, there were ten comments suggesting that some users viewed the guidelines less favorably. Out of the ten comments, seven of them referred to the guidelines as being too basic or general for people who are already well-read in the topic. Two respondents shared that the guidelines would not be helpful when the child already has clinical anxiety or depression, and one respondent perceived the information to be framed in a negative way.

3.6 Usefulness of other applications and suggestions for improving the guidelines

Table 5 shows the frequencies of usefulness ratings regarding the use of the *Parenting Guidelines* as the basis for developing: a personalized feedback report; an interactive web-based parenting program; and a face-to-face seminar or workshop. Of the three options, an interactive web-based parenting program which supports parents in applying the strategies presented in the guidelines was the most favored, with 84.9% considering this option as ‘very useful’ or ‘useful’. The option of a personalized feedback report based on participant responses to a self-assessment online questionnaire was considered ‘very useful’ or ‘useful’ by two-thirds of participants (66.4%). Thirdly, the opportunity to participate in a face-to-face workshop highlighting key points of the guidelines and supplemented by a web-based program was also deemed useful (61.2%).

Responding to the question on how the guidelines could be improved, some respondents ($n = 14$) suggested developing complementary tools for parents to assess their skills, providing ideas on role plays to practise with children and more detailed step-by-step strategies for identifying and managing anxiety and depression in specific situations by

child's age. Fourteen respondents commented that they would appreciate more age-, user- and situation-specific strategies for managing depression and anxiety (e.g. "I have two boys aged 6 and 4 and it would be more helpful to have information that is specific to them and the stage of life they are at"; "The table of topics question needs to be widened to cover people who work with children and/or who only have nieces and nephews"; "I would like information on whether my child is experiencing anxiety of [sic] just new fears to things like spiders"). Some respondents also thought it would be helpful to have a version of the guidelines for children, to think of ways to disseminate the guidelines to parents who need them most, and to use "a multi-pronged and multi-media approach" as "not all parents have computers, not all parents read".

4. Discussion

To our knowledge, this is the first study to evaluate the reach and impact of a set of web-based, open-access parenting guidelines aimed at reducing children's risk of depression and anxiety. The findings that emerged from this evaluation suggest that a web-based approach to disseminating parenting guidelines is highly favored by parents, other carers and professionals. The acceptability and engagement ratings by respondents to Survey 2 indicate that: 1) the majority of users read all or most of the guidelines; 2) the content covered in the guidelines mostly satisfied what users were seeking; and 3) users learnt something from reading the guidelines, whether as new information or as a refresher. Findings from users' ratings and qualitative feedback also indicate that most users found the guidelines useful.

4.1 Impact on parenting

More than 70% of the parent/carers who responded to the follow-up survey reported being motivated just from reading the guidelines to make at least a little attempt to improve in 6 out of 14 areas of behaviors to become better aligned with the recommendations of the guidelines in the month after downloading the guidelines document. In addition,

greater than 67% of parent/carer users reported having made attempts to change their parenting in three other areas of parenting. Notably, these findings suggest that some areas of parenting may be potentially easier to modify by parents themselves without further support or intervention (e.g. *Supporting your child's autonomy*, *Avoiding negative responses to your child's behavior*, *Being a better role model for handling conflict*); whereas in other areas of parenting (e.g. *Becoming more involved in your child's life* and *Encouraging professional help when needed*), change was not deemed necessary (at least during the study period). These findings are consistent with other research that shows parenting or mental health information delivered online is acceptable to consumers (Andrews et al., 2010; Bernhardt & Felter, 2004; Hart et al., 2012).

The qualitative feedback from web users who responded to the follow-up survey further suggests that they appreciated the availability and online accessibility of parenting guidelines targeting the prevention of childhood depression and anxiety. Users commented that they had forwarded the guidelines or its web link to others in their community networks as well as personal social media networks. Such consumer feedback supports current efforts to disseminate parenting and mental health guidelines through the Internet, suggesting that the online medium can potentially overcome some of the research and resource imbalance across geographic locations, and reduce implementation and dissemination costs. In addition, web users thought that it will be useful to develop other parenting resources based on the guidelines. Some users provided further constructive suggestions to improve the guidelines, from addressing the need for more situation-specific strategies to creating additional and complementary tools to help parents create action plans based on the guidelines.

4.2 Parenting guidelines as a universal prevention resource

Overall, the positive ratings and appraisals from users in the current study provide preliminary support for the acceptability and usefulness of disseminating a set of universal

parenting guidelines for the prevention of childhood depression and anxiety. While it has been argued that universal prevention programs typically yields a smaller effect than selective or indicated prevention programs, universal prevention programs for parents have the potential to overcome the perceived stigma associated with seeking professional parenting help for parenting and child mental health difficulties (Koerting et al., 2013), and to alter the population mean levels of depression and anxiety symptoms in children (Rose, 1992). At the public health level, this set of guidelines may fill an important gap in providing accessible, online, and evidence-based information on parenting and child mental health. In the current study, most parent respondents to the follow-up survey reported trying to change some aspects of their parenting behavior as a result of reading the guidelines. Although this sample represents only a small proportion of the total number of users who have accessed the guidelines, this finding holds promise for improving child mental health, given that changes in the parenting behaviors of interest represent reductions in parental risk factors and improvements in parental protective factors for child depression and anxiety (Yap & Jorm, 2015). Hence, the *Parenting Guidelines* can potentially be a very useful intervention because once it is available for download, the marginal cost of each additional user is miniscule if there is a high volume of users, making it a sustainable universal prevention strategy. The challenge is to attract and increase the volume of users.

4.3 Limitations and future directions

The present findings need to be interpreted in the context of the study's limitations. Firstly, the number of people who responded to the follow-up survey comprised a small percentage of the broader sample of visitors to the website that hosts the guidelines. Those who chose to participate in the follow-up survey may differ from those who did not, and hence the results might have reflected the views of those who were more favorable about the guidelines. Nonetheless, there were a few respondents who provided negative appraisals,

suggesting that there was some representation of users who viewed the guidelines less favorably.

Beyond acceptability and social validity, the test of the utility of the guidelines resides in its impact on actual parenting and child outcomes. Given the primary aim of the current study to explore the reach and potential impact of the guidelines through the online medium, it was not possible to assess the impact of these guidelines on actual behavior change, besides relying on parental self-reports about their parenting behaviors. Respondents' self-reported change in parenting and their suggestions for developing additional tools based on the guidelines may not correspond to actual practices and choices they make in everyday life. Future research could examine parent behavior change using other methods such as partner assessment, including parenting questionnaires pre- and post- guidelines download, and incorporating a comparison group and child outcome measures. In addition, due to the small number of respondents in the follow-up survey, it was not meaningful to compare their responses based on their country of residence as a proxy to their cultural background. Hence, testing the social validity and acceptability of the guidelines to parents of other countries and cultural practices is also worthy of further research.

4.4 Implications

Although this represents evaluation in its infancy, the current findings may be used to inform models of dissemination and targeted promotion aimed at increasing the uptake of evidence-based online parenting programs, so that the risk of children developing anxiety and depression can in turn be reduced. This study may also inform the design and development of future web-based guidelines targeted at child mental health problems. The goal now is to build on the strengths of the technologies and networks afforded by the Internet and smart devices (e.g. smartphones and tablets) to develop innovative ways to inform parents of the need for prevention and to promote actions for improving the mental health of children.

4.5 Conclusion

This study shows that it is possible to develop parenting guidelines that have broad appeal and resonance with parents and other carers. Users' favorable views towards these evidence-based guidelines support their dissemination as a low-cost universal prevention resource for parents. Piloting of a personalized online parenting program developed based on these guidelines is underway.

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Table 1

Demographics of Participants

Characteristics	Survey 1 Participants (N=1,753)		Survey 2 Participants (N=157)	
	<i>n</i>	%	<i>n</i>	%
Parent/Carer	1,561	89.0	137	87.3
Non-parent/carer	192	11.0	20	12.7
Gender				
Male	145	8.3	14	8.9
Female	1,608	91.7	143	91.1
Fluent in English	1,753	100.0	157	100.0
Country of residence				
Australia	1,578	90.0	153	97.5
Canada	21	1.2	0	0.0
New Zealand	15	0.9	0	0.0
USA	54	3.2	1	0.6
UK	29	1.7	1	0.6
Other ^a	56	3.2	2	1.3
	<i>M</i> (range)	<i>SD</i>	<i>M</i> (range)	<i>SD</i>
Age in years	40.88 (19-73)	7.52	42.95 (26-64)	8.75

Note. ^aAsia (Indonesia, Japan, Malaysia, Pakistan, Philippines, Singapore, Thailand, Vietnam), Europe (Denmark, Estonia, France, Germany, Iceland, Ireland, Italy, Malta, Netherlands, Switzerland), Middle East, Norfolk Island, South Africa and South America (Brazil, Chile).

Table 2

Web User Responses on Their Use and Perception of the Parenting Guidelines (N=157)

Questions and Response Options	%
<i>How much did you read?</i>	
All of it	61.8
Most of it	28.7
Some of it	7.6
None of it	1.9
<i>What did you do with the document? ^a</i>	
Saved it or kept it	83.4
Forwarded it or lent it to someone	18.5
Deleted it or threw it away	5.7
Don't know	6.4
<i>How much did you learn?</i>	
A great deal	11.5
A fair bit	58.6
Not very much	21.7
Almost nothing new	8.3
<i>Did they include the things you wanted to know?</i>	
Yes	46.5
Mostly	36.9
Partly	12.1
No	4.5
<i>Did you find them useful?</i>	
Yes, very useful	24.8
Yes, useful	63.1
Not sure	8.3
No, I didn't use them	3.2
No, I tried to use them but didn't find them very helpful	0.6
<i>How likely are you to use them in the future?</i>	
Very likely	29.9
Likely	52.2
Neither likely nor unlikely	14.6
Unlikely	1.9
Very Unlikely	1.3

Note. ^aParticipants could select more than one option for this question, hence the percentage

frequencies add up to more than 100%.

Table 3

Percentage Frequencies of Parent/Carer Responses on Survey 2 Items Concerning Parenting Behavior Change

Parenting Behavior	^a <i>n</i>	<i>Not at all</i>	<i>A little</i>	<i>Somewhat</i>	<i>A lot</i>	<i>Didn't feel needed to change</i>
Improving your relationship with your child	142	2.8	10.6	26.8	15.5	44.4
Becoming more involved in your child's life	142	3.5	9.2	19.7	11.3	56.3
Supporting your child's increasing autonomy	142	2.1	16.9	28.2	26.8	26.1
Encouraging supportive relationships	142	2.8	13.4	26.8	26.8	30.3
Improving on family rules and consequences	142	6.3	17.6	34.5	15.5	26.1
Encouraging good health habits	142	4.2	16.9	16.2	23.9	38.7
Avoiding negative responses to your child's behaviour	141	5.7	15.6	29.1	27.0	22.7
Minimising conflict with your partner ^b	142	4.9	17.6	16.2	14.1	28.2
Being a better role model for handling conflict	142	4.9	19.7	28.9	25.4	21.1
Helping your child to manage their emotions	142	4.9	17.6	21.8	39.4	16.2
Helping your child to set goals and solve problems	142	5.6	21.1	29.6	23.2	20.4
Supporting your child when something is bothering them	140	3.6	14.3	23.6	30.7	27.9
Helping your child to manage their anxiety	141	4.3	17.0	21.3	34.8	22.7
Encouraging professional help-seeking when needed ^c	141	5.7	12.1	12.8	15.6	37.6

Note. ^a Not all participants in the follow-up survey indicated a response to each domain of parenting. Hence the sample sizes are different across the domains of parenting. ^{b, c} These items had the additional response option of ‘Not applicable’. ^b 26 (19.0%) responded ‘Not applicable’, ^c 23, (16.3%) responded ‘Not applicable’.

Table 4

Themes and Examples of Respondents' Appraisals of the Guidelines

Themes	<i>n</i>	Representative comments from respondents
Positive Appraisals		
Quality content and valuable resource	23	<p>"While already familiar with a lot of these strategies I found this document very informative and a great tool for all parents wanting to improve relationships with their children."</p> <p>"The guidelines were useful. As a teacher and a parent it was a very useful overview."</p> <p>"Really it's just good information to have whether your child has problems or not."</p>
Reinforced knowledge and provided reassurance	12	<p>"We have visited with a psychologist and got some good strategies for helping (child). These guidelines reinforced those strategies and also provided more useful supportive information for both my husband and I."</p> <p>"There was a lot of suggestions that are basic parenting but it was comforting to know that by continuing with these we are doing some of the things I can do to help my child."</p>
Appreciated particular aspects of the guidelines (presentation, specific information, mode of dissemination)	8	<p>"The resource is clearly set out and easy to read."</p> <p>"Guidelines were useful in distinguishing between anxiety and depression, signs to look out for and risk factors."</p> <p>"An online resource is most valuable for the current generations of parents who live on internet based sites."</p>
Encouraged self-reflection	8	<p>"It made me think about how I react to my children and how it might negatively affect them."</p> <p>"It is really helpful to read the guidelines, and be mindful of what I can do to assist my child in their emotional development. We are close and have a good relationship, but the guidelines have helped me with ways to be more pro-active and supportive."</p>
Promoted help-seeking	2	<p>"I found the guidelines very useful. I have acted on the information I have learnt and my daughter is booked for a child psychologist to assist with identifying any issues etc. I am also seeing a psychologist for mental health issues..."</p>

 Negative Appraisals

Basic or general content; need for more targeted information	7	<p>“I found the guidelines helpful, but too general to cope with differences in personality.”</p> <p>“Unfortunately it was information I already knew or had already accessed, I'm looking for something more advanced, however I think it would be very helpful for those starting out in their discovery understanding.”</p>
Not useful for some families	2	<p>“Aimed at preventing anxiety and depression - when someone looks for this type of information the problem is already there.”</p> <p>“The problem is that when a family is in the middle of this (<i>family situation</i>) it's hard for them to see what to do or to see the urgency or extent of the problem.”</p>
Negative focus	1	“Found them very negative. Felt it needed more positive solution focus.”

Note. *n* refers to the number of times each theme was mentioned. There were nine other comments that could not be classified in the categories above as they were mostly related to statements about personal background and motivation for reading the guidelines, or actions taken after reading the guidelines, and not specifically about their appraisals of the guidelines.

Table 5

Participant Responses Regarding How the Guidelines can be Improved

Suggested Improvements	Participant Responses (<i>N</i> = 157)					
	Yes, Very Useful		Yes, Useful		Not sure, Maybe/No	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Personalised feedback report	41	26.1	65	41.4	51	32.5
Interactive web-based parenting program	73	46.5	61	38.9	23	14.6
Face-to-face seminar or workshop	39	24.8	59	37.6	59	37.6