

Supplemental file S2. Critical appraisal of RCTs included in the systematic review

First author (publication year)	Participation rate ^a	Type of analysis	Statistician blinded?	Retention rate ^b in each arm (CG/IG)	Reasons for attrition explicitly reported	Groups similar at baseline?	Sample size large enough to detect a meaningful effect if it had existed?	Intervention sufficiently described to be replicated	Reference to full trial protocol	Have important populations been excluded?	Intervention delivered as planned?	Evidence for training of interventionist?	Was adherence to the protocol monitored?	Attendance	Was attendance sufficient to demonstrate effect ^c ?
Bloomfield (1990)	52%	ITT	NR	100% / 100%	NA	Y	? ^d	N	N	N	NR	N	NR	Attendance rate >80%	Y
Howells (2002)	65%	ITT ⁱ	NR	90.3% / 83.9%	Y	Y	Y ^e	N	N	N	Y	Y	Y	Each participant received an average number of 16 phone calls	Y
Franklin (2006)	70%	ITT ⁱ	NR	96.4% / 96.7%	Y	Y	N ^f	Y	Y	N	Y	N	NR	NA	Y
Channon (2007)	47%	ITT ⁱ	NR	54% / 69.8%	N	Y	N	N	N	Y ^g	?	N	Y	NR	?
Murphy (2012)	37%	ITT ⁱ	NR	95.9% / 97.5%	Y	Y	Y	Y	Y	N	?	Y	NR	50% of participants attended ≥ 4/6 sessions, 30% attended none	N
Robling (2012)	55%	ITT ⁱ	NR	95.2% / 95.3%	N	N	Y	N	Y	N	N	Y	Y	Intervention incorporated into routine clinical care	Y
Coates (2013)	34%	ITT	NR	43.1% / 44.3%	N	?	N	N	Y	?	?	N	NR	94% of participant completed training	Y
Doherty (2013)	NA ^j	ITT ⁱ	NR	69.6% / 50%	Y	N	N	N	Y	?	Y	N	Y	participants completed an average of 6.5/10 modules	N
Christie (2014)	31%	ITT ⁱ	NR	81.4% / 74.2%	Y	Y	Y	Y	Y	Y ^h	Y	Y	Y	37% of families did not attend any module	N
Price (2016)	27%	ITT ⁱ	NR	82.4% / 72.5%	Y	Y	N	Y	Y	N	Y	Y	Y	29 out of 995 course days (3%) missed	Y

Notes: ITT: Intention-to-treat, Y: Yes, N: No, NR: Non-Reported, NA: not applicable,?: unclear

^a % of eligible participants contacted recruited

^b % of those randomised completing study (it refers to the primary outcome measured at the longest interval)

^c judgement reached by reviewers after consideration of attendance information and trial authors' interpretation in the manuscript

^d no power calculations made

^e adequate power for psychological outcomes but not for HbA_{1c}

^f an unreasonably high difference in HbA_{1c} was assumed for power calculations (1.7%)

^g non-white children

^h children with hba_{1c} < 8.5%

ⁱ only patients in whom the outcomes were measured have been included in the analysis

^j web-based trial