



Triple P

Positive Parenting Programme

A multi-tiered public health approach to parenting that improves child behaviour, and family and community well-being

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Good parents can get overwhelmed when their young children act out or just seem to have difficulty coping with life's challenges. Parents can feel alone and believe they are the only ones struggling. But all parents struggle at times to do what's best for their children.

A parenting programme that caters to the different levels of family need is showing consistent positive changes for both children and their parents in Ireland. Triple P—the Positive Parenting Programme—is a free programme that offers different levels of help depending on parents' needs. That help ranges from tips in school newsletters and local newspapers, to individual workshops, to an eight-week group programme. Parents choose which level best meets their needs.

Triple P was implemented for the first time in Ireland in the counties of Longford and Westmeath by the Midlands Area Parenting Partnership in 2010. An independent evaluation found that Triple P could provide effective assistance for parents and children who had been struggling with a range of issues.

For example, reports of parents' stress showed an approximately 30 per cent reduction in the number of cases in the counties where Triple P was offered. Some of the most significant changes in children's behaviour came from families within the clinically elevated range of emotional and behavioural problems. In Longford and Westmeath, the number of children with serious emotional or behavioural problems reduced by 37.5 per cent. This is compared to the non-Triple P county where the rate of serious emotional or behavioural problems increased by 8.6 per cent.

The Need

A substantial body of evidence shows that serious conduct problems in children can impose significant psychological, social and economic burdens on these individuals for the rest of their lives. According to the UK's National Institute for Health and Care Excellence, up to half of all children with early-onset conduct problems have serious problems that persist throughout life. Long-term documented effects include problems with mental and physical health, education, family relationships and peer relationships as well as exposure to violence, exploitation and abuse.

But a large body of evidence exists that shows that, if well implemented, evidence-based parenting programmes can be very effective in improving child behaviour. In particular, positive parenting can protect children from developing severe behavioural problems and help develop resilience.

In short, early, positive intervention helps children, their parents, schools and the wider community.

"When I first heard that the Triple P 'Developing Good Bedtimes' workshop was only for two hours, I thought, 'How can this be? I'd need at least two months to learn all the techniques. It just can't be as simple as that.'"

"Since Triple P, I have learnt that is our behaviour, not my son Harry's, that is responsible for our sleep patterns. I was also encouraged [that] to get the best possible results, my husband Stephen be involved in Harry's bedtime routine. This workshop just took two hours and our lives were completely changed around. Harry is thriving and so are we."

— Participating parent

What Is Triple P?

Triple P – the Positive Parenting Programme – is a multi-level public health approach that seeks to increase the knowledge, skills and confidence of parents in a given population and reduce the prevalence of mental health and behavioural problems in children and adolescents. Developed by Matthew Sanders, Ph.D., and colleagues at the University of Queensland in Australia, the programme sought to fill several gaps that existed in interventions that are designed to help parents in raising their children.

First, rather than a one-size-fits-all approach, Triple P includes a range of interventions from community education to longer, more intense programmes so that parents can choose the level that best suits their needs.

Second, Triple P is designed to equip parents with the confidence they need to be self-sufficient and able to manage family issues without requiring the ongoing support of practitioners.

Finally, the intervention can be flexibly delivered in multiple settings by different types of service providers, including family support workers, counsellors, teachers, as well as police officers and clergy, which broadens its reach from other such programmes.

Triple P's population-wide approach is a key component of its work. By seeking to reach all parents in a given population, it removes any stigma that may be attached to parental education. It has been used in more than 25 countries and has helped more than four million parents and children. The evidence base for Triple P includes a recent meta-analysis that reported "medium"-sized effects for parent and child outcomes across 101 Triple P studies (Parenting and Family Support Centre, 2013). Triple P is number 1 on the United Nations' ranking of parenting programmes, based on the extent of its evidence base.

How Triple P Works

Triple P provides parents with 17 techniques and strategies for dealing with the big and small problems of family life. These can range from toddler tantrums to teenage rebellion, self-esteem issues, bedtime battles, disobedience or aggression.

Triple P offers a suite of programmes of increasing intensity that caters to different levels of family need from "light touch" parenting help to targeted interventions for at-risk families.

Triple P has the following four levels of delivery:

- **Level 1 – Media Strategy:** health promotion and social marketing strategies. This aspect of the programme targets the entire population to promote positive parenting and increase receptivity to parenting programmes, letting parents know that help exists and it is OK to ask for it.
- **Level 2 – Triple P Seminars:** a series of three 90-minute presentations for parents. The seminars are designed to aid the management of discrete child behaviour problems not complicated by other major behaviour management difficulties or family dysfunction. Topics include: raising competent, confident children; the power of positive parenting; and raising resilient children.
- **Level 3 – Triple P Workshops:** a series of four two-hour workshops. The workshops target parents of children with mild to moderate behavioural difficulties and focus on specific issues. For instance, one workshop titled “Can’t take your child shopping?” is a discussion group session aimed at helping parents make tantrums in the sweets aisle a thing of the past.
- **Level 4 – Group Triple P:** an eight-week programme. This weekly programme consists of five two-hour group sessions and three one-on-one telephone sessions. In the group sessions, parents talk to other parents, and share practical advice and common concerns. Parents also get a sense of being part of a greater community working towards a common goal. In the telephone sessions, trained Triple P providers offer parents individualized advice and encouragement.

“The partnership has seen Triple P deliver huge benefits for children, their parents and the wider community they live in. For people who attend the group programme, the differences are astronomical. And we are getting almost similar results for the workshops, which are a stand-alone, two-hour offering.”

“But there is also a significant ripple effect, a very positive impact on the wider community. It’s a really great idea of parents influencing each other, rather than relying on an expert.”

– Conor Owens, senior psychologist, Health Service Executive; director, Midlands Area Parenting Partnership, which implemented the Triple P programme

Triple P in Ireland

In Ireland Triple P was implemented for the first time in 2010 in the counties of Longford and Westmeath by the Midlands Area Parenting Partnership. It was funded by The Atlantic Philanthropies, the Health Service Executive, Aontacht Phobail Teoranta and the Department of Children and Youth Affairs.

The programme targeted parents of children aged 3-7 through the four modes of delivery. The age group was chosen because it is a key transition period for children. By implementing the suite of programmes, the partnership wanted to determine whether a population-based approach would improve behaviours and outcomes for parents and children not only within families who received Triple P but also across families in the entire community.

For the universal component of the programme, the partnership conducted a widespread campaign to increase help-seeking behaviour among parents. A series of five Tippiers — parenting newspapers — (13,000 per edition) were distributed through all schools and crèches in Longford and Westmeath as well as through health centres, and doctor and dentist offices. Promotion also took place through the website and podcasts, approximately 20 newspaper articles and through partnership member contacts.

The National University of Ireland Galway evaluated the programme between 2010 and 2013. During the evaluation period, 2,699 participants took part in Level 2 (Triple P Seminars), 1,047 in Level 3 (Triple P Workshops); and 803 in Level 4 (Group Triple P).

To assess the effects of the more intensive levels of the programme, evaluators collected data from pre- and post-programme questionnaires from the Level 3 group (n=282) and the Level 4 group (n=393). Follow-up data were collected from sub-samples after 12 months and 6 months respectively (Level 3 n=21 and Level 4 n=59).

To understand the broader, population-level impact of the programme, approximately 1,500 families were randomly selected from two Irish Midland counties and interviewed before and after the implementation of a suite of Triple P programmes. Families may or may not have taken part in Triple P. Evaluators compared results from these interviews with results from interviews with 1,500 other randomly selected families from one matched larger county.

Findings

In 2014, National University of Ireland Galway, reported the following key findings:

Overall Findings

- **The evaluation showed consistent positive changes, with changes maintained over time on key parenting and child behaviour variables and with no significant negative changes.** Initial analysis of the needs of families found that Triple P could provide effective assistance for parents who had been struggling with a range of issues. Once the programme was in place, ongoing feedback from participants confirmed that it had filled a significant gap in the services, support and advice available to them.
- **Parents said they were highly satisfied with the quality of programme delivery.** They spoke with other parents about Triple P and passed on parenting tips, showing a ripple effect through the wider community. Retention rates for the Level 4 Group Triple P were high (86%).
- **Practitioners who delivered Triple P said that its implementation was successful because: 1) the programme kept things simple; and 2) it destigmatised seeking help.** Practitioners said it encouraged parents to self-regulate and children to become problem-solvers. The majority of practitioners surveyed believed the initiative had “extremely improved” the availability of services to parents.

Level 3

- **All four Level 3 workshops produced significant impacts.** For example, the “Dealing With Disobedience” workshop achieved significant gains on child behaviour that were maintained at the six-month follow-up. There was a 61 per cent reduction in the number of children categorised as borderline/abnormal for the frequency of problematic behaviours and a 67 per cent reduction in the number of perceived problematic behaviours in the immediate follow up, both of which were largely sustained at the 12-month follow-up. (Note: satisfaction surveys only were collected for the Level 2 surveys.)

“Life is much calmer now. I found out how to overcome a lot of things without getting angry.”

— Participating parent

Level 4

- **In Level 4 (eight-week programme and follow-up phone calls), problem behaviours were reduced for all outcome measures including children categorised as borderline/abnormal for the measures of total difficulties (66%), conduct problems (51%), hyperactivity (60%) and peer problems (60%).** Significant reductions were also found for frequency of problematic behaviours (80%) and the numbers of perceived problematic behaviours (73%). There were also significant improvements on all items measured at the 12-month follow up.

Population Level

- **Some of the most significant population-level changes in children’s behaviour in Longford and Westmeath came from families within the clinically elevated range of emotional and behavioural problems.** In Longford and Westmeath, the number of children with serious emotional or behavioural problems reduced by 37.5 per cent. This is compared to the non-Triple P county where the rate of serious emotional or behavioural problems increased by 8.6 per cent, evidence of Triple P’s preventative potential.

➊ **Additionally, for the population-level intervention (media campaign), a number of other statistically significant gains were found in the intervention counties compared with the non-intervention county for parenting outcomes and strategies.** For example, reports of parental psychological distress and of stress both showed an approximately 30 per cent reduction in the number of cases in the intervention area. Other benefits included gains in reporting a good relationship with the child, engaging in positive parenting, and being likely to use appropriate discipline.

Some 36.1 per cent of parents interviewed knew somebody who had taken part in Triple P. Of those, 68 per cent had received parenting tips or information from the Triple P parent. This is important in terms of normalising conversations about parenting, increasing both use of proven positive parenting strategies and appropriate help-seeking behaviour.

The study also found that the number of parents satisfied with the amount of parenting information available in their community rose significantly as did the number of parents satisfied in general with parenting services.

➋ **Parents were able to grasp what was offered and select for themselves the right amount of support for their needs.** The implementation of Triple P in Longford and Westmeath did not screen parents for participation in the various levels and therefore did not restrict the more intensive level of Group Triple P to “high risk” individuals or families. Despite this lack of screening in recruitment, the evaluation study found that parents with higher levels of need were more likely to have participated in Group Triple P, while parents representative of the broader population were more likely to have participated in Triple P workshops and seminars. The programme was able to reach its target population of families of children with emotional and behavioural problems without running the risk of over-servicing.

The findings reflect similar population level improvements found by Sanders et al. (2008) in a population-level study among 4-7 year olds in Australia.

Next Steps

Based on the evaluation findings and implementation experiences, the Health Service Executive in Ireland has committed to maintain the current delivery of Triple P and, as resources allow, to expand it. The Midlands Area Parenting Partnership is now implementing Triple P in Laois and Offaly where community and voluntary groups have committed resources to deliver the programme.

More Information

For further information on the evaluation and the Triple P programme in Ireland, see <http://mapp.ie/>. Information on the Triple P programme can also be found at www.triplep.net.