

# Triple P - YEF Virtual Learning Café

25<sup>th</sup> September 2023

**Assoc Prof Matt Buttery, Chief Executive Officer**

**Dr Claire Halsey, Trainer & Implementation Consultant for Research**



Backed by research, proven by parents

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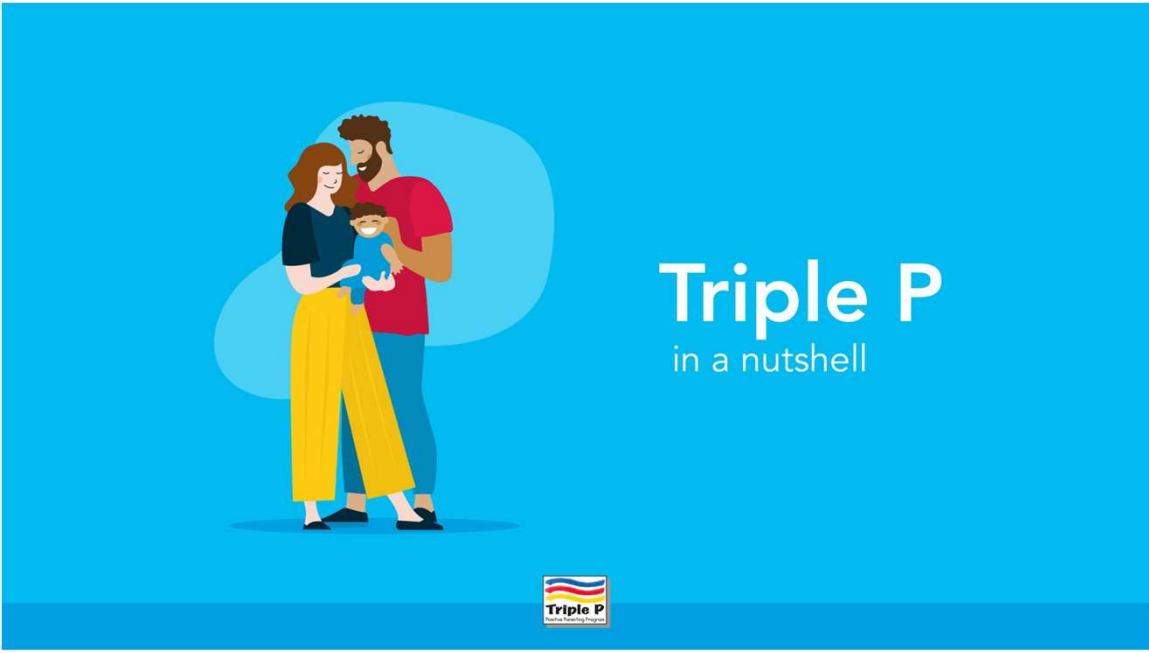
## Overview



- Why parenting?
- The Triple P System
- Evidence & Implementation
- YEF - A Supportive Home trial
- Where Triple P is used
- What's next
- Summary

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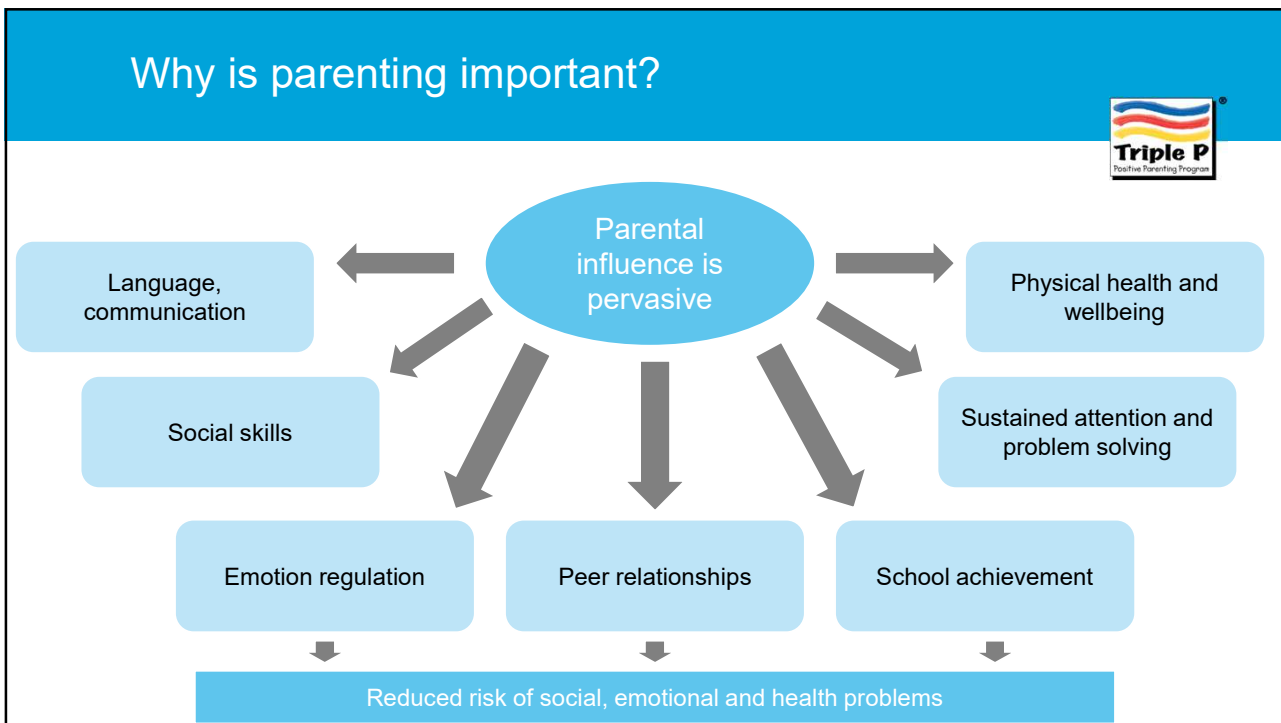
Triple P  
in a nutshell

[www.triplep.uk.net](http://www.triplep.uk.net)

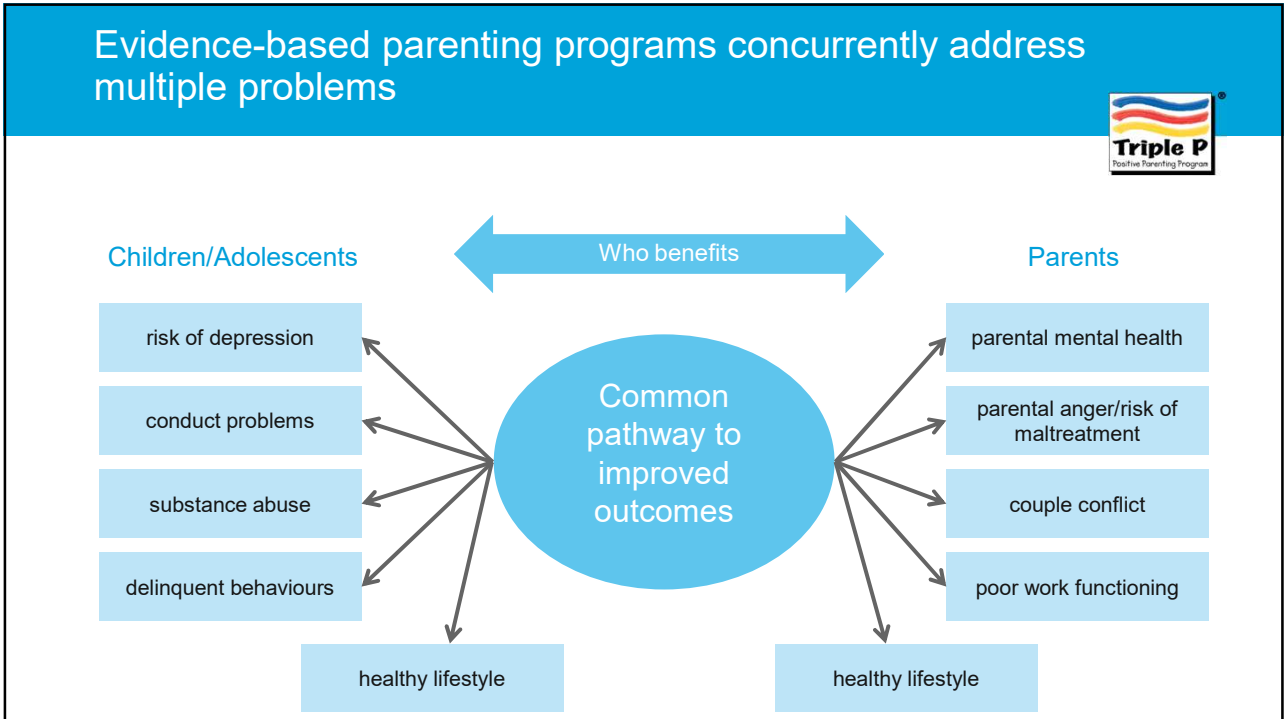
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The graphic features a blue background with an illustration of a family (a woman in a yellow dress, a man in a red shirt, and a child) on the left. The text 'Triple P in a nutshell' is on the right. The Triple P logo is at the bottom center, and the website URL is below it. A small number '3' is in the bottom right corner.

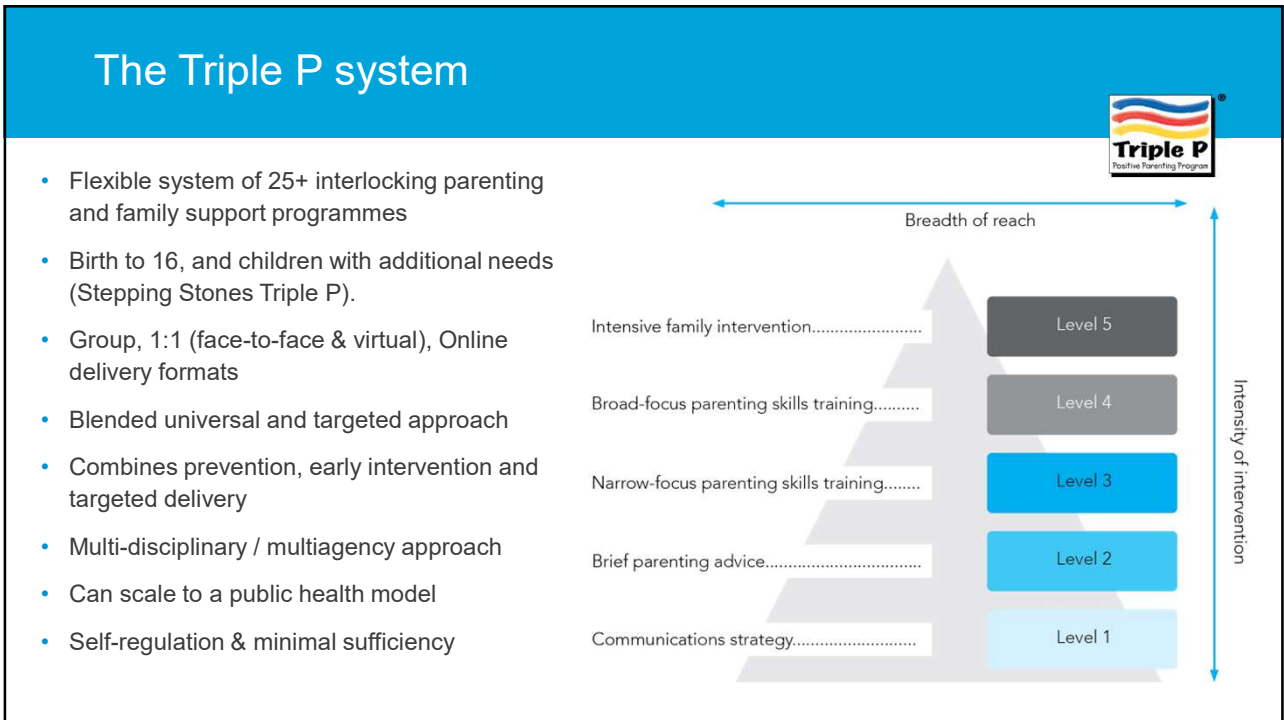
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## Theoretical Underpinnings of Triple P

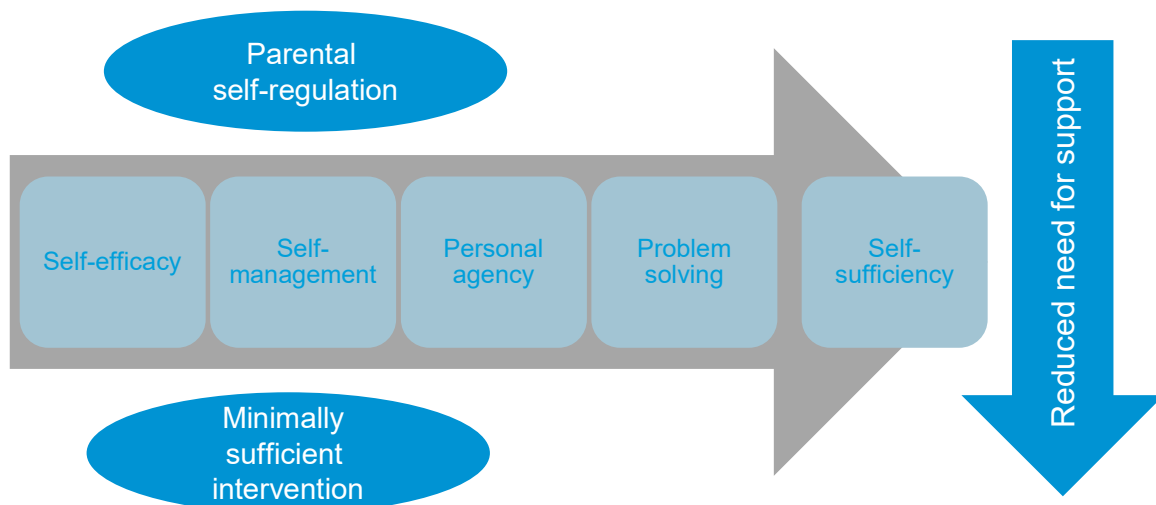


- Developmental research
- Social Learning Theory
- Findings on risk and protective factors
- Public Health and Community Psychology

*“Supporting parents to create a secure environment which promotes children's development and psychological growth”*

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## A self-regulation framework is important



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## Triple P is one of the world's most effective & evaluated programs



Four decades of research:

- 192 RCTs
- 403 evaluations
- 793 publications
- 1706 authors / 593 institutions
- 63% are independent of Triple P's developers
- Across 41 countries



Backed by research,  
proven by over 4 million  
parents

**NICE** National Institute for  
Health and Care Excellence

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## Outcomes from studies involving Triple P

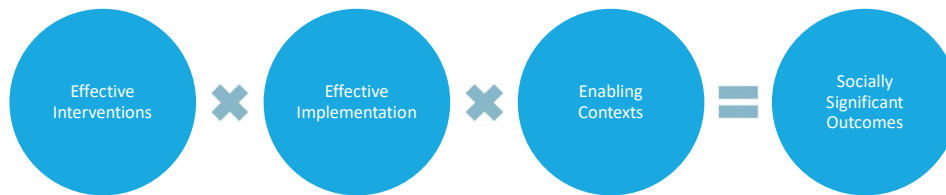


- Improved **child behaviour**, reduced **child conduct** and **emotional problems**, or reduced ADHD symptoms
- Reduced child / teen **anxiety**
- Improved **parenting style, practices** or use of **positive parenting strategies**
- Improved parental sense of **competence, confidence, satisfaction** or **self-efficacy**
- Reduced parental **anger, stress**, or **depression**
- Reduced **inter-parental conflict**
- Improved **attendance** and fewer **child academic problem behaviours**
- Reduced rates of **child maltreatment**

Triple P outcomes have been seen across parents from diverse cultural and socio-economic backgrounds, parents with intellectual disabilities and with mental health conditions.

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## The Implementation Equation: Formula for success



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## YEF – A Supportive Home Trial



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## WHY: TRIPLE P TO REDUCE YOUNG PERSON INVOLVEMENT IN VIOLENCE

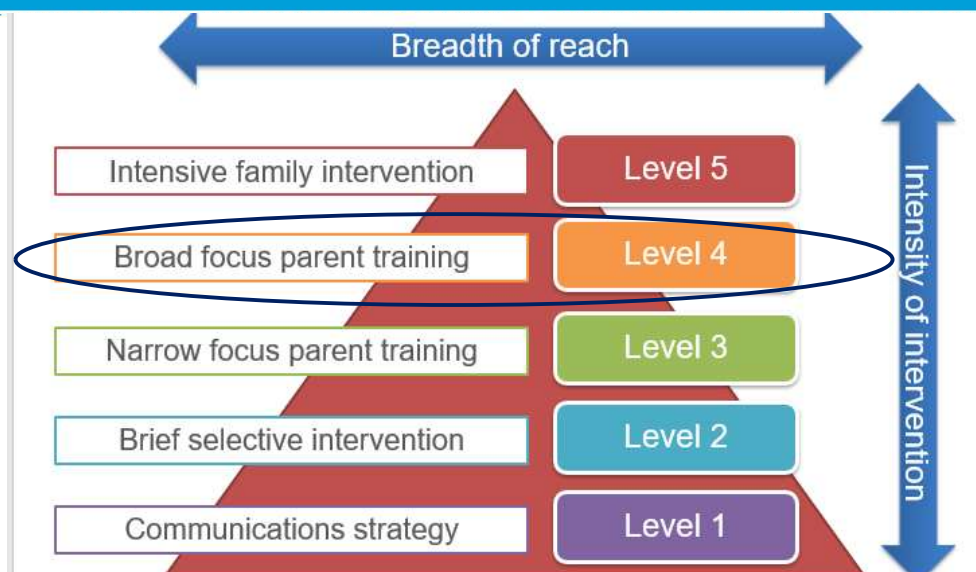


- YEF survey of 2000 teens aged 13-17 - 39% said they'd been directly affected by violence, either as a victim or witness
- A safe supportive home and positive parenting is strongly related to good outcomes for young people including reduced involvement in juvenile delinquency
- Triple P programmes are recommended as a robust evidence-based approach by the Youth Justice Board.
- Triple P powered edge-of-care approaches across several LA areas deliver results ([inc. social impact bond models](#))



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## WHAT: Standard Teen Triple P (1:1 delivery)



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## WHERE: INCLUSION AND EXCLUSION CRITERIA



### Inclusion

- Families of young people aged 11-15 years determined as being on the edge of care

Edge of Care refers to children/young people who either:

- have not entered into care as they have been assessed and the LA has chosen to support them and their families through alternative provisions/services. Or
- they are being considered for care but have not entered into local authority care.

### Exclusion

- Families where one or more parent has received a multi-session parenting programme covering similar content to Triple P over the previous 12 months
- Families where one or more parent is currently receiving a multi-session parenting programme covering similar content to Triple P or any multi-component manualised family intervention, such as Multi-Systemic Therapy

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## HOW: YEF TRIAL DESIGN



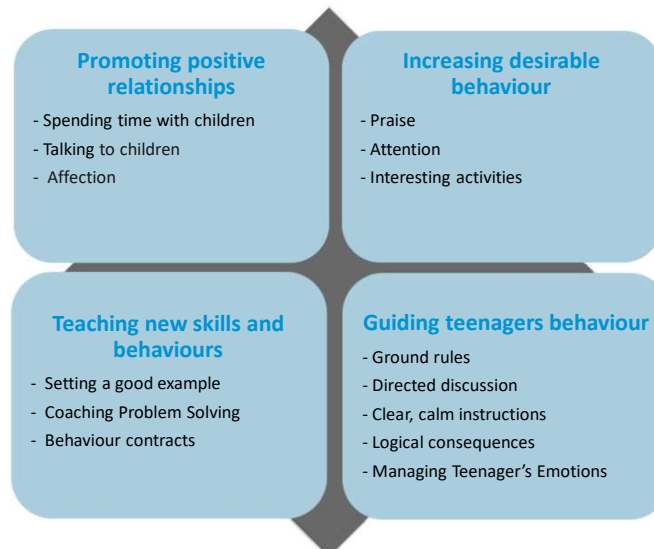
<b>Who</b>	Parents / carers of young people aged 11-15 on the edge of care
<b>Design</b>	Randomised controlled design (RCT) at individual level
<b>Intervention</b>	Receive 'Support as Usual' (SAU) <b>PLUS</b> Standard Teen Triple P
<b>Control</b>	Receive Support as Usual
<b>Families</b>	69 from each trial site
<b>Question</b>	To determine whether there is a benefit to families of Support as Usual (SAU) <b>plus</b> Standard Teen Triple P over support as usual without Triple P
<b>Partner LA's</b>	Peterborough, Cambridgeshire, London Borough of Merton, Wirral, Gloucestershire and Birmingham
<b>Outcomes</b>	Range of outcome measures over 12 months follow up; YEF Archiving Process will allow analysis of longer-term impact on youth violence, educational outcomes etc



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## Triple P strategies - Teen



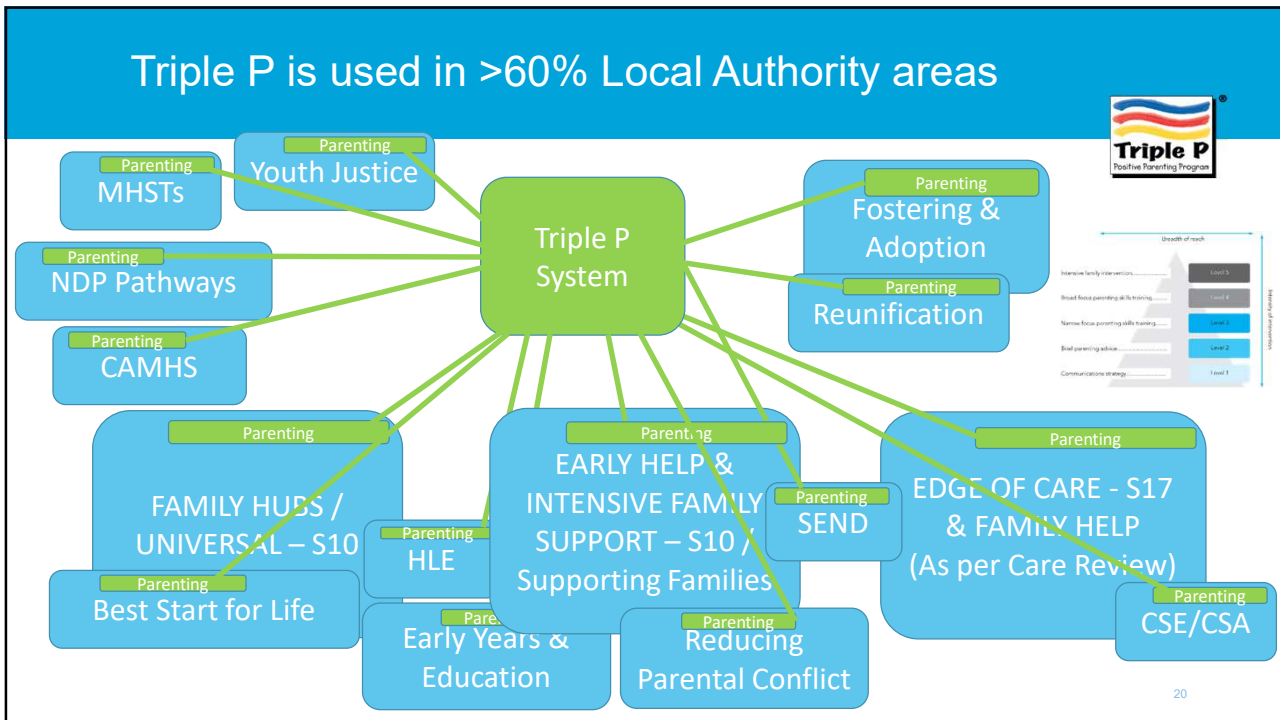
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## Where is Triple P used



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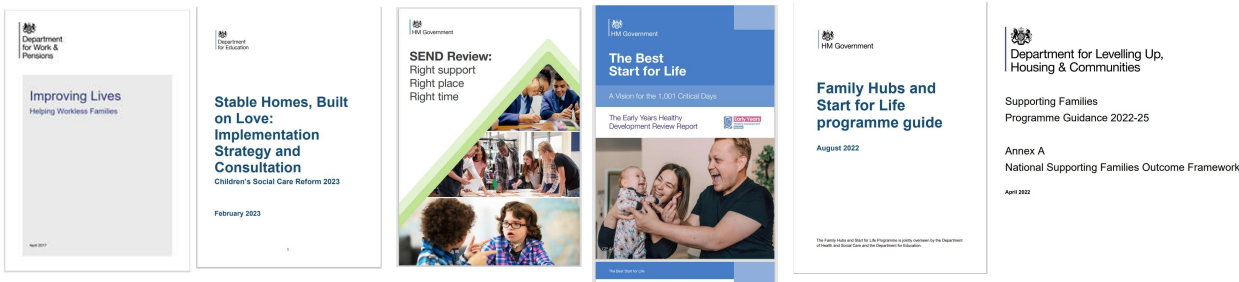
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# What's next?

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## Joining the Dots: Wide number of policy's often addressing discrete elements; fiscal / human capital challenges



Challenge: how can we use available resources and impetus to ensure a cohesive and joined up system of support that works for children and families

<https://www.triplep.uk.net/uk/en/stories/joining-the-dots/>

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## Triple P Online and telehealth



The Journal of Child Psychology and Psychiatry  
Journal of Child Psychology and Psychiatry \*\*\* (2021), pp \*\*-\*\* doi:10.1111/jcpp.13476

### Online-delivered parenting intervention for young children with disruptive behavior problems: a noninferiority trial focused on child and parent outcomes

Ronald J. Prinz,<sup>1</sup> Carol W. Metzler,<sup>2</sup> Matthew R. Sanders,<sup>3</sup> Julie C. Rusby,<sup>2</sup> and Chao Cai<sup>4</sup>

<sup>1</sup>Department of Psychology, University of South Carolina, Columbia, SC, USA; <sup>2</sup>Oregon Research Institute, Eugene, OR, USA; <sup>3</sup>School of Psychology, The University of Queensland, St Lucia, QLD, Australia

**Background:** This study evaluated whether an evidence-based parenting intervention, when delivered online, could effectively address disruptive behavior problems in young children and yield outcomes comparable to in-person delivery of the same intervention. **Methods:** Families ( $n = 334$ ) of children (3–7 years; 63% White, 22% African American, 15% other races; 63% male) with disruptive behavior problems were randomized to online-delivered intervention (ODI) or staff-delivered intervention (SDI), resulting in baseline and demographic equivalence. Primary outcome measures for child disruptive behavior (independent observation, parent report) and secondary outcome measures of parenting and family impact were assessed at baseline, postintervention, and follow-up. Conducted using intent-to-treat (ITT) as well as per-protocol (PP) methods, noninferiority analyses, which drew on an HLM framework with repeat measures across three timepoints and on REML to provide unbiased estimates of model parameters, tested whether the outcome-difference CI did not exceed the *a priori* noninferiority margin. **Results:** For ITT and PP analyses, the ODI was found to be noninferior to the SDI on the primary outcome: independently observed child disruptive behavior and parent-reported child behavior problems. The pattern for secondary outcomes was more varied: (a) noninferiority for observed positive and aversive parenting; (b) noninferiority for observed quality of parent-child relationship at post but not follow-up assessment; (c) noninferiority for parent-reported inappropriate/inconsistent discipline for PP but not ITT analyses; and (d) noninferiority not confirmed for parenting daily hassles and adverse family quality of life, despite large effect sizes for the ODI (Cohen's  $d$ : .73–1.07). Finally, ODI noninferiority was found for teacher-reported child disruptive behavior. **Conclusions:** The tested online-delivered parenting intervention demonstrated clear noninferiority with the corresponding staff-delivered parenting intervention on the primary outcome, child disruptive behavior problems, and reflected substantial though nonuniform noninferiority and meaningful effect sizes for secondary outcomes related to parenting and family. Future research will guide optimization of online interventions. **Keywords:** Parenting; disruptive behavior; parent-child interaction;

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## Triple P Online System (TPOS)



A suite of self-guided parenting support interventions applicable to a broad range of parents and carers of children aged 0-16 years.

*Current programs include:*

- Triple P Online (TPOL)
- Teen Triple P Online
- Fear-Less Triple P Online
- Triple P for Baby Online

*Under development:*

- Stepping Stones Triple P Online
- Family Transitions Triple P Online
- Resilience Triple P Online



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## US Triple P system population trial (CDC funded)



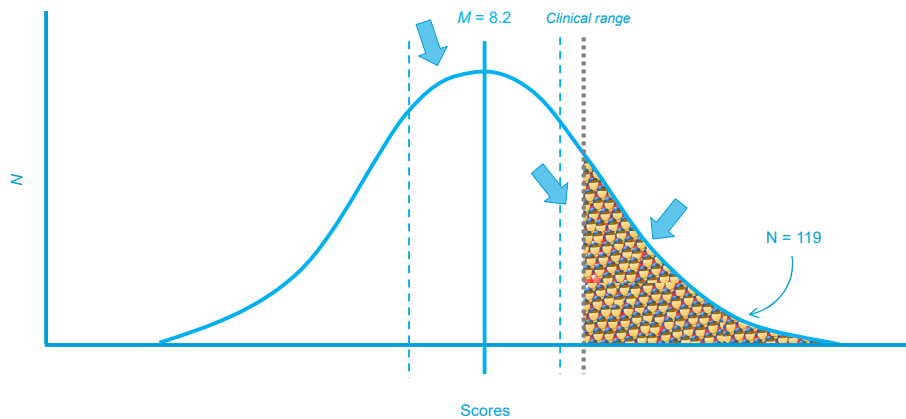
- 18 counties were randomly assigned to either dissemination of Triple P or services-as-usual
- Existing workforce (over 600 providers) were trained
- Aim was prevention of child/family problems
- Results<sup>1,2</sup> based on Gov data of prevention rates per 100 000 children aged 0–8 years
  - 10.5% fewer hospitalisations/ER visits for child maltreatment injuries per year (23.6% increase in control counties)
  - 9.1% fewer out-of-home placements per year (22.6% increase in control counties)
  - 23.5% fewer substantiated child abuse cases per year (7.9% increase in control counties)

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## Public health approaches to parenting



Children in the clinically elevated range on the SDQ (N=1,500)

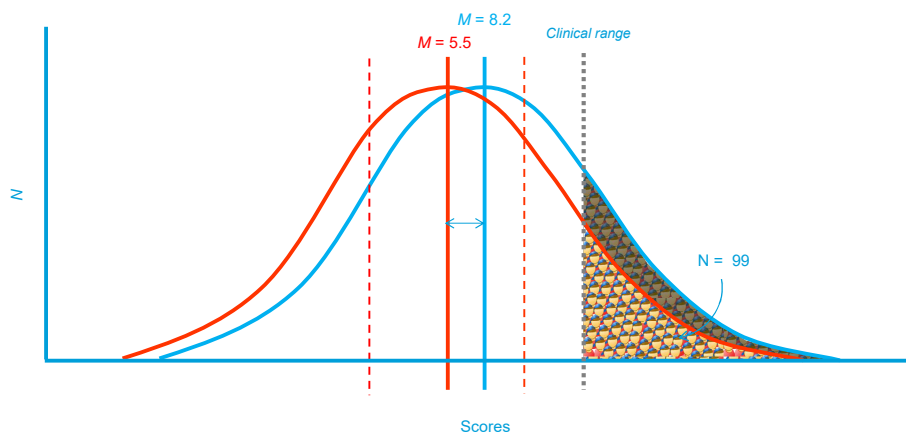


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## Small changes in populations have big impacts on high levels of need



What if we could lower the population mean by 0.5SD



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## Ireland and Queensland



- **Longford and Westmeath, Ireland:**
  - Over 4,500 families attended Triple P between February 2010 and May 2013.
  - Independent evaluation found Triple P led to population-wide change, including reducing cases of children with clinically-elevated emotional and behaviour problems by **37.5%**
  - **30%** reduction in rates of self-reported parental depression, anxiety and stress
- **Queensland, Australia:**
  - Over 240,000 parents and carers families accessed Triple P in 3-year period
  - Nearly 40,000 of these families accessed **Triple P Online**, with an over-representation of:
    - Single parents;
    - Parents in receipt of highest level of state benefits
    - Parents speaking English as a second language
    - Fathers

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## Continuing to develop & test new programmes



Family Life Skills Triple P Feasibility Study Project Report  
May 2022

Research in Developmental Disabilities  
Volume 76, May 2018, Pages 46-55

**Building Bridges Triple P: Pilot study of a behavioural family intervention for adolescents with autism spectrum disorder**

Trevor G. Mazzucchelli<sup>a,b,c,\*</sup>, Marian Jenkins<sup>a,b,c</sup>, Kate Sofronoff<sup>c,d,e</sup>

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<https://doi.org/10.1016/j.ridd.2018.02.018> Get rights and content

### Abstract

#### Background

Many parents of adolescents with autism spectrum disorder (ASD) report that they are ill-equipped to support their children's behaviour, and these youths are known to be at substantially greater risk of emotional or behavioural problems compared to their typically developing peers. There is a need for an efficient and tailored parenting program for parents of adolescents with ASD that includes guidance on how to best support these youths' development and well-being.

Parents as Partners  
in Junior Rugby League

Final Report  
MARCH 2022



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## Summary and Opportunities



- Triple P is a system of evidence-based parenting and family support interventions built on over 40 years of international research
- Evidence-based parenting programmes generate positive effects on a range of outcomes
- YEF A Supportive Home Trial aims to build evidence around edge-of-care
- Triple P is already delivered widely across the UK, including >60% LA areas in England
- Recent investment offers opportunity to think differently across traditional 'silos' by considering parenting as a *golden thread* across Family Hubs, Supporting Families, IRCSC / Family Help, SEND, Mental Health etc
- Offering a suite of evidence-based programs from infancy through to adolescence – with differing levels of intensity can both maximize staff capacity, generate reach, and help normalize and destigmatise parenting
- Online delivery provides an opportunity to scale cost-effectively and has demonstrated reach into more traditionally "hard-to-reach" groups
- Continue to develop our programmes to meet current and emerging needs, and delivery models

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- Triple P UK Website inc. Case Studies: [www.triplep.uk.net](http://www.triplep.uk.net)
- Triple P UK Parent Website: [www.triplep-parenting.uk.net](http://www.triplep-parenting.uk.net)
- Triple P evidence base: [www.pfsc.psychology.uq.edu.au/research/triple-p-evidence-base](http://www.pfsc.psychology.uq.edu.au/research/triple-p-evidence-base)
- Matt Buttery - [Matt.buttery@triplep.uk.net](mailto:Matt.buttery@triplep.uk.net)
- Claire Halsey - [Claire.Halsey@triplep.uk.net](mailto:Claire.Halsey@triplep.uk.net)

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