WHY INVEST IN TRIPLE P?

The different programs of the Triple P system provide flexibility for parents, practitioners, organizations and governments. The varying intensity and delivery methods, makes it easy to tailor a roll-out to the needs of an entire community, a targeted group or for individual practitioners to support the specific needs of the parents they see. The Triple P system is consistent with the principle of proportionate universalism\(^1\) and can go to scale simply and cost efficiently.

A POPULATION HEALTH APPROACH

To achieve a meaningful, population-level change in family resilience and functioning, and in children’s emotional and behavioral outcomes, a population health approach to parenting offers a powerful solution.

The Triple P system is consistent with the principle of proportionate universalism, where every family gets some degree of support, and those most in need get the most help. It can be delivered from universal access points including community health services, schools, early-years settings, the voluntary sector and local government service providers.

A population-level approach to increasing parenting skills aims to provide parenting information and support to every family in a community, to produce change at a whole-of-population level\(^2\).

Triple P Online can function as part of the Triple P system or as a standalone solution to reduce waiting lists for existing services. The web-based program should be considered by organizations and governments interested in a community-wide approach as a pathway from lighter interventions to more intensive levels of support.

Taking a community-wide approach to parenting support can be achieved in different ways depending on the needs of the community. It can be adopted across a large region or as a starting point within a single organization. A Triple P Implementation Consultant (IC) can work with local stakeholders to develop a community-based approach to implementing Triple P.

“TRIPLE P IS A GREAT PROGRAM. TO MY MIND, IT IS THE BEST IN THE WORLD AT ADDRESSING THE NEEDS OF THE WHOLE COMMUNITY. THE DIFFERENT COMPONENTS ARE CAREFULLY TAILED TO THE NEEDS OF A RANGE OF PARENTS. THE CONTENT IS BASED ON BEST SCIENTIFIC PRACTICE, AND IS ACCESSIBLE AND FUN. ABOVE ALL, IT HAS BEEN PROVEN IN NUMEROUS CONTROLLED TRIALS TO BE HIGHLY EFFECTIVE.”

PROFESSOR STEPHEN SCOTT, CBE
INSTITUTE OF PSYCHIATRY, KINGS COLLEGE, UNIVERSITY OF LONDON, UNITED KINGDOM

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POPULATION-LEVEL IMPACTS

Triple P is one of only two parenting programs identified by the World Health Organization (WHO) in its 2009 report\(^3\) as being supported by the strongest evidence for a parenting program’s ability to prevent child maltreatment. WHO refers specifically to a large place-randomized study, led by Professor Ron Prinz of the University of South Carolina and funded by the CDC.

In the US Triple P System Population Trial,\(^4\),\(^5\),\(^6\) 18 counties were randomized to Triple P or services-as-usual control. When compared with the care as usual counties, the Triple P counties showed significant results for child out-of-home placements, hospital-treated child maltreatment injuries, and rates of child maltreatment cases.

US Population Trial results

In Santa Cruz County, California, a five-year summary report\(^7\) highlighted the achievements of a county-wide population roll-out of the Triple P system. Parents with children up to 16 years can access the full Triple P system of programs.

Santa Cruz County’s improvements in key parenting issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child maltreatment cases</td>
<td>22.6%</td>
</tr>
<tr>
<td>Out-of-home placements</td>
<td>9.2%</td>
</tr>
<tr>
<td>Child maltreatment injuries</td>
<td>-10.5%</td>
</tr>
</tbody>
</table>

A research trial that began in Québec in 2015 involved delivery of all five levels of the Triple P system (including a local communications campaign) to parents of children 0-12 years in two communities; parents in matched communities received care as usual.

Preliminary research findings from Québec demonstrate significant effects in:
- Improved parents’ confidence
- Lowered parent stress and enhanced parenting practices
- Improvement in child behavior with reduction in problems
- Enhanced prosocial behavior

Following the success of the program in the research trial, the initiative has been sustained and also gathered momentum so the program is now being offered in primary schools, child daycare centres, child welfare agencies and non-profit community organizations. Initial findings show the program to be effective for low-income, middle-income and high-income families. More analyses are underway to assess population effects of the Triple P system in Québec.\(^8\),\(^9\)

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COST-EFFECTIVENESS
Many organizations and communities have invested in Triple P and achieved significant outcomes and a substantial return on investment. The following is a selection of key research findings from around the world.

Access Economics, commissioned by the Australian Government, conducted a cost analysis of the Triple P system. The report found an AU$13.83 return for every dollar spent.10

FOR EVERY £1 SPENT, BRITISH MEDICAL ASSOCIATION ESTIMATE A £5.05 RETURN11

A cost analysis12 was conducted using data from the US Triple P System Population Trial. The analysis estimated the costs of implementing Triple P in a community and found the cost for establishing the infrastructure for all five levels of the Triple P system could be recouped in one year if a 10% reduction in child abuse and neglect was achieved.

EVERY US$1 SPENT ON TRIPLE P UPSTREAM SAVES US$10.05 DOWNSTREAM ACROSS SEVERAL HUMAN SERVICES SECTORS13

The Washington State Institute of Public Policy (WSIPP)13 calculated that delivering Level 4 Standard or Group Triple P to parents of children with moderate to severe behavioral problems, could save a community between US$3,500 and US$5,200 per participant by reducing child mental health problems. A broader public health roll-out encompassing the full Triple P system could save the community US$1,398 per participant by preventing problems such as child abuse and neglect/out-of-home placements, juvenile crime, school failure and healthcare costs.

The 2014 Building a Better Future14 report, published by the UK Centre for Mental Health, estimated that every £1 spent on parenting support results in £4 of annual savings to health, education and social care.

POTENTIAL BENEFIT OF REDUCING THE LIFETIME COSTS BY BRINGING A CHILD WITH A CONDUCT DISORDER BELOW THE CLINICAL THRESHOLD14

The Public Health Agency of Canada partnered with the Institute of Health Economics to study the cost-effectiveness and health-policy implications of early-childhood mental health interventions15. The results of the Alberta-based study found:

- Each 1% population reduction in conduct disorder saves CA$456,244 over a lifetime.
- Triple P would pay for itself if conduct disorder was reduced between 5% and 6%.
- If a 25% reduction is achieved, the intervention could save up to CA$7.5 million in Alberta.

In 2007, a study published in the Australian and New Zealand Journal of Psychiatry16 reported Triple P has the potential to avert at least 26% of conduct disorder cases in children. In 2018, a study of the Longford Westmeath Parenting Partnership in Ireland, reported a possible reduction in the population incidence of behavioral problems between 31 and 38% if the initiative was replicated at national level17.
Triple P is highlighted in the UK’s NICE Guidelines for the treatment of antisocial behavior and conduct disorders\(^{18}\), and learning disabilities in children and young people\(^{19}\).

In the UK, the Department for Education conducted the Study of Early Education and Development (SEED)\(^{20}\), to examine the potential value for money of early education. In July 2017, SEED reported at ages three and four, improvements in child social development (measured using the Strengths and Difficulties Questionnaire (SDQ) total difficulties) can be linked to later monetary benefits. A decrease of 1 point on the SDQ total difficulties scale at age four could reduce the lifetime costs by an estimated £1,409.

A foundational randomized controlled trial of the Positive Early Childhood Education (PECE) Program in Alberta, Canada\(^{21}\) found significant changes in the SDQ, including a shift of the intervention participants out of the clinical range.

**Total Difficulties Score from Strengths and Difficulties Questionnaire**

<table>
<thead>
<tr>
<th>20</th>
<th>15</th>
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<td>➔</td>
<td>➔</td>
<td>➔</td>
<td>➔</td>
</tr>
<tr>
<td>Waitlist control</td>
<td>➔</td>
<td>➔</td>
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**ONLINE VARIANT**

Triple P Online is the world’s first online parenting program to be used in a successful randomized controlled trial that demonstrated sustained improvements in child and family outcomes. The study examined 116 parents with children aged 2-9 years, who reported high levels of satisfaction with the program\(^{22}\).

Positive outcomes have now been demonstrated in six randomized controlled trials (Australia, New Zealand, United Kingdom, United States), including for parents of children with ADHD symptoms in New Zealand\(^{23}\) and highly vulnerable low-SES families in Los Angeles\(^{24}\).

**INTENSIVE PARENTING SUPPORT**

The National Society for the Prevention of Cruelty to Children (NSPCC)\(^{25}\) in the United Kingdom evaluated Pathways Triple P when delivered to families with children 2-12 years where there was initial concern about child neglect.

**NSPCC key findings**

- **29% DECREASE IN CHILDREN’S EMOTIONAL AND BEHAVIORAL DIFFICULTIES**
- **SIGNIFICANT IMPROVEMENTS IN CHILDREN’S EMOTIONAL SYMPTOMS, BEHAVIOR PROBLEMS, HYPERACTIVITY AND PRO-SOCIAL BEHAVIOR**
- **44% DECREASE IN PARENT-REPORTED PARENTING DIFFICULTIES (LAXNESS, OVER-REACTIVITY AND VERBOSITY)**

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GROUP PROGRAMS ACROSS A COMMUNITY
The Longford and Westmeath Parenting Partnership\textsuperscript{26} in Ireland reached more than 4,500 families with Triple P over a 30-month period between 2010 and 2013. The partnership targeted parents of children aged 4–8 through the delivery of Triple P Seminars, Discussion Groups and Group Triple P. Consistent positive changes on key parenting and child behavior indicators were found and maintained over time.

A recent study\textsuperscript{27} examined the population impact of Triple P in this initiative and found a reduction in the proportion of children scoring within the borderline/abnormal range by:

- 4.7% for total difficulties.
- 4.4% for conduct problems.
- 4.5% for hyperactivity.

STEPPING STONES TRIPLE P
Stepping Stones Triple P is a program which reaches parents to encourage healthy behavior and emotions in children with developmental disabilities (up to 12 years).

The National Health and Medical Research Council funded the rollout of Stepping Stones Triple P in Queensland, New South Wales and Victoria (Australia), from 2012 to 2017\textsuperscript{28}. The research trial found:

- improved parenting skills.
- reduced parental stress.

During the period of September 2016 to November 2017, the National Board of Health, Denmark evaluated the following three initiatives in multiple municipalities\textsuperscript{29}:

1. Stepping Stones Triple P in five municipalities.
2. Therapeutic Assistance (Terapeutisk bistand) in five municipalities.
3. Parenting Courses (Forældrekurser) in three municipalities.

Stepping Stones Findings:
- Significantly decreased parental stress, especially among fathers
- Improved parental well-being, especially among fathers
- Improved parenting satisfaction & mastery of parenting
- General improvements for family and child

LONG-TERM OUTCOMES
In Western Australia, 15-year follow-up data\textsuperscript{30} shows that children whose parents participated in Group Triple P, when they were aged three to five years, achieved higher scores on standardized tests of numeracy and literacy in

\begin{itemize}
\item improved child behavior.
\item high participation rates (38% compared with 10% accessing usual clinical resources).
\end{itemize}
primary school and higher rates of school attendance in upper secondary school.

A recent evaluation looked at adolescent outcomes 10 years after parents participated in a RCT in Braunschweig, Germany. 17 preschools were cluster-randomized with parents from 11 preschools participating in Group Triple P and six preschools assigned to a control group. Measurements were conducted seven times with the 10-year follow-up showing benefits of participating in Group Triple P during the early years into adolescence.

The study interpreted findings in light of theoretical models in psychology and economics and suggests improvements in parental discipline and positive engagement through Triple P during early childhood improves behavioral outcomes and mental wellbeing during early adolescence.31

Results at 10-year follow-up
Significant effects on:
- externalising behaviors
- quality of life
- child subjective behavior

LOW- AND MIDDLE-INCOME COUNTRIES
Trials have shown Triple P is effective in a range of low- and middle-income countries in Asia32 and Latin America33. These trials found high cultural acceptability of Triple P by parents. In Africa, Triple P has been shown to be acceptable to women living in shelters as a result of domestic abuse. Research in Kenya found parents who completed Group Triple P reported high satisfaction and improvements in child behavior and parenting experience34.

GOING TO SCALE
In Australia, the Queensland State Government announced that the 2015-16 State Budget would fund free access to Triple P. This initiative gives Queensland families access to a range of Triple P programs. The aim is to provide universal access to parenting support across the state. At 31 March 2019, the project had trained 1,343 practitioners and reached 285,087 parents.

Queensland families accessing Triple P

EFFECTIVENESS DURING MAINTENANCE
The 2006-2011 Parenting Early Intervention Program (PEIP) provided funding to all 150 local authorities in England to deliver parenting programs. Both the 2011 and 2013 evaluations of PEIP found while all programs evaluated were effective, Triple P was generally more effective on parent measures and showed significantly greater effects in improving children's conduct problems.

A recent study looked at the effectiveness of the research-led PEIP implementation (n=1,390) compared to evidence-based parenting programs during sustained service-led implementation (n=3,706). Four local authorities chose which of the eight programs offered during PEIP they wished to continue with. During the effectiveness trial, 89% of parents enrolled in Triple P and during the sustained implementation, 93% enrolled in Triple P.35

Results during the sustained implementation phase and maintained at 12 month follow-up, include:
- Significant improvements in child behavior problems
- Significant improvements in parenting style
- Significant improvements in parental wellbeing