



Engagement and Impact 2018

The University of Queensland

QLD17 (HLS) - Impact

Overview

Title

(Title of the impact study)

Triple P-Positive Parenting Program®, a multilevel population based parenting system

Unit of Assessment

17 - Psychology and Cognitive Sciences

Additional FoR codes

(Identify up to two additional two-digit FoRs that relate to the overall content of the impact study.)

11 - Medical and Health Sciences

Socio-Economic Objective (SEO) Codes

(Choose from the list of two-digit SEO codes that are relevant to the impact study.)

92 - Health

93 - Education and Training

Australian and New Zealand Standard Industrial Classification (ANZSIC) Codes

(Choose from the list of two-digit ANZSIC codes that are relevant to the impact study.)

87 - Social Assistance Services

Keywords

(List up to 10 keywords related to the impact described in Part A.)

Social and emotional wellbeing of children

Parenting

Family Psychology

Sensitivities

Commercially sensitive

Yes

Culturally sensitive

No

Sensitivities description

(Please describe any sensitivities in relation to the impact study that need to be considered, including any particular instructions for ARC staff or assessors, or for the impact study to be made publicly available after EI 2018.)

Triple P International Pty Ltd is a private corporation. All of the financial information is commercial in confidence and is therefore not included.

Aboriginal and Torres Strait Islander research flag

(Is this impact study associated with Aboriginal and Torres Strait Islander content?

NOTE - institutions may identify impact studies where the impact, associated research and/or approach to impact relates to Aboriginal and Torres Strait Islander peoples, nations, communities, language, place, culture and knowledges and/or is undertaken with Aboriginal and Torres Strait Islander peoples, nations, and/or communities.)

No

Science and Research Priorities

(Does this impact study fall within one or more of the Science and Research Priorities?)

Yes

Science and Research Priority	Practical Research Challenge
Health	Better models of health care and services that improve outcomes, reduce disparities for disadvantaged and vulnerable groups, increase efficiency and provide greater value for a given expenditure.
Health	Improved prediction, identification, tracking, prevention and management of emerging local and regional health threats.

Impact

Summary of the impact

(Briefly describe the specific impact in simple, clear English. This will enable the general community to understand the impact of the research.)

The Triple P – Positive Parenting Program® is a multilevel population-based (community wide) system of parenting support designed to enhance parenting skills, and improve the wellbeing, health and educational outcomes of children. The multilevel system offers a range of programs, each with different levels of support designed to meet parents' different needs. These programs range from light-touch or low intensity seminars to more intensive group-based and one-on-one programs. UQ research into the system has found that learning and practising positive parenting skills increases child wellbeing, reduces behaviour difficulties, decreases child abuse and neglect, and improves child educational and health outcomes. It has been disseminated across 29 countries and benefited millions of families.

Beneficiaries

(List up to 10 beneficiaries related to the impact study)

Children, families and communities who have participated in Triple P programs

Clinical, school and counselling psychologists

Medical practitioners (GPs, paediatricians and child and adolescent psychiatrists)

School counsellors/special educators/parent educators

Mental health professionals

Social workers

Community and public health nurses

State Government agencies in Australia, particularly in Queensland, New South Wales, South Australia, Western Australia

International government agencies at state (provincial), country or local government levels in countries of dissemination

Not for profit agencies delivering family and parenting services to parents

Countries in which the impact occurred

(Search the list of countries and add as many as relate to the location of the impact)

Australia
Argentina
Austria
Belgium
Canada
Costa Rica
Curacao
Denmark
England
France
Germany
Iran
Ireland
Japan
Luxembourg
Mexico
New Zealand
Romania
Scotland
Singapore
South Africa
Sweden
Switzerland
Netherlands
Turkey
United States of America
Wales
Chile
Colombia
Hong Kong (SAR of China)
Jersey

Details of the impact

(Provide a narrative that clearly outlines the research impact. The narrative should explain the relationship between the associated research and the impact. It should also identify the contribution the research has made beyond academia, including:

- who or what has benefitted from the results of the research (this should identify relevant research end-users, or beneficiaries from industry, the community, government, wider public etc.)
- the nature or type of impact and how the research made a social, economic, cultural, and/or environmental impact
- the extent of the impact (with specific references to appropriate evidence, such as cost-benefit-analysis, quantity of those affected, reported benefits etc.)
- the dates and time period in which the impact occurred.

NOTE - the narrative must describe only impact that has occurred within the reference period, and must not make aspirational claims.)

The Parenting and Family Support Centre (PFSC) - led by UQ's Prof Matt Sanders - has been developing and evaluating the Triple P-Positive Parenting system across a range of population cohorts and cultures, using a range of delivery modalities. Triple P is the only multi-level, evidence-based parenting intervention in the world that has demonstrated the efficacy of a population health approach to parenting support.

The original program from which all subsequent variants of Triple P evolved was a 10 week individually administered program developed by Professor Sanders in 1978. Since 2002, Triple P has evolved into a sophisticated population-based, multilevel parenting program. The multilevel system involves a media and communications strategy to destigmatise parenting difficulties (level 1), seminars (level 2), thematically focused discussion groups or workshops (level 3), 8-module group (level 4) and intensive family interventions (level 5). More recent research has demonstrated the effectiveness of self-help and an 8-module online program. The rationale for this multilevel strategy is that there are differing levels of behavioural and emotional disturbance among children, and parents have different needs regarding the type, intensity, and mode of assistance they require. The multilevel strategy uses the principle of the minimally sufficient effective intervention as a guiding principle to serve parents' needs. It is these evolutions – based on research conducted post-2002 – that allow Triple P to be scaled up to the population level while remaining inclusive and cost-effective. These changes have made it possible for governments to undertake community-wide roll outs of Triple P to the broader population, as has happened with increasing frequency since 2011.

Research on the multilevel system has involved trialling the efficacy of different levels of the program and different delivery modalities that have been introduced into the Triple P system post-2002. Initial studies tested the efficacy of individual program levels, with the first population-based multilevel system trial occurring in 2008 in Brisbane, Sydney and Melbourne. Triple P has been demonstrated via 305 evaluations (50% independently conducted) to reduce social, emotional and behavioural problems in children, increase positive parenting, reduce parent stress and depression, and reduce harsh, inconsistent and coercive parenting.

In parallel to the research, Triple P International has had exclusive licence to disseminate the Triple P system globally since 2001. The PFSC's research and collaborations have provided Triple P International with an evolving evidence-based parenting intervention. Up to 2016, Triple P International has disseminated the Triple P system in 26 countries, an increase from 10 in 2010, with 36,977 practitioners trained in Triple P between 2011 and 2016.

Triple P's population-level research outcomes have been replicated by "in the field" service-level evaluations. This includes a 2014 evaluation of a population-level roll out in Ireland which found a 37.5% reduction in the number of children with clinically elevated social, emotional and behavioural problems. Furthermore, a 5 year evaluation of a population-level roll out of Triple P conducted in Santa Cruz County (2016) found the program contributed to reversing state-wide trends in the growth of child maltreatment cases. Population based roll outs have also occurred in counties in North Carolina, USA in 2011. Prof Sanders was appointed in 2016 as an advisor to the Ministry of Education and Culture in Indonesia to provide policy advice on enhancing parents' engagement with schools.

In 2015, the Qld Government made Triple P available free to all families in Qld, in response to the Carmody Commission of Inquiry Into Child Maltreatment. In the first 2 years of the roll out, an estimated 135,000+ parents and carers accessed the program, nearly 30,000 of whom accessed Triple P online, and over 750 practitioners from 133 organisations were trained to deliver Triple P. The development of an online capacity to deliver Triple P has been a major advancement and markedly increases population reach of the intervention. Large scale population roll outs have also occurred in NSW (2007-2010 with ongoing delivery) and South Australia via the Department of Education (2015 -2019). The Stepping Stones Triple P system - which is a multilevel variant of the program for parents with children who have a disability - was implemented statewide in Qld (2013), Victoria (2014) and NSW (2015).

PFSC researchers have worked closely with policy makers and agencies - including state and national government departments and the World Health Organisation - to promote Triple P parenting interventions to address broader issues such as child maltreatment, mental health, and poverty. The American Academy of

Paediatrics recommended Triple P to reduce the toxic health effects of poverty on children. The National Mental Health Commission in Australia recommended national dissemination of Triple P. In 2016 alone, PFSC staff were involved in 26 policy briefings, and featured in approximately 140 print and online media articles, 60 radio interviews, and 18 television interviews.

The Washington State Institute for Public Policy (2017) estimated the Triple P system of programs returns a benefit to cost ratio of \$9.29. Furthermore, Sampaio et al (2017) reported "Triple P for the treatment of Conduct Disorder in children represents good value for money, when delivered in both group and individual face-to-face formats, with the group format being the most cost-effective option. Triple P was cost-effective compared to no intervention at a threshold of AU\$50,000 per disability-adjusted life year (DALY) averted when delivered in a group format incremental cost-effectiveness ratio (ICER) = \$1013 per DALY averted; ...and in an individual format ICER = \$20,498 per DALY averted."

Associated research

(Briefly describe the research that led to the impact presented for the UoA. The research must meet the definition of research in Section 1.9 of the EI 2018 Submission Guidelines. The description should include details of:

- what was researched*
- when the research occurred*
- who conducted the research and what is the association with the institution)*

Since 2002 the Triple P model has emphasised providing low-intensity, population-level treatments that can reach anybody, even the most marginalized groups. This has resulted in a multilevel system of Triple P and a range of low intensity and self-directed programs designed to increase the reach and lower the costs of intervention.

Key evaluated program variants include tip sheets for parents with toddlers (1); 2hr discussion group for parents of pre-schoolers (2); seminars for parents of children with a disability (3); parents in remote areas using a self-guided work book, with weekly phone support (4); mass media/web-based support (5, 6); Universal Seminar Series on Positive Parenting (7); and online versions first evaluated in 2012 (8). All light-touch variants were found to reduce problem behaviours, reduce parent anger and increase parental confidence.

The first population-based trial of the multilevel Triple P system was reported in 2008 (9). Families who received Triple P had fewer children with clinically elevated/borderline behavioural and emotional problems and lower levels of parent depression/stress and coercive parenting compared to control groups. In 2008-10 the first place-based randomised trial was conducted in 18 counties of South Carolina (10). The study found curtailed rates of child maltreatment, substantial reduction in hospital treated child maltreatment injuries, and reduced child out of home placements in Triple P counties compared to other counties.

FoR of associated research

(Up to three two-digit FoRs that best describe the associated research)

17 - Psychology and Cognitive Sciences

11 - Medical and Health Sciences

References (up to 10 references, 350 characters per reference)

(This section should include a list of up to 10 of the most relevant research outputs associated with the impact)

1. Morawska A., & Sanders, M.R. (2006). Self-administered behavioural family intervention for parents of toddlers: Part I. Efficacy. *Journal of Consulting and Clinical Psychology*, 74, 10–19.

2. Joachim S., Sanders M.R., & Turner K.M.T. (2010). Reducing preschoolers' disruptive behaviour in public with a brief parent discussion group. *Child Psychiatry and Human Development*, 41, 47–60.

3. Sofronoff, K., Jahnel, D., & Sanders, M. (2011). Stepping stones Triple P seminars for parents of a child with a disability: A randomized controlled trial. *Research in Developmental Disabilities*, 32, 2253-2262.

4. Markie-Dadds, C., & Sanders, M. R. (2006). A controlled evaluation of an enhanced self-directed behavioural family intervention for parents of children with conduct problems in rural and remote areas. *Behaviour Change*, 23, 55-72.

5. Sanders, M.R., & Prinz, R. (2008). Using mass media as a population level strategy to strengthen parenting skills. *Journal of Clinical Child and Adolescent Psychology*, 37, 609–621.

6. Sanders, M.R., Calam, R., Durand, M., Liversidge, T., & Carmont, S. (2008). Does self-directed and web-based support for parents enhance the effects of viewing a reality television series based on the Triple P-Positive Parenting Programme? *Journal of Child Psychology and Psychiatry*, 49, 924–932.

7. Sanders, M.R., Prior, J., & Ralph, A. (2009). An evaluation of a brief universal seminar series on positive parenting: a feasibility study. *Journal of Children's Services*, 4, 4–20.

8. Sanders, M. R., Baker, S., & Turner, K. M. T. (2012). A randomized controlled trial evaluating the efficacy of Triple P Online with parents of children with early onset conduct problems. *Behaviour Research and Therapy*, 50, 675-684.

9. Sanders, M. R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S. & Bidwell, K. (2008). Every family: A population approach to reducing behavioural and emotional problems in children making the transition to school. *Journal of Primary Prevention*, 29, 197-222.

10. Prinz, R. J., Sanders, M. R., Shapiro, C. J. Whitaker, D. J., & Lutzker, K. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.

Additional impact indicator information

Additional impact indicator information

(Provide information about any indicators not captured above that are relevant to the impact study, for example return on investment, jobs created, improvements in quality of life years (QALYs). Additional indicators should be quantitative in nature and include:

- name of indicator (100 characters)*
- data for indicator (200 characters)*
- brief description of indicator and how it is calculated (300 characters).)*

Name

Jobs creation

Indicator Data

Triple P International employs more than 100 people.

Indicator Description

Triple P International evolved from a small family business to an enterprise that now employs more than 100 people throughout Australia, New Zealand, Hong Kong, USA, Canada, UK, Germany, the Netherlands and Chile. Triple P is registered as a B Corp and is a medium social enterprise.

Name

Promotion of International Research Activity

Indicator Data

There have been >900 papers written about Triple P, including 305 evaluation studies (involving 155 RCTs), involving 1343 individual researchers, from 419 research institutions, across 36 countries.

Indicator Description

Foundational research conducted by the PFSC has led to many productive international collaborations and independently conducted studies of Triple P. Triple P is the most extensively studied and widely disseminated parenting program in the world.

Name

Influencing Policy

Indicator Data

Triple P has had a major leadership role in transforming the delivery of parenting programs.

Indicator Description

Triple P has had a major leadership role in transforming the delivery of parenting programs; from a targeted intervention for relatively few parents of children with serious conduct problems, to a program available to all parents of children from birth to age 16.