

Triple P Online

Review: September 2017

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Triple P Online is a web-based parenting intervention. The programme can be used as an early intervention strategy or as a more intensive programme for parents with children up to 12 years with significant social, emotional or behavioural problems.

Parents are given access to a website which enables them to work through modules sequentially. It is the equivalent of [Level 4 Standard Triple P](#), which is the face-to-face version of the programme. The online programme is designed to reach parents who prefer to complete a parenting programme online because, for example, they are too busy, hesitant or unable to access a programme in-person. A practitioner can provide support alongside the self-directed online programme. It includes 8 modules which focus on positive parenting principles and supporting parents to integrate and generalise parenting strategies through parenting plans.

Evidence
rating: **3+**

Cost rating: **1**

EIF Programme Assessment

Triple P Online has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence
rating: **3+**

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

Triple P Online is designed for a wide range of parents who prefer to access a programme online because, for example, they are too busy, hesitant or isolated. Although it has been tested on a variety of populations, the best-evidenced studies contributing to the EIF strength of evidence rating contained predominantly high socioeconomic status parents of Australian or New Zealand European ethnicity.

Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than £100.

Cost rating: **1**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Improved child behaviour and difficulties (emotional symptoms)

Based on study 1

0.92-point reduction on the Strengths and Difficulties Questionnaire (emotional symptoms subscale – parent report)

Improvement index: **+17**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 67% and worse outcomes than 33% of their peers, if they had received the intervention.

Immediately after the intervention

Preventing crime, violence and antisocial behaviour

Improved child behaviour (intensity)

Based on study 1

21.04-point reduction on the Eyberg Child Behaviour Inventory (intensity subscale – parent report)

Improvement index: **+31**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 81% and worse outcomes than 19% of their peers, if they had received the intervention.

Immediately after the intervention

Improved child behaviour (problem)

Based on study 1

4.9-point reduction on the Eyberg Child Behaviour Inventory (problem subscale – parent report)

Improvement index: **+26**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 76% and worse outcomes than 24% of their peers, if they had received the intervention.

Immediately after the intervention

Improved child behaviour and difficulties (conduct)

Based on study 1

0.98-point reduction on the Strengths and Difficulties Questionnaire (conduct subscale – parent report)

Improvement index: **+22**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 72% and worse outcomes than 28% of their peers, if they had received the intervention.

Immediately after the intervention

Improved behaviour (hyperactivity/inattention)

Based on study 2

Improved behaviour (restlessness/impulsivity)

Based on study 2

Improved behaviour (social functioning)

Based on study 2

Improved behaviour (defiance/aggression)

Based on study 2

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Toddlers
- Preschool
- Primary school

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Online or app

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Home

The programme may also be delivered in these settings:

- Home

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated
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Where has it been implemented?

Australia, Canada, China, Germany, Netherlands, New Zealand, Singapore, Turkey, United Kingdom, United States, Ireland

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- parenting programmes with violence reduction outcomes
programmes for children with recognised or possible special education needs
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About the programme

What happens during delivery?

How is it delivered?

Triple P Online is a self-directed web-based programme for individuals or couples, comprising of eight sessions of 30–60 minutes' duration each. In addition, one practitioner can provide three hours of support spread over approximately four sessions of 45 minutes each.

What happens during the intervention?

- The first four modules cover core programme content, which relates to positive parenting principles and 17 parenting strategies.
- The remaining four modules focus on helping parents to integrate and generalise strategies through parenting plans. Modules cover topics such as 'dealing with disobedience' and 'preventing problems by planning ahead'.
- The programme includes personalised content, interactive exercises, diverse parent 'vox pops' describing their experiences, and video-based modelling of parenting skills. Such elements are designed to engage parents and support learning.
- The programme also provides parents with a customisable and printable workbook.

What are the implementation requirements?

Who can deliver it?

One practitioner with QCF level 4/5 previously trained in a Triple P programme provides support to parents completing the self-directed online programme.

What are the training requirements?

Practitioners are previously trained in a Triple P programme. Therefore, no specific training or booster training is required for Triple P Online.

How are the practitioners supervised?

It is recommended that practitioners are supervised by one host agency supervisor (qualified to QCF-7/8 level). No training specific to Triple P Online is received by the supervisor.

What are the systems for maintaining fidelity?

- Printed material
- Online material
- Face-to-face training
- Fidelity monitoring

A quality assurance checklist is available for organisations to use when planning for quality assurance of Triple P. There are three standard fidelity protocols built into the Triple P Implementation Framework: (1) Practitioner Accreditation, (2) Intervention Fidelity using Session Checklists, (3) Supervision and Practitioner Support Standards using the Peer Support Network. Triple P UK offers trainer-facilitated PASS sessions or a Flexibility & Fidelity workshop for professional development.

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Triple P is based on the idea that parents often unintentionally perpetuate unwanted child behaviour through ineffective parenting strategies.
- Triple P helps parents replace ineffective parenting strategies with effective methods for encouraging positive child behaviour.
- In the short term, parents learn more effective strategies for managing their child's behaviour and the child's behaviour improves.
- In the longer term, children should have greater self-regulatory skills and self-confidence and do better in school.
- It is also expected that children will be less likely to have behavioural problems and/or engage in antisocial behaviour.

Intended outcomes

Supporting children's mental health and wellbeing
Preventing child maltreatment
Preventing crime, violence and antisocial behaviour

Contact details

Jo Adreini Triple P UK contact.tpuk@triplep.uk.net

<https://www2.tripleponline.uk.net/>

<https://www.pfsc.uq.edu.au/research/evidence/http://www.triplep.net/>

About the evidence

Triple P Online's most rigorous evidence comes from a randomised controlled trial which was conducted in Australia and a randomised controlled trial which was conducted in New Zealand. These studies identified statistically significant positive impact on a number of child and parent outcomes. This programme has evidence from at least one rigorously conducted (level 3) RCT, along with evidence from an additional comparison group study. Subsequently, the programme receives a 3+ rating overall.

Study 1

Citation: Sanders, Baker, & Turner (2012)

Design: RCT

Country: Australia

Sample: 116 parents with a 2- to 9-year-old child (mean age = 4.7 years)

Timing: Post-test

Child outcomes:

- Improved child behaviour and difficulties (emotional symptoms)
 - Improved child behaviour (intensity)
 - Improved child behaviour (problem)
 - Improved child behaviour and difficulties (conduct)
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Other outcomes:

- Improved parenting style (laxness) Improved parenting style (over-reactivity) Improved parenting style (verbosity) Improved parenting confidence (behaviour self-efficacy) Improved parenting confidence (setting self-efficacy) Improved parental anger (problem) Improved parental anger (intensity)
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Study rating: 3

Sanders, M. R., Baker, S., & Turner, K. M. (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(11), 675-684

Available at <http://www.sciencedirect.com/science/article/pii/S0005796712001192>

Study design and sample

The first study is a rigorously conducted RCT. This study involved random assignment of parents to a Triple P Online intervention group or a control condition (allowing internet use as usual). This study was conducted in Australia, with a sample of children aged between 2 and 9 with elevated levels of disruptive behaviour. Most families (76%) had an income at or above the Australian median. The ethnic group most commonly identified with was described as Australian (91%).

Measures

- Child behaviour and adjustment was measured using the Eyberg Child Behaviour Inventory (parent report).
- Prosocial and difficult behaviour was measured using the Strengths and Difficulties Questionnaire (parent report).
- Child disruptive behaviour was measured using an observation of child disruptive behaviour: coded using an adapted version of the Family Observation Schedule (independent observer report).
- Parenting style was measured using the Parenting Scale (self-report).
- Parenting confidence was measured using the Parenting Tasks Checklist (self-report).
- Parental adjustment was measured using the Depression Anxiety Stress Scales (self-report).
- Parental anger was measured using the Parental Anger Inventory (self-report).
- Conflict over parenting was measured using the Parent Problem Checklist (self-report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes. Outcomes which have the same strength of evidence as the overall study are reported in the tables above. All these outcomes were found at post-test, when attrition was relatively low:

- Eyberg Child Behavior Inventory: problem and intensity scales
- Strengths and Difficulties Questionnaire: conduct and emotion scales
- Parenting Scale: laxness, over-reactivity and verbosity scales
- Parenting Tasks Checklist: behaviour self-efficacy and setting self-efficacy scales
- Parental Anger Inventory: problem and intensity scale.

Further outcomes were found at six-month follow-up, which were judged to be less rigorous as attrition had increased. At six-month follow up, all the same results found at post-test remained significant, apart from both scales on the Strengths and Difficulties Questionnaire, which were no longer significant. In addition, the following outcomes became significant:

- Depression Anxiety Stress Scales: stress scale
- Parent Problem Checklist: problem and extent
- Adapted version of the Family Observation Schedule (although this was undertaken on a subset of 26 children).

Study 2

Citation: Franke et al. (2016)

Design: RCT

Country: New Zealand

Sample: 53 parents with a 3- to 4-year-old child (M = 4.0 years)

Timing: Post-test and / or 6-month follow up

Child outcomes:

- Improved behaviour (hyperactivity/inattention)
 - Improved behaviour (restlessness/impulsivity)
 - Improved behaviour (social functioning)
 - Improved behaviour (defiance/aggression)
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Other outcomes:

- Improved parenting style (laxness) Improved parenting style (over-reactivity) Improved parenting style (verbosity) Improved positive parenting Improved parenting adjustment (depression) Improved parenting adjustment (stress) Improved parenting adjustment (anxiety) Increased sense of competence (satisfaction) Increased sense of competence (self-efficacy)
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Study rating: 2+

Franke, N., Keown, L. J., & Sanders, M. R. (2016). An RCT of an Online Parenting Program for Parents of Preschool-Aged Children With ADHD Symptoms. *Journal of Attention Disorders*, 1-11
Available at <https://www.ncbi.nlm.nih.gov/pubmed/27609783>

Study design and sample

The second study is an RCT. Participants were randomised to a Triple P online intervention group or a waiting list control group. This study was conducted in New Zealand, with a sample of 53 parents with a 3- to 4-year-old child (M = 4.0 years). All children had elevated and impairing levels of ADHD symptoms. The majority of the children were described as of New Zealand European ethnicity (79.2%). Just over half of the mothers had a university degree (55.7%) and most of the participants were of higher than average socio-economic status.

Measures

- Behaviour was measured using the Conners Early Childhood Behaviour scale (parent report).
- Child behaviour and peer relations were measured using the Child Behaviour Scale (teacher report).
- Prosocial and difficult behaviour was measured using the Strengths and Difficulties Questionnaire (teacher report).
- Parenting style was measured using the Parenting Scale (self-report).
- Positive parenting was measured using the Authoritative Parenting scale of the Parenting Styles and Dimensions Questionnaire (self-report).
- Parental adjustment was measured using the Depression Anxiety Stress Scales (self-report).
- Parenting sense of competence was measured using the Parenting Sense of Competence scale (self-report).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes. Outcomes which have the same strength of evidence as the overall study are reported:

- The Conners Early Childhood Behaviour scale: hyperactivity / inattention, restlessness / impulsivity, social functioning and defiance / aggression scales
- The Parenting Scale: overreactivity*, verbosity* and laxness scales.
- The Parenting Styles and Dimensions Questionnaire: authoritative parenting scale
- The Depression Anxiety Stress Scales: depression*, stress* and anxiety** scales
- The Parenting Sense of Competence scale: satisfaction* and self-efficacy* scales

* = remained significant at six-month follow-up ** = only significant at six-month follow-up

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Dittman, C. K., Farruggia, S. P., Palmer, M. L., Sanders, M. R., & Keown, L. J. (2014). Predicting success in an online parenting intervention: The role of child, parent, and family factors. *Journal of Family Psychology*, 28(2), 236 - **This reference refers to a pre-post study, conducted in New Zealand.**

Ehrensaft, M. K., Knous-Westfall, H. M., & Alonso, T. L. (2016). Web-based prevention of parenting difficulties in young, urban mothers enrolled in post-secondary education. *Journal of Primary Prevention*, 37(6), 527-542 - **This reference refers to a prandomised control trial, conducted in the USA.**

Love, S. M., Sanders, M. R., Turner, K. M., Maurange, M., Knott, T., Prinz, R., ... & Ainsworth, A. T. (2016). Social media and gamification: Engaging vulnerable parents in an online evidence-based parenting program. *Child abuse & neglect*, 53, 95-107 - **This reference refers to a pre-post study, conducted in the USA.**

Sanders, M. R., Dittman, C. K., Farruggia, S. P., & Keown, L. J. (2014). A comparison of online versus workbook delivery of a self-help positive parenting program. *The journal of primary prevention*, 35(3), 125-133 - **This reference refers to a randomised control trial, conducted in New Zealand.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

www.EIF.org.uk | [@TheEIFoundation](https://twitter.com/TheEIFoundation)

10 Salamanca Place, London SE1 7HB | +44 (0)20 3542 2481

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