

# Group Lifestyle Triple P

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.

**Group Lifestyle Triple P is a targeted programme for parents or caregivers of children aged between 5 and 10 years, who are concerned about their child's weight and activity level.**

It helps parents to develop effective strategies for managing their child's weight by introducing gradual permanent changes in their family's lifestyle. During the group sessions, brief didactic presentations are alternated with group discussion, DVD and live demonstrations of parenting skills, rehearsal of skills using role-plays and peer modelling, and small-group problem-solving exercises.

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Evidence  
rating: 2

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Cost rating: 1

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## EIF Programme Assessment

Group Lifestyle Triple P has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

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Evidence  
rating: **2**

### What does the evidence rating mean?

**Level 2** indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

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## 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.

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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:

## Preventing obesity and promoting healthy physical development

### Reduced weight (direct assessment)

Based on study 1

### Reduced weight-related problem behaviour (parent report)

Based on study 1

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.

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## Key programme characteristics

### Who is it for?

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

- Primary school

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### How is it delivered?

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

- Group

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### Where is it delivered?

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

- Primary school
- Community centre
- Out-patient health setting

The programme may also be delivered in these settings:

- Primary school
  - Community centre
  - Out-patient health setting
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## 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, England, Ireland, Netherlands, New Zealand, United States

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## UK provision

This programme has been implemented in the UK.

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## UK evaluation

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

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## Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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# About the programme

## What happens during delivery?

### How is it delivered?

Group Lifestyle Triple P is delivered by one practitioner in 14 sessions, including 10 group sessions and four individual telephone consultations. Group sessions last 90 minutes and telephone sessions last 15-30 minutes.

### What happens during the intervention?

- Session 1, *Preparing for change*, covers working as a group, what 'overweight' means, how it can be treated, readiness for change, and keeping track.
- Sessions 2-3 focus on understanding of nutrition and physical activity. Parents learn how to encourage healthy eating and activities in their children and about increasing their child's self-esteem.
- Session 4, *Using rewards and modifying recipes*, covers motivating children to be healthy, the different types of fat, and how to reduce fat intake.
- Sessions 5-7 focus on limiting sedentary behaviour, playing active games, managing hunger and overeating and providing healthy meals and snacks.
- During session 8, *Managing problem behaviour*, parents learn how to manage problem behaviour, develop parenting routines, and prepare for the weekly telephone sessions.
- Sessions 9-10, *Using Lifestyle Triple P strategies*, consist of a number of telephone consultations. These provide the parent with an opportunity to update the practitioner with their family's progress and discuss any issues.
- During session 11, *Planning ahead*, parents return to the group to learn about family survival tips, high-risk situations, planned activities, and prepare for fortnightly telephone sessions.
- Sessions 12-13, *Using planned activities*, consist of further telephone consultations. These provide the parent with an opportunity to update the practitioner with their family's progress and discuss any issues.
- In session 14, *Programme close*, parents return for a final group session to review progress, look at ways to maintain the healthy changes, plan for the future, and to bring closure to the programme.

## **What are the implementation requirements?**

### **Who can deliver it?**

The practitioners who deliver this programme are those who are able to provide regular group interventions, including dietitians, physical education teachers, nurses, psychologists, and physicians. They have a QCF level of 4/5.

### **What are the training requirements?**

Practitioners attend two days' training, one day pre-accreditation workshop and a half day accreditation session. It is recommended that they spend 4-6 hours on individual preparation before accreditation. Booster training of practitioners is not required.

### **How are the practitioners supervised?**

It is recommended that practitioners are supervised by one host agency supervisor qualified to QCF level 7/8. Supervisors do not have programme training.

### **What are the systems for maintaining fidelity?**

- Training manual
- Other printed material
- Other online material
- Video or DVD training
- 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?

- Lifestyle Triple P assumes that parents with obese or overweight children are less likely to know about effective weight management strategies and how to utilise them.
- Lifestyle Triple P therefore aims to increase parents' understanding of healthy eating and effective weight management strategies that include a more nutritious diet and increased physical activity.
- In the short term, it is expected that parents will provide a more nutritious diet and their child will achieve a healthier body mass index (BMI).
- In the longer term, it is expected that children will make better food and activity choices on their own and maintain a healthy body weight.

### Intended outcomes

Supporting children's mental health and wellbeing Preventing obesity and promoting healthy physical development

### Contact details

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<http://www.triplep.net/> [www.triplep-parenting.net](http://www.triplep-parenting.net)  
[www.pfsc.uq.edu.au/research/evidence/](http://www.pfsc.uq.edu.au/research/evidence/)



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## About the evidence

Group Lifestyle Triple P's most rigorous evidence comes from one RCT which was conducted in Australia. This study identified statistically significant positive impact on a number of child and parent outcomes. It is rated as level 2, providing preliminary evidence. Therefore, the programme receives a level 2 rating overall.

## Study 1

**Citation:** West et al. (2010)

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**Design:** RCT

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**Country:** Australia

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**Sample:** 101 families with children aged between 4 and 11 years (mean age = 8.54 years)

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**Timing:** Post-test

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### Child outcomes:

- Reduced weight (direct assessment)
  - Reduced weight-related problem behaviour (parent report)
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### Other outcomes:

- Improved lifestyle specific parenting self-efficacy Improved parenting style
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### Study rating: 2

West, F., Sanders, M., Cleghorn, G., & Davies, P. (2010). Randomised clinical trial of a family-based lifestyle intervention for childhood obesity involving parents as the exclusive agents of change. *Behaviour Research and Therapy*, 48, 1170–1179.

West, F. (2007). Lifestyle Triple P Project: exploring the link between parenting and childhood obesity. A Thesis Submitted for the Degree of Doctor of Philosophy within the School of Psychology at The University of Queensland.

**Article available at** <http://www.sciencedirect.com/science/article/pii/S0005796710001828>

### Study design and sample

This study is a cluster RCT. It involved sequential random assignment of groups of parents to Group Lifestyle Triple P or a waitlist control condition. This study was completed in Australia with a sample of 101 families with children aged between 4 and 11 years (mean = 8.54, standard deviation = 1.66). All children were overweight or obese at inclusion. Families were predominantly two-parent families (81.2%). The majority of parents were tertiary educated (70.3% of mothers and 76.8% of fathers). The vast majority of families had a white Australian or European ethnic background (87.1%). There were also families with Italian or Greek (5.9%), Asian (4.0%), and Indigenous (3.0%) backgrounds.

### Measures

Child weight was measured using BMI z-score (direct assessment). Child weight-related problem behaviour was measured using the Lifestyle Behaviour Checklist: problem scale (parent report). Lifestyle specific parenting self-efficacy was measured using The Lifestyle Behaviour Checklist: confidence scale (parent report). Parenting style was measured using the Parenting Scale: total (parent report).

### Findings

This study identified statistically significant positive impact on the following child outcomes: BMI z-score and the Lifestyle Behaviour Checklist: problem scale. In addition, it identified statistically significant positive impact on the following parent outcomes: the Lifestyle Behaviour Checklist: confidence scale and the Parenting Scale: total.

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## 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.

Gerards, S. (2014). Childhood obesity prevention: rationale, implementation and effectiveness of the Lifestyle Triple P intervention. Maastricht: Maastricht University - **This reference refers to a randomised control trial, conducted in the Netherlands.**

Gerards, S., Dagnelie, P., Gubbels, J., van Buuren, S., Hamers, F., & Jansen, M. (2015). The Effectiveness of Lifestyle Triple P in the Netherlands: A Randomized Controlled Trial. PLoS ONE, 10(4), 1–18 - **This reference refers to a randomised control trial, conducted in the Netherlands.**

Gerards, S., Dagnelie, P., Jansen, D., van der Goot, L., de Vries, N., Sanders, M., & Kremers, S. (2012). Lifestyle Triple P: a parenting intervention for childhood obesity. BMC Public Health, 12(1), 267 - **This reference refers to a randomised control trial, conducted in the Netherlands.**

Poulsen, A., Desha, L., Ziviani, J., Griffiths, L., Heaslop, A., Khan, A., & Leong, G. (2011). Fundamental movement skills and self-concept of children who are overweight. International Journal of Pediatric Obesity - **This reference refers to a randomised control trial**

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## 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.

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[How to read the Guidebook](#)

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[EIF evidence standards](#)

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[About the EIF Guidebook](#)

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## 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.

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

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