

## GUIDEBOOK

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# Level 4 Group Triple P

Reviews: [Foundations for Life](#), July 2016; November 2019

**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.

**Level 4 Group Triple P is a targeted-indicated intervention for parents with a child between 0 and 12 years old who have concerns about their child's behaviour.**

Groups of up to 12 parents attend sessions over eight weeks delivered by a single trained and supervised clinical psychologist. These sessions include five two-hour group meetings, as well as three individual telephone consultations lasting 15 to 30 minutes.

Parents learn 17 different strategies for improving their children's competencies and discouraging unwanted child behaviour. Role play, homework exercises and discussions involving video-taped examples of effective parenting strategies are used to help parents learn methods for dealing with unwanted child behaviour and supporting their child's emotional needs.

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Evidence  
rating: **3+**

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Cost rating: **1**

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# EIF Programme Assessment

Level 4 Group Triple P has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

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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.

Whilst this Guidebook page describes Level 4 Group Triple P when implemented on a targeted basis (with children where there are concerns about their behaviour), it is also possible to deliver this programme on a universal basis. Evaluations investigating the impact of the programme when delivered universally have identified both positive and more equivocal findings. For instance, an RCT assessing the universal programme implemented in preschools in Germany (Heinrichs et al., 2017) provides preliminary evidence of positive impact on child behaviour. Another implementation conducted in primary schools in Switzerland (Bodenmann et al., 2008) also provides preliminary evidence of positive impact on child behaviour, yet, another analysis of this trial (Eisner et al., 2012) suggests that for those completing the full programme (i.e. attending all 5 sessions) there was no effect.

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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:

## Supporting children's mental health and wellbeing

### Reduced emotional problems

#### Based on study 1

1.31-point improvement on the Strengths and Difficulties Questionnaire (Emotional Symptoms Scale)

Improvement index: **+23**

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 73% and worse outcomes than 27% of their peers, if they had received the intervention.

Immediately after the intervention

## Preventing crime, violence and antisocial behaviour

### Reduced behaviour problems

#### Based on study 1

2.21-point improvement on the Parent Daily Report

Improvement index: **+21**

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 71% and worse outcomes than 29% of their peers, if they had received the intervention.

Immediately after the intervention

## Reduced frequency of disruptive behaviour

### Based on study 1

8.82-point improvement on the Eyberg Child Behaviour Inventory (Problem Scale)

Improvement index: **+36**

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 86% and worse outcomes than 14% of their peers, if they had received the intervention.

Immediately after the intervention

### Based on study 2

4.47-point improvement on the Eyberg Child Behaviour Inventory (Problem Scale)

Improvement index: **+27**

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 77% and worse outcomes than 23% of their peers, if they had received the intervention.

Immediately after the intervention

## Reduced intensity of disruptive behaviour

### Based on study 1

29.17-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale)

Improvement index: **+34**

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 84% and worse outcomes than 16% of their peers, if they had received the intervention.

Immediately after the intervention

### Based on study 2

9.89-point improvement on the Eyberg Child Behaviour Inventory (Intensity Scale)

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

## Reduced conduct problems

Based on study 1

1.23-point improvement on the Strengths and Difficulties Questionnaire (Conduct Scale)

Improvement index: **+27**

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 77% and worse outcomes than 23% of their peers, if they had received the intervention.

Immediately after the intervention

## Reduced hyperactivity problems

Based on study 1

1.32-point improvement on the Strengths and Difficulties Questionnaire (Hyperactivity Scale)

Improvement index: **+23**

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 73% and worse outcomes than 27% of their peers, if they had received the intervention.

Immediately after the intervention

## Reduced peer problems

Based on study 1

1.07-point improvement on the Strengths and Difficulties Questionnaire (Peer Problem Scale)

Improvement index: **+24**

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 74% and worse outcomes than 26% of their peers, if they had received the intervention.

Immediately after the intervention

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:

- Infants
- Toddlers
- Preschool
- 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:

- Children's centre or early-years setting
- Out-patient health setting

The programme may also be delivered in these settings:

- Children's centre or early-years setting
  - 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?

Argentina, Australia, Belgium, Canada, England, France, Germany, Hong Kong, Ireland, Japan, Mexico, Netherlands, New Zealand, Romania, Scotland, Singapore, Sweden, Switzerland, United Kingdom, United States, Wales

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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 includes this programme in the following Spotlight sets:

- improving interparental relationships  
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?

- Level 4 Group Triple P is delivered by a Triple P practitioner in five sessions of approximately two hours' duration to groups of up to 12 families. An additional three sessions (between 15 and 30 minutes each) are delivered to individual families via telephone.

## What happens during the intervention?

- Parents learn 17 different strategies for improving their children's competencies and discouraging unwanted child behaviour.
- Learning is supported through role play exercises, homework exercises and group discussions involving video-taped examples of effective parenting strategies.

## What are the implementation requirements?

### Who can deliver it?

- The practitioner who delivers this programme is a Triple P practitioner, who can come from a range of professions (eg family support worker) with recommended minimum QCF-4/5 level qualifications.

## What are the training requirements?

The practitioner has three days of programme training. This includes one day of pre-accreditation, and a half-day accreditation workshop (accreditation workshops are held over two days; practitioners attend in groups of five). Booster training of practitioners is not required.

## How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host-agency supervisor with QCF-7/8 level qualifications, with no required programme training.

## What are the systems for maintaining fidelity?

- Accreditation process
- Training manual
- Supervision
- Fidelity monitoring

## 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  
Enhancing school achievement & employment  
Preventing crime, violence and antisocial behaviour

## Contact details

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[Triple P corporate website](#) [Triple P training info](#) [Triple P cost-effectiveness info](#)

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## About the evidence

Triple P (Level 4) Group's most rigorous evidence comes from two RCTs which were conducted in Hong Kong.

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 RCT along with evidence from an additional comparison group study. Consequently, the programme receives a 3+ rating overall.

### Study 1

**Citation:** Leung et al. (2003)

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**Design:** RCT

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**Country:** Hong Kong

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**Sample:** 91 middle-class families living in Hong Kong

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**Timing:** Post-test

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**Child outcomes:**

- Reduced emotional problems
  - Reduced behaviour problems
  - Reduced frequency of disruptive behaviour
  - Reduced intensity of disruptive behaviour
  - Reduced conduct problems
  - Reduced hyperactivity problems
  - Reduced peer problems
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## Other outcomes:

- Improved parenting Increased self-efficacy Improved relationship satisfaction

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### Study rating: 3

Leung, C., Sanders, M. R., Leung, S., Mak, R., & Lau, J. (2003). An outcome evaluation of the implementation of the Triple P-Positive Parenting Program in Hong Kong. *Family Process*, 42(4), 531-544.

Available at <https://www.ncbi.nlm.nih.gov/pubmed/14979223>

### Study design and sample

The first study is a rigorously conducted RCT.

This study involved random assignment of children to a Triple P treatment group and a waitlist control group. This study was conducted in Hong Kong, with a sample of 91 middle-class families with a child between the ages of three and seven.

### Measures

Child problem behaviours were measured using the Parent Daily Report (parent report). Child disruptive behaviours and intensity were measured using the Eyberg Child Behavior Checklist (parent report). Child prosocial and difficult behaviours were measured using the Strengths and Difficulties Questionnaire (parent report).

Parental dysfunctional discipline styles (laxness, overreactivity, verbosity) were measured using the Parenting Scale (parent report). Parental views of their competence as parents and satisfaction with their parenting role were measured using the Parenting Sense of Competence Scale (parent report). Conflict between partners over childrearing were measured using the Parent Problem Checklist (parent report). Relationship quality and satisfaction were measured using the Relationship Quality Index (parent report).

### Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.

Child outcomes include:

- Reduced behaviour problems
- Reduced frequency of disruptive behaviour
- Reduced intensity of disruptive behaviour
- Reduced conduct problems
- Reduced hyperactivity problems
- Reduced peer problems
- Reduced emotional problems

## Study 2

**Citation:** Chung et al. (2015)

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**Design:** RCT

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**Country:** Hong Kong

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**Sample:** 91 middle-class families living in Hong Kong

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**Timing:** Post-test

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**Child outcomes:**

- Reduced frequency of disruptive behaviour
  - Reduced intensity of disruptive behaviour
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**Other outcomes:**

- None measured
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**Study rating:** 3

Chung, S., Leung, C., & Sanders, M. R. (2015). The Triple P – Positive Parenting Program: The effectiveness of group Triple P and brief parent discussion group in school settings in Hong Kong. *Journal of Children's Services, 10*, 1-14.

Available at <http://www.emeraldinsight.com/doi/abs/10.1108/JCS-08-2014-0039>

**Study design and sample**

The second study is a rigorously conducted RCT.

This study involved random assignment of children to a Triple P (Level 4) Group, Discussion Group Triple P (a different Triple P intervention), or a waitlist control group.

This study was conducted in Hong Kong, with a sample of 91 middle-class families with a child between the ages of three and seven.

**Measures**

Child disruptive behaviours and intensity were measured using the Eyberg Child Behavior Checklist (parent report).

Parental stress was measured using the Chinese Parental Stress Scale (parent report).

**Findings**

This study identified statistically significant positive impact on a number of child and parent outcomes.

Child outcomes include:

- Reduced frequency of disruptive behaviour
- Reduced intensity of disruptive behaviour

## 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.

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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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## 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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