

Triple P for Baby - Preterm Infants

Review:

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 for Baby - Preterm Infants is a targeted indicated intervention, modified from the Triple P Positive Parenting Programme, which provides targeted support for parents of babies born preterm (<32 weeks of gestational age). It is first delivered within the hospital and then continues into the home or community-based setting.

The programme aims to support the healthy development of pre-term infants (<32 weeks of gestational age) by increasing parents' competence and confidence in raising their child. It intends to do this by delivering sessions which aim to enhance parents' knowledge and skills in building a strong bond with their baby, promoting infant development, providing adaptable strategies for their infant (crying, settling, sleeping), partner communication and parental coping skills. By improving parents' confidence and competence, the programme aims to increase sensitive and responsive care of the child in the early years, reducing the risk of child maltreatment and enhancing children's mental health and wellbeing.

Evidence
rating: 2+

Cost rating: 2

EIF Programme Assessment

Triple P for Baby - Preterm Infants has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

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.

What does the plus mean?

The plus rating indicates that a programme's best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

Cost rating

A rating of 2 indicates that a programme has a medium-low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £100–£499.

Cost rating: **2**

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

Improved motor skills

Based on study 1

Supporting children's mental health and wellbeing

Improved cognition

Based on study 1

Key programme characteristics

Who is it for?

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

- Infants

How is it delivered?

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

- Individual
- Group
- Home visiting

Where is it delivered?

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

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

The programme may also be delivered in these settings:

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?

United Kingdom, Germany, Canada, Australia

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 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?

- Triple P for Baby - Preterm Infants is delivered in 4 group sessions of 2 hours' duration, plus 4 individual 30 minute sessions via home visit or telephone.

What happens during the intervention?

The intervention includes 8 components which cover the following:

- Group Session 1: Positive parenting. Provides parents with an introduction to positive parenting as an approach to raising infants, things that have an impact on early child development, and specific parenting strategies for developing a positive relationship with their baby.
- Group Session 2: Responding to your baby. The practitioner introduces a number of strategies that can help parents teach their new baby skills and behaviours, several ways of responding to their baby and information about babies' crying and sleep.
- Group Session 3: Survival skills. The practitioner introduces changes new parents may experience and some of the early parenting traps, and a variety of coping strategies to manage emotions (e.g., stress, anxiety, sadness).
- Group Session 4: Partner support. Provides parents with information on common relationship changes new parents may experience and some partner traps. The importance of communication and ideas for maintaining relationship happiness are also introduced.
- Sessions 5-7: Implementing parenting routines. During the individual sessions, the practitioner supports parents to continue implementing the strategies, and independently set goals and homework tasks.
- Session 8: Program close. During the phone session, parents review progress, look at ways to maintain changes, and plan for the future.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is an accredited Triple P Practitioner, who can come from a range of professions (e.g., family support worker) with a minimum QCF-4/5 level qualification.

What are the training requirements?

- The practitioners have 4.5 days of programme training. Booster training of practitioners is not required.

How are the practitioners supervised?

- Triple P supervision is managed by the local implementing organisation. Triple P teach the model of Peer Assisted Support and Supervision (PASS) as a model for sustainability to embed within local practice. Where organisations already have a supervisor model in place, it is recommended the supervisor has a minimum QCF-6 qualification and knowledge of Triple P. Triple P supervisors are encouraged to attend agency training as an observer at no-cost, to develop an understanding of programme content and process (maximum two places per agency training course).

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- 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 for Baby - Preterm Infants aims to increase parental competence and confidence in raising their children, by increasing parents' skills in building a strong bond with their baby, promoting infant development, providing adaptable strategies for their infant, improving partner communication, and increasing parental coping skills.
- In the short term, the programme intends to enhance parents' knowledge, skills and confidence to experience a positive transition to parenthood, and provide sensitive and responsive care in the early years, reducing the risk of child maltreatment and enhancing children's mental health and wellbeing.
- In the longer term, positive early childhood development will protect against poor outcomes in later life, including criminal, violent and anti-social behaviour, and poor mental health and well-being, and promotes optimal social, emotional, cognitive and behaviour outcomes including positive mental health and wellbeing, school achievement and employment success.

Intended outcomes

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

Contact details

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About the evidence

The most rigorous evidence for Triple P for Baby - Preterm Infants comes from an RCT which was conducted in Australia. This study identified a statistically significant positive impact on child outcomes. This programme is underpinned by one study with a Level 2+, hence the programme receives a Level 2+ rating overall.

Study 1

Citation: Colditz et al., 2019

Design: RCT

Country: Australia

Sample: 323 families with 384 infants born prematurely (<32 weeks of gestational age).

Timing: Post-test

Child outcomes:

- Improved motor skills
 - Improved cognition
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Other outcomes:

- None measured
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Study rating: 2+

Colditz, P. B., Boyd, R. N., Winter, L., Pritchard, M., Gray, P. H., Whittingham, K., ... & Sanders, M. R. (2019). A randomized trial of baby triple P for preterm infants: child outcomes at 2 years of corrected age. *The Journal of Pediatrics*, 210, 48-54

Available at

<https://pubmed.ncbi.nlm.nih.gov/30857773/>

Study design and sample

The first study is an RCT. This study involved random assignment of families to a Triple P for Baby - Preterm Infants treatment group and a care as usual group. This study was conducted in Australia, with a sample of 323 families with preterm infants. Mean age of mothers was 30.6 years and gestational age of infants was 28.5 weeks. 41% of mothers in the intervention group and 42% in the control group were degree-level educated, and most had no to moderate financial concerns (88% intervention and 89% control). Demographic information about ethnicity was not reported.

Measures

- Child behaviour was measured using the Infant Toddler Social and Emotional Assessment (ITSEA) (parent report)
- Language and communication were measured using the Communication and Symbolic Behaviour Scales Developmental Profile (CSBS-DP) (parent report)
- Cognition, language, and motor skills were measured using the Bayley Scales of Infant and Toddler Development - Third Edition (Bayley-III) (expert observation of behaviour)

Findings

This study identified statistically significant positive impact on a number of child outcomes. This includes improvements in cognition and motor skills on the Bayley-III measure. The conclusions that can be drawn from this study are limited by methodological issues pertaining to a lack of clarity around whether the treatment and control group have continued to be equivalent on baseline characteristics after attrition, hence why a higher rating is not achieved.

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.

Evans, T., Boyd, R. N., Colditz, P., Sanders, M., & Whittingham, K. (2017). Mother-very preterm infant relationship quality: RCT of Baby Triple P. *Journal of Child and Family Studies*, 26, 284-295 - **This reference refers to an RCT** conducted in Australia **which does not measure an infant outcome.**

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.

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