GUIDEBOOK

Published September 2024

Downloaded from https://guidebook.eif.org.uk/programme/triple-p-seminars

Triple P Seminars

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 Seminars is a parenting programme for parents of children aged 0 to 12. Each seminar provides a brief introduction to the Triple P strategies in a large group format (20 to 200 parents) with the aim of promoting child development.

Evidence rating: 2

Triple P Seminars is a universal programme targeting parents interested in participating in parent education and for those who have minor concerns about their child's behaviour or development.

Cost rating: 1

Triple P Seminars are a collection of presentations on a variety of positive parenting topics for groups of parents. Each seminar focuses on enhancing parenting knowledge, skills, and confidence to prevent severe behavioural, emotional and developmental problems in children and is supplemented with take-home tip sheets.

EIF Programme Assessment

Triple P Seminars 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.

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:

Preventing crime, violence and antisocial behaviour

Decreased child behavioural problems

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.

Key programme characteristics

Who is it for?

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

- Antenatal
- Perinatal
- Infants
- Toddlers
- Preschool
- Primary school

How is it delivered?

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

Promotion-plus

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
- Primary school
- Secondary school
- Community centre

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:

Universal

Where has it been implemented?

China, Hong Kong, Japan, Singapore, Australia, Canada, Denmark, Germany, Netherlands, Ireland, Sweden, Switzerland, Panama, Argentina, Chile, Costa Rica, Mexico, New Zealand, Turkey, United Kingdom, United States

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence includes 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 Seminars has three standalone topics, delivered in three sessions of 90 minutes' duration each by 1 practitioner to 20 to 200 parents.

What happens during the intervention?

• Participants learn parenting skills and gain confidence in preventing behavioural, emotional and developmental problems in children.

What are the implementation requirements?

Who can deliver it?

 The practitioner who delivers this programme is an accredited Triple P Practitioner with QCF-4/5 level qualifications.

What are the training requirements?

• The practitioners have 3.5 days of programme training. Ongoing and regular peer support is recommended once a month.

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
- Accreditation process
- Supervision

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?

- Children raised with positive parent-child interactions and nurturing family environments are less likely to develop anti-social behaviours, irrespective of socio-economic backgrounds.
- Triple P Seminars aims to tackle child emotional and behavioural difficulties.
- It teaches parenting strategies and helps parents gain confidence in preventing behavioural, emotional and developmental problems in children.

Intended outcomes

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

Contact details

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About the evidence

Triple P Seminars most rigorous evidence comes from one RCT which was conducted in Greece. This study identified statistically significant positive impact on a number of child and parent outcomes. This programme is underpinned by one study with a Level 2, hence the programme receives a Level 2 rating overall.

Study 1

Citation: Foskolos et al, 2023 and Foskolos, 2015

Design: RCT

Country: Greece

Sample: 124 families, with children between 2 and 12 years old (mean: 5.5 years),

where parents are interested in participating in parent education or have minor

concerns about their child's behaviour or development.

Timing: Pre-test; Post-test; 6-month follow-up

Child outcomes:

Decreased child behavioural problems

Other outcomes:

Decreased dysfunctional parenting practices

Study rating: 2

Foskolos, K., Gardner, F. & Montgomery, P. Brief Parenting Seminars for Preventing Child Behavioral and Emotional Difficulties: a Pilot Randomized Controlled Trial. J Child Fam Stud 32, 3063–3075 (2023). https://doi.org/10.1007/s10826-023-02653-6

Foskolos, K. (2015). The acceptability and efficacy of a brief universal preventive parenting intervention for child behavioural and emotional disorders [PhD thesis]. University of Oxford.

Study design and sample

The first study is an RCT.

This study involved random assignment of children to an intervention group and a control group. This study was conducted in Greece, with a sample of parents with at least one child aged between 2 and 12 (average age 5.5). Most participants were from middle-income, inner-city households in Athens.

Measures

- Behavioural problems were measured using the Eyberg Child Behaviour Inventory (ECBI) Intensity and Problem scales (parent report).
- Child conduct and emotional problems were measured using the Conners Parent Rating Scale (CPRS) (parent report).
- Dysfunctional discipline styles were measured using the Parenting Scale (parent report).
- Parental confidence in dealing with specific child behaviours and in different settings was measured using the Parenting Tasks Checklist (PTC) (parent report).
- Common parent psychological distress was measured using the General Health Questionnaire (GHQ) (parent report)

Findings

This study identified statistically significant positive impacts on a number of child and parent outcomes, including reduced behavioural problems, and reduced dysfunctional discipline styles. The conclusions that can be drawn from this study are limited by methodological issues pertaining to unequivalent groups, 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.

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Gonzalez, M., Ateah, C. A., Durrant, J. E., & Feldgaier, S. (2019) 'The impact of the Triple P seminar series on Canadian parents' use of physical punishment, non-physical punishment and non-punitive responses,' *Behaviour Change*, 36(2), 102-120. **This study was excluded because no child outcomes are evaluated.** Boyle, C., Sanders, M. R., Ma, T., Hodges, J., Allen, K. A., Cobham, V. E., ... & Trompf, M. (2023) 'The thriving kids and parents schools project: protocol of an incomplete stepped wedged cluster randomised trial evaluating the effectiveness of a Triple P seminar series,' *BMC Public Health*, 23(1), 2021. **The study was excluded because the result of the study has not been published.**

Özyurt, G., Dinsever, Ç., Çali?kan, Z., & Evgin, D. (2018) 'Effects of triple P on digital technological device use in preschool children,' *Journal of Child and Family Studies*, 27, 280-289. This study was excluded because it was conducted in a developing country.

Özyurt, G., Dinsever, C., Caliskan, Z., & Evgin, D. (2018) 'Can positive parenting program (Triple P) be useful to prevent child maltreatment?,' *Indian journal of psychiatry*, 60(3), 286. This study was excluded because it was conducted in a developing country.

Salari, R., Fabian, H., Prinz, R., Lucas, S., Feldman, I., Fairchild, A., & Sarkadi, A. (2013) 'The Children and Parents in Focusproject: a population-based cluster-randomised controlled trial to prevent behavioural and emotional problems in children,' *BMC public health*, 13(1), 1-8. **This study was excluded because the result of the study has not been published.**

Sanders, M. R., Ralph, A., Thompson, R., Sofronoff, K., Gardiner, P., Bidwell, K., & Dwyer, S. (2005) Every Family: A public health approach to promoting children's wellbeing. Brisbane, Australia: University of Queensland. (Study 3 p. 72) **This study was excluded because non-randomised sample is included in all analyses.**

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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.

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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