



What Works for  
**Children's  
Social Care**



# TRIPLE-P PARENTING PROGRAMMES

**EMMIE Summary**





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## This evidence summary is based on the following systematic review

Sanders, M., Kirby, J., Tellegen, C. and Day, J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Child Psychology Review*, 34, 337-357.

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## About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We

generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

## About CASCADE

The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University is concerned with all aspects of community responses to social need in children and families, including family support services,

children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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# Triple-P Parenting Programme

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## What is the intervention?

The parenting a child receives affects many aspects of their health and well-being, including brain development, language, social skills, emotional regulation, self-control, mental and physical health as well as their ability to cope with life events (Cecil et al., 2012; Moffitt et al., 2011; Odgers et al., 2012). Children brought up with warm, supportive parenting are less likely to develop antisocial behaviours, irrespective of social deprivation or low socio-economic status (Odgers et al., 2012). Consequently, interventions aimed at improving parenting are commonly used to enhance child outcomes with programmes based on social learning principles deemed the 'gold standard' at promoting childhood wellbeing and preventing behavioural problems (United Nations, 2009; World Health Organisation, 2009). Of these, the most empirically supported programmes are the Incredible Years Programme (Webster-Stratton, 1998) and the Triple P-Positive Parenting Programme (Sanders, 2012).

The Triple P-Positive Parenting programme was developed by Sanders and colleagues in 2011 as a multi-level system of support to prevent and treat social, emotional and behavioural problems in children by enhancing parent knowledge, skills and confidence. The Triple-P Parenting programme combines social learning theory with a public health approach as it seeks to promote improved parenting on a population level through universal and targeted interventions (Sallis et al., 2000). This summary is based on the meta-analysis undertaken by Sanders and colleagues in 2014 which aimed to examine the effectiveness of Triple-P on child and parent outcomes. Unlike previous meta-analyses of Triple-P that have focused on single outcomes (e.g. de Graff et al., 2008a, 2008b; Fletcher et al., 2011; Nowak and Heinrichs, 2008; Tellegen and Sanders, 2013; Thomas and Zimmer-Gembeck, 2007; Wilson et al., 2012), this review considered seven outcomes which Triple-P aims to address. The review also sought to determine moderator effects across components of the programme, sample characteristics, methodological aspects and risk of bias of the included studies. The review included 97 trials, reported in 101 studies.



## How strong is the evidence?

A total of 101 studies were included. Of these, 62 were randomised controlled trials, six were cluster-randomised trials, five were quasi-experimental designs, and 24 were uncontrolled trials. Across the 101 studies, 118 different samples were included; some studies included two Triple-P variants. This resulted in a total of 16,099 families. From the 118 samples, 47 had sample sizes of more than 35 in the smallest group. The review also considered the impact of Triple-P on fathers. Of the 101 studies, 81 studies included father data. Of these, 27 studies were included in a meta-analysis as they had separate data for the 1852 fathers.

Most papers had a high risk of performance bias. For randomised trials this was due to inability to blind participants to the intervention. For both types of trial it was unclear whether researchers were blind to outcome assessment or whether reporting bias occurred. Random sequence generation resulted in low risk of bias for selection bias in around half of the randomised trials. Similarly, low risk of selection bias was found for the non-randomised trials. The randomised trials had low risk from attrition but this was unclear in the non-randomised trials. The reviewers conclude that there was a high risk of bias in a small number of papers in some areas with most papers having a high risk for performance bias. However, risk of bias within studies was inconclusive due to reporting limitations in the included studies.

Risk of bias across studies was analysed using funnel plots, trim and fill analyses and computing Orwin's failsafe  $N$ . A significant moderating effect was found for study power with higher effect scores reported for studies with less than 35 participants in the smallest group. However, Orwin's failsafe  $N$  suggested that results were robust. No significant effect was found for publication bias. This suggests the impact of Triple-P is consistent across the 66 published and 35 unpublished papers.

The meta-analysis is limited by its reliance on parent self-report measures. The review only found significant effects for parent observational data at follow-up. This warrants further investigation in future studies as it may suggest that current approaches to parent observational data lack the sensitivity required to detect changes. As programme developers, the authors assert that the inclusion of published and unpublished studies was comprehensive as they have been tracking Triple-P research worldwide for many years. A significant moderating effect was found for developer involvement on child social, emotional and behavioural outcomes. However, the authors note that the 31 studies with no developer involvement still found a significant effect for this outcome. It



should be noted however, that this meta-analysis itself was conducted by Triple-P developers. Future studies are needed from independent research teams. Finally, key potential moderators could not be examined due to reporting limitations in the included studies. These included socio-economic status, race/ethnicity of child and parent, child gender, parental psychopathology and level of substance use, and family structure.

### Which outcomes were studied?

All outcomes were examined for both parents and fathers only. Evidence ratings are given for both parents first, followed by fathers only.

- Child social, emotional and behavioral outcomes
- Child observations
- Parenting practices
- Parenting satisfaction and efficacy
- Parental adjustment
- Parental relationship
- Parent observations

### Effectiveness: how effective is the Triple-P Positive Parenting Programme?

All outcomes were examined for both parents and fathers only. This section begins with ratings for both parents followed by ratings based on father only data.

#### Outcome 1: Child social, emotional and behavioural outcomes

Effect rating	2
Strength of Evidence rating	3



#### Outcome 2: Child observations

Effect rating	2
Strength of Evidence rating	3





### Outcome 3: Parenting practices

Effect rating	2
Strength of Evidence rating	3

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### Outcome 4: Parenting satisfaction and efficacy

Effect rating	2
Strength of Evidence rating	3

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### Outcome 5: Parental adjustment

Effect rating	2
Strength of Evidence rating	3

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### Outcome 6: Parental relationship

Effect rating	2
Strength of Evidence rating	3

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### Outcome 7: Parent observations

Effect rating	-/+
Strength of Evidence rating	3

-+





## How effective is the Triple-P Positive Parenting Programme on fathers?

### Outcome 8: Child social, emotional and behavioural outcomes

Effect rating	2
Strength of Evidence rating	3

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### Outcome 9: Child observations

Effect rating	2
Strength of Evidence rating	3

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### Outcome 10: Parenting practices

Effect rating	2
Strength of Evidence rating	3

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### Outcome 11: Parenting satisfaction and efficacy

Effect rating	2
Strength of Evidence rating	3

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### Outcome 12: Parental adjustment

Effect rating	0
Strength of Evidence rating	3

0





### Outcome 13: Parental relationship

Effect rating	2
Strength of Evidence rating	3



### Outcome 14: Parent observations

Effect rating	0
Strength of Evidence rating	3



Regarding both parents, short-term treatment effects, a significant medium effect was found for children’s social, emotional and behavioural outcomes, parenting practices, parenting satisfaction and efficacy and child observational data. A small to medium effect was found for parental adjustment. A small effect size was found for parental relationship. No significant effect was found for parent observational data. When outcomes were combined, a significant small to medium effect was found for all outcomes, excluding parent observation data. At follow up, a medium effect size was found for child social, emotional and behavioural outcomes, parenting practices, parenting satisfaction and efficacy, parenting adjustment and child observational data. A significant small effect was found for parental relationship and parental observational data. Significant amounts of heterogeneity were found in effect sizes for child social, emotional and behavioural outcomes, parenting practices and parental adjustment.

The Triple-P system includes five levels of intervention which increase in intensity, from level one which is low intensity to level five which is a high intensity, individually tailored intervention (see Implementation section for further details). When Triple-P level was considered, significant effect sizes were found for levels two to five, except for parent observational data and level three child observational data. Regarding level one, significant effect sizes were found for child social, emotional and behavioural outcomes and parenting satisfaction and efficacy. A small to medium significant effect was found for all levels across all outcomes except parent observational data in the short-term. Significant amounts of heterogeneity were found for all outcomes except parental



relationship. Long-term treatment effects found small to medium significant effects for all levels of Triple-P.

A small to medium effect size was found for fathers only on five child and parent outcomes: child social, emotional, and behavioural outcomes, parenting practices, parenting satisfaction and efficacy, parental relationship, and child observational data. No significant effect sizes were found for parental adjustment and parental observation. Only one study reported findings for child and parent observation so caution is need when interpreting this result.

### **Mechanisms: how does it work?**

The Triple-P Parenting Programme combines social learning theory with a public health approach in order to prevent and treat social, emotional and behavioural problems in children through increasing parental knowledge, skills and confidence. Triple-P includes five levels of intervention using a tiered system of increasing strength and narrowing of the target audience. Hence, Triple-P includes universal, targeted and treatment interventions and a range of variants within a comprehensive system of parenting support (Sanders, et al 2014). Triple-P is based on a minimal sufficiency principle, where meaningful change can be achieved in the most efficient and cost-effective manner. The authors highlight the need for more research into the mechanisms that foster change across the child and parent outcomes.

### **Moderators: when, where and who does it work for?**

The 97 trials were undertaken in 13 countries including a range of cultural and ethnic groups. Most studies were conducted in Australia (n = 58). Six studies were undertaken in the UK.

Children ranged from birth to 18 years with a mean age of 5.85. Slightly more boys were included in the sample than girls (60.7%). Rate of child problems at baseline ranged from 0 - 67% with an average of 59. Of the 101 studies, 27 included separate findings for fathers. Across the 97 trials, 27 adopted a universal approach, 49 used a targeted approach and 21 used a treatment approach. While all three approaches had significant effects, targeted and treatment interventions had larger effect sizes than universal approaches.

Triple-P can be delivered in five different formats: standard, group, self-directed, self-directed and telephone or online delivery. Delivery format had significant effects on child social, emotional and behavioural outcomes, parenting practices and parenting



satisfaction and efficacy. Online delivery had the largest impact on child social, emotional and behavioural outcomes while online and group delivery had the largest impact on parenting relationship. Regarding intervention intensity, inconsistent support was found for higher intensity interventions suggesting that brief, low intensity interventions may have an impact on child and parent outcomes. The review considered a range of programme variants for level four interventions (see Implementation section for further details). Each programme variant was based on common theory and strategies but each variant had unique content and targeted a different population, for example the 0 – 12 years programme, Teen Triple-P, Stepping Stones Triple-P (for parents of children with a disability) and Workplace Triple-P (a work assistance programme). Programme variant had a moderating effect for parenting practices but no effect was found for child social, emotional and behavioural outcomes, parenting satisfaction and efficacy, or parental relationship. After controlling for other significant moderators across outcomes, study power, study approach, Triple-P level, and severity of initial child problems contributed unique moderating effects.

### **Implementation: How do you do it?**

The Triple-P Parenting Programme is a system involving five different levels of intervention.

Level one is very low intensity, comprising a communication and media strategy to promote engagement amongst parents and members of the community for child development or to prevent or manage common social, emotional or behavioural issues. Level one involves television and radio programmes as well as printed or electronic media to raise awareness.

Level two is low intensity, consisting of brief interventions targeted at parents who want general parenting information and advice, or with specific concerns about their child's development or behaviour, e.g. bedtime routines. Level two includes a series of 90-minute stand-alone large group parenting seminars, or one or two brief individual face-to-face or telephone consultations, lasting around 20 minutes.

Level three is low to moderate intensity, aimed at parents with specific concerns and who require brief consultations and active skills training. This is delivered via a brief programme lasting around 80 minutes over three to four individual face-to-face or telephone sessions.



Level four is moderate to high intensity for parents wanting intensive training in positive parenting skills. This consists of around ten hours, with delivery options including ten 60-minute individual sessions; or five 2-hour group sessions with three brief telephone or home visit sessions; or ten self-directed workbook modules; or eight interactive online modules. This approach is also geared towards parents of children with disabilities who have, or who are at risk of developing behavioral or emotional problems. The method of delivery involves a targeted program involving ten 60-90 minute individual sessions or 2-hour group sessions.

Level five is a high intensity family intervention aimed at parents of children with behaviour problems and concurrent family dysfunction such as parental depression or stress, or conflict between partners, parents at risk of abusing their children, parents who are separating or parents of children who are overweight or obese. The method of delivery varies as sessions are tailored to family needs. Level five may include individually tailored sessions ranging from three 60 minute sessions to eight 60 minute sessions, home visits, or around 12 intensive weekly sessions including telephone consultations.

### **Economics: What are the costs and benefits?**

No economic analysis is included in the study.

### **What are the strengths and limitations of the review?**

This systematic review is a rigorous review of the impact of the Triple-P Parenting Programme on the seven outcomes it was designed to influence. It included 101 studies undertaken over a 33-year period including unpublished theses, trials, reports, or manuscripts under review or in preparation and that were available in either English or in German.

The review followed the recommended Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Liberati et al, 2009) which identify what information should be included in order to ensure that results were presented to a high standard. The authors noted the risk of bias in some of the studies and highlighted that insufficient reporting across the studies limited the extent to which bias could be calculated. Reporting limitations were also noted in the extent to which moderator variables could be examined. It is important to bear in mind the review and meta-analysis were carried out by the intervention developer, as were many of the reviewed studies. Nevertheless, the review provides a robust meta-analysis and examines potential moderating effects of fifteen moderators. In doing so, Sanders and colleagues



contribute a detailed representation of the full range of effects of Triple-P on child and parent outcomes.

Overall, these findings attest that Triple-P can act as a common pathway to improve both short-term and long-term social, emotional and behavioural outcomes in children. The evidence also attest that the intervention can improve broader parenting outcomes including parenting practices, parenting confidence, parental relationships and parental adjustment. The review also indicated a small to medium effect sizes on father data for child social, emotional and behaviour outcomes and parenting practices. Sanders and colleagues highlight the need for more research on the impact of fathers on child and family outcomes. To do this, research should detail the number of fathers recruited and report their data separately.

### Summary of key points

- Significant short-term medium effect sizes were found for child social, emotional and behaviour outcomes, parenting practices and parenting satisfaction and efficacy.
- Significant small-to-medium effect sizes were found for parental adjustment and parental relationship.
- Significant short-term effects were found for child observational data but not for parent observational data.
- At follow-up, significant effects were found for all outcomes.
- There were small to medium effect sizes on father data for child social, emotional and behavioural outcomes and parenting practices, with small effect sizes found for parenting satisfaction and efficacy and parental relationship.
- The effect sizes for fathers for parental adjustment and parent observations did not reach significance.
- Study power, study approach, Triple-P level and severity of child problems contributed unique moderating effects to the intervention.



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