

# How we positively made it happen...

the verdict on  
Triple P Positive Parenting  
in Longford | Westmeath  
2010-2013

## Briefing report



Longford | Westmeath  
Parenting Partnership

Triple P Parenting



The implementation of Triple P in Longford and Westmeath was funded by The Atlantic Philanthropies, the Health Service Executive (HSE), Aontacht Phobail Teoranta and the Department of Children and Youth Affairs. It was supported by a number of organisations including the Department of Public Health in the HSE and the Centre for Effective Services.

Published August 2014.  
This Briefing is available for you to print, copy and use freely, as long as the Longford | Westmeath Parenting Partnership is acknowledged as your source.

## In a nutshell...

Evidence of population-wide benefit has emerged from an evaluation of the Triple P Positive Parenting Programme in the Midland counties of Longford and Westmeath.

The positive verdict from a team at the UNESCO Child and Family Research Centre at the National University of Ireland, Galway, (see page 9 for the results) gives policy advisers across the country confidence that a universal-access public health response to a range of problems experienced by children and families can work, and that its benefits ripple through the population<sup>1</sup>.

Introduced by the Longford | Westmeath Parenting Partnership, Triple P a multi-level parenting programme, was offered, free of charge, over a two and a half year period to every family with children under the age of eight. It was delivered through a partnership and a collaboration that embraced principles of social learning, self regulation and mutual help.

The evaluation found consistent improvements across a range of parenting and child behaviour concerns.

By the end of the trial the numbers of children showing signs of hyperactivity, anxiety and emotional or conduct problems or who were prone to troublesome disobedience were significantly down. Parents were less worried and depressed and their relationship problems had eased.

This briefing gives the background to the Longford | Westmeath Triple P programme initiative, summarises the main findings and points to other sources of research and evaluation evidence.

This LWPP Briefing draws out policy messages from the evaluation reports and the Longford | Westmeath Parenting Partnership's implementation experience. The reports and the Briefing text can be downloaded from [www.mapp.ie](http://www.mapp.ie)

# Longford and Westmeath in partnership

The counties of Longford and Westmeath in the Irish Midlands have a semi-rural population of 130,000. During the financial crisis in Ireland the unemployment rate rose from 4% to over 15% and by 2010 the prevalence of social and emotional behavioural problems for children was estimated at around 20% – higher still in relation to conduct disorder. Recognising even before the current recession became severe that far too many families were experiencing preventable difficulties, a number of health and community development organisations came together to establish the Longford | Westmeath Parenting Partnership.

As partners, we began investigating evidence-based parent support programmes that could be introduced across the whole community. We chose Triple P because it had a proven track record in over 20 countries, and because its aspirations to give all parents the confidence and skills to be self sufficient dovetailed with our own.

We set ourselves the task of finding out if implementing Triple P at population level in Longford | Westmeath would:

- reduce the prevalence rate of children showing emotional and behavioural problems
- help parents to become more confident and competent
- help parents to feel more supported in their role
- alleviate parental anxiety and depression.

The Longford | Westmeath partners are:  
Athlone Community Services Council  
Athlone Education Centre  
Carrick-on-Shannon Education Centre  
Health Service Executive and the recently formed Child and Family Agency  
Longford Community Resources Limited  
Longford Vocational Educational Committee  
Longford County Childcare Committee  
Westmeath Community Development  
Westmeath County Childcare Committee

---

Nobel Prize winner in Economics, James Heckman, writing in *American Educator* in spring 2011.<sup>2</sup>

**High-quality parenting can be available to a child even when the family is in adverse financial circumstances. While higher income facilitates good parenting, it doesn't guarantee it. An economically advantaged child exposed to low-quality parenting is more disadvantaged than an economically disadvantaged child exposed to high-quality parenting.**

## On the road to resilience

It is well established that a high proportion of children whose conduct problems are left unchecked will endure psychological, social and economic setbacks throughout their lives. Neurological research suggests that violence and inconsistencies in the home can harm brain development and may leave an indelible mark<sup>3</sup>. According to the UK National Institute for Health and Care Excellence, serious problems persist among about half of all children with early-onset conduct problems, surfacing in deficits related to their mental or physical health, educational setbacks, relationship difficulties or child protection concerns.

On the other side of the equation, there is growing consensus that well implemented early intervention strategies, including evidence-based parenting programmes, can lay the foundations for healthy child development and remedy early damage. In particular, it is acknowledged that ‘positive parenting’ can go some way to protecting children against the risk of severe behavioural problems and help to develop their resilience. Even in the midst of neighbourhood deprivation and relative poverty, in home environments characterised by positive, supportive parenting, children are to a degree ‘insulated’ against the risk of antisocial behaviour.

In recent years, certain parenting programmes with a common theoretical root, which incorporate behavioural, cognitive and developmental principles and are based on a belief that good practice can be learned and shared, have become prominent among prevention strategies. A small number, including The Incredible Years, Functional Family Therapy and Triple P, have been widely and, on the whole, successfully trialled.

Triple P is the only evidence-based programme that uses a public health approach to parenting. There have been notably successful trials in Australia and the US<sup>4,5</sup>, and a recent meta-analysis that examined 101 studies across the full range of Triple P intervention levels, and considered the experiences of 16,000 families, also identified consistently significant benefits.<sup>6</sup>

However, important lessons may be learned from studies that achieve weaker results. In Birmingham UK, where Triple P was rolled out as part of a city-wide Brighter Futures programme, a randomised controlled trial found disappointingly little impact. Fidelity of implementation was acknowledged by the evaluators to have been significantly lacking<sup>7</sup>. In their conclusion, and reflecting on the implementation problems they had encountered, the authors of the Birmingham report quoted Dean Fixsen at the University of North Carolina, one of the pioneers of implementation research: ‘It is not sufficient simply to introduce an evidence-based programme,’ he warned. ‘It has to be put into practice with great care and effort.’

# The Triple P family support system

Designed by Matthew Sanders at the University of Queensland, Australia, Triple P has wide-ranging social ambitions that set it apart from many targeted interventions. Its aims include:

- providing a public health, evidence based, multi-level approach to parenting
- empowering communities with population-level prevention and early intervention strategies
- giving parents the opportunity to develop parenting confidence and acquire transferable skills
- encouraging parents to set their own goals and monitor their own behaviour
- enabling children to become problem solvers.

In its evolved form, Triple P applies public health prevention strategies to the needs of children up to the age of 16 and amounts to a parenting and family support ‘system’. The design embodies the complementary concepts of ‘progressive universalism’ and ‘minimal sufficiency’. This means that the service is available to all, that those with the highest level of need receive the most support, and, as far as possible, that parents with different levels of need have the authority to self-select the support they require.

The programme incorporates five levels of intervention of increasing strength, each designed to suit a more narrowly defined target population. Level 1 rests on a social marketing campaign to promote positive parenting and increase receptivity to parenting programmes. Level 2 is a series of three 90-minute open seminar presentations promoted among the whole population. Level 3 comprises a choice of four two-hour workshops offered as a deeper engagement and including practice skills. Level 4, called Group Triple P, is an eight-week programme, including five two-hour group meetings and three telephone sessions. At Level 5, vulnerable families whose parenting is complicated by factors such as partner conflict, stress or mental health issues, are offered an enhanced family intervention.

---

Triple P originator and director Matthew Sanders quoted in *The Irish Times* coverage of the Longford | Westmeath initiative.

**Children are very influenced by how parents cope. Therefore it's important to remember what enables parents to cope well, such as adequate social back-up, partners supporting each other, and reminding ourselves that what we're going through is temporary. When children are given a high priority in a parent's life, the effects of poverty and other forms of disadvantage are nowhere near as strong.**

# Implementation – get started get better

The programme was implemented by a Core Team consisting of the Project Director, Partnership Manager, Co-ordinator, Researcher, practitioners and administrative staff. The programme was delivered by Local and Core Team practitioners.

During the evaluation period, 2,699 people attended the Level 2 Triple P seminars, 1,047 the Level 3 workshops and 803 the Level 4 group sessions. The figures overlap because about a quarter of the participants at Level 3 and Level 4 had previously attended the Level 2 seminars.

At Levels 2 and 3 participation was for a single session and so retention rates did not apply, but for the Level 4 group sessions the figure was 86%. Among the 33 parents who took part in the evaluation focus groups, satisfaction rates were high.

As insight into the pitfalls associated with scaling up successfully-piloted programmes for community use has improved, so the research focus on the structural aspects of implementation has sharpened. Fidelity of replication, the appropriate dosage of interventions and Consistent Quality Improvement have become important indicators.

In Longford | Westmeath our strategy hinged on applying the precepts of the Triple P system as rigorously to supporting our Core Team and cultivating practitioner expertise as to ensuring the quality of our workshops and seminars and taking care of programme participants.

The Team made an important contribution to decision making by being routinely involved in discussions with international experts about implementation-related issues. Whenever we suffered setbacks, the partners trusted one another and shared a sufficiently strong allegiance for us to be able to maintain the necessary degree of community support.

At regular intervals during the evaluation period we published a Triple P newspaper. Edited and designed by Triple P International, our *Tippapers* carried local stories about the experiences of participants and interviews with our practitioner team, as well as offering general parenting advice and publicising community events. Using our initiative as context, local newspapers carried features about the ethos of universal service provision, and ran weekly articles (over a number of months) on parenting topics including ‘Handling tantrums’ and ‘Terrors of the night’.

These journalistic exercises were an implementation driver and a carefully considered aspect of population-level involvement. A well thought out print and publicity strategy and a carefully replicated online presence helped to promote programme ‘reach’.

Our front-line technical support was organised efficiently by dividing the catchment area and allocating responsibility to smaller teams who in turn mentored the local practitioners. Harnessing mutual support in this way built confidence and competence. In the unusually demanding conditions prevailing in Ireland in 2010, the redeployment of existing staff, was a big step towards sustainability.

---

Grainne Powell, quoted here from an article published in the Longford | Westmeath *Tippaper*, is a health promotion officer with the HSE Athlone. She ran the Triple P Level 3 Workshops.

**We’re not out to change the world. We start small and hone in. This is all about the parents’ concerns, how we can make Triple P fit for them, not the other way around ... What I want is for parents to go away from the Workshop with the tools and techniques for keeping any situation calm.**



# What the evaluators found

## The benefits for children and parents in the general population

The Population Study used a quasi-experimental design (non-randomized between-groups), with treatment and comparison counties, to analyse population-level impact.

Interviewers administered the population survey by making house calls in spring 2010 and three years later. Some 1,500 parents of children aged 3-7 responded in each area at each time point. The questionnaire covered demographics, child problem and parent psychological variables and parenting practices.

At the outset, the evaluators found a prevalence rate for childhood social and emotional behavioural problems of 17%. Only 28% were from the lower socio-economic groups, indicating a need for evidence-based programmes available and acceptable to all parents.

Across the whole population of Longford | Westmeath, in relation to the comparison counties, there was a small but significant improvement in relation to children's emotional and behavioural problems and emotional symptoms.

Parents showed significant improvement in relation to:

- psychological distress
- reporting a good relationship with one's child
- engaging in positive parenting
- being likely to use appropriate discipline
- being unlikely to use inappropriate discipline for anxious behaviour.

There were also significant improvements in relation to:

- satisfaction with parenting services
- the likelihood that parents would take part in future programmes.

## What happened to children in the population with higher level needs?

This table shows the proportion of children with elevated scores (clinically abnormal or borderline cases) in the intervention and comparison counties pre- and post- intervention, using Goodman's Strengths and Difficulties Questionnaire (SDQ).

	% pre-	% post-	% difference
<b>Total difficulties</b>			
Intervention	16.0	10.0	-37.5
Comparison	13.4	14.5	+8.6
<b>Emotional symptoms</b>			
Intervention	17.0	12.0	-29.6
Comparison	15.9	16.7	+5.2
<b>Conduct problems</b>			
Intervention	27.3	18.7	-31.4
Comparison	21.3	19.9	-6.6
<b>Peer problems</b>			
Intervention	21.2	15.3	-27.9
Comparison	18.6	17.5	-6.2
<b>Hyper-activity</b>			
Intervention	15.6	13.0	-16.5
Comparison	12.3	17.9	+45.4
<b>Pro-social</b>			
Intervention	16.5	10.4	-37.1
Comparison	10.2	7.3	-28.1

There was a 30% reduction in reports of parental psychological distress and stress (mild and higher levels) in the intervention area.



The Parenting Study used a quasi-experimental design (pretest-posttest-within-groups) to evaluate child and parent outcomes.

Response: Level 4 Group Triple P 74% (n=393); Level 3 Workshop Triple P 47%-57% (n=282).

Follow-up data were collected from sub-samples after 12 months and six months respectively (Level 4 24% (n=59); Level 3 26% (n=21).

Among those who attended, satisfaction rates with all elements of the programme were high; all parents who responded said they would recommend the programme to others.

## The benefits for children and parents who participated in the programme

The findings show consistent positive changes, and changes maintained over time, on key parenting and child behaviour indicators, and no significant negative change.

Those who took part in the **Level 4** Group Triple P experienced significant improvements in relation to:

- the frequency and severity of child disruptive behaviours
- children's conduct problems, emotional symptoms, hyperactivity, peer problems and pro-social behaviour
- the impact of child emotional and behavioural difficulties.

The majority of children experiencing clinical problems moved into the normal range.

Statistically significant improvements were reported on all indicators at 12-month follow up.

Participation in Level 4 Group Triple P was also associated with statistically significant, lasting improvements for parents in relation to:

- parenting discipline
- laxness
- over-reactivity
- verbosity
- parents' self-efficacy
- parental depression, anxiety and stress
- inter-parental conflict
- parental relationships.

Improvements on these parental indicators were maintained at the 12 month follow up.

Parents acknowledged the quality of programme delivery, readily communicated with each other and found the confidence to pass on parenting tips. Practitioners shared in the exchange sufficiently for the initiative to become a genuine collaboration.

**Level 3** Workshops focused on Dealing with Disobedience, Managing Fighting and Aggression and Developing Good Bedtime Routines. Statistically significant improvements were reported in the frequency of child disruptive behaviour, the number of incidents that were a problem for parents, and how supported parents felt in their role.

On the parents' part, gains were reported in relation to:

- the perceived difficulty of the child's behaviour
- the extent to which parenting was seen as rewarding
- how confident participants were as parents
- how supported they felt in their role as a parent
- the extent of partner agreement upon discipline
- the extent of partner support around discipline.

# Let's make the most of a good start

The National University of Galway evaluation of our Triple P initiative in Longford | Westmeath is the first population study in Ireland to have shown that a parenting programme can have a significant impact on the risk and protective factors that shape family life.

Our Partnership set out to achieve better outcomes for children and families by selecting an intervention built on strong research evidence and offering consumer choice. We wanted to support and enhance the commitment of managers and practitioners to the principles of implementation, creating a progressive enabling environment that would thrive on partnership, community resources and ordinary everyday contact between families.

It needs to be remembered that most parents do a good job most of the time. Our work had a positive impact because parents recognised the relevance and value of the Triple P programme, were willing to attend the sessions and wanted to develop more skills so that they could overcome their difficulties.

Not only have those parents directly benefited, so too have other parents in their communities. The study demonstrates the value of making parenting services more universal and inclusive, and the importance of destigmatising the process. Attending a parenting programme can be as a natural and normal as any ante natal appointment at a health centre.

Incorporating evidence-based programmes into routine service delivery is clearly a target for policy advisers, service commissioners and managers. We believe Triple P can have a long lasting impact on a significant number of common service concerns, including childhood behavioural problems and parental stress.

Our experiment in workforce reorientation has demonstrated, while there will inevitably be challenges, that all of this is doable and scalable. An evidence based programme was successively delivered in Longford | Westmeath by a non-discipline specific team of practitioners. The parents on whose behalf they were working now share their experience of involvement and together they are giving positive parenting social momentum.

This means that we have introduced a seam of mutual support that connects sound evidence and good practice to a continuous, open community conversation about raising children. This is a very powerful influence and a solid basis for positive change. We believe that a public health approach to parenting is necessary, acceptable, efficient and effective. It harnesses existing local resources, its social benefits should increase with time, and, based on the model we have developed in Longford | Westmeath, it can be brought to scale anywhere in the country.

A compelling argument in favour of this way forward has come from Washington State Institute of Public Policy. The Institute brings cost-benefit analysis, a tough but highly regarded economic reckoning, to bear on social programmes by showing the relationship between their running costs and their impact on outcomes such as crime, education and health care. At the last calculation, the statisticians' verdict on 'universal' Triple P, in terms of its cash return on money spent, was that it was one of the soundest bets among evidence-based prevention and treatment programmes.<sup>8</sup>

## References

- 1 Fives, A., Pursell, L., Heary, C., Nic Gabhainn, S. and Canavan, J. (2014) *Parenting support for every parent: A population-level evaluation of Triple P in Longford Westmeath. Final Report*. Athlone: Longford Westmeath Parenting Partnership (LWPP).
- 2 Heckman, James J. The Economics of Inequality: The Value of Early Childhood Education *American Educator*, v35 n1 pp. 31-35, 47 Spr 2011.
- 3 Shonkoff, J. P. et al. (2012). The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics*, 129 (1), pp. 232-246.
- 4 Sanders, M.R., Ralph, A., Sofronoff, K., Gardiner, P., Thompson, R., Dwyer, S. and Bidwell, K. (2008) 'Every Family: A population approach to reducing behavioral and emotional problems in children making the transition to school', *Journal of Primary Prevention*, Vol. 29, pp. 197-222.
- 5 Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J. and Lutzker, J.R. (2009) 'Population-based prevention of child maltreatment: The US Triple P system population trial', *Prevention Science*, Vol. 10, pp. 1-12.
- 6 Sanders, M.R. Kirby, J.N. Tellegen, C.L. and Day J.J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review*, 34(4), 337-357.
- 7 Little, M., Berry, V., Morpeth, L., Blower, S., Axford, N., Taylor, R., Bywater, T., Lehtonen, M. and Tobin, K. (2012) 'The impact of three evidence-based programmes delivered in public systems in Birmingham, UK', *International Journal of Conflict and Violence*, Vol. 6, No. 2, pp. 260-72.
- 8 Washington State Institute for Public Policy (WSIPP) (2012). *Return on Investment: Evidence-Based Options to Improve Statewide Outcomes: April 2012 Update*  
[http://www.wsipp.wa.gov/ReportFile/1102/WSipp\\_Return-on-Investment-Evidence-Based-Options-to-Improve-Statewide-Outcomes-April-2012-Update\\_Full-Report.pdf](http://www.wsipp.wa.gov/ReportFile/1102/WSipp_Return-on-Investment-Evidence-Based-Options-to-Improve-Statewide-Outcomes-April-2012-Update_Full-Report.pdf) Accessed July 7th, 2014.

**‘ It gives every parent hope that they can change things and be the parent they want to be.’**

a Longford | Westmeath parent's  
verdict on the Triple P experience